

COUNTY OF LOS ANGELES—DEPARTMENT OF MENTAL HEALTH
SYSTEM LEADERSHIP TEAM MEETING
Wednesday, March 21, 2018 from 9:30 AM to 12:30 PM
St. Anne's Auditorium
155 N. Occidental Blvd, Los Angeles, CA 90026



MARCH 21, 2018 SLT SUMMARY

Mimi Martinez McKay — DMH update.

- Departmental reorganization on-going and pending final approvals at the County level that are ongoing. It captures functional alignment between clinical operations and administrative operations.
- Dr. Curley Bonds will be starting in a couple weeks, April 2nd. He is going to be the Chief Deputy Director in charge of Clinical Operations.
- Yesterday, the Board of Supervisors approved the funding for the Mental Health Month campaign. The Community Mini-Grants opportunity in support of Health and Wellbeing will be posted tomorrow.

Anabel Rodriguez and Jessica Walters: SB82 grant through the Oversight and Accountability Commission.

- Children's Outreach and Triage teams- There will be staff to handle and treat triage 24/7. The teams will be dedicated to goal of minimizing hospitalizations and placement disruptions. There will be a parent partner involved on the team, a licensed clinician, the teams will be LPS designated, although the goal will be to minimize hospitalizations. The calls will be filtered through the access centers. The access agents will triage the calls appropriately according on the level of need. Access agent will decide, if the call goes to 911, triage team, PMRT, etc. The teams will follow the families up until 60 days until they are linked to an appropriate provider or mental health services referral. It is not a one-time contact, again the team will follow the families until they are linked to mental health services. Again, with the goal of minimizing hospitalizations and placement disruptions.

SLT Reports —

- **Sunnie Whipple** — reported that he didn't know where the process begins with Native Americans at the table. Sunnie wants to understand so that he can take it back to the community. He does not know who he represents as far as entities. He is not sure if it is DMH American Indian counseling center or though the community.
- **Romalis Taylor** — reported a proposal for Stakeholder Engagement from the African & African American UsCC Subcommittee.
 - Purpose- Engaging stakeholders requires that community members be informed of the importance of their participation in the SAAC, SLT, and UsCC subcommittees. Data suggests a need for culturally sensitive research methods and community engagement.
 - Strategies- Communications, Outreach and Engagement and Research & Community Initiatives
- **Lian Chien** — reported issues and concerns of patients/clients.
 - Prioritizing Patient care
 - Communication between patients/staff, feedback on programs
 - Patients requesting groups and resources that is more accessible
 - Transcranial magnetic stimulation magnetic stimulation attainment if they are not in B&C
 - Past proposals of an integrated program that provided services for mental health, addiction treatment and primary care to seamlessly get the services all in one roof.
 - Communication between staff and DMH on unnecessary positions.

