COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

SYSTEM LEADERSHIP TEAM (SLT) MEETING

Monday, November 26, 2012 from 9:30 AM to 12:30 PM

St. Anne's Auditorium, 155 N. Occidental Blvd., Los Angeles, CA 90010

REASONS FOR MEETING

1. To give an update from the County of Los Angeles Department of Mental Health
2. To give an update on State budget, legislative, and related issues.
3. To report on action items from prior SLT meetings.
4. To issue a recommendation on a proposal for a mid-term adjustment for crossover youth.
5. To obtain feedback on proposed outcomes and measures for the data dashboard.
6. To finalize the members of SLT agenda design team.

MEETING NOTES

Department of Mental Health - Update	**Marvin J. Southard, Director, County of Los Angeles, Department of Mental Health** Dr. Southard updated the group on preparations and potential obstacles related to implementation of the Affordable Care Act in light of the recent elections, as well as the ongoing work and advocacy to fixes AB 109. He also discussed two new fiscal and programmatic challenges: 1) the potential budget shortfall with EPSDT and 2) the overcrowding of the psychiatric emergency rooms of the four County hospitals. Lastly, he described the potential structure of the stakeholder process in the upcoming year as it relates to the three-year plan and the Annual Update. **Feedback** A. **Question:** Can you update us on the timeframe for the Annual Update? **Response:** We will have the discussions on the Annual Update in a timely fashion this year to avoid a last minute rush like we experienced in the past. B. **Question:** Do we have a deadline? a. **Response:** The deadline to complete the Annual Update will be April 15, 2013, in order to have the public hearing and forward it to the Board of Supervisors (BOS). The major change this year is the inclusion, review and certification of the auditor controller. The BOS must accept the Annual Update because of AB 1467. b. **Response**: The instructions for the Annual Update were approved by Oversight and Accountability Commission (OAC) last Thursday and are complete except for the issue of the auditor controller, which was referred to the Department of Health Care Services. c. **Response:** I believe the OAC, which is responsible for a lot of these guidelines, will push hard to have the Integrated Plan be the entire public mental health system. There is so much blended, braided, merged funding with MHSA

dollars and other Realignment dollars that it seems foolish to consider these separately.

C. **Question:** Will there be a small committee of people working with Dr. Shaner and Dr. Katz on the overcrowding of the emergency rooms, especially with psychiatric patients and beds?

   a. **Response:** Yes. Dr. Robin Kay and Libby Boyce are planning to go to San Francisco see what is adaptable to our situation.

   b. **Response:** The overall goals are to have people in the least restrictive, healthiest setting that is possible and safe for them. We want acute beds used for people in the acute stage. Right now, as much as 40% of the beds are sometimes used for people whom are no longer in acute care, which is not good for those individuals or the financial reimbursement of the hospital involved.

D. **Question:** One of my relatives was locked up in an IMD for a long time and really did not need an IMD service. We needed permanent supportive housing. Is that being considered?
   Response: Yes. One possibility is a presumptive eligibility pilot for SSI being developed at Downtown Mental Health. In order for people to get presumptive eligibility for SSI and the benefits associated with it, the individual has to agree to and get a rent payee. We are trying to look at the expansion and the maintenance of rent payee programs as a part of the treatment model.

E. **Question:** Have Urgent Care Centers (UCCs) been analyzed to determine how successful they are at relieving pressure on psychiatric emergency rooms?
   a. **Response:** Initial analysis shows that they are extremely successful in alleviating the pressure of the psychiatric emergency rooms. The problem is that once fully utilized the pressure returns to emergency rooms. One of the things that makes an UCC successful or not is the degree to which that urgent care is well connected with the outpatient community.

   b. **Response:** If urgent care can get somebody not just into mental health treatment but also into addiction treatment rather than hospitalization, drug use goes down dramatically. We want to make sure that urgent care is robustly linked to the outpatient system.

F. **Question:** Where do the $100,000 grants fall in terms of the Annual Update or were they just one-time dollars?
   a. **Response:** They were one-time dollars. We need to analyze whether we continue all, some or part or those for an additional year because of the implementation issues.

   b. **Response:** These allocations are one-time dollars. They are not new programs because the prevention programs were part of the original and approved PEI Plan. They are reported in the Annual Update because we report on all approved components. We will start evaluating the data from the outcome reporting of these programs.

G. **Question:** With regards to memorializing money, are we going to preserve the ratio in terms of adult, older adult, transition age youth (TAY) and children in the ratio that was originally established? If some programs overspend will that negate the established formula?

