COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

SYSTEM LEADERSHIP TEAM (SLT) MEETING
Wednesday, March 20, 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 hold a discussion about the DMH planning and stakeholder process.

MEETING NOTES

Department of Mental Health - Update	**Dr. Marvin J. Southard, Director, County of Los Angeles, Department of Mental Health** A. Dr. Southard discussed the positive news coverage of the SMART program. SLT member—Detective Charles Dempsey—briefly defined the goal, purpose and history of the SMART program. In addition, Dr. Southard updated the SLT on DMH's health care reform planning efforts and the formation of eight workgroups focused on implementation. Finally, he discussed the potential funding and capacity crisis associated with the California Legislature's decision to move the Healthy Families program into Medicaid. **FEEDBACK** A. **Question:** Is the estimate of 6000 people a county-wide figure? a. **Response:** Yes. B. **Question:** Can we get a message to the California Legislature about the money they forgot? a. **Response:** Yes. Last Friday, I met with Holly Mitchell, Chair of Assembly budget committee, and delivered this exact message. She is looking for allies to make sure the behavioral health needs get cared for in an appropriate way. Susan is coordinating the campaign by which we get those messages out. We will be seeking allies as well.
State Budget, Legislation & Related Issues - Update	**Susan Rajlal, Legislative Analyst, County of Los Angeles, Department of Mental Health** A. In your handout today you have a listing of the health committees and their membership for the California Assembly and California Senate. The asterisks by the names indicate members from the Los Angeles delegation. With health care reform, it is important to get information to the people on the health committees. If you want to write a letter, I provided the contact information to send it to. B. I want to provide an overview of key bills. a. Steinberg's SB 364 deals with LPS reform. What it says about LPS is that the standards will be applied equally across the state. It requires early assessment and evaluation when people are presented to the emergency room. This law seeks to reduce the 18-20 hour wait. Capacity is a part of that. It is a move forward.

b. Secondly, when a person is detained, the staffs on the unit must try to find residential placement. If a person is turned down for residential placement then the facility must state why the client is turned down. This could serve as an indicator that the person had a problem, and we might be able to work on the issues that keep them from being placed. There is a long section about protecting the rights of people detained for treatment.

c. SB 585 is related to Laura's Law. It says that MHSA can be used to fund Laura's Law treatment. There are currently four bills related to Laura's Law. Family members and NAMI members worked effectively with our Board of Supervisors to pass a resolution to support the Laura's Law bills. Laura's Law was authorized 10 or 12 years ago. People with a history of incarceration, were incarcerated within the last 6 months, or were admitted to an acute care hospital and refused treatment, or are about to become involved in the criminal justice system, can be ordered to community-based involuntarily treatment.

d. An incident in Nevada County was the impetus for Laura's Law, when someone went into a clinic and shot workers. Nevada implemented Laura's Law a long time ago. LA County modified Laura's Law program because when we originally tried to implement it, the state client coalition filed a lawsuit against us and we agreed to some conditions that includes that people that are in Laura's Law program sign an agreement to be in it. We currently deliver those services as an alternative to placement in an IMD or conservatorship.

Feedback

A. Question: Does SB 585 allocate MHSA funding to the implementation of this law or the other way around?
   a. Response: It is just indicating that MHSA funds can be used. Five to seven years ago, Dr. Mayberg issued a clarification that MHSA funds could be used for the treatment parts of Laura's Law. Based on that, Los Angeles County switched from realignment funding for our programs to MHSA funding. Our program currently operates with MHSA funding. Steinberg's legislation does not change the practice in Los Angeles County. What it does is clarify the law for those counties and county counsels who did not believe that Dr. Mayberg's clarification was proper.

   b. Response: There are approximately 25 bills related to health care reform scheduled to be heard through various committees in Sacramento. In our meeting with ACHSA members, we developed the message of what we want to ask for from the legislature regarding mental health and health care reform. I provided a copy of that. It is called "Mental Health and Health Care Reform: What Are the Opportunities?"

   c. Response: We are using this document to guide our meetings with Assembly members and Senators about our issues and health care reform. You can use this same document if you write a letter or meet with someone about health reform.

   d. Response: The message we developed in Los Angeles County is also used by the lobbying groups through CCMH and the irregulars in Sacramento. We tried to have a unified message.

