

COUNTY OF LOS ANGELES—DEPARTMENT OF MENTAL HEALTH

SYSTEM LEADERSHIP TEAM MEETING

Wednesday, February 15, 2012 from 9:30 AM to 12:30 PM

Wilshire Hotel

3515 Wilshire Blvd., Los Angeles, CA 90010

REASONS FOR MEETING

1. To provide an update from the County of Los Angeles Department of Mental Health.
 2. To give a presentation on the DMH Veterans Mental Health program: Overview, FOCUS Project, and Vet-to-Vet.
 3. To share a brief update on the progress of the SLT Ad Hoc Committee.
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MEETING NOTES

I. Review Meeting Agenda and Materials

- A. No corrections were made to the January 18, 2012 meeting notes.

II. SLT Ad Hoc Committee-Strengthening the SLT Update

- A. The SLT Ad Hoc Committee's objective is to develop ideas on how to strengthen the System Leadership Team. The self-nominated committee members include:
 1. Joseph Hall
 2. Eddie Lamon
 3. Jerry Lubin
 4. Emma Oshagan
 5. Jim Preis
 6. Jim O'Connell
 7. Pam Inaba
- B. The SLT is the primary stakeholder body that monitors the implementation of the Mental Health Services Act (MHSA) Plans in Los Angeles County and provides ongoing advice to the Director of the Department of Mental Health. The following SLT functions were highlighted:
 1. Monitor progress of MHSA Plan implementation, including developing and tracking performance measures for progress.
 2. Resolve ongoing MHSA-related issues that emerge during the implementation of MHSA Plans.
 3. Refine and recommend changes to existing MHSA programs and projects including endorsement of any potential changes.
 4. Provide advice on ongoing issues affecting the broader public mental health system.
 5. Develop process and structural frameworks to support overall system transformation, including developing and tracking performance measures for progress.
- C. The SLT Ad Hoc Committee identified the following eight (8) topics:
 1. Communication: Can SLT members use the SLT email list to send out notices? If so, when and under what conditions?

2. Attendance: The SLT has an attendance policy, but has not enforced it for numerous reasons. Can we evaluate the attendance policy in light of last year's experience? When can we begin to enforce it?
 3. Agenda Development: How can SLT members add and/or suggest agenda items?
 4. Representation: How do we know/ensure that the SLT members are communicating information to their organizational and/or stakeholder constituencies (especially the SAACs), and vice versa?
 5. Public Participation: How can we improve how the public participates in the SLT meetings?
 6. SLT Member Recruitment: Can we develop a plan to prioritize stakeholder groups and diversity for the future SLT recruitment?
 7. Advocacy: SLT meeting have triggered a desire for advocacy. However, the SLT is an advisory group to Dr. Southard and is not set up as an advocacy group. Is there a way where the SLT can serve as a forum where issues are identified and have way to pass the baton to other constituencies to pursue advocacy?
 8. Monitoring Functions: How can we strengthen the SLT's monitoring functions? If so, in what way(s)?
- D. The SLT Ad Hoc Committee outlined their process, which involved the following four (4) steps:
1. During February and March 2012, the Ad Hoc Committee will be developing proposals.
 2. On March 21, 2012, at the SLT meeting, the Ad Hoc Committee will present proposals and obtain feedback from the SLT.
 3. Afterwards, during March and April, the Ad Hoc Committee will refine the proposals based on the input provided by the SLT.
 4. On April 18, 2012, at the SLT meeting, the proposals will be deliberated and approved by the SLT.
- E. Next Steps
1. The SLT Ad Hoc Committee will meet on Wednesday, March 14, 2012 from 2:00 PM to 4:30 PM (Location: TBA). If any SLT member is interested in joining the Ad Hoc Committee, please sign up with Sherrill Lee or Rachel Garnica so that we can put you on the email group and send you notes from the first session.
- F. Feedback
1. Comment: MHSA funds have blended into a larger part of the total. The SLT is really looking at mental health services and programs as a whole.
 - a. Response: MHSA has transformed into a normal system of care.

