COUNTY OF LOS ANGELES

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DEPARTMENT OF MENTAL HEALTH

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550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

Reply To: (213) 738-4601
Fax No.: (213) 386-1297

April 7, 2005

ADOPTED
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

31 APR 19 2005

VIOLET VARONA-LUKENS
EXECUTIVE OFFICER

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

Dear Supervisors:

APPROVAL OF MENTAL HEALTH SERVICES ACT PLAN PHASE I FUNDING, PLAN, AND PLANNING PROCESS (ALL SUPERVISORIAL DISTRICTS) (4 VOTES)

IT IS RECOMMENDED THAT YOUR BOARD:

1. Accept the $2,906,559 in Mental Health Services Act (MHSA) funds approved by the California State Department of Mental Health (SDMH) for Los Angeles County Community Program Planning.

2. Authorize the Director of Mental Health or his designee to allocate and expend the funds in accordance with the plan for MHSA Community Program Planning adopted by the Stakeholders, and approved by SDMH.

3. Authorize the Department of Mental Health (DMH) to fill 34.0 Full-Time Equivalent (FTE) positions, as detailed on Attachment I, in excess of what is provided for in DMH's staffing ordinance, pursuant to Section 6.06.020 of the County Code and subject to allocation by the Department of Human Resources (DHR).

4. Authorize the Director of Mental Health or his designee to obtain consultants using the County's Master Agreement for Consultants List, or to amend existing contracts within delegated authority, if needed, until the positions in Recommendation No. 3 can be filled with permanent staff.

5. Authorize the Director of Mental Health or his designee to spend up to $45,000 for the purchase of food for community planning events as established by State standards.

6. Instruct the Director of Mental Health or his designee to provide the Board of Supervisors with a quarterly update, inform the Board of Supervisors of new developments as they occur, and obtain Board approval of any major changes of direction in the Plan adopted by the delegates to the Stakeholder process and funded by the State.

7. Approve DMH's Request for Appropriation Adjustment (Attachment II) in the amount of $2,907,000, fully funded by MHSA funds, to recognize the increase in revenue and provide $2,180,000 in spending authority for Fiscal Year 2004-05 to implement the Plan for MHSA Community Program Planning.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS

The purpose of the requested actions is to implement the proposed Plan for Community Program Planning developed in accordance with Stakeholder recommendations and SDMH requirements, under the Community Program Planning provisions of the MHSA, and to accept funds approved for that purpose. The MHSA, adopted by the California electorate on November 2, 2004, creates a new permanent revenue source, administered by the SDMH, for the transformation and delivery of mental health services provided by State and County agencies and requires the development of integrated plans for prevention, innovation, and system of care services.

The MHSA, effective January 1, 2005, provides revenue to counties to fund local community planning during FY 2004-05. In January, the SDMH established standards for counties to request MHSA funds for planning expenditures incurred in FY 2004-05.

DMH submitted its application for funding of the Community Program Planning process on February 15, 2005 (Attachment III), and the State subsequently approved the requested amount of $2,906,559 (Attachment IV). The proposed Community Program Planning expenditures comply with the mandates of the MHSA for significant and deliberate participation of previously underserved or excluded populations as well as the participation of current Stakeholders. The acceptance of the approved funding for FY 2004-05, as authorized by the MHSA, will initiate effective community planning, systems transformation, and management processes for years to come.

Implementation of Strategic Plan Goals

The proposed Plan for Community Program Planning (Attachment III) supports the County's strategic goals of "Service Excellence," "Fiscal Responsibility," and "Organizational Effectiveness." Implementation of State requirements for planning and outcomes in accordance with the MHSA will improve the efficiency and effectiveness of mental health operations across the entire service delivery system of directly-operated and contract providers, fee-for-service network providers, and hospitals. As designed, it will significantly improve the capacity of the system to provide outcomes driven, evidence-based models of care. By adopting the proposed actions, your Board will also initiate decisive steps toward accomplishing adopted strategies for achieving Program Goal Nos. 5, 6, and 7 of the County Strategic Plan:

> Goal No. 5: Children and Families' Well-Being, particularly Strategy 2 - to establish alignment among Stakeholders on health and human service priorities for improving outcomes;
>
> Goal No. 6: Community Services, particularly Strategy 3 - to integrate services of multiple agencies; and
>
> Goal No. 7: Health and Mental Health, particularly Strategy 2 - to develop and implement outcomes measurement systems.

FISCAL IMPACT/FINANCING

The total cost of implementing the proposed planning process, $ 2,906,559, is fully funded by MHSA funds. The budget as presented in Attachment III includes amounts for all costs necessary to carry out the Plan. Therefore, there is no additional net County cost.

The Request for Appropriation Adjustment is necessary to recognize the $2,907,000 increase in MHSA funding and to provide $2,180,000 in spending authority, for FY 2004-05, to implement the Plan for MHSA Community Program Planning. The remaining balance of $727,000 will be carried forward for use in FY 2005-06.

This expenditure was not included in the budget for FY 2004-05 since the ballot proposition for the revenue source had not been adopted by the voters when your Board adopted the County budget for the current year. Plans and appropriations for any additional MHSA funding will be included in County budget proposals and requests for Board approval in future years, based upon State approved plans.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

The specific authority for this action is provided by the sections of the Mental Health Services Act authorizing Community Program Planning, as codified in the Welfare and Institutions Code, Sections 5848 and 5892(c).

Goal: Provide Effective Support for Community Participants

Within the recommended MHSA Community Program Planning budget is the cost of 24.0 FTE positions dedicated to outreach and training efforts of Phase I of the planning process to ensure the participation of consumers, family members, community organizations, community mental health providers, and ethnic and underserved communities. A total of $919,573 of the MHSA Community Program Planning budget has been allocated to fund this goal.

To adhere to the State's timeline for the implementation of MHSA Community Program Planning, a short-term 6-month plan will be developed among the eight (8) Service Area Advisory Councils (SAAC) to establish short-term agreements with consultants, volunteers, and/or existing professional mental health staff in contract agencies that meet the criteria to provide community outreach and SAAC support. It is the intention of DMH to adopt the long-term plan detailed above after six (6) months by making these positions permanent and facilitating a formal hiring process in accordance with the Community Supports and Services Plan, the County Code, and DHR.

Goal: Provide Effective Outcome Measures Support, Strategic Communications Plan, and Technical Support

Within the recommended MHSA Community Program Planning budget is the cost of 10.0 FTE positions dedicated to the development, enhancement, and implementation of outcome measure tools and systems, the development and maintenance of information technology systems, the facilitation of data collection and reporting, and the development of a strategic communications plan in order to solicit participation to support the transformation of the current mental health system. A total of $427,933 of the MHSA Community Program Planning budget has been allocated to fund this goal.

Goal: Enhance Community Participation

Within the recommended MHSA Community Program Planning budget is the allocation of funds to enhance community engagement and participation of mental health consumers and their family members through allocation of stipends to supplement lost wages, translator services to enable participation by non-English speaking participants, travel and transportation support to assist participants in attending planning meetings and/or activities, childcare services, and food as appropriate to enhance the MHSA Community Program Planning meeting environments as established by State requirements. In addition, funds will be utilized to provide community mental health agencies with assistance in coordinating outreach and engagement efforts to ethnic and underserved populations, as well as the implementation of ethnically and culturally inclusive training curriculum focused on the comprehensive engagement and participation process of MHSA Community Program Planning. A total of $730,048 of the MHSA Community Program Planning budget has been allocated to fund the enhancement of community participation.

Goal: Synthesize MHSA Planning Infrastructure

Within the recommended MHSA Community Program Planning budget is the allocation of funds to augment the MHSA Community Program Planning infrastructure by employing a team of consultants with substantial experience in community change processes and human services systems and structures to provide facilitation and support to the SAAC and countywide workgroups and oversee the drafting of the Community Services and Supports Plan for each group. Contracting for consultants will be through California Institute of Mental Health (CIMH) by utilizing delegated authority and use of the County's Master Agreement for Consultants List. A total of $288,302 of the MHSA Community Program Planning budget has been allocated to fund the synthesis of the MHSA Community Program Planning infrastructure.

Goal: Department Operations Transformation

Within the recommended MHSA Community Program Planning budget is the allocation of funds to facilitate the transformation of DMH's current administrative and clinical operations through the utilization of consulting services. A total of $300,000 of the MHSA Community Program Planning budget has been allocated to fund the creation and facilitation of a departmental strategic plan that will elicit modification within the current administrative and clinical operations, which will allow for alignment with the system transformation agenda developed through the MHSA Community Program Planning process.

A total of $240,703 has been included in the MHSA Community Program Planning to cover DMH overhead costs associated with the implementation of the MHSA Community Program Planning process.

Schedule

DMH will manage the proposed planning process to adhere to an aggressive schedule. In April, May, and in early June, five (5) countywide groups will develop and complete draft plans, and focus group sessions will report their results. In late June, the Stakeholders will review and complete the first Community Supports and Services Plan as specified by the State. Public review will take place during July and August 2005, with the final plan revisions occurring during the last two (2) weeks in August based upon public hearings. The Plan will then be submitted to the Mental Health Commission and to your Board for final approval. The target date for adoption of the Plan and submittal to the State is September 2005.