Response: My recollection is that the guidelines from the State were that 51% of the PEI money would go to children, TAY, and their families. The stakeholders here in Los Angeles adopted a higher standard and it is up to us to decide if we want to continue the higher standard or adopt a different one.

H. **Question:** Do we know why the overcrowding in emergency rooms is occurring? Is it because an individual is self-referring to the hospital, the police bringing them there or is it a program bringing them to the hospital—or all of the above?

a. **Response:** We are developing the LPS task force to clarify and perhaps make it easier to do 5150s. If that takes place, we should expect more pressure on emergency rooms because there would likely be an increase in psychiatric hospitalizations.

b. **Response:** We have many alternates to hospitalization that we are investigating and experimenting with as part of innovations funding. If those work robustly, there would likely be less need for psychiatric hospitalizations. Investing in housing alternatives, for instance, can be integrated with health and mental health. Housing alternatives provide a degree of stability that diverts a population away from circular emergency room use. This might be beneficial to the individuals and the financial health of the physical health, mental health, and law enforcement systems.

I. **Question:** What is LPS?
Response: LPS stands for Lanterman Petris Short: it is the involuntary commitment law in California.

J. **Question:** Often, when patients get discharged they have no medication. They have prescriptions. They cannot get an appointment at the clinics and go to urgent care. At urgent care they are told that they have a substance abuse problem and are turned away and go back to the emergency room. It is a revolving cycle. What can we do to prevent this?
Response: Nobody should ever be turned away from psychiatric care because they have an addiction problem. That should just be forbidden in our system.

K. **Comment:** It happens all the time.
Response: I am not saying it does not. The system has to be aggressively committed to co-occurring treatment. We need to recognize that addiction is a chronically lapsing disease and that people do not always want help when we think they should get it.

L. **Question:** The discussion about two different options regarding the integrated plan sounds different from what we heard last time. Was there some change in that?
Response: I do not know.

M. **Question:** Ideally, it would be better to integrate the entire system.

	a. **Response:** There are those who believe that integration increases the opportunity for diversion of MHSA funds for jail services, IMD, and in-patient care. In some counties where they do not have resources to provide in-patient care, that integration is desired because it gives a funding source for in-patient care. b. **Response:** Others believe that MHSA needs to continue to follow certain program parameters because that is what the public wanted when it passed. That includes not funding involuntary care. Integration means integrating the pieces of MHSA but not making it just a funding source as a part of realignment. c. **Response** On the other side, there is no reason why you could not potentially integrate and still continue to prohibit certain uses of the funds. There is a middle ground. N. **Comment:** It is the objective of the Mental Health Commission to integrate these programs in a manner that makes sense to the law and reality of Los Angeles County. As soon as data and findings are presented to one group they should go to all groups. All groups should have the opportunity to look at and respond to the data. They should know what the research and evaluation reflects and where we go from here. O. **Question:** With the changes in health care and integration, the issue goes back to a lack of integration of systems. There is no coordinated care planning. The administrative rules need to change so that both the clinic and the hospital have a responsibility to work together on a coordinated care plan. We need to advocate with the State. P. **Response:** We are working hard to see if we can have that happen on an electronic basis so that the coordinated care plan becomes the document that belongs to both parties. There are obstacles, legal and otherwise, to getting that done but County Counsel and others are working on that. Q. **Comment:** The overcrowding of emergency rooms and lack of connection to outpatient services were discussed at our last SAAC meeting. Including NAMI at that table to be part of that discussion is important. I attended one of the LPS Reform Task Force meetings. In addition to expanding the ability of 5150s, they discussed extending the length of stay that someone would have once they are determined that they do meet the criteria for acute care. This is important because one issue that causes overcrowding is the recidivism is that people are not completely stable once they are discharged from a facility, go back out into the community, and end up back in the emergency room.
State Legislature Update and Related Issues	*Susan Rajlal, Legislative Analyst,* **County of Los Angeles, Department of Mental Health** 1. The pink handout in the SLT meeting packet for November 26, 2012, briefly summarizes answers to frequently asked questions regarding the passage of Proposition 30. You can take it back to your groups that you work with and make sure that everybody gets the message. If Proposition 30 had not passed, funding would have been an issue again. Now, we can go forward with what we planned to do with realignment. Ultimately, if the economy holds two years from now, we will be guaranteed a stream of funding that increases the mental health core funding. 2. As Dr. Southard mentioned, there will a special session beginning in December on health care reform. In October, the

advocates from the California Coalition for Mental Health met with Vanessa Baird, Deputy Director for Mental Health and Substance Abuse with the California Department of Health Care Services. We asked her to try and ensure that mental health has its own hearing and that it is not included with all of the other specialty services and with physical health. Our types of services are different from physical health services and many of the support services we offer are vital. We want legislators and administrators understand these points as they create legislation for health care reform.

