

COUNTY OF LOS ANGELES—DEPARTMENT OF MENTAL HEALTH
SYSTEM LEADERSHIP TEAM (SLT) MEETING
Wednesday, April 19, 2017 from 9:30 AM to 12:30 PM
St. Anne’s Auditorium, 155 N. Occidental Blvd., Los Angeles, CA 90026

REASONS FOR MEETING

1. Provide an update on behalf of the County of Los Angeles Department of Mental Health
 2. MHSA 3 Year Program and Expenditure Plan Update
 3. Service Area Advisory Committees (SAAC) Priorities
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MEETING NOTES

<p>Department of Mental Health Update</p>	<p><i>Jonathan Sherin, M.D. Ph.D. Director, County of Los Angeles, Department of Mental Health</i></p> <p><u>Focused on two things:</u></p> <p><u>One:</u> Dr. Sherin talked about reintegration of veterans. As a culture we look at the issue as a broken person that we need to help rebuild so they can fit in. It’s the ultimate two-way street because the issue of reintegration is on the community as much as it is on the person that is trying to reintegrate back into the community. Our culture needs to be informed, welcoming, accepting, and loving. The fundamental program of stigma—it’s an “us versus them”. We look at mental health very differently than we do with physical health. We need to adopt a culture that says: if you break your arm, you need help. You need to restore and optimize your function, so rather than treating mental illness; we optimize Mental Health by changing direction.</p> <p>Dr. Sherin talked about the Global Summit on May 1st-3rd. It was launched in 2015. The Inaugural summit with leaders in Mental Health coming to LACMA on May 3rd.</p> <p><u>Two:</u> May is Mental Health Month. Tues. May 2nd is going to be a day of dialogue convened throughout the County with the help of a number of people. Using the wellness centers to activate community and get community members to come in and talk about recognizing signs of emotional distress and promoting healthy habits and behaviors. If families are having conversations around the dinner table that are more enlightened and that are less constrained, then we are succeeding. I would ask for everyone to help get behind this movement so we can change the culture of this society. We can create the welcoming, loving environment that people need in order to assimilate, integrate, and belong.</p> <p>Important set of events coming up in May. As a County, we need to promote dialogue about mental health and reaching out if you are suffering.</p> <ul style="list-style-type: none">• <u>Marcelo Cavalheiro</u> - Large numbers of black and brown youth are trying to reintegrate back into communities. They are fighting a different war, the war on drugs. The root cause is generational and historical trauma. We address drug use as crime instead of as a treatment issue. Communities are not accepting them back. In this
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**Department of
Mental Health
Update
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reintegration, perhaps we can extend that to a reentry to those folks in those locked places.

- **Dr. Sherin** - The idea that those folks who have suffered trauma and somehow gotten isolated need to have a very clear bridge and pathway back to a place where they belong. With what we are doing with diversion is to figure out how ways to bring people out of incarceration or punitive environments into welcoming places where they can get the help and heal. I think we are on the same page here with the effort. Many of those populations are suffering and needs help. The help needs to not just be about that individual, it's about the whole community understanding and embracing each other. It's about education, dialogues, shared experience, and we need to think of these things for those that are isolated.
- **Eddie Lamon** - what event are you talking about in May? Where did you want us to be?
 - **Dr. Sherin** - May 2nd around the county in the wellness centers to get together and talk about signs of mental health. May 3rd is an all day summit at LACMA. Information will be coming out shortly.
- **Karen Macedonio** - I like the way the conversation is going; I would like to expand it to a global conversation. The definition from the World Health Organization of Mental Health is "the ability to develop our own potential, to work productively and give back to our community." If we can tie into that definition and step forward as the leaders of mental health the understandings of what happens we can engage in a conversation that can change community.
 - **Dr. Sherin** - I agree. One of the things we talk about a lot of is purpose. We all need to belong and we all need purpose. Without those things we have no chance of flourishing. What you are talking about gets to the heart of purpose. Those who understand and have a lot to share have a lot of purpose if they are out educating.
- **Dorothy Banks** - I am very happy to hear the summit will be at Magic Johnson Park because there is such a need in this service area. To have an event there in that community means a lot. My question is: "Will it be an opportunity for volunteers with the Department and Service Area 6 to help out, to be able to be there to help out?"
 - **Dr. Sherin** - It has not been confirmed that is it at Magic Johnson Park, it was suggested and on the list of possible venues. There will be folks from the professional sports world working with kids, having activities, and conversations framed around emotional suffering, the universality of emotional suffering and learning how to get help. When I think of culture, we need to educate, have dialogue and set up shared activities in community. I want in the department to develop a platform for volunteerism. Very intentional so we can drive stuff that we think is important and to respond to the needs of the community. Shared experience is working together to paint a school, doing things that are important to the community.
- **Emma Oshagan** - When it comes to stigma, we have to put a lot more effort in education of mental health. The community that I represent is mostly an immigrant community and stigma is very high. We need to make an organized effort to educate the communities about mental health.
 - **Dr. Sherin** - Education is critical, then educated people have dialogue, then out of dialogue we have action. This is an American collective challenge to change the culture. Wellness center hubs providing a platform for education and dialogue of mental health and trying to change direction. It will be more about optimizing function than treating your problem.

