

COUNTY OF LOS ANGELES—DEPARTMENT OF MENTAL HEALTH

NOTES FOR THE SYSTEM LEADERSHIP TEAM MEETING

Wednesday, March 21, 2012 from 9:30 AM to 12:00 PM

St. Anne's Auditorium, 155 N. Occidental 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 an update on the State budget.
3. To give a presentation on mental health and spirituality.
4. To share a brief update on the progress of the SLT Ad Hoc Committee.
5. To give a brief update on UREP progress.

Agenda Item	Discussion & Agreements	Action Items/Next Steps
<p>DEPARTMENT MENTAL HEALTH UPDATE</p>	<p><i>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, which included information over the MHSA Annual Plan, Assembly Bill 109, Assembly Bill 3632, Veterans program, and Assembly Bill 2034.</i></p> <p>FEEDBACK</p> <ol style="list-style-type: none"> 1. <u>Question:</u> Is the scope of the plan in the planning process only MHSA or is there intent to broaden the scope? <ol style="list-style-type: none"> a. <u>Response:</u> The final decision will be part of a political negotiation. 2. <u>Question:</u> Can the SLT be apprised of the political negotiations on an ongoing basis? <ol style="list-style-type: none"> a. <u>Response:</u> Yes. 3. <u>Question:</u> Can the different positions be briefly articulated? <ol style="list-style-type: none"> a. <u>Response:</u> The administration may push for a local decision making process. Then, the plan may need to be approved by the Oversight and Accountability Commission or a similar entity. 4. <u>Question:</u> Is the Department looking at an increase in funding for fiscal year 2013-14? <ol style="list-style-type: none"> a. <u>Response:</u> Yes. 5. <u>Comment:</u> Counties, such as Los Angeles and Orange, will do fine even with State oversight. However, counties that are less involved with stakeholders will have problems with statewide oversight. Yet, with no oversight, counties will be free to go whichever way they choose to. 6. <u>Question:</u> Who makes the decisions? Is the integration within MHSA or is it MHSA and the rest of 	

	<p>the system? a. <u>Response:</u> Integration will include the whole system.</p> <p>7. <u>Question:</u> Then, regardless of whoever makes the decision, the intention is to move toward completely integrating MHSA with the whole system? a. <u>Response:</u> Yes.</p>	
<p>STATE BUDGET UPDATE</p>	<p><i>Susan Rajlal, Legislative Analyst, County of Los Angeles, Department of Mental Health, provided an update on the State budget, which included the Legislative Budget Committee, Assembly Budget Committee, and Senate Budget Committee hearings, Senate Bill 1136, Assembly Bill 1569, Assembly Bill 154, Senate Bill 9 and Assembly Bill 1220.</i></p> <p>FEEDBACK</p> <p>1. <u>Question:</u> Could there be a tie in to clarify State requirements to ensure that no obstacles are in the way of housing? a. <u>Response:</u> There are a number of advocacy groups waiting to take action and this issue will probably be decided in court.</p> <p>2. <u>Comment:</u> SB 1136 requires that the new Deputy Director in DHCS to take the lead on behavioral health, which has yet to be confirmed by the Senate.</p> <p>3. <u>Question:</u> In regards to EPSDT and realignment, will the risk for providing entitlement services shift to the counties? If the county does not get enough EPSDT funding, will the general fund be at risk due to having to pay for the rest of the entitlement? a. <u>Response:</u> The growth formula will be devised in such a way that it would give the entitlement programs the first draw on the growth. b. <u>Response:</u> Issues about EPSTD growth are of paramount interest to counties, especially non-Los Angeles counties because no other county has experience with Katie A. Other counties are afraid of Katie A. and as a result they are more fearful about the EPSDT growth that will occur from the new aid codes and so forth. Los Angeles County has a clearer idea of how it will operate. However, every county wants to know how the entitlement programs will get taken care of so that counties are not left holding the bag.</p> <p>4. <u>Comment:</u> For additional information, please refer to the following website housingca.org. A campaign in support of AB 1220 will be launched in late March 2012.</p> <p>5. <u>Comment:</u> An article in the Los Angeles Times stated that the Department has taken an active role in the community care-licensing ordinance. The Department will return for a second hearing on the</p>	<p>For additional information, please refer to the following website housingca.org.</p>

