COUNTY OF LOS ANGELES–DEPARTMENT OF MENTAL HEALTH
SYSTEM LEADERSHIP TEAM (SLT) MEETING
Wednesday, April 20, 2016 from 9:30 AM to 12:30 PM
St. Anne's Auditorium, 155 N. Occidental Blvd., Los Angeles, CA 90026

REASONS FOR MEETING

1. Give an update on behalf of the County of Los Angeles Department of Mental Health
2. Share information on State legislative and/or budget items
3. Discuss learnings and applications of the Innovation 1 (INN1) Peer Run Model
4. See a brief *Profile of Hope* video clip
5. Hear an update on Partners in Suicide Prevention
6. Give information on future SLT facilitation support

NOTES

State Legislative and Budget Items - Update	**Susan Rajlal, Legislative Analyst, County of Los Angeles, Department of Mental Health** **SB614—**This bill would standardize peer certification across all California's counties for peers, and constitutes an important step towards stable income and career paths for peers. Although the Department of Health Care Services is not supporting all elements in the bill, the Behavioral Health Directors Association has continued to discuss and make progress. An online petition is currently circulating to support all elements of this bill. It can be signed through their website. Anyone can circulate this petition throughout LA county. **MHSA—**AB847 passed due to an urgency clause signed by the Governor, taking $1 million of MHSA that remains at state level as administrative overhead. This money will go to the Department of Health Care Services to write a grant application for the pilot project for certified community behavioral health clinics. There will be seven (7) nationwide and California has a high possibility in becoming one of those pilot projects. The application will likely be done by a consultant team. This grant can bring money into California. **No Place Like Home—**A summary of this bill is currently still unavailable. It might become budget trailer bill, tagged on at the very end of the budget as a method to get it passed. New information will be circulated as soon as it is obtained. **AB2017—**This is the College Mental Health Service Bill to provide services on college campuses due to the belief that colleges need more counseling and services. Negotiations are underway about the amount of MHSA funding. CalMHSA will work with these colleges while the colleges find money to match the amount received from MHSA. There are about over 50 bills this year that have to do with mental health. None have any urgent issues to report about yet.

	Discussion **Q1:** *Which committee is SB614 in and what is its budget impact?* **A1:** There is no budget implication and right now it is stalled within the Department of Health Care Services due to disagreements around certain elements of the bill. **Q2:** *Is the MHSA funding that is returning to the state earmarked for the College Mental Health programming? What is DMH doing locally to support it?* **A2:** Yes, along with numerous projects. A report will be provided about how DMH is working with the colleges within the area in the upcoming months. **Q3:** *What is the Oversight and Accountability Commission do to resist funds being taken from MHSA at the state level?* **A3:** MHSA is state administered. Many organizations are currently trying to work with the Steinberg Institute and Kevin de León's office to mediate how MHSA funds are used. It seems to be a slippery slope. **Q4:** *Regarding the housing initiative, there appears to be no wording about families with children where the children are the ones diagnosed with a mental health issue. It seems that the only the adult consumers are being considered.* **A4:** Children and their families have been mentioned to Kevin de León's office but the language of the bill has not been circulated. **Q5:** *When we say children with families, we need to identify that it is the child with the mental health issue. Many adult consumers have children and individuals may believe we are referring to them. There needs to be something for everyone.* **A5:** I suppose we should call them "children consumers and their families." **Q6:** *Is the housing bill asking to take part of the MHSA money? In my belief, once they start chipping away at our money, they will continue to do so. I think we should start an organization to protest or do something about it.* **A6:** Yes, the proposal is to take money off the top of MHSA and use it to securitize bonds to build housing for a period of 30 years. **Q7:** *Would it be possible to receive a list of those fifty bills mentioned earlier?* **A7:** Yes but by the time information is printed on these fifty bills new information might already be available. The report will have the date this information is obtained. **Public Comment:** "This money was given to us for mental health programs and we do not even have enough to help!"
Department of Mental Health - Update	**Dennis Murata, Acting Chief Deputy Director, County of Los Angeles, Department of Mental Health** provided the following update on behalf of **Robin Kay, Ph.D., Acting Director, County of Los Angeles, Department of Mental Health** **No Place Like Home:** The full details for *No Place Like Home* are currently unknown but it is clear they want to tap into the MHSA dollars statewide. On a regular basis, individuals are seeking to use MHSA statewide dollars to fund other prevention programs and so forth. There are good reasons behind each program but Proposition 63 was established for a very important and specific reason. This is the reality we are facing: they see funding projections for the following years. For instance, there is also a Senate Bill currently circulating to authorize these federally qualified health centers to have contracts with the county mental health plans, carving out specialty mental health services. This bill would require using MHSA funding and we are searching for a way to get the state to fund it.

