LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
MENTAL HEALTH SPECIAL COMMISSION MEETING

APRIL 28, 2022
11:00 AM

>> JOHN FLYNN: Good morning, and welcome to the Mental Health Commission for April 2022. And good morning to our Chair, Commissioner Stacy Dalgleish.

>> CHAIR DALGLEISH: Thank you for joining us for the April full commission meeting. It's a packed agenda and I understand we have quite a few visitors with us as well. So I want to welcome you too. I want to take this opportunity to thank several people who are joining us today and helping make this meeting the quality and accessible meeting that it is.

Our ASL interpreters, Mark Robinson, Johnathan, Spanish interpretation by Lucy and Alex, we have Korean translation as well today, welcome. Samantha, you and Sumi. And our CART services are by Juline Bajada. I.T. is John Flynn, and Julio Miranda, and our staff, Canetana Hurd will be taking roll call momentarily.

I do want to introduce a new Commissioner today, Dr Jack Barbour I don't know why there is an echo. Can you fix that, John, or is that coming from me?

>> JOHN FLYNN: Got it, Commissioner. We're good.

>> CHAIR DALGLEISH: Okay, great.

Dr. Jack Barbour is a new appointee from supervisor Holly Mitchell's office, and I want to welcome him, he's a long-time member of the mental health community, and in contact as well and working with the Department of Mental Health. He's been the director of Kedrin as well as other entities, and we're honored to have him, and his expertise joining our commission.

If Dr. Barbour is here, I'd like him to speak and introduce himself before we head into the roll call. Dr. Barbour?

>> COMMISSIONER BARBOUR: I'm excited to be a part of this commission, and to be able to move things in a care-forward manner.

I'm very excited to be able to speak with all the Commissioners very soon, I'm the CEO of Southern California Health and Rehabilitation Programs in South L.A., our flagship site is on Crenshaw and can be seen from anybody who drives up and down Crenshaw and those that community. This is my first meeting, so I'm learning a bit, but I understand there's a big agenda today, so thank you very much Stacy for introducing me, and I appreciate Supervisor Mitchell the opportunity to serve.

>> CHAIR DALGLEISH: Thank you.

We also will have Supervisor Mitchell with us today, Supervisor Mitchell serves as the 16th seat on our commission, and a voting member of the commission as well. So I want to welcome her if she is on the line currently. It's an honor to have you with us, and I hope that you'll join us again in the future. In the meantime, it's also been a pleasure having (indiscernible) with us representing.

Let's go ahead and take roll call, please. Canetana Hurd? Thank you.

(Roll call)

>> CHAIR DALGLEISH: Thank you very much. Welcome all Commissioners.

Let's move on then to the next part of our agenda. We have -- is Dr. Sherin on the line?

>> DR. SHERIN: I'm here.

>> CHAIR DALGLEISH: Great. Welcome, Dr. Sherin. Thank you for joining us today. You have the floor.

>> DR. SHERIN: Thanks very much to the commission and to everybody. I guess the first thing on my mind is that I really wish that we were doing this in a big room together, and that I could see you and we could share in the energy of an important convening. I miss being with people. And especially for at such a juncture for me.

The annual update in the three-year plan is really, really important documents that represent an amazing amount of work. An amazing amount of work by the department and by the entire community. And I want to salute everybody that has been working on this in a relentless way, in an ongoing way, and an iterative way throughout the year, and I will say when I started this job about 5½ years ago, I didn't feel that the stakeholder process was one that was genuinely driven by the grass-roots, by our communities. And I'm not saying we're where we need to be, but we're a long way from where we were when I started.

And there was a lot of great work. That had been done before I got here, but we have continued to push for a much more robust, genuine way to distill the voices of our communities so that we understand how to direct our resources. And how our services can be the most impactful. Supply ask demand is key.

The program, we call it Your DMH, I think it's an important one -- it's an important one. It's important not just to update and improve, but to embrace. And to recognize that it's through ongoing efforts on all our parts that we can get to that place where we realize the vision for your DMH.

Another thing which I think is representative of us trying to really blow the roof off our process is that we have some new components today. We have a motion by the

commission which I wasn't aware it was a process, about very important stuff, and work that our board of supervisors is trying and we're trying as a county to drive. Decarceration, particularly for people who are punished and incarcerated because of their condition. Which is completely unacceptable. And needs to be remedied. I invite that new process, I think it's important, I think it's symbolizes again at least for me that the stakeholder process is continuing to evolve in a very important way.

And also, I think we have Supervisor Mitchell in the house today. So I mean, this for me, these are symbols for me -- to me of us breaking open what I think was a smaller process and a more closed process into one that must be transparent. It must be the way the department runs, and not just this department, but the whole community. The whole county. To address the needs of our community.

I guess the last part -- I have not been doing well on this piece of exchanges in the past few weeks. I don't know, week. I certainly was not expecting the "LA Times" to cover the fact that I am stepping down. Or to have access to the letter I wrote to the staff. But the "LA Times" is a special entity, which I think, you know, helps us communicate about certain things, and I don't want to go into details about my personal scenario, but it's time for me and -- I talk about being heart forward, and that's really all I've ever tried to be. And I guess my heart hasn't been able to keep up. I'm going to take time to look out for myself. I haven't done that well, spend more time with my family, which I have not done, because I always push at a high space.

I only know one speed, and whoever is running this department in my opinion needs to keep up that pace. And I just, I send a lot of love to everybody, and I'll be watching, and I will reemerge, because this mission is one that's in my DNA, it's in my blood. It was ingrained in me by my mom, and I'll never give it up. I don't know what form, but this is a very special event today. I'm sorry if I took too much time to the commission U. and I know it hasn't always been easy. And nothing is easy when it really, really is important.

So let's get on with the affairs and I'm going to be going around and seeing people in the community as much as I can, and I hope that some of the things that I've tried to bring and some of my spirit and heart will continue as a part of this endeavor going forward. Thank you very much.

>> CHAIR DALGLEISH: Thank you very much, Dr. Sherin, and thank you for your service. I think I arrived shortly after you did, and so I didn't know the department before, I know that many of the Commissioners did, but I want to thank you for your help to me as a Commissioner and as chair. Thank you. And we look forward to seeing you around and your continued support for what we're all trying to accomplish for our community. Thank you.

Let's move on, then. On our agenda. I believe the next item on our agenda would be public comment. Public comment is two minutes. We are introducing a new feature this time. Which is that John Flynn will be announcing your 30-minute mark when you

have -- 30 -- when you have 30 seconds left in your two minutes, he'll be announcing that, so you have some warning about speaking. I also want to remind you that when you are asked, the instructions are to press 1 and then 0, that's a toggle feature, so if you press it again, it will disconnect you. So when you're ready to speak, press 1 and 0. We'll be getting further instructions from our AT&T operator.

AT&T operator?

>> AT&T OPERATOR: Thank you. As noted, it's 1, then 0 to get into the comment queue. And an operator will provide you with your line number, and you'll be addressed by this line number for your comments. Your time limit will be two minutes. If you have a comment, please press 1, then 0.

>> CHAIR DALGLEISH: All right. Thank you. And then I'd like to go to our Spanish interpreters, would you please interpret the instructions at this time?

>> INTERPRETER: Absolutely.

(Speaking Spanish)

So far, we have none, but I have left a message. Thank you.

>> CHAIR DALGLEISH: Thank you.

Now our Korean interpreter.

(Speaking Korean)

>> CHAIR DALGLEISH: Thank you.

Do we have anyone on the line for public comment? AT&T operator?

>> AT&T OPERATOR: Yes.

>> CHAIR DALGLEISH: Someone is speaking on the line, John, can you handle that?

>> JOHN FLYNN: Will do.

>> AT&T OPERATOR: All right. Our first --

(Speaking Korean)

>> JOHN FLYNN: Stand by, make sure our translators are in the right place.

Julio, I'm still hearing background noise.

I think we're ready to roll, go ahead.

>> AT&T OPERATOR: First comment will be from line 16, please go ahead. I'm sorry, line 16, please, hit 1, then 0. Until line 16 returns, we'll move to line five, please go ahead. Line five, your line is open.

>> I'm sorry, I wasn't given the number at the beginning. Given -- I guess for Dr. Sherin, for him to be leaving will be like a hole for those that are a part of Salt, given the number of times he's actually taken out of his time to meet with the team. So that will be a great loss, and that will set a bar for the next person that will be taking his spot. Thank you very much.

>> AT&T OPERATOR: Thank you. Our next comment will come from line 12. Please go ahead.

>> Hello, can you hear me?

>> JOHN FLYNN: Yes.

>> My name is Trouty Winters, and I'm the executive director of NAMI L.A. County. I'm calling in support of the motion that I believe is going to be heard today, recommending that DMH all hope to indicate 25 million a year in ongoing MHSA funds to support the very successful ODR program. NAMI has been involved many years in supporting ODR and has seen the success of the program. The numbers speak for themselves. Over 7,000 people including those with serious mental illness have been diverted from jail and offered the support they need including various types of supportive housing, community-based treatment, and a better quality of life. Several studies have shown ODR is successful in stabilizing persons with serious mental illness so they can safely live in the community. The recidivism rate of the program is lower for those that are enrolled in the program. It's less expensive to house a person than to incarcerate them.

Additionally, many people with serious mental illness in our jails are currently candidates for diversion. Let's please continue the success of this program and support its long-term sustainability, including housing, funding to support this program. Thank you.

>> AT&T OPERATOR: Thank you. Next, we go to line 6. Peter? Please go ahead.

>> I'm sorry, did you say line six?

>> AT&T OPERATOR: Yes, your line is open.

>> Hi, this is Peter Elias from the ACLU of Southern California and chief counsel. The ACLU strongly supports the motion to provide ongoing MHSA funding to ODR, and we submitted a letter on this fact. I think the motion does an excellent job of laying out the success of ODR's programs. The reasons why ODR programming is so much better for people with mental health issues who get caught up in the criminal legal

system and incarceration, which is brutal and inhumane, leads to terrible mental health outcomes, horrible recidivism rates, and a variety of other negative effects. I want to touch on a couple things that maybe members of the commission might not be aware of, make they are.

It's essential that the county dramatically lower its population of people with mental illness, the county, for 25 years has been flagrantly out of compliance with both a memorandum of agreement and a consent decree with the United States Department of Justice governing the treatment of people with mental health illness in the jails. It's shameful that the county has not been able to come into compliance in 25 years. As I explained in a letter that I attached to the letter I submitted to the commission, it will be impossible for the county ever to come into compliance with that consent decree, unless it dramatically lowers the population of people with mental illness in the jails. They simply cannot provide adequate high observation and medium observation housing --

>> JOHN FLYNN: 30 seconds.

>> -- in a variety of other ways. You're simply no acceptable reason for the county to be out of compliance, and unless, however, there is enough community treatment of the kind that's provided through ODR, the county can't lower its jail population and will be out of compliance with this decree designed to protect the rights of people with mental illness.

So we strongly support this motion.

>> AT&T OPERATOR: Thank you. Our next comment will come from mark G, like golf. Please go ahead.

>> Can you hear me? Is this me?

>> JOHN FLYNN: Yes.

>> Okay. I guess it is. My name is Mark, I'm also with NAMI, and I'm our criminal justice chair.

I'm also a member of the permanent steering committee of ODR and has been since its early inception. So I've watched everything that ODR has done since really the blueprint for change back in 2015, and the inception of ODR. The success of the program speaks for itself. I call your attention to a report from ODR that was delivered to the public safety realignment team on April 21st with statistics that also speak for themselves. And a world where recidivism rates are 60-70% for people coming out of jail or prison, rearrest rates, since that is the subject of the day, 16%. Mesh program of 20%, the CBR17%, rearrest rate for DSH diversion, 2%, if did you look at the number of hospitalizations for 100,000 clients, down 60-70%, the number of emergency department visits, the county is saving a tremendous amount of money in crisis resources because ODR has helped so many thousands of people. The number of

emergency department visits are down 63%, and people are getting better healthcare because primary care visits are up 161%. And specialty visits up 154%. This program works. And if the county is going to go forth with a mission of care first, jails last, and I read everything that Peter Elias said, and all the good statistics in the motion, but if we're going to say we're care first, jails last, the cap on ODR needs to be lifted, we need to get creative with our funding, we need housing money, we need sustainability, we need accountability, so we have more --

>> JOHN FLYNN: Time.

>> -- how well this works. Thank you very much.

>> AT&T OPERATOR: Our next question will come from line nine. Please go ahead.

>> Hi. This is Tiffany Smith, to Dr. Sherin, I watched him (indiscernible) and tackle the -- supporting me as an advocate and I love you. Also am 100% ODR funding, my matter is tied to it -- my heart is tied to it, I was on the board of directors for the reentry agency that contracts with ODR. My husband is a program manager for (indiscernible) housing there. I know it's working. Again, I'm in 100% support.

The reason for my phone call today is to talk to you about a failure. When I hang up, I have to pick up a 6'8" Black man and take him to (indiscernible) because he's been in county jail, has a schizophrenia diagnosis, his last long-acting injection was March 3rd, he was released March 10th. No treatment plans. No medication. No nothing. The failure is because (indiscernible) has not been on his 30-month -- his 30-day injection. LAPD shows up, we all know what can happen. How many were released to the streets without medication? Into a home that says yes, he can live there where there's a woman with dementia and an abusive alcoholic man.

>> JOHN FLYNN: Time.

>> When I ask how he's doing, he said I just need a roof over my head.

>> AT&T OPERATOR: Thank you.

>> CHAIR DALGLEISH: Excuse me, this is Stacy Dalgleish. Do we have someone available to speak to this caller? A support person?

>> JOHN FLYNN: Robert is on.

>> CHAIR DALGLEISH: Can you please take care of that transfer? Thank you.

>> AT&T OPERATOR: Ready for the next public comment?

>> CHAIR DALGLEISH: Yes.

>> AT&T OPERATOR: Moving on to line eight, please go ahead. We lost line

eight. 13, your line is open.

>> Good day. My name is (indiscernible), speaking on behalf of the Black Los Angeles County Client Coalition, I would like to share a recent informational feedback loop regarding concern of community stakeholders about the West Central Family Mental Health Services recent move to the site of Augustus Hawkins Mental Health located at 1720 East 120th Street, Los Angeles. The Augustus Hawkins Center supports services primary for adults and children. Most services are restricted to adults who live in the southeast region in parts of San Antonio health region, this area includes Compton, South Central Los Angeles. The African American community has asked the Black Los Angeles County Client Coalition about any pending plans in our solicitations pending to replace essential family mental health services, clinical services replacement. Et cetera on the Crenshaw corridor. I'm glad to know that Jack Barbour has joined the commission. I applaud you, Doctor. And our services, located in proximity nearest --

>> JOHN FLYNN: 30 seconds.

>> Nearest in place, transportation time in relation to the (indiscernible) West central family mental health services, We Beseech the Los Angeles County Mental Health Commission Oversight and Action for Answers to the African American stakeholder inquiry, furthermore, the feedback loop stated the deputy director has transferred to MLK. We'll be in touch soon concerning this matter with Commissioner Dalgleish, chair presiding.

>> JOHN FLYNN: Time.

>> Thank you.

>> CHAIR DALGLEISH: How many callers are there on the line?

>> AT&T OPERATOR: There are currently -- there's one in the comment queue.

>> CHAIR DALGLEISH: All right. And does that include line eight?

>> AT&T OPERATOR: It does not. Anyone who was overlooked, line 10 is the last one in the queue at this time.

>> CHAIR DALGLEISH: All right. So if there was anyone else who phoned in they should phone in now, and then -- the motion has not been made yet that is being addressed at this time. There will be another comment time as well. But we do have someone who is trying to speak who was on line eight, just to let you know. And then go ahead and we'll continue with the last caller, please.

>> AT&T OPERATOR: Very good.

Line 10, your line is now open. Go ahead, Mark.

>> This is Mark, can you hear me?

>> JOHN FLYNN: Yes.

>> CHAIR DALGLEISH: Yes, mark.

>> Okay. I want to give some answers to something, that is the cowboys did a workshop about incarceration and about a week and a half ago, and I'm going to read some of the suggestions that they have, that they made, and I hope that's okay.

They had videos that included peer provider workshops, including engagements. There were several videos, slides that included sequential (indiscernible) and practices for recruiting and data mining and hearing for hiring peer staff. In justice settings. The supports integrating (indiscernible) peer providers, and there's a whole list of stuff that they gave, like -- we can probably call and get that -- get the slides, and there's a bunch of them that were on YouTube. So these are -- those are programs that can be -- we can utilize in order to bring peer support --

>> JOHN FLYNN: 30 seconds.

>> -- so that people can be (indiscernible) in peer support while they're incarcerated, and then can be brought out. This was also done sort of at the alternatives conference last year. There was an organization in New York that brought peer supporters into the jails there and introduced trainings into their system. We can get that.

>> AT&T OPERATOR: Thank you.

We do have line eight.

>> Hello, can you hear me?

>> CHAIR DALGLEISH: Yes, we can, thank you.

>> Wonderful. Thank you.

I want to express to Dr. Sherin how wonderful it's been to have him on the team, and he will be missed, and I really hope that someone can try to fill his shoes. His heart has always been apparent.

I want to address an issue in the Antelope Valley with SFP service quality, and the ability to receive trauma-informed care through SFP programs. I did write a letter of comment to the commission regarding an individual case which is not the first, probably not the last, but I want to find out how we can audit SFP if people we are dealing with and trying to support are not getting FSP services that they are needing or supposed to get. Peer mentors, peer support specialists desperately needed to fill this role of trying to intervene in families and individuals with the Department of Mental Health that are not able to get through the blockades. I also want to express my sincere support for

ODR. So many people, that is the only option. And I'm sick and tired of telling families that maybe their loved one will get help for their mental illness when they get in jail. That is so wrong. And I don't want to ever have to tell families that again. We need to change laws, change requirements for gravely disabled, I know there are bills in the state legislature to do so, but this is imperative to be able to require people to get the help they need and not have to go to jail to access treatment for mental illness. Thank you.

>> CHAIR DALGLEISH: Thank you.

I have Alex, the Spanish interpreter's hand up.

>> INTERPRETER: We are here. Let me give you the -- let me set up the interpretation.

(Speaking Spanish)

>> My name is Mrs. Lozano. I just wanted to thank Dr. Sherin wholeheartedly. I hope that God blesses him and walks with him always. I'm calling to ask that they increase the funds so that the community can help heal the community. And I remember that the commission had said that they were going to send an application at a federal level to request funds and emergency state funds monies for this purpose. Because currently we do not have enough people to give the services to the community. Speaking of the subcommittees, like the Latino groups and other groups.

>> INTERPRETER: That's who she's speaking of. And I'm sorry for.

>> I'm.

>> INTERPRETER: This is the interpreter. We're going to miss Dr. Sherin very much. I'm sorry for being emotional.

Thank you very much. That is the end of her comment.

>> CHAIR DALGLEISH: Thank you.

All right. Clearly, we have a lot of people who want to speak on different issues that are on our agenda right now. I'm going to return right now to our Commissioners.

Commissioner Friedman.

>> COMMISSIONER FRIEDMAN: I apologize. I noticed that Alex's hand is up. Are you aware of that?

>> JOHN FLYNN: That was the translation we did.

Commissioner Friedman are you muted at the moment?

>> COMMISSIONER FRIEDMAN: Is it my turn?

>> CHAIR DALGLEISH: Yes, it is, it's your turn.

>> COMMISSIONER FRIEDMAN: I just wanted to say to Dr. Sherin that from the moment you arrived, we felt, and the department felt a new energy. You did that. That was a quite extraordinary thing to happen in this department, because finally things were moving along, and people began feeling like we can finally do the work that needs to be done. We need to get to this work. And we were moving along, and then the pandemic hit. And then a whole new group of problems appeared. And now we have all those problems and all of those people who are suffering anxiety, depression, whatever. And the school children. We have so many more things to deal with right now, and we will miss you terribly. Really, really miss you. And your energy, and your ideas. And just you, being there.

