

Transcript

September 17, 2025, 8:31PM

□ **Claudia P. Alarcon** started transcription

R1 Room 140 0:24

OK.

All right, we we are on. And for those of at home, if you did not see the banner pop up, our meeting is transcribed.

Go ahead.

Thank you. Perfect.

Hi everyone and welcome to the family and Social services cluster agenda meeting for today, September 17th. We'll start with introductions from the deputies and the board offices, SD one.

CA Cespedes, Anthony 0:54

Hi, this is Anthony AM connector remotely today.

R1 Room 140 0:56

I know where is he?

Street 20, Lawana Hills St. 2.

63.

84 Nick Alden here with SD4 and hi everyone, I'm Monica banking with SD5. We'll start with consent item 2K, that is DCFS request to approve amendment for Social grant makers funding agreement, family first Prevention Services Act prevention and promotion services.

Did anyone want to hold this item?

For discussion.

Seeing none ask for any public comment on Item 2A.

If so, raise your hand.

It's in our virtual.

None move on to item three. That is board motion SD2, fostering inclusivity through closed caption Valley.

Thanks everyone.

Elizabeth Arasola second district, asking the wonderful Doctor Solomon to join me for the presentation as well.

Thanks all for letting me hop into cluster today.

Before getting started and asking Solomon to also introduce himself.

Wanted to note that we do have an ASL interpreter.

And also had some visual slides.

Don't know if those are also.

DB **David Beaudet** 2:37

The current.

R1 **Room 140** 2:39

Sorry. Give me one second and I'll.

Going on this meeting so you know, bear with me please.

You, Claudia.

As I mentioned, the the motion has been.

One that's been in the works for a while, and I'll also ask Doctor Swan to introduce himself and we can get started from there to get us started.

Thank you.

Good afternoon everyone and.

This is so with this motion intends to do faster inclusivity by asking public.

A **ASL Interpreter - Anthony Diaz (he/él)** 3:32

Finally, which interpreter?

R1 **Room 140** 3:32

Is it?

A **ASL Interpreter - Anthony Diaz (he/él)** 3:33

I'm sorry, the audio feed isn't coming in clearly enough for it to be interpreted. I don't know if we can have a microphone closer to the speakers, please.

R1 **Room 140** 3:41

We don't have a microphone.

Does this help?

If I speak louder, is that better?

A **ASL Interpreter - Anthony Diaz (he/él)** 3:49

Yeah, just be aware that you have to speak very loudly and clearly for it to be picked up.

R1 **Room 140** 3:50

Up.

A **ASL Interpreter - Anthony Diaz (he/él)** 3:53

It's kind of cutting out in between. Thank you.

R1 **Room 140** 3:55

All right. The microphone at the front of the room tends to work a little bit better.

Yeah, please.

There's not a microphone, but it's just.

Sorry about that.

So so this motion intends to increase inclusivity for our deaf and hard of hearing community members by asking public facing businesses and facilities to turn on closed captioning on televisions.

This is not necessarily a novel idea.

Other jurisdictions have implemented closed captioning ordinances.

Throughout the States and most recently, who we've spoken to LA City as well.

In the county, over 800,000 individuals call who are deaf or hard of hearing reside here. But closed captioning is also.

DB **David Beaudet** 5:00

Presentation.

R1 **Room 140** 5:03

Closed captioning is also proof beneficial to individuals who are neurodiverse, such as autistic or also English language learners, and frankly, all individuals in a noisy environment.

So that's the intention of this motion.

To have a simple sort of approach to increasing inclusivity, especially for deaf and hard of hearing community members, if we can go to the next slide, please.

So this approach has been in the making for a while.

Actually, it was first brought to our attention by our Commission on Disabilities, who has been in conversation with the department for a few years now.

And kind of just just got the movement and traction started to research on what this might look like on county.

In a county framework, so we are looking at unincorporated areas in the county to establish the ordinance.

And also the other stakeholders that are involved apart from the Department of Aging and Disabilities include Department of Economic Opportunity, DCBA and ISD. And that's more of engaging in the conversation on what the report back would include. And that leads to what's in the actual motion, which actually has been there will be changes to that since we recently just got.

Engaged from what Deos engagement would look like?

And also on on the requests from the interim director Maral, who has been wonderful as a thought partner on how to truly make this a fruitful initiative.

For I guess I I can speak on what some of the conversations have looked like with LA City and some of the other research that we've done. If I missed anything, Doctor Solomon would love to have you also share any thoughts before we open it up to quest.

Or comments.

Again, I would like to thank really Miss Razola has been working on this motion for about 3 years now.

Thank you for your support supporting Commissioner.

Michael Ajin he has been a strong advocate of this and as you can imagine, this, this is about inclusivity. Removing barriers to information.

Which is very, very important.

By adapting a phased ordinance requiring public facilities and businesses in the unincorporated areas.

So.

In television.

So we all imagine these televisions are common sources of information.

Imagine a situation of emergency, and if people with hearing impairments couldn't access critical information, it could be impactful.

So it's not really a matter of best practice.

It's also an important responsibility, and we're so glad that it's coming to this level and Eddie will be happy.

To be working with the partner agencies, Dcba DEO, we had these conversations also with the city of Los Angeles.

We've learned good experience things, started some initiative about.

Two years ago, there are some lessons we learned.

I think the way it's being set up is that we can we can achieve it.

It's durable, it's being designed.

And the right way.

And so again, thanks so much for this initiative.

It's very important to all of us.

It up to two questions or comments.

Thank you.

We'll go with deputy questions.

I have a question.

Can you share more about the feast approach?

Is that referring to being an educational Catholic and?

Yeah. So the report that calls for an implementation plan and we also noted the importance of having, as you mentioned, that educational component.

In part of the initiative are.

From our research and engaging with LA City as well, we didn't wanna take a fee based.

Sort of punitive approach, but rather an incentive based approach.

So we hope that the educational component will be part of that in other jurisdictions, what that has looked like is like a 12 month educational campaign and also starting with our own facilities as well. So county run, they can include DPH clinics, DMH clinics.

To ensure that those closed captions are on before also encouraging other private businesses to or non profit businesses to engage.

And and to touch on also incentive structure as opposed to the fee based violation structure.

Of economic opportunity.

Current opportunity currently encourages businesses and and has an incentive.

Structure in place already with like technical assistance training for other initiatives

that they're engaged in. And so we we spoke with DEO on the opportunity to also have that sort of structure in place for businesses that will perhaps self identify as. Aging with the efforts.

That's ***** to kind of be fleshed out in the report back, but that's the initial vision of what we've had for the for the approach.

Thanks for the motion.

