
**COUNTY OF LOS ANGELES**
**DEPARTMENT OF MENTAL HEALTH**

**MENTAL HEALTH SERVICES ACT**
**COMMUNITY SERVICES AND SUPPORT PLAN**

# IMPLEMENTATION PROGRESS REPORT

February 1, 2006 – December 31, 2006

***June 29, 2007***

# SUMMARY

On February 14, 2006, the California State Department of Mental Health (DMH) approved the Mental Health Service Act (MHSA) – Community Services and Support (CSS) Plan for the Los Angeles County Department of Mental Health (LACDMH). This Progress Report describes LACDMH's CSS Plan implementation activities, identifies system achievements and programmatic successes, and points out the challenges and barriers encountered in the path to providing MHSA services to our clients. The Full Service Partnerships are at varying stages of implementation, from signing contracts, hiring staff, locating facilities, start-up actions, and/or delivery of services. Eleven of the 20 General System Development work plans and the one Outreach and Engagement work plan have been implemented.

Actions have been initiated for the five essential transformation elements: community collaboration, cultural competence, client/family driven mental health system, wellness/recovery/ resilience focus, and integrated services for clients and families. The Department's current strategy to address disparities in access and quality of care among the underserved populations targeted in the CSS Plan is to outreach and engage individuals and communities that traditionally have been unserved, underserved and/or inappropriately served in the existing mental health system. These communities include a sub-target known as Under-Represented Ethnic Populations (UREP).

A broad range of stakeholders (consumers, family members, advocates, provider agencies, other County Departments, etc.) have participated in planning and overseeing the implementation of the CSS plan. The Department's Stakeholder process, begun in fall 2004, provides three levels of county-wide participation opportunities (Delegates-80 members, System Leadership Team-25 members, and 22 Work Groups) and local opportunities at Service Area Advisory Committees (SAAC) and the eight Service Area (SA) meetings. Orientation and training has been provided for participants in the Stakeholder process to promote effectiveness.

While recognizing our 2006 accomplishments, this report addresses the challenges we still need to overcome so that our transformed mental health system will better serve our target populations in this diverse County. A number of system-wide and community-wide challenges impacted almost all of the programs, including the Los Angeles County budget curtailment and resulting hiring freeze, bidding process for contract agencies, shortage of qualified work force, shortage of qualified bicultural, bilingual staff, siting problems and work group progress.

Even greater progress in implementing the CSS work plans has occurred in the intervening months from December 2006 until the submission of this Progress Report on June 29, 2007.

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# 1. PROGRAM/SERVICES IMPLEMENTATION

## 1A – SERVICE CATEGORIES

Since 2005, LACDMH has been working with stakeholders to create plans for a state-of-the-art, culturally competent and evidence-based system of mental health care that promotes recovery/wellness through age specific strategies. Work plans from the CSS Plan are materializing through a balanced system of programs directly operated by LACDMH and by contract agencies selected through a Request for Services (RFS) process. Significant progress has been made this past year in the implementation of MHSA, and the momentum continues to build for the transformation of the Department as a whole.

Table 1 on the following page provides a summary of the progress status for the Full Service Partnerships, General System Development, and Outreach and Engagement. Many of the programs were implemented in fall 2006, but as with all new programs, start up initially has been slow. The key differences from the CSS Plan submitted to DMH are due primarily to delays in implementing the programs, resulting in 1) fewer clients being enrolled and served than projected; 2) less revenue generated than expected; and 3) unexpended funds during the reporting period of February 1 - December 31, 2006.

**Table 1.**
**IMPLEMENTATION STATUS OF CSS WORK PLANS**

| | CSS WORK PLAN NAME | STATUS AS OF DECEMBER 31, 2006 |
|---|---|---|
| | CHILDREN (Ages 0-15) | |
| C-01 | Children: Full Service Partnerships (SA 2, 3, 4, 5 & 8) | Implemented in September & contracts signed in December |
| C-01a | Children: Full Service Partnerships (SA 1, 6 & 7) | RFS No. 2 released – pending evaluation results |
| C-02 | Children: Family Support Services | Implemented as part of FSP-RFS No. 1 |
| C-02a | Children: Family Support Services (SA 1, 6 & 7) | RFS No. 2 released – pending evaluation results |
| C-03 | Children: Integrated Mental Health/COD Services | RFS No. 10 not yet released – sent to CC/CAO |
| C-04 | Children: Family Crisis Services - Respite Care | RFS No. 4 released – pending evaluation results |
| | TRANSITION AGE YOUTH (Ages 16-25) | |
| T-01 | TAY Full Service Partnerships (SA 2, 3, 4, 5 & 8) | Implemented - Contracts signed beginning in December |
| T-01a | TAY Full Service Partnerships (SA 1,6 & 7) | RFS No. 2 released – pending evaluation results |
| T-02 | TAY Drop-In Centers | RFS No. 12 not yet released – sent to CC/CAO |
| T-03a | TAY Housing Services Emergency Housing Vouchers | RFS pending work group recommendations |
| T-03b | TAY Housing Services Project-based Subsidies | RFS pending work group recommendations |
| T-03c | TAY Housing Services Housing Specialists | Implemented |
| T-04 | Probation Services | RFS No. 13 not yet released – sent to CC/CAO |
| | ADULTS (Ages 26-59) | |
| A-01 | Adult Full Service Partnerships (All Service Areas) | Implemented by LACDMH clinics & contracts signed in December |
| A-02 | Adult Wellness/Client-Run Centers | Implemented at LACDMH clinics; RFS No. 7 released-pending evaluation |
| A-03 | Adult IMD Step-Down Facilities | RFS No. 5 released – pending evaluation results |
| A-04a | Adult Housing Services: Housing Specialists | Implemented |
| A-04b | Adult Housing Services: Safe Havens | RFS pending work group recommendations |
| A-05 | Adults Jail Transition and Linkage Services | Implemented |
| | OLDER ADULTS (Ages 60 & Over) | |
| OA-01 | Older Adult Full Service Partnerships (All Service Areas) | Implemented - Contracts signed beginning in December |
| OA-02 | Older Adult Transformation Design Team | Implemented |
| OA-03 | Older Adult Field-Capable Clinical Services | RFS No. 8 released – pending submission of proposals |
| OA-04 | Older Adult Service Extenders | RFS No. 8 released – pending submission of proposals |
| OA-05 | Older Adult Training | RFS No. 11 not yet released – sent to CC/CAO |
| | CROSS-CUTTING (All Age Groups) | |
| ACS-01a | Alternative Crisis Services: Urgent Care Centers(UCC) | RFS. No. 3 and directly operated clinics implemented |
| ACS-01b | Alternative Crisis Services: Countywide Resource | Implemented |
| ACS-01c | Alternative Crisis Services: Residential & Bridging | Implemented |
| ACS-01d | Alternative Crisis Services: Enriched Residential | RFS No. 6 released – pending evaluation results |
| POE-01 | Planning, Outreach & Engagement | Implemented |
| SN-01 | Service Area Navigation Teams | Implemented |
| ADM-01 | Administration | Implemented |

| Implemented | RFS Released – pending results | Not yet implemented; No RFS |
|---|---|---|

CAO – Chief Administrator's Office, CC = County Counsel, COD = Co-Occurring Disorders, IMD = Institutions for Mental Disease, RFS = Request for Services; SA = Service Area, TAY = Transition Age Youth

Overall, there were a number of major implementation challenges that impacted almost all of the programs. These included system-wide and community-wide challenges:

- Budget Curtailment and Resulting Hiring Freeze – For Fiscal Year 2006-2007, the County of Los Angeles faced a budget curtailment that included the Department of Mental Health. The Department was faced with expanding programs using MHSA funding yet at the same time having to decrease services supported by County General Funds. The curtailment affected the Department's administrative, clinical, and support staff and consequently affected the operations of the MHSA programs. In October 2006 there was a hiring freeze on all positions, including MHSA funded positions, with the exception of positions to be filled by consumers. The freeze, which lasted from October 1, 2006 until April 1, 2007, prevented the recruitment of staff, particularly for specialized positions and for increased language capacity and cultural competence.

- Bidding Process for Contract Agencies – The Los Angeles County Board of Supervisors (Board) mandated that all MHSA services provided by contract agencies be sent out for public bids. The Board is strongly vested in the competitive bidding process for new funds to encourage community-based agencies and other organizations that may or may not currently contract with LACDMH. The Department developed a comprehensive bidding process, including a Request for Statement of Qualifications (RFSQ) and Request for Services (RFS). As of December 31, 2006, through the RFSQ process, LACDMH had 170 qualified contract agencies on its MHSA Master Agreement list. A total of 17 RFSs were scheduled to be released by December 2006.

