



County of LOS ANGELES Mental Health Commission

ANNUAL REPORT FY 2018-2019

Executive Officers

Merilla McCurry Scott
Chair

Stacy Dagleish
1st Vice Chair

Susan Friedman
2nd Vice Chair

Patrick Ogawa
Member-at-Large

Reba Stevens
Member-at-Large

Harold Turner
Member-at-Large

Commission Members

Judy Cooperberg

Kita Curry

Kathy Cooper Ledesma

Lawrence Murata-Shih

Imelda Padilla-Frausto

Brittney Weissman

“Advocacy, Accountability and Oversight in Action”

MENTAL HEALTH COMMISSION
2018-2019 ANNUAL REPORT
TABLE OF CONTENTS

01	INTRODUCTION
02	VISION MISSION VALUES
03	FACT SHEET & CULTURE STATEMENT
04	HISTORICAL BACKGROUND
05	APPOINTEES BY SUPERVISORIAL DISTRICT
06-07	WHY I SERVE ON THE MENTAL HEALTH COMMISSION
08	MEMBERSHIP PER WELFARE & INSTITUTION CODE
09-11	STRATEGIC PLAN
12	INTERNAL OPERATIONS AD HOC REPORT
13	PUBLIC COMMENT DATA
14	COMPLIANCE, OVERSIGHT & ACCOUNTABILITY AD HOC REPORT
15	ASSISTED OUTPATIENT TREATMENT (AOT) IMPLEMENTATION
16	STRATEGIC PARTNERSHIPS & RELATIONSHIPS AD HOC REPORT
17	COMMISSIONER ENGAGEMENT ACTIVITIES IN THE COMMUNITY
18-19	TOWN HALL/SERVICE AREA 2 – Santa Clarita Valley
20	A FOCUS ON COMMUNITY ENGAGEMENT
21	COMMISSION OFFICE ACCOMPLISHMENTS

INTRODUCTION

Fiscal Year (FY) 2018-2019 has been a year focused on designing effective and sustainable systems to support the implementation of the Mental Health Commission's (MHC) Strategic Plan. The Commission's true commitment to a strong and transparent foundation was demonstrated by Commissioners participating in additional quarterly meetings focused exclusively on strengthening our internal operations, building strategic partnerships and relationships and improving accountability and oversight. The MHC established three (3) Ad Hoc Committees to take the lead in these areas to ensure steady progress throughout the year. A full scope report of the work under each Ad Hoc Committee will be detailed further in this report.

This year the Commission Office was fully staffed to support the work of the MHC. New office systems and protocols were put into place to further support the efficiency, effectiveness and transparency of the Commission. With the support of the Commission Office, we were able to continue to strengthen our relationships with the community, the Department of Mental Health (DMH) and the Board of Supervisors. The Commissioners worked diligently in the midst of ongoing transition. Three (3) Commissioners resigned and two (2) new Commissioners joined the Commission. We ended our fiscal year with three (3) vacancies. Some highlights include:

Internal Operations

- Developed Commission Role and Expectations Fact Sheet
- Re-defined Commission's Culture to align with the Commission's Vision, Mission and Values
- Restructured Full Commission meetings to maximize efficiency, effectiveness and accountability
- Developed and implemented a tracking system for Public Comment in collaboration with the Office of Consumer and Family Affairs to ensure concerns raised are addressed and resolved

Compliance, Oversight & Accountability

- In consultation with DMH, improved process for educating Commissioners on MHSA budget and stakeholder engagement
- In collaboration with the Director of Mental Health, established Quarterly DMH Budget Updates

Stakeholder Engagement

- Active Communication with DMH on the implementation of *YourDMH*, new Stakeholder Engagement Redesign
- Implemented Quarterly Town Halls (instead of on an annual basis) to increase the Commission's opportunity to hear from various Service Areas more regularly
- Empowered Service Area Advisory Committee (SAAC) Co-Chairs to assume leadership role of their Co-Chair meetings with the support of DMH staff

If you have any questions in regards to the Mental Health Commission and/or this Annual Report you can reach us by telephone at (213) 738-4772 or via e-mail at MHCommission@dmh.lacounty.gov. The Commission Office is located at: 550 S. Vermont Ave. Los Angeles, CA 90020.

Sincerely,
Merilla McCurry Scott, PhD
Chair, Mental Health Commission
FY 2018-19



VISION

ALL LOS ANGELES
COUNTY INDIVIDUALS,
FAMILIES, AND
COMMUNITIES HAVE
ACCESS TO EFFECTIVE
MENTAL HEALTH CARE.

MISSION

To advise the Los Angeles
County Board of
Supervisors and the
Department of Mental
Health Director on issues
impacting the county
mental health system.

To review and approve
the procedures used to
ensure community
professional involvement
at all stages of the
planning process.

Person Centered Care

We believe individuals should be treated with respect, met with understanding and should have an active voice in their treatment process.

Culturally Responsive Care

We believe treatment and programs must understand and incorporate relevant cultural factors into the treatment process as part of providing quality care. This means both recognizing individual and systematic racial bias.

Trauma Informed Care

We believe the organizational structure and treatment framework should involve understanding, recognizing and responding to the effects of all types of trauma, not just on the individual seeking treatment but to the family and community.

Comprehensive Care

We believe in the systematic coordination of health care that addresses mental health, substance abuse and primary care services to ensure the best outcomes for those with multiple healthcare needs. Individuals should have access to attaining education, employment, secure housing, and other needed services.

Accessibility to Care

We believe individuals with mental health needs should be able to easily access care in a welcoming and respectful environment.

Accountability

We believe services and programs should be held to the highest quality standards and should be responsible for ensuring effective care and positive outcomes.

FACT SHEET

The MHC's primary role is to *advise and to make recommendations* to the Los Angeles County Board of Supervisors (BOS) and the Director of the Department of Mental Health (DMH) based on examination of specific issues and areas of concern related to the delivery of quality mental health care to Los Angeles County.

The MHC *strategically directs* research and reports from DMH based on stakeholder input and *responds* to community issues by *preparing policy statements* and *recommendations* to improve client experience and the quality of and access to mental health care in Los Angeles County. Stakeholder engagement is essential to that process.