3. There were two bills that were significant last year related to health care reform. They passed through the Legislature but the governor did not sign them because Proposition 30 had not passed yet. We are back to revisiting some of that.

4. Based on interest from the SLT, I will send the information with the schedule and location of the hearings to the staff, who will forward the information to you. As of last Monday, there was no December schedule. I will let you know as early as possible about the hearings. This might be 30 days in advance or a week in advance.

5. Your input is important and helpful, particularly on the subcommittees on health for the Legislature. If you want to give some input, write a letter to the head of those subcommittees discussing how critical it is to have an in-depth discussion about the definition of mental health benefits and health care reform. As they plan their hearing schedule, your input can ensure that the head of the subcommittees give us a time and a place to present what is important to us. Many are involved in this process and we want to make sure our needs are heard.

6. We are currently defining our legislative priorities for next year. One of the primary priorities is to preserve our funding and ensure the health and safety of the people that we serve. This year, as Dr. Southard said, we added additional priorities including further clarification on who the AB 109 participants are supposed to be.

7. We are also prioritizing work on LPS reform because that legislation is going to be introduced by another group. We want to make sure that the input received from the stakeholders in LA County is heard and that we are strong participants in that process.

8. A third priority is drug Medicaid and Medi-Cal. The system for drug Medi-Cal and the mental health system of care do not mesh well because of the way drug Medi-Cal is structured. There are numerous rules about services only being delivered in a certified Medi-Cal site. Community outreach (which is how we do this work) is not paid for by drug Medi-Cal. We want to work to reform this so that we create a system helps people who need services. If we do not use the money that should be available to the people that have substance use issues we still use our mental health money to serve them when there is a drug Medi-Cal program that should be serving their needs as well. So reform is critically important.

Feedback

1. **Question:** Is there a unified position of what mental health services means? Does that include substance abuse services or are you really speaking about mental health services separate from substance abuse?
   Response: In LA County we are mental health services, but acknowledge that we are talking about behavioral health services. The system is currently fragmented. Alcohol and drug department did not get realigned and the consumers

in that area want to remain separate from mental health to discuss their issues. We think that all of our issues and they all have to be addressed. S I would say behavioral health but would note that the alcohol and drug t people probably do not agree with that.

2. **Question:** Will your LPS reform efforts address 5585s as well as 5150s?
   a. **Response:** Define a 5585?

   b. **Response:** It is the portion of the statute that addresses minors and involuntary psychiatric holds.

   c. **Response:** I am sure that it will. We did not spend any significant time talking about minors as separate from others but we know it is a critical piece.

3. **Question:** Will you involve stakeholders in that discussion, specifically the Department of Children and Family Services?
   a. **Response:** Dr. Shaner has spearheaded that effort. Currently, we are writing up our position statement. It is probably a good idea to bring that statement to stakeholders and let you take a look at it. I will mention to him the importance of including 5585. We are always open to input and clarifying our position.

4. **Question:** Thank you for the paper outlining the impact of Proposition 30. When we have propositions that can have a drastic effect can you create documents like this? We could use some input as to what to tell union members at the different clinics as to why they have to vote on such issues. It helps to know how the issue could affect their jobs if it was not passed. In the future, if descriptions like this could be distributed, it would be a real big help.
   Response: Thank you and I will try to present more written material for you. The thing about Proposition 30 is that how it affects the Department is always hard for me to say. Anytime we have any proposal from the Governor or the Legislature that involves shifting money around to supposedly to fix everything, whenever it does not happen the number target is Proposition 63 because it is one of the only places where the money has continued to flow. I do know that the realignment for the long term is going to be much better for mental health as long as the economy is good.

5. **Question:** During those hearings is public testimony allowed?
   Response: Generally, yes.

6. **Question:** Could you provide a summary and/or talking points for those of us who do gather our constituencies and are willing to go to Sacramento and testify in a public hearing?
   Response: I have done that in the past. It is very expensive to go to Sacramento and I would not recommend trying to get people to do that. We need to pick our battles. Letter writing is very important, as important as going to Sacramento. If any group wants help, I am willing to come out and help provide talking points for letters.