  Each RFS had to be approved by Programs, Fiscal, Executive Management, County Counsel (CC), and the Chief Administrative Office (CAO) before it could be released and was further impacted by changes in personnel at these offices. This was a comprehensive and detailed process that often took two months or longer. Two weeks after the release of each RFS, LACDMH held a mandatory bidders' conference. A week later LACDMH released minutes of the bidders' conference along with Questions and Answers. Approximately four weeks after each RFS bidders' conference, proposals were due. Panels including consumers, parent advocates, family members, technical experts, and other L.A. Department staff were convened to review and score the proposals. The County has a formal appeals process for bidders that object to the results of the evaluation. Leadership considered the scores and made the final recommendation for awards in a Letter to the Board. The Board considered the Department's proposal and approved the specific contract allocations.

- Shortage of Qualified Work Force – One of the major barriers to successful implementation of the CSS work plans has been the lack of qualified workforce, including peer and family advocates who are multilingual and multicultural. An ongoing issue is the serious shortage of clinical mental health workers, particularly

social workers, psychologists, nurses, and marriage and family therapists (MFTs). As the MHSA programs are being implemented, recruitment demand for qualified staff increases, with competition from both the Department and contract agencies. Programs cannot be fully implemented until and unless qualified staff is hired. The MHSA Workforce Education and Training (WET) plan is a critical component to ensuring the success of the CSS programs.

- Shortage of Qualified Bicultural, Bilingual Staff – There is a continued shortage of qualified mental health staff to ensure parity for the ethnic and otherwise specified populations. Language capacity is limited for the diverse members of ethnic groups and populations requiring services. With the demand for services increasing for the unserved and underserved populations, likewise the urgent need for bilingual staff, both paraprofessional and professional, sharply increases. Funding to promote a bicultural, bilingual workforce is needed through the WET plan.

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- Siting Problems – The MHSA offers an opportunity to increase the community integration of people living with mental illness and requires a variety of new siting efforts for both services/facilities and various forms of client housing. A number of programs, such as the Urgent Care Centers, faced community concerns about locating programs in their areas, namely the "Not-in-My-Backyard" (NIMBY) issue. LACDMH staff, contract provider agency staff, family members, and clients met with neighborhood councils and participated in community meetings with residents to dispel stereotypes about individuals with mental health problems and the programs that served them. Barriers to successful siting threaten to obstruct the implementation of recovery-oriented mental health services. Stakeholders supported the investment of one-time funds to develop and initiate ongoing strategies to improve siting efforts.

- Work Group Progress – The Department is committed to stakeholder participation in the development, planning, and implementation of the CSS programs. At all stages in the process there has been extensive stakeholder involvement in the planning and shaping of the work plans. In some cases, however, the commitment to greater stakeholder input through work groups and ad hoc committees has meant that the projected timelines for program implementation were lengthened considerably as the groups worked extensively towards consensus and recommendations. In an effort to expedite implementation, in July 2006 the stakeholders approved the establishment of the System Leadership Team (SLT) to facilitate decision-making.

## SERVICE CATEGORY: FULL SERVICE PARTNERSHIPS

The primary emphasis in the first year of CSS funding was on launching the Full Service Partnerships (FSP) programs, resulting in the release of RFS No. 1 and 2. In order to ensure a timely start-up, provider selection was limited to agencies that had recent experience providing FSP services that were culturally competent and included individualized client/family driven mental health services. Providers also had to be an existing LACDMH contractor and have a signed Legal Entity Agreement with LACDMH. Subcontracting with community-based agencies was strongly emphasized to assist in program implementation.

The Department developed a 100-page FSP Guidelines manual, FSP Referral and Authorization Form, enrollment/disenrollment procedures, database, and routine reports. LACDMH also conducted an orientation meeting – the "FSP Kick-off" – for 200 contract agency staff in September 2006.

In order to capture outcomes for Full Service Partnerships the Department created a web-based application available to both directly operated and contracted providers, called the Outcome Measurement Application (OMA). An electronic data collection system is also being considered to capture data for other MHSA programs. The Department provided large scale trainings on both state required and county required data elements for Full Service Partnerships, including training approximately 400 people on how to complete outcome forms, and over 150 individuals on how to enter data into the OMA. Staff have begun analyzing preliminary data entered in the application and have provided feedback to the providers on data entry and other technical issues related to the application.

### ❖ C-01: Children (Ages 0-15)

Services for Children's FSPs are provided by a LACDMH directly operated clinic and by contracted agencies. On September 22, 2006, the Board approved staffing for Roybal Mental Health Center, which was planned as a children's and transition age youth (TAY) transformation clinic. In preparation for the Young Mothers and Babies FSP (a specialized program), staff conducted several planning meetings, provided staff trainings, and conducted outreach to community partners.

For contract agencies, a two-stage process was undertaken for selecting Children's FSPs. RFS No. 1 covered Service Areas (SA) 2, 3, 4, 5, and 8; the remaining SAs were covered under RFS No. 2, which was released later. On October 31, 2006, the Board approved funding eighteen (18) agencies for RFS No. 1, for a total of 1,074 Children's FSP slots. The agencies included Children's Institute, Inc., Child & Family Guidance Center, Child & Family Center, Children's Hospital Los Angeles, Counseling & Research Associates, Inc. (Masada Homes), David & Margaret Home, Foothill Family Service, Sunbridge-Harborview Rehabilitation Center, Hathaway-

Sycamores Child & Family Services, The Help Group Child & Family Center, Hillsides, Institute for the Redesign of Learning, The Los Angeles Child Guidance Center, Pacific Clinics, San Fernando Valley Community Mental Health Center, Special Service for Groups, St. Anne's Maternity Home, and Star View Adolescent Center, Inc. The first FSP contract amendments were signed in December, and the authorization process for FSP enrollment began. Scoring for RFS No. 2 for SAs 1, 6 and 7 was completed and selection of agencies was in process at the end of 2006.

- **T-01: Transition Age Youth (Ages 16-25)**

A two-stage process was also undertaken for implementing FSPs for TAY. RFS No. 1 covered SAs 2, 3, 4, 5, and 8; the remaining SAs were covered under RFS No. 2. The Board approved funding twelve (12) agencies for RFS No. 1, for a total of 732 TAY slots. The agencies included Child & Family Center, Didi Hirsch Psychiatric Service, Hathaway-Sycamores Child & Family Services, Hillsides, Hillview Mental Health Center, National Mental Health Association of Greater Los Angeles, Pacific Clinics, Portals House, Prototypes, San Fernando Valley Community Mental Health Center, Special Service for Groups, and Star View Adolescent Center, Inc. Scoring for RFS No. 2 for Services Areas 1, 6, and 7 was completed, and selection of agencies was in process at the end of 2006.

Challenges in this age group included an inadequate infrastructure to support the MHSA implementation for TAY, as this was a new age group for the Department. Training for staff is needed for TAY-specific issues and resources. This includes building capacity and expertise to access existing mental health services and other non-traditional mental health supportive services for TAY.

- **A-01: Adults (Ages 26-59)**

On September 22, 2006 the Board approved LACDMH's staffing proposal for FSPs at seven (7) directly operated clinics, including Arcadia Mental Health Center (MHC), Compton MHC, Downtown MHC, Edelman MHC, Hollywood MHC, San Fernando MHC, and South Bay MHC. RFS No. 1 included all SAs for adult FSPs and required contract agencies to submit proposals. LACDMH directly operated clinics seeking funding in addition to the staffing request approved by the Board were also required to compete in the RFS process. The Board approved funding seventeen (17) contract agencies: The agencies included: California Hispanic Commission, Inc., Didi Hirsch Psychiatric Service, Exodus Recovery, Inc., Hillview Mental Health Center, Institute for Multicultural Counseling & Education, Kedren Community Mental Health Center, Inc., National Mental Health Association of Greater Los Angeles, Pacific Clinics, Portals House, Prototypes, San Fernando Valley Community Mental Health Center, South Central Health & Rehabilitation Program, Special Service for Groups, Step Up on Second Street, Inc., Tarzana Treatment Center, Telecare Corporation, and Verdugo Mental Health Center. The seven directly operated clinics likewise received additional funding. Subsequently, contract amendments were processed beginning in December 2006. The total number of Adult FSP slots is

2611. Of that number 1322 are directly operated, including 25 from directly operated clinics for the Asian Pacific Islander Alliance and 24 from the American Indian Counseling Center.

A training plan was developed for FSP providers that includes training on Outreach and Engagement, Elements of Recovery, Wellness Recovery Action Planning, Supported Housing, Supported Employment, Motivational Interviewing and other topics relevant to FSPs. Credit cards and vouchers for directly operated FSP programs to access Client Supportive Services funds were distributed at the onset of programs. Hiring of Mental Health Peer Advocates was initiated. At the end of December a total of 242 clients were enrolled in adult FSPs. Attaining a balance of enrolled clients that is reflective of the targeted ethnic populations served has been a challenge.