The MHC is a 15-member *advisory* board appointed by the BOS for a three-year term with the possibility of reappointment.

Commissioners are *volunteers* who dedicate time to serving Los Angeles County per the Welfare and Institutions (WIC) Code Section 5604.



CULTURE STATEMENT

The MHC is committed to an intentional culture of collaboration, transparency and accountability in which all Commissioners are:

Passionate about the MHC's vision, mission and values.

Committed to cultural humility through compassion and respect.

Open and responsive in establishing and maintaining partnerships to achieve strategic priorities.

Innovative, results-focused and *action-oriented*.

Seeking *clarity to advocate* effectively and efficiently for positive impact on the delivery of quality care in Los Angeles County.

Inclusive and do not discriminate based on: race, color, national origin, religion, sex (including pregnancy, childbirth, and related medical conditions), disability (physical or mental), age (40 or older), citizenship status, marital status, sexual orientation, genetic information, gender, AIDS/HIV, medical condition, political activities or affiliations, or previous salary.



California Association of Local Behavioral Health
Boards and Commissions



WELLNESS • RECOVERY • RESILIENCE



Responsibilities

Historical Background

State law requires that each county have a Mental Health Board or Commission. The role of the Commission is established in the Welfare and Institutions Code (WIC) Section 5604. Pursuant to Section 5604 et seq. of the WIC there must exist in the County of Los Angeles the Mental Health Commission (MHC) and that Commission is hereby continued in existence in the Department of Mental Health effective October 29, 1957.

The Los Angeles County Mental Health Commission consists of sixteen members. By law, one member of the Commission must be a member of the Board of Supervisors. Section 5602 W.I.C. sets very specific membership requirements. Fifty percent of the Commission membership shall be consumers or the parents, spouse, sibling, or adult children of consumers, who are receiving or have received mental health services. Consumers constitute at least 20% of the total membership. Families of consumers constitute at least 25% of the membership.

Members are appointed by the board of supervisors for three-year terms. Those terms may be extended. Commissioners advise the board of supervisors and the director of mental health on various aspects of local mental health programs.

- ▶ Review and evaluate the community's mental health needs, services, facilities, and special programs.
- ▶ Review any county agreements entered into pursuant to section 5650 W.I.C.
- ▶ Advise the board of supervisors and the local mental health director regarding any aspects of the local mental health programs.
- ▶ Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
- ▶ Submit an annual report to the board of supervisors on the needs and performance of the county's mental health system.
- ▶ Review and make recommendations on applicants for the appointment of the local director of mental health services. The commission shall be included in the selection process prior to the vote of the governing body.
- ▶ Review and comment on the county's performance outcome data and communicate its findings to the state mental health planning council.
- ▶ Assess the impact of the realignment of services from the state to the county on services delivered to clients and on the local community.
- ▶ The board of supervisors may transfer additional duties or authority to a mental health board or commission.

MENTAL HEALTH COMMISSION APPOINTEES BY LOS ANGELES COUNTY SUPERVISORIAL DISTRICT FISCAL YEAR 2018-19



1st District

Hilda Solis

Appointees

Susan Friedman

7/2017-1/2020

Lawrence Murata-Shih

9/2018-1/2021

Imelda Padilla-Frausto, PhD

4/2019-1/2020

2nd District

Mark Ridley-Thomas

Appointees

Kita Curry, PhD

3/2017-1/2020

Harold Turner

10/2017-1/2019

Reba Stevens

5/2018-1/2022

3rd District

Sheila Kuehl

Appointees

Merilla McCurry Scott, PhD

12/2015-1/2022

Stacy Dalgleish

9/2017-1/2021

Rev Kathy Cooper Ledesma

1/2019-1/2022

4th District

Janice Hahn

Appointees

Patrick Ogawa

7/2017-1/2020

Vacant Seat

Vacant Seat

5th District

Kathryn Barger

Appointees

Judy Cooperberg, MS, CPRP

2/2018-1/2020

Brittney Weissman, MPP

1/2018-1/2021

Vacant Seat

FY2018-19

Resignations

Lawrence Lue, 1st District

July-December 2018

Tiombe Wallace, 4th District

July-December 2018

Jeannine Pearce, 4th District

July-December 2018

Why I serve on the Mental Health Commission

First District

"We need to work towards a system that provides our community stakeholders with the help they need when they need it. I want to ensure that the system of foster care and transitional age youth is at its peak performance in LA County."

Susan Friedman 1st District



"I serve on the Mental Health Commission to advocate for the needs of consumers and to ensure we have the necessary infrastructure to support their needs"

Lawrence Murata-Shih 1st District



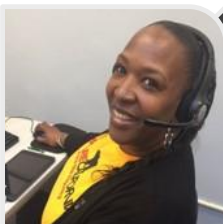
"I serve because I envision a mental health system that takes an upstream approach to prevent mental health disorders from occurring, takes a proactive approach that intervenes early before a mental health disorder becomes chronic and disabling, and takes an unrestrictive, non-criminalizing, non-violent approach to provide a welcoming, peaceful, and caring environment for those whose brains need time to heal and recover."

Imelda Padilla-Frausto 1st District



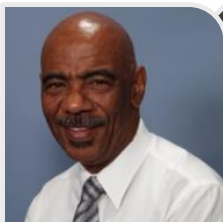
"Both personal and professional experiences inspired me to become a Mental Health Commissioner. I battled suicidal depression for many years and helped a sister access care from LA County's mental health system. As the CEO of a mental health agency, I also understand the challenges that providers and clients experience. I've dedicated my entire career to bringing quality mental health care and suicide prevention services to communities where poverty or stigma limits access."

Kita Curry 2nd District



"I know first hand what it feels, tastes, & smells like to be homeless, an alcoholic, criminal justice involved and needing MH services. As an end-user of county services, I am an advocate for substance abuse, homelessness, criminal justice & MH services. I try to live by the motto of Albert Einstein that only a life lived for others is a life worthwhile."

Reba Stevens 2nd District



"I serve on the Mental Health Commission to ensure that the policies, programs, end services provided by the Department of Mental Health remain focused on the most vulnerable in our communities. Equity should be our guiding principle in meeting the mental health needs of our clients and families."

