



FESIA A. DAVENPORT
Chief Executive Officer

County of Los Angeles Health and Mental Health Services

DATE: Wednesday, July 14, 2021
TIME: 10:00 a.m.

**DUE TO CLOSURE OF ALL COUNTY BUILDINGS,
MEETING WILL BE HELD BY PHONE.
TO PARTICIPATE IN THE MEETING, PLEASE CALL AS FOLLOWS:
DIAL-IN NUMBER: 1 (323) 776-6996
CONFERENCE ID: 479494149#**

[MS Teams link](#) (Ctrl+Click to Follow Link)

**THIS TELECONFERENCE WILL BE MUTED FOR ALL CALLERS. PLEASE DIAL *6 TO
UNMUTE YOUR PHONE WHEN IT IS YOUR TIME TO SPEAK.**

AGENDA

Members of the Public may address the Health and Mental Health Services Meeting on any agenda item. Three (3) minutes are allowed for each item.

- I. Call to order
- II. **Discussion Item(s):**
 - a. DMH/Los Angeles County Office of Education (LACOE) Community School Initiative Update
- III. **Presentation Item(s):**
 - a. **DMH:** Hearing on the Establishment of Fiscal Year 2021-22 Published Charges for the Provision of Specialty Mental Health Services
- IV. Items Continued from a Previous Meeting of the Board of Supervisors or from the Previous Agenda Review Meeting
- V. Items not on the posted agenda for matters requiring immediate action because of an emergency situation, or where the need to take immediate action came to the attention of the Department subsequent to the posting of the agenda
- VI. Public Comment

VII. Adjournment



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Public Partnership for Wellbeing

Los Angeles County Office of Education Community Schools Initiative

Year 1 Highlights

DMH + UCLA Public Partnership for Wellbeing

ADVANCING WELLBEING IN LOS ANGELES COUNTY

A Racial/Ethnicity Equity Lens

Each program is developed to deepen an understanding of the ways in which racial inequities have impacted our communities and the services we provide to them.

No program is suited to drive systems change if racial equity is not placed at the center of the work.



Strengthen communities

Mitigate the impact of trauma and promote the resilience of individuals and communities



Reengineer systems

Engage and assist marginalized and underserved residents by improving broken, inequitable systems



Revitalize policy

Build equity into societal structures through policy



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Public Partnership for Wellbeing

Community Schools Initiative

The Los Angeles County Office of Education (LACOE) Community Schools Initiative (CSI) is a partnership with the Los Angeles County Department of Mental Health (LACDMH) and DMH + UCLA Prevention Center of Excellence (COE) that adopts a community schools model by partnering with schools, local communities, and families to support students and the community as a whole.



