

County of Los Angeles – Department of Mental Health
OFFICE OF THE MENTAL HEALTH COMMISSION
Thursday, April 25, 2019
Meeting Minutes
Merilla M. Scott, Chair, Facilitating
APPROVED – July 25, 2019
MSC – Cooperberg/Weissman - 1 Abstention

Discussion	Action/Motion
<p>Call to Order by Commissioner Scott Welcome and Introductions Roll Call: Canetana Hurd</p> <ul style="list-style-type: none"> Absent Excused: Commissioner Curry and Commissioner Murata-Shih Introduction of OCFA (Office of Consumer and Family Affairs) Staff 	
Department of Mental Health Report – Curley Bonds, II, Chief Deputy Director, Clinical Operations	
<p>Dr. Bonds reported the following:</p> <ol style="list-style-type: none"> Service Area Visits – Executive Management Team and Discipline Chiefs have not visited 4 of 8 service areas, starting with the Lancaster/Antelope Valley area. The others are schedule to resume next week. This has allowed us to get a first-hand impression of what is working in the service areas and opportunities for improvement. Consistent themes that have come from these meetings: <ol style="list-style-type: none"> Staffing shortages – most clinics will increase by 1-2 staff Hiring processes – lengthy and cumbersome (background checks) Facilities insufficient to meet needs Safety concerns Access to care initiatives – get people in more quickly, assure services for those already in treatments continue uninterrupted. District Chiefs are ensuring standards throughout the organization Diversion – Meeting with Judge Ohta and others to discuss a plan to implement SB 1810, currently only operating out of the Central Court under ODR. Increase the number of court linkage workers and place them in identified hubs. Charges are dropped if individual completes treatment recommended by court. This will involve assessment early in the course of involvement with the criminal justice system, judges and lawyers’ willingness to accept alternatives to incarceration and DMH and other agencies (Public Health-substance use) finding treatment alternatives that are readily accessible. Bail Reform Working Group – Convened by DA Jackie Lacey. The goal is to look at Bail Reform as an opportunity to retool how we address those with serious mental illness be diverted to care and avoid incarceration altogether. START teams were nationally recognized and featured in the Mercury News surrounding the 20th anniversary of the Columbine school shootings. Practice Parameters and Policies – Being reviewed and updated by administrative and discipline chiefs, staff, and unions. 	<p>ACTION ITEMS:</p> <ol style="list-style-type: none"> Send recent reorganization chart, draft ok for commission (Stevens) PENDING Request AOT contract information (Weissman) COMPLETED Qs re: Psychological Testing – Connect with Jorge Partida Del Toro (Curry) PENDING Provide contract agency and directly operated clinic information on MHC, SAAC Resources (Dagleish) PENDING Keep YourDMH active on the agendas and reports to continue to educate the

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<p>March 29 Action item update</p> <p>A. ACTION – Send recent reorganization chart (draft ok) to Commission (Stevens) - <u>PENDING</u></p> <p>B. ACTION – Request AOT contract information (Weissman)</p> <p>C. ACTION – Presentation on Psychological Testing (invite Jorge Partida Del Toro for the presentation) (Curry) - <u>PENDING</u></p> <p>D. ACTION – Stakeholder engagement: Ask contract agency and directly operated clinics to post positive information in the waiting rooms (Dagleish)</p> <p>E. ACTION – Keep YourDMH active on the agendas and reports to continue to educate the DMH and the public (Stevens) - <u>NOTED</u></p> <p>Comments on agenda item</p> <ul style="list-style-type: none"> • Barbara Wilson – Glad to hear psychological testing is available and stated she is familiar with completing the forms and can assist filling them out. • Brittney Weissman – Excited about the psychological testing availability and supports the effort • Patricia Russell - Question for Dr. Bonds regarding update on co-occurring disorder services and recruiting DMH staff 	<p>department and the public (Stevens)</p> <p><u>NOTED</u></p>
<p>Comments from Dr. Jonathan E. Sherin, Director Mental Health</p> <ul style="list-style-type: none"> • Access to beds is limited in LA County because of competition with insurance company bids • DMH plans to build subacute care in acute care county hospitals • B&C push for statewide awareness to change broken business models and provide training; the B&C network is shrinking • SB 10 approved for standardized certification trainings to assist in sustaining Peer Certification • Payment Reform – Mark Ghaly, MD, Director of DHS Community Health & Integrated Programs is involved at state level to protect payment reform, a system driven by the need not the money 	
Presentation: County of Los Angeles, Health Agency Priorities - Fred Leaf, Interim Director, LA County Health Agency	
Called on emergency assignment - no update	
DMH Announcement – Trieste Project Proposal Available for 30-day Public Review and Comment	
<p>Mimi McKay reported</p> <ul style="list-style-type: none"> • The 30-day posting on the Trieste Project, a MHSA project, will began May 1, 2019. The project is a recovery model with a \$90m budget to propose the following: <ul style="list-style-type: none"> a) Restructure the payment structure b) Model that reflects on well being c) More accountability and easy to use technology d) Seeking board approval 	