❖ **OA-01: Older Adults (Ages 60 and Older)**

Older adult stakeholders and delegates participated in the LACDMH stakeholders meetings to formulate recommendations for older adult FSP services. RFS No. 1 included all Service Areas for older adult FSPs. On October 31, 2006, the Board approved funding seven (7) agencies for a total of 266 older adult slots. The agencies included: Didi Hirsch Community Mental Health Center, Heritage Clinic and the Community Assistance Program, Pacific Clinics, Portals House, San Fernando Valley Community Mental Health Center, Special Service for Groups, and Telecare.

During this process, the need for and the use of valid and pertinent data reflecting the demographics and needs of older adult populations were raised through the Stakeholders process and with the Statewide Older Adult System of Care and DMH. LACDMH formed a data ad hoc group to revisit the issue.

## SERVICE CATEGORY: GENERAL SYSTEM DEVELOPMENT

At the end of 2006, a number of major tasks had been undertaken for the General System Development programs. Below are descriptions of the programs that were implemented in 2006. Table 2 on page 12 provides information on the work plans that are pending.

❖ **C-02: Family Support Services for Children**

Family Support Services provide access to mental health services for parents of Seriously Emotionally Disturbed (SED) children. These services were included in RFS No. 1 and 2 and are being implemented concurrently with the FSPs.

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### ❖ T-03c: TAY Housing Services: Housing Specialists

Housing Specialists assist in securing housing for TAY consumers, who often have no history of living independently. This program was implemented on October 1, 2006 with the hiring of two Medical Case Workers II. In collaboration with the Department's Adult Systems of Care (ASOC) and Training Bureau, a "Housing Specialist Training Institute" has simultaneously been in the planning and implementation phase since October 2006. The purpose of this institute is to develop ASOC and TAY Housing Specialists by offering relevant training topics that will enhance their ability to provide comprehensive housing services to clients. These topics include the Recovery Model; Linkage between PTSD and Substance Abuse; Crisis Intervention with Suicidal Individuals in the Field; Field Safety; Effective Housing Placement and Retention; American Disabilities Act (ADA), Fair Housing, Reasonable Accommodations; Tenants Rights; and Administering Emergency Shelters. The institute is ongoing.

### ❖ A-02: Adult Wellness/Client-Run Centers

On August 22, 2006, the Board approved the plan for 14 directly operated Wellness Centers, including the Antelope Valley MHC, Arcadia MHC, Bell Gardens MHC, Compton MHC, Edelman MHC, Harbor-UCLA, Hollywood MHC, Northeast MHC, Rio Hondo MHC, San Fernando MHC, San Pedro MHC, South Bay MHC, West Central MHC, and West Valley MHC. Staffing of these centers is comprised of at least 50% consumers (48.5 FTE positions). A Wellness Center is being developed for the Skid Row community for consumers in advanced stages of recovery. Among the more formidable barriers or challenges has been the location of a suitable site for the Wellness Center in the Skid Row area. With the rising cost of land and facilities, and the diminishing number of available sites, locating a suitable place is a major challenge to the implementation of the Wellness Center.

An additional $5.32 million went out for bid ($2,434,000 for Wellness Centers and $2,886,000 for Client-Run Centers). RFS No. 7 responses were being reviewed at the end of 2006. Clients in recovery are being identified at their program sites to complete Mental Health Peer Advocate certification classes and apply for employment. Currently there is a lack of consensus about whether clients should volunteer or be employed at the site where they receive(d) services. Moreover, adequate consideration needs to be given to providing information about the impact on public benefits for clients considering employment.

### ❖ A-04a: Adult Housing Specialists

Four housing specialists have been hired under the Countywide Housing Specialists program. Development of a 3-5 day Housing Specialists Training Institute tentatively scheduled for June 2007 was undertaken. A Countywide Housing Resources Manual, on-going training topics/curriculum for Housing Specialists, and Housing Specialist Tracking Tool were developed. Due to the hiring freeze, hiring could not

be completed for all of the 14 positions that had been allocated for the Countywide Housing Specialists Program. Additionally, there has been limited staff to provide technical assistance to the various Service Area District Chiefs as it relates to housing issues.

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❖ **A-05: Adult Jail Transition and Linkage Services**

For the men's jail program, one supervisor, two employment specialists, and two jail linkage team members were hired. For the women's jail program, one supervisor, two employment specialists, and one jail linkage staff were hired. All staff were providing linkage to FSP programs and training to FSP staff. Seventeen (17) clients were enrolled in FSPs from the jail focal population.

Despite these accomplishments there have been system challenges that are unique to developing a program within the jail, particularly relating to mental health staff accessing the DMH computers, e-mail and information system. Training is needed on community integration issues for those clients transitioning from the jail and how to address the barriers to housing and employment faced by those with criminal histories. Particularly, there are housing issues for those with arson and sexual offenses. Safety issues for FSP staff working with clients from the jails is an area that also needs to be addressed.

❖ **OA-02: Older Adult Transformation Design Team**

Key staff for the team were hired to begin working on MHSA program planning and development activities to support all the program areas to be funded by MHSA. The final phase of a psychologist selection was in progress. Due to the transition of LACDMH's databank from the Mental Health Management Information System (MHMIS) to the Information System (IS), obtaining current Fiscal Year client and service data was a challenge.

❖ **OA-05: Older Adult Training**

Older adult stakeholders held ad hoc training workgroup meetings to develop a 5-point plan. The plan included 1) Retraining existing mental health professionals through a certificated older adult training program; 2) Service extender training program (Service Extenders are peer counselors and family advocates that work with interdisciplinary teams to reduce older adults' social isolation); 3) DMH and contract older adults specialty training; 4) Ancillary training for community partners such as Adult Protective Services, law enforcement, etc.); and 5) System navigator training. RFS No. 11 – Older Adult Training was developed and sent to CC/CAO on December 4, 2006 for review and approval. Training was conducted on the following topics: Service Extender Provider Training the Trainer; Mental Health – Health Collaborative Model; Recovery Model Retreat; and Faith-Clergy Leaders and Older Adults (2 sessions).

❖ **ACS-01a: Alternative Crisis Services: Urgent Care Centers**

Three Urgent Care Centers (UCC) have been implemented by LACDMH directly operated programs and contract agencies. The Westside Urgent Community Services Program (WUCSP) provides immediate access to crisis intervention, psychiatric evaluation, medication support and case management for TAY, adults and older adults in a mental health crisis. The components of the WUCSP are a mental health crisis program, emergency shelter bed program, and transitional residential program. The Board approved funding of the Westside Urgent Care Center (WUCC) on November 21, 2006. Exodus Recovery WUCC opened for operation on the grounds of Brotman Medical Center on December 28, 2006. The Emergency Shelter Bed Program, operated by Ocean Park Community Center at two sites in Santa Monica, began delivering services at the end of December. Alcott Center for Mental Health Services provides transitional residential services to ensure successful community integration for people who require support. Didi Hirsch CMHC provides integrated substance abuse assessment and treatment. Edelman Westside MHC provides ongoing medication support and rehabilitative services.

Two new LACDMH programs were implemented in fall 2006. (1) Olive View Urgent Care Center increased coverage hours to 9:00PM Monday through Friday at Olive View Medical Center - Urgent Care in December. Staffing and coverage hours at Hillview Residential - Urgent Care were also increased in fall 2006. Intensive outpatient crisis services were provided that led to a decrease of clients served in the Psychiatric Emergency Services. (2) At Augustus F. Hawkins Urgent Care Center, coordination of resources to maximize client flow between higher levels of care and community based mental health services and supports is occurring. A third UCC is under development at LAC+USC, and a Crisis Resolution Service is in development at the Downtown Mental Health Center.

During the planning and implementation phase of the WUCC, the Department faced a considerable amount of local community opposition. Many community groups and neighborhood associations were opposed to having a mental health program in their community, particularly an Urgent Care Center on the Westside of Los Angeles. The Department addressed this community opposition by inviting various West Los Angeles community groups to public notice/community input meetings to discuss development and implementation details of the WUCC. Staff distributed information and gave regular updates at community meetings involving several Westside community groups. Staff also met with city officials and local government representatives from Culver City, Santa Monica, and West Los Angeles to receive input.

At Olive View UCC the program need from clients is exceeding available space – there is limited capacity for observing and stabilizing acute clients. Registered Nurses to provide coverage 24 hours/7 days a week are needed, but LACDMH's pay scale is not competitive with the current nursing market. The closure of the

Psychiatric Emergency Services located at King/Drew Medical Center in December 2006 has impacted the Augustus F. Hawkins UCC. The lack of available and appropriate community placement facilities and limited housing/placement options for clients who are pregnant and/or who have children has posed problems.

- **ACS-01b: Alternative Crisis Services: Countywide Resources**

Countywide Resource Management has centralized and provided overall administrative, clinical, integrative, and fiscal management functions for the Department's acute inpatient program for uninsured children and adults; adult/older adult long-term institutional, crisis residential, intensive residential and supportive residential resources; the Interim Fund program; and Residential and Bridging Services. This includes coordinating functions to maximize the flow of approximately 4500 clients between higher levels of care and community-based mental health services and supports. The program is responsible for the coordination and implementation of the County Hospital Psychiatric Emergency Services (PES) Relief Plan. Staff planned and developed four intensive residential programs funded by the MHSA that will promote recovery and transition individuals from institutional settings to community-based programs, while reducing rates of hospitalization, incarceration, and placement in Institutions for Mental Disease (IMDs).