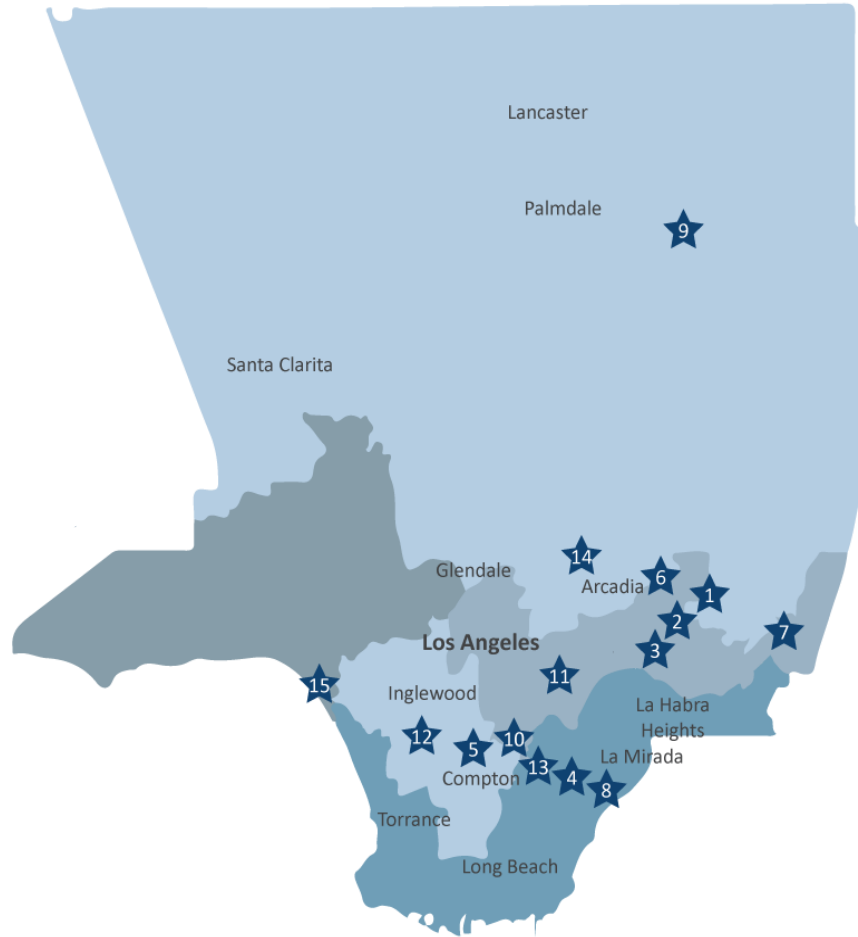
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Public Partnership for Wellbeing

Which schools and districts are participating?