- **Teddy McKenna** —Public-sector unions are facing an adverse Supreme Court decision which wants to take away their ability to collect fees from people they represent.
- **Patricia Russell** — reported that in Service Area 2 they had a panel that discussed five main questions.
 - 1) What is your overall mission and goals of hospital?
 - 2) What are internal communication policies and procedures between treatment teams? In our experience we aren't sure there is a treatment team a lot of times for our people. Its more social workers there to get people discharged as soon as possible. There doesn't seem to be any time to really talk among a treatment team.
 - 3) What are your external communications and policies and procedures between treatment team, family and outside providers?
 - 4) What do you know about the Continuum of care, what has worked? What are the challenges from your perspective?
 - 5) What is your appeal process for clients, conservators and family members?
 - I just wanted to bring that up. We are going to be continuing looking at these issues. It is really good to bring them up here because we believe it is a Systemic issue, not just the San Fernando Valley and Service Area 2 but across the County.
- **Cynthia Jackson** — On Older Adults
 - Concerns about losing the thought process of the age categories and of course from a Clinical perspective we can see pros and cons.
 - We would like to request is a gap analysis between prevalence, population, poverty, and penetration.
 - Interested in particularly the demographics of the population about where we improved and where we still have huge gaps.
 - For the most part services are very similar; there is some specialization that is really important in the older adult world.
 - Research studies that show that good mental health services significantly reduce public health cost, long term care costs, even if they delay long term care, even if they delay it by 3 months, it can be an incredible cost savings. I would love for someone to do a research project in Los Angeles County. On that so we can think about how we can capture that savings on both sides of the fence.
- **Mariko Kahn** - Thanked the DMH staff and Mimi for giving us this opportunity to make these types of reports, it's actually very innovative, and I appreciate that.
 - We also have a very active API UsCC. Sometimes we have up to 4 different languages being translated because we really try to include our consumers and family members. I am very proud of the fact that the API UsCC has 3 Co-chairs and they are all consumers.
 - Two of the things that we have been working on have been a proposal to address disparities among API and we just finished a major report.
 - The second one is that we had several discussions on the Accumulated Funds. I think it is very important that our consumers and family members understand it.
 - One of the things that we found is that many of the consumers and family members look at the Accumulated Funds issued, and we were concerned that there wasn't enough funding for their family members.
 - Lastly, I just want to mention through ACHSA we had the opportunity to present the issue of API foster families, or the lack thereof, to the new Chief, Bobby Cagle, I want to say thanks to ACHSA for allowing us to do that.
 - A huge lack of resources for us.
- **Cynthia Perez** – SAAC1 did a gap analysis a few years back and currently trying to recreate that. Some of those needs have been met, however one that has not been met in our service area is our Urgent Care Center

- Transportation is a big one for us. We are a huge area out there, and a lot of people from some of our smaller communities do not seek services because they just can't get out to the services.
- I will be forwarding you our new gap analysis when we are finished creating it.
- Asked about any update on the urgent care center.
- **Jason Robinson** –Peer Action for Change.
 - Peer Action for Change just completed the second Annual Western Recovery Conference, which had over 70 presenters in a very successful conference and setting up the groundwork for an annual reoccurrence.
 - Making sure that materials are in all the threshold languages, particularly regarding recovery services.
 - Making sure that shared recovery housing is widely available to people with lived experience coming out of homelessness is a priority for Peer Action for Change.
 - Looking to change the limited conservatorship procedure so that one kind of rent a doc is not responsible for rubber stamping the process so that someone's rights are taken away forever.
 - Look at the implementation of peer certification and peer programs.
 - Ensuring that peer run agencies and peers are part of the planning process for how Peer Certification and the standards will be rolled out statewide.
 - Warm line, LA County is still paying for the Warm line in Orange County and peer agencies would appreciate the opportunity to bring that back to LA County.
 - The suicide line is still not available in Korean, even though the Korean population has one of the highest suicide rates.
 - Anti-Stigma training from the inside out is critical to make sure as we gear up Peer run services.
- **Andrew Preston** — the common theme that we have is access, whether it is adequate funding for our Older Adults populations, or issues dealing with transportation, but we have a peer support committee that meets prior to our SAAC meeting.
 - Peer Support Committee- One way that they are addressing access is looking at barriers such as awareness and stigma. They have a voice within the SAAC meeting where they do updates regarding their peer support committee as well as the majority of them attend our SAAC meeting.
 - They are really driving the May is Mental Health Month. If you would to support Service Area 3, come to our SAAC meeting on May 10th and help pass out posters.
- **Karen Macedonio** — I come from Service Area 5 with three points that I have been asked to introduce. Board and Care, Health Neighborhood and FSP staffing.
 - We are having challenges in all three areas. What I am saying here is that think is opportunity to listen to each other is incredible, but we have to take it one step more. It's the conversations between us that will really help us define new pathways.
 - With the Health Neighborhoods, it is best kept secret in service area 5. We actually have 3 health neighborhoods that are working. If we ever get past the innovation 2 awarding of the contracts, we believe we have two of those who are actually going to get Innovation 2 contracts. Service Area 5 is unique, we move through 3 Supervisorial districts. Thank you.

