

Stakeholder Engagement: Your DMH

Date: December 19th 2018

Location: California Endowment

Activity 1: Mental Health Services Act (MHSA) Budget Priorities

Instructions: As a group, discuss the priority needs of the community within each of the five (5) MHSA funding components. Discuss how the budget can be utilized to address the needs of the community within these funding categories.

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| Community Services & Support (CSS) | <ul style="list-style-type: none">● Focus on building equity in service provision for all Underserved Cultural Community (UsCC) groups● Redefine homeless to identify marginalized individuals and meet the needs of the entire population● Focus on increasing consumer satisfaction● Expand staff for Psychiatric Emergency Teams● Define the meaning of wellness to fit the needs of all; needed for legislative priorities● Expand peer networks to reach out to:<ul style="list-style-type: none">○ Gay black youth (high suicide rates)○ Asian Americans, especially those not currently included @ UsCC group● Expand Health Neighborhood programs to be inclusive of:<ul style="list-style-type: none">○ Homeless veterans○ Native Americans○ LGBTQ● Create more open, friendly environments at DMH facilities and meetings● Expand Full Service Partnership (FSP) program● Connect Skid Row via San Diego County “Clubhouse Model”● Emulate the Mental Health America (MHA) “Village”, in place in Long Beach (support center that could be connected systemically and/or geographically with transitional housing)● Offer life skills training (laundry, cooking, cleaning)● Fund mental health support staff at community colleges● Increase support for family members● Expand eligibility for MediCal● Increased funding for peer mediation in schools● Fund NAMI on Wheels at hotspots for mental illness● Expand mental health services for inmates at LAC jails● Establish permanent transitional housing at county hospitals, vacant facilities, or other large areas of county-owned land to create a community for homeless inhabitation and rehabilitation● Provide contracted providers with funding to support indigent youth/family care● Provide contracted providers with funding to allow hiring of more staff● Allow clinicians to bill for travel time to and from patient intervention site● Increased collaboration between contracted agencies and DMH● Improved maintenance for 5150 hospitalizations<ul style="list-style-type: none">○ Easier process for voluntary admissions○ Increased inclusion of family members● Redefine credit check criteria for homeless housing with acknowledgement of age and background |
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| | <ul style="list-style-type: none"> ● Revisit rules for financing and reimbursement of contracted providers ● Expand resources available for blind, deaf, and immobile ● Redefine/clarify guidelines for diagnosis of mental illnesses ● Mandate that release of mentally ill by law enforcement occur within defined daytime hours (e.g. 8AM-5PM) ● Greater investment in shelters, with focus on quality improvement ● Increased utilization of teletherapy ● Provide medical benefits to peers who volunteer but decline stipend so as to maintain Supplemental Security Income (SSI) ● Expand hours for services to times when people most need the help/support (nights/weekends). ● Increased staffing of TAY System Navigators at juvenile court house ● Define how we monitor/supervise Coordinated Entry System (CES) and private housing ● Expand usage of “warm hand-off” system between primary care and behavioral health providers ● Station peer specialists at all discharge settings (e.g. hospitals, jails) ● Increased support for PMRT, work to decrease response time ● Important to collect information on how homeless clients became homeless to uncover reasons for prevalence and targets for strategic intervention and partnership with relevant agencies ● Need ability to monitor quality of provider services; surveys of quality of services at provider offices could be used to build a platform for publicly accessible ratings of quality <ul style="list-style-type: none"> ○ Decreases asymmetric information between consumers and providers ○ Allows for assessment of provider efficacy ○ Increased accountability on the part of providers |
| <p>Prevention & Early Intervention (PEI)</p> | <ul style="list-style-type: none"> ● Increase knowledge of Health Neighborhood initiatives among consumers via marketing of services and support at health neighborhood affiliated community centers ● Programming to reduce stigma toward mental illness ● Educate people about components of Mental Health Services Act (MHSA) ● Continuity in services and support to prevent relapse ● Work to decrease language/literacy barriers ● Offer certifications in Mental Health First Aid county-wide ● Educate people about co-occurring disorders (e.g. SUD and associated mental illness) ● Expand school-run mental health and wellness programs ● Provide wellness screening resources for teachers ● Offer grants to K-12 schools to implement peer advocate programs or clubs ● Consider providing >20% of funding to PEI ● Expand community mini-grants opportunities ● Increased access to cognitive behavioral therapy (CBT) and dialectical behavioral therapy (DBT), even without diagnosis ● Provide education for people who may be in denial about mental illness ● Home support groups ● Continue We Rise type events focused on empowerment of youth ● Training for mothers in prenatal stages about the mental health for themselves and their child ● Redefine Evidence-Based Practice (EBP) guidelines to better fit LGBTQ population ● Expand family peer support groups beyond those operated by NAMI; expand groups to include diverse family structures and roles ● Update mental health education curriculum for K-12 to minimize stigma and increase |