**Department of
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(Cont.)**

A staff member created a Korean Talk show. People can get help online, call in and get help. They can find out about resources to help them. Dr. Sherin wants to do that broadly for all the languages. He is being supportive of that and pushing the department to take the lead on this.

This County and State looks at mental health on a “systems of care” platform that is very important. Different age groups are important, but there are issues that are gender specific, LGBT considerations, veterans, etc. There are issues around specific diagnosis such as substance use disorder, trauma, etc. Then there are situational issues such as homeless, justice involved, child welfare system, etc. When we look at the age group as a fundamental platform, it’s not that simple. Create a design group, expand that and age groups are not the primary and only way of a foundational platform. Where it is age, gender, or diagnosis, “What do we do?” Connect with people that are suffering, get them out of the combat zone and get them the level of care they need. Once people have dealt with the critical care, they need to get ongoing treatment for stabilization, and then they can move towards recovery and reintegration paradigms. Organize the department to be more effective in supporting our efforts in each of those areas, and apply those to the different needs of the different populations then we can help those suffering the most in our county.

- **Ruth Hollman** - I love the stuff you are talking about regarding Stigma. I want to point out that there is a lot of evidence-based practice on stigma. 3 years ago this group voted to have a very inexpensive program to teach the Department of Mental Health how to speak to stigma at the dinner table, grocery store, etc. It was never implemented but it was part of the 3-year plan, 3 years ago. I ask that the plan get implemented.
 - **Dr. Sherin** - Please forward that information and we can take a look at it.
- **Sunnie Whipple** - Mine is more of a comment about the Summit and I think it is good timing for that. The 4 things that you talked about were physical, mental, goal, and purpose. As a community member and a consumer sometimes I find it difficult to commit to settings like this or different venues and leave feeling invalidated because no one wanted to listen or that I feel important enough. With the Summit, I feel that I can talk to other people in other parts of the world and maybe we have something in common as a Native American. Thank you for that Summit.
- **Lawrence Reyes** - Let me see if I heard you correctly, folks with mental health challenges, once someone with a challenge accepts that those who are impacted with that challenge address those challenges are put in a position to advocate and going into the workforce, thus chipping away at the stigma and participating in their recovery and culture change.
 - **Dr. Sherin** - I think that you are reinforcing what I have been saying, I believe in the peer models, and changing the culture.

Dr Sherin talked about Peers and culture: May 1st Corner of Wilshire and 6th St. We don’t need to go far for outreach if they are right there. Whether or not they have a mental health issue they need help, they need resources. DMH cleaned out the 1st floor space at 55- S. Vermont, built out an area to open that corner as a peer driven, peer resource center. We held peer focus groups on what to do in there. We want people suffering who don’t know where to go and be able to go there for resources. Heart forward peer resource center leading with your heart. For everyone going there we want them to leave with something.

Department of Mental Health Update (Cont.)

Samuel Heinrichs - This is week 3, so I wouldn't know what to describe much yet. I am taking over Debbie's position as the Mental Health Clinical Program Manager III for MHSA Implementation and Outcomes. I worked for Department of Children and Family Services for a year, then worked in children services for 3 years and then worked at Hathaway Sycamores for 16 years. Prior to that I worked in the business world as an accountant and business administrator. I am a licensed marriage and family therapist (LMFT).

Dennis Murata - Dr. Sherin gets things done. We are very impressed with the amazing work he has been doing and the direction he is taking us in.