B. Comment: The first part emphasizes that mental health benefits and services available to the newly eligible MediCal beneficiaries through the expansion in 2014 must be equivalent to those available to the currently eligible MediCal population. This includes all benefits and services required in federally approved state planned amendments.

   a. Response: It is important that our clients have continuity of care and stay with the health care provider. If we have more than one system of care, when a person comes to us and we will be looking at their funding source trying to determine what can be paid for. We want to ensure that when clients present specific problems, we determine their needs and treat them, whatever their funding source. There is no way the mental health department or the providers throughout the state can switch back and forth based on a client's funding. It is very important that the system of care be preserved and that people that come into the system have the same definition of medical necessity and that they are eligible for the same benefits and services.

   b. Response: We get part of our money through Realignment. Medicaid money—i.e., the federal funding source—would come to the counties through the state. As the manager of that money, we should coordinate and authorize services for different levels of care. To have more than one entity doing that threatens the financial stability of the county mental health system. We need to preserve the safety net. The county mental health plans have been the safety net whether a person is undocumented, uninsured, or if they have insurance. Ultimately, we are the ones responsible. We can only do this if we get sufficient funding.

C. Question: You talked about people that will receive services. Obviously, we are talking about children and families, not just adults and older adults.
   a. Response: Yes.

D. Question: The goal of the Affordable Care Act is ultimately to improve population health. Public mental health is a piece of that. Do the legislators really get the idea of what that means? Are they really aware of how we produce more mental health in our communities?
   a. Response: We worked with some legislators for years so that they do get that, but they are in the minority. When we do legislative visits everybody is excited about health care reform. Most of the time I am finding mental health has not really come up substantively in that discussion. The 25 pending bills are at the 30,000 foot level. Physical health is the biggest part of health care reform, but mental health is integral as well. I am not finding much language related to mental health in these bills.

   b. Response: The reason legislators are focused on physical health issues is because from programmatic and financial sides, that is where the immediate risks and controversies are. In our meeting with Toby Douglas, the State Director of Health Care Services, his mind and energy were on financing the physical health care system in the long run. The good news is that he does not have problems with the mental health system and is willing to work with us because of the way it operates now. The state is not at risk for the increased costs that are being realigned for the county, so it is a carve-out. It is not a part of the same financing mess that physical health care is in. Some of the reasons we are not getting attention is that we are not in as dangerous a position as the health care system is. We want to make sure that people understand that our issues are important and differ from the physical health care system. We have

