

JUNE 25, 2020

MHSA COMMISSION MEETING

10:00A - 2:30P

>> JOHN FLYNN: AND 3, 2 -- GOOD MORNING, EVERYBODY. WELCOME TO THE MENTAL ILLNESS COMMISSION FOR THURSDAY JUNE 25, 2020. WE'RE GOING TO GET STARTED IN JUST A MOMENT BUT BEFORE WE DO. I WANTED TO GIVE YOU A LITTLE BIT OF A TECHNICAL ADVICE ABOUT HOW TO PARTICIPATE IN THIS MEETING. WE HAVE CLOSED CAPTIONS AVAILABLE NOT ONLY IN ENGLISH BUT ALSO IN SPANISH, KOREAN, CHINESE AND RUSSIAN. IF YOU CLICK ON THE "CC" AT THE BOTTOM OF YOUR SCREEN, THAT WILL OPEN UP CLOSED CAPTIONING. YOU'LL SEE IT FIRST PLAYING IN ENGLISH. BUT IF YOU CLICK ON THE GEAR NEXT TO THE CC, YOU'LL BE ABLE TO SELECT AN ALTERNATE LANGUAGE. THERE'S A QSR AND A PANEL, MOSTLY FOR TECHNICAL ISSUES. YOU'LL BE HEARING MORE ABOUT HOW TO ENTER PUBLIC COMMENTS AFTER I TURN THIS OVER TO OUR CHAIR, BRITTNEY WEISSMAN AND THERE IS OF COURSE, A PUBLIC COMMENT PHONE LINE THAT WE'LL BE REFERRING TO IN A MOMENT. AND BY THE WAY, YOU CAN PAUSE BACK AND PLAY, IF YOU MISSED A LITTLE BIT OR YOU WANT TO JUMP AHEAD OR BACK, BY USING THE CONTROLS AT THE BOTTOM OF YOUR SCREEN, IT'S JUST LIKE A TIVO OR DVR OR IF YOU WANT TO STICK WITH LIVE, THAT'S WHAT I RECOMMEND. CLICK ON LIVE AT THE BOTTOM OF YOUR SCREEN AND THAT WILL TAKE YOU TO LIVE. WITHOUT FURTHER ADO. I'LL TURN THINGS OVER TO OUR CHAIR.

>> CHAIR WEISS: GOOD MORNING, EVERYONE. SO GLAD TO SEE YOU AND TILE, I CAN'T SEE YOU BUT I HOPE CAN YOU SEE ME. IT'S GREAT TO HAVE EVERYBODY BY VIDEO AND BY AUDIO. I'M BRITTNEY WEISSMAN, THE CHAIR OF THE LOS ANGELES COUNTY MENTAL HEALTH COMMISSION. I'M VERY THANKFUL THAT WE HAVE ALL OF OUR COMMISSIONERS ON THE LINE TODAY THAT WE HAVE MEMBERS OF THE PUBLIC HERE TO LISTEN TO COMMISSION BUSINESS AND ALSO PARTICIPATE IN THE PUBLIC HEARING OF THE 3-YEAR UPDATE -- I'M SORRY, THE ANNUAL UPDATE OF THE MHSA PLAN AND A SPECIAL SINCERE THANKS TO THE DMH TEAM. IT HAS TAKEN LEAPS AND BOUNDS AND HURDLES TO BE ABLE TO PARTICIPATE WITH YOU, AS WE DISCUSS. I THINK THIS REALLY JUMPS THE SHARK IN TERMS OF HOW WE'RE GOING TO OPERATE OUR MEETING TODAY. SO VERY BIG THANKS TO JOHN FLYNN, JULIO, PINKI, ARLENE, CRYSTAL, MIRIAM AND EVERYBODY ELSE WHO SUPPORTED THE EFFORT OF GETTING US ONLINE. I KNOW EACH OF THE COMMISSIONERS HAS BEEN WORKING VERY HARD BEHIND THE SCENES, JUST IN ORDER TO CONNECT WITH YOU BY VIDEO TODAY. SO I'M VERY PROUD THAT HAVE EFFORT. VERY THANKFUL AND MY SINCERE GRATITUDE AND ON BEHALF OF THE COMMISSION, THANK YOU FOR THAT.

WE ALSO HAVE A FEW HOUSEKEEPING NOTES, WHICH I THINK JOHN COVERED A BIT ABOUT HOW TO CONNECT WITH THE MEETING, HOW TO PARTICIPATE AND MAKE A COMMENT. WE'LL GET INTO THAT A LITTLE LATER. AND ALSO JUST WANTED TO MAKE A NOTE ABOUT HOW MUCH WE HOPE YOU ARE STAYING WELL GIVEN ALL THAT'S STIRRING KIND OF WITHIN US EXPANDER US DURING THIS TIME. WE HAVE, YOU KNOW COVID AND PHYSICAL HEALTH ISSUES. WE'RE RECKONING WITH SYSTEMIC RACISM OF THE PAST AND THE PRESENT. WE HAVE REGULAR DAILY WORK FRUSTRATION. WE'RE TRYING TO MANAGE UNEMPLOYMENT OR MISSING INCOME AND OUR MENTAL HEALTH CONDITIONS ON TOP THAT HAVE. SO KUDOS TO ALL OF US FOR HANGING IN THERE AND FOR YOU FOR PARTICIPATING. I HOPE YOU GET A LOT OUT OF THIS MEETING AND I'M REALLY GLAD TO PROVIDE THE PLATFORM WITH THE MENTAL ILLNESS COMMISSION ON MENTAL HEALTH LANDSCAPE IN L.A. COUNTY.

WE HAVE A PACKED AGENDA SO EXCUSE ME IN ADVANCE FOR KIND OF HURDLING THROUGH SOME OF THE ITEMS. WE ARE GOING TO DO A SWITCH-UP. SO IF YOU LOOK AT THE AGENDA, YOU WILL NOTICE A CERTAIN ORDER OF EVENTS. NOW TAKE YOUR PENCIL OUT BECAUSE I'M ABOUT TO REARRANGE THEM. KEEP TRACK WITH ME AS I READ THIS OUT. WE WILL DO A CALL TO ORDER. WE WILL DO THE CHAIR ANNOUNCEMENT SO A LITTLE BIT OF COMMISSION BUSINESS. WE'LL FOLLOW THAT BY THE LEGISLATIVE UPDATE FROM DMH STAFF. THEN WE'LL MOVE TO THE COMMUNITY CHAIR REPORTS WHERE WE'LL PROVIDE TWO MINUTES TO EACH OF THE OF THE USCC CHAIRS OR THE SALT CHAIRS. THEN WE'LL GO TO THE IMPACT ON THE DMH BUDGET BY WAY OF COVID WITH GREG POLK PRESENTING, FOLLOWED BY OUR REVIEW OF THE MHSA 3-YEAR PLAN BY WAY OF GREG POLK AND THE DMH TEAM. AND WE'LL ADJOURN AFTER THAT AND WE WILL HAVE TIME FOR PUBLIC COMMENT AFTER THE MHSA PRESENTATION. I HOPE THAT MAKES CENTS I'M GETTING A NOTE THAT WE NEED TO PAUSE AT THIS MOMENT BECAUSE AT&T IS S NOT YET CONNECTED TO OUR ONLINE PORTAL, OUR PLATFORM HERE AND AT&T IS WHAT WE'RE GOING TO BE USING TODAY, NOW, TO HELP THE PUBLIC COMMENT AND PARTICIPATE, LISTEN IN AND PARTICIPATE IN OUR MEETING. SO WE WILL JUST TAKE A BRIEF LIKE PAUSE WHILE WE FIGURE THAT OUT. IN THE MEANTIME, BECAUSE WE'RE HERE FOR SUCH A LONG HAUL, THIS WILL BE AN EXTENDED MEETING, I ENCOURAGE YOU TO GRAB A DRINK IF IT'S WATER. ENERGY DRINK, COFFEE, A TISSUE BOX. WHAT'S GOING TO MAKE YOU COMFORTABLE FOR THE NEXT COUPLE OF HOURS. THIS WILL BE A LONGER MEETING AND WE HOPE TO KEEP YOUR ATTENTION THE WHOLE TIME. THANK YOU FOR PARTICIPATING AND WE'LL BE BACK TO YOU IN JUST A SECOND.

(SHORT PAUSE).

>> JOHN FLYNN: AT&T IS CONNECTING, MADAM CHAIR. WE'RE STANDING BY FOR THEM SO PLEASE JUST HANG IN THERE FOR JUST A SEC, FOLKS.

HI, FOLKS IF YOU'VE JUST JOINED US, PLEASE STANDBY WE ARE WAITING FOR AT&T TO CONNECT. WE WANT TO MAKE SURE THAT PEOPLE OUT THERE WHO ARE ONLY ON DESKS WILL BE ABLE TO HEAR US AND ALSO WE WANT TO MAKE SURE THAT WHEN IT COMES TIME FOR PUBLIC COMMENT, WE'LL BE ABLE TO ACCEPT YOUR PUBLIC COMMENT VIA VOICE. SO AGAIN, OUR APOLOGIZES, BUT PLEASE STAND BY.

>> CHAIR WEISSMAN: I WONDER IF WE CAN AT LEAST TAKE ROLL CALL. WE'LL HAVE TO GET PINKI OR CRYSTAL TO LET US KNOW.

>> JOHN FLYNN: ALL RIGHT. HANG ON. I WILL ASK THEM. I THINK PINKI'S TRYING TO DEAL WITH AT THE TIME AT&T RIGHT AT THE MOMENT.

>> JOHN FLYNN: MADAM CHAIR, YES, WE PROCEED WITH ROLL CALL.

>> CHAIR WEISSMAN: WONDERFUL. I'LL ASK THE COMMISSIONERS TO COME BACK TO YOUR SEATS AND YOUR COMPUTERS AND I'LL ALSO ASK COMMISSION STAFF, I THINK CANETANA IS ON THE LINE, TO HELP US WITH ROLL CALL. CANETANA, WILL YOU PLEASE CALL ROLL.

>> CANETANA HURD: OKAY. CAN YOU HEAR ME?

>> JOHN FLYNN: YES.

>> CANETANA HURD: OKAY. GOOD. GOOD MORNING, EVERYONE.

>> COMMISSIONER PADILLA FRAUSTO: PRESENT.

>> COMMISSIONER FRIEDMAN: PRESENT.

>> COMMISSIONER OROZCO: PRESENT.

>> COMMISSIONER TURNER: PRESENT.

>> COMMISSIONER CURRY: (NO RESPONSE)

>> CANETANA HURD: SHE'S SCHEDULED TO BE ON THE PHONE. OKAY.

>> JOHN FLYNN. AND I'LL JUST SAY IF YOU ARE ON THE PHONE, COMMISSIONER CURRY, YOU CAN JUST HIT *6 AND UNMUTE YOURSELF AND SAY "PRESENT."

>> COMMISSIONER STEVENS: PRESENT.

>> COMMISSIONER SCOTT: (NO RESPONSE.)

>> CANETANA HURD: ABSENT.

>> COMMISSIONER COOPER-LEDESMA: PRESENT.

>> COMMISSIONER DALGLEISH: PRESENT.

>> COMMISSIONER OGAWA: PRESENT.

>> COMMISSIONER ACEBO: PRESENT.

>> COMMISSIONER MOLINA: PRESENT.

>> CHAIR WEISSMAN: PRESENT.

>> COMMISSIONER COOPERBERG: PRESENT.

>> CANETANA HURD: YOU HAVE A QUORUM. I UNDERSTAND MERILLA SCOTT'S GOING TO BE PRESENT, SO I'LL JUST MARK HER WHEN SHE COMES.

>> CHAIR WEISSMAN: THAT'S GREAT. THANK YOU SO MUCH, CANETANA.

>> CANETANA HURD: OKAY.

>> CHAIR WEISSMAN: OKAY. SO YOU CAN SEE ALL OF US ON YOUR SPLASH SCREEN. YOU CAN SEE ALL OF OUR FACES. THANK YOU, COMMISSIONERS, FOR PARTICIPATING. LET US MOVE INTO COMMISSION BUSINESS. WE CAN MOVE INTO THE MINUTES. I SUGGEST YOU CALL THEM UP ON YOUR PERSONAL SCREENS. THEY ARE POSTED ON THE DMH WEBSITE UNDER "MENTAL HEALTH COMMISSION, AND I WILL TRY COPYING THIS INTO THE CHAT FUNCTION SO YOU CAN HAVE THE LINK TO WHERE THE COMMISSION NOTES ARE. WE ARE LOOKING FOR APPROVING THESE AS A SLATE. WE ARE ALREADY RUNNING BEHIND JUST A LITTLE BIT SO IT WOULD BE GREAT IF WE COULD APPROVE AS A SLATE. AGAIN, WE ARE CALLING FOR THE APPROVAL OF FEBRUARY, APRIL AND MAY MINUTES. LET'S GIVE IT A MINUTE TO KIND OF PULL

THOSE UP AND TAKE A LOOK.

>> JOHN FLYNN: TO REMIND THE COMMISSIONERS, THE LINK IS IN THE Q&A LIVE EVENT. THAT WILL TAKE YOU TO OUR MENTAL HEALTH COMMISSION WEBSITE. (PAUSE)

>> CHAIR WEISSMAN: AND I SUGGEST YOU MOVE TO MARCH -- I'M SORRY -- APRIL , BECAUSE MARCH WE WERE QUIET. THE AT&T OPERATOR MIGHT HAVE CONNECTED. AT&T OPERATOR, YOU'RE WELCOME TO IDENTIFY YOURSELF AT ANY TIME. LET US KNOW IF YOU CAN HEAR THE SOUND OF OUR VOICES.

>> PLEASE TAKE A LOOK AT MAY MINUTES AS WELL SO IN A MINUTE, WE CAN ASK SOMEONE TO MAKE A MOTION TO APPROVE.

>> COMMISSIONER DALGLEISH: I WILL MOVE TO APPROVE. THIS IS STACY.

>> CHAIR WEISSMAN: THANK YOU, COMMISSIONER DALGLEISH. AS A SLATE, THAT WOULD BE FEBRUARY, APRIL AND MAY MINUTES.

>> COMMISSIONER DALGLEISH: YES. ALL 3.

>> I SECOND. THIS IS JUDY.

>> CHAIR WEISSMAN: THANK YOU, COMMISSIONER COOPERBERG. ANY DISCUSSION?

>> CANETANA HURD: CHAIR, I NEED TO MAKE A CORRECTION ON THE MAY MINUTES WHERE YOUR COMMENTS ARE.

>> CHAIR WEISSMAN: PLEASE. GO AHEAD.

>> YEAH. I PUT. WE HAD A MEETING IN MARCH, AND WE DIDN'T. IT WAS CANCELED.

>> CHAIR WEISSMAN: CORRECT.

>> I'LL TAKE OUT NUMBER 3.

>> CHAIR WEISSMAN: THANK YOU FOR THE CORRECTION. ANY OTHER DISCUSSION ON THE SLATE? MAY WE HAVE A CALL FOR A VOTE. ALL IN FAVOR?

[AYES]

>> CHAIR WEISSMAN: SOUNDS PRETTY FULL THERE. ANY OPPOSED? OKAY. ANY ABSTENTIONS? I HEAR NO OPPOSED AND NO ABSTENTIONS. LET US CONSIDER THE SLATE OF MINUTES FOR FEBRUARY, APRIL AND MAY APPROVED.

THAT TAKES US TO THE NEXT ITEM WHICH IS JUST AN UPDATE FROM COMMISSIONER PADILLA FRAUSTO ON NOMINATIONS AND SIMPLY THE PROCESS. NO VOTE TODAY. BUT JUST AN OVERVIEW OF THE PROCESS AND TIMELINE. COMMISSIONER.

>> COMMISSIONER PADILLA FRAUSTO: OKAY. I WAS UNDER THE IMPRESSION WE WERE VOTING TODAY. WE DO HAVE SOME NOMINATIONS. WE HAVE BRITTNEY WEISSMAN FOR CHAIR. WE HAVE FOUR NOMINATIONS FOR MEMBERS AT LARGE. WE HAVE KEVIN ACEBO. HAROLD TURNER. SUSAN FRIEDMAN AND PATRICK OGAWA.

>> CHAIR WEISSMAN: WONDERFUL. ARE WE MISSING ANY NOMINATIONS FOR ANY SEAT?

>> YES. WE ARE MISSING A NOMINATION FOR VICE-CHAIR FIRST VICE-CHAIR AND SECOND VICE-CHAIR.

>> CHAIR WEISSMAN: I SEE. OKAY. GREAT. IT SOUNDS LIKE THERE'S A LOT INTEREST FOR PARTICIPATING ON THE EXECUTIVE COMMITTEE AND HE MAYBE I CAN ASK THE NOMINATIONS COMMITTEE, WHICH I KNOW, COMMISSIONER TURNER AND PADILLA FRAUSTO TO DISCUSS THE OPPORTUNITY TO MOVE INTO A CHAIR POSITION FROM THE FOLKS WHO HAVE EXPRESSED INTEREST IN THE AT-LARGE POSITIONS. AND THEN CAN YOU LET US KNOW WHAT THE TIMELINE IS FOR VOTING IF IT WAS NOT GOING TO BE TODAY, WOULD IT HAPPEN IN OUR JULY MEETING AND WHEN WOULD OFFICERS TAKE PLACE?

>> COMMISSIONER PADILLA FRAUSTO: YES. IF IT'S NOT HAPPENING TODAY, IT WILL HAPPEN IN JULY AND I'M NOT SURE ABOUT THE TIMELINE. CANETANA WOULD THEY START IN AUGUST?.

>> NO. THEY COULD START IN JULY BECAUSE IT'S PAST JUNE. ONCE IT'S SOLIDIFIED, AND ALL THE POSITIONS HAVE BEEN ACCEPTED, YOU CAN START EFFECTIVE. BUT I SEE AUGUST. I'M SORRY. IT'LL BE AUGUST. AUGUST WOULD BE DARK SO ACTUALLY, IT WOULD BE IN SEPTEMBER.

>> SEPTEMBER. OKAY.

>> CHAIR WEISSMAN: THANK YOU VERY MUCH. SOUNDS GOOD AND JUST A REMINDER FOR THE PUBLIC OR OUR AUDIENCE, THE LINK FOR THIS MEETING IS ON THE DMH.LACOUNTY.GOV WEBSITE. SO IF YOU'RE LOOKING TO CONNECT, YOU CAN ALWAYS FIND MORE INFORMATION. THERE'S A MENTAL HEALTH COMMISSION PAGE ON DMH. IT SOUNDS LIKE JOHN'S JUST DRAWING OUR ATTENTION TO THE COMMENT ON THE CHAT BOX ON TECHNICAL ISSUES. IT SOUNDS LIKE WE HAVE AT&T ON THE LINE, THEY CONNECTED RIGHT AFTER ROLL CALL. SO WE'RE GOOD TO GO IN MOVING FORWARD WITH OUR AGENDA. WE FINISHED THE INTERNAL AND MENTAL HEALTH COMMISSION BUSINESS. NOW, WE'RE GOING TO INVITE TWO DEPARTMENT STAFF TO PRESENT ON THE LEGISLATIVE UPDATE AND THOSE TWO STAFF HAVE PUT UP A LINK, TO A DOCUMENT UP ON THE WEBSITE WHICH YOU'RE ABLE TO LOOK AT. MAY I CALL KAY LAGANA, WHO'S DIRECTOR OF LEGISLATIVE AFFAIRS AND KERIS MIERICK WHO'S CHIEF OF PEER AND ALLIED HEALTH PROFESSIONALS UP TO PRESENT.

>> THANKS, EVERYONE. THANK YOU TO CHAIR BRITTNEY, AND THE MENTAL HEALTH COMMISSION FOR INVITING US TO JOIN TODAY. FOR THOSE OF YOU WHO ARE JUST JOINING US NOW, THERE WAS AN ANNOUNCEMENT MADE AT THE MSHA 3-YEAR PLAN. PUBLIC HEARING WILL BEGIN AT 11:00 A.M.

THIS WILL BE THE LEGISLATIVE UPDATE FIRST, AND WILL BEGIN THE MSHA 3-YEAR PLAN AT 11:00 A.M. IT IS IMPORTANT THAT EVERYONE FEELS COMFORTABLE WITH THE STATE LEGISLATIVE PROCESS. TODAY, KIRIS AND I WILL BE DISCUSSING ONE OF OUR PRIORITY BILLS S-B803, WHICH IS THE PEER SUPPORT SPECIALIST BILL. WE'LL BE PROVIDING AN OVERVIEW ABOUT HOW THE LEGISLATIVE PROCESS WORKS AND PROVIDING AN UPDATE ON A MENTAL HEALTH UPDATE BILL, IN THE 2020 THE LEGISLATIVE CYCLE. AND WITH Q&A. AS WE ALL KNOW, COVID-19 HAS CHANGED THE LANDSCAPE ON SO MANY FRONTS, INCLUDING THE STATE LEGISLATIVE AND BUDGET PROCESS IN SACRAMENTO. CURRENTLY, THE GOVERNOR LEGISLATURE IS FINALIZING THE BUDGET FOR THE UPCOMING FISCAL YEAR THAT STARTS ON JULY 1 AND THE GOVERNOR HAS PROJECTED THE BUDGET DEFICIT BEING \$54.3 BILLION AND THE LEGISLATURE HAS SCALED DOWN THE AMOUNT OF BILLS THAT IS TYPICALLY AS PART OF THE LEGISLATIVE SESSION. SO USUALLY, THERE ARE OVER 200-PLUS BILLS THAT ARE INTRODUCED EVERY YEAR THAT IMPACT MENTAL HEALTH AND THIS YEAR, THERE'S LESS THAN 20 BILLS THAT WERE INTRODUCED THIS YEAR THAT ARE GOING TO BE CONSIDERED AND I'LL BE GOING OVER THEM TODAY. SO IT'S A UNIQUE SITUATION. USUALLY, WE CAN'T GO OVER ALL THE BILLS THAT ARE INTRODUCED IN LEGISLATIVE YEAR. BUT SINCE THERE IS LESS THIS YEAR, WE'RE ABLE TO DO THAT THE GOVERNOR AND LEGISLATURE ARE MAKING ALL THEIR DECISIONS THROUGH THIS COVID-19 LENS AND WE ALL KNOW MORE THAN EVER, WE NEED INCREASED MENTAL HEALTH SERVICES SO I WANT TO SEND A BIG THANK

YOU TO MANY OF YOU WHO CONTINUE THE ADVOCACY EFFORTS TO INCREASE MENTAL HEALTH SERVICES AND ACCESS AND EQUITY, AND ALL THE IMPORTANT WORK YOU DO ON A DAILY BASIS. IT'S REALLY MAKING A DIFFERENCE AND MAKING A REALLY NOTICEABLE UPTICK OF LEGISLATURES UNDERSTANDING THE IMPORTANT ROLE YOU ALL HAVE IN ADVOCATING HOW TO BEST SERVE OUR COMMUNITIES. WE HAVE ALL SEEN THE IMPORTANT ROLES THAT PEER HAD DURING THIS TIME, I'M HAPPY TO INTRODUCE KIRA SO SHE CAN BEGIN OUR DISCUSSION.

>> KIRA: SURE. THANK YOU, KAY, AND THANK YOU TO THE COMMISSION FOR INVITING US TO SPEAK AND TALK ABOUT SOME OF THE LEGISLATIVE BILLS AND MY FOCUS WILL BE SPECIFICALLY ON SB-803, THE STATE PEER CERTIFICATION BILL, BUT AGAIN, I WANT TO ECHO ON WHAT KAY IS SAYING ABOUT THE LENS THROUGH WHICH THE LEGISLATURE IS WORKING NOW, RELATIVE TO LOOKING AT BILLS AND THE BUDGET FOR THOSE BILLS WHICH IS COVID, WHICH MEANS WE HAVE ACTUALLY -- SORT OF A COVID LENS, IF YOU WILL. SO WE HAVE ACTUALLY HAD TO REFRAME A LITTLE BIT ON HOW WE TALK ABOUT THE BILL, WHAT PEERS ARE DOING DURING THE COVID TIME PERIOD THAT MAKE THEM AN ESSENTIAL PART OF THE WORKFORCE TO SUPPORT PEOPLE, ESPECIALLY WHO ARE IN CRISIS OR IN DISTRESS BECAUSE OF COVID. PEERS OF COURSE, HAVE BEEN THROUGH THAT AS FAMILY MEMBERS SO IT'S VERY EASY FOR US TO RELATE TO THAT EXPERIENCE AND HELP PEOPLE THROUGH THE NATURAL EXPERIENCE OF GOING THROUGH A TRAUMA OR DISASTER. ALSO WE'RE TALKING ABOUT PEERS BUILDING TRUST IN RAPID ENGAGEMENT BECAUSE A LOT OF TIMES, PEOPLE ARE HAVING THEIR FIRST INTERACTION WITH THE MENTAL HEALTH SYSTEM SO WE COULD HELP THEM UNDERSTAND WHAT THAT WOULD FEEL LIKE AND WHAT WE'RE GOING THROUGH AND THE RESOURCES THAT THEY'RE GOING THROUGH AS PEERS, PARENTS AND FAMILY MEMBERS. AND THEN ALSO BECAUSE OF RACIAL UNREST, PEERS TEND TO MIRROR THEIR COMMUNITIES FROM WHICH THEY ARE WORKING IN. WHICH MEANS THERE'S A MORE CULTURAL DIVERSITY AND LANGUAGE CAPACITY IN THE PEER WORKFORCE THAT AGAIN, CAN BE ESSENTIAL TO WHAT IS BEING PREDICTED AS A QUOTE, UNQUOTE, MENTAL HEALTH PANDEMIC. SO CAN I SEE THE NEXT SLIDE, PLEASE. SO SB-803 IS EXACTLY LIKE A VERY MUCH EXACTLY LIKE SB-10 AND SB-906. HOW MANY TIMES HAVE WE BEEN THROUGH THIS WITH THE PEER SPECIALIST CERTIFICATION ACT. BUT SB-803 IS SPONSORED BY L.A. COUNTY. AGAIN, SIMILARLY TO SB-10 IT REQUIRES THE DEPARTMENT OF HEALTHCARE SERVICES TO OVERSEE THE CERTIFICATION BODY AND THE PROCESS, STARTING JULY 2021 TO PROVIDE A STATEWIDE CERTIFICATION AND GUIDELINES AND AGAIN, ALSO TO AMEND THAT STATE PLAN AMENDMENT FOR THE WAIVERS TO IMPLEMENT THE CERTIFICATION

PROGRAM. SO AS WE KNOW, PEER SUPPORTS ARE ALREADY IN 48 OTHER STATES AND THE U.S. DEPARTMENT OF VETERAN AFFAIRS. THE ONLY PLACE IT ISN'T IS IN CALIFORNIA AND SOUTH DAKOTA. NEXT SLIDE, PLEASE.

SO IT'S REALLY PERSON FOR US TO SORTA TO FOLLOW THE BILL -- FOR LACK OF A BETTER WAY OF SAYING IT -- AND WE'RE GOING TO GO BACK TO SCHOOL HOUSE ROCK AND KIND OF GO BACK IN OUR MEMORIES TO BE ABLE TO FOLLOW WHERE THIS BILL IS GOING. WHERE IT'S BEEN AND WHERE IT'S GOING. SO JUST SO YOU CAN KIND OF SEE WHERE IT'S BEEN BEFORE, FIRST, THEY MAKE LEGISLATION FROM RESIDENTS, ORGANIZATIONS, GOVERNOR LOBBYISTS, AND THEN THEY GET SPONSORS OF THE BILL WHICH IS LOS ANGELES COUNTY STEINBERG INSTITUTE, CALIFORNIA MENTAL HEALTH PEER-RUN ORGANIZATION AND THE CALIFORNIA BEHAVIORAL HEALTH DIRECTORS ASSOCIATION ARE COSPONSORS OF SENATE BILL 803 AND THEN IT WAS INTRODUCED BY SENATOR BELL AND THEN IT GOES TO A HEALTH COMMITTEE. IT GOES TO THE COMMITTEE IN WHICH IT SHOULD BELONG. SO IT NEEDS TO PASS OUT OF THAT HEALTHCARE, WHICH IT DID. THEN THE NEXT THING IT GOES TO APPROPRIATION BILLS THAT ARE OVER CERTAIN AMOUNT GO INTO A SUSPENSE FILE AND CAN MOVE OUT OF THE APPROPRIATIONS SO IT WENT TO THE CONSENT AGENDA FOR APPROPRIATIONS COMMITTEE, WENT TO THE SUSPENSE FILE AND THEN IT WAS PASSED UNANIMOUSLY. NEXT SLIDE.

SO WE REALLY THOUGHT WE WERE EARLIER HERE TODAY WHERE IT MOVED TO THE SENATE FLOOR AND THAT THEY WOULD BE VOTING ON IT TODAY BUT ACTUALLY VOTED ON IT YESTERDAY AND PASSED OUT, IT PASSED ON THE SENATE FLOOR YESTERDAY SO THERE'S STILL MORE WORK THAT NEEDS TO BE DONE. WE'RE STANDING IN AND OUT WITH IT, OUT OF THE SENATE FLOOR SO NOW, IT NEEDS TO BE SCHEDULED FOR AGAIN, ANOTHER HEARING WITH ASSEMBLY HEALTH AND THEN IT GOES AGAIN TO APPROPRIATIONS. IT DOES A WHOLE SUSPENSE THING AGAIN, EXCEPT NOW IT'S ON A DIFFERENT SIDE OF THE HOUSE, OF COURSE AND THEY NEED TO VOTE ON THE BILL, AND NEXT THING THAT WILL HAPPEN IS IT SHOULD REACH THE GOVERNOR'S DESK AND HOPEFULLY, YOU WILL SIGN IT WITH THAT HELPFUL, LOVELY, SMILING FACE. SO THERE IS STILL SOME WORK TO BE DONE. IT JUST PASSED ON THE SENATE FLOOR SO WE STILL HAVE TO WORK WITH APPROPRIATIONS. WHEN WE'RE WORKING WITH APPROPRIATIONS, HELPING THEM TO, OF COURSE, TO UNDERSTAND THE VALUE OF PEER SUPPORT AND BUDGET IMPACTS AND DOING IT IN THE LENS OF COVID AND RACIAL UNREST SO IT MAKES SENSE FROM A BUDGET IMPACT SENSE, AND THE ESSENTIALNESS OF THAT WORKFORCE. THAT'S ALL I HAVE AND I'LL TURN IT BACK OVER TO KAY.

>> KAY: NEXT SLIDE, PLEASE. SO I WANT TO THANK KIRIS FOR DOING THAT BUDGET OVERVIEW. THAT BUDGET OVERVIEW SHE DID FOR SB-803 IS THE BUDGET PROCESS THAT ALL THE BILLS GO

THROUGH. AND I KNOW SOMETIMES THAT PROCESS, YOU KNOW IS CONFUSING OR UNCLEAR. WHY DOES IT TAKE THAT LONG, WHERE IS IT GOING? SO YOU KNOW, THANK YOU, KIRIS FOR DOING THAT AND HOPEFULLY, ANSWERING ANYMORE QUESTIONS THAT PEOPLE HAVE. THE SECOND THING WE'RE GOING TO TALK ABOUT TODAY IS ANOTHER LOS ANGELES COUNTY-SPONSORED BILL WHICH IS AB-1025 WHICH IS OUR RESTORATIVE CARE PROGRAM PILOT. THIS RESTORATIVE CARE PROGRAM PILOT IS SOMETHING YOU'RE ALL FAMILIAR WITH. IT'S THE MLK BEHAVIORAL HEALTH CENTER MODEL WE BROKE GROUND ON LAST YEAR THAT WILL HAVE DIFFERENT LEVELS OF CARE IN ONE CAMPUS, THAT INCLUDES MENTAL HEALTH AND S.U.D., AND WILL ALLOW FOR OTHER MEDICAL -- AND HOMELESSNESS. SO THIS BILL IS MOVING ALONG AS WELL. IT HAS PASSED OFF THE ASSEMBLY FLOOR, AND IS CURRENTLY WAITING FOR A COMMITTEE HEARING ON THE SENATE SIDE.