CONTRACTING PROCESS

The proposed planning process includes amounts for consulting and service delivery contractors, including several current contract mental health providers delivering mental health services in Los Angeles County. All contracts and consulting agreements will be awarded, or current contracts extended, based upon established County processes, either through delegated authority, the County's Master Agreement for Consultants List, or Purchase Orders. Individual contracts using the Master Agreement for Consultants List or a Purchase Order will not exceed $99,000.

IMPACT ON CURRENT SERVICES

Approval of this proposed planning process will enable DMH to utilize the new revenue streams from the MHSA at maximum levels, within the framework and requirements set by the State. DMH expects that the services of the Department, its partners, and Stakeholders will improve significantly in quality and quantity. One of the results of the early planning process implemented by the actions recommended above will be to establish measures and objectives for improvements, operating methods for determining what improvements take place, and the necessary supports. Therefore, the recommended action will set into motion a process for continuous improvement of mental health services in Los Angeles County.

CONCLUSION

The Department of Mental Health will need one (1) copy of the adopted Board's action. It is requested that the Executive Officer of the Board notifies the Department of Mental Health's Contracts Development and Administration Division at (213) 738-4684 when this document is available.

Respectfully submitted,

Marvin J. Southard, D.S.W.
Director of Mental Health

MJS:OC:RK:cmk

Attachments (4)

c: Chief Administrative Officer
County Counsel
Auditor-Controller
Chairperson, Mental Health Commission

Attachment I

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
MENTAL HEALTH SERVICES ACT COMMUNITY PROGRAM PLANNING
REQUEST FOR NEW POSITIONS

Item No.	Item Sub	Positions	Ordinance	Months	FTE
OVERALL MANAGEMENT					
4722A	A	MH CLINICAL DISTRICT CHIEF	1.0	12	1.0
8974A	A	CHIEF RESEARCH ANALYST	1.0	12	1.0
2102A	A	SR. SECRETARY III	1.0	12	1.0
		SUB-TOTAL OVERALL MANAGEMENT	3.0	36	3.0
SERVICE AREA ADVISORY SUPPORT STAFF					
8149A	A	MENTAL HEALTH SERVICES COORDINATOR II	7.0	84	7.0
2216A	A	SENIOR TYPIST CLERK	1.0	12	1.0
4729A	A	MENTAL HEALTH ANALYST II	1.0	12	1.0
2095A	A	SECRETARY II	1.0	12	1.0
		SUBTOTAL - SERVICE AREA ADVISORY SUPPORT STAFF	10.0	120	10.0
SERVICE AREA ADVISORY CONSUMER/FAMILY OUTREACH STAFF					
8105A	A	SENIOR COMMUNITY WORKER II	8.0	96	8.0
2216A	A	SENIOR TYPIST CLERK	1.0	12	1.0
4729A	A	MENTAL HEALTH ANALYST II	1.0	12	1.0
2095A	A	SECRETARY II	1.0	12	1.0
		SUBTOTAL SERVICE AREA ADVISORY CONSUMER/FAMILY OUTR	11.0	132	11.0
OUTCOME MEASURES					
2597A	A	INFORMATION SYSTEM SUPERVISOR III	1.0	12	1.0
8697A	A	CLINICAL PSYCHOLOGIST II	3.0	36	3.0
2102A	A	SR. SECRETARY III	1.0	12	1.0
		SUBTOTAL OUTCOME MEASURES	5.0	60	5.0
PUBLIC INFORMATION OFFICE					
8149A	A	MENTAL HEALTH SERVICES COORDINATOR II	1.0	12	1.0
2095A	A	SECRETARY II	1.0	12	1.0
		SUBTOTAL PUBLIC INFORMATION OFFICE	2.0	24	2.0
INFORMATION TECHNOLOGY					
2595A	A	INFORMATION SYSTEMS SUPERVISOR I	1.0	12	1.0
2591A	A	INFORMATION SYSTEMS ANALYST II	1.0	12	1.0
		SUBTOTAL INFORMATION TECHNOLOGY	2.0	24	2.0
TRAINING AND CULTURAL COMPETENCY					
2095A	A	STAFF ASSISTANT II	1.0	12	1.0
		SUBTOTAL TRAINING AND CULTURAL COMPETENCY	1.0	12	1.0
		GRAND TOTAL	34.0	408	34.0

Attachment II

76R 352M (11/83)

BOARD OF SUPERVISORS OFFICIAL COPY

COUNTY OF LOS ANGELES

REQUEST FOR APPROPRIATION ADJUSTMENT

DEPT'S. NO. 435

DEPARTMENT OF Mental Health 19

AUDITOR-CONTROLLER.
THE FOLLOWING APPROPRIATION ADJUSTMENT IS DEEMED NECESSARY BY THIS DEPARTMENT. WILL YOU PLEASE REPORT AS TO ACCOUNTING AND AVAILABLE BALANCES AND FORWARD TO THE CHIEF ADMINISTRATIVE OFFICER FOR HIS RECOMMENDATION OR ACTION.

ADJUSTMENT REQUESTED AND REASONS THEREFOR

4-VOTES

Sources:	Uses:
Department of Mental Health Mental Health Services Act BT1-MH-41189-8728 $2,907,000	Department of Mental Health Operating Transfers Out BT1-MH-41189-6100 $2,180,000
	Department of Mental Health Designation for Budgetary Uncertainty BT1-MH-41189-3047 $727,000
Department of Mental Health Operating Transfers In A01-MH-20500-9911 $2,180,000	Department of Mental Health Salaries and Employee Benefits A01-MH-20500-1000 $970,000
	Department of Mental Health Services and Supplies A01-MH-20500-2000 $1,210,000

This adjustment is requested to recognize a $2,907,000 increase in Mental Health Services Act (MHSA) revenue and provide $2,180,000 in spending authority for the MHSA Community Program Planning. This appropriation increase is fully funded by the State award of the Mental Health Services Act. There is no impact on net County cost.

Marvin J. Southard, D.S.W.
Director of Mental Health

CHIEF ADMINISTRATIVE OFFICER'S REPORT

REFERRED TO THE CHIEF ADMINISTRATIVE OFFICER FOR — ACTION

✓ RECOMMENDATION

AUDITOR-CONTROLLER BY

NO. 318 April 8 2005

APPROVED AS REQUESTED April 8 2005 19

AS REVISED

FOR CHIEF ADMINISTRATIVE OFFICER
DAVID JANSSEN 19

APPROVED (AS REVISED): BOARD OF SUPERVISORS

BY

DEPUTY COUNTY CLERK

Attachment III

THE LOS ANGELES COUNTY MENTAL HEALTH SYSTEMS COMMUNITY PROGRAM PLANNING PROCESS

A Proposal Submitted to the California Department of Mental Health in Accordance with the Mental Health Services Act

February 2005

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EXECUTIVE SUMMARY

During the last year, the Los Angeles County Department of Mental Health has invested substantial staff and financial resources to develop an expansive stakeholder process. The first iteration of this process began in early 2004, when the Department learned it faced a substantial shortfall in Fiscal Year 2004-05, ultimately estimated at over $30 million. The Department's Leadership Team concluded it could not simply manage its way through this crisis. It understood that to implement *any* potential response to a budget shortfall of this magnitude would require an extraordinary level of agreement among many stakeholders.

Well over 600 people, representing 29 stakeholder groups, participated in this first process including people who currently receive services and their families; private, community-based, and peer providers; representatives from the Chief Administrative Office (CAO); representatives from multiple levels of the Department; representatives from other County departments; law enforcement agencies; hospitals; schools and educational institutions; groups serving particular ethnic and other underserved populations in the County; and many others.

Through this process, stakeholder groups achieved a remarkable level of agreement, not only about how to absorb the projected shortfall, but more critically, on the fundamental direction for the system's evolution. The Board of Supervisors unanimously adopted the recommendations developed by this process in June 2004.

The success of this first stakeholder process provided a strong foundation for the evolution of the Community Program Planning process in Los Angeles County. We began the first phase of this planning effort well before the passage of Proposition 63, driven in part by early projections that the Department would face another $30+ million shortfall in FY 2005-06.

We are proposing an expansive planning process that will continue well beyond the submission of our first Community Services and Supports plan. We are building the infrastructure to support an on-going process of planning, action, learning, and innovation. Over 1,500 people are already engaged in our planning effort, including: people who currently receive services and their families; private, community-based, and peer providers; representatives from schools and educational institutions; law enforcement agencies; the Courts; faith-based groups; groups serving particular ethnic populations and other Underserved populations; representatives from other County departments; the CAO's office; representatives from multiple levels of the Department; and many others. We expect this number to continue to increase rapidly as we begin to implement the outreach, engagement, and training efforts outlined in this proposal.

The cornerstones of this process include: a commitment to outcomes; a commitment to wellness and recovery; a commitment to inclusion; a commitment to collaboration and partnership; and a commitment to on-going learning and innovation. We are excited by the opportunity provided us by the voters of California to receive the guidance and resources needed to significantly improve outcomes for people who need mental health services, their families, and their communities. We look forward to receiving your feedback to this first plan, and to partnering with you and other counties across the State to realize the promise of the Mental Health Services Act.

