

County of Los Angeles – Department of Mental Health
OFFICE OF THE MENTAL HEALTH COMMISSION
 THURSDAY, March 26, 2015
 MEETING HIGHLIGHTS
 DR. LARRY GASCO, CHAIRPERSON, FACILITATING

Approved April 23, 2015

Presenter	Discussion	Motion	Recommendation/Action
Dr. Larry Gasco Chairman’s Report	Call to Order and Roll Call Motion to Approve the February 2015 minutes	Motion to Approve the Minutes of February 2015 – Minutes approved unanimously	Absent Excused: Barry Perrou, Victoria Sofro, and Cynthia Sanchez Absent: Fred Leaf
	Chairman Gasco announced Commissioner input is needed after Health Agency draft report is issued and to please attend the board meeting when the report is on agenda.		ACTION – Invite Bruce Saltzer to April meeting
	Opportunity for Commissioner participation <ul style="list-style-type: none"> • AOT Vacancy – There is a vacancy for consumer representative on the AOT (Assistance Outpatient Treatment) committee. Chairman Gasco asked Commissioner Ramirez to represent the Commission on the committee. • Two alternate slots are vacant on the CALMHBC for Los Angeles County. Chairman Gasco asked Commissioners to consider the appointments. 		Commissioner Ramirez accepted. He will represent the Commission on the AOT Committee.
Dr. Marvin J. Southard DMH Report	DMH Update Jail Services– <ul style="list-style-type: none"> • Agreement with DOJ is being finalized. Participants have agreed to all provisions to meet the common concern. Mental health monitors are being reviewed. Intent is to develop a 		

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	<p>monitoring plan before the Attorney General leaves his office.</p> <ul style="list-style-type: none"> • Best way to provide health, mental, and public care in the jail. Questions from the board are to look into an institution model and consider a unified system for service delivery. • Inspector General conducted an investigation on the jail mental staff misuse of time. Treatment staff participating on a forensic court panel represents a conflict of interest is also being investigated. Four jail staff has been removed due to the investigation. <p>Health Integration Stakeholder groups continue to give input.</p> <p>Ongoing DMH Business</p> <ul style="list-style-type: none"> • Diversion – DMH is making progress developing a concept to convert diversion programs into a system. Negotiations began with AB 1483, a jail financing mechanism and funding source from DA Jackie Lacey to possibly fund the diversion system. • DOJ signed off on the mental health services at the juvenile justice facilities; no more monitoring. There is a plan to redesign camps into a LA model instead of an incarceration model. • DMH takes the lead in training mental 		

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	<p>health workers to deal with victims of sexual abuse.</p> <ul style="list-style-type: none"> • Dr. Southard answered questions on the status of the urgent care centers, client access to DMH headquarters, and the status of District Attorney Lacey’s report to board. • Dr. Southard announced that the urgent care facility in service area 5 that was previously closed will reopen. <p>Budget –</p> <p>County general funds and 1990 realignment funding pays for involuntary patient care (inpatient care, jail services) which is stressed because of slow growth. MHSA and 2011 realignment are earmarked for other services. Approximately \$500 million or more from state via MHSA funding is available because programs were created and the money was spent which is reimbursed.</p> <p>Future planning budget projections</p> <ul style="list-style-type: none"> • Continue program growth • Diversion program • Develop new approaches for prevention; collaborate with Public Health • Continue to focus on underserved areas such as service areas 6 and 1. 		

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	<p>The issue to establish unanimity for the client coalition groups was briefly discussed. Dr. Southard asked Commissioner Miguda-Armstead for mediation assistance to define should groups unite with DMH or establish independence.</p>		
<p>Presentation White Paper on Mental Health Dr. Jack Barbour</p>	<p>White Paper</p> <p>Background – In 2006, Empowerment Congress Mental Health Committee hosted a forum by the then Assembly member Mark Ridley-Thomas. The forum was to give mental health a voice.</p> <p>Dr. Barbour gave recognition to Elizabeth Pfromm, Co-Chair, Empowerment Congress Mental Health Committee for being the main author for white paper.</p> <p>The White Paper started in 2011. Initiatives particularly pertained to system transformations and how mental health could work with the Affordable Care Act; integration being one facet of the act.</p> <p>Dr. Barbour highlighted some of the recommendations for DMH to adapt to the Affordable Care Act</p> <ul style="list-style-type: none"> • Bi-directional care –primary care in a mental health setting and mental health in a primary care setting in looking at the levels of needs. 		<p>ACTION - None</p>

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	<ul style="list-style-type: none"> • For moderate level imparities and early intervention and prevention support DMH co-located, contract agencies, and countywide MOUs. • Develop countywide MOUs for each Tier. Propose the four quadrant model to examine large safety-net systems to move into the bi-directional care of the consolidation. • Establish mental health screening procedures in the centers that receive public funds. This procedure will address the community children that were not getting their entitlement benefit for EPSDT. • Prepare AB 109 for the diversion projections from law enforcement and county. <p>Dr. Barbour concluded discussing the many meetings and discussions that have occurred with county officials, contract agency executives and other stakeholders in support of the white paper. Three recommendations were approved.</p> <p>Dr. Barbour invited questions and answers about the white paper.</p>		
<p>Presentation MHTA Annual Update Dr. Debbie Innes-</p>	<p>Dr. Gomberg gave overview of the MHTA Annual Update Key Date Timeline</p> <ul style="list-style-type: none"> • Post annual update for 30 day review on 		<p>ACTION – Send public comments to Terry Lewis then disseminate to Commissioners</p>

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Gomberg	<p>March 27.</p> <ul style="list-style-type: none"> • Reporting period is for Fiscal Year 2013/2014 for annual update and Fiscal Year 2015/2016 for the budget. <p>Dr. Gomberg proceeded to discuss FSP information for various populations, costs per client and number of FSP outcomes.</p> <ul style="list-style-type: none"> • Looked at FCCS program as a step down program • Clients served at the wellness centers • Number of days of homelessness after enrollment • Incarcerations reduced by number of days • Increase of FSP on employment in TAY and adult clients <p>Dr. Gomberg concluded the update inviting questions and answers.</p>		
Public Comments	There were 16 Public Comments.		
Commissioners' Reports	Tabled		
SAAC 1 Report	SAAC reports tabled.		
SAAC 2 Report			
SAAC 3 Report			

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SAAC 4 Report			
SAAC 5 Report			
SAAC 6 Report			ACTION - SAAC Co-Chair request representation from MHC on SAAC 6 meetings.
SAAC 8 Report			
Meeting adjourned	<p>Next Meeting – April 23, 2015 @ 11 am – 1:30 pm The California Endowment Center Big Sur Room 1000 North Alameda Street Los Angeles, CA 90012</p>		