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| | <ul style="list-style-type: none"> sensitivity ● Focus on establishing both cultural competence and cultural humility ● Advocacy training for stakeholders |
| Innovation | <ul style="list-style-type: none"> ● Utilize teletherapy and telemedicine ● Increase number of peers in the field ● Create more UsCC groups ● Simplify paperwork to reduce barriers to accessing services ● Focus on gaps in Native American care access, utilization, and quality ● Focus on gaps in veteran care access, utilization, and quality ● Focus on expansion of service availability and accessibility ● Need updated and accessible resource directory ● Need better connection of elderly adult population with services; emulate or partner with “Uniper Care Technologies” ● Utilize innovative communication methods to reduce fear of service utilization among underserved migrant population ● Use schools as a pipeline to connect undocumented immigrant populations with services ● Partner with ride-sharing companies to provide transportation to DMH clinics and events ● Partner with universities to develop pathways to careers in mental health among people of underrepresented cultures and languages (providers tend to practice in areas with populations similar to their own) |
| Capital Facilities & Technological Needs | <ul style="list-style-type: none"> ● Expand network of peer resource centers to accessible areas in all SAs ● Provide temporary housing nearby Men Central Jail with care provision ● Need more facilities for TAY with co-occurring disorders ● Fund infrastructural upgrades for all existing capital facilities; funding for services is not enough ● Correct multiple and ongoing deficiencies in currently operating facilities ● Improve areas surrounding facilities (greening projects, overall clean up) ● Provide employment opportunities on both cap and IT projects for people with mental illness ● Wellness centers in all SAs, either standalone or within peer resource centers, to provide services such as massages, showers, haircuts ● Provide or connect to trainings for community members who need support with IT issues ● Create vocational training centers in all SAs ● Continually establish DMH satellite clinics and service centers in areas with high rates of gentrification ● Provide office space for CBOs |
| Workforce Education & Training | <ul style="list-style-type: none"> ● Cultural competency and sensitivity training for all providers, peers, and DMH staff ● Expansion of peer specialist training: <ul style="list-style-type: none"> ○ Housing homeless; see <i>Housing First</i> model ○ Assisting with job placement ○ Financial advisement ○ Teacher peers ○ Life skills (laundry, cleaning, cooking) ● Trauma Informed Care training for all providers and staff ● Train staff and DMH security to be more compassionate ● Bring back “Earn While You Learn” program ● Utilize paid internships that give employer tax break ● Improved education on how to handle 5150 hospitalizations for all individuals involved in the process |

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| | <ul style="list-style-type: none"> ○ Recovery Principles: support client and clinician communication and growth ○ Rules for Discharge: Educate social worker about discharge planning (e.g. ensuring a place to live) ● Ensure consistent communication with providers as to changes in legislation and facilitate consistent education on existing legislation ● Train contract providers in scope of work ● Train all staff in history of DMH functional and structural components to provide context ● Mental Health First Aid training for <ul style="list-style-type: none"> ○ Public transportation employees ○ Security guards at DMH facilities ○ School staff ● Education for law enforcement on how to handle individuals with mental illness ● Education for staff on Alzheimer's as well as common co-occurring mental health disorders |
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Activity 2: Communication Platform

Instructions: One of our greatest challenges in such a geographically spread Los Angeles County is building a platform for our many channels of communication. Communication should flow both vertically between the various stakeholder groups as well as horizontally to and from the department. It is the department's responsibility to build a "platform" to ensure this flow of communication is strong.

