COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
SYSTEM LEADERSHIP TEAM MEETING
Wednesday, February 16, 2011 from 9:30 AM to 12:00 PM
St. Anne's Auditorium
155 N. Occidental Blvd., Los Angeles, CA 90026

REASONS FOR MEETING

1. To provide an update from the County of Los Angeles Department of Mental Health.
2. To present the MHSA Annual Update and obtain feedback.
3. To learn about Social Inclusion and Public Services Products featuring LA Lakers' Champion Ron Artest and to provide feedback on the upcoming Social Inclusion Campaign.
4. To update the SLT on internal items.

MEETING NOTES

I. Review Meeting Agenda and Materials

A. There were no questions or corrections to the meetings notes from the January 19, 2011 SLT meeting.

II. Update: Department of Mental Health

A. Marvin J. Southard, DSW, Director, County of Los Angeles, Department of Mental Health, provided an update on the realignment proposals, the opportunities and challenges inherent in health care reform, and the State budget.

1. The State will borrow $861 million of MHSA money and use it to fund the first-year implementation of the share-of-cost for the EPSDT State General Fund, the Managed Care State General Fund, and the AB 3632 Program. Current operating programs will not be harmed. The funding source for the second and subsequent years of implementation will come from the extension of existing taxes, such as Vehicle License Fees, sales taxes, etc. After next year, the revenue accumulated by tax extensions will be used to fund the three programs.

2. There were complications with caseload growth connected to the EPSDT State General Fund realignment. A mechanism needs to be created to protect counties from extreme caseload growth that may result from lawsuits.

3. Additionally, the AB 3632 Program was complicated because it is a federal entitlement that operates differently in California. The California Mental Health Directors developed a statewide proposal recommending that the AB 3632 Program should remain only with schools. A plan may be proposed to give schools and counties some ability to share responsibility.

4. The public safety realignment proposal involves returning safe, low-level felons to each county for incarceration in county jails for six months. It also

involves returning safe low-level felons for local parole at each county, for an additional 18 months. The plan envisions an amount of money for substance abuse, mental health treatment, and vocational training for individuals released. However, the amount of money may be inadequate to fund the 18-month period. One problem with the program is the definition of what constitutes a "low-level felon." Another problem is containing the cost of housing. For instance, if as a result of this program 10,000 individuals are added to the homeless population in Los Angeles, law enforcement will not be able to supervise and DMH will not be able to provide mental health and substance abuse treatment. Clearing the legal status of individuals before they come back to the community will be important.

5. There is also a proposal to abolish the parole outpatient clinics and parole agents statewide. Local governments would take responsibility for law enforcement and substance abuse mental health treatment services. DMH does not have much experience dealing with this population, which may involve individuals who are on parole.

6. The implementation of the 1115 Waiver for LA County represents a significant opportunity to expand care. LA County may spend between $10 and $20 million per year on individuals who are already enrolled in the program as indigents. If these services are matched with federal funds, it may create an additional $10 to $15 million to be invested in service expansion. DMH may deal with the needs of this population by expanding the Prevention and Early Intervention (PEI) Plan, which underscores co-location with primary care clinics and joint mental health, substance abuse, and primary care efforts. DMH will expand that component of the PEI Plan to meet the needs generated by the low-income health plan model.

7. The State is proposing to abolish Community Redevelopment Agencies. Community Redevelopment Agencies, however, invest in permanent supportive housing. If the historic investment is eliminated, DMH will need to identify how to replace that investment without reducing the stock of permanent supportive housing for mental health consumers.

8. The realignment proposals, the expansion of primary health care investments, and the changes in the housing program will come back to the SLT for input and feedback.

III. MHSA Annual Update

A. Debbie Innes-Gomberg, Ph.D, MHSA Implementation Unit, County of Los Angeles, Department of Mental Health.
   1. Presented an annual update on MHSA. For additional information, please refer to the handout entitled, "*MHSA FY 11/12 Annual Update Summary.*"

B. Feedback

1. Question: Can the data illustrate total numbers instead of percentages? Does the data include run-away teens?
    a. Response: The data represents children age 0-15 in Full-Service Partnerships (FSP) programs and who are also living with family. The data reflect children enrolled in FSPs.

