

COUNTY OF LOS ANGELES–DEPARTMENT OF MENTAL HEALTH
SYSTEM LEADERSHIP TEAM (SLT) MEETING
Wednesday, May 17, 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. Share information on State Legislative.
 3. MHSA 3 year Program and Expenditure Plan Update
 4. Alignment on Service Area Advisory Committee (SAAC Priorities)
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MEETING NOTES

Department of Mental Health Update	<p><i>Dennis Murata, M.S.W., Deputy Director, County of Los Angeles, Department of Mental Health, Program Support Bureau</i></p> <p>Dennis introduced DMH’s new Chief Information Officer (CIO): Mirian Avalos – I am 3 weeks in, I am very excited and looking forward to working with many of you and making sure CIOB is responsive to the needs of the Department, including our contractors, constituents, etc.</p> <p>Dennis Murata – Have you seen the new signs on the buses? We have gotten excellent feedback. Helena Ditko – Good feedback from the community. Ruth Hollman – I loved the Public Service Announcement (PSA) on television that I saw.</p> <p>Dennis – The PSA and radio talk shows are real folks talking to them and not actors. It makes it more personable. Ruth Belonsky – I have seen it in my area and have heard feedback on some of it. They didn’t know where it came from.</p> <p><u>General Feedback on Summit:</u> Helena Ditko – I thought the Summit was very broad and on a high arching level. ‘Know the 5 Signs’ is different than the anti-stigma campaigns in the past. It is a shift to the other side and an evolution of where we should be heading. Recognizing the signs of emotional distress allows kids in the classroom to go to the nurse when they are withdrawn, just as much as if they had a skinned knee. That promotional level is really high and the Global Summit was at that same level.</p> <p>Patricia Russell – I thought it was terrific. There were people from all areas, international, entertainment, corporations, etc. I just wished it was 2 days and had more audience participation. I did a lot of videos of it and they can be shared with others that could not attend. (<i>Search YouTube for “Mental Health Patricia Russell” to find Patricia’s ‘channel.’ There you can see her videos).</i></p>
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**Department of
Mental Health
Update
(Cont.)**

Mariko Kahn – Last week we had an interesting and lively meeting at the UsCC Leadership committee meeting. I will reiterate my concern that I brought up at that meeting. The Summit was preaching to the choir, there were not a lot of consumers or people from the community. The message was brilliant and inspiring, but it did not bring in folks from the community. The needs of developing countries and developed countries have the same need of addressing stigma.

Karen Macedonio – The Summit had so many wonderful ideas and thoughts. I personally had a physical challenge of a dark theater. Dr. Patel was named in the Times as one of the most influential people in 2015. There was a lack of back and forth dialogue, and there was a lack of interface. Something to think about next time is how can we get more people involved?

Dorothy Banks – I couldn't attend the Summit because I attended the Spirituality Conference since it was on the same day. That could be the reason why there weren't a lot of people at Summit. People were already pre-registered for the conference and couldn't go.

Ruth Hollman – What are the follow up steps to the Summit? Are we going to bring this to SAACs? How are we going to move from a single-day event to follow through with this? This was not a DMH event; however we should continue the message and intent.

Ana Suarez – I don't know about any follow up steps officially. I hope people learned some things. The Summit had a panel of industry folks that talked about the mental health challenges, the pressures they go through. They brought in mental health professionals into the work place and made it acceptable to take an hour to talk about mental health issues. It was on site. It was a wonderful idea, and we need to look and see if we can do something like that and have us think differently like they did.

Romalis Taylor – In regards to the Summit, the whole process was interesting. The first half was about lived experience and what they are still trying to do to move forward. The first part was more academia, but there was a lack of community and integration on how to apply that into the day-to-day life. How can we make it culturally relevant?

Helena Ditko – From my understanding, May 1st DMH opened the Peer Resource Center on the corner of the 550 building. May 2nd was the Day of Dialogue which was grassroots level dialogues throughout the communities to talk about the 5 signs and the healthy habits to maintain emotional well-being. We should continue this whole process all year. Website is still up and we all should know the 5 signs. May 3rd was the Summit, which was the high level academia, professionals.

Cynthia Perez – SAAC 1 did a 'Know the 5 Signs' group but it wasn't that well attended. They will try it again with an Ice Cream Social later in May.

