

Los Angeles County Department of Mental Health (LACDMH)
YourDMH Stakeholder Event
Summary of Presentations and Public Comment
March 1, 2019, 8:00 AM to 12:00 PM
Friendship Auditorium
3201 Riverside Drive, Los Angeles CA 90027

<p>Welcome and DMH Updates</p> <p>Mimi Martinez McKay, Deputy Director of Strategic Communications</p>	<ul style="list-style-type: none"> ● The YourDMH stakeholder initiative is a partnership between the Los Angeles County Department of Mental Health and a diverse group of stakeholders who work collaboratively with consumers, family, and community members in a process that generates meaningful input on mental health policy, program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations. ● The YourDMH document, posted on the DMH website, has been translated into Spanish. DMH hopes to have it translated into all the other threshold languages soon. ● The MHSAs Public Comment form is available in English and Spanish on the DMH website. Attendees are encouraged to post comments on the DMH website. ● DMH hopes to better support community engagement events by providing access to virtual meetings and transportation services. DMH is developing plans to contract with rideshare companies to roll out needed transportation services. ● DMH encourages everyone to visit the DMH website (currently in development), become subscribers, and receive regular updates. ● The WeRise 2019 event will take place from May 17 through May 27, 2019. ● The WeRise 2019 Poetry Contest deadline is May 1, 2019; attendees are encouraged to submit poetry. ● Mini Grant applications for community engagement are available. This is an opportunity for community members and community organizations to plan a mental health-related outreach event during the time period of April 15, 2019 through June 15, 2019. ● The MHSAs Public Hearing for FY 2019/2020 is scheduled for March 28 from 11:00 AM to 2:00 PM at Center Cathedral Plaza, 555 W. Temple Street in Los Angeles, CA, 90012; free parking will be available.
<p>Opening Remarks</p> <p>Dr. Jonathan Sherin, Director of the Department of Mental Health</p>	<ul style="list-style-type: none"> ● YourDMH was created to engage stakeholders and integrate feedback to improve the Department’s service delivery and program planning efforts. ● Currently, the DMH website reaches over 10,000 community members across Los Angeles County. ● DMH’s community stakeholder engagement efforts need to be ongoing, to reach all communities. ● DMH prioritizes increasing advocacy for mental health services and Medi-Cal payment reform at the State level. ● DMH prioritizes building equitable partnerships, to identify effective ways to serve and reach the most vulnerable populations, including: <ul style="list-style-type: none"> ● People involved in the jail mental health system ● Veterans ● People experiencing homelessness ● Community Colleges – ensuring that community colleges have prevention services ● School Mental Health - public schools need to have adequate mental services for students. ● DMH is advocating to mandate mental health curriculum in schools and is developing internship programs for students.

	<ul style="list-style-type: none"> ● It is important for DMH clinics and programs to create a welcoming environment that is inviting, accessible, and safe. ● DMH is focusing on creating strategies and developing a career ladder for clients to join the DMH workforce. ● DMH will increase services for people experiencing homelessness, and will support the building of more permanent supportive housing, to keep consumers with their families. ● DMH will focus more on serving consumers and helping families. ● DMH will have Peer Resource Centers that will include not just clinical care, but support and resources to promote wellbeing. ● DMH wants to hear from families to develop a program that allows individuals who suffer from mental illness to be able to live at home with their families. ● In order to improve DMH services delivery, the community needs to be a part of the solution and help DMH understand both what solutions looks like and how to create them. <p><u>Public Comments:</u></p> <ol style="list-style-type: none"> 1. It was recommended for DMH to partner with grassroots, community-based organizations to provide mental health services as they are more engaged and understand the cultural norms of the communities that they serve. 2. The security screening process at the DMH directly operated clinics is very intrusive and invasive. It was recommended to implement a security screening process that is more community friendly and welcoming. 3. Does DMH have programs to help families who are taking care of their loved ones who are suffering from a mental illness? Families are struggling because their loved ones are in denial and refuse treatment. 4. DMH needs to do a better job at engaging and serving the homeless population. There are too many mentally ill homeless individuals in our communities. 5. Are you going to hire a Discipline Chief for families? Families are struggling with loved ones who have severe mental illness and they need a lot of support from DMH. Having a Discipline Chief that focuses on providing support and education for family members is very important. 6. How can consumers participate with the mental health planning process? 7. The PMRT (psychiatric mobile response team) wait time is not viable. We have to depend on local law enforcement agencies to help with psychiatric holds and that is not always the best practice. The average wait time for PMRT to arrive to assess someone for a psychiatric hold is 3 to 4 hours. I recommend that you look into decreasing the wait time and developing a system that is more reliable and responsive.
<p>Prevention and Early Intervention Services Updates</p> <p>Dr. Debbie Innes-Gomberg Deputy Director, Prevention and Outcomes</p>	<ul style="list-style-type: none"> ● DMH is developing Access Platforms to identify places in Los Angeles County where people are likely to go at the beginning stages of their mental illness. ● Access Platforms can be parks, libraries, schools and other places where families congregate. ● DMH needs to be visible and present in places where people may be at risk of developing a mental illness due to trauma and other psychosocial stressors such as homelessness, etc. ● DMH prevention services will focus on educating communities, creating social capital, and reducing trauma. ● Prevention programs are being developed to support community colleges and high schools. ● School mental health services are being expanded and DMH will provide wellness screening resources for teachers.

