

**COUNTY OF LOS ANGELES—DEPARTMENT OF MENTAL HEALTH  
SYSTEM LEADERSHIP TEAM**

Meeting Notes January 19, 2011  
St. Anne's Auditorium  
155 N. Occidental Blvd., Los Angeles, 90026  
9:30a.m. – 12:30 p.m.

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**REASONS FOR MEETING**

1. To give an update on the MHSA Information Technology (IT) Plan and Phase II IT Plan.
  2. To discuss the CalMHSA Joint Powers Authority (JPA).
  3. To learn about the Social Inclusion Plan.
  4. To provide updates from the County of Los Angeles Department of Mental Health.
  5. To encourage SLT members to disseminate information about mental health and mental health outcomes.
  6. To obtain feedback on proposals regarding SLT membership.
  7. To identify topics for upcoming SLT meetings.
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**I. Review Meeting Agenda and Materials**

- A. No questions or corrections to the meeting notes for the November 2010 SLT meeting.

**II. MHSA IT Plan Update and Phase II Plan**

- A. Robert Greenless, Ph.D., Chief Information Officer
  1. Presented an update on the MHSA-IT Plan Phase I and II. For additional information about the presentation, refer to the handout entitled "MHSA-IT Plan: Phase I Overview and Phase II."
- B. Feedback:
  1. Question: Does the existing IT Plan also include using Los Angeles City libraries?
    - a. Response: No, we currently only have a Memorandum of Understanding (MOU) with the County. Given the funds we have, expanding to City libraries may be unattainable. We have three years of funding just for the County libraries, and after that we do not know how to fund it.
  2. Question: Where are the computers going to be located?
    - a. Response: The final list has not been finalized but around 100 computers will be located in wellness and residential centers. We worked with the District Chiefs to identify these sites. Not all are DMH sites.
  3. Question: Are there any one-time costs? Are there any in Phase II?
    - a. Response: There is an initial software purchase in Phase I implementation, which is a substantial amount. Phase II has some one-time costs but not a lot. However, there are annual maintenance costs, including to pay for supportive staff.
  4. Question: What is the update on tele-psychiatry in Court 95?

- a. Response: It was tabled because of the availability of people who can take it to the next step. But it is still a possibility. It is just a matter of having a willing partner.
5. Question: Will the IBHIS system be able to share information around joint case staffing with regards to a client? If clients have a physical health problem, can we talk to that system as it relates to the mental health side of that case?
  - a. Response: The ability to share clinical information across providers and domains is beyond what IBHIS can do. IBHIS is an electronic health record system for DMH. There is a separate project underway called the Enterprise Master Person Index (EMPI), which makes it possible to exchange this information.
  - b. Response: The facilitator asked the group if this was a topic of interest for the SLT (i.e., knowing the status of County efforts to create an information system that integrate various records).
6. Question: Is there a projected roll out date for IBHIS?
  - a. Response: At this point we can only estimate, and we are looking at rolling it out in June 2013, approximately.
7. Question: What kind of super template is going to be used to transfer data across all the systems?
  - a. Response: There is a group working on a standard for a portable electronic health record for mental health that all electronic health record systems for mental health will have to comply with.
8. Question: What has the cooperation and discussion been like with the Los Angeles County Departments of Health Services and Probation?
  - a. Response: The Probation Department has been very active. They are implementing an electronic health record system for probation and health services. We are defining the needs of mental health clinicians at Probation sites in terms of using the system. We are also reviewing each data element used in the Probation system to know what data are being collected, how data will be stored, and how the data translate into our system.

### III. CalMHSA JPA: Update

- A. William Arroyo, M.D. County of Los Angeles, Department of Mental Health
  1. Presented an overview of the CalMHSA Statewide PEI Work Plan. For additional information, please refer to the handout entitled "California Mental Health Services Authority Statewide Prevention and Early Intervention Implementation Work Plan."
- B. Feedback:
  1. Question: Is there any collaboration with the Federal or State Veterans Associations regarding suicide prevention? How does the \$45 million County allocation affect our current PEI Early Start Projects?