Ana Suarez – SAAC 7 fanned out around the community. We had about 4 groups at Bell Shelter, a Senior housing Center, schools, DCFS workers, and a couple at clinics with peers. We had a variety of things.

**Department of
Mental Health
Update
(Cont.)**

Patricia Russell – I am wondering if anyone saw the movie ‘The Dinner?’ I have heard mixed reviews, and I haven’t seen it since it was an invitation only event.

Leticia Ximenez – I saw the movie and thought that they could have done a better job. The actors in it were fabulous; however the plot/writing needed work. The plot and writing needed follow through that just didn’t happen. One of the things about change direction is that they invited entertainment industry and addressed how Mental Health it is viewed. People were invited to dialogue about change direction. Website will continue to be up throughout the month of May. Please continue to register your events as it is a way to gather the data for all the May activities. The Change Direction website will be up until June. www.EngageLA.org

Romalis Taylor – This is all exciting but we need to be giving the community a way to share feedback from the Summit. Outcomes, what did they think, how do they feel? What do they recommend? We need to honor their inputs and share that.

Ruth Belonsky – There were many great aspects of the Summit. However, there were barely anything that came in in regards for spirituality. It was the same day of Spirituality conference.

Dennis Murata – The logistics needs to be worked out better. This event was planned quickly and the date was already set. So far I have been impressed at the speed of how it came together. It was a lot of work and Dr. Sherin made it happen. For instance, the Peer Resource Center that opened on May 1st.

Ruth Hollman – There is a rumor of the Executive Management Team (EMT) being disbanded or not meeting anymore?

- **Dennis Murata** – It was started as an Executive Leadership Team, then it was deemed not solely for leaders but also managers, so it has changed its name was under Dr. Southard’s direction. EMT looks at policy issues and it was an opportunity for Dr. Southard to hear from us and vice versa. Dr. Sherin is highly focused and EMT is in hiatus at the moment, but he is still meeting with program Deputies, the Medical Directors, and admin directors, etc. for very specific issues that he wants to learn about and to move forward.

Ruth Hollman – In the past, the SAACs meet and give their input, then SLT votes, then it goes up to EMT, and then to the Board of Supervisors. If the Program Deputies will replace EMT, what happens to the consumer and family members that were part of EMT?

- **Dennis Murata** – We have only met a couple times. Any input or issues that come up and we need recommendations, feedback, input, or issues we need to discuss then Dr. Sherin will bring them in.

Sunnie Whipple – Going back to the Summit, was the Summit videotaped? I would like to see it since I was not able to make it. *(Find them by searching the website YouTube for “Mental Health Patricia Russell” to find Patricia’s ‘channel.’ There you can see her videos).*

Helena Ditko – The Consumers and families still report directly to Dr. Sherin. I will be vigilant.

Ruth Hollman – If consumers and families are not on these committees then decisions get made without their