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<p>e) First year will be about planning that includes stakeholder engagement and ramp up for the first 12 months after July 2019.</p> <p>Public Comment</p> <ul style="list-style-type: none"> • Payment reform – staff spend too much time (65%) charting files and not much time spent with clients. Trieste model will develop payment reform to use as a system • Question: Any community-based organizations attend to Europe for the Trieste study. Which ones went? Were attendees funded? • Rubric system used for recovery? School age data is more viable and realistic with rubric system 	
Business Discussion/Action Items	
<p>MOTION #1 – Approval of the March 28, 2019 meeting minutes Minutes approved with 1 abstention</p>	<p>MOTION #1 – March 28 meeting minutes approved – 1 abstention</p>
<p>MOTION #2 – Assisted Outpatient Treatment (AOT)/Laura’s Law Oversight Committees Commissioner Weissman, Chair of the AOT Oversight Committee, presented the AOT program update report at the April 6 quarterly meeting. The report focus was implementation including recommendations for improvement to submit to the BOS and DMH leadership. AOT committee charter require updates regularly submitted to the BOS.</p> <p>MOTION: Move that MHC forward AOT recommendations and cover letter to the BOS and DMH leadership. – Motion approved by unanimous vote</p> <p>Discussion Joel Braslow and Philippe Bourgeois</p> <ul style="list-style-type: none"> • Spoke in support of the recommendations evaluating AOT and MHSA frontline services delivery result through collecting data with findings • Recommend AOT look at DMH FSP progress thoroughly • Recommend AOT engage and understand the role of families. Families give better feedback to DMH <p>Commissioner Turner – Would like to see more of a breakdown in a quantitative method to see the breakdown within the various communities.</p>	<p>MOTION #2 Motion approved</p>
<p>MOTION #3 – Motion to Approve MHSA Annual Update A. MHSA Annual Update The MHC vote to approve the Mental Health Services Act Annual Update presented at the public hearing March 28</p> <p>MOTION: Move that MHC support the Mental Health Services Act Annual Update presented March 28, 2019 at the public hearing.</p>	<p>MOTION #3 – A. Approved with 1 abstention</p>

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<ul style="list-style-type: none"> • Commissioner Chair, Scott: Abstained from voting based on a professional conflict. Will not be voting. • Commissioner Susan Friedman: Approves with an emphasis on all commissioners working with their supervisorial districts to ensure that the priorities of their districts are being met. • Commissioner Brittney Weissman: 2nd the Motion <p>Discussion</p> <ul style="list-style-type: none"> • Commissioner Judy Cooperberg: Asks whether she needs to recuse herself from the vote as well for working with a contract agency. • Commissioner Susan Friedman: Heard from a representative from DMH around Housing and School Initiative. We heard from the specific programs; the document itself is complicated and dense. It is complicated to know whether every item has been covered, suggestion is to support because trust the Department has done due diligence and spoken to those who utilize the MHSA funding. This funding is so significance because before the MHSA funding came in, the only funding the Department had was for those with serious mental illness (SMI), MHSA goes in every direction and covers the entire population of LA County and multitude of issues, not just SMI. • Commissioner Reba Stevens: Does not feel comfortable voting on the budget based on not having received enough information. There was no regular meeting in January and February of the commission to hear from the department or discuss the MHSA budget. • Commissioner Brittney Weissman: Identification of conflicts and asks to what extent the conflict precludes voting on MHSA? Commissioner Weissman asks that the commission look at those requirements. • Commissioner Harold Turner: If we start digging through and the directions it goes through, sure that there will be conflicts, question is can we honor the spirit of it, then no requirement that anyone recuse themselves. • Debbie Innes-Gomberg: Budget organized by the main areas then by work plan. Nothing in the plan stipulates how much funding goes to a particular contract agency. What the document is doing is reporting on last FY outcomes, concerns about whether DMH performed at the level they set out to, are the results accurate, those are the issues on the table for approval. (Provided contextual understanding on the role of the MHC as it relates to the approval process of the Annual Update and 3 Year Plan. The annual update does not identify specific portions of funding that go to contract agencies.) • Commissioner Judy Cooperberg: Questions whether the commission is being asked to approve the update and not the budget. Conflict is in the budget, not the update. • Debbie Innes-Gomberg: Clarified that the budget is the best guess estimate, they do not actually know at any given point in time how much funding is coming in. • Commissioner Stacy Dalgleish: Asked about the auditing process. Auditor-Controller certifies that the department has met all rules and regulations and works on audit plans. Quality Improvement and Quality Insurance and independent agency for contractors. Four or five years ago a complete MHSA audit was performed, in February review of MHSA was done as part of Healthcare Services. 	<p>B. Commissioners Weissman and Cooperberg will Chair Nominations Committee</p>

