

Mental Health Commission Annual Report

FY 2020-2021



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Background

State law requires each county to have a Mental Health Board or Commission. The role of the Commission is established in the Welfare and Institutions Code (WIC) Section 5604. Pursuant to Section 5604 et seq. of the WIC there must exist in the County of Los Angeles the Mental Health Commission and that Commission is hereby continued in existence in the Department of Mental Health (DMH) effective October 29, 1957. The Los Angeles County Mental Health Commission consists of sixteen members. By law, one member of the Commission must be a member of the Board of Supervisors. Section 5602 WIC sets very specific membership requirements. Fifty percent of the Commission membership shall be consumers or the parents, spouse, sibling, or adult children of consumers, who are receiving or have received mental health services. Consumers constitute at least 20% of the total membership. Families of consumers constitute at least 25% of the membership.

Due to the COVID-19 public health emergency, the Commission utilized online meetings to ensure the health and safety of commissioners, staff and the public. California Governor's Executive Order waived all in-person requirements for public meetings.



Vision

All Los Angeles County individuals, families, and communities have access to effective mental health care.

Mission

To advise the Los Angeles County Board of Supervisors and the Department of Mental Health Director on issues impacting the County mental health system.
To review and approve the procedures used to ensure community and professional involvement at all stages of the planning process.

VALUES

Accountability for Care

Services and programs should be held to high quality standards and result in effective care and positive outcomes.

Access to Person Centered Care

Treatment should be easily accessed, in a welcoming and respectful environment, and tailored to meet differences in individual need. The individual should be a partner in their treatment process.

Comprehensive Care

The coordination of health care that addresses mental health, substance abuse and primary care services to ensure the best outcomes for those with multiple healthcare needs should be systematized. Comprehensive care should also address stigma and structural barriers to individuals in obtaining education, employment, secure housing and other needed services.

Trauma Informed Care

Organization and treatment frameworks should involve understanding, recognizing and responding to the effects of all types of trauma, not just on the individual seeking treatment but to the family and community.

Community Responsive Care

Recognize individual and systematic bias and respond to issues that lead to disparities in either allocation of resources or poor outcomes for specific communities or sub-populations. Cultural customs, practices or rituals that can positively impact treatment outcomes should be identified and incorporated, where possible.

Note from the Chair

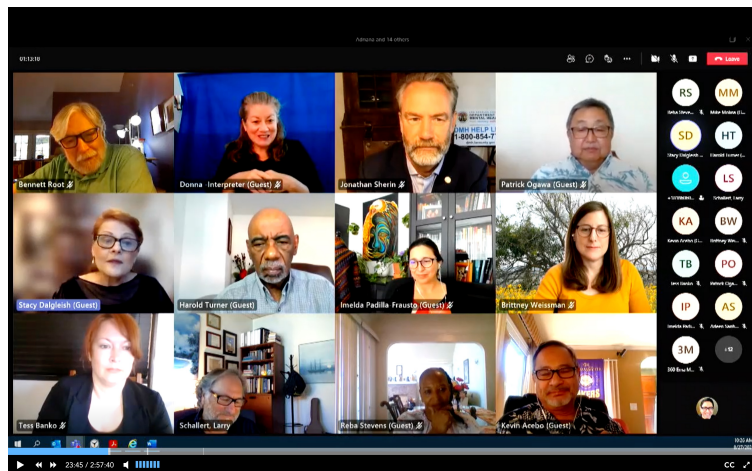
The Mental Health Commission had a productive and successful FY 2020-2021. Stakeholder meetings continued to be held online providing easier access for Commissioner attendance and enriching the relationships between the Commissioners and their respective service area and cultural groups. The Commission maintained focus on the three priority areas developed during our Annual Retreat: homelessness and housing, integrated care and decriminalizing mental illness.

We also enjoyed new appointees to the Commission including: Commissioners Banko (SD3), Schallert (SD5), and Root (SD1). At the same time, it was bittersweet to lose Commissioner Ledesma (SD3), who provided stellar and steadfast counsel and perspective to our Commission for many years.

To our collective health and well-being in Los Angeles County,

Brittney Weissman

Chair, Mental Health Commission, Los Angeles County



1st District: Hilda Solis

- Susan Friedman
- Imelda Padilla-Frausto
- Ben Root



2nd District: Holly Mitchell

- Reba Stevens
- Harold Turner
- Vacant



3rd District: Sheila Kuehl

- Teresa Banko
- Kathy Cooper-Ledesma
- Stacy Dalglish



4th District: Janice Hahn

- Kevin Acebo
- Michael Molina
- Patrick Ogawa



5th District: Kathryn Barger

- Judy Cooperberg
- Lawrence Schallert
- Brittney Weissman



General Meetings & MHSA

During FY 2020-21, the Commission conducted numerous events: Eleven (11) full commission meetings, and ten (10) Executive Committee Meetings. The Commission is dark during August. We also produced three (3) Mental Health Services Act (MHSA) public meetings and held a retreat to kick off the FY. A quorum was present at each event.

