STATEMENT OF PROCEEDINGS FOR THE

REGULAR MEETING OF THE BOARD OF SUPERVISORS

OF THE COUNTY OF LOS ANGELES HELD IN ROOM 381B

OF THE KENNETH HAHN HALL OF ADMINISTRATION

500 WEST TEMPLE STREET, LOS ANGELES, CALIFORNIA 90012

Tuesday, September 20, 2011

9:30 AM

A-6. Report by the Community Corrections Partnership - Executive Committee on the development of a local realignment implementation plan, established by AB 109 which shifts major public safety programs from the State to the counties, as requested by the Board at the meeting of June 7, 2011.

Recommendation: Authorize the Director of Mental Health to prepare and execute amendments to existing Legal Entity agreements with various contract agencies for Fiscal Year 2011-12 as-needed to enable the Department to offer clinically appropriate, client-centered services to Post-Release Community Supervision (PRCS) Community Reintegration Program (CRP) clients provided that any such amendment expands programs to serve PRCS CRP clients. The amendments would be funded by AB 109 realignment funds designated for mental health and substance abuse service, Federal Short-Doyle Medi-Cal, and Federal 1115 Waiver Demonstration Project Funds. **(Department of Mental Health)** (Refer to Memo A)

Recommendation: Authorize the Director of Public Health to prepare and execute sole-source agreements and/or amendments with certified and/or licensed alcohol and drug providers to support programs that are specifically designed for and/or currently serve clients who have previously been incarcerated and provide substance abuse assessment and referral, residential treatment, outpatient counseling, and alcohol and drug-free living centers, effective October 1, 2011 through June 30, 2012 at an estimated amount not to exceed $1,000,000, with the provision for two one-year renewal periods through June 30, 2014, with funding allocated on the basis of geographic location; and authorize the Director to: **(Department of Public Health)** (Refer to Memo B)

Prepare and execute a sole-source agreement with Inflexxion, Inc., to develop and implement an online Assessment Severity Index-Multimedia Version, effective October 1, 2011 through June 30, 2012 at an amount not to exceed $417,120 with the provision for two one-year renewal periods through June 30, 2014; and

Execute amendments to the sole-source agreements to allow for the rollover of unspent funds; and/or provide an internal reallocation of funds between budgets, effective upon execution of amendment or at the beginning of the applicable contract term. (11-4150)

Dr. Genevieve Clavreul, Eddie Jones and Arnold Sachs addressed the Board.

Dr. Marvin J. Southard, Director of Mental Health, William T Fujioka, Chief Executive Officer, Donald H. Blevins, Chief Probation Officer, and Andrea Sheridan Ordin, County Counsel, responded to questions posed by the Board.

After discussion, Supervisor Molina made a motion, seconded by Supervisor Knabe, to instruct the Chief Executive Officer to communicate to the State that the County will not accept those parolees who need enhanced outpatient treatment due to insufficient disclosure of information to the County; set up a meeting with the Governor, the Secretary of the California Department of Corrections and Rehabilitation, and the two State Legislative leaders to discuss these issues; and instruct the Director of Mental Health to report back at the Board meeting of September 27, 2011, on the role the Department is going to take to aggressively hire the necessary personnel to provide mental health services lacking in the Probation Department as a result of AB 109.

Supervisor Yaroslavsky made a suggestion to amend Supervisor Molina's motion to authorize County Counsel to take whatever legal action is necessary to protect Los Angeles County in fulfilling the intent of AB 109 and to instruct the Chief Executive Officer to prepare and send a five-signature letter to the Governor communicating that the County will not accept parolees who need enhanced outpatient treatment due to insufficient disclosure of information. Supervisor Molina accepted Supervisor Yaroslavsky's amendment.

Further, Supervisor Yaroslavsky made a motion to make a finding pursuant to Government Code Section 54954.2(b)(2), that there is a need to take immediate action and that the need for action came to the attention of the Board subsequent to the agenda being posted as specified in Section 54954.2(a) to allow the Board to place a call to the Governor, during Closed Session, to discuss issues relating to AB 109.

After further discussion, on motion of Supervisor Antonovich, seconded by Supervisor Ridley-Thomas, this item was adopted as amended to:

1. **Instruct the Chief Executive Officer to prepare and send a five-signature letter to the Governor communicating that the County will not accept parolees who need enhanced outpatient treatment due to insufficient disclosure of information to the County;**

2. **Instruct the Chief Executive Officer to set up a meeting with the Governor, the Secretary of the California Department of Corrections and Rehabilitation, and the two State Legislative leaders to discuss these issues;**

3. **Instruct the Director of Mental Health to report back at the Board meeting of September 27, 2011, on the role the Department is going to take to aggressively hire the necessary personnel to provide mental health services lacking in the Probation Department as a result of AB 109;**