2. Comment: The attendance issue was highlighted as a concern especially for SLT members who represent a statewide constituency. If the SLT wants to maintain individuals who are working across the system, the attendance policy should be flexible.
3. Question: Can the attendance policy be clarified?
 - a. Response: Yes, the current attendance policy will be shared with the SLT.
4. Comment: The SLT needs to discuss changes that are occurring in major programs, such as mental health reform, and the potential impact for the underrepresented communities. The SLT should discuss strategies to solve the difficulties for clients and communities. For example, AB 109 is a major issue that has concerned the Department of Mental Health but it appears as if other Departments are not carrying out their responsibilities.
5. Question: In regards to the attendance policy, can the issue of 'alternates' or 'representatives' be clarified?
6. Comment: The SLT Ad Hoc Committee should review the original document that each SLT member signed in regards to the attendance policy.
 - a. Response: This document will be emailed to every SLT member.
7. Comment: There are two advisory systems in the County of Los Angeles, the Mental Health Commission and the System Leadership Team. The membership from both advisory systems overlaps and there is a lack of clarity over roles and responsibilities. Therefore, both advisory groups need to divide the responsibilities and identify areas to combine strengths.
 - a. Response: The Ad Hoc Committee is coming up with ideas and will present proposals at the next SLT meeting.
8. Question: Is the Ad Hoc Committee open to the public?
 - a. Response: No, the Ad Hoc Committee is only open to SLT members.

III. **DMH Veterans Mental Health Programs: Overview, FOCUS Project, and Vet to Vet**

A. *Carl P. McKnight, Psy.D. Mental Health Clinical Program Head, Adult Systems of Care Administration, County of Los Angeles, Department of Mental Health, gave a presentation on Veterans Mental Health Programs. For additional information, please refer to the slides entitled, "Los Angeles County – Department of Mental Health Adult System of Care, Veterans Mental Health Programs."*

B. Feedback

1. Question: Is the property that is being given to build houses for veterans in West Los Angeles?
 - a. Response: Yes. In fact, a lawsuit from ACLU is trying to ensure the land is used for its original purpose.

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2. Comment: A suggestion was made to mandate that individuals be assessed to identify whether they have Post-traumatic Stress Disorder (PTSD).
 - a. Response: A better job can be done.

3. Question: Is there information pertaining to the outreach being conducted in the Antelope Valley?
 - a. Response: Unfortunately, there are no statistics available at the moment. However, there is a team that meets regularly, reports back, and presents to the SAACs and to different service providers. There is an Antelope Valley collaborative that recently initiated. The substantial concentration of veterans in the Antelope Valley was underlined.

4. Question: Is there statistics on outreach and engagement for UREP populations?
 - a. Response: Yes, those statistics are collected as part of the demographic information for the *PATH* program.

5. Question: Can more information be shared regarding outreach efforts in the skid row area?
 - a. Response: The veterans outreach coordinator is well known in skid row. The areas that outreach efforts concentrate on include skid row, west Los Angeles, Long Beach, and Hollywood. Outreach efforts should include other areas in addition to attempting to address different needs.

6. Question: What is specifically being done to outreach to women?
 - a. Response: In order to outreach to women, the veteran outreach teams include both men and women. Female veterans are referred to different programs, such as Long Beach VA, which is a very good program. In addition, U.S. Vets has an amazing program for female veterans who experienced military sexual trauma. Nonetheless, the issues surrounding the outreach efforts to female veterans need to be addressed.

C. *William R. Saltzman, Ph.D*, UCLA Semel Institute for Neuroscience & Human Behavior gave a presentation on the *FOCUS* project. For additional information, please refer to the slides entitled, "Resilience Enhancement Training for Military Families: *The FOCUS Project*."

D. Vet to Vet Panel

1. *Roy Brown*, National Deputy Director, Vet to Vet
2. *Teresa Valdivieso*, Veteran
3. *Carlos Chang*, Veteran
 - a. Teresa Valdivieso joined the Air Force as an aircraft mechanic and was deployed several times over her 13-year career. After the Gulf War, her mental health deteriorated, her fiancé left her; she had a miscarriage, was raped, and spent a major portion of her time in hospitals until being discharged from the military. As an unemployed single parent in poor health, she filed for disability with the VA and faced a lot of red tape and

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poor treatment. Ms. Valdivieso began using narcotics and alcohol to deal with her depression, anxiety, and pain. She suffered from suicidal tendencies and isolation. However, her daughter motivated her to continue fighting and Ms. Valdivieso joined a counseling program at the VA. Ms. Valdivieso now serves as a volunteer for Vet-to-Vet. Until recently it was discovered that women veterans need specialized medical and mental health treatment. Women comprise eight (8) percent of the military. More funding is needed for women's health programs like Vet-to-Vet and mental health programs.