- **ACS-01c: Alternative Crisis Services: Residential and Bridging**

Psychiatric social workers and peer advocates assist in the coordination of psychiatric services and supports for TAY, adults and older adults with complicated psychiatric and medical needs who are being discharged from County hospital psychiatric emergency services and inpatient units, IMDs, crisis residential, and intensive residential programs. The program ensures linkage to appropriate levels and types of mental health and supportive services through collaboration with Service Area Navigators, FSPs, residential providers, self-help groups, and other community providers. Peer advocates provide self-help support groups in IMDs and intensive residential programs to support individuals successfully transitioning to community living. Challenges for the program include overcoming benefit establishment barriers, social stigma, and NIMBY issues.

- **SN-01: Service Area Navigators**

As of December 31, 2006, over a third (35%) of the allocated Service Area Navigator staff was hired and working as navigators. These staff referred 170 individuals to FSP programs and screened 200 individuals for FSP services. A total of 85 individuals were pre-authorized for FSP, 98 individuals referred to general mental health programs, and 11 individuals were referred to community-based non-mental health agencies. Service Areas continue to actively recruit parent advocates as members of the navigation teams as it was the recommendation of the children's Stakeholders that each navigation team have a family member with a child in the public mental health system.

TAY advocates and stakeholders recommended that the TAY System Navigators maintain a reporting structure separate from the Service Area Navigators. Accordingly, the TAY System Navigators report to a centralized TAY Division, but maintain collaborative partnerships with the Service Area Navigation Teams and FSP providers. TAY System Navigators actively participate in the Impact Team meetings and FSP referral screening process as well as provide linkages for those clients who do not meet the eligibility criteria for FSP. In addition, the TAY System Navigators conduct MHSA outreach presentations, in collaboration with Service Area Navigators, Outreach Specialists, and FSP providers, to promote knowledge about MHSA and increase utilization of the FSP programs. The TAY System Navigators have developed effective working relationships with a number of community-based agencies that serve TAY (including youth drop-in centers, community colleges, and housing programs) by providing education, resources and assistance with linking potential clients to FSP and other mental health services. Based on the MHSA stakeholders' recommendations, the TAY System Navigator Teams are beginning to co-locate at the transition resource centers with their DCFS and Probation partners.

## Pending General System Development Programs

Table 2 details the progress of the General System Development work plans that have not yet been implemented.

**Table 2.**
**PENDING GENERAL SYSTEM DEVELOPMENT PROGRAMS**

| WORK PLAN | PROGRESS AS OF DECEMBER 31, 2006 |
|---|---|
| C-03: Children's Integrated Mental Health/COD Services. *Developmentally-appropriate training on a coordinated/ integrated Co-Occurring Disorders (COD) service delivery model for Children's FSP Providers.* | RFS No. 10 pending release. A key difference with the County Approved Plan is that during the first year, the focus will be on intensive training for FSP treatment teams to develop competence in integrated COD assessment, diagnosis and treatment. |
| C-04: Children's Family Crisis Services - Respite Care. *In-home supportive care for families providing constant care for Seriously Emotionally Disturbed (SED) children, designed to relieve families of stress and strain.* | RFS No. 4 was released on 8-29-06, and Board letter submission for approval of the agency selected was pending at the end of December 2006. |
| T-02: TAY Drop-In Centers. *Expanded days and hours of operation at integrated, one-stop, basic needs centers for homeless and at-risk youth.* | RFS No. 12 sent to CC and CAO on 11-09-06 and pending approval. |

**Table 2.**
**PENDING GENERAL SYSTEM DEVELOPMENT PROGRAMS**

| WORK PLAN | PROGRESS AS OF DECEMBER 31, 2006 |
|---|---|
| T-03a: TAY Housing Services Emergency Housing Vouchers. *Motel vouchers as a form of emergency housing for TAY who are homeless, living on the streets and in dire need of immediate shelter.* | Workgroup consensus reached and recommendations being developed. |
| T-03b: TAY Housing Services Project-based Subsidies. *Permanent housing subsidies linked to housing units through project-based residential sites for TAY who have been in long term institutional settings.* | Workgroup consensus reached and recommendations being developed. |
| T-04: TAY Probation Services. *Expanded days and hours services, utilizing multi-disciplinary teams to be provided to youth in Probation Camps.* | RFS No. 13 was sent to CC/CAO on 11-09-06 and was pending approval. |
| A-03: Adult IMD Step-Down Facilities. *Provides intensive mental health services in residential settings to assist consumers moving from higher levels of institutional care to the community.* | Evaluation scores for proposals were being compiled. |
| A-04b: Adult Supportive Housing Services. *Provides housing for adults who are chronically homeless and which the traditional mental health or shelter systems have not been effective to enable stability, recovery and resiliency.* | Development of the program was coordinated with the County's interdepartmental process being developed for the implementation of the Homeless Prevention Initiative. A joint RFP will be released with the County's Community Development Commission's Homeless and Housing Program RFP in order to maximize the leveraging potential for bidders. A challenge is that the CSS Plan did not incorporate funding for capital development or rehabilitation of existing structures. |
| OA-03: Older Adult Field Capable Clinical Services (FCCS). *Interdisciplinary teams that include consumers and family members to deliver field-capable and specialized clinical services to older adults.* | Program Manager hired to take lead role in the formulation of FCCS models and planning strategies. RFS No. 8 released 10-31-06 and proposals due 1-04-07. |
| OA-04: Older Adult Service Extenders. *Peer counselors and family members who will work as a part of field based team to address concerns for older adults and their families.* | Included with RFS No. 8, which was released 10-31-06 and proposals due 1-04-07. |
| ACS-01d: Alternative Crisis Services. *Enriched Residential Services under the cross-cutting Alternative Crisis Services Program; these services combine short term housing with intensive mental health services.* | Evaluation scores for RFS No. 6 proposals being compiled. There have been difficulties in locating sites for programs. |

## SERVICE CATEGORY: OUTREACH AND ENGAGEMENT

### ❖ POE-01: Planning, Outreach and Engagement

The main objective of Outreach and Engagement is to effectively initiate transformation by increasing MHSA awareness to unserved, underserved, and inappropriately served populations and Under-Represented Ethnic Populations (UREP), across all eight (8) SAs. MHSA SA staff utilized demographic data prepared by the LACDMH Planning Division to engage and educate targeted communities. MHSA SA staff then collected feedback from consumers, family members, and community leaders and integrated their recommendations into the stakeholder process. Between February 1 and December 31, 2006, LACDMH Outreach and Engagement staff outreached and engaged over 15,700 people throughout Los Angeles County. MHSA outreach and engagement staff has:

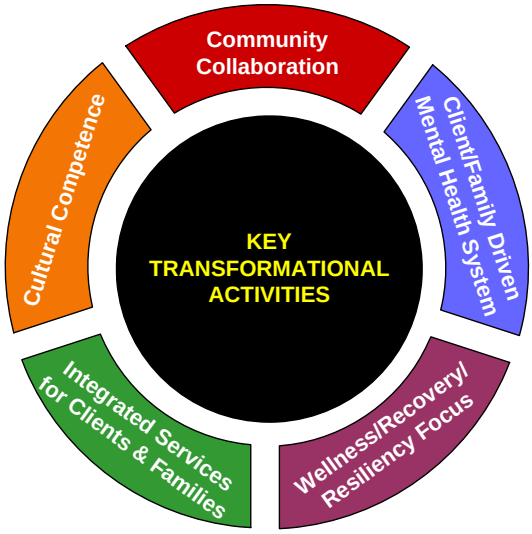
- Established working relationships with local neighborhood councils and community leaders by providing them with educational materials and information about MHSA services. Outreach and engagement efforts are focused on increasing awareness to reduce stigma and integrating consumer and family member feedback into the planning process for transformation of our mental health system.
- Contacted over 1,100 faith based organizations and offered special training to clergy and older adults interested in participating in the Department's MHSA planning process.
- Conducted an "Older Adults and Mental Illness" public event held at Cal State Northridge.
- Coordinated an event in Spanish dubbed "Ask the Psychiatrist," which generated media coverage in the primary Spanish language newspaper, *La Opinion*. This event attracted a new audience of people who had the opportunity to ask a psychiatrist questions about mental health in their native language.
- Outreached to gay, lesbian and transgender individuals through visits to community organizations.
- Engaged and linked rehabilitating substance abusers at the Tarzana Treatment Center to mental health services.
- Communicated with TAY at local YMCAs.
- Presented at the Children's Planning Council's Annual Drug Awareness event held in the City of Montebello to highly underserved Latino and Spanish speaking children, transition age youth, and their caregivers.
- Initiated preliminary discussions in the Service Areas on prevention and early intervention.
- Participated in 45 ad hoc workgroups that provided recommendations to the stakeholder group on key planning issues.

