COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

SYSTEM LEADERSHIP TEAM (SLT) MEETING
Wednesday, September 19, 2012 from 9:30 AM to 12:30 PM
St. Anne's Auditorium, 155 N. Occidental Blvd., Los Angeles, CA 90010

REASONS FOR MEETING

1. To give an update from the County of Los Angeles Department of Mental Health.
2. To provide information on the State budget and related issues.
3. To obtain feedback on an approach to unifying and integrating outcomes across MHSA programs.
4. To identify a team to develop ongoing SLT agendas.

MEETING NOTES

Department of Mental Health - Update	***Marvin J. Southard, Director,*** **County of Los Angeles, Department of Mental Health, provided an update from the Department of Mental Health, which included information over the Trailer Bill planning process, the role of the SLT and Board of Supervisors in the planning process, CSS, the PEI plan and one-time expenditures, the INN plan, the Mental Health and Substance Abuse Policy Forum, the National Veterans Policy discussion, and AB 109.** Summary of Comments: Dr Southard focused his remarks on three key themes: 1) Impact of SB 1467, the Omnibus Mental health Trailer Bill; 2) Input from SLT on the Consolidated Plan; 3) Will there be enough money in the pool to fund EPST, Healthy Families, and the Local Match for 3632? Dr. Southard outlined the impact of SB 1467: the Omnibus Mental Health Trailer Bill for 2012-2013 (Trailer Bill). The bill focused on the new process for the approval of how counties make their planning moves for the Mental Health Service Act expenditures. This is happening simultaneously with the fact that DMH is developing their consolidated plan which takes a unified look at the CSS plan, the PEI plan, training, and workforce development and create a coordinated three –year integrated plan. Previously this plan would be developed by DMH, SLT, SLT sub-committees, and develop consensus, write the plan which would be posted for 30 days, followed by a public hearing. That plan would be approved by the Mental Health commission and then sent to the State Department of Mental Health and the Mental Health Services Oversight and Accountability commission for approval. The County would then receive expenditure approval from the State. With the elimination of the State Department of Mental Health the process has changed. The county stakeholder process remains the same (plan developed, 30 day public posting, public hearing convened by the Mental Health Commission). The local approval process, however, starting in Fiscal Year 2012/13 is the Board of Supervisors. After Board approval, the Department submits the Annual Update or 3 Year Plan to the Mental Health Services Oversight and Accountability Commission for their review of PEI and Innovation.

The second area of discussion was the type of input that DMH will need from SLT as it develops its consolidated plan. Dr. Southard invited input and discussion on how DMH can approach the plan. Once DMH is given guidance on the parameters for the Integrated Plan, it will be an opportunity to review elements of CSS and PEI to ensure the services continue to meet community needs and are supported by outcomes.

The third theme Dr. Southard discussed was answering the question of whether there "will there be enough money in the pool to fund EPST, Healthy Families, and the Local Match for 3632?" Dr Southard said that answer is 'probably, in the long run it will be enough.' The growth formula has been adjusted so that the public mental health system in the new realignment gets a significant portion of the growth going into the future but doesn't get so immediately because the state owed the child welfare system $200 million.

The first $200 million of growth in the new realignment goes not to the normal partners but they go to repay the child welfare system. That will probably take 2 years. DMH will have a 2 year period where it needs to watch out for and make sure that the realignment has enough money to pay for entitlement services like EPSDT. That's one use of the PEI 'one time' that we have to think and keep in our mind.

And the other is that we started, in these last couple of years, some projects, expansions of EPSDT for contract agencies to the tune of $8 ½ million for a half year and some other things like that that we probably want to continue. And the continuation of the 'one time' spending for another fiscal year is another thing that we probably need to consider. So we will be asking you about PEI: the plan, PEI: the one time expenditures.

Finally, Dr. Southard discussed his recent invitation from the National Veterans Administration to participate in a policy discussion focused on whether or not there should be a National Veterans Policy. If so, what elements should it include? He was invited to be the mental health expert on this fifteen-person committee.