Just had a couple of questions for the educational campaign. I think you had mentioned that you're trying to do like a 12 month situation or or depending on what the recommendations are.

When do you think the departments are going to require any additional staffing or support to do some of this educational campaign work?

And the other piece is.

Because we are targeting not just public facilities and you know and businesses, but. You know, ensuring that the educational campaign also has a multilingual kind of component to it, right?

And so I think that I think that what those were kind of my two questions around this.

Yeah. Thank you, Esther.

I think in speaking with the departments, we also didn't want to add in.

An enforceable burden, I think, to the departments with the capacity current capacity.

And so that's definitely something that we've been in conversation with on what?

The.

Current capacity is and what would be needed and so we are asking for that in the report back. And yeah, we'll definitely have that in consideration because from our conversations that is definitely one of the topics we've engaged with that we don't want this to be an UN.

Mandate. So what are the current capacities that the departments do have to do that in a phased approach? So definitely in in consideration?

And As for the language accessibility, of course also agree with with with that component.

Definitely make sure that that's a topic in the report that as well. Appreciate that.

OK, I have a few questions.

Is there plans to do stakeholder engagement with the businesses that would be impacted prior to any ordinance?

So we can kind of work with them in advance rather than putting out an ordinance

and then finding some issues with it after the fact.

Yeah, definitely. I initially we've had ours, our stakeholders, our lead stakeholders, I guess the Commission on Disabilities where we've presented this as well.

And got their initial feedback in us to the business aspect.

I think that would definitely be an important part of the educational campaign and as you mentioned, like unintended consequences, also don't want to be an undue burden on on their capacity.

To kind of also share in in 1993, the FCC has.

Included the technology to turn on closed captioning on televisions that are 13 inches or larger.

And also this report back will ask for clear definitions and also exclusion criteria where it makes most sense for some businesses might not be able to turn on closed captioning, whether that's technology.

Or yeah, other sort of barriers that don't allow them to to turn on closed captioning.

In terms of engaging with businesses, I think that's definitely an important component that should be included in the educational campaign and make sure we engage with them.

If I may quickly add.

K

Kevin Castro, NIC, Ed:K-12, RID 54552 ASL 14:18

Hello. Also yes, excuse me to interrupt.

R1

Room 140 14:18

You know.

K

Kevin Castro, NIC, Ed:K-12, RID 54552 ASL 14:20

This is the interpreter.

We're going to be switching if someone can pin me the interpreter. The replacements. I'm. I'm going to begin interpreting now.

Thank you for your patience.

R1

Room 140 14:30

Give me one minute.

Hmm.

Kevin, thank you.

Quickly add stockholder engagement is very important.

It actually started with Miss Razala and Commissioner Ajin providing a presentation.

The idea was presented at the recent Commission meeting and so as we work on this, it will continue and feedback is very important.

Yeah, I'd just like to under score that since we are requesting public facilities and business.

This is this would be a requirement that.

Their you know what their thoughts are I think are important. Just as with the other stakeholders.

Make it something that could work.

So for if I'm understanding the timeline, you get a report back.

In maybe 90 ish days.

Then there. This would help explain what the term public spaces.

Could mean.

Then there would be this educational campaign.

And then the ordinance would come after that.

Is that the steps?

Yeah. So the report back I guess would entail what that implementation plan would look like.

But the the the sort of initial vision is to have that a longer educational campaign before any sort of requirement is established, and that would be before it comes to the board.

For a vote on the ordinance.

The implementation plan.

I believe that the way the motion is currently written is asking for an implementation plan to be adopted by the board.

I'm uncle. I'm sure if it's currently asking for it to come back to the board, I believe it is in the 90 day report.

K

Kevin Castro, NIC, Ed:K-12, RID 54552 ASL 17:04

Start.

R1

Room 140 17:13

Have to vote separately for.

Yes. And I believe so and I'll make sure to get that clarity on that.

To make sure that we share that out in the office, as I mentioned, there have been some revisions since we've spoken to DEO and DCBA.

So we'll make sure to share that with the offices before.

Yeah. I just want to ensure that the engagement is occurring before any board vote on Edward. If we can do that, that would be super helpful.

K **Kevin Castro, NIC, Ed:K-12, RID 54552 ASL** 17:38

1st.

R1 **Room 140** 17:43

Any additional questions or clarity?

Yeah, I had one just around like accountability or maybe enforcement later on down the line.

If we have, say, a proactive constituent who's calling our office, saying all these businesses are not doing this or we're not seeing it, does that look like, is it the department going out and defying them or just preeducating them about, you know, the ordinance and requirement?

Around is there more involvement?

I'm just wondering.

And maybe the report back.

Also reached out to DPW.

For you, who currently does ADA compliance?

Enforcement and building safety enforcement just to engage in the conversation as well on what that currently looks like and their capacity. But for this initial.

K **Kevin Castro, NIC, Ed:K-12, RID 54552 ASL** 18:33

Yep.

R1 **Room 140** 18:38

Initiative.

It's it's with the capacity to do enforcement is not at the fore the forefront for for this initiative, one because we don't want to take that punitive approach with small businesses and again don't want to do have an undue burden on them.

Rather.

Increasing the the information and education around.

ASL and and closed captionings.

If capacity were to change in the future, I I think yeah, would be happy to perhaps have that and engage in that conversation.

But as of now, it's not the approach that we want to take, but we are engaging with DPW on what that conversation initially looks like, an enforcement on their end looks like.

At the as of now, the Department of Aging and Disabilities does not have the capacity to do enforcement.

And that's not what's yeah currently being called.

Appreciate that.

 **+18*****87** 19:37

Hi I have a question.

Can you hear me?

 **Room 140** 19:39

Sorry, we're not at public comment yet.

 **+18*****87** 19:42

Oh, thank you.

 **Room 140** 19:43

That's a deputy with the supervisor office.

I can't see the name.

I think it's a phone.

She's a phone number.

Sorry, you'll have to wait for public comment after this. Thank you.

I just wanted to echo Monica to your point about just like the timeline 'cause, I think.

Yeah, right.

I mean, I think that our office would want to know that the engagement has happened, right with all the various stakeholders.

So whether it's like, you know, the commerce and whatever else in terms of you know what challenges that they might think that there might be?

So I think fully knowing that that engagement has happened before, you know, there's more votes on any sort of, I think it's going to be is going to be helpful.

So I think just having some clarity over the timeline. Thank you.

For the questions from the deputies.

England will now go to public comment on this item for those in person, you can raise your hand in this room in person if you are online, you can raise your hand, which is on the teams chat at the top.

With that, we'll see.

Are there any hands raised?

This doctor Muhammad, I just want to clarify that we're starting with public comment on this item.