	to figure out, in the long run, how we get a system that provides good, quality care and is focused on outcomes for its reimbursements, not just providing services. We have probably four or five years to get there. We only get there with the stakeholders in our communities. E. **Question:** It sounds like, in Sacramento at least, they have forgotten about this idea of integration of physical health and mental health. It sounds like two silos moving along for the next five years. a. **Response:** No. That is not the case. Integration is on everybody's mind because you cannot achieve the savings that are necessary on the health side without integrating behavioral health services into that equation. In other words, if the levels of addiction continue as they are there will be no savings on the health side. We need to find a way, between all systems, to invest properly in treatment of addiction at the earliest possible time to save everybody the money. The manner in which the integration and the services get paid for is a staged one. The maintenance of the carve-out for payment purposes for the next four or five years is important even as we are doing the integration of services on the service delivery side. These bills are setting the structure.
Follow Up Items: Prior SLT Meetings - Update	**Debbie Innes-Gomberg, Ph.D., MHSA Implementation and Outcomes Division, County of Los Angeles, Department of Mental Health** A. The annual update is on our website. It was posted for the 30-day public posting on March 1, 2013. We sent you a link to that annual update. We encourage you to take a look at it. I am very proud of my staff for their work, both on the content and also the presentation. B. During next month's meeting on April 17, 2013, we will hear from the California Mental Health Services Authority. They will talk about three PEI statewide projects and the impact they have on Los Angeles County. They will bring local providers who have contracts with CalMHSA to do suicide prevention, school mental health, as well as stigma and discrimination reduction. C. We are following up on the issue of the quality of FSP outreach and engagement. This issue came up when looking at reasons for disenrollment. People wondered, 'why do people drop out of service?' and 'why do FSP programs lose contact with clients?' I brought the issues back to our implementation meeting and received wonderful feedback. I want to invite the various age groups to speak with you at a future meeting so that you can hear about work that is on the horizon for some of the groups around FSP outreach and engagement and flow through the system. There is a real need to create flow in our FSPs and through our system as a whole. The feedback you gave about examining the quality of the service provided FSPs was very helpful. D. It is very helpful getting your feedback on critical issues for focal populations who we have served in the past, currently, and who we need to be served in the future to really maximize FSP services. This could tie in with planning what we do next fall around the three-year Integrated Plan. E. Finally, at our last session, there were many questions and comments about how to relate different components of the Mental Health Services Act to one another. There were questions about outreach engagement, FSPs, and Innovations Plan implementation. In the future, we want to spend time talking about how some of those programs integrate and how to create a cohesive, whole continuum of services. I answered many of the questions from the MHSA feedback session. Those

	are in your minutes.
Facilitated Focus Groups on DMH Planning & Stakeholder Process	**Antonia Jiménez, Deputy, Chief Executive Office, County of Los Angeles** Antonia Jimenez, Deputy, Chief Executive Office, County of Los Angeles, facilitated the discussion. A. The purpose of this discussion is to gather as much feedback as possible from SLT members to help inform the planning process as we move forward into the Integration Plan. After explaining the small group breakout process, she highlighted discussion questions: a. What did we learn about how we organized the last PEI and CSS? b. How can we apply these lessons for the future? c. How can we best gather feedback from our stakeholders? d. What insights do we have about ongoing changes and priorities? e. How can be best carry those insights forward into planning into the three-year Integrated Plan? f. What did we learn about how the System Leadership Team functions? How can we make it better? B. Finally, after each breakout group discusses a specific set of question, everyone will have an opportunity to hear from each group and provide feedback. **Breakout Group Summaries and Feedback** A. **Group 1: Stakeholder Engagement Recommendation** a. Increase community input early in the process instead of receiving it after the fact. Community needs to drive the program development. b. Obtain community input beyond the SAACs. For example, get schools involved, and do not limit participation to users of mental health services. c. Form a planning committee, like the one the Department had, so that we have the infrastructure in place so that we get input from the SAACs and other stakeholders. The planning committee can take the input and develop recommendations and have feedback loops back to the community to ensure that we get it right. d. Inform the public about the County approval process: DMH is presenting a plan to the Board of Supervisors, who ultimately has the final decision. e. Provide additional support to the SAACs so that they can do community outreach and address the public's needs. f. Have equal representation across stakeholders and members so that one group is not out voted based on the number. B. Question: I do not understand your last point. Everybody involved on the SLT is a minority in terms of numbers. On the SLT, there is a certain number of SAAC representatives, a certain number of providers, consumers, etc. There is no way to out vote a group. a. Response: I am talking about the CSS Plan, where a committee focused on children, transition age youth, adults,

and older adults. The children's committee did not have equal stakeholder representation. There were few parents, and when our opinion differed from providers—we lost the vote because there were maybe five of us and 15-16 providers.

C. Comment: We already worked on strengthening the SLT: how it is changing and how it is going to represent different groups. We also conducted a pilot on how the SAACs should operate and have representation from every stakeholder. Those people representing our SAACs should go back to their groups and get broader community representation.