Introduction

This proposal details the Community Program Planning process we have developed for Los Angeles County to produce the Community Supports and Services plan under the Mental Health Services Act. The proposal first outlines the recent history of systems transformation efforts in Los Angeles County. It then outlines the proposed work structures and work processes for the planning effort, and the proposed staffing and partnership infrastructure to support this planning process over time.

A Recent History of Systems Transformation Efforts in Los Angeles County

The Comprehensive Community Care initiative

"We make our community better by providing world-class mental health care."

This is the vision for the Los Angeles County Department of Mental Health, developed at the outset of a comprehensive change initiative begun in 1998. Known as Comprehensive Community Care (CCC), this initiative emerged from a commitment to client-centered, family focused model of mental health services dedicated to wellness and recovery. Building on a wide array of work structures to engage people who receive services, their families, and other stakeholders throughout the County, CCC evolved several inter-related change agendas:

- Build and strengthen regional capacity to plan and implement mental health services responsive to the specific needs of particular regions and communities throughout Los Angeles County;
- Create multi-disciplinary teams and other structures to facilitate the collaboration between children, adult, and older adult systems of care;
- Fully engage people who receive services and their families in planning and service structures; and
- Strengthen and expand the community-based infrastructure necessary to assist people who receive services move into the least restrictive settings possible, consistent with a commitment to the recovery and wellness model of services.

The intentions of this early change process in Los Angeles County clearly align with the vision and hope of the Mental Health Services Act. Moreover, these early efforts created a significant foundation of shared commitment between Department staff, private providers, and organizations of people receiving services and their families.

While the Department and its partners made good initial progress on the CCC objectives, they quickly encountered barriers that substantially undermined its momentum. Specifically, federal, State, and local budget cuts severely undercut the development of the systems infrastructure necessary to support and sustain the initiative. These budget cuts, and the subsequent loss and

redeployment of staff, also undermined the Department's efforts to expand its outreach efforts to more fully engage people who receive services, their families, and other stakeholders.

The Stakeholder Process for the FY 2004-05 Budget

In early 2004, the Department learned it faced a substantial budget shortfall for Fiscal Year 2004-05, ultimately estimated at over $30 million. What made this projected shortfall particularly threatening was that, because of the sources of the shortfall services most impacted would be services for the uninsured. Initial estimates put the reduction of services to the uninsured at between 20-25%, a devastating cut to a service infrastructure that had already undergone severe cuts because of budget shortfalls in previous years.

Confronted with this analysis, the Department's Leadership Team realized it could not simply manage its way through this crisis. It understood that to implement *any* potential response to a budget shortfall of this magnitude would require an extraordinary level of agreement among many stakeholders. To assess how best to address this shortfall, in late February 2004, the Leadership Team authorized an expansive Stakeholder process

Well over 600 people participated in this process, representing 29 stakeholder groups across the County. The process involved people who currently receive services and their families, representatives from the CAO's office, representatives from multiple levels of the Department, representatives from other County Departments, law enforcement agencies, hospitals, schools and educational institutions, groups serving particular ethnic and other underserved populations in the County, and many others. The first two phases of this process unfolded between March and June 2004. This aggressive timeline was necessary because of the County's budget process: stakeholders were charged with developing their recommendations to be submitted to the CAO and to Supervisors by early June.

Throughout the course of this process, stakeholder groups achieved a remarkable level of agreement, not only about how to absorb the projected $30.6 million shortfall, but more critically, on the fundamental direction for the system's evolution. In particular, stakeholder groups agreed that they would work to:

- Promote recovery and wellness by accelerating wherever possible the safe and appropriate movement of people out of institutionalized care toward more community-based care, including self-help and other community-based approaches;

- Improve the system's capacity to establish alternative payer sources as quickly as possible for every child and adult who qualify for alternative sources of support;

- Aggressively pursue savings in medication costs while doing everything possible to ensure that people are able to get access to needed medications and the support they require to effectively use those medications; and

- Build system-wide agreement on outcomes and indicators as a first step toward building a performance accountability system.

Once the Board of Supervisors approved the specific FY 2004-05 budget recommendations that emerged from this process, Stakeholder groups immediately began to pursue both short-term and long-term implementation tasks made necessary by the recommendation, including:

- Creating countywide work groups to track both monthly reports on medications savings from the policies implemented beginning July 2004, and monthly progress on movement of people from Institutes of Mental Disease (IMDs) into more community-based settings;

- Creating a countywide work group to develop alternative service packages for people who required services but had no benefits, and aggressive system-wide benefits establishment practices;

- Reconvening the delegates from the Stakeholder groups in September to make mid-budget year decisions based on current year changes in revenue and expenditure projections; and

- Beginning a comprehensive needs assessment process in the eight regional Service Areas in the County.

All of these implementation structures included significant participation by people who receive services and family members.

In September 2004, delegates from the original Stakeholder groups reached consensus on a proposal to significantly expand the Stakeholder groups and delegates for a FY 2005-06 budget process. Given the success of the FY 2004-05 process, the Department's Leadership Team and all of the Stakeholder groups agreed to continue and expand the process for FY 2005-06. This expansion was particularly important given the two possible scenarios for FY 2005-06: either Proposition 63 would pass, and therefore a more expansive Stakeholder process would be required to develop plans for the new resources available to the County; or, Proposition 63 would fail, and the system would be facing another shortfall, projected in September 2004 at more than $30 million.

With the passage of Proposition 63, therefore, Los Angeles County was well positioned to quickly extend a planning process that was already underway to comply with the spirit and specific requirements of the Mental Health Services Act (MHSA).

The Community Program Planning Work Structures

Los Angeles County's Community Program Planning process will unfold through myriad work structures, including:

- A countywide delegates group, chosen by over 40 Stakeholder groups across the county, who oversee the entire planning process and develop the final draft of the Community Services and Supports plan that will be submitted to the Mental Health Commission for public comment, review through public hearings, and final County approval before submission to the State. Attachment 1 contains a table outlining the Stakeholder groups

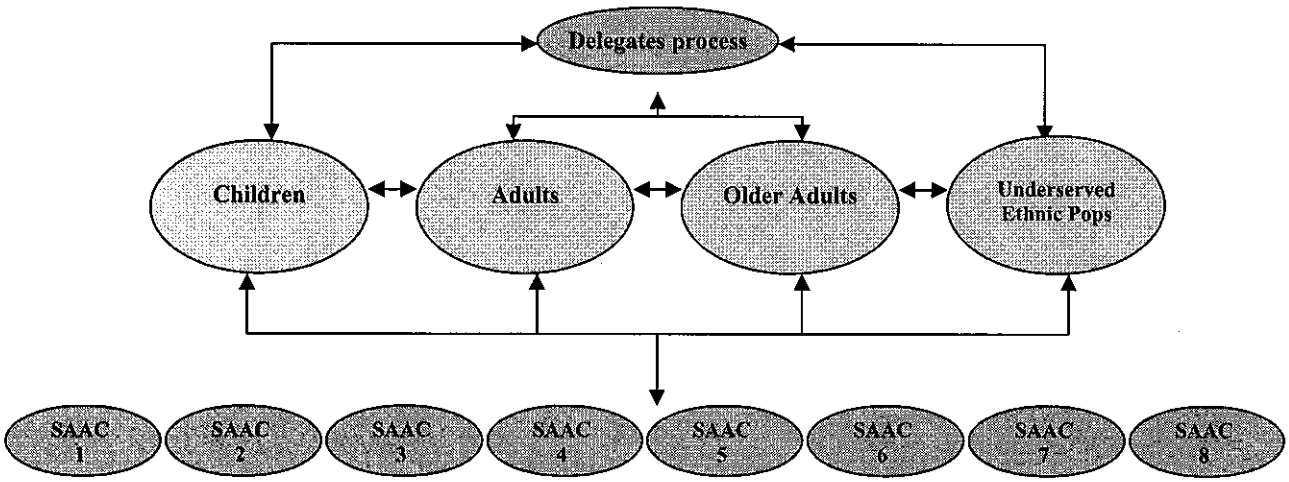
who have official delegates to this round of the process. This is an expanded list from last year's effort. Next year's list will likely change again as more people, organizations, and communities engage with this effort.

- Eight regional planning structures, known as Service Area Advisory Councils (SAACs). Each of these regional planning structures includes significant participation by multiple stakeholders, including people who receive services, their family members, schools and school districts, law enforcement representatives, representatives from private and public service providers, community-based organizations, veterans, representatives of people with special needs, other Stakeholders from underserved populations, County Department representatives, and many others.

- Ad hoc work groups, currently numbering 33 that will focus on both engaging and developing recommendations for various sub-populations and sub-systems to be addressed by the Community Services and Supports Plan. While the delegates group is limited in number, the ad hoc work groups are open to anyone who has interest, energy, experience, and expertise to share. These work groups have attracted hundreds of new people into this process.

- Four countywide work groups, to begin work in March 2005, that will develop draft of work plans focused on four inter-related populations: Children, Adults, Older Adults, and Underserved ethnic populations.

We have diagrammed the emerging relationship between these work structures as follows:



The next section details the work that will occur at each level of this structure.