NEXT SLIDE. THIS BILL IS ALSO SOMETHING THE MENTAL HEALTH COMMISSION IS FAMILIAR WITH. SB-855. IT'S A MENTAL HEALTH PARODY BILL AND L.A. COUNTY HAS A SUPPORT POSITION ON THIS BILL AS WELL. SO IT'LL UPDATE EXISTING STATE MENTAL HEALTH PARODY LAWS THAT REQUIRE HEALTH PLANS AND DISABILITY INSURERS TO PROVIDE COVERAGE FOR MEDICAL NECESSITY, TREATMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE DISORDERS. IF PASSED, IT WILL BEGIN ON JANUARY 1, 2021. THIS IS A BILL THAT FOR MANY PEOPLE, IT'S BEEN A LONG, LONG, LONG FISTY FIGHT FOR AND WE'RE HOPING TO BUILD MOMENTUM ON THIS BILL TO HAVE SOME TYPE OF PARODY ON COMMERCIAL AND EMPLOYER-BASED PLANS. NEXT SLIDE. SO NOW WE'RE MOVING INTO BILLS THAT WE DON'T HAVE AN OFFICIAL L.A. COUNTY C.E.O. POSITION ON. SO WE BUCKET THEM IN SOME THEMES. SO THE FIRST ONE ON ACCESS AND EQUITY, THERE'S SB12- 2112, A SUICIDE PREVENTION BILL THAT AUTHORIZES THE STATE DEPARTMENT OF PUBLIC HEALTH TO ESTABLISH THE OFFICE OF SUICIDE PREVENTION TO PROVIDE GUIDANCE AND COLLECT DATA ON SUICIDE PREVENTION AND FOCUSING ON HIGH-RISK POPULATIONS. WE HAVE ASKED FOR THERE TO BE A COUNTY BEHAVIORAL HEALTH REPRESENTATIVE ON THAT ENTITY. SECOND BILL IS AB-1935 WHICH WOULD ESTABLISH A PROGRAM TO STUDY THE MENTAL HEALTH AMONG WOMEN VETERANS FROM CALIFORNIA. IT WILL REQUIRE CAL VET TO REPORT THE FINDINGS IN THE STUDY SO THAT WOULD BE VERY HELPFUL AND BE ABLE TO HAVE A STUDY. THE THIRD BILL IS AB2218 WHICH IS THE TRANSGENDER WELLNESS LAW AND EQUITY FUND. IT WILL ESTABLISH A FUND WITHIN THE OFFICE OF HEALTH EQUITY IN THE DEPARTMENT OF PUBLIC HEALTH TO FUND GRANTS TO TRANSGENDER-LED, ORGANIZATIONS HOSPITALS, HEALTH CLINICS AND OTHER MEDICAL PROVIDERS PROVIDING GENDER NON-CONFORMING HEALTHCARE SERVICES. NEXT SLIDE.

AND CONTINUING ON THE THEME OF ACCESS. THERE'S ALSO A BILL, AB-2830, THE HEALTHCARE PAYMENTS DATA PROGRAM. THEY WOULD ESTABLISH THE PROGRAM WITHIN THE OFFICE OF

STATEWIDE HEALTH, PLANNING AND DEVELOPMENT. IT WILL BE TO IMPLEMENT ADMINISTER AND COLLECT DATA FOR THE HEALTHCARE PAYMENT DATA SYSTEM AND THE WHOLE IDEA AROUND THIS DATA SYSTEM IS TO HAVE A BETTER UNDERSTANDING OF HEALTHCARE SPENDING IN CALIFORNIA AND REALLY MOVE THE DISCUSSION ON HOW TO MAKE IMPROVEMENTS. SO AB-2360 IS A TELEHEALTH BILL THAT WOULD REQUIRE MANAGED CARE PLANS, SERVICE PLANS TO HELP INSURANCE ON THE COMMERCIAL SIDE, TO ESTABLISH A TELEHEALTH CONSULTATION PROGRAM FOR PROVIDERS TO TREAT CHILDREN AND PREGNANT AND POS-PARTEM PERSONS WITH ACCESS TO A PSYCHIATRIST, IN ORDER TO MORE QUICKLY DIAGNOSIS AND TREAT CHILDREN IN PREGNANT AND POST-PARTEM SUFFERING AND MENTAL ILLNESS. SO THERE IS A LOT OF GAP AND CARE ON THE PRIMARY CARE PHYSICIAN SIDE AND IT INTENDS, IT IS HOPED TO BRIDGE THAT GAP. NEXT SLIDE, PLEASE.

REGARDING BILLS THAT TOUCH ON MHSA. AB-2265 WILL PROVIDE FLEXIBILITY TO MHSA DOLLARS TO TREAT SOMEONE WITH CO-OCCURRING SUBSTANCE ABUSE AND MENTAL HEALTH DISORDER. IT IS REQUIRED THAT WITHIN THE MHSA APPLYING PROCESS, IT HAS TO BE INCLUDED IN THE PLAN, AND THOSE CO-OCCURRING CONDITIONS HAVE TO BE INCLUDED IN THE 3-YEAR PLAN IN THE ANNUAL UPDATE. NOTING ON THIS BILL. CURRENTLY, MSHA ALLOWS FUNDS FOR INDIVIDUALS WHO ARE CO-OCCURRING. THE BILL SAYS THAT YOU CAN CONTINUE TO USE MHSA FUNDS, EVEN IF YOU FIND OUT THAT PERSON IS CO-OCCURRING AND JUST HAS S.U.D. WHEN YOU ORIGINALLY THOUGHT THEY WERE CO-OCCURRING. SO THAT IS WHAT THE CHANGE IS. BUT IT HAS TO BE IN THE 3-YEAR PLAN. THE NEXT BILL, AB-2576 PROVIDES THAT MHSA FUNDS ARE SUBJECT TO REVERSION AND WILL BE REALLOCATED AMONG COUNTIES AND IT REQUIRES THE CONSIDERATION OF REALLOCATED FUNDS TO PROVIDE SERVICES TO INDIVIDUALS WITH MENTAL ILLNESS, WHO ARE EXPERIENCING HOMELESSNESS OR ARE INVOLVED IN CRIMINAL JUSTICE SYSTEM AND TO PROVIDE EARLY INTERVENTION SERVICES TO YOUTH. TO NOTE, L.A. COUNTY IS NOT EXPECTING FUNDS TO BE SUBJECT TO REVERSION AND THIS BILL DOES HAVE SOME REPORTING REQUIREMENTS ON HOW MHSA IS USED FOR HOMELESS INDIVIDUALS.

ANOTHER BILL TO NOTE THAT IS NOT ON HERE BECAUSE IT WAS NOT INTRODUCED THIS YEAR IN 2020 BUT IT WAS INTRODUCED LAST YEAR, AND THE LEGISLATIVE PROCESS HAS A TWO-SESSION, SO BILLS THAT PASSED OUT OF THEIR HOUSE OF ORIGIN. SO IF IT WAS A SENATE BILL AND IT PASSED THE SENATE FLOOR, AND IS WAITING TO MOVE FORWARD IN THE ASSEMBLY PROCESS, THOSE BILLS WILL BE HEARD NEXT MONTH AND WE HAVE NOT -- AT THE BEGINNING OF THIS YEAR, POST COVID, THE LEGISLATURE WAS INSTRUCTED TO SCALE DOWN THEIR BILLS SO WE HAVE NOT HEARD ALL THE TWO-YEAR BILLS THAT WILL BE CONSIDERED THIS YEAR, BUT WE ARE HEARING RUMORS -- AND THIS IS JUST RUMORS -- THAT THEY WILL RECONSIDER SB-665 WHICH WOULD ALLOW MHSA FUNDS TO PROVIDE SERVICES TO

INDIVIDUALS WHO ARE INCARCERATED IN COUNTY JAIL. OR SUBJECT TO MANDATORY SUPERVISION AND SEPARATE INDIVIDUALS CONVICTED OF A FELONY. SO CURRENTLY, WE USE MHSA FUNDING FOR INDIVIDUALS WHO ARE INCARCERATED BUT IT'S LIMITED TO DISCHARGE PLANNING AND RELATED SERVICES UNDER CCR TITLE IX REGULATIONS AND THERE IS A BELIEF THAT THESE FUNDS THAT IS ADJUSTED IN SB-665, IT'S NOT CONSISTENT WITH MHSA. SO JUST WANTED TO GIVE A HEADS UP ON THAT AND WE WILL SEE IF IT WILL BE CONSIDERED THIS LEGISLATIVE YEAR. SO NEXT SLIDE PLEASE. THERE IS A BILL AND THIS HAS BEEN IMPORTANT FOR A LOT OF MENTAL HEALTH COMMISSIONERS, AS WELL AS GENERAL PUBLIC, AROUND ADULT RESIDENTIAL FACILITIES. SO THERE'S A BILL, AB-2877. AND JUST NOTE, I'M SURE MANY OF YOU KNOW, BUT ADULT RESIDENTIAL FACILITIES THAT PROVIDE NON-MEDICAL SERVICES FOR THOSE BETWEEN 18 AND 59 YEARS OLD THAT ARE DIAGNOSED WITH A MENTAL, PHYSICAL OR DEVELOPMENTAL DISABILITY THAT COULD NOT OTHERWISE LIVE ALONE, AND COULD USE THE ADDITIONAL SERVICES AND SUPPORTS. SO THIS BILL WILL EXPAND PROTECTION FOR ADULT RESIDENTIAL FACILITIES THAT WILL MANDATE ADVANCE NOTIFICATION OF CLOSURE TO GIVE ENOUGH TIME FOR RESIDENTS TO BE TRANSFERRED AND IT HAS A FIRST RIGHT OF REFUSAL FOR COUNTIES TO CONSIDER PROPERTY. SO NEXT SLIDE.

THERE IS ALSO, THERE ARE A SERIES OF OTHER SLIDES THAT ARE BILLS, THAT HAVE TO DO WITH OUTPATIENT TREATMENT AND INVOLUNTARY DETENTION AND TELEHEALTH, SO AB-1976 WILL UPDATE THE LAURA'S LAW TO AUTOMATICALLY ENROLL COUNTY MENTAL HEALTH PROGRAMS , AND PROVIDE AN OPT-OUT PROCESS, IT'S PUBLICLY STATED. LOS ANGELES COUNTY CURRENTLY HAS IMPLEMENTED LAURA'S LAW. THIS BILL WOULD ALSO REPEAL THE SUNSET DATE AND MAKE IT PERMANENT AB-3242 AUTHORIZED THE USE OF TELEHEALTH AND OTHER AUDIO-VISUAL TECHNOLOGY FOR EVALUATION RELATED TO INVOLUNTARY COMMITMENT AND TREATMENT OF INDIVIDUALS UNDER LPS. CURRENTLY UNDER COVID EMERGENCY DECLARATION, DHCS IS ALLOWING TELEHEALTH FOR 5150 HOLDS BUT THAT IS JUST TEMPORARY. SO THIS LAW LOOKS TO EXTEND THAT.

AB-2015, CERTIFICATION OF INTENSIVE TREATMENT WOULD AUTHORIZE EVIDENCE PRESENTED IN SUPPORT OF CERTIFICATION OF INDIVIDUALS IN INVOLUNTARY DETENTION UNDER A 5250 HOLD TO INCLUDE INFORMATION REGARDING A PERSON'S MEDICAL CONDITION AND HOW THE CONDITION BEARS ON THE CERTIFICATION OF A PERSON AS EITHER A DANGER TO THEMSELVES OR OTHERS OR GRAVELY DISABLED. IT WOULD REQUIRE THE HEARING OFFICER TO CONSIDER THAT INFORMATION AND THE DETERMINATION FOR PROBABLE CAUSE FOR CERTIFICATION. SO NEXT SLIDE, PLEASE.

THERE ARE A COUPLE OF SLIDES THAT HAVE TO DO WITH PHARMACY BENEFITS. THE FIRST ONE, AB-2100. THERE WAS SOME GUIDANCE THAT DHCS PASSED LAST YEAR AND THERE'S ALSO IN A BROADER

DISCUSSION, AROUND THE GOVERNOR'S PHARMACY BENEFITS. SOME THINGS THAT DIDN'T QUITE WORK. THIS FILM WAS AN ATTEMPT TO FIX SOME OF THAT.

FOR EXAMPLE, I'LL PULL OUT THE LIMIT OF NO MORE THAN 6 PRESCRIPTION DRUGS PER MONTH. AND THAT WAS A CHALLENGE FOR FOLKS WITHIN OUR BENEFICIARY FROM THE MENTAL HEALTH PLAN POINT OF VIEW FOR INDIVIDUALS WHO NEEDED MORE THAN SIX. SO THIS IS A WAY TO CLEAR UP SOME OF THAT LANGUAGE AND THERE'S A LOT IN THERE SO YOU CAN SEE THAT ON THAT SLIDE. NEXT SLIDE. AB-2983 PROHIBITS A PHARMACIES FROM AUTOMATICALLY CONTACTING A PRESCRIBER TO AUTHORIZE A PRESCRIPTION REFILL FOR ANY DANGEROUS DRUG OR DEVICE FOR MORE THAN A SEVEN-DAY PERIOD, WITHOUT PRIOR WRITTEN AUTHORIZATION.

AND THE LAST BILL IS AB28-76 WHICH WOULD REQUIRE DHDS TO REPORT TO THE LEGISLATURE, SPECIFIC INFORMATION REGARDING THE CALIFORNIA MEDICAID ASSISTED TREATMENT PROGRAM EXPANSION PROJECT BETWEEN JANUARY 1, 2022 AND JANUARY 1, 2024. SO THOSE ARE THE PHARMACY MAT-RELATED BILLS.

THE LAST BILL THAT HAS BEEN NEWLY INTRODUCE TO THE LEGISLATIVE SESSION AND TIED TO MENTAL HEALTH -- NEXT SLIDE, PLEASE. AB-2854. THE BOARD OF VOCATIONAL NURSING AND PSYCHIATRIC TECHNICIANS FOR THE STATE OF CALIFORNIA HAVE INTRODUCED A BILL TO DELEGATE EXECUTIVE OFFICER AUTHORITY TO ADOPT A STIPULATION FOR SURRENDER OF A LICENSE.

SO THOSE ARE THE BILLS THAT HAVE BEEN INTRODUCED THIS YEAR. OH. I JUST WANTED TO MENTION ONE OTHER TWO-YEAR BILL THAT WILL MOST LIKELY MOVE FORWARD. IT'S CONNECTED TO BOARDING CARE. SO AB-1766 IS BOARDING CARE DATA COLLECTION BILL. IT WOULD REQUIRE THE DEPARTMENT OF SOCIAL SERVICES TO COLLECT AND REPORT A RECORDED LIST OF ADULT LICENSED RESIDENTIAL FACILITY, FOR RESIDENTS WITH A SERIOUS MENTAL DISORDER, WHICH IS THE TERM THAT THEY USE AND THE NUMBER OF LICENSED BEDS IN EACH FACILITIES. THIS WILL REALLY HELP US HAVE A BETTER LANDSCAPE OF WHAT BOARDING CARES ARE AVAILABLE AND SO IT WILL BE A DATA COLLECTION BILL AND L.A. COUNTY HAS A SUPPORT POSITION ON THAT BILL FROM LAST YEAR.

SO NOW WE'RE BEING TO MOVE INTO QUESTIONS AND ANSWERS FROM THE MENTAL HEALTH COMMISSION. I WOULD LOVE TO OPEN IT UP AT THIS TIME.

>> CHAIR: THANK YOU MUCH, KAY. AND I WONDER IF WE CAN ASK YOU TO TURN YOUR CAMERA ON SO WHEN YOU RESPOND, YOU CAN BE SEEN. I BELIEVE THE PUBLIC CAN SEE ME NOW. I ALSO WANT TO LET THE PUBLIC KNOW THAT THE PRESENTATION THAT WE WERE JUST WALKED THROUGH BY KAY AND KIRIS, WILL BE POSTED TO OUR MENTAL HEALTH COMMISSION WEBSITE SO YOU WILL BE ABLE TO FIND THAT, JUST LIKE YOU HAVE THE MINUTES AND THE AGENDAS FOR OTHER MENTAL

HEALTH COMMISSION BUSINESS ITEMS. OKAY. SO I WILL GO AHEAD AND MOVE THROUGH THE DISTRICT OF THE COUNTY SUPERVISORS TO ASK FOR QUESTIONS AND ANSWERS AND I'LL START, WE HAVE A LITTLE BIT OF TIME. WE HAVE FEWER SALT AND UCC UPDATES BUT PLEASE FEEL FREE TO LET US KNOW IF YOU HAVE A QUESTION. I WILL START WITH THE FIRST DISTRICT. SO IF COMMISSIONERS PADILLA FRAUSTO, FRIEDMAN OR OROZCO HAVE QUESTIONS, PLEASE, NOW IS THE TIME TO ASK. AND I'LL JUST GIVE IT A BEAT, BECAUSE FOLKS MAY NEED TO UNMUTE OR MUTE OR CONNECT AGAIN SOMEHOW. OKAY. HEARING NONE. I'LL MOVE TO THE SECOND DISTRICT. I WONDER IF COMMISSIONERS TURNER, CURRY OR STEVENS HAVE QUESTIONS FOR KAY OR KIRIS ON THE LEDGE UPDATE.

>> NOT AT THIS TIME.

>> NO. BUT I WOULD LIKE TO SAY THANK YOU FOR THE UPDATE.

>> THANK YOU.

>> CHAIR: COMMISSIONER STEVENS, I DIDN'T CATCH THAT. COULD YOU REPEAT?

>> COMMISSIONER STEVENS: I SAID NO. BUT I DID WANT TO SAY THANK YOU, FOR THE INFORMATION THAT WAS PROVIDED.

>> CHAIR: THANK YOU. THANK YOU FOR SAYING THAT. I SHOULD HAVE STARTED MY COMMENTS WITH A BIG THANKS. IT'S A LOT TO PULL TOGETHER AND OBVIOUSLY, VERY COMPREHENSIVE AROUND THE BILLS BEING PASSED AROUND ON MENTAL HEALTH RIGHT NOW IN L.A. COUNTY AND IN THE STATE FOR REVIEW. THIRD DISTRICT. SUPERVISOR KUEHL'S OFFICE. IS THERE ANY COMMENT FOR COMMISSIONERS LEDESMA OR DALGLEISH.

>> FIRST, I WANT TO THANK YOU VERY MUCH FOR KEEPING US UPDATED ON THIS. I KNOW THERE'S BEEN A LOT OF CHANGES GOING ON IN SACRAMENTO DUE TO COVID AND THAT BRINGS ME TO I THINK IT'S AB-1766 THE RICHARD BLOOM BILL, WHICH I GOT A NOTIFICATION THAT STATUS HAD CHANGED AND IT HAD BEEN SET ASIDE FOR THE TIME BEING AND I WONDERED IF YOU HAVE ANY UPDATE ON THAT.

I HAVE QUERIED HIS OFFICE. BUT IF YOU KNOW ANYTHING THAT AND THEN THE OTHER QUESTION I HAVE IS ABOUT THE PEER CERTIFICATION BILL. AS I I RECALL -- AND PLEASE CORRECT ME -- LAST YEAR, WE GO GOT ALL THE WAY TO THE GOVERNOR'S OFFICE AND THEN HE DIDN'T PASS IT BECAUSE MY UNDERSTANDING WAS BECAUSE THERE WERE QUESTIONS ABOUT FUNDING. SO MY CONCERN IS THAT WE MIGHT END UP IN THE SAME SITUATION THIS YEAR, AND I WONDERED IF YOU WERE AWARE OF WHAT MIGHT BE BEING DONE TO PREEMPT THAT HAPPENING THIS TIME. THAT'S A VERY GOOD QUESTION . I'LL ADDRESS AB-1766 FIRST. AND KIRIS. I'LL PASS THAT TO YOU FIRST. SB-803 AND WE CAN

ANSWER THAT TOGETHER. FOR AB-1766, IT'S A TWO-YEAR BILL THAT PASSED OUT OF THE ASSEMBLY FLOOR LAST YEAR. IT WASN'T UP FOR CONSIDERATION UNTIL NEXT MONTH. AND IT WILL BE RECONSIDERED SO WE'VE BEEN IN CONVERSATIONS WITH ASSEMBLYMEMBER BLOOM'S OFFICE ABOUT UPDATE TO LANGUAGE FOR THAT BILL AND MAKING SURE IT MEETS THE NEEDS OF BEING ABLE TO COLLECT DATA APPROPRIATELY. SO THERE IS SOME CONSIDERATION THE STATE DEPARTMENT WOULD NEED TO COLLECT DATA SO WE'RE TRYING TO WORK THROUGH HOW TO DO A SAVE AND PROCESS FOR DATA COLLECTION. BUT WE HAVE HEARD AND CONFIRMED WITH THE OFFICE, ASSEMBLY OFFICE THAT THEY WILL HAVE THAT BILL UP FOR CONSIDERATION. SO IT'S GOOD NEWS. AND SB-803.

>> YES. FOR SB-803, IT DID MAKE IT ALL THE WAY TO THE GOVERNOR'S OFFICE AND RIGHT BEFORE HE WAS SIGNING CERTAIN BILLS THAT HIT HIS DESK, IF THEY WERE OVER A CERTAIN AMOUNT AND THAT AMOUNT WAS NOT IN THE BUDGET, THEN HE DID VETO THOSE BILLS, INCLUDING SB-10 AT THE TIME. SORRY. SB-10. WAS LAST YEAR. SO BECAUSE THE AMOUNT NEEDED TO COVER THE COST WAS NOT IN THE BUDGET. SO THIS YEAR, WE DID WORK ON THAT, RELATIVE TO THE BUDGET AND ALSO THE OTHER THING THAT WE'RE DOING IS HOPING SHOW THE OFFSET OF COST FOR THE COST OF THE CERTIFICATION AND TRAINING IS ALSO IN THE BILL AND WE'RE KIND OF HIGHLIGHTING THAT AS A WAY THAT SOME OF THE FUNDS, RELATIVE TO THE CERTIFICATION PROCESS CAN BE ON OFFSET OR RECOUPED. DOES THAT CAPTURE IT, KAY, ACCURATELY? I JUST WANT TO MAKE SURE I GOT IT ACCURATE THERE.

>> KAY: I THINK THAT'S A GOOD SUMMARY. WE'RE DOING A LOT MORE, DIVING DEEP INTO TECHNICAL ASSISTANCE TO TRY TO ANSWER SPECIFIC QUESTIONS AND DOING SOME MODELING, USING EXAMPLES FROM OTHER STATES AND WE HAVE IMPLEMENTED A PEER CORE SPECIALIST AND CERTIFICATION PROCESS AND BILLING CODE AND WE ARE OFFERING AS MUCH TECHNICAL ASSISTANCE AS WE CAN OVERSEE SO WE'RE REALLY TRYING TO DIVE DEEP INTO THE DETAILS. THANK YOU VERY MUCH. I THINK THE IDEA OF HAVING INTRODUCED THE IDEA OF OFFSET TO COST IS AN EXCELLENT ONE. I THINK ALL OF US ARE CONCERNED THAT THE SAME THING MIGHT HAPPEN AGAIN, ESPECIALLY WITH THE ADDITIONAL BUDGET ISSUES WITH COVID THIS YEAR AND SO I'M GLAD TO HEAR THAT YOU'RE WORKING ON IT AND I THINK EVERYONE IS VERY APPRECIATIVE FOR THAT SO THANK YOU.

>> CHAIR: COMMISSIONER COOPER LEDESMA? ANY QUESTIONS.

>> COMMISSIONER COOPER LEDESMA: NOT AT THIS TIME.

>> CHAIR: THANK YOU. OKAY. FOURTH DISTRICT. SUPERVISOR HAHN'S CREW. COMMISSIONER OGAWA, ACEBO OR MOLINA. ANY QUESTIONS?

>> I JUST WANT TO TOUCH ON THE STATE BUDGET FOR A QUICK SEC.

>> KAY: SURE. I CAN DO THAT, PATRICK. SO ON THE STATE BUDGET, WE HEARD EARLIER THIS WEEK, THAT THE ADMINISTRATION AND LEGISLATURE HAVE REACHED AN AGREEMENT ON THE BUDGET AND THEY WERE IN PRINT EARLIER THIS WEEK. WE'RE AWAITING ON A VOTE TO HAPPEN ON THE BUDGET FOR IT TO BE FINALIZED AND THE GOVERNOR HAS UNTIL THE END OF THIS MONTH TO SIGN IT FOR IT TO BE IMPLEMENTED ON JULY 1. I MENTIONED AT THE TOP OF THE CALL THAT THERE'S A SIGNIFICANT DEFICIT AND THERE IS A LOT OF CONVERSATION AROUND CUTS THAT ARE HAPPENING. THERE IS A CUT IN REALIGNMENT, NOT BECAUSE IT'S AN IMPACT IN GENERAL FUND BUT BECAUSE OF FUNDING SOURCE AND SALES TAX. THERE WAS A HUGE COALITION AND PERHAPS MAYBE SOME OF YOU WERE INVOLVED IN ADVOCATING ADEQUATE FUNDING FOR THOSE SERVICES. REALIGNMENT FUNDS A LOT OF OUR MENTAL HEALTH SERVICES AND WITH THAT ADVOCACY, WE WERE ABLE TO HAVE A BACKFILL OF \$750 MILLION ACROSS HEALTH AND HUMAN SERVICES, INCLUDING SOME LAW ENFORCEMENT OR PUBLIC SAFETY THAT WAS INCLUDED AND SO WE'RE WAITING TO SEE HOW THE DETAILS OF THAT WILL BE WRITTEN. THERE'S ALSO A LOT OF WHAT THEY ARE CALLING A FEDERAL TRIGGER. SO THERE IS CURRENT LEGISLATION IN WASHINGTON D.C. THAT WOULD BRING FUNDING INTO STATES AND DEPENDING ON IF THAT FUNDING IS RECEIVED OR NOT THEY WILL TRIGGER CUTS OR ADDITIONAL PROJECTED FUNDING SOURCES SO THERE'S A LOT OF THAT AS WELL. WE'RE DEPENDING ON. SO ANY ADDITIONAL ADVOCACY ON THE FEDERAL SIDE WOULD BE VERY HELPFUL ON THE FEDERAL TRIGGERS. WE'RE ALSO HEARING THAT THERE MIGHT BE ADDITIONAL BUDGET ACTION IN AUGUST. AS YOU ALL KNOW TAX FILINGS HAS BEEN EXTENDED SO PEOPLE AREN'T FILING TAXES UNTIL JULY 15 DEADLINE. IT USED TO BE APRIL AND SO WE WILL HAVE A BETTER SENSE AT THE STATE LEVEL WHAT THE REVENUE SOURCES ARE AFTER THE TAX FILING SO THERE MIGHT BE ANOTHER BUDGET ACTION IN AUGUST IS WHAT WE'RE HEARING.

>> CHAIR: THANK YOU. AND SO YOU KNOW, KAY, THAT WAS COMMISSIONER KEVIN ACEBO. OTHER QUESTIONS FROM COMMISSIONERS OGAWA OR MOLINA?

>> MEMBER OGAWA: I JUST HAD A FOLLOW-UP ON STACY'S QUESTION, ON 803 AND 855. DO YOU KNOW WHAT THE SPECIFIC FUNDING IMPACT WOULD BE (INDISCERNIBLE) FUNDING ON L.A.?

>> KAY: PATRICK, IT WAS A LITTLE SHAKY. I THINK YOU'RE ASKING FOR FINANCIAL IMPACTS FOR SB-803 AND SB-855?

>> MEMBER OGAWA: THAT'S CORRECT.

>> KAY: FOR SB-803, THE CERTIFICATION PROCESS WILL BE A FEE STRUCTURE, SIMILAR TO OTHER CERTIFICATION AND LICENSE PROCESSES SO THERE WILL NOT BE A FISCAL IMPACT THERE. THE BILL DIRECTS FOR IT TO BECOME MEDI-CAL BENEFITS AND SO THAT WOULD ALLOW US TO DRAW DOWN

A FEDERAL MATCHING FUND ON PEER SUPPORT SPECIALISTS AND IF THE STATE EXPANDS THE BENEFIT, IT'S A STATE EXPANSION THAT OCCURRED AFTER WE PASSED PROP 30. SO IT WOULD BE A STATE, NON-FEDERALLY SHARE MATCH. SO COUNTY IS NOT PART OF THE PAYMENT MODEL IN THAT. FOR SB-855, IT'S A MENTAL HEALTH PARODY BILL FOR COMMERCIAL EMPLOYER-BASED INSURANCE PLANS. SO THE BENEFIT OF A MENTAL HEALTH PARODY BILL IS THAT INDIVIDUALS WHO DO NOT HAVE MEDI-CAL WILL HAVE AN ABILITY TO GET THE TREATMENT AND SERVICES THAT THEY NEED, SO IT WOULD ALLOW MORE PEOPLE TO RECEIVE TREATMENT AND POSSIBLY NOT RELY AS MUCH ON MEDI-CAL FOR THOSE SERVICES. SO IT WILL BE MORE OF A COMPLETE MODEL FOR BEHAVIORAL HEALTH SERVICES, THAT ALSO INCLUDE COMMERCIAL EMPLOYER-BASED INSURANCE.

>> MEMBER OGAWA: OKAY. THANK YOU. AS SB-803 MOVES THROUGH, AND LET'S SAY IT BECOMES LAW, IS THERE AN OPPORTUNITY FOR COMMUNITY-BASED AGENCIES OR INDIVIDUALS TO PROVIDE INPUT ON THE OVERALL CONSTRUCTION OF IT OR THE QUALIFICATION? YOU KNOW WHAT I MEAN? IN TERMS OF --

>> KAY ... YES. THERE WILL BE -- -- KIRIS, DO YOU WANT TO ADD MORE ON THAT.

>> KIRA: CAN YOU REPEAT THE QUESTION AGAIN SO I HAVE IT CORRECTLY?

>> MEMBER OGAWA: LET'S SAY, HYPOTHETICALLY, SB-803 PASSES, WHAT WILL BE THE OPPORTUNITIES FOR COMMUNITY FOLKS TO BE ABLE TO IMPACT OR PROVIDE INPUT ON THE OVERALL CERTIFICATION PROCESS AND THE QUALIFICATIONS, AND THAT TYPE OF THING.

>> KIRA: YES, I BELIEVE IT'S STILL IN SB-803 THAT THE CORE COMPETENCIES, AND THE THINGS THAT WE'LL BE SETTING UP SOME OF THE CERTIFICATION PROCESS NEEDS TO BE DONE THROUGH A STAKEHOLDER PROCESS. I THINK THAT'S STILL IN THERE SO THAT IS THE PLACE THAT WOULD HAPPEN.

>> MEMBER OGAWA: OKAY. THANK YOU BOTH VERY MUCH FOR THE REPORT.

>> CHAIR: I'M SORRY TO SQUEEZE TIME NOW. I'M WONDER FIGURE COMMISSIONER MOLINA OR COOPERBERG HAVE ANY QUESTIONS ON THE UPDATE.

>> COMMISSIONER MOLINA: THANK YOU VERY MUCH FOR THE PRESENTATION. IT WAS EXCELLENT. FOR THE LEGISLATION THAT THE COUNTY IS ALREADY SPONSORING, THE EARLIER BILLS THAT YOU WERE TALKING ABOUT, I'M JUST CURIOUS ABOUT ITS LIKELIHOOD OF PASSAGE, SPECIFICALLY, ARE THERE ANY ORGANIZATIONS THAT HAVE COME OUT TO OPPOSE ANY OF THOSE BILLS?

>> KAY: FOR SB-803, WE DON'T HAVE A POSITION. WITH SB-855 I THINK THERE ARE SOME CONCERNS FROM THE INSURANCE STAKEHOLDERS.

>> COMMISSIONER MOLINA: SO THE INSURANCE INDUSTRY OR THEIR LOBBYISTS WILL BE WORKING TO TRY TO OPPOSE THAT BILL OR AR ALREADY DOING THAT?

>> CHAIR: OKAY. ANY FEEDBACK ON THAT?
THEIR CONCERNS. CHAIR: COMMISSIONER COOPERBERG?

>> KAY: I THINK THEY HAVE REGISTERED
>> I DON'T HAVE ANY QUESTIONS.GREAT PRESENTATION. THANK YOU.

>> CHAIR: THANK YOU FOR PULLING THIS TOGETHER FOR US. WE HAVE EAGER TO HOST YOU TO HEAR WHAT THE COUNTY IS UP TO ON LEGISLATION. I HAVE JUST A PROCESS QUESTION. SO ON THE ITEMS THAT DMH HAS NOT TAKEN A POSITION, NEITHER SUPPORT OR OPPOSED, WHAT IS THE WATCH-AND-WAIT KIND OF PROCESS? HOW DO YOU DECIDE WHEN TO ENGAGE OR IF EVER TO ENGAGE OR NEVER TO ENGAGE?