- a. Response: The Oversight and Accountability Commission (OAC) has directed the Joint Powers Authority (JPA) to ensure that all proposals leverage ongoing local activities and resources that pertain to all groups, including veterans. So we anticipate that there will be proposals by the JPA that link the proposal with veterans or other important special groups.
2. Question: Are there any efforts to include faith-based communities in some of the planning efforts?
  - a. Response: Yes, they were not mentioned but input from faith-based organizations has been included, so they will be integral part to any proposal.
3. Question: What is OAC and what is its purpose?
  - a. Response: The OAC stands for the Oversight and Accountability Commission, and it is a government entity that was created by the Mental Health Services Act. Its purpose is to work closely with the State Department of Mental Health regarding MHSA. The OAC has authority over the Prevention and Early Intervention monies for MHSA.
4. Question: Will there be any follow up for individuals that have attempted to commit suicide to make sure everything is well? Will there be any follow up with students who are bullied or picked on for having mental disabilities?
  - a. Response: The work plan does specify that any services that are provided through this statewide suicide prevention initiative should especially consider underserved populations. This would hopefully be responsive to the groups you identified.
5. Question: Is there a plan to approach and address the various cultural group differences in Los Angeles County with the three initiatives?
  - a. Response: The RFP has not been released, but any organization could apply for these monies. Since some organizations in the County have expertise in serving different cultural groups, they are encouraged to apply because the more expertise an organization has the better their chances are of getting funds.
6. Question: What is the division of these resources between planning and implementing?
  - a. Response: The planning has been largely completed, in so far as the plan that will be presented to the OAC is concerned. It will be up to the organizations that apply for the funding to develop plans that might incorporate additional planning, if necessary. There are so few resources in certain parts of the state, so some counties or organizations may need to engage in planning activities.
7. Question: Is there a component and funding to train consumers on how to recognize signs of ideation and how peers can direct someone at risk of suicide to seek aid?

- a. Response: Yes, the JPA was repeatedly asked to include a requirement for applicants to consider funding peer-to-peer programs and this an essential part of the work plan.
8. Question: What is the expectation of what Los Angeles will get out of this plan and our investment?
  - a. Response: We are hoping for at least as much as we have put in to the pool. But we anticipate, for example, that the Stigma and Discrimination Reduction Initiative will have multiple counties working together, so that counties can get more bang for their buck.
9. Comment: We need to give people a step-by-step description of how all this works because this is not a guideline to apply for funds.
  - a. Response: Yes, you are correct. This presentation is not a detailed description on how to apply for funds. The final Request for Proposals (RFP) will contain these guidelines. If the OAC approves the plan on January 27, the State hopes to release the RFP for the Suicide Prevention Plan on February 1<sup>st</sup> with a 45-day turn around. If the OAC approves the entire work plan, the Stigma and Discrimination Reduction Initiative RFP will be issued in early March with a 45-day turn around. The Student Mental Health Initiative RFP will be issued in mid-March with a 45-day turn around. The RFP will be explicit of what is expected of any applicant.
10. Question: What does the 45-day turn around mean?
  - a. Response: It means that when an RFP is released by the County, applicants have 45 days to complete their application and return it. So if an RFP comes out on February 1st, it needs to be returned for review to the JPA by approximately March 15th or 16th.
11. Question: What does 'RFP' mean?
  - a. Response: RFP stands for Request for Proposal and it is the framework used to guide organizations that are interested in applying for funds. It provides more specific details.
12. Comment: *In Our Own Voice*, which is the best anti-stigma and anti-discrimination nationally known program, should be included throughout the entire plan.
  - a. Response: There was a representative from NAMI California at every single stakeholder input group that we had. NAMI/*In Our Own Voice* was well represented.