Ricardo Pulido —

- We followed up on what Mimi and Dr. Sherin said a few months ago and created a rough draft or a proposal.
- Look at getting our ambassadorship up. We want to do is set up a couple ambassadors, peers, on the way to recovery; they are ready to go ahead and represent us out in the field. With posters, awareness factor, getting out to the hotspot areas.
- Implementation of the peer presentation of the Mental Health 101 program. It is a continuation of what is going on with the crisis intervention that we are all doing right now.

- Implement overall stigma challenge to have rappers and videos, maybe some celebrities one day come out and do what we are seeing in social media, but here at DMH, SLT and SAAC arena.
- Glad that the doors started opening at DMH. Opening those doors until 9pm so our families can get the help they need at the facilities.
- We want to do PSA, the radio, and banners, rolling out a big banner on the building that shows some of our family members with phone numbers on how to get help in their area.
- **Leticia Ximenez** —
 - We are actually starting a Physical Disabilities UsCC workgroup.
 - We had a systems transformation work group. The workgroup wanted to focus on peers and advising the Department on integrating how to integrate more peers throughout the DMH programs and projects. We came up with some recommendations, which are being added to this as we speak.
 - We have decided not to do any workgroups because there are so many different things going on in DMH with the reorganization and lots of transitions and so forth. The group decided to have an open forum in a way to bring in and encourage any programs and projects to come and present some of the things that they are working on.
 - We encourage anyone who wants to come and get input about Cultural Competency, about making sure getting input from this amazing group, you can contact Dr. Sandra Chang Ptasinski, who is our Ethnic Services manager, or Bernice Mascher who is one of our co-chairs, or myself, we are happy to help in this in any way we can.
- **Paco Retana** — In Service Area 6 we have been actively for the last few months, recruitment of members, memberships so we are constantly getting ideas into the SAACs.
 - We had a nomination process and election; we are excited about the change and transitions in leadership for Service Area 6.
 - Increasing the mental health services to children at the school sites, in particularly really focusing on the trauma informed care, not only in the children, but informing the teachers and providing support for teachers and administrators at the school sites.
 - Increasing job employment opportunities to our reentry community members that are coming back and reunifying back to their families.
 - We addressed issues that are really unique to our immigration populations and not just Latinos.
 - There has been request for parent education and support services to our parents as well.
 - Support services to the homeless.
 - We also have discussed increase in mental health providers or therapists that are culturally and linguistically sensitive to our demographics, including our psychiatrists.
 - There is a significant cultural drought among professionals of color. This is not the professionals saying this, this is the clients requesting for more therapists that look more like them.
 - Focus on especially the boys and men of color that are significantly, African American men who are in that cradle of prison pipeline, be paying attention to that.
 - Finally, in the spirit of Innovation 2, I think that is great that it is finally rolling out. The importance with coordinating with key stakeholders, faith-based communities, parks and recreation, probation, law enforcement, child welfare, etc. so that really become instead of silos, we make those efforts blend in and be seamless.
- **Larry Lue** —Update on the MH Commission. Currently I am the acting chair, Caroline Kelly stepped down, and she joined DMH staff. We are faced with many challenges. Due to the BOS changes, some of the supervisors and therefore their appointments and 2/3 of our board is relatively new to the commission. We have four vacancies, so as a commission we are struggling just to have a quorum and how much institutional knowledge we have.

- We are legislatively mandated; every County is required to have a Commission. We have been reviewing and actually developing a strategic plan. We have come up with one that aligns with what our expected roles and responsibilities are from the state and county.
- Answering the questions asked it is the key.
- For example, a simple request about gaps analysis. The Commission has raised that question a year ago; we have not gotten gap analysis for the different areas that we requested.
- We are required to review and report to the Board and to the State on what the needs and gaps in the communities among other things and our effectiveness.
- Summary- we ask a lot of questions, who is going to give the answers?
- When can we expect a response? Will we be able to see what action will happen? I understand we are challenged because there are a lot of vacancies in the Department, the Discipline Chiefs need to be filled, and we need to fill the Administration Clinical operations.
- Data needs to be made available more in a way that we can go look for it rather than keep coming to you to ask. Who is going to be assigned to get that?