7. **Comment:** In the past, we sent five people, who were strong enough speakers to actually change some Republicans' viewpoints of mental health and mental health services and Proposition 63. So even if it is the expense of five people it was

	worth it because it did exactly what it needed to do. However, if you need a thousand letters we can give that to you too. 8. **Question:** I am concerned about how the lack of final regulations for health care parity might affect how we implement parity here in California. Are we keeping our eyes on what is happening at the federal level compared to what has already happened in California? **Response:** We have a lobbyist in Washington that continues to work on that. One of the issues that we want to raise in these hearings is how parity is going to be enforced. Right now there is no enforcement. 9. **Comment:** When the Legislature calls a hearing, they call people they think represent the important positions. Witnesses have three minutes to make their point. When you write a letter you can full express and discuss important viewpoints. We cannot afford for people not to understand the complexity of our issues and the importance of our issues so the letters are really important. 10. **Comment:** Social media is important, too. Elected officials are on social media. They read and pay attention. Some even have Twitter chats about these very subjects that we need to be aware of. 11. **Question:** The Department is precluded from using Facebook, Twitter, and all of these social media. But you all can get something like that going that would be helpful to others. **Action Items:** 1. Forward the contact information for the head of the Health Subcommittees in the Senate and other legislators. 2. Discuss inclusion of 5385 in the position statement with Dr. Shaner
Mid-Year Adjustment Crossover Youth-Recommendation	*Marvin J. Southard, Director,* **County of Los Angeles, Department of Mental Health** 1. One of the greatest challenges we face in Los Angeles County is disproportionality. There are a disproportionate number of ethnic minorities, particularly African American youth, in the foster care system. Even more disturbing there is a disproportionate number of African Americans and other minority youth who start out in the foster care system that cross over into the probation system. While in foster care system, they might commit an act that leads them to be considered for legal action in the probation system. 2. This disproportionality has many roots but some of the issues first start with placement. If you are in a group home and you commit a certain kind of act, this may lead to legal charges. If you did the same thing in your family home, your parents would be mad at you but would not necessarily press legal charges. The interaction between placement issues and racism occur, which have minority youth put in probation settings at a disproportionate rate than what should happen. 3. A number of years ago, Probation, DCFS, Mental Health, and the private sector spent time working with other jurisdictions to address the issue of disproportionality and how jurisdictions could take action to reduce those rates. From that came the

241.1 process that the juvenile court put into place. The goal is to prevent crossover from happening wherever possible and make sure youths' needs are met rather than having their conduct put them into the criminal justice system prematurely, or at least to manage the charges in the least destructive way possible.

4. Denise Hertz, who DMH and I have worked with for a long time around these kinds of issues, is here to describe this program and the proposal that was made by the Board of Supervisors. Their proposal was to have the stakeholders consider the expansion of this program as a midyear adjustment to be implemented as soon as possible, because the needs of this population are so great. Denise will now describe the program and its results.

Dr. Denise Hertz, Associate Professor of Criminology, California State University, Los Angeles

1. This is a critically important issue. I am honored to be here to give some of the background on this particular initiative and some of the results. There is currently a statute under the Welfare and Institutions, code 241.1. This statute holds that in the State of California any youth currently in the child welfare system that is charged with a criminal act must undergo a process to determine whether the youth should remain in the child welfare system or be made a ward of the delinquency court. When youth become a ward of the delinquency court, they become a 602 and all their child welfare services are terminated immediately. According the California law, you are either in the child welfare system or the delinquency system. California is the only state left that does that.

2. The California law also dictates that the probation and child welfare systems must complete a joint assessment to determine which system the youth should be in. Each county determines what that process is. In the 1990s, Judge Nash, the presiding court judge, developed a protocol that laid out very specifically what had to happen in that joint assessment. It required that the probation officer consult with the child welfare social worker and the case carrying social worker, to capture information. They put that information together and submitted a report to the court. The court then decided what should happen. Everyone had access to a defense, so the traditional juvenile court players were all there.

3. That protocol was really very helpful because it required probation to talk to child welfare. Prior to this protocol, probation did what probation does and child welfare did what child welfare did: there was no interaction between the two departments. The youth ended up becoming wards of the delinquent court and lost their child welfare services, which meant in large part that they lost mental health services.

