COUNTY OF LOS ANGELES—DEPARTMENT OF MENTAL HEALTH

SYSTEM LEADERSHIP TEAM MEETING

Wednesday, July 20, 2011 from 9:30 AM to 12:30 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 give an update on the State budget.
3. To discuss questions regarding the Prevention and Early Intervention (PEI) Plan implementation.
4. To recognize and celebrate the BeBe Moore-Campbell Minority Mental Health Month.
5. To present the Cultural Competency Plan for the County of Los Angeles Department of Mental Health.
6. To review SLT 'housekeeping' items.

MEETING NOTES

I. Review Meeting Agenda and Materials

A. No corrections were made to the June 15, 2011 SLT meeting notes.

II. Department of Mental Health—Update

A. *Marvin J. Southard, Director,* County of Los Angeles, Department of Mental Health, provided a Department of Mental Health update.

1. Several concerns regarding realignment were highlighted. For example, although realignment has been approved, the funding has not been settled. $861 million will be taken from MHSA to fund the Managed Care Allocation, State General Fund of EPSDT, and the 3632 Program. The Managed Care allocation should fund the responsibility that counties took over in the 1990s for in-patient care and other components of the Medicaid program. The Managed Care allocation can pay for locked care, in-patient care, and other components that MHSA cannot pay for. If the Department were going to expand in-patient care and IMD resources, the funds would need to come from the Managed Care allocation.

2. The California Mental Health Directors Association (CMHDA) and the State Department of Mental Health agreed on a methodology that is best described as "As It Goes Out, It Comes In." In other words, the formula that was used to cut funds from Counties will be the same to restore funds to Counties. Using that methodology, it appeared as if there would be a $16.7 million increment for LA County, which was going to make-up for several years of funding cuts. However, last week, the State billed LAC-DMH $10 million. Therefore, the Department will now move forward in a different direction than originally planned.

3. Once the actual amount of money available is confirmed, the Budget Mitigation Workgroup will convene and propose a recommendation. The SLT will discuss the recommendation proposed by the Budget Mitigation Workgroup. Ultimately, the Board would make the final allocation decision but, as in the past, the Board will hopefully support the SLT's recommendation.

4. A backlog for locked settings for adults was highlighted. If the Board provides funding, the Department's priority would be to prepare for the release of parolees and ensure those interests are addressed.

5. The EPSDT match was raised to include the amount of money the State believes will be necessary for a statewide settlement of the Katie A. lawsuit and for additional responsibilities created by the transfer of *Healthy Families* programs to Counties. LA County is about 29 percent of the State's total population; therefore, LA County will receive about one-third of any allocation. However, LA County was allocated 41 percent of the State General Fund share of the EPSDT due to the recognition of the Department's expenditures, which are robust and have the highest penetration rate in the State for foster aid codes in EPSDT.

6. In regards to the 3632 programs, $98 million would be distributed using the latest Statewide expenditure data that all Counties had available, minus the revenue. The State Department of Health Care Services (DHCS) and CMHDA agreed on the formula that would give LA County 33 percent of the $98 million to aid the transition of the 3632 programs to school districts. The State Director of Finance was expected to approve the allocation formulas.

7. Beginning October 1st, about 500 individuals per month will be transferred from State Correctional Facilities into County Correctional Facilities. These individuals were characterized as non-sexual and non-violent offenders. If the State Corrections Department were accurate in their referral process, then the Department would have cost estimates on mental health and substance abuse. On the other hand, if the referral process results in a mixture of people at low and high levels of need, the cost structure will be different. A committee, which includes the criminal justice and social service agencies, will develop a plan that would go to the Board of Supervisors. The Department will need to be prepared and ready to make any necessary adaptations by October 1st.

8. The State identified $13 million one-time funds of PEI money that needs to be allocated. If the same allocation formula is used, LA County will get about 29 percent of the $13 million. In the upcoming months, the SLT will be asked to make recommendations on the decisions regarding one-time PEI funds.

9. Since July 1, 2011, there have been major issues pertaining to the implementation of the Low-Income Health Plan and the 1115 Waiver. The Department has been working hard with partners from DHS and with community clinics to establish a structure that provides a benefit for tier-2 clients.

