

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH**  
 SYSTEM LEADERSHIP TEAM (SLT) MEETING  
 Wednesday, June 19, 2013 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 provide an update from the County of Los Angeles Department of Mental Health.
2. To inform the group about State budget, legislative, and related issues.
3. To report on action items from prior SLT meetings.
4. To review and discuss the Chief Executive Office’s (CEO) draft report on the SLT.

**MEETING NOTES**

<p><b>Department of Mental Health - Update</b></p>	<p><b>Marvin J. Southard, Director, County of Los Angeles, Department of Mental Health</b></p> <p>A. Dr. Southard provided an update regarding the ongoing work on the statewide health budget and its impact on mental health, the increase in the capital fund to construct 2,000 new crisis beds, the new formula for reimbursement for EPSDT, reform to the Medicaid benefit for alcohol and drug treatment, the positive outcome data from the co-located health and mental health programs, and the downsizing of the parole outpatient treatment capacity by the California Department of Corrections and Rehabilitation.</p> <p><b>FEEDBACK</b></p> <ol style="list-style-type: none"> <li>1. <b>Question:</b> Are crisis beds just for the people over the age of 18 or will it also cover TAY population and children?             <ol style="list-style-type: none"> <li>a. <b>Response:</b> It is primarily for adults.</li> </ol> </li> <li>2. <b>Question:</b> No, I am talking about, for example, a person 15 years of age who needs a crisis bed.             <ol style="list-style-type: none"> <li>a. <b>Response:</b> My understanding is that level 12-14 homes meet some of these issues, whether they’re locked or unlocked level 14’s and that money, a lot of that comes from EPSDT.</li> </ol> </li> <li>3. <b>Comment:</b> Correct, but sometimes it is difficult to get into a 12 and 14 bed facility when a bed is needed immediately.</li> <li>4. <b>Question:</b> Are the Medicaid reforms on alcohol and substance treatment for both children and adults?             <ol style="list-style-type: none"> <li>a. <b>Response:</b> Yes, it is a Medicaid benefit. It is a substance abuse EPSDT benefit for children that need that service. There are some problems including identifying who will administer this huge program in a way that makes sense and the management of cost containment. It will probably work like Prop 36 with</li> </ol> </li> </ol>
--	--

a lot of billing all at the front end, and no clear outcomes on the back end, reduction and funding support in the long run. It looks like it will be a county administered program.

- b. **Response:** As mental health providers, do we want to expand from the already existing addiction treatment services to the array of services offered in our directly operated contract agency programs. Do we use this as a vehicle for integrating primary care? We will seek your advice as we develop this.
5. **Question:** Will the forthcoming changes require changes in how substance abuse services are provided? Who runs that in the county, particularly if mental health is consolidated under a Department of Health Services?
- a. **Response:** Substance abuse services are part of the Department of Public Health and would not necessarily require a change. The proposed changes would impact Department of Mental Health's directly operated programs and our contract agencies that might be a service provider to the Department of Public Health. Those sites may need to be certified.
6. **Question:** Does contracting with the State to deal with the Department of Correction population play into our design for healthcare reform? Is it being integrated into a continuous service process?
- a. **Response:** If we do, it will be under the conditions they described. They control what they want to buy from us. They want to buy FSP slots and we said, 'yes.' The contract covers medication costs as well.
7. **Question:** Regarding the crisis beds, some should be alternative crisis beds for peer run. Will the drug alcohol benefit, is everyone's covered and when will it roll out?
- a. **Response:** My understanding is that the expansion benefit is effective January first. The issue for DMH and DPH is identifying the provider network available to start enrolling and providing care for those individuals and understanding what rules will be different. There is a link instead between the historic benefit and the expansion benefit and it is not clear how that links to the exchange benefit. There are a lot of unknown variables.
8. **Question:** Is January first a hypothetical date or an actual date for the roll out?
- a. **Response:** It is an actual date of entitlement. The hypothetical is will we be ready to provide the service that people are entitled too, on January 1st.
9. **Question:** Is it possible for county to be ready in six months?
- a. **Response:** The first threshold is does anyone want us to do that.
10. **Question:** What kinds of discussions have occurred regarding worker safety? What kind of measures need to be put in place to make sure that as potentially more dangerous people enter the system that our workers are protected?

a. **Response:** This work would be done through a contract so it would be contracted to an entity. This work would not be done in the directly operated programs.