4. The good news is that the protocol required these two systems to communicate. That bad news is that over time probation would ask the case carrying social worker for a report; the case carrying social worker would put a report together and send it over to the probation officer; and the probation officer would cut and paste it into the report.

5. In 2004, AB 129 was passed. It is a law that allows the State of California to allow children to be both in the probation and child welfare systems, thus continuing their services. The counties could volunteer to do this but were not obligated to.

6. Judge Nash, with the cooperation of probation and DCFS collaboratively agreed to do this. DMH was part of those conversations from the very beginning. This created an additional outcome but it also provided the venue for discussing

what should happen with these youth when that joint assessment was conducted. Eight years, later I am here to present to you.

7. About a year ago there was a report done in Los Angeles County that compared those in child welfare—just child welfare—to those in probation—just in probation—and those that had touched both systems. The outcomes for that group that had touched both systems were worse than the other two. The report raised a number of questions: 'How do we stop this? How do we make sure that the outcomes for these youth are not predictably horrible?'

8. Judge Nash convened a multidisciplinary team (MDT) which was required to hold a face-to-face meeting of the probation officer, the social worker, a DMH clinician, and an educational liaison. All four parties must come together as part of the MDT. The goal was that every youth who was referred for a 241.1 joint assessment would receive this MDT assessment. It was initially implemented in a pilot project in the Pasadena courts. All agencies committed resources.

[See Presentation Los Angeles 241.1. Multidisciplinary Team Brief, Summary of Data Findings"]

Marvin J. Southard, Director, County of Los Angeles, Department of Mental Health

1. The BOS motion asked us to identify what resources would be necessary for mental health to fully participate in this 241.1 process. We went through a process of examining caseloads and workload and identified what would be necessary. We then needed to identify a funding source to allow us to implement this 241.1 as soon as possible. Our attention turned to MHSA as the funding source.

2. We considered using the Prudent Reserve but our conclusion was that it probably would not be prudent to use the Prudent Reserve, especially because its use presumes ongoing funding on the other end that may or may not be there. This was of a great enough importance that it should not rely on that as a contingency. This reason also ruled out the second funding source—one-time funding. We do not want to do this program to be supported with one-time funding. It is important to use ongoing funding.

3. Regarding ongoing funding sources, the choices were PEI or CSS. In our estimation, this activity is clearly a CSS activity. In fact, it mirrors a program that we have for adults. We have an adult program in which we fund the mental health court that provides the same kind of assessment and intervention for adults in order to divert them out of the justice system in a parallel way to this program.

4. This does not require a full-fledged addition to our CSS program but would link in through a different age group platform: our adult CSS plan. In the past, for example through the Field Capable Clinical Services (FCCS), we have expanded to all populations a service that was originally an older adult plan. This helped us cope with the situations we faced back then.

5. We have an opportunity to redirect around $500,000 of MHSA ongoing CSS funds to this project. We have identified the requisite amount of money within the Department of Mental Health's allocation for CSS. Some of it would come from the

Outreach and Engagement components of CSS, which is what the mental health court money is a part of. But there is not quite enough there, so some of it would come from other places where we will freeze down positions to allow us to implement this program.

6. The proposal is this: To adopt the Board's motion that (a) we find the funding for this project which is clearly needed and (b) that we do so by redirecting money from one component of the CSS Plan to another component of the CSS Plan.

Feedback

A. **Question:** Who was included in the planning process that has been going on for a long time for this proposal?
   a. **Response:** In terms of the planning there were parents and emancipated foster youth who were part of the original planning process. Most of what was developed around the MDT was infrastructural. So, how do you get systems to integrate? There was participation in the planning from parents and emancipated youth but I would admit that there probably could have been more. Part of the problem has to do with obstacles around their being able to participate in meetings that are agency-specific during time periods that they cannot get to.

   b. **Response:** There was some attempt to do include parents and youth and they were very helpful. In fact, at least one parent had many suggestions, which were all incorporated. One parent stayed involved in some capacity because in there Pasadena court there were some initiatives around parent ambassadors and I think she was one.

B. **Question:** For the mental health part, was somebody involved who has been working with the youth, a person who just does an evaluation of that youth based on what else is going on?
   a. **Response:** In terms of the mental health piece, the original framework with 241.1 before any of this began involved the court DMH office. It is the juvenile court DMH office. I think it is as simple as that. They were the original players in terms of the planning for that because they were always part of the process.

   b. **Response:** Their job was just to do an assessment if it was allowed by a public defender. They had limited roles. As the work began to expand beyond the Pasadena court, that changed and now the mental health component and planning piece has evolved. The mental health liaisons were staff co-located at the DCFS regional offices. It expanded for an assessment and services piece.