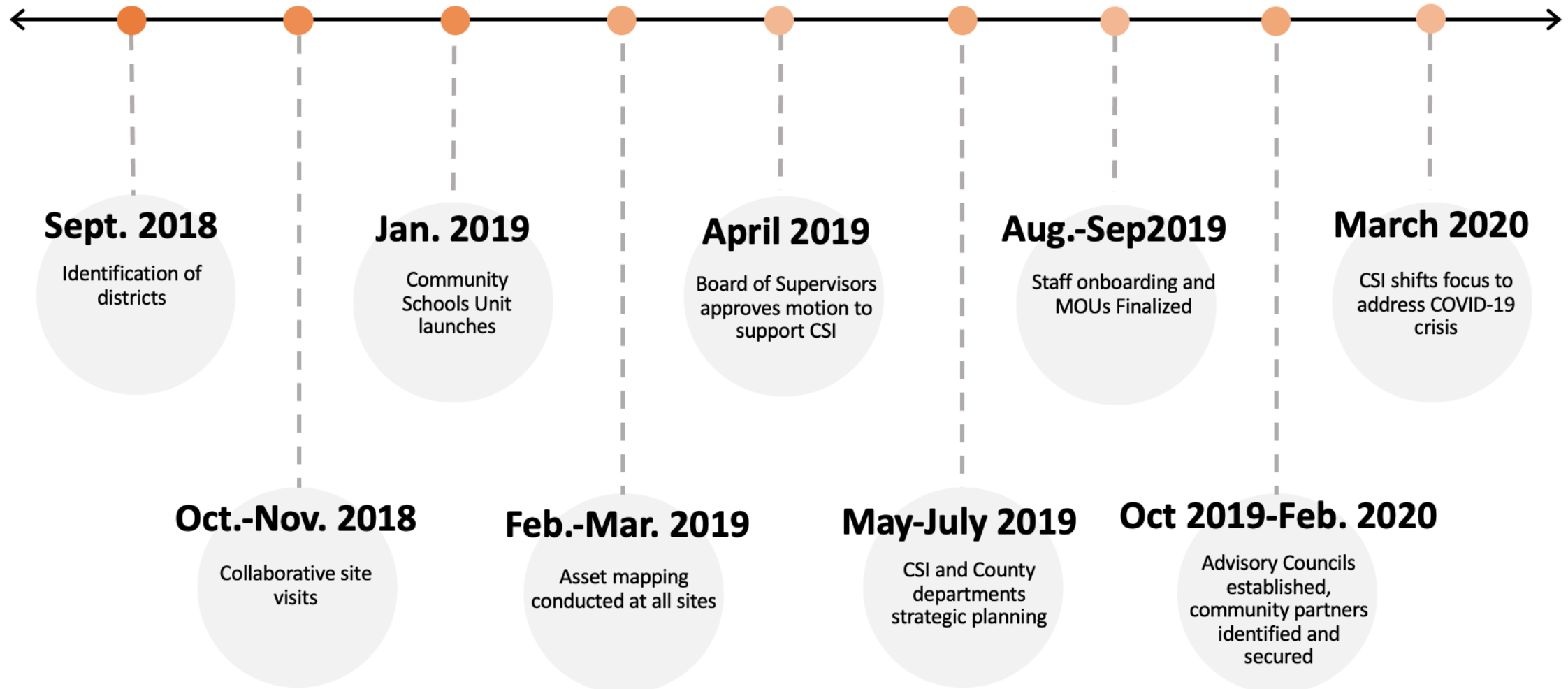


Community Schools

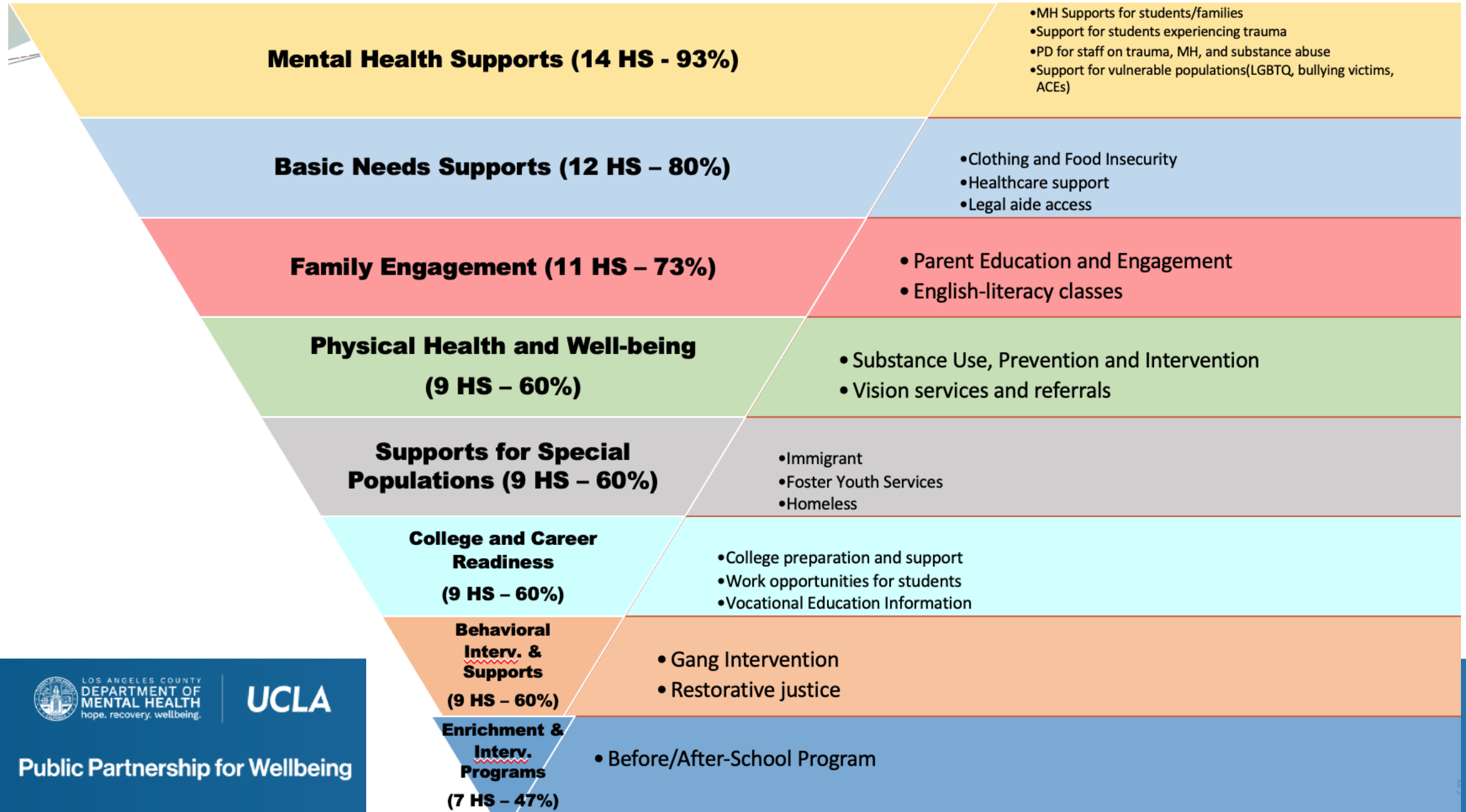
1. Azusa High School
2. Baldwin Park High School
3. Bassett High School
4. Bellflower High School
5. Centennial High School
6. Duarte High School
7. Ganesha High School
8. John Glenn High School & Southeast Academy
9. Littlerock High School
10. Lynwood High School
11. Montebello High School
12. Morningside High School
13. Paramount High School
14. Pasadena High School
15. Santa Monica High School