<p>Department of Mental Health Update (Cont.)</p>	<p>input.</p> <ul style="list-style-type: none"> o Dennis Murata – A lot of these meetings are more day to day issues. <p>Karen Macedonio – While we have Dr. Sherin in this learning curve. Dr. Sherin has made the statement that when the Peer Bill gets introduced we need to storm Sacramento. Now is the time to step up with the Peer Certification Bill. We can have our voice and make a big difference.</p> <p>Sandra Villano – Everyone is aware that the repeal of ACA is going to affect us greatly in CA and in Los Angeles County and I reaffirm what Ruth is saying about consumers and families must be involved in any realignment or anything that is going to change. We know what is going on with the families and in the trenches and we want to be involved.</p> <p>Dorothy Banks – I strongly agree with you Dennis. The Peer Drop-in Center is fabulous. Dr. Sherin isn't just talking about it, he's making it happen. Clients are being included and their ideas are being taken in consideration. He has been visiting the SAACs and has an interest. I applaud him and his efforts. I think some people do not like change, but we need to change and welcome the change. Dr. Sherin wants to hear what we all have to say.</p>
<p>Legislative Update</p>	<p>Susan Rajal, Legislative Analyst, County of Los Angeles, Department of Mental Health, MHSA Implementation & Outcomes Division</p> <p>Governor's May Revised Budget – The Coordinated Care Initiative (which includes in-home supportive care services) is being discontinued. With the discontinuation of that, it created a huge problem for counties because it would cause the expense to come back to the county. The expense to the county is expected at \$627 Million dollars statewide. Since January, the California State Association of Counties and various county folks, including LA County people have been working with Governor's office to come up with a negotiated plan. The plan that was agreed upon and presented last week was sacrificing mental health. They made an agreement and it was presented in Governor's budget for the next 5 years, our growth funding to our behavioral health sub account will be sent to cover In-Home Supportive Services (IHSS) costs. For first 3 years, all growth will go to IHSS. For the last 2 years, 50% of the growth will go to IHSS. The way that this was done, it isn't possible for us as County Mental Health to object to this because CSAC and the larger County family negotiated it.</p> <p>One piece that was negotiated on behalf of Mental Health by California Behavioral Health Directors Association (CMHDA) was that as long as we do not get our entire growth amount, we would not have to pay the Institute for Mental Disease (IMD) cost-of-living-adjustment (COLA). The IMD is the only type of facility in our entire continuum that has cost of living increase annually written in legislation. It is a saving grace that it will be eliminated when we don't get our growth funds. The amount of growth caused by the IMD COLA will be for 1 year is \$2.7mi. We won't reduce services in any way; we will try to use one-time money that we have to plug the gap for the first 3 years. Some people in Sacramento cited that it won't last for 5 years because Governor Brown will go out of office and everything is renegotiable. It is really hard to get something back once you lose it.</p> <p>Additionally, they gave \$6.2mi to the Departmental of Health Care Services in the Governor's budget to develop an</p>

<p>Legislative Update (Cont.)</p>	<p>assessment tool to measure performance outcomes for children. Having one large collection tool would be a beginning of being able to measure performance. The Department of Health Care Services will have a workgroup. Counties will participate through CMHDA or other organizations.</p> <p>Lots of bills pending: AB727 co-sponsored with CMHDA we can use MHSA housing subsidy. MHSA Reversion. Requirement for state. County will have to apply to get money. We feel that it is our money and we don't want them to prioritize the money for us.</p> <p>We want to bring back the Peer Certification Bill. There will be a workgroup meeting in June to work on this. Many bills pending and have to make it out of the Appropriations stage.</p> <p>Richard Van Horn – Have you seen Mental Health America's model? <ul style="list-style-type: none"> o Susan Rajjal – I have not seen that, is it on the website? I will look at it. </p> <p>Helena Ditko – I am very interested and will email you right now. I have seen the Mental Health America National Model and well make sure it's there.</p> <p>Jim Preis – Do you have the projection on MHSA dollars for the coming years, the growth? <ul style="list-style-type: none"> o Susan Rajjal – \$6.9mi for LA County projected to lose from IHSS. </p>
<p>MHSA 3 Year Program and Expenditure Plan</p>	<p><i>Samuel Heinrichs, Program Manager III, County of Los Angeles, Department of Mental Health</i></p> <p>Rolling out Community and Services and Supports (CCS) work plan expansion and expenditure plan update. An adult provider meeting was held on May 15th and the other age groups group providers were also invited to this meeting to discuss RRR and CSS funding consolidation. We provided a packet of handouts related to the CSS bucket consolidation, information on moving clients from Field Capable Clinical Services (FCCS) to Full Service Partnership (FSP), and a description of possible service arrays for RRR.</p> <p>A handout was given out showing all the current 24 CSS work plans and how they will roll up to the new proposed 6 work plans (Planning Outreach and Engagements, Full Service Partnerships, Alternative Crisis Services, Recovery Resilience and Reintegration, Linkage and Housing.) A crosswalk of related billing plans to new billing plans was also distributed at the meeting. Providing these crosswalks will allow providers to work with their electronic health record (EHR) vendors to make necessary changes to successfully submit claims after July 1.</p> <p>A new FSP referral form was presented that adds the expanded criteria for FSP allowing the same form to be used for notification or authorization. If clients meet on or more of the at risk categories and on the at risk categories, the provider can enroll the client and notify countywide. If clients meet one of more of authorization focal populations, providers must go through the authorization process.</p> <p>Some current FCCS clients will now qualify for FSP with the expanded criteria. Tips related to transitioning FCCS clients to FSP and the necessary paperwork were presented in documents.</p>