#### IV. County of Los Angeles Department of Mental Health: Updates

- A. Marvin J. Southard, DSW, Director, Department of Mental Health, provided an update on the State budget, underscoring three main issues:
  1. The diversion, re-appropriation, or creative use of MHSA funds in the Governor's proposed budget is the first issue. The Governor proposes to take \$861 million of

MHSA funds on a one-time basis and use it to fund mental health programs for next fiscal years. The \$861 million would be used to fund the managed care allocation (part of our Medicaid responsibility), the State General Fund portion of our EPSDT (which is the children's mental health program), and fund the allocation for AB 3632 (special education services).

2. The most problematic issue is AB 3632 because it is driven in part by legal responsibilities for individuals. It is not a means-tested program and the mandate is a special education program, not a mental health program. We believe that the program needs to be provided, but it should not become a County responsibility because there is no way to control the costs associated with it because it is driven as a part of an education mandate. The Governor believes that he can do this as a one-time use with MHSA monies because it would be a suspension of the supplantation requirements of the Act with a two-thirds vote of the State Legislature. The use of the funds, according to the Governor, would be consistent with the purpose of MHSA. There are portions of AB 3632 that pay for residential placement; however, this has nothing to do with mental health treatment. Therefore, it is not covered by the purpose of the Act and would not be allowable.
3. The second issue is to see if there is a way to handle the one-time hit to MHSA funds by moving from a cash allocation to local government to an accrual basis. The State would probably subtract an amount of money from the MHSA trust fund on the first of July, probably to pay for the managed care allocation and other necessary expenditures in that year. The AB 3632 cost would be subtracted from new money coming in so that the net effect on the existing MHSA programs would be minimal. In addition we would hope to propose a plan by which the reversion aspects of the MHSA are handled according to what the Act states rather than what the State DMH has interpreted it to be. This could result in counties being able to put up to 20% of their average allocation for the previous five years into a prudent reserve. The prudent reserve would serve as a shield for counties in case revenues decrease in 2013 and ongoing funding is not enough.
4. The last issue is that the first phase of the realignment proposal is the 'public safety realignment'. The proposal is that about 100,000 low-level inmates will be transferred from State prison to local jurisdictions over the next couple of years. Inmates would serve a certain amount of time in county jails for their remaining time and the counties would be reimbursed around \$25,000 a year prorated for the time actually spent in jail. The remainder of the time would be handled in county parole through a parole program ran by counties. We advised the State that the mental health/substance abuse and vocational rehabilitation needs of these individuals must be addressed or it will be a continuously revolving door for inmates. The State was already thinking about this issue and had allocated \$2,375 a year for physical health, mental health, substance abuse, and rehabilitation treatment on a capitated basis. The total would amount to an estimated \$70 million for Los Angeles County. In addition, there is a \$5,000 a year amount for the parole supervision that would be run by the Sheriff's

Department. Many items need to be put into place and additional details need to be ironed out, such as the terms and conditions of parole, how parole would be administered, and the legal status of the parolees. This still needs to be set up so that they are eligible for Medicaid while they are still under the jurisdiction of the prison system.

5. The larger picture is that the issues above are a part of an ongoing realignment of social services programs to local government that would be paid for by the extension of the existing taxes for five more years. After those five years, with the full implementation of Healthcare Reform, the landscape will probably have changed so much that a renegotiation of that realignment would take place anyway.

