

COUNTY OF LOS ANGELES—DEPARTMENT OF MENTAL HEALTH
SYSTEM LEADERSHIP TEAM (SLT) MEETING
Wednesday, January 21, 2015 from 9:30 AM to 11:35 AM
St. Anne's Auditorium, 155 N. Occidental Blvd., Los Angeles, CA 90026

Reasons for Meeting

1. Provide an update from the County of Los Angeles Department of Mental Health.
 2. Inform the SLT on the status of MHSA-related work.
 3. Initiate the SLT Budget Mitigation Workgroup.
 4. Calendar SLT committee meetings.
-

Meeting Notes

Department of Mental Health Updates	<p>i. DMH Updates—Dr. Robin Kay, Chief Deputy Director, Los Angeles County Department of Mental Health</p> <p>A. DMH continues to work actively on jail diversion and Innovation with SLT members.</p> <p>B. <u>Board Motion</u>: A motion was considered by the Board of Supervisors to consolidate the Department of Public Health (DPH), Department of Mental Health (DMH) and Department of Health Services (DHS) into a Health Agency with three departments under it. There was powerful and meaningful testimony provided on the behalf of the mental health community, expressing concerns over the loss of voice for mental health and those of other departments that would be subsumed. The motion was amended several times and the final version was included in the SLT handout packet. In 60 days, there will be a report back on the structure that would support consolidation, implementation steps, benefits, drawbacks, and adverse effects. This would include the incorporation of health services provided directly by the Sheriff's Department and medical services and mental health services provided in jails by DMH. DMH has been focusing on three things in this process: 1) creating an initial list of stakeholders for planning, 2) drafting principles, and 3) developing a document on the integration programs and other efforts already taking place. These will help inform the discussion with the CEO and Board of Supervisors.</p> <p>1. <u>Comments/Questions on Board Motion</u>: Dr. Kay field questions from the SLT.</p> <p>a. Are there any examples in Los Angeles County of a superordinate agency such as has been proposed?</p> <p>i. Response: Not in LA County but other local counties do have this setup: e.g., Department of Health and a Department of Behavioral Health with mental health and substance abuse integrated.</p> <p>b. We should look at the risks and benefits by examining California's experience with the State Department of Mental Health's consolidation into the Department of Health Care Services.</p> <p>i. Response: A NAMI representative has testified on this topic and it will be included.</p> <p>c. Do we know more about the structure and the establishment of a stakeholder and public input process as</p>
--	---

well as who will be included?

- i. Response: A representative from DHS who heads strategic planning will be leading the analysis from the CEO's office. DMH has been in talks with her and rather than having a big stakeholder meeting she will be meeting with the lists of stakeholders groups from each department and will participate in their regular meetings to gather feedback and information. DMH has identified SLT, UREP groups, SACs and many other of their stakeholders. An initial list has been setup for Dr. Southard and the SLT should send Dr. Kay additional stakeholders via email.

C. Review of 7 Planning Principles: A handout was distributed containing the vision statement for each of the three departments and the draft planning principles for the planning efforts. See handout for details.

1. Comments on Planning Principles:

- a. It does not mention cost savings nor does it promise not to cut positions.
- b. Add to the fifth principle that demonstrating value added includes cultural competency.
- c. When it comes to clients, clarify that includes caregivers for children and older adults.
- d. Clean up the 'patient' and 'client' terminology.
- e. What happens to MHSA funding or will it be spread out?
 - i. Response: The Board agreed each Department should retain its own budget. MHSA requires a stakeholder process in which this is done for DMH through the SLT.
- f. On equity and parity, why did we choose 'equity' partners? It suggests that those with more resources will have a greater voice.
 - i. Response: That language is taken from CBHDA principles for health reform. Parity deals with services and equity has more to do with equal voice in planning. This needs to be further explanation.

D. SLT Recommendations:

- 1. On behalf of our constituencies, the STL has to take a strong stance in support of these principles and send a strong message to the Board and the County. The recommendation includes three components:
 - a. Recommendation 1: Adopt the planning principles.
 - b. Recommendation 2: Use a neutral convener for the stakeholder process, such as Sheila Shima who is familiar with these three departments.
 - c. Recommendation 3: Create a steering committee to guide the planning process, consisting of three stakeholder groups: (1) Commissions for each Department; (2) Department heads; and (3) family, provider and client representative for each area (mental health, health and public health).
- 2. Health neighborhood-type programs should be included in ongoing conversations.
- 3. Change the term 'disorder.'
- 4. This is both a challenging and promising opportunity. There is an opportunity to do much more multi-disciplinary programs and services, and resources can be used in creative and innovative ways to make the most of this opportunity. However, there is also a tendency to separate funds and create silos. So, equity and parity is a big