Districts were selected based on data *from Measure of America's Portrait of Los Angeles County and LACDPH's Education Health in LA County Report*. Data analyzed to determine participation was the following: **education index, underrepresented students, high school graduation rates, graduates with A-G requirements, student suspension rates, chronic absenteeism, and violent crimes.**

Timeline

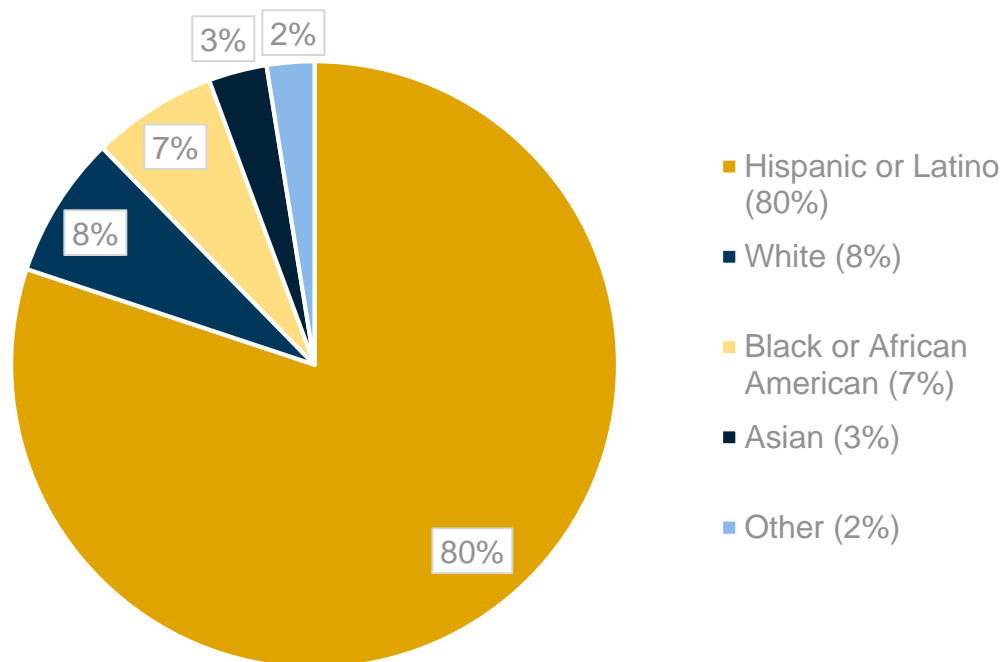


Needs Identified by High Schools on 2019-20 School Profiles



Who are the students in these high schools?