>> KAY: SO THE DEPARTMENT MONITORS ALL BILLS THAT IMPACT MINUTE. THERE'S ONES THAT HAVE MORE OF AN IMPACT AND THERE ARE OTHERS THAT MIGHT HAVE POSSIBLE IMPACT. OUTSIDE COUNTY BEHAVIORAL HEALTH, IMPACTS ON BEHAVIORAL HEALTH, THOSE WILL BE MONITORED AS WELL. POSITIONS ARE BASED ON PRIORITIES THAT HAVE COME OUT FROM, YOU KNOW, DIFFERENT ENTITIES SO THROUGH THE DEPARTMENT OR, YOU KNOW, THROUGH THE BOARD OFFICES AND SO THE OFFICIAL PROCESSES THE DEPARTMENT OF MENTAL HEALTH, WITH OTHER DEPARTMENTS ARE NOT ALLOWED TO TAKE OFFICIAL POSITIONS ON THE BOARD AT LOS ANGELES COUNTY. IT HAS TO GO THROUGH OUR C.E.O. LEGISLATIVE AFFAIRS DEPARTMENT AND THROUGH THE BOARD PROCESS, POSITIONS ARE TAKEN. IF THERE ARE CERTAIN BILLS OF INTEREST, FEEL FREE TO CONTACT ME. WE CAN TALK MORE AND YOU KNOW, I CAN WALK THROUGH THE PROCESS AND LET FOLKS KNOW, YOU KNOW, AND DIVE INTO A DEEPER ANALYSIS OF EACH BILL.

>> CHAIR: THANK YOU SO MUCH AGAIN. WE WILL DEFINITELY INVITE YOU BACK FOR UPDATES AS THE SEASON MOVES FORWARD. GOOD LUCK KEEPING UP AND FINGERS CROSSED AND BOOTS ON THE GROUND FOR SB-803 TODAY. AND ONWARD. THANK YOU MUCH, KERIS AND KAY FOR JOINING US. AND WE WILL MOVE ON WITH OUR MENTAL HEALTH COMMISSION MENTAL HEALTH AGENDA AT THIS TIME. THANK YOU. AND I'M JUST TRYING TO MANAGE A LITTLE BIT OF INCOMING. I FEEL LIKE THERE ARE FOLKS HAVING TROUBLE CONNECTING TO OUR MICROSOFT TEAMS MEETING AND IF THAT'S THE CASE, I SUGGEST THEY ALL JUST USE THE PHONE BECAUSE AT LEAST YOU ARE ABLE TO PARTICIPATE BY PHONE. YOU CAN FIND THE PHONE NUMBER TO CALL IN ON THE MENTAL HEALTH COMMISSION WEBSITE AND THE AGENDA. IT'S POSTED THERE. AND AT&T MODERATOR, I'M CALLING YOUR ATTENTION NOW TO LET YOU KNOW, WE WILL BE TAKING REPORTS FROM OUR SALT AND USCC CO-CHAIRS. IF THEY ARE ON THE LINE, THEY ARE WELCOME TO MAKE UP TO A TWO MINUTE PRESENTATION. I PLEASE ASK THAT THE PRESENTERS FOLLOW THE INSTRUCTIONS GIVEN BY AT&T AND SPEAK AT YOUR DESIGNATED TIME. SO THIS IS AN ALERT FOR THE COMMUNITY CHAIR REPORTS FROM

THE USCCs, AND THE SALTS TO LET AT&T KNOW YOU ARE READY TO SPEAK. WE WILL ASK JOHN FLYNN TO PUT A COUNTER DOWN. SO YOU HAVE TWO MINUTES TO SPEAK. I KNOW NOT EVERYONE IS ABLE TO PARTICIPATE. BUT AT&T MODERATOR, I NOW TURN IT OVER TO. OPERATOR: YOU IF YOU'D LIKE TO OPEN UP AND MAKE A COMMENT, PRESS "1-0" AND IT'LL OPEN YOUR LINE. AGAIN, PRESS 1 AND THEN 0. NO ONE IS CUED UP ON THE PHONE SO FAR.

>> CHAIR: A NOTE TO COMMISSIONERS HOW YOU'RE VIEWING YOUR MICROSOFT TEAMS. YOU ARE ABLE TO SEE OUR FACES AND OUR VIDEOS AND TOGGLE ONE OF US TO THE MAIN SCREEN YOU CAN KIND OF SEE US IN GALLERY VIEW, VERSUS SIMPLY SEEING A SLIDE JOHN FLYNN HAS ON THE SPLASH SCREEN. SO YOU CAN PLAY AROUND TO MAYBE YOU CAN SEE US BETTER

>> OPERATOR: EXCUSE ME. WE DO HAVE A COUPLE KEYED UP ON THE PHONE LINE. WHENEVER YOU'RE READY EZEKIEL REYES. YOU'RE OPEN. PLEASE GO AHEAD.

>> AUDIENCE MEMBER: EZEKIEL REYES, FOR SERVICE AREA 4. I WANTED TO GIVE A RUNDOWN OF WHAT WE'RE DOING RIGHT NOW. WE'VE BEEN STOPPED AT MANY DIFFERENT AVENUES AND WHEN COMES DOWN TO FUNDING SO WE'VE JUST BEEN PRIMARY FOCUSED ON HELPING OUR COMMUNITY AND OTHER ORGANIZATIONS AROUND US IN A WAY LIKE, DOING OUR OWN THING IN A SENSE FOR EACH OF US. THAT GOES FOR CARMEN AND PASTOR NOW HAS BEEN DOING A LOT WEBINAR/SEMINAR KIND OF THINGS, FOR THOSE WHO HAVE LOST LOVED ONES, DUE TO THE VIRUS AND CARMEN'S BEEN WORKING A LOT WITH HER HOSPITAL, IN ORDER TO HELP A LOT OF PEOPLE WITHIN HER AREA AS WELL AND I'VE BEEN TALKING TO A LOT OF PEOPLE ON PROJECT ROOM KEY AND BOTH FROM THE PEOPLE THAT ARE ACTUALLY REQUIRING THE SERVICES AS WELL AS THE WORKERS, FOR THE ROOM KEY AND THERE'S BEEN A LOT OF HICCUPS WHEN IT'S COME DOWN TO THE SITUATIONS THAT ARE GOING ON WITH THAT WHOLE EXPERIENCE BECAUSE YOU'VE GOT A LOT OF PEOPLE THAT ARE NEEDING THE SERVICES WHO ARE JUST BARELY GETTING THE ROOMS WHICH IS A REALLY GOOD THING AND A LOT OF THEM LIKE IT BUT THE PROBLEM IS THEY ARE TRYING TO RELAX AND THE ROOM KEY PROJECT GETS THEM UP AND ABOUT EVERY SO MANY HOURS SO A LOT OF THEM AREN'T TECHNICALLY GETTING THAT FULL FEEL OF RELAXATION WITHIN THE ROOMS, DUE TO HOW THE PROJECT IS SET UP. SO I JUST WANTED TO GIVE AN UPDATE ON THAT SCENARIO WHEN IT COMES DOWN TO THE PROJECT ROOM KEY. IT IS A GOOD WORKING PROGRAM BUT THERE'S A LOT OF HICCUPS WITHIN THE PEOPLE THAT ARE -- SALVATION ARMY WORKERS, AS WELL AS THE PEOPLE THAT ARE UTILIZING THE PROJECT. THEY ARE NOT MESHING UP ALL THAT WELL BECAUSE THERE'S NOT A LOT OF LEEWAY THAT THE PEOPLE THAT ARE UTILIZING THE SERVICES ARE EXPRESSING. THERE'S NOT A LOT OF RELAXATION THAT THEY ARE BEING ABLE TO GET. BUT THANK YOU VERY MUCH.

>> CHAIR: THANK YOU, EZEKIEL. I HOPE YOU ARE STAYING WELL.

>> AUDIENCE MEMBER: GENEVIEVE CLABRIAL. YES. WHEN YOU TAKE A VOTE, LIKE THE MINUTES, PEOPLE CANNOT SAY YES, YES, YES. EACH COMMISSIONER MUST IDENTIFY THEMSELVES AND SAY "YES" OR WHATEVER. YOU CANNOT DO LIKE YOU DID. THAT WAS A TOTALLY ILLEGAL VOTE. JUST SO YOU KNOW. THANK YOU.

>> CHAIR: THANK YOU, GENEVIEVE. I WILL DEFINITELY TAKE THAT BACK AND WE'LL DO THE CORRECTIVE ACTION NECESSARY. ALSO MODERATOR, RIGHT NOW WE ARE TAKING REPORTS FROM COMMUNITY CHAIRS FOR THE SALTS AND THE USCCs. THIS IS NOT A GENERAL PUBLIC COMMENT SECONDS. SO PLEASE HAVE PINKI EITHER REVIEW THE LIST WITH YOU OR ANYONE FROM A SERVICE AREA OUR A USCC IS WELCOME TO MAKE THE REPORT. AND THANK YOU AGAIN, GENEVIEVE. MODERATOR, WE'LL TAKE THE NEXT CALLER.

>> OPERATOR: I DON'T KNOW WHO THE PEOPLE ARE WITH. I JUST HAVE THE NAMES.

>> CHAIR: I UNDERSTAND THAT.

>> OPERATOR: LYDIA. MURPHY. YOU'RE OPEN. LYDIA, YOU ARE OPEN IF YOU HAVE A QUESTION.

>> GOOD MORNING, I WANTED TO MAKE A PUBLIC COMMENT SO I'LL STEP BACK.

>> CHAIR: THANK YOU VERY MUCH, LYDIA. THAT'S EXACTLY WHAT WE'D LIKE. AT THIS POINT, WE'RE JUST TAKING REPORTS FROM THE USCC CHAIRS OR THE SALT CHAIRS. MODERATOR, WE'LL TAKE THE NEXT ONE.

>> OPERATOR: IF YOU'RE NOT CUED UP, PRESS 1-0 AND TAKE YOURSELF OUT OF CUE IF YOU ARE ONE OF THOSE PEOPLE THAT ARE CUED UP. CARMEN PEREZ. YOU'RE OPEN.

>> CARMEN PEREZ: THANK YOU, COMMISSIONERS. I HAVE A COMMENT ON THE MHSA 3-YEAR PLAN, SPECIFICALLY, AROUND TRAINING THE COMMUNITY ABOUT THE MHSA FUNDING PROCESS --

>> CHAIR: EXCUSE ME. I'M SORRY TO INTERRUPT YOU. IS THIS A USCC CO-CHAIR OR A SALT CO-CHAIR? CARMEN PEREZ: THIS IS CARMEN PEREZ FOR SALT CO-CHAIR.

>> CHAIR: THANK YOU VERY MUCH. GO AHEAD. >> CARMEN PEREZ: AGAIN, I WANT TO TALK ABOUT THE MHSA PLANNING PROCESS MENTIONED ON PAGE 12. I WANT TO MAKE SURE THIS HAPPENS SOONER THAN LATER. IT IS ESSENTIAL THAT THE COMMUNITY UNDERSTANDS THE IMPORTANT PROCEDURE. HERE ARE THE REASONS WHY IT IS IMPORTANT. IT HAS BEEN DIFFICULT AS A SALT CO-CHAIR TO EXPLAIN TO OUR MEMBERS WHAT IMPACTS OUR MEETINGS ARE HAVING, AND UNDERSTANDING THE PROCESS WILL HELP IMPROVE THE SALT 4 MEMBERSHIP AND HELP EMPOWER

OUR COMMUNITY. THERE ARE MANY GREAT IDEAS BEING GENERATED FROM THE COMMUNITY THAT HAVE NOT BEEN ABLE TO COME TO FRUITION DUE TO A LACK OF FUNDING, SO IT IS IMPORTANT THAT WE PROVIDE A PLATFORM AND RESOURCES THAT REQUIRE IDEAS TO DEVELOP. SO IT'S PRETTY MUCH ME JUST ADVOCATING FOR THE TRAINING THAT IS MENTIONED ON THE MHSA 3-YEAR PROPOSALS TO HAPPEN AND THAT'S REALLY IT FOR MY RIGHT NOW. THANK YOU.

>> CHAIR: THANK YOU VERY MUCH. I'M SORRY FOR THAT INTERRUPTION. MODERATOR WILL TAKE THE NEXT CALLER.

>> OPERATOR: LETICIA YOU ARE OPEN.

>> LETICIA YES. CAN YOU HEAR ME? ONE OF THE THINGS I WANTED TO LET YOU KNOW THAT WE HAVE NANCY RUBIO WITH THE WELLNESS CENTER AND ALSO WITH THE BREAKFAST CLUB THAT'S CONSISTENT ON 19 PLUS 9 GROUPS OVER IN THE VALLEY AND THERE ARE DIFFERENT TYPES OF GROUPS FOR THE CLIENTS AND SKYPE THAT ARE GOING ON BECAUSE OF THE COVID SITUATION. WE HAVE ALSO ATTENDED AND ARE GOING TO BE ATTENDING OUR VAN NUYS NEIGHBORHOOD COUNCIL WITH THE PRESIDENT, SAM WOLF THAT'S ALSO A SALT MEMBER AND THAT WILL BE TO INCREASE KNOWLEDGE OF MENTAL HEALTH AWARENESS AND WE WERE ALSO LOOKING AT -- CAN YOU HEAR ME? WE WERE ALSO LOOKING AT SETTING UP VOTER TRAINER NONPARTISAN WITH A DIFFERENT CLINICS COMING ON BOARD AND WE'RE STILL WAITING TO FIND OUT. THE CLIENTS ARE ALSO ASKING ABOUT THE CCAS FUND THAT'S BEEN ON HOLD AND ONE OF THE BIGGEST NOTES ON MY AGENDA IS FOR THE CO-OCCURRING. WE HAVE ALREADY STARTED A GROUP. THAT'S AN AD HOC GROUP THAT'S BEEN REQUESTED AT THE SALT 2 MEETING. AS WE ARE SETTING THIS UP, I'D LIKE TO ANNOUNCE THAT MY PASTOR'S SON THAT HAD JUST TURNED 39 PASSED AWAY OF AN OVER DOSE IN A CO- OCCURRING. LASTLY, I ATTENDED A PEACE PROTEST, ON BEHALF OF MY BROTHER, 1984, CHOKE HOLD, RAUL JR. AND THE BREAKFAST CLUB IS NOT MEETING RIGHT NOW UNTIL FURTHER NOTICE. WE'RE GOOD.

>> CHAIR: THANK YOU VERY, VERY MUCH AND PLEASE ACCEPT OUR CONDOLENCES. THANK YOU FOR CALLING AND LETTING US KNOW. MODERATOR WILL TAKE THE NEXT CALLER.

>> OPERATOR: BIANCA GALLEGOS. YOU'RE OPEN.

>> AUDIENCE MEMBER: HI. GOOD AFTERNOON. OR ACTUALLY, GOOD MORNING. IT'S STILL MORNING. THIS IS BIANCA GALLEGOS. I'M THE LATINO USCC CO-CHAIR. I'D LIKE TO ASK IF CAN YOU PLEASE HAVE SOMEONE TRANSLATE THE MHSA 3-YEAR PLAN INTO SPANISH. WE ARE TRYING TO WORK WITH OUR COMMUNITY MEMBERS ON THE THREE YEAR MHSA PLAN. THEY HAVE A LOT OF IDEAS AND WE NEED TO START, WE WANT TO WORK WITH THEM BUT WE CAN'T BECAUSE IT'S NOT IN SPANISH. THE DOCUMENT IS OVER 271 PAGES AND ASIDE FROM THAT IT'S KIND OF WRITTEN MORE FOR ACADEMICS

TO UNDERSTAND IT. IF WE COULD PLEASE HAVE EITHER -- THIS IS JUST A SUGGESTION. MAYBE EVEN HAVE IT WRITTEN IN A LAMENS TERM, A SHORTENED VERSION, THAT WOULD BE GREAT.

I WOULD REALLY APPRECIATE IF WE COULD HAVE SOMEONE LOOK INTO ADA SERVICES FOR ONE OF MY CO-CHAIRS, WHO WAS HAVING DIFFICULTY ATTENDING AND RUNNING THE MEETING BECAUSE HE'S HARD OF HEARING AND IS NOT ADA, THE MEETING, THE WAY CURRENTLY WE'RE INVESTIGATE MEETINGS WITH THE COMMUNITY IS NOT ADA -- IS NOT ADAPTED FOR ADA SERVICES. THAT'S IT FOR NOW, AND I APPRECIATE YOUR TIME AND LET'S WORK ON THIS AS A COMMUNITY.

>> CHAIR: THANK YOU VERY MUCH AND AGREE ON THE WORKING TOGETHER AS A COMMUNITY AND AGREE, WE'LL DO ALL WE CAN TO SUPPORT YOUR REQUESTS. I KNOW THEY ARE ACTIVELY BEING INVESTIGATED. MODERATOR WILL TAKE THE NEXT CALLER.

>> OPERATOR: AMPARO ALSTOGIC. YOU'RE OPEN.

>> AUDIENCE MEMBER: HI. GOOD MORNING, I AM ALSO ONE OF THE LATINO CO-CHAIRS FOR THE LATINO UCC AND I WOULD JUST LIKE TO ECHO WHAT MY CO-CHAIR JUST MENTIONED REGARDING REQUESTING THE 3-YEAR PLAN TO BE ACCESSIBLE IN PLAIN LANGUAGE. IT IS REQUIRED FOR DOCUMENTS WHEN WE REQUEST -- WHEN SOMEONE HAS A PSYCHIATRIC DISABILITY BY THE ADA TO BE AVAILABLE IN PLAIN LANGUAGE. THAT'S THE LEGAL TERM AND AS OF NOW, IT IS NOT AVAILABLE IN PLAIN LANGUAGE OR IN SPANISH AND IT HAS BEEN REALLY HARD FOR US TO WORK WITH OUR COMMUNITY. AS ACCESS AMBASSADORS THAT HAVE BEEN TRAINED ON MHSA LAW IN SACRAMENTO. FOR ME, IT HAS BEEN REALLY DIFFICULT TO BE ABLE TO ACCESS AND UNDERSTAND THE WHOLE 271 PAGES SO WE WOULD REALLY APPRECIATE THE ABILITY TO HAVE THE DOCUMENT IN AN ACCESSIBLE MANNER FOR THE ENGLISH SPEAKING COMMUNITY THAT HAS MENTAL HEALTH CONDITIONS THAT WOULD HAVE DIFFICULTY READING THIS OKAY IF THEY DIDN'T HAVE A MENTAL HEALTH CONDITION BUT ALSO IN SPANISH SO IT CAN ACTUALLY BE A DOCUMENT THAT THE COMMUNITY CAN TAKE PART OF AS OPPOSED TO JUST GET CONFUSED AND STRESSED OUT BY IT. THANK YOU. AND I ALSO WANT TO ECHO CARMEN PEREZ'S SUGGESTION OF HAVING TRAINING AVAILABLE FOR THIS PROCESS BECAUSE IT IS NECESSARY THAT THE COMMUNITY IS AWARE OF THE TRAINING PROCESS OF WHAT MHSA SHOULD LOOK LIKE SO THEY CAN ACTUALLY PARTICIPATE. THANK YOU.

>> CHAIR: THANK YOU VERY, VERY MUCH. POINTS TAKEN. MODERATOR MAY WE HAVE THE NEXT CALLER.

>> OPERATOR: JEAN HARRIS. YOU'RE OPEN.

>> JEAN HARRIS: YES. JEAN HARRIS FROM SALT AREA 1. I WANTED TO EXPRESS THE TECHNICAL DIFFICULTIES BOTH HERE AND OUR SALT MEETINGS. PEOPLE ARE HAVING MUCH DIFFICULTY TO BE ABLE

TO PARTICIPATE I HAVE DONE EVERYTHING I CAN TO GET ON THE MICROSOFT TEAMS AND I CANNOT BE CONNECTED. ON THE PHONE, UNFORTUNATELY CANNOT SEE WHAT'S HAPPENING. AT OUR RECENT SALT MEETING LAST WEEK, WE HAD A PRESENTATION FROM THE A.O.T. TEAM WITH DMH ASSISTED OUT PATIENT TREATMENT AND THAT WAS VERY ENLIGHTENING. WE DO NOT HAVE A LOT OF UTILIZATION OF THE TEAM IN THE ANTELOPE VALLEY, ALTHOUGH THE NEED IS EXTREMELY HIGH, THERE'S NOT A LOT OF INFORMATION SO HOPEFULLY, THAT WAS HELPFUL. WE ALSO DISCUSSED THE NEEDS AT THE SALT CO-CHAIR MEETING FOR THE TRAINING, SO I'M DEFINITELY IN FAVOR OF CARMEN'S COMMENTS REGARDING SALT CO-CHAIRS RECEIVING SOME ORIENTATION OR LEADERSHIP TRAINING OR MHSA TRAINING. I KNOW WE HAVE BEEN PARTICIPATING IN SOME STATEWIDE WEBINARS, REGARDING MHSA AND THAT IS EXTREMELY IMPORTANT. OUR SALT MEETING IN SERVICE AREA 1 HAS BEEN REDUCED TO ONE HOUR SO IT'S VERY DIFFICULT TO GET A LOT OF THINGS DONE. PARTICIPATION IS ALSO MINIMAL WITH OVER 150 PEOPLE INVITED TO ATTEND ONLINE PROBABLY DUE TO THE FACT WE HAVE LIMITED INTERNET ACCESS --

>> TIME!

>> JEAN HARRIS: IN OUR REQUIRE AREA. THAT IS AN ISSUE. WE HAD NO LEADS THAT WERE ABLE TO DO ANY OF THEIR PRESENTATIONS OR COMMENTS ON THE CALL.

>> CHAIR: THANK YOU, JEAN. POINT TAKEN AND WE HEAR YOU AND WE APPRECIATE THE FEEDBACK. I WONDER IF THERE ARE ANYMORE CALLERS OR HOW MANY CALLERS WE MAY HAVE REMAINING, MODERATOR?

>> MODERATOR: WE HAVE THREE REMAINING IN CUE.

>> CHAIR: OKAY. WE WILL TAKE THOSE FOR UP TO TWO MINUTES EACH AND THEN WE NEED TO MOVE FORWARD. GO AHEAD, MODERATOR.

>> MODERATOR: I HAVE (INDISCERNIBLE) SANGSTER, YOU'RE OPEN.

>> AUDIENCE MEMBER: GREETINGS EVERYBODY. THIS IS OSBY SANGSTER. I'LL PUSH BACK AND UNMUTE MYSELF I'M CALLING ON BEHALF OF BLACK LOS ANGELES COUNTY CLIENT COALITION ADVOCACY EFFORTS FOR THE CCAF AND HOMELESSNESS AND COVID. I'M NOT A CO-CHAIR. BLACK LOS ANGELES COUNTY CLIENT COALITION.

>> CHAIR: IF THAT'S THE CASE THEN, WE WILL ASK YOU TO MAKE YOUR COMMENT DURING PUBLIC COMMENT. THIS TIME IS RESERVED SOLEY FOR SALT CO-CHAIRS AND USCC CO-CHAIRS. SO THANK YOU VERY MUCH, WE'LL HEAR FROM YOU LATER. PLEASE CALL BACK IN. MODERATOR. NEXT CALLER.

>> MODERATOR: YOLANDA BECERRA JONES. YOU'RE OPEN.

>> AUDIENCE MEMBER: OKAY. THIS IS YOLANDA BECCERRA JONES. SERVICE AREA 5. I'D LIKE TO AGREE WITH THE INITIAL COMMENTS ABOUT TRAINING. I WOULD LIKE TO ADD THAT THE TRAINING

SHOULD TAKE PLACE AT THE BEGINNING OF THE FIRST 3-YEAR PLAN. I THINK ONE OF THE THINGS THAT IS GOING TO BE ESSENTIAL IS 4-YEAR GROUPS LIKE SALT AND YOUR CO-CHAIRS TO BE WELL PREPARED, WELL TRAINED, KNOWLEDGEABLE ABOUT THIS PROCESS AND I ALSO WOULD LIKE TO SECOND THE NEED TO OFFER IN THE SECOND LANGUAGE, SPANISH AND TO CONDENSE IT IN A TRAINING FOR SPANISH SPEAKERS AND I'D ALSO LIKE TO GET SOME KIND OF FEEDBACK FROM THE COMMISSION THAT THEY WOULD REQUEST THAT THIS TRAINING TAKES PLACE THE FIRST 6 MONTHS OF THE THREE YEAR PLAN. OTHERWISE, IT'S NOT HELPFUL FOR US TO BE PREPARED AS LEADERS IN THE COMMUNITY TO PROVIDE THE BEST INFORMATION. WE NEED TO HAVE THAT AS OUR BACKGROUND TO BE MORE EFFECTIVE AS STAKEHOLDERS SO ARE THESE COMMENTS GOING TO BE REFLECTED IN THE MINUTES? BRITTNEY?

>> CHAIR: YES, THEY ALWAYS ARE.

>> AUDIENCE MEMBER: OKAY. I WOULD LIKE A RESPONSE TO THAT REQUEST THAT WE HAD TALKED ABOUT ADDING THE TRAININGS AT THE BEGINNING OF THE 3-YEAR PLAN, IN ORDER TO BE HELPFUL TO ALL OF US AS CO-CHAIRS.

>> CHAIR: THANK YOU FOR YOUR COMMENTS. MODERATOR, I THINK THIS IS THE LAST CALLER.

>> MODERATOR: YES. WE HAVE MARIE -- MARIKO KHAN. ONE MOMENT. YOU'RE OPEN, MARIKO KAHN.

>> AUDIENCE MEMBER: HI, THIS IS MARIKO KAHN. I'VE BEEN ASKED BY THE API USCC TO REPORT BECAUSE BOTH LEO AND POLY WERE NOT AVAILABLE. AND I WANTED TO REPORT THAT THE API UCCs HAS BEEN FOCUSING ON PROJECTS THAT ARE INTERSECTIONAL ACROSS VARIOUS API GROUPS SUCH AS DOMESTIC VIOLENCE, LGBTQ ISSUES. IN ADDITION THERE'S A GREAT DEAL OF CONCERN FROM THE APIS HOW THE COVID HAS HAD A CULTURAL IMPACT ON THE COMMUNITY AND PARTICULARLY, THERE OF HAVE BEEN MANY ATTACKS AGAINST API'S THAT ARE BEING TRACKED. THERE ARE OVER 2,000 IN THE UNITED STATES AND THIS, OF COURSE, AFFECTS THE EMOTIONAL WELL-BEING OF OUR MANY API COMMUNITIES BECAUSE THE PEOPLE WHO ARE ATTACKING US ARE NOT DISTINGUISHING. THEY'RE JUST SAYING YOU'RE API. AND NO API SHOULD BE PUT UNDER THAT STRESS. LASTLY, I WANT TO REPORT THAT THE MENTAL HEALTH COMMITTEE OF THE API COUNCIL HAS BEEN WORKING WITH, OF COURSE, THE API USCC AND WE ALSO ARE ALSO VERY CONCERNED ABOUT THE LACK OF 3-YEAR, MHSA PLAN, ADDRESSING THE DISPARITIES AND CULTURAL COMPETENCIES. WE REALLY FEEL THIS NEEDS TO BE TAKEN UP. WE HAVE SUBMITTED A REPORT TO DMH AND WE'D LIKE TO SEE SOME MORE MOVEMENT ON THIS. WE REALLY FEEL THAT THE COUNTY IS FACING A RISE IN THE MENTALLY ILL, AND COVID, OF COURSE, IS ADDING ANOTHER LAYER. WE WANT TO REMIND PEOPLE THAT THE COMMUNITIES OF COLOR INCLUDE API'S, AND API'S ARE DISPROPORTIONATELY --

>> TIME!

>> CHAIR: THANK YOU, MARIKO, VERY MUCH. WE APPRECIATE YOU COMMENTING ON BEHALF OF THE API USCC.

AT THIS TIME, WE ARE CONCLUDED WITH THE CO-CHAIR REPORTS FROM THE SALTS AND THE USCCs. THANK YOU VERY MUCH FOR DOING WHAT YOU CAN TO GET CONNECTED INTO THIS MEETING. I DO KNOW THERE ARE TECHNICAL DIFFICULTIES. ON THAT END, I WANTED TO MAKE AN ANNOUNCEMENT THAT YES, WE UNDERSTAND THERE ARE TECHNICAL DIFFICULTIES. THERE ARE CHALLENGES COMING IN FROM A VARIETY OF INPUTS BUT THE DMH CALENDAR LINK THAT HAD AN ERROR BEFORE HAS BEEN CORRECTED AND THE CORRECT LINKS ARE THERE. THEY ARE LIVE AND THE PIO FOR DMH HAS e-BLASTED THEM YET AGAIN. SO IF YOU ARE LOOK TO CONNECT TO TEAMS, YOU'RE WELCOME TO CHECK THE E-BLAST FROM THE PIO AND CONNECT AGAIN. AND YOU DO HAVE A MOMENT BECAUSE WE ARE NOW MOVING TOWARD THE OTHER PART OF OUR COMMISSION MEETING WHICH IS REALLY THE MHSA PUBLIC HEARING. AND I'M HERE TO INVITE GREG POLK AND HIS TEAM OF MHSA CONTENT EXPERTS TO NOW TAKE THE STAGE. WHAT WE'RE GOING TO DO IS FIRST HAVE A BUDGET UNDERSTANDING OF THE LAY OF THE LAND OF THE BUDGET AND THE IMPACT OF COVID ON DMH'S BUDGET OVERALL AND THEN UNDERSTAND MHSA WITHIN THE CONTEXT OF THAT LARGER, BROADER BUDGET DISCUSSION. I HOPE THAT MAKES SENSE. GREG, WE CAN SEE YOU VERY WELL AND TAKE IT AWAY, PLEASE.

>> GREG POLK: THANK YOU, MADAM CHAIR. GOOD AFTERNOON, TO ALL. THANK YOU FOR THE OPPORTUNITY TO PRESENT THE IMPACT OF COVID ON DMH'S OVERALL BUDGET. AS MANY KNOW, NATIONWIDE AT A FEDERAL LEVEL, AT A STATE LEVEL, AT A LOCAL LEVEL, YOU KNOW, THE REVENUES ARE SHRINKING. THAT'S NO SURPRISE AND LOCALLY, WE'RE FACING THE SAME ISSUES THAT EVERY OTHER COUNTY IN THE NATION IS FACING. WHEN YOU TALK ABOUT THE STATE LEVEL THEY'RE PREDICTING ABOUT A \$54-BILLION SHORT FALL IN THE STATE BUDGET AND OBVIOUSLY WE HAVE A SHORT FALL AT THE FEDERAL LEVEL AND THE STATE LEVEL, IT IMPACTS THE DEPARTMENT AND AT THE LOCAL LEVEL. SO FOR US A, BIG IMPACT FOR THE DEPARTMENT OF MENTAL HEALTH REVOLVES AROUND REALIGNMENT. I THINK KAY MENTIONED IT EARLIER. WE'RE TAKING UP WE'RE TAKING A \$150 MILLION HIT TO REALIGN FISCAL YEAR. SO YOU KNOW, A HUGE HIT TO US. BUT I MUST SAY AND ONE OF THE THINGS I NEED TO ADD HERE ONE OF THE THINGS I NEED TO ADD HERE AND I'D BE REMISS IF I DIDN'T SAY THIS, YOU KNOW, LEADERSHIP OF DR. SHERIN HAS BEEN VERY PIVOTAL HERE. UNCANNY ABILITY TO LEAD THIS DEPARTMENT OF MINUTE THROUGH THESE TOUGH TIMES HAS BEEN JUST TREMENDOUS. I THINK HE'S IDENTIFIED DIRECTION. HE'S BEEN PRETTY INTENTIONAL ABOUT HIS EXPECTATIONS OF WHAT HE WANTS US TO DO AND IN SO, WE'VE BEEN ABLE TO WEATHER THIS STORM. ONE OF THE THINGS

WE'RE PROUD TO SAY. I THINK I ALSO NEED TO CONGRATULATE OUR CFO TIME (INDISCERNIBLE) SO WE HAVE THE ABILITY TO RIDE THROUGH THIS STORM RIGHT NOW BECAUSE WE HAVE A RESERVE. THE \$150 MILLION CURTAILMENT WE WOULD HAVE TAKEN, BUT FOR US HAVING THIS RESERVE SET ASIDE IS TREMENDOUS. IT'S NOT IMPACTING OUR DEPARTMENT. RIGHT NOW, DEPARTMENTS ARE GOING INTO AN 8% CURTAILMENT EXERCISE. FOR US, WE DON'T HAVE NOTHING BUT ABOUT 1% NET COUNTY COST IN OUR BUDGET. AND.