Harold Turner 2nd District

Second District

Why I serve on the Mental Health Commission

Third District

"A senior citizen, schizophrenic, and chronically homeless woman called the street corner of Highland and Franklin her home for 16 years. While the Hollywood United Methodist Church adopted her and made her part of our family, numerous attempts at getting her diagnosed, treated and conserved failed. After months of advocacy she was conserved. A process that took 8 months in the making. While I am grateful she is off the streets, her story serves to spotlight the failure of the mental health system that needs improvement."

Kathy Cooper Ledesma 3rd District



"Everyone deserves to have the best health care possible. Equally as important as physical health, mental health supports individuals, families, loved ones and our community in attaining lives with meaning and purpose. As a clinician, a family member and Commissioner I work to help our county give the highest quality of care to all."

Stacy Dalgleish 3rd District



"I am deeply passionate about integrated, whole person care that is easily accessible, trauma-informed and culturally responsive to all individuals in need of services. I would like to ensure that the transformation of our current system is effective and inclusive of all individuals. I also serve to ensure that the Commission's infrastructure is strong and transparent so that we function at our best in fulfilling our responsibilities as a Commission."

Merilla McCurry Scott 3rd District



Fourth District



"I serve on the Mental Health Commission because I have a desire to work with people, a belief in the importance of community, and a passion to believe in recovery."

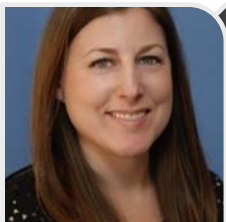
Patrick Ogawa 4th District

Fifth District



"It is an honor and a privilege to serve on the Los Angeles County Mental Health Commission, representing the 5th District, I am fortunate to be able to use my many years of professional and lived experience to provide input and a holistic perspective on the mental health delivery system."

Judy Cooperberg 5th District



"I want to make sure that everyone who needs mental health services in Los Angeles County knows how to access them. I want to make sure that services are accessible to everyone who needs them. I want to make sure that those services are high quality."

Brittney Weissman 5th District

MH COMMISSION MEMBERSHIP PER WELFARE AND INSTITUTIONS CODE REQUIREMENT

SECTION 5604 CA WIC CODE

Section 5604 of the CA Welfare and Institutions Code provides in pertinent part:

5604(a)(l) Each community mental health service shall have a mental health board consisting of ten to fifteen members, depending on the preference of the county, appointed by the governing body except that boards in counties with a population of less than eighty thousand may have a minimum of five members. One member of the board shall be a member of the local governing board. Any county with more than five supervisors shall have at least the same number of members as the size of its board of supervisors. Nothing in this section shall be construed to limit the ability of the governing body to increase the number of members above fifteen. Local mental health boards may recommend appointees to the county supervisors. Counties are encouraged to appoint individuals who have experience and knowledge of the mental health system. The board membership should reflect the ethnic diversity of the client population in the county.

Fifty percent of the board membership shall be consumers of the parents, spouse, sibling, or adult children of consumers, who are receiving or have received mental health services. At least twenty percent of the total membership shall be consumers, and at least twenty percent shall be families of consumers.

Category	Percentage	Number (based on 15 members)	MH Commission
CONSUMER	20%	3	5 (42%)
FAMILY MEMBER OF CONSUMER	20%	3	6 (50%)
COMBINED NUMBER OF FAMILY MEMBERS OF CONSUMERS AND CONSUMERS	50%	6	11 (92%)
BOARD OF SUPERVISORS	1	1	1 (Kathryn Barger)

LOS ANGELES COUNTY MENTAL HEALTH COMMISSION: STRATEGIC PLAN FY 2018-2020

OBJECTIVE	RESPONSIBLE PARTIES	OUTCOME MEASURES	FY 2018	FY 2019	FY 2020
Goal 1: Review and evaluate the mental health needs, services, facilities, and special problems.					
a. Request and review monthly written reports submitted by the Mental Health Director.	Mental Health Director submits reports for review by Commission members.	Reports presented at each meeting, discussed, action items identified, and report posted in meeting minutes.	X	X	X
b. Evaluate DMH contracted and directly operated mental health services by conducting site visits, interviewing staff and clients served; and reviewing quantitative and qualitative data.	Commission members with staff assistance to arrange visits.	Number completed site visits; written reports; including recommendations whenever appropriate, prepared by Commission members submitted to Mental Health Director	5 visits	7 visits	8 visits
c. Review, analyze and address mental health system issues raised at meetings and community events.	Commission members and DMH staff for follow-up.	Issues reviewed and recommendations made.	X	X	X
d. In reviewing mental health programs and system planning, advocate for culturally informed, responsive services with a focus on addressing racial and social disparities.	Commission members and DMH staff for follow-up.	Site Visit forms and presentations to Commission.	X	X	X
e. Attend meetings and presentations from the eight Service Area Advisory Committees (SAAC) to review data, services, and issues in the regions.	Commission members with staff assistance arrange for presentations at monthly meetings and in specific regions.	Presentations completed and meetings attended by Commissioners; issues raised are addressed, and reported in Annual Report.	X	X	X
f. Advise Board of Supervisors and Mental Health Director as to any aspect of the local mental health program.	Executive Committee and/or Annual Report Committee with staff assistance.	Report(s) completed and submitted to Board of Supervisors, Mental Health Director and stakeholders.	When determined necessary		

g. Review and submit comments annually on the data presented by the California Mental Health Planning Council in the Data Notebook.	Commission members with staff assistance.	Input submitted in a timely manner for inclusion in the Data Notebook and posted on the Commission website.	4/19	4/20	4/21
h. Write and distribute Annual Report addressing needs and performance of the County's mental health system, including realignment of services.	Executive Committee, Annual Report Committee, with staff assistance.	Annual Report completed and distributed.	6/19	6/20	6/21
i. Arrange to have MHSA funded program presentations at Commission meetings and convene a public hearing annually prior to Commission approval of the MHSA plan and budget submission. Encourage public participation throughout process.	Executive Committee with staff assistance.	Presentations provided (April, July, Sept., Nov., Jan.); public hearing convened (Feb.); citizen and professional involvement evident throughout planning process; MHSA plan approved by the Commission.	X	X	X
j. Develop Commission infrastructure and protocols, e.g., website update and kept current; develop Site Visit policies and procedures; review and amend By-laws as needed; develop grievance policies and procedures; and develop Action Plans for approved three-year Strategic Plan.	Executive Committee; ad hoc committees and staff.	Infrastructure issues resolved; Commission operating effectively and efficiently.	X	X	X
k. Convene annual Commission retreat in June to review past accomplishments and set priorities for the next year.	Commission members with staff assistance.	Retreat convened; Annual Report completed; Strategic Plan amended and adopted; and Action Plan drafted.	6/19	6/20	6/21
l. Participate in selection of the Mental Health Director in the event the position is vacant.	Executive Committee select Commission representative to be on selection committee.	Commission member on selection committee.	When determined necessary		