	community care-licensing ordinance before it goes to the City Council. The opportunity to weigh-in on the community care-licensing ordinance was underscored.	
MENTAL HEALTH AND SPIRITUALITY	<p><i>Marvin J. Southard, Director, County of Los Angeles, Department of Mental Health, highlighted key reasons why the Department is engaged in partnership on spirituality and mental health.</i></p> <p><i>Roderick Shaner, M.D., Medical Director, County of Los Angeles, Department of Mental Health, underlined the importance of developing standards and parameters for service provision, articulating scope and limitations, developing a definition of 'spirituality,' establishing boundaries, conveying administrative issues, identifying key components for training and forming relationships with the spiritual and religious communities.</i></p> <p><i>Kumar Menon, MSPA, Community and Government Relations, County of Los Angeles, Department of Mental Health, described a training plan and tool kit and the importance of competency.</i></p> <p><i>Adrienne Hament, LCSW, Community and Government Relations, County of Los Angeles, Department of Mental Health, emphasized the importance of competency and shared draft versions of a handbook and brochure on spirituality</i></p> <p><i>Keren Goldberg, Community and Government Relations, County of Los Angeles, Department of Mental Health, presented information on DMH's Clergy Advisory Committee.</i></p> <p><i>Pastor Edgar Urbina, Chaplaincy Service Director, White Memorial Medical Center, reflected on a recent seminar and highlighted that pastors lack training in mental health and mental health experts lack training in spirituality, which makes this collaboration important.</i></p> <p><i>Reverend George Hines, Downey Church for Spiritual Living, underscored the importance of a partnership between the Department and the faith communities, each carrying out different roles.</i></p> <p>FEEDBACK</p> <p>1. <u>Question:</u> Will clinicians and faith-based agencies be trained on sensitivity?</p> <p>a. <u>Response:</u> There is an effort to engage the ministerial training programs to convey that information to ministers, priests, and clergy. In particular, an effort to provide input through the continuing clergy education forums, such as the one at White Memorial Medical Center, was shared.</p> <p>b. <u>Response:</u> Mental health illnesses transcend all boundaries and that needs to be recognized, not penalized.</p> <p>c. <u>Response:</u> At the monthly clergy advisory committee meetings, representatives from various</p>	<p>An introductory training level will begin in April 2012.</p> <p>There is an intention to systemically integrate mental health and spirituality throughout the Department.</p>

	<p>programs in the Department come to talk about mental health, mental illness, hope, wellness and recovery, and what it all means.</p> <p>d. <u>Response</u>: The training tool kit has helped create awareness and understand how to embrace individuals. The clergy are becoming more aware of sensitivities and how to include everyone with what is going on.</p> <p>2. <u>Question</u>: When will staff be trained? When will mental health professionals be trained? a. <u>Response</u>: The introductory training level will begin in April 2012.</p> <p>3. <u>Question</u>: Is there a spiritual and recovery program under FSP? a. <u>Response</u>: We want to systemically integrate mental health and spirituality throughout the Department, within all the programs.</p> <p>4. <u>Question</u>: How much involvement is the Department having from the Buddhist community? Is the Department looking into ISMs? a. <u>Response</u>: The Department sometimes struggles to find Buddhist representation. In addition, getting the Muslim community to participate has also been a challenge.</p> <p>5. <u>Question</u>: Will the Department support clinicians who choose not to self-disclose?</p> <p>6. <u>Comment</u>: Spirituality goes beyond the clergy. There are many individuals who are spiritual without any ties to specific religions.</p> <p>7. <u>Comment</u>: There are many people who are spiritual without religious affiliations. a. <u>Response</u>: Staff is there to support the spiritual interests of clients and families, specifically with how spirituality helps with coping and recovery</p> <p>8. <u>Comment/Concern</u>: DMH needs to ensure that clinicians will not be punished for raising spirituality with clients, as has allegedly occurred in SA 7.</p>	
<p>SLT AD HOC COMMITTEE UPDATE</p>	<p>A. On March 14, 2012, the following SLT members participated in the SLT Ad Hoc Committee meeting:</p> <ol style="list-style-type: none"> 1. Mariko Kahn 2. Eddie Lamon 3. Jerry Lubin 4. Jim Preis 5. Jim O'Connell 6. Richard Van Horn 	<p>The next SLT Ad Hoc meeting: April 4, 2012 from 1:30 PM to 3:30 PM at 695 Vermont Avenue, 15th Floor Training Conference Room, Los Angeles, CA.</p>

