MEMORANDUM

TO:	Delegates, alternates, and others interested in the Los Angeles County Mental Health Stakeholder Process
FROM:	John Ott
DATE:	Tuesday, July 19, 2005
RE:	**Summary of my understanding of our consensus to date (companion to Year 1 budget document)**

The purpose of this document is to summarize my understanding of the consensus we have reached to date on issues related to the first year (and beyond) of the three year CSS planning budget. This document is not intended to replace the original plans submitted by the Countywide Workgroups, but rather to provide a very quick guide to the consensus we have achieved. Community Services and Support

More issues will have to be addressed in the draft plan that is submitted for public comment, and more still for the final version that we submit to the State. For example, *every* Countywide Workgroup identified substance abuse issues as a critical component of issues confronting their age group, and *every* workgroup articulated specific ways their full-service partnership investments and system development initiatives will address this issue. The summary that follows does not attempt to provide this level of detail to delegates. Such details will emerge in the first and subsequent public versions of the plan.

I. **Approach to the projected funding gap in year 1**
   A. With the provisional decisions about the Psychiatric Emergency Services initiative and Administrative costs, the projected gap in year 1 between initial recommendations and available revenues is $7,692,200.

   B. Delegates agreed to address this gap as follows:
      1. Step 1: Fund the first year allocation of $5 million for Planning, Engagement, and Outcomes from 1-time funds.

      2. Step 2: Proportionally allocate the balance of $2,692,200 between the 4 groups, meaning:

a. 54% from Adults:	$1,453,788
b. 18% from Children:	484,596
c. 17% from TAY:	457,674
d. 11% from Older Adults:	296,142

      3. **Delegates reached provisional consensus on Option 2** as the approach they would take to constructing the budget for Year 1.
         a. The provision is that the final recommendations from LA County must insure that a majority of the County's annual CSS allocation must be allocated to Full-Service Partnerships.
         b. Delegates may reexamine the proportionate reductions between the four groups if the overall recommendations fall short of this state requirement.

   C. In addition, **delegates expressed interest in exploring the possibility of funding some of the housing proposals** recommended by the countywide workgroups

II. **The Children's Budget**
   A. Begin with Version 2 of the Children's budget.
   B. Move $500K from the FSPP line item and redirect it for Respite Care under the System Development investments to ensure that respite care will be available to families with high needs

John G. Ott & Associates
124A 12th Street • Manhattan Beach CA 90266 • Ph: 310.422.2256 • Fx: 310.943.2629 • Em: jgott@earthlink.net

throughout the system and not just those whose children qualify for FSPPs. Note: The State may ultimately disallow this recommendation *unless* it is made under a Full Service Partnership commitment. We are waiting for clarification from the State on this issue.

C. Reduce the System Navigator line item from $3,0000 to $2,100,000.
   1. Use $484,596 of the reduction to address the deficit allocation.
   2. Redirect the remaining $415,404 back into the FSPPs for the specific purpose of serving probation youth in the halls and camps.
   3. Note: the reallocation of these funds to FSPP's increases the percentage of the FSPP dedicated to serving probation youth from 10% to 17.8%.

III. **The TAY Budget**

A. The targeted reduction of $457,674 was absorbed by the "carry over" of $655,000 anticipated in year one. The adjusted "carry over" is $197,326.

B. $500K of the $2 million allocation to Mental Health Services for Probation Youth was redirected from Systems Development to FSPP, thereby increasing the total for FSPP to $5,150,000

IV. **The Adults Budget**

A. The dollars
   1. Fund Full Service Partnerships (FSP) at $30,950,000
   2. Fund Wellness/Client-run Self-Help Centers at $1,800,000
   3. Fund IMD Step-down facilities at $1,900,000
   4. Fund Systems Navigator at $800,000
   5. Fund Housing at $1,848,106 subject to an integrated plan with TAY and the one-time funding proposals
   6. Fund Jail linkage and transition services at $1,748,106

B. The qualifications
   1. One delegate was willing to support the proposal if his concern was noted in writing. Specifically, he wanted some of the funds for jail linkage and transition services to be available for creating facilities for people transitioning from the jails.
   2. The likelihood is that the state will not allow such expenditures under any circumstances.
   3. If the state does agree to consider such expenditures under the systems development line-items in the budget, delegates agreed to reexamine the issue of how best to meet the needs of people transitioning from the jails, including providing services that can help them secure appropriate places to live so that they can receive the services and supports.
   4. The major concern for the delegates is that the service dollars in this line item not be consumed in *building* a limited number of facilities, thereby substantially reducing the amount of services that could otherwise be funded in this line item.

