COUNTY OF LOS ANGELES–DEPARTMENT OF MENTAL HEALTH
SYSTEM LEADERSHIP TEAM (SLT) MEETING
Wednesday, April, 15 2015 from 9:30 AM to 12:00 PM
St. Anne's Auditorium, 155 N. Occidental Blvd., Los Angeles, CA 90026

Reasons for Meeting

1. Discuss the Wellness Center Service Exhibit.
2. Give an update on *Profiles of Hope - Stigma and Discrimination Reduction* PEI Activity.
3. Provide an update on MHSA Innovations 2 - Health Neighborhoods.
4. Provide an update on the Department of Mental Health.
5. Present and discuss a one-time funding proposal.

Meeting Notes

Health Consolidation Proposal	*TJ Hill*, Mental Health Policy Director, Association of Community Human Service Agencies (ACHSA) Mr. Hill presented the SLT with an alternative proposal to the one contained in Dr. Ghaly's report to the Los Angeles County Board of Supervisors (BOS), which recommends the consolidation of the Departments of Mental Health, Public Health, and Health Services. The alternative proposal recommends the creation of an office that focuses on the integration of services in overlapping areas, while preserving the autonomy of each Department. The SLT agreed to consider the alternative proposal but chose not to issue a recommendation during the meeting mostly because the alternative proposal was not available in writing for further review. TJ Hill agreed to make the proposal available to the SLT members via email and the SLT agreed to conduct an email vote. The facilitator clarified that the SLT's recommendation-making protocol stipulates a consensus building stage with SLT deliberations, at the end of which he tests for consensus using the Gradients of Agreement. If consensus is not reached, the SLT then using a voting method where 60% is needed to support a recommendation. The facilitator tested for consensus on the following motion: the SLT agrees to bypass the consensus building stage and vote directly via email on the alternative proposal presented by TJ Hill. The SLT unanimously approved using this motion and further agreed to form an Ad Hoc Committee that would meet and review the written alternative proposal and send their recommendations to their SLT colleagues along with the request for an email vote. Dr. Robin Kay agreed to contact Dr. Ghaly to confirm the feedback deadline and to inquire about the possibility of pushing it back to allow for more feedback.

Policy Update	*Susan Rajlal,* Policy Analyst, Los Angeles County Department of Mental Health Ms. Rajlal reported that her office is tracking 63 bills related to mental health including: 1. SB 614: Focuses on peer and family support certification. The bill would call for having one standardized certification program throughout the state that would be managed or administered by the Department of Healthcare Services. 2. AB 1300: Focuses on people going into hospitals that are non-designated LPS hospitals and on what happens to people that go in there that have to be held involuntarily.
Wellness Center Service Exhibit	*Kalene Gilbert,* Program Head, Adult Systems of Care, Los Angeles County Department of Mental Health Ms. Gilbert provided background on the evolving design and experience with Wellness Centers and how the Wellness Center Service Exhibit (please refer to the handouts) seeks to respond to a different set of conditions in place today. The presentation was followed by a panel discussion consisting of individuals who actively participated in the development of the Exhibit and representing various organizations operating Wellness Centers, i.e., Gateways Wellness Programs, Pacific Clinics, and Exodus Recovery. They underscored the following points: 1. The Wellness Centers have enabled them to increase services and provide more continuity of care via more comprehensive services. 2. They have been able to find employment for clients and provide more resources. 3. Close consultative relationships with primary care providers in the community were developed for the people that are at the end of the wellness adjunct and really far along in their recovery. 4. There has been a focus on recovery and community integration in a culturally responsive manner. Moving people throughout the continuum of care and fully integrating clients back into the community has been key. 5. Wellness workers have allowed us to reinvigorate and redefine what wellness services are and have allowed us to take advantage of more rapid flow through our continuum of care. 6. Initially, they were not sure if there was a population with lower-level needs that could be served with the wellness funds. They found that Wellness Center helped people with lower-level needs move forward in a supportive way. 7. A key issue moving forward will be how to serve a population when the amount of funds is insufficient to address the amount of needs. **Discussion: Comments, Questions, and Responses** The discussion generated the following comments, questions, and responses. Given time constraints, some of the questions were not directly answered during the session. 1. Comment: The process used to revise and refine the Wellness Centers Service Exhibit is a model of how the SLT can

carry out its 'accountability' function: (1) involving multiple stakeholders to examine their experiences and data; (2) use of a focused and efficient feedback process; (3) the creation an Exhibit that seeks to improve the quality of the services and outcomes.