Feedback

1. **Question:** A clarification question was posed regarding the role of the SLT?
   Response: The SLT is the stakeholder process. The SLT will have the task of planning and reviewing the implementation of the three-year plan.

2. **Comment**: The Veterans Administration should implement a system that requires veterans to go through some type of boot camp to re-enter into the normal situation.
   Response: The purpose of the National Veterans Policy discussion pertains to whether there should be a policy that applies to all veterans whether or not they happen to qualify for VA services.

3. **Comment**: A concern was voiced over a commission's motion to bypass the stakeholder process.
   Response: The action that the Board took was to ask the CEO, the Department of Mental Health, and the Department

of Children and Family Services to determine the best mechanism for funding a program that could be MHSA. If the program qualified for MHSA funding, then the program would be sent back to the stakeholder process for consideration.

4. Question: Will the OAC take responsibility for funding?
   Response: No, the OAC has an approval role with regards to the INN programs for those counties that are still in the approval process. The OAC has a role in the evaluation of MHSA.

5. Question: How many of the mobile units services are used by families with children?

6. Question: To what extent will WET also be part of the conversation around the integrated plan?
   Response: That cannot be answered until the State develops the parameters of the Integrated Plan.

7. Comment: The national veterans policy should also address veterans' families. The number of full-service partnerships needs to drastically increase.

8. Question: Can more information be provided about the new providers that were brought in under PEI?
   Response: The Department will look at those providers that have shown a promising start and continue them for an additional period.

9. Question: In regards to the Department's reevaluation of the system navigators, is there a mechanism that allows the SACs to provide feedback regarding the role of the system navigators?
   Response: In the new planning process, the Department will be looking at the whole plan.

10. Question: In regards to the three-year integrated plan, what will happen to the wellness centers? What will happen with peer support?
    Response: The Department will look at the wellness centers and they will be made more functional and robust with a community focus that engages various levels of need. In regards to peer support, more peer support will be used.

11. Comment: A concern was voiced over the selection of only one INN program before some of them are even implemented.
    Response: There is no requirement to select only one INN program. The requirement is to select those things that advance the system. As the system evolves, the Department will adopt more effective practices.

12. Question: Can more information be shared about some of the EBPs that have not been as successful?
    Response: Some EBPs became impractical due to the expense.

13. Question: In regards to the FSP programs, the reason they are backed up is because people are not moving forward as the system was designed. Will there be more discussion on the issues pertaining to AB 109?

	14. Comment: In regards to work force retention, a definition of what a peer specialist does needs to be developed.
Continuum of Outcomes Across MHSA Programs	*Debbie Innes-Gomberg, Ph.D., MHSA Implementation Unit,* County of Los Angeles, Department of Mental Health, provided information on consumer and family access to computers at DMH Wellness Centers. For additional information, please refer to the slides entitled, "Consumer Access to Computers." Feedback 1. Question: How will stigma discrimination and prolonged suffering be measured? Will they be self-report tools that will be standardized? Response: Currently there is no measure for stigma and discrimination. Some of the measures for PEI address prolonged suffering. We may look toward measures currently used by RAND to evaluate stigma and discrimination reduction. 2. Question: In regards to the measurements, was there a positive corollation? Response: The point was well taken. In some cases, there is not a direct correlation between the data collected as outcome measures and the element of emotional well-being but that will be a next step. 3. Question: Could improvement in relationships be measured? Response: It already is measured in several programs, including in Wellness Centers. 4. Question: Where is physical health? Response: While access to physical healthcare is assessed in FSP, FCCS and in Wellness Centers, physical Health status may be added as the 9th element of emotional well-being. 5. Question: Have specific outcomes for children under five (5) been developed? Response: There is a tremendous challenge Statewide with the 0-5 population in terms of outcomes. As more PEI data is collected, a portion of the data can be looked at to develop those outcomes for the 0-5 population. Action: Debbie will query other counties (perhaps through CMHDA) as well as local experts about the inclusion of measures for the 0-5 population. 6. Comment: A concern was voiced about social contracts. 7. Question: Can more information be shared regarding the partnership between school districts and school dropouts? Who is focusing on dropouts? Response/Action: Will discuss with Bryan Mershon.