Goal 2: Review any County agreements entered between the Mental Health Services and local programs in accordance with the California Welfare and Institutions Code, Section 5604.2 (2).					
a. Review and analyze State performance contract to determine trends and impact.	Staff to assist by obtaining contract for Commission member review.	Contract reviewed and comments submitted to Mental Health Director	X	X	X
b. Review the DMH/OAC contract that funds MHSA.	Commission members with staff assistance.	Contract and plans reviewed; comments reported to Mental Health Director and in Annual Report submitted to Board of Supervisors and stakeholders.	X	X	X
Goal 3: Establish standing committees and ad hoc committees, comprised of Commissioners and others with specific expertise, to address special needs, projects, and issues to impact and improve mental health services in Los Angeles County.					
a. Establish standing and ad hoc Committees to address special needs, projects and issues.	Chairperson, Executive Committee, Commission members with staff assistance.	Committees and ad hoc committees formed that included non-member professional and consumer participation; Chairpersons appointed; meetings held; reports written and submitted to officials and/or stakeholders for action(s) necessary to impact and/or improve mental health services in AC.	X	X	X
b. Increase broad participation of community groups and interested citizens (including consumers, peers, family members, professionals) in the activities of the Commission.	Chairperson, Executive Committee, Commission members with staff assistance.	Community groups and individuals identified; outreach efforts successful—more community groups and interested persons actively participated in Ad hoc Commission committees and special projects.	X	X	X
Goal 4: Assess the impact of the integration and realignment of services.					
a. Assess the impact of the realignment and integration of services from the state to the county, and services delivered to clients and on the local community. b. Represent mental health services at the IAB meetings. c. Build relationships with the Health Agency representative (i.e., DMH, DPH, and DHS) and other related Commissions.	Chairperson, Executive Committee, Commission members with staff assistance.	Community groups and individuals identified; outreach efforts successful—more community groups and interested persons actively participated in Ad hoc Commission committees and special projects.	X	X	X

INTERNAL OPERATIONS AD HOC REPORT

Lead Commissioner: Merilla McCurry Scott

Members: Brittney Weissman & Tiombe Wallace

Purpose: To research, develop, and recommend ways to improve efficiencies and accountability and to have a greater impact on meeting the Commission's strategic priorities.

Internal Operations Ad Hoc Areas of Focus:

Role/Expectations of Commission: To provide clarity and consistency across all Commissioners when speaking about the Mental Health Commission in a public setting.

- Developed a one-page fact sheet on the role and expectations of the Commission.
- Commissioners brought to consensus on their roles and expectations.
- Commissioners are encouraged to use the document as a talking point when representing the Commission at meetings and events.

Culture Re-Defined: To align the culture with the Commission's vision, mission and values, and ensure that all members are aligned to the goals of the Commission.

- Developed a Culture Statement in order to conduct business in line with our Code of Conduct.

Commissioner Engagement: In order to ensure that appointed Commissioners are engaged to the maximum extent possible, to increase the effectiveness and impact of the Commission; to ensure vacancies are filled quickly with the right people; and to ensure proper orientation procedures in place for new Commissioners.

- Developed a plan to assess level of engagement with action steps when there is low engagement.
- Commissioners discussed and provided passion statements.
- Commissioners worked towards advising their Board Office around vacancies and sent letters.
- Commissioners meet or communicate on a regular basis with their Board Supervisor/staff.

General Infrastructure/Accountability: In order to ensure efficiency, effectiveness and impact through streamlined processes and full accountability.

- Collected evaluations, implemented an action item tracking system, and put into place several internal procedures and processes.

Full Commission Meeting (Re)Structure: To maximize the use of the full Commission meetings and minimize competing priorities to increase effectiveness, efficiency and impact.

- Implemented a new Full Commission agenda with public comments, Department updates, SAAC Co-Chair reports moved to the beginning of the meeting, and immediately direct community members to the Office of Consumer and Family Affairs (OCFA) when appropriate.

Public Comment Tracking, Monitoring & Accountability: To ensure accountability in responding to public comment.

