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Economy & Efficiency Commission Presentation

Editorial Note: Although every effort has been made to insure the accuracy of the material in this presentation, the scope of the material covered and the discussions undertaken lends itself to the possibility of minor transcription misinterpretations.

**PRESENTATIONS BY
Marvin J Southard
Director Mental Health Department
Los Angeles County**

September 03, 2009

OVERVIEW OF MENTAL HEALTH DEPARTMENT

Chairman Barcelona greeted Marvin J Southard, Director, Mental Health, and welcomed him while turning it over for Mr. Southard to speak to the Economy and Efficiency Commission (Commission).

Overview of the Department of Metal Health

Dr. Southard stated that his department is the largest Mental Health Department in the County. The Department of Mental Health serves approximately 250,000 residents annually with a budget of \$1 billion dollars. His Department directly operates more than 50 program sites and contracts with more than 1,000 providers, including non-governmental agencies and individual practitioners who provide a spectrum of mental health services to people of all ages to support hope, wellness, and recovery.

Dr. Southard also stated that mental health services that are provided include screenings and assessments, case managements crisis intervention, medication support and other rehabilitative services. He explained that services are provided in multiple settings, including residential facilities, clinics, schools, hospitals, County jails, juvenile halls and camps, mental health courts, board and care homes.

Dr. Southard stated that he is responsible for protecting patients' rights in all public and private hospitals and programs providing voluntary mental health care and treatment, and all contracted community-based programs. He explained that he also serves as the public guardian for individuals gravely disabled by mental illness, and is the conservatorship investigation officer for the County.

Clinical Practices

Dr. Southard stated that California's counties provide health care to individuals who are considered "medically indigent" because they lack health care coverage and are ineligible for assistance under the Medi-Cal program. He stated that the Los Angeles County Department of Mental Health serves a growing number of individuals with mental illness who are medically indigent.

Dr. Southard also stated that indigent clients may be unemployed because of their mental illness, or may be employed yet earning an income that is below the level needed to pay the high cost of their medications. He explained that his Department is committed to providing mental health services to individuals whose mental illness impairs their ability to function in the community, regardless of their ability to pay. Due to reductions in funding for mental health services over the years, it has become critically important to find ways to provide needed services more efficiently and productively.

Mental Health Services Act (MHSA)

Dr. Southard stated that California's voters passed Proposition 63, Mental Health Services Act, (MHSA) in the November 2004 General Election. He stated that Proposition 63 promised to greatly improve the delivery of mental health services and treatment across the State of California. He stated that the Mental Health Services Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system. To provide an orderly implementation of MHSA, the California Department of Mental Health planned for sequential phases of development for each of the components.

Dr. Southard stated that the first component to be implemented will be those elements of the MHSA that define the requirements of service delivery to children, youth, adults and older adults with serious emotional disturbances and severe mental illnesses. He also stated that the County proposals were evaluated for their contribution to meeting specific outcomes for the individuals served including: meaningful use of time and capabilities; safe housing; network of supportive relationships; access to help in a crisis; reduction in incarceration; and reduction in involuntary services.

The MHSA requires that each County mental health program shall prepare and submit a three-year plan which shall be updated at least annually and approved by the California Department of Mental Health after review and comment by the Oversight and Accountability Commission. The Mental Health Services Act further requires that the Department shall establish requirements for the content of the plans.

The MHSA will generate new mental health resources through a 1% income surcharge on individuals with incomes of over \$1 million. It is expected to generate approximately \$700 million annually, which will be distributed to local County mental health programs based on each county's expenditure plans, service capacity, unmet needs, and the amount of available funding.

Dr. Southard stated the 1,540 children were enrolled into MHSA-funded full service partnership programs. The Department established multi-disciplinary teams in all probation camps to address the co-occurring mental health and substance abuse disorders of incarcerated youth. He stated that his Department implemented intensive home-based mental health services in Service Areas 6 and 7 to serve 269 high risk children and youth.

Questions

Commissioner Murray stated that Dr. Southard mentioned the use MHSA dollars to mitigate various cuts and asked if there has there been any litigation on whether or not that is the appropriate use for the MHSA funding. Dr. Southard replied that anything that his Department does in terms of the MHSA funding is a necessity. He stated that programs pursued are part of the State and locally approved MHSA Plan. He stated that some counties by report have not been so strict about it, and in those jurisdictions there have been some talk about lawsuits, but Los Angeles County is very strict on how the funding is used. He stated that here in Los Angeles there are Mental Health Advocacy groups as part of the decision making process which helps the Department make the decision on what to do. He also stated that because there is a stakeholder process that helps make these decisions, Los Angeles County has not received the same threats, and as a result of that, they have been very clean about the way things are done.

Commissioner Oakes asked Dr. Southard to explain the distinction in terms of certain functions that his Department tries to have served by outside community agencies and is there a way to fiddle with the balance

to solve budgetary problems to improve efficiencies and to promote private invasion. Dr. Southard praised the question and replied that there are some parts of the directly operated program that are by nature, better ran by the County. For example, the justice-based program in the County Jail that is run in conjunction with the Sheriff Department. He state this program works better as a governmental function rather than a private function. In most counties, that's how it's done for a variety of legal and practical reasons. Another example is the crisis programs ran conjunction with the Sheriff, LAPD, Pasadena PD, and Long Beach PD, where there is a mental health clinician paired with a law enforcement officer that ride together and those programs also worked easier as a governmental function than private.

Chairman Barcelona expressed his appreciation to Mr. Southard for coming to speak to the EEC and the Commissioners applauded.

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