ALL THE CURTAILMENT AS IT RELATES TO NET COUNTY (INDISCERNIBLE) FOR US IS WHAT WE CALL OVERMATCH. IT'S OVER AND ABOVE THE MAINTENANCE EFFORT THAT IS REQUIRED IN OUR BUDGET BY THE STATE AND THE FEDS IN FEDERAL GOVERNMENT AND SO I THINK WE'VE BEEN PRETTY FORTUNATE TO BE ABLE TO, YOU KNOW RIDE THIS STORM WITHOUT ANY MAJOR IMPACTS, YOU KNOW, DUE TO COVID DUE TO OUR BUDGET. AGAIN, WE HAVE TAKEN ABOUT A \$150-MILLION IMPACT TO OUR REALIGNMENT. A COUPLE OF PROGRAMS. HOME PROGRAM. OUR PUBLIC GUARDIAN PROGRAM. OUR MET COUNTY TALK SUNDAY PROGRAM. THOSE PROGRAMS WILL TAKE A HIT, A MINOR HIT, NOT A MAJOR HIT. THERE WILL BE NO LAYOFFS IN THIS DEPARTMENT AT THIS TIME. WE DON'T FORECAST ANY LAYOFFS. I THINK THE C.E.O. ANNOUNCED RECENTLY THIS WEEK THAT THERE WOULD PROBABLY BE AROUND 650 LAYOFFS IN THE COUNTY OUT OF 113, 112, 113 EMPLOYEES, WHICH IS LESS THAN HALF OF A PERCENT. I THINK IN THE COUNTY, WE ARE FORTUNATE, AND LEADERSHIP OF DR. SHERIN HAS BEEN AS I SAID EARLIER, UNCANNY IN HIS ABILITY TO LEAD US IN THE RIGHT DIRECTION AND I THINK HE NEEDS TO BE APPLAUDED FOR THAT. I THINK, YOU KNOW, THOSE CONVERSATIONS ABOUT FEMA REIMBURSEMENT AND C.A.R.E. REIMBURSEMENT. A LOT OF THE ACTIVITIES THAT WE DO ARE FUNDED BY MEDI-CAL AND MHSA YOU KNOW, WE CAN'T DOUBLE-DIP SO A LOT OF THE FEMA REIMBURSEMENT REALLY DOESN'T APPLY TO THE DEPARTMENT BECAUSE IT'S WITHIN OUR NORMAL PROCESS OF THE WORK THAT WE DO. TO EXTENT WE CAN GET REIMBURSED FOR ACTIVITIES RELATED TO COVID, WE WILL BE APPLYING FOR THOSE. WE'RE ALSO APPLYING FOR GRANTS, EVERY GRANT THAT'S OUT THERE. WE'RE TRYING TO MAKE SURE THAT WE HAVE AN OPPORTUNITY TO APPLY FOR. OVER ALL IMPACT, COVID ON THE DEPARTMENT RIGHT NOW, THERE ISN'T ANY BECAUSE WE WERE SMART ENOUGH TO HAVE A RESERVE TO KIND OF BACK STOP US AND AGAIN, PEOPLE MUST REALIZE, WE'RE A DEPARTMENT WHERE NET COUNTY COST IS NOT GONNA LET US SAVE THE DEPARTMENT OF MENTAL HEALTH. I MEAN, MET COUNTY COST IS FOR GENERAL FUNDING DEPARTMENT. WE'RE NOT A GENERAL FUNDING DEPARTMENT. WE RECOGNIZE THAT. AND SO WE ALWAYS HAVE TO BE ON OUR P'S AND Q'S ABOUT HOW WE PLAN FOR THE FUTURE RIGHT NOW, DR. SHERIN AND EXECUTIVE TEAM, WE'VE BEEN HAVING DISCUSSIONS ABOUT ZERO BASE IN OUR BUDGET. I THINK IT'S IMPORTANT THAT WE -- -- WE HAVE TO

CALIBRATE HOW WE DO BUSINESS. WHAT WE SPEND ON AND I THINK THAT'S WHAT WE'RE IN THE PROCESS OF DOING. ZERO BASE. IT'S NOT AN EASY EXERCISE. THERE'S CURTAILMENTS YOU HAVE TO MAKE. YOU HAVE TO ALIGN YOUR AVAILABLE FINANCE IN WHICH FINANCE USES AND I THINK THAT'S THE EXERCISE WE'RE GOING TO DO. IN THE PROGRAM EFFECTIVELY, WE'LL FIND AND CONTINUE TO FIND PROGRAMS THAT'S EFFECTIVE. THE PROGRAMS THAT'S NOT EFFECTIVE, WE WILL PIVOT AND WE WILL ADJUST. I THINK THERE'S A LOT OF FOCUS AROUND COMMUNITY ENGAGEMENT NOW, AND C.E.O.'S ARE GOING TO PLAY A MAJOR PART IN WHAT WE DO IN THE FUTURE. THIS WHOLE COVID THING HAS REALLY ALLOWED THIS DEPARTMENT TO REALLY RECALIBRATE AND REALIGN OUR ACTIVITIES AND MOVING IN THE DIRECTION THAT DR. SHERIN'S STRATEGIC PLAN LAYS OUT. THAT'S PRETTY MUCH, I MEAN, THE ONLY OTHER THING ABOUT THE IMPACT ON THE DEPARTMENT, THE COUNTY HAS A HARD HIRING FREEZE WHICH ALSO IMPACTS US. WE ARE NOT ALLOWED NONESSENTIAL HIRES OR PROMOTIONS. THAT'S A BIG THING FOR THE DEPARTMENT. WE'RE NOT MOVING FORWARD WITH ANY PROMOTIONS AT THIS TIME OR ANY NEW-HIRES WE DON'T CONSIDER AS IS REQUIRED AND MANDATED. WE HAVE A FREEZE ON NON-ESSENTIAL SERVICES AND SUPPLIES. CERTAIN SUPPLIES, YOU HAVE TO GET APPROVAL FOR THE C.E.O.'S OFFICE, WE'RE IMPACTED BY THAT AND THE ELIMINATION FOR THE NON-REPRESENTED INTERIM WORKING EMPLOYEES. THE ELIMINATION 401K MATCH 4. A YEAR. IT'S BEEN SUSPENDED FOR A YEAR. BUT OUTSIDE OF THAT -- -- AND AGAIN, I HAVE TO STRESSING OUR ABILITY TO WEATHER THROUGH THE STORM IS BECAUSE OF OUR FISCAL ABILITY AROUND SAVING DOLLARS BECAUSE -- FOR RAINY DAYS AND THIS IS A RAINY DAY. AND WE'RE FORTUNATE TO NOT BE IMPACTED AS A LOT OF OTHER DEPARTMENTS IN THE COUNTY. IT'S PRETTY MUCH THE IMPACT AND UPDATE ON OUR COVID BUDGET.

>> CHAIR: THANK YOU, GREG. THIS IS BRITTNEY THE CHAIR. I THINK YOU'LL SEE MY FACE IN JUST A SECOND. OKAY. I UNDERSTAND THERE'S NO POWERPOINT HERE, BUT I WONDER IF ON BEHALF OF ALL COMMISSIONERS, I CAN ASK YOU TO EITHER DETAIL OR JUST ADDRESS WHETHER AND HOW \$150 MILLION SHORT FALL AND REALIGNMENT FUNDS THAT IS EXPECTED, WILL THAT IMPACT ANY SERVICES OR SUPPORTS OR IS THAT SOLELY GOING TO BE COVERED BY THE 401K MATCH AND OPEN POSITIONS AND THINGS LIKE THAT WILL THAT HAVE AN EFFECT ON SERVICES?

>> GREG POLK: THE 150 WILL NOT IMPACT ON SERVICES RIGHT NOW. I MEAN, WE ARE BACKFILLING THE LOSS OF THAT REVENUE WITH OUR RESERVE. WE HAVE A RESERVE SET ASIDE FROM FUND BALANCES FROM PRIOR YEAR THAT WASN'T UTILIZED IN RELATION TO REALIGNMENT SO WE GET TO HOLD THAT MONEY IN A TRUST RESERVE ACCOUNT. SO WE PULL IN THAT MONEY AS NEEDED. EVERY YEAR, WE PULL IN A SMALL AMOUNT BUT THIS YEAR, WE HAVE TO PULL IN ABOUT \$150 MILLION TO BALANCE OUR BUDGET. SO RIGHT NOW, THERE'S NO IMPACT TO OUR BUDGET AS FAR AS THE REVENUE

PIECE IS BUT THERE'S ALSO IMPACT AND CHANGES TO A BUDGET. I MEAN, OBVIOUSLY, A BUDGET IS A SPENDING PLAN. IT'S FLUID. IT'S NEVER AN EXACT. SO WE'RE ALWAYS LOOKING TO PIVOT AND ALIGN OUR REVENUES AND EXPENDITURES SO THERE'S ALWAYS A PIVOT AND LOOKING TO ALIGN OUR REVENUES WITH APPROPRIATE EXPENDITURES AND SO THERE'S ALWAYS A PIVOT AND SO RIGHT NOW, WE'RE BALANCED, AND I THINK THAT'S THE KEY THING. I DON'T THINK YOU CAN YOU GO INTO ANY FISCAL YEAR AND NOT BEING BALANCED AND BY UTILIZING THAT \$150 MILLION IS OUR BUDGET.

>> CHAIR: OKAY. I DO UNDERSTAND. WHAT I HEARD WAS THAT DESPITE THE SHORTFALL, THERE ARE FUNDS IN THE RAINY DAY OR PRUDENT RESERVE THAT ARE ALLOWING US TO NOT HAVE ANY NEGATIVE EFFECT OR CONSEQUENCE OR ANY DIFFERENCE TO THE SERVICES AND SUPPORTS DMH PROVIDES ON THE GROUND.

>> GREG POLK: CORRECT.

>> CHAIR: OKAY. I THINK THAT WILL ANSWER A LOT COMMISSIONER QUESTIONS BUT I'LL GO TO THE COMMISSIONERS. WE HAVE A LITTLE OPPORTUNITY FOR QUESTIONS AND DISCUSSIONS WITH GREG POLK ON JUST THIS AND THEN WE'LL MOVE INTO MHSA WHICH WE'LL VERY DEEP-DIVE INTO THAT BUDGET AND THAT PROGRAM. I WILL GO THROUGH DISTRICTS AGAIN. I'LL START AT THE BACK HERE, WITH SUPERVISOR BERGER'S DISTRICT. JUDY, ANY QUESTIONS?

>> JUDY: I HAVE NO QUESTIONS. THANK YOU.

>> CHAIR: 4THDISTRICT. COMMISSIONERS OGAWA, ACEBO OR MOLINA, ANY QUESTIONS? GO AHEAD.

>> COMMISSIONER MOLINA: I JUST, IF YOU CAN WALK ME THROUGH THIS RESERVE, IS THIS THE RESERVE OF UNEXPENDED REALIGNMENT DOLLARS OVER PAST YEARS? CAN YOU JUST TELL ME A LITTLE BIT ABOUT THE RESERVE FUND THAT'S COVERING THE \$150 MILLION SHORTFALL BECAUSE OF THE REALIGNMENT?

>> GREG POLK: GOOD QUESTION, COMMISSIONER. THAT'S EXACTLY WHAT IT IS. FUND BALANCES FROM PRIOR YEAR THAT ARE IN A TRUST FUND TO BE USED IN FUTURE YEARS.

>> COMMISSIONER: AND WHAT IS THE TOTAL AMOUNT PRIOR TO THE 150 BACKFILL FROM THERE? WHAT IS THE TOTAL AMOUNT?

>> GREG POLK: I THINK WE'RE CLOSE TO ABOUT \$300 MILLION.

>> COMMISSIONER MOLINA: AND THE OTHER QUESTION I HAVE IS DO YOU HAVE A SWAG ABOUT WHAT THE FEMA REIMBURSEMENT WILL BE POTENTIALLY FOR THE DEPARTMENT?

>> GREG POLK: I THINK THE FEMA REIMBURSEMENT WILL BE LOW FOR THIS DEPARTMENT BECAUSE AS MENTIONED EARLIER, A LOT OF OUR ACTIVITIES ARE FUNDED THROUGH MEDI-CAL. AND

YOU CAN'T DOUBLE DIP. YOU CAN'T CHARGE FEMA FOR THE THINGS YOU DO DURING YOUR NORMAL COURSE OF WORK SO OUR REIMBURSEMENT IS PROBABLY MINIMAL. I THINK WE HAVE ALREADY RECEIVED ABOUT \$100,000 FROM THE C.A.R.E.S. ACT. THERE'S A LOT OF MONEY PUT OUT THERE IN THE C.A.R.E.S. ACT. ABOUT \$30 BILLION HAS BEEN ALLOCATED FOR MEDICARE PROVIDERS-- MEDICAID PROVIDERS -- MEDICARE PROVIDERS. AND SO YOU KNOW, WE DON'T REALLY -- AND THE THING ABOUT FEMA REIMBURSEMENT, YOU KNOW YOU USUALLY GET FEMA REIMBURSEMENT, IT TAKES YOU THREE TO FIVE YEARS. I WENT THROUGH THIS WHEN I WAS IN THE C.E.O.'S OFFICE FOR MANY YEARS, AND C.E.O. IS REALLY RESPONSIBILITY FOR FEMA REIMBURSEMENT AND IT'S A REALLY PROTRACTIVE PROCESS. SO WE'RE NOT ANTICIPATING A HUGE INFLUX OF DOLLARS FROM FEMA.

>> COMMISSIONER MOLINA: THE FINAL QUESTION I HAVE IS RELATING TO THE MANY VARIED VERSIONS OF THE CARES ACT. I KNOW THAT IN ONE OF THE CARES ACT, THERE'S AN ALLOCATION FROM CONGRESS, DEALING WITH FROM THE SMHSA, LINE ITEM FOR MENTAL HEALTH AND SUBSTANCE ABUSE. ARE YOU SAYING THAT THE 30 -- DO YOU KNOW HOW MUCH THAT THE COUNTY IS EXPECTED TO RECEIVE OUT OF THAT SPECIFIC LINE ITEM OF THE C.A.R.E.S. ACT DEALING WITH SUBSTANCE ABUSE AND MENTAL HEALTH?

>> GREG POLK: HONESTLY, WE DON'T HAVE THE SUBSTANCE ABUSE PIECE. THAT'S PUBLIC HEALTH BUT AS FAR AS THE PIECE -- I DON'T HAVE A NUMBER YET. I THINK THERE ARE STILL DISCUSSIONS ABOUT HOW YOU GET THOSE DOLLARS. I THINK THEY'RE REFER TO THE SAMHSA GRANT? > >

COMMISSIONER MOLINA: YES. THAT'S IT. THANK YOU. >> GREG POLK: AND I THINK -- WE HAVEN'T DETERMINED HOW MUCH WE WOULD GET FROM THAT.

BUT REST ASSURED. ANY DOLLARS THAT WE CAN GO OUT THERE AND GET, OUR FINANCIAL TEAM IS DEFINITELY OUT THERE MAKING SURE WE GET EVERY DOLLAR POSSIBLE.

>> COMMISSIONER MOLINA: OKAY. I JUST THINK IT WOULD BE IMPORTANT FORS TO HEAR FROM YOU, FROM TIME TO TIME WHAT'S THE FEMA REIMBURSEMENT AND WHAT'S THE MENTAL DISPOSITION OF SAMHSA GRANT THAT WILL BE COMING TO THE COUNTY BECAUSE I THINK THAT ALL FITS IN, IN YOUR OVERALL BUDGET WHEN IT COMES TO COVID AND SHORTFALLS. THANK YOU.

>> GREG POLK: NOT A PROBLEM.

>> CHAIR: GREAT. OTHER COMMISSIONERS FROM SUPERVISOR HAHN'S OFFICE? >>
COMMISSIONER OGAWA: THIS IS PATRICK. YOU MENTIONED SOMETHING ABOUT ZERO-BASED BUDGETING. COULD YOU ELABORATE A LITTLE BIT IN TERMS OF SOME OF THE IDEAS YOU FOLKS ARE KICKING AROUND IN TERMS OF FUTURE TYPES OF PROJECTS OR STRATEGIES.

>> GREG POLK: I THINK THIS IS A CONVERSATION TAKING PLACE AMONG OUR EXECUTIVE TEAM. I MEAN, I'M ONE TO THINK THAT YOU'RE ALWAYS GOT TO -- I'M A CEO BACKGROUND. YOU ALWAYS HAVE TO ALIGN YOUR AVAILABLE FINANCES, AVAILABLE FINANCES AND WHAT YOUR FINANCE USES. AT CERTAIN INTERVALS, YOU REALLY HAVE TO DETERMINE WHETHER OR NOT WHAT YOU'RE DOING IS BEING SUCCESSFUL AND I THINK WHEN YOU ZERO-BASE, IT REALLY OPENS UP EVERYTHING FOR SCRUTINY. I MEAN, I THINK WHEN WE TALK TO OUR STAFF, WE TALK ABOUT, YOU KNOW, WHAT ARE WE GOING TO DO, WE'RE GOING TO MAKE CURTAILMENTS AND YOU'RE GOING TO BE READY TO JUSTIFY WHY WE CAN'T CURTAIL WHAT YOU'RE TOO. WE LOOK AT PROGRAMS AND SAY, HEY, IS THIS PROGRAM EFFECTIVE? IF THIS PROGRAM ISN'T EFFECTIVE, IT DOESN'T ALIGN WITH OUR STRATEGIC GOALS AND STRATEGIC PLAN. IT'S NOT GOING TO BE SOMETHING THIS ORGANIZATION IS GOING TO MOVE FORWARD ON. IT'S GOING TO BE A HUGE EMPHASIS ON COMMUNITY. I THINK DR. SHERIN HAS BEEN PRETTY CLEAR ON THE STRATEGIC PLAN THAT COMMUNITY IS OF UTMOST IMPORTANCE AND I THINK WE'RE GOING TO PIVOT IN THAT DIRECTION. WHAT DOES THAT MEAN RIGHT NOW? I DON'T KNOW WHAT THAT MEANS RIGHT NOW, BUT WE ARE IN THE MIDDLE OF GOING THROUGH THE EXERCISE FROM A CLINICAL SIDE AS WELL AS AN ADMINISTRATIVE SIDE. I THINK WE REALLY NEED TO FOCUS ON WHAT WE DO WELL AND I THINK WHAT WE HAVE TO GET BACK TO OUR CORE RESPONSIBILITY. I THINK WE KIND OF DRIFTED AWAY FROM THAT. YOU KNOW, I THINK AT ONE TIME, WE HAD A LOT OF ONE-TIME MONEY AND WE WERE PROBABLY INVESTING IN A LOT OF STUFF THAT WE CAN NO LONGER INVEST AND THE EXECUTIVE TEAMS HAVE HAD MANY CONVERSATIONS AND DR. SHERIN AND I, WE HAVE CONVERSATIONS EVERY DAY AND NIGHT. YOU KNOW, SOMETIMES 11:00, 12:00 AT NIGHT ABOUT HOW ARE WE GOING TO MOVE THIS ORGANIZATION IN A DIRECTION THAT REALLY ALIGNS WITH WHAT YOU THINK IS THE RIGHT THING TO DO FOR THE CLIENTS OF THIS DEPARTMENT.

>> MEMBER OGAWA: I UNDERSTAND YOU'RE A 1% NCC KIND OF DEPARTMENT. BUT DO YOU FORESEE MORE EMPHASIS ON DEPARTMENT INTEGRATION OF CARE AND THAT TYPE OF THING MOVING FORWARD? BECAUSE SOME BILLS THAT THE COUNTY HAS SUPPORTED IN TERMS OF MLK MODEL, AND SOME OF THOSE THINGS SO ARE YOU FORESEEING YOU'RE GOING TO BE ASKED OR ARE YOU GOING TO OFFER UP FUNDS FOR THE DEPARTMENT SO YOU CAN DELIVER MORE OF THOSE --

>> GREG POLK: I MEAN ALSO INTEGRATIVE CARE, IT IS A HUGE UNDERTAKING, AND I THINK DR. SHERIN IS ALL INTEGRATED CARE. BUT WHAT I'M TRYING TO MAKE SURE IS WHEN WE INTEGRATE. WE'RE ALWAYS WILLING TO COME TO THE TABLE BUT WE'RE NOT GOING TO COME TO THE TABLE AS THE ONLY FUNDING SOURCE. YOU KNOW, I THINK WE HAVE GOT TO START PROTECTING OUR DOLLARS WITH MENTAL HEALTH SERVICES AND NOT JUST REST THE COUNTY ON OUR BACK. THAT'S MY GOAL. TO MAKE

SURE WHEN WE DO INTEGRATE, WE BRING OUR PIECE TO THE TABLE. BUT THE OTHER DEPARTMENTS HAVE TO BRING THEIR PIECE TO THE TABLE. WE'RE TOTALLY INTO INTEGRATIVE CARE, WITHOUT A DOUBT. I THINK THAT'S A MODEL THAT DR. SHERIN, AS WELL AS THE DIRECTOR FROM THE BOARD, THAT WE'RE GOING TO MAKE SURE WE DO, BUT AT THE SAME TIME, WE HAVE GOT TO PROTECT OUR FUNDS AND MAKE SURE WE CAN PROVIDE AS A MENTAL HEALTH PLANNING WHAT WE ARE ABLE TO PROVIDE.

>> MEMBER OGAWA: THANK YOU, GREG. APPRECIATE IT.

>> CHAIR: THANK YOU. AND ALSO FOR COMMISSIONERS, I'M AWARE OF OUR TIME AND I'D LIKE TO MOVE US ALONG TO THE MHSA PUBLIC HEARING SOON. I SAY IT SEEMS WISE THAT WE INVITE GREG POLK BACK FOR UPDATES AND FEMA REIMBURSEMENT, ET CETERA, IN THE NEXT COUPLE OF MONTHS. STILL, THERE'S TIME FOR QUESTIONS NOW. IF YOU FEEL YOUR QUESTION IS MORE URGENT OR OF THE MOMENT, PLEASE FEEL FREE TO CHIME IN. I WOULD ASK COMMISSIONER MOLINA. ANY QUESTIONS OR CAN YOU PASS?

>> COMMISSIONER MOLINA: NO QUESTIONS. THANK YOU.

>> CHAIR: THANK YOU. COMMISSIONER LEDESMA OR DALGLEISH, ANY QUESTIONS FOR GREG ON BUDGET?

>> NO.

>> CHAIR: OKAY. MARK RIDDLEY THOMAS' DISTRICT. MAY WE HEAR FROM COMMISSIONERS TURNER, STEVENS AND CURRY. QUESTIONS?

>> COMMISSIONER STEVENS: HI, THIS IS REBA. GO AHEAD, YOU CAN GO IF YOU'D LIKE, MR. TURNER?

>> MR. TURNER: IT'S OKAY. I WAS JUST GOING TO PASS.

>> COMMISSIONER STEVENS: WELL, I'M NOT GOING TO PASS. GOOD MORNING AND IT'S REALLY GOOD TO SEE YOU, GREG POLK. THANK YOU FOR BEING HERE AND I'M SUPER EXCITED TO HEAR THAT OUR DEPARTMENT IS STILL IN SUPPORT OF INTEGRATIVE CARE. THAT MEANS A LOT TO ME. YOU MENTIONED ABOUT THE RESERVE BEING \$300 MILLION AND LOOKING AT APPROXIMATELY 150 -- \$150 MILLION HIT. I'M CURIOUS TO KNOW, IF WE ARE NOT IN, YOU KNOW, TROUBLE, FINANCIALLY WHY HAS THERE BEEN SO MANY IN -- REFERENCE TO THE SERVICE AREAS GROUP, AND THE \$50,000 THAT HAS BEEN TAKEN OFF THE TABLE THE COUNTYWIDE ACTIVITY FUND THAT MANY OF YOU HAVE SPOKEN ABOUT AND THE MINI-GRANTS THAT COULD HAVE, ACTUALLY, ALL OF THESE DOLLARS THAT REALLY COULD HAVE MADE A DIFFERENCE BEING THAT WE ARE IN THIS PARTICULAR COVID-19 TIME. SO I'M HOPING THAT YOU CAN BETTER UNDERSTAND WHY THESE DOLLARS WERE TAKEN OFF THE TROUBLE.

>> GREG POLK: LET ME CLARIFY SOMETHING FIRST. I NEVER SAID THAT WE WAS NOT IN FINANCIAL TROUBLE. WHAT I SAID WAS WE'RE NOT IN FINANCIAL TROUBLE RIGHT NOW BECAUSE OF RELYING ON ONE-TIME FUNDING. YOU CAN'T BALANCE A BUDGET ONGOING WITH ONE-TIME MONEY WHEN YOU HAVE ONGOING ACTIVITY. I THINK YOU CAN BANDAID IT FOR SO MANY YEARS AND I THINK WHAT WE'RE TRYING TO SAY, IS WE HAVE MONEY ACCOUNTABILITY RECOVERY. A BIG PIECE OF HIT IS REALIGNMENT OF OUR SALES TAX DOLLARS. AS THE ECONOMY CLOSED, OUR SALES TAX REVENUE IN THE COUNTY AND THE NATION AND AT THE STATE LEVEL DWINDLED. AND SO WHAT WE'RE SAYING IS BUT FOR US NOT HAVING THAT RESERVE, WE WOULD OF HAVE BEEN IN TROUBLE. BUT YOU CANNOT RELY ON ONE-TIME MONEY GOING FORWARD. AND AS FAR AS CUTTING THE MINI-GRANTS. THE MINI-GRANTS, WAS AN ISSUE AROUND BECAUSE OF COVID ACTIVITY. THE APPLICATIONS THAT WERE SUBMITTED, THE APPLICATION HAD A LOT CONGREGATE SETTINGS AND WE WERE TOLD BY THE PUBLIC HEALTH OFFICER WE COULD NOT BE IN CONGREGATE SETTINGS SO WE COULD NOT ALLOW PEOPLE TO GO AND TAKE THESE MINI-GRANTS AND DO THINGS THAT WERE PROHIBITED BY COUNTY HEALTH OFFICER. THAT'S WHY WE STOPPED THAT AT THIS TIME. THAT WILL COME BACK. I MEAN WE'RE IN CONVERSATION RIGHT NOW WITH CAL MESA TO GET THAT BACK ONLINE, BUT IT'S GOING TO HAVE TO CHANGE AND PIVOT TO MORE OF A VIRTUAL SETTING NOT A CONGREGATE SETTING. SO THOSE COUNTY FUNDS WILL BE COMING BACK. I WOULDN'T SAY THAT WE'RE NOT IN FINANCIAL TROUBLE. I THINK RIGHT NOW, WE HAVE ENOUGH MONEY TO GET US THROUGH THIS CAREER AND PROBABLY NEXT YEAR IF THE ECONOMY DOESN'T TURN AND WE ANTICIPATE THE REALIGNMENT IN SALES TAX, ONCE PEOPLE ARE ALLOWED TO GET BACK OUT IN SOCIETY. THE ECONOMY WILL START SPENDING AND WE'LL SEE AN UPTAKE IN SALES TAX REVENUE. SALES TAX REVENUE.

>> COMMISSIONER STEVENS: CAN YOU PLEASE ADDRESS THE \$50,000 FOR THE SERVICE AREA GROUPS?

>> GREG POLK: I DON'T HAVE ANY INFORMATION ON THE \$50,000 RIGHT NOW. I CAN GET BACK TO YOU ON THAT BUT I DON'T SEE ANY ISSUE ABOUT US TAKING \$50,000 AWAY. I'M NOT AWARE OF THAT.

>> CHAIR: AND ON THAT POINT, EXCUSE ME. THIS IS COMMISSIONER WEISSMAN. THE MENTAL HEALTH HAS AN INQUIRY IN WITH DMH STAFF ON HOW TO GET THOSE FUNDS MOVING AND BACK INTO THE COMMUNITY. SO WHEN THERE'S AN UPDATE, WE WILL KEEP YOU POSTED. THANK YOU. ANY OTHER QUESTIONS FROM MARK THOMAS' DISTRICT. COMMISSIONER KITA CURRY, I DON'T KNOW IF YOU'RE ON.

(NO RESPONSE)OKAY. LET'S GO TO FIRST DISTRICT. COMMISSIONER FRAUSTO, FRIEDMAN OR OROZCO ON SIMPLY THIS BUDGET IMPACT.IF NOT, WE'LL MOVE TO MHSA.

>> COMMISSIONER OROZCO: THIS IS LUIS. I PASS.

>> EMELDA: THIS IS EMELDA. I JUST WANT TO SAY THANK YOU, MR. POLK FOR GOING OVER THE BUDGET AND PROVIDING US WITH THE LAY OF THE LAND IN EFFORTS MOVING FORWARD. GREG POLK: THANK YOU.

>> CHAIR WEISS: AGREED. THANK YOU VERY MUCH -- AT THIS POINT, I THINK WE WILL SHIFT

>> CAN YOU HEAR ME?

>> CHAIR: OH. WE CAN HEAR YOU, SUSAN.

>> COMMISSIONER FRIEDMAN: I WANT TO ASK YOU A VERY QUICK QUESTION. YOU SAID YOU'VE MANAGED TO PUT A BANDAID OVER THIS YEAR AND I ASSUME YOU'RE THINK BEING NEXT YEAR, TOO BECAUSE OBVIOUSLY, THIS IS GOING TO EXTEND TO NEXT YEAR AND WE HAVE \$300 MILLION IN THE KITTY HANGING IN THERE. IS THAT THE EXTENT OF OUR SAVINGS, THE \$300 MILLION?

>> GREG POLK: WE HAVEN'T CLOSED THE BOOKS THIS YEAR YET.WE STILL HAVE THIS YEAR. LET'S SEE WHAT WE HAVE IN OUR FUND BALANCE ISSUE. BUT MIND YOU, THAT'S ANOTHER REASON WHY WE'RE ZERO BASING. WE'RE ALWAYS LOOKING FORWARD. YOU KNOW, WE DO A 5-YEAR FORECAST AND RIGHT NOW WE LOOK AT OUR FORECAST, WHAT ARE EXPENDITURES ARE AND OUR ANTICIPATED EXPENDITURES, WE CAN TAKE THIS ABOUT TWO, THREE YEARS. WE ALWAYS EXPECT SOME BALANCE AT THE END OF THE YEAR. YOU KNOW, SOME THINGS YOU PLAN TO DO, YOU JUST DON'T GET DONE, AND A LOT COVID ACTIVITY STOPPED A LOT OF THE STUFF WE HAD PLANNED AND SO WE ANTICIPATE FUND BALANCE OUT OF OUR REALIGNMENT EVERY YEAR. SOMETIMES REALIGNMENT GROWTH COMES IN HIGHER THAN WE ANTICIPATED WHEN IT'S FINALLY GIVEN TO THE COUNTY. SO YOU KNOW, WE ALWAYS 5 YEARS AHEAD. WE DON'T CLAIM YEAR TO YEAR AND SO THAT'S ONE OF THE REASONS OF OUR ZERO BASE AND WE WANT TO ALIGN OUR EXPENDITURES IN TOTAL SYNCH ON WHAT WE BRING IN ON AN ONGOING BASIS. AND REMAIN WITH THE ABILITY TO HAVE A RESERVE. I THINK YA'LL HAVE TO HAVE A RESERVE. I THINK THE COUNT, IN PRIOR YEARS, HAVE GOTTEN THROUGH. YOU SEE THE CITY, YOU SEE OTHER LOCAL MUNICIPALITIES, YOU KNOW, LOSING JOBS FURLOUGHING AND IN THE FUJIOKA DAY THAT DIDN'T HAPPEN AND ONE OF THE REASONS IT DIDN'T HAPPEN IN THE C.O. AT THAT TIME, WE MAKE SURE WE HAD A RAINY DAY FUND SET ASIDE SO WE CAN WEATHER THROUGH THOSE STORMS.

>> COMMISSIONER FRIEDMAN THANK YOU.

>> CHAIR: THANK YOU, I'M GLAD YOU'RE ONLINE AS WELL, SUSAN. THANK YOU, GREG POLK FOR THE DEPTH OF DETAIL ON THAT. WE HOPE TO HOPE TO HOST YOU AGAIN SOON.

FOR NOW, LET'S TRANSITION INTO THE MHSA PUBLIC HEARING. FOR THOSE WHO HAVE BEEN SEATED SINCE 9:00 A.M. OR 8 00 A.M. 10:00 A.M., FEEL FREE TO STAND UP AND TAKE A STRETCH. I'M GOING TO. FOR COMMISSIONERS WHO ARE SHOWING THEIR VIDEO, BECAUSE WE'RE GOING TO TRANSITION TO A POWERPOINT NOW YOU CAN TURN YOUR VIDEO OFF AND THEN TURN IT BACK ON WHEN WE COME TO COMMISSIONER DISCUSSION WE'LL BE GOING THROUGH VIDEO SLIDES AND SUBJECT MATTER EXCERPTS FROM THE MHSA WILL BE PRESENTING TO US. I HOPE THAT COVERS KIND OF HOUSEKEEPING. GREG POLK, I TURN IT OVER TO YOU.