% of Students by Race/Ethnicity



Socially Disadvantaged: 84%

Suspension Rate: 5%

Chronic Absenteeism: 14%

A-G Completions: 40%

(Source: CA Dept. of Education, 19-20, 15 site simple average)

Adapting CSI to Meet the Needs of School Communities

COVID-19 caused disruptions in planned CSI Implementation and evaluation but brought about new opportunities:

- Strengthening partnerships that families needed most
 - Grocery Shopping
 - Food Banks
- Building trust through creative ways to connect and communicate
 - Phone
 - Texting
 - Virtual platforms
 - Social media
 - Drive through events
- Training that reflected current needs
 - Helping schools support students and families during difficult times
- Providing support for the administrators

Year 1 started September 2019

- Each site hired 2 CSI FTE's
 - Program Specialist (PS)
 - Educational Community Worker (ECW)

Evaluation:

Collected Spring-Summer 2020

- Community Surveys of school staff, parents/caregivers, and students
- Key informant interviews with CSI staff



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Year 1 Evaluation

Pillars of the Community Schools Model

Integrated Student Supports



Address out-of-school barriers to learning through partnerships with social and health service agencies and providers.

Expanded Learning Time and Opportunities



Thoughtfully selected additional enrichment supports and partnerships during and beyond the school day for students and their families; they are associated with positive academic and non-academic outcomes, including student attendance and behavior and educational enrichment.

Family and Community Engagement



Brings parents and other community members into the school as partners with shared decision-making power in their children's education.

Collaborative Leadership and Practice



Build a culture of professional learning, collective trust, and shared responsibility.

Year 1 Progress: LACOE CSI Pillars & Goals

Integrated Student Supports



Increase referrals and linkages of students and families to concrete supports and community resources

Increase student attendance

Increase graduation rates

Reduce suspensions and expulsions

Expanded Learning Time and Opportunities



Increase enrichment and educational support programming

Family and Community Engagement



Increase the number of MOUs and other community partnerships

Increase parent/caregiver involvement in school site council, advisory committee, and community forums

Increase parents/caregivers' and community partners' knowledge of trauma informed care

Collaborative Leadership and Practice



Increase program and school staff knowledge about trauma informed practices

Increase social connectedness for students, parents/caregivers, and staff

Integrated Student Supports

Address out-of-school barriers to learning through partnerships with social and health service agencies and providers.

- **2378 Referrals Received** by CSI Staff and **1309 Linkages to Resources** were made
- Of the 1309 linkages to resources made, **666 were to students and 643 to parents/caregivers**



During the pandemic, these partnerships were invaluable in providing workshops, food drives, assistance applying for state programs, and hosting community events.

Expanded Learning Times and Opportunities (ELTO)

Thoughtfully selected additional enrichment supports and partnerships during and beyond the school day for students and their families.

- **504 students** attended 7 ELTO events hosted by the CSI staff.
- **534 students** were linked to educational support programming



ELTOs are associated with positive academic and non-academic outcomes, including student attendance and behavior and educational enrichment.

Family and Community Engagement

Brings parents and other community members into the school as partners with shared decision-making power in their children's education.

- **17 New Partnerships** Between CSI Schools and Community Agencies were created.

- Health
- Educational Supports
- Food Organizations
- Mental Health
- Financial Organizations
- Housing Organizations
- Foster Youth Supports
- Enrichment Programs & After-School Programming



Collaborative Leadership and Practice

Build a culture of professional learning, collective trust, and shared responsibility.

