COUNTY OF LOS ANGELES–DEPARTMENT OF MENTAL HEALTH
SYSTEM LEADERSHIP TEAM (SLT) MEETING
Wednesday, January 20, 2016 from 9:30 AM to 12:30 PM
St. Anne's Auditorium, 155 N. Occidental Blvd., Los Angeles, CA 90026

REASONS FOR MEETING

1. Provide an update on behalf of the County of Los Angeles Department of Mental Health.
2. Present ideas on how to take the FSP/FCCS pilot project to a larger scale.
3. Share information on State legislative and/or budget items.
4. Give an update on MHSA Innovation 2.
5. Discuss and recommend changes to the Children's System of Care (CSOC) work plan.

MEETING NOTES

Department of Mental Health - Update	Robin Kay, Ph.D., Acting Director gave an update on behalf of the Department of Mental Health (DMH). Dr. Kay's update focused on how DMH and mental health as an issue are now deeply involved across a number of prominent issues prioritized by the Board of Supervisors (BOS) that impact the broader community. 1. Jails: Along with other County agencies, DMH is working on jail diversion. One of these efforts targeted individuals who are incompetent to stand trial but stuck in jail. The project focused on getting at least 30 individuals out of Twin Towers and placing them into community-based programs by December 2015. The goal was exceed: 50 people were reintegrated. 2. Community Collaborative Courts (CCC): DMH is working with Superior Court Judges in the CCC across four(4) areas in Los Angeles County (Long Beach, Compton, Central L.A., and Van Nuys) to address the needs of individuals who are homeless, have a mental illness, have a substance abuse problem, are young mothers, are veterans, among others. The intent is of the CCCs is to divert people into treatment and services and away from jail. Current activities include orienting and informing Superior Court Judges, Public Defenders, District Attorneys, and others on the mental health programs available in various communities. 3. Homelessness: The County Channel has made a video of the outreach efforts underway to inform homeless people about El Niño. The County has also extended services in Skid Row (in Los Angeles) by funding three additional agencies. 4. Drop In Centers: DMH is currently scoring proposals for Drop In Centers targeting TAY clients. 5. Urgent Care Centers (UCCs): A newspaper article in December 2015 covered the re-opening of the Westside UCC that offers immediate and 24/7 access for people in a mental health crisis. In addition, DMH has finished the solicitation for new UCCs. The results of that solicitation will be announced in the next SLT meeting.

	6. Congregate Care Reform - AB403: This bill will change the way in which services are provided to children and youth in child welfare system. Current group home providers will implement a new model of delivering group home services, focused more on shorter stays and interventions. Lower level group homes will be using a community-based model, including on a greater emphasis on foster family agencies and foster homes. The implementation begins in 2016, but it involves a multi-year transformation process. 7. 'No Place Like Home' Bill: This refers to a recently publicized proposal by CA State legislators to 'harvest' MHSA funds to secure a $2 billion housing bond to develop more housing to address the issue of homeless in Los Angeles County and across the state. There are a number of questions around how the 'harvesting' of MHSA funds would occur. More information will be provided on this bill as details become available. The proposed bill is not in written form yet. **Discussion** **Q1:** *Regarding Congregate Care Reform, I want to stress the need to have more API foster families available as this work is implemented. We have had some success identifying foster families within the Korean community but we want to expand to the Chinese and Cambodian communities because these foster children from these communities do not have families to go to.* **A1:** There is an emphasis on more culturally appropriate foster family development for API and other communities, including Native Americans. **Q2:** *I am curious about the need for more locked beds and alternatives to State hospital beds.* **A2:** DMH is constantly exploring the development of beds at all levels. The number of locked beds has not really increased with our population. For instance, MHSA does not fund locked beds and available funding for locked beds has remained flat. Yet locked beds are increasingly more expense every year because the State imposed a 6% Cost of Living Adjustment (COLA), hence agencies get progressively less while the need continues. DMH is discussing alternatives to State hospital beds. **Q3:** *I appreciate the fact that DMH is keeping an eye of the movement of the MHSA money. I am particularly concerned about the proposed use of MHSA dollars to support the bond measure. In particular, I am concerned that it will take money away from services.* **A3:** The BOS knows clearly that the SLT and DMH have always prioritized homeless individuals. We will keep an eye on this issue. **Q4:** *Regarding the strategic priorities of the new Health Agency, is it possible for us as mental health stakeholders to be involved in the strategy development?* **A4:** I do not know at what point community members will get involved because the discussions have been mostly internal among the participating County agencies. We will follow up on this question.
FSP/FCCS Pilot Project - Presentation	A panel of experts provided an update on the FSP/FCCS Pilot Project. (Please see agenda and handout for the content of each presentation.) A discussion followed the presentation. **Discussion**

Q1: *Is anyone keeping up with the 100 or so people without care to see how they are doing?* **A1:** There is more work to be done up on that end.

Q2: *Who fills out the surveys that are used to collect outcome data?* **A2:** A staff person works closely with the client but it is the staff person who fills out the survey.