V. The Older Adults Budget

A. The dollars
   1. Take the reduction from Training.
   2. Reallocate Flexible Funding between Full-Service Partnerships and Field-capable, Clinical Services.

B. The understanding: Insure that the final narrative highlights the need for and emphasis on leveraging other resources to create a critical mass of peer support within this initiative.

VI. **Psychiatric Emergency Services.** Delegates accepted the budget and programmatic recommendations of the Psychiatric Emergency Services Sub-committee shared at the June 8 delegates meeting with the following qualifications, amendments, and/or changes:

A. The July 8th worksheet shows a 3-year Community Services & Supports budget allocation for Psychiatric Emergency Services as follows:

1. Year 1
   a. January-June 2006: $6,175,000
   b. July-December 2006: $6,810,000

2. Year 2
   a. January-June 2007: $7,210,000
   b. July-December 2007: $8,710,000

3. Year 3
   a. January-July 2008: $8,710,000
   b. July-December 2008: $8,710,000 (Note: The July 8, 2005 PES document projected the MHSA budget through June 2008. We agreed to use the same $8,710,000 figure for the July-December period.

B. **Consensus reached on sub-allocation for first year PES budget:** Move $1.5 million from the Systems Development sub-line item to the Full Service Partnership sub-line item to represent the transition services that would be made available to people exiting the jails and re-entering the community, which include all the components of a Full Service Partnership Program.

C. The recommended budget calls for a fourth Urgent Care Center by FY 2007-08. The decision about where to locate this 4th Center will be made based on data about need. **The delegates agreed that expanding the current services at the Long Beach Urgent Care Center should be considered as one of the options** for this fourth Urgent Care Center. As a first step in this process, **delegates have requested** a copy of the current **data about emergency room utilization** by people with severe mental illness or serious emotional disturbances.

D. **On the current budget** for this initiative, under the heading Co-occurring Disorders, the delegates agreed that **the phrase "including Navigator functions" should be deleted.**

E. In the program design phase for this set of investments, delegates want to insure that:

1. **Parents and caregivers of children, including young children, as well as caregivers for adults and older adults, get access to the support and guidance they need when they enter** an Urgent Care Center.

2. **A rigorous assessment and evaluation structure is established that includes people who receive services and family members.**

3. **Peer support is funded sufficiently** to be an integral part of the infrastructure.

4. **The design phase examines alternative models for year 2 and beyond for meeting the needs addressed by this proposal;** namely, stopping the rapid descent of individuals and families into the criminal justice or emergency services systems.

5. The initiative develops over time in a way that will **allow the movement of staff and resources to address spikes or long-term shifts in need.**

6. The initiative is designed to insure compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

7. Delegates will reexamine the budget for this set of recommendations in the context of the overall budget once they have completed their first round of deliberations on all of the recommendations.

VII. **Planning, Engagement, and Outcomes**
   A. Fund this line item in Year 1 from one-time funds.
   B. Develop a more detailed line item analysis of this work.

VIII. **Administration costs**
   A. **The delegates agreed to estimate the administrative costs the Department will incur** during the first 3 years of administering the overall Community Services and Supports initiative **at $4.5 million per year.**

   B. Delegates distinguished between administrative costs the Department will incur in administering the overall initiative and administrative costs providers will incur administering particular programs. While delegates agreed that provider rates should make provision for reasonable administrative costs, several delegates raised **the issue of costs that providers incur in *designing* a program that often cannot be recouped through service rate structures. Delegates agreed to examine this issue in the design and implementation phases** of each of the initiatives funded under the Community Services and Supports plan.