The Department is increasing opportunities for participation from consumers, family members, and parents to increase their skill development, advocacy, and involvement in the planning process. MHSA consumer staff positions were given priority even with the Department's hiring freeze in October 2006. The Department has conducted several peer advocate trainings designed to prepare consumers to transition into the workforce. In addition, outreach and engagement efforts are ongoing to promote the inclusion of consumers, family members, and parents in the process to increase MHSA awareness to UREP and unserved, underserved, and inappropriately served communities.

An implementation challenge has been that MHSA SA outreach and engagement staff have multiple roles and job duties that make it difficult for them to focus on target populations and UREP communities. Ongoing training to effectively outreach and engage the target populations is needed in all Service Areas.

## 1B – KEY TRANSFORMATIONAL ACTIVITIES

Due to the fact that many of the CSS work plans have not yet been implemented, the Department's key transformational activities have focused on planning and program development. In all areas a broad range of stakeholders (consumers, family members, advocates, provider agencies, other County Departments, etc.) have participated in the transformation. Actions have been initiated for the five essential transformation elements: Community Collaboration, Cultural Competence, Client/Family Driven Mental Health System, Wellness/Recovery/Resilience Focus, and Integrated Services for Clients and Families.



## COMMUNITY COLLABORATION

*LACDMH has been involved in the following activities to promote community collaboration, a process by which clients and/or families receiving services, other community members, agencies, organizations, and businesses work together to share information and resources in order to fulfill a shared vision and goals:*

- Established relationships with local neighborhood councils and community leaders by providing them with educational materials and information about MHSA services that dispel negative stereotypes about mental illness.
- Collaborated with various departments and programs, such as Department of Health Services, Department of Children and Family Services, Los Angeles County Sheriff's Department, Department of Public Social Services, inpatient and outpatient treatment facilities and providers, and other community-based services to develop comprehensive approaches to mental health care and a wide array of crisis stabilization and supportive residential programs.
- Worked toward leveraging and coordinating the appropriate CSS programs with the $100 million Homeless Prevention Initiative approved by the Board on April 4, 2006.
- Participated in interdepartmental meetings in conjunction with the Chief Administrative Office – Service Integration Branch (CAO-SIB) to develop and implement an interdepartmental approach to address homelessness issues in Los Angeles County based on the CSS homeless related programs.
- Established the Housing Trust Advisory Board through nominations from various governmental entities and community groups to be representative of varied stakeholder interests.
- Developed the Criminal Justice/Institutional Care Transitions Stakeholder Workgroup to address issues related to implementation of jail linkage programs.
- Participated in Impact Unit meetings to develop community relationships.
- Outreached to partners such as the Sheriff's Department, jail mental health services, public defenders, and the mental health court program to inform them about the jail linkage program and to coordinate services.
- In collaboration with the Sheriff's Department, staff obtained security clearances and attended jail orientations enabling FSP agency staff to enter the jail to see clients and begin outreach and engagement.
- Completed work on the community learning collaborative, which made recommendations on the key elements of Wellness and Client-Run Centers.
- Conducted Wellness Consumer workforce meetings and developed a plan in the fall of 2006 to hire and support Mental Health Peer Advocates on the job.

## CULTURAL COMPETENCE

*Transformation activities involving cultural competence goals in all aspects of policy-making, program design, administration and service delivery include:*

- Collaborated with community leaders in addressing racial and ethnic mental health disparities.
- Conducted training for all FSP mental health staff regarding issues of diversity and unlearning prejudice; integrating cultural competency in the delivery of services to consumers; the application of the recovery model to Asian Americans; how to be an interpreter; outreach and engagement of the homeless population; detection and treatment of alcohol and other chemical substance dependency.
- Conducted and participated in conferences on engagement, diagnosis and treatment of African American, Asian American, Latino and other communities for mental health service providers.
- Coordinated services and activities to ensure inclusion of clients from ethnic backgrounds represented in the Los Angeles area.
- Developed service extender models to deliver culturally and linguistically appropriate peer support to the Latino older adult clients.
- Developed strategies to recruit and retain an older adult workforce, both as to age and cultural competence.
- Conducted provider networking events with older adult interns to promote work force development for the FSP and FCCS RFS No. 8.
- Held special ad hoc workgroups with the Latino Client Coalition constituents to discuss a Service Extender program model for Latino clients.
- Developed cultural competency program requirements for all new MHSA program contracts.
- Provided technical assistance through an LACDMH grant writing training program for community-based agencies.
- Provided Spanish language translation and support for consumers and family members in attendance at all Stakeholder and System Leadership Team meetings and MHSA presentations and/or events.
- Conducted presentations on MHSA in different languages and translated MHSA information into different languages.

## CLIENT/FAMILY DRIVEN MENTAL HEALTH SYSTEM

*Activities undertaken to promote a client/family driven mental health system involving the input of clients and families children and youth as a major factor in planning, policies, procedures, service delivery, evaluation and the definition and determination of outcomes include:*

- Developed opportunities such as work groups and stakeholder meetings for consumers, family members, and parents to increase their skill development, advocacy and active involvement in planning.
- Initiated hiring of Mental Health Peer Advocates.
- Developed a standardized curriculum for all Peer Advocate training programs in the L.A. County area. This was accomplished with input from community agencies, consumers and family members, as well as LACDMH staff.
- Contracted with community agencies to provide two intensive Peer Advocate Training sessions aimed at preparing 70 consumers/family members for staff positions in the mental system.
- Paired each MHSA Service Area Coordinator with a consumer, family member, or parent hired as a community worker to ensure a full partnership in outreaching and engaging unserved, underserved, and/or inappropriately served in the existing mental health system.
- Held ad hoc children's stakeholders meetings, which included parent partners/advocates and family members, children's advocates, consumers and child welfare representatives, to discuss and recommend the design of the Family Crisis Services/Respite Care program model.
- Created an Adult Housing Services Advisory Board, with membership comprised of 40% consumers and/or family members selected to provide recommendations on the funding goals and funding priorities of the Housing Trust Fund.
- Held ad hoc Older Adults FCCS stakeholders meetings with older adults to discuss and recommend the design of FCCS program models.
- Held older adult Stakeholder ad hoc workgroup meetings to recommend peer support program models and funding.
- Held ad hoc FCCS outcome design meetings to discuss and make recommendations on FCCS assessment and outcome issues.
- Employed peer advocates to assist with Alternative Crisis Services Residential and Bridging activities, including providing self-help support groups in facilities to support individuals transitioning to community living as well as serving as members of multidisciplinary teams to provide education, support, advocacy and information regarding community resources, recovery and wellness to consumers, families, and providers.

Deleted: as serving

## WELLNESS/RECOVERY/RESILIENCY FOCUS

*Transformation activities promoting wellness, recovery, and resiliency include:*

- Funded 14 LACDMH directly operated Wellness Centers that will provide recovery-based mental health, supportive and peer-led services to clients at advanced stages of recovery. Staffing of these sites will be at least 50% consumers in recovery.
- Developed a plan of action for a Wellness Center in the Skid Row area, identified the staffing required, incorporated input from social service agencies in the Skid Row area, and prepared and submitted to the appropriate County authorities the necessary requests for approval to implement the Wellness Center. LACDMH initiated a search for a location, and with the approval of the above entities, the Department will be able to sign a lease once a suitable location is found.
- Developed a training plan for FSPs including training on outreach and engagement, elements of recovery, Wellness Recovery Action Planning, supported housing, supported employment, motivational interviewing and other topics relevant to FSPs.
- Planned and facilitated an Older Adult Recovery Retreat in which staff and consumers explored core recovery principles and how they apply to older adults.
- Planned and implemented programs that promote transition of individuals residing in institutional care to community-based programs that promote recovery and reduce rates of hospitalization, incarceration, and placement in IMDs.
- Instituted a recovery model approach for Alternative Crisis Services toward treatment that empowers clients to develop their goals toward community reintegration, skills to become self-sufficient, and the capacity to increase current levels of community functioning.
- Directed and coordinated program reviews and evaluation of outcomes to ensure that services address the unique needs of clients served, including those with co-occurring behavioral disorders, and that they are in compliance with the terms of the contracts and County, State, and Federal mandated standards.
- Initiated a tuition reimbursement program for any staff pursuing an advanced degree in Social Work, Psychology or Nursing as it relates to mental health.
- Developed and implemented a stipend program for graduating MFTs, Social Workers (MSWs) Psychiatric Technicians, and Psychologists with the understanding that the recipient would commit to one year employment in the public mental health system.