>> GREG POLK: THANK YOU, MADAM CHAIR.

THANK YOU GUYS FOR JOINING US FOR THE MHSA 3-YEAR PROGRAM AND EXPENDITURE PLAN FOR 2020, 2021, 2023. AGAIN, I THANK EVERYBODY FOR TAKE TIME-OUT OF THEIR BUSY DAYS TO BE A PART OF THIS PROCESS. I THINK THIS IS AN IMPORTANT PROCESS FOR THE DEPARTMENT, TO REALLY SEEK A LOT INPUT AND RESPOND TO THE INPUT, GIVEN TO THE PUBLIC, AS REQUIRED BY THE MHSA ACT. WE HAVE TO THIS TYPE OFF MEETING TO FRAME WHAT WE'RE DOING AND HAVE INPUT FROM OUR COMMISSIONERS, AS WELL AS INPUT FROM THE PUBLIC AS A WHOLE. I WANT TO INTRODUCE YOU TO SOME OF THE PRESENTERS THAT WILL BE JOINING ME FROM OUR STAFF. DR. AMANDA RUIZ, SHE'S BEEN DIRECTOR OF INTENSIVE CARE DIVISION. WE HAVE DARLESH, THE MENTAL HEALTH PROGRAM MANAGER, A MENTAL HEALTH OVER HOUSING JOB DEVELOPMENT DIVISION. WE HAVE DEBBIE INNES-GOMBERG, DEPUTY DIRECTOR OF QUALITY OUTCOMES IN THE TRAINING DIVISION. WE HAVE JOHN FRANKLIN SIERRA, SENIOR ANALYST OVER IN THE ADMINISTRATIVE DIVISION. WE HAVE KIM NALL, OUR CFO. WE HAVE DR. LISA WONG, OUR SENIOR DEPUTY DIRECTOR. WE HAVE MARIA FUNK, WHO'S OUR DEPUTY DIRECTOR IN OUR JOB DEVELOPMENT DIVISION. WE HAVE MIRIAM BROWN, WHO'S DEPUTY DIRECTOR OF OUR EMERGENCY OUTREACH AND TRIAGE DIVISION. WE HAVE OUR CIO MIRIAM AVALOS. OUR FACILITATOR ASSISTING US IS JOHN FLYNN.

I WANT TO START OUT BY TALKING ABOUT SOME DOMAINS FOR OUR STRATEGY FOR STRATEGIC PLAN. I THINK IT'S IMPORTANT THAT WE TALK ABOUT OUR STRATEGIC PLAN AS IT BASICALLY INFORMS US AS TO OUR 3-YEAR PLAN. THERE'S FOUR DOMAINS OF OUR STRATEGIC PLAN. THE COMMUNITY, WHICH IS WHAT I'M SEEING THE STRATEGIC PLAN. ABOUT 50% OF OUR STRATEGIC PLAN FOCUSES AROUND COMMUNITY. AND ANOTHER PIECE OF THE STRATEGIC PLAN IS THE CRISIS SYSTEM. SO WE HAVE THE INSTITUTIONS COMPONENT AND THEN WE HAVE THE INFRASTRUCTURE COMPONENT. THE COMMUNITY IS MADE UP OF THREE GOALS. GOAL IS PREVENTION. HUGE EMPHASIS AROUND PREVENTION. GOAL IS SUCH A SUPPORT AND . GOAL 1C IS OUTPATIENT TREATMENT. HUGE, HUGE, EMPHASIS AROUND PREVENTION. DR. SHERIN HAS BEEN VERY INTENTIONAL AND CLEAR ABOUT WHAT HE WANTS TO DO

AROUND PREVENTION AND THE COMMUNITY EFFORT THAT HE WANTS TO HAVE GOING AROUND THE COMMUNITY. SO THE COMMUNITY IS A HUGE PIECE WHATEVER WE TALK ABOUT AND WHAT WE DO. SECOND GOAL IS THE CRISIS SYSTEM. THAT'S THE INTENSIVE CARE SIDE. A LOT OF EMPHASIS ON THAT, TRYING TO MAKE SURE THAT WE HAVE AN INTENSIVE CARE DIVISION THAT CAN MAKE SURE THAT WE TAKE CARE OF THIS GOAL. THEN WE HAVE THE INSTITUTION. THIS IS GOAL NUMBER THREE. THIS IS THE RE-ENTER. THIS IS RE-ENTRY INTO THE SYSTEM. INSTITUTIONS IS HERE. THIS IS THE WHOLE RE-ENTRY PIECE. THIS IS THE ORGANIZATIONAL SUPPORT, WHICH IS GOAL NUMBER FOUR, WHICH IS A BIG PART OF WHAT WE'RE TRYING TO ACHIEVE IN OUR STRATEGIC PLAN. NEXT SLIDE, WE HAVE JOHN SIERRA, WHO IS ONE OF OUR STRATEGIC -- WHO IS RESPONSIBLE FOR ASSISTING IN THE STRATEGIC PLAN, ALONG WITH DR. SHERIN AND I'LL KIND OF GO OVER SOME OF THE FORECASTING OF OUR INVESTMENT OF THE STRATEGIC PLAN SO I'LL HAND IT OFF TO JOHN.

>> JOHN FRANKLIN SIERRA: THANK YOU, GREG. CAN YOU ALL HEAR ME? GREAT. HEY, EVERYBODY. MY NAME IS JOHN FRANKLIN SIERRA. AS GREG MENTIONED, I'M A SENIOR STAFF ANALYST FOR THE DEPARTMENT AND I HELPED WITH COORDINATING THE DEVELOPMENT OF THE S STRATEGIC PLAN. FOR THOSE THAT DON'T KNOW, THE FULL STRATEGIC PLAN IS ON OUR WEBSITE. dmh.lacounty.gov YOU CAN SEE MUCH MORE OF THE DETAILS OF THE DIFFERENT GOALS AND THE PLANS THAT GREG JUST OUTLINED. I'M JUST GOING TO BRIEFLY TALK ABOUT THE STRATEGIC PLAN AND HOW IT RELATES TO WHAT WE BUDGET FOR IN OUR PORTFOLIO OF SERVICE AND PROGRAMS. I THINK ONE OF THE BIGGEST GOALS OF OUR STRATEGIC PLAN IS TO GROW OUR INVESTMENT AND SERVICES AND PROGRAMS AND WHAT WE'RE CALLING THE COMMUNITY, THE PREVENTION SERVICES. WE PROVIDE THE SOCIAL SUPPORT SERVICES. WE PROVIDE IN OUR OUTPATIENT CARE SERVICES AND WHAT'S ON THE SCREEN HERE IS A VISION OF HOW WE WOULD LIKE TO GROW THOSE COMMUNITY SERVICES OVER TIME, ESPECIALLY THAT'S ON THE GREEN BAR THERE AND THE HOPE IS THAT BY GROWING MORE OF OUR SERVICES IN COMMUNITY AND BEING ABLE TO KEEP OUR CLIENTS IN COMMUNITY, WE CAN REDUCE THE AMOUNT OF CLIENTS WHO ARE IN OUR INSTITUTIONS, INCLUDING THE INSTITUTIONS OF HOMELESSNESS AND INJUSTICE INVOLVEMENT OVER TIME AND THAT'S WHERE YOU SEE THE RED SHRINKING OVER TIME AS OUTLINED ON THIS SLIDE, AND THE GREEN INCREASING. WE HAVE DESIGNED THIS 3-YEAR PLAN, IT'S THE FIRST 3-YEAR PLAN, SINCE THE RELEASE OF THE STRATEGIC PLAN, WITH THIS VISION IN MIND, RIGHT? OF US TRYING TO START TO GROW COMMUNITY IN THE SERVICES WE PROVIDE IN COMMUNITY SO THAT WE CAN TRY TO SHRINK THE NEED FOR THESE RE-ENTRY INITIATIVES OVER TIME. OBVIOUSLY, THIS IS A VISION THAT WILL CONTINUE TO ADJUST TO OVER TIME. BUT THAT'S WHAT'S OUTLINED ON THIS SLIDE. AND IT'S SOMETHING THAT IS REALLY OUR DRIVING NORTH STAR, AS WE DECIDE HOW TO ALLOCATE

RESOURCES TOWARDS PROGRAMS AND MAKE CHANGES TO THE DEPARTMENT IN OUR SERVICES OVER TIME.

>> GREG POLK: THANK YOU, JOHN. IN THIS SLIDE HERE, I DID IT WITH AN IMPACT ON COVID, I DID IT FROM A COUNTYWIDE PERSPECTIVE BUT I WANTED TO SHOW, WHAT IMPACTS COVID-19 HAS ON THE 3-YEAR PLAN. WE HAVE OUR CHIEF FINANCIAL OFFICER KIM NALL AND WE HAVE DR. LISA WONG THAT'S GOING TO TALK ABOUT IT. KIM IS GOING TO TALK ABOUT THE FINANCIAL IMPACT OR LACK THEREOF AND LISA'S GOING TO TALK ABOUT THE CLINICAL OPERATIONS, THE IMPACT OF COVID-19 REQUIRES US TO KIND OF PIVOT INTO A DIFFERENT DIRECTION. SO LADIES, I THINK WE CAN START WITH YOU, KIM.

>> KIM NALL: GOOD MORNING. THE MHSA 3-YEAR PLAN WAS DEVELOPED PRIOR TO THE PANDEMIC. IT TAKES SEVERAL MONTHS TO BASICALLY, YOU KNOW, PUT THIS TOGETHER SO AS A RESULT, THE -- THE 3-YEAR PLAN DOESN'T REFLECT ANY CHANGES TO OUR FUNDING SOURCES, DUE TO COVID-19. THE DEPARTMENT IS AWARE THAT THE IMPACT OF IT MAY SPAN OVER SEVERAL FISCAL YEARS SO IF THERE IS AN IMPACT, WE WILL DEVELOP A PLAN OF ANY SHORTFALLS AND WOULD HAVE THAT PLAN DEVELOPED AND WE WOULD PROVIDE ANY MID-YEAR ADJUSTMENTS OR ANNUAL UPDATE TO THE PLAN AS NEEDED.

>> GREG POLK: AND JUST TO ADD TO THAT, YOU KNOW THIS MORNING, DR. SHERIN AND I HAD A DISCUSSION THAT'S BEING TAKEN PLACE AT THE STATE. I THINK PRETTY SOON I THINK THE STATE IS GOING TO SAY, THEY WANT TO DELAY THE 3-YEAR PLAN ONE YEAR BECAUSE MOST COUNTIES ARE SAYING THEY DON'T HAVE AN OPPORTUNITY TO REALLY FIGURE OUT HOW THIS IMPACTS THEIR 3-YEAR PLAN, SO I THINK WE'RE GOING TO GET A LITTLE BREAK HERE TO GET MORE TIME TO KIND OF REDEVELOP OUR 3-YEAR PLAN WE HAD NO DIRECTION AT THE TIME SO ED WE WANT TO MAKE SURE WE STAYED ON TARGET TO MAKE SURE WHAT THE MHSA REQUIREMENTS SAID. THAT'S WHY WE MOVE FORWARD WITH THIS EXERCISE AND THAT'S WHY WE MOVE FORWARD WITH THE 3-YEAR PLAN. I THINK ORANGE COUNTY IS ANOTHER JURISDICTION THAT DID THE SAME AND I THINK THIS ONE STAYS ABOVE THE CURVE SO THERE WILL BE ADJUSTMENTS. I THINK THE STATE IS GOING TO SEND SOMETHING OUT SOON. LOCAL COUNTIES, YOU CAN HOLD OFF A YEAR ON THE 3-YEAR PLAN. WE MOVE FORWARD AND WE WILL ADJUST THE 3-YEAR PLAN ACCORDINGLY.

NEXT WILL BE DR. LISA WONG TO TALK ABOUT THE CLINICAL IMPACT OF COVID-19.

>> LISA WONG: THANK YOU, MR. POLK. AND THANK YOU TO THE COMMISSION FOR INVITING US TO BE WITH YOU TODAY. IN MID-MARCH, IN RESPONSE TO THE COVID-19 PANDEMIC, THE DEPARTMENT OF MENTAL HEALTH MADE MODIFICATIONS TO STANDARD CLINIC OPERATIONS. OUR

HOPE REALLY WAS TO REDUCE RISK, SUPPORT OUR STAFF AND MAINTAIN THE HEALTH AND SAFETY OF OUR CLIENTS, THE STAFF AND COMMUNITIES. SO FIRST, WE SUSPENDED ALL IN-PERSON NONESSENTIAL SERVICES. WHAT THIS MEANT WAS GROUPS, INDIVIDUAL THERAPY, CASE MANAGEMENT, NON-URGENT INTAKES, ROUTINE MEDICATION REFILLS, ALL OF THESE WERE SUSPENDED IN TERMS OF IN-PERSON SERVICES. SO PHONE OR VIDEO BASED SERVICES WERE OFFERED INSTEAD TO ADDRESS THESE NON-URGENT NEEDS.

ABOUT 80% OF OUR WORKFORCE ACTUALLY SWITCHED TO TELEWORKING WITH JUST MINIMUM STAFFING ONSITE AT THE CLINICS. WE ALSO FOUND THAT MANY CLIENTS REPORTED, THEY WERE NOT COMFORTABLE COMING INTO THE CLINICS DURING THE PANDEMIC. WITH THAT BEING SAID, WE DID ALSO MAINTAIN IN-PERSON SERVICES FOR CLIENT WHO HAD ESSENTIAL, URGENT OR CRISIS NEEDS. WHAT THIS MEANT IS CLIENTS WHO HAD INJECTABLE MEDICATIONS OR WHO HAD LABS. FOLKS NEEDED TO BE EVALUATED FOR DANGER TO SELF, DANGER TO OTHERS, GRAVE DISABILITY OR CLIENTS WHO WERE JUST IN CRISIS, WERE STILL PROVIDED IN-PERSON SERVICES, WHETHER THAT WAS ONSITE IN THE CLINICS OR IN THE FIELD OR IN THE HOME. WE ALSO OFFERED IN-PERSON SERVICES FOR CLIENTS WHO DID NOT HAVE ACCESS TO PHONES OR COMPUTERS. I KNOW THAT WAS A CONCERN THAT WAS BROUGHT UP IN THE PUBLIC COMMENTS TO THE THREE-YEAR PLAN AND WE RECOGNIZE THAT ALTHOUGH THE VAST MAJORITY OF OUR CLIENTS HAVE ACCESS TO TECHNOLOGY. THERE ARE A CERTAIN NUMBER WHO DID NOT. AND WE DID NOT WANT THOSE FOLKS TO FALL BETWEEN THE CRACKS. SO WHAT WE DID IN RESPONSE, REPRESENTED A SIGNIFICANT PIVOT FOR OUR DEPARTMENT THAT HAD TO HAPPEN RATHER QUICKLY. WE HAD TO COME WITH A TECHNOLOGY FOR OUR WORKFORCE, TRANSITIONING TO A LARGELY TELEWORK PLATFORM. GETTING THE COMPUTERS OUT GETTING THE RIGHT APPS, THE TECHNICAL ASSISTANCE IN PLACE AND WE HAD TO TRAIN STAFF ON TELEWORKING, PROVIDING TELEHEALTH SERVICES AND DOCUMENTATION. WE ALSO HAD TO DO SOME TRAINING WITH CLIENTS ON THE USER END. WE HAD TO OBTAIN ALL THE NECESSARY PPE, OUR STAFF NEEDED TO MAINTAIN IF-PERSON SERVICES WHICH AS WE ALL KNOW, ARE IN VERY SCARCE SUPPLY AND WE HAD TO BECOME A FLEXIBLE, RESPONSIVE, RESILIENT DEPARTMENT N A WAY THAT WE NEVER HAD TO BEFORE. WE HAVE HAD SOME INTERESTING FINDINGS NOW, WHEN WE LOOK AT DATA OVER THE PAST FEW MONTHS. WE WERE NOT ONLY ABLE TO MAINTAIN SERVICES BUT WE HAVE ACTUALLY SEEN MORE CLIENTS DURING THE COVID CRISIS THAN BEFORE, WHICH WAS A SURPRISE TO US. EVERY CLIENT WAS CONTACTED BY PHONE OR BY MAIL WITH FEW EXCEPTIONS. FOLKS WHO WE MAYBE HAD NO CONTACT INFORMATION FOR. THEY WERE INFORMED THAT THE CLINIC WAS OPEN, WITH FEW CLINIC PROTOCOLS. ONE OF THE RUMORS THAT HAD GONE OUT IN THE COMMUNITY WAS THAT HAVING CLINICS WERE

CLOSED AND THAT'S NOT TRUE. WE WANTED TO MAKE SURE ALL OF OUR CLIENT WERE TOLD THAT THE CLINICS WERE OPEN. EVERY TIME WE MADE A CALL TO A CLIENT. WE MADE SURE SO CHECK ON HEALTH AND MENTAL HEALTH STATUS AND FOOD AND HOUSING SECURITY. WE FOUND WHEN WE WERE MAKING THESE CALLS. SOME CLIENTS DIDN'T KNOW WHERE TO TURN AND ACTUALLY HAD SOME FOOD AND HOUSING AND SECURITY. ALSO, THE CLIENTS WHO WERE CONTACTED WERE OFFERED SERVICES, LIKE IF THEY NEEDED TO MEET WITH THEIR THERAPIST OR THEY HAD CASE MANAGEMENT NEEDS OR MAYBE THEY HADN'T HAD A MEDICATION REFILL IN A WHILE. SO ALL OF THOSE WERE OFFERED. WE ALSO FOUND THERE WERE FEWER NO-SHOWS AND I GUESS WHEN YOU THINK ABOUT IT, THIS ISN'T TOTALLY SURPRISING. FORGETTING AN APPOINTMENT WAS LESS OF AN ISSUE BECAUSE YOU HAD SOMEONE CALLING YOU AND YOU WERE SHELTERING IN PLACE. SO IT WASN'T LIKE YOU WANT TO BE HOME AND CLIENTS DIDN'T HAVE TO STRUGGLE WITH THINGS LIKE FINDING CHILD CARE OR TAKING MULTIPLE BUSES TO GET TO A CLINIC. SO WITH TELEHEALTH, WE WERE ABLE TO HAVE THE FLEXIBILITY TO QUICKLY SHIFT OUR RESOURCES AS NEEDED AND WE WERE HAPPY TO HEAR THAT SOME CLIENTS ACTUALLY TOLD US THEY PREFERRED TELEHEALTH TO IN-PERSON APPOINTMENTS AND THIS WAS LARGELY WITH OUR CHILDREN AND OUR TAY POPULATION. IN FACT WITH OUR TAY POPULATION, THE GROUP ATTENDANCE WENT UP WITH TELEHEALTH, AS COMPARED TO BEFORE WHEN WE HAD IN-PERSON GROUPS ONLY. THIS EVEN INCLUDED SOME POSITIVE FEEDBACK FROM OLDER ADULTS WHO SHARED. THEY WERE KIND OF PROUD TO BE ABLE TO TELL THEIR GRANDCHILDREN OR OTHERS THEY HAD A SKYPE MEETING OR SAW THEIR PSYCHIATRIST VIA VIDEOS THINGS LIKE THAT.

BY NECESSITY, WE HAVE LEARNED TO STREAMLINE PROCESSES TECHNOLOGY TO THE DISTRIBUTION OF TECHNOLOGY, PEPE, TO REDUCING DOCUMENTATION REQUIREMENTS. A QUESTION I GET A LOT IS, WHAT IS IT GOING TO BE LIKE OR WHEN ARE WE GOING TO RETURN TO NORMAL? USUALLY WHEN I GET THIS REQUEST. MY QUESTION IS WELL, HOW NORMAL IS NORMAL ANYWAY? I MEAN, IF WE'RE GOING TO BE CANDID ABOUT THIS.

WE HAVE ALWAYS BEEN A SYSTEM CHALLENGED WITH GREATER NEEDS THAN OUR RESOURCES CAN COVER. MAYBE WE CAN TAKE THE LESSONS WE HAVE LEARNED FROM THE COVID CRISIS AND USE THEM IN THE POST-COVID WORLD TO BUILD A MORE STREAMLINED, EFFICIENT, RESPONSIVE AND EFFECTIVE SYSTEM OF CARE. THANK YOU.

>> GREG POLK: THANK YOU. DR. WONG. AND I THINK WE NEED TO APPLY, TOO, DR. CURLY VAUGHN WHO IS THE LEADER OF THIS EFFORT. HE HAS BEEN TREMENDOUS OF HIS VISION AROUND WHAT HIS EXPECTATIONS ARE. AND REOPENING OUR CLINICS AND MAKING SURE OUR CLINICS ARE FUNCTIONING PROPER LEAST I THINK WE NEED TO RECOGNIZED HIM, AS WELL AS OUR ADMIN DEPUTY

EDGAR SOTO AND DAMIEN PARKER FOR OUR LOGISTICS ON OUR PPE. NOT ONLY DID WE GET PPE THROUGHOUT OUR ORGANIZATION OF CLINICS WE ALSO MADE SURE OUR L.E. PROVIDERS HAD PPE. TERRY AND HE HER STAFF WORKED PRETTY WELL WITH DAMIEN AND MR. SOTO AROUND MAKING SURE THAT WE ACHIEVED THAT. SO I THINK IT'S IMPORTANT THAT WE RECOGNIZE THEM. NEXT PART OF THE PROCESS OF THE MHSA PRESENTATION, WE TALK ABOUT COMMUNITY SERVICES AND SUPPORT WHICH IS COMMONLY REFERRED TO AS CSS. AFTER THIS COMPONENT OF CSS, YOU HAD A FULL SERVICE PARTNER. WHICH IS COMMONLY REFERRED TO AS FSP. WE HAVE OUTPATIENT CARE SERVICES. ONE THING I WANT TO SAY ABOUT OUTPATIENT CARE SERVICES. THIS IS REALLY CALLED RRR RIGHT NOW. AND I THINK DR. SHERIN HAS BEEN PRETTY CLEAR WE WANT TO CHANGE THIS TO OUTPATIENT CARE SERVICES. MOVING FORWARD YOU'LL SEE A LOT OF DOCUMENTS USING THE WORDS "OUTPATIENT CARE SERVICES" INSTEAD OF RECOVERY RESILIENCE AND REINTEGRATION. WE HAVE THE ALTERNATIVE TO CRISES SERVICES PIECE WHICH WE CALL ACS. WE HAVE LINKAGE TO COUNTY-OPERATED FUNCTIONS/PROGRAM, WHICH IS OUR LINKAGES PROGRAM AND WE HAVE A HUGE PROGRAM AROUND HOW LONG AND LASTLY, WE HAVE OUR POE WHICH IS PLANNING OUTREACH AND ENGAGEMENT SERVICES.

DURING ONE OF THE PRESENTATIONS I HAD, I THINK DATA WAS A BIG QUESTION MARK. DATA NOT ONLY WE FIND DATA BUT DID WE FIND ETHNICITY BREAKDOWNS AND LANGUAGE BREAKDOWNS WE WANT TRY TO ADHERE TO THAT.

SO WHEN YOU TALK ABOUT CLIENTS SERVED. WE HAVE ABOUT 140,000 CLIENTS RECEIVE DIRECT MENTAL HEALTH SERVICES. OF THOSE CLIENTS, THE RACIAL BREAKDOWN, YOU HAVE ABOUT 40% HISPANIC. ANOTHER 22% AFRICAN-AMERICAN. 18% ARE WHITE AND ABOUT 5% OF CLIENTS ARE ASIAN. WHEN YOU TALK ABOUT THE LANGUAGE, WE'RE TALKING ABOUT 79% PRIMARY LANGUAGE IS ENGLISH. ANOTHER 15% PRIMARY LANGUAGE WAS SPANISH. OF THAT 140,000 WE HAD ABOUT 46,000 NEW CLIENTS RECEIVING SERVICES CSS SERVICES COUNTYWIDE, WITH NO PREVIOUS MHSA SERVICE. THE ETHNIC BREAKDOWN THERE 41% HISPANIC. 16% AFRICAN-AMERICAN. ANOTHER 16% WHITE. LANGUAGE BREAKDOWN, YOU HAD ABOUT 77% PRIMARY LANGUAGE ENGLISH AND 15% PRIMARY LANGUAGE OF SPANISH. AND I WANT TO SHOW YOU THE EXPENDITURES ESTIMATED. 2021, WE'RE TALKING ABOUT PROBABLY A STINT OF 537 MILLION ON CSS. MOVING FORWARD IS PRETTY CONSISTENT IN 21-22. WE DIDN'T REALLY MAKE TOO MANY CHANGES ON THIS ONE .22-23. SMALL DIP. ONE REASON IS THE DIP IN POTENTIAL DOLLARS COMING FROM CSS. SO WE ANTICIPATE ABOUT 527 MILLION IN 22-23. MOVING FORWARD, NEXT SLIDE. WE HAD A COMMUNITY SERVICE AND SUPPORT PIECE AND YOU KNOW, THE FSP PROGRAM -- IN THIS 3-YEAR PLANS THE FSP PILOT PROGRAM WILL BE RESTRUCTURED. I MEAN,

CONTRACTS WILL BE RESTRUCTURED. WE HAVE NEW PROGRAM PARAMETERS AND THE BIG PIECE OF IT, AND THE BIG FOCUS FOR DR. SHERIN IS MAKING SURE WE HAVE PERFORMANCE-BASED CRITERIA IN THE FSP CONTRACT. SO WE WILL BE GOING THROUGH AND ONCE REFLECTED IN OUR 3-YEAR PLAN IS THE FSP PROGRAM RESIGN. AS I MENTIONED IN OUR OUTPATIENT CARE SERVICES KNOWN AS RRR. WE'RE IN THE PROCESS OF EVALUATING THE SERVICE TO CONSIDER ITS TRANSFORMATION TO MORE OF A COMPREHENSIVE SYSTEM OF OUTPATIENT CARE COUNTYWIDE. THEN WE HAVE THE REDESIGN OUR ACS. AGAIN, YOU KNOW, WE'RE TRYING TO ESTABLISH INTENSIVE CARE, THE DIVISION THAT MERGES THE SERVICE BETWEEN COUNTY LIVES RESOURCE MANAGER TO CRM AND OUR MANAGED CARE, AND TAR UNIT, WHICH IS TREATMENT AUTHORIZATION REQUEST UNITS. SO WE'RE TRYING TO REDESIGN THAT PROGRAM AND MERGE IT INTO ONE. WE HAVE SME IS TO PROVIDE RESPONSE TO SOME OF THE COMMENTS THAT WE WERE GRANTED. OUTPATIENT SERVICES IS GOING TO BE RESPONDED TO BY DR. LISA WONG.

>> JOHN FLYNN: GOOD AFTERNOON, DR. WONG. HOW YA DOING

>> DR. WONG: I'M GOOD, JOHN, HOW ARE YOU?

>> JOHN FLYNN: I'M GOOD. YOUR FIRST COMMENT SUMMARY IS ABOUT THE NEED FOR MORE LONG-TERM SERVICES.

>> DR. LISA WONG: WELL, THE BULK OF OUR SERVICES IN OUTPATIENT PROGRAMMING IS ACTUALLY LONG-TERM AND IN THE RRR NOW OCS PROGRAMMING CATEGORY, WE PLANNED ENHANCERS, AS GREG MENTIONED IN THIS CATEGORY, TO BETTER SUPPORT CLIENTS WHO GRADUATE FROM FSP AND ARE READY TO TRANSITION TO A LOWER LEVEL OF CARE. IF WE TAKE A STEP BACK. WE CAN KIND OF VIEW OUR ARRAY OF SERVICES, AS LONG-TERM INVESTMENTS AND CLIENT WELL-BEING IN KEEPING CLIENTS IN COMMUNITY. WHETHER THAT MEANS WE'RE WORKING WITH SOMEONE IN PREVENTION OR CHILDREN SERVICES, AS A TAY CLIENT, IN OUR ADULT OUTPATIENT OR AT OUR HIGHEST ACUITY LEVEL OF OUT PATIENT, FSP. OUR GOAL REALLY IS TO PROVIDE SERVICES AT VARIOUS JUNCTURES, VIA VARIOUS PLATFORMS THAT WILL HELP OUR CLIENTS ACHIEVE AND OBTAIN WELL-BEING, AND ULTIMATELY, BE ABLE TO STAY IN COMMUNITY.

>> CHAIR WEISSMAN: JOHN, YOU'RE ON MUTE.

>> JOHN FLYNN: SORRY ABOUT THAT. THE NEXT COMMENT IS ABOUT LOOK AT MENTAL HEALTH AS A WHOLE CRISIS INSTEAD OF LOOKING AT MENTAL HEALTH AS INDIVIDUALS.

>> LISA WONG: THIS IS A TOUGH ONE BECAUSE THERE'S ALWAYS THAT QUESTION, RGHT? DO WE FOCUS ON THE SYSTEM OR DO WE FOCUS ON THE PERSON? AND I THINK DMH REALLY TRIES TO BALANCE THE PERSPECTIVES OF WHOLE SYSTEM AND INDIVIDUALS. ON ONE HAND, WE ASSESS AND

CUSTOMIZE AT INDIVIDUAL LEVEL OF CLIENT NEEDS WHILE WE SIMULTANEOUSLY BUILD TOWARDS A STRONGER SYSTEM THAT'S RESILIENT AND RESPONSIVE TO THE NEEDS OF THE INDIVIDUALS WHO COMPRISE THE SYSTEM. EVERY CLIENT I'VE EVER MET HAS A UNIQUE STORY AND PART THE STRENGTH OF OUR SYSTEM COMES FROM ALL THOSE INDIVIDUAL STORIES AND EXPERIENCES WHICH ULTIMATELY HAPPEN FOR AND STRENGTHEN OUR SYSTEM OF CARE.

>> JOHN FLYNN: WHAT ALTERNATIVE TYPE OF SERVICES WILL DMH OFFER TO CLIENTS WHO DO NOT HAVE ACCESS TO TECHNOLOGY. ELDERS, MINORITIES AND LOW-INCOME INDIVIDUALS ARE DISPROPORTIONATELY, BEING LEFT OUT OF ACCESSING SERVICES DURING THIS TIME, INTERNET ACCESS HAS BECOME A BASIC NECESSITY. HOW WILL DMH REACH THESE CLIENTS IN THE NEXT 12 MONTHS?

>> DR. LISA WONG: THIS WAS AN AREA OF GREAT CHALLENGE TO US INITIALLY, WE WERE WORRIED ABOUT THE NUMBER OF PEOPLE WHO DIDN'T HAVE ACCESS TO TECHNOLOGY. WE WERE VERY SURPRISED TO FIND THAT THE OVERWHELMING MAJORITY OF OUR FOLKS DID AND ESPECIALLY IN THE CHILDREN'S AND FAMILY PROGRAMS, ALMOST EVERYONE DID. OF COURSE, WE HAVE THAT POCKET OF CLIENTS IN CERTAIN AREAS, ESPECIALLY AMONG OUR HOMELESS CLIENTS, YOU KNOW, FOR WHOM TECHNOLOGY WAS REALLY A CHALLENGE. SO THE DEPARTMENT REALLY TRIES TO HELP CLIENTS GAIN ACCESS TO TECHNOLOGY IN DIFFERENT WAYS. DMH STAFF WORKED WITH CLIENTS TO ACCESS THE CALIFORNIA LIFE LINE PHONE SERVICES, ALSO KNOWN AS THE OBAMA PHONES AND REDUCED PRICE OF FREE INTERNET AND WI-FI, CONNECT WITH SCHOOLS TO CHECK OUT CHROME BOOKS AND HOTSPOTS OR CONNECT WITH PLACES WHERE THEY COULD USE THE PHONE, LIKE WE HAVE USED CHURCHES AND TEMPLES. WE ALSO OFFER PHONE, COMPUTER AND WI-FI ACCESS AT ALL OF OUR CLINICS AND HAVE STAFF AND PEERS ON HAND TO HELP CLIENTS WITH TECHNOLOGY. ADDITIONALLY, WE HAVE TRIED TO IDENTIFY THE MOST USER FRIENDLY WAYS FOR CLIENTS TO UTILIZE TECHNOLOGY LIKE SWITCHING MUCH OF OUR TELEHEALTH OVER TO THE APP. THAT BEING SAID, THERE ARE STILL TIMES WHEN CLIENTS MAY NOT BE ABLE TO OR PREFER NOT TO, ACCESS MENTAL HEALTH SERVICES VIA TECHNOLOGY. FOR THOSE INDIVIDUALS DMH MAINTAINS IN-PERSON SERVICES. BOTH IN THE CLINICS AND IN THE FIELD, INCLUDING HOME VISITS. WE HAVE OFFERED THIS OPTION SINCE THE BEGINNING OF THE COVID CRISIS AND WILL CONTINUE TO DO SO IN THE FORESEEABLE FUTURE.

