

County of Los Angeles
Mental Health Commission

Fiscal Year 2016-17

The Year of Innovation & Strategic Planning

Annual Report



EXECUTIVE OFFICERS

Caroline Kelly
CHAIR

Lawrence J. Lue
VICE CHAIR

Merilla M. Scott, PhD
MEMBER-AT-LARGE

Herman DeBose, PhD
MEMBER-AT-LARGE

COMMISSION MEMBERS

Cynthia Sanchez

Jo Helen Graham, MA

Kita Curry, PhD

Judy A. Cooperberg, MS CPRP

Jeanne Pearce

Tiombe Wallace, MFT

Patrick Ogawa

Susan F. Friedman

Mental Health Commission—550 S. Vermont Ave, 12th Floor—Los Angeles, CA 90020
Office-213 738 4772

http://dmh.lacounty.gov/wps/portal/dmh/about_dmh/mhc

TABLE OF CONTENTS

Introduction 3

Vision, Mission, and Values..... 4

Historical Background 5

Prior Year Accomplishments5-6

Goals and Objectives—Fiscal Year 2018—2020 7-10

Ongoing Long-Term Projects 11-12

Commission Events and Activities 13-14

MENTAL HEALTH COMMISSION 2016-2017



**Lawrence J. Lue, Commission Vice Chair
Caroline Kelly, Commission Chair
Jonathan E. Sherin, DMH Director**

This has been a year of strengthening our foundation. We continuously asked ourselves how we are adding VALUE to the work of the Department of Mental Health (DMH), the Board of Supervisors and community and then developed new protocols and a strategic plan in response. We have done this while continuing to complete our obligations to advise the DMH Director and the County Board of Supervisors (BOS), review the Mental Health Service Act (MHSA) Three-Year Program and

Expenditure Plan and the California Mental Health Planning Council (MHPC) Data Notebook and work with our Service Area Advisory Committees (SAAC) and other groups on issues related to mental health.

All of this happened against a backdrop of great change for the Commission. From June 2016 to June 2017, we had six Commissioners leave, three new appointees, a new Supervisorial representative, a new Chair (after six years of prior leadership) and, last but certainly not least, a new Director for the department. We end our fiscal year with five vacancies on the Commission.

Some highlights:

- ◆ Drafted new vision, mission and value statements as well as a three-year strategic plan.
- ◆ Developed new Commissioner training manual and training protocol.
- ◆ Re-formatted minutes, agenda, web site content and Commission brochure.
- ◆ Re-drafted by-laws. Included a code of conduct for Commissioners.
- ◆ Developed new protocols for how we interacted more consistently with and provided value to the Board of Supervisors.

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 Department of Mental Health Director on issues impacting the County mental health system.
- To review and approve the procedures used to ensure community and professional involvement at all stages of the planning process.

VALUES

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. Service providers must be aware of and practice cultural humility when providing care.

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.

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 now exists in the County of Los Angeles the Mental Health Commission and that Commission is hereby continued in existence in the Department of Mental Health effective October 29, 1957.

PRIOR YEAR ACCOMPLISHMENTS

We continuously asked ourselves how we are adding VALUE to the work of the Department of Mental Health (DMH), the Board of Supervisors and community and then developed new protocols and a strategic plan in response.

We have done this while continuing to complete our obligations to advise the DMH Director and the County Board of Supervisors (BOS), review the Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan and the California Mental Health Planning Council (MHPC) Data Notebook and work with our Service Area Advisory Committees (SAAC) and other groups on issues related to mental health.

We advised the department on issues ranging from:

- ◆ Coalitions, Communications, Patient Rights and Office of Consumer and Family Affairs, MHSA, proposed justice summit, women's reintegration, peer professionals, points of entry for consumers, how the Commission can strengthen SAACs, issues impacting underserved communities, employment conference, client coalitions, Lanterman-Petris-Short Act (LPS), Health Insurance Portability and Accountability Act (HIPAA), grave disability, the Health Agency and more.
- ◆ Partnered with DMH staff to review and comment on the county's performance outcome data on children and youth services (Data Notebook) and communicated its findings to MHPC.
- ◆ Testified before the Board on behalf of more Mental Health Evaluation Teams (MET), review of LPS law.