So all I want to say is, I really wish you good health. I hope that your health improves, and I hope that somehow you can get some of your ideas subtly back to us so that we can continue to work with them, because they were all quite wonderful. We will miss you terribly. Thank you, thank you, thank you for everything you did.

>> CHAIR DALGLEISH: Thank you, Susan. I see that there were many comments in the chat as well. Are there any other Commissioners who would like to speak at this time?

>> COMMISSIONER BANKO: I would.

>> CHAIR DALGLEISH: Go ahead.

>> COMMISSIONER BANKO: Thank you. I wanted to thank you, Dr. Sherin, I think it takes a special human being to uphold and undertake a position like yours with the Department of Mental Health, but also to make sense of the bureaucracy, to strive for better, to clear blockages, to enact programs that support people in the best ways possible. So again, just thank you so much. You're a truly special person, and you've left a great legacy behind.

>> CHAIR DALGLEISH: Thank you.

Commissioner Schallert?

>> COMMISSIONER SCHALLERT: Yeah, I would just like to reiterate what everyone is saying.

Thank you, Dr. Sherin, for all you've done. We down in the fox holes appreciate all you've done, and kind of what -- we see how difficult the job is, and I thank you for taking it on. It's quite a job. So just wish you the best of luck and appreciate everything you've done.

>> CHAIR DALGLEISH: Thank you. Commissioner Weissman.

>> JOHN FLYNN: We're not hearing you, Commissioner Weissman, and I'm not sure why. It looks like your mic is active. But we're not getting audio.

She says come back, as in I think come back to me.

>> CHAIR DALGLEISH: All right. Good. We will be coming back as well to this subject. So thank you, everyone.

>> COMMISSIONER WEISSMAN: How about now?

>> JOHN FLYNN: That works.

>> COMMISSIONER WEISSMAN: Okay, good. Thank you, sorry for the blip.

I just wanted to thank Dr. Sherin and echo what everyone else has said from the commission. But also to note that coming from NAMI and from the mental health client perspective, and peer perspective, how it can still be strong leadership to do self-care first and foremost and show strong leadership by making a decision that puts yourself first and make sure that you maintain your own well-being. Even with everything else going on. So I gist wanted to recognize that it affirmed decisions that I'd made in my personal life and professional life to do similar kinds of things, and I think it's good for our community to see that as a strong leader as well. So thank you, Dr. Sherin.

>> CHAIR DALGLEISH: Thank you.

All right. Let's move on right now, then, to the next part of our agenda. We're going to move to the motion to be made by Commissioners Stevens and Austria.

>> COMMISSIONER STEVENS: We put forth a motion regarding expanding the services for ODR that are much needed. I think the statistics do speak for themselves --

>> COMMISSIONER AUSTRIA: I think most of you read them, but there's questions down the line, we'd like to have you ask them. We also have Dr. Ochoa on the line, and our supervisor, Supervisor Holly Mitchell, who is the actual 16th member, and I really welcome her and maybe Supervisor Mitchell if you'd like to make remarks regarding the motion.

>> CHAIR DALGLEISH: Could we start by your reading the motion, please?

>> COMMISSIONER AUSTRIA: Sure.

It's a little long. So here we go.

The motion is by the second district Kathleen Austria, Stevens, and the motion is entitled Expanding Diversion-Related Services. There are currently 12,859 people in the Los Angeles County jail system. It is essential that the commission do what it reasonably can to care for the 43% of the jail population who have serious mental

health needs. 21% increase since 2020.

Consistent with national trends, incarcerated women of a particularly high rate of mental health needs. Moreover, there are significant racial disparities with Black Angelenos and Latinx Hispanics hit the hardest. The Rand Corporation did a study in 2020 which found at least 61% of the individuals with serious mental health needs could safely be served in the community. Many experts have recommended further expansion of community-based mental health treatment options. We in-- version for people with mental health conditions. The Los Angeles County Department of Health services, office of diversion and reentry, ODR, has demonstrated success in addressing this crisis. But it has not been able to expand services beyond the 2200-bed capacity because of its financial constraints.

The Los Angeles County Board of Supervisors created ODR in 2015 to reduce the number of people incarcerated in Los Angeles County jails with mental health and/or substance abuse disorders who are at risk of homelessness. Reduced recidivism and to improve health outcomes of justice involved populations, the most serious underlying health needs.

(indiscernible) the courts have released 7,414 persons from jail and into the ODR care where they receive community-based treatment and various types of supportive housing programs. The attachment A.

Numerous studies have confirmed that ODR's programming is successful at stabilizing persons with serious mental illness so they can safely live within the community.

Another Rand Corporation study of ODR supportive housing program from 91% of its clients had stable housing after six months. 74% have stable housing after 12 months, and 86% have no new felony convictions after a year.

90% of its clients profess (indiscernible) housed after six months, only 15% had a felony conviction within the next year.

Preliminary results of a study by UCLA of 962 ODR clients is showing that their medical and mental health hospitalizations and emergency department visit rates dramatically dropped after they enrolled in ODR programs. See below.

Would you care for me to read that, everyone? That piece? It's critical, actually.

The number of hospitalizations per 100,000 clients, in 12 months, 156,128 clients. Post 12 months, (indiscernible).

>> CHAIR DALGLEISH: Kathleen, can we -- the screen we're sharing with the motion on it, is it possible to just maximize that so we can all see? It's very small.

>> JOHN FLYNN: Will do.

>> COMMISSIONER AUSTRIA: Thank you. It will give me a chance to drink

water.

Number of ED visits per 100,000 clients. 313,092, and post 12 months, 116 -- 116,986.

Number of primary care visits per hundred00,000 clients, previously 92,200, post, 199,249.

Number of specialty visits per 100,000 clients, 59,888, versus post, 92,490. That was an increase.

Mental health utilization rate per one huh,000 clients, in pre and post 12 months of enrollment. The number of clients per hundred thousand, pre12 months, 71,587. Post 12 months, 20,775.

Number of ED visits per 100,000 clients, 56,546, versus 17,271.

Despite the demonstrated efficacy of the ODR model, sufficient funding has not been identified to sustain its current operations, much less scale up diversion efforts to keep pace with the growing need. It is time for Mental Health Commission to confirm its support for this program and the dignity it restores to its persons with serious mental illness.

We therefore move that the Mental Health Commission proclaim that jail-based diversion is a strong priority of the Mental Health Commission, we should delete "services act," strongly recommend that the department of mental health allocate 25 million a year in ongoing mental health services to say beginning fiscal year 2022-2023 to support the Office of Diversion and Reentry services to MHSA eligible clients and that the fiscal year MHSA plan to be amended to reflect these recommendations.

Thank you for your time on that reading.

There's also a graph in the back. Showing the efficacy of the program. And you can read that.

Any questions on that slide?

>> CHAIR DALGLEISH: I see one hand up. It was up before by Commissioner Root, but we do have a question being raised as to whether the motion was noticed 72 hours in advance. And I've asked the staff to confirm that it was posted to our website along with the agenda 72 hours in advance.

>> We did put it in in a timely way.

>> CHAIR DALGLEISH: I know you did. I'm questioning the -- I'm asking if it was posted to the website along with the agenda timely.

Canetana Hurd, are you there?

>> CANETANA HURD: Yes. I'm searching the link to send to you. That it was. I can send you the email where it was confirmed.

>> CHAIR DALGLEISH: Thank you.

Yes?

>> A point of clarification, we have the chair of the board of supervisors on the line now, and we should yield time to her because her time is very valuable. That would be my recommendation to the commission.

>> CHAIR DALGLEISH: I agree. And it was --

>> I agree, and it was posted in a timely manner. I would defer also.

>> CHAIR DALGLEISH: All right. Good. Thank you very much.

Yes, Supervisor Mitchell, you have the floor. Thank you.

>> SUPERVISOR MITCHELL: Thank you very much for that. I'm here to support and answer questions if there are any. I wanted to be here in support of the second district Commissioners in bringing forth this motion. And so I didn't intend to make any comments. If questions come up, I'm happy to respond to them. I appreciate the comment, hearing the public's commitment to care first, jails last, hearing very real, emotional testimony about why the public feels ODR beds must be funded and must be made available for all the reasons I completely support.

I appreciate you for all your time and commitment and I want to tip my hat to the second district Commissioners for doing the hard work of moving this motion forward that I fully support.

>> CHAIR DALGLEISH: Thank you very much, Supervisor.

We have the motion, we have a second, and we are going to move to discussion currently. I see we have several hands raised now. Let's move first to Commissioner Root.

>> COMMISSIONER ROOT: Thank you. I am strongly in favor of ODR and the work that it's done, and particularly the first portion of this motion. I am not sure whether the second item in the motion is well stated or not. For example, I'm not sure whether $25 million is enough, is a suitable amount to meet our objectives.

Secondly, I'm not sure that we should have a motion of this type without having some idea about how money would be used, so that we're sure that it is being used with the most effective way possible.

Third, I would like to make sure that our justice deputies, as well as our health deputies, are consulted. This is one of these areas where we have a foot in two camps. Mental

health, very important, we're intimately familiar with that and deeply committed to it. I'm not as familiar with some of the justice issues, and I know that there are both sides of this.

And fourth, I am -- what I know of ODR's work is, I would like to be able to bottle what they have done and use it in some other areas within the county, particularly over at SAPC, because the recidivism rates that were noted by several callers and in the motion are astoundingly different in ODR's case, for reasons that I think we can trace, and may relate to homelessness issues so they're very timely. And they touch other substance use and abuse issues with which we need to be concerned on behavioral health side.

So for all those reasons, I fully support this. I would move to table this motion for 30 days, ask that some of the Commissioners form a subset to answer the four questions. Is the amount of money enough, how should it be used, what input if any do the justice deputies have, and how can we export the success that ODR has for other mental health use? And I'd like to ask that the 30 days be used to have a subcommittee study those things and come back and make a recommendation to the full commission about whether the second part of this motion should be more detailed, perhaps have more time to take a look at those four issues, so that we can pass or at least consider I think pass, a motion that will be as effective as it can be.

I move to table for 30 days with those provisions.

>> CHAIR DALGLEISH: Thank you, Commissioner Root. So we have a new motion. I am not operating from my office, so I don't have my Robert's Rules in front of me, however, I do know Commissioner Acebo is adept in this area. May I ask you to step in on this issue right now? Thank you.

>> COMMISSIONER ACEBO: Madam Chair, members, there is a motion to table, which requires a second.

>> CHAIR DALGLEISH: Do I hear a second?

>> COMMISSIONER FRIEDMAN: Does tabling take this off the table in terms of the agenda and plan and allocation? What's the implication on timing of tabling?

>> CHAIR DALGLEISH: Commissioner Acebo?

>> COMMISSIONER ACEBO: Question to the author, Mr. Root, can you elaborate?

>> COMMISSIONER ROOT: Yes. It's my intention, Brittney, that we not take it off our agenda, but we defer a vote for 30 days, have a report back that would detail and consider -- maybe item two is just perfect the way it's written. I don't know. I'm fully in favor of the item one in this motion. But I -- before we vote on it, and put it away, I'd like to consider is $25 million enough, and what are the other elements here

that would best guide this?

So I don't want to take it off out of our consideration, I want to get some more information so that we can vote with the maximum impact, and I would hope that it could be brought back on our agenda for a final vote next month.

>> COMMISSIONER ACEBO: There needs to be a second to the motion, and then we can have more conversation specific to the motion. Is there a second? Having no second to the motion --

>> If the request is a second to the motion, Chief Mitchell will second it. If it's a second to the table motion, I'm not seconding that. If we're seconding the motion in chief, I will second it.

>> COMMISSIONER ACEBO: No, it's -- Madam Chair, it's regarding specific to the tabling, Madam Chair.

>> SUPERVISOR MITCHELL: Thank you.

>> COMMISSIONER ACEBO: Go ahead, Ms. Freedman.

>> I will second Mr. Root's motion, I'm very much in support of this, but I do want to know what the money is going for.

>> COMMISSIONER ACEBO: There is a second to the motion, open to discussion, Madam Chair, you can recognize whoever would like to speak.

>> CHAIR DALGLEISH: Thank you. All right. I am looking to see whose hands are raised to speak. And I will start with Commissioner Cooperberg. Thank you. And this is a discussion specifically related to the motion to table. Thank you.

>> COMMISSIONER COOPERBERG: Thank you. It relates to both.

First, I am in support of ODR expansion. My question is, and it may be added to Commissioner Root's issues, is looking at MHSA and they do have criteria, exclusions, requirements on what MHSA funds can actually go to, is there anything in the legislation that would preclude using funding for ODR? Thank you.

>> CHAIR DALGLEISH: Thank you.

Commissioner Stevens.

>> COMMISSIONER STEVENS: Thank you. I'm not certain if county council is on the line, and I also want to acknowledge that in reference to this motion that's on the table, I also want to acknowledge that there -- that Dr. Ochoa is present, and I believe there's opportunity for a lot of the questions that are being asked of Commissioner Root to be answered.

>> CHAIR DALGLEISH: All right. Thank you.

We are -- this discussion is related to the motion to table. So if I am -- let me see. Commissioner Schallert, please.

>> COMMISSIONER SCHALLERT: Thank you. I'm also totally in favor of the (indiscernible) ODR expansion. I've seen it work amazingly well. Just a quick question to the tabling question, will that affect -- is there a time element here with MHSA, three years, one-year plan? Will a month make a big difference? Because I feel like we're right on the edge of these you MHSA three-year plan being approved. I don't know the answer to that, but that should be answered, I think.

>> CHAIR DALGLEISH: Thank you.

Commissioner Root, is your hand up related to your motion, or is your hand still up from before?

>> COMMISSIONER ROOT: My bad, my hand is still up. I have said my piece and let me take it down if I can figure out how to do that.

>> CHAIR DALGLEISH: Thank you.

Commissioner Barbour.

>> COMMISSIONER BARBOUR: Yes. As a provider and working in mental health, I've had some exposure to ODR. Working in that setting and I have been impressed with the versatility of the program. How nimble it is. How quickly it is able to stabilize individuals and the intensity of the providers who do this in terms of its -- their residential placement. We talk a lot about bureaucracy and no red tape, and all of these things, and I think the motion and its intent, and its purity is to try to eliminate red tape and bureaucracy by being able to directly infuse these funds without a lot of difficulties and barriers. And I worry that programs that are so nimble sometimes don't -- are hung up. And so therefore I do not really support the tabling. It would be nice to have this move ahead.

>> CHAIR DALGLEISH: Thank you.

Supervisor Mitchell, is your hand up from previously, or is your hand up to speak again to this -- to the motion to table?

>> SUPERVISOR MITCHELL: My hand is up to speak to the motion to table.

Again, to speak to the motion to table, the 30 days from my understanding is problematic. I think another Commissioner raised the point that given the timing on the finalization of the MHSA plan, that we will lose the window of opportunity if we wait the 30 days. So that's concern number one.

So again, speaking to the motion, I understand that Dr. Ochoa is on and perhaps can

answer some of the questions now that Commissioner Root has. About how the money would be allocated with regard to is it, quote, enough, and so if ODR could answer those questions in real time, I think that would be helpful. Again, speaking to the motion.

With regard to the justice deputy's involvement, the justice deputies for the second district work collaboratively with the second district Commissioners in developing the motion language. I do not believe that justice deputies for the other offices are aware, I'm going to check with my own justice deputy to see if they've communicated with the justice deputies from the other supervisorial offices, but ours was directly involved in assisting with the -- and my health deputy, in assisting with the crafting of the motion.

But again, to speak to the motion, based on the questions raised, if they could be answered now, Commissioner Root can decide if he wants to continue with his motion or not. But I think we have the opportunity to have those questions answered to the best of Dr. Ochoa's ability right now. So I hope that we would be afford -- he would be afforded the opportunity to do so.

>> Point of clarification, Madam Chair. Would it be advisable --

>> COMMISSIONER ACEBO: Would it be advisable, to call the question on tabling so we can get to the main motion because those questions will obviously come up as referenced by the chair of the board. So I'm calling the question on the motion to table.

>> CHAIR DALGLEISH: The question has been called. Canetana Hurd?

>> COMMISSIONER AUSTRIA: I think it's premature without having the first question. We have someone here, so I would say let her speak --

>> COMMISSIONER ACEBO: We're going to have -- Madam Chair? Sorry to interrupt.

I think these are relevant questions to the main motion. And it's going to come up again and again. So I would rather wait until we get to the main motion, because there are a lot of members who probably have other questions relating to that to the main motion.

So really the question, let's disperse with the motion that's on tabling first. So we can get to the main motion and move forward. Because I think that's really what's the bottom line here. That's my opinion, Commissioner Austria.

>> COMMISSIONER AUSTRIA: My opinion is if we don't get the questions answered, how do we vote --

>> COMMISSIONER FRIEDMAN: How do we vote on tabling it if we don't get the questions answered?

>> COMMISSIONER ACEBO: My suggestion to the commission that this is a procedural motion to table. It is not a substantive message to the actual motion. And we can get to those if we get to the tabling motion. I get a sense that maybe the body of the commission may not be favorable to tabling with all respect, Commissioner Root, and I would like to just disperse with that so we can get on with the direct business of the actual motion. But that would be my suggestion to the chair. But I yield to my Commissioners and the majority of the commission.

>> CHAIR DALGLEISH: Commissioner Acebo, I have -- go ahead, but I have a question for -- one moment, please.

I have a question for Commissioner Acebo, because I'm using him as my guide right now.

Commissioner Acebo, we will -- someone will be able to make another motion to table after we've had the discussion on the motion. Is that correct?

>> COMMISSIONER ACEBO: If someone chooses to make another motion to table, they are free to. But if I was an individual looking at how to maybe how the outcome of this first tabling the motion, it would not be my advice that they would do another motion to table.

>> COMMISSIONER ROOT: I'm happy to withdraw the motion, hear the discussion, and then if we need to make it again, I'll make it again. I don't want to have this taken out of our --

>> CHAIR DALGLEISH: Thank you. Are you removing the motion?

>> COMMISSIONER ROOT: I'll withdraw the motion.

>> CHAIR DALGLEISH: You're withdrawing? All right.

>> COMMISSIONER ROOT: Yes, I'll withdraw the motion, let's have the discussion.

>> CHAIR DALGLEISH: And we had a second. Commissioner Friedman, are you --

>> COMMISSIONER FRIEDMAN: Second. Withdraw.

>> CHAIR DALGLEISH: Thank you. All right.

The motion has been withdrawn, let's proceed with the discussion on the motion, and that is before the commission right now. And I would like to go now to Sharon, who is county council. Go ahead.

>> SHARON REICHMAN: I'm an assistant county council with the office of the county council. I have been with the county since roughly 1991. I am currently

stationed at the health department, but I have been involved quite extensively with ODR and the mental health department around negotiating the MOU, or as we're calling it the MOA, that sets out how ODR and the Department of Mental Health will move forward cooperatively. If there are questions that I can assist within that regard, I would be very happy to help you. If you're not familiar with the MOA, what it does is it sets out the responsibility of both departments in terms of services and funding. And so we are actually in the process now of building out operational pieces for that MOA, and I think that work is going at a very positive directs and we're moving really well towards establishing, I think, a solid collaborative working relationship.

>> CHAIR DALGLEISH: Thank you.

I see hands raised. I'm going to move next to Commissioner Molina.

>> COMMISSIONER MOLINA: Thank you, Madam Chair. Just a very simple question based upon what we were just told.

Does an MOA between the department and ODR need to be in place in order for us to utilize MHSA funding for ODR? Yes, or no?

>> I'm going to give you the attorney answer. What I would say is not necessarily. I apologize. But let me just briefly explain. The MOA is essentially the board's guidebook. The road map for how the departments will allocate services and funding. And so there is the opportunity under the MOA to deal with allocations including those related to MHSA, so that the departments make those decisions in accord with the board's road map.