4. **Authorize County Counsel to take whatever legal action is necessary to protect Los Angeles County in fulfilling the intent of AB 109; and**

5. **Made a finding pursuant to Government Code Section 54954.2(b)(2), that there is a need to take immediate action and that the need for action came to the attention of the Board subsequent to the agenda being posted as specified in Section 54954.2(a); and designated item CS-8. Conference with Legal Counsel on anticipated litigation, pursuant to Government Code Section 54956.9, Subdivision (c), to allow the Board to place a call to the Governor to discuss issues relating to AB 109.**

Ayes: 5 - Supervisor Molina, Supervisor Ridley-Thomas, Supervisor Yaroslavsky, Supervisor Knabe and Supervisor Antonovich

Attachments: Memo A
Memo B
Video
Audio

The foregoing is a fair statement of the proceedings of the regular meeting held September 20, 2011, by the Board of Supervisors of the County of Los Angeles and ex officio the governing body of all other special assessment and taxing districts, agencies and authorities for which said Board so acts.

Sachi A. Hamai, Executive Officer
Executive Officer-Clerk
of the Board of Supervisors

By Sachi C. Hamai

Sachi A. Hamai
Executive Officer

COUNTY OF LOS ANGELES

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

ROBIN KAY, Ph.D.
Chief Deputy Director

RODERICK SHANER, M.D.
Medical Director

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BOARD OF SUPERVISORS
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MARK RIDLEY-THOMAS
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DEPARTMENT OF MENTAL HEALTH

http://dmh.lacounty.gov

Reply To: (213) 738-4601
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September 20, 2011

TO: Each Supervisor

FROM: Marvin J. Southard, D.S.W.
Director

SUBJECT: **AUTHORIZATION FOR THE DIRECTOR OF MENTAL HEALTH TO EXECUTE AMENDMENTS WITH EXISTING LEGAL ENTITY CONTRACTORS TO SUPPORT IMPLEMENTATION OF POST-RELEASE COMMUNITY SUPERVISION (BOARD AGENDA ITEM A-6, SEPTEMBER 20, 2011)**

On August 30, 2011, the Community Corrections Partnership (CCP) presented to your Board a plan to implement Public Safety Realignment as a result of Assembly Bill (AB) 109 and AB 117. These bills transfer certain State responsibilities within the criminal justice system to counties effective October 1, 2011.

As part of the CCP plan, the Department of Mental Health (DMH) will perform key roles in the Post-Release Community Supervision (PRCS) required under AB 109. AB 109 transfers to the L.A. County responsibility for supervising inmates who are released from prison after serving a sentence for a non-violent, non-serious, non-sex offense.

Currently, the County estimates that 8,000 to 9,000 low-level offenders will be released to Los Angeles County under PRCS in Fiscal Year (FY) 2011-12, of which approximately 30 percent are anticipated to require mental health services. A significant number of these clients likely will have co-occurring mental health and substance abuse disorders.

In anticipation of PRCS, DMH has been working with the Chief Executive Office (CEO), Probation Department (Probation), Department of Public Health, and others to develop a strategy for serving these clients. This memo describes DMH's proposed program and actions necessary to implement the program.

MENTAL HEALTH SERVICE COMPONENTS

Based on its experience with the Non-Revocable Parolee population and information on the general parole population, DMH anticipates that PRCS clients will need a full range of mental health treatment options – including inpatient and Institutions for Mental Diseases (IMD) beds, residential treatment and various levels of outpatient services.

Early identification of the level of acuity and treatment options available, as well as immediate access to services, is critical to assisting PRCS clients' successful re-integration into the community and reducing the risk of recidivism. Therefore, DMH is proposing to establish a new program, the PRCS Community Reintegration Program (PRCS CRP), within its Countywide Resource Management Division (CRM) to screen, assess, and coordinate the care of PRCS clients. CRM currently provides similar services to mentally disordered offenders being released from the criminal justice system and State hospitals, as well as to Non-Revocable Parolees. The unit will consist of a supervisor, eight Psychiatric Social Workers, and one clerical position.

The PRCS CRP will use a case management approach combined with a continuum of care as described below.

Screening, Assessment, and Case Management

DMH's involvement with the PRCS clients will begin prior to or at release and will continue through discharge from services. To the extent that the California Department of Corrections and Rehabilitation (CDCR) provides information and clinical records regarding PRCS parolees' mental health status prior to release, DMH will perform upfront screening of PRCS clients. Upfront screening would allow DMH staff to review the individuals' mental health histories, triage the need for post-release mental health and/or substance abuse services, and work with Probation to outline any additional conditions and reporting requirements that may be requested based on this assessment to be included in the parole agreement. In absence of such upfront screening, all PRCS parolees would need to be assessed when they report to Los Angeles County.