8. Comment: A concern was voiced over missing information from the wellness centers, including trauma, suicide, school, prolonged suffering, and homelessness.

9. Question: Were the costs considered particularly with FSP? What was the reduction in the use of emergency services?
   Response/Action: The MHSOAC contracted with UCLA-EMT to do a cost analysis of FSP for each county. Counties recently obtained their analysis. Debbie will present information at a future SLT meeting.

10. Comment: A recommendation was made to use gray scales with homelessness and unemployment.
    Response: Homelessness and unemployment is measured in wellness centers, in FSP, and in FCCS.

11. Question: Are these outcomes of people who are engaged in the system?
    Response: Correct.

12. Comment: A concern was voiced over measuring people who are only engaged in the system. A recommendation was made to include measures of suicides, incarcerations, and hospitalizations of people not engaged in the system.

13. Comment: There are measures that can be looked at for the 0-5 populations, such as whether there is a healthy attachment to the caregiver, safe environments, and physical development.

14. Comment: Homelessness and prolonged suffering should be measured under the wellness centers and client-run centers.

15. Question: How does one measure enhanced-coping?
    Response: A couple of folks have referred to this question as a matter of protective factors. Where do the protective factors come in? So much of what the Department is doing in the programs relates to increasing protective factors as a way to ensure there is resiliency.

16. Comment: The housing and homeless advisory committee's were highlights in regards to a concern with homelessness. The federal government should change the definition of homelessness.

17. Comment: A recommendation was made to focus on showing the government how the Department works effectively and efficiently to address health costs.
    Response: Parameters need to be established. Once the parameters are established, people will want to do the work that has been set by those parameters. The Department should focus on packaging and presenting

	its core philosophy in a market-oriented fashion. 18. **Comment**: A concern was voiced regarding the cost savings of beneficial practices, which tend to accrue to other agencies. Therefore, new and innovative linkages need to be identified that help balance the system as a whole. Additionally, it is critical that there be a core staff which takes the lessons learned from individual agencies and helps educate other groups in the system so that there is a systematic and ongoing sharing of information. 19. **Comment**: A concern was raised regarding a district chiefs and service areas. 20. **Question**: Who is collecting this data? **Response**: There are a variety of ways in which the data gets entered, including the outcome measure application (OMA), which is a web-based computer application. The data can be entered directly by a clinician or it can be entered directly on paper and a data entry person enters it into the computer. 21. **Question:** How is the data collected on how individuals feel about where they live? **Response:** FCCS collects this information (Is the client's living arrangement suitable to the client). 22. **Question:** Can the outcomes by provider be shared? **Response:** Yes, providers have access to their own raw data and to reports. In addition, the Department produces reports by age group that compare providers on particular outcome domains 23. **Question:** Does the SLT have access to that information? **Response:** Yes. The SLT's input was requested in regarding to informing the process. 23. **Comment:** A defined process is needed that legitimizes the data and identifies the data that users are allowed to obtain from the system.
SLT Agenda Development Team Nominations	A key responsibility of SLT agenda development team is to co-design the meeting agendas and to ensure that they are inclusive and productive. The term for the SLT agenda development team will be from September 2012 until June 30, 2013. STL agenda development team members will be asked to consult with their peers and meet once a month, in-person or via conference call. SLT agenda development team members will review, propose, and recommend agenda items. The following individuals were nominated to serve on the SLT Agenda Development Team: A. Wayne Sugita B. Ruth Hollman C. James Randall D. Nina Sorkin