I hope that helps.

>> COMMISSIONER MOLINA: It kind of didn't.

So what's -- what's the purpose or the objective of the MOA?

>> SHARON REICHMAN: The purpose is to ensure that ODR is providing mental health services that are consistent with legal requirements in the county code and state law. And so if you'd like me to elaborate a little more on that, what that means --

>> COMMISSIONER MOLINA: One final question and I'll be done. When do you foresee the conclusion or the signing of this MOA? Days, weeks, months?

>> SHARON REICHMAN: It's been executed by both directors and the board of supervisors. So that road map as I like to call it, is in place and approved. Now the departments are dealing with operational pieces to ensure that they are acting consistently with the way the MOA is structured, with regard to mental health services being provided by ODR. And so much of that operational discussion will include pieces about finance.

>> COMMISSIONER MOLINA: That's helpful. Thank you very much.

>> SHARON REICHMAN: You're welcome.

>> CHAIR DALGLEISH: Commissioner Acebo.

>> COMMISSIONER ACEBO: Thank you, Madam Chair.

Members, a question to the county council and also, I hope that there is a Department of Mental Health staff person available to answer other questions related to this specific MOA.

Question to the county counsel. With respect to operational pieces specifically financing, is it the intent of the board to look at and meet all requirements relating to state and/or federal funding that could be available to ODR for mental health purposes? Services, purposes?

>> SHARON REICHMAN: I think --

>> COMMISSIONER ACEBO: Does the 2019 motion, if you remember, states that they cited a number of various state funding options, including MHSA.

>> SHARON REICHMAN: I apologize, I'm not familiar with the 2019 motion.

>> COMMISSIONER ACEBO: The 2019 motion was the actual motion by the supervisor that put this in motion to establish this MOA.

Sorry, not to put you on the spot, county counsel.

>> SHARON REICHMAN: No, no, no. This is one of the side effects of me being stationed away from the hall of administrations. I sometimes miss things like this motion.

>> COMMISSIONER ACEBO: Let me try to rephrase the question for you.

You had mentioned operational pieces and associated with financing. I assumed that opens the door for many revenue options for ODR to pursue and the board hoping that they would pursue it to provide mental health services. Would you say that is a -- that is correct on my part?

>> SHARON REICHMAN: The MOA is specifically structured to allow ODR to access funding for mental health services in a legally complaint way. So that in other words, so that the mental health department and the health department cooperate to ensure that any finances that are structured, any money that is dispersed will be handled appropriately as required by law.

>> COMMISSIONER ACEBO: Okay. So MHSA is an appropriate funding alternative, yes?

>> SHARON REICHMAN: Yes, I believe so, sir.

>> COMMISSIONER ACEBO: Medi-Cal reimbursement is an appropriate funding option as well.

>> SHARON REICHMAN: Yes, that is correct. For specialty mental health.

>> COMMISSIONER ACEBO: All right. Can I have a member of the Department of Mental Health available to answer a question for me?

>> GREG POLK: This is Greg Polk. Welcome, Supervisor, Mitchell. Glad to see you here.

>> COMMISSIONER ACEBO: Thank you for being on the call, and members, I appreciate your patience with me.

I want to get to this funding issue, Greg. Because under MHSA there are these categories, it wasn't stipulated in the motion which category that the 25 million would come out of. It's not for me to decide, but how is that decided, and if that is decided in terms of a category, what are the state requirements associated with that category of 25 million so the commission is clear what will be required of ODR relating to this 25 million.

>> GREG POLK: I think it depends on the services ODR are providing. The parameters around PEI dollars, prevention and early intervention dollars, parameters around CSS dollars. So it has to fall within the parameters of those categories. So what we would do is take a look at the dollars, of the services being provided by ODR, and see where it fits within the whole MHSA plan, so to speak.

So it has to fall with one -- within one of those categories.

>> COMMISSIONER ACEBO: Do you know, Greg, if ODR is pursuing Medi-Cal reimbursement since it will be available particularly under the MOA?

>> GREG POLK: I would assume so. Maybe Dr. Ochoa can answer that. I would assume they will be.

>> COMMISSIONER ACEBO: And I would assume that the practice of any county department is that we always protect net county costs or general fund dollars. And try to get reimbursed from state and federal as much as possible. I would assume would that be a correct assumption on my part?

>> GREG POLK: I think that's been a directive of the board. The board always tries to protect net county costs, and to the extent it can be funded by state and federal revenues, that's always our first disability.

>> COMMISSIONER ACEBO: I have a question for Dr. Ochoa, Madam Chair, if that's okay.

>> CHAIR DALGLEISH: All right. I do want to say I understood that the MOA had been executed also by the director, or directors. And since we have the director of the Department of Mental Health on the line, I would like Dr. Sherin to address this issue if possible.

>> DR. SHERIN: I haven't left yet. A couple things. First of all, Greg's points are important. It really depends on the type of program that's being administered in terms of what funding, what bucket of MHSA can be used as many know, going back at least four years, I and others have been trying to simplify the use of those funds, because they're so constrained. There is a little bit of an issue here around timing, because as you all would know, there's a required 30-day posting for new types of programming. Though maybe there's a way we can think about how all the input that we've collected over the past year supports the programs that would be delivered. And that's something I think we want to figure out. If we are going to go forward.

The other thing, I want to make something really clear. Going back to 2018, myself and lawyers at the time, in this department, raised the flag to say, listen, ODR is doing great work, but in order for them to be authorized to deliver treatment, to draw down funds, they need a contract with the Department of Mental Health. So we've been pushing for that. And unfortunately, I think it's taken a long time for a variety of reasons, including the fact that when you use money like this, it's constrained. It's constrained when you want to draw down, there's a lot of reporting requirements, et cetera we did sign it, Christina and I signed it as soon as we could get through all the process, and we want to move, and we want to invest in ODR as a contractor for the Department of Mental Health. Big-time. In fact, I'm working, and our team is working on innovation project, because we also have innovation funding, that we want to use to get people out of the jail. You must realize also that one of the things about MHSA is that it can't be used in any institutional setting. So any of the funding -- any of the services that would be funded would have to occur in the community, which I don't think is a problem.

But I want the community to know that the Department of Mental Health is very much behind the work that ODR does, it will be not as flexible, because the money has things tied to it, and it took since at least the beginning of 2018 when we raised the flag to say that we needed an MOA until, I don't know, four or five, six months ago to get that agreement signed.

>> CHAIR DALGLEISH: Thank you.

>> COMMISSIONER STEVENS: Could we invite -- Ochoa to the discussion, please?

>> CHAIR DALGLEISH: I think she's still here. Are you asking me to --?

>> COMMISSIONER STEVENS: I'm asking for Dr. Ochoa --

>> CHAIR DALGLEISH: Is she not able to get on the line?

>> COMMISSIONER STEVENS: I'm asking to welcome her into the discussion. She is present. Thank you.

>> CHAIR DALGLEISH: All right. Fine.

Yes, thank you. Go ahead.

>> COMMISSIONER ACEBO: Madam Chair, I have a question for Dr. Ochoa before I yield it to Dr. Sherin. Is that still appropriate?

>> CHAIR DALGLEISH: Go ahead.

I see everyone's hand.

>> COMMISSIONER ACEBO: I just want to finish my question to Dr. Ochoa. Or do I need to yield, ma'am?

>> CHAIR DALGLEISH: I'm asking you to go ahead, please.

>> COMMISSIONER ACEBO: Thank you. Welcome to the Mental Health Commission and thank you for being here. And a very important motion and -- that the second district Commissioners have brought forward. I just have a couple questions on sort of your reporting. And I know at least two years ago that under Commissioner Weissman's chairmanship we did a deep dive into ODR, and so we are very knowledgeable of the great work it does.

I'm curious about the, your reporting, look be at your website, you report on recidivism and housing retention. And hospitalization visits. Can you tell me, do you do any reporting relating to mental health outcomes? Specific consumer outcomes by ODR?

>> DR. OCHOA: Can you hear me?

>> COMMISSIONER ACEBO: Yes, ma'am.

>> DR. OCHOA: Thank you. And thank you for -- to everyone who is considering our work and who cares so much about what we do, we really appreciate everything I've been hearing on this call.

So we -- right now the health services research that's taken place around our work, and you've seen it in the motion from UCLA, really looks at our task comes in terms of mental health and psychiatric emergency room visits as well as psychiatric and patient hospitalizations. That's what we've reported on thus far. And as you mentioned, rearrests, what the CIO's office calls failure to appear in court, which basically means someone has fallen out of the court's eyes and is not reporting back to court as they are court ordered to do.

And then housing retention, whether people stay in our program and stay in housing, we are housing first model, so those are the primary outcomes. However, we have a

very -- I'm a researcher by background, and we have a really robust analytical ability with our own pretty rigorous data and database, and so I'm pretty confident that if there were further requirements under MHSA that we could meet them in terms of reporting outcomes.

>> COMMISSIONER ACEBO: Thank you, Madam Chair, I appreciate your patience.

>> CHAIR DALGLEISH: Thank you.

Dr. Sherin, had you finished? Before I move on to other questions.

>> DR. SHERIN: Yes, that's fine. Thanks for giving me a chance.

>> CHAIR DALGLEISH: All right. Thank you.

I'm moving on now, Commissioner Austria, please.

>> COMMISSIONER AUSTRIA: Yes. I wanted to point out that ODR is a new and innovative program which comes under MHSA. I believe it's up to DHS and DMH to find exact funding piece. But there is a surplus of funds in MHSA, which has been identified but not particularly shared with the commission. So I would ask that -- we're giving a directive as Commissioners, we're not asking to be the bureaucrats ourselves. We're asking the commission we make a recommendation to DMH to work with DHS and ODR to move this really critical piece and not delay it. Because if we delay it, the program is already closed.

I got a call Tuesday after I went and visited a site, and there's a young man in jail, a graduate of USC, schizophrenic, he's been arrested a couple times. And he was in jail, and he needs a program like this. But he can't be referred at this moment.

There's a lot of people sitting here, so I want to remind people that there are individuals that need to be thought of first and let the people who need to work out the bureaucracy. From what I understood of how the money would be spent, it would be spent primarily to increase the project by 500 beds. So I'm asking people to think about that, the departments and the -- how we can get the directive from us and then move this motion.

>> CHAIR DALGLEISH: Thank you. You did bring up one point that we will need to circle back to, and that is extra money that has not been revealed to the commission, but we will come back to that because Dr. Ghaly has just joined us, and Dr. Ghaly would like to speak to this motion. I would like to give you the opportunity. Thank you.

>> DR. GHALY: This is director of DHS. I apologize, I just joined because of another conflict with my schedule. So I missed the first part of the meeting. But I do want to thank the Commissioners for the motion in support of ODR. I understand that

the site visit was informative earlier this week, and I hope offered an opportunity to see in action some of the real life-changing services that are provided through ODR. And how those services, by providing a housing first approach, offering stability through housing, through case management services, through medications and therapy, as well as other services, can really change the trajectory of people's lives.

The outcomes that ODR has been able to achieve through its various programs are impressive in terms of greater housing stability, reduced recidivism rates, and are frankly much better than anything else I think that's been seen among a population that is really very, very sick.

I'm very supportive of this motion surrounding the use much MHSA funding, it's entirely consistent with MHSA funding principles. It would not be used to supplant any additional revenue sources that ODR receives, either through other county funding sources, whether it's net county cost or other funding. And also would not supplant any Medi-Cal revenue, either nonfederal share or federal share that also ODR would be able to bring in and it's entirely consistent with the MOA that has already been signed, which DHS and ODR are absolutely and fully supportive of. We're still working out all of the operational agreements for how that MOA will be operationalized, but there's absolutely nothing consistent with the use of MHSA funding for the ODR purpose, and that separate MOA.

So just want to express my thanks to the entire commission for those who put forward the motion, and for the commission's consideration of it, and to the ODR team for being here. I would be more than happy to answer questions. I'm sure a lot of it has been covered, but more than happy to address any other concerns or questions there might be, and again, just thank you for your time.

>> CHAIR DALGLEISH: Thank you very much for joining us. And giving us your time.

If there are any questions for Dr. Ghaly at this time, I'm going to go through the hands that are already raised, we have Commissioner Weissman, Commissioner Friedman, and Commissioner Stevens. Commissioner Weissman.

>> COMMISSIONER WEISSMAN: Thank you very much for all of the context and in input from all of the doctors and department leaders and Supervisor Mitchell. It's a lot to consider at this point. We've heard lots of different angles this premise. I would like to just chip in my couple of cents here, which are one, it's pretty frustrating to be dealing with this when it feels like a sense of urgency or emergency, really, that program with ODR has been quiet for some time due to funding concerns. We've known this for some time, so to come to the commission and kind of hail Mary it to get a motion passed to get $25 million infused, it feels very tight. And can I want to voice that, I'm sure I'm not the only Commissioner who feels a little behind the eight-ball trying to conceive of all this and make sense and integrate.

It does feel a little bit like a political football coming to the Mental Health Commission, it

seems to me that with the questions that are coming up through the Commissioners and the content being provided in response, that more due diligence is maybe needed for us at least to understand a little bit more fully, and I consider myself somewhat on the cusp of being an insider to witness the birth of ODR and the transitions, and the escalation through the years.

I don't know if we want to consider talking internally up through the Department of Mental Health to get ideas from DMH leadership on what our motion should look like to get the most out of MHSA dollars for ODR. Because my goal is really to support ODR, and the most -- to make it the biggest, most successful program it can be in the most sustainable way. And $25 million in an annual installment from MHSA in a kind of a nondescript way, it doesn't seem like it's tied to much, is that the best way to do that for ODR's sustainability, and forever ability in L.A. County, which I hope it can be.

And then finally, with the advent of the MOA discussion here, I was just getting confused as to whether or not our motion as a commission supports what's in the MOA, are we informing the MOA, could the MOA inform this motion? And so I think to the extent that any of the experts and knowers on this call can help me make sense of any of that, I'd appreciate it.

>> CHAIR DALGLEISH: Thank you.

I'm going to continue through the -- at this moment, unless Dr. Ghaly has a response specifically to the last question from Commissioner Weissman. Or if Dr. Sherin has a response to that.

>> DR. GHALY: With respect to the MOA, there's really nothing inconsistent with the two pathways. The MOA governs a process where ODR would be able to seek a contract so that it can receive payment in Medi-Cal -- and Medi-Cal reimbursement for the services it provides. It's to date not been able to access Medi-Cal reimbursement because it doesn't have a contract with the plan. So this MOA offers that structure for it to be able to obtain Medi-Cal reimbursement for eligible specialty mental health services.

It also offers a framework for how performance contract related funds would be governed. And then leaves the rest of the discretion to ODR and DHS for areas in which DMH is not directly involved as a source of revenue.

So in this sense, be where DMH is the designated authority for development of MHSA spending plans, the MOA as signed by both departments is entirely consistent with DMH making an allocation to ODR or to anything that MHSA is able to fund, and the MOA is in support of that. It doesn't speak to any of the details about what has to be included in it, or what has to be funded. The MOA doesn't speak to those issues. But it allows for that possibility. So they really run I would say in parallel.

I don't know if Commissioner Weissman if that gives you enough information for your question.

>> COMMISSIONER WEISSMAN: Yes. It does seem like they can run in parallel. But again, the swirling concerns around -- the integrity of our decision-making process and how we're considering things as a Mental Health Commission feels under the gun right now, and I don't know how we're going to come to peace, but I have faith in our chair to help us along, Stacy.

>> CHAIR DALGLEISH: Thank you.

Commissioner Friedman.

>> COMMISSIONER FRIEDMAN: I just want to say that I absolutely agree with every single thing that Brittney said. And I was going to say the exact same thing. But I have one specific question, and that is, what is the urgency? Is the urgency if we pass this today, does that mean that on Tuesday the board of supervisors will have a motion and they will vote on it and the money is immediately available? Or what is the urgency? Could someone answer that?

>> CHAIR DALGLEISH: Counsel or Commissioner or Dr. Ghaly or someone from DMH, please.

>> COMMISSIONER STEVENS: I want to remind us --

>> CHAIR DALGLEISH: I was going to call you next, Commissioner Stevens.

>> DR. GHALY: I don't know whether you can answer questions about timelines or where the board would weigh in or perhaps one of the health deputies has the information to answer that question, or alternatively, our counsel, I believe Sharon may still be on the line.

>> DR. SHERIN: I thought i had commented on this in my earlier statements. There technically is a 30-day period of comment that's required from the community around the use of MHSA dollars. What I'm saying is, we probably can look at all the input we've gotten that supports the concepts for the program so that we can thereby conclude that there is community support for the program, and that the 30-day period is unnecessary. I'm not a lawyer. I don't pretend to be, but that would certainly be my recommendation is to see if we can do that.

And I also just, what I've said earlier, I don't know if you were on, the Department of Mental Health has wanted to have a contract with ODR for some time. And now that we have one in place, we will be able to invest in it as we do with contractors all over L.A. County and leverage the expertise that has been developed and the practices that have been developed.

I'm -- one last thing, I'm a little confused about comments related to the department not sharing funding issues with MHSA. We've been struggling to spend in two pots.

The prevention pot and the innovation pot. And because there are more millionaires as

a result of COVID, there's a massive amount of new MHSA money coming down to all of the counties. So we're looking in the department, we've been actively figuring out ways we can invest particularly through other departments to spend the money, because it's really outstripping our ability to hire and to contract ourselves.

So this for us is a good thing, it's core to the direction of the board, the direction of the Health and Human Services departments in the county. And we -- so we're very interested, I'm interested on my way out in figuring out how to get this done, now that we have Christina, you and I have signed this MOA.

>> CHAIR DALGLEISH: Thank you.

Commissioner Stevens and then Commissioner Austria.

>> COMMISSIONER STEVENS: I want to first thank everyone for the conversation that we're having. Thank you, Dr. Christina Ghaly, Dr. Ochoa, county counsel, thank you Dr. Sherin for acknowledging interest. And the work that's already currently -- the direction in which we're going.

I want to remind us, because there was a question that was asked about what's the urgency, what's the rush? I think it's important to remind us that there are over 13,000 people right now that are languishing in the county jail system. And in order to provide them with opportunity, we have to have funding and places for them to go.

I experienced 12 arrests, untreated mental illness, unhoused, a disaster. A mess. There was no ODR. So I know firsthand the benefits of what ODR offers, and the opportunity for people to live -- you cannot get well in a cell. It's a disgrace. Because oftentimes even upon release, and I was released all 12 times, with nowhere to go. No opportunity, no new possibilities.

So when you talk about a rush, and you talk about why now, I want to remind this commission, I brought this up last year, around this time, the year before, and because of the support and because I had the courage to ask for help to do something different, not only are we having a conversation about a motion, but we're doing something we haven’t done before.

And so I think this is a great opportunity for us to wrap ourselves around this new possibility and new opportunity to do something different and grow as a commission, but also think about the people that we are here to serve. Some of them are inside of the jails and under the Department of Health services. But the truth of the matter is, we're talking about people who have severe mental health issues or challenges, and we're also talking about an opportunity to give them an opportunity, and we should not miss that moment. It is before us here today.

I have no questions. The only thing that I have -- I have an ask. And I ask that this commission embrace and support, even if we're making amendments, but let's move this forward.

Thank you, honorable Supervisor Holly Mitchell, for being here today and for the support of your staff and this courageous bold move and ask from the second district commission. Thank you.

>> CHAIR DALGLEISH: Thank you.

Commissioner Austria and then (indiscernible).

>> COMMISSIONER AUSTRIA: It's always hard to follow Reba, she's so passionate. That is passion that is needed for all of us as Commissioners. Because I too am from the other end, not as a peer, but an employee in the field, and seeing a need. Firsthand. Getting calls as a board staff prior, and still getting those calls from people who are -- people who are in jail who need help now. And they're not getting it.