However, MHSA dollars are volatile. They increase for a couple of years, followed by decreases in the following years, making it hard to establish and sustain plans and services for more than two or three years at a time.

In terms of proposed housing bill, it is important to note that funders attach specific regulations to their housing dollars. This includes definitions for what is meant by 'mentally ill' individuals. There is talk about loosening up the criteria of mental illness to give more individuals access to housing, including supportive services.

In terms of securitization, if the state takes MHSA funds off the top to secure funds for the housing bonds, this may mean that certain programs would be cut during a recession due to their being below our base range. This is why volatility is important to factor into the discussion. For example, some budget principles could be established so that if MHSA revenues fall below a certain base in a particular year, the state should pay the money on behalf of the counties. It is unknown whether this principle is going to appear in the actual bill.

SB 75—*Medi-Cal for Children* authorizes the enrollment of undocumented children as well as children currently on restricted Medi-Cal and places them on full scope Medi-Cal. There are about 170,000 children that will be served statewide. This expansion will occur within the start of next fiscal year and the budget needs to be kept in mind.

Community Colleges—CalMHSA was funded through a statewide effort that required that MHSA dollars pass through all the counties to fund CalMHSA. One of the initiatives focused the community colleges. Since this initiative is no longer funded, individuals are searching for other ways to fund it, thus AB2017. This would fund local efforts, such as DMH staff working with Los Angeles sheriffs located on college campuses to respond to immediate crises.

Discussion

Q1: *I want to highlight the importance of mental health being present in all social determinants of health in every area in Los Angeles county services. We need to think about where we can fit in the larger picture to reach other individuals than just the individuals in front of us.* **A1**: Excellent comment. DMH and contract providers are part of all these initiatives at a higher level. Although we are involved with a lot of initiatives, we are not at the level we should be. We do need to improve how we inform the public.

Q2: *Can you give us an update on the DMH Director search?* **A2:** The application closed on April 15th, but interviews have not started. The selection process will involve the Mental Health Commission.

Q3: *Has DMH taken concrete steps to work with individuals who qualify for the Drug Medi-Cal Waiver?* **A3:** The Department of Substance Abuse and Control has submitted its implementation plan and is waiting for feedback from DHCS and CMS. Some of their efforts focus on outreach to expand their provider networks. If anyone wants more information on joining their provider networks, information will be gladly given. With Drug Medi-Cal, the individual's primary diagnosis is not with mental health, but it is still important to integrate drug/substance abuse with mental health.

Q4: *We now have a health agency in LA to work on integration between mental health and substance use, i.e., the new Health Agency. Is this not exactly why such an agency was created an agency? Is something being done at that level to bring both systems together?* **A4:** The beauty

