



**PUBLIC REQUEST TO ADDRESS  
THE BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES, CALIFORNIA**

MEMBERS OF THE BOARD

HILDA L. SOLIS  
HOLLY J. MITCHELL  
LINDSEY P. HORVATH  
JANICE HAHN  
KATHRYN BARGER

**Correspondence Received**

			The following individuals submitted comments on agenda item:	
Agenda #	Relate To	Position	Name	Comments
9.		<b>Favor</b>	Andria McFerson	Please require the response team to receive true empathy training from those who they will serve hearing stories and also walking a day in that person's shoes as if they had no other options but to rely on other trained staff members. Please also go to a website called "LA Care Health Promoter" it will take you to a website made up by the residents of LA County that show real Org's by zip code and specific necessities. Thank You
			Hector Ramirez	
			shady r mallory	
		<b>Oppose</b>	Monisha Parker	<p>Strengthening the updating training for ACCESS Call Center operators in the context of enhanced Alternative Crisis Response Systems and Services for the Department of Mental Health in Los Angeles County involves a multifaceted approach. Here are some key strategies to consider:</p> <p>1. Needs Assessment Conduct Surveys and Interviews: Gather feedback from current call center operators and stakeholders to identify training gaps and specific areas requiring enhancement. Analyze Current Processes: Review the current training program and operational procedures to pinpoint weaknesses or outdated practices.</p> <p>2. Collaborate with Experts Engage Mental Health Professionals: Work with mental health experts and crisis intervention specialists to develop accurate and up-to-date training content. Partner with Community Organizations: Collaborate with local crisis response teams and community organizations to ensure alignment with best practices and services available.</p> <p>3. Update Training Curriculum Incorporate Trauma-Informed Care: Ensure the curriculum includes trauma-informed care principles, addressing the needs of individuals in crisis. Add Crisis Intervention Techniques: Provide training on de-escalation techniques, active listening, and navigating difficult conversations. Highlight Local Resources: Ensure operators are well-informed about local mental health resources and alternative services available in Los Angeles County.</p> <p>4. Use Interactive Learning Techniques Role-Playing Scenarios: Implement role-playing activities that simulate real-life crisis situations to help operators practice their skills. E-Learning Modules: Develop online training courses that allow operators to learn at their own pace while being tested on their knowledge.</p>



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			<p>5. Incorporate Technology and Tools Introduce New Software: Train operators on any new technologies or systems designed to streamline crisis response and documentation. Utilize Data Analytics: Teach operators how to use data for informed decision-making and to understand trends in crisis calls.</p> <p>6. Continuous Professional Development Ongoing Training and Refresher Courses: Establish a system of continuous education for operators to keep skills sharp and knowledge current. Peer Support and Supervision: Implement mentorship programs where seasoned operators can support and train newer staff.</p> <p>7. Evaluate Training Effectiveness Regular Assessments: Implement assessments to gauge the effectiveness of training programs and make adjustments as needed. Feedback Mechanisms: Create channels for operators to provide feedback on the training experience, including suggestions for improvement.</p> <p>8. Foster a Supportive Culture Encourage Team Collaboration: Promote an environment where team members can share experiences and learn from each other's challenges and successes. Recognize Achievements: Acknowledge and reward progress and successful handling of crisis calls as a way to motivate operators.</p> <p>9. Community Engagement Community Workshop Participation: Encourage operators to participate in community discussions and workshops on mental health to strengthen their understanding of local needs. Feedback from Service Users: Involve individuals who have accessed mental health services in the training process to provide firsthand insights and recommendations.</p> <p>By following these strategies, the ACCESS Call Center operators' training can be strengthened to effectively reflect the enhanced systems and services in place, ultimately leading to improved outcomes in crisis response and support for individuals in Los Angeles County.</p>
	<b>Other</b>	Debra Mindlin	<p>I am a Doctor of Psychology, licensed marriage and family therapist, and licensed professional clinical counselor, working in the field of mental health for over 30-years.</p> <p>. In early September 2024, I had a client almost 90-years old, who is going blind and medically neglecting themselves, living in an apartment overrun with bags and roaches. They have lived in the 2nd floor apartment for over 20-years. LAFD transported the client to the closest hospital, which did not have mental health services, after carrying them down the stairs in a chair gurney.</p> <p>Adult Protective Services: I called the Elder Abuse Hotline (877) 477-3646 before reaching the client, to find out how they might help the client, because services often change, and I</p>

			<p>wanted to be able to provide information to the client.  The Hotline worker could only tell me that when I make the referral, a social worker will be assigned and will go out with a list of resources for the Client to call.  I explained that the client is blind and needs assistance using the phone. A list of resources will not help her. The hotline worker said the social worker will see if they can do something else.  Kevin at the Hotline spent almost 30 minutes taking the information and told me that hotline workers are not APS employees and do not have information as to what APS services are available. Hotline workers send referrals to APS. I was told he would send me an email and that I had to do a full report online that would include the same information I just provided by phone.  I told the hotline and later wrote in the report that IHSS services (In Home Aid and Attendance, which is a benefit for persons on limited income and with limited assets) and VA Aid and Attendance Benefits (available to persons who served during a war or who are married to someone who served during a war), could likely allow the client to remain in their home, but the Client needs help applying and setting up these services. Their deceased spouse served in the US Army during the Korean War.  When I got the email from Kevin, it clearly says it's from ACCESS. It seems wrong that the hotline workers do not know what APS does.  DCFS Hotline workers are Children's Social Workers and there is a DCFS Supervisor available for telephonic consultation.  SUGGESTION: Elder Abuse Hotline to be run by APS workers, just like the Child Abuse Hotline is run by DCFS workers, as they will know precisely what can/cannot be provided.  Thank you for considering my remarks.</p>
		<b>Item Total</b>	<b>5</b>
<b>Grand Total</b>			<b>5</b>