So this is really critical. I know that in the letter of recommendation from the commission last year, this was put in there, there was a recommendation to make this a priority. And so what we're trying to do is move that recommendation from last year's recommendation to actually move it into a motion and take action.

So we are asking for action in the county, and not to be so bureaucratic, still meeting the bureaucratic needs, it fits under MHSA, community-based, and it's needed now. So please support the motion, and we thank all of you, if it feels urgent, I'm sorry, it's been lingering, and the program has moved forward and I think this is the time. And if we need to form something so that people are monitoring it, I'm fine with that. I will happily head something up.

But what I understand, it's to create 500 more beds, which is a fairly simple act in terms of this is the goal. How we get there, I leave that to Dr. Sherin, Dr. Ghaly, to Dr. Ochoa, and to the authorities that need to do that -- the others that need to do that with us monitoring that. Thank you.

>> CHAIR DALGLEISH: Thank you.

(indiscernible) and then there's a question in chat from Yolanda Vera, and I will read that after the next person speaks. Thank you.

>> Thank you. I also just wanted to echo Commissioner Stevens' sentiment on the question of urgency. I think we spent decades in meetings like this discussing how we need to move with urgency on the matter of the homelessness and mental health crisis on our streets. And now we found a model that actually works, that is nationally recognized as a best practice. At the same time we find out we have almost a billion dollars of unspent dollars in reserves, that we could move quickly to fund the programs that we know work to reduce incarceration, adverse mental health risks, and homelessness. And so I'm a little confused by the question of what the urgency is here. Because all I ever hear is that we need to move with urgency to act on this.

So, yeah. Kathleen don't think you need to apologize for the urgency here. That's all.

>> CHAIR DALGLEISH: Thank you.

That is bringing up the question of discovering unused funds. I'm going to wait for that until I read Yolanda's question, if this motion is tabled and the MHSA update goes forward without the funding for ODR, does that mean ODR and diversion services must wait another year until the next plan before any relief is afforded?

And I have asked for someone to answer that question.

>> GREG POLK: It required a 30-day posting. Once the posting is done it requires a board to go before the vote -- the board to vote, or the supervisors can bring in a green sheet or motion to make that happen.

>> CHAIR DALGLEISH: Dr. Sherin has also said that there might be a way around that. So I think that might be what is being asked here. Dr. Sherin, are you still with us?

>> DR. SHERIN: I am, and I have to peel off for an interview.

You're right, I think what Greg is saying, I can't say for sure that we've gotten the kind of public comment about a specific program that technically statutorily we're required to get. On one hand we don't move fast enough, and on the other hand we move too quickly. I can't tell you how many times we get reprimanded and -- about not including people's voices, and then things -- and now we're trying to push something quickly.

There's no one that's more restless about all of these things, especially around homelessness, and this department, as well as those who are incarcerated. So we want to move together in partnership, and as I've said, in 2018, I told both departments and everybody in this county that we needed to have a contract with ODR. For them to do the work they wanted to do. And now that we're here, it's great. And let's move. And we're trying to spend the money. We have contractors all over the county who can't spend the money that we give them. Let's let ODR, let's see how much money ODR can spend to go after a board priority, that's fine. We want that. We want great contracts with everybody, including other departments, we want to grow our own department as quickly as possible. That's not the issue. We're not trying to -- the bureaucratic processes are what we fight about, what I fight about all the time. Including the more flexibility for MHSA money so we don't have to have all of these onerous processes and fenced bucketed money. The money that's easy to spend is spent. The money that's difficult to spend is not. Prevention money. We have a the who of prevention money. You can't use prevention money for this population. It's prevented by statute.

So we will do everything in our power to move this as quickly as possible. I would love for it to go into the plan that we can get signed off on in the process that I think Yolanda is asking about. If we can't, we'll do whatever we can with board support to expedite it. And we'll also make sure that the departments and the operationalizing of the MOA are taken care of. There will be learning curves. ODR has not operated as a part of the

plan with all of the requirements around reporting, and programmatic restrictions, and what it takes to draw down money. That's going to be a learning curve for them, and it's not going to be fun, but those are the realities. If it were up to me, we wouldn't have any of that. We would give money and get asked to achieve outcomes for the people we are here to serve.

>> CHAIR DALGLEISH: Thank you.

Ms. Vera, does that answer your question?

>> YOLANDA VERA: Actually, hi some concerns and issues on it, because I don't know whether counsel is still on the line, because my understanding was that the board was always told they could not direct the commission or DMH as to how to spend MHSA dollars. So I don't know to what extend the board could direct it, and that's why it's so critical that the commission recommends it to occur.

I've been watching ODR through the years, we've seen so many studies, we've heard eloquently from witnesses about the outcomes. But to date, years have gone by and there still have been no MHSA dollars to support services for MHSA eligible clients.

So that's the urgency, that's the push on acting now. Rather than deferring it over to the board of supervisors. Which certainly would want to support the effort and do everything to get the county departments engaged so that they can implement it with Dr. Sherin, Dr. Ghaly, and the ODR staff. But I -- we've always been told, and I have county counsel opinions that no, the board can't direct DMH, if the commission does not do it first. So that's the need for the vote today.

>> DR. SHERIN: I just need to say, we're not suggesting the board would tell us, and the board is not authorized to do that.

The community input, which we incorporate as guidance, is then built into a plan. Right now the commission representative of the community is providing input to the annual update. The thing about the board is that if we are unable to move this as quickly as we would all like to, in terms of this annual update, we would then revise the annual update early as in the -- in the next year, like within a 30-day period, and then once that is done, and there's a 30-day comment period on this particular program, we then would need authority to act upon a modification of the plan. So this -- we're not asking for mandate from the board. And in terms -- I'm going to say this again. This is the third or fourth time I've said it -- in order to use MHSA money, to do things like support ODR, we need a contract with ODR. And we finally have one. So we're now actually technically able to do that. We had thought --

>> DR. GHALY: MHSA funds can be allocated, and a contract can be developed. It is true that an MOA is in place and it's not a barrier, the MOA, though, largely governs Medi-Cal specialty mental health reimbursement. It's not particular to MHSA. There's absolutely no reason why MHSA funding could not have moved to ODR prior to that contract being in place. So I just don't want there to be any

misunderstanding that there's some barrier in place either historically or currently. I think -- I'll defer to others as to why there hasn't been an ability to fund ODR with MHSA funds, but the contract is not the primary barrier. We are all glad, I know all of us on this call are glad that an MOA is in place now, we think that's a major step forward. We believe for both organizations, and that there's a lot of good that will come from that in seeking that reimbursement through the various options for Medi-Cal. But it's not, never was, and is not a barrier to MHSA funding being able to move to ODR programs.

>> DR. SHERIN: It's unfortunate, especially as I'm exiting this county to air differences on a call like this, but in order for an entity to deliver mental health treatment, it has to be authorized by the mental health plan. And that was not the case prior. So maybe for things other than treatment, what you're saying is true. But in terms of treatment, that's been the crux of the whole matter.

>> DR. GHALY: The agreement is in place now. I just don't want people to think there is any sort of relevance of a barrier of the MOA. That's not the case.

>> DR. SHERIN: You get the last word. We'll move it.

>> CHAIR DALGLEISH: Thank you.

>> COMMISSIONER FRIEDMAN: I used the word "urgent" --

>> CHAIR DALGLEISH: Wait.

>> COMMISSIONER FRIEDMAN: Can I say this one thing?

>> CHAIR DALGLEISH: Commissioner Friedman, are you speaking?

>> COMMISSIONER FRIEDMAN: I just want to --

>> CHAIR DALGLEISH: You will be next. I'm going next to Commissioner Root, then freedman, then Acebo. Commissioner Root.

>> COMMISSIONER ROOT: Thank you. Certainly there's a sense, I gather the commission to move this ahead, and it's a sense that I agree with and support. I also hear Commissioner Weissman's comment that there are a lot of questions about how and we do this, and I still am not sure I understand the difference between doing it today and doing it after we have more direction and some answers to this question.

Reba, I certainly hear your passion in this, and I support that. What I'd like to see is if we're going to put 25 million bucks in this T. or some other number, maybe that's not enough, as I said, is it -- yes, that's my point.

Is it 500 beds or is it 500 beds and some other things? ODR does some great work, and their model of tying homes and tying back with long-term supervision is what I believe has made this successful. That model doesn't exist in other mental health services. In recovery from addictions and things like that.

I'd like to see whether we can -- as long as we're putting the money in this and making a commitment, I'd like to be able to use this success and build on it for some other programs.

So I'm going to support the concept that we do this. Whether the number and the direction is correct, I don't know. And I would like to have a little more time, but I'm going to support this overall, and if somebody says if we don't support it today, we're going to lose the opportunity of putting the 25 million bucks or some other number in, I'm going to be in favor of it today. If somebody fails to tell me that, I'm going to come back and say I think we ought to take 30 days and see whether item two needs to be fleshed out a little bit in more detail to make the motion of the commission as impactful as it can be. Don't hear me that I want another four years of playing around with this and not getting anything done. I want to make item two as powerful as it can be.

>> CHAIR DALGLEISH: Thank you. Thank you, Commissioner Root.

I get a lot of time -- I did allow a lot of time for this motion today. We do have one other item on the agenda. We don't have an ending time. And that's intentional because of this motion and the report that we have as a public hearing which has to happen.

So if -- I will proceed with allowing people to speak, please make it brief, because we would like to move forward on this or at least reach some resolution. Thank you.

Commissioner Friedman, Acebo, Schallert, Weissman, Stevens, and then that will be the end of our discussion. We need to go to public comment as well. Thank you.

>> COMMISSIONER FRIEDMAN: I just wanted to say when I used the word "urgent" that was an incorrect use of the word. What I really meant was what is going to happen if today we approve this, does that mean that on Tuesday the board of supervisors will vote on it, and approve it, and then when does the money flow to ODR?

And my second question is, if we do approve it, 25 million does seem like a minuscule amount of money. I wish we could ask for more money. It would make a lot of sense to ask for more money, because I'm not sure how much 25 million can do. But my real question is, what does this mean? Does this mean that after Tuesday ODR gets the money and then things start happening? Can someone answer that for me?

>> CHAIR DALGLEISH: I will just say that we can't say what's going to happen at the board of supervisors meeting at this juncture. Even if it's not on the agenda at this time, there is time for it to be noticed.

Commissioner Acebo.

>> COMMISSIONER ACEBO: I have a question for Mr. Polk if he's still available, please.

>> GREG POLK: I'm available.

>> COMMISSIONER ACEBO: I just from the fourth district point of view, we support Dr. Sherin's interpretation of the MHSA. And we are the authority on MHSA. I will also say, Dr.-- Mr. Polk that Dr. Sherin seems to say the timing of delaying the vote doesn't mean that we have to wait a year. And I also think it means that we maybe have to wait a month or two because the board still has to decide and budget negotiations for FY22-23.

Is that somewhat -- is that accurate on my part, Mr. Polk?

>> GREG POLK: One of the things the board has to vote on the whole plan. The adjustments that we make, and the commission makes up. There is a need, when you are talking about appropriation, it has to be appropriation authority given for us to shift money from DHS. All that is once there's an agreement, we need to do that. And one of the things I wanted to say too is that, you know, we're clear what the direction is of this department. Of this supervisor Mitchell, we understand what we need to do, and I don't think it's upon mental health to help inform the process. I think we should work with the commission, work with the board officers of how we think these dollars should work, along with DHS and Christina and her staff, and should have a conversation about how best to move this forward. Because one of the things that's required here is two outcomes. The one thing about MHSA, there's a lot of data behind it, and data requirements. So we have to talk about the outcomes and how we report those outcomes to the state. And so I don't know if the commission or the department is familiar with how that process works. I think we need to be a part of that to help inform what Supervisor Mitchell is trying to achieve.

Like Dr. Sherin said, we've -- we're all in on spending dollars, as much money as we can spend. We're trying to spend MHSA dollars, there's no secret about that. It's just there's a process, there's always a process, and a big piece of it is the stakeholder process. And I think we have to get that part done by statute, and once we do that, I think it's important for us to help inform how we move this toward and get the best outcomes for our clients and move it forward.

>> COMMISSIONER ACEBO: Thank you. And I have one more question K. Madam Chair, for ODR.

>> CHAIR DALGLEISH: Go ahead.

>> COMMISSIONER ACEBO: Is it true that the CEO just allocated 30 million in net costs to ODR because of its fiscal challenges?

>> DR. GHALY: The board of supervisors CEO, the budget is still to be approved, allocated $30 million in net county cost as ongoing funding to maintain the current set of beds for ODR housing, because ODR has a fiscal cliff. So the portal that allows for new clients for new individuals to be diverted, that would be needed to build up additional housing isn't -- that portal is still closed, ODR can't build additional housing. The 30 million you're referring to, sir, is just for the ability to maintain the existing portion, not even all, a portion of the existing ODR housing portfolio. It does

not allow for any growth or expansion.

>> COMMISSIONER ACEBO: Thank you.

Madam Chair, just on my time, I will say that after we get to public comment that I have amendments to the motion. Which I will introduce after all comments. Thank you.

>> CHAIR DALGLEISH: Thank you.

Commissioner Schallert.

>> COMMISSIONER SCHALLERT: This isn't totally relevant to this, but we did receive a letter very recently from the ACLU pointing out that L.A. County has entered into a dissent decree way back in 2015 after 1997 investigation that said our jails were horrendous. And by May of this year we're still -- the county is supposed to have reasonable plan in place. So I found that I have interesting, that that's something I didn't know about. So I don't know if we really need to take that into account, but it seems like we should since this is not a new problem. Just a comment.

>> CHAIR DALGLEISH: Thank you.

Hang on a second, I'm sorry.

Commissioner Weissman and then Commissioner Turner, and then we'll go to public comment. Thank you.

>> COMMISSIONER WEISSMAN: Thank you. Maybe this speaks to Kevin's idea about amendments, but I was wondering if we could move this forward and approve if we simply added some detail and specifics to that number two, like around budget and report backs and outcomes, and data sharing. Once those elements are on paper it would address a lot of the concerns I've heard, and we'd be able to make a recommendation to DMH and BOS to take this a little further.

>> CHAIR DALGLEISH: Thank you.

Commissioner Stevens.

>> COMMISSIONER STEVENS: Thank you, Commissioner Weissman, you basically said it. And that was my comment. And then in reference to what Greg Polk had stated about outcomes, I think it's important that -- and I know that Dr. Ochoa and as well as Dr. Ghaly can provide that information as well. Around that.

But I just want to end by saying, before the public speaks, that it's important that when folks are exiting that there's opportunity and a place to exit. But more importantly, I think it's important for us to remember that it's important for them to live safely in community-based settings. And have appropriate mental health care as well as case management services. And I hate the word "case management."

Because I don't like -- I never want to be case managed. But care managed is what I would love for us to fight to change that.

The other is around restoring dignity. And it is really clear, I wanted to make sure that I shared the experience that I had by going to on the tour to two of those sites, and what was most fascinating was -- it was sad, but it was fascinating too to see so many Black men, and also men of color that were taken advantage of being providing an opportunity. I think we also need to be calling for data around ethnicity. Because we know that there's an overrepresentation of Black people or Black and brown people who are currently incarcerated. And so the importance to restore dignity to their lives, and especially those who have mental health challenges, because I do know that we can get better. And that we're capable of doing just that.

And so that's all that I want to say. But I will end with this -- there was one question that I asked all of the men in this -- in these two facilities and I asked them, what would you like to see different? And you would be amazed at what they said. Nothing. So it says that the good work that's happening currently today, those participants did not find a fault anywhere. And I think that's really important to highlight.

So thank you, thank you again, thank you everyone. Thank you for your support.

>> CHAIR DALGLEISH: Thank you. We do have a request for a quick break at this time. Could you, AT&T operator, could you tell me how many people are on the line for public comment?

>> AT&T OPERATOR: Currently three in the queue for public comment.

>> CHAIR DALGLEISH: All right. Then let's go to public comment and then we'll take a five-minute break. Thank you.

>> AT&T OPERATOR: You currently have -- line 30, please go ahead.

>> Hi, my name is (indiscernible), I'm an L.A. County Commissioner -- consumer and former commission body. I really appreciate that this is being brought up as an issue. It's important DMH begin to tackle it. However, the MHSA has significant stakeholder requirements that everybody here has been aware of. So I'm glad that I don't have to be repeating those issues again.

I know this is a significant priority for all of us, but particularly as I hear from the board of supervisors, the priority, the board of supervisors needs to fund it from their other budget. They have a lot more money than they pay for the Department of Mental Health. The Department of Mental Health only gets about 10% from the county's budget. And that needs to change so the priorities like this are equitably funded across our systems. This feels very rushed through our MHSA process, and by no way should that burden, or responsibility be put on this commission. The county has a responsibility to fund ODR fully. Fully and continuously to the partnership, and it should not be doing it by raiding MHSA funds, particularly these are some of our most very

deliberate processes. So I really agree -- the discussion that has to had around this issue. But go through it, it really seems rushed at this point,

(1:15P - SWITCHING CAPTIONERS)

The county has a responsibility to fund ODR fully. Fully, and continuously to the partnership, and it should not be doing it by those funds. Particularly with these are some of our most, you know, very delivery-type of processes. So I really agree with Britney Weissman's decision as well and the discussion that has been had around this issue but going through it with the funding mechanism really seems very rushed at this point. I actually liked the proposal, but the mechanism doesn't necessarily work, given the fact there is a significant issue with the special requirements and the questions around ODR. And really want to remind everybody about those responsibilities.

>> OPERATOR: Thank you. Line 37, please, go ahead.

>> RICK PULIDO: Hi, Commissioners, this is Rick Pulido. I'm a Co-Chair for SALT 7, a longtime advocate for parents, and here for Nami, GLAC, and the South Bay Area. I have to agree with the first of all I want to say, Dr. Sherin. I wasn't able to get on to his public comment on the CLT meeting, but he's a very strong advocate and emotional person, and he made some excellent points. You are all and the Board of supervisors need to take heed because we are "we", I'm including myself, are dragging our feet and getting this ODR instead of 25 million only I suggest you guys contemplate on asking for 25 million per district so make that more like 125 million as a starter or even more, because the funds are there like my previous colleagues were saying. This has to be a grassroots effort and need to be connecting because the silos are huge, and more importantly DMH is doing a great job overall.

And I have to say it's not easy with your hands full right now with the crisis, and wars, and Coronavirus and whatnot but, in closing, I would just like you to please move this forward as soon as possible because of the disparity right now for people of color as the Commissioner said. For peer management, the dignity. We need a one-stop-shop concept, I talked about this for years, on-the-job training for peers, peers, peers. Street treatment. Funding for MHSA. And we need to take care of our families and peers now. Thank you, and God bless you.

>> OPERATOR: Thank you. On the line you are open. Carmen, line 39 please, go ahead.

>> CARMEN PEREZ: Hello, I'm Carmen Perez. The interim co-chair of the Latin X Mental Health, as well as the Latina UsCC. I'm calling about the workforce in regard to implementing a lot of these programs were already having issues with the RCBOs And I'm wondering how that department will tap for the lack of workforce, especially bilingual, bicultural, and implementing some of these programs. We haven't seen a plan from the department about workforce development. And I think that's imperative right now when it comes to implementing a lot of the programs that we're talking about today. So just try to figure out what the department is trying to do around the workforce

and if you can please show that. Thank you very much.

>> OPERATOR: Thank you, and line 32, Please go ahead.

>> IVETTE ALE: Good afternoon, Ivette Alé director of policy and advocacy at dignity and power now, an organization founded by the advocacy of family members with loved ones as Mental Health needs that were criminalized. I'm also a Commissioner on the gender-responsive advisory committee, as well as other county commissions. The gender-responsive Advisory Committee set out recommendations last year, which included not just maintaining significantly extending ODR housing because this is a gender justice issue. Black women are disproportionately impacted by mental health needs that are unmet within the criminal legal system. They also serve the longest length of stay inside of LA county jails. Of any population across race, or gender.