Discuss as a group how we can build a platform of communication around the following communication outlets. How can we, as a community, come together and facilitate these various platforms? How can the department meet the challenge of ensuring that the needs of the community are being heard through the various communication platforms?

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| Social Media | <ul style="list-style-type: none"> ● Utilize Facebook messenger to foster direct and instantaneous communication with Service Area Chiefs ● Use Facebook Events for meetings and other major events ● Conduct continuous promotion on: <ul style="list-style-type: none"> ○ Twitter ○ Facebook ○ Snapchat ○ Instagram ● Continuous updates via: <ul style="list-style-type: none"> ○ Twitter ○ Facebook ○ Snapchat ○ Instagram <p>Assure DMH staff has ready access to all of these tools (understand this is a current barrier for many).</p> |
| Regular meetings | <ul style="list-style-type: none"> ● Restructure to be more inclusive, particularly for people of varying cultural perspectives (i.e. culturally accurate translation) ● Recap previous meetings to maintain continuous progression of ideas ● Need more than four County-wide meetings per year for effective face-to-face engagement ● Conduct focus group driven needs assessments ● Have more space for people to gather and exchange thoughts and ideas ● Publish agendas for meetings at least one week in advance |

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| | <ul style="list-style-type: none"> Record meetings; make available to public |
| E-mail | <ul style="list-style-type: none"> Share resources via email (e.g. "one degree") Condense email text to create succinct communication |
| Virtual Engagement | <ul style="list-style-type: none"> Make meetings accessible virtually Create a way for people to remotely ask questions (Facebook Live comments or other separate communication application) Post videos of mental health commission meetings online Create a blog style tool on DMH web open to all for both staff and stakeholder engagement |
| Other | <ul style="list-style-type: none"> More events focusing on various topics pertaining to mental health, at which information can be provided on DMH services and progress Transparency of communication between SAACs and DMH Utilize entertainment media platforms as means for communication about events and news for DMH (e.g. a podcast with mental health experts and celebrities) Establish oversight committees for each SAAC to establish accountability at local and county levels Need for improved communication between potential permanent housing landlords and DMH, facilitation and simplification of process to get individuals housed Provide updates in the form of an easily understood newsletter Encourage communication not just between DMH and stakeholders but between the stakeholders themselves (can be facilitated partially through social media as well as during regular meetings) Establish bulletin board in libraries and public offices with resources Facilitate direct communication between consumers and local DMH staff/providers in the field Involve news stations in the reporting of events and meetings, increase awareness of DMH activity Go to schools and perform outreach for meeting participation and awareness Text message reminders about events Use radio (broadcast and digital) to promote Create YourDMH technology application for communication regarding upcoming meetings Health fairs More billboards (like current campaign) Use a master calendar for all meetings and other events, available on website and posted at meetings and events Need centralized hub that provides info that is happening in all areas (either online or in the form of an easily accessible facility) Streamline navigation of the website |

SESSION 2

Activity 1: Administrative Budget Wish List*

Instructions: Make a comprehensive list of all current, anticipated, intended and future expenditures to run a successful meeting and perform outreach and engagement for meeting attendance in the community (listed in priority order).