11. **Question:** Since this work involves co-occurring disorders, this seems like a good time to integrate systems and develop new groups that work together.

a. **Response:** I agree. In my view the best outcome for clients is offering a spectrum of services, from addiction only, to mental health only and everything else in between. Regardless of whether a client goes to Pacific clinics or Hollywood Mental Health the same array of potential services are available, and the staff are trained to provide that kind of service in a professional fashion.

12. **Comment:** Regarding crisis bed availability for children and TAY, RCL 12s and RCL 14s are not designed to be crisis beds, they are residential treatment facilities, and the length of stays can be years. Although moving to reduce lengths of stay in those beds for children and TAY population they are not currently designed to or used as crisis beds.

a. **Response:** This issue is important and needs to be handled in accordance to the laws, which are different for kids than they are for adults. Whatever we design should not turn into a place where we put kids but from which they never transition.

13. **Comment:** It is great that you are working with Corrections on the parole outpatient centers. The medication is critical and can be the difference between violating and not violating parole. This impact to the county on top of the treatment medication when we conduct parole violations the county gets some money up front, so kudos.

14. **Question:** Several months ago you discussed the need to develop drug programs prior to January 1st so the federal government would pay. What is going to happen in the next 5 and half months to organize or make certain that we have facilities available?

a. **Response:** This benefit package was agreed to because the California Department of Health Services realized that they needed to provide a parity possible benefit by January 1st. Second Karen Baylor is coming into an amazingly complex position. She will have a deputy for mental health (DHCS) and another for alcohol and drug, Her team will need to figure out how the whole state will transition.

15. **Question:** Has anything been done in Los Angeles County to create programs that are needed?

a. **Response:** Yes, we work closely everyday on all of this, but the actual program that could be implemented was decided last weekend as part of the budget trailer bill. We have a big job ahead of us.

16. **Question:** We have an alternative, peer-run crisis program in Long Beach, run by Project Return. A sector of the population uses hospital emergency rooms as their medical home. As this develops it is important to have a

structure in place that tracks individuals to see how they respond with the use of the crisis beds and making sure that they have linkages to alternative services once they complete their stay in the crisis bed. It is critical that individuals transitioning out of programs are linked to the services and community that they need.

- a. **Response:** The use of health neighborhoods, which is the community mobilization process to support better health outcomes and overcome the social determinants of health. The literature is clear that if you engage the community in helping solve the issue around those things the outcomes are much better but we need to figure out how to finance that in the long run. We want to build up and start healthy families, healthy communities in such a way that we can use those already existing resources, focused on a particular health outcome that is meaningful to the stakeholders in that community. If we engaged with a better trauma and substance abuse treatment for a particular neighborhood then the hypothesis is that there would be fewer child abuse issues raised and maybe lower some of that incidences.

17. **Question:** Was including mental health and drug and alcohol together a part of the budget discussions? When did that happen?

- a. **Response:** During last year's budget, it was decided that mental health would become a part of Department of Health Care Services as would alcohol and drug. Alcohol and drug was given a year to transition over.
- b. **Response:** Karen Baylor will have two deputies, one for mental health, one for alcohol and drug. She is the director of behavioral health.

18. **Comment:** In LA county Dr. Southard may want our own mental health or behavioral health committee of three non-profit housing developers, a couple people who run crisis residential programs, and a couple of family [and] consumers to figure out how to approach this. The faster we can move on this the better off we are.

19. **Comment:** We will make a recommendation to the Oversight and Accountability Commission. I asked Cathy Warner, Dr Beliz, and Carlotta to take the lead for DMH to think through the process, I will give them your suggestions.

20. **Question:** Will Best Start continue?