### INTEGRATED SERVICES FOR CLIENTS AND FAMILIES

*Activities to enable the client, and when appropriate the client's family, to access a full range of services provided by multiple agencies, programs, and funding sources in a comprehensive and coordinated manner included:*

- Held ad hoc children's stakeholders meetings, which included alcohol and drug program specialists, community-based organizations, consumers and family members, to discuss and recommend the design of the Integrated Mental Health/COD Services program models.
- Developed a stakeholder workgroup focused on designing the employment linkage component of the adult jail linkage plan.
- Initiated a Nurse Practitioner Program aimed at serving consumers in Wellness Centers.
- Developed adult Housing Specialist training topics and curriculum.
- Distributed credit cards and vouchers for directly operated FSP programs to access Client Supportive Services funds.

## 2. EFFORTS TO ADDRESS DISPARITIES

### 2A - OUTREACH AND ENGAGEMENT EFFORTS AND STRATEGIES

The Department's current strategy to address disparities in access and quality of care among the underserved populations targeted in the CSS Plan is to outreach and engage individuals and communities that traditionally have been unserved, underserved and/or inappropriately served in the existing mental health system. These communities include a sub-target known as Under-Represented Ethnic Populations. Outreach and Engagement efforts are described in the previous section 1A-Service Category: Outreach and Engagement.

❖ **Under-Represented Ethnic Populations (UREP)**

During the initial planning process for the CSS Plan, the UREP Workgroup had met extensively to develop guiding principles and recommendations for DMH and MHSA services. These recommendations were instrumental in establishing the Department's MHSA values and strategies in working with under-represented ethnic groups. As a result, DMH is working to establish an internal UREP unit to address the ongoing needs of targeted ethnic and cultural groups. In December 2006 the Stakeholders made a commitment to reconvene the UREP Workgroup in early 2007.

- **Ascribed Formula of Target Populations for FSPs Slots**

  In an effort to promote system transformation and encourage directly operated and DMH contracted provider staff to engage communities and ethnic groups with whom they may not have previously worked, target populations were assigned to the FSP slots. These target populations were derived from an ascribed formula that DMH and the stakeholder delegates mutually agreed fairly represented the demographic diversity of Los Angeles County. The ascribed formula defined the focal populations for Los Angeles County. In addition, slots for African Americans, Asians, Latinos, Native Americans, and Whites were identified based on specific Service Area demographics as the ethnic populations to be targeted.

- **Improving Access**

  Service Area Navigators and Countywide Resource Management based at the ACCESS Center are examples of the Department's attempts to improve linkage and access to mental health services in Los Angeles County. Service Area Navigator staff engage individuals and groups of all ages within targeted communities for the purpose of linking consumers and family members to appropriate services, and function as a gateway to FSP services, resulting in stronger local provider networks and more effective service referrals.

- **Homeless Outreach and Engagement Team (HOET)**

  Stakeholders approved the development of the Homeless Outreach and Engagement Team (HOET) in December 2006. A specialized HOET will specifically work to provide outreach and engagement to individuals in the downtown Skid Row area with the goal of linkage to MHSA services and programs. This team will be providing information and services in the field to those consumers that may be wary or reluctant to enter the mental health system.

## 2B – OUTREACH TO SPECIFICALLY TARGETED POPULATIONS

Involving specifically targeted populations in the MHSA planning and system transformation is the charge of the Outreach and Engagement staff. Staff is assigned to each Service Area, including a Mental Health Services Coordinator paired with a consumer or family member Community Worker. Outreach and engagement efforts have focused extensively on establishing communication with local neighborhood councils and community leaders. These efforts are aimed at increasing awareness about mental health to reduce stigma, and integrating consumer and family member feedback into the planning process for transformation of our mental health system. Service Area staff have outreached to the following targeted underserved and ethnic populations: African American, Armenian, Asian, Egyptian, faith based organizations, hearing impaired (using American Sign Language), Hispanic/Latino, homeless, Indian, Iranian, Korean, Russian, older adults, TAY, probation youth, and foster care youth.

## ❖ Outreach Efforts

Engaging target populations and communities was accomplished by participating in forum discussions on domestic violence at schools and supporting local NAMI meetings and activities throughout the County. Partnerships and collaborations with other County departments (such as Probation, Department of Children and Family Services, District Attorney's Office, and Department of Public Social Services), and educational institutions and school districts (Whittier Union High School District, Los Angeles Unified School District, and CalState Northridge) are vital to the work of the Outreach and Engagement staff.

Between February 1 to December 31, 2006, LACDMH Outreach and Engagement staff has:

- Supported 11 countywide stakeholder meetings attended by approximately 200 consumers, family members, mental health professionals, service providers, LACDMH line staff and management, faith based organizations and various community leaders.
- Increased awareness at over 80 Service Area Advisory committee meetings in all eight Service Areas.
- Worked with the Office of Consumer Affairs, the Client Coalition and Project Return to engage and increase consumer participation in the planning and implementation processes.

## ❖ Education and Stigma Reduction

Staff met with local law enforcement agencies to provide information on mental health programs and resources available to police officers when dealing with a mentally ill individual in the field. Staff provided MHSA educational materials and/or made presentations in their Service Areas and at Service Area Advisory Committee (SAAC) meetings. In addition, staff presented at community fairs/cultural events attended by the targeted populations, such as the 3-day Korean Festival, Family Health and Safety Fair, Independent Living Expo, Day of Peace, South Robertson Community Festival, National Night Out at Reynier Park, Venice Oakwood Health Fair, 47$^{th}$ Assembly People's Council Launch Resource Fair, Women's Health Conference, and Hope and Healing – A Community Collaboration.

Reducing the stigma associated with mental illness is important to successful outreach and engagement efforts. Service Area staff attended a variety of community meetings and neighborhood gatherings to participate in anti-stigma campaigns at Rotary Clubs and SAAC meetings, and were involved in related discussions at schools and other organizations on anti-gang violence and domestic abuse.

## 2C - EQUAL EMPLOYMENT OPPORTUNITIES

MHSA consumer staff positions were exempt from the County's hiring freeze, and employment of consumers was given priority status. Consumers now fill positions at Olive View UCC, the Residential Bridging Program, Augustus F. Hawkins and several other LACDMH directly operated mental health centers. Eleven (11) consumers have been hired to work at directly operated clinics through employment opportunities made available in UREP communities. Several consumers have successfully completed the peer advocate training and are awaiting employment with the County. Hiring of additional peer advocate positions was pending as of December 31st.

## 2D - MHSA FUNDED NATIVE AMERICAN ORGANIZATIONS AND TRIBALCOMMUNITIES

The Department and stakeholder delegates have determined that to best serve the Native American community, it is better to use a countywide approach rather than a service area centered one. A partnership between the American Indian Counseling Center (AICC) and the United American Indian Involvement will provide FSPs to Native Americans in Los Angeles County. Prior to AICC developing the program, numerous Native American agencies, churches, and advisory groups were contacted and their support secured. Based on LACDMH Planning Division's demographic data, a total of 33 FSP slots were allotted to AICC and divided among specific age groups once the awarded slots were approved by the Board.

## 2E - CONTRACTUAL LANGUAGE/CULTURAL COMPETENCY CRITERIA

- **Ethnic and Focal Population Targets for LACDMH and Contract Agencies**

  As a means of reducing disparities and holding service providers accountable for serving the targeted populations, LACDMH assigned ethnic and focal population targets to the FSP slots. These target populations were derived from the ascribed formula representing the demographic diversity of Los Angeles County. These targets are included in the contract amendments for agencies awarded FSP funding.

- **Translation and Interpretation Services**

  Throughout the planning and implementation process, LACDMH has had translation and interpretation services available at Stakeholder Meetings, System Leadership Meetings, work groups, and other MHSA activities. Spanish was the primary language available to participants at these meetings. LACDMH and the Stakeholders have made a commitment to having all 13 threshold languages available for translation and interpretation. A Request for Proposals or Request for

Information for translation and interpretation services is being developed to address these needs.

## 3. STAKEHOLDER INVOLVEMENT

The Department's Stakeholder process began in fall 2004 with discussions about the long-term needs of the County's mental health system and has continued to provide input into developing the programs under the MHSA. Planning efforts provide opportunities for members of unserved, underserved, inappropriately served and ethnic communities to have their voices heard and participate in various levels of its planning activities. The Stakeholder process provides three levels of county-wide participation opportunities (Delegates, System Leadership Team, Work Groups) and local opportunities (SAACs and SA meetings).

Feedback from Stakeholders indicates there are a number of disappointments with the current Stakeholder process. Stakeholders identified shortcomings and insufficient efforts in the following areas: community engagement and access to timely information; client participation and engagement; stalling of MHSA process; lack of consensus agreement on the budget curtailment; orientation; lack of shared understanding; lack of trust; lack of respect; business as usual; process integrity; Board of Supervisors; losing sight of the vision; client-run, self-help centers; and family member participation.

Amidst the difficult and complex task of implementing the CSS plans, it is important that the Department and other members of the County mental health system communicate the progress being made, the results achieved, and MHSA success stories to ensure ongoing confidence amongst Stakeholders, decision-makers, and the general public. The Department began developing a communication plan in late fall 2006.