By providing the funding for ODR expansion now, we are able to meet the needs of our most marginalized folks are trans folks within K6g, which are also disproportionately Black and disproportionately held with Mental Health needs that are unmet inside the jail system.

I urge you to not delay this motion any further. Do not delay providing funding for ODR any further, really appreciate the comments from Commissioner Stevens really grounding us in the reality of the urgency. But these are human beings that are languishing in these jails. These are human beings who are our family members who need services and diversion now. It is completely unacceptable that for decades, LA County has been the largest Mental Health care provider -- and I use that term loosely -- in the nation. This is a moment where we need to act with urgency. This is a need that has been long-standing. And as Peter Lightfoot from the ACLU pointed out, there is a legal imperative to be able to fund ODR. 25 million is just the beginning. I agree with a previous speaker that said we need a lot more money to divert to ODR but that shouldn't stop this commission from voting on this motion. And shouldn't stop the commission from moving on the motion as is written. Please don't include any amendments that will create additional hurdles.

>> OPERATOR: Time.

Thank you, line 33. Please go ahead.

>> AMBROSE BROOKS: Hi, this is Ambrose Brooks. I'm the campaign coordinator at dignity and power now and the coalition coordinator for the Justice LA Coalition. I'm calling to express my strong support for this motion as is. ODR is currently the county's leader in the CareFirst vision. Just last month I was outside of men's Central Jail, speaking to family members of incarcerated people who have severe mental illness and who would be perfect candidates to ODR programming. But due to lack of cap of ODR funding and ODR portal being closed due to lack of funds these individuals could not receive the services they're very much qualified for. I want to say this motion absolutely should be passed today. And then, more adequate funding should be considered at a

later date. But should not be any more delay as thousands of individuals are currently inside of LA county jails in need of ODR services. And I just want to say that ODR, again, is the county's leader in the CareFirst vision. And the Board of Supervisors has recognized that rhetorically but now also needs to recognize that through budget allocation.

>> OPERATOR: Thank you. Line 35, please go ahead.

>>MEGAN: Can you all hear me.

>> OPERATOR: Yes, proceed.

>> MEGAN: Hi my name is Megan and I am the coalition coordinator for the reimagined LA coalition. I want to first thank Commissioner Stevens for sharing your perspective and uplifting the urgency around this issue. I also want to express my strong support of the motion for trending toward OVR, as is right? ODR has been proven in report after report to be highly effective in the services that are provided right and also making sure that we're diverting people with the highest mental health needs that would otherwise sit in jail. Otherwise people behind bars and cages, right? And any delays responding toward ODR will only continue to have detrimental effects on those folks with legal health and their families. So I ask you to vote for the 25 million for OCR today without any more hurdles or any additional delays and making sure that we are pushing toward the vision that the CEO, the CEO and the county has verbally expressed in support of the tax act to actually push toward actions to make that happen now. So again, I strongly support the motion. Thank you.

>> OPERATOR: Thank you, line 8 please go ahead.

>> JEAN HARRIS: This is Jean Harris. I also asked for you to please pass this motion today. As a beginning. If we need to extend the MHSA 3-year-plan for additional time in order to have public comment on this, we cannot go forward without making this happen. And it is a beginning. It needs a lot more funding which I would ask the Board of supervisors to consider additional funding. With you the MHSA 3-year plan this ties in to how we care for our communities. How we stop the travesty of the individuals that are incarcerated. You like that word, tragedy and travesty together. It's got to start somewhere. We need to fund ODR, whatever it takes to make it happen. Thank you.

>> CHAIR DALGLEISH: Thank you. AT&T operator, I think there has been a change of number of people on the line.

>> You have 4 currently in the queue.

>> CHAIR DALGLEISH: So I'm going to limit the time at this point to 1 minute, thank you.

>> Thank you, line 13 you have one minute, please proceed.

>> Good afternoon. My name is… Speaking on behalf of the Black Los Angeles County coalition, like to say thank you Commissioners for all your hard work. And once again like to echo the urgency, however public comment is very important to this nationally recognized model ODR.

>> CHAIR DALGLEISH: Thank you, line 10 Please go ahead. You have one minute.

>> OPERATOR: Go ahead.

>> MARK CARMETS: This is Mark Karmatz. I'm trying to.

>> CHAIR DALGLEISH: Mark, you have one minute to speak, go ahead.

>> MARK CARMETS: Yes, this is Mark Karmatz: And I looked up a couple of things. Last year at the conference, there was two workshops for reentry, and one was called ready for reentry and beyond. And the other was called the New York City peer Justice Initiative, a model for activating justice, involving peers in our communities. And it had to do with people re-entering from jails into the community and classes that were taking place in the jails so that they would not repeat what they did beforehand.

>> OPERATOR: Time. Thank you.

>> MARK CARMETS: In other words...

>> Thank you, Mark.

>> OPERATOR: Line 36 please go ahead.

>> JAMES NELSON: Hello, I'm James Nelson, formerly incarcerated. Been home 8 years now. I do programs at dignity and power. Now I'm Senior Advocacy I'm calling in support of funding for ODR is like, we know that if some things that need to change in the way of changing things for the better, and really address care before cages is the way of ODR in the example that ODR has shown.

So I think we no longer need to delay this because the longer we delay the more people are staying home, more people are dying inside these cages, we need to act on this. We get paid to do this. We all need to just be responsible and put our differences aside and address the real issue at hand. People are dying in jail. Thank you.

>> Thank you. And our last commenter will be line 10. One moment. Your line... line is open. Please go ahead. Mark, please proceed with your comment.

>> MARK: This is Mark again.

>> CHAIR DALGLEISH: You had your time.

>> MARK: That's fine.

>> CHAIR DALGLEISH: There will be another opportunity for public comment at the end and thank you very much for calling. Go ahead.

>> OPERATOR...

>> CHAIR DALGLEISH: If that's the last caller, we're going to take a 5-minute break and come back. Thank you.

>> Ladies and gentlemen, we'll take a 5-minute break, and return in 5 minutes, at approximately 1:33.

>> CHAIR DALGLEISH: John, are you there?

How is our 5 minutes going

>> JOHN FLYNN: I think we're right up against it. We're good to good if you're good to go.

>> CHAIR DALGLEISH: Okay, welcome back. I'm going to go to Judy Cooperberg.

>> COMMISSIONER COOPERBERG: Yes, thank you, Madam Chair. At last I would like to call for the question.

>> CHAIR DALGLEISH: Thank you. Commission Acebo?

>> COMMISSIONER ACEBO: Madam Chair and members, I will put in the chat amendments to the motion. They're friendly amendments in terms of report backs. And I would like to second, so I can present it.

>> COMMISSIONER MOLINA: Molina seconds.

>> COMMISSIONER ACEBO: I speak to amendment.

>> Madam Chair, I'm not your parliamentarian but I believe that we do need to at least read those out loud.

for the two Commissioners, you're going to read them out loud, correct? Yes, ma'am. I just wanted to make sure that there was a second for a lot. Thank you for doing it.

>> COMMISSIONER ACEBO: Recommendation and this is an amendment to ODR MSA funding be subject to the following one the Department of Mental Health report back to the Commission on Mental Health had its May 2022. Meeting with recommendation how the ODR DMH. MOU operational pieces can enhance reimbursement such as medical and other state and federal funding to the Department of Mental Health report back to the Commission on Mental Health.

Provisional Mental Health, sorry, they got that word as its at its May 22 meeting with a recommendation on enhancing client slash med Mental Health outcome data from ODR. ODR Number three for department Mental Health reports back to the Commissioner Mental Health, and it's May 2022 meeting, as to what category the ODR funding will be allocated. And what if any specific state requirements need to be addressed regarding the allocation.

4: The recommendation for ODR image as a funding subject to the 30-day community input hearing that is the motion was seconded.

>> CHAIR DALGLEISH: Discussion.

>> COMMISSIONER ACEBO: The motion really -- after hearing Commissioner Root and Commissioner Weissman and both my Commissioner Molina and I have spoken about this prior to our meeting today. We just think that a little bit more information would enhance the motion and provide the entire Commission and the public with greater information. And that's the intent of the amendments. Thank you, Madam Chair.

>> CHAIR DALGLEISH: Thank you. Commissioner Austria?

>> COMMISSIONER AUSTRIA: I was looking for them in writing. Because I'm visual. I just want to make sure we're not bogging down. I do believe we should have a 30-day process. Don't want to violate any MHSA process. We want to make sure it doesn't get bogged down in layers of bureaucracy to delay implementation, and that's my concern regarding that.

>> COMMISSIONER ACEBO: Madam Chair, the amends are in chat, and wanted to mention that to you. So you can read them properly.

>> CHAIR DALGLEISH: We have motion and amendments that have been spoken and written and read into the record. And we have call for the vote.

>> COMMISSIONER AUSTRIA: On the amendment.

>> CHAIR DALGLEISH: Sorry?

>> COMMISSIONER AUSTRIA: I believe we must address the amendment first and vote that up or down, and then the actual motion. First, we must vote on the amendment.

>> CHAIR DALGLEISH: And we're calling for that. Apologize, we're calling for that vote right now. Roll call vote. We have motion and second on these amendments.

>> Then don't we go to discussion.

>> CHAIR DALGLEISH: I thought we just had discussion. Okay, I see a couple of new hands up. I thought we were finished with those. Apologize. Commissioner

Banco.

>> COMMISSIONER BANKO: Sorry, I had computer issues, I'm wondering if we could say in order to avoid the 30 days causing additional wait time, could we say upon enactment per... instead of requiring that 30-day input period. Apologize if you all already discussed this. Having it beforehand, having it after. Is that possible?

>> Madam may I take a stab at the amendment. Commissioner Banco the reason I said 30 days is because Dr. Sherin confirmed with Greg Polk there is a 30-day input hearing, and that's why the 30 days was there to reflect their advice to the Commission.

>> Good afternoon, this is Patti -- counsel, sorry to interrupt, but the 30 days is required for the welfare institutions code.

>> Point of order Madam Chair. Commissioner Acebo, we do not see the language in the chat. You might have to hit the little arrow on the bottom right corner under your message RNGS and that's why I'm here.

>> COMMISSIONER ACEBO: Commissioners I apologize for my technological inadequacies.

>> CHAIR DALGLEISH: Thank you. Thank you, IT.

>> Does that answer your question, Commissioner Banco?

>> COMMISSIONER BANKO: It does, I do share the same concern, nobody wants to wait on.

>> COMMISSIONER WEISSMAN: I am interested if we're talking about amendments and just adding details to the motion on these few things. A budget, so I don't know what dollar amount but any dollar amount and a budget attach report backs of some regular basis and metrics and outcomes on health outcomes people that get out of jail because of the infusion of money on an annual basis, and data sharing, and I thought we add those elements to whatever final language there is.

>> COMMISSIONER ACEBO: I accept as friendly additions to the amendment.

>> CHAIR DALGLEISH: I see no other hands raised. Sorry, I do. Commissioner Stevens.

>> COMMISSIONER STEVENS: I just want to be clear if we could still move forward with approving it with the friendly amendments today. And here is the deal -- why not have.

>> CHAIR DALGLEISH: I believe the answer is yes. But I will ask for confirmation of that. Just to be clear. I think we're all trying to move forward on this. And I hear...

>> COMMISSIONER ACEBO: I can clarify that as the maker of the amendments. I

think Commissioner Stevens and Austria are correct, that definitely want to move in step with them. And sorry, Commissioner Barbour, you too. And welcome Jack, did you like the first meeting we planned that way for you.

[Laughter]

>> COMMISSIONER ACEBO: And so it is to add to your motion. It's like No. 3 underneath it.

All the other parts of your motion remain intact, Commissioner Stevens, I hope that answers the question.

>> CHAIR DALGLEISH: Commissioner Stevens?

>> COMMISSIONER ROOT: I understand the Commissioner Weissman...

>> CHAIR DALGLEISH: Moving and recognizing Commissioner Root and Commissioner Austria.

>> COMMISSIONER ROOT: As I understand the friendly amendment at this point, Commissioner Weissman points are added to Commissioner's Acebo points under item 3 of the motion, so we have a budget ready. Can you repeat the four things, they addressed the very issues I want that makes me able to support this.

>> COMMISSIONER WEISSMAN: Yes.

>> CHAIR DALGLEISH: And also Commissioner Weissman please write them into the chat so they're part of the written record as well.

>> COMMISSIONER WEISSMAN: Yes, forgive me. I'm on the more casual side of the Commissioner, so I'll write them nicely and formally in the chat box so many. They are budget for the requested dollar amount.

Report back to the regular interval to the commission, Board, etc.

Metrics and outcomes so what we are hoping to achieve in the area of data-driven decision making and report-backs.

And then data sharing, and regular intervals providing reports of progress to date, and just as with any grant or funding stream.

>> CHAIR DALGLEISH: Thank you, is that clear to all Commissioners at this time?

Thank you. Commissioner Austria and then Commissioner Stevens.

>> COMMISSIONER AUSTRIA: [Muted]

>> CHAIR DALGLEISH: Commissioner Austria and then Commissioner Stevens.

>> COMMISSIONER AUSTRIA: I want to make an amendment to make sure the funds -- are not supplanted.

(INDISCERNIBLE) To not supplant them.

>> COMMISSIONER ACEBO: I accept as a friendly addition to the amendments.

>> COMMISSIONER AUSTRIA: Thank you, there is a lot of them.

>> CHAIR DALGLEISH: Thank you. We could have just started with this. Commissioner Stevens.

>> COMMISSIONER STEVENS: I want to apologize, I got distracted reading the amendments and added in the chat and I will say out loud, it seems the first amendment could cause some delay. And want to make certain we're not delaying this. So could you clarify that the very first one would not delay us.

>> COMMISSIONER ACEBO: Thank you, Commissioner Stevens, for the question. Each amendment as you saw as written is consistent with the 30-day. That's why it was made in 22 meeting -- right the next meeting that the information come back. And because of the county council's comments that operational pieces are being worked out. We may be able to expand ODR abilities by going after other funding such as Medi-Cal reimbursement and other state federal funding and that is the intent.

>> CHAIR DALGLEISH: Thank you. I do want to say I attended -- I was very pleased to be able to attend two site visits yesterday that were arranged by the Commissioners making the motion. And was very impressed by both the facilities, staff and services being offered. And did have the opportunity to interview some of the people living in those two locations.

And without exception they spoke very highly of their experience and positive effect it had on them. Commissioner Barbour, please.

>> COMMISSIONER BARBOUR: Yes, I just want to let people know that I've had direct experience, a few years ago, as being a psychiatrist, a consultant psychiatrist for ODR program. It was one of the most transformative experiences I had in mental health and what was so transformative about it was the flexibility, and versatility. And lack of red tape. And how urgent the movement of people from jails to a community setting was. And as a Black man, I was really struck by seeing so many Black men receiving treatment and in this type of setting.

And really like nothing I seen before -- in terms of residential setting and terms of beds being available. I think all of us know that beds are a huge priority for the whole county. And there are no beds that are more difficult than people who are justice involved. And have substance abuse problems. And Mental Health problems, and I'm very concerned that we are going to delay the impact that ODR has. I want to try to move this amendment along.

I think much of the community has been made aware of ODR through the department of health services and DMH. Because many DMH programs have had interlocking relationships with ODR.

So I just want to suggest that we move this as quickly as possible.

>> CHAIR DALGLEISH: Thank you. I have not heard anything from -- at least directly from any Commissioner suggesting there be a delay. In fact I think all of us want to move it as quickly as possible. So we have motion and friendly amendment. So to speak, a friendly amendment, and we have a call for the vote. Commissioner Stevens.

>> COMMISSIONER STEVENS: I want to make sure Brittany Weissman was your hand up, or one of your beautiful flowers.

>> CHAIR DALGLEISH: Let me go back and check, I thought I got to everyone with their hands raised.

>> COMMISSIONER WEISSMAN: My hand was not raised but I do wonder about amendment number 1 and the delay item. I don't know if we're going to wait until May to approve this or today with the amendments. I don't understand.

>> CHAIR DALGLEISH: Commissioner Acebo my understanding that we would be approving today with the amendments to come back with these items at our full commission meeting in May. Is that correct?

>> COMMISSIONER ACEBO: That is correct. To Commissioner Weissman's comments. Commissioner Weissman it's consistent with the 30-day clock, that community input is needed under MSHA verified by the county counsel. So everything is in alignment to come back, both community input in this information as well, and that's why it was written as such. Does that help Commissioner Weissman?

>> COMMISSIONER WEISSMAN: I'm afraid not. That would mean if we're not approving today. If we accept your amendment, we are not approving today is that correct.

>> COMMISSIONER ACEBO: The language says that, that it's subject to the following, right, but it's subject to a 30-day clock which is already consistent with the community input, okay. Because it cannot happen, at least according to county counsel, as spoken that the funding cannot be allocated or approved by the Board is supervising an amendment, until a 30 day process occurs, and I'm following that process.

>> COMMISSIONER STEVENS: I'm just going to jump in.

>> CHAIR DALGLEISH: Go ahead. I see your hand raised. Thank you, Commissioner Stevens.

>> COMMISSIONER STEVENS: I don't know what it is. But I am not embracing the first amendment. I believe it's going to bog us down and delay things for us.

And I'm really concerned about that. Let's look at it, this very first one.

>> COMMISSIONER AUSTRIA: Can I make a suggestion that we bifurcate the amendments, quite a bit on. Also we can pass this motion.

>> CHAIR DALGLEISH: We have the amendment and the wording of the motion. I just want to go back if I'm wrong, please correct me. My understanding is that we have the motion, we have the amendment, and we had agreement from the makers of the motion to the amendment, is that correct?

>> COMMISSIONER ACEBO: Point of clarification Madam Chair. Is there a second to the amendment that is on the floor.

>>MIKE MOLINA: Second. No, this is Molina. I made it.

>> COMMISSIONER ACEBO: I'm not trying to close comments off. If there is no more comments, everyone should vote as they see fit. And move on to the motion as is.

>> COMMISSIONER AUSTRIA: I have a procedural comment, we didn't really accept it, we were discussing it.

I would suggest that we bifurcate the pieces. No matter what happens if we pass this motion today, they still have to do the 30 day, it doesn't preclude MHSA process, we must do it. There's no question of that.

>> COMMISSIONER ACEBO: Madam Chair.

>> May I try.

>> COMMISSIONER MOLINA: There is no delay. No delay. No delay. These are report backs to our next commission meeting on the details relative to this issue. There is no delay for our commission to move on this motion today. Beauty of the report is that there's a 30-day period anyway as designated by statute, so we have to go through the 30-day community period. But our action today there is absolutely no delay. The amendments call for a report back at a future meeting. We can act on the motion today, and the amendments will in no way delay what the spirit of the motion does. Thank you.

>> COMMISSIONER STEVENS: Going back to the very first one, if that's the case, then why is it necessary, why is the language necessary, if we know that by law, we have to do the 30-day period. And I'm just going to be honest with you, I am so unafraid when I am uncertain about something and something doesn't feel right, I don't have a problem saying it.

And so I need this to click for me, because as far as what I'm reading here, and we all know, and it was already stated that by law, we have to do the 30-day period. Okay, I'm with that. But the language in the first amendment, why is it necessary?

Why aren't we just asking for the report back, we already know they're going to report back to us.

>> CHAIR DALGLEISH: Commissioner Acebo. I understand what Commissioner Stevens' concern is, and so I'm going back to Commissioner Acebo on amendment one.

>> COMMISSIONER ACEBO: Madam Chair and members, if you read each amendment, they talk about issues that have been raised in the entire hearing. And by Commissioners.

And I think that it's information, and I think that information does not delay the intent of the motion. Now, if there are Commissioners that still feel the amendments are not agreeable, they have the right to vote up or down.

>> CHAIR DALGLEISH: So we could be taking each one of these amendments separately.