>> JOHN FLYNN: THANK YOU VERY MUCH.

>> LISA WONG: THANK YOU.

>> GREG POLK: THANK YOU, DR. WONG. YEAH, THE NEXT PIECE IS THE INTENSIVE SERVICES DIVISION. AGAIN, THIS IS A BIG PIECE OF OUR 3-YEAR PLAN. THERE'S BEEN MOTIONS BY THE BOARD

AROUND ADDING MORE BEDS. MORE SUBACUTE BEDS. IMB BEDS AND SO DR. AMANDA RUIZ IS GOING TO RESPOND TO SOME OF THE COMMENTS IN THIS SECTION.

>> JOHN FLYNN: GOOD AFTERNOON, DR. RUIZ, HOW ARE YOU DOING?

>> DR. RUIZ: GOOD. HOW ARE YOU? >> JOHN FLYNN: SO YOUR FIRST COMMENT SUMMARY IS ABOUT BUILDING MENTAL HEALTH HOSPITALS.

>> DR. AMANDA RUIZ: GOOD AFTERNOON, EVERYONE, AND THANK YOU FOR THAT COMMENT. LACDMH IS STRATEGICALLY ADDING MORE BEDS TO ITS IT'S ADDING BEDS TO ITS NETWORK . IT'S ADDING 500 BED TO IT'S NETWORK TO ADDRESS THE LONG WAIT LIST AND THE BACKLOGS IN THE SYSTEM. THIS INCLUDES BEDS AT ALL LEVELS OF CARE, INCLUDING ACUTE PSYCHIATRIC HOSPITAL BEDS. SUBACUTE HOSPITAL BEDS AND ENRICHED RESIDENTIAL SERVICES WHICH ARE OPEN RESIDENTIAL BEDS. IN ADDITION, IT IS IN THE PROCESS OF LAUNCHING A PILOT PROGRAM FOR OUTPATIENT CONSERVATORSHIP N COLLABORATION WITH THE HOME TEAM, WHICH WILL ALSO ASSIST IN THE MANAGEMENT OF SEVERE MENTAL ILLNESS ON THE STREET.

>> JOHN FLYNN: DR. RUIZ, CAN YOU TALK ABOUT THE NEED FOR MORE LONG-TERM TREATMENT FACILITIES.

>> DR. RUIZ: SO THERE IS A RECURRING THEME HERE. WE NEED MORE BEDS THAT DELIVER MORE INTENSIVE SERVICES AND WE ARE FOCUSED ON EXACTLY THAT. EXAMINING AND DELIVERING AND INCENTIVIZING PERFORMANCE OUTCOMES THAT ARE TIED TO QUALITY OF CARE, THROUGH TREATMENT PLANS AND DISCHARGE PLANS. THE SECOND THING WE PLANNED TO IMPLEMENT ARE INTENSIVE CASE NAVIGATORS THAT MAY SERVE AS CONSISTENT POINT OF CONTACTS FOR CLIENTS AS THEY GRADUATE FROM ONE LEVEL OF CARE TO THE NEXT.

>> JOHN FLYNN: HOW ABOUT THE NEED FOR MORE INTENSIVE SERVICES AND MORE HOSPITAL BEDS.

>> DR. RUIZ: ONCE AGAIN, THE THEME IS MORE HOSPITAL BEDS AND BETTER QUALITY OF CARE SO WE'RE LOOKING AT IMPLEMENTING CARE NAVIGATORS, INTENDED TO SERVE AS CONSISTENT POINTS OF CONTACT, FOR CLIENTS AS THEY GRADUATE FROM ONE LEVEL OF CARE TO THE NEXT LEVEL OF CARE.

>> JOHN FLYNN: AND THE NEED FOR MORE INTEGRATIVE CARE IN THE URGENT CARE CENTERS.

>> DR. RUIZ: SO AS WE IMPLEMENT BETTER QUALITY CARE, WE'RE LOOKING AT TRANSITIONING PATIENTS FROM ONE LEVEL OF CARE TO THE NEXT. SO IN SUMMARY, WE'RE LOOK AT IMPROVING TRANSITION OF CARE, IMPLEMENTING BETTER TREATMENT PLANS, INCREASING TREATMENT BEDS AND DECREASING THE WAIT LIST THAT WE HAVE. THANK YOU FOR THE OPPORTUNITY TO ANSWER THE QUESTIONS THAT YOU HAVE.

>> GREG POLK: THANK YOU, DR. RUIZ. THE NEXT COMPONENT IS OUR MOBILE RESPONSE, WHICH IS HUGE EFFORT AROUND OUR PMR TEAMS, OUT SMART TEAMS AND I DON'T KNOW IF YOU GUYS HEARD RECENTLY, THAT THE MAYOR IS SHIFTING ABOUT \$150 MILLION AWAY FROM LAPD AND GIVING IT TO THE MENTAL HEALTH SPACE. AND DR. SHERIN AND I HAVE BEEN PRETTY AGGRESSIVE IN TRYING TO GET THAT \$150 MILLION. I THINK WE HAVE A MEETING SET UP TOMORROW WITH THE MAYOR PRO-TEM, DEPUTY MAYOR TOMORROW, TO HAVE A CONVERSATION ABOUT WHAT CAN WE DO TO ASSIST IN GETTING SOME OF THOSE DOLLARS INTO THE MENTAL HEALTH PLAN. I DON'T KNOW A BETTER AVENUE THAN DMG TO PUT THOSE DOLLARS IN. WE'VE GOT SOME TRACTION ON THAT. WE'RE GOING TO HAVE A CONVERSATION WITH THE MAYOR'S OFFICE TOMORROW EVENING AROUND TRYING TO GET THOSE DOLLARS. FOR THIS PIECE. MIRIAM BROWN, OUR DIRECTOR OF THE AREA, IS GOING TO RESPOND TO THE COMMENTS.

>> JOHN FLYNN: GOOD AFTERNOON, MIRIAM BROWN. HOW ARE YOU DOING?

>> MIRIAM BROWN: HI, JOHN, GOOD AFTERNOON. HOW ARE YOU?

>> JOHN FLYNN: I'M GREAT, THANK YOU. YOUR FIRST COMMENT ABOUT THE LAPD, AND THE ISSUE BEING LAPD PROVIDES MOST OF THE SERVICES TO THE TO THE MENTALLY ILL.

>> MIRIAM BROWN: GOOD AFTERNOON, EVERYONE. ACTUALLY, I WILL SAY THAT LAND PROVIDES SOME OF THE SERVICES TO THE MENTALLY ILL IN THE L.A. CITY. THE REASON BEHIND THAT IS DMH HAS DEVELOPED A COLLABORATIVE WITH LOS ANGELES POLICE DEPARTMENT AND IT'S A COLLABORATIVE THAT HAS BEEN IN EXISTENCE FOR OVER 26 YEARS AND THAT'S A CO-RESPONSE MODEL IS CALLED "THE SMART TEAM." AND WHAT IT DOES, THERE'S AN OFFICER OF THE CLINICIAN AND WHEN THE OFFICER OF THE CLINICIAN BECOMES VERY AWARE OF WHAT THE MENTAL HEALTH NEEDS ARE AND HAS TO HANDLE THOSE EMERGENCIES THAT COME THROUGHOUT 911 SYSTEM TO PROVIDE SERVICE TO THE MENTALLY ILL. IN ADDITION TO THE SMART TEAM, WHICH IS AN OFFICER CLINICIAN. WE HAVE WHAT'S CALLED THE CASE ASSESSMENT MANAGEMENT PROGRAM. AND THAT PROGRAM, WHAT THE PROGRAM DOES, IT'S A SMALL COMPONENT OF THE SMART TEAM BUT IT PROVIDES INTENSIVE CASE MANAGEMENT SERVICES FOR THOSE INDIVIDUALS THAT ARE FREQUENT CALLERS TO 911 SYSTEM AND HAVE MENTAL HEALTH CONDITIONS. IT WILL BE ABLE TO PROVIDE THE 5150S ARE WRITING A HOLD FOR THE VIOLATION BUT ALSO TO PROVIDE OTHER RESOURCES TO THE CLIENTS AND CONNECT THEM, CONNECTING THEM TO OTHER SERVICES LIKE OUR OUT PATIENT SERVICES AND OTHER SERVICES. DMH HAS ALSO DEVELOPED A COLLABORATIVE, IN TRAINING SO WHAT'S BEEN DONE IS A 40 HOUR TRAINING, PROVIDED TO ALL

OFFICERS THAT COME THROUGH THE ACADEMY AND THE TRAINING IS DONE TWICE A MONTH ON ISSUES REGARDING MENTAL HEALTH, NOT ONLY THE DIAGNOSIS BUT ALSO MEDICATION. NAMI, WHO IS ALSO PART OF THE TRAINING, SO THEY ALSO TALK ABOUT THE NAMI PERSPECTIVE. THE LAST PART OF TRAINING IS HAVING OFFICERS GO TO OUR OUTPATIENT CLINICS GOING TO THE URGENT CARE CENTERS OR ANY OTHER FACILITY SO THEY CAN LEARN MORE ABOUT WHAT MENTAL HEALTH REALLY IS. I WOULD SAY THAT'S ONE OF THE REASONS WHY LAPD ANSWERS SOME OF THE CALLS TO MENTAL HEALTH. BUT THE OTHER PIECE IS WE HAVE THE (INDISCERNIBLE) RESPONSE TEAM, WHICH ALSO ANSWER TO CALLS THAT DO NOT COME THROUGH THE 911 SYSTEM OR WHEN THERE ARE CALLS THAT COME AND THEY'RE NOT REALLY AN URGENT MATTER, THEY TYPICALLY PROVIDE OUR ACCESS CENTER NUMBERS SO PMRT CAN RESPOND TO THE CALL.

>> JOHN: SO ALONG THOSE LINES, CAN YOU ADDRESS THE NEED TO INCREASE CAPACITY FOR THE PMRT, ESPECIALLY FOR AFTER HOURS, WEEKENDS AND HOLIDAYS AND FOR THOSE LOCATIONS THAT ARE FURTHER AWAY FROM DOWNTOWN LOS ANGELES?

>> MIRIAM BROWN: YEAH. THE DEPARTMENT OF MENTAL HEALTH CONTINUES TO ENSURE THAT WE HAVE COVERAGE IN ALL THE SERVICE AREAS IN LOS ANGELES COUNTY. WE HAVE A PSYCHIATRIC MOBILE RESPONSE TEAM IN EACH ARE AND WE HAVE TWO SHIFTS. WE HAVE THE SHIFTS THAT BEGINS FROM 8:00 TO 5:00 P.M. AND OUR AFTERHOURS SHIFT THAT BEGIN FROM 5:00 P.M. TO 2:00 IN THE MORNING AND 20 HOURS A DAY, SATURDAY, SUNDAYS AND HOLIDAYS. SO OUR COMMITMENT IS TO PROVIDE SERVICES IN ALL AREAS OF THE COUNTY AT ALL HOURS.

>> JOHN FLYNN: AND YOUR LAST QUESTION . WHAT NEW STRATEGIES PARTNERSHIPS WILL BE USED TO REDUCE POLICE INVOLVEMENT WHEN SOMEONE'S HAVING A MENTAL ILLNESS CRISIS OR EMERGENCY?

>> MIRIAM BROWN: PRIOR TO COVID-19, WE HAVE BEGAN TO HAVE DIALOGUES WITH SOME OF OUR POLICE PARTNERS AS WHAT OTHER METHODS CAN WE USE AND WHAT KIND OF ALTERNATES ARE THERE. NOT ONLY IN L.A. COUNTY BUT THERE'S A MODEL, I BELIEVE IT'S IN OREGON. IT'S SOMETHING THAT WE WERE LOOKING AT WHERE THEY HAVE CLINICIANS HOUSED AT THE 911 CENTERS. IF A CALL COMES THROUGH AND THE OPERATOR IS NOT SURE ABOUT WHAT KIND OF SERVICES THE INDIVIDUAL IS LOOKING FOR BUT IT APPEARS TO BE A MENTAL HEALTH CALL, THEY WILL TRANSFER THE CALL TO THE CLINICIAN THAT IT WILL CALL. WE WERE LOOKING AT THAT MODEL. SEEMS TO BE PRETTY EFFECTIVE AND WE WILL CONTINUE TO HAVE THE DISCUSSIONS WITH OUR PARTNERS.

>> GREG POLK: THANK YOU. NEXT PIECE WE'RE GOING TO TALK ABOUT IS HOUSING. HUGE EMPHASIS AROUND HOUSING. AGAIN, DR. SHERIN FOCUS IS NOT ONLY COMMUNITY, BUT HOUSING IS A BIG PIECE OF THAT HOW DO WE GET INTO SUPPORTIVE HOUSING AND OTHER TYPES OF HOUSING. WE NEED TO PIVOT TO A DIFFERENT TYPE OF HOUSING. HE'S REALLY ENTRENCHED IN MAKING SURE THAT WE REALLY HAVE A PIECE IN OUR STRATEGIC PLAN, AS WELL AS OUR 3-YEAR PLAN AROUND HOUSING. I THINK WE'RE FORTUNATE TO HAVE WONDERFUL EXPERTS TO WORK WITH THE DEPARTMENTS. HOUSING AREA FOR THE DEPARTMENT AND SHE'LL BE RESPONDING RIGHT NOW TO THE COMMENTS AROUND HOUSING.

>> JOHN FLYNN: GOOD AFTERNOON, DR. FUNK, HOW ARE YOU.

>> DR. FUNK: I'M GOOD. HOW ARE YOU DOING?

>> JOHN FLYNN: I'M GREAT. SO YOUR FIRST COMMENT IS ABOUT NO TIMELINES FOR ACHIEVING HOUSING FOR HOMELESS, NUMBER OF PERSONS HOUSED.

>> DR. FUNK: GOOD AFTERNOON, EVERYONE. I REALLY APPRECIATE THIS COMMENT. POINTED OUT TO US THAT WE DID NOT INCLUDE TIMELINES IN THE PLAN SO IF YOU GO BACK TO THE PLAN, WE ARE ADDING THOSE, SO THE UPDATED PLAN SHOULD INCLUDE THOSE. LET ME JUST WALK THROUGH A COUPLE OF TIMELINES THAT WE'RE HIGHLIGHTING. SO DMH. HOPEFULLY, EVERYONE KNOWS, AS GREG SAID, THIS HAS BEEN A VERY IMPORTANT PART OF THE WORK WE HAVE DONE OVER THE YEARS IS SERVING PEOPLE WHO ARE HOMELESS, BY PROVIDING SERVICES TO THEM THAT ARE REALLY SPECIALIZED IN HOMELESS SERVICES AND BY PROVIDING HOUSING. SO IN THE PLAN, WE HIGHLIGHT THE CHANGES THAT ARE MADE IN THE NEXT THREE YEARS AND I'M JUST GOING TO QUICKLY TALK ABOUT THOSE AND THE TIMELINES THAT WE ADDED IN RESPONSE TO THIS QUESTION. SINCE 2008, THE DEPARTMENT HAS MADE VERY LARGE INVESTMENTS IN THE CAPITAL DEVELOPMENT PERMANENT SUPPORTIVE HOUSING WE HAVE INVESTED \$270 MILLION IN THE CAPITAL DEVELOPMENT OF PERMANENT HOUSING AND IN SOME OPERATING SUBSIDIES, OF PERMANENT SUPPORTIVE HOUSING. THIS BASICALLY HELPS US HAVE AFFORDABLE HOUSING UNITS FOR PEOPLE WITH THE SUPPORTIVE SERVICES THAT THEY NEED SO THEY CAN MOVE INTO THE HOUSING AND RETAIN THEIR HOUSING H REALLY CRITICAL TO THE WORK THAT WE DO IN SERVING PEOPLE WHO ARE HOMELESS. SO THIS YEAR, WE STARTED TO IMPLEMENT THE "NO PLACE LIKE HOME" FUNDING. IF YOU RECALL, THAT WAS FUNDING, IT'S A PROGRAM STATEWIDE. LOS ANGELES COUNTY IS ANTICIPATED TO RECEIVE ABOUT \$700 MILLION FROM NO PLACE LIKE HOME, AGAIN, THAT WOULD BE USED FOR THE CAPITAL DEVELOPMENT OF PERMANENT SUPPORTIVE HOUSING. THAT FUNDING, IT COMES FROM THE STATE. IT GOES TO THE LOS ANGELES COUNTY DEVELOPMENT AUTHORITY, WHO IS THE DEVELOPMENT ARM OF THE COUNTY. THEY RELEASED A NOTICE FOR FUNDING

AVAILABILITY IN 2019. FOR THE FIRST PART OF THAT FUNDING THAT WE RECEIVED, THEY HAD A HUGE RESPONSE AND THEY ALLOCATED ABOUT \$430 MILLION OF THAT FUNDING SO BETWEEN THE MONEY THAT WE HAD ALREADY GOTTEN AND INVESTED, THE \$270 MILLION PLUS THIS NEW \$430 MILLION, WE HAVE INVESTED IN 141 HOUSING DEVELOPMENTS ACROSS THE COUNTY, FOR A TOTAL OF 3,684 UNITS. SO SOME OF THESE UNITS ARE OPEN ALREADY. PEOPLE ARE LIVING IN THEM OF COURSE. AND IN SOME, WE JUST DID RECENT INVESTMENTS AND THEY ARE IN THE PROCESS OF BEING BUILT THEY ARE WHAT WE CALL THE PIPELINE.

AND SO OUR HOUSING IS FOR ALL AGE GROUPS. WE HAVE HOUSING FOR FAMILY, TRANSITION-AGED YOUTH, ADULTS AND OLDER ADULTS AND FOR UNITS THAT SPECIALIZE IN A POPULATION, THE SERVICES ALSO SPECIALIZED FOR THAT POPULATION. SO THE SECOND PLAN CHANGE WE INCLUDED ABOUT HOUSING IS A 10 MILLION-DOLLAR INVESTMENT, WHAT WE CALL, HOUSING FOR MENTAL HEALTH, AND THIS FUNDING IS USED FOR RENTAL SUBSIDIES. FOR PEOPLE LIVING IN DIFFERENT TYPES OF HOUSING AND IT ALLOWS US TO PAY FOR THE UNIT OPERATING SUBSIDY OR TO PAY THE RENT BASICALLY, WHERE PEOPLE PAY 30% OF THEIR INCOME AND WE PAY THE BALANCE OF THEIR RENT WITH A LOCAL SUBSIDY. SO THIS FUNDING WILL SERVE 410 PEOPLE OVER TIME AND THIS PROGRAM WE STARTED TO IMPLEMENT THIS YEAR IN FISCAL YEAR 19-20 AND WE HAVE ALREADY STARTED TO IMPLEMENT THIS WHERE PEOPLE HAVE MOVED INTO HOUSING AND IT FOCUSES ON PEOPLE WHO ARE HOMELESS AND OR PEOPLE THAT HAVE BEEN INVOLVED IN THE CRIMINAL JUSTICE SYSTEM.

WE ALSO FOCUSED ON AN INVESTMENT WE'VE MADE IN LICENSE RESIDENTIAL FACILITIES THROUGH OUR ENRICHED RESIDENTIAL CARE PROGRAM. AGAIN, THIS ALLOWS US TO PAY FOR THE COST OF THE BOARD AND CARE, IF SOMEONE DOES NOT HAVE INCOME AND THAT IS THE RIGHT TYPE OF HOUSE FOR EXAMPLE THAT PERSON. BOARD AND CARE IS PROVIDED SUPERVISION, IT IS FOR PEOPLE WHO ARE VERY VULNERABLE AND NEED SUPPORTS IN LIVING IN THE COMMUNITY.

THIS PROGRAM, WE INVESTED \$9 MILLION DOLLARS. IT WILL SERVE APPROXIMATELY 500 PEOPLE. WE PAY NOT ONLY RENTAL SUBSIDIES, BUT WE ALSO PAY AN ENHANCED SERVICE RATE TO HELP SUPPORT PEOPLE THAT HAVE HIGHER NEEDS IN THE BOARDING CARES AND WE PROVIDE THAT TO THE BOARDING CARE OPERATOR SO THEY WILL WORK WITH OUR CLIENTS. FINALLY, WE ALSO DID AN EXPANSION OF OUR HOMELESS OUTREACH TEAM CALLED THE HOMELESS OUTREACH MOBILE ENGAGEMENT TEAMS. ACTUALLY, OUR HOME TEAMS WERE A PART OF OUR ORIGINAL MHSA PLAN BACK IN 2005. THIS ADDITION OF \$11 MILLION IN THIS FISCAL YEAR 19-20 WAS TO EXPAND THE PROGRAM, EXPAND THE STAFFING FOR THE PROGRAM THAT IS A COUNTY WIDE PROGRAM TO ALLOW US TO PROVIDE MORE OUTREACH SERVICES. I THINK WE HAVE SEEN HOW CRITICAL THESE SERVICES HAVE BEEN WITH COVID,

AS WE CONTINUE TO HELP EDUCATE PEOPLE WHO ARE ON THE STREETS, HELP MAKE THEM AWARE OF THE COVID CRISIS, HOW TO REMAIN SAFE AND TO HELP PEOPLE THAT ARE AT HIGH RISK OF DEATH FROM COVID TO MOVE INTO HOUSING, INCLUDING THE PROJECT ROOM KEY, WHICH I HEARD SOMEONE MAKE A PUBLIC COMMENT ABOUT EARLIER. THE PROJECT ROOM KEY PROGRAM WHICH IS WHERE WE ARE AS A COUNTY, RENTING HOTEL ROOMS, TO HELP PEOPLE WHO ARE NOT ABLE TO REMAIN SAFER AT HOMES, BECAUSE THEY DON'T HAVE HOMES, MOVE INTO HOTELS SO OUR OUTREACH TEAMS HAVE REALLY PLAYED A KEY IN THAT WORK.

>> JOHN FLYNN: DR. FUNK, YOUR NEXT QUESTION IS ABOUT THE LACK OF SPECIFIC STRATEGIES TO ADDRESS EMPLOYMENT, WHICH OF COURSE, WE KNOW CONTRIBUTES TO SUCCESSFUL, INDEPENDENT LIVING AND THE LACK OF AN OCCUPATIONAL THERAPY PRESENCE.

>> DR. FUNK: SO THANK YOU FOR THAT. WE ABSOLUTELY AGREE THAT EMPLOYMENT IS REALLY CRITICAL FOR THEIR PEOPLE AND RECOVERY FOR MANY PEOPLE, THAT IS THEIR GOAL AND THAT IS WHAT THE DEPARTMENT IS HELPING THEM WORK ON. I WANT TO FOCUS ON THE FULL-SERVICE PARTNERSHIP PROGRAM TRANSFORMATION AND WE REALLY, THROUGH THAT PROGRAM, WHICH IS IN MANY WAYS OUR FLAGSHIP PROGRAM AND THE DEPARTMENT FOR OUTPATIENT SERVICES. WE ARE STRENGTHENING OUR EMPLOYMENT SERVICES. WE HAVE BEEN WORKING TO CHANGE THE STAFFING PATTERNS, AND MAKE IT A REQUIREMENT THAT THE STAFF, THE STAFFING WILL INCLUDE EMPLOYMENT SPECIALIST. THE EMPLOYMENT SPECIALIST COULD BE AN OCCUPATIONAL THERAPIST, WHICH THIS COMMENT POINTS OUT, THE OCCUPATIONAL THERAPISTS ARE WELL-SUITED TO PROVIDE EMPLOYMENT SERVICES SO THROUGH THIS NEXT YEAR, WE HOPE TO INCREASE OUR EMPLOYMENT OUTCOMES AS WE ASSIST OUR CLIENTS IN THEIR EMPLOYMENT GOALS.

>> JOHN FLYNN: AND FINALLY, THE NEEDS FOR SUPPORTIVE TRAILER PARKS.

>> DR. FUNK: YEAH, SO LET ME JUST GIVE SOME CONTEXT HERE. ONE TYPE OF HOUSING WE'VE BEEN VERY INTERESTED IN EXPLORING ALL TYPES OF HOUSING ALL ACROSS THE COUNTY AND IT HAS BEEN BROUGHT UP WE COULD USE TRAILERS. MOBILE HOMES AS A TYPE OF HOUSING WITH THE SUBSIDY THAT SOME PEOPLE COULD LIVE IN. OUR FIRST KIND OF LARGER INTRODUCTION INTO THIS IS THAT THE COUNTY DID RECEIVE FROM THE STATE, TRAILERS THAT WERE USED TO HOUSE FAMILIES THAT WERE HOMELESS AND THESE TRAILERS WERE, ARE IN SERVICE AREA 6 AND THERE ARE FAMILIES WITH MINOR CHILDREN LIVING IN THEM NOW. WE ALSO RECEIVE FROM THE STATE IN RESPONSE TO COVID, WE ALSO RECEIVED SOME ADDITIONAL TRAILERS. THE COUNTY DID AND THEN THE CITY OF L.A. ALSO DID AND THOSE TRAILERS ARE BEING USED TO HAVE AGAIN, A PLACE WHERE PEOPLE WHO ARE AT RISK OF COVID, TO HAVE A SAFER PLACE TO LIVE. SO WE ARE USING THEM FOR THAT PURPOSE RIGHT NOW AND

I THINK THERE'S CONVERSATIONS GOING ON ABOUT WHAT WILL BE THE FUTURE FOR THOSE TRAILERS. AND I THINK ONE OF THE CHALLENGES WE HAVE SEEN IS THAT THOSE TRAILERS ARE JUST ON LOCK RIGHT NOW. THEY DON'T HAVE ACCESS TO WATER AND SEWAGE, WHICH IS WHAT YOU WOULD NEED WHEN YOU HAVE A TRAILER SO WE ARE EXPLORING THE OPTION OF TRYING TO FIND TRAILER PARKS THAT WE CAN RENT OUT SPACES SO WE COULD MORE EFFECTIVELY USE THESE TRAILERS. SO THIS IS ACTIVELY BEING PURSUED IN THE COUNTY AS A HOUSING OPTION. >> JOHN FLYNN: THANK YOU VERY MUCH.

>> GREG POLK: HOUSING IS A HUGE PIECE WHATEVER WE'RE TRYING TO DO IN THE 3-YEAR PLAN. AND AGAIN, THE FOCUS FOR US WE NEED TO FOCUS MORE ON SERVICE PROVIDED IN THIS HOUSING AREA, AND NOT SO MUCH AROUND BUILDING HOUSING. WE'RE NOT A DEPARTMENT THAT FUNDS CAPITAL PROJECTS. SO OUR FOCUS WHEN WE LOOK AT OUR PATH FORWARD IS TO FOCUS ON PROVIDING ADEQUATE AND SUFFICIENT SERVICE TO THE CLIENTS THAT RESIDES IN THESE HOMES. THE NEXT PIECE WE'RE GOING TO TALK ABOUT IS THE SECOND LARGEST PIECE OF MHSA AS PREVENTION AND EARLY INTERVENTION COMMONLY KNOWN AS PEI. THE FOLLOWING SERVICES FALL UNDER PEI. YOU HAVE PREVENTION. HUGE EFFORT AROUND PREVENTION. REAL BIG EMPHASIS AROUND PREVENTION IN THIS DEPARTMENT. WE HAVE EARLY INTERVENTION. WE HAVE STIGMA DISCRIMINATION. WE HAVE SUICIDE PREVENTION. THE PLAN REFLECTS THE CONTINUED EFFORTS UNDER EXPANSION, OUR PREVENTION SERVICE THROUGH COUNTY PLATFORMS THAT ARE OUTSIDE THE DIVISION OF CLINIC SETTING. THERE'S TIME EXPENDITURES ESTIMATED IN THE YEARS. YOU HAVE IN 2021, WE'RE TALKING ABOUT SPENDING ABOUT 217 MILLION. 2022, ABOUT 187 MILLION, AND 22-23 WE'RE TALKING ABOUT 174 MILLION. JUST A LITTLE DATA TO DISCUSS WITH YOU. THE NUMBER OF CLIENTS WHO RECEIVED DIRECT SERVICES FOR PEI 18-19. THIS IS NOT INCLUSIVE OF ALL OUTREACH AND PREVENTION EFFORTS. WE HAVE ABOUT 51,000 CLIENTS SERVED RECEIVE DIRECT MENTAL HEALTH SERVICES . WHEN WE TALK ABOUT THE BREAKDOWN, WE HAVE 67% OF THOSE CLIENTS TO CHILDREN, 18% ARE TRANSITIONAL-AGED YOUTH AND I THINK THAT WAS ONE OF THE REQUESTS FROM THE COMMISSION TO TALK ABOUT HOW MANY WAS RELATED TO TRANSITIONAL-AGED YOUTH. WHEN WE TALK ABOUT ETHNIC BREAKDOWN, THEY HAVE ABOUT 51% HISPANIC, WE HAVE 10% AFRICAN-AMERICAN. ABOUT 8% WHITE AND ABOUT 3% OF THE CLIENTS ARE ASIAN. WHEN TALKING ABOUT LANGUAGE, WE'RE TALKING ABOUT 74% PRIMARY LANGUAGE WAS ENGLISH. AND 23% PRIMARY LANGUAGE IS SPANISH. SOME OF THE NEW CLIENTS SERVED OF THE 51,000, WE HAVE ABOUT 30,000 NEW CLIENTS RECEIVING P.I. SERVICE COUNTY WIDE WITH NO PREVIOUS MHSA SERVICE. WE HAVE ABOUT 23% OF HISPANIC. ABOUT 5% ARE AFRICAN-AMERICAN. ANOTHER 4% ARE WHITE. PRIMARY

LANGUAGE, ENGLISH IS ABOUT 74% AND ABOUT 22% WAS SPANISH. NEXT SLIDE. AS WE TALK ABOUT THE ECONOMY, YOU KNOW, I'M GOING TO SEND IT OVER TO DARLESH, WHO IS OUR P.E.I. EXPERT.

>> JOHN: GOOD AFTERNOON, DR. DARLISH.

>> DARLESH HORN: I'M WELL, JOHN. HOW ARE YOU?

>> JOHN FLYNN: GREAT. THANK YOU VERY MUCH. YOUR FIRST COMMENT IS ABOUT THE LACK OF COLLABORATION WITH ESTABLISHED YOUTH, SERVING IN THE AREA OF PREVENTION COMMUNITY OUTREACH.

>> DR. DARLESE: YES, I WANTED TO JUMP INTO THAT QUESTION BY JUST REITERATING WHAT MR. POLK AND WHAT MR. SIERRA MENTIONED EARLIER. THE DEPARTMENT HAS HAD A VERY INTENTIONAL PLAN, BOTH IN THE STRATEGIC PLAN, AND THREE-YEAR PLAN TO EXPAND OUR COMMUNITY PREVENTION PLATFORMS AND THOSE PLATFORMS ARE TO SERVE ALL AGE GROUPS BUT WITH RESPECT TO THE YOUTH BEING SERVED, , WE HAVE A NUMBER OF DEPARTMENTS THAT SERVE YOUTH. ONE IS WITH OUR PREVENTION AND AFTERCARE NETWORKS WITH OUR DEPARTMENT AND CHILDREN AND FAMILY SERVICES. THEY PROVIDE A NUMBER OF PREVENTATIVE SERVICES THAT SUPPORT YOUTH AND BEING SOCIALLY CONNECTED TO DIFFERENT SOURCES THEY NEED WITHIN THEIR COMMUNITIES. WE ALSO HAVE A PARTNERSHIP IN COLLABORATION WITH OUR PROBATION OFFICES, AS WELL AS OUR OFFICE FOR DIVERSION FOR OUR YOUTH AND DIVERSION PROGRAM, WHICH IS SPECIFICALLY TO PROVIDE DIVERSION SERVICES FOR YOUTH THAT MAY BE AT RISK OF ENTERING INTO THE CRIMINAL JUSTICE SYSTEM. AND THEN WE ALSO HAVE A VERY, VERY LARGE PLATFORM WITH OUR SCHOOL DISTRICTS. ONE IS WITH LAUSD AND WITH THE SCHOOL DISTRICTS THAT IS PARTNERSHIP WITH OUR LOS ANGELES COUNTY OFFICE OF EDUCATION. WE PROVIDE A NUMBER OF SERVICES THROUGH THE SCHOOLS THAT ARE CONNECTED THROUGH THOSE SCHOOL DISTRICTS SO THAT WE'RE ABLE TO PROVIDE PREVENTATIVE SERVICES THAT TARGET SPECIFICALLY ON YOUTH BUT ALSO ON CHILDREN AND YOUNG ADULTS THAT WILL BE ADULTS OPERATING IN THE SYSTEM AFTER R AFTER THEY GRADUATE.