### ❖ Delegates

The Stakeholder Delegate committee is comprised of 80 community representatives that have been chosen to serve as group representatives for various Los Angeles County departments, community organizations, racial and ethnic groups, and special needs population groups. There are over 40 different stakeholder groups, 56% who are non-white and are comprised of consumers and individuals from the Asian Pacific, African American, Latino, American Indian communities, consumer, parent and family member advocates, NAMI, etc. See Table 3 for a breakdown of the Delegate representation.

The purpose of the Delegates meeting is to make recommendations for transforming the current community mental health system; provide input into the planning of programs funded by MHSA; share information about LACDMH's current budget; and share reports from the County-wide ad hoc work groups. Delegates receive reports

on MHSA progress; design planning guidelines consistent with commitment to long-term transformation; support work groups; recruit participants for collective Stakeholder committee work; identify areas for greater focus and attention; and develop recommendations.

**Table 3.**
**STAKEHOLDER DELEGATES**

| STAKEHOLDER ORGANIZATION/CONSTITUENCY | DELEGATES |
|---|---|
| Mental Health Commission | 1 |
| Los Angeles County Client Coalition | 2 |
| Client Stakeholder Group, including client-run programs | 2 |
| Service Area Advisory Committees (SAAC) – 3 Delegates per SAAC | 24 |
| Academic Partnerships | 1 |
| Alcohol and Drug Program Administration | 1 |
| American Indian community representative | 1 |
| Association of Community Human Service Agencies | 2 |
| Asian and Pacific Islander community representative | 1 |
| African American community representative | 1 |
| Chief Administrative Office | 1 |
| Children's Planning Council | 1 |
| LACDMH | 6 |
| Superior Court | 1 |
| Other Departments in Los Angeles County | 4 |
| LACDMH Parent Advocate | 1 |
| Disabled community representative | 1 |
| Emergency Services representative | 2 |
| Faith community representative | 1 |
| Hospital representatives – including IMD Representative/State Hospital | 3 |
| Advocate for people who are homeless and mentally ill | 1 |
| Latino community representative | 1 |
| Law Enforcement and Probation representatives | 5 |
| Mental Health Advocacy Services representative | 1 |
| National Alliance for the Mentally Ill (NAMI) | 2 |
| Office of Consumer Affairs | 1 |
| Older Adult advocate and Older Adult consumer | 2 |
| Primary Health Care providers | 1 |
| Public Defenders Office | 1 |
| School representative | 1 |
| Union representatives | 2 |
| Youth advocates | 2 |
| At-large members (representing Statewide or other missing perspectives) | 3 |
| TOTAL DELEGATES | 80 |

## ❖ System Leadership Team (SLT)

In June 2006 the Delegates determined that the current process had not been working as well as in the previous year, primarily because of capacity issues, such as Department staff not being able to support as many work groups over the prior six months because of the budget crisis. As a result of three intensive ad hoc workgroup meetings in June and July 2006, and a Delegates meeting in July 2006, the Delegates and the Department agreed to a new structure and responsibilities. This included creating a System Leadership Team (SLT) to assume some of the responsibility for overseeing and assessing progress on the implementation of the CSS plan, other MHSA plans, and other transformation efforts.

The SLT is intended to facilitate and improve the overall Stakeholder decision-making and action-taking processes. The SLT's goal is to assess the effectiveness of the stakeholder planning process and make recommendations for its improvements, if any. The SLT is responsible for monitoring progress on implementing the CSS Plan, as well as developing process and structural frameworks to support an overall system transformation. Nearly half (44%) of the SLT members speak a second language, ensuring that many of the County's diverse communities and cultures receive fair and equal representation in its planning and implementation processes. See Table 4 for the composition of the SLT.

**Table 4.**
**SYSTEM LEADERSHIP TEAM CONSTITUENCY**

| SLT CONSTITUENCY | NUMBERS (25 TOTAL MEMBERS) |
|---|---|
| Consumers | 9 |
| Family Members | 15 (5 Children, 4 TAY, 10 Adult, 3 Older Adult) |
| Children Committee | 7 |
| TAY Committee | 5 |
| Adults Committee | 14 |
| Older Adults Committee | 3 |
| Under-represented (UREP) | 3 |
| Budget Committee | 14 |
| SAAC participation | 16 (All 8 Service Areas represented) |
| COD experience | 17 |
| Mental Health Commission | 1 |
| LACDMH | 9 |
| Other County Department | 5 |
| Non-County Provider | 9 |
| Ethnicity (non-white) | 12 (3 African Americans, 2 Asian/Pacific Islanders, 5 Latinos, 1 Persian, 1 Other) |
| Languages (non-English) | 11 (4 Spanish, 3 French, 1 Farsi, 1 Mandarin, 1 Cantonese, 1 Thai) |

## ❖ Work Groups

Ad hoc workgroups were convened to facilitate progress on high priority implementation issues for the CSS plan and other transformation issues. Several Stakeholder workgroups were formed during or shortly after the creation of LACDMH's CSS Plan and have continued on with their work, while others were initiated in fall 2006 in response to emerging needs.

The ad hoc workgroups established include Criminal Justice and Institutionalization, Siting Issues, Service Area Navigators, Skid Row Initiative, TAY Housing Services, Wellness Center/Client-Run Centers, Workforce Training & Development, Data & Outcomes, Housing Trust Fund Advisory Board, and Outreach & Engagement. Work Groups develop recommendations to be presented to the Stakeholder Delegates. As of December 31, 2006, two of the 20 workgroups scheduled to meet by the end of calendar year 2007 had already begun meeting.

## ❖ Training

In October 2006 the Delegates and the Department committed to support on-going orientations and trainings for participants in the Stakeholder process to improve effectiveness over time. The Delegate's recommendations to improve the Stakeholder process include developing on-going orientations and trainings on the basics of recovery; basics of MHSA and the Los Angeles CSS Plan; basics of the Department's budget; skills of collaboration and dialogue; facilitation skills; role and responsibilities of being a delegate/alternate. In June the Department and Office of Consumer Affairs hosted a conference on "Hope and Recovery empowering our Lives Conference (in Spanish)."

## ❖ Evaluation Panel Reviewers

Stakeholders were actively recruited to participate on review panels to evaluate proposals submitted in response to RFSs released by the Department. LACDMH convened 5-member panels comprised of a spectrum of consumers, family members, parent advocates, commission members, technical experts, and other County and government agencies. Each participant was screened for conflict of interest issues and trained in the evaluation process.

# 4. PUBLIC REVIEW AND HEARING

## 4A – DATES OF STAKEHOLDER REVIEW

The CSS Implementation Progress Report was posted on the LACDMH website on May 4, 2007 to begin the 30-day stakeholder review and comment period. The public review and comment period ended on June 4, 2007.

Two public hearings were held during this period. The first public hearing was conducted on May 14, 2007 during the MHSA Stakeholder meeting at the Wilshire Plaza Hotel, 3515Wilshire Boulevard, Los Angeles. Over 200 persons attended the public hearing. The Mental Health Commission conducted the second public hearing on May 24, 2007 at the Kenneth Hahn Hall of Administration, 500 West Temple Street, Room 739, Los Angeles. Approximately 50 persons attended this meeting. (See Appendix for a copy of the public hearing notice.)

## 4B – METHODS TO CIRCULATE PROGRESS REPORT

LACDMH posted the Progress Report on its website at http://dmh.lacounty.info/stp/. Copies of the Progress Report were sent via mail and/or electronically to the Board of Supervisors, Mental Health Commission, stakeholders, provider agencies, and other community members. Hard copies of the report were also distributed at local Service Area Advisory Committees (SAAC), Service Areas (SA), ad hoc workgroups, and other LACDMH meetings. Approximately 1200 hard copies of the draft Progress Report were distributed.

## 4C – RECOMMENDATIONS OR REVISIONS

Stakeholders and other community members were able to provide input, recommendations and comments on the Progress Report by sending emails to MHSA.ProgressReport@dmh.lacounty.gov or by submitting written comments to LACDMH, Planning Division, Attention: Progress Report, 695 South Vermont Avenue, 15th Floor, Los Angeles, California 90020. Comment forms were also available for attendees at both public hearings. (See Appendix for a copy of the comment form.)

Stakeholders noted that much progress had been made in the implementation of the CSS Plan. Overall, the principles of the MHSA were being implemented and that more resources were available to consumers than in the previous year. Community members observed more of a mental health presence at community fairs and increased

education/awareness for consumers. Consumers expressed that their voices were being heard, their input being gathered, and a united presence was felt.

Other comments identified gaps in the delivery of services and further needs, including employment opportunities, vocational and educational opportunities, medical services for consumers including monitoring of lab work, support for individuals with physical disabilities, services for substance abuse and recovering addicts, and assistance with transportation.