Q3: *Is it possible to obtain copies of the slides to able to review them over? Is it possible to get the audio tape or link to this presentation?* **A3:** Yes. The slides will be available on the DMH SLT webpage, and you can contact a staff member for the audio file of this presentation.

Q4: *If you admit a client at Level 3 and they need to go to Level 4 later on, is there any resistance under this new model*? **A4:** Transitions across levels are more fluid under the new model, mostly because there is a blended clinical team that works with the client. The blended clinical team has the capacity to provide more or less intensive services without the client knowing they are transitioning levels. This is the meaning of 'flow' (i.e., a seamless transition across levels) versus 'flush' (i.e., being pushed out of services) or 'stuck' (i.e., staying at the same level of care even when the client's needs require less intensive services).

Q5: *Can you say more about how this model helps TAY transition to the Adult System of Care?* **A5:** This model has not focused formally on children under 18 years of age, although we understand that some providers in the Children's System of Care are looking into using a similar model. For TAY who are 18 and over, we need to do some additional analysis to understand the experience of TAY who entered the Adult System of Care using this model (e.g., the blended clinical team).

Q6: *Did you make any allowances with the staff or organizations so that they felt valued and respected during the process of adopting and implementing the model?* **A6:** The changes were embraced well by staff and the organizations.

Q7: *Between FSP Level 4 and 5 (i.e., needs to be in the hospital), how do you know when someone needs to be in a hospital? Could some people needing to be in a hospital be served in FSP? How do you make sure some folks are not being kept out of a FSP? Does this determination depend on funding and staffing capacity? Would you be able to keep more people in FSPs with more funding?* **A7:** Level 5 means the client is a danger to him/herself or to others. In our FSP program, when someone needs a Level 5 intervention, the FSP team can still work with him/her while they in the hospital and bring him/her out. The team is constantly working with the client, although sometimes there are failures and these individuals fall back into the hospital. Being funded more is extremely helpful because it allows more staffing for these situations. It should also be stated that for some people, staying in the hospital could be more helpful to them, as we do not want to endanger anyone.

Q8: *Do you have any information on the cultural background of your clients? It would be good to see if there are differential outcomes based on culture. Do you also have any data on the role that families and/or communities play in the recovery process of your clients, particularly the transition across different levels of care?* **A8:** Family involvement is definitely critical and useful. We find more success in clients with family involvement. Regarding culture, we capture the ethnic background of clients but have not

	conducted a deeper analysis. **Q9:** *Do you help them with money management as they move across different levels?* **A9:** Yes. We have a money management step-program, which helps clients ultimately handle payments for different expenses as they move towards more independence. **Q10:** *Can you add sexual orientation and gender identity to the cultural background of thee clients*? **A10:** I believe we already collect that data but did not present it today. It would be good idea to analyze it and present it. **Q11:** *When can we expect for this program (FPS) to be expanded?* **A11:** The expansion will occur for the clients that meet the requirements. However, before it expands, we need to consider restructuring the CSS work plans to enable greater flexibility in the financial categories. We will give a presentation on this topic at the next SLT meeting.
State Legislative and Budget Items - Update	Susan Rajlal, DMH Legislative Analyst, provided an update on State legislation. Ms. Rajlal informed the SLT that the State's budget is in better condition than it has been in years, with a projected $4 billion surplus. The good news is that there are no proposed cuts to the mental health budget. In fact, there is extra money added. The Governor is also proposing a 2.9% increase in SSI and SSPI because they have not seen a raise in years. The Governor did not commit to a proposal to expand support to end homelessness because the proposal still needs to be studied further. Ms. Rajlal also provided an update on several bills (see handout), including SB 614, AB 1300, and the *No Place Like Home* proposal that seeks to end homelessness. She also reminded the SLT that February 28th is the date that bills are introduced and will need to be reviewed by April 21st. **Discussion** **Q1:** *What is LPS?* **A1:** A legislative act passed in California around 1968/70 that basically establishes the framework for the Department of Mental Health in California. **Q2:** *What does SSI and SSPI mean?* **A2:** Social Security Income and Social Security Supplemental Income **Q3:** *For the 'No Place Like Home', will the housing focus only on individuals with mental health issues?* **A3:** The bill is not available in writing yet. Ongoing discussions suggest that it is going to target people who are homeless, with mental health being a priority—but it is not in writing yet.
MHSA Innovation 2 - Update	Debbie Innes-Gomberg, Ph.D., Program Manager III, MHSA Implementation and Outcomes Division, provided an update on MHSA Innovation 2 (INN2). 1. Presentations on INN2 are still being given in different areas across the county. An emphasis is being placed on informing organizations about the need to get on the Master Agreement List to be eligible to apply for funds. It is very critical to engage

