

MHSOAC Subcommittee on County Plan Review

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Review Participants: Jerry Doyle, Nancy Carter, Peggy Collins, Susan Rajlal, Catherine Camp

Review of the Los Angeles MHSA-CSS Plan

Committee Issues

- Having staff support to read and prepare a matrix of plan elements is very helpful; for Commission members with other responsibilities, it allows full participation
- Planning for Prevention/Stigma funds is assuming greater urgency
- OAC needs a way to array plan elements comparatively among counties. Such issues as caseload for Full Service Partnerships have little meaning without a comparison to current caseloads and to caseload in other county plans.
- Plan requirements lack the establishing of baseline data. Without this data (and without evaluation data), neither counties or the OAC will be able to track core components, especially in the first year.
- Data, especially for fine-tuning outreach and engagement and designing cultural competence strategies, is very poor. MHSA Plan timing accentuated the poor data currently available, and resulted in equating language with culture, for instance. Outside, specific and technical resources may be needed to develop the data to target resources, monitor progress and evaluate impact. Is this an issue for DMH statewide, and should an outside entity be brought in to provide this information?

General Plan Comments

- Setting out of the array of services in a planned way will by itself make a difference to meeting the need in Los Angeles. Detail in the plan is lacking, but that will occur over time.
- The Plan is very general. A process for tracking core components is critical.
- Data, especially for fine-tuning outreach and engagement and designing cultural competence strategies, is very poor. MHSA Plan timing accentuated the poor data currently available, and resulted in equating language with culture, for instance. Outside, specific and technical resources may be needed to develop the data to target resources, monitor progress and evaluate impact.
- The county has indicated it is working with Urban Indian groups. Can this be specified in future plan revisions?
- It is difficult to identify in the plan who the providers will be. Will the county use subcontracting, outreach and/or mentoring programs to assure that small and/or non-traditional providers can be included in new programming?
- The relationship with community clinics is not specified in the Plan. How will they be a part of the collaborative mix?

- High marks for the commitment to integration of mental health and alcohol and other drug treatment services.
- The Plan mentions collaborating with the Developmental Disabilities system. Can the county report on this effort in future plans?
- Very interested in the Housing Trust Fund proposals; concerned about county capacity to develop maximum services in this area. Has the county considered a community board as a way to bring in experienced experts to assist with this? Evaluation is also key here: how many specific units of long term housing will be created and how will be track this?
- Workforce Development is also key, and the county is to be congratulated for its commitment of one-time funds to this purpose. The state needs to speed up its development of this component. Evaluation will be key here: how many new clinicians and other staff are developed through workforce development efforts? Will all the one-time training funding go to bilingual applicants/staff? This does not seem appropriate.

Children

- The Plan does not appear to target children and youth in State Hospital. Was this considered?
- Especially for children at risk of (or in) out of home placement, Wraparound funding is a potential way to expand funds. Will Wraparound techniques be used? Will DCFS/DMH collaboration occur and will Wraparound \$ be leveraged?
- Foster families are also a key resource for some children; will they be included in training?
- Reducing out of county placement in group homes is a goal. Will the county track the impact of this plan on out of county placement in group homes?
- Full Service Partnership funds, and Family Crisis/Respite Care System Development funds, have the potential to put some focus on families struggling to keep seriously ill children at home. Can this be made more explicit?

Transition Age Youth

- High marks to the Probation Camp Services System Development program. This is a high need area that has been lacking in the past. What will the outcomes be, and will tracking measure whether this effort is successful over the long term for individual clients?

Adults

- High marks to the Wellness/Client Run Support Centers. How many will be established? At least one in every Service Area?
- Did the county consider increased training for police officers? If not, why not?

Cross-Cutting Issues

- High marks for the Service Area Navigator Teams: a needed addition to the system.
- High marks for the Urgent Care Centers: a needed addition to the system. Establishing outcomes here is crucial: how many clients are engaged in services when they leave?
- Very interested in Enriched Residential Services: establishing outcomes here will be crucial, as with Probation Camp Services, and following clients over time. This effort (security in a voluntary setting) will be an essential model for other counties in the struggle to meet the needs of the most troubled clients.

CONCLUSION:

Question: The overarching question for the Oversight and Accountability Commission is:” How will the three-year Community Services and Supports plan move your county system toward the standards of service in the Mental Health Services Act?” The Commission asks that you answer this question in your plan.

At the same time, the Commission recognizes the need to build a more reliable baseline of information available to everyone, so that answers can be understood within a context. To do so, the Commission is seeking to develop a description of the mental health system in your county, and in all counties, including an explanation of the structure of the service delivery system, access policies for all children and adults, and range of services received by those not in a categorical funded program.

The Commission is working to develop a baseline to assess the gaps between existing standards of care in mental health and the comprehensive, integrated services envisioned by the Mental Health Services Act. Statewide and national reports tell us that services have been limited and effectively rationed because funding is not tied to caseloads. The Commission believes it will be advantageous to all of the individuals and the private and public organizations involved in change, and beneficial to the public, to have a realistic understanding of the challenges to transforming the mental health system.

The Commission would like to know the average caseloads for personal service coordinators and/or case managers and for psychiatrists for the largest percentage of people served. We would like to know what percentage of all mental health consumers are receiving or have access to comprehensive, appropriate, and integrated services, such as individual or group therapy, family counseling, routine medical and dental care, educational or vocational training, substance abuse treatment, supportive housing, and other recovery-oriented services.

To begin with, the Commission will compile available data from traditional sources, and utilize the information you have provided in the CSS plan. In this first year of implementation, we will be enlisting your assistance in measuring the magnitude of changes taking place now and the prospective changes for many years to come. The Commission also will be asking you to determine and report on what resources are lacking in your county. The CSS Committee recognizes the tremendous effort involved in the planning process and commends the county on its many successes.