❖ **Unserved and Underserved Groups**

Concerns were raised about the lack of services that address the needs and diversity of UREP communities, particularly bilingual capability and capacity. Despite efforts to adhere to the UREP Workgroup guidelines and contractual ethnic population targets, the lack of qualified staff in the work force continues to present system wide challenges. Much of the feedback cited the disparity and gaps in serving specific unserved and underserved communities. These groups include high risk populations such as TAY and older adults; the Latino community; the diverse Asian/Pacific Islander communities; persons diagnosed with Obsessive Compulsive Disorder (OCD)/Hoarding; the Gay, Lesbian, Bi, Transgender, and Questioning (GLBTQ) community; Armenian community, Native American community, and persons identified in the school setting.

- Suggestions for improving outreach and engagement of ethnic populations included increasing education, working to overcome stigma, and setting up a client coalition for the Native American/American Indian community.
- The needs in the ethnic communities include more opportunities for training and work, increased educational opportunities, and availability of affordable housing.
- Lack of knowledge and experience of FSP providers in working with issues particular to older adults was identified. People who hoard, for example, are an underserved group that tend to be unrecognized, underreported, and misdiagnosed. As a result, those diagnosed with hoarding often do not receive the support and/or appropriate treatment and the stigma can end up in homelessness.
- Another underserved, stigmatized, discriminated, and at risk group is the GLBTQ community. There are approximately 1.4 million GLBTQ in Los Angeles County. The needs of this group include high suicide rates, the double stigma of mental illness and the attached sexual orientation, and cultural competence in mental health treatment. TAY GLBTQ consumers are even more at risk as they are three times more likely to commit suicide than heterosexual peers, and are more risk for self destructive behaviors. Over a third (34%) of homeless and runaway youth identify themselves as gay, lesbian or bi. These groups were not specifically targeted in the CSS work plans.

- More support was requested for the Latino Client Coalition and the Office of Consumer Affairs.
- Engagement and inclusion of more schools in the planning process to ensure staffing and access to mental health service in the school setting was needed.

❖ **Consumer Employment**

Many comments identified the need and desire for increased educational and training programs, and increased employment opportunities especially for those who have completed the peer advocate training. Requests were made for further information and opportunities for the peer advocate training as well as other trainings and conferences for consumers (not only for those connected to the Office of Consumer Affairs).

- MHSA programs and services need to link clients to appropriate services using the experience of peer advocates and peer bridgers.
- Consumers need training in order to be active in outreach and engagement and to facilitate focus groups.
- A major concern raised was the staffing ratios between consumers and professional staff as well as consumers and family members and/or caregivers. The staffing for the Wellness/Client-Run Centers remains consistent with the Stakeholder recommendations and what was described in the Request for Services (RFS) #7. The Wellness Centers will be staffed at least 50% with consumers in recovery and the Client-Run Centers will be staffed 100% with consumers in recovery.
- There were concerns that in the hiring of consumers the definition for a mental health consumer had changed to include family members and/or caregivers. Some stakeholders expressed concern that despite the shortage of trained consumers, family members and/or caregivers lacked the experience needed for the position.

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❖ **Workforce & Partnerships**

Although progress in implementation of the CSS Plan was acknowledged, public comments also reflected a desire for faster implementation. Generally, it was understood that part of the reason for delayed implementation was related to a lack of workforce. It was even noted that existing programs are understaffed and pulling staffing resources from those programs was not an option. This input from the stakeholders, providers and other community members also reflected much anticipation for the next Plans, specifically Prevention and Early Intervention (PEI), and Workforce, Education and Training (WET), as issues were raised related to areas for prevention and early intervention, the spectrum of treatment, workforce, language capacity, and cultural competency.

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- The planning process for potential providers needs to address the engagement issue, simplify the complexity of the planning process, and identify opportunities for engagement.

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- The number of the public and private partnerships should be increased, especially to assist with workforce issues. Suggestions pointed to university internship programs, collaboration with the Reentry Advisory Board to address housing and employment issues for jail linkage programs, and community partnerships with schools of psychology.

❖ **Housing**

Housing issues were raised frequently by stakeholders, consumers and other community members.

- The need for affordable, permanent housing is an ongoing concern for many groups including the homeless, disabled, TAY and older adults. Availability of low income housing, specifically within the City of Los Angeles, is of major concern as existing options for low income housing are usually in old buildings with sub-standard living conditions.

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- Services also requested with housing facilities include repairs to housing units, medical services, vocational training, and other employment opportunities. Issues related to the homeless population also spoke to the challenges in engagement and access to services.

# 5. TECHNICAL ASSISTANCE AND OTHER SUPPORT

## 5A – TECHNICAL ASSISTANCE NEEDS

The technical assistance needs from DMH to support LACDMH's continued implementation of the initial CSS Plan include the following:

- More clarification is needed on outcome requirements. Increased communication between the Performance Outcomes and Quality Improvement (POQI) unit and the County would be helpful.
- Frequently Asked Questions document from DMH regarding data elements, definitions of living arrangements, and other graded data elements would be useful and ensure data is more consistent across counties.

- Guidance from the state regarding outcome expectations for the System Development and Outreach and Engagement components of the CSS is needed as we move forward with discussing outcomes at the county level.
- Assistance in increasing access to physical health services (DHS on state level).

## 5B – ISSUES REQUIRING POLICY DEVELOPMENT OR PROGRAM CLARIFICATION

- Increasing flexibility in funding housing options with supportive services for mental health clients in institutional settings.

# APPENDIX

**COUNTY OF LOS ANGELES**

MARVIN J. SOUTHARD, D.S.W.
*Director*

SHEILA A. SHIMA
*Chief Deputy Director*

RODERICK SHANER, M.D.
*Medical Director*

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**DEPARTMENT OF MENTAL HEALTH**

*REVISED*

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MHSA IMPLEMENTATION PROGRESS REPORT
AVAILABLE FOR PUBLIC REVIEW

May 4, 2007

The Los Angeles County Department of Mental Health (LACDMH), as required under the Mental Health Services Act (MHSA), is opening a public review and comment period for the MHSA Implementation Progress Report of the Initial Three-Year Plan for Community Supports and Services (CSS). The report covers the implementation period from February 1, 2006 to December 31, 2006.

The public review and comment period will run from May 4, 2007 through June 4, 2007. During the review and comment period, an open public hearing will be held at the Stakeholders' meeting on May 14, 2007 at the Wilshire Plaza Hotel, 3515 Wilshire Blvd., Los Angeles, CA 90010 from 9:30 pm – 3:30 pm. **The Mental Health Commission will also conduct a public hearing on May 24, 2007 at the Kenneth Hahn Hall of Administration, 500 W. Temple St., Room 739, Los Angeles, CA 90012 from 12:30 to 2:30.**

The document under review will be posted on the LACDMH website (http://dmh.lacounty.info/stp/), and hard copies will be available at the LACDMH Planning Division, 695 S. Vermont Avenue, 15th Floor, Los Angeles, CA 90020. Any member of the public may request a hard copy of the document by contacting DMH at 213-251-6824.

To provide input, recommendations and comments, please email your comments to MHSA.ProgressReport@dmh.lacounty.gov or submit written comments to:

Los Angeles County Department of Mental Health
Planning Division
Attention: Progress Report
695 S. Vermont Avenue, 15th Floor
Los Angeles, CA 90020

Los Angeles County Department of Mental Health
Mental Health Services Act (MHSA)

**CSS Plan Implementation Progress Report**

*30 Day Review and Comment Period*
*May 4, 2007 – June 4, 2007*

## PUBLIC HEARING – May 24, 2007

| **Personal Information (OPTIONAL)** | |
|---|---|
| Name: | |
| Agency/Organization: | Email address: |
| Mailing Address: | |

**Comments**

Any member of the public may submit written comments during the public hearing or anytime on or before June 4, 2
Written comments can be submitted either on the Public Comments form available at the Public Hearing, by email to MHSA.ProgressReport@dmh.lacounty.gov , or by letter addressed to:

Los Angeles County Department of Mental Health
Planning Division
Attention: Progress Report
695 S. Vermont Avenue, 15th Floor
Los Angeles, CA 90005

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## Audiencia Pública – Mayo 24, 2007

| **Información Personal (OPCIONAL)** | |
|---|---|
| Nombre: | |
| Agencia/Organización: | Dirección de correo electrónico: |
| Dirección de correo postal: | |

| **Comentarios** |
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Cualquier persona del público puede presentar sus comentarios por escrito durante la audiencia pública o en cualqu
momento el 4 de junio del 2007 o antes de esta fecha. Los comentarios escritos pueden presentarse ya sea en el for
Comentarios del Público a su disposición en la Audiencia, o al correo electrónico MHSA.ProgressReport@dmh.lacou
por carta dirigida a:

Departamento de Salud Mental del Condado de Los Ángeles
División de Planificación
Atención: Informe de Progreso
695 S. Vermont Avenue, 15th Floor
Los Angeles, CA 90005

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