>> COMMISSIONER ACEBO: That's not the intent. I introduced them as a whole. They have whole as one amendment, they are not separated. And not bifurcation.

>> CHAIR DALGLEISH: All right, that's exactly my question.

>> Point of order I did call for the question, people can vote it down if we want to, but should be taking the vote.

>> COMMISSIONER ROOT: Point of order the motion was amended by Commissioner Weissman amendment. And so the amendment we're voting on is what Commissioner Acebo said, and what Commissioner Weissman said together. And that's an up or down vote, and then we vote on the whole motion as amended if that passes, or without amendment, if it doesn't.

>> I requested not to supplant funds as an amendment.

>> COMMISSIONER ACEBO: Unaccepted.

>> CHAIR DALGLEISH: We have... we have Commissioner Cooperberg who has called the question. We are moving to a roll call vote.

>> CHAIR DALGLEISH: Would like a restatement at this time. Thank you.

>> COMMISSIONER ACEBO: Madam Chair should I try to read it, and that it also includes Commissioner Weissman and Commissioner Austria's comments. Would you like me to do that Madam Chair?

>> CHAIR DALGLEISH: Proceed please Commissioner Acebo.

>> COMMISSIONER ACEBO:

The recommendation regarding ODR MHSA funding be subject to the following:

Amendment #1:

The Department of Mental Health reported back to the Commission on Mental Health at its May 2022 meeting with recommendations on how the ODR-DMH MOU “operational pieces” can enhance reimbursements such as Medi-CAL and other state and federal funding.

Amendment #2:

The Department of Mental Health report back to the Commission on Mental Health Commission at its May 2022 with recommendations on enhancing client/mental health outcome data from ODR.

Amendment #3:

The Department of Mental Health reports back to the Commission on Mental health. That its May 2022 meeting as to what category the ODR funding will be allocated and what, if any, specific MHSA state requirements need to be addressed regarding the allocation.

Amendment #4:

The recommendation for ODR MHSA funding be subject to a 30-day community input hearing.

Commissioner Weissman added that the budget amount request would be reported back on regular intervals to the mental health commission, the Board of Supervisors. DMH that metrics and outcomes for the investment be shared and data sharing across departments, with the public.

>> COMMISSIONER ACEBO: And Commissioner Austria wanted to make sure any of the funds -- any funds are not supplanting the MHSA 25 million. I think that covers.

>> CHAIR DALGLEISH: Thank you very much. And in no way is this meant in any way to delay the implementation. Roll call vote. Please proceed with the vote.

>> Before we vote are we voting on those amendments together or bifurcating it.

>> COMMISSIONER ACEBO: I believe we're voting on the amendment’s supervisor Friedman. That was the motion and seconded with the friendly added.

>> CHAIR DALGLEISH: Do you understand Commissioner Friedman.

>> COMMISSIONER STEVENS: I'm going back. I'm sorry. This is a learning curve.

>> CHAIR DALGLEISH: to move ahead.

>> COMMISSIONER STEVENS: Well...

>> CHAIR DALGLEISH: It sounds to me your concern Commissioner Stevens is the delay.

>> COMMISSIONER STEVENS: I want to go back to Brittany, and her... can you repeat Brittany's.

>> COMMISSIONER WEISSMAN: Yeah, I put it in the chat box. My only request in addition to the original motion is a Budget for requested amount, report-backs at regular intervals to MHC, BOS, DMH, metrics and outcomes for the investment, data sharing across depts and with the public.

>> CHAIR DALGLEISH: I'm not hearing Commissioner Weissman.

>> COMMISSIONER STEVENS: You didn't hear her?

>> CHAIR DALGLEISH: I didn't hear her just now. If you can repeat -- I heard you list your amendments, I didn't hear any comment from you that came after listing those amendments.

>> COMMISSIONER WEISSMAN: I didn't make a comment.

>> CHAIR DALGLEISH: That explains why I didn't hear you.

>> COMMISSIONER STEVENS: I'm still uncomfortable.

>> COMMISSIONER ROOT: The question has been moved, we should vote on the amendment, that's where we stand.

>> COMMISSIONER STEVENS: Wait a minute, didn't see Supervisor Mitchell.

>> She has her hand.

>> CHAIR DALGLEISH: I understand that. I haven't heard from you each time we asked about calling, just want to make sure you are there.

>> Yes.

>> CHAIR DALGLEISH: Supervisor Mitchell.

>> Supervisor Mitchell: I respect your call for the question, ignore my hand. I was

going to reply to Commissioner Weissman, but I'll do it after the vote on the amendment, thank you.

>> CHAIR DALGLEISH: Roll call vote, please.

>> COMMISSIONER FRIEDMAN: Yes.

>> COMMISSIONER ROOT: Aye.

>> COMMISSIONER STEVENS: No.

>> COMMISSIONER AUSTRIA: No.

>> COMMISSIONER BARBOUR: No.

>> COMMISSIONER BANKO: No.

>> CHAIR DALGLEISH: Yes.

>> COMMISSIONER ACEBO: Aye.

>> COMMISSIONER MOLINA: Aye.

>> COMMISSIONER COOPERBERG: Aye.

>> COMMISSIONER SCHALLERT: Aye.

>> COMMISSIONER WEISSMAN: Yes.

>> CHAIR DALGLEISH: Supervisor Mitchell.

>> Supervisor Mitchell: No. The amendment passes with 8 yeses and 5 no's. The amendment carries.

>> ROOT: I move the question to the amended motion.

>> COMMISSIONER ACEBO: Second.

>> CHAIR DALGLEISH: Root moved the question and who was the second?

>> COMMISSIONER ACEBO: Acebo.

>> Discussion?

>> Supervisor Mitchell.

>> CHAIR DALGLEISH: Supervisor Mitchell, did you have your hand up about this. I didn't lower it; I know you were going to speak with Commissioner Weissman. I lowered it previously, it's my understanding that the Commissioner Weissman amendments were not taken in the first set of amendments we just voted on. So I was

going to offer if those amendments failed, and I did not support them. Then I accept Commissioner Weissman amendments, but it's my understanding that Commissioner Weissman amendments were not included in the first set of amendments, so since those passed, I don't know how you want to do that Madam Chair.

>> COMMISSIONER ACEBO: Point of clarification. I accepted Commissioner Weissman’s Amendment additions to the First Amendment well I was, I was looking at the amendments.

>> Supervisor Mitchell: Well, I was looking at the amendments that were since the amendments were flying kind of fast and loose, let me say that. And so when I was attempting to follow what was submitted in chat, I didn't see them, because those amendments I, it's unfortunate that the amendments word bifurcated I would like to support it, some of them, I still don't support the 30 day delay I think it is going to be a problem. I appreciate you not choosing to do so. So I thought I was trying to pick up Commissioner Weissman amendments, thank you Madam Chair for allowing to get clarification.

>> We did pick up Kathleen's amendment as well about supplementation.

>> CHAIR DALGLEISH: Supervisor Mitchell, did you hear what Commissioner Weissman said.

>> Supervisor Mitchell: I was clear about that. And I was clear about that and again my statement was bifurcated. I would love to have support at some of those. The reason I was a no vote was because they weren't bifurcated, and I don't support the first amendment as it was submitted in the chat. That's why it was a no vote. I appreciate somewhere accepted, but without the bifurcation, I couldn't support the motion.

>> CHAIR DALGLEISH: I understand. Thank you.

All right, I see no other hands up, although I thought I might have seen Yolanda Vera raising her hand physically.

All right, moving forward. I see Commissioner Austria agreeing with Supervisor Mitchell.

All right.

I lost part of my screen so...

Let me see here.

>> Madam Chair, you don't have any hands up.

>> CHAIR DALGLEISH: All right, thank you very much. Moving forward we have a first, second, discussion. Commissioner Acebo.

>> COMMISSIONER ACEBO: [Muted]

The question was called -- the motion was moved and seconded, and so that's what is on the floor right now Madam Chair.

>> CHAIR DALGLEISH: Yes, and we had discussions so we're moving to a roll call vote. Hurd, please.

>> CANETANA HURD: Commissioner Friedman.

>> COMMISSIONER FRIEDMAN: Yes.

>> CANETANA HURD: Commissioner Root.

>> COMMISSIONER ROOT: Aye.

>> CANETANA HURD: Commissioner Stevens.

>> COMMISSIONER STEVENS: Aye.

>> CANETANA HURD: Commissioner Austria.

>> COMMISSIONER AUSTRIA: Aye.

>> CANETANA HURD: Commissioner Barbour.

>> Commissioner Barbour: Aye.

>> COMMISSIONER BANKO: Aye.

>> CHAIR DALGLEISH: Aye.

>> COMMISSIONER ACEBO: Aye.

>> COMMISSIONER MOLINA: Aye.

>> COMMISSIONER COOPERBERG: Aye.

>> COMMISSIONER SCHALLERT: Aye.

>> COMMISSIONER WEISSMAN: Yes.

>> CANETANA HURD: Are these the amendments or motions?

>> Supervisor Mitchell: To the motion as amended. Motion as amended passed with unanimous vote.

>> CHAIR DALGLEISH: Thank you, everyone, I just want to pause and thank you all for your involvement and thank our Commissioners who came forward with the motion from Supervisor Mitchell's office. And I want to thank the Supervisor for being

with us as well. This is the first time in my history on the commission when we have had our supervisor with us, thank you for being here, it's an honor to have worked together. Let's move forward now with public comment.

>> COMMISSIONER STEVENS: I have my hand up.

>> CHAIR DALGLEISH: I'm sorry, just a second. Let me go back here to hands.

>> COMMISSIONER STEVENS: I personally want to --

>> CHAIR DALGLEISH: Go ahead.

>> COMMISSIONER STEVENS: I want to thank everyone here. All the Commissioners. But I want to say something. And I say this as a person with lived experience. One who has been dedicated and committed to systems change, who have been attending on a regular basis, the Mental Health Commission since 2008. And I never experienced a motion being brought forth: but I think it's important for me to also highlight something I noticed here. There is robust discussion, and amendments made, and votes taken around this particular motion that would truly change many lives.

But I ask us to pay attention to ourselves, because as we move forward it is my hope that we will challenge, or that we will address concerns on every level when it comes to what is happening and what the Department of Mental Health is doing even after Dr. Sherin exhibits. I also want to bring to our attention that it's been brought to us about W Mental Health Center. Which is a directly operated clinic that belongs to the Department of Mental Health operates. And yes, there has been little ask or little push to ensure the quality of those folks' lives are secured. And I just wanted to highlight that. I truly from my whole heart thank you thank you for us moving forward with this motion.

But I hold myself and each and every one of us accountable as we move forward to challenge and to question. Thank you.

>> CHAIR DALGLEISH: Thank you, Commissioner Stevens. Thank you.

Seeing no other hands raised let's move to public comment, AT&T operator.

>> OPERATOR: Thank you, ladies and gentlemen, once again, if you have a public comment, please press 1, 0, to get into the queue. Repeating the 1, 0 demand will remove from you the queue. Please limit your comments. Our first comment will come from Esiquio Reyes.

>> Sorry, the time?

>> CHAIR DALGLEISH: One minute, please.

>> The time, 1 minute or two minutes?

>> CHAIR DALGLEISH: How many callers do we have?

>> OPERATOR: Three currently in the queue.

>> CHAIR DALGLEISH: Two minutes each and then we'll move on. Thank you. Mr. Reyes, please proceed.

>> I sent in a diagram to the Commission. It's a study of little more than 100 people. By asking general questions about food an individual can gain insight into how quick or developing different stages of mental disorders. The diagram shows for questions that intensify emotion felt. Amplifying stress for our homeless, the numbers represent the scenarios played out in an individual's mind simultaneously. The higher the number the more unstable the individual becomes. With the lack of food patterns form, developed form rapidly to adjust. While those that are housed feel that housing is detrimental to a homeless person's cognitive stability. Housing is it would be third or fourth on the list. This can be seen by how many people would rather stay homeless than move indoors, issues higher up on the list is food, water, stereotypes, and then safe place to sleep. As struggles fashion the next steps for those experiencing homelessness in order to adapt when the repetition, and the struggles and the because of the barrage of issues faced. Repetitions formulated comprised of hunger, then need to find clean water, stereotypes, and a safe place to sleep and developing patterns of fear, depression and worry. I know many of you dealing with homelessness as a race against time but helping our homeless needs to start from the basics. Because the lack of basic needs, drives people think, to thinking through their situation hastily causing confusion. Those that are waiting for help are doing so with no help. Starting too late to help the homelessness hinders their opportunity to move on down the line. Thank you.

>> CHAIR DALGLEISH: Thank you.

>> OPERATOR: Thank you, line 43 please go ahead.

>> CHARLENE NEWHOUSE: Charlie Newhouse My telephone number is 424-370-6948. I've been searching for homeless assistance in the form of some type of housing in Los Angeles County. Attempted to register with the homelessness service provider for several months. Almost a year now, and I have not been successful.

And if L is filled to capacity Dr. Sherin can the department of mental health step in to help provide housing for my family and I?

>> CHAIR DALGLEISH: Thank you. Dr. Sherin isn't on the line. Do we have someone from the department who can take this call at this time, John?

>> JOHN FLYNN: I'm checking to see if Robert is here from OCFS. I do not see him.

>> CHAIR DALGLEISH: You took the phone number though. Do you have the phone number? Would you please take care, or another member of staff please take

care of connecting this caller to the department.

>> JOHN FLYNN: Caller could you please repeat the phone number.

>> CHAIR DALGLEISH: Why don't we take her offline, and get the phone number, so it doesn't have to be said again publicly, because of privacy reasons, thank you, caller. And yes, we have one more. And then we have our Spanish interpreters hand it up. Alex, is this something you need to say now before we continue?

Are you having a problem with interpretation?

>> No, just waiting in queue we have one person with a comment.

>> CHAIR DALGLEISH: Fine, thank you. Go ahead. AT&T operator first, and then from our Spanish language line, please, thank you.

>> OPERATOR: Thank you. Line 37, please go ahead.

>> Is that me?

>> CHAIR DALGLEISH: Yes.

>> OPERATOR: Yes.

>> Rick PULIDO: Rick Pulido here. Grassroots longtime advocate for the families and for our loved ones here from NAMI, I just want to say, NAM GLAC, we're having our NAMI walks on March. I'm sorry, May 21st. Here at Grand Park at 830, Dr. Sherin is going to be there as one of his farewells. I'd like to invite everybody to come on down and to celebrate, to help stamp out the stigma and to work with NAMI walks in, in being the strongest and the biggest, grassroots Mental Health agency in the world. I'd like to also say thank you to the Commissioners for passing the motion today ODR and especially to our honorable Holly Mitchell who's always been the forefront for jails and folks that don't have a voice. And appreciate all her hard work, and all the Commissioners and all the supervisors Hilda and Janice, and all the rest, want to say, keep up the great work, and he will have a lot of work to go ahead of us this year. With the pandemic, I want to make sure we address, and make sure our peers, we get to their homes, and unhoused this year. And mobile, DMH vans we're doing, and very, very useful. And working harder to make sure our loved ones are taken care of comprehensively, with job opportunities for those in full recuperation. And with outpatient treatment, I believe that's the key right now.

>> OPERATOR: 30 seconds.

>> Rick Pulido: And want to say if you can, please Commissioners if you can make sure you get out to all the SALT meetings. I know that the term chairperson, a few others always get out, we appreciate your words of wisdom, and we look forward to working closely this up program year. I'm going to be turning out this year, so I just want you to know that it's been a pleasure being a co-Chairman out here at Salt seven.

Being innovators with the podcast, but the peer resource centers, and with the things we're doing now. Thank you God bless you and see you later.

>> CHAIR DALGLEISH: Thank you for your efforts, and commitment Mr. Pulido thank you. Spanish line, please.

>> LOZANO: I belong to the district that belongs to... and I'm talking about Supervisor Mitchell as well as Commissioner Stevens. They have done a great deal today for our community. I truly hope they continue doing this. Because they themselves have not only the tools, but they are helping to heal our community.

And I hope that more Supervisors come forth to the commission meetings because we're doing really good work.

I congratulate you all for what you have done today, and for saying "yes".

>> CHAIR DALGLEISH: Was that the end?

>> Yes, that was the end of her comment.

>> CHAIR DALGLEISH: Muchas Gracias.

Let's move forward on the agenda. At this time, we're moving to item 8. The mental health services annual update for fiscal year 2020 to 23, public hearing.

Thank you. Go ahead.

>> GREG POLK: Thank you. Thank you, Madam. Madam Chair, thank you guys who's participating in the 2020 Next slide, please.

>> CHAIR DALGLEISH: I'm not seeing the slides. If you are, I'll work it out. Thank you.

>> GREG POLK: Yeah, as I was saying the purpose of the annual update, I want to lay out what the purpose is. Obviously back in November 2004, prop 63 passed. 1% income tax on personal income in excess of a million dollars. Act provides for significant funding to expand services around the public Mental Health system and improve the quality of individuals living with Mental Health. A code that supports this. WIC code. An 847 which requires county Mental Health programs are submitted three-year plan and expenditure plan followed by an annual update and MSA programs or procedure. This provides a lot of opportunities to review current existing MHSA programs and services and allows us the opportunity to evaluate the effectiveness of those services to propose to incorporate any new programs or what was described as a three-year plan is also part of this requirement. It's a community planning process that we gather feedback from our stakeholders. You know, we try to have a robust community planning process, and stakeholder process. 3-year plan, that we're speaking of. Is for fiscal years 2021, 24, adopted by the Board, June 22, 2021. Next slide, please. Tell me, give me an overview of components. You know, there's some

major components when you talk about funding of MHSA. Obviously, the largest component is what we call CSS, which stands for community services and supports, and second-largest component, prevention and early intervention, referred to as PEI, about 19%. And component of workforce and education and training, the WET budget, we have innovation, 5% of the budget, and capital facilities and technological needs component.

Next slide, please.

Annual update, and talk about the presentation, overview. And we're going to talk about COVID impact on mental health services. And huge focus on disparities I know in the past with conversations with the commission, a lot of focus on disparities and we want to make sure that we address that. MHSA client accounts. I think there is a lot of interest in client counts, by SPA's, and tried to address that. And overall increase and decrease and talking about proposed changes year to year. And a big piece of the presentation, and community planning process, I know there is a lot of conversation about robust community planning process, and what we done, and make sure we include the stakeholders as required by statute. So we're going to talk about that as well. Community feedback you know, we have some information based on community feedback from some of our plans.

Next slide please. Impact on mental health service, obviously, there was an increase in demand for Mental Health services due to the stress and isolation of the population, as it resulted to COVID-19 increase housing and economic prosperity to communities of color that we found out there is significant capacity shortage for Mental Health services and health safety nets to meet the needs of those vulnerable you will, there's a huge challenge of getting not only for the department but the whole mental health system nationwide. That was a huge impact, and another widespread of COVID infection rates. Temporary and permanent business and clinic closures. Now, we got out of that and hopefully, we don't we don't fall back into that. And pandemic, and delta and omicron variants. How improvement and accountability to control the infection and hospitalizations, and to provide social services economic help to go to those in need, next slide, please.

Focus on disparities, I'll pass this on to the assistant director, Debbie, Ginsburg to talk about this one.

>> DEBBIE GINSBURG: Thank you, Greg. This slide really reflects an update to what we talked about last year. And that was the focus on disparities and the different ways that we're trying to address disparities. And so the first thing I wanted to report on.

>> GREG POLK: Can we move to the next slide?

>> DEBBIE: There we go. Awesome. The multicounty learning collaborative is the first thing I wanted to report on in terms of our progress. We are -- as you may remember, Solano County approached us last year about joining a multi-county

Learning Collaborative that would focus on specific cultural communities, and reducing disparities within those communities. It took the Oversight and Accountability Commission and Sacramento a little while to approve the contract between UC Davis, and the OAC, which is funding this Learning Collaborative, but I'm happy to say it starts next month, and I think this will be super helpful to us, and very community driven, in fact, the communities and underserved cultural community groups, will be the ones identify the communities we will focus on in Los Angeles County, we'd be very interested in your input as well.