- a. **Response:** Although I am on the Commission, my understanding is a little incomplete. The Commission is reassessing its investments, because they have a declining asset base and an increasing need base. There is just not enough money in the long run to keep all programs running. What is the process of stepping that down? The biggest step down is not the Best Start; it is a LA Up. There will be an assessment of the progress of the Best Start communities from those that are meeting the expectations, to those still in the organizing stages and reassess the investments accordingly. For DMH

	<p>we do not want to duplicate efforts.</p> <p>21. <b>Comment:</b> How will the SAAC’s input be integrated into this work? What do you mean when you say “it is on health services?”</p> <p>a. <b>Response:</b> John Viarnes and Wayne Sugita are partners in thinking this through with us. For example, this benefit that got adopted, it was locally planned and devised and then disseminated for the insured, the uninsured, through CMHDA. The work between the Department of Public Health, the Department of Mental Health and our community devised a plan and it worked.</p> <p>22. <b>Comment:</b> I just wanted to begin where I started, which is most of this good news is because we worked together and I really want to thank you for helping us get so far.</p>
<p>State Budget, Legislation, &amp; Related Issues - Update</p>	<p>N/A</p>
<p>Follow Up Items: Prior SLT Meetings - Update</p>	<p><i>Debbie Innes-Gomberg, Ph.D., MHSA Implementation and Outcomes Division, County of Los Angeles, Department of Mental Health</i></p> <p>A. The last two meetings focused on statewide efforts, in particular Prevention and Early Intervention (PEI) and Workforce Education and Training (WET) and how the statewide efforts could impact, and compliment, and support county efforts. OSHPD requested your participation in a brief survey if anyone is interested in participating we will conduct the survey during the July meeting. As we discuss the next planning process, it is critical to think about how county efforts can be supported by statewide efforts, particularly for WET. Currently it is a 10-year, one-time plan. We need to figure out how to support our workforce after the 10 years end.</p> <p>B. Second, one frequently asked question is how can you tell if PEI efforts are effective? Based on the presentations heard, one question to ask is: Do suicide hotlines have an impact, and what impact do they have? We apply that learning to local projects. If any efforts continue locally and they were evaluated at statewide level, it is important to have those outcomes.</p> <p>C. For our next planning effort, we will receive guidelines from the Mental Health Services Oversight and Accountability Commission in the next couple of months on the contents of our 3-year integrated plan. Developing a planning process and defining the role of the leadership team and constituents such as the SAAC’s is key. The goal is to retain the best parts of the CSS and PEI planning processes and develop the plan in a way that is feasible and efficient. The process involves looking at what services demonstrated their</p>

	<p>effectiveness and what services have not-- qualitatively as well as quantitatively. The plan is to have my unit put together and present data similar to how the SLT reviews the Annual Update. It will be helpful to hear from the SLT, what data to collect that we are not collecting yet or reporting. Currently, the Department is learning a lot about the Healthy Way LA programs, the low-income health programs, and our Innovation Programs.</p> <p><b>FEEDBACK</b></p> <ol style="list-style-type: none"> <li>1. <b>Comment:</b> RAND has a massive contract to evaluate the statewide projects. It would be wise for LA County to establish a liaison with the RAND evaluator so that we understand what and how they are doing their evaluation.</li> </ol>
<p><b>MHSA SLT Focus Group Findings and Recommendations</b></p>	<p><i>Antonia Jimenez, Deputy, Chief Executive Office, County of Los Angeles.</i></p> <p>Slides from Antonia Jimenez’s presentation included in the June meeting handouts.</p> <p><b>FEEDBACK</b></p> <ol style="list-style-type: none"> <li>1. <b>Question:</b> In 2006 it says that the SLT members serve a 3-year term. Does that 3-year term continue? Has that changed?             <ol style="list-style-type: none"> <li>a. <b>Response:</b> There was a 3-year term for the first round of SLT members. This ended in 2009 and because the delegates were about to sunset the following year. SLT extended their membership another year to 2010 and during that year we expanded from 29 to 40 members. Because 40 members could not include everybody we expanded to 50 people. We gave ourselves a 3-year term. In December everyone’s membership is up. We need to carve out time over the summer to have clarity about everyone’s membership status. Particularly since we are embarking on a new planning process.</li> </ol> </li> <li>2. <b>Question:</b> Does that new number include a representative from every SAAC?             <ol style="list-style-type: none"> <li>a. <b>Response:</b> The new number of 50 people included 2 service area representatives. The Ad Hoc committee identified eight ways to improve SLT – one of the suggestions was enhancing SAAC participation. We need to revisit SAAC representation moving forward.</li> </ol> </li> <li>3. <b>Comment:</b> It is important to have a person from each service area advisory council.</li> <li>4. <b>Comment:</b> In June 2012, the Ad Hoc group presented recommendations to the SLT and the SLT adopted the recommendations. The group recognized that initially SAACs were designated as a “diversity” representation. That was a miscalculation because these are really organizations and can nominate their own representative. It is important to figure out how to implement and move these recommendations forward.</li> </ol>