B. Feedback

1. Question: How much is the State billing the Department?
    a. Response: About $10 million.

2. Question: What role does the Department of Public Health have in the melding with LA County?
    a. Response: The Department of Public Health has a major role for the Low-Income Health Plan, specifically on the substance abuse benefit within the 1115 Waiver. However, there is no funding available in the State for the substance abuse benefit. DMH is working with the Department of Public Health and the Department of Health Care Services (DHCS) to modify the ability to claim 90 percent federal participation for special programs, for individuals with two or more chronic conditions. Furthermore, a benefit for the most risky and costly individuals was highlighted, which can federalize the costs and create an alcohol and drug benefit.

3. Question: Is there new money that comes to the County-level with the transfer of 'non-violent offense, non-sexual offense' offenders for mental health services, or is it an unfunded mandate?
    a. Response: Yes. The funding was divided into the following three categories: custody, supervision, and ancillary services. The amount of funding allocated for custody entailed the cost of individuals who spend the first six months of their remaining two years in County facilities. The amount of money allocated for supervision was based on the costs for the remaining 18 months of their time. The allocated funds for ancillary services were going to be $22.75 million per year, but as a capitated rate. A committee was formed, which includes law enforcement and social services, to vote on a plan that will attempt to ensure an adequate and realistic view of what the social service needs are for these individuals.

4. Comment: There was a concern regarding the priority of new money being in locked facilities. Over the years, intensive, full-service partnerships have been proven to work in keeping people out of locked facilities. More discussion was suggested on the prioritization between locked facilities and intensive community services.
    a. Response: In recent years, the resources came from MHSA. However, those resources can no longer be used for that purpose. Non-locked facilities have grown in the system. Currently, 235

individuals are waiting to enter IMDs. If additional capacity is needed, then the opportunity for that additional capacity needs to be created, but overturning the historic commitment to the recovery purpose was not recommended.

5. Question: Can people who have information about individuals with criminal backgrounds provide input?
    a. Response: The State Legislature established the committee's membership in legislation. The Board of Supervisors could only select one director from social services, alcohol and drug, or mental health to represent social services in the committee.

III. State Budget—Update

A. *Susan Rajlal, Legislative Analyst,* County of Los Angeles, Department of Mental Health, provided an update on the State budget. For additional information, please refer to handouts titled, "California Department of Mental Health, California Department of Health Care Services Memorandum July 8, 2011."

1. The State Department of Mental Health will be dismantled. The Medi-Cal functions are being transferred to the Department of Health Care Services (DHCS). However, there are 49 other functions that the State Department of Mental Health does in addition to Medi-Cal, which are very important.

2. DHCS established a work group that convened on July 12, 2011. For additional information, such as the meeting agenda, please refer to the meeting handouts. DCHS will obtain community input and develop a plan to submit to the State Legislature by October 1, 2011. The first round of community input was due on August 1, 2011.

3. A concern pertaining to a potential lack of voice at the highest level in the State was conveyed. The priority is having a standalone State Department of Mental Health called Behavioral Health, which would also include alcohol and drug. However, if that were not possible, the second priority would entail having a branch called Behavioral Health in DCHS that directly reports to the director of that agency.

4. Currently, several representatives from the client networks, the provider networks, the California Association of Rehabilitation Agencies (CASRA), and the children's networks, are putting their goals into view. The mental health community has not come together around one goal, excluding the need for a continued presence and a high-level policy representative where mental health can get priority care. The urgency to provide input was asserted.

B. Feedback

1. Question: Whom will the input be given to?

   a. Response: The input would be given to the Department of Health Care Services (DHCS). The input will be summarized and developed into a formal document, which would go through two public reviewing processes before it goes to the Legislature. The deadline is October 1st.

2. Question: Are we going to have, under health services, an arm that is directly for behavioral health or mental health?
   a. Response: If the Department does not have a standalone Behavioral Health Department, then the suggestion would be to have an arm directly for behavioral health or mental health.

3. Question: Is there going to be an entity directly over mental health?
   a. Response: There is a two-part stakeholder process going on. Part one asks, 'Will everybody agree to the transfer of the Medicaid functions?' There is a general consensus that skipping a step will be good. The second part deals with the remaining 49 functions of the State Department of Mental Health. CMHDA believes that joining with alcohol and drug services will likely result in a higher policy voice instead of having two separate departments. In other words, the recommendation is to have a 'Department of Mental Health and Alcohol and Drug Services.'