The second thing is sexual orientation and gender identity and being able to identify clients sexual orientation and gender identity and match of course to appropriate services for that population, and being able to report on that. We have made significant progress in the last year around this. In part, the California initiative. Cal-Aim has compelled each county to really adopt federal standards around this and we work with our electronic health record, net smart to be able to input that into our, and then to create what's called a web service for the contractors that have different electronic health records. So we will probably by the middle two are closer to the end of this calendar year will be able to report out on the number of clients from different gender identity and is sexual orientations and providing comprehensive training around this as well. Because we know that's super important. And then finally services for clients with disabilities, we focused on two areas here. And the first one is the reporting on clients who say that their primary language is American Sign Language.

We now are reporting on that in the annual update, and so far, point 03% of clients we have been searching report that as are their primary language, and second thing I wanted to report out on is using technology to be able to improve our services for the Deaf and hard of hearing community, and through our access center, our help line, we're now able to use 711 as opposed to the really antiquated, TTY TDD service that we had before. Those are updates to three I think very key areas that we had all talked about last year. I'll pass it back to Greg.

>> GREG POLK: Thank you, Debbie. One of the things we want to talk about is the programs and the number of clients that we serve, unique clients we serve as well as new clients served. So this slide depicts, this is community services and supports, which is 76% of our allocation.

And some of the programs that fall under CSS is the service partnership, referred to as FSP, outpatient care services, alternative crisis services. Our housing, linkage, and we call POE, planning outreach and engagement.

I think it's important to note in fiscal year 2021 we had about 135,000 new unique clients receive direct service, and what we try to show is ethnicity and primary language break down, and 37% Hispanic, and 20% African American, and 18% white, and 5% Asian pacific islander, and 1% native American. Primary language was English with second Spanish second of the 135,000 unique clients there was about 35,000 new client service from with no previous images say service. And so when you look at the

ethnicity breakdown it's 36% Hispanic 14% African American, and 16% white, and 3 API and less than half a percent, native American, and again, primary language being English at 77% and 14% Spanish.

I know when we had other conversations with the Commission, we talked about service areas, how does this impact service areas. What are the numbers around each Service Area, so we try to show here that the information that I showed before by Service Area? So if you look at client data by Service Area, the number of clients served. About 25,000 clients served, followed by San Fernando Service Area 2. And of that, 5900 new clients served. And of the 25,000 in Service Area 4 about 6,000 new clients. Next slide, please.

Second largest piece is prevention and early intervention. 19% of total MHSA allocation. And focus on early intervention, education, suicide prevention, and stigma and discrimination reduction. We talk about unique clients, 42,000 received direct service. When you talk about ethnicity breakdown, there is a shift we saw from CSS. Hispanic 45%, 9% African American, 9% white API at 2%, and Native American at 1%. And again, a primary language, 76% English, and 21% Spanish. And again, of that 42,000, it was 23,000 new clients, with no previous MHSA experience, and the train of ethnicity remained the same and primary language consistent as well. Next slide.

And again we want to break it down by Service Area. You see here, the largest Service Area was the San Gabriel valley. 835,000. It's quite interesting in that area about 6400 new clients to get the second largest area being against San Fernando 6800 I'm sorry, new client makes like I was saying because you know this is where we want to talk about some of the things that we're changing, and I let Robert Byrd of our staff speak to this, this is around and changes in the proposal.

>> Good afternoon, one of the recommended changes we're proposing is to continue the innovations 2 project but funding it with prevention and early intervention dollars. With a budget of $29,520,000. The innovation to project really centers around community capacity building with the goal of increasing awareness of an understanding of and then identifying and supporting trauma. And identifying and supporting community members at risk of trauma, or potentially getting experiencing trauma.

The project utilized assets within communities to really test strategies that allow local communities to work together in ways to lead to improved mental health and reductions in trauma through building on shared community values, and leadership development, and community membership empowerment.

In June of 2020, DMH integrated community mental health workers, or what are... better known as community ambassadors into the innovations 2 project, the concept of the community ambassadors, really leverages existing networks within trusted community-based providers and organizations. So we have the right people in the right place at the right time to provide necessary resources to community members who are in need. The outcomes for this have been pretty strong, and, you know, warrant the

continuation of the project. As I said, one of the primary roles of the community ambassador is to provide outreach education to the community, and particularly during the last two years, some of that around COVID-19 and wellness, and awareness of resources and support within the community.

There were over 10,000 community events. Outreach and social media posts, reaching 560,000 community members. 18,000 meals provided. Nearly 10,000 individuals vaccinated for COVID-19. And PPE was provided to nearly 14,000 individuals.

The community ambassadors themselves demonstrated a stronger understanding of the relationship between trauma, and mental health. Acknowledged significant improvements in their own resilience, and improved ability to cope to stress, and able to share that to the community members they were interacting. In addition, over the past year there were 29,000, almost 30,000 linkages to community resources and support. 93% of those were successful. That means people took the referral or linkage and followed through with it. Pretty strong statement for the work the community ambassadors are doing, and the trust the community members have in the ambassadors.

We can go to the next slide.

>> GREG POLK: Just to add what Robert said there, the biggest change was the integration tool with an innovation project that ran its course, and the outcomes were so great, and we decided to recommend funding it using PEI dollars. Next changes around Hollywood 2.0. And we have Dr. B to give us an update on what we're doing here.

>> GREG POLK: I think Dr. B is with us.

>> Sorry, I'm not seeing Dr. B on the list.

>> GREG POLK: I'll take it. Hollywood 2.0, moving that forward. That's been a huge point of conversation with the third district. Supervisors really helping us move this right along.

Some of the things we're talking about there are some key care characteristics that we want to speak to, it's holistic, you know, it's going to be human-centered, hospitality oriented and it's going to be carrying the community. And has a lot of questions: How does it differ from True stay? Some of the reasons why I differ is it optimizes funding through full federal match voice, the use of fiscal administrative intermediaries, expedite community planning processes by actively exploring available resources through philanthropic areas. Also avoid unnecessary technological electronic medical record investments key components, you know, FSP full-service partnership. You know, we have a home team, one of our outreach teams. We have intensive outpatient services team based, that's a Pew Research Center clubhouse component, alternative crisis component here, and also housing, interim and permanent supporter congregate and

enhanced residential, which we commonly refer to as Boarding care services here. And then we always get the question why Hollywood right a large concentration of unhoused individuals suffering from a serious brain problem. It's there and so that was one of the factors also There's also a strong coalition of local neighborhood businesses and faith leaders in government health care providers. And law enforcement, i e, the group Hollywood forward, that has a lot of impact and Hollywood and can make a lot of things happen. And so Hollywood chose, you know, we talked about possibly Skid Row, but just the problem of Skid Row was just too challenging at this time and so we decided to move to the Hollywood area.

Next slide, please.

Facilities, you know, we're requesting about $5 million for future and problem improvement projects. So there's a lot of problems with our facilities and our infrastructure. So some of these dollars want to put forth addressing improvement in our facilities. Next slide.

Expansion and diverse related services. The Board recommended a motion, just a motion we talked about today right here, and wanted to make sure we had something in here to kind of speak to this. So obviously motion by the commission today to dedicate funding for ODR. Obviously, there was expansion of beds to expand beyond the 2200 beds capacity-based ODR demonstrating success and reducing the number of incarcerated individuals with mental illness, and expand services to racial-ethnic disparities reflected in the jail population. And a recommended change would allocate obviously 25 million dollars we spoke of. Annual, July 2022. And this required a 30-day public posting in comment period, so thinking around May 15 or June 15th, that can always be adjusted. And we had added this slide, so we reference this and the record reflects during the presentation we were aware of this.

Next slide.

Talking about budget projections here. When we presented in June 2021, we had what I consider an estimated actual. Basically what we thought would be spending at that time, and so wanted with presenting now -- updated numbers, and based on utilization, and this is showing each program, and share from last time, what the major changes are, CSS dropped about 33 million dollars, and PEI up 27. And innovation, and down 15 million. And you see about 68 million in Cap facilities. Next slide. Please. Here we talk about each individual program, and kind of some notes as to why the shift, you look at the full-service partnership, decreasing about 2.8 million, the whole purpose of this is mainly due to the pandemic, and difficulties in retaining staff, offset by allocation of flexible housing subsidy pool for housing vouchers, so the main reduction here was related to the pandemic, as you see a lot of them have pandemic impact. Outpatient care services dropped about 67 million dollars in projection, due to the pandemic and again, difficulties in retraining staff. ACS. There was an increase in ACS, reflecting the cost of the crisis residential treatment program, and increase there. And pending an outreach engagement and wasn't an opportunity to get out and have

engaged face to face engagement, pandemic impact there. And linkage services increased due to current utilization, and housing and administrative cost, driven by the amount of money you spend as a percentage, as the spending goes down and administrative cost goes down, and all impacted by the pandemic.

Next slide, please.

Here we talk about prevention and early intervention, when you look at the stigma and discrimination reduction, really no Chang, pretty much on target what we talked about last time.

Prevention, you see an increase of about 6 million dollars, 6.9 million dollars of the last estimate, again, estimate from June 2021. March is about 9 months, and so... on the prevention side, 6.9. Reflect a lot of community promoters and I think we increased 311... promoted to provide outreach engagement as well as one-time extension to my health la agreement with DHS for Mental Health preventive services privately provided primary and the primary care setting. Early intervention was increased due to the pandemic again. Our recent increase in recognition of early signs of mental illness, a huge increase, primarily because of the continued continuation of funding for the Lego project and LAUS for community school initiatives, and a transition of innovation community capacity building project so funding to make sure we have impact in schools. And the PEI administration had a small increase. Next slide, please.

Innovation projects:

-- bear with me one second.

Innovation projects, innovation 2 of the CANS program. There is no change there. Pretty much we had 14 million dollars consider CAN2. And CAN3, 6.3 million dollars. Transcranial magnetic stimulation center this is reflexive content what continuation of that project or 2022 23 at about $1.1 million, increase in the therapeutic transportation program. You know, we expand it to teams and a partnership with LA County, LA City Fire Department so that's underway. So the cost there increases. Our call today to increase our early psychosis Learning Health Net Health Care Network kind of keeps the continuation there at 2020 for 2023. Some expenditures for having a 2.0 we expect to spend about 5.6 million 5.5 million there. Also innovation, administration goes along with expenditures spent. Next slide.

Huge investment here. Workforce investment and training, sorry, workforce education and training, UCLA affiliation agreement we have. Our cost is going down just a little bit. One-time services going away. Financial incentive programs, no change there. This is the loan repayment program that relates to loan repayments, and hopefully, continue to increase that, and stipend program for that we will continue. No change to that for stipends. For MSW and MFTs and nurse practitioners are child through affiliation agreement, small increase due to services and supplies for increase in services for the drew affiliation.

510,000 for a science consultant for a postdoc at Harvard UCLA, between your net program, and there's no change to what we anticipated our projections to be for the bone health recovery specialist core training program. The interpreter training program and Learning Net System. Next slide, please.

And again here, just more WET programs and projections. And so an increase in navigators 200,000 increased there. Resource parents training we see our projections pretty consistent as well as our prayer partner training and parent volunteer's project. New one and is the peer focus training. 400,000 dedicated to that. Projections as it relates to medical school affiliation with Harvard and UCLA medical school affiliation agreement MSSA there's pretty consistent with our anticipated span as well as our licensure program for Psych and MFTs. And also again, administrative overhead is driven by a percentage of expenditures. Next slide, please. Cat facilities, I think we mentioned you know, $5 million that we have set aside to meet the goals of the mental health services to have our facilities up to par and modernize that. And 5 million there. Call center, 3.5 millions of those, and projects still on target, and the administration jumped up here, reflect change, and increase again, percentage of what we spend, so when we add 5 million there, there is a percentage that the administration can bill for. Next slide, please.

Big conversation about the community planning process, I know Dr. Sherin has been a huge advocate for robust community planning process, and stakeholder process, and what we wanted to lay out here what we have done as it relates to this process. What our meeting dates and any activities that took place. To make sure and tried to ensure that we met that threshold of stakeholder process -- that robust stakeholder process we're trying to achieve. Key dates here, March 4th executive summary of the annual update posted on the DMH website, and obviously a couple days later, we posted a Spanish version of the executive summary, in the annual update, and posted to the DMH website for review, and March 8th full version of the draft update posted on the website. To allow the 30-day public comment. And March 8, focus on disparity and proposed changes presented in a full health commission meeting attended by the CLT's underserved communities to sought for input and feedback on the 10th of March, a summary of a summary of the plan was presented to the executive committee of the Mental Health Commission for input and feedback.

April 26th, update presented to the health deputies on the 28th which is obviously today's plan presented for public hearing and sometime between May and June, present to the Board for approval. Our next slide. Talk about some of the stakeholder feedback, in gathering that feedback and documenting stakeholder feedback, and 45 public comment peers, and obviously we mentioned it requires 30 days, we extended for 15 days, with online surveys open from March 3 to April 19. Again, I tried to get as much input as we could on this. 66 survey responses and 65 in English and Spanish, and it was 9 question survey, and not all respondents answered the questions, so we're just trying to gather information, and some of the stuff we gathered, self-identified affiliation, respondents being clients or consumers, seven other responders are peers 13% of respondents are advocates. Now the 14 was an unresponsive or family

members of clients and consumers. 5% government employees. And 6% of respondents are staff and employees, 17% are mental health service providers. And another 16% of responders indicate other. We want to also capture the racial ethnicity breakdown of this feedback. And again, we got about 14% African Americans, eight reported as Asian: 24% Caucasian 20% Latin Latino 4% Mix multi-ethnic 10% reported Native American or Indian American and Alaskan Native and 14% reported other. Transcripts for discussion which portion of the stakeholder meetings were included like the CLTs and Mental Health Commission and ex cetera and emails and correspondence received.

Next slide, please.

Want to lay out some of the responses and highlights of the current plans and we feel are some of the opportunities to improve the plan, some of the stakeholder feedback we got was the plant was finally run in a manner the stakeholder, in the general public can read and easily understand. And thought was positive feedback, and access to services to communities in need, expanded regular phone calls, client and family members.

That was in response to feedback, and planned focus on the objective to expand mental health services to ethnic and underserved communities and it is thought this plan really reflects that. And the plan was very data driven. And happy to see the continuation of the full-service partnership program. And additional information on budget and spending, and providers and stakeholders were helpful for them to see. Not just on department spend, but what is the full revenue stream, and also got feedback on opportunities to improve. They felt that we need to focus on people SMI, and disable, and dual diagnosed and suffering in the opioid crisis, and obviously always a need for more beds and some of the opportunities for stakeholder feedback, we need to find more treatment beds or facilities, and wanted us to have more advocacy for family support and engagement, and wanted to see programs, to bridge, and show community members have access to the needed resources.

So that was an opportunity that we need to take into consideration. A lot of requests for grant opportunities in open-bed solicitation. With restrictions targeting innovation, the approach is to expand the direct Mental Health services mainly through CBOs and other areas like that. They felt we need to focus a little more on treatment services that identify for Mental Health disorders like rape trauma syndrome, intermediate Explosive Disorder, or children, children and teens. Autisms and behavior disorders like a lot more increased time for sharing the plan. You know, we try to make this a robust process as you see we increased it by 15 days to kind of address this issue. Here, just increased time for sending a plan and making follow up contact information available.

And one we found interesting, they thought the font was too small, so we need to make the font larger when we print our documents. Next slide. Some of the strategies that were identified and how to respond to that. Continue to maintain multiple outlets to

ensure the general public and stakeholder groups are aware of the MHSA funded proposal but not only aware of programs and activities but to engage in the CPPP so we will continue to expand that and make sure that being kind of in the forefront of what we do to get us as inclusive as we can be.

We'll continue to streamline document and provide tables and summaries similar to what we did breaking down a lot of the information by SPA. And past meetings the commission wanted to have a little deeper dive into how it impacted certain Service Area. And so we'll continue to try to do that. Not only from a client perspective, but as we talk about dollars, and trying to find a way, how to break down our dollars, and how do we allocate in certain areas, and certain spots, and geographic areas.

And so, a continual challenge for us, but we're going to get there. And access to address COVID, and barriers, and update, it's important to discuss where we struggle, around the impact of COVID-19. Not only on our clinic, but on our hiring, and our ability to gather workforce, and retiring workforce. I think we'll continue to report on that. And one of the things we're thinking about doing is providing monthly MHSA one-on-one training stakeholders, and UsCC, and the commission. Anyone interested in the general public, interested in how MHSA is working and provide trainings around mental health providers and department staff. And DMH, to make sure everybody understands the process, the stakeholder process, and the feedback process, and we try to incorporate everything for the commission, to inform the commission so they can vote in an informed manner. Incubation academies and other grant opportunities for CBOs. I think that this is one where I think we want to make sure that the.

And exploring funding opportunities and CBOs have an opportunity to be acquired, other process so you know keep an incubation category kind of training them about the county, processes and how you get a grant how you get a contract with the county, and what's required to be a grantee with the county and continue to work on those. We've entered into an agreement with NAMI for three additional years to provide expanding training for family members across the county that's another thing that we're working on.

And one of the things seems small. We want to provide hard copies to stakeholder groups and the general public for all three-year plans and annual updates you know it's a Herculean effort to print these documents and when you're talking 1000s of documents of these large plans it's challenging, and providing in different languages, it gets tough, but we're going to try to make an effort to do that. And I think we want to continue to update our communication, and follow a process, as it relates, by having a mailbox, and receive input, and communication year-round.

And I just went through a meeting through the commission or update period, and year-round, if there is input, we need to take into consideration. We want to be able to do that. Next slide. Next steps, we complete the public hearing April 28th. Which is today. We receive Mental Health Commission feedback and recommendations by May 14 You know there's another presentation to Board deputies on June 8.

And estimate trying to get the plan to Board around June 28th. Next slide. Again, any contact information, or questions around the annual update, it can go to the stated email address mhsaaadmin@dmh.la county.gov. And with that I thank you guys. Madam Chair.

>> CHAIR DALGLEISH: Thank you.

I have a couple of questions, and as I see hands raised, I'll go to other Commissioners with questions. Thank you very much to you and to your staff.

I have a question.

Appreciate you giving us the information based on service areas, and demographics.

I know that I've been asked about services and expenditures by supervisorial district. And since there's often overlap of service areas, and the numbers you know per service area don't line up the way that the supervisorial districts do where you have about 2 million people per district. I wonder if that's something that is available or can be available in the future.

>> GREG POLK: That's something we're working on when we trying to figure out how to do that. The budget is not set up that way by the supervisor district, it's the overall county budget, so you have to collect that data in that format. So we're trying to change some of our data collection to make that available.

>> CHAIR DALGLEISH: Okay, and you also said you were going to do that in relation to stakeholder engagement and outreach, so assume you are continuing to do that and expect more detailed numbers on that. So we don't have people saying we're not spending money in those areas.

>> GREG POLK: Absolutely.

>> CHAIR DALGLEISH: When do you think we would be able to see that?

>> GREG POLK: We're trending that way. DMH has a lot of priorities, our finance staff and CFO does a good job responding not only to the Board, but to the commission, and had numerous conversations about that, and hopefully in the next 6 months, we can have something that we can break down. Key is that we budget that way, and challenging to take -- huge, larger than that. Huge budget like this. And try to flip it into another way of reporting out. And it's a challenge, but I think we can get there. I think we have some ideas on how we could do this.

>> CHAIR DALGLEISH: I understand it's a challenge, and also part of the NHS a mandate. So when it says up to 5%. And people are asking about numbers, and we're not showing numbers that are relative to measure it, it's important that we prioritize that so we can come back to people, and that you can come back to the Commission with

those too. So I know that we have been talking about having reports from you on an ongoing basis. Even on a monthly basis, so we'll continue moving toward that.