5. **Question:** On number 5 in 2012, did the group agree to curtail legislative advocacy?
6. **Comment:** The word curtail is a bit strong. Members wanted to know whether the SLT should be an advocacy group, particularly a legislative advocacy group? In the Ad Hoc group discussed and subsequently recommended that this group not be a traditional advocacy group as there are other advocacy groups that have a special non-profit status, etc. That instead the purpose of the SLT is that every individual already advocate on behalf of different constituencies. This space serves as a forum to bring our advocacy concerns in order to work through issues, then issue recommendations. This would not be an advocacy body itself. Maybe the word curtail is a little to strong, we could revise it.
7. **Comment:** Yes, we should think of another word for curtail.
8. **Comment:** This might not be a primary role the SLT, but to say the group would never take an advocacy position I think is wrong. I understand it is not our regular function, but if something comes up of huge significance, and it affects all of us, to completely forestall that as a possibility is problematic.
9. **Comment:** It is more like what you are describing right now. The group is not trying to foreclose that possibility but rather understand how the group comes together in our regular function. The goal, ultimately, is to submit recommendations to Dr. Southard and also to oversee the implementation of MHSA.
10. **Comment:** There were times, once or twice in the past where there were potentially large curtailments. We took a position. I think it is just wordsmithing, Think of this as a platform, from which advocacy efforts are launched. If this were a body that actually advocated then we would need to be in line with the Board of Supervisors legislative agenda and check against that. We do not want to put ourselves sideways against the county's agenda. That is the purpose here. But the issues where there is a curtailment to public mental health system, we will work together to address that.
11. **Comment:** No, I understand that. However, if the Board is considering something that impacts the county Department of Mental Health and our clients it is important to provide an advocacy position back to the Board, This is an important group that may influence their decision.
12. **Question:** When first developing the SLT team, it was recommended that the group advise Dr. Southard on what kind of agendas to have at the stakeholders meetings which gives stakeholders a hand in crafting the agenda around issues that are important to them.
13. **Question:** What I am hearing you say is that we need to strengthen the SLT's role in the implementation and

monitoring of MHSA plans, and with the upcoming 3-year integration plan SLT will have a planning function in the form of creating the structures for planning or recommending structures similar to the work the delegates did with the PEI allocation. In that same vein the SLT can make recommendations on process and structure.

14. **Question:** Are you talking about the Ad Hoc Committee?

a. **Response:** No, these are the committees that we use to do the evaluations of the SLT in March, when the CEO's office came here last time.

15. **Question:** Looking back at the meeting notes from March 20th, it is important for us to develop core values and articulate them. This presentation does not capture all the work that we did, in terms of identifying those values.

a. **Response:** This is just a summary, so we had some potential areas where service integration among county departments, outreach and engagement, cultural values, front end of the services, balancing the commitment. The report has more information.

16. **Question:** Will the SLT receive a draft of the report before it is approved?

a. **Response:** Yes, before it gets published we will definitely release it.

17. **Question:** Will there be another meeting after we get a draft? What is the process?

a. **Response:** In terms of the report perhaps we should return to this question around how we want to use the report after reviewing the content, which would include the process for giving your comments back? The report will be sent via email for your comments. Then we also need to address the broader question on what to do with this report, how to move forward.

b. **Response:** My understanding is that the group would see the draft report in advance and have an opportunity to discuss it in greater detail at a meeting, after receiving feedback from each of our constituencies. That is what my notes reflect. Also, the group was to receive feedback on the votes. When the draft report goes out, perhaps the results can be included.