	<p>part of planning and implementation, and there needs to be oversight throughout the planning and implementation process.</p> <p>E. <u>Voting</u>: The SLT voted on each of the three recommendations.</p> <ol style="list-style-type: none"> 1. <u>Recommendation 1</u>: Adopt the planning principles. <u>Result</u>: 37 votes. Unanimously in favor. 2. <u>Recommendation 2</u>: Use a neutral convener for the stakeholder process, such as Sheila Shima who is familiar with these three departments. <u>Result</u>: 37 votes. Unanimously in favor. 3. <u>Recommendation 3</u>: Create a steering committee to guide the planning process. <u>Result</u>: 37 votes. Unanimously in favor. <p>F. <u>Closing Comments</u>:</p> <ol style="list-style-type: none"> 1. When we use the Department to speak to the Board, we also should look at having other community stakeholder groups involved in this communication. 2. There is stakeholder group activity and planning is underway with DHS head. Let's make sure this recommendation impacts what they are doing. 3. DMH will be the vehicle to communicate the SLT's recommendations and send the message to right people, including the Board, CEO and other agencies involved in this process. 4. Three SLT members volunteered to edit the principles: Bruce Saltzer, Patti LaPlace and Karen Macedonio. 5. Dr. Kay noted the adopted principles and revisions to the principles would be included and sent to DMH leadership in the next few days.
<p>SLT Budget Mitigation Workgroup</p>	<p>I. Update—Dr. Robin Kay, Chief Deputy Director, Los Angeles County Department of Mental Health</p> <p>A. In the past, the Budget Mitigation Workgroup met on an ad-hoc basis. The Department would like this group to begin meeting regularly and will outreach to the SLT for volunteers. Reasons for doing this include: transparency and walking the walk around stakeholder input and inclusion, and providing updates throughout the year around small changes rather than waiting until the end of the year.</p>
<p>MHSA Updates</p>	<p>I. MHSA Updates—Debbie Innes-Gomberg, Ph.D., District Chief, MHSA Implementation and Outcomes Division, Los Angeles County Department of Mental Health</p> <p>A. <u>MHSA Annual Update FY 2015-16 Timeline</u>: See handout for additional details. Highlights include: March SLT meeting will get back to looking at the implementation status of the Three-Year Program and Expenditure (3YPE) Plan, including updates from clients served and annual update. In April, the SAACs will bring information to the SLT and dialogue will occur around unmet need and other Department initiatives.</p> <ol style="list-style-type: none"> 1. <u>Questions</u>: <ol style="list-style-type: none"> a. Which parts will work on Innovation 2?

- i. Response: Continuation of current funding process for Innovation 1 and Innovation 2 pending approval will be included in a mid-year adjustment addendum to the 3-year plan. It will be sent to the Oversight and Accountability Commission for their records with the significant feedback from the public comment/posting period.
- b. What happened to the 3 Year Program and Expenditure Plan (3YPE) recommendation that each Wellness Center would include a housing specialist and an employment specialist? The housing specialist was there, but the employment specialist turned into a peer specialist. How did this change? March may be too late to train staff on employment.
 - i. Response: We will review the programs in March. The SLT will continue to have opportunities to raise these issues and there may be time outside of the SLT to address this issue. There has been clear communication in the provider meetings with the Adult Systems of Care and at the Wellness Center meetings that the position should be focused on employment.

B. Innovation 1—Status Update: At the February SLT meeting, an update will be provided on the completed evaluation rubric and the approved proposal to continue funding specific organizations across the three successful models. There will also be a higher-level review of the evaluation rubric for each of the three models. Though it will not be at the agency level, there will be an overview of the recommendations of continuing funding by geographic and supervisorial areas. The last learning session for Innovation 1 projects took place last week, and documents with the learning will be disseminated to the Service Area District Chiefs and Advisory Committees, as well as others. The documents will include what made the agencies successful. SLT can provide recommendations on how to spread the learning throughout the community.

C. Innovations 2—Status Update: Highlights of the update include the following:

1. The Executive Management Team (EMT) expressed some concerns that the SLT also had regarding the Health Neighborhoods proposal reviewed in December. The concerns focused on four questions: 1) Do the strategies fit a Health Neighborhood model, particularly a focus on community capacity building? 2) Are the strategies innovative? 3) Is there a clear connection to mental health outcomes? 4) Will communities feel that we are imposing these strategies on them?
2. In early January, 2015, the Age Group Leads met to discuss the SLT's feedback (from the December 2014 meeting) and the EMT's feedback (in late December) to retool the strategies to address the stated concerns. Initial ideas include creating a menu of strategies for each age group that is sufficiently defined for the SLT and the Oversight and Accountability Commission, with a total cost per site and a specific cost associated for each strategy. Communities would select from this menu the strategies most relevant to their communities.
3. It will be important to convene the SLT Standing Committee to review a proposal to guide the implementation of this initiative. Dates include: February 4th 9:00 – 11:30 AM; and February 9th 3:00 – 5:00 PM.

Questions/Comments:

- A. Comment: The word 'strategy' is big and we should make sure our strategies achieve important outcomes, such as

	<p>making the delivery system more cultural competent and able to engage clients.</p> <p>B. <u>Question</u>: Is it possible for specific age groups to focus on one age group? <u>Response</u>: Yes.</p> <p>C. <u>Question</u>: Is it up to the SLT to define what communities are being discussed (e.g., Native American populations) that are not in one specific geographic area? 1. <u>Response</u>: There are implementation questions and discussions that we will discuss in the SLT Standing Committee meeting.</p> <p>D. <u>Comment</u>: There should be more clarity on the developmental process of a Health Neighborhood, particularly around how to identify and make connections with the groups in the communities. 1. <u>Response</u>: A previous recommendation was to identify communities that are already far along in the stakeholder involvement process to improve their communities, particularly in communities that have built community partnerships to mobilize their communities. The solicitation process can identify these groups, networks, and collaboratives. These implementation details will be discussed by the SLT Standing Committee.</p>
<p>Public Comments & Announcements</p>	<p>I. Public Comment:</p> <p>A. Black Los Angeles County Client Coalition will hold Community Health Wellness Forum on February 28, 2015. See flyers for additional information.</p>