2. Question: When talking about the 'continuum of care,' how do we engage people into seeking and using mental health services? In other words, Wellness Centers may make it easier but how do we move them to those more intensive services. At what level do you engage with those individuals?
    a. There is constant engagement and evaluation of the level of services that clients need. There is flow back and forth through the continuum of care based on the client's needs, comfort and availability. Peer services also are a good bridge to more intensive services for clients who are not comfortable with more formal services.
3. Question: Who conducts client surveys?
    a. DMH monitors programs to ensure they are soliciting and responding to consumer feedback, but the program chooses its own process. Consumer feedback surveys are done in all threshold languages.
4. Question: Has there been a discussion of staffing patterns and how will that be handled?
5. Comment: There is always concern with the linguistic and cultural competency of the staff at the Wellness Centers.
6. Question: How can we expand the number of Wellness Centers to other agencies?
    a. DMH leadership has shown interest in expansion of Wellness Services including these programs.
7. Question: Will there be a change in dollars to be able to support the need for higher level clients in the Wellness Centers?
    a. DMH meant for the addition of 'Wellness Adjunct' dollars to take care of a lot of the folks who have lower level needs so the main Wellness Center staff could be able to provide more intensive services to higher need clients.
8. Question: How does this apply to other agencies and their work with Wellness Centers?
9. Question: What will happen with regards to future funding for Wellness Centers and cultural and linguistic competency?
    a. There are strategies that will be developed.
10. Question: Why are Wellness Center limited to 18-59?
    a. 60+ are served in Wellness Centers. TAY drop-in centers are very similar to what the Wellness Centers offer.
11. Comment: Employment issue has been the downfall of Full Service Partnerships.
12. Comment: Outcome targets seem more process oriented rather than results focused.
    a. There is a hope we can start to look at some outcomes targets across all of our programs, not just for Wellness Centers. But we need them in FSPs and FCCS. There is a process to get there. We had to stay close enough to the original statement of work and what we originally sent to the State, so we did not include those and it is going to be a process to include them in the future. Now there is a lot of discussion about getting better individual based outcomes with wellness and what that is going to be. We need to at least just start to get a temperature check before we can start looking at targets but that is also on our radar.

	13. Question: How do you deal with co-occurring disorders in Wellness Centers? Are there groups that educate people or get them into groups?
Profiles of Hope	*Kathleen Piche, Public Information Officer, Los Angeles County Department of Mental Health* Ms. Piche shared materials and showed a video of Rick Springfield's story which is part of *Profiles of Hope*. She also provided an update of the campaign, Profiles of Hope, which addresses stigma and discrimination of people with mental health issues. The campaign also includes other 30 and 60-second PSAs available for public use. **Questions and Comments:** 1. Comment: LAUSD and other schools can be showing these pieces more intentionally. These segments can also be integrated into health care centers, which would cover a prime target. 2. Question: Are there *Profiles of Hope* for parents and caregivers? a. Yes, that is how we started. Isaiah Hendricks was a TAY who was homeless and blind. If there are others out there that should be profiled please contact me directly. 3. Comment: Long Beach anti-stigma work going on. Could we also make this available to primary care physicians or in substance abuse prevention service centers? a. Yes 4. Comment: We should go to our providers and ask them to put it in their hospitals. 5. Comment: There are also self-help referral lines and public access possibilities to be explored. 6. Question: Have there been efforts to partner with ethnic media to do dubbing or translation? a. Not yet, though there are some profiles in languages other than English. Ms. Piche can be contacted directly to come out and discuss the project and provide more materials – kpiche@dmh.lacounty.gov 213-738-3700 YouTube channel – LACDMH PIO - https://www.youtube.com/user/lacdmhpio
MHSA Innovation 2 Update	*Debbie Innes-Gomberg, Ph.D.*, District Chief, County of Los Angeles, Department of Mental Health 1. On April 3, 2015, DMH submitted the MHSA Innovation 2 proposal to the Mental Health Services Oversight and Accountability Commission. We hope they will review this proposal at their May 2015 meeting so that we can then move forward with our Innovation 2 efforts.
DMH Updates and One-Time Funding Proposal	*Dr. Robin Kay, Ph.D.*, Chief Deputy Director, Los Angeles County Department of Mental Health Dr. Kay provided an update on the BOS's consolidation motion and on the SLT Budget Mitigation workgroup. The following are key points for each topic, followed by SLT comments and questions.