- **Leticia Ximenez** - Flyers to be sent out for the Global Summit. <http://www.changedirection.org/global-summit/> Register for this free event and forward this info as soon as you get it. Make a pledge/commitment that we will engage in these dialogues on May 2nd.
 - **Karen Macedonia** - Will you be able to empower us to go out in the spiritual communities and request the 5 signs and healthy habits so that we can make a move in the faith based communities"
- **Leticia Ximenez** - We want to encourage everybody to talk about the 5 signs and healthy habits and really get into this movement in any which way we can.
- **Romalis Taylor** - Everything Dr Sherin talked about, I am excited about, but I heard no continuity and I am sure he is doing it but I want to hear how in his presentation. Is he going to address the cultural competency effort that this Department has been doing for years throughout this change that he is proposing. I want to know how that will play out and how he is going to help develop the engagement of the community in a culturally competent manner.

SAAC Priorities- Small Group Discussions

The SLT and the general public broke out into 8 groups to discuss 4 topics a) housing issues, b) justice, reentry and integration issues, c) disparity reduction, and d) trauma informed services of priority interest to the SAACs (see separate report).

When the groups came back together, each SAAC gave a brief report out on one to two insights during their discussion:

SAAC 1 - The one thing that we found intriguing was that we need housing resources up there. One of the ladies discussed American Family Housing, which is an organization that builds shipping container housing and offers supportive services.

SAAC 2 - One of the things that was intriguing is that we can take on as a SAAC is looking at the homeless issue. We are the fastest growing homeless population in LA County. Helping our community increase awareness of what is being done and what can be done. Advocating for not just buildings to be built in our area, but shelters and supportive housing, services and linking to resources.

SAAC 3 - We had a robust discussion of many issues; one thing that may have been unique to Service Area 3 is we have some really awful Board and Cares in the Pasadena/Altadena area. We talked about training for line staff and how to engage those groups and how to enforce an engagement of those groups with the SAAC or mental health community

<p>SAAC Priorities- Small Group Discussions (Cont.)</p>	<p>as opposed to having them call the police in the middle of the night.</p> <p>SAAC 4 - We see a lot of housing development, which is coming up with Measure HHH, but we don't see change in an increase in the voucher system. We need to look at that and see who we need to go to look at that.</p> <p>SAAC 5 - We discovered the Obama phone can be a tremendous resource. We can do training, resources in the phone, case manager's phone number, etc. We moved on to talk about the helper therapy principal, how people are wanted, needed, and expected to help. If we get the research done on this, so that we can educate ourselves, we can have a game changer to raise the awareness of the entire community. We wish to request a research intern for every SAAC this summer.</p> <p>SAAC 6 - We came up with a lot of practical ideas and looking at where to fund them and we are all concerned about Measure H and making sure the money gets directed to the where it is supposed to get directed to. All of the topics are interrelated. It is hard to talk about a specific program without integrating other topics.</p> <p>SAAC 7 - Our main topic was about immigrants. The situation with our immigrants now with the current Administration is that there is a decrease of immigrants seeking services, issues with the new administration, immigrant approach with staff. We talked about the need for DMH to be more up to date with technology. Have a better website to have more links and resources, have self-help groups, social media groups. We usually ask "How and what", we should start with is "WHY." Why do I want resources? etc. Why we go to the SAAC meetings? Reinforce our mission and why we came into this field in the first place would be a good place to start.</p> <p>SAAC 8 - There are a lot of resources, but there needs to be more coordination around a particular population. Housing resources is more organized, on the website, or training like Housing 101 training for example. Some outlying cities do not know about the resources or there is a lack of availability. Having a housing specialist in the SPA level. Intake process on mental health can be traumatizing or may not be culturally sensitive. Need for diversion program at schools. More work there to make sure those services are available in the schools. Parents are being affected by the threat of deportation. They need a way to notify DMH and DCFS if they are going to be taken, to reduce trauma.</p>
<p>MHSA 3 Year Program and Expenditure Plan</p>	<p>Debbie Innes-Gomberg, Ph.D., Deputy Director County of Los Angeles, Department of Mental Health Adult System of Care.</p> <p>On May 2nd: The Board will hear our 3-year plan. The presentation today to the Health Deputies went very well. There were a couple questions relating to moving the 24 work plans into 6, and the value of that. They talked about it in the contracting perspective and a service delivery perspective. If you are client walking into a clinic and you are not going into FSP and you are going into a service of lesser intensity, what is the process for seeking all the care that you need? There is an opportunity to receive field based, clinic based services, and then move on to well-being services and reintegration back into the community. A Board member asked about an implementation time line, particularly since we are talking about adding 4,800 FSP slots when it is all said and done.</p> <p>Focus 4 different areas. SEI will have 4 categories or areas: currently homeless with a mental illness, formerly or recently homeless but now in housing, ISR, and Jail.</p> <p>As a FSP provider you will apply and indicate which populations you wish to serve.</p>