   C. Delegates agreed to allocate equal portions of the Administration costs to Full Service Partnerships and Systems Development, pending a State ruling on this issue.

IX. **Consensus reached in previous delegates meetings on issues addressed by the** rainbow documents
   A. **UREP Funding recommendations** (hot fuchsia document): Delegates authorized John Ott and Olivia Celis to **develop an initial approach to CSS funding** that addresses issues of disparities among ethnic and racial populations **based on the recommendations from the sub-committee of the Underrepresented Ethnic Populations (UREP) workgroup.**
      1. A first version of this analysis was presented on Friday, July 22.
      2. Delegates want to see the analysis for all 8 Service Areas.
      3. Delegates want the data and data sources checked for accuracy; in particular, they want some analysis completed of the overall prevalence rates for the age groups and the sub-population prevalence rates for the age groups.
      4. Delegates also want services provided added to the charts.

   B. **Funding and rates for full-service partnerships** (florescent yellow document)
      1. Delegates agreed to **create an ad hoc workgroup** including representatives from all four population workgroups to **examine in greater detail the varying cost/person rates** for full-service partnerships across the four age groups, **and** the issue of **how much can and should be leveraged from other funding sources.**
      2. This **workgroup has not yet been formed**; the expectation, however, is that **the workgroup will bring recommendations to the delegates within the next month.**
      3. In the meantime, **delegates will work to reach agreement on the amount of funding to be dedicated to full-service partnerships in each of the four age groups, and will use the**

existing cost/person figures to calculate first estimates of the numbers to be served for each group.

C. **Inclusion of services to families** (lavender document)
   1. Delegates reached consensus that **Model 1 should be adopted for use within full-service partnerships under the CSS plan.**
   2. Delegates also reached agreement that **a workgroup should be formed to explore how:**
      a. **LA County could implement Model 2 now** for services only funded by MHSA dollars; and
      b. **LA County could develop an effective advocacy strategy at the state and federal levels** for policies and funding regulations to support the adoption of Model 2.

X. **The System Navigator consensus**

A. **The Purpose:** The System Navigator teams in each Service Area are intended to make it easier for un-served and under-served people and families who need mental health services to more easily find and receive the community and professional supports and services they need to promote their recovery and wellness.

B. **The Beginning Design**
   1. We will begin with one team in each Service Area overseen by the District Chief.

   2. The design can and will likely vary by Service Area consistent with several driving commitments:
      a. The design for each Service Area reflects the realities of that Service Area.

      b. The interests of each age group are met, meaning that there are people who have specific age group expertise who are part of the team in each Service Area.

      c. The initial design will help each Service Area build its capacity to meet the specific needs of age groups and ethnic groups over time. For example, each SAAC could develop a specific focus on one or two or more ethnic groups that it wanted to focus on first as part of our commitment to address disparities in access to services.

      d. Teams in each Service Area
         (1) Will reflect a balance of professional skills and familiarity with the professional services system with community-based skills and lived-experience, and intimate familiarity with community-based supports and services, with a priority placed on hiring those with relevant life experience.

         (2) Will likely include a balance of community members, Department employees, and provider representatives or employees.

         (3) The intention is to insure that teams can help individuals and families in need of mental health services access appropriate community based services and supports as well as professional services.

   3. Some agreed upon components of the overarching design
      a. 16 TAY specialists
         (1) Divided into two groups: specialists deployed at the Transition Resource Centers, and specialists who "float" between the camps, shelters, and other places that attract un-

served and under-served TAY with serious mental illness/severe emotional disturbances.

(2) These specialists will be part of the Service Area teams even though they are deployed in different places.

(3) These specialists should have direct lived experience with a many of the issues facing TAY, and the relational skills to develop easy rapport with TAY.

(4) Some of the key responsibilities:

(a) Helping to expand the capacity of the TRCs and other structures to outreach to and become safe places for TAY, developing current active knowledge of the range of resources available for TAY.