	<ul style="list-style-type: none"> ● Schools will be used as pipelines to connect with undocumented immigrant populations and provide mental health school consultations. ● Community engagement and capacity building efforts to prevent trauma are DMH priorities. ● Both the Health Neighborhoods and Health Promoters programs will be expanded. ● DMH will provide prevention services and training to pregnant and parenting mothers. ● The SAACs and UsCC are part of YourDMH; these are stakeholder processes in place to gather community feedback regarding DMH services and programs. ● DMH stakeholder meetings take place in different geographical areas. DMH is engaged with different underserved communities to hear diverse voices. DMH needs to do a better job at promoting these meetings; announcements will be posted on the DMH website. <p><u>Public Comments:</u></p> <ol style="list-style-type: none"> 1. How are Health Neighborhoods, the Service Area Advisory Committees (SACCs), and the UnderServed Cultural Communities (UsCCs) working together in reference to the YourDMH initiative? There seems to be a disconnect with all these efforts. 2. I am here to advocate for the LGBTQI2-S community. I am hoping that DMH's prevention programs will be inclusive of the needs of the LGBTQI2-S community. 3. Will DMH provide flexibility for Legal Entity (LE) agencies to shift dollars from the MediCal funds to the Non-Medical funds and not loss a significant amount of the total value of their Contracts? This flexibility will allow LEs to increase their prevention services. 4. The Mental Health First Aid Training needs to be delivered and translated into other languages such as: Khmer, Korean, etc. 5. There is a need for trauma evidence-based practices that are culturally specific for certain underserved groups such as the African American community. As a recommendation to improve service delivery, it was suggested for DMH to explore evidence-based practices specifically for underserved ethnic communities that reside in Los Angeles County. 6. Is there a way to properly and effectively communicate the accessibility and visibility of the services DMH provides?
<p>Clinical Operations Updates</p> <p>Dr. Curley Bonds, Chief Deputy Director of Clinical Operations</p>	<ul style="list-style-type: none"> ● DMH's clinical operations will be re-organized based on the different levels of care, not based on age groups. ● The DMH Child Welfare Division overseas foster care services and services for the most vulnerable youth. ● Dr. Debbie Innes-Gomberg leads the DMH Prevention and Outcomes Division. ● The Outpatient Division, which represents 80% of the DMH budget and where 75% of DMH staff are assigned, is going to be restructured. This new structure will help improve service delivery. ● DMH will focus on improving services to: <ul style="list-style-type: none"> ● Engage underserved communities ● Serve individuals who need Full Service Partnerships (FSP) services ● Increase utilization of tele-therapy ● Expand mental health services for people incarcerated in County jails ● Establish permanent and transitional housing for individuals with severe mental health conditions ● Address the mental health needs of the LGBTQ youth population ● DMH is developing an affiliation with UCLA to provide psychological testing in Spanish, to better serve the Latino community.