Consolidation Motion

1. Dr. Mitch Katz has agreed to attend the SLT meeting on May 20, 2015, to discuss the health consolidation motion and the 'agency' concept.
2. The preliminary report has been drafted and shared publically on the website. It is 70-plus pages and an executive summary will be out in the next week or two.
3. Dr. Ghaly continues to meet with various groups to discuss the content and process recommendations contained in the report.
4. There are three public convenings and two Department sessions planned at the end of April and first week of May. It is important to provide as much feedback as possible at these convenings and to submit our feedback through the website.
5. The final report is due to the BOS by the end of June 2015.

Comments and Discussion:

1. Comment: We should try to have a positive strategy with Dr. Katz about moving forward what we would like to see rather than being confrontational about what has happened thus far. We should also invite Dr. Ghaly.
2. Comment: There are two issues we have as an SLT: the short feedback timeline and incorporation of feedback; and the implementation of the super-agency.
3. Comment: Dr. Ghaly mentioned we could push back on the May feedback deadline but we may want to push back on the June final vote date, too.
4. Comment: Cultural competency is not significantly discussed in the report. This has caused concern that the community and stakeholder input we provided was not incorporated.
5. Comment: If there is an opportunity to push back on the deadlines for feedback and final decisions, it will give an opportunity for the SLT to provide more thoughtful feedback to the report.
6. Comment: The report acknowledges that the agency model is not yet fully developed. This makes it difficult because there are some definitive things to respond to and other more abstract items to respond to.
7. Comment: Prior to the report, there was a client survey asking for thoughts on the consolidation and the overwhelming response was a fear of changes in services. When the report came out those same clients saw the change they feared in things like co-location. Clients and family members should have a stronger voice in the decision-making process.
8. Comment: I want to acknowledge what Dr. Kay said about 'burnout of the unknown' because it is really easy, if we get stuck, to have the unknown take on a life of its own. With that said, what we heard yesterday was a very real thing for me about this is huge report. There is no executive summary—deliberately back but which is now going to come out in the next couple of weeks—and it is also only in one language. Part of the issue is the fact that we have populations that cannot possibly understand this report and that are only feeling the fear of change without any way to educate them.
9. Comment: It is clear from the report that a lot of the detail and information from the focus groups was not included.

Feedback needs to be submitted in writing. There seems to be a lot of feedback getting lost and Dr. Ghaly's job is not to include everything, but rather what she feels is most important for the Board to make their decision.

10. Comment: Strategically, I agree that we should not delay. The reason why is, at least at the AP3CON level, we have assessed this and we really feel that at this point the argument is not whether or not there is going to be an agency. The argument is really about the structure of the agency. So, rather than continuing to fight over these little points, the reality is that the Board of Supervisors is the place where the decision is going to be made, not in all of these meetings, unfortunately. I would rather see us focus on an alternative plan that we can present to the Board of Supervisors and have hundreds and hundreds of people there to testify because the Board does change its mind and we can influence them there.
11. Comment: The fundamental issue here is really the integrity of the process. People have to have confidence in the process because without having that confidence then there is always the issue of rumors and mistrust, especially when you do not have a process that has any clear development and implementation staging so that there are communication opportunities at every stage. What you really have is just a framework with a lot of contingencies; and they are saying 'trust us and jump into the well with us.' Obviously people are not very happy with that process and we have a lot of different communities within DMH's population served that need to know about these stages. So, it really requires pulling this process down and staging it so the communication is more transparent, and that will really build the integrity in the process. I think there is the will to do this right, but you cannot do it right under these circumstances.
12. Comment: Dr. Ghaly kept saying, 'Please make pragmatic suggestions in any of areas of the report because we really want to hear it from you.' So I think it is really up to us to read the report to get an understanding of what possibilities there are and to suggest really pragmatic ways of helping integration for everyone.
13. Comment: I really jumped past this report because it really is going be about the structure. I do not think addressing the structure is the key thing because that is really what is on the table. As I have told one group, it is 67 pages of why this agency should exist but not one page that really evaluates whether this is the best model or not. It does not address it and Dr. Ghaly does not want to address it. You go to page 51 and it says either they (i.e., models) were or were not considered, or it dismisses other options in one line.
14. Comment: We talked about a structure that clearly lays out the oversight process, such as we have with the SAACs, the Commission, Advisory Groups, and the SLT. That is not in the report. This is something that the SLT may want to put on the table because that is why we really respect DMH because of what they have done in allowing our input and in being a partner with them. That needs to be stated, that we are stakeholders and that as they make decisions moving forward we have to have this kind of inclusive process.