- Training provided to **2,322** attendees
- **High satisfaction** rated by participants
- **Knowledge significantly improved** following trainings
- School staff had **positive attitudes** about trauma informed practices





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Public Partnership for Wellbeing

Recommendations for Success

Strengthening Collaboration

Continue to work with school administrators and county leaders to advance CSI goals

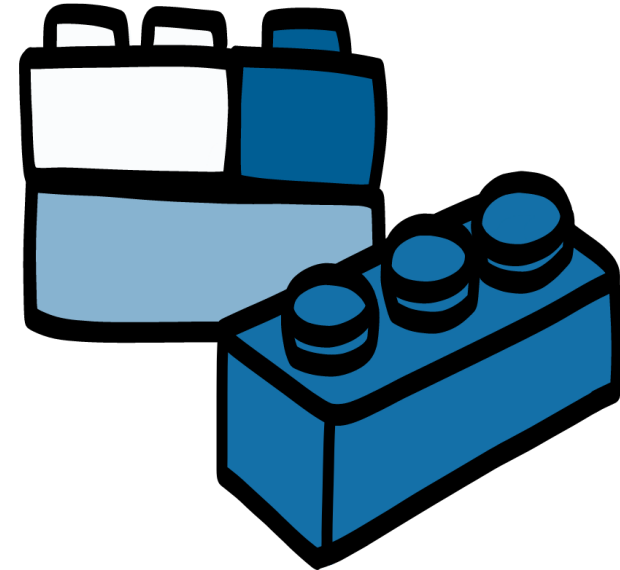
- Expand community partnerships by streamlining **MOU** pathways
- Identify best practices for **tracking referrals** and expanding community resources
- Promote positive staff attitudes about **trauma informed practices in classrooms and schoolwide**



Building Connections

Continue to engage stakeholders through **Advisory Councils** to build trust and connection with students, families, school staff, and community members.

- Increase awareness and engagement in **ELTO's** among students/caregivers
- Improve parent/caregiver **engagement** by sharing best practices across CSI sites
- Expand ways of **connecting and building trust with families**



Training and Coaching

Future trainings could encourage:

- Transferring staffs' trauma informed attitudes and knowledge into **tangible application in the classroom.**
- Assisting staff with sharing and disseminating acquired knowledge about trauma to **parents/caregivers and students.**



Agenda Review Date: July 14, 2021
Board Meeting Date: July 27, 2021
Sup. Dist. / SPA No.: All

BOARD LETTER FACT SHEET

DRAFT

BOS Approval

DEPARTMENT: **Mental Health**

SUBJECT: Request approval to establish Fiscal Year 2021-22 Published Charges for the provision of specialty mental health services provided by the Department of Mental Health's directly operated clinics.

I. PUBLIC BENEFIT (precise description, mandated or non-mandated)

The Department of Mental Health is able to set a reasonable approximation of actual costs for specialty mental health services rendered.

II. RECOMMENDED ACTIONS (summarized)

Approve the Department of Mental Health's proposed FY 2021-22 Published Charges effective upon Board approval.

III. COST AND FUNDING SOURCES

Cost: There is no net County cost impact associated with the recommended action.
Funding: N/A

IV. BACKGROUND (critical and/or insightful)

The State Mental Health Plan provides that Short-Doyle/Medi-Cal services are to be paid at the lower end of actual costs or customary charges, which is consistent with federal Medicaid rules. The State has implemented such provisions in the California Code of Regulations Title 9 and in its cost reporting instructions. The term customary charges is synonymous with the term Published Charges, which is defined as the usual and customary charges prevalent in the public mental health sector that are used to bill the general public, insurers, and other non- Title XIX payers.

DMH Published Charges are determined annually based on the most recent Annual Cost Report, projected cost increases, estimated service delivery, and also, adjusted by the Centers for Medicare and Medicaid Services Market Basket Index Levels.

V. POTENTIAL ISSUE(S)

N/A

VI. DEPARTMENT & COUNTY COUNSEL CONTACTS

DMH:	Kimberly Nall	knall@dmh.lacounty.gov	213.738.4625
County Counsel:	Emily Issa	EIssa@counsel.lacounty.gov	213. 974.1827



DEPARTMENT OF MENTAL HEALTH

hope. recovery. wellbeing.