D. Group 2: Program Priorities
   a. We focused primarily on the CSS plan and did not have sufficient time to reflect deeply on the PEI Plan. As we think about program priorities and the three-year Integrated Plan, we propose focusing on three areas:

      i. The first area is the planning process: (a) use the latest and greatest data in order to identify trends and disparities; (b) revisit the groups identified as priority groups and/or groups listed as 'under represented'—in this case, these were primarily 'ethnic' populations but we recommend adding the deaf-and-hard of hearing, the physically disabled, and the Lesbian, Gay, Bisexual and Transgender (LGBT) population, among others; (c) include the priorities and information from other County Departments; and (d) thinking about health care reform, we want to map out the policy and planning process so that we can build in that knowledge.

      ii. The second area relates to program or service priorities. In this case, there is a tension between (a) creating a very flexible system of integrated services with individual plans that allow you to provide 'whatever it takes' services to individuals within a fully integrated system but with flexibility and (b) establishing specific categories of services (e.g., FSPs) to ensure that individuals receive the right type and level of services in order to promote accountability.

      iii. The third area relates to clear values to guide the planning process and the integrated plan itself. This includes, but is not limited to, the following: (a) ensure a flow to services; (b) clients are graduating; (c) recovery emphasized on the front end of services; (d) integrated services; (e) avoid having a dual system of supports; (f) outreach and community engagement throughout the service delivery; and (g) (re)commitment to whatever it takes. Importantly, in the context of resource constraints, a deeper conversation needs to occur on how these values will be expressed in very concrete ways.

E. Comment: The Department did a very good job of making sure that we did not lose sight of the cultural differences and the need to respect different cultural perspectives, including the disabled community, veterans or ethnic groups and their needs as well. Under 'values,' add respecting different cultural values as part of the planning process and system.

F. Question: Under 'values,' we need to add importance of service integration among Departments—rather than silos—in terms of the flow, especially with the Affordable Care Act going into effect.
   a. Response: I will add service integration among Departments is another kind of value and that when say 'fully integrated services' that would include relationships with broader systems, not just MHSA funded programs.

G. Comment: When we say, 'well peers are doing this or peers can do that' it is important not to lose sight of the value of the using peers for helping with engagement and the transitions through the system and not getting stuck in the system.
    a. Response: I will add the value of peer-delivered services and supports throughout the system of care.

H. Comment: I want to make sure that that the immigrant voice is included too because here in Los Angeles County we have a very large immigrant community and we do not talk about their needs very much.
    a. Response: That would be another population that we could include under the underrepresented umbrella population.

I. **Group 3: System Leadership Team**
    a. I organized our discussion into three categories.
        i. One was about roles, responsibility, and accountability. The group felt that they are not clear about their roles and responsibilities within SLT.
        ii. The second category is decision making. The decision making process is unclear. The group wants to know how DMH makes decisions on major policy and practices. The group feels more like a listening team than a leadership team. Is their role to come and listen or to come and make decisions?'
        iii. The third category is funding decisions. The group is not clear about how funding decisions are made.

    b. In terms of what works well, the group identified three items:
        i. Presentation of timely information, which gives members the opportunity to get feedback from their constituents.
        ii. Having a facilitator.
        iii. The follow up on whatever issues or action items come out of these meetings.

    c. In terms of improvement, the group identified four items:
        i. New members coming in have a hard time with the lingo, so a new member orientation would help.
        ii. It is not clear when a presenter is coming to give out information or when a presenter is coming to present to get feedback from the team.
        iii. The outcomes and information: The SLT wants to be able to understand and be responsible for tracking some of the outcomes.
        iv. The group would like more information on how peer-run programs operate and information on the aging and the mental health population.