18. **Comment:** The way number one is written is a concern, because categorizing services and flexibility to me are inconsistent. The main point was ensuring great flexibility to better serve clients. It should say create a better health system with build in flexibility to ensure that clients receive needed services.

19. **Question:** Can you read what 6 says under program participation?

a. **Response:** Obtain and use information from peer run programs, to help with engagement and the transition of clients through the system.

20. **Question:** is that the actual wording of that one?  
a. **Response:** We will go back to the notes and make sure it is captured it correctly.
21. **Comment:** It is surprising that integrating peers throughout the system is not one of the top things particularly if we want our system to be picked in five years as the one consumers want to be part of.
22. **Comment:** That is good point. We will look at the notes again. That discussion was framed around the integration of peers.
23. **Comment:** As the report circulated between DMH and the CEO's office it was clear that many questions had to do with process. Three items stood out. 1) MHSA Annual Update --what is the process by which that occurs? Where does the SLT's role kick in? What is the role of the Mental Health Commission and Board of Supervisors? Part of this report required looking at the regulations, so this report has the most recent description of what the regulations say. 2) The Prudent Reserve. 3) The 3-year Integrated Plan. The report will have an appendix or a section that provides the latest and most accurate information.
24. **Comment:** A program is only as good as the staff incorporated within it. Nothing in the report discusses training and staff development as apart of this work. This should be a core value.
25. **Comment:** It was not part of the discussion, but it does not mean it cannot be added.
26. **Comment:** Is the statement, "restore MHSA planning division to gather stakeholders input" a literal comment or was it about making sure that the functions that were under that are retained? For example, gathering information, gathering stakeholder input. Does anyone remember that part?
27. **Comment:** Yes, I had a question about that as well, it was unclear whether this was something that was a concern related to the transition after Gladys retired to us now incorporating that into our other functions. There were some concerns about UREP groups not meeting on a regular basis, which now I believe that they are.
28. **Comment:** In the notes it said that the division served as a repository for stakeholders input as well as a feedback loop from DMH to the MHSA on stakeholder matters.
29. **Comment:** One of the issues for the groups was the loss of continuity between the efforts to gather, collect and honor the input of the different communities. Groups were set adrift by not having someone focused on the issues. Putting the work somewhere else created a situation where that individual was torn between their primary role as a leader and manager verses what the community needed. It solidified itself in the fact that

these groups never met, and the community expressed to Dennis its dismay and concern about that issue and he addressed it and we are thankful for that.

30. **Comment:** A way to restate this is to restore and or continue to provide the support the planning and other kinds of support for the UREP and other groups that are identified as priority groups. Rethinking and expanding definition of under represented, underserved populations to include other groups is important. We want to make sure that the people's voices are being heard and the issues that need to be addressed are being addressed.
31. **Question:** Prop 63 identified 3 age groups. Where does that fit in terms of how we addressing the 4 age groups?
32. **Question:** How do they fit into the context of the system leadership team?
- a. **Response:** The requirements of the act are that the plan address those age groups and so it is the product that you are referring to, and we are dealing with the process.
  - b. **Response:** In terms of the process are those involved in the process cognizant of the fact that we have 4 age groups? How do we address the needs?
  - c. **Response:** Yes, they are. Nobody here is unaware that we have older adult and TAY needs as well. The education process has historically been well developed.
33. **Question:** When the SLT examined the membership question, the Ad Hoc group requested that diversity be accounted for in different ways, including: age diversity, gender, geographic diversity, etc. With age diversity on the SLT, finding representation for children was difficult, so we decided that we would not have children here, 18 and under, but we have advocates for, so that's how we addresses that piece there. We need to do our best to bring in representatives from all the age groups.
34. **Comment:** "Communicate the county's approval process to ensure Board Supervisors make final decision" is not clear to me.
35. **Question:** One of the issues that our planning processes dealt with, whether it is the CSS plan, PEI plan, etc. is the authority and the power of the delegates or the SLT. It is confusing because SLT members often they feel that their recommendations are the final decision. This group has the power to recommend, not approve.
36. **Question:** Yes, can I add. AB1467, which was passed a year ago, actually says that the Board of Supervisors in any county adopts the Annual Update.