Budget Mitigation Workgroup

1. The Budget Mitigation workgroup met last month and amended and confirmed the principles for allocating one-time MHSA funding. A report of this work will be provided to the SLT at a future meeting.
2. A formal request will be made at a future meeting pertaining to the MHSA and SB 82-funded Law Enforcement

	Teams. At this point, the Department has incrementally increased the number of Law Enforcement Teams that we operate in conjunction with LAPD and the Sheriff's Department and with some of the smaller cities, so that at this point in time we have covered more than half of the County. If we were to implement approximately 15 more Law Enforcement Teams, we would cover the entire County, partly because many of the smaller municipalities are asking us to allocate staff so that they can implement a joint response model in the same way that the Beach Cities have done where they have collaborated to share one social worker or one mental health clinician among several police departments. 3. I am bringing this issue up now because I think that, given the mood of the nation and events transpiring in Los Angeles, this might be a time when we really want to think about moving this along pretty quickly. Dr. Southard could not be here today but he really wanted me to surface this issue. I will say that the Department is getting a tremendous amount of both support and endorsement and also pressure from the Sheriff's Department, the Board and some of the smaller cities saying that, given everything that is happening, things that have happened in Skid Row and across the nation, they really need this model everywhere, not just in some parts of the county. Because there is revenue that we bring in for those teams it is not a huge investment. It is like $1.2 million, or something close to this amount, that would then expand this Law Enforcement/Mental Health Model throughout the County instead of leaving holes. **Discussion** 1. Comment: It is very important that in expanding those teams you also expand the social supports that those teams can provide people. 2. Comment: With SB 82 now introducing the idea of adding three urgent care facilities throughout the County, they might consider looking at that as well, i.e., whether or not those urgent care facilities can support the increase of those teams is a question.
Public Comments & Announcements	1. Comment: Regarding the formation of the LA Sheriff Civilian Oversight Commission: a. The working group's recommendations on the roles and responsibilities of the LA Sheriff Civilian Oversight Commission are contained in five documents. (There are copies over here on the table.) There are 9 community meetings coming up and then there is a schedule that we can provide you as well. So those are the basic points here. So if you are interested come up here and you will be able to get that information. b. One of the problems I see is that they made a recommendation. And do you know what the recommendation of the makeup of the commission is? Nine people. And the Board gets to appoint one from each of their Districts. So what does that look like? That is why you need to give some input on that structure; that this commission should be a larger group because they are already going to form this commission, but it needs to be a larger group because it is only 9 and 5 of them are appointed by the Board of Supervisors. The other thing to stress is that the commission has the power to subpoena information.

	2. Comment: By law, we need to bring a certified peer specialist training into this thing. *Rights California* is endorsing this and we need to get this in. Another thing would be to bring in Intentional Peer Support, bring in at all levels including Urgent Care Centers, Wellness Centers, Share, Project Return. We need to have it. We need to also bring some materials that cover occupational centers. Also, *Rights California* is having their applications on May 4, 2015. LACCC, we need to go to places and be able to outreach to the clinics to bring more people into the coalition. We are dwindling. We would like to get people in. 3. Comment: As a consumer, how do you really know what a wellness center is? There are so many community places that identify as wellness centers. How do you know you're at the right place as a consumer? What does a culturally responsive wellness center look like? Can you give examples of 'culturally responsive care'? What kind of training do you provide to have staff competency for spiritual assessment? Can you have video on Netflix? There are a lot of mental health education videos on Netflix and child sexual exploitation documentaries. Maria Hemingway has another video on Netflix, which people have viewed. 4. Comment: How is spiritual assessment implemented? By whom and how qualified? How are results of feedback being integrated? 5. Comment: Shouldn't LACOE serve as a lead to promote/distribute *Profiles of Hope* PSAs among school districts?