>> GREG POLK: Yep.

>> CHAIR DALGLEISH: I also had a question. You were talking about Hollywood 2.0, or Treiste Project. And the new formation.

I'm wondering about funding for that and how much you are allocated toward it. It's a pretty robust plan, or it was.

And I don't know if it's been paired down, or how you are planning on funding it so it's successful.

>> GREG POLK: When the project was approved, allocation of 116 million dollars, that allocation hasn't changed.

The only thing that changed was Trieste to Hollywood 2.0. But the allocation of funding has not changed.

>> CHAIR DALGLEISH: How much has expended.

>> GREG POLK: I think in the chart, it was 5 million.

>>STACY WILLIAMS: You are anticipating. I'm wondering how much has been extended.

>> GREG POLK: I don't have that number. We put in the presentation what we expect to spend this year.

>> CHAIR DALGLEISH: If you don't have it right now.

>> GREG POLK: We can report back what year to date we spent.

>> CHAIR DALGLEISH: I've been sending some questions to staff that I want to have answers to. And one of them relates to the CAF. And how much are we spending on CAF? And how many people are receiving CAF money.

And has there been a problem with that?

Because, we certainly have seen a drop in attendance to our meetings. I know that in part, some people used to attend, because they were receiving CAF. It's important for us to be able to continue to get that stakeholder input, and anything that can be done to increase that participation is very important to us.

From what I understand CAF hasn't been increased over decades. And so I think that's something to be looked at from the perspective of what need is. And so more people know about it and are using it so they're attending our meetings and making

public comment.

So I would like your commitment to working on that and further discussion about how much it should be. But if you know how much it is right now, that you are spending on CAP or have spent over the last fiscal year, I would like to know that.

>> GREG POLK: I don't know that number in my head, a lot of expenditures, we have, but what I can say is that Madam Chair is that I understand the commission the Commissioner is requesting us to do, and we'll make sure we make the effort to do that and report back.

>> CHAIR DALGLEISH: Okay, I keep coming back to you on that. Thank you. I appreciate that.

And then in regard to FSP. We hear from people who aren't having great experiences with FSP, and I'm just curious what kind of monitoring there is that is done with the FSP providers from the department on quality control or outcome?

>> GREG POLK: We have a contract monitoring unit, they're tasked with making sure that not only the numbers are right when you talk about budget, but also quality of care, I think we have a robust unit that works on that. And so I would say that, by Terry Boykins and she does a great job, ensuring the programs adhere to what we expect from a quality perspective, and financial perspective.

So there are quality controls in place.

>> CHAIR DALGLEISH: All right, I'll come back to you on that too so we can be -- I would like to be clearer, so I have answers as well.

So I'm going to open it up to other questions right now. Thank you, again. And Commissioner Austria, please.

>> COMMISSIONER AUSTRIA: Hi, I just wanted to follow-up on one of Stacy's questions, and that was breaking it down by district. I know I was able to get that in the distant past, prior to, I think Greg coming over to DMH. But we received it by facility and added that up. And nonprofit, contracts as well as direct operator, and looked at position status report, and able to come up with a...

>> GREG POLK: Yeah, I think we had a conversation about that, you and I, about how we did that in the past.

>> GREG POLK: And one of the things, research back how they did that. And make sure we can align it the same way, based on how we budget now.

>> COMMISSIONER AUSTRIA: I know they used to do it by the head of that, like pacific clinics was in the 5th district, and looked like there was more budget over there. But it was actually spread through the county, just making sure it's done properly.

>> GREG POLK: I think that's a good example, you take pacific clinics, and they may have clinics all over the county.

>> COMMISSIONER AUSTRIA: Break it down by each facility and staffing, and status report on vacancies and all that good stuff. The other question is MHSAA reserves. Which we haven't really spoken very specifically about. So I'm wondering exactly how much because I've heard like 350 million 200 million. And also, how do we engage with the Commission in developing a plan to spend reserves, this is money there. We know there is. We had a motion today, which in the scheme of things isn't that much money, but a lot of money in some ways.

And so, how can we do that?

>> GREG POLK: Obviously the commission at any time can request and update on MHSA and discussion about how to ex-spend those dollars, and Dr. Sherin has been pretty clear, about the anticipation and expectations to get rid of fund you know, our fund balance started in July won about close to a billion dollars you know, we bring in about 600 700 million a year. So you know when you think about it, I expenditure up to about 700 million a year. So we think about a billion-dollar fund balance is not a lot is probably 7,8,9 months in the hole.

So any time we downsize, we have to have available funding. We can't take clients on day one. And we see our revenue streams going down and just say hey, guess what, you guys got to leave so we have to have the ability to downsize now. What's the correct amount of fund balances is six months is it a year? Is it less than that or more than that? That's a conversation we have to have as a Commission, as a county.

>> COMMISSIONER AUSTRIA: Right, and I think it's prudent to have a prudent reserve, and rainy-day fund. But we also need to make sure people are getting services and so finding that balance is, I think a discussion we should have just to say a lot of that fund balance.

>> GREG POLK: To remind the commission a lot of fun balances one-time money. Right. And so when you deal with one time when you need to spend one-time money on one-time type of activities that you can, you can set yourself up for a structural deficit right. So I have to keep that in mind.

>> COMMISSIONER AUSTRIA: Yeah, we have to have a deeper conversation with the budget as we move along. Not just MHSAA budget, but the DMH budget overall. And again, we know again staffing is another issue that has been a challenge for DMH. And want to know, what are we doing, again, to ensure -- I see the WET program working on it. But what are we doing really specifically to get people hired? And also understand, I'm getting a number of reports from staff in the field about, you know, ability to hire or promotions, they're sitting on desks for weeks at a time, and HR is why hasn't it moved off the desk, because somebody hasn't signed it, and quite a few signatures required, to get somebody hired or promoted. And I'm getting blowback on making sure people are signing off on those in a timely way.

>> GREG POLK: It's funny that you mentioned that. Sent out a memo around hiring, first of all to dismiss this notion that the department is not hiring on or a hiring freeze. We're trying to hire as fast as anybody else.

There is definitely a shortage of the workforce in this department, so making every effort to increase the workforce, obviously hiring takes time, talking about live scans, and reference checks, it takes time, we have no control of that, can't control the federal government or State government about live scanning people, it's part of the hiring process. We sent that to our managers.

>> COMMISSIONER AUSTRIA: It's sitting on desks. That's something we can control. When they're waiting for somebody to get it off their desk. HR is calling people; we haven't received it and we know we sent it out.

>> GREG POLK: I'm not aware of that but can follow-up.

>> COMMISSIONER AUSTRIA: Yeah, saying get these things off your desk and move it, please. Hard enough, so providing that little extra thing. Thank you, do appreciate everyone's work, we know this is difficult.

We know a lot of work has been put in that. And don't want our questions to be, you know, we're not attacking. We're just asking questions and appreciate the hard work that goes into this.

>> GREG POLK: I'm pretty tough, I can take it. It's fine with me.

>> COMMISSIONER AUSTRIA: Being in accounting.

>> GREG POLK: Exactly.

>> I have a question, what is our budget? Other Commissioners are asking what is your budget?

>> GREG POLK: I think we need to have a conversation about that. And layout what is a commission budget. And it all depends on what the commission wants to do, you guys drive this. And I need to have a deeper conversation, so when I talk about meeting more frequently will be helpful to all figure out what we want, as the Commissioner of the Department, how we want to align, and budget and things we want to do and make sure we're all on the same page.

>>CHAIR: So I'll put that on the agenda for the executive committee meeting coming up in May.

Great. Do we have a quorum by the way?

>> 11 Commissioners.

>> According to Robert's rule, once you establish a quorum you don't lose a

quorum. That's my understanding of Robert's rules.

>> CHAIR DALGLEISH: Mine is you lose a quorum you lose a quorum.

>> Mr. Polk, I know you will be watching very closely, and hope that it bears fruit for you, and maybe at the same time you can give the department updates, as it will have a significant impact on the budget.

I have a question for the chair regarding the MHSAA plan.

>> Madam Chair for the last two years or so The commission has worked, you know, to focus a lot of plans. And it is my suggestion that you review the Commission's communication to definitely do his part. He's a Board of supervisors, regarding particular unmet needs and programs.

I will focus on one of particular interest to the fourth district. Regarding the disparity Asian and Pacific Islander Community. I hope the executive committee would review those communications and review that in your report to the Board. Regarding the annual update.

>> CHAIR DALGLEISH: I think it was included last time if I recall. Point noted and made sure that's included this year as well. And from what you understand you are saying with follow-up, so we're able to note any change or movement made. Is that part of what you are asking?

>> Yeah, and previously before Commissioner G left. He said had particular concerns with his working group, associated not only with the disparity within the Asian Pacific Islander Community. But also regarding integrate service and the model they worked on. Relating to a community-based setting. In the first district would like Memorial Hospital. Thank you, Madam Chair.

>> CHAIR DALGLEISH: Anyone else, anytime that you want to have on the record as recommendation.

Just to reiterate, we don't approve this budget. We are accepting and listening to the public hearing. But it's not that we as a commission approve the budget per se. Commissioner Austria. I think that's the only hand I see. Go ahead. Commissioner Austria.

>> COMMISSIONER AUSTRIA: One of the questions about the trauma-building, capacity building, and I was wondering how many budgeted positions there are and how many filled, and how many are yet to be filled. You might not have right at your fingertips, if you can find that out for me, I would appreciate it.

>> GREG POLK: We have that information. I'll make sure we send that back to you.

>> And I don't think it says in your capital project, it doesn't really specify what

capital projects are. We want to know where west-central falls in capital projects, if it's this budget or other budget, I know they are having difficulty finding that.

>> GREG POLK: Just talked about how much we're allocating. I think the cap project lead Pinedo does a great job around what and so we can make available somebody's ideas, Her and Damien Parker about what we're going to do and how we're going to fund some of the cap projects of our clinics.

>> COMMISSIONER AUSTRIA: Yeah, we're getting a lot of feedback from our constituents and people are gonna go, go to Hopkins, you know, where are we going to go so you know it's been a long-time clinics and that's gonna be a big change.

>> GREG POLK: Yep understood.

>> CHAIR DALGLEISH: Thank you. I know that several Commissioners are going to need to be leaving, I just want to start by thanking all the Commissioners for being on with us for this marathon session. And I know Commissioner Stevens has her hand raised. I want to ask Canetana are you with us. Just to confirm we do not vote to approve this. In the past what has been the action of the Commission after the public hearing.

>> CANETANA HURD: From my history, a letter composed and submitted to the MHSA Report. Yeah, addressed to the Board and Dr. Sherin on the recommendations. On recommendations.

>> CHAIR DALGLEISH: That's my understanding too. Just to clarify, thank you. All right. Thank you, everyone, who is still with us, I am going to ask if there is anyone on the public comment line. Hang on one second. I see Commission Stevens hand is raised.

>> COMMISSIONER STEVENS: Let me apologize, someone had a crisis, and got my undivided attention. So my question may have been answered, just wondering about ODR. Just want to confirm the actions will be included in the report. The MHSA Report. That's one question.

And then the other is -- I believe it was Commissioner Austria who asked about West Central Mental Health. And I'm wondering if perhaps maybe not today, but very soon we get an update about that. And then asked about the process here and what is the roles and responsibilities of the commission around MHSA.

So I would hope -- I'm not sure the second district is still on the line or not. But I would hope that perhaps we could really get something solid, to really clearly understand what the role and responsibility around MHSA is. Greg, my question to you directly is -- what process was used to collect the unmet needs across the communities?

Because I don't recall it going to Service Area 6. Did that process happen?

In our Service Area groups, as well as in our underserved culture community groups at large or not.

>> GREG POLK: From my understanding I believe those are collected at group settings underserved cultural communities, if not, several different types of unmet needs, and budget process, unmet needs and data department layout, and capacity, and nature we need as a department, and stakeholder unmet need is a different process, right.

And that's captured with our CLT and things like that. And if not, I'll verify where that information is captured.

>> COMMISSIONER STEVENS: I'm happy you mentioned CLT. CLT is not a community, it's just elected members chairing those groups. But I do recall a time when it happened broadly in the community at the Service Area level during a Service Area meeting group.

And I think it's important for us to get back to basics around collecting the community's input as well around the unmet needs in those immediate communities.

And so if we shied away from that. Perhaps you don't have the answer right now. But I would like to know why. And then back to collecting that information at every Service Area level. Thank you.

>> CHAIR DALGLEISH: Thanks. Thank you. Not thanks but thank you. All right, I do not see any other hands raised. Do we have anybody on public comment lines?

>> OPERATOR: If you would like to register a comment, please press 1 then 0 at this time. We'll go to Line 49.

>> CHAIR DALGLEISH: How many do we have?

>> Hello, can you hear me?

>> CHAIR DALGLEISH: Yes, I can hear you.

>> Can you hear me? Hi, yes, my name is Hector M. I want to point out the fact, the department of mental health has at least 237,651 people that he provides services to. And I just want to point out the incredibly low number of consumer responses. In this particular process. With all the money, the millions the department is getting, why was the response from consumers from the department of mental health so low. And the fact that the majority of residents of LA County, and the people receiving services members from Latina community you know, our participation was second highest to people who identify as white, but yet our priorities are nowhere reflected in this particular plan. So I see a significant disconnect in the stakeholder process, which really is not accessible to consumers. So I want to point out the CAP is inaccessible to our communities because you need to have a computer to access it and get it approved

safely. The CLT is not a community project, our community process, because it's not led by consumers or chairs of the committee. It's It is completely driven by stuff like this particular last meeting. We didn't even have an agenda. So, those particular spaces cannot be ethically stakeholder processes because they're not. From the US the disability USCC community members have access to sign language. Services for things like FSP our adult services. We don't have adult services, when in ASL for our community and here, you know, money's going left and right and you're not even able to take care of your fiduciary needs for the people that you already have. I'm an FSP person that hasn't been able to get FSB services, because there's no sign language services. I have to pay for it if I want to use it, and that is super expensive. So you talk about FSP -- it isn't. I really want to point out the fact that there is no response for questions, or input. So this was kind of informative to see and also kind of disappointing.

>> CHAIR DALGLEISH: Thank you.

>> OPERATOR: We'll go next to line 50.

>> All right, that's me. Hello.

>> CHAIR DALGLEISH: Hello.

>> Can you hear me?

>> OPERATOR: Yes.

>> Okay, I'm going to speak now. Okay.

>> OPERATOR: Go for it.

>> CHAIR DALGLEISH: M-hm.

>> Okay. Hello.

>> CHAIR DALGLEISH: Yes, hello.

>> Hello my name...

>> CHAIR DALGLEISH: Go ahead.

>> ROMALEZ TAYLOR: And I'm the new co-chair for the Black and African heritage UsCC. I want to ask why we can’t turn around and expand the contracting services since it's been shut down for the past 2 or 3 years that is culturally relevant and culturally competent in the communities for high needs, Southcentral LA, and East LA and Antelope Valley. Where the people are critically needed, we can use the MHSA funds to provide services such as trauma focused cognitive behavioral therapy and other services that many of these culturally appropriate agencies are ready to go, able to meet those needs. When is the department going to expand and do that for all the

agencies sitting there ready to go?

>> CHAIR DALGLEISH: Excuse me, Mr. Taylor, do you have your phone on also? I'm hearing an echo.

>> Yeah, I do. Sorry.

>> CHAIR DALGLEISH: All right. So we heard... Thank you.

>> OPERATOR: We'll go next to line 10.

>> MARK:

>> OPERATOR: Line 10, your line is open.

>> MARK: My comment right now, especially for the people who are coming out of the jails, and for that part of the meeting CRD, you need to bring that up before the mental health services Oversight and Accountability Commission. So they can approve the funding for that. And another -- I was looking at the Oversight Commission Meeting. And there was a program called REST where they have cabins for people who are homelessness. So there is a kind of housing for them. That's up in Butte County. And something like that in Germany. And like I said before, look into the -- I got off their site -- look into the stuff from the alternatives conference, regards to people reintegrating from jails, two workshops, thought I kept on the computer, but I didn't.

>> OPERATOR: 30 seconds. Into the jails, taught classes there are people there whenever working in the community to reduce -- from what I understand reduce disparities. And I should have mentioned -- I know what I was going to do. Hold on a second. I mentioned it before, so...

>> MARK: Sorry I didn't do that. Here it is. I spotted it. NYC peers' justice initiative. Justice involved, peers in our community, and also the forensic peer mentor connect with them, so many people who were in jail. Maybe we can provide something. Thank you.

>> CHAIR DALGLEISH: Thank you.

>> MARK:...

>> CHAIR DALGLEISH: Mark?

Your time is up.

>> I'll let you go.

>> CHAIR DALGLEISH: Do we have anyone on the Korean line, or Korean speaking line or Spanish language line?

>> ALEX: We don't have anybody on the Spanish line.

>> KOREAN INTERPRETER: We don't have anybody from the Korean line.

>> CHAIR DALGLEISH: Want to thank both of you for our service at today's meeting. So, let me see here. All right, so moving to...

Thank you very much again Mr. Polk for your presentation. And we will be preparing a letter based on today's meeting which will be sent, thank you.

>> GREG POLK: Thank you.

>> CHAIR DALGLEISH: Let's see here. Let's go on to continuing with the agenda. Pull it up here, we have Lily Sofiani, are you here?

>> Sofiani stepped off.

>> CHAIR DALGLEISH: I completely understand. We will ask for a report from her. Maybe she didn't give a written report that we can send out at our next meeting.

>> Yolanda is here, I know Lily stepped off. She had asked me to provide any updates with regards to Board activities. And it's a pleasure meeting all the Commissioners. I haven't had a chance to address the Commissioners before, the Senior Deputy for health and wellness for supervisor Michel, thus the mask. And in terms of other things coming just generally before the Board of Supervisors. There's a number of topics that we're watching carefully. This coming Tuesday there will be a large motion, that was introduced by supervisor Barger, and I believe some leaves with regards to the Blue Ribbon Commission on homelessness. It has significant changes, and probably would be great for the Commissioners just to become aware of that motion generally. And other things coming before the Board, you heard quite a bit today about ODR. And that's part of a larger effort the Board of supervisors is doing to try and identify funding, of all types for beds, because we have such a shortfall of beds into the community. And will be seen in the coming Board meetings more activities related to that. And other things that I think you will be seeing as well too, is restorative care villages.

There are roughly -- every campus, medical campus, in the county has a restorative village. Village at Harbor UCLA, which is a 72-acre campus and Carson. In his supervisor's district. We're doing a feasibility study and putting a restorative care village there as well too. There is one that is opening up the MLK campus, perhaps that would be a great opportunity for the Commissioners to come out and do a tour once it's fully opened in the fall I would say. There is an effort to create beds at LSE USC. Campus also has some beds and then Rancho Los Amigos. At Harbor. We are doing a feasibility study to figure out what space might be available tomorrow restorative care village there and that would be the county walking the walk and creating beds. A full continuum of Mental Health services for both individuals who might be experiencing mental health crisis, and substance abuse crisis. I would be

happy to share with you Madam Chair any motions that come up and alert you of opportunities to weigh in before the Board on all these items.

>> CHAIR DALGLEISH: If possible, could you send that in written format to attach to the minutes.

>> Absolutely will, happy to do that.

>> CHAIR DALGLEISH: Looks to me like we reached the end of the meeting. And I'm -- I doubt that we would have any opposition to adjourning at this time?

So... the meeting is adjourned. Thank you, everyone. And we'll see you next month for May is mental health month.

>> Thanks everybody, take care.

>> CHAIR DALGLEISH: Thank you.

>> COMMISSIONER STEVENS: Enjoy your weekend.

>> COMMISSIONER FRIEDMAN: Thanks, Stacy.

>> CHAIR DALGLEISH: Remember, we're meeting in person next month. Bye.