>> JOHN FLYNN: YOUR SECOND COMMENT HERE IS PARTNERSHIPS WITH SCHOOLS, LIBRARIES AND OTHER ENTITIES. AS IS, THE MHSA PLAN OUTLINES ORGANIZATIONS THAT WILL PARTNER WITH FOR MANY SERVICES. IT WILL BE HELPFUL TO KNOW HOW THOSE SERVICES WILL BE DELIVERED IN THE NEW ERA OF PHYSICAL DISTANCING.

>> DARLESH HORN: SURE. SO WE HAVE MADE A NUMBER OF STRIDES WITH OUR PARTNERSHIPS THROUGH THE SCHOOLS, THE LIBRARIES, THROUGH OTHER AGENCIES AND ORGANIZATIONS THAT ARE WORKED TO BUILD OUT THESE COMMUNITY-BASED PLATFORMS. ONE IS TO PROVIDE ASSISTANCE IN TECHNOLOGY AND TO MAKE SURE THAT THERE ARE VIRTUAL OPTIONS IN

PROVIDING AND SERVICES TO THOSE WHO NEED PREVENTATIVE SERVICES WHETHER IT'S THROUGH OUR TELEHEALTH SERVICES OR THROUGH PROVIDING TECHNOLOGY, OR COMPUTERS AT PLACES WHERE FOLKS CAN ACCESS THEM IN THEIR COMMUNITIES. WE ALSO HAVE WORKED WITH OUR SCHOOL DISTRICTS TO BE ABLE TO SERVE STUDENTS AND OUR FAMILIES IN PERSON, OBSERVING SOCIAL DISTANCING REQUIREMENTS, HAVING THEM COME IN A LITTLE AT A TIME SO THAT THEY ARE ABLE TO ACCESS THE SERVICES AT A NEED IN PERSON.

>> GREG POLK: THANK YOU DARLESH. I JUST WANT TO ADD, A LOT OF EMPHASIS AROUND SCHOOLS, A LOT OF EMPHASIS AROUND PREVENTION. YOU KNOW, I THINK DR. SHERIN HAS BEEN PRETTY VOCAL ABOUT WHAT DO WE WANT TO REFLECT AND WHAT DO WE WANT TO REFLECT AROUND OUR 3-YEAR PLAN TO REFLECT AROUND PREVENTION. WE ALSO HAVE A RENOWNED CONSULTANT NAMED GITA COUBLEY WORKING WITH US, AROUND OUR PREVENTION EFFORTS AND I THINK WE'RE PRETTY FORTUNATE TO HAVE HER AS A PART OF OUR GROUP TO DEAL WITH THE PREVENTION EFFORT MOVING FORWARD. THE NEXT PIECE THAT WE'RE GOING TO TALK ABOUT IS INNOVATION AND IT'S GOING TO TALK ABOUT THE INNOVATION PIECE, AS WELL AS OUR WORKFORCE INVESTMENT PIECE MOVING FORWARD, WORKFORCE INVESTMENT.

>> HI, THANK YOU, GREG. GOOD MORNING, COMMISSIONERS. I THINK MANY OF YOU HAVE HEARD ME TALK ABOUT OUR INNOVATION PROJECTS. THE ONES WE HAVE DISPLAYED HERE ON THE SCREEN, FIVE OF SIX, THEY HAVE ALL BEEN APPROVED BY THE OVERSIGHT OBJECTABILITY COMMISSION AND FIVE OUT OF SIX OF THEM THEY'VE ALL BEEN APPROVED BY THE OVERSIGHT AND ACCOUNTABILITY COMMISSION AND FIVE OUT OF SIX OF THEM ARE ACTIVE NOW. THE ONE THAT HASN'T STARTED YET IS INNOVATION 5, WHICH IS THE PEER SUPPORT SPECIALIST, FSP PROGRAM AND THAT'S DUE TO WE'RE EXPLORING OUR IMPLEMENTATION OPTIONS. INNOVATION 2 IS ALMOST ENTERING ITS SECOND YEAR. INNOVATION 8, WE JUST GOT APPROVAL TO MOVE FORWARD WITH AND WE'RE ONE OF FIVE COUNTIES TO BE ABLE TO BE WORKING WITH UC DAVIS TO IMPLEMENT EARLY PSYCHOSIS PROGRAMS AND WE HAVE FIVE PROVIDERS IN L.A. COUNTY DOING THAT WORK RIGHT NOW, SO VERY EXCITED ABOUT THAT AND THEN YOU'LL NOTICE THAT FOUR OF OUR PROJECTS WE'RE NOT FIVE-YEAR PROJECTS, WHICH IS THE MAXIMUM FOR AN INNOVATION PROJECT SO WE PLAN TO REQUEST AN EXTENSION OF THOSE TO FIVE YEARS. THEN FINALLY THE ESTIMATED BUDGET YOU SEE IN 2021 IS ABOUT 71.5 MILLION REDUCES IN 21-22 TO 56 MILLION AND THEN 35 MILLION. AND THAT'S BASED ON THE EXTENDED OR WHAT WE ESTIMATE WE WILL SPEND OVER THOSE YEARS AND THEN WHAT WE ESTIMATE WE WILL RECEIVE IN ANNUAL ALLOCATIONS. SO THAT'S INNOVATION. AND IF WE WANT TO MOVE ON.

TO WET. SO WORKFORCE, EDUCATION AND TRAINING. AS YOU KNOW, WE HAVE EIGHT PROJECTS THAT ARE ASSOCIATED WITH OUR FUNDING. WHEN YOU TAKE THEM TOGETHER, THEY REALLY SUPPORT THE CURRENT AND THE FUTURE PUBLIC MENTAL HEALTH WORKFORCE, AND INCLUDING HEALTH NAVIGATION, A SYSTEM TO BE ABLE TO TRIAGE TRAINING AND PROVIDE TRAINING. WE HAVE AN INTENSIVE MENTAL HEALTH RECOVERY SPECIALIST PROGRAM AND THEN WE ALSO HAVE AN EMPLOYMENT AND PROFESSIONAL DEVELOPMENT PROGRAM FOR PARENT ADVOCATES. CHILD ADVOCATES AND CARE GIVERS IN THE PUBLIC MENTAL HEALTH. AND WE HAVE A FINANCIAL INCENTIVE PROGRAM, TO INCENTIVIZE PEOPLE TO COME AND WORK FOR THE PUBLIC MENTAL HEALTH SYSTEM. SOME OF THESE ARE FOR PEOPLE THAT ARE STILL IN SCHOOL. AND OTHERS ARE FOR PEOPLE THAT ARE LOOKING FOR OUR DEPARTMENT OR CONTRACTORS NOW.

YOU'LL SEE HERE AND I THINK THIS WAS MENTIONED EARLIER, LACDMH IMPLEMENTED A TRAINING PLAN THAT PROVIDES, TARGETED TRAINING ON THE MENTAL HEALTH SERVICES ACT AND THE COMMUNITY PLANNING PROCESS. SO YOU HAVE THAT TO LOOK FORWARD TO AND WE'LL BE COORDINATING THAT. AND THEN WE PLAN TO EXTEND OUR SECOND-YEAR STIPEND PROGRAMS TO PSYCHOLOGISTS. PREVIOUSLY, THEY WERE FOR MFT'S, LCSW'S AND NURSE PRACTITIONERS. WE ALSO HAVE AN OPPORTUNITY TO PARTICIPATE IN A WET REGIONAL PARTNERSHIP AND LOS ANGELES IS ITS OWN REGION, WE DON'T HAVE TO SHARE THE FUNDS WITH ANYBODY ELSE. SO WE ARE APPLYING FOR THAT NOW. IT REQUIRES A SMALL MATCH UP, SOMETHING LIKE \$3.3 MILLION ABOUT BUT ONCE THAT HAPPENS, WE'RE GOING TO GET ABOUT \$10 MILLION TO BE ABLE TO FUND A MENTAL HEALTH LOAN REPAYMENT PROGRAM THAT WILL COMPLEMENT THE INCENTIVES PROGRAM. AND THEN YOU SEE HERE THE ESTIMATED EXPENDITURES, EACH YEAR OF 23 MILLION , EACH OF THE EXPENDITURES, AND 23 MILLION AND 23 MILLION.

>> GREG POLK: THANK YOU, DEBBIE. DO YOU HAVE ANY COMMENTS? I WOULD LIKE DEBBIE TO RESPOND TO AS IT RELATES TO TRAINING.

>> JOHN FLYNN: HI. HOW ARE YOU THIS AFTERNOON?

>> DEBBIE INNES-GOMBERG: GOOD TO SEE YOU JOHN.

>> JOHN FLYNN: AND YOU AS WELL. SO YOUR FIRST COMMENT IS ABOUT THE FACT THAT THERE'S NO RANGE OF NUMBERS PER YEAR FOR STAFF INTERNSHIPS AND TRAINING, MSWs AND PSYCHOLOGISTS.

>> DEBBIE INNES-GOMBERG: YEA, SO BOTH THE DEPARTMENT OF MENTAL HEALTH AND OUR CONTRACTORS HAVE AGREEMENTS OR ARRANGEMENTS WITH LOCAL UNIVERSITIES TO TRAIN STUDENTS

IN THE PUBLIC MENTAL HEALTH SYSTEM AND THEY RANGE FROM SOCIAL WORK, MFT'S AND PSYCHOLOGISTS, AND PERHAPS OTHERS AS WELL.

WE DON'T TRACK WHAT THE CONTRACTORS DO. SO WE DON'T HAVE AN ABILITY TO KNOW HOW MANY STUDENTS THEY HAVE. WE DO TRACK OURS, THOUGH AND IT'S ABOUT A HUNDRED OR SO STUDENTS EACH YEAR. IT VARIES BUT EACH YEAR THAT ARE TRAINED IN OUR PUBLIC MENTAL HEALTH SYSTEM AND THEN WE HAVE, OF COURSE, AN INCENTIVE, FOR SOME OF THOSE FOLKS TO BE ABLE TO COME WORK FOR US. IT'S REALLY BEEN AN AMAZING EXPERIENCE FOR STUDENTS, AS WELL AS FOR THE DEPARTMENT.

>> JOHN FLYNN: WILL ADDITIONAL TRAINING AND SUPPORT BE OFFERED TO CLINICIANS TO HELP THEIR CLIENTS NAVIGATE THROUGH THIS UNPRECEDENTED TIME?

>> DEBBIE : ABSOLUTELY AND I THINK THE DEPARTMENT HAS PIVOTED TO AN ONLINE PLATFORM AND WE WANT TO BE RESPECTFUL OF NOT PROVIDING TRAINING AS WE HAVE PIVOTED TO, YOU KNOW, ONLINE MENTAL HEALTH DELIVERY. SO WE'RE WORKING WITH TRAINING TO BE ABLE TO DEPLOY TRAININGS, FIRST OF ALL, ON THE RECONSTITUTION OR THE REOPENING OF OUR OUT PATIENT MENTAL ILLNESS SERVICES. WE'LL BE PROVIDING TRAINING ON CLINICAL BEST PRACTICES AND PARTICULARLY, AROUND TELEMENTAL HEALTH. AND HONESTLY, I THINK WE HAVE LEARNED A TREMENDOUS AMOUNT IN ABOUT THREE MONTHS OR SO ABOUT HOW TELEMENTAL HEALTH CAN REALLY SUPPORT THE MENTAL HEALTH SYSTEM. I KNOW DR. WONG TALKED A LITTLE BIT ABOUT THAT. BUT WE HONESTLY WELCOME ANY TRAINING RECOMMENDATION ANYBODY WOULD HAVE AND THEN WE WILL GO TO WORK ON THOSE.

>> JOHN FLYNN: AND YOUR FINAL QUESTION. WILL WET FUNDS BE USED TO EDUCATE CURRICULUMS ON HOW TO RESPOND TO CLIENTS WHO HAVE INTERGENERATIONAL TRAUMA AND HAVE EXPERIENCED POLICE VIOLENCE?

>> DEBBIE: I REALLY APPRECIATE THE QUESTION. AND I THINK, I WANT TO TAKE THIS QUESTION BROADLY BECAUSE THE DEPARTMENT HAS A PRETTY ROBUST TRAINING APPROACH FOR DIFFERENT TYPES OF TRAUMA. AS MANY OF YOU KNOW, WE STARTED OUT PROVIDING CLINICAL TRAINING ON HOW TO TREAT TRAUMA, TRAUMA FOCUS , PROLONGED EXPOSURE, SEEKING SAFETY, SEVERAL OTHER PRACTICES THAT WE KNOW TO BE EFFECTIVE AND MORE RECENTLY, WE KIND OF WENT INTO THE COMMUNITY REALM AND WE DID THAT THROUGH OUR INNOVATION 2 PROJECT ON CAPACITY BUILDING TO PREVENT TRAUMA. THERE ARE TWO THINGS I WANTED TO HIGHLIGHT HERE THAT COULD BE RELEVANT. THE FIRST ONE IS ONE OF THE STRATEGIES IN INNOVATION 2 IS AROUND INTERGENERATIONAL TRAUMA AND THE ABILITY TO BE ABLE TO SERVE CLIENTS AND SUPPORT CLIENTS THAT COME FROM

FAMILIES WHERE THERE ARE SEVERAL GENERATIONS OF A PARTICULAR TRAUMA AND A NARRATIVE ASSOCIATED WITH THAT.

SO THERE'S NOT ONLY TRAINING AROUND THAT BUT ALSO THE ABILITY FOR COMMUNITIES TO BE ABLE TO SUPPORT THAT WORK.

THE SECOND ONE, IT ALSO COMES OUT OF INNOVATION 2 AND IT TRAINING FOR THE COMMUNITY RESILIENT MODEL. IN ESSENCE, IT'S TRAINING PEOPLE IN THE COMMUNITY WHO THEN BECOME TRAINERS AROUND COMMUNITY VIOLENCE AND COMMUNITY TRAUMA. SO NOT A TRAUMA ASSOCIATED WITH AN EARTHQUAKE OR A WAR OR GOING LIKE THAT BUT COMMUNITY VIOLENCE AND I WOULD SAY THAT VIOLENCE BY LAW ENFORCEMENT PROBABLY FITS INTO THAT CATEGORY.

>> JOHN FLYNN: ALL RIGHT. THANK YOU MUCH FOR YOUR COMMENTS.

>> GREG POLK: THANK YOU, DEBBIE. THE NEXT AREA IS CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS. I'LL TALK A LITTLE BIT ABOUT OUR CAPITAL PROJECTS. THERE'S A LOT OF CAPITAL PROJECTING GOING ON.

A LOT OF THEM IS AROUND (INDISCERNIBLE) CARE ABILITIES IN COUNTY HOSPITAL CAMPUSES, YOU KNOW, WE HAVE MLK CAMPUS, COLIN FAMILY WELL-BEING CENTER.

OLIVE VIEW CAMPUS ON THE UCC, OLIVE VIEW MENTAL HEALTH AND WELLNESS AND HIGH DESERT AND AT THIS POINT, I'M GOING TO SAY THAT JOANN PINEDA HAS BEEN DOING A WONDERFUL JOB AROUND ORGANIZING THESE ACTIVITIES THESE RESTORATIVE CARE VILLAGES AND THERE A LOT OF PROJECTS -- -- CAPITAL PROJECTS GOING ON SO I'D LIKE TO APPLAUD HER FOR A JOB WELL-DONE. THESE ARE TOUGH PROJECTS. THESE ARE TOUGH PROJECTS WITH THE COUNTY BOARD OFFICES AND WE'RE TRYING TO DO THE BEST WE CAN. BUT RIGHT NOW, FOR 2021, WE HAVE ABOUT \$29.3 MILLION EMBEDDED IN OUR 3-YEAR PLAN. MOVING FORWARD, WE HAVEN'T PLANNED OUT BECAUSE OF COVID ACTIVITIES AND OUR LACK OF REVENUE COMING IN RIGHT NOW. WE WANT TO WAIT TO TALK ABOUT WHAT WE'RE GOING TO DO IN 21, 22 -- 20, 21, 22, AND 23. YOU SEE ZERO RIGHT NOW BECAUSE WE'RE STILL HAVING DISCUSSIONS HOW WE'RE MOVING FORWARD ON HOW WE WANT TO PIVOT AROUND OUR CAPITAL PROJECTS AND INVESTMENTS AND THE CAMPUSES AROUND L.A. COUNTY AND RESTORATIVE CARE REHABILITATION SO MORE TO COME ON THAT. WE'LL KEEP YOU GUYS UPDATE ON THE PIECE AS WE TAKE IT OUT TO YEARS 21-22, AND 22-23. ON THE TECHNOLOGY MEETING WE HAVE OUR CIO MIRIAM AVELOZ HERE TO KIND OF TALK US THROUGH THIS PIECE.

>> JOHN FLYNN: MIRIAM, YOU ARE MUTED.

>> MIRIAM AVELOZ: HI. THERE

>> JOHN FLYNN: I'M THINK WE SEEM TO HAVE OVER FLOW FROM SOMEBODY ELSE.

>> MIRIAM: GOOD AFTERNOON, EVERYONE. THANK YOU, COMMISSIONERS. IT'S A PLEASURE TO BE HERE. AND THANK YOU FOR WORKING WITH US, TO GET YOU ALL INTO THIS MEETING. I'M REALLY EXCITED TO TALK A LITTLE BIT ABOUT THE TECHNOLOGY NEEDS AND THE TYPES OF QUESTIONS THAT WE'VE RECEIVE FROM ALL OF YOU, AND FROM THE COMMUNITY. IN THE NEXT COUPLE OF YEARS, WE SORT OF CITY STREAMED THE BUDGET AND THE EXPENDITURES FOR THE TECHNOLOGY NEEDS AND SO JOHN, I BELIEVE WE HAVE A COUPLE OF QUESTIONS BUT WE HAVE LAID OUT MOST OF OUR PROJECTS IN THE UPDATE TO THE MENTAL ILLNESS PLAN.

>> JOHN FLYNN: SO YOUR FIRST COMMENT IS TECHNOLOGY. CAN YOU TALK ABOUT THE COMMON ' ASSESS TO LACDMH DATA SERVICES?

>> MIRIAM AVELO: SURE. I ALSO NOTICE THERE WAS AN ADDITIONAL QUESTION IN THE MODERATED LIVE Q&A REGARDING PREDICTIVE ANALYTICS AND HOW IT CAN HELP THOSE IN NEED. SO FOR THE LAST THREE YEARS, WE HAVE EMBARKED IN DEVELOPING AN ECHO SYSTEM WHICH RELIES SOLELY ON SOFTWARE SERVICE THAT WE CAN RAPIDLY DEVELOP AN INFRASTRUCTURE THAT HAD COLLECTIONS OF DATA TO BE ABLE TO COLLECT ALL THE DATA AND TO BE ABLE TO PLACE IT IN A DATA WAREHOUSE WHERE WE COULD HAVE A ROBUST APPLICATION THAT WOULD BE ABLE TO PRESENT THE DATA, NOT JUST FOR OUR DMH STAFF BUT FOR OUR PROVIDERS. IT'S REALLY IMPORTANT FOR OUR PROVIDERS TO UNDERSTAND THE PATTERNS SO WE BEGIN, WE HAVE BEGUN THIS EFFORT IN ORDER TO BE ABLE TO DEVELOP THESE APPLICATIONS THAT CAN SERVE OUR PARTNERS IN THE COMMUNITY. SO WE HAVE EXPANDED THE USE OF TOOLS, SUCH AS POWER B.I. AND DASH BOARDS THAT WOULD MAKE THE DATA AVAILABLE TO NON-I.T. AND CLINICAL FOLKS.

>> JOHN FLYNN: YOUR SECOND QUESTION: WHAT SORTS OF TECHNOLOGIES WILL BE IN PLACE TO BETTER COORDINATE SERVICES AND NOT CREATE LONG DELAYS IN COORDINATING DEPARTMENTS OR TRACK CLIENTS?

>> MIRIAM AVELO: SO WORKING CLOSELY WITH THE QA DEPARTMENT AND QI, WE'VE BEEN LOOKING AT ACCESS TO CARE AND HOW OUR APPLICATIONS AND THE DATA THAT WE'RE BREEDING INTO THAT IS HELPING TO TRACK CLIENTS, HELPING WITH REFERRAL MANAGEMENT, MAKING SURE THAT WE FACILITATE TIMELY ACCESS TO CARE AND THAT OUR CLIENTS ARE ABLE TO ACCESS SERVICES TO PROVIDERS SO THAT WE HAVE A GOOD FIT. THERE ARE SEVERAL PROJECTS THAT WE ARE PART OF. ONE OF THOSE IS LA DMH IS PART OF A LARGER ECOSYSTEM. -- WE'VE BEEN WORKING WITH COUNTYWIDE MASTER DATA MANAGEMENT PROGRAM AND OPEN DATA INITIATIVE AND ENTERPRISE INFORMATION MANAGEMENT PROGRAM SO THAT WE CAN PLACE OUR IDENTIFIED DATA IN A DATA MART SO THAT WE CAN BE ABLE TO TRACK THE ACTIVITIES, INTERNALLY AND EXTERNALLY, OF THE CLIENTS AND HOW THEY

ARE SERVED ACROSS L.A. COUNTY. SO WHEN A PARTICULAR CLIENT ACCESSES ANY OF THE COUNTYWIDE SERVICES, MENTAL HEALTH WILL BE BETTER ABLE TO UNDERSTAND WHAT TYPES OF INTERACTIONS THEY HAVE HAD WITH OTHER COUNTY DEPARTMENTS. SO IT'S IMPORTANT SO THAT WE CAN TRACK ANY OF THE TRAJECTORIES AND BE ABLE TO ASSIST OUR CLIENTS MORE MEANINGFULLY. ONE OF THE OTHER THINGS WE WENT LIVE ON WAS LANES WHICH IS A HEALTH INFORMATION EXCHANGE AND THAT ALLOWS THE CLINICAL STAFF TO DIRECTLY QUERY THE HIA INFORMATION TO BE ABLE TO UNDERSTAND HEALTHCARE INFORMATION ACROSS L.A. COUNTY. THIS IS NOT JUST WITHIN THE PUBLIC SAFETY NET BUT OUR EXTERNAL PRIVATE HOSPITALS ALSO PARTICIPATE IN LANES SO I WOULD BE ABLE TO -- OBVIOUSLY WITH CONSENT -- TO BE ABLE TO TAKE A LOOK AT CLINICAL INFORMATION FOR CLIENTS IS IMPORTANT AND WE'RE ALSO MAKING SURE WE CAN TRACK THE TRAJECTORY OF OUR CLIENTS. THAT'S CRITICAL. ONE OF THE PROJECTS WE'RE MOST EXCITED ABOUT IS OUR DIRECT SECURE MESSAGING SO THAT'S A COMMUNICATION THAT ENABLES CLINICIANS NOT JUST WITHIN DMH BUT WITHIN OUR NETWORK COMMUNITY, TO BE ABLE TO ESTABLISH COMMUNICATION CLINICIAN TO CLINICIAN, TO BE ABLE TO SHARE SECURITY INFORMATION ABOUT A CLIENT, TO BE ABLE TO COMMUNICATE PATIENT HEALTH INFORMATION. SO SETTING UP THAT INFRASTRUCTURE IN A LOT OF OUR DIRECTLY OPERATED AND LEGAL ENTITIES AND CONTRACTING COMMUNITY. THAT'S IMPORTANT. OBVIOUSLY, IT COORDINATES CARE MUCH MORE EFFICIENTLY. SO ONE OF THE THINGS WE HAVE ALSO BEEN PARTICIPATING WITH, IS THE RFP PROCESS (SPEAKING AWAY FROM MICROPHONE) COUNTYWIDE COMMUNICATION AND 211 211 SYSTEM. SO THAT'S -- WE'RE PART OF THE RFP PROCESS, SO THAT WE CAN MODERNIZE THE 211 REFERRAL MANAGEMENT SYSTEM. SO ONE OF THE EXCITING THINGS WE HAVE EMBARKED THIS YEAR IS IN PARTNERSHIP WITH OUR PUBLIC HEALTH PARTNERS SO THAT WE COULD TRANSFORM OUR CURRENT SERVICES DELIVERY MODEL TO BE ABLE TO ADOPT A MODERN EXCHANGE PLATFORM. CURRENTLY, WE HAVE THE INTEGRATION ENGINE THAT BRINGS IN ALL THE CLAIMING INFORMATION BUT THERE ARE COMMUNITY PARTNERS THAT DPH AND DMH HAVE. SO CURRENTLY, THOSE PARTNERS ARE SENDING THEIR CLAIMING INFORMATION TO TWO DIFFERENT PLACES. THE ABILITY TO HAVE A COORDINATED CUSTOMER SERVICE AS A COUNTY FAMILY IS IMPORTANT AND THAT'S ONE OF THE PROJECTS THAT WE'RE WORK ON. NOT ONLY THAT. IT WILL ENABLE OUR PARTNERS TO BE ABLE TO SEE AND TREND THEIR CLAIMS IN REAL-TIME. SO THOSE ARE REALLY EXCITING PROJECT AND I LOOK FORWARD TO ANY OF THE QUESTIONS YOU MAY HAVE. THANK YOU.

>> JOHN: THANK YOU VERY MUCH.

>> GREG POLK: THANK YOU, MIRIAM. JUST TO ADD TO THAT, ONE OF THE THINGS WE'RE ALSO LOOK AT IS TO SEE HOW WE CAN COME UP WITH A MORE ROBUST ACCESS CENTER. I THINK WE WANT

TO MODERNIZE OUR ACCESS CENTER AND BRING IT UP TO THE STATE THAT IT SHOULD BE IN. SO WE'LL ALSO TAKE A LOOK AT THAT. ALSO, DR. SHERIN HAS BEEN INFLUENTIAL IN ESTABLISHING THIS WARM LINE COUNTYWIDE FOR PEOPLE TO CALL IN THAT NEED HELP AND JUST WANT TO HAVE A CONVERSATION WITH SOMEONE AND SO THIS WARM LINE IS UP AND RUNNING AND WE'VE BEEN WORKING WITH UCLA ON THAT. MOVING FORWARD, THERE WERE A COUPLE COMMENTS BY THE COMMISSION, THAT I'M GOING TO RESPOND TO. ACTUALLY, THE FIRST ONE WAS, CAN THE PLAN SHOW THE AMOUNT OF FUNDS SPENT OR ALLOCATED BASED ON COMMUNITIES, SUCH AS TARGET THE POPULATION OR COMMUNITY DEMOGRAPHICS OR PROJECT IDEA? RIGHT NOW, WE'RE CURRENTLY WORKING ON THE DATA. MOVING FORWARD, WE WILL MAKE SURE THAT INFORMATION IS AVAILABLE IN FUTURE PLANS AND ANY UPDATES WE HAVE COMING FORWARD. RIGHT NOW, WE DON'T HAVE THAT INFORMATION BUT AGAIN, MOVING FORWARD, WE'LL MAKE SURE THAT'S A PART OF THE PRESENTATION AND THE DOCUMENTATION. THE SECOND COMMENT FROM THE COMMISSION WAS THAT USED COMES FROM CURRENT UTILIZATION DOES NOT CAPTURE DATA OF THOSE WHO NEED SERVICE BUT ARE NOT RECEIVING THEM. I THINK THIS INFORMATION CAN BE FOUND ON PAGE 50 OF OUR CULTURAL COMP PLAN UPDATE SECTION 2 SECTION AND I THINK IT'S "UPDATE ASSESSMENT TO SERVICE NEED. THAT PLAN IS AVAILABLE ONLINE AND LISTED BELOW THE WEBSITE YOU CAN TAP INTO TO GET THAT INFORMATION. SO IT IS AVAILABLE ON LINE. THAT CONCLUDES OUR PRESENTATION. A COUPLE OF MINOR THINGS WE WANT TO DO. FIRST OF ALL, I'D LIKE TO THANK CYNTHIA -- OH, I'M SORRY. I'M SORRY. THERE WAS A MENTAL HEALTH COMMISSION MEETING COMMENTS AROUND FSP ON DR. LISA WONG'S ANSWER. SORRY.AM

>> JOHN: DR. WONG. THE COMMENT SPECIFICALLY WAS, DISCUSS IN MORE DETAIL HOW THE TRANSITION FROM FSP SLOTS TO FSP TEAM-BASE MODEL WILL OCCUR. WILL ALL CONTRACTORS HAVE TO REPLY THROUGH AN RFP PROCESS? I'M SORRY. YOU ARE MUTED AT THE MOMENT. YOU MIGHT WANT TO CHECK YOUR MICROPHONE. THAT'S OKAY. IT HAPPENED TO ME EARLIER, RIGHT?

>> DR. LISA WONG: YEAH. I ACCIDENTALLY HUNG UP AT A CERTAIN POINT. YOU'D THINK BY THIS TIME, WE'D BE PROS AT DOING THESE MEETINGS.

A MULTI DISCIPLINARY TEAM WILL HAVE RESPONSIBILITY FOR PARTICULAR POPULATION OF FSP CLIENTS RATHER THAN EACH STAFF MEMBER HAVING AN INDIVIDUAL CASE LOAD. IN THE PAST IF AN FSP PROGRAM HAD 10 STAFF, THEY'D HAVE 150 SLOTS ALLOCATED WHICH MEANT 15 SLOTS PER TEAM MEMBER. SO 15 CLIENTS WOULD BE ASSIGNED TO EACH STAFF WHETHER IT'S A CLINICIAN, A CASE MANAGER, PEER OR SUBSTANCE COUNSELOR. THE NEW MODEL WOULD HAVE A MULTI-DISCIPLINARY TEAM WITH STAFF FROM VARIOUS DISCIPLINES SPECIALTIES AND THEY COLLABORATE ON CLIENTS'

NEEDS WHICH WOULD PROBABLY VARY OVER TIME. FOR EXAMPLE, A NEW CLIENT ENTERING FSP MIGHT HAVE A PRIMARY CLINICIAN WHO THEN PARTNERS WITH THE HOUSING SPECIALIST, THE SUBSTANCE ABUSE COUNSELOR AND A PSYCHIATRIST TO MEET THE IMMEDIATE NEEDS OF THE CLIENT. THAT CLIENT MAY BECOME HOUSED AND MAYBE HE OR SHE WILL CHOOSE SOBRIETY. BUT PERHAPS WE'LL DISCOVER THAT PERHAPS THEY HAVE DIABETES AND THEY'RE INTERESTED IN FINALIZING PART TIME EMPLOYMENT. SO THEN PRIMARY CLINICIAN AND PSYCHIATRIST WOULD PARTNER WITH THE TEAM'S NURSE AND EMPLOYMENT SPECIALIST. THE MULTI DISCIPLINARY TEAM WILL GIVE US THE FLEXIBILITY TO BETTER TAILOR INTERVENTIONS TO INDIVIDUAL CLIENT NEEDS IN REAL-TIME. THE INITIAL PHASE OF FSP TRANSFORMATION WILL BE WITH CURRENT LEGAL ENTITY PROVIDERS. ALREADY PROVIDING FSP SERVICES. THEN AFTER TWO TO THREE YEAR ADAPTATION AND EVALUATION PERIOD, ALL LEGAL ENTITIES, INCLUDING NEW ONES, WOULD BE INVITED TO APPLY THROUGH AN R.F.P. PROCESS.

>> GREG POLK: THANK YOU, DR. WONG. MADAM CHAIR THAT, CONCLUDES OUR PRESENTATION. I'D LIKE TOO THANK THE COMMISSION FOR ALLOWING US TO DO THIS PRESENTATION. I'D LIKE TO THANK THE CHAIR FOR KIND OF LEADING THIS EFFORT. I'D LIKE TO THANK THE PRESENTERS FOR PRESENTING. I THINK THEY DID A GREAT JOB IN PRESENTING THEIR RESPECTIVE SESSIONS. AND ALSO, YOU KNOW THESE VIRTUAL MEETING ARE TOUGH TO DO. I'D LIKE TO THANK MIRIAM AVELOS M AND HER STAFF AND JOHN, FOR MAKING THIS A SUCCESS AND I'D ALSO LIKE TO THANK CYNTHIA WONG AND ROBERT RAMIREZ, AND ANGEL BAKER AND PINKI FOR MAKING SURE THIS WAS A SUCCESSFUL PRESENTATION. THANK YOU, GUYS.