C. **Question:** Are they providing the services afterwards?
   Response: That was one of the primary reasons behind the motion because that was always the struggling piece. We could get the assessment done but how do we get those services?

D. **Question:** Is this for money for those services?
   Response: No. Part of the problem has been that sometimes face-to-face interaction is precluded by the public defender not wanting to have that interaction be part of the record in a way that can potentially be used against their clients. As a design issue, we want to think of this as a systems navigator, assessment and then systems navigator, rather than a clinician that provides ongoing care. It is the exact model we use for the adult court.

E. **Question:** Are we getting them into trauma care?
Response: That is the evidence based program of choice.

F. **Question:** How many clients will benefit from this?
Response: On annual basis there are about 1,000 referrals to the court. At least 1,000 would receive that assessment and then if they remain in the system then they would receive it multiple times. So 1,000 a year minimum.

G. **Question:** It is important to have family members and consumers decide where the money comes from because that is a huge decision and I am not hearing any kind of involvement with that. Is that correct?
Response: Yes. There is not the time or opportunity to do that. The timelines that we got from the Board urged us to move as expeditiously as possible. What we did at the Board's direction is identify funds within DMH so that it would not be controversial. We did the best job we could within that. That is why we chose, for example, freezing down vacant positions as the way to approach that. How we manage that in the long run is still to be worked out.

H. **Comment:** I know for a lot of us we feel a little bit frozen out, as it is where we end up hearing things at the very end and not at the very beginning. It is a frustration. So this kind of continues with that.

I. **Question:** One thing I did not see covered is the over medication of foster youth. Will some of the recommendations that you are making reduce the over medication issue that we are finding with youth?
   a. **Response:** We will actually be able to track that. That is a significant reason for wanting the mental health component as part of the MDT. It is not only what services are needed but also to address the issue of over medication. Without that mental health component we have no way of addressing it or tracking.

   b. **Response:** Judge Nash has the most robust tracking of the medication issues of kids in the country. Dr. Shaner directly tracks all of the medication prescribed by the mental health system. The difficulty is that not every doctor works for the public mental health system and some of the prescriptions do not come from the public mental health system. Getting those prescription corralled is more challenging.

J. **Question:** Am I understanding that the motion and the work to come will help give a better understanding on what is reducing recidivism and leading to good outcomes?
   a. **Response:** Yes, that is right. Those intermediary pieces are fuzzy. When we compare joint assessments that were done previous to MDT, or even at the same time but not in the MD,T the reports do not by any comparison come close to the denseness and thoroughness of the information. We believe that the MDT will yield better and coordinated information.

   b. **Response:** Previously, once that joint assessment was done whatever happens to the youth happens to the youth. With this follow up component there is a commitment on the front end to identify the roles and responsibilities to

ensure that youth is getting what she or he is expected to get. The judge has the responsibility on a monthly basis to check in with the social work and probation officer who are required to submit reports to assure that the youth is getting services. That never existed before.

K. **Question:** How will this program differ from specialized foster care? Could it have just expanded to specialized foster care?
   a. **Response:** Think of this as the engagement piece to get people into the right place within specialized foster care. These are kids who may have been (or not) receiving mental health services previously. Maybe they were specialized foster care or maybe not.

   b. **Response:** When a crisis occurs, the crisis gives us the opportunity to re-evaluate their situation and try to link them to what they need. This is the linkage component.

   c. **Response:** This is not just the services piece. It is services integrated with accountability because there are things that have been done that reflect poor impulse control and anti-social behavior. The idea is not to over criminalize the behavior because some of the behavior is reminiscent of adolescent behavior amplified by trauma and placement changes. Nonetheless, when they reach a 241.1, a criminal act has occurred.

   d. **Response:** What we saw in the data previously is that they would say, 'Oh, they are a victim. We won't give them a whole lot of this probation stuff. We will just let them go on and everything will be fine. We will give them more services.' Ultimately, they did not get more services. They got the same services. Also, it did not address the behavioral issues. The specialized foster care deals with the mental health and services piece. There is also a probation piece that would not be part of the specialized foster care.