J. Comment: I want to add that an initiative should be done on mental health and substance abuse integration, which includes the different models, and what we learned so far. The ISM models: what have we learned that the community, those different groups, wanted to see? What were the outcomes of that and did it help the engagement and treatment and the well-being of the client? We need to see feedback on processes that are working and not working and give input in the direction that we should be going in. We are being told what direction we are going in and then giving input on that rather

than influencing the direction. We need to see a planning process that is all-inclusive and shapes the direction we are going in.

K. Comment: We have been revitalizing system leadership team and what their role is. Has it been presented to everybody? It changed from what it used to be. We are also revamping the SACS. They already have a manual. It has everything in there you want to know and do not want to know. We are going to have training. I think that after 5 or 6 months I got it across to the department that every SAC should be represented and every SAC should get information prior to the SLT.

L. Comment: I have worked with the county for many years and I am not aware of a process similar to this in other county departments. Despite the fact that there are concerns, I understand how decisions are made. Mental health has something that other county departments do not have. Marv and Robyn and the team are very collaborative relative to what we see in other areas.

M. Comment: Many of us are not privy to the processes of decision making within the department. It would be very helpful to have a decision making tree; to have a way of charting to see where the SLT fits within that.

N. Comment: When the department makes a decision that is not acceptable to the constituencies in the county, the SLT can have some influence over the actions that are taken by the department. One of the challenges is when you have an SLT of 45 people there are 45 different opinions, it is hard to get a consensus. Ultimately I think the system y is working pretty well given this process. It certainly can be refined.
    a. Response: With any new group or team you have the forming, storming, norming and performing stages.

O. **Comment:** In response to what Bruce was talking about the influence that SLT can have in the broader arena: I raised it in our small group. There are times when the SLT needs to seriously look at its advocacy role. We have not had big disagreements with the Board of Supervisors for some time--but when our budget was in jeopardy we had a small group that could mobilize and fill the boardroom. We reserve, as we wrote the mental health services act, 5% of all service dollars for innovation whether they were PEI dollars or CSS dollars, 5% of each of those spots is reserved for innovation. The reason for doing the innovation is its very difficult at any time to have new things happen because all of the money is tied up. The goal was to ensure that we had added an evaluation of innovative programs so that, at the end 3 years of activity, they either would be dismissed because they did not work or they would be valued and put into the plan for continuing action. They cannot do that unless we have a process that allows decisions like that to be made.

P. **Comment:** I just wanted to respond to Bruce's comments that that the likelihood of response from the community to any of the programs or priorities is greater if those communities are organized in a way to provide services to the variety of groups that you serve. Infants and children who are in foster care or who are in the probation system are not organized to respond about what is and is not being done to meet their needs. The composition of this body is very important in terms of making sure that those voices that are muffled because of where they are or their age or their disability have an opportunity to be represented in terms of priority decision making.

Q. **Comment:** It is important to send out as much of the material in a way that gives us the time to reach out to as many

communities as we can, so they can come back to us with comments. It allows us to come to the SLT with something to say from them as well.

R. **Comment:** I was very encouraged by these focus groups today. This was our first opportunity in a long time to stop listening and start interacting so I thought that was very good. Can you tell us when these minutes will be available from this meeting?

S. **Comment:** We are going to ask you to vote on what you feel are the top priorities and take the information collected here to develop a report that highlights the different discussions, the next steps, the action items that came out of this. We will include a high level description of the differentiating factors between what the difference between the 3 year plan and the annual plan in our report. We will put this all together and send it to Robyn and Marv. They will give us their feedback and make sure that captured it correctly. We will get it out as quickly as possible.