JONATHAN E. SHERIN, M.D., Ph.D.
Director

Gregory C. Polk, M.P.A.
Chief Deputy Director

Curley L. Bonds, M.D.
Chief Medical Officer

Lisa H. Wong, Psy.D.
Senior Deputy Director

July 27, 2021

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**HEARING ON THE ESTABLISHMENT OF FISCAL YEAR 2021-22 PUBLISHED
CHARGES FOR THE PROVISION OF SPECIALITY MENTAL HEALTH SERVICES
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

SUBJECT

Request approval to establish Fiscal Year 2021-22 Published Charges for the provision of specialty mental health services provided by the Department of Mental Health's directly-operated clinics.

IT IS RECOMMENDED THAT YOUR BOARD, AFTER THE PUBLIC HEARING,

Approve the Department of Mental Health's (DMH) proposed Fiscal Year (FY) 2021-22 Published Charges, effective July 1, 2021.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Approval of the recommended action will allow DMH to make effective its proposed Published Charges, reflected in Attachment I, for use in billing the general public and third party payers for specialty mental health services provided by DMH directly-operated clinics, as permitted by law.

Implementation of Strategic Plan Goals

The recommended action is consistent with the County's Strategic Plan Goal III, Realize Tomorrow's Government Today, specifically Strategy III.3 - Pursue Operational Effectiveness, Fiscal Responsibility, and Accountability.

FISCAL IMPACT/FINANCING

Approval of the requested action will enable DMH to establish a reasonable approximation of actual costs for specialty mental health services rendered.

There is no net County cost impact associated with the recommended action.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

The State Plan provides that Short-Doyle/Medi-Cal (SD/MC) services are to be paid at the lower of actual costs or customary charges, which is consistent with federal Medicare rules. The State has implemented such provision in the California Code of Regulations Title 9 and in its cost reporting instructions. The term customary charges is synonymous with the term Published Charges, which is defined as the usual and customary charges prevalent in the public mental health sector that are used to bill the general public, insurers, and other non-Title XIX payers.

DMH contracts with the State Department of Health Care Services (DHCS) as the local Mental Health Plan (MHP) and provides specialty mental health services to Medi-Cal beneficiaries under a section 1915(b) waiver. DHCS claims federal reimbursement for Medi-Cal specialty mental health services based on public expenditures certified by the MHPs. When a MHP submits an interim claim for reimbursement it should either reflect the MHP's actual cost or a reasonable approximation of the MHP's actual cost. When the claim for reimbursement is for a specialty mental health service rendered by a county owned and operated facility, the MHP is not expected to know its actual cost. The MHP will not know its actual cost until the fiscal year is over and it has completed its cost finding and cost allocation through the specialty mental health services cost report. Consequently, the interim claim for reimbursement of services rendered by county-owned and operated providers will be based upon a reasonable approximation of the MHP's actual cost, which are typically the lower of 1) Published Charges, or the 2) County Interim Rates, which are set by DHCS and based on the most recent certified cost report submitted by the MHP. DHCS will settle these interim payments to actual cost when the MHP files its certified cost report.

DMH's Published Charges are determined annually based on the most recent Annual Cost Report, projected cost increases, and estimated service delivery, and are adjusted by the Centers for Medicare and Medicaid Services Market Basket Index Levels.

In accordance with Government Code Section 66018, a public hearing will be held as required, prior to the approval of a change to an existing fee. Special notice of that public hearing (Attachment II), in compliance with Government Code Section 6062a, has been published by the Executive Office.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

The recommended FY 2021-22 Published Charges will become effective July 1, 2021. This increase is not expected to negatively impact the public. With the application of the Uniform Method of Determining Ability to Pay, as established by State law, all uninsured DMH patients will likely pay less than the Published Charges. Subsequently, there is no anticipated impact on current services.

Respectfully submitted,

JONATHAN E. SHERIN, M.D., Ph.D.
Director

JES:GP:SK
ZW:atm

Attachments

c: Executive Officer, Board of Supervisors
Chief Executive Office
County Counsel
Chairperson, Mental Health Commission