We're gonna do public comment for each item and then at the end we will have general public comment.

So the public comment now is specifically on this motion.

Having stated that.

Doctor Mohamed, go ahead.

We have one minute for public comment. Thank you.

DM **Dr. Esroruleh Mohammad** 21:30

Doctor Mohammed, for the record, closed captioning is an equity and 88 access safeguard.

But equity is not just about captions.

It's about full inclusion of ADA protected authorship and prevention design.

The same principles that justify captioning apply to prevention and oversight.

Written only accommodations, non retaliation clauses, and attribution of authored frameworks already entered into the county record.

Without that, inclusivity risks becoming another bureaucrat optics.

R1 **Room 140** 22:07

Thank you.

Thank you. Next public comment.

Leah, I don't see another hand raise, but the the person that spoke earlier. If you're not able to raise your hand because you're calling in, you can you can go ahead and announce yourself and start your comment.

+18***87** 22:29

Well, my name is Trisha.

I am a GIF GCFS master's level social worker for 20 years in the Los Angeles County. All I was trying to do earlier was to ask a question, but I got shut down. We're talking about closed captioning and as a deaf person, I'm using closed captioning, but due to the fact that I was not able to ask. I missed some of. Was being said so. With that being said, let's just be an example that there is a large variety diversified of deaf people within the Los Angeles County of the 800 thousand of us here.

R1 Room 140 23:16

Morning.

+18***87** 23:16

Among them.

K Kevin Castro, NIC, Ed:K-12, RID 54552 ASL 23:16

Wonderful.

+18***87** 23:18

You have people like me as a deaf Native American Indian who uses hand sign. Because of the difficulty of being connected to the teams. Where I live, it is most efficient for me to call in, so I had a question. Also somebody made a comment about not wanting to cause hardship for businesses from the time that 88 first came into the initiative back in 1990. Signed into full force in effect 1992. It appears to me, and I could be wrong, but why are we so walking on ice to be careful how we approach businesses when in fact that we are deaf, people have been dealing with this problem? Our entire life. So I was just wondering why the ADA in regards to enforcing the ADA to protect reasonable accommodation. Which closed captioning is. I'm having great difficulty. Understanding why it is that if we don't have the manpower. To enforce the ADA, then we're no closer than working with the deaf community.

Then we started out in 1990.

So can somebody help me?

R1 Room 140 24:52

Thank for your comment.

Thank you.

+18***87** 24:56

Sorry.

R1 Room 140 24:56

This is public. Thank you.

Your time has expired.

We'll move on to the next public comment.

Monica, if I may.

I just.

I just want to point out that in the agenda in the back, there is an e-mail address and if you send your full comment, I will make sure it gets to the deputy.

So that's another way to.

To share your your message or your concerns.

Thank you.

Additional questions online.

Seeing any additional public comment, public comment in person.

I don't doctor Mohammed.

I'm assuming your hand is raised still from the first time.

K Kevin Castro, NIC, Ed:K-12, RID 54552 ASL 25:45

Last time.

R1 Room 140 25:48

Great. Great.

OK.

Thank you so much.

Thanks for coming and giving this presentation today. We appreciate it.

Move on to item 4A, DCFS. I can request for sole source contract extension with Alma

Family Services for child abuse prevention, early intervention program for developmentally disabled children. That would be 299.

Afternoon. My name's Leticia Torres.

I'm A and I'm the division manager for the contract administration division at DCFS and I will turn it over to the ICAM team.

So they can.

Hi, Evie Shulman.

Thank you for DCFS.

Over the DCFS Regional Center support unit and supervised the ALMA contract. OK.

This is an intra agency council on child abuse and neglect. Board letter to request approval to execute an existing contract. The child abuse prevention and Early Intervention program for developmentally disabled children and the contract would be with DCFS and also with Alma Family Services. The contract will be.

Expiring December 31st, 2025, we're requesting approval from January.

20 January 1st, 2026 through December 31st.

2027 for two years to initiate and complete the solicitation process for a new.

The services under this contract.

Mr. Elementary disabled children in Super Resour District 1 to provide specialized case management services to prevent optimization development.

Of dementia, developmentally disabled children who have or neglected older strengthen the bridge between DCFS staff and seniors and other community service providers.

Some of these services include ongoing training, education on reporting abuse and neglect.

Of disabled children. How to provide?

K Kevin Castro, NIC, Ed:K-12, RID 54552 ASL 28:11

Oh, I'm sorry.

This is the sign language interpreter.

Just for clarification, if you can speak closer to the source because it comes in and out and I can't hear.

Thank you so much. I apologize.

R1 Room 140 28:23

OK.

Thank you.

A **ASL Interpreter - Anthony Diaz (he/él)** 28:27

End of the other interpreter can be pinned.

We're having an interpreter, so us which?

R1 **Room 140** 28:34

OK.

Sorry.

A **ASL Interpreter - Anthony Diaz (he/él)** 28:42

You can just have both interpreters. Just pin the entire time and will come in and out when we need.

R1 **Room 140** 28:47

Oh, OK.

Go ahead. OK.

You're that information, OK?

The services include ongoing training and education on reporting abuse and neglect of developmentally disabled children.

How to provide appropriate specialized case management support services, parent training and support groups and education for families on child abuse and how to prevent future abuse and neglect, educating regional centers and other community providers on the importance of reporting child abuse and neglect.

Act notified the board June 11th, 2025 the intent to enter into this contract.

The contract will be for \$300,000 annually.

And the contract will be finance using AB 2994 funds and these funds come from birth certificates, surcharges. They're deposited into the county's Children's Trust fund. In the past, the ICAN office.

Along with a disciplinary team, handle the contract selection process this time around.

The department will take the lead with with soliciting for a new vendor on March 19th, 2025, we conducted a request for information to gain some familiarity with the current market and gather information related to the operational management of a

child abuse prevention and early intervention program.

Yeah, we receive 7 inquiries related to this solicitation.

The next steps for us would be to conduct a competitive solicitation to assess the qualifications of the agency that are interested, expressed interest in the service with your board's approval on this extension, we would have time to initiate and complete the solicitation process for a new CONT.

OK. We'll go to questions by the deputies.

I knew I was going to have questions.

I I also have some.

Yep, I have a couple questions.

First, in the in the.

Cover sheet. It says that this program is a specialized program that was recommended for funding by SC1.

That mean like, how are the districts recommending this funding OK.

I hope you can hear me.

If not, I'll move.

When I can initiated this process to fund specialized programs with the Trust fund dollars, we did reach out to each board office to see if they had any particular program.

That they wanted funded through these dollars. And so at the time that we were doing that, this was a program that.

The soup District one really wanted to support.