	of having a Health Agency is that this sort of agency can push for change at a state level. **Q5:** *So no integration work can occur at the local level without changes at the state level?* **A5:** I do not know how to answer that question since I am not involved at that level. The various works groups currently meeting under this Health Agency umbrella will come together in a retreat in April or May to create a common approach to their work so that integration can be done in a coherent way. **Q6:** *When will Drug Medi-Cal services be on the streets?* **A6:** The implementation plan needs to get approved first by CMS and DHCS at the state level. We also need to complete a fiscal plan because each county is able to negotiate its own rate with the state. These steps need to be completed before we get the approval from the Board of Supervisors. The starting date is not firm yet, but hopefully by the beginning of the next following fiscal year at the latest.
Innovation 1 Peer Run Model	The following panelists gave a presentation on key lessons pertaining to the Innovation 1 Peer Run Model: **Guyton Colantuano**, Executive Director, Project Return; **Angelica García**, Associate Director, Project Return; **Daphne Graves**, Program Coordinator, Project Return; **Jason Robison**, Program Director, SHARE!; **Camille Dennis**, Program Coordinator, SHARE! The following discussion ensued. **Discussion** **Q1:** *What sort of individual would I refer to one of these programs? I don't exactly know what an individual's needs must be in order to enter this program. It would be helpful for the whole system to know what type of person could be referred to this program.* **A1:** We specifically work with individuals who have identified housing as a need, but must have a mental health issues along with a substance abuse or physical health issue. Our recruitment efforts include working with housing providers to identify anybody having difficulty maintaining housing. Initially, there was a prerequisite set: individuals must have housing prior to accessing our service, but as individuals came into our program we realized that some of them might not have an ideal housing situation. So we help them find housing, ranging from someone who needs to get away for a couple of days to individuals who might not need to stay at the hospital but do require our services. Since most individuals we deal with have identified housing, a lot of times these individuals are still connected to a home. So they stay with us for a few days but want to be back home. We see this as a positive thing. We try to provide the support as soon as possible. We can create a document with a number to call to refer someone. We will distribute this shortly. **Q2:** *How do you prioritize people on the waiting list?* **A2:** The availability of the rooms depends on the individual's needs. If a person needs a specific room, then it may take longer for them. **Q3:** *Why would you have rooms available and a waiting list at the same time?* **A3:** The waiting list was established not too long ago. **Q4:** *I believe this is such a valuable and needed service. What is the plan to expand it to other areas?* **A4:** We want the program everywhere. But the important thing is that we take referrals from every Service Area. **Q5:** *What is the breakdown of the people who have been served in terms of ethnicity and other diversity?* **A5:** It is actually included on Debbie's slide on page 4.

	Q6: *Are you working with any other organizations such as faith-based organizations?* **A6:** We want to continue working with other organizations. We try to interact with all kinds of faith based organizations whenever possible and we see that as a huge positive. **Q7:** *It is not clear to me when you say "mental health" whether you are including drug and alcohol within that? Also, what do you do with people who don't speak the English language? What is your language capacity?* **A7:** Drug and alcohol is included within mental health. Where there is a language need, we try to connect that individual with an interpreter or use Language Line. We do have a multi-lingual staff and we connect these individuals to outside resources. We also have American Sign Language as well. **Q8:** *I am concerned about the percentages of Latinos. Why it's so small? Is there a specific reason? How would you increase your outreach?* **A8:** There was not a slide included but we obtained all the percentages required by the grant: 6% Asian/Pacific Islander; 2% Native American; and 34% Latino. A lot of Middle Easterners show up as "other." Also, 88% of clients stated that their cultural needs were met and respected. To increase our outreach, we need more partnerships with the DMH and other agencies. We are talking to providers to refer more individuals to the program. **Q9:** *I get the impression that PRRCH is a place to 'perch' for a few days while PRISM is more of a long term stay? Can people go to PRRCH for a few days and then go to PRISM for a longer time?* **A9:** Ideally, that is exactly what we would do with our programs. Individuals who come to PRRCH can then attend PRISM, which can help them link to additional resources and support within the community. **Q10**: *Are we funding both PRRCH and PRISM moving forward?* **A10:** We are funding PRRCH, not PRISM, because you can apply the learning of PRISM to peer run programs. PRRCH was a very different circumstance.
"Profiles of Hope" - Video Clip	**Kathleen Piche, Public Affairs Director, County of Los Angeles, Department of Mental Health,** showed the SLT several recent video clips as part of the 'Profiles of Hope' including a video clip that highlighted an SLT member. This SLT member commented: "Thank you so much Kathleen for allowing me to participate in this wonderful project. I am receiving a lot of Facebook messages from individuals struggling with their own mental health from outside the state. I believe this is a very good strategy and I hope this can help others." Due to time constraints, the SLT moved on to the next agenda item.
Partners in Suicide Prevention - Update	**Hayden Fakhrabadi, Clinical Psychologist II, County of Los Angeles, Department of Mental Health,** gave a brief overview of the program 'Partners in Suicide Prevention.' Due to time constraints, the SLT moved on to the next agenda item. However, individuals were invited to contact her or write a comment on the public comment card.
Future SLT Facilitation	Debbie announced that Rigo Rodriguez will be transitioning out as the SLT facilitator as of June 2016, but will support the new facilitation team to ensure a smooth transition.
Public Comments	A number of events and trainings were announced.