L. **Question:** I am not clear whose role it is to provide the substance abuse services to these children. Why is there difficulty getting that? Is it because it is the responsibility for substance abuse in another agency or operation within the County? Who owns that issue for these youth?
   a. **Response:** You point out a problem that will surface more in the future, which is that substance abuse treatment is really part of the EPSDT benefit. It has not been widely used or asked for because the substance abuse benefit in California is sub-optimal.

   b. **Response:** So SAPC and DMH have been working together at a local and state level to see if we can form the drug Medicaid benefit so that it is available to these youth. Right now there is no substance abuse service that is available through EPSDT because the substance abuse Medicaid benefit is so minimal.

M. **Comment**: I think that DCFS needs pilot a project focused on what it could look like to own the fact that these children have stayed in the system longer than they needed to. Therefore, it is on us to own it.

N. **Question:** What will happen to those CSS programs where the money is diverted from? Will those programs get money from somewhere else?

Response: There will be a little less of what there used to be. For example, take outreach and engagement. We are doing less outreach and engagement than we used to because it made a lot more sense as a robust activity when we were trying to fill the FSPs. Now, the FSPs are mostly full. Engaging more people to wait on the waiting list is not the smartest use of services so we are not going to do quite as much. When you start doing more of one thing it necessarily means that you have to be doing a little bit less of something else when you are dealing with a zero sum.

O. **Comment:** 53% of the issues that these children are having are substance abuse related, so we need to recommend that 53% of those resources need to address kids with substance abuse issues.

P. **Question:** As part of the MDT, what do you mean by educational advocate?
   a. **Response:** Originally, when the MDT was piloted the Learning Rights Center (an educational and legal advocacy group) had grant money. They dedicated lawyers who would do a full review of the youths' entire educational history and provide recommendations. In fact, sometimes they made a referral for a 317e panel, which is a situation in which youths had not received their educational rights. Eventually their grant money ran out so DCFS has educational liaisons or consultants. Those individuals are given the referral and they do an educational profile and develop recommendations for each youth.

Q. **Question:** Can any of this $500,000 be matched with EPSDT funds?
   Response: We have but it looks difficult because in many cases we are just reviewing the records and not seeing the youth. If we are not seeing the youth, we cannot open a case and cannot bill for EPSDT. They already have Medicaid so you cannot bill. We have examined every possible way to maximize federal funding.

R. **Question:** In 1994, we had something called Children's System of Care with teams that included Probation, DCFS, DMH, LAUSD and other school districts. We fought as parents to increase the ISC teams but did not get that because it was too much money. So what is the difference here?
   a. **Response:** There is a very important difference that makes it very significant and that is the legal nature of this process. In the situation you were describing those efforts were detached from the court. In other words, unless the youths have been made ward of the delinquent court or under probation supervision in some capacity, Probation has very minimal things that they could do. They cannot offer but minimal services because in order for Probation to be involved in that youth's life they must have a court order. Those particular types of venues are critical. Here Probation is an equal player in these youth's lives. There are a lot of other little things but that is the significant difference between those efforts.

S. **Question:** Regarding the $500,000, How was that determined? Will that be strictly for DMH? Will it be given to the other partners? If we overspend will that then be memorialized?
   a. **Response:** DCFS has already provided funding for five of the team members. So the $500,000 is to augment what has already been allocated to hiring and supporting navigators.

T. **Question:** Earlier in your presentation you talked about expanding the 241.1 assessment process teams to the other courts so that there is one in each court. Is this funding going to pay for those teams in the other courts or is it paying for services

to the children that would be receiving the service? Is this only for the DCFS kids that do not cross over and what about the ones that do?

a. **Response:** The $500,000 is an approximate figure. It is whatever it costs to hire the DMH staff that will be necessary to expand to the level that was deemed necessary. So the dollar amount was to fund the DMH staff to do the program. This money is not for services. The services are a separate issue. This is the linkage to the crossover work.

b. **Response:** Forget about the delinquency for a moment. These are youth who are in the child welfare system. They have access to services. We do not believe that there need to be new services to serve these youth. These youth just need appropriate services from a continuum. Previously, those youth were not being connected to the right services. The money is intended to make the right linkage to the services that are already being funded. How do you make sure that this youth gets connected to the right services? That is what the navigator would do well.

c. **Response:** This resource is only for children and youth who cross over. By virtue of being a 241.1, you have crossed over. You have been charged with an offense. Less than 10% have their cases dismissed. So the vast majority of these youth would be cross over youth. There is actually a prevention initiative that is separate from this discussion that is trying to keep those youth from crossing over.