There have always been big supporters of Alma Family Services so much that when it was time for a renewal of this contract they they insisted that the contract continue and they raised the contract amount to 300,000 a year.

Which at the time was the highest amount of money that we had for these contracts. So that's where the initial came from.

But once we received that request, we still go through our multi disciplinary process and make sure to vet the program, get input from all of our stakeholders, people who have expertise in a particular issue and then refine it to make sure that.

The services that are being recommended.

Actually actually work.

To meet the needs that have been identified.

Would you?

The difference for the Zoriel district still get to make recommendations about where

funding should go at a one time thing, no.

Well, up until recently when this process.

Per the board's request, has been changed to move away from sole source.

We no longer do that, but we had always done that previously and I don't know if you remember the last time I was here. We were talking about the incarcerated Parents program.

I had reached out to the Board office about extending it for the I was told yes, this is an I can recommended program.

Go ahead then.

Obviously there's been a lot of changes in policy, so I no longer no longer necessarily look to a board office for recommendations because we're now doing a competitive solicitation.

Can I follow up on?

Line here.

So. So it sounds like that there really wasn't like a competitive RFP process that y'all were asking for offices for various recommendations and SD one said the Family Services and now we have this kind of like new policy where you don't do the board engagement but for this.

Particular one, we're extending the.

The contract so that they can continue doing their work.

So.

Does that mean the theme here is like this? Seems to be like an outlier like contracting process and to your point it sounded like that there was something in the that was we don't.

Yeah. So first of all, the programs that have been funded through 2994 have been programs that have been recommended to us by board offices as well as community advocates who I've identified.

Hideaway and we look to find a program to actually address those needs. When this started, yes, it was put outside the regular contracting process and done as a sole source because the Trust fund dollars are specialized pot of money and requires that a child abuse counsel make the.

Funding recommendations and I can is that child abuse counsel.

At the time has the services were also there was an agency.

That was also being identified, who we knew could provide the correct services, appropriate services to address the need that have been identified.

We were always using sole source process.

Now we've moved away from that and all of our contracts that are coming up renewal were issuing an RFI or we're going straight to an RFP. And if the RFI, if there's more than one agency, obviously then we.

I will say.

This isn't. Perhaps we can have a discussion about this another time.

It has created some difficulties for ICANN in managing these contracts and in our goals for for the programs that we do this, but we understand the move away from sole source. So we are doing our best to comply with that requirement.

More question because of your response, so I appreciate you, Esther.

This because it sounds like this is kind of like newish for us.

One is how much is in this like trust fund thing that that folks can kind of with or do allows.

So we we monitor the trust fund dollars with DCFS finance.

There's \$1,000,000 from the Trust Fund is actually loaned over to the prevention and aftercare contracts and I think currently there was around four and a half million.

Or that's currently in the.

That's fine.

Yeah, yeah.

And so we're very mindful of trust fund dollars and they also give us a projection for several years out to see where the trust Fund is going to be going.

Births have been down, so the trust fund dollars are also going down and one of the things that we're doing very careful about is not to deplete fund.

And but we're currently still under obligation to to give the two million for aftercare.

Rest of the funding is worthy, specialized programs.

Then my second question is specifically with Alma. Since you know this is like a sole source, are they serving a specific area and This is why the full force is for armed?

Because they are servicing a certain area and they have been deemed by, I'm assuming I can or this process that they are the ideal tractor for, for, for this. So and Denise can speak to this as well.

Well, this services are specifically for the 1st district.

They are not providing county wide.

We do have some contracts that are county wide, but many of them are specific to a particular district.

We did do some outreach.

This to see if there were other agencies who were able to provide these services and really there wasn't anybody else who had the expertise to do this. So that was part of our decision making.

In selecting Alma based on the recommendation of the Board office.

But again, we do our own vetting process. And so that was our what?

We decided what made the most sense to provide you services, OK. And then now we're kind of like shifting away from, right, the board recommendation.

So there still will be a process and so if next time there's an RFP or competitive process, I mean it sounds like Ana will go ahead and.

And and whatever else that just seems to be like a outlier thing.

That is kind of, yeah.

Almo go through it.

Our prediction is that they will probably end up with this contract because you know, with an RFI, it's easy for an agency to say, Oh yeah, we can do that.

The RFP process that could be very different.

All right, follow up on this.

Go through the RFP process. If it's still just for SD1.

Well, the services are right.

Why aren't these services? They're really.

Why does it only get? Why do kids in one district only benefit?

Because these were identified.

Projects for a particular districts I would love for all of our programs to be county wide, but we don't have enough money in the Trust Fund to cover that. If other funding sources were identified.

It would certainly be open to looking at how we could expand it to other districts.

I've been with suppressor office.

I've never been asked to review any kind of program that our office had previously designated.

I mean by I can't.

So I don't understand.

Kind of.

This clearly was done.

I don't know.

Maybe even before 2009.

But that's a really long time ago, so I just, I don't understand how these programs

were selected.

Why they were grandfathered in from 2009 and the board has changed.

So why haven't new?

Risers been given the opportunity to look into well again for for your district we have a program that's currently with El Nido to provide coach family visitation and save child custody exchange services.

We're actually in the process of working on an RFP for those services.

It is in two districts.

It's in the third district and the 5th district, with a different agency.

It started actually with friends of the family, which then closed doors. And so now it's with El Nido.

That recommendation did come from the deputy that was there back then.

Our programs are evaluated and since they have been doing really well in our meeting needs, we continue.

We've continued with our sole source process to fund these.

There was a time.

When the county said they were going to be doing county wide visitation services and we were hopeful that with that other funding that we could expand this model because it's a really excellent model of coaching people to monitor visits.

But the money for that never came through.

Or I'm not sure what happened, but that ended up being dropped, so we're still now just in these two districts. Again, if there were more funding.

To provide this visitation program across the county.

That that would be something we would be very supportive of.

I ask a clarifying question, so it sounds like when this funding was made available, each district essentially had choice of like what program they wanted to prioritize and based on that provider's were identified and it's continued on.

So what happened was was that.

The program or it's in conjunction also with the AB 1733 which is the child abuse prevention and intervention treatment.

And at the time early on, ICAN made funding recommendations for CAPIT and for the Trust Fund, the Trust Fund dollars were put in to cap it.

We didn't have the specialized programs initially. Then things kind of moved more to a SPA based service, particularly with Capit and we identified that there was all this surplus funding and the Trust fund where we could do these other supplemental

services.

And we decided to honor the fact that it had originally been by Supervisor El District that we would reach out to each district to see if they had a program that they wanted to fund and then go through our multi disciplinary process.