37. **Comment:** That will be in the report as well. With the Statewide Department of Mental Health no longer being in place. It clarifies who has final approval.
38. **Comment:** SLT decides on the plan, but the adoption, budgeting and implementation is the responsibility of the Board of Supervisors. Our understanding is that the Board cannot change the plan, they need to send it back to you with recommendations, that you could change or not.
39. **Comment:** Three items I heard regarding process. A draft report will be emailed to you with a certain amount of time to consult with your constituents to get feedback. We will come back to the SLT having summarized the feedback and then we will work through and find convergences and divergences to make sure everyone is on the same page. I'm saying this is going to be the process. Third, when the report is sent out send out it should register the voting, the dots. Last time, we also discussed developing the principles for the 3-year Integrated Plan. The principles, not necessarily the structure.
40. **Comment:** It is important to note that the report is from this group, who represent the larger community, it is important to be cautious when sharing this report with people who were not part of the meeting and discussion. Trying to reconcile what people think without understanding the discussion can be difficult. We do not want to rewrite this whole thing, to include everyone's opinion. We need an end date for this as well. So those are the 2 parameters to keep in mind.
41. **Comment:** That is consistent with the prior process we used on March 20th with members of the public not being involved in the discussion because it was a SLT specific discussion. This does not mean you cannot consult with constituents, but ultimately we want your thoughts because you are involved in the stakeholder participation program, etc. We are looking for your filter as a member of the SLT.
42. **Comment:** When we email this to you, we need your perspective. It is understood that you are linked to different constituencies.
43. **Comment:** I understand that as the group reviews, it is important to identify if there are things needing modification, is something missing, etc. This is consistent with what was said in March. Part of the feedback that we will receive is the voting.
44. **Comment:** Right. The feedback we want from you is from the perspective of having been a member of the SLT and connected the ways you are to different constituencies. Does this reflect the understanding of what we did last time?

45. **Comment:** What I just heard is a little different, that we were going to get feedback from our constituencies and then have a discussion at a meeting here instead of just giving it to you in writing.
46. **Comment:** I represent a lot of agencies. If I get 15-page document back, that is in more depth than this, I will synthesize it and get feedback and then come back at a meeting discussing our collective feedback. That is what I understood, having that discussion not just giving it to you via email, One concern concerns I raised is that is has been 3 months, next month is 4. I do not understand why we would not have that discussion in the larger group as opposed to writing the email.
47. **Comment:** In your mind, what do you think is the purpose of this document?
48. **Comment:** The purpose of the document is to reach a consensus on these things.
49. **Comment:** The report, right, is to reach a consensus on these 3 areas. Without looking at the detailed report it is hard to comment, We need agreement on what the core values are. To say, “develop core values” is not enough in my opinion.
50. **Comment** I was asked to facilitate a session regarding what is involved with the SLT, how the funding goes through the system, who approves what, and how to prepare for the 3-year planning. The session focused on receiving input from the SLT members on how well the SLT was working and potential improvements, that help shape development of the 3-year planning process.
51. **Comment:** That was our understanding as well, we were not thinking about consensus approach to this so we wanted your feedback to then engage in the best planning process for the 3-year plan.
52. **Question:** I do not understand, everything here is filtered through a consensus process, this has to do with the future of the SLT, why would we not use the consensus process on something as fundamental as what the priorities are and how to function as an organization.
- a. **Response:** It is not as much about the future of the System Leadership Team, but about how we engage in planning, what’s worked in the past and what SLT recommends for the future.
53. **Comment:** The CEO’s office needs to have a product ready by a certain time to present to the Board. The consensus should be this group not necessarily the broader communities.
54. **Comment:** Based on today’s feedback, it sounds like there is general consensus, I am unclear what the stumbling block to consensus might be, if we arrive on them, let’s cross them when we get to them.