	E. Jim O'Connell F. Carmen Diaz G. Romalis Taylor H. Elizabeth Boyce Feedback 1. **Question:** What is a slate? **Response:** A slate would be a set of individuals that altogether maximize the representation across the group. 2. **Question:** Are you referring to categories? **Response:** Yes, potentially. 3. **Question:** Is it assumed that any one of the individuals who end up on this subcommittee would be accessible to all other SLT members to advocate for agenda items? **Response:** Yes, agenda development team members will be available to everyone because they really are the folks that are making sure that they are keeping your interests in mind when the agenda is being developed, particularly around making sure it will be a productive session. 4. **Question:** A suggestion was voiced to delay the nomination process until next month because more SLT members are present. **Response:** The nominations process will begin today so that we have a solid set of individuals by next month. If anybody else is interested in nominating him or herself and/or accepts the nomination, they can do so before next month's SLT meeting. If there are any SLT members that would be interested in joining the SLT Agenda Development Team, please nominate them. We will check-in with them before next month's SLT meeting to make sure they are interested. A list will be shared that contains the SLT members that were nominated. New nominations will be considered before next month's SLT meeting. 5. **Question:** Are three to five SLT members going to be enough for representation? **Response:** We will need to figure this out when we start the nominations process.
SLT Public Comments & Announcements	1. **Comment**: In regards to the LA County peer advocate program, many peers have been trained and have volunteered for years with no promise of advancement or paid positions. **Response**: The Department is working with "Working Well Together," which is a collaborative between the United Advocates for Child and Families, CMIMH, NAMI California, and other organizations. Basically, the Department is trying to create a peer certification program so that peers who will be trained and working in LA County will all go through a similar set of classes and have a certificate in order to work. The Department hopes the Board will approve additional peer run programs as part of INN by early January 2013. 2. **Question**: What about opportunities for peers to move up the career ladder?

Response: It becomes a civil service issue in that having a particular characteristic that is unrelated to your job duties does not qualify an individual necessarily for assuming a promotion or a job duty. In other words, only because the individual is a peer or a parent partner does not necessarily guarantee a promotion to the next level. The promotion to the next level has to happen on a regular competitive basis. The Department is working with HR and with the Office of Empowerment and Advocacy.

3. **Comment**: Peers want further training other than what is currently offered.

4. **Announcement**: The Oversight and Accountability Commission will be September 27th and September 28th at Loma Linda University's Behavioral Health Institute, located on 1686 Barton Road, Redlands, CA 92373, phone number: (909) 558-9500.

5. **Announcement**: An announcement was made regarding the Alternatives Conference.

6. **Comment**: A recommendation was made to have more consumers of diversity in the nominated group.

7. **Announcement**: The Los Angeles Client Coalition will have a general meeting on September 21, 2012 from 11:00 AM – 2:15 PM.

8. **Comment**: The 'Shared Recovery Award' was presented to an SLT member.

9. **Question**: What will be the process of 'taking a look' at EBP approaches? Is there a process for bringing/ suggesting new innovation projects and models? If so, how can we become involved in that process? Who is the contact person?
   Response: Any review of an EBP should include a review and analysis of the outcomes reported. Recommended changes to PEI or INN would be reviewed by the SLT.

10. **Comment** Regarding Impact and Outcomes, can the Department look at the ACE study to translate it into medical model regarding Dr. Southard's comments about capitation for health plans and cost of care. ACE studies underscore the need for trauma-focused approaches to the whole person care for primary care and health outcomes. Look at non traditional services for integrating BH and health services and or innovations for trauma informed care

11. **Comment**: In LA County, there are several training programs for peer advocates and parent advocates which successfully graduate from their programs. So many peer advocates are volunteering for days, months, years, and still have not acquired paid positions. Why have there not been more jobs opened up for these advocates with fair living wages. Also there is a need for trainings for advocates who want to move up the career ladder. Mentors within that will help peers who are looking into getting a job as a peer advocate.

12. **Question**: Is there going to be a rationing of health services now that we need to cover so many people in this county and State? A simpler approval process is needed to make funds available to pay the bills and have some left for emergency fund. Is there going to be an end to future hurting? More help is needed with the complex plan and approval plans that need to be

	implement in the future. 13. **Question**: Regarding the Norwalk State hospital, is there any new information about that annual reunion to improve the recovery model for mental health system? 14. **Question**: Regarding community services, there is a need for surveys at wellness centers and clinics that focus on the recovery model, not the medical model, for future happiness for the clients they serve. 15. **Comment**: There should be eight positive programs outcomes. In addition, we need jobs after we finish volunteering.
Meeting Adjourned at 12:30 PM	