So that was sort of just to honor what had been the process prior to us doing specialized programs. And you, would it be possible for you to show a list of programs? Absolutely.

Different districts and absolutely we have.

Prepared documents that list the programs talk about what they do.

Let you know how much funding they're getting and when they're due to expire, etc. I'd be happy to send that over.

Yeah, another question.

I'll let you because I think you're probably going to ask what I'm going to ask. OK?

They're fighting at me. OK, first.

I want to thank you Edie for releasing the RFI because I think it helps us know that there are other.

Groups and you're right.

We'll we'll find out right wise. Who wins the RFP through a competitive bid process, which may be the current provider. It may be a different provider.

But I think this is a good first step.

When did we receive all the information from those that completed the RFI?

It was sent out in March.

The the responsive the deadline was April 3rd.

25 and have we started working on the RFP since April, so going back to that, we're looking at the statement of work reimagining to see what needs to be added, to plan to release it next year.

September already we have.

I have a list of Mike. I knew that would come up.

I have 26 solicitations in progress.

It's RFP's RFQ's. It's a workload impact.

It's my staff are stressing out because it's just so much work.

But we're doing the best we can to get these out as soon as possible.

And as soon as we have the statement of work ready, we'll, you know, get that.

But we do have a timeline to get this out next year.

Early next year, or around sometime around April 2026, OK.

Also.

Letisi and I know take some work.

Will it take three years to write up an RFP?

And graded and score it.

Because this is what this is, yeah.

So, I mean, years plus A1 year extension.

No, they they removed that.

We're only asking for the two years we've removed the had two additional 6 month extension options which we removed.

I see that, sorry.

I remember the third year and I think we had a discussion about that piece of it separately.

Six month extension where so that number item number 2 will be deleted. Is that right? If you see it whether the new version that was emailed, that was a new version that was emailed, that's not on the on the cluster, not what we have.

Oh sorry, I have a copy of it. If you would see it.

Because that's I was going off of.

Recommendation.

We'll send that around to it and send out any any revisions.

Yeah, and and chair, can I?

I've actually made this comment in other clusters, but yeah, if there are any changes or revisions just for the sake of transparency right 'cause I think we all print out copies of the old version and we're not looking at the most current that if we at most current.

Flagged and ensure that.

Cluster sent her handout right there.

Recent change that was made based on recommendation from the CEO that we removed those two six month option years. So we revised the board letter to reflect that.

And I think contracts was submitting it.

Available for the cluster, I just think just moving forward like yeah, because I mean this has happened in other clusters where the board deputies are don't have the current version we're looking at and then also.

So you know, we're supposed to be making these clusters like transparent to public.

And so they should be being also.

Update info so.

I'm looking at this versus the draft.

If two still does say exercise 26 month extension options be one year in addition to Directive 1, which is 2 years for a total.

That might be just.

I thought we had removed all references.

To the six months, it's possible that that was missed, but we are only seeking the two years, not anything beyond that. If that new. So if we need to revise that board letter to reflect that, we will.

That would be valuable.

So our bosses are accurate. I actually wonder, right?

Right. Because it sounds like there's some additional changes that we haven't seen quite yet. And I know that that we have a other stuff on the agenda and I don't think that, you know, Liz will just left, but there are some other questions is does this item have?

To be on whatever agenda.

Or can it be on October 11th, for example?

It seems fine to me because the contract expires December 31st. OK.

So then I wondered if we can then?

Set this for what the next cluster and then hopefully by then we'll have the most up-to-date version of this so that we can we can continue the item.

I think the only change is the contract term.

There's no other material changes to the voice.

It's just that.

Constructive shoot.

It's just the.

The the fix one here option there. There are no other changes on that I assume.

Well, I'm really glad I asked that question, yeah.

Thank you. I I thought we had removed all references to that.

So if we didn't, I apologize.

Thank you.

Do we wanna?

You can still move it forward.

I mean delay it if you want, but that really is the only change. But I think I think that you have other questions, Liz and also.

That they just shared that the change version is not doesn't reflect the change that they have made on their end.

Oh, so we've asked for the version that reflects the change that they believed.

So then I should coming back to us. Well, so this so I was just wondering, I I don't if I have the other one support but like do we want to continue it so that we have the most current even if it is that one item?

And then you know, you might have other additional questions.

I know you still have more questions.

Yeah. And I I know Anthony Anthony is not here and I think he might have been calling in, but he might have some legitimate you're in. OK, so Anthony?

CA **Cespedes, Anthony** 49:31

I'm back.

I'm here.

R1 **Room 140** 49:37

You.

CA **Cespedes, Anthony** 49:38

Yeah. My only question to to Esther's point is if it is continued, is it going to be continued to be another presentation item again or is it just OK, we're going to come back in a week, it'll the language will be cleared up.

Here's the additional information that folks are requesting about their respective ICANN projects in each district. And then it goes that way.

Or what is the format we're thinking of here with the continuation?

I I understand there's still the 31st. I would just hate to see any sort of disruption in service.

R1 **Room 140** 49:59

I think.

CA **Cespedes, Anthony** 50:04

And that's my main concern.

R1 **Room 140** 50:04

Oh yeah.

Yeah, right.

I don't think there's a disruption in service right 'cause the contract contract end of this year.

That's why I had asked.

I was like if we continue it for one week, is it going to impact?

And it doesn't sound like it is.

And just think that one, the one that's raised a lot of questions and then we also have this new revised which I get.

Thing but.

We I we can.

I'm sure the department can get us a revised final version tomorrow, since it doesn't seem like a lot and then circulate it.

There are requests for it to come back.

Yeah. Yeah, and OK.

Yeah. So we'll, we'll get that out to you no later than tomorrow and then I'll, I'll send out an e-mail to the group asking if you would like it to come back.

OK. Also can I provide you with the listing of the programs and their descriptions so that you sure.

With them, OK, I think.

Any background info I think would be would be helpful.

Thank you. Ground information for you know just any other additional information in terms of you know program ward offices making recommendations so forth.

I mean, I can prepare a document that describes what I've discussed. If you think that would be helpful.

Yes, thank you.

And Leticia, when did this original contract go to Alma?

With the history of it, was it 09?

That's what one specific. Yeah, the last word later I have 2009. OK, but there was a revision to this statement of work. And so the program shifted significantly in 2015. More direct supports to the families and parents and caregivers and children.

Got it. Went to Alma, but for a different type of program. It stayed with them, changed what they were doing changed dramatically.

They provide a variety of different services.

Denise came in and completely worked with Alma to completely revamp.

Services that were being provided.

I will see this back if we have people that would like to see that and Claudia will identify that with that additional questions from the deputies.

We have any anything.