Armando — Service Area 7, SAAC meeting but I am also representing some of the clinicians

- My biggest concern is not only to provide more services to the community and making it available and know what is available and accessible, but how to improve the quality of services itself.
- People are spending way too much time in services. We are not able to close the clinical loop in terms of they are coming, they are recovering, they are staying in services too long. I think the challenge starts with our staff.
- I would like to know who to talk to. In going to the SAAC meetings, I hear about making it more available and sharing the information and that is great to have all those services available, but I want to work more on the clinical team being better prepared once those services are available to actually know how to implement those services.

• **Eddie Lamon** —

- We used to have an organizational chart, the Board of Supervisors, the Commission, and then the Department. So, it is up to the department and each of Service areas to send reports to you. They are supposed to come and make a report, whoever the top people who make the reports is supposed to go to the Commission meeting and tell you what they are doing because you are above them as far as Commission.
- I was around when they used to call it Mental Health Advisory Board and then they changed it to Commission. This is the thing that I know needs to be done, the Board of Supervisors is new, everybody in this Department is new and so people need to be trained on what their duties are, everybody.
- When Dr. Crow was here, she made sure she started from the bottom up. She would get the input from the people, the clients, the service area advisory council and all that before she would make a decision that I miss because if it isn't broke you shouldn't fix it.

• **Bruce Saltzer** —

- Applaud Larry for his comments; I thought they were extremely accurate. The importance of who's going to do what and when because there is a lot of good information that gets shared on a regular basis.
- Who is going to do what, by when, and what are we going to do about it as a system, not just a department, but collectively.
- How can we move forward in a very transparent way and really focus on not just input, but how that gets translated into action?

• **Patricia Russell** —

- SAAC 2's theme is co-occurring disorders, how they can be treated with integration and treat the whole person both outpatient and residential.
- **Ricardo Pulido** —
 - SAAC 8 promotoras have been informed that their budget is tight right now. No more presentations from now to the end of fiscal year.
- **Leticia Ximenez** — Cultural Competency committee also would like to request funding.

Report on Status of MHSa Accumulated Funds

Greg Polk — Making sure this whole process becomes more transparent.

- SLT to play a key role in how the Department on providing input to DMH on funding for programs and services. .
- Looking forward to collaborating with SLT on an ongoing basis, getting input, and getting ideas.
- \$22 million in PEI, \$10 million in WET, and \$3.7 million in CSS funding that we are seeking immediate ideas and recommendations on.

Group Discussions Summary:

Group 1- Green

- Media blitz
- Training in all SAAC areas on co-occurring disorders
- Pilot small houses
- Front line responder training
- Trauma informed care training
- Schools
- Networking youth
- Trauma informed care for all the addictions
- Cultural humility-awareness and education through Promotoras, expand their funding
- Mini grants
- Film festival
- IMD-changing the name
- Neutral facility
- Community coalition

Group 2-Red

- Maternal Mental Health Training
- Community Stress Reduction Programs
- Yoga trainers in peer community centers.
- Peer Certification training dollars for contracted/community
- Peer workers
- Echo parenting- We want to echo parenting, provide training across County.
 - 1) Parenting
 - 2) Trauma in communities & for individuals
- Provide Mental Health Services at schools that are not in LAUSD
 - How to get into the classrooms
 - Educated students and families
- Healing and Well-being campaign
- Community & Professional Training (on going) on discussing hard topics
 - Sexual health
 - Sexual identity
 - Race and its effect
 - Violence and domestic violence
 - Depression

- Bullying
- Teach people how to ask for help
- Teach people how to provide REAL help
- Technology for remote services, provide access
- Transportation for access to services & social services. **Not** Bus passes!
- Lease space in neighborhoods for residents to meet/train/find help & information
- Seminars on solutions addressing social determinants of health
- Community based legal services
- Teach on program(s) for mental health/addiction/trauma/recovery across the County
- Assess the barriers to accessing care for a county resident (someone w/o an “in”)
- Assessment of “administrative” mechanism to shorten steps and get people care.
- Accountability assessment for service delivery- from people needing or in care
- Re-entry outreach
- Prevention
- “Healthy Neighborhoods” countywide especially in the most deprived and unserved communities.