4. Comment: There was a shared concern pertaining to the suggestion of establishing a Behavioral Health Department. Having a separate Mental Health and Substance Abuse Department would be a risk to client populations.
   a. Response: CMHDA and CADPAAC developed a set of principles that would be suggested for the State to adhere. Locally, consumers are involved. Unfortunately, the Alcohol and Drug structure was unknown.

5. Question: Will the set of principals be shared?
   a. Response: Yes.

6. Question: Will CIMH be hosting regional meetings in Los Angeles?
   a. Response: DHCS will not be hosting regional meetings. Although regional meetings are expected to occur throughout the process, an immediate way to provide input would be directly with DHCS.

   b. The legislature should make a decision by January 1, 2012 around specific functions and how those functions will be handled. This is the time to put our best thinking together around what needs to be done for mental health in California.

IV. PEI Plan Implementation: Follow Up

A. *Lillian Bando, JD, MSW, District Chief, PEI Administration Unit; and Debbie Innes-Gomberg, Ph.D., MHSA Implementation Unit,* followed up on a presentation on the PEI Plan Implementation. For additional information, please refer to the handouts titled, "SLT Member Questions – PEI Outcomes Presentation, Held on June 15th, 2011" and "Prevention and Early Intervention, Themes / Questions."

B. Feedback

1. Question: What happened to the savings in the set of allocations?
    a. Response: For additional information, please refer to page three of the handout.

2. Question: How many individuals from the Transitional Age Youth (TAY) are participating in the decision-making group? Is there anyone from TAY providing feedback?
    a. Response: There are two programs included in the PEI plan. One of the programs is CAPPS (Center for the Assessment and Prevention of Prodromal States), which comes out of UCLA. CAPPS emphasizes on the initial steps to identify at-risk youth. The other program is EDIP (Early Detection and Intervention to Prevent Psychosis). These programs were selected through the PEI planning process. TAY was involved in these programs.

3. Question: Is there a process that distinguishes between EBPs that were not suitable for specific populations versus EBPs that were poorly implemented?
    a. Response: It will be important to look at why providers are or are not successful. Looking across programs that provide the same practices will be critical. Also, within the reports, there will be a demographics section. Ethnicity will be looked at to identify differences that had not been articulated.

4. Question: Is there a mechanism that prevents treatment to the outcomes? Is there a mechanism that helps identify whether an EBP is actually good for a specific population?
    a. Response: On one hand, it could be that an EBP does not work well with a target population. On the other hand, it may be a function of how the EBP is getting implemented. Therefore, the question should be, *"how will the Department discern where the cause is?"*
    b. Response: Also, by looking at the data we can ensure whether or not a program was implemented as intended.

5. Question: Are target populations going to be asked how they feel about EBPs?
    a. Response: Yes, this will be an extension of the participatory research that needs to be developed. EBPs have been implemented for about 4 years. In SPA 6, where about 60 percent Latino and 40 percent African American clients and families are

being served, the staff has been trained around an EBP, and they also learned how to adapt and be flexible. The staff has also used their cultural competency as an overlay to the model. The data gets better every year. Both, the EBP model requirements and client and family needs are being met.

6. Question: What is the timeframe for the TAY decision and for implementation?
    a. Response: For the prevention solicitation, a short timeframe was proposed that ensures implementation by the end of the calendar year. If the solicitation goes out in August 2011, there will be a fast review and start up. The training will be provided by DMH. The expected starting timeframe will be in the upcoming fall or winter.

7. Question: Is there a mechanism to identify whether an EBP is or not working?
    a. Response: Yes. If an agency discovers that the EBP does not fit the population served, the agency can select another, stakeholder approved, EBP from the PEI plan. Subsequently, the District Chief would need to approve the EBP selected by the agency.

8. Question: How will staff competency be ensured?
    a. Response: A number of the practices have a built-in certification. For example, some practices may require that staff submit an audio or video recording of a session in order for a trainer/developer to assess how the clinicians are providing services. Staff may be required to take a follow up booster training as a means of checking for competency. Other staff may be required to take a test or interview. Technical assistance meetings are being planned to identify the needs of each agency as it relates to the implementation of the program.