CA **Cespedes, Anthony** 52:33

Oh yeah, I was just going to say with respect to for those of us who aren't familiar with Alma, Alma just does fantastic work across a number of different issue areas for mental health, children services, even contracting like DHS on ODR.

R1 **Room 140** 52:33

Else.

CA **Cespedes, Anthony** 52:44

So again, we speak very highly of the quality of the work without weighing in on whatever this contract is.

R1 **Room 140** 52:51

I think this is a bash on Alma.

I think it's just AI think it's just for us to just understand and get some clarification around the process. Yeah, contracting.

In this process, will is changing.

So we're not doing sole source contracts anymore?

We have moved to the RFI and or RFP process.

Appreciate that.

It will be 16 years. The lengthy sole source, so we appreciate that.

With that, we'll go to public comment. Any person you're in line.

This particular item, if you have a question, you can raise your hand in person or online for this particular item.

Raised hands.

None in person, and we're seeing none online.

Thank you. If I could just note at this point that this is, this will end the the ASL interpreter portion of the meeting.

But thank you very much to our interpreters. Thank you.

Thank you.

So are we going to be notified if we need to come back next week or should we plan on becoming Claudia?

We'll notify you. OK, great. Great.

Thank you.

Now Mr. item, if that is the OCP progress update on strategic plans.

Come on up, man.

Hi everyone.

This.

For having us today and adding us to the agenda to share some updates on our strategic planning process as well as.

Updates on some of our key initiatives.

Science, OK.

I know we were a little bit short on time and I have a lot of slides.

We put a lot of details in the deck in case we ran out of time, so I will do my best to go through it at a pretty high level. But today we wanted to share with you all progress on our project planning process share with you some.

Work that we've done around the process to redefine the child protection priority.

Provide some updates on some of our key initiatives.

Many of which are collective impact initiatives that we partner with other departments and and leaders on. And then we'll have time for question and discussion.

Just a really quick recap. back in December last year, we submitted as part of our report back to the reimagining the Office of Child Protection Report back Chapter Plan Road map that identifies some of the ways that we are reframing our role in our approach to working.

To advance child and family well-being priorities here in LA County.

I just wanted to share that very quickly. Part of reframing our approach is shifting the language we use to.

More explicit around our work to strengthen overall child and family welfare, we're using the language of targeted reversalism that our offices work is really focused on strengthening child and family welfare here in LA County with some targeted and focused strategies to improve supports for children and families through.

Our systems involved and at risk of system involvement. We're also reframing our role so that it's clear to our stakeholders, including board offices, county departments.

And Community partners that we want to serve as the county's lead on centralized policy advocacy and systems change specifically again for child and family well-being and then through a stakeholder process and engaging with board offices and systems partners. Last year, we've identified 3 focus areas for.

The next three to five years of our work, the 1st is building Community Pathways. This is something our office has been engaged in since we were created in 2015. It's our prevention focused work.

And really strengthening the network.

Services and support so that families get what they need in their communities before they're touching safety net and crisis systems.

The second is strengthening our system of care partnership.

So this is the partnership that brings together children and youth serving county departments so that we can increase our shared responsibility and accountability across these departments around shared clients and shared goals. And then the last, which is a newer area for us is improving youth behavioral health and.

Health outcomes overall for the county's children and youth.

In the past I would say a lot of our health and behavioral health work has tended to focus specifically on the child welfare population. But I think especially with a lot of these newer initiatives around medical transformation and behavioral transformation efforts, we really want to look broadly at.

All children and youth here in LA County.

Just really quickly, I think you all know, but in June through Supervisor, Horvath and Han, there was another motion evolving the OCP and redefining the child protection priority.

We have a report back that we received an extension on because of some of the timing around how we want to go through the listening sessions and Community stakeholder process. But part of this motion is that we are finalizing the board, directed us to adopt those 3 focus.

Areas as our priorities and our strategic plan.

And we're finalizing the strategic plan and we are starting the process around stakeholder engagement to redefine the child protection priority just in terms of finalizing our strategic plan. We are working with a consultant team called Fractal Strategies.

They are supporting our work to both finalize the plan and also.

Improve communication strategies so that our office can communicate better with all

of our stakeholders and different target audiences about our work.

They are helping us create a strategic plan template that I think is more easily digestible than our previous version.

They're also creating a communications platform for us that has some of the narrative strategies and key messaging pillars for our offices work and then really helping us define how we want to communicate with our way of stakeholders.

LB **Lesley Blacher** 59:15
Hello.

R1 **Room 140** 59:19
So that includes some sort of regular newsletter that.

LB **Lesley Blacher** 59:22
Yeah. Thank you so much for calling.
I'm his daughter, so I appreciate the the call.

R1 **Room 140** 59:26
We can hear you.

LB **Lesley Blacher** 59:29
We had a question about the and I think I have the form.

R1 **Room 140** 59:30
We can hear you.
Got it.
Our communications slay Buck, you know, in the past, we used to submit quarterly reports to the board that were also public.
It tended to outline all of our projects and I think while many stakeholders found those informative, I think we've also gotten feedback that they wanted something shorter and easier to digest and really shared progress on key initiatives and highlighted the impact of our work.
So we will be moving more towards either a bimonthly or quarterly newsletter and then an annual report that we file with the board and release to the public every year.
And then lastly, just just part of the strategic planning process. Our fractal team has

been engaging directly with the board offices you all to get some feedback on our work. And then the last couple of things we've been focusing on is really an internal assessment of the current.

Projects initiatives that we are leading or Co leading part of that is you know we have some projects that we and caring and working on for a long time and it's trying to think through how does this fit with the new strategic focus areas that we're adopting what?

We can institutionalized with department partners or a pivot and renew some of our approach to these areas and then we anticipate finalizing the plan by the end.

And just redefining the child protection priority.

This is another area where, given just leadership and transition leadership and staffing transitions and the staffing bandwidth, we are working to bring on another consulting team. They're called Margolis consulting.

They've done a lot of work to support community listening sessions for the mhsa process, and various first five commissions throughout California.

We were directed.

To work with stakeholders, including those with lived expertise, to really get feedback on redefining the child protection priority. And I just wanted to share the current child protection, child safety mission statement that our office developed back like 10 years ago through Community input is protect our children support.

Our families and champion their success.

So I think part of this work is really undergoing a listening process.

Engagement process not only with systems partners.

Spoke with our community based organizations, advocates and people who lived experience and expertise to get feedback on how we incorporate child and family well-being into that definition. And I think that will also help us think about like rebranding our office, our name and all that good stuff.

So working with Margolis, we are working to or we have a scope of work where they will launch an online survey.

Platform or through a platform to gather as much input from.