2. Question: Was there an attempt made to dollar-quantify the data?
    a. Response: Yes, an analysis of the accumulated data from adult and older adult from May 2010 demonstrated a cost avoidance of $39 million in psychiatric hospitalizations and incarcerations.

3. Question: Was there a reduction in the use of psychiatric hospitals across the board during the same period of time?
    a. Response: That analysis has not been done.

4. Question: Is there study that explains why the disparities exist in the ethnic groups?
    a. Response: An analysis of the initial allocations, unmet needs, outreach and engagement strategies, and workforce composition (linguistically and culturally) is needed. Making additional spaces in FSP programs to balance the appropriate needs in the community is a challenge.

5. Question: What is the size of the group estimated as not being served?
    a. Response: More information is needed to make the requested comparisons. The data can be presented with percentages and total numbers in a future meeting.

6. Comment: The DMH staff pulled data out of the system to figure out where the gaps were for all age groups.
    a. Response: The next step involves going back to the data and having more discussions, particularly with stakeholders, regarding gaps.

7. Question: Do the data illustrate incarceration rates for children 0-15 years old?
    a. Response: Yes, the data can be provided in a future meeting.

8. Question: Do the data highlight how many children were caught before they were hospitalized?
    a. Response: A thorough analysis needs to be done.

9. Question: Why was employment not measured?

   a. Response: Employment for FSPs was measured. The first report on employment, education, and volunteering is expected in March 2011.

10. Question: What sorts of tracking tools were used to determine the reduction in 'Days Homeless' for the various groups? How do the tools track the length of time a client has been in a FSP program?
    a. Response: 'Days Homeless' is based on self-reports because there is no system or tracking source to identify when a client was homeless. Clients are tracked one year prior to the date they start with the FSP program.

11. Question: How can FSPs serve different levels of clients?
    a. Response: As clients progress in their recovery, they may not need the intensity and frequency of services. This allows more clients to come in for services.

12. Question: Where do the estimates come from?
    a. Response: The estimates come from the age groups and are based on the number of clients served last year—Exhibit 6 (i.e., quarterly reporting of clients served by program)—and differences in funding. We also attempted to measure how many clients were receiving services and flowing out of FSPs, to determine whether an FSP was being efficient. The number of unique clients an FSP can anticipate serving will increase.

13. Question: Is there an estimate of the number of new clients in your estimates for next year?
    a. Response: No, this information is not available.

14. Question: Do the dollar figures include FFP?
    a. Response: The dollars figures are only MHSA.

15. Question: Was there an analysis, by age group, of what was leveraged in terms of Medi-Cal dollars and other funding, and how that fits with projecting client usage?
    a. Response: Exhibit E includes Medi-Cal and other funding. However, this information needs to be analyzed to respond to your question.

16. Comment: The level of need is higher in older adult FSP programs.

17. Question: In regards to the amounts between 2009-10 and 2011-12, are those the allocated amounts from the original plan?
    a. Response: Correct, these were the approved amounts per program.

18. Question: Is it correct to describe Field Capable Client Services (FCCS) as FSP Light?

a. Response: Yes, to one degree or another it is accurate. The challenge lies in the fact that FCCS varies by age groups. In other words, for some age groups, FCCS it is a step down program, but for others it is a learning experience, and yet for others it is an adjunct overflow for FSP. We are learning more about its capacity as clients flow out of FSP into FCCS.

19. Question: How can the deaf and hard-of-hearing population get in the data system in LA County?
    a. Response: These fields need to be built into the information system.

20. Question: Why was the Armenian language not listed?
    a. Note: No response given due to interruption in the meeting room.

21. Question: If tremendous amounts of mental health stigma exist in African American communities, how can the data demonstrate a higher representation percentage among African Americans getting services?
    a. Response: The data demonstrate that services increased as a result of the fact that African Americans are highly or over represented in a number of focal populations (e.g., homeless).

22. Question: Were you able to account for the 'unknowns' as a part of the numbers with regards to TAY and African-American, Latino/a and other communities?
    a. Response: The data come from the FSP authorization database.