**MHSA 3 Year
Program and
Expenditure Plan
(Cont.)**

In addition to that, we are expanding directly operated FSP capacities in at least 4 programs.

In the next couple of months we will talk about at least 3 social media IT projects. We need to use technology, including social media, to engage people, especially with the younger folks. 1st thing that is likely to happen- on our new website, we will have a portal for people to click on and go. Have resources and peer support on that portal. It will be for consumers but also family members so they can seek support as well.

- **Ruth Hollman** - Are we moving peer call-in lines away from Orange County to providers in other counties? That money should be spent in LA County.
 - **Debbie Innes-Gomberg** - We will take that back to them, we don't have plans to do that, but I can make note of that to incorporate that.

Beginning stages of working with Google Verily (formerly Google Life Sciences) on a project that we hope to be Innovation3. The Oversight Commission brought a number of counties together to move to the tech sector that will broaden our outreach and create access to services to individuals that might not normally come into our systems.

In regards to Trauma Informed Care - Dr Sherin wanted us to take a broad look at trauma informed system of care that starts off with a trauma screening and integrates our trauma services.

- **Carmen Diaz** - Are there going to be services for all the people that will be coming in? People call in and they end up on waiting list.
 - **Debbie Innes-Gomberg** - One of the benefits is that not everyone is coming into the clinic. They can get it via peer support, or virtual support.
- **Romalis Taylor** - I want to thank you about the trauma informed care note/information. Let's do an educational media outreach to public so the community knows what it is. Hopefully that is part of that effort is to inform the community and it should be ingrained in every level, starting with the department and providers. Hopefully there is an approach to education in all these areas.
 - **Debbie Innes-Gomberg** - I appreciate that comment. John Ott has contracted with a number of foundations in Los Angeles to do an environmental scan of trauma services (called "Trauma Informed LA"). Mental Health has been a part of this. But it is also a small piece and we have an opportunity to think more comprehensively and broadly about trauma. You're right the education and messaging is valuable, and we will come back to you as the thought becomes more of an action.
- **Mariko Khan** - In regards to the 4,800 FSP slots that are planned, are they over the next fiscal year, or over 3-year plan?
 - **Debbie Innes-Gomberg** - We are not entirely clear at this point. Some of that relates to FCCS capacity that goes to FSP, about 1900 of that and the rest will be new slots. We will work to develop that plan.
- **Mariko Khan** - Trauma Informed Care - Organizations that provide mental health services are not infused with a trauma informed care approach. In order for us to be fully part of this new system, we need more training and trauma screening. I think with this approach we are eager to start on this.
 - **Debbie Innes-Gomberg** - Glad to hear that. Training and then the understanding at the highest level we

<p>MHSA 3 Year Program and Expenditure Plan (Cont.)</p>	<p>need to support that and what that means, we need to incorporate it.</p> <ul style="list-style-type: none"> • <u>Emma Oshagan</u> - Training, social media, etc. can be done in English, how about those not speaking the English language? <ul style="list-style-type: none"> ○ <u>Debbie Innes-Gomberg</u> - Some of the organizations that we are looking at have capacity in multiple languages. • <u>Jim Preis</u> - Do you have a quick status on Innovation 2 since you mentioned Innovation? <ul style="list-style-type: none"> ○ <u>Debbie Innes-Gomberg</u> - County Council has it and is reviewing it. • <u>Karen Macedonia</u> - Service Area 5 also talked about trauma informed care, and discovered that we need organizational trauma informed services, which mean we need some kind of way to measure where we are. There was a suggested book on trauma called “The Body Keeps the Score” by Bessel Van Der Kolk. • <u>Eddie Lamon</u> - Service Area 6 also talked about the same things. One of the things I want is to go to the schools to teach the teachers on how to recognize them.
<p>Public Comment and Announcements</p>	