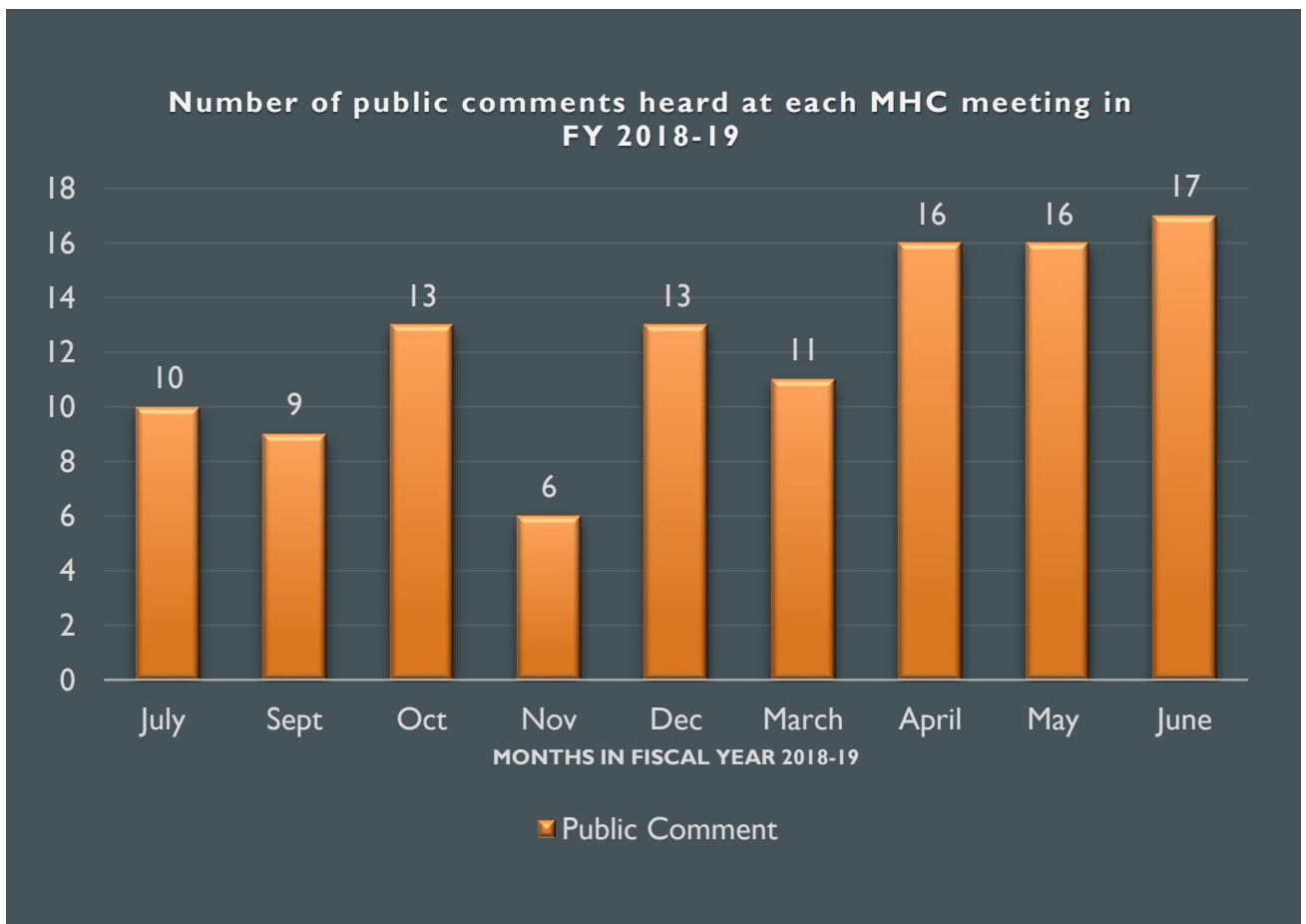
- Through a partnership with the Office of Consumer & Family Affairs (OCFA), the MHC holds the department accountable for follow-through on consumer and family concerns.

PUBLIC COMMENT DATA

Commissions serve a vital role in county government by gathering and analyzing public input and recommending options to the Board. The guiding principle of any Commission recommendation to the Board is that of addressing the overall public benefit. The MHC holds a regular meeting once a month every 4th Thursday from 11-1:30 PM.

The graph below depicts the number of public comments at all of the eight monthly meetings held during the 2018-2019 fiscal year. No data is indicated for the months of August, January, and February. During August, the MHC meetings are dark. A Town Hall meeting was held in January (data and information included further in this report). In February, 2019, the MHC meeting was cancelled due to a quorum of Commissioners attending the County of Los Angeles, African American Mental Health Conference.

Public comments are heard pursuant to the Brown Act. Each speaker is allotted two (2) minutes. Speakers complete a public comment form (optional) prior to speaking which this year was made available in both English and Spanish.



COMPLIANCE, OVERSIGHT, ACCOUNTABILITY AD HOC REPORT

Lead Commissioner: Stacy Dalglish

Members: Brittney Weissman, Susan Friedman, Patrick Ogawa, Reba Stevens

Purpose: To ensure that the MH Commission meets the requirements set out in the WIC Code and in our Strategic Plan.

Compliance, Oversight, Accountability Ad Hoc Areas of Focus:

MHSA Standards/Evaluation:

- Established quarterly MHSA budget and progress updates.
- Commissioners looked to MHSA Standards and Regulation in order to develop and implement an ongoing evaluation process.

Site Visits to DMH Directly Operated and Contract Providers

- The MHC created protocols and tools around performing site visit.
- Ad Hoc recommends site selection process coinciding with quarterly town hall meetings. In accordance with the Strategic Plan, the MHC will perform three site visits during FY19-20.
- Through partnership with the Health Agency and BOS 2nd District, Commissioner Stevens in conjunction with the Health Deputies performed Site Visits at the following county and contract operated facilities:
 - Martin Luther King (MLK) Behavioral Health Center
 - Harbor University of California Los Angeles (UCLA)
 - West LA & West Central Mental Health Center
 - Wellness Centers throughout Supervisorial District 2
 - Substance Abuse Centers throughout Supervisorial District 2
 - Homeless Shelters & Service Centers /Housing Centers
 - Lock Down Facilities
 - Kedren Health Center
 - SHARP Full Service Partnership
 - Access to Care Centers.

Data Notebook

- Members of the Commission participated collectively and individually in the RAND research project aimed to perform a qualitative assessment of the Department's stakeholder engagement process.
- Worked collaboratively with the Department to complete the Data Notebook.

Assisted Outpatient Treatment Committee

Overview and Summary on the next page

Laura's Law – Assisted Outpatient Treatment (AOT) Implementation

Purpose & Structure

Assembly Bill (AB) 1421, Laura's Law, also known as AOT improves access and adherence to behavioral health services and thereby avert relapses, repeated hospitalization, arrest, and suicide. AOT is a program in which a court can order individuals with serious mental illness who have a recent history of psychiatric hospitalizations, imprisonments, or violent acts or threats of violence toward him/herself or others to follow a treatment plan in the community. **Commissioner Weissman** is the current chair of the AOT Oversight Committee, which oversees implementation and provides recommendations for program improvement.