We had public hearings or provided presentations on the following:

- ◆ Board and Cares, Full Service Partnerships, County priorities, DMH priorities, Employment Conference, Office of Consumer and Family Affairs, county and state legislation, LPS law and more.
- ◆ Draft Three-Year Program and Expenditure Plan of Mental Health Services Act (2017-2020) and voted to approve the proposed Plan.
- ◆ Developed new protocol for coming year to spread out the presentations on MHSA (over 5 meetings) so that Commissioners and community members can better understand the components.
- ◆ Service Area Six Town Hall with presentations on Women's Reintegration and Re-entry as well as new Innovation programs.
- ◆ Going forward, will ask for updates to items discussed in the service area in July and will visit a new service area every year.
- ◆ Monthly presentations from the Director and DMH leadership.
- ◆ Developed new protocols around the information presented by the Director at meetings. Information will include major restructuring of the department, opening of new facilities or new treatment options, more reporting of outcomes that impact consumers, etc.

We developed from scratch/ revised the following:

- ◆ Vision, mission and value statements.
- ◆ A three-year strategic plan.
- ◆ Commissioner training manual and training protocol.

PRIOR YEAR ACCOMPLISHMENTS (continued)

- ◆ Minutes, agenda format, web site content and Commission brochure.
- ◆ By-laws that included a new code of conduct for Commissioners.
- ◆ Protocol for interaction with the Board of Supervisors deputies.
- ◆ Executive committee meetings with health deputies now take place every other month.
- ◆ Protocols for interaction with community members at our meetings.
- ◆ Department now provides a referral resource table at all general Commission meetings.
- ◆ Moved public comment to beginning of meetings, adopted a more informal structure for executive committee meetings and SAAC meetings to allow for more questions and community input.

We served on/attended the following committee meetings on a regular basis:

- ◆ Integration Advisory Board
- ◆ System Leadership Team and its Budget Workgroup
- ◆ Strategies for Total Accountability and Total Success (STATS)
- ◆ Underserved Cultural Communities (UsCC) – Asian Pacific Islander
- ◆ Assisted Outpatient Treatment Committee
- ◆ New Employees Orientation
- ◆ Service Area Advisory Committee Co-Chair Meeting
- ◆ Permanent Standing Committee on Office of Diversion and Re-entry
- ◆ Project ABC Governance Board
- ◆ California Association of Local Behavioral Health Boards & Commissions (CALBHBC)

Commission members attended the following events:

- ◆ Consumer Conferences-Service Area 5, SHARE, NAMI,
- ◆ Hope and Recovery Conference
- ◆ Latino Mental Health Conference
- ◆ African American Mental Health Conference
- ◆ Spirituality Conference
- ◆ California Association of Mental Health Peer-Run Organizations (CAMHPRO) Peer Advocacy Conference
- ◆ Los Angeles County Quality & Productivity Conference
- ◆ Individual SAACs
- ◆ Skid Row Walking Tour
- ◆ Representative at countywide meetings on homelessness, co-occurring disorders, and justice involved
- ◆ Grand Openings of DMH facilities-Long Beach and Peer Resource Center
- ◆ Open House of new East San Gabriel Valley Mental Health Center
- ◆ Groundbreaking of Northeast Mental Health Center

Individual Commissioners also focused on:

- ◆ Suicide prevention and stigma
- ◆ Community Improvement by area-(Antelope Valley)
- ◆ Partnerships with law enforcement
- ◆ Work with specific communities like Asian Pacific Islander and African American
- ◆ Gave presentations or lectures for groups including LA City Attorney's dispute resolution program
- ◆ Did things on the city, state and national levels

GOALS AND OBJECTIVES—FISCAL YEAR 2018-2020

GOAL 1: Review and evaluate the mental health needs, services, facilities, and special problems.

OBJECTIVES	RESPONSIBLE PARTIES	OUTCOME MEASURES
a. Request and review monthly written reports submitted by the Mental Health Director (MHD)..	Mental Health Director submits reports for review by Commission members. Staff post reports on website.	Reports presented at each meeting, discussed, action items identified, and report posted on the Commission website with meeting minutes. Timeline: Annual
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 of completed site visits; written reports, including recommendations whenever appropriate, prepared by Commission members submitted to Mental Health Director. Timeline: 5 visits in 2018, 7 visits in 2019, 8 visits in 2020
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. Timeline: Annual
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. Timeline: Annual
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. Timeline: Annual
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. Timeline: 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. Data Notebook posted on the Commission website. Timeline: Annually in April

GOAL 1: Review and evaluate the mental health needs, services, facilities, and special problems. (continued)

OBJECTIVES	RESPONSIBLE PARTIES	OUTCOME MEASURES
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. Timeline: Annually in June
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. Timeline: Annual
j. Develop Commission infrastructure and protocols, e.g., website updated and kept current; develop Site Visit policies and procedures; review and amend if necessary By-laws; develop Grievance Handling 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. Timeline: Annual
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. Timeline: Annually in June
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. Timeline: 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)

OBJECTIVES	RESPONSIBLE PARTIES	OUTCOME MEASURES
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. Timeline: Annual
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. Timeline: Annual

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.