U. **Question:** The presentation began with a statement about reducing racial disparity. How does one go about reducing racial disparity in this process that is based upon a records review by professionals who may or may not have previously met the child let alone the family? How will the recommendations effectively target the needs that are presently being unmet?

a. **Response:** Wherever possible we do a face-to-face assessment. In some instances, the public defenders allow it, in which case we conduct this assessment. The answer is we do the best we can. We try to get the fullest assessment possible.

b. **Response:** In terms of racial disparity, the MDT is not focused specifically on that. There is an initiative both in Probation and DCFS to incorporate the best practices around identifying and addressing racial disparity. Those same practices will be incorporated into the work. In terms of this being a case review, this is true. Some of these youth will get an assessment if the attorney agrees to it. If the attorney does not agree to it, the importance of the DMH component in the MDT is to do a comprehensive review of that youth's mental health situation as it stands right now in the file to then teach, educate, and include that information into the mix of the discussion.

c. **Response:** After the youth receives a disposition, the focal point will be to get them that next assessment because once there has been a decision made by the court getting that assessment is not as legally difficult.

V. **Question:** Originally it sounded like a fixed amount of money, but now it is an approximate amount of money. That would be helpful to know. Within a hundred thousand, within fifty thousand?
Response: Dennis is going to get me the exact amount. Probably within fifty thousand.

W. **Question:** How do we assure that that once the MDT does the linkage that there will be resources for special education needs available? I want to underscore the importance of having the cultural discussion on best practices in the MDTs

because it is just something that needs to happen especially if there is a disproportionate amount of African American youth in this population. How do we assure that this is happening in a way that addresses those cultural components that can help mitigate and reduce that?

a. **Response:** Regarding the linkage to special education services, this is a big issue in the educational piece. The DCFS educational consultant is playing that role. It is the responsibility of the school and there needs to be advocacy at the school. The beauty of connecting the DCFS educational consultant to this process is that this is precisely their job. They work with the educational rights holder and they go to the IEP meetings. They set up linkages to the right schools.

b. **Response:** I do not really have a great answer to the cultural component, but what I want to point out is that there are actually two MDT meetings. One is during the pre-disposition. Because of the legal nature, MDT meetings are limited system agency players although there are representatives from the defense on the dependency side. After disposition, there is another MDT meeting in which the parents come, any other support system member(s), and key stakeholders for that youth, such as a minister, teacher, etc. Whoever needs to be there to wrap around that youth and make sure everyone is clear on what the orders are, who is going to do what and by when they are going to do it.

X. **Question:** I watched this stuff go on that many years. And I am glad somebody is about to try to do something. Who is going to oversee that whatever it is said they are supposed to do for the child is going to get done. Who is going to monitor that they are doing it for the children?

a. **Response:** Who makes sure that happens is the Probation officer: the social worker have to do reports back to the judge on a monthly basis and the judge is required to assure that those things have been done.

Y. **Question:** I just had a concern. Is this $500,000 for the year? Or one year from January 1?
Response: Annualized.

Z. **Comment:** I think the substance abuse part is important as well and I support addressing it. There are lots of types of substance abuse out there particularly for teens, peer, Alcoholics Anonymous, Narcotics Anonymous and all of the alternative programs are a place for them to get positive role models and to make friends and have steady relationships.

AA. **Public Comment:** Are you utilizing people with experiences in the foster care system as well as in providing services rather than just being recipients of services?

a. **Response:** That is a wonderful idea and it has been brought to the table. The work has evolved. The idea is to have parents as mentors and that was the connection to the Ambassador Program in Pasadena.

BB. **Question:** Do you work on adoptions for the foster kids and missing youth?
Response: Some of the youth that come into the 241.1 process are in an adoption setting or as part of the Probation. DCFS focuses on getting the youth adopted. So adoption plays a key role. Regarding missing youth, a lot of those youth live on the streets, and if they end up as a 241.1, the MDT gives us an opportunity to make connections with and for them.

	CC. **Question:** What is the $500,000 for? **Response:** That money is specifically to pay for salaries for these mental health navigators—they are psychiatric social workers. DCFS is putting money towards this cost. DMH would also put money into it as well. That is what the $500,000 is for. After deliberation, the facilitator asked the SLT members to vote on the proposal. The proposal passed with full consensus (i.e., no SLT member voted to block or oppose the proposal).
Dashboard: Outcomes and Measures - Feedback	This item was postponed to the following session.
SLT Agenda Design Team	This item was postponed to the following session.
Public Comments & Announcement	