1. Subsidized transportation
 - a. Personal transportation reimbursement
 - b. Group transportation reimbursement
 - c. Public transit reimbursement
 - d. Rideshare codes
2. Food/Refreshments
 - a. Healthy
 - b. Mindful of dietary restrictions
3. Adequately large, accommodating meeting space
 - a. Abundant, free parking
 - a. Physically accessible for people with disabilities
 - b. Tables/chairs
 - c. Gender neutral bathrooms
 - d. A/C
 - e. Projector
4. Honorarium for attendees
 - a. Allowance
 - b. Gift card
5. Relevant audio/video technology
 - a. Audio/Video conferencing/broadcasting (Skype, Facebook Live, radio, public television)
 - b. Microphones/Speakers
6. Effective marketing
 - a. Social media ads/posts (Instagram, Snapchat, Facebook, Twitter)
 - b. News media (TV, Radio, Newspapers)
 - c. TV commercials
 - d. NextDoor
 - e. Up-to-date web postings
 - f. Email
 - g. Flyers
 - h. Billboards/Posters/Banners (throughout county)
 - i. Door-to-door outreach
 - j. Telephone call outreach
7. Translation/interpreter services
 - a. Both audio and visual
8. Relevant speakers
 - a. Elected officials
 - b. Celebrities
 - c. Experts in field
 - d. Representatives from partnering community businesses
 - e. People with lived experience
9. Leadership training
 - a. Required for all leadership positions/available to all community members
 - b. Orientation
 - c. Facilitation practice

10. Subsidized child care
11. Make DMH service providers/peers/staff available at meeting
12. Orientation to SAAC meetings

Activity 2: Meeting Structure and Effective Planning

Instructions: The meetings held in each Service Area or by the Underserved Cultural Community groups are a perfect setting to exchange ideas and information. An effective meeting is a product of preparation, leadership, group participation, open communication, time management, and a clear understanding by everyone of what the meeting is supposed to accomplish.

Brainstorm in groups what elements are important for a meeting to be successful at multiple stages, before, during, and after.

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| Before Meeting | <ul style="list-style-type: none"> ● Agenda and other important documents distributed via email or other means several days prior ● Provided directions/address for meeting ahead of time ● Extra outreach to new stakeholders that are already expected to attend meeting ● Provide information of subsidized transportation ● Provide community leaders the opportunity to comment on the contents of the agenda ● Meet with facilitators prior to meeting to ensure that the goals of each activity on the agenda are understood ● Provide information on available child care services ● Ensure that accommodations for disabled attendees are in place ● Effective marketing strategy to recruit stakeholders ● Ensure that requirements of the Brown Act are met |
| During Meeting | <ul style="list-style-type: none"> ● Stick to agenda ● Start on time ● Open and close with prayer/blessing/spiritual acknowledgement ● Confirm date, time, and (ideally) location of next meeting clearly (on current agenda and in closing comments) ● At beginning, set rules to ensure productivity of meeting ● Accurate, legible note-taking ● Signs pointing to where the meeting is taking place ● Employ principles from <i>Robert's Rules of Order</i> ● Provide overview of current financial expenditures ● Have greeters at the entrance to the meeting space ● Provide welcome packet for all new stakeholders with information about the stakeholder engagement process and structure ● Politely ask attendees to silence their cell phones ● Ensure that discussion remains respectful throughout ● Provide printed or posted copy of calendar showing upcoming events ● Allow everyone the chance to speak during group discussions and question and answer sessions ● Designate time-keepers to ensure that meeting agenda is accurately followed |

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| | <ul style="list-style-type: none">• Brief overview of recent events and goals for meeting at the beginning• Culturally appropriate translations for threshold languages• Include meet and greet in agenda to allow for networking• Use layman's terms instead of acronyms |
| After Meeting | <ul style="list-style-type: none">• Executive summary/minutes made available within 1-2 weeks• Conduct satisfaction surveys• Provide opportunity following the meeting to connect stakeholders with providers in attendance, if an issue is not able to be addressed during the meeting• Meet with new stakeholder participants and explain the importance of meetings, what can be accomplished from meetings, and what their role is in the structure of stakeholder outreach• Follow-up thank you email |