OBJECTIVES	RESPONSIBLE PARTIES	OUTCOME MEASURES
a. Establish standing and ad hoc Committees to address special needs, projects and issues: 1) Executive Committee 2) Data Review Ad hoc Committee; 3) Communication Ad hoc Committee; 4) Strategic Plan Implementation Review Ad hoc Committee; 5) Population Focus Groups (e.g., Homeless, Elderly, Criminal Justice, TAY, Peer Certification and Workforce Opportunities, (etc.) Ad hoc Committees 6) Nominating Committee 7) Annual Report Ad hoc Committee	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 Los Angeles County. Timeline: Annual
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. Timeline: Annual

GOAL 4: Assess the impact of the integration and realignment of services.

OBJECTIVES	RESPONSIBLE PARTIES	OUTCOME MEASURES
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	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. Timeline: Annual
b. Represent mental health services at the Integration Advisory Board meetings.	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. Timeline: Annual
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. Timeline: Annual

ONGOING LONG-TERM PROJECT

Collaboration with the Community—Service Area Advisory Committees

The Commission partners with the Service Area Advisory Committees (SAACs) to strengthen the voice of communities in Los Angeles County. The Commission helped the SAACs develop this list of priorities and is actively engaged in working with SAACs by leading a monthly SAAC Co-Chair meeting. Commission members have also visited each of the eight SAACs along with Dr. Jonathan Sherin.

SAAC 1 Priorities

1. Disaster Preparedness for SAAC 1 (Access to CERT Training)
2. Education regarding Mental Health treatment options in SAAC
3. Advocacy for the roll out of a MH Urgent Care in SAAC
4. Advocacy and education regarding Mental Health career opportunities in SAAC
5. Collaboration and coordination for the INN 2 project application
6. Increase Consumer Participation in SAAC
7. Dissemination and active sharing of community resources

SAAC 2 Priorities

1. Outreach and engagement to Transition Age youth (TAY ages 16-25) and TAY peer support group.
2. Community Integration for individuals with a mental illness with recent incarceration or who were diverted from criminal justice system.
3. Trauma-Informed Psycho-education and Support for School Communities.
4. Housing/Homeless concerns
5. Truly integrated Co-Occurring treatment

SAAC 3 Priorities

1. Trauma informed care
2. Self-Help Groups
3. Law Enforcement and MH Teams
4. Services for the TAY Population

SAAC 4 Priorities

1. Housing/Homelessness
2. Building Trauma Resistant Families
3. Trauma Informed Psycho-Education for School Communities

SAAC 5 Priorities

1. Enhancing housing options for consumers with mental illness:
2. In addition to permanent supportive housing, support shared housing and 'Board and Cares' as an important option in the array of housing options;
3. The financial viability of 'Board and Cares' are threatened; continued closures of 'Board and Cares' exacerbates the problem.
4. Improving services to our 0 to 5 population:
5. There is a need for more training and expanded home-based services that treat both traumatized adults and young children in Spanish and English.
6. There is strong interest in using the Adverse Childhood Experience measure to screen for services – partnering with health care providers and homebased mental health services is ideal.
7. Reducing homelessness for individuals with mental illness:
8. Housing First is our model but we need a range of housing to meet the high number of unsheltered homeless (large TAY population) in SA 5. We have fewer shelters and bridge housing than other areas which makes it difficult for the outreach teams to engage homeless individuals.
9. We have focused our recent SAAC forums on understanding the County and City strategic plans to end homelessness and supporting our local outreach teams.
10. We also have overarching concerns about domestic violence (AKA interpersonal violence) and lost populations.
11. Chief Wilcoxon recently met with WLA DCFS office and they also identified Domestic Violence as a significant underlying cause for rising number of detentions in our area.

Collaboration with the Community—Service Area Advisory Committees (continued)

SAAC 6 Priorities

1. Homelessness is very high in the Supervisorial District and there is a need for supportive housing.
2. Education in schools to prevent sexual exploitation and prevent other involvement with predators, specifically for TAY/ foster care youth.
3. High number of 0 to 5 children in the child welfare system.
4. Educational attainment scores low for a high proportion of the schools.
5. Gender issues - high numbers of unplanned pregnancies, high mortality rates.
6. Suicide rates - African-American is high, Hispanic female is high
7. Older adults with depress need services.
8. High substance abuse rates.