Current Members (+More)

UCLA Evaluation Team

Mental Health Court

Department of Mental Health

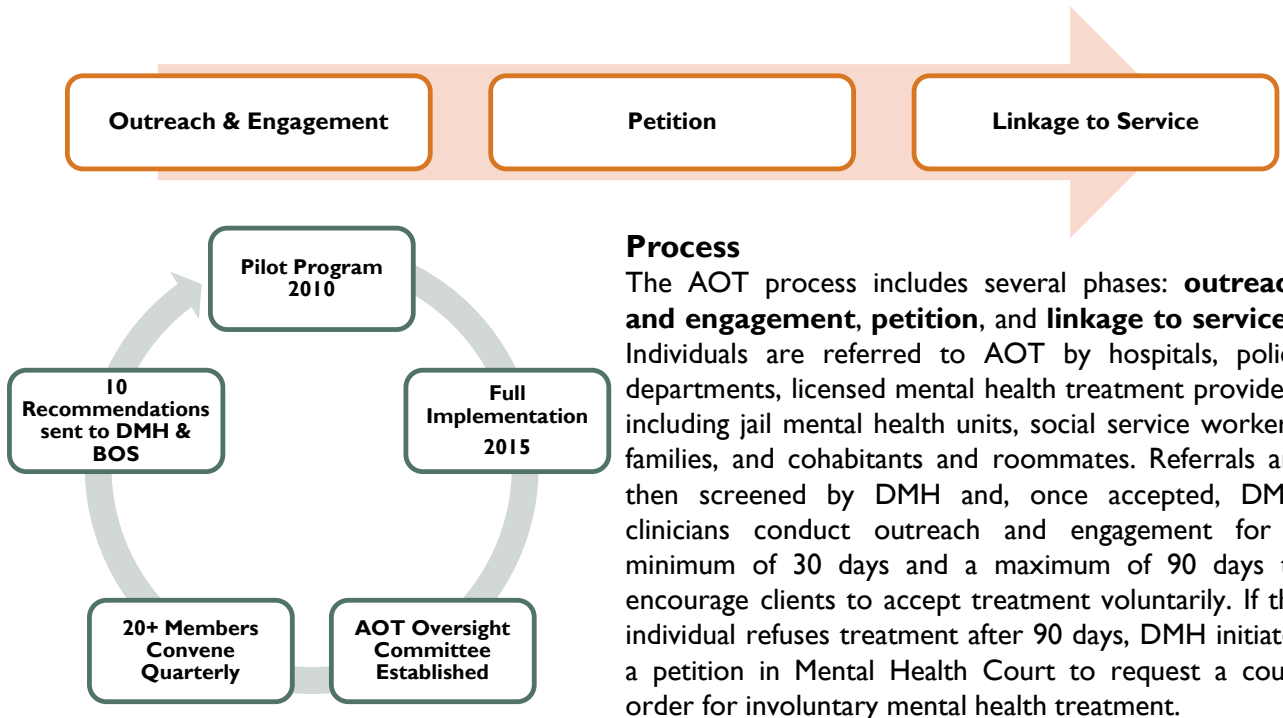
National Alliance on Mental Illness

AOT FSP Provider Agencies

Disability Rights California

Board of Supervisor Deputies

Public Defender's Office



Process

The AOT process includes several phases: **outreach and engagement, petition, and linkage to services.** Individuals are referred to AOT by hospitals, police departments, licensed mental health treatment providers including jail mental health units, social service worker's families, and cohabitants and roommates. Referrals are then screened by DMH and, once accepted, DMH clinicians conduct outreach and engagement for a minimum of 30 days and a maximum of 90 days to encourage clients to accept treatment voluntarily. If the individual refuses treatment after 90 days, DMH initiates a petition in Mental Health Court to request a court order for involuntary mental health treatment.

Historic Program Trends

Since the program's inception, AOT received:

- **2,197 referrals for 1,958 individuals.**
- Multiple referrals for 216 individuals.
- Up to as many as 5 referrals for the same individual.

Referrals received have **consistently increased** over the three (3) fiscal years. A steady increase in the number of AOT clients petitioned for assisted outpatient treatment. The total number of AOT clients that were linked to FSP or ERS services has steadily **increased** throughout the three fiscal years.

Recommendations for Program Improvement

Overall, the program is successful for those who enroll and stay engaged in services, but many issues related to implementation and operation could be enhanced to provide better services and better outcomes for clients in the program. The Oversight Committee presented recommendations related to: **1) DMH internal operations, 2) DMH contracts with providers, 3) Mental Health Court, and 4) Countywide action.** These recommendations were developed over the course of program implementation and reviewed and accepted at the March 2019 AOT Oversight Committee meeting.

For a copy of the complete report email: MHCommission@dmh.lacounty.gov

RELATIONSHIPS & PARTNERSHIPS AD HOC REPORT

Lead Commissioner: Reba Stevens

Purpose: In order to propose structure for each partnership with clear expectations (both ways) and framework to ensure systematic collaboration, communication and coordination

Strategic External Relationships & Partnerships Ad Hoc Areas of Focus:

Public/Consumers: To increase stakeholder engagement through an increase in public comments and participation at Commission meetings.

- During FY 18-19, due to the leadership of Commissioner Stevens, over 22 individuals who came forward with public comments were assisted in navigating the system in order to receive health and mental health services and/or housing.

Board of Supervisors: To increase or to enhance relationships between the Board of Supervisors and Mental Health Commission

- Per the legislative mandate, the 16th member of the commission, a health deputy representative of the 5th district began regularly attending full commission meetings.

Department of Mental Health: To ensure that the DMH Clinical Director provides a report at each full commission meeting, and legislative updates are provided to the Executive Committee regularly.

- There is continued collaboration and partnership with the Department at meetings and other areas around stakeholder engagement, and partnership with the Department to have a presence at community events.

Service Area Committees: To increase Commission's involvement in Service Area Advisory Committee meetings.

- Eight (8) Commissioner representing the 8 Service Areas regularly participate in their district to support efforts towards the Quarterly Town Hall meetings.
- SAAC Co-Chairs from all either (8) service areas provide updated at each MHC.

Health Agency: To ensure involvement with the Health Agency

- Two (2) Commissioners served as members of the Health Agency Integration Advisory Board during the fiscal year before it sunset.