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<ul style="list-style-type: none"> • Commissioner Stevens: Still confused as to what is the actual thing to do, maybe Commission Services can help. Has an issue with listening to just DMH present, wants to be honest with herself, the community, and the group. Identified that representatives were present from both the 2nd and 5th districts to address the issues of concern. • Commissioner Ogawa: Not sure Commission Services plays any role. Process moving forward, how do we look at this? What role does the commission play in this process? Looks to the State or BOS to find answers. <p>Motion approved with 2 abstentions</p> <p>B. Nominations Committee Announcement</p> <ul style="list-style-type: none"> • Announce the MHC 2019-2020 Nominations Committee <p>C. By Laws Review Update</p> <ul style="list-style-type: none"> • Bylaws committee continue to review bylaws and update recommended changes. 	
Commissioner Reports/Commission Staff Priorities – Updates tabled	
Presentation: Board & Care – Maria Funk, DMH Mental Health Program Manager III, Countywide Housing, Employment and Education Resource Development	
<p>Dr. Maria Funk and Elizabeth Sadlon outlined the stakeholder process to develop recommendations to sustain Licensed Residential Facilities (LRF) requested by the board.</p> <p>LRF aka assisted living or board and care agencies:</p> <ul style="list-style-type: none"> -Adult Residential Facility (ARF) - ages 18-59 -Residential Care Facility for Elderly (RCFE) – age 60+ <ul style="list-style-type: none"> • The challenge: <ol style="list-style-type: none"> a) Demand exceeds supply of LRF beds b) Facilities are closing due to funding \$1058.37 (\$35 a day) c) Limited options for persons with severe mental illness if no LRF bed is available. • Progress toward solutions: <ol style="list-style-type: none"> a) DHM and DMH programs provide enhanced reimbursement for eligible clients b) Awareness is increasing at the state level c) Stakeholder and advocacy groups are raising voices to enhance political solutions • Stakeholder process: <ol style="list-style-type: none"> a) Site visits and interviews to gather preliminary input from operators, residents, and families b) Compile and integrate data, analysis, promising practices from subject matter experts c) Stakeholders connect with each other and test possible approaches from small groups d) Culminating meeting (May 8) to engage across groups, share data, respond to draft a plan 	ACTION

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<ul style="list-style-type: none"> Sample Recommendations: Operator financial sustainability: <ol style="list-style-type: none"> Increase base payment Introduce tiered payment for higher levels of care One-time funding for maintenance and capital improvements Client quality of life: <ol style="list-style-type: none"> Supportive and enrichment services, activities, and transportation for residents Community enhancement orientation Supports for residents to live independently Operator effectiveness: <ol style="list-style-type: none"> Network of operators Relief and supportive services for operators Training and technical assistance for operators and staff, onsite, low or no cost, accessible System capacity and efficiency <ol style="list-style-type: none"> County staff dedicated to helping operators with non-FSP, non-emergent needs Real time bed tracking system County lease or own, with experienced operators Public Comment on item: <ul style="list-style-type: none"> Who should letters be addressed to advocate for this cause Facilities for people with developmentally mentally ill are in need of increased funding for better care. B&C do not accept people with co-occurring disorders Important for B&C to offer services to people who are going through recovery along with necessary funding. Appreciate the progress of B&C so far. At a minimum B&Cs, cover shelter for people needing supported housing. Question-B&Cs take Medi-care Medi-cal coverage. 	
Public Comment – Non Agenda Items	
<p>Maria Juarez –</p> <ul style="list-style-type: none"> Last month Ms. Juarez discussed requesting an accident report from security officers pertaining to a fall she experienced in the PRC lobby. She has yet to receive the accident report. The accident report is necessary to prove to medical staff that injuries due to the fall do not relate to domestic violence. Without the accident report, medical staff cannot determine injuries relate to the fall. (Issue forwarded to OCFA staff). <p>Marvin Thompson</p> <ul style="list-style-type: none"> I am still not housed and am not receiving anything close to an acceptance level of treatment. I am continuously being passed from case manager to another and the diffidence in my care are becoming more evident. I have seen my psychiatrist more than anyone else has since November 2018 (referred to Stevens) 	<p>ACTION:</p>