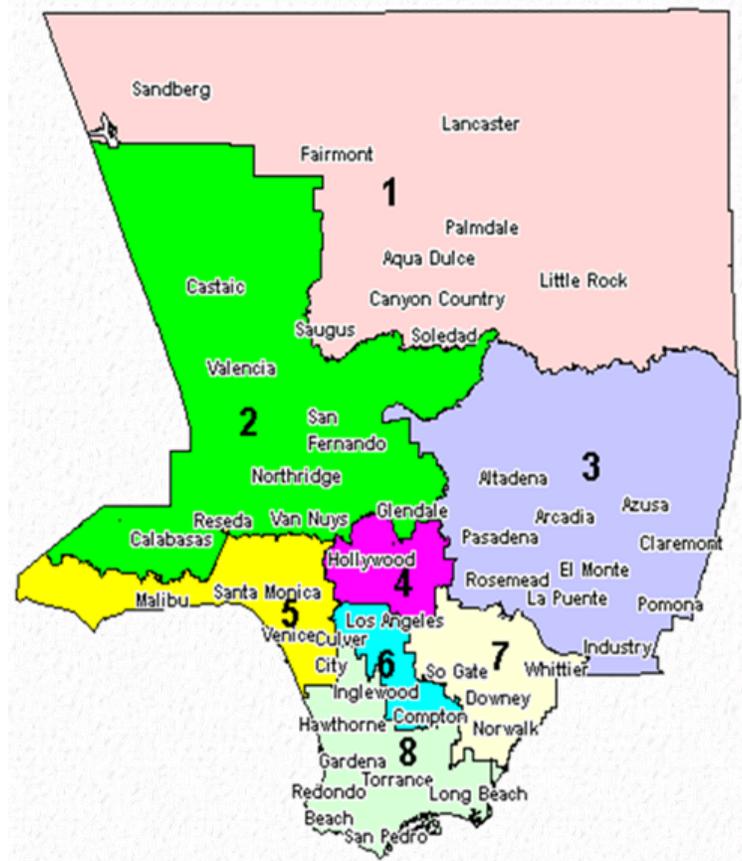
SAAC 7 Priorities

1. Building greater capacity to respond to the needs of "vulnerable populations" including Commercial Sexual Exploitation of Children (CSEC)? Human Trafficking, Homeless and Foster Youth, LGBTQ, mental health needs of TAY and recently released "incarcerated youth", and victims of violence.
2. Expanding community partnerships/linking Human Resources to mental health advocacy, community activism around the community mental health needs, work with NAMI, family supports, and the Soroptimists.
3. Continue building services for 0 to 5/early intervention (PEI).
4. Continue to expand/develop school-based mental health initiatives, continuum of care, and higher levels of care.
5. Continue to seek partnership/alignment with law enforcement, as first responders to community mental health needs.
6. Continue to support/integrate work with "faith-based" community - a source of HOPE, SELF-WORTH, CENTEREDNESS.

SAAC 8 Priorities

1. Homelessness/Housing
2. Trauma Informed Care
3. Transitional Age Youth services for employment, housing, mental health, etc.
4. Prevention and Early Intervention programs.
5. Integrated Mental Health and Substance Abuse

Service Area Advisory Committee Map



COMMISSION EVENTS AND ACTIVITIES



Skid Row Sneaker Tour -2016



MHSA Public Hearing— 2016



African-American Mental Health Conference—2016



**DMH 2016 Outstanding Employee of the Year Recipients
Mental Health Commission Staff**



Peer Resource Center Opening—2017

Commission Events and Activities (continued)

16th Annual Profiles of Hope Award Program Award Recipients—October 22, 2015



The Commission said farewell to some pretty awesome folks. We are forever grateful for their work and their contributions to the constituents of Los Angeles County.

“Thank you for your service!”



Victoria A. Sofro



Larry Gasco, PhD, LCSW



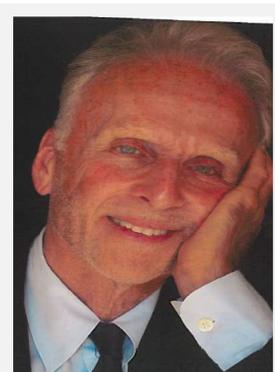
Howard Askins, MD, JD



Etelvina De La Torre, MPA



Sharon Lyle



Arnold L. Gilberg, PhD