The Community Program Planning Work Processes

Strengths and Needs Assessment

In October 2004, the eight SAACs began an extensive strengths and needs assessment process for their respective regions. Most of the SAACs created at least three work groups to map and assess the current system of supports and services, one each for children, adults, and older adults. With the passage of Proposition 63, we quickly expanded this assessment work to include myriad countywide populations. As noted above, 33 ad hoc work groups have now formed to complete assessments for their populations similar to those being completed by the SAACs.

The SAACs and the countywide ad hoc work groups will complete this initial assessment work by February 28, 2005. Department staff and consultants will synthesize these reports into draft documents for review by the delegates and the four Countywide Planning groups that begin meeting in March (see description below).

A Commitment to Outcomes

All of our planning and conversations about the Mental Health Services Act begin with a discussion of outcomes. To help guide this conversation, we have used Mark Friedman's Results-based Accountability framework, a framework adopted by the County of Los Angeles to promote the discipline of outcomes accountability throughout all human services systems in the County. We begin any conversation about outcomes with the following four definitions:

- *Outcomes* are conditions of well being for children, youth, adults, families, and/or communities.
- *Indicators* are measures that help quantify the achievement of an outcome.
- *Strategies* are coherent collections of actions that have a reasoned chance of improving our outcomes.
- *Performance Measures* are measures of how well our strategies are working.

Delegates have approved a preliminary list of outcomes that we have used to guide the strengths and needs assessment phase of the process, and that will help guide the planning phase as well. These outcomes include:

- A safe living arrangement;
- A meaningful way to use one's time;
- Supportive relationships;
- The ability to get the assistance needed;
- The ability to weather crises successfully; and
- Physical health (as it relates to the achievement of the other outcomes).

We have asked each group completing a strengths and needs assessment template to assess the contribution of various services and supports to the achievement of one or more of these outcomes. We have also asked these groups to offer feedback about whether these outcomes reflect what we hope to achieve for the population they are addressing, and whether additional

outcomes are warranted. Of course the indicators for each of these outcomes will vary dramatically based on the population under consideration: what it means for a four-year-old child to have as a meaningful way to spend his or her time will be very different than an indicator tailored to older adults. To explore some of these and other complexities, we have also formed an ad hoc work group to focus specifically on drafting a preliminary set of indicators and program performance measures associated with these outcomes.

This list of outcomes, therefore, will likely evolve somewhat based on the feedback we receive from the strengths and needs assessments, from the ad hoc work group, and from the State as it evolves the framework for the Community Services and Supports plan.[1] Given the feedback we have received from the delegates, the SAACs, and the ad hoc countywide population work groups to date, however, we believe this list has already provided an effective starting place for our planning process.

Training, Outreach, and Engagement

The Mental Health Services Act presents a fundamental challenge for every county system across the State. We must act quickly enough to demonstrate immediate and tangible results to voters and to State decision-makers who are closely scrutinizing our actions. We also must organize deeply within the myriad multiple communities in our counties to include the multiple perspectives and voices essential for achieving the outcomes we hope for and the transformation of the system we have promised. This tension between speed and depth is not easily reconciled. In Los Angeles County, we have responded to this tension by making clear to all Stakeholder groups and participants that the work we are beginning now does not end with the submission of the first plan. We are cultivating an understanding among participants throughout this process that we are engaged in the beginning of a campaign, an on-going effort of planning, action, learning and innovation that will continue, and expand for years to come.

From this perspective, the training, education, outreach, and planning processes we complete for the submission of the first Community Services and Supports plan will be a vast improvement over the process we completed for the FY 2004-05 budget, and, as we continue to invest in and evolve the infrastructure to support these efforts, next year's processes will be better still.

Our training and outreach efforts began last year. We conducted multiple training and outreach sessions to help people receiving services, their family members, and stakeholders across the County develop a foundational understanding of the Department's budget, and of the multiple interdependent systems that comprise the mental health system in Los Angeles County, and learn how to participate in the Stakeholder process. These efforts have continued through the end of 2004 and into the beginning of 2005 as we have conducted multiple training and orientation sessions for new delegates and others who are participating in the ad hoc work groups and other work structures. These efforts have been amplified and extended by many of our partners,

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[1] For example, in some early conversations at the State level, reducing the rate of incarcerations was suggested as a possible outcome measure. We see such a measure as an *indicator* for one or more of the outcomes suggested above, including a meaningful way to use one's time, and the ability to weather crises successfully. We will likely to include this as a measure to track even if it is not ultimately recommended by the State.

including community-based organizations and private providers, who have conducted their own training and outreach sessions to multiple ethnic and other constituent groups across the County.

All told, we have perhaps as many as 1,500 people or more now participating at some level in this process. As impressive as that number is, the population of Los Angeles County is just under 10,000,000. We must continue to aggressively reach out to communities and to constituencies who are underserved, or not yet represented at all, within this process.

Over the next several months, we will invest in staff, consultants, and partnerships with community-based organizations and providers, including peer providers, to:

- Assist the SAACs and other regional and countywide structures in conducting outreach and training to people who receive services, family members, members of ethnic groups and other underserved populations who do not belong to traditional advocacy or other constituency groups, to invite them to join the process and learn how best to participate;

- Publicize opportunities for community members to participate in planning and implementation efforts using multiple media, including a speaker's bureau, the internet, and/or print, radio, and television media;

- Conduct focus groups and other outreach efforts in threshold languages for people who are mono-lingual to hear their voices and perspectives and to invite them to join and participate in the process;

- Conduct outreach and training to small community-based providers and organizations to invite them to join the process and learn how best to participate;

- Offer training to members of the Mental Health Commission and others on how to conduct a successful public hearing;

- Offer training to people at all levels of the process, including line staff, supervisors, contractors, SAAC participants, people who receive services, family members, and others, in the Results-based Accountability framework, the framework adopted by the County of Los Angeles to promote the discipline of outcomes accountability throughout all human services systems in the County;

- Offer training to people at all levels of the process, including line staff, supervisors, contractors, SAAC participants, people who receive services, family members, and others, on issues of cultural competency and disparities of service across the County;

- Offer training to people at all levels of the process, including line staff, supervisors, contractors, SAAC participants, people who receive services, family members, and others, in the recovery and wellness models that are at the heart of the Mental Health Services Act, including but not limited to the AB 2034 models; and

- Offer training to people at all levels of the process, including line staff, supervisors, contractors, SAAC participants, people who receive services, family members, and others, in evidence-based clinical, community support, and systems transformation practices.

The Department already provides modest stipends to people who receive services to help them participate in SAAC meetings and the various meetings associated with the planning process. We have created a Planning Operations work group to develop policies to implement this planning effort, including policies related to stipends and other supports for people receiving services, their family members, community-based organizations, providers, and others. As with all of our committees and work groups, this group has substantial representation from people who receive services and their family members.

Our outreach and engagement efforts, and the training efforts we conduct, will attract many new people to engage in this planning process for the first Community Services and Supports Plan. We intend to complete the first draft of this plan, however by July 1 (see the next section for a description of this timeline and it's rationale). Given this aggressive timeline, our on-going training and outreach efforts will have even greater impact on the subsequent iterations of the Community Services and Supports plan, and on the development of the four remaining substantive plans envisioned by the Mental Health Services Act.

Development of the draft Community Services and Supports Plan

Attachment 2 provides a month-by-month timeline for this process. What follows is a brief description of how this process will unfold between now and September 2005.

Once the initial strengths and needs assessments are completed by the SAACs and the 33 ad hoc countywide population groups, staff and consultants will synthesize this initial data into several reports to be shared with the countywide delegates (the turquoise oval in the diagram on page 4), the SAACs (the purple ovals), and the newly forming four Countywide Planning groups (the yellow ovals). We will also develop templates to guide the development of the Community Services and Supports Plan based on the guidelines to be released by the California Department of Mental Health later this month.

In March, each SAAC (the purple ovals) will create four workgroups to parallel the Countywide Population Planning groups, one each for Children, Adults, Older Adults, and Underserved Ethnic Populations. These SAAC level workgroups may be continuations of work groups begun during the initial assessment phase, though now with new members who will emerge from the outreach efforts, or may be new groups altogether. The work of each of the SAAC workgroups will be to develop a draft proposal for investments in strategies that will promote the outcomes for their particular population. We will also encourage links between the different work groups at the SAAC level to address the various transition-aged populations.

Each SAAC will have two representatives on each of the four Countywide Population Planning groups (the yellow ovals). In addition to the SAAC membership, these work groups will be open to anyone who wants to participate. We fully expect that many of the people who participated in

the 33 ad hoc countywide population groups during the strengths and needs assessment process will join one or more of the four Countywide Population Planning workgroups, as will new people who emerge through the various outreach and engagement efforts that will be getting underway.

The work of the four Countywide Population Planning groups will be to develop a draft countywide plan for Community Services and Supports for their population. As with the SAAC work groups, the work of these four groups will be to develop a draft proposal for countywide investments in strategies that will promote the outcomes for their particular population. They will need to reconcile the different SAAC perspectives present in their group, as well as the perspectives of multiple stakeholders, including people who are receiving services and family members. As with the SAAC work groups, we will encourage links between these different groups to address the needs of the various transition-aged populations.