(b) Conducting MediCal eligibility screening and initial clinical assessments for young people who may not have been in any system up to this point (different from the expectations for the children and adult community education and outreach workers).

(c) Earning the trust of TAY and making referrals to organizations that will provide effective assistance.

(d) Advocacy and short-term case-management.

b. Teams in all 8 Service Areas will have familiarity with and capacity to make appropriate linkages to the wide array of services and supports to help people with co-occurring substance abuse disorders.

c. One team leader per Service Area

(1) Supervises all members of the team.

(2) Across the 8 leaders (one per Service Area), at least one of them has expertise and experience in issues for each of the 4 age groups. Ideally, would have two with expertise in children's issues, 2 with expertise in TAY issues, 2 with expertise in Adult issues, and 2 with expertise in Older Adult issues.

(3) Possible consideration: Those team leaders with expertise in a particular age group would regularly convene all navigation team members working with that age group in "learning teams" across the service areas.

(4) The issue of the coordination of supervision for the Service Area teams will be addressed during the design phase of this plan. The desire is to create as simple a structure as possible that will insure Service Area accountability, support from the appropriate age-group infrastructure in the Department, and horizontal relationships and integration with other related initiatives.

C. Additional considerations and understandings

1. Delegates agreed to commit to return to the interest of providing intimate and sustained support for parents and caregivers who may have difficulty finding the support they need to access timely and appropriate community supports and services. In particular, delegates will:

   a. Work to insure that the Full-Service Partnerships are developing this capacity within their design.

   b. Look for other ways within the CSS plan to develop and strengthen this function for parents and caregivers who may not qualify for Full-Service Partnership funding.

2. Delegates agreed to commit to return to the issue of how to develop and support community capacity to provide effective support and encouragement for families from various ethnic communities who are not accessing needed mental health services.

3. Two delegates agreed to support the proposal so long as their objections were noted in writing.
   a. One delegate worries that this proposal will focus more on creating a job bank for people who are receiving services than it will on providing effective linkages to people who are un-served or under-served.
   b. One delegate is concerned about the current lack of sufficient specificity about the functions and design of these teams.

D. **The original proposal as *one illustration* of a possible structure**
   1. One team leader per Service Area
      a. Supervises all members of the team.
      b. Across the 8 leaders (one per Service Area), at least one of them has expertise and experience in issues for each of the 4 age groups. Ideally, would have two with expertise in children's issues, 2 with expertise in TAY issues, 2 with expertise in Adult issues, and 2 with expertise in Older Adult issues.
      c. Possible consideration: Those team leaders with expertise in a particular age group would regularly convene all navigation team members working with that age group in "learning teams" across the service areas.

