

County of Los Angeles – Department of Mental Health
OFFICE OF THE MENTAL HEALTH COMMISSION
 Thursday, December 15, 2016
 TOWN HALL MEETING MINUTES
 CAROLINE KELLY, JD, CHAIRPERSON, FACILITATING

APPROVED – January 26, 2017
MSC: Gilberg/DeBose/Unanimous

Discussion	Recommendation/ Action/Motion
Call to Order by Chairperson Kelly Absent Excused: Commissioners Sofro, De La Torre, Sanchez, Cooperberg, Gilberg, and Askins Absent: Fred Leaf	No quorum
Approval of November 17, 2016 minutes – TABLED	
Welcome – Caroline Kelly, JD, Chairperson	
<ul style="list-style-type: none"> • Focus for the Commission this past year to listen to community concerns <ol style="list-style-type: none"> 1) Shape agenda items on what is important and most relevant to the consumer base 2) Hear directly from the decision makers • Thank you Kedren for being a vital part in the community and hosting our meeting • Develop Commission Strategic plan for the next few years Begin with developing four case studies to be complete by June 2017 – Mental health is about an abstract topic starts with individual. Issues do not operate in a silo begins with individuals and homelessness or other issues. Welcome Kedren and consumers to be partners in developing the case study approach. • Welcome former Commissioners in attendance (Hector Ramirez, Delores Huffman, Jerry Lubin, and Hayward McNeil) 	ACTION: None
Introduction of Commissioners and Department Head	
Greetings and Welcome from Host – Dr. John H. Griffith, CEO and President, Kedren Community Health Center Gave overview of the relationship between the Commission and the community to ensure resilience and success. Currently integrating mental health bringing primary health care into the facility. Housing has improved but Kedren would like to see more employment opportunities into the community with large companies	
Welcome from the Community – Dorothy Banks and Paco Retana, SAAC 6 Co-Chairs <ul style="list-style-type: none"> • Thanked the community and volunteers for the endless support • Gave purpose of the SAAC in the community • SAAC continues to address the violence and health and public mental health issues in the community due to lack of mental health services. • Briefly discussed the effects of trauma in the community and middle schools being exposed to violence and neglect. 	
Public Address to Community – Representative from 2nd District not present (Break for Lunch)	
Vision for Service Area 6 – Jonathan E. Sherin, MD, PhD, Director of Mental Health	ACTION

Discussion	Recommendation/ Action/Motion
<p>Discuss the “trench reality” the area where healing can occur, the place where resources can be deployed properly. Faced with time of change, DMH is taking charge to define the future instead of responding and reacting to the future. Three major categories at the heart of the entity:</p> <ol style="list-style-type: none"> 1. Child welfare system 2. Homeless or in unstable living conditions (shelters, transitional programs, foster care programs, victims in domestic violence) 3. Justice Involved <p>The purpose of DMH is to provide services to those with needs and to connect them to resource pools. Systems of access are absolutely critical. Outreach and engagement needs to be strategic so resources are reachable. Services should be delivered by people they trust like peers or persons with shared experience. Addressing the need in the community is critical. Closing the trench between the provider and the consumer in a complimentary and supplementary fashion works. Systems must include other government agencies, city, academic institutions, non-profit, entertainment, private sector leverages stigma and better understanding of mental illness.</p>	
<p>Public Comments - Dr. Sherin’s report</p> <ol style="list-style-type: none"> 1. Consumers are not represented on the Commission 2. Include Asians in the voice of the consumer 3. Wants to be hired as Peer Specialist 4. Supported Employment 5. Family members do not represent consumers and SAAC 6 is underserved 6. Please develop more trainings in SAAC 2 where she resides 7. Need TAY services in Parent Action for Change 8. Extended Empowerment Congress invite to everyone 9. LA County has matched Title 9 funding with short term mental health services designated for long term services. 10. Talked about a friend in Santa Monica who needs bail money. 11. Spoke about past board appointments on commission was family member, consumer, and professional. 	
<p>Service Area 6 Priorities and Next Steps – Terri Boykins, LCSW, Deputy Director, Transition Age Youth System of Care, Juvenile Justice, and Service Area 6</p> <p>Discussed the issues and concerns involved in the service area:</p> <ul style="list-style-type: none"> • Complicated service area (demographic inclusive of social economic, homeless issues, Some gentrification, homeless encampments on freeway overpasses • Majority of kids in the county system come from service area 6 • Dr. Sherin is very open a ready to listen, very hopeful because of his support • Positive work with faith communities and NAMI LA 	

Discussion	Recommendation/ Action/Motion
<ul style="list-style-type: none"> • No branded clinic for TAY. TAY services are available in drop in centers and outreach • Establishing all manner of partnerships so service area continues to move forward • Service area is under resource • Discussed the early days of service delivery without HIPPA • Plan to convene a small group of community folk to address violence and trauma in the service area. <p>Elena Farias, PhD, LCSW, District Chief, Service Area 6 Discussed services provided in area which serves over 3000 per month:</p> <ul style="list-style-type: none"> • 4 directly operated clinics • 4 specialized foster care sights • Women’s reintegration program • Outpatient services, CalWORKs, FSP older adults, health practitioner services, etc., • Volunteers offered computer class with graduation ceremony • Update on progress of work on Women’s Reintegration Program: Continues to provide reintegration, ancillary services such as housing, assist with benefits establish and employment, partnership established with the women’s jail facility, clinician assigned at the jail (41 referrals since May 2017) to work with DHS release planners. End goal is to integrate women who were previously incarcerated into the community with mental health support. <p>Yolanda Whittington. LCSW, District Chief, Service Area 6</p> <ul style="list-style-type: none"> • Lead person on health neighborhood initiative, monitors 15 contracts, system navigation, homeless/housing gatekeeping program, and outreach and engagement promoting mental health • Values the whole person care • Trauma works with DPH on injury and violence prevention. Park therapy demonstration pilot partnership with DPH, Probation, DMH, and Parks and Recreation. Non-branded discussion groups in 5 parks. Target populations are children, youth TAY adults and older adults. • Member of Injury and Violence Initiative Committee under Probation Department <p>ACTION – Provide proposed and current ideas on a public health model and recommendations Issues that hinder mental health services provided to the community by contract agencies</p> <ul style="list-style-type: none"> • Embrace a systematic approach to contract monitoring other than just revenue oversight • Integrate specific attainable reachable goals into the contract language for accountability • Consider reevaluating the automatic renewal process • Eliminate fund bucket restriction • Eliminate spend down funding 	

Discussion	Recommendation/ Action/Motion
Closing Comments – Chairperson Kelly	
Meeting adjourned Next Meeting – January 26, 2017 @ 11 am – 1:30 pm Kenneth Hahn Hall of Administration 500 W. Temple Street, Room 739 Los Angeles, CA 90012	

Meetings Highlights by Canetana Hurd