<p>MHSA 3 Year Program and Expenditure Plan (Cont.)</p>	<p>A handout on the potential service array for RRR was shared with descriptions or definitions for the services by age group. Potential RRR services are proposed in 3 different types of services: field-based, clinic-based, and wellbeing or peer run services. Providers were encouraged to think about what service array they will create at their agencies going forward.</p> <p>Innovation 2 is being reviewed by County Counsel and the Evaluation component is with our Contract Division for review.</p> <p>Marcelo Cavalheiro – Did the solicitation for the expansion go out yet? <ul style="list-style-type: none"> o Dennis Murata – No I don't think so. </p> <p>Mariko Kahn – First off, welcome Samuel and I hope you can fill us in with a little about your background. I hate the R³. R³ makes you think of mathematics. It should be RRR. It is mathematically incorrect. Adult System of Care did good workshops on all these elements and has a lot of papers to help SLT. I want to reinforce that the details are there and for sharing</p> <p><u>Brief summary of Samuel:</u> Started as a clinician at Hathaway-Sycamore in 2001. Moved into a Program Director's position and created, the largest Therapeutic Behavioral Services Program (TBS) in LA county. He moved the agency from being a residential facility with a small community based program into most SPAs to serve clients throughout LA County. Last position there was Executive Vice President of Programs.</p> <p>Karen Macedonio – Can you please send the CSS work plan consolidation table and worksheet by age group to Steve so he can send it to us?</p> <p>Ruth Hollman – R³ is the right way. It's a multiplication, not addition. If I get more recovery, I get more resilience, if I integrate better, then I recover better, etc. It is not 3 separate things; it is 3 things that work together. All three parts work together, and they do not add up, they multiply.</p> <p>Samuel Heinrichs – Some people call it RRR, and some call it R³, and some even call it Recovery, Resilience, and Reintegration. All 3 terms are still being used in the Department.</p>
<p>Success Stories- Stories from SAAC</p>	<p>Karen Macedonio – A SAAC 5 Success Story: The Information Gate Keeper. Alicia has unique capabilities and she is an information scientist. While still in graduate school, Alicia was 1 of 50 library students to participate in a 2 week intensive program at San Jose State. The goal was to train future information planners on the use of ethnographic (qualitative and quantitative) research methodology to understand and identify the information- seeking behavior of underserved population within multi-ethnic and multi-lingual communities. After working at 6 different branches she arrived at the West L.A. Regional Branch in September 2011. Walk-in patrons, mainly veterans approached the reference desk with requests for information resources related to substance abuse in specific formats. Unfortunately it was missing in their</p>

<p>Success Stories- Stories from SAAC (Cont.)</p>	<p>collections system wide. Alicia did not let that stop her; she went to find the gate keepers on the VA campus. Interviewing gate keepers and attended meetings to find a wealth of resources. When she was blocked by the lack of budget, she created programs. She worked with LAUSD Adult services to create a writing class, she taught computer literacy skills, and she provided library tours to expanded awareness of what can be found. She opened up a whole new world for patrons, by turning information needs into resources. She has taking all that she has learned to the Regional Adult Librarians meeting to help the other 19 librarians to become aware of the wealth of information she found in DMH and service area 5. Alicia is the only one of 50 students in this course working in LA county. If the role of information professional is essential to the goals of connecting consumers with behavioral health and wellness resources and information how can we support the work that Alicia is doing? It took 20 years of Alicia's life and her journey to get to the point where she was visible in what she was doing. Reaching out to the homeless, reaching out to the veterans, helping spread this. Now she sits with the unique awareness and training and absolutely certain that it is information science that we need to move deeper into our communities.</p>
<p>Alignment Discussions- Departmental SAAC Priorities</p>	<p><i>Dr. Steven Goodwin, TurningWest</i></p> <p>Self-select one of the following four (4) discussion groups to reflect feedback and ideas back to the SAACs:</p> <ul style="list-style-type: none"> • How can we achieve alignment between DMH's priorities and the SAACs on these issues: <ul style="list-style-type: none"> – <i>Housing Issues (incl. Board and Care issues)</i> – <i>Justice, Reentry, and Integration Issues</i> • What ways can you think of that would align the priorities of the Department with those of the SAACs on the above two issues. <p style="text-align: center;"><u>Housing Issues (including Board and Care Issues):</u></p> <ul style="list-style-type: none"> • HUD model cannot take care of all the people in need. Need new creative housing ideas: <ul style="list-style-type: none"> – Shared housing in homes, shipping containers, allowing garages to be homes – Build supportive communities. • Policy changes <ul style="list-style-type: none"> – Permanent supportive housing. Guardianship rules changing for more options. – Create Flow • Revisit IMD and Board & Cares <ul style="list-style-type: none"> – Find alternatives • SAAC members attend community meetings to be a positive voice on housing. • Policies- <ul style="list-style-type: none"> – Housing sustainability, implement new policies, changing policies, and understanding them