B. Feedback:

1. Question: Would this proposal include the County taking over parole outpatient mental health or is it not part of it?
  - a. Response: It is not clear yet, but I believe it would be. Remember that this program would be for low-level offenders, so the County's parole would likely be run parallel to other parole programs.
2. Question: Is there going to be new long-term funding allocated for mental health as part of the deal of dipping into MHSA for one-time funds?
  - a. Response: The long-term allocation would come from the new realignment proposal. Basically, our current realignment would be reformed and phased into the new realignment, which would include sales taxes and Vehicle License Fee (VLF) money.
3. Comment: Before Proposition 13, most social and education funding came from the local level from how we chose to tax ourselves. This is basically where the government wants to return to. There are some issues, though, because we now have constitutional requirements that education funding should be equal for each child in the state, which makes it difficult for Beverly Hills to have the same school system as Baldwin Park.
4. Question: Is there any provision to have some of the money allocated for mental health/substance abuse done inside the jail voluntarily?
  - a. Response: The Sherriff has proposed a model for the jails, which he calls 'education based programming'. It is a proactive approach based on the ideas that education gives people in jail a chance to turn their lives around. However, in the end, it is the Sherriff who decides what services are allowed and not allowed in jail.
5. Question: Is there any reason why the Governor did not go for the millionaires' tax over all the regressive taxes?
  - a. Response: Among the various rumors of what could have happened in this budget, a one-time hit is probably one of the better rumors and outcomes.

6. Question: What will be the effect on the Department of Mental Health if funding for AB 3632 is unsuccessful?
  - a. Response: We believe that AB 3632 needs a funding mechanism but it should not, in our estimation, be a mandate to counties. It should be a mandate to the State.
  
7. Question: Can you elaborate on how Medicaid will fund children's services?
  - a. Response: The Early Periodic Screening, Diagnosis and Treatment (EPSDT) program is the Medicaid program that provides funding to pay for mental health services for children. The current funding formula distributes costs in the following way: the federal government pays for 50%; the state government pays for 35%; and the local government pays for 15% of the costs. The Governor's budget proposes that the State's 35% portion be paid by MHSA for next year, and in subsequent budget years the State's cost would be paid by the proposed realignment proposal.
  
8. Comment: Part of the phase one realignment proposal involves a re-tooling of the drug Medicaid benefit for alcohol and drugs, which is needed because it is very dysfunctional and needs to be restructured. The restructuring could possibly support mental health and homeless services.
  
9. Comment: We also need to provide a secure and safe place for the parolees to live because homelessness is often a trigger for re-entry into the legal system.
  - a. Response: I agree, but the \$2,375 will not adequately cover housing costs.
  
10. Question: How is the money going to be implemented for parolee rehabilitation? We should have someone from County's Department of Mental Health participate in the planning.
  - a. Response: The State is going to capitate the costs at a certain amount. Then the nature of the program itself will be up to the counties to decide. I will definitely be part of the group that decides how that is structured. Also, in terms of the realignment details of how the realignment at the state level will be done and how money will come out of MHSA, if it does, the County of Los Angeles and other counties would be involved in the decision making, too.
  
11. Comment: Years ago, the Governor also proposed to release low-level parolees and have them be on unsupervised parole because of the high cost of monthly meetings with a parole officer. The idea was that parolees would be trusted to call a number and say they were not violating their parole. I hope this is not a component of the Sheriff's proposal.

V. Social Inclusion Campaign: Update

- A. Kathleen Piche, L.C.S.W., Public Information Officer, County of Los Angeles, Department of Mental Health
  1. Presented an update on the Social Inclusion Campaign. For additional information, please refer to the handout entitled "LAC DMH – A Road Map: Communication Plan Priorities and Statewide Projects."