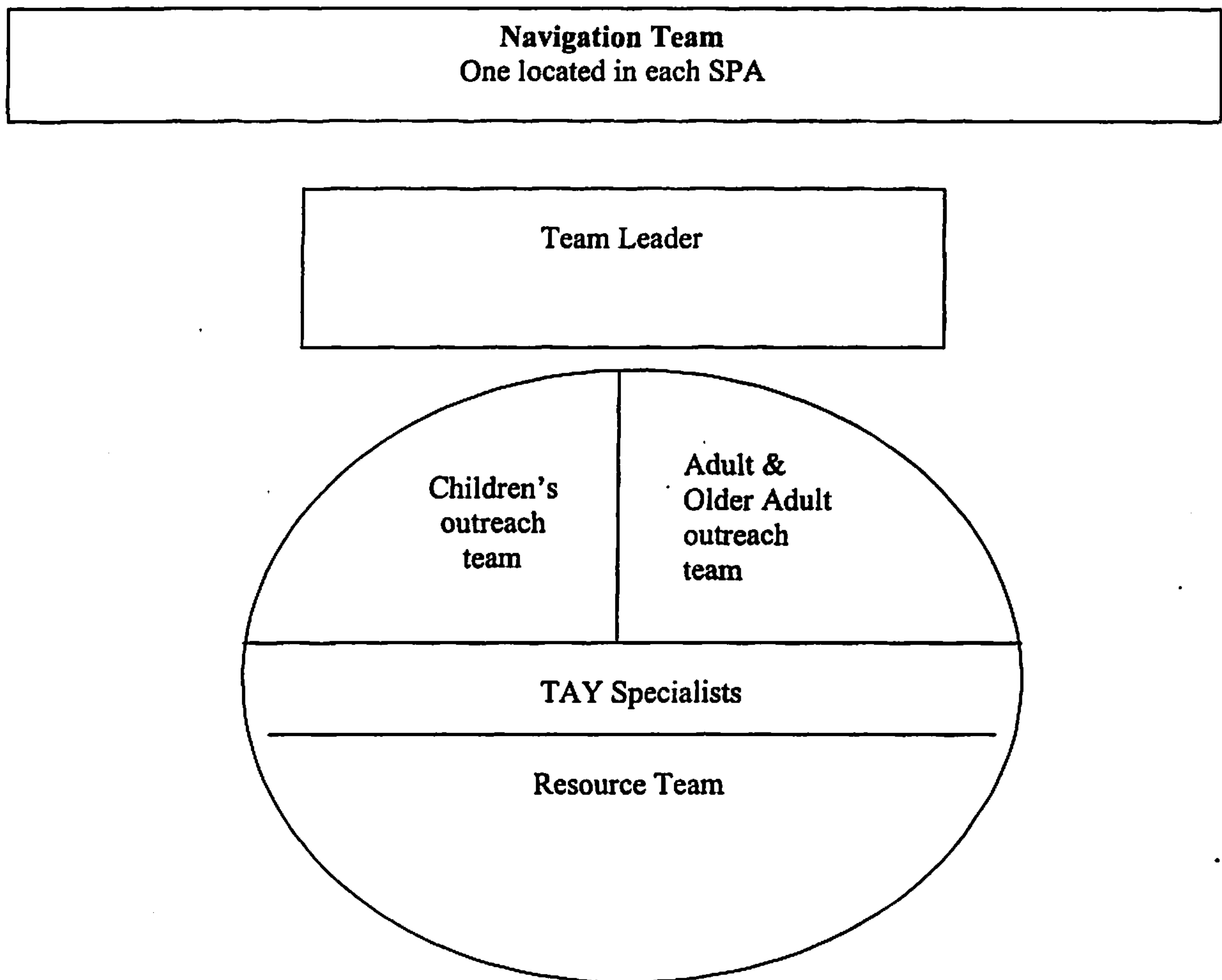
   2. Two children's community education and outreach specialists
      a. Two people who know the community and have experience and expertise with children's issues (up to age 21).
      b. At least one of these persons is a parent with a child with mental health issues.
      c. Some of the key responsibilities of these workers:
         (1) Regularly meeting with community groups, faith-based organizations, schools, service providers and others, educating people about mental health issues, and learning about services and supports that are available to children and families, including peer support, community based services, and professional services.
         (2) Fielding calls from individual families, and/or contact people within community organizations and institutions
         (3) Screening of consumer and/or family needs
         (4) Assisting consumer and/or family members in making linkages, accessing services, navigating both community resources and systems

   3. Transition Age Youth specialists (as described in II.C.1. above)

   4. Two adult/older adult community education and outreach specialists
      a. Two people who know the community and have experience and expertise with adult and older adult issues (from 21 up).
      b. At least one of these persons is a person in recovery.
      c. Some of the key responsibilities of these workers:
         (1) Regularly meeting with community groups, faith-based organizations, schools, service providers and others, educating people about mental health issues, and learning about services and supports that are available to adults and older adults, including peer support, community based services, and professional services.
         (2) Fielding calls from individual families, and/or contact people within community organizations and institutions
         (3) Screening of consumer and/or family needs
         (4) Assisting consumer and/or family members in making linkages, accessing services, navigating both community resources and systems

5. Resource Team
    a. Three people, including at least one member who is in recovery.
    b. Some of the responsibilities would include:
        (1) Real time tracking and knowledge of resources so that referrals are not made where services do not exist
        (2) Relationships with providers, and all relevant county departments
    c. Assessments as necessary to support the outreach teams – (when a client needs that level of service before being linked to a service provider)