**Alignment
Discussions-
Departmental
SAAC Priorities
(Cont.)**

- Critical time intervention - timing and supports
- Less focus on emergencies, more focus on proactive measures, single fixed point of responsibilities.
- Getting into the trenches. Learning from grassroots
- Paid staff with lived experience
 - Mentorship support for navigation and advocating
 - IRP (Individual Recovery Plan)
 - Kinship, having one single fixed point of lived experience for the whole journey
- Quality control
 - Looking for glitches in the system
 - Pursuing simple solutions. Moving people from one shelter to another.
 - Removing the barriers and hoops in the system
- Each SAAC have a housing subcommittee
 - Money resources and how do we access those resources.
 - Lack of understanding of flow
 - Access of list of available beds through DPSS
 - Mobilization of other community resources across operational lines

Justice, Reentry and Integration Issues:

- Job applications (movement to “Ban the Box” - get rid of the question on job application forms to determine if applicants have a conviction history)
- Hard to get DOJ clearance for people with lived experience.
 - Contract language for providers. (Restrictions)
- Workgroup in every service area, or countywide to look into how we can change policies on how we can hire the incarcerated.
- Workgroup on ideas on prison release in middle of night, lack of transportation
- Look at different models from different states.
 - Restoration center- released into housing instead of the streets (San Antonio model)
 - Virginia model - help people reenter while still in jail, creating community within the jail and teaching skills. Community model in corrections.
- Where are the grass roots and are we listening to them?
- 25th anniversary of the Civil Unrest. We need to understand the structure, the history, where we were and where we are now and that will give us direction to where we are going.
- Undocumented included
- Information accessible
- Understand social dynamics of the issues of those incarcerated
- Examine examples in other geographic areas

<p>Alignment Discussions- Departmental- SAAC Priorities (Cont.)</p>	<ul style="list-style-type: none"> • Criminogenic – substance abuse, gang affiliations, illiteracy, poverty are high indicators of recidivism • Literacy • Better communication system within the SAACs and sharing of information • Jails being used as a substitute of mental health institution • Address Latino and African American youth • Expand Education Based Incarceration (EBI) Program for Jail Mental Health inmates <p>The discussions were very informative and it will be sent out to all the SAACs so the information can be shared</p>
<p>Public Comment and Announcements</p>	<p>Mark – The Alternatives Conference coming up in August in Boston. Project Return will do advocacy training on June 17th.</p> <p>Ari Winata – Can we get a copy of this list? Steven Goodwin – Yes, we will send the information out via email.</p> <p>Mello Desire – I am a homeless advocate. The research has been done on what is needed. Currently Skid Row Housing Trust has announced new housing for 2019 that can house 80 units. Skid Row property 818 East 5th street that can house 150 people. Work someway with DMH to go into gutting and building shelter beds immediately. We have to have a sense of urgency for the people we say we are advocating for. Even though you are building shelters, there is a lack of care sympathy and compassion. Staff abusing, drug dealing, and wrong doings. Oversight committee for concerns on grievances. They are tired of being misrepresented, tired of being told they are being advocated, and not listened to, etc. Are you really going to implement the ideas or wait around with no sense of urgency? Work on expediting an oversight committee for patients’ rights. Grievance procedures are not up to date.</p> <p>Implement the solution and don’t just talk about it. They want empowerment and not to be belittled. June 23rd in downtown LA. Solvation Awards honor the homeless and donate 1% of your time. Individual programing is needed. Emotional CPR for staff training and should be mandatory.</p> <p>Adjourned 12:27pm</p>