

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
SYSTEM LEADERSHIP TEAM (SLT) MEETING
Wednesday, March 25, 2015 from 9:30 AM to 12:30 PM
St. Anne’s Auditorium, 155 N. Occidental Blvd., Los Angeles, CA 90026

REASONS FOR MEETING

1. Provide an update from the perspective of the Director of the Department of Mental Health.
 2. Follow up on key items pertaining to MHSA Innovation 1: Evaluation Rubric Results; Fiscal Year (FY) 2015-16 Services, and CSS Systems Development Work Plan.
 3. Inform the SLT on MHSA Three-Year Program and Expenditure Plan (3YPE Plan), FY 2015-16.
 4. Present a summary of the MHSA Annual Update, FY 2015-16.
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MEETING NOTES

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| Department of Mental Health - Update | <p><i>Dr. Robin Kay, Chief Deputy Director, County of Los Angeles, Department of Mental Health</i></p> <p>A. The establishment of additional Urgent Care Centers (UCCs) is moving forward.</p> <ol style="list-style-type: none">1. Antelope Valley, Long Beach/Harbor-UCLA and the San Gabriel Valley were identified as areas for UCCs. Southeast Los Angeles was left out due to a change at the state level related to funding. <p>B. The Department’s work around ‘Health Neighborhoods’ (non-Innovation) continues to move forward.</p> <ol style="list-style-type: none">1. District Chiefs are becoming more involved with this work.2. The Department is asking current initiatives - e.g., The California Endowment's Building Healthy Communities and First 5 LA's Best Start - what their priorities are and discussing what kinds of services the Department might be able to offer. <p>C. Consolidation Proposal Update</p> <ol style="list-style-type: none">1. Dr. Ghaly sent the initial report to the Directors of the Departments of Health Services, Public Health and Mental Health for comments.2. The new timeline has been created:<ol style="list-style-type: none">a. Draft report will be released by March 30, 2015.b. Starting on April 15, 2015, a 45-day public convening process will commence.c. A design meeting will occur on Friday, March 27, 2015, to discuss where the meetings will be held, as well as the structure and process.d. The draft report will include public comments from the 45-day public convening period.e. A final report will be submitted to the Board of Supervisors by June 30, 2015.3. The local SEIU has also worked with the three Departments to obtain staff feedback about the |
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| | <p>consolidation proposal.</p> <p>D. Budget Mitigation Workgroup</p> <ol style="list-style-type: none"> 1. The workgroup will meet on Friday, March 27, 2015, at 1 PM. 2. If you are interested email Debbie Innes-Gomberg or Dr. Robin Kay. 3. The meeting will focus on one-time funding, changes that have happened since the Three-Year Program and Expenditure Report, and a review of old principles and additional principles. |
| <p>MHSA Innovation 1 – Follow Up</p> | <p><i>Debbie Innes-Gomberg, Ph.D., District Chief, MHSA Implementation and Outcomes Division, County of Los Angeles Department of Mental Health</i></p> <p>A. Overview</p> <ol style="list-style-type: none"> 1. Dr. Innes-Gomberg discussed the Innovation 1 Evaluation Rubric Results and described how these were going to be applied to continue with specific service providers beginning with fiscal year 2015-16. 2. She also explained the need to add an ‘Integrated Care Program’ line to the CSS Systems Development Work Plan. In November 2014, the SLT approved the continuation of the Innovations 1 services. Adding the Integrated Care Program line to the work plan is necessary in order to fund the services. <p>B. Feedback/Discussion</p> <ol style="list-style-type: none"> 1. <u>Question</u>: Are we incorporating learning from the prior three years? <ol style="list-style-type: none"> a. <u>Response</u>: Yes, over the course of Innovation 1, feedback was provided fluidly and revisions were made to the projects. One area of learning was how to help clients fill out forms in order to capture client data. These and other learnings were captured in the Innovation 1 report, which will be more widely disseminated. 2. <u>Comment</u>: There are some stark differences in the short-term mental health and physical health outcomes. It would be helpful to have additional information on the reasons for the differences. Why are there short-term improvements with mental health but not physical health? Shouldn’t both improve simultaneously? <ol style="list-style-type: none"> a. <u>Response</u>: Dr. Innes-Gomberg and other SLT members responded by talking about the severity of untreated physical health conditions and how it takes longer to impact those conditions, including significant lifestyle changes. 3. <u>Comment</u>: There is a difference between the African and the African American community. At least one provider connected to the African immigrant community. 4. <u>Comment</u>: I want to emphasize how important the outreach and engagement work is to getting clients from |