9. Question: What are the Prevention-Only plans going to be?
    a. Response: At this time the proposed Prevention-Only plans consist of the following programs: “Making Parenting a Pleasure” and “Triple P - Positive Parenting Program - Community Outreach Levels 2 and 3.” An “Outreach and Education Pilot Program” will also target underserved ethnic minority communities and special PEI populations (e.g., LGBTQI, deaf/hard of hearing blind/visually impaired), as well as TAY involved in or at risk of substance abuse; TAY at risk of or involved in the juvenile justice system/school failure; and TAY on probation.

10. Question: Is there an expectation to bill Medi-Cal for Prevention-Only programs?
    a. Response: The prevention-only plans are not Medi-Cal billable.

11. Question: How is the Department going to work with the issue of translation, specifically with clinicians?
    a. Response: Only a few EBPs have training materials translated into languages other than English. It is up to the developers to translate their EBP materials.

    b. Response: Follow your agency's standards and procedures for providing services to non-English speaking clients.

12. Comment: Survival is a great motivator for organizational change but it appears that this conversation is being avoided.
    a. Response: A recent article on transformational leadership versus transactional leadership was highlighted. The research shows the benefits of transformational leadership. There should be consequences for poor behavior. However, the Department is engaging in a cultural shift around the adoption of EBPs and a large number of practices.

13. Question: What is being done about the new EBPs coming out? How are EBPs going to be integrated into the system and amend the PEI plan?
    a. Response: Currently, the process is going as originally planned. There was a process where new community-defined EBPs were added depending on how the MHSA plans were amended at the County. At this time, the planning process is under discussion.

14. Question: Will the adaptations of EBPs for non-ethnic groups be flexible?
    a. Response: Yes, there will be flexibility. For instance, in regards to the special target countywide populations, such as deaf, hard of hearing, blind, visually impaired, and veterans, the Department does not want to impose an EBP that does not fit. Although new strategies are being identified, new EBPs are currently not being implemented.

15. Question: Who is being referred to as the 'we'?
    a. Response: 'We' refers to DMH, ACHSA, stakeholders, and everyone involved who would like to see those programs and priorities remain. There were thousands of people that spent a lot of time and energy and 'we' cannot just throw away those programs and priorities. 'We' want to honor that plan as much as possible.

V. BeBe Moore-Campbell Minority Mental Health Month

A. *Lynn J. Goodloe, M.D. ABIHM,* Co-Founder/Board Member, NAMI Urban LA, presented on the Bebe Moore-Campbell Minority Mental Health Month.

1. A background and reflection on Bebe Moore-Campbell and the Bebe Moore-Campbell Minority Mental Health Month was presented, which

included her upbringing in Philadelphia, education at the University of Pittsburg, her professional writing career, achievements, honors and awards, the co-founding of NAMI, and her vision of dedicating a month as a National Minority Mental Health Awareness Month.

VI. Cultural Competency Plan: Presentation

A. Gladys Lee, LCSW, District Chief, Planning, Outreach and Engagement Division, and Sandra Chang-Ptasinski, Ph.D., Supervisor, Outreach and Engagement/Cultural Competency Units, Planning, Outreach and Engagement Division, presented the Cultural Competency Plan. For additional information, please refer to the PowerPoint entitled, "2010 Cultural Competence Plan Executive Summary."

B. Feedback

1. Question: In regards to parent outcomes, is the work of parent advocates going to be depicted in the outcomes? If so, what measurements will be used?
    a. Response: This question will be shared with Dr. Innes-Gomberg.

2. Question: Does the cultural competency plan cover outcomes for parents?
    a. Response: Unfortunately, the cultural competency plan does not cover outcomes for parents.

3. Question: Where would parent-level outcomes be recorded?
    a. Response: Parent-level outcomes would be part of Workforce Education and Training (WET). This issue will be taken up to the State.

4. Comment: The U.S. Census does not breakdown the different ethnic groups within the White category.
    a. Response: Addressing this concern would require capturing the data through the specific language options selected in the Client Face Sheet.

5. Comment: How are bilingual individuals from the various ethnic groups identified? For instance, some Armenians speak Farsi and Arabic.
    a. Response: An option for individuals to select a 'primary' language will be imbedded.