Commissioner Engagement and Activities in the Community

Throughout FY 2018-19, MH Commissioners have served on multiple boards, advisory committees, and other ad hocs throughout the community. Commissioners also attended multiple meetings, conferences, and events around stakeholder engagement, homelessness, community organizing, and other areas of health and mental health.

Board of Supervisors

- Meetings with Health Deputies
- Empowerment Congress
 - MH Committee
 - DMH MH Café
- BOS and TAY Shelter Meeting
- Criminal Justice Mental Health Task Force

Stakeholder Engagement

- Meetings with Service Area Chiefs
- YourDMH Stakeholder Meetings
- Commissioner Meetings with RAND
- System Leadership Team Meetings
- Local Behavioral Health Board Meetings
- NAMI Meetings/Conferences/Events
- Community Meetings around TRIESTE Innovation
- LGBTQ UsCC Meeting
- Joint SAAC & UsCC Leadership Meetings
- Educational Subcommittee Engagements

Homelessness

- Community Info Session on Homelessness
- Homeless Coalition Meeting
- LAHSA Meetings
 - Policy & Planning
 - Youth Forum
 - Lived Experience Advisory Board
- Regional Homeless Advisory Council
- Measure H Oversight
- Homeless Youth Vigil
- City Housing Meetings
- LA Family Housing Tour
- LA County Homeless Initiative Conference
- Everyone In HOPICS Meeting
- Homelessness Steering Committee

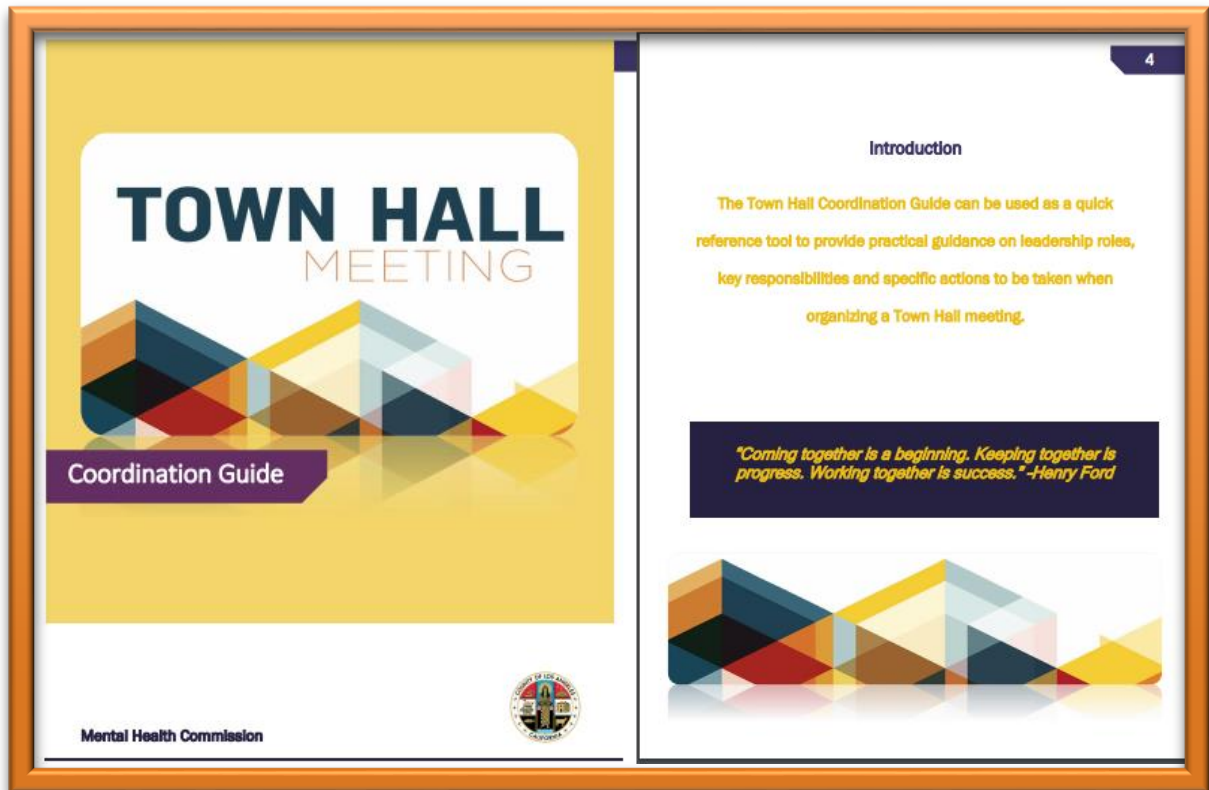
Conferences/Other Events/Meetings

- African American Mental Health Conference
- Starview Urgent Care Grand Opening
- Children's Partnership for MH @ LA84
- Public Policy Exchange Conference
- SCV Veteran's Services Collaborative
- Palmdale Sheriff's Boosters Board of Directors
- Palmdale Neighborhood Advisory Committee
- AV African American Chamber of Commerce
- AV College Students with Disabilities Advisory Committee
- AV Hispanic Chamber of Commerce
- Lancaster & Palmdale Chamber of Commerce
- Lancaster West Rotary
- AV Veterans Alliance



MH Commission Service Area Town Hall Meeting

The MH Commission has made a commitment to hold Town Hall Meetings on a quarterly basis in different service areas. To support the work of the service area co-chairs and staff, the Commission office created the following Town Hall Coordination Guide. The entire guide can be found on the Department of Mental Health website: http://file.lacounty.gov/SDSInter/dmh/1056800_MentalHealthCommission-TownHallGuideFinal.5.15.pdf



The Commission hears from a variety of community members around many important topics, the following list focuses on the main issues addressed in public comment at Town Hall meetings.

Suicide/Violence	Struggles of Finding Care for Family Members	Lack of Housing & Homelessness Issues	Board and Cares/Transitional Housing
Client/Consumer Testimonies	Students/Teachers LGBTQ/TAY issues	Agency Resources Available (NAMI, other)	DMH Staff/SAAC Co-Chairs Community Needs

Service Area 2 – Santa Clarita Valley

Attended by clients and consumers of mental health services, family members with loved ones suffering with mental illness, directors and executives of mental health organizations, and political leaders of the community.