T. **Comment:** The idea is if you want us and we want to interact with the people that we're speaking here for and representing today--if you send us out on the 2nd week of April and we only have 3 or 4 days to review before we come together in the middle of April. I'm always encouraging that we get these things up and running soon.
   a. **Comment:** There are two questions here. One is the process that Antonia is heading up where this will be summarized and sent back to you to make sure that it's accurately reflecting your comments and thoughts. The second thing is how it is that we take that information and really begin the process of structuring the integrated planning process. How do we take this information and create a plan to make sure that as the integrated plan is shaped we are doing this according to the best insights of the group. For that, if you give us some time maybe with Debbie and I and other folks we can start charting out a time frame for the SLT.

   b. **Response:** There is a part of this process and feedback that requires the formation of some work and plans. And then there is a part of it that's merely a reflection of the content of the day. A summary; like the notes that you usually do and get that as quickly as possible.

   c. **Response:** So we usually get the notes within a 3 week turnaround so at least a high level description—

U. **Comment:** No, I understand that. I think what I'm advocating for as far as the immediate minutes is why do we need to wait 3 weeks and leaving us only a few days to reach out to the people that work with? I thought we discussed some months ago getting the minutes out within a week or two.
   a. **Response:** There is also the agenda design team that we could go back to and make sure that we have some clear expectations on turnaround for notes. There is a larger discussion on the notes that I would love to get back to you on Tony. For example, we do a literal transcription of everything that is said. But if we wrote all of it down it would be 35 pages, or more, each time. We have to go back and edit and make sure that it is accurate. .

V. **Comment:** This is a reminder. The Mental Health Commission will be meeting next Thursday. That always has room for people who want to make comments. April 18th is a public hearing on the work that Debbie has been reporting on. Then there will be a week later, on April 25th, the Mental Health Commission will also be discussing the Annual Update. This is,

	again, an opportunity for input.
Public Comments and Announcements	A. **Comment:** There was a call the other day from the National Mental Health Self-Help Clearing House. One of the subjects discussed was 'Recovery Learning Communities' (RLC). RLCs are networks of self-help, peer advocacy forums. Information, referral, advocacy, training, recovery concepts and tools, forums—all these activities go on in these recovery learning communities. What recovery learning does is to create a significant cultural change that shifts from a symptom management to focus on promoting recovery, resilience, wellness and hope. RLCs also support consumers to take charge of their own recovery process. Emerging evidence shows that peer support services and peer specialists help speed recovery, a key component of the recovery learning community. Let's get these going in Los Angeles County. B. **Comment:** I am looking into an aspect of psychology called optimal or positive psychology. I have been asked by someone in the White House a question: "Do you believe that it is possible that if you gave your full effort to it positive psychology that mental health illness could be eradicated within 30years?" I believe that it is possible to do so. If we start taking a look at genetic markers, at biological re-engineering, stem cell therapy and other developments. I'm going to give my full efforts to it and I definitely believe that is possible. Thank you. C. **Announcement:** There is a free dental clinic on March 22-24, 2013. My birthday is April 9, 2013. D. **Comment:** I became an APICAC member in February. The training was very successful. I think there were 49 people. E. **Comment:** An enormous amount of work and support has been provided to children and youth under the MHSA program. The Commission on Children and Families is grateful for the support. The process of planning for the next three years is very important. The Commission is hoping that in the discussion you look at the committee work before and after the SLT discussion. The statute gives the authority for the final decisions to the Department leadership and finally to the Board of Supervisors. The input that the Department gets from all of you is vital for children and youth. F. **Announcement:** The Los Angeles County Client Coalition is having an "Innovations and Recovery Conference on June 3, 2013, at The California Endowment. It will focus on new and interesting ways of practicing recovery. We are looking for presenters. We would love to have you speak, talk about your life, what's going on with you and how you stay in recovery. Also, we hold our Los Angeles Client Coalition meetings every month on the third Friday. Next meeting is April 19, 2013 from 11-2 PM. We will provide lunch. We talk about mental health advocacy and mental health topics. We distribute information and also talk to Dr. Southard every month. G. **Announcement:** On Thursday night, March 27, 2013, an event will be held focused on gun control which is very closely related to mental health. It will be at Loyola Marymount University at 6:30 in the evening.