We have singled out underserved ethnic populations for its own group because of the unique and pervasive challenges that confront the system in trying to develop the capacity and infrastructure to build on the strengths of, and to respond to the needs of, the rainbow of ethnic and racial groups who call Los Angeles County home. All four of the Countywide Population Planning groups will also be invited to address the needs of other underserved populations as they develop their draft plans—e.g., people who have one or more physical disabilities, people who are gay, lesbian, or transgendered, and other underserved groups.

During April and May, while the Countywide Population Planning groups are conducting their work, the delegates (the turquoise oval) will be meeting to address FY 2005-06 budget issues. Current estimates are that the system may face up to a $30+ million shortfall again next fiscal year, notwithstanding the addition of MHSA funds. Delegates therefore will have to examine ways to reduce parts of the system budget potentially affected by the shortfall even as they, the SAACs, and the Countywide Population Planning groups are making plans for the investment of new MHSA funds.

The four countywide groups will submit their draft plans to the delegates by the end of May 2005. Delegates will meet in a series of meetings throughout the month of June with the intention of reaching consensus on a draft plan by July 1.

If we succeed in meeting this timeline, our intention is then to:

- Submit the draft plan to the Mental Health Commission, who will certify it for the 30-day mandatory comment period in July;

- Work with the delegates, the Mental Health Commission, and the Board offices to organize one or more public hearings in early August following the public comment period;

- Reconvene the delegates in mid-August to make final changes to the plan based on the public comment; and then

- Submit the final plan to the Mental Health Commission by the end of August for final review and approval.

We are pursuing this aggressive timeline with the intention of having the final Community Services and Supports plan submitted to the California Department of Mental Health by early September 2005, thus increasing the likelihood that funds for the plan could be available by October 1, the start of the second quarter. Again, we are well aware of the tension between speed and depth. We believe it is essential to demonstrate tangible results as quickly as possible. Even as we begin implementation of the Community Services and Supports plan, however, we will continue our outreach and engagement efforts. As new people join the effort, their voices and perspectives will help us assess the impact of the Community Services and Supports plan. We fully expect to submit modifications to this plan at the end of the first year, incorporating data from our evaluation of the first year of implementation and the perspectives of new voices and constituencies that subsequently joined the process.

The Infrastructure to Support the Community Program Planning

We already have in place several crucial components of the infrastructure necessary to support this planning process, and are aggressively preparing to expand this infrastructure as soon as we receive approval for this plan. Olivia Celis, Director of Planning for the Department, will provide full-time staff leadership and coordination for this effort. Olivia has extensive experience working with community-based organizations and has provided exceptional leadership to our planning efforts for the last year. She will be released of previous duties to dedicate herself full time to the planning efforts. Olivia will supervise many of the staff requested through this proposal.

The Department's Leadership Team engages with issues related to this planning process as part of its weekly meetings, as do the District Chiefs charged with providing leadership to the Service Area Advisory Councils. Dozens of leaders from community-based providers and organizations have provided essential leadership and support to the multiple layers of this effort, beginning with the FY 2004-05 budget process.

John Ott, a nationally recognized authority on large-scale systems and community change efforts, was the lead designer and facilitator for the FY 2004-05 budget process and is providing the same leadership to this planning effort. John spends approximately 25-30% of his time each month on this effort; this percentage will likely increase between now and August 2005. John currently is responsible for: designing the overall planning process, designing and leading training for people who receive services and family members about how to participate in this process, and designing and leading training on the basics of the DMH budget, Results-based accountability, community engagement strategies, and other process topics.

In the coming months we will hire staff, consultants, and develop partnerships with private providers and community-based organizations to support this planning process, including our efforts to engage stakeholders who are ethnically diverse and stakeholders from underserved populations. Currently leaders from the SAACs, and from community-based organizations and providers who are already engaged in this effort, are spearheading our outreach efforts to these

groups. We cannot easily estimate the amount of time each of these persons has already devoted, or will devote, to engage people who receive services and their families, or other stakeholders who are ethnically diverse and/or from underserved populations. We can say that substantial hours have already been devoted to such outreach, and that the staff, consultants and other partners we hire for this process will have such outreach responsibility as a primary focus of their work. Olivia and John will share responsibility for directly overseeing the work of the staff, consultants, and community partners engaged to support this planning process.

Attachment 3 contains a list of current staff and consultants committed to this effort and whom they represent. This attachment also indicates people already engaged in outreach to people who receive services, their families, or other stakeholders who are ethnically diverse and/or from underserved populations. Attachment 4 contains the proposed budget narrative for this process, including a description of the positions we intend to fill and the responsibilities associated with them.

The budget we are submitting is a six-month budget. We understand that the funds we receive to implement this plan are available to us until we submit the Community Services and Supports Plan for approval. We fully expect, however, to support and expand the infrastructure we are building when we implement the Community Services and Supports Plan and the other substantive plans required by the Mental Health Services Act.

While we have developed the framework for the budget as outlined in Attachment 3, we will need to develop processes over the next month to help us implement the budget and plan expeditiously. We have created a Planning Operations work group to develop these procedures. As with all of our committees and work groups, this group has substantial representation from people who receive services and their family members.

Conclusion

We are excited by the opportunity provided us by the voters of California to receive the guidance and resources needed to significantly improve outcomes for people who need mental health services, their families, and their communities. We have a long-standing commitment in Los Angeles County to a wellness and recovery model of support and services. During the last year, we have developed a solid track record for authentic community and stakeholder engagement to address serious budget and policy dilemmas facing our mental health system. This long-standing commitment and strengthened capacity will provide, we believe, a powerful foundation for constructing an aggressive and far reaching change initiative in the coming years. We look forward to receiving your feedback to this first plan, and to partnering with you and other counties across the State to realize the promise of the Mental Health Services Act.

ATTACHMENT 1:
TABLE OF DELEGATES FOR THE FY 2005-06 BUDGET AND MHSA PLANNING PROCESS

Client Coalition	2
Client stakeholder group, including client-run programs	2
Academic Partnerships	1
Alcohol and Drug Program Administration	1
Association of Community Human Service Agencies (ACHSA)	2
Representative from the Asian and Pacific Islander Community	1
Representative from the African American community	1
Chief Administrative Office	1
Children's Planning Council	1
The Courts and Public Defenders office	1
Department of Children and Family Services	1
Department of Community and Senior Services	1
Department of Health Services	1
Department of Mental Health	6
Department of Public Social Services	1
DMH Parent Advocate	1
Hospitals	2
Advocates for the homeless mentally ill	1
IMD representative	1
Representative of the jails	1
Representative from the Latino community	1
Law enforcement	1
Mental Health Advocacy Services	1
Mental Health Commission	1
National Alliance for the Mentally Ill (NAMI)	2
Representatives of the Native American community	1
Office of Consumer Affairs	1
Older adult advocate	1
Older adult who receives services	1
Probation Department	1
Service Area Advisory Committees 1–8 (2 delegates per SAAC)	16
State Hospital representative	1
Youth advocate	1
Additional at-large members: two with relationships with the State MHSA process; and 1 each for the African American, Asian American, and Latino communities	5
Total delegates	**63**

ATTACHMENT 2:
SUMMARY AND TIMELINE FOR THE LOS ANGELES COUNTY COMMUNITY PROGRAM PLANNING PROCESS

I. **A proposed framework for the Mental Health Services Act Plan to Plan**

A. Context

1. From the California Department of Mental Health (CDMH) Vision Statement: [The purpose of the MHSA is to] transform the current mental health system in California and move it from its present state toward a state-of-the-art culturally competent system that promotes recovery/wellness through independence, hope, personal empowerment, and resiliency for adults and seniors with severe mental illness and for children with serious emotional disorders and their families. This will not be "business as usual." Eventually access will be easier, services more effective, and out-of-home and institutional care will be reduced.

2. What we know about MHSA requirements: 6 plans
   a. Plan for planning

   b. Community Services and Supports (Also known as System of Care Services)
      (1) Children & Youth, including Transition Age Youth
      (2) Adults, including Transition Age Youth
      (3) Older Adults

   c. Capital Facilities and Technological Needs

   d. Education and Training Programs
      (1) Expansion of post-secondary education
      (2) High school recruitment/academies
      (3) Scholarships/loan forgiveness/stipends
      (4) Training and retraining existing staff
      (5) Consumer and family member employment
      (6) Outreach to multicultural communities
      (7) Promotion of distance learning and web based technologies

   e. Prevention and Early Intervention Programs
      (1) Anti-Stigma/Discrimination Strategies
      (2) Early identification
      (3) Early intervention
      (4) Suicide prevention
      (5) Services to underserved populations

   f. Innovation
      (1) Increase access to services, including access by Underserved populations
      (2) Increase quality through outcomes
      (3) Increase inter-agency collaboration

   g. **PLUS**: A prudent reserve

3. What we know about MHSA requirements: Community Program Planning Process
   a. Amount to be allocated to Los Angeles County: estimated at $2.9 million

   b. Expenses incurred on or after January 1, 2005, can be reimbursed once approved by the State through the plan to plan

   c. Some process requirements stipulated in the legislation and/or already signaled by CDMH:
      (1) Meaningful involvement of people receiving services and families of people receiving services
      (2) Must include outreach to underserved populations and to people who don't belong to organized advocacy groups
      (3) Participation may be compensated through stipends, wages, etc.
      (4) Expectation of training to allow people to meaningfully participate in planning process
      (5) Planning process must be comprehensive & representative
      (6) Planning process must be adequately staffed