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| | <p>underrepresented ethnic populations to access services. Some of these communities do not access Full Service Partnerships (FSPs).</p> <p>5. <u>Comment</u>: There is a significant movement in the field of mental health towards early detection. Can we look at how to build early detection into these models? There are massive levels of untreated and undiagnosed mental illness in these communities.</p> <p>6. <u>Comment</u>: The future is towards integrated care, so this integrated care management is part of this trend.</p> <p>A. Motion</p> <ol style="list-style-type: none"> 1. The motion is to include a line item for 'Integrated Care Program' as part of the CSS Systems Development Work Plan. 2. Voting Results <ol style="list-style-type: none"> a. 26: Completely Support b. 4: Support c. 3: Neutral d. 1: Do Not Support e. 0: Completely Do Not Support |
| <p>MHSA Annual Update FY 2015-16</p> <p>and</p> <p>MHSA Three-Year Program and Expenditure Plan Update</p> | <p><i>Debbie Innes-Gomberg, Ph.D., District Chief, MHSA Implementation and Outcomes Division, Los Angeles County of Department of Mental Health.</i></p> <p>A. Overview</p> <ol style="list-style-type: none"> 1. Dr. Innes-Gomberg reviewed slides that highlighted key points in the MHSA Annual Update for Fiscal Year 2015-16 and encouraged SLT members to review the actual report that will be posted for a 30-day public comment period. She also reviewed slides pertaining to the MHSA Three-Year Program and Expenditure Plan. (Please see handouts.) <p>B. MHSA Annual Update FY 2015-16: Comments, Clarifications and Questions</p> <ol style="list-style-type: none"> 1. There has been a shift towards outpatient programs being exclusively MHSA-funded. 2. County General Funds and Realignment Funding go towards programs that cannot be funded by MHSA dollars, e.g., jails. 3. There should be more live-in situations for those that cannot live independently. 4. Shouldn't we want more clients leaving board-and-care living arrangements and live independently? 5. Regarding the FSPs and homeless, what is the process for a hospital to refer a client to a service navigation team? |

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| | <ol style="list-style-type: none"> 6. Disenrollment has several issues. In part, the disenrollment can be a function of positive flow. 7. Is it possible to identify FSP homeless clients with positive results from homeless just receiving General Relief or CalWORKS? 8. Is there a short version or summary with clear interpretation of these? With the consolidation discussion taking place, there needs to be some ‘headlines’ of how well we are doing so we do not lose funds. 9. How many families receiving housing supports (e.g., permanent supportive housing) qualified through the children? 10. Let’s strengthen the way data is collected, including the anonymity of clients at Wellness Centers. 11. Let’s look more closely at outreach at board-and-care places, especially the extent to which services are provided to move out of board-and-care. 12. Let’s also look at graduation and suspension rates as measures of well-being for Transition Age Youth (TAY). 13. We need to be more clear about what we mean by doing ‘average or above average academically’ with TAY. 14. Regarding suicide prevention, there are compelling stories that need to be shared. We should also explore how to access and promote these services, especially the connection to the underrepresented ethnic populations that have high rates of suicide. <p>C. MHSA Three-Year Program and Expenditure Plan Annual Update, FY 2015-16: Comments and Questions</p> <ol style="list-style-type: none"> 1. What criteria were used in selecting service areas for some of these services? 2. The department should consider increased funding for the community health work program, especially in connection to the NAMI program. 3. Any extra funding for the homeless population should go to the housing voucher program. 4. More clarity is needed around why the Southeast Los Angeles center was left out with regards to UCCs. 5. With the roll out of the community health work program, there should be a purposeful and targeted inclusion of LGBTQ. 6. An update on housing should be provided at an upcoming SLT meeting. |
| <p>Adjourn</p> | <p>Meeting adjourned at 12:30</p> |