An array of stakeholders as possible. We also will work with Mark Olis to conduct ten listening sessions before the end of this calendar year. So five will be in person.

We've gotten some feedback.

You know, depending on how stakeholders want to engage, we could also make sure those in persons are hybrid options as well.

But the idea is to have five in person, one in each supervisorial district, and then also have 5 virtual listening sessions.

And part of the reason we also wanted to contract with a consulting team.

It's much easier for them with some of the logistics that we want to ensure is built into the process, including translation services being provided to participants and providing some sort of compensation through gift cards for people who lived experience and then our team internally will be working with.

Systems partners through County Department Leadership system of care and different collaboratives to get feedback as well.

Along with our children, child, youth and Family Focus commissions.

This is the dark figure where we did get an extension.

We had 180 day report back which would have put us at December, but just given the timing of everything we did request and receive approval for a report back in February of 2026.

I don't pause before going into just project updates. If anyone has any questions or. Future planning or this redefining the child protection priority.

And then again, just in the interest of time, I'll, I'll zip through this pretty quickly.

There's a lot of detail on the slides that we wanted to provide.

You wanted to share with you all some updates on some of our key initiatives?

This is just a snapshot of some of the projects and initiatives that we are leading or coleading and we picked these because some board offices had expressed interest on some of these projects. And then we also picked some that align with these three focus areas that will be.

In our new strategic plan.

So we wanted to share about our community pathway work system of care work and some of our youth health and behavioral health initiatives. Just in terms of Community pathway, you know I would request that our community possibly leads can come back to this cluster at some point soon.

To provide a more comprehensive update, community Pathway 2.0 is a collective impact effort that is Co led by many partners. So not just office and child protection, but our Department of Children and Family Services.

County Office of Education or Partners at the prevention and promotion Systems Governing Committee and it is really bringing together partners across many of the initiatives and efforts that are happening across the county to promote child and family welfare.

We do have a shared leadership structure, so this is the structure of the Community pathway, 2.0 collaborative itself. And you'll see we have shared leadership structure. Community partners, both providers advocates.

And people with lived experience who are part of our community pathway work and there are multiple work groups and work streams and strategies that we're pursuing, including implementation of DCFS family first Prevention Services Act, food security and home visiting initiatives.

The project that I wanted to or initiative that I wanted to highlight today is something that OCP is specifically Co leading, which is as part of the Community pathway work we are leading.

This policy table that is really focused on capacity building for Community pathway here in LA County. So that is aligning and uplifting existing work across systems partners coming together to really think about how we want to advocate with the state when necessary for.

Their clear regulatory guidance or legislative changes when needed.

And then I think the the last three points is really thinking about these different initiatives.

And policies that impact the entire continuum of child and family well-being and focusing on local policy implementation of those statewide or federal initiatives and then highlighting fiscal sustainability for these different services that we are working with partners to to sustain.

We had our first kickoff meeting of the policy table last month and I just wanted to share the three priority areas that were lifted up by partners and this is, you know, we just had our first meeting.

And the meeting included department leads as well as community based partners.

And some people will experience the three priority areas that bubbled up over and over again as group coming together to develop a shared policy agenda around child and family well-being. And I think this is similar to in the past, kind of what the Children's Planning Council.

Would do around a policy agenda or shared children's budget.

The second is thinking about and identifying sustainable funding for child and family well-being prevention services.

I think the most immediate need that's come up is really looking at behavioral Health Services Act funding, particularly what's available through the state, with prevention funding and then also locally this transition from MHSA to bhsa here in LA County,

led by our Department of Mental Health and and SA.

Partners like how do we ensure some of the investments that have been made can continue to be carried on either through BHSA funding or other funding streams? And then I think that work really helps inform program and policy implementation across initiatives.

The second community pathway project I wanted to highlight is our plan for safe care work and this one I primarily wanted to highlight because it's an example of program service, delivery model and policy work that our office is incubating and partnership with many county departments and community based.

Organizations and hospital partners I've shared about this work before, but this is something that's federally required that we as a county have a protocol.

For addressing pregnant people.

And new parents who are struggling with substance abuse and the needs of their their infants.

The goal for our work where it's linked to Community pathway is that we want to ensure these families receive services before they come into contact with the child welfare system.

That is kind of the practice that's happening now and we're trying to shift that model and it aligns with.

Supporting initiative work and just broader prevention and promotion work.

We'll just share that like this partnership.

Is led by OCP, but includes many county, department and other partners that are listed on this slide and we have developed pilots that are being implemented at 5 hospitals, including three DHS hospitals. Just in terms of progress to date. You know, I think sometimes we hear a lot.

Of questions around kind of what's the impact of your work? Do you have metrics you can share?

And we have several projects like this like this that are pilots or programs that we are partnering with others to.

Incubate.

And then hopefully sustain long term and I wanted to share this, the POS numbers just as an example.

Again, we're partnering with Doctor Hunter and the mandated supporting initiative on this work. At the bottom, you'll see a link to a web page on Doctor Hunter's mandated supporting initiative county wide site that has all of our materials. But

today, through this work, apparently in the last.

18 months to two years, our office has helped secure three and a half \$1,000,000 in state and local funding to build capacity for this here in LA County.

We have trained almost, you know, over 8 at least 850 hospital staff, community based providers, social workers on the laws around plan to safe care and also just how we work in this is we're working with people struggling with substance use who are pregnant or.

Parenting.

We're in five hospitals.

We have hospital based navigators through Shields for families that are at these five hospital sites.

We are facilitating many many project management.

Meetings at these hospital sites to work on workflows, policies and implementation barriers, and in the last 18 months or so, through our partners at Scheels for families like we have created over 100 plans for people who are struggling with substance use and pregnant and or have had.

Newborns and this is really key again to our community pathway work.

It's shifting practice so that instead of calling Protective Services that there's a pause.

There's teaming at the hospital sites.

With our navigators and with partners to figure out how to wrap services around parents, to try to address their needs and keep them out of the child mover system.

Ask questions.

Our system of care work I wanted to.

There were a couple questions from deputies about the transition Hu 30 table, so I'll just share this one quickly and then skip over the the other two because the details are in the deck, the Tay tables.

Is another example where our office is leading collective impact work in partnership with other agencies. The Tay table serves as the county's coordinating body.

To address youth disconnection and prevent youth and young adult disconnection.

And we're doing this by bringing together County department partners and subject matter experts to really coordinate around education and vocational services, workforce services and wrap around supports.

This work is a component of the system of care partnership and connected to the prevention and promotion system governing committee work.

The backbone support for the T table is provided by our Office Department, Children

Family Services.

Is the Youth Commission and the Department of Youth Development.