- b. Carlos Chang, a Marine Corps Vietnam veteran, described his life has not been easy. Mr. Chang is a recovering narcotic and alcohol addiction. Carlos has been with Vet to Vet since 2009 and mentioned that his life has changed drastically thanks to Vet to Vet.
- c. Roy Brown entered the military in 1975. Mr. Brown ended up in Skid Row for five to ten years with no knowledge of programs or of the VA hospital. Eventually, Mr. Brown found out he has schizophrenia. Mr. Brown joined NAMI and was introduced to a mental health consumer council at the VA. The program gave Mr. Brown the opportunity to learn that his input had a lot to do with his recovery. He firmly believes that rather than fighting stigma in communities, stigma needs to be fought inside organizations that claim they fight stigma in communities.

E. Feedback

- 1. Question: Do all the meetings include substance abuse?
 - a. Response: No, not all meetings include substance abuse.
- 2. Question: Is there a program with veterans in SPA 6?
 - a. Response: There is a church on 112th Street and Wilmington Avenue that has a support group session every Saturday.
- 3. Question: Is there a way to reach out to the federal government and get additional support for similar programs?
 - a. Response: At the local level, work is being done with partners and with the VA. The federal government and Los Angeles County Board of Supervisors have expressed their support for Project 60. Through different modalities, there is an attempt to demonstrate the effectiveness of these programs. In addition, the University of Southern California established the first military social work specialization program in the country.
 - b. Response: The Chairman of the Board of Supervisors wrote a letter to General Eric Shinseki, U.S. Secretary of Veterans Affairs, about how the Board of Supervisors in Los Angeles County ought to approach issues of homeless veterans. At the State-level, the Department is a strong partner with the California National Guard. The Department is heavily engaged in policy as well as in the service arena.

- c. Response: A conference call with Colonel Keller, Chief Army Medical Officer for the National Guard, was referenced, which included a discussion on how to improve what the Department was already doing and how to work together moving forward.
4. Question: What type of outreach is being conducted for veterans that are newly placed into housing?
 - a. Response: Last year, over \$150,000 of donated furniture was given to veterans with Veteran Affairs Supportive Housing (VASH). There is hope that veteran community centers can be established to provide veterans with accessible spaces to congregate. The communities in Los Angeles County need spaces where veterans can be educated and learn socialization skills.
5. Comment: A recommendation was shared to ensure that each house for veterans have a support group.

IV. Department of Mental Health—Update

A. *Marvin J. Southard, Director, County of Los Angeles, Department of Mental Health,* provided an update from the County of Los Angeles Department of Mental Health.

1. A major issue on the State budget process pertains to whether the correct ballot measure is passed in November 2012. It is in the County's interest that the governor's proposal gets passed.
2. At the county level, it looks as though the receipts from MHSA were higher than anticipated. However, the receipts did not reach their previous highest mark. It appears as if the receipts will recover but not quite to the level that they were before the recession. The Department will analyze what transpired.
3. There may be one-time PEI funding available for evidence-based practices or other things that are already in the plan. The one-time PEI funding will need to be expended relatively quickly and would need to comprise of ideas that are really useful. If the SLT has any ideas, please contact Dr. Southard.
4. Conflict of interest charges were filed against Deputy Director Dr. Kathleen Daly. Her duties were reassigned to various individuals within the Department. The main responsibilities that Dr. Kathleen Daly undertook were housing, jail services, and AB 109 implementation programs.
5. The State of CA abolished DMH and the Department of Alcohol and Drug. The MediCal functions have gone to the Department of Health Care Services (DHCS). However, it appears that the other pieces may be distributed to four or five different State Departments.

B. Feedback

1. Question: Has a new Deputy Director of Mental Health in the Department of Health Care Services been appointed?

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- a. Response: Vanessa Baird is the interim Deputy Director. The new Deputy Director has not been identified.

V. Public Comments and Announcement

- A. Announcement: The next three (3) SLT meetings will be held at St. Anne's Auditorium, which is located at 155 N. Occidental Blvd., Los Angeles, CA 90026.
- B. Announcement: The CA Network of Mental Health Client Coalition meeting was scheduled for Friday, February 17, 2012 from 11:00 AM – 2:00 PM.
- C. Announcement: A CA Network of Mental Health Client Forum was held on Wednesday, February 15, 2012, at 11:00 AM. The conference call number is 1-800-430-1833, code number 4088.

VI. Meeting adjourned at 12:10 PM.