6. **The original diagram** (again, for illustration purposes only)



A BEGINNING BUDGET WORKSHEET
SUMMARY YEAR 1 RECOMMENDATIONS

		YEAR 1 RECOMMENDATIONS	TOTALS	NOTES
Children 0-15	Full Service Partnership	5,415,404	**13,015,404**	
	Systems Development	7,600,000		
TAY 16-25	Full Service Partnership	5,150,000	**12,292,326**	
	Systems Development	7,142,326		
Adults 26-59	Full Service Partnership	30,950,000	**39,046,212**	
	Systems Development	8,096,212		
Older Adults 60 +	Full Service Partnership	2,098,800	**7,953,858**	
	Systems Development	5,855,058		
Psych Emergency Services	Full Service Partnership	1,500,000	**12,985,000**	
	Systems Development	11,485,000		
Planning , Engagement & Outcomes	Full Service Partnership		**0**	To be allocated in Year 1 from one-time funds.
	Systems Development			
Administration	Full Service Partnership	2,250,000	**4,500,000**	
	Systems Development	2,250,000		
SUB-TOTALS	Full Service Partnership	47,364,204	**89,792,800**	Assuming the Admin costs can be apportioned as above, we are currently at 52.7% for FSP.
	Systems Development	42,428,596		
TOTALS		**$89,792,800**		
AVAILABLE FUNDS		**$89,792,800**		
BALANCE (DEFICIT)		**$0**		

A BEGINNING BUDGET WORKSHEET
YEAR 1 RECOMMENDATIONS BY AGE GROUP

Age Group	Item	Systems Development	Total	Notes
Pychiatric Emergency Services	Jail Transition Services		1,500,000	
	Urgent Care Centers	7,500,000		These figures are calculated from the budget worksheet shared at the 7/8/2005 delegates meeting.
	Co-occurring disorders flex $	2,000,000		
	Countywide Resource Mgt	250,000		
	Residential & Bridging Services	1,200,000		
	Gateways Enriched Services	535,000		
	Sub-total Systems Development		11,485,000	
	Total PES MHSA investment Year 1		**12,985,000**	
Children 0-15	Full Service Partnership		5,415,404	
	Family Treatment Services	3,500,000		
	Integration of Mental Health & Substance Abuse treatment services	1,500,000		
	System Navigation teams	2,100,000		
	Respite Care	500,000		
	Sub-total Systems Deveolpment		7,600,000	
	Total Children Year 1		**13,015,404**	
TAY 16-25	Full Service Partnership		5,150,000	
	Drop-In Centers	500,000		
	System navigators	2,000,000		
	Housing specialists	580,000		
	Emergency Housing	300,000		
	Rental and Services Subsidies	1,690,000		
	Subsidies to housing units	275,000		
	NIMBY Initiative	[illegible]00,000		
	Mental Health Services for Probation Youth	1,500,000		
	Carry forward for Year 2	197,326		Needed for Years 2 & 3 housing.
	Sub-total Systems Dev		7,142,326	
	Total TAY Year 1		**12,292,326**	

7/25/05

A BEGINNING BUDGET WORKSHEET
YEAR 1 RECOMMENDATIONS BY AGE GROUP

		YEAR 1 RECOMMENDATIONS	YEAR 1 TOTALS	NOTES
Adults 26-59	Full Service Partnership		30,950,000	
	Wellness/client run support centers	1,800,000		
	IMD step-down facilities	1,900,000		
	System navigators	800,000		
	Housing	1,848,106		
	Jail transition/linkage services	1,748,106		
	Sub-total Systems Development		8,096,212	
	Total Adults Year 1		**39,046,212**	
Older Adults 60 +	Full Service Partnership		2,098,800	
	DMH OA Systems Development	330,000		
	Field-capable, clinical services	5,078,700		
	Service extenders	247,500		
	Training	198,858		
	Sub-total Systems Dev		5,855,058	
	Total Older Adults Year 1		**7,953,858**	