	<ul style="list-style-type: none"> ● DMH has developed a strong and robust plan to recruit and hire psychiatrists from across the Country. ● DMH has a Loan Reimbursement Forgiveness Program to recruit psychiatrists who recently graduated from medical school and those in private practice. ● To improve customer service in DMH clinics and programs, DMH needs to address job satisfaction, employee burn out, and assess the client to staff ratio. <p><u>Public Comments</u></p> <ol style="list-style-type: none"> 1. At the County jails, individuals with a mental health condition need to have access to educational based incarceration programs. It was recommended for the Department to take action on this immediately. 2. When will DMH release the updated Departmental Organizational chart to the public? 3. Community based mental health organizations cannot afford to pay the high salaries to hire psychiatrists. Can DMH create a network/registry of psychiatrists so that the cost is feasible? 4. There is a petition to increase the reimbursement rate of Board and Care facilities. Currently, Board and Cares are getting reimbursed \$35/day to house an individual who suffers from a psychiatric condition. This is not feasible and many Board and Cares are closing their doors due to the low reimbursement rate. Can DMH assist to circulate this petition?
<p>Administrative Services Updates</p> <p>Edgar Soto, Administrative Deputy</p> <p>Monica Paraja Dominguez, Departmental Human Resources Manager</p>	<ul style="list-style-type: none"> ● DMH wants to provide more cultural competency trainings for both clinical and administrative staff. ● DMH currently offers customer service and implicit bias trainings which are mandated by the County. DMH plans to increase these efforts. Discipline Chiefs are working with Human Resources (HR) to create additional training on self-care. ● DMH is looking into translating services in all 13 threshold languages. DMH is working on translating the Mental Health First Aid Training in all threshold languages. DMH has the resources, but needs to resolve some copyright issues. ● Clinic hours will be expanded to meet the needs of the communities that we serve. Clinic hours will be expanded to evenings and weekends. The Department is currently working with the unions to implement this plan. ● The HR hiring process will be simplified to improve the hiring timeline. ● Human Resources is hiring –DMH will invite candidates to participate in the interview process and will be able to make contingent offers on the spot for several positions such as: <ul style="list-style-type: none"> ● Mental Health Clinicians ● Patient Resource Workers ● Intermediate Typist Clerks ● Senior Typist Clerks ● Community Health Workers ● DMH is close to completing the reorganization process, which will include added functionalities to contract monitoring. DMH is moving toward standardizing the budget process. ● HR is working with the Peer Services Discipline Chief to develop a career ladder for peer staff. ● HR is working with the DMH Workforce Education and Training Division to develop its training website and making sure that current training information is posted. ● DMH is advocating at the State level to have a peer certification program in California. ● DMH has hired a consulting firm to help examine DMH contracts and services,

	<p>develop key performance indicators, and assess the work of DMH providers.</p> <p>Public Comments:</p> <ol style="list-style-type: none"> 1. What are we doing to provide services and well-being for staff? 2. Will the new contingency job offer expedite DMH's hiring process? 3. Is DMH working on trying to find a way to equalize the pay scale across the board in the County? 4. Will the cultural competency trainings be interactive or online? 5. How can a peer get a job that is adequate for them with DMH? 6. How do you accommodate people who cannot go online? 7. Can DMH hire nutritionist so that they can educate the mentally ill, who resides at Board and Cares and IMDs? 8. We have a desperate need for peer support mentors? It's recommended for DMH to hire more peers because families who need their support are struggling with their loved ones. 9. Do you hire Quality Assurance Auditors for services? The services provided by Contractors are poor, inadequate and there is no oversight. 10. The County examines are very difficult and this hinders people who have certificates from being part of the DMH workforce. 11. Peers need individual therapy; it has not been reinstated. The peer to peer support group is not a part of our contract with DMH, there is no peer portion of the contract.
<p>Strategic Communications updates</p> <p>Mimi Martinez McKay, Deputy Director of Strategic Communications</p>	<ul style="list-style-type: none"> ● There is no one in the community that is not impacted by mental health. Here in California, the Mental Health Services Act provides important opportunities to address vital needs. ● Attendees are encouraged to access the new user-friendly process to submit public comments to DMH, through the DMH website. ● DMH appreciates the role of attendees as community stakeholders, and encourages asking questions and challenging DMH. ● Attendees are asked to sign up and receive updates and share information, especially with people who don't access information via traditional formats. ● Attendees should have received the flyer for the MHSA Public Hearing on April 28 at the Cathedral. There is also a Survey Monkey that was sent out to elicit feedback; and also two feedback forms – attendees can send them by mail, fax, or via email. Attendees are encouraged to share these forms in the community, so DMH can get more input on two questions: 1) What do you think about DMH's services? and 2) What do you think about the way in which we are making this information available? ● Attendees are encouraged to spread the word about the WeRise 2019 Poetry Contest and the \$5,000 Mini Grants for community engagement events. The application is simple. There is going to be a webinar that will explain how to apply for these Mini Grants; it will be posted on the DMH website. ● DMH wants to connect to attendees who use social media. Everyone is encouraged to connect with DMH.