4. What we know about MHSA requirements: Substantive plans
   a. The Community Services and Supports plans (formerly known as Systems of Care) will be the first substantive plans accepted by the State, likely around July 1 or shortly thereafter

   b. Requirements for those plans expected out by February 1

   c. Requirements for some of the other plans expected out by February 15

   d. Timelines for the initial plans will be staggered

   e. All plans are expected to be 3-year plans, with at least annual updates.

   f. Annual updates to the Community Services and Supports plans and the Early Intervention and Prevention plans must report on "performance outcomes"

   g. Following the development of the draft plan:
      (1) 30-day comment period
      (2) Public hearing(s) conducted by the Mental Health Commission at end of 30-day comment period
      (3) Final approval by Mental Health Commission
   h. The Education and Training plan will be a *statewide* plan informed by needs assessments conducted by all of the counties

B. The basics of the proposal
   1. Countywide population groups end in February

   2. Four countywide groups created
      a. Children
      b. Adults
      c. Older adults
      d. Underserved ethnic populations

3. Parallel structures in the 8 SAACs

C. A draft timeline for the Community Program Planning Process
1. January 2005
   a. Delegates: Review draft of plan to plan

   b. SAACs: Continue assessment of system as is

   c. Countywide population groups: Continue assessment of system as is

   d. Plan infrastructure and support
      (1) Review and revise draft with feedback from delegates
      (2) Revise plan based on state guidelines and develop budget

2. February 2005
   a. Delegates: Final review of plan to plan at 2/7 delegates meeting; submission to state as soon as possible thereafter

   b. SAACs
      (1) Complete their assessments of the system as it is
      (2) Begin developing plans for education and training sessions

   c. County population groups: Complete their assessments of the system as it is

   d. Plan infrastructure and support
      (1) Development of planning template(s) based on State guidelines. Minimum expectation: Systems of Care and Underserved Ethnic Populations
      (2) Identification and recruitment of staff and consultants to support the SAAC-level and the Countywide level planning efforts
      (3) Begin orientation and training of new staff and consultants
      (4) Development of template, materials, and schedule for education and training sessions (include plans for mono-lingual sessions and multi-lingual sessions).
      (5) Decision about separate or combined focus group process

3. March 2005
   a. Delegates
      (1) Delegates review data from SAAC & Countywide assessments
      (2) Discussion begins of Countywide outcomes & indicators

   b. SAACs
      (1) Begin training and education sessions
      (2) Begin their next round of analysis and planning, focused on four areas: Children; Adults; Older Adults; Underserved ethnic populations

   c. Countywide
      (1) Create 4 groups, including reps from each SAAC: Children; Adults; Older Adults; Underserved ethnic populations
      (2) Begin training and education sessions to special population groups

   d. Plan infrastructure and support
      (1) Complete analysis and discussion guide for initial assessment data

(2) Complete training of staff and consultants
(3) Decision about survey instruments to augment SAAC and countywide planning efforts
(4) Develop planning and discussion guides for FY 2005-06 budget

4. April 2005
   a. Delegates
      (1) Continue assessment of data from SAACs and Countywide population groups
      (2) Discussion of Countywide outcomes & indicators
      (3) Discussion of FY 2005-06 budget and its relationship to MHSA

   b. SAACs
      (1) Continue training and education sessions
      (2) Continue and complete their next round of analysis and planning, focused on four areas: Children; Adults; Older Adults; Underserved ethnic populations

   c. Countywide
      (1) Children, Adults, Older Adults, and Underserved ethnic populations begin their next round of analysis and planning
      (2) Continue training and education sessions to special population groups

   d. Plan infrastructure and support
      (1) Development of survey instrument and begin survey (if decision to go ahead)
      (2) Provide support to SAAC and countywide planning efforts
      (3) Development of additional planning templates for remaining MHSA plans

5. May 2005
   a. Delegates: FY 2005-06 budget deliberations

   b. SAACs : Continue training and education sessions

   c. Countywide
      (1) Four groups complete their draft plans
      (2) Focus groups completed

   d. Plan infrastructure and support
      (1) Support budget deliberations
      (2) Support countywide planning conversations
      (3) Analyze focus group data
      (4) Conduct surveys and begin analysis of data

6. June 2005
   a. Delegates: Review and complete first draft Community Supports & Services plan

   b. SAACs: Feedback to the delegates process as necessary

   c. Countywide planning groups: feedback to the delegates process as necessary

   d. Plan infrastructure and support
      (1) Support delegates planning process
      (2) Complete analysis of surveys (if conducted)

7. July - September 2005
    a. July: 30-day comment period
    b. August
        (1) First two weeks in August: public hearing(s)
        (2) Last two weeks in August: plan revisions based on public hearings
    c. September
        (1) Commission/Delegates joint meeting: Approve plan
        (2) Submit to state

ATTACHMENT 3:
A PARTIAL LIST OF STAFF, CONSULTANTS, AND COMMUNITY LEADERS TO SUPPORT THIS PLANNING EFFORT

The staff, consultants, and community leaders currently committed to support this effort are deeply committed to the value and practice of consumer and family involvement in program planning. As a group, these staff, consultants, and community leaders have a broad array of knowledge, experience, and expertise of integrated community systems and supports necessary across the age span, and of mental health disparity issues and issues of cultural competence. The entire list of staff, consultants, and community leaders currently supporting this effort is far too long to include in its entirety. A partial list includes the following:

DELEGATE GROUP		NAME	AGENCY/GROUP
Academic Partnerships (1)			
	Delegate:	Karl Burgoyne, MD	Harbor/UCLA
Assoc. of Community Human Service Agencies (2)			
	Delegate:	Bruce Seltzer	Executive Director
	Delegate:	Kita Curry	Provider
	Alternate:	Al Urmer	Provider
Additional at-large members (5)			
	Delegate:	Mitchell Maki	Asian Amer. Community
	Delegate:	Laura Trejo	Latino Com./Older Adults
	Delegate:	Sweet Alice	African Amer. Community
	Delegate:	Richard Van Horn	State Planning Liaison
	Delegate:	Areta Crowell	State Planning Liaison
Advocates for Homeless Mentally Ill (1)			
	Delegate:	Ruth Schwartz	Shelter Partnership
	Alternate:	Robin Conerly	L.A. Housing Svcs. Authority
African American Community (1)			
	Delegate:	Ruthie Gray	United Women in Transition
	Alternate:	Loretta Jones	Healthy African Amer. Fam.
Alcohol and Drug Program Admnistration (1)			
	Delegate:	Patrick Ogawa	Staff
	Alternate:	Jeremy Cortez	Staff
Asian Pacific Islander Community (1)			
	Delegate:	Gladys Lee	Provider
	Alternate:	Herb Hatanaka	Provider
Chief Administrative Office (1)			
	Delegate:	Rene C. Phillips	CAO Staff
	Alternate:	Gregory Polk	CAO Staff

DELEGATE GROUP		NAME	AGENCY/GROUP
Children's Planning Council (1)			
	Delegate:	Sam Chan	DMH
	Alternate:	Yolie Flores-Aguilar	Children's Planning Council
Client Coalition (2)			
	Delegate:	Anna Swett	Client Coalition
	Delegate:	Senobia Pichardo	Latino Client Coalition
	Alternate:	Dennis O'Brien	Client Coalition
	Alternate:	Darla Baker	Client Coalition
	Alternate:	Raul Villarreal	Client Coalition
	Alternate:	Rosalinda Carrew	Latino Client Coalition
Client stakeholder group (2)			
	Delegate:	Bill Compton	MH Association
	Delegate:	Gail Green	MH Association
	Alternate:	Catherine Bond	MH Association
	Alternate:	Jose Flores	MH Association
The Courts (1)			
	Delegate:	Tim Dowell	Superior Court - Dept. 95
	Alternate:		
Department of Children and Family Services (1)			
	Delegate:	Jackie Acosta	Deputy
	Alternate:		
Department of Community and Sr. Services (1)			
	Delegate:	Laura Medina	DCSS Staff
	Alternate:	Sonja Ivey-Rojas	DCSS Staff
Department of Health Services (1)			
	Delegate:	Rene Seidel	DHS Staff
	Alternate:	Paula Packwood	DHS Staff
	Alternate:	Helen Jew	DHS Staff
	Alternate:	Laurie Aggas	DHS Staff
Department of Mental Health (6)			
	Delegate:	Marvin Southard	Director
	Delegate:	Jim Allen	Deputy Director
	Delegate:	Chris Fierro	Public Guardian
	Delegate:	Debbie Innes-Gomberg	District Chief
	Delegate:	Cathy Warner	Program Head
	Delegate:	Hector Garcia	Staff Advisory
	Alternate:	Susan Kerr	Chief Deputy
	Alternate:	Ambrose Rodriguez	Deputy Director
	Alternate:	Lucille Lyon	Public Guardian
	Alternate:	Paul McIver	District Chief
	Alternate:	Leticia Guzman	Program Head
	Alternate:	Bobbie Williams	Staff Advisory
Department of Public Social Services (1)			
	Delegate:	Judith Lillard	Director, GR & CAPI Prog.