B. Feedback:

1. Suggestion: It would be helpful to have a website up and running before doing banners or signs because when kids see a website on a banner they can look it up at the moment using their smart phones or mobile technology.
2. Question: What will happen internally in terms of working towards a more positive inclusion attitude within DMH or other mental health providers?
  - a. Response: Yes, I agree this is important. We have a plan for Department branding.
3. Comment: The majority of the stigma exists more with adults and older adult groups of different cultural groups than the younger generations. I would recommend paying close attention to adults and older adults in cultural groups in your print media and education.
4. Question: Is there a plan on how money generated from merchandise sales will be used?
  - a. Response: We had an idea last year to have a store at the headquarters to sell merchandise. But we have not implemented these ideas and do not have a plan on how the profits, if any, would be used.
5. Comment: Social inclusion within our system is important and we have hired a lot of parents and peer advocates, but the culture does not change overnight. There is still resistance to using peer and parent advocates. It is not clear as to what they should do within the system, so they face a lot of discrimination. We should work on including more peers and parent advocates.
  - a. Response: Yes, it is good to hear feedback because we sometimes do not hear what is actually going on.
  - b. Comment: We have to try to change the culture so peers/parents are better utilized.
6. Comment: You need to train almost the whole Department, the people in the trenches and clinics, about social inclusion. I have been told by people about how people were so friendly to them until they put on their peer badge and staff changed their whole attitude towards them.
7. Question: Can you clarify whether the 'imagine' sign will be used as bus banners?
  - a. Response: No. We used 'imagine' just to produce the mock ups to show how it would look.
  - b. Comment: Okay, so then I would encourage using words that are more action or result oriented. It is easy for us to dream or imagine, but it is harder for us to do.
8. Comment: One ways to get more input is to have an advisory group made up of peers or parent partners, family members, or coalition members who have the

experience of being excluded to get input of their concerns and hopes—and also to come up with action-oriented words.

9. Question: Is there a Facebook presence for this project?
  - a. Response: We do not have one because of County restrictions. We have to go through a very complex process. But we will get one as soon as we get approval.
  - b. Comment: I recommend using more social media with this campaign.
10. Comment: Many communities do not know what ‘social inclusion’ is so we need to make it simple enough that a fifth grader can understand. Also, what is the status with the MHSA newsletter?
  - a. Response: We can fold the MHSA newsletter into the weekly e-news.
11. Comment: The Speakers Bureau should be within the Department of Mental Health.
  - a. Response: That can definitely be done.

#### VI. Getting the Word Out: Mental Health and Outcomes

- A. Susan Rajlal, Legislative Analyst, Department of Mental Health, provided the following updates:
  1. We are currently working on a Public Education Campaign and over the past 4-5 years we have had great response in hearings. But most of those people are from our mental health community and there have been a couple instances where it was brought up that we need to reach out to the community in a different way. We have been asked to bring people from the community who are not part of the mental health organizations to testify how mental health has made our community better.
  2. The lack of information that the general public has on the outcomes related to MHSA is disappointing. The public perception is not good, which is why we decided to go forth with a Public Education Campaign project to get the word out to our community in a different way. We are putting together a Speaker’s Bureau and are creating a presentation packet to ensure all the information is consistent and accurate. The presentations will address: what mental health does for our community; the value of it to our community; and how cost efficient it is for our community. Our first targets will be the neighborhood councils throughout the county, faith groups, and legislative offices.
  3. Those interested in being on the Speakers Bureau should contact Susan Rajlal. Also, members of any civic group should contact Susan Rajlal to outreach to their groups.
- B. Feedback:
  1. Comment: Getting out the story is very important; there are also efforts in reviving a legislative lunch to invite the Legislature—Senators, Assembly Members, Congressional representatives and staff. We should also encourage

people to go to State Senators, Assembly members and use the materials you are presenting to disseminate success stories.

#### VII. SLT Membership Proposals: Discussion and Recommendations

##### A. Rigoberto Rodriguez, facilitator, provided the following update regarding SLT membership:

1. There were initially fifty members selected to be on the SLT. Each members wears different 'systems' and 'diversity' hats to ensure that the SLT overall represents many different stakeholders. . The problem we have currently is that we need to replace a member, but the overall issue is that we do not have a formal process to replace members.
2. The SLT member replacement proposal is this: First, establish a sub-committee of 3-5 SLT members to conduct a selection process to solicit nominations, review applications, and recommend a person(s) to Dr. Southard so he can make the final decision. Most importantly, the sub-committee's recommendation needs to balance both the qualifications of individuals and broader diversity goals to ensure the SLT remains a body that represents as many stakeholder groups as possible.