	<p>55. <b>Comment:</b> The details are important. We have only seen a summary. If people do not want it then that is fine. It is not what we talked about.</p> <p>56. <b>Comment:</b> I agree. We want to send out the entire report and get feedback from the members.</p> <p>57. <b>Comment:</b> I have another issue, when voting with dots. The group is county provider heavy at the moment. Family members are missing. There are two mentions of peers, It is important to address the gaps in our stakeholder and address issues that do not appear because they are not here.</p> <p>58. <b>Question:</b> Does this reflect the work you did?  a. <b>Response:</b> Yes.</p> <p>59. <b>Question:</b> Is there any information you want to add now?</p> <p>60. <b>Comment:</b> The other problem is that information is put in order of the number of dots each received. We only have one family member and one consumer and a 6th of all providers at the meeting. Results get skewed to a different way and I ask that we look at what is missing –such as family member input.</p> <p>61. <b>Comment:</b> I don't disagree, but what this was supposed to represent are changes to the existing structure. The issues you called out are taken for granted as the existing structure.</p> <p>62. <b>Comment:</b> To summarize, this report responds to questions that were bubbling up here, the Board of Supervisors and the Children and Families Commission. The report responded to questions about the SLT that heard from new members as well. There were also questions regarding the stakeholder participation process especially because the 3-year integration plan is beginning.  a. There are three objectives. First, making sure the report reflects the group conversations from the March meeting. Did we document what you said? Second is to bring the report back and to the SLT to make sure there is agreement on the priorities. The report will show the distribution of votes, which allows the group to discussion the extent the right priorities are listed in each column. Third objective is next steps. We developed priorities, so what? The group can think about two possibilities, One is the 3-year Integrated Plan, and beginning to articulate some of principles that we need to start thinking about right now. We can identify 1 or 2 areas that the group wants to progress on.</p>
<p><b>Public Comments and Announcements</b></p>	<p>1. <b>Comment:</b> Alternative conference applications are available to the National Empowerment Center, it is going to be at the Hyatt Regency Hotel, Austin, Texas December 4th thru the 7th.</p>

2. Client Congress on the 28th is going to be full, . LA CCC, LA County Client Collation 550 S. Vermont this Friday at 11 o'clock. Holly Mitchell will speak at the LA CCC meeting,
3. One thing that is very important, starting in July they are going to be cutting the providers budgets by about another 8% or 5% so we need to fight that so workers can get paid for their work.
4. **Comment:** Annual Meal on Wheels at the Methodist Church in Glendale on July 16th, help by bringing salad July 16<sup>th</sup>.
5. **Comment:** June 3rd there was a letter written to Barak Obama. In the letter they congratulated but criticized him for lack of research, representation. [www.mentalhealth.com](http://www.mentalhealth.com)
6. **Comment:** Silvia Drew Ivy, I work with the Commission on Children and Families. I want to add to your discussion and You are now referring to the new 3-year MHSA plan, as the integration plan, that is concerning to the Commission because we are very interested in preserving the prevention dollars, for prevention of mental illness and integration force is a goal of were we are today creating services between primary care and mental health services. We need to protect the very precious dollars for prevention and integration should not divert prevention dollars into integration.
7. **Comment:** I have an explanation regarding the stakeholder participation. My case I come to sub 4 meetings and before that occurs you need to be a consumer client of a certain center or program or stakeholder or service provider and I happen a consumer client and also I passed the interview for the Asian Pacific Islander Consumer Leadership council. The program helps you qualify for the CCAF that is Countrywide Consumer Activity Fund and when you attend the meetings you are automatically qualified as an attendee you can do community outreach.
8. **Comment:** To close, I want to thank everybody for participating in these kinds of conversations even though they do not always feel useful in the moment, they are in the long term. It is a helpful thing, about integration. I just wanted to say, that integration has never meant the integration of PEI and CSS, the PEI category is protected as well as the CSS. Integration means bringing together the training and support structures, into either PEI or CSS, but not integrating the two. So prevention is protected under the law as it is structured.