23. Question: Why was the Korean language not noted?
    a. Response: This point needs to be reviewed.

24. Question: What is the status for programs in early intervention for people with severe mental illness? How much money is being allocated?
    a. Response: The Department will support the intention of each Service Area as it relates to the implementation of evidence-based, promising, best practices and community-defined evidence practices. In other words, the programs will be implemented. Unfortunately, several of the evidence-based practices selected do not have 'developers' with the ability to train to the degree expected. And service providers have stated that the money is needed for the economic survival of the agency.

25. Question: Is there a framework being developed to hold agencies accountable?
    a. Response: With PEI, the MHSA Implementation Unit is working with providers to identify the outcomes. For each evidence-based, promising practice, or community-defined evidence practice identified, a general measure will be administered at the beginning

and at the end of treatment. There will be a focus on treatment-specific measures. The plan is creating learning experiences around PEI centered on quality improvement.

26. Comment: Outcomes cannot be measured for agencies that are trying to transform. Preliminary findings indicate that the evidence-based practices selected in a Service Area may not be the best for a particular targeted population.

27. Question: Will there be a scheduled discussion? In regards to API, there was a concern that the allocation of the slots were given to agencies without the capacity to treat clients.
    a. Response: In response to the API Alliance and the FSP program, a question was posed pertaining to the need for additional slots. Yes, there needs to be a discussion and a commitment to revisit the initial assumptions and allocations of the CSS Plan.

    b. Response: Additional slots would be easily filled. Within the slots allocated by DMH, there are unused slots that API agencies could be utilizing.

28. Comment: There are few evidence-based practices that are adequate for the deaf and hard-of-hearing population, so alternatives are needed.
    a. Response: There is interest in working with this group particularly when looking at the outcomes.

IV. Public Service Products & Social Inclusion Campaign

A. Alysa Solomon, Ph.D, Office of the Director, County of Los Angeles, Department of Mental Health

1. Provided a presentation on Public Service Products with LA Lakers' Champion Ron Artest and a Presentation of Products and Upcoming Events in Educational Settings.

B. Feedback

1. Question: Can captions be added for the 10% to 15% of the population with hearing loss?

a. Response: Yes, there was interest in translating the video into ten languages, one of them being American Sign Language.

2. Question: Can the phrase "molding parents" be clarified?

a. Response: In reference to the video, Ron Artest shared that he learned how to be a better parent from parenting classes.

3. Comment: A concern was shared about connecting to the access number, which may explain the low amount of calls received.

a. Response: The management insured that the access line would be staffed.

4. Comment: It is important to ensure that the mental health centers' capacity is aligned with the media blitz.
   a. Response: This project creates awareness around the fact that mental health services work well and that more funding is needed.

5. Question: Is there any information pertaining to working with Ron Artest in the future?
   a. Response: Yes. However, the National Basketball Association (NBA) factors into Ron Artest's availability.

6. Question: Will anything happen for ethnic populations in different languages?
   a. Response: It is difficult to measure the value of the impact without a marketing company. Statistics highlight the amount of individuals who have seen the video. Translating the video into various languages will incur high costs.

7. Question: When was the video released?
   a. Response: The video was released in December 2010. The video is currently airing through local stations.

8. Suggestion: In terms of outreach, it would be good to use radio public service announcements for the blind and visually impaired population.
   a. Response: Thank you.

9. Question: What television and radio stations will air the video?
   a. Response: The list of television and radio stations will be provided in the meeting notes.[1]

V. System Leadership Team Updates

A. SLT Membership
   1. An SLT Membership Committee meeting is scheduled for the last week of February 2011.
      a. Jerry Lubin, Pamela Inabe, Joan Miller, and Romalis Taylor will review applications and come up with a recommendation.
      b. If additional SLT members want to join the SLT Membership Committee, please contact Gladys Lee.

B. SLT Meeting Calendar/Locations
   1. The SLT meeting calendar has been updated with locations.

[1] This list will be provided at the March SLT meeting.

VI. Public Comments and Announcements

A. The meeting notes will be e-mailed to the SLT within two weeks of a meeting. The meetings notes will also be posted on the website. The corrections for January's SLT meeting notes will be included in February's meeting notes.

VII. Meeting Adjourned at 12:00 PM