##### B. Feedback:

1. Question: Can we include a timeline or time frame in the proposal so that it does not go on forever?
  - a. Response: Yes. The sub-committee can develop a concrete timeframe.
2. Comment: To clarify, the recommendation of new SLT member would be for the non-organizational representatives.
  - a. Response: Yes. The new member would be a non-organization representative. There are two types of representatives on the SLT: some are selected by organizations, and others are not selected by organizations.
3. Question: Have the terms of office for SLT members been decided?
  - a. Response: Not yet. That is a separate topic and we can have a separate proposal for that issue
  - b. Comment: We need to have some resolution on the staggered terms before replacing someone.
4. Comment: From the applications you received for the latest selection round, the highest qualifying person should be the first person you go to and then go elsewhere if needed.
5. Comment: I am concerned about the balance as we stand. When one person leaves the balance is impacted. Also, I am concerned about us feeling that we have to get an EMT member, a consumer, a Latino, and a male all in one person. Eduardo—the SLT member to be replaced—fit into many categories. Are we

always going to be picking people to fit that particular place or is there an overall qualification?

- a. Response: Your points are well taken and your question is precisely what we want the sub-committee to help us think through. I feel it is not appropriate for me as a facilitator to make such decisions, but rather it is more appropriate for you to recommend how to handle this issue now but also to set up a system for future replacements.
6. Comment: The replacement should be someone who covers the characteristics of the person who left.
  7. Comment: We had more applicants than we had SLT slots for, so maybe one of the things this sub-committee can think about is whether or not you want to start getting more applications or going with what we have now.
  8. Comment: The proposal should be amended to state: to review existing applicants and if necessary solicit nominations.
  9. Comment: The purpose of the subcommittee would be to help create the process to help to decide whether to go back to previous nominations or open it up. Secondly, how do we handle these multiple perspectives that Eduardo held and are we just seeking to replace him? Thirdly, it helps us think about the SLT staggering issue (i.e., staggering the terms of office for SLT members), because if we are already going to be staggering then there will be moments where we need to replace people.
  10. Comment: We need to get a replacement following a review of those applications that have already been reviewed and if necessary secure additional applicants. We should not delay. The earlier we get a replacement who can participate for the next SLT meeting the better. The staggered question can be addressed after replacing the member.
- C. Final Proposal: Form a sub-committee of 3-5 SLT members that would come together to review the existing applications to recommend someone that can help us meet the SLT's diversity goals. Upon reviewing prior application, the sub-committee can decide if they need to open up new nominations. They can present a recommendation to Dr. Southard. The issue of staggered terms for SLT members will be addressed separately.
1. No opposition from SLT members regarding proposal.
  2. Sub-committee Volunteers:
    - a. Romalis Taylor
    - b. Joan Miller
    - c. Pamela Inabe
    - d. Jerry Lubin

VIII. Public Comments and Announcements

1. Comment: The telephone number we received at our District Two Empowerment Congress is (866) 308-6259. It is a member action hotline designed to get in contact with congressional representatives to let them know you are for the Healthcare Reform Act and to let them know not to veto it.
2. Comment: Highlights several recommendations regarding peer advocates.
  - a. Action: Attach copy of hand out entitled "OCT 20 PADS meeting – Recommendations."
3. Question: What has been done with regards to include studies and therapies developed by mental health consumers, specifically the Peer Educated Project?
  - a. Action: Person was referred to the Innovations Plan.
4. Question: Regarding the IT Plan, where is the consumer piece? Every month there are webinars but some consumers do not have access to them because the computers at wellness centers are not fast enough. They can be watched after the fact but consumers cannot ask questions or participate. Is there a component to upgrade wellness centers to current technology or for consumers to buy their own equipment?
  - a. Action: Person was informed that earlier in the session Dr. Greenless had discussed the issue of making computers available at wellness centers and County libraries.

IX. Meeting adjourned at 12:35 PM