	people and organizations from the Lancaster/Palmdale area about this project. 2. The Board Offices are very interested in trauma and want to know more about how INN 2 is related to individuals already suffering from trauma. Indeed, for some of the INN 2 strategies, there is additional work occurring to make very clear the connection to the 'risk of trauma' by moving away from universal prevention to early intervention. For example, we are working closely on the 'Community Clubhouse Strategy' to help identify children with trauma earlier on. The INN2 solicitations will be out closer to April with services starting sometime in the fall. **Discussion** Comment: *LAUSD is also focusing on treating trauma in schools and I believe INN2 aligns very well with the community served by the schools. There has been a focus on teachers, too. It is nice to hear that the Board Offices are taking more interest into trauma. We have been looking for tools for screening and prevention work.* **Q1:** *How does the concept of 'health' fit into INN2*? **A1:** INN2 focuses on the 'social determinants of health' by focusing on prevention, and this is how we landed on 'trauma'. **Q2:** *There are traumas that are cultural, not individual. How are you handling a situation where a community as a whole is going through a trauma?* **A2:** There is a category entitled 'intergenerational trauma' that impacts multiple generations. So we are focusing on that as well.
Family Wellness Proposal	Kanchana Tate, Mental Health Clinical Supervisor, and Marta Alquijay, Mental Health Clinical Program Head, presented a proposal to change to the Children's System of Care work plan, i.e., the Family Wellness Proposal. (Please refer to the handout.) **Q1:** *Is this proposal system-wide for all contract providers or only directly operated?* **A1:** It is system-wide. **Q2:** *What is the funding source for these programs?* **A2:** The funding source is the MHSA CSS Plan, and the SLT has already approved the allocation of funds for these programs under the Three-Year Program and Expenditure Plan. This proposal basically combines funds for both already-approved programs, while retaining the integrity of each program. **Q3:** *Can you clarify who the LGBTQ centers are that have been described as possible partners?* **A3:** This is not an exhaustive list of possible partners. Other groups will be added to this list of possible partners. However, we wanted to name explicitly the need to include an organizational partner that serves the LGBTQ communities. Actual partners will be identified in the implementation. **Q4:** *How you will know you are successful?* **A4:** We are going to use the YOQ tool to measure program success. **Q5:** *How are you going to train new staff to implement this plan?* **A5:** We have not fully discussed the training elements yet because we need to get the work plan approved first. If you approve the proposal, we will add more detail the implementation pieces.

Q6: *Who can get support through these Family Wellness Center?* **A6:** Pretty much anyone, although we do need to define more clearly who the target population will be. We will go back to the original work plans to see which group(s) were stated in those work plans.
Q7: *What is the total budget for the three-year cycle?* **A7: $**750,000 (Family Wellness Resource Center) and $75,000 (Self Help Program)—or about $825,000 for this year and next. This is just the net dollars but more will be leveraged.

Q8: *My fear is that we will have so many people coming through the door, yet the resources are minimal. How will you be able to serve so many?* **A8:** We see a gap in services and we believe that the repackaged services will bridge that gap.

Comment: *Parents do not have anywhere to go. This is supposed to be a parent-to-parent group where they do educational trainings. They really do need it. They are trying to figure out how best to use the funding to help the parents and families.*

Q9: *Is there an effort to work with the population involved with gangs and drugs? I'm also addressing the increase of violence in our community. Will they be able to work with actual gang members?* **A9:** At this point, we have not defined all the target populations. However, we have started to look through our children participation, especially with the juvenile program.

Q10: *After you define all the implementation details, are you bringing them back to us? I want to approve this, but I want to see the finished product before you start implementing it.* **A12:** Yes. If you need this information to make this decision, then just say so and we will bring you more information.

Q11: *I want to make sure that there are outcome data associated with this project.* **A13:** Yes. We will always keep you updated.

Q12: *Will there be one center or multiple centers with this small pot of money?* **A14:** We need to see where these centers are truly needed. Moreover, the small amount of money is net money, which means we can draw down more money with the current resources.

Deliberation
After questions were clarified, the group deliberated in order to issue a recommendation on the proposal. While the proposal passed unanimously (without any SLT member blocking the proposal), SLT members presented a number of concerns and recommendations that fell into seven categories. (Quotes were added next to the category to illustrate the point.) DMH staff agreed to address these concerns and incorporate these suggestions as the project is implemented.

1. Focus: *I just want to make sure we do not lose the focus of each program that is being combined.*

2. Scale: *How will you be able to 'scale' this program system-wide with the amount of funds?*
3. Funds: *The funding should be used for services. I am concerned that when money is combined that the support group services*

	will get marginalized. 4. Implementation: *Please provide more details regarding the implementation of this program.* 5. Pilot Project**:** *I suggest we define this as a pilot program: pick one place, flush it out, and see what it really takes to run one. I would like to see more than one pilot project, simply because LA County is huge. Keep it is as a pilot project but select more than one site.* 6. Access: *The issue with school-based centers is potentially a lack of community access to the school grounds.* 7. Faith-Based Communities: *I really would like us to take us a look where the faith-based communities come in to the picture here.*
Public Comments	1. Ruth Tiscareño: *I just want to say how important the Family Wellness Program is. I am a parent advocate and I work with a lot of families who do not speak English and cannot services. They do not have services open to them, and this family resource center can be a great place for them to access services and supports.*