DELEGATE GROUP		NAME	AGENCY/GROUP
DMH Parent Advocate (1)			
	Delegate:	Carmen Diaz	Family Member
Hospitals (2)			
	Delegate:	Mara Pelsman	Provider
	Delegate:	Heidi Lennartz	Provider
	Alternate:	John Adam	Provider
	Alternate:	Lisa Montes	Provider
Institute of Mental Disease Representative (1)			
	Delegate:	Rosemary C. Kilby	Provider
	Alternate:	Richard Escontrias	Provider
Latino Community (1)			
	Delegate:	Ricardo Guajardo	LATCO
	Alternate:	Cynthia Lopez	LATCO
	Alternate:	Luis Garcia	LATCO
Law Enforcement (1)			
	Delegate:	Marc Klugman	Sheriff
	Alternate:		
Mental Health Advocacy Services (1)			
	Delegate:	Jim Preis	Attorney
Mental Health Commission (1)			
	Delegate:	Jerry Lubin	Family Member
	Alternate:	Barry F. Perrou	Commissioner
NAMI			
	Delegate:	Stella March	Family Member
	Alternate:	Linda Woodall	Family Member
Native American Community (1)			
	Delegate:	Carrie Johnson	United American Indian Involv.
	Alternate:	Rose Clark	United American Indian Involv.
	Alternate:	Ramon Enriquez	United American Indian Involv.
Office of Consumer Affairs (1)			
	Delegate:	Ron Schraiber	DMH - Consumer
	Alternate:	Gwen Lewis-Reid	DMH - Consumer
	Alternate:	Blanca Deleon	DMH - Consumer
Older Adult Advocate (1)			
	Delegate:	Cynthia Jackson	Provider
	Alternate:	Maria Tan	Consumer
	Alternate:	Peter Getzoff	Consumer
Older Adult who Receives Services (1)			
	Delegate:	Gary Kinzer	Consumer
	Alternate:	Mitchell Eisenberg	Consumer
Probation Department (1)			
	Delegate:	Gladys Nagy	Probation
	Alternate:	Anita Vigil	Probation

DELEGATE GROUP		NAME	AGENCY/GROUP
SAAC I (2)			
	Delegate:	Bill Slocum	Consumer
	Delegate:	Natalie Ambrose	Community Resident
SAAC II (2)			
	Delegate:	Ari Levy	Provider
	Delegate:	Jim Randall	NAMI
	Alternate:	Jose Cardenas	Provider
	Alternate:	Tom Walsh	NAMI
SAAC III (2)			
	Delegate:	Alfredo Larios	Provider
	Delegate:	Mary Martin Kelly	NAMI
	Alternate:	Sue Shearer	Provider
	Alternate:	Margie Joyce	Consumer
SAAC IV (2)			
	Delegate:	Suzanne Liss	Consumer
	Delegate:	Steve Kemp	Provider
	Alternate:	Mark Karmatz	Consumer
	Alternate:	Ana Suarez	Provider
SAAC V (2)			
	Delegate:	Ruth Hollman	Consumer
	Delegate:	Penny Mehra	Provider
	Alternate:	Robin Kay	DMH
	Alternate:	Jacquie Wilcoxen	Provider
SAAC VI (2)			
	Delegate:	Barbara Russo	Consumer-employee
	Delegate:	Eddie Lamon	Community Resident
	Alternate:	Ann Smith	Consultant/Former Employee
	Alternate:	Camile Stewart	NAMI
SAAC VII (2)			
	Delegate:	Carmen Baldizon	Parent Advocate
	Delegate:	Rosana LaFianza	PennyLane
	Alternate:	John Robles	Ca. Hispanic Commission
	Alternate:	Jean Champommier	Alma Family Services
SAAC VIII (2)			
	Delegate:	Martha Long	Family Member
	Delegate:	Lauraine Barber	Family Member
	Alternate:	Katty Callender	DMH
	Alternate:	Steve Fishman	Older adult
State Hospital Representative (1)			
	Delegate:	Cynthia Lusch	Metro State Hospital
	Alternate:	Dave Malkin	Metro State Hospital
Youth Advocate (1)			
	Delegate:	Jessica Paul Martinez	Youth
	Alternate:	Fred Lee	Youth

Non-Delegates		
Medical Director	Rod Shaner	DMH
Administrative Deputy	Miles Yokota	DMH
Finance Officer	Gurubanda Singh Khalsa	DMH
Deputy	Cora Fullmore	DMH
Deputy	Yvette Townsend	DMH
Deputy	Tony Beliz	DMH
Deputy	John Hatakeyama	DMH
Deputy	Chris Fierro	DMH
Deputy	Toni Delliquadri	DMH
District Chief SA I	JoEllen Perkins	DMH
District Chief SA II	Ron Klein	DMH
District Chief SA II	Eva Carrera	DMH
District Chief SA III	Carlotta Childs-Seagle	DMH
District Chief SA IV	Dennis Murata	DMH
District Chief SA V	Robin Kay	DMH
District Chief SA VI	Renee Woodruff	DMH
District Chief SA VI	Sandra Thomas	DMH
District Chief SA VII	Ed Vidaurri	DMH
District Chief SA VIII	Debbie Innes-Gomberg	DMH
Adult - District Chief	Janet Abreau	DMH
SEIU	Tricia White	Unions
SEIU	Christine Marge	Unions
DMH - Public Information Officer	Kirsten Deichert	DMH
Healthcare Assoc. of Southern California	Monty Clark	HASC
LAUSD	John Gates	Education
DMH	Connie Alexander	DMH
Older Adult - District Chief	Kevin Tsang	DMH
DMH	Mary Marx	DMH
DMH - Adult	Kathleen Daly	DMH
DMH - Budget	Mike Motodani	DMH
Telecare	Ken Miya	Provider
UCLA/RAND	Ken Wells	Provider
El Centro de Amistad	Ed Viramontes	Provider
DMH	Patti Gilbert	DMH
Hillview	Carl McRaven	Provider
Consumer	Stephen Rivera	Consumer
Provider	Peggy Minnick	Provider
DMH	Leticia Guzman	DMH
DMH	Alka Bhatt	USC Intern
DMH	Krista Scholton	DMH
DMH	Marilyn Seide	DMH
DMH	Matthew Wells	DMH
DMH	Patrica Yu	DMH
NAMI	Rosina Ehrlich	Family Member
NAMI	Sharon Dunas	Family Member

Non-Delegates		
IMCES	Tara Pir	Provider
DMH	Mary Ann McDonnel	DMH

ATTACHMENT 4:
THE BUDGET NARRATIVE

1. **Staff positions (or equivalent)[2] ($1,329,907)**

   a. *Overall Management ($161,991)* — Three full time dedicated positions for the overall responsibility and management of the planning process for the Mental Health Services Act.
      - (1) Mental Health District Chief – responsible for overall management
      - (1) Senior Secretary III – support to the Mental Health District Chief
      - (1) Chief Research Analyst – guide all of the data collection and analysis required to support planning efforts.

   b. *Service Area Advisory Council and Community Support Staff ($387,812)* — Ten full time staff dedicated to ensuring participation of consumers, family members, ethnic and other underserved communities in planning for and implementation of the Mental Health Services Act. Staff will also provide support for the Service Area Advisory Councils, coordination of meetings and focus groups, and support (transportation, childcare, etc.) for consumers and families.
      - (7) Mental Health Services Coordinators – one coordinator dedicated to the activities described above for each of the eight Service Areas in Los Angeles County (one coordinator position is currently dedicated to these efforts)
      - (1) Senior Typist Clerk – clerical support to the Mental Health Services Coordinators
      - (1) Mental Health Analyst II – responsible for the supervision of the Mental Health Services Coordinators
      - (1) Secretary II – support to the Mental Health Analyst II

   c. *Service Area Advisory Council and Community Consumer/Family Outreach Staff ($318,869)* — Eleven full time staff or equivalent dedicated to outreaching and organizing consumers and family members, including members of ethnic and other underserved populations. Will be teamed up with the Mental Health Services Coordinators in each Service Area.
      - (8) – Senior Community Worker II's – one consumer or family member hired for each Service Area.
      - (1) Senior Typist Clerk – clerical support to the Senior Community Workers.
      - (1) Mental Health Analyst II – responsible for supervision of the Senior Community Workers.
      - (1) Secretary II – support to the Mental Health Analyst II

   d. *Outcome Measures ($264,946)* – Four full time staff dedicated to begin developing, monitoring and implementing systems and tools to support the transformation of the current mental health system.

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[2] For the purposes of creating this budget, we have calculated salary and benefits based on LACDMH staff positions. Many of these positions, however, will likely be filled through agreements with community-based providers or organizations in partnership with the Department.