The MHSA Three Year Plan Letter to the Board and Department:

The Commission submitted a formal letter including recommendations to the Board and the Department at the completion of the 2020-2021 MHSA Three Year Review process. In it, we commended the Department for continued engagement with community stakeholders through the geographic Service Area Leadership Teams (SALTs) and Unserved/Underserved Cultural Communities (UsCCs) and combined Community Leadership Team (CLT) throughout in ongoing planning and implementation of the MHSA. Our recommendations centered around six broad themes: Inequities/Disparities, Treatments and Services, Family Inclusion, Housing and Homelessness, Criminal Justice, and Impact of COVID-19.

To review our letter of recommendations please see Exhibit E here: [MHSA 3-Year Plan](#)

The MHC formed several workgroups to tackle the county's most pressing issues related to mental health. Each work group developed a series of recommendations aimed at the Commission itself, the Department of Mental Health and the Los Angeles County Board of Supervisors.



DISPARITIES AND INEQUITIES ACROSS GROUPS



HOMELESSNESS



INTEGRATED CULTURALLY COMPETENT CARE

RECOMMENDATIONS



DISPARITIES

Commissioners: Harold Turner, Stacy Dalglish, Imelda Padilla-Frausto

Recommendations to Mental Health Commission

- Invite members from other commissions, attend other commission meetings, or have joint meetings where issues intersect.
- Continue to explore best practices for engaging community and stakeholder input through public comment.

Recommendations to the Department

- Provide data on needs and unmet needs by SPA and race/ethnicity.
- Expand on providing data on needs and resource allocation by SPA and by race/ethnicity in the next 3-year plan and annual updates.
- For dashboard being proposed, provide data so we can track outcomes by SPA and by race/ethnicity.
- Increase collaboration with DHS and DPH to meet the needs of consumers.

Recommendations to the Board of Supervisors

- Increase collaboration across commissions where issues intersect.
- Increase funding and support for data collection and infrastructure for data sharing across departments.

HOMELESSNESS

Subcommittee: Kathy Ledesma, Stacy Dalglish, Imelda Padilla-Frausto

Recommendations to the Mental Health Commission

- Develop matrix of skills/experiences needed for future MHC vacancies, including faith community, homeless advocacy, and law enforcement.

Recommendations to the Department

- Expand the HOME Teams to a minimum of 2 per SPA (4 for SPA 4) due to the incidence of homeless persons with serious mental illness increasing. A greater focus on building trust and relationships will lead to better acceptance of services.
- Permanently establish the out-patient conservatorship project, with a goal of conserving a minimum of 10 persons in each SD annually.
- Consider making the CIRCLE project, to be piloted by the City of Los Angeles in Hollywood and Venice beginning summer 2021, a pilot of the Department. CIRCLE (Crisis and Incident Response through Community-Led Engagement) is being led by Urban Alchemy, an organization that hires individuals with lived experience to do street outreach and build trust in accessing housing and related services as an alternative to law enforcement responses to incidents by individuals with Severe Mental Illness.

Recommendations to the Board of Supervisors

- Increase communication between BOS and MHC. Encourage quarterly meetings; engage in priorities Board members want to prioritize.





INTEGRATED CULTURALLY COMPETENT CARE

Subcommittee: Patrick Ogawa, Imelda Padilla-Frausto, Kevin Acebo

Recommendations to the Department

- Develop a three-year strategy to address inequities of Asian Pacific Islander (API) communities to include improved data collection and analysis; enhanced technology driven tools and services; and identification of sustainable funding.
- Augment existing API agencies to provide those services and activities identified by the Asian Pacific Policy and Planning Council (AP3CON).
- Cultivate service arrangements with API community-based agencies that do not have contracts with the LAC/DMH to provide Prevention and Early Intervention, treatment, and recovery services.
- Enhance all public service clinics to improve their outreach and services to API communities.
- Assess and evaluate the success and cost savings of the integrated system of health and mental health care pilot program at Adventist White Memorial Hospital in East Los Angeles in which physicians and psychiatrists, nurses and licensed clinical social workers will work collaboratively in meeting health and mental health needs.

Commission Support Team:

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