Group 3- Black

- More training specific to PEI, cultural competency and whole person care
- Look at outside entities to provide these services. CME, CEU training including co-occurring disorders and/or language classes
- Community outreach partnering in schools
- WET- more transparent lists to ALL professional employees for DMH, opportunities for Evidence Based training.
- PEI funds: Nontraditional TX= i.e., basketball tournaments, yoga classes, with informed instructors.

Group 4- Brown

- Increase awareness with presentations on subjects like: human trafficking, trauma informed care, cooccurrin disorders engagement with others/others, LGBTQI2S, Suicide prevention by expanding the models and the ACEs model.
- Create training videos
- engage Toastmasters. If we can find a way to pair those skills of being able to articulate our feelings and listen to what is going on we could create immense community change.
- Peer centers in all SAACs that are welcoming and scaled around self-help.
- Technology-
- Ethnicity specific groups for PSAs.
- Community Capacity building
- Supportive services around job training and support.
- Additional respite homes
- Peer training
- Teacher training 0-8 to identify and resource. Help if needed for mental health.
- Health fair literature replenished. We have a lot of literature that we can actively use if we can do the printing now.
- Events- fund events already going on.
- Reimburse funds already spent to expand funds in community.

Group 5 – Orange

- Vocational preparation with training to the arts and technology in Spanish, English, Multi-lingual, all the different threshold languages.
- Peer Instructors-
- Recreation socialization therapies,
- Alternative conferences access and other conferences.

- Provide motivational interviewing training for Peers, Clinicians, for greater engagement
- Materials for Spanish peers to engage them for Adult systems of Care.
- Having another space like this for the quieter types of therapies like relaxation.
- Set up trips that consumers can go to. Hiking, other venues, museums. Have it be something that goes on in every SAAC.

Group 6- Purple

- Two media driven campaigns and two peer training programs.
- One would address homelessness. Looking at peers who are currently utilizing services and having experience homelessness to be a part of this curriculum.
- Training to outreach and that is designed for service area 6.
- We also have a peer curriculum around what's called the Countywide Activity fund.

Group 7- Blue

CSS —

- 3.7 million that hasn't been allocated that we would like to see go for FSP slots, not the forensic FSP slots, but the general FSP slots for Older Adults and Children.
- We also would like to see increased linkage services for those in jail, so they can connect to mental health services.

WET —

- increase student loan amounts that are already in place.
- staff of B&C and IHSS as well as other staff such as inspectors learn about Mental Health services, recovery and cultural competency.
- the use and expansion of the "Stigma from the Inside Out"
- More training on Trauma Informed cognitive behavioral EBPs as well as Mental Health First Aid, and Mental Health First Aid for Youth. We would like that opened up for community people, including the faith-based organizations.
- Scholarships for students so they can pursue careers in Mental Health.

PEI —

- More trauma informed EBPs using art for school kids, especially for those in foster care.
- Funds for foster care kids who need transportation, so they can continue in the schools that they originated from.
- Funds to house people experiencing their first break.
- Mental health and recovery materials translated to all the threshold languages.
- Advertising and outreach about Mental Health Services to areas agencies on aging.
- Using medical hub model, use funds to build the infrastructures of child and wellness centers so that they would be in every service area instead of just a couple.
- Funds to recruit and train underserved families to become foster parents, especially Native American, API and African families.
- Funds for Nami so they can hire staff to do more outreach and help underserved communities to build up Nami groups, especially the API and American Indian.
- More campaigns to outreach and engage about stigma, especially in the schools and faith-based organizations.
- Train staff and community about the Bill of Rights for children from the welfare system.