	<p>B. SLT Ad Hoc Committee Process</p> <ol style="list-style-type: none"> 1. The SLT Ad Hoc Committee will develop proposals during the months of February through April. 2. On April 18, 2012, the SLT Ad Hoc Committee will present proposals to the SLT and obtain feedback. 3. During the months of April and May, the SLT Ad Hoc Committee will refine proposals based on input. 4. On May 16, 2012, the SLT will deliberate proposals. 	
<p>UREP ACCOMPLISHMENTS AND PRIORITIES</p>	<p>UREP Leadership Committee: It is a standing committee of the SLT Comprised of five committees targeting different and diverse ethnic populations that are underserved and underrepresented; the UREP Committee has been implementing one-time capacity building projects and has been active in other activities, particularly the INN Plan.</p> <p>The UREP Committee’s focus is reducing disparities by improving access, quality of care, and outcomes. The UREP Committee is focused on integrating health, mental health, and substance abuse into one cohesive integrative service strategy in a culturally relevant way.</p> <p><i>Romalis Taylor</i>, African/African-American (A/AA) UREP Co-Chair, provided information on the three goals of the A/AA UREP capacity building projects, including information over the Life Link resource book and a brochure for different African communities.</p> <p><i>Elvie Quintos</i>, Asian & Pacific Islander (API) UREP Co-Chair, shared that the first API Leadership Council was developed last year. Additional development in other Service Areas is needed, especially in Service Areas 3, 4 and 8.</p> <p><i>Daniel Dickerson and Melanie Cain</i>, American Indian UREP Co-Chair, highlighted a three-year project that seeks to integrate Western-based care with traditional healing. There will be a conference in November 2012 to train and inform professionals working with American Indians and who seek to integrate mainstream mental health practices with traditional practice.</p> <p><i>Tara Yaralian</i>, speaking on behalf of the Eastern European & Middle Eastern UREP Committee, highlighted that outreach engagement and reducing stigma were priorities for these communities. Brochures have been developed in Armenian, Arabic, Farsi, and Russian languages.</p> <p><i>Katty Callender</i>, Latina/o UREP Co-Chair, provided an update on the <i>Promotoras de Salud</i> project, which emphasized the importance of increasing capacity of service delivery for Latino/a communities. She also outlined the specific agencies selected for the project, and summarized the total number of clients reached.</p>	

	<p><i>Romalis Taylor</i>, UREP Committee Representative on the SLT, finished the presentation emphasizing three UREP priorities for the next 12-18 months:</p> <ul style="list-style-type: none"> • The implementation of the INN Plan, specifically the Community-Designed Integrated Service Management Teams (ISMs), which will develop and test care integration models for UREP communities. • The cultural adaptations of PEI programs, strategies and indicators. • The implementation of the FSP programs. 	
<p>Public Comments and Announcement</p>	<ol style="list-style-type: none"> 1. <u>Announcement</u>: Catherine Bond was appointed as director of the Office of Empowerment and Advocacy in the Department of Mental Health. 2. <u>Questions</u>: Will consumers be involved in UREP groups? Will CA Network of Mental Health Clients be involved in UREP? 3. <u>Announcement</u>: An announcement was made regarding free screenings at Western University, located at 795 E. Second Street, Pomona, CA 91766. 4. <u>Announcement</u>: The Los Angeles County Client Coalition will meet on April 20, 2012 from 11:00 AM to 2:00 PM at 695 S. Vermont Avenue, Los Angeles, CA. 5. <u>Announcement</u>: There will be a symposium on employment and education on Friday, March 23, 2012 from 9:00 AM - 3:30 PM, at College of the Canyons, located at 24655 Rockwell Canyon Rd, Santa Clarita, CA, 91355. The symposium will also be held on April 20, 2012 at Cerritos College, April 27, 2012 at El Camino College (Compton Campus), and on May 3, 2012 at El Camino College (Torrance Campus). 6. <u>Announcement</u>: The Latino Coalition will hold its first conference at The California Endowment on August 31, 2012. 	<p>Next SLT meeting: Wednesday, April 25, 2012 at St. Anne's Auditorium, from 9:30 AM – 12:30 PM.</p>