The structure of the T table I know, and I know many of the board deputies have attended some of our convenings is that we are bringing together key department leads and quarterly convenings.

We've also, we're starting to launch project based workgroups.

Those work groups include both county department leads as well as community partners and subject matter experts, and then our Department of Youth Development and all of these CONVENINGS ensures that there's a learning collaborative piece.

With departments around best practices with youth development principles and different areas of research they're doing in that space.

Projects that I just wanted to highlight and we shared more about this in our last table convening is we have a few key initiatives, deliverables that we have identified with our Tay table leads.

The first is we launched an integrated TE data sharing work group and this is really bringing.

Together cross departmental leaders that's looking at data sharing and information sharing to support lots of different ways that we can support our transition age youth programs and services.

So this includes one roof's efforts to address housing and homelessness for former foster youth.

It's also looking at ways to partner with our Chief Information Office and use their information hub to connect data across departments.

That supports care coordination and systems planning.

We are also working together with ISD and many other partners to develop a Tay focused web-based resource portal and I can share a little bit more about that in a minute, but the resource portal will serve as a hub site where transition age, youth service providers, staff.

Can go and find information.

To help with service navigation and linkages for young people who are in need of services.

And then the last which is related to some recommendations that were recently, I believe submitted by the PPSGC is recommendations around improving the continuum of care youth.

So we are partnering with them, DCFS and others around ensuring that there's dedicated support for former Foster youth through age 26 and that we're prioritizing access to these critical supports and services.

And I'll just highlight with this work, you know I think director Nichols from DCFS and many other partners in the system of care through our complex care work over the last five or six years has talked a lot about teaming, expanding the continuum of care and this idea.

Of a fast pass and moving our young people or systems involved to the front of the line for some of the supports and services that the county offers.

Kind of fast through this, Tate integrated.

Work group to just share more a little bit more information about the web-based resource.

We are partnering with ISD on this work and really trying to develop a cross sector process with our T table leads to identify some of the key resources that we would want to put on this web web page or hub and it would be a multi phase project.

Where we're focused on curating resources and information that young people say they need and want.

Design and launch the resource hub. Working with young people directly, so to ensure that is something that is.

Feeling to them and something they'll actually use and then phase two is where we'll really look at, like leveraging AI to enhance functionality.

Like, how do we build in that close referral loop and warm hand off work leveraging some of the work that's already happening in the county through CIO for instance? Or care connect and different models.

Pass through these next few things, just in the interest of time.

And then just the last area I will highlight is some of our behavioral health and health work. We did hold in partnership with the board offices on in June. At the end of June, a youth behavioral health convening that brought together lots of different partners, including County DEP.

Leads from DMH and Sabsee who are working on the HSA, planning to really ensure that we're all on the same page around the intersection of health and behavioral health policies and initiative changes.

That impact children and families, so we identified a number of action items coming out of that work.

I wanted to share this because.

For our office, this type of work is cross cutting across all of these focus areas like when we are looking at medical transformation, behavioral health transformation prevention work and child welfare reforms. There are a number.

There's a lot of letters up there, but there are a lot of.

Initiatives and policy changes coming down, especially from the state that cuts across that entire continuum.

So it's not just thinking about bhsa as it applies to be behavioral health, but how do you use bhsa to support prevention and child welfare reforms and making sure that young people were child welfare impacted are able to leverage a more robust continuum of services. So I just.

Wanted to highlight this because.

This work for us again is focused on like the policy systems change.

Looking at all of these different initiatives to fund sustainable services across the globe and just the last highlight is our office has been partnering with DCFS and the Managed Care plans and the health departments. On looking at medical and county benefits for the child welfare population there have.

Been a couple of motions that direct us in that work.

So just wanted to highlight, we have a couple of reports that we have filed.

That are.

In this in this presentation, there's a medical analysis that one of our consultants put together that looks at engagement indicators for youth in managed care versus fee for service. And I think that has been really instrumental to spark the conversations around why do we have so many of.

Our children and youth and foster care and fee for service.

Now, how do we ensure that new benefits that are available through managed care plans that our youth are able to access them if they want them and?

The crux of this.

Work is really ensuring children, youth and caregivers have the information they need to make those choices for themselves, and then we are also implementing a pilot with the DCFS Glendora office around Enhanced Care management, which is a call in benefit.

And then lastly, we just filed a report back to a motion from Supervisor Solis and Han around looking at medical and KALIUM specifically for transition each youth.

Ready to share more about this? We have a multi agency briefing for you all.

Coming up in a few weeks, so we'll get into more details then, but just wanted to

highlight and and share links to those reports.

I passed over a few projects in the interest of time, but there's details in there and leads us to see if questions or anything I can clarify.

Then we'll go to deputy questions.

Verification.

Did such a good job.

The only had general comment.

Amazing.

Well, will we know how to reach you?

Yeah, people have questions in the future.

To public comment on this item, item 4B.

If you have it, please raise your hand.

In person or online?

Any.

Meeting.

Doctor Mohamed, do you have one minute on this particular item? Item 4B.

Hamid, you're on mute.

Can't hear you.

DM

Dr. Esroruleh Mohammad 1:20:27

Good afternoon.

This is doctor Muhammad. Strategic plans must embed prevention guardrails, not just report progress.

My frameworks, including the Bureau of Care to custody cemetery pipeline, which is entered into the county record on April 10, 2025, already maps displacement and custody pathways.

Exclusion of those frameworks, such as the Bureau.

3 cemetery pipeline and the B2C3A pipeline prevention.

May cite equity and lived experience, but creates a governance gap.

Families face real harms, as confirmed by the September 10, 2025 child fatality just last week, despite warnings on record, I asked OCP to publish a transparent timeline of prevention transformations and formerly embed viricare to custody cemetery.

R1

Room 140 1:21:05

Yes.

DM **Dr. Esroruleh Mohammad** 1:21:18

Pipeline fidelity metrics in its plan.

Thank you.

R1 **Room 140** 1:21:24

Thank you.

Remember to public comment on other item.

We didn't already, right?

Yeah, there are no public comment. If you have any, please raise your hand in front of.

Mohammed, is that your hand still up from the fire item?

We we did receive written public comment that was emailed to the deputies.

DM **Dr. Esroruleh Mohammad** 1:21:59

Thank you very much.

R1 **Room 140** 1:22:02

Thank you. Seeing no hands raised in the room nor online, I think you will conclude this meeting.

And we we adjourned.

We're going to close session now.

We're going into closed session at 3:00.

I'll see you.

I had just sent out the e-mail.

Yes, sorry.

So yes, going into session, yes.

250,000.

□ **Claudia P. Alarcon** stopped transcription