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<p>Ricardo Kim</p> <ul style="list-style-type: none"> • Spoke about YourDMH name change • Spoke about SAAC 4 ad hoc charter committee update <p>Ellie Saveck</p> <ul style="list-style-type: none"> • Appreciate efforts on Trieste model • Appreciate all being done to address B&C crisis • Raise awareness to the absence of family involvement in developing 3-year plan, developing Trieste model. Very important element for meeting treatment needs since families live in the interface between the mental illness and the system for years and throughout the course of a chronic illness in flex • Courts and judges need mental health training if they are to be adjudicated by laws not designed for them. The DMH Liaisons are not in contact with families unless person is conserved, they depend on facility input which is not always accurate or detailed enough. <p>Carol Dorobocaplus</p> <ul style="list-style-type: none"> • Family members dealing with the needs of a mentally ill loved one are integral to the success of programs geared to support of the mentally ill. More involvement of family members must be supported. We have lots of experience, knowledge and skills to contribute to planning and execution of DMH and MHC projects. <p>Wendy Cabil</p> <ul style="list-style-type: none"> • Chair for SPA 1 Client Advisory Board • Proposes MHC to come visit peer meetings without DMH staff so discussions can be transparent <p>Shelley Hoffman</p> <ul style="list-style-type: none"> • I applaud the creation of the Peer Discipline Chief. There should absolutely also be a Family Member Discipline Chief. It is only family members who can truly advocate for those gravely disabled individuals who cannot advocate for their own actual needs <p>Justin Torres</p> <ul style="list-style-type: none"> • MHC should push to support AB 7366 (Bloom), a bill to support gathering information by CCL to track beds <p>Barbara Wilson</p> <ul style="list-style-type: none"> • Attended the Behavioral Planning Council with Dr. Sherin at the state capitol as well as testifying about the importance of saving the B&C/ARF system • They are continuing to support and to research regarding the costs, the need, differing models, etc. <p>Gilbert A. LaBlonc</p> <ul style="list-style-type: none"> • Lots of mental health facilities are available in SA 2 but only 2 drug treatment facilities (Tarzana and Cornerstone) available in the San Fernando Valley. <p>JoAnn Freeman</p> <ul style="list-style-type: none"> • Innovation Idea: For clients who are missing their appointments please modify the following: 	

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<p>-APP application -Check-in time -Time of actual appointment -Notification light to notify client when a client is using the restroom, but arrived 30 minutes early way before the actual appointment. The therapist said, client could not attend group (unfair)</p> <p>Jean Harris</p> <ul style="list-style-type: none"> • AOT oversight committee should be transparent on recommended actions, quarterly reports received from UCLA and allow public input before sending to BOS • Why no SAAC reports? • Wished to discuss difficulty for clients in SA 1 to apply for CAF, and consumer experience an appalling issue with MET. <p>Barbara Wilson and Gilbert</p> <ul style="list-style-type: none"> • No B&C in SPA 2. Families must have a network of safety: • Gilbert – Canoga Park, N/A treatment facilitators so people can get treatment. Need treatment centers everywhere before going to mental health treatment 	
<p>Motion for Meeting adjourned –</p>	
<p>Next Meeting - May 23, 2019 from 11 am – 1:30 pm, Kenneth Hahn Hall of Administration – Room 739, 500 West Temple Street Los Angeles, CA 90012</p>	

Meeting highlights submitted by Canetana Hurd