6. Question: In regards to the issue of disparities, are the homeless and literacy challenged individuals going to be considered?
    a. Response: Unfortunately, these are factors that are not included in LA County. The State provides every County with its prevalence rate for different ethnic communities. LA County's prevalence rate is used to calculate the disparities.

7. Question: In regards to 'Recruiting, Hiring, and Retention of a Multicultural Work Force,' what was meant by 'fully bilingual capability?' In particular, do staff members really have the capacity to effectively conduct an interview in Spanish?
    a. Response: The bilingual capability percentage was based on a survey for the WET plan.

    b. Response: In regards to the survey, there may be some confusion because, of those individuals with a bilingual capability, the survey did not identify 'English-speaking' as a bilingual capability.

8. Comment: A concern pertaining to therapists often being left out of the interaction between the interpreter and the client was highlighted.
    a. Response: Correct, this issue has grabbed our attention. An interpreter-training program under WET is offered to individuals with a bilingual capacity. The training program has been successful in addressing these concerns.

9. Comment: A concern was voiced related to the lack of data on risk factors, incarceration rates, and stigma in the African American community was expressed.

10. Comment: A concern pertaining to the ability to bill for interpretative services was conveyed.

11. Question: What happened to the WET programs last year? Did the programs change? What kind of graduates and staff were trained?
    a. Response: An update on WET programs will be presented in a future SLT meeting.

12. Question: How does the Department measure cultural competency?
    a. Response: Currently, the Department measures cultural competency based on the State guidelines. In particular, one prevalent variable is the strategy used to reduce disparities. The majority of the category refers to staffing and their linguistic capabilities.

    b. Response: Cultural competence is a subset of quality care. The measurement will be the client outcome. By focusing on the outcomes at the client level, then we will know if we are culturally competent.

13. Question: How does peer work and peer support impact stigma? How does the public information office address the issue of stigma?

14. Comment: A concern over the low representation of the LGBT population in the cultural competency plan was voiced.

a. Response: The Planning Division will work with SLT members, contract providers, and with consumers to take a closer look at improving this area.

15. Question: Can the language exams be standardized and offered to other service providers?

16. Comment: It would be great to send individuals to the interpreter program.
    a. Response: The interpreter program, which was advocated for by a national group, has a well-respected curriculum.

17. Comment: A suggestion to use birth certificates as a tool to breakdown the various ethnic populations was shared.

18. Question: The Service Area Advisory Committee needs translators.
    a. Response: In order to get translators, please ask your District Chief to contact the Planning Division in advance.

19. Question: Can the service areas have designated translators and translation equipment?
    a. Response: A portion of the one-time funds could be used to provide translation equipment for each Service Area.

    b. Response: One of the major outreach strategies for underserved populations is the implementation of the Low-Income Health Plan and the embedding of services in primary care.

20. Comment: A concern over the ESL, English as a Second Language, population not being included in the cultural competency plan was voiced.
    a. Response: This comment will be taken to the State to find out whether their formula to determine a threshold language includes ESL.

21. Question: A suggestion to include all types of trauma when seeking to understand disparities was shared.
    a. Response: Absolutely.

22. Comment: A request to invite a trained individual from *In Our Own Voice* to make a presentation at a future SLT meeting was proposed.
    a. Response: The request was shared with Cathy Warner, Deputy for ASOC. When ASOC presents, there was hope that they will incorporate *In Our Own Voice*.

VII. SLT Housekeeping

A. The August 17th SLT Meeting was cancelled.

B. September 2011 to December 2011

1. Improving SLT Processes and Systems included the following:
    a. Attendance, Membership, and Composition.
    b. Committees and Work Groups
    c. Trainings, Orientations, and Capacity Building
    d. Communication between and among SLT members.

VIII. **Public Comments and Announcements**

A. Announcement: *Project Return* will have their 'Awards Picnic" at the Recreation Park in Long Beach, CA on Friday, July 22, 2011.

B. Announcement: The California Memorial Project will take place on September 19th at the Metropolitan State Hospital. There will be a commemoration of people who have passed away in State Hospitals.

C. Announcement: The *Alternatives Conference* is coming. Applications are available from Disability Rights California and must be turned in by August 12th.

D. Announcement: An announcement was made pertaining to *Meals on Wheels*.

IX. **Meeting Adjourned at 12:30 PM.**