The Town Hall Meeting was opened with a speech by Barbara Wilson, a Licensed Clinical Social Worker in the area. Ms. Wilson spoke of the unmet needs and struggles with the mental health care system within the Santa Clarita Valley. *“We need to have Board and Care facilities located here, in our valley,”* expressed Ms. Wilson. *“These are Santa Clarita’s kids. They should be able to continue to reside here, even if they become disabled/impaired. Nobody wants to leave the area, but we have no other options if family members want their loved ones to get better and they live in Santa Clarita.”*

In total, the Mental Health Commission heard **sixty-one (61) public comments**. The entire Town Hall echoed of loved ones desiring for a place within the Santa Clarita Valley for their family members, both adults and children, to turn to when faced with mental illness.

Students from the Academy of the Canyons, expressed their concerns regarding the population of high school students who seek services at the College of the Canyons. In fact, more than 400 visits to the College of the Canyons for mental health services came from high school students because that was their only resource. Representative from William S. Hart Unified School District stated that *“living and working in Santa Clarita often reminds him that mental health is independent of economics.”* Each week the district conducts seventy-five (75) suicide assessments. Continuing to invest heavily in the social-emotional wellbeing of the students, the district is seeking to create Student Wellness Centers, *“a dedicated space where students find a reprieve from the social tensions and unrelenting demands that exceed their ability to cope.”* They have plans to integrate two (2) Student Wellness Centers strategically placed on either side of the valley to support as many youths as possible and have already identified the potential facilities and generated support for the idea. What they need now is the community support and resources to make it a reality.



Santa Clarita Valley (SCV) Ad Hoc Committee

Under the leadership of **Commissioner Judy Cooperberg** of the 5th District, an Ad Hoc Planning Committee was formed to highlight the unmet needs of the SCV community. Members of the SCV Mental Health Work Group have identified specific needs in five priority areas: (1) Housing; (2) Access to Mental Health Services; (3) Children and TAY; (4) Adult Facilities and Services; and, (5) Transportation. One of the priorities for both adults and transitional age youth (TAY) is to develop a Drop-In Center. The Committee continues to work toward building capacity to add staff in order to serve clients faster and more frequently while also supporting clients who are uninsured and underinsured that need financial resources and sufficient transportation services to get the help they need.

A Focus on Community Engagement

The Commission continued to hear from the Department around legislative priorities and advocacy at the State level. Here are just some of the legislative bills that were supported by the MHC: Peer Certification, Expanded Definition of "gravely disabled," suicide prevention bills, support of funding for mental health, and many more.



Commissioners regularly attended Service Area Advisory Committee (SAAC) Meetings. They provided support in the areas of bringing leadership to the table, preparing charters, and ensuring the Service Areas were represented at community events.



This year, MH Commissioners took the initiative to develop working relationships with individuals from across the county including health and homeless deputies, community members in each Service Area and within the Underserved Cultural Communities, Department leadership, and many more.



The Commission prioritized the voice of the community by moving public comment to the beginning of the agenda and allowing the public to provide comments and feedback to reports, presentations, and other discussion and action items from the commission.



This year all Commissioners were provided with binders of resources and information to orient them to the work of the MH Commission. This included significant contact information, strategic plans, by laws, etc. Resources are updated regularly.



The Commission tracked Public Comment by engaging with the Office of Consumer and Family Affairs and ensured that constituents were assisted with matters of personal concern. The Office of Consumer and Family Affairs continues to be present and introduced at public meetings.



The Commission held a Town Hall Meeting in Service Area 2, Santa Clarita Valley, and will continue to hear from the community through town halls in the upcoming calendar year. Our next Town Hall will be held in Service Area 4 in July 2019 followed by Service Area 7 in October 2019.



This year, the MHC wrote to our Board of Supervisors and encouraged them to fill vacancies with members that reflected the large Latino population of Los Angeles County. Two vacancies were filled. A representative of the 5th District also attended regularly.



FY18-19 Commission Office Accomplishments	Initiated	Continuity Plan
Public Comment Tracking: Accomplished via follow-up with the Office of Consumer & Family Affairs.	July 2018	Monthly Follow-up
Welcome New Commissioners: Commissioner provided with custom binders with commission manual, rosters, strategic plan, and other significant documents.	January 2019	Content updated as needed
New Commission Flyer and Calendar: Initiated: July 2018. Complete: August 2018. Updated as needed. Posted on the Commission webpage, provided to the public.	July 2018	Content updated as needed, calendar updated annually
Commission Resource Tables: Commission resources available at a various community events and meetings. Public encouraged to attend meetings and provide public comment.	May 2019	Provided on an as needed basis
Quarterly Town Halls: Schedule established for quarterly town hall meetings. Town Hall Guidebook created with planning coordination instructions and helpful checklists. Feedback Cards created.	January 2019	Held Quarterly; Materials updated on an as needed basis
Vacancy Letters: Vacancy letters sent to BOS District 1, 4, and 5. Position filled in District 1 and District 4. Pending new appointments in District 4 and 5.	April 2019	Continue to send letters to the BOS until vacancies are filled
Mileage Reimbursement Process: Commissioners provided reimbursement for mileage. Protocol in place for submission and reimbursement process.	January 2019	Processed on a monthly basis
Service Area Advisory Committee Co-Chairs Meeting: Meeting transitioned to be under Department of Mental Health leadership and run by SAAC co-chairs.	January 2019	Meetings are held monthly and continue to have MHC updates
Public Comment Forms: Public Comment forms made available in Spanish.	January 2019	Content updated as needed
Community Access to Supporting Documents: Procedures in place to support the publics' need for supporting documents provided at full commission meetings.	May 2019	Provided at all monthly meetings and as requested,
MH Commission email address: Established a MH Commission email address to support the community's ability to reach the commission office and members directly.	October 2018	Monitored consistently, updated as needed
Commission Office Staff: Position filled for Executive Assistant in July 2018. Additional support staff added in October 2018 and January 2019.	October 2018/January 2019	All vacancies fully staffed.



Mental Health Help 24/7
HOTLINE:
1-800-854-7771