- (1) Information System Supervisor III – responsible for organizing all DMH outcome measures efforts, guiding development of systems and tools and supervising staff.
- (3) Clinical Psychologist IIs – one Clinical Psychologist dedicated to each of the populations, children, adults, and older adults to begin planning for the use of outcome measures that support system transformation.
- (1) Secretary II – secretarial support for the unit.

e. *Public Information Office ($66,824)* — Two full time staff dedicated to assist in the development of a strategic communications plan to solicit the involvement of consumers, family members and underserved County residents in the planning and implementation of the Mental Health Services Act.
   - (1) Mental Health Services Coordinator – to assist the existing Public Information Officer in the development of a strategic communications plan.
   - (1) Secretary II – secretarial support to the existing Public Information Officer and the Mental Health Services Coordinator.

f. *Information Technology ($96,163)* — Two full time staff dedicated to developing and maintaining the data warehouse needed to support data requests and analysis requested by the stakeholders to plan for the Mental Health Services Act.
   - (1) Information System Supervisor I
   - (1) Information System Analyst II

g. *Training and Cultural Competency ($33,302)* — One full time staff person to coordinate and provide administrative support to the various trainings provided to consumers, family members, and other stakeholders.
   - (1) Staff Assistant II

2. **Consumer and Family Member Support ($660,000)**

a. *Stipends, Wages and Contracts ($70,000)* — Dedicated funds to provide consumers and family members with stipends to participate in planning activities.

b. *Translator Services ($150,000)* — Funds to be used for the purchase of translation equipment and payment to translators at various meetings/activities, including focus groups in DMH's threshold languages. The funds will also be used for the translation of MHSA and other related planning documents into the threshold languages.

c. *Travel and Transportation (including meals, housing, mileage, etc.) ($75,000)* — Funds will be used to provide transportation for consumer and family members to various MHSA planning meetings and activities. The funds will also be used to send consumer and family members to statewide planning meetings and/or activities.

d. *Childcare ($20,000)* — Funds will be used to provide childcare for consumers and family members to support their participation in MHSA planning meetings and activities.

e. *Other – Food ($45,000)* — Funds will be used to provide coffee, snacks, and lunch as appropriate at the various MHSA planning meetings and activities.

f. *Other – Countywide/Service Area Ethnic and Underserved Population Outreach – ($300,000)* —Small grants will be provided to community-based organizations to aid DMH in coordinating, providing outreach to, and organizing ethnic and other underserved hard to reach populations.

3. **Other Operating Expenses ($675,949)**

a. *Professional Services ($480,000)*
   - Countywide Planning Meeting Support ($180,000) – Funds will be used to contract with various consultants who will provide facilitation of large countywide meetings, SAAC meetings, and other meetings and/or planning activities (includes report writing and drafting pieces of the MHSA Community Integrated Services and Supports plan).
   - Operational System Transformation ($200,000) – Funds will be used for consulting services to help the Department develop an operations transformation plan aligned with the systems transformation agenda developed through the MHSA planning process.
   - Strategic Planning ($100,000) – Funds will be used for consulting services to aid the Department in developing an operational strategic plan that aligns operations with the system transformation agenda developed through the MHSA planning process.

b. *Travel and Transportation ($19,901)* —Travel to Sacramento and other statewide MHSA related meetings and/or activities by DMH staff.

c. *Supplies (postage, copying, office supplies, etc.) ($15,000)* — Funds will be used to purchase meeting and mailing supplies, binders, postage, and copying of all MHSA materials.

d. *Rent, Utilities, and equipment ($16,000)* — Funds to be used for rental and equipment fees incurred when organizing MHSA planning meetings/activities in venues for which payment is required.

e. *Other – Training ($70,048)* — Funds will be used to develop a training curriculum and to provide training focused on full engagement and participating of consumers, family members, staff and other stakeholders in the MHSA planning efforts. A total of at least forty-eight trainings are planned.

f. *Other – Provider Outreach ($75,000)* — Funds will be used to provide outreach and organize human services providers (mental health, children services, probation, etc.) to ensure their participation in the MHSA planning process.

4. **Administration ($240,703)**

   a. *County Overhead ($240,703)* — Funds will be used to cover the increase in County expenses associated with the MHSA community planning process.

5. **Total: $2,906,559**

Fiscal Year 2004-05 Mental Health Services Act
Proposed Program Planning Budget Worksheet

Date: 2/14/05

County:	County Mental Health Department	Community Mental Health Contract Providers	Total
1. Salaries and Benefits			
a. Salaries, Wages and Overtime	$974,291		$974,291
b. Bi-Lingual Pay Supplement			$0
c. Employee Benefits	$355,616		$355,616
d. Total	$1,329,907	$0	$1,329,907
2. Consumer and Family Member Support			
a. Stipends, Wages and Contracts	$70,000		$70,000
b. Translator Services	$150,000		$150,000
c. Travel and Transportation (including meals, housing, mileage, etc.)	$75,000		$75,000
d. Childcare	$20,000		$20,000
e. Other (Food for the SAAC and other meetings)	$45,000		$45,000
f.Other (Ethnic Population Countywide Outreach Coordinator)	$300,000		$300,000
g. Total	$660,000	$0	$660,000
3. Other Operating Expenditures			
a. Professional Services	$480,000		$480,000
b. Travel and Transportation	$19,901		$19,901
c. Supplies (Postage, Copying, Office Supplies, etc.)	$15,000		$15,000
d. Rent, Utilities and Equipment	$16,000		$16,000
e. Other (Training)	$70,048		$70,048
f.Other (Provider Outreach)	$75,000		$75,000
g. Total	$675,949	$0	$675,949
5. Administration			
a. County Overhead	$240,703		$240,703
b. Contract Overhead			$0
c. Total	$240,703	$0	$240,703
6. Total-Proposed Community Program Planning Budget	**$2,906,559**	**$0**	**$2,906,559**

Attachment IV

1600 9th Street, Sacramento, CA 95814
(916) 654-2309

March 15, 2005

Marvin Southard, Director
Los Angeles County Mental Health
550 South Vermont, 12th Floor
Los Angeles, CA 90020

Dear Dr. Southard:

Congratulations. The Los Angeles County funding request for Mental Health Services Act (MHSA) Community Program Planning has been approved based on the recommendation of the review team comprised of consumers, family members and DMH staff. This letter constitutes the Department of Mental Health's (DMH) notice of funding based on your county's response to DMH Letter No. 05-01. Funding will be provided in the amount of $2,906,559.

After reviewing your county's funding request, DMH has chosen to proceed with releasing funds even though there were some concerns expressed by the review team regarding Los Angeles County's funding request. All concerns are referenced as conditions in this letter. The conditions identified were considered serious by the review team and should be addressed by a county as a critical area of concern. It is expected that the county will address these concerns during the community program planning process and report on this in the their response to Program and Expenditure Plan Requirements for MHSA Community Services and Supports.

Concerns regarding your county's plan had to do with requirements in Section 4 of DMH Letter No.05-01; full participation in Community Program Planning requires training of stakeholders and staff in advance. Reviewers expressed concern that: (1) there was not enough information describing the types and amounts of training the county will provide to the various types of individuals identified; and (2) there was not enough information describing proposed/anticipated training as required and the content of that training. As a result of these concerns the following condition applies.

Condition: Los Angeles County must take steps to ensure that adequate training is provided to all stakeholder groups identified. When Los Angeles County submits its CSS Program and Expenditure Plan it must include a comprehensive description of the types and amounts of training provided to each of the stakeholder groups identified including: consumers and family members; mental health management, supervisors, and line staff; mental health contractors; other agency personnel who have direct contact with consumers; mental health boards and commissions; and other stakeholder groups.

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Additionally, Los Angeles County must ensure that each type of training required is provided during the Community Planning Process. When submitting your CSS Program and Expenditure Plan it must contain a description of all training provided with detail about the content. Failure to: (1) provide adequate training; (2) provide training in all the required subject areas, and (3) include the associated information in your CSS Program and Expenditure Plan will prevent or delay approval of that plan.

To ensure that counties have addressed these concerns, a team will review the county's responses and assess whether or not they were adequately addressed during the local public planning process. Ensuring that counties' community program planning efforts are adequate and inclusive is essential to successful MHSA implementation and accountability.

Thank you for participating in this meaningful process. We look forward to continuing to work with you on MHSA-related activities. If you have any questions, please contact your DMH County Operations liaison. Enclosed is a listing of County Operations staff for your convenience.

Sincerely,

Carol Hood for

STEPHEN W. MAYBERG, Ph.D.
Director

Enclosure

cc: Stan Johnson, County Financial Program Support

CALIFORNIA DEPARTMENT OF
Mental Health

1600 9th Street, Sacramento, CA 95814
(916) 654-2314

March 29, 2005

Marvin Southard, DSW, Director
Los Angeles County Mental Health
550 South Vermont, 12th Floor
Los Angeles, California 90020

Dear Dr. Southard:

On March 15, 2005, you were informed that your funding request for Mental Health Services Act (MHSA) Community Program Planning was approved in the amount of $2,906,559. This letter is to notify you that your county will be getting one warrant for the entire amount in the next few weeks.

DMH Letter No.: 05-01, Attachment B, stated that funding would be distributed in two equal payments in FY 2004-05. Because there are only a couple of months between your plan approval date and the month of June, it has been decided that only one distribution will be made. This approach should make it simpler for your staff to track the payment and will reduce the distribution workload for DMH staff.

If you have any questions, please call me at (916) 654-3060.

Sincerely,

STAN JOHNSON
Chief
County Financial Program Support

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DIRECTOR OF MENTAL HEALTH