DMH will assign staff to work with Probation when PRCS parolees report to their assigned locations in Los Angeles County. DMH staff will assess the individuals as they are received in the Los Angeles County PRCS program. Based upon this assessment, staff will determine the individual's need for mental health services, for co-occurring mental health and substance abuse services, or for substance abuse services only; provide immediate crisis counseling if needed; and link the individual with the appropriate community-based programs. Staff will also provide targeted case management services for PRCS CPR clients, with an emphasis on those who are determined to have a higher acuity and require a higher level of care.

Community-Based Treatment

DMH intends to provide the majority of the community-based mental health services through its existing legal entity network. In August, DMH issued a Request for Information to its legal entity providers to determine which providers were interested in providing the services and had existing programs and/or experience in treating formerly incarcerated clients. Fifty-one (51) agencies responded. Based on those responses, DMH intends to negotiate with providers that have demonstrated experience in treating persons released from incarceration or who are on parole/probation, currently have existing programs that are able to meet the needs of the PRCS CRP population, and are able to provide the necessary levels of service. Contract amendments will be required to increase the availability of specialized services, such as IMD Step Down and Residential Treatment, and to expand outpatient services with agencies that currently have intensive and field capable services in the geographic areas where services will be needed to accommodate PRCS CRP clients.

As PRCS CRP client participation in mental health services is voluntary, DMH anticipates that many lower acuity clients will opt only to maintain their medications. Therefore, DMH is recommending the addition of three psychiatrists to provide medication monitoring and psychiatric services to those PRCS CRP clients who do not need or want more intensive services.

Field-Based Response

The County anticipates that a portion of the population will either fail to report/register in the PRCS program or will abscond. Persons who have mental health and/or substance abuse disorders have among the highest recidivism rates, especially when they refuse treatment. DMH is proposing to hire two additional clinicians to work with law enforcement personnel through existing programs where law enforcement and mental health personnel respond together in situations involving mental health clients. This will allow DMH to assist law enforcement personnel with the anticipated increase in field responses that may be required as the result of PRCS.

Outcomes and Tracking

In order to assess the effectiveness of the various programs and to track PCS CRP clients and their outcomes, DMH is requesting the addition of one staff who, using the DMH Integrated System and other resources, can track PRCS CRP clients, the level of services and client outcomes. This information will be used by program staff to identify barriers to successful re-entry and to inform treatment options for clients. In addition, it will allow monitoring of resource utilization and funding.

FUNDING

Based on a preliminary estimate of available funding, DMH has based its proposed program on an estimated allocation of $6 million from the Public Safety Realignment to support the provision of services to those who have mental health disorders or who have co-occurring mental health and substance abuse disorders during FY 2011-12. The Department of Public Health (DPH) also has committed a portion of its realignment allocation to support the provision of integrated services to PRCS CRP clients who have co-occurring mental health and substance abuse disorders.

Although it is anticipated that virtually all of the PRCS CRP clients will be indigent upon release, it is anticipated that some clients will be able to establish eligibility for benefits, which may include Social Security Income for those who have severe and persistent mental illness and Healthy Way L.A. for those meeting the 1115 Waiver Demonstration Project guidelines.

DMH currently estimates that the total cost of the proposed program in FY 2011-12 will be approximately $10.8 million. The estimate is based on an expectation that new PRCS CRP clients will enter treatment in October with the number of clients increasing each month. Therefore, the current fiscal year estimate includes $1.7 million for directly operated staffing and services and supplies for nine months; $1.4 million in medication costs; and $7.7 million of contracted services. Of this amount, it is anticipated that approximately $800,000 would be offset from either Short-Doyle and/or other federal revenue under the 1115 Waiver Demonstration Project.

Program amounts will be adjusted, as necessary, when final funding allocations are determined by your Board. Staffing will be requested as part of the CEO's overall request to your Board for County departments impacted by AB 109 and AB 117.

RECOMMENDATIONS

It is recommended that your Board delegate authority to the Director of Mental Health (Director), or his designee, to:

1. Prepare, sign, and execute amendments to existing DMH Legal Entity Agreements with contract agencies for FY 2011-12 as needed to enable DMH to offer clinically appropriate, client-centered services to PRCS CRP clients provided that: 1) any such amendment expands programs to serve PCS CRP clients; 2) your Board has appropriated sufficient funds for the services; 3) approval by County Counsel, or designee, is obtained prior to any such amendment; and 4) the Director, or designee, notifies your Board and the CEO of Agreement changes in writing within 30 days after execution of each

amendment. These amendments would be funded by AB 109 realignment funds designated for mental health and substance abuse services, federal Short-Doyle/ Medi-Cal, and federal 1115 Waiver Demonstration Project Funds.

If you have any questions or need additional information, please contact me, or your staff may contact Robin Kay, Ph.D., Chief Deputy Director, at (213) 738-4108.

MJS:RK:KD:kw

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors
Probation Department
Department of Public Health
Chairperson, Mental Health Commission