>> CHAIR: THANK YOU, MR. POLK AND YOUR ENTIRE TEAM. THAT WAS A VERY BROAD AND DEEP CONVERSATION FOR US ON WHAT IS HAPPENING WITHIN THE DEPARTMENT, USING MHSA FUNDS AND WHAT YOU PLAN TO DO AND HOW THE CHANGES ARE GOING TO AFFECT ALL OF US AS USERS, OBSERVERS AND PARTICIPATES IN MENTAL HEALTH SERVICES IN L.A. COUNTY. THANK YOU VERY MUCH TO EACH PRESENTERS AND FOR THE PUBLIC FOR HANGING IN THERE. I KNOW THIS IS A LONG MEETING. FOR COMMISSIONERS, FOR HANGING IN THERE AS WELL. AGAIN, GO GRAB A CUP OF COFFEE OR RUN TO THE RESTROOM. WE'RE GOING TO BE MOVING INTO COMMISSIONER DISCUSSION AROUND WHAT WE JUST HEARD AND OBSERVED. THEN WE WILL TAKE PUBLIC COMMENT. FOR THE FOLKS WHO ARE INTERESTED IN PUBLIC COMMENT. YOU'LL NEED TO CALL INTO THE AT&T MODERATOR OR THE OPERATOR IN ORDER TO CUE UP LIKE YOU WOULD HAVE DONE ON THE PRIOR REPORTS FROM THE USCCs AND THE SALTS. SO THANK YOU AGAIN TO JOHN FLYNN FOR MASTERMINDING THE WHOLE THING. IF YOU WOULD SEE BEHIND THE SCENE, YOU WOULD GET A GLIMPSE OF THE WIZARD OF OZ SITUATION HAPPENING HERE. AND I UNDERSTAND THERE ARE TECHNICAL DIFFICULTIES. THANK YOU

FROM EVERY ANGLE FOR BEARINGS, AS WE MUDDLE THROUGH, I THINK THIS IS KIND OF INCHING TOWARDS PROGRESS AND PERFECTION. THANK YOU AGAIN. I WILL CALL ON THE COMMISSIONERS NOW TO DISCUSS WHAT WE'VE HEARD.

AS YOU KNOW, GREG POLK AND HIS TEAM HAVE PROVIDED AN EXPLANATION, THE POWER POINT, THE FULL REPORT AND POWERPOINT IS ON THE WEBSITE. THEY ADDRESSED THE QUESTIONS WE SUBMITTED TO THEM BY E-MAIL AND QUESTIONS THAT CAME IN BY WAY OF THE PUBLIC COMMENT FORM. SO NOW, WE GET TO HAVE OUR INTERNAL DIALOGUE. I INVITE YOU TO ALL TURN YOUR CAMERAS ON. AND PULL EACH OTHER UP SO THAT WE'RE LOOKING AT EACH OTHER AS WE SPEAK

BECAUSE THIS IS OUR TIME TO REVIEW WHAT WE HAVE JUST HEARD AND THINK ABOUT WHAT IT LOOKS LIKE TOO, AS A MENTAL HEALTH BOARD AND THE STATE OF CALIFORNIA APPROVE THIS PLAN. PLEASE PULL UP YOUR SCREEN, UNMUTE YOURSELVES. HELLO AGAIN SO WE CAN GO BY SUPERVISORAL DISTRICT IF YOU'D LIKE. WE CAN START IN THE MIDDLE OR IF THERE'S ANOTHER WAY YOU'D LIKE TO ORGANIZE OUR THINKING, YOU LET ME KNOW. THIRD DISTRICT. SUPERVISOR KUEHL. I'LL CALL ON COMMISSIONERS FROM YOUR DISTRICT FOR COMMENT. AT THE END OF THE PUBLIC COMMENT SO WE WILL HAVE OUR CONVERSATION, AND THEN MOVE TO PUBLIC COMMENT AND AT THE END OF BOTH OF THOSE ELEMENTS, WE'LL CALL FOR THE VOTE. WHEN WE CALL FOR THE VOTE, WE'LL DO SO BY ROLL CALL. I WILL CALL COMMISSION STAFFER CANETANA BACK ON TO DO A ROLL CALL VOTE OF EACH PERSON'S NAME ABOUT WHAT WE THINK ABOUT THE PLAN. THAT'S THE LAY OF THE LAND FOR ANNOUNCEMENT LET'S GO TO SHEILA KUEHL'S APPOINTEES. MURILLA MCCURRY SCOTT, I KNOW YOU'VE JOINED. KATHY COOPER LEDESMA AND STACY DALGLEISH. COMMENTS, QUESTIONS, CONCERNS? YOU'RE ALSO WELCOMED TO PASS IF YOU'D LIKE

>> I JUST WANT TO START BY COMMENTING HOW IMPRESSED I WAS, BY THE DEPTH AND BREADTH OF THE PRESENTATION AND THE ENTIRE ROLLOUT. AS I'VE SAID, IT'S PROBABLY A LOT RELATED TO MY OWN LIMITATION BUT THIS YEAR, I UNDERSTOOD THE PLAN, BETTER THAN ANY OF THE OTHER YEARS AND I REALLY ATTRIBUTE IT TO THE VARIOUS FORMATS THAT THE DEPARTMENT HAS USED TO HELP ME UNDERSTAND SO THAT'S NUMBER ONE.

THE MAIN THING I HAD BEEN WONDERING ABOUT IS RELATED TO SOMETHING THAT WASN'T ADDRESSED SPECIFICALLY, AND THAT WAS REGARDING THE IMPLEMENTATION OF TRACKING RESULTS WITH OUR CONTRACT AGENCIES. I ANTICIPATE THAT THERE WOULD BE A LOT OF CONCERN AND CONSTERNATION BY THOSE AGENCY WITH THE NEW FORMAT. AND I WONDERED IF YOU HAD EXPERIENCED ANYTHING RELATED TO THAT AND HOW YOU WERE PLANNING ON DEALING WITH IT. AND

THAT'S SOMETHING WE MAY VERY WELL DISCUSS AT A LATER DATE BUT THAT WAS SOMETHING I THOUGHT THAT MIGHT BE SOMETHING OF A PARTICULAR CONCERN IN THE FUTURE.

>> GREG POLK: JUST TO TAKE A STAB AT THAT. YOU KNOW, I THINK ONE OF THE THINGS WE'RE ALWAYS FOCUSING ON DATA WITH OUR L.E.s. I THINK IT DRIVES HOW WE FUND OUR LEs, AND I THINK IT'S IMPORTANT THAT WE TAKE A LOOK AT THAT. OUR CFO LOOKS AT ALL THE DATA, AS WELL AS OUR CONTRACT MONITORING DIVISION. I SEE IT BEING LED BY TERRY BOYKIN. WE WANT TO SEE WHAT THE DATA SHOWS I THINK MIRIAM HAS DONE A GOOD JOB TRYING TO TAP IN TO SOME OF THE DATA THAT WE CAN GET FROM OUR PROVIDER SO WE CAN MAKE WHAT I CALL EDUCATIONAL DECISIONS AND INFORMED DECISIONS. SO WE'RE ALL LOOK AT THAT, WE'RE TRYING TO GET BETTER. WE NOT WHERE WE WANT TO BE. BUT WE ARE MOVING FORWARD IN THAT DIRECTION.

>> DEBBIE INNES-GOMBERG: GREG, DO YOU THINK I CAN JUMP IN ON THAT AS WELL?

>> GREG POLK: ALL PRESENTERS. IF YOU FEEL FREE, JUMP IN.

(OVERLAPPING SPEAKERS).

>> COMMISSIONER DALGLEISH: I DO APPRECIATE THAT PART OF WHAT I READ WAS THAT YOU WERE GOING SPEND A CONSIDERABLE AMOUNT OF TIME IN TRAINING OF THE CURRENT CONTRACT AGENCY BUT I DO ANTICIPATE IT'S SOMETHING THAT WOULD BE SOMETHING OF CONCERN.

>> THANK YOU, STACY. I WANTED TO MENTION SOMETHING. THAT JUST STARTED ABOUT SIX WEEKS AGO. AND THAT'S AN ACCESS TO CARE LEADERSHIP COMMITTEE WITHIN THE DEPARTMENT TO, ADDRESS THE BROADER POSITION OF ACCESS TO CARE AND THE CONSISTENCY BETWEEN OUR EXPECTATIONS OF OUR COUNTY OPERATED SYSTEM AND OUR CONTRACTED SYSTEM. SO THAT'S SOMETHING I'M CHAIRING AND I KNOW DR. WONG IS A PART OF, TERRY IS A PART OF AND SEVERAL OTHER PEOPLE. WE REALLY HOPE TO BE ABLE TO USE QUALITY ASSURANCE PRINCIPLES AND QUALITY IMPROVEMENT PRINCIPLES TO BE ABLE TO WE'LL MOVE THAT FORWARD.

>> GREG POLK: I THINK ANOTHER PIECE OF THAT, TOO, DEBBIE THAT YOU REMINDED ME OF IS ONE OF THE THINGS WE'RE DOING AT THE DEPARTMENT, WE'RE REALLY TRYING TO ESTABLISH PRIORITIES. WHAT ARE OUR TOP PRIORITIES THAT WE NEED TO GO AFTER? YOU KNOW, WHEN YOU HAVE 15, 20 PARTIES, THERE'S NO PRIORITY. SO WE REALLY HAVE DEEP DISCUSSIONS AS AN EXECUTIVE TEAM, AS A LEADERSHIP TEAM, HOW DO WE ESTABLISH OUR TOP PRIORITIES AND ONE OF THEM IS OBVIOUSLY, THE LEs, SO YOU KNOW, MORE TO COME ON THAT. BUT WE ARE ESTABLISHING PRIORTIES IN THAT FASHION

>> CHAIR: THANK YOU. ANYONE ELSE FROM SUPERVISOR KUEHL'S DISTRICT APPOINTEES? NOT AT THIS TIME. OKAY. LET'S GO TO SECOND DISTRICT. HAROLD TURNER, KITA CURRY IS NOT ON THE LINE. OR REBA STEVENS. HAROLD OR REBA.

>> HAROLD TURNER: HI, THIS IS HAROLD. THANK YOU FOR A VERY DETAILED AND INFORMATIVE PRESENTATION. CAN EVERYONE HEAR ME OKAY? BUT I RECOGNIZE, PLANS ARE VERY VOLATILE THESE DAYS AND THERE WILL BE CONSTANT CHANGE GOING ON. AND CHANGES IN BUDGETING, CHANGES IN PLANS AND SOME OF THE INEQUITIES THAT HAVE COME TO LIGHT, IN LIGHT OF THIS COVID-19 OUTBREAK. WE KNOW THAT NOT ALL COMMUNITIES ARE AFFECTED EQUALLY ACROSS THE BOARD SO I WOULD REALLY BE INTERESTED IN SEEING HOW THAT KNOWLEDGE WOULD INFORM OUR BUDGET ADJUSTMENTS AND GUIDE OUR TARGETING SERVICES TO COMMUNITIES MOVING FORWARD I RECOGNIZE, IT WAS A LOT OF THINGS TO DO BUT YOU KNOW, THAT'S JUST BEEN AT THE FOREFRONT OF MY MIND HERE.

>> GREG POLK: AND I APPRECIATE THAT COMMENT. I THINK YOU'RE TOTALLY CORRECT. I THINK WE HAVE TO TAKE A LOOK AT THE SOCIAL INJUSTICES AND THE SOCIAL INEQUITIES AND OUR RESIDENTS IN LOS ANGELES COUNTY AND I THINK DR. SHERIN HAS BEEN CLEAR, HE WANTS TO FOCUS ON THE KNOWLEDGE IN THE AREAS WHERE YOU WANT TO GET MORE BANG FOR YOUR BUCK SO I THINK WE WILL TAKE THAT INTO CONSIDERATION MOVING FORWARD AND TO THE EXTENT WE CAN AND WE WILL PROVIDE AREAS OF LEAD TO THE EXTENT WE CAN, WITH THE PROPER ALLOCATION OF FUNDING.

>> CHAIR: COMMISSIONER STEVENS.

>> COMMISSIONER STEVENS: GOOD AFTERNOON. THANK YOU. I, TOO, WANT TO THANK YOU FOR THE PRESENT AMOUNT HOWEVER FOR ME, I DON'T SEE A BREAKDOWN AND YOU KNOW, EVERY SERVICE AREA ACROSS THE COUNTY AND I REPRESENT OF THE 2ND, THE (INDISCERNIBLE) DISTRICT AND FOR THE BREAKDOWN TO ACTUALLY SHOW HOW FUNDING IS GOING TO BE, YOU KNOW, DISPERSED, IT'S CONFUSING FOR ME AND IT'S UNCOMFORTABLE BECAUSE AS A REPRESENTATIVE, IT'S IMPORTANT THAT WE KNOW WHAT WE ARE ACTUALLY APPROVING. I JUST HAVE TO BE HONEST ABOUT IT. WHERE CAN I FIND, YOU KNOW, THE TRUE BREAK DOWN, AND THEN I HAVE GREAT CONCERNS, BASED ON WHAT I'VE READ, HOPEFULLY, I'M UNDERSTANDING IT, AROUND THE F.S.P. PROGRAM AND THAT BREAKDOWN.

>> GREG POLK: LET ME COMMENT ON THE PIECE AROUND, YOU KNOW, THE BREAKDOWN OF THE BUDGET, I MEAN, WE DO HAVE THAT INFORMATION. I THINK WE'RE REVIEWING THAT INFORMATION BUT WE HAVE TO BE CAREFUL WITH THAT PIECE. IT'S NOTHING THAT WE'RE NOT TRANSPARENT ABOUT. I THINK IT'S IMPORTANT THAT WE FOCUS IN ON DELIVERY OF SERVICES AND THAT'S WHAT WE'RE DOING. RIGHT NOW, IT'S NOT A DIVIDE BY FIVE AND I WANT TO BE CLEAR ABOUT

THAT. I THINK THE AREA THAT DESERVES MORE THAT'S DRIVEN BY DATA GETS MORE AND THAT'S AND THAT'S OUR MANTRA MOVING FORWARD. I MEAN TO THE EXTENT WE CAN DEMONSTRATE A NEED, WE GONNA TRY TO FUND THAT NEED. I THINK DR. (INDISCERNIBLE) WAS PRETTY CLEAR AND DIRECT ABOUT THAT AND YOU KNOW, WE'RE GOING TO LET DATA DICTATE WHERE THE FUNDING GOES MOVING FORWARD IN THIS DEPARTMENT. SO WE DO HAVE THAT DATA. WE WILL BE REVIEWING THAT. MAYBE WE CAN COME BACK AND HAVE A DISCUSSION ABOUT HOW WE BUDGET IT, BASED ON THAT DATA AT A LATER DATE.

>> COMMISSIONER STEVENS: AND THEN THE OTHER IS AROUND PEERS. WHERE IS THE FUNDING AND HOW ARE WE ENSURING THAT THERE IS GOING TO BE FUNDING THAT'S CARVED OUT SPECIFICALLY FOR PEERS? AND I'M NOT TALKING ABOUT JUST PEER EMPLOYMENT BUT PEER INVOLVEMENT. AND IT WAS MENTIONED EARLIER IN THE CONVERSATION AROUND TECHNOLOGY AND PARTICULARLY AROUND THIS TIME. THERE WAS ALSO, AND I LISTENED WITH AN OPEN MIND, IN LISTENING TO LISA WONG WHEN SHE TALKED ABOUT HOW THEY ARE -- THE DEPARTMENT--, HAS REACHED OUT TO ALL PEERS, ARE THOSE WHO YOU ARE PROVIDING SERVICES TO. AND I QUESTION THAT BECAUSE MY PHONE RINGS A LOT. I GET A LOT TEXTS OR E-MAILS FROM MOST OF MY PEERS WHO HAVE GREAT CONCERNS, AND THEN WHEN I'VE REACHED OUT, THEY ARE THINKING ME FOR REACHING OUT, BECAUSE NO ONE HAS REACHED IN. SO THAT'S ALSO A CONCERN AROUND WHERE IS THE BUDGET CARVING OUT FOR TO CONTINUE PROGRAMS SUCH AS THE COUNTYWIDE ACTIVITY FUND. YOU KNOW, THESE THINGS ARE VERY IMPORTANT TO MANY OF MY PEERS, GREG, AND I'M HOPING THAT'S A CONVERSATION WE CAN HAVE AND ALSO, I'M GOING TO GO BACK TO THE SERVICE AREA GROUPS AND WHAT HAS BEEN PROMISED TO THEM AND NOW WHAT'S BEING STATED. SO I WANT TO COMFORTABLY, YOU KNOW, PARTICIPATE IN THIS PROCESS AND BE FAIR BUT IT'S ALSO IMPORTANT THAT I'M FAIR TO THE PEOPLE OF WHOM I AM ALSO REPRESENTING.

>> GREG POLK: AND I CAN RESPECT THAT. I THINK WE CAN HAVE THAT CONVERSATION. WE'RE PRETTY TRANSPARENT ON WHAT WE'RE DOING HERE. THERE'S NO HIDDEN AGENDAS HERE. TO THE EXTENT THAT WE CARVE OUT, OUR BUDGET IS PRETTY LARGE. WE HAVE BILLIONS OF DOLLARS IN THE BUDGET. WE DON'T CARVE OUT EVERYTHING WE DO. THAT WOULD BE 9,000 PAGES SO WE'RE NOT GOING TO CARVE OUT EVERY ACTIVITY THAT WE DO AND DETAIL IT IN A LINE ITEM BUDGET. IT'S JUST NOT WHAT WE'RE GOING TO DO. THAT'S NOT HOW THE COUNTY'S BUDGET-- I MEAN, IF YOU WANT TO HAVE DISCUSSIONS ABOUT THAT, WE CAN HAVE DISCUSSIONS ABOUT THAT.

BUT TO CARVE OUT EVERY INCH OF EVERY AREA OF EVERY PEER SECTOR, IT'S NOT DOABLE AND IT'S NOT SOMETHING WE'RE GOING TO DO AS AN ORGANIZATION. NOR AS A COUNTY DO WE BUDGET LIKE THAT. BUT WE CAN HAVE A DEEPER CONVERSATION OFFLINE ABOUT THE ACTIVITIES ABOUT WHAT WE'RE EXPENDING ON.

>> COMMISSIONER STEVENS: THANK YOU.

>> AND I CAN PROBABLY SPEAK TO MS. STEVEN'S CONCERN ABOUT REACHING OUT TO ALL PEERS. SO WHAT'S HAPPENED IS AT EVERY CLINIC, EVERY CLINICIAN AND CASE MANAGER AND OTHER STAFF, THEY'VE BEEN INSTRUCTED TO CALL EVERYONE ON THE CASE LOAD SO EVERYONE WHO IS, YOU KNOW, ON A CLINIC CASELOAD IS CONTACTED. ONCE THEY MADE IT THROUGH THE WHOLE CASE LOAD, THEN THEY START ALL OVER AGAIN. SO WHAT THEY ARE TRYING TO DO IS MAKE SURE THAT THERE'S NOBODY WHO ENDS UP FALLING IN BETWEEN THE CRACKS AND DOESN'T GET CONTACTED OR MAYBE IS ISOLATED AND HAS NEEDS THAT NOBODY KNOWS ABOUT.

>> COMMISSIONER STEVENS: YOU KNOW, I WANT TO SPEAK TO THAT. AND I APPRECIATE YOU ACKNOWLEDGING WHAT I HAVE STATED. HOWEVER, I THINK IT'S IMPORTANT THAT WE FOLLOW UP AND PERHAPS YOU AND I CAN HAVE A CONVERSATION ABOUT THOSE OF WHOM WHICH I KNOW, HAVE NOT BEEN REACHED BY WAY OF THE DEPARTMENT THANK YOU.

>> I WOULD LOVE TO HEAR ABOUT THAT, MS. STEVENS. THANK YOU.

>> CHAIR: THANK YOU MUCH . LET'S GO TO FIRST DISTRICT. HILDA SOLIS' APPOINTEES. COMMISSIONER EMELDA PADILLA FRAUSTO,. SUSAN FRIEDMAN. COMMISSIONER LUIS OROZCO. COMMENTS, FEEDBACK? CONCERNS?

>> COMMISSIONER OROZCO:: SUPERVISOR SOLIS MENTIONED THE SIGNIFICANT INCREASE IN THE HOMELESS POPULATION. 12.7. WHERE OVER 66,000 PEOPLE LIVING IN THE STREETS NOW. THINGS ARE NOT GOING WELL, AND I KNOW FOR A FACT HOW HARD DMH HAS BEEN WORKING ON THIS ISSUE. SO I KNOW THAT THE ISSUE IS NOT NECESSARILY THAT WE'RE NOT WORKING HARD ON THIS BUT ARE THERE ANY THOUGHTS OR IDEAS COMING UP TO THE TABLE IN TERMS OF HOW WE DO THINGS DIFFERENTLY IN ADDRESSING THIS ISSUE?

>> GREG POLK: I'LL LET MARIA ANSWER THAT ONE. MY COMMENT BEING, HONESTLY, IT'S IMPORTANT THAT WE HAVE SO MANY PEOPLE HOMELESS. THAT GOES WITHOUT SAYING. I THINK OUR PART IN THIS PROVIDE SERVICES. MENTAL HEALTH SERVICES IS OUR COMPONENT HERE. AND AGAIN, THIS GETS BACK TO OUR CORE MISSION HERE. OUR CORE MISSION ISN'T NECESSARILY AROUND PROVIDING HOUSING. THAT'S NOT OUR MANDATE. THAT'S NOT WHAT WE'RE FUNDED TO DO AND OUR

RESOURCES ARE LIMITED FROM OUR CAPACITY. MARIA IS RENOWNED IN THIS AREA. SHE DEALS A LOT WITH THE CITY AND THE COUNTY AROUND HOUSING. SHE CAN SPEAK TO THAT.

>> MARIA: HI, LUIS, THANK YOU FOR THAT QUESTION . ONE OF OUR BIGGEST CHALLENGE ONE OF OUR BIGGEST CHALLENGE IN THE COUNTY. I CAN ASSURE YOU, THERE'S A LOT CONVERSATION GOING ON AND LOOKING AT HOW WE AS A DEPARTMENT FIT INTO THIS LARGER CONVERSATION. AND SO THERE HAVE BEEN, SO, FOR INSTANCE, THERE'S BEEN A LOT OF CONVERSATION ABOUT ALL THE PEOPLE THAT WERE BROUGHT, OVER 4,000 PEOPLE IN A VERY SHORT TIME BECAUSE OF COVID AND IT REALLY SHOWED THAT WE AS A COUNTY CAN MOBILIZE, IF WE HAVE FUNDING FOR HOUSING TO HELP US MAKE AN IMPACT, AT LEAST MOVE PEOPLE INTO SOME INTERIM HOUSING. I THINK YOU PROBABLY, 75% OF OUR POPULATION IS UNSHELTERED ON THE STREETS. SO I WOULD REFER YOU TO A COUPLE THINGS. YESTERDAY (INDISCERNIBLE) SENT TO THE BOARD, A PLAN FOR COVID RECOVERY AND THAT PLAN INCLUDES, IT TALKS ABOUT HOW WE'RE GOING TO HOUSE 15,000 PEOPLE THAT ARE AT RISK OF COVID AND SO THERE IS A STEP-BY-STEP PLAN WITH MANY DIFFERENT STAGES, AND DMH IS A PARTNER IN THAT. AS GREG SAID, OUR PARTNERSHIP IS PROVIDING SERVICES TO PEOPLE WHO HAVE SERIOUS MENTAL ILLNESS. SO THE PLAN IS ASKING THE BOARD FOR OVER \$600 MILLION FOR THIS PURPOSE AND THEN THERE'S ANOTHER CONVERSATION GOING ON ABOUT GETTING MORE HOUSING STOCK AND PART OF THAT IS THROUGH THE CARES ACT. MONEY THAT HAS GONE FROM THE FEDERAL GOVERNMENT TO THE STATE AND WE BELIEVE IT WILL BE IN THE STATE BUDGET, THE FINAL STATE BUDGET THAT IS SIGNED THAT WILL ALLOW US TO BUY BUILDINGS FOR HOUSING SO AGAIN, WE WILL NOT BE BUYING THE BUILDINGS BUT WE WILL BE PROVIDING SERVICES AND MAKING SURE THAT OUR CLIENTS HAVE ACCESS TO THAT HOUSING AS IT'S BUILT. SO THOSE ARE TWO THINGS I WOULD HIGHLIGHT RIGHT NOW ABOUT WHAT'S GOING ON TO MAKE SURE THAT WE HAVE MORE HOUSING FOR OUR CLIENTS SO WE CAN, AS WE'RE WORKING WITH CLIENTS WHO ARE HOMELESS, WE CAN HELP THEM ACCESS THAT HOUSING.

>> GREG POLK: WE HAVE BEEN ALSO WORKING WITH THE CEOs OFFICE, HOUSING DIVISION, HOW DO WE BEST DRAW DOWN ADDITIONAL FUNDS FOR THINGS LIKE THIS. DMH HAS CONTRIBUTED A HUGE INVESTMENT IN HOUSING. I THINK THAT ONE TIME -- MARIA, CORRECT ME IF I'M WRONG, I THINK WE INVESTED OVER A HUNDRED MILLION DOLLARS IN HOUSING AT ONE TIME. DR. SHERIN WOULD LIKE TO REFER TO IT AS PRIME AND A PUMP FOR NO PLACE LIKE HOME. SO WE'RE DEFINITELY A BIG PART OF IT AND WE NEED TO FIND A SOLUTION FROM A COUNTY WIDE PERSPECTIVE.

>> COMMISSIONER OROZCO: THE NEXT QUESTION IS ABOUT TRAINING. I REALLY LOVE THE, YOU KNOW, THE STATEMENTS THAT WERE MADE REGARDING TRAINING AND THE TYPE OF TRAININGS THAT MAY BE AVAILABLE, NOW WITH THIS WHOLE SOCIAL UNREST. MY QUESTION IS, IS THERE ANY

TALKS REGARDING HOW TO ALIGN THIS TYPE OF TRAINING WITH CONTRACTED AGENCY SO WE CAN BE ON THE SAME PAGE. IS THERE TALKS ABOUT THAT OR ANY EFFORTS IN TERMS OF CAN WE DIRECTLY OPERATE COUNTY CLINICS OR AGENCIES TO WORK WITH CONTRACTED AGENTS TO BE ON THE SAME PAGE OF THE TYPE OF INFORMATION CLINICIANS AND SUPPORT STAFF NEED TO KNOW. >>

GREG: DEBBIE, I'LL LET YOU ANSWER THAT ONE.

>> YEAH. ABSOLUTELY. I LOVE THE QUESTION, AND THE ANSWER IS YES. I THINK THERE'S A LOT OF OPPORTUNITY AND ANN DIAZ, OUR TRAINING UNIT MANAGER CAN REACH OUT IF WHATEVER WAY, I THINK MAKES MOST SENSE TO BE ABLE TO START THAT DIALOGUE. WE'D LOVE TO PARTNER WITH ALL OF YOU, WITH PROVIDERS. WE'D LOVE TO LOVE TO BE ABLE TO PROVIDE THAT.

>> COMMISSIONER OROZCO: AND I KNOW CUSTOMER SERVICE, IS A BIG, BIG ISSUE, IN TERMS OF ACCESSING SERVICES AND I'M PRETTY SURE YOU GUYS HEARD THIS BEFORE, AND IT'S BEEN AN ISSUE BUT PEOPLE WHO ANSWER PHONE CALLS, PEOPLE WHO ARE THE FIRST POINT, WHEN SOMEONE IS GOING TO ACCESS SERVICES, IS KEY TO ACCESSIBILITY OF SERVICES. HOW ARE WE DOING IN TERMS OF PROVIDING THAT TRAINING AND FOCUSING ON CUSTOMER SERVICE AND MAKING SURE PEOPLE FEEL WELCOME WHEN THEY ACCESS THESE SERVICES.

>> DEBBIE INNES-GOMBERG: I WANT TO SAY THAT ABOUT A YEAR AGO OR TWO YEARS AGO, ONE OF OUR PERFORMANCE IMPROVEMENT PROJECTS WAS ON EXACTLY THAT. AND I THINK IT PROBABLY FOCUSED ON A DIRECTLY OPERATED SYSTEM AND ONE OF OUR GOALS IS TO NOT LIMIT SOME OF THESE PROJECTS TO DIRECTLY OPERATED SYSTEM AND TO REALLY EXPAND THEM. SO WHAT I CAN DO IS GO BACK AND LOOK AT THE LEARNINGS AND THE FINDS FROM THAT AND PERHAPS, BE IN CONTACT WITH YOU ABOUT HOW WE WOULD BEST MOVE FORWARD WITH EXPANDING THAT.

>> I COULD PROBABLY SPEAK A LITTLE TO THAT, DEBBIE. WE DID IMPLEMENT TWO ROUNDS OF CUSTOMER SERVICE TRAINING IN ALL OF OUR DIRECTLY OPERATED PROGRAMS AND WE DID PRETESTS AND POS- TESTS JUST TO GET, WHAT WERE THE RESULTS OF THIS TRAINING, AND THE RESULTS ARE VERY POSITIVE. WE REALLY SAW AN IMPROVEMENT. HOWEVER, THE COUNTY IS A VERY LARGE DEPARTMENT SO WE HAVE PEOPLE COMING IN AND OUT ALL THE TIME. AND PEOPLE CHANGE POSITIONS SO WE REALLY THINK THAT, YOU KNOW, WE NEED TO KEEP UP THE TRAININGS AND RETRAINING. ONE OF THE THINGS WE IMPLEMENTED AS A RESULT OF THE TRAININGS WAS A WEEKLY MEETING WITH ALL THE SUPPORT STAFF SO EVERYBODY IS ON MESSAGE IN TERMS OF HOW WE RESPOND TO PEOPLE AND THE WAY WE RESPOND TO PEOPLE.

>> LUIS OROZCO: BEAUTIFUL. LAST QUESTION AND THIS QUESTION IS REGARDING DATA GOING BACK TO THE ACCESSIBILITY OF SERVICES. A LOT OF PEOPLE FROM MY ACCESS SERVICES ARE PEOPLE WHO MIGHT HAVE MEDI-CAL AND MIGHT NOT HAVE ACCESS TO HEALTHCARE INSURANCE. I'M WONDERING IF WE ARE TRACKING DATA IN TERMS OF PEOPLE WHO ARE ACCESS, SPECIFICALLY PREVENTION AND EARLY INTERVENTION PROGRAMS AND DO NOT HAVE MEDI-CAL OR I KNOW MEDI-CAL PLAYS A BIG ROLE IN THE FUNDING ASPECT OF DMH. I ALSO KNOW THERE'S A LOT OF PEOPLE THAT MIGHT NOT HAVE ACCESS TO MEDI-CAL. AND MAY BENEFIT FROM PREVENTION AND EARLY INTERVENTION PROGRAMS, THAT MIGHT NOT BE DEALING WITH SIGNIFICANT MENTAL ILLNESS, BUT MIGHT BE ON THE ROAD TO THAT.

>> DEBBIE INNES-GOMBERG: GREG, DO YOU WANT ME TO FIELD THAT? YES. WE WERE TRACKING AND THE TRACKING IS RELATED TO DIRECT MENTAL HEALTH SERVICES AND SO PREVENTION IS GENERALLY NOT A MENTAL HEALTH SERVICE. IT'S USUALLY A DIFFERENT SORT OF SERVICE. BUT (INDISCERNIBLE) DIRECT MENTAL HEALTH SERVICE WE'RE TRACKING A NUMBER OF VARIABLES AND SOME OF THEM ARE ACTUALLY REQUIREMENTS FOR FEDERAL FUNDING BUT ONE OF THE THINGS WE'RE TACK TRACKING IS THE NUMBER OF SERVICE REQUESTS IN THE CONTRACT SYSTEM IN THE DIRECTLY OPERATED SYSTEM AND THEN TIMED FIRST APPOINTMENT. AND THEN, ONE OF THE THINGS THAT WE ARE TRYING TO DO IS THEN ALSO LOOK AT TIME TO SUBSEQUENT APPOINTMENTS. WORKING WITH MARY AVALOS AND Q.A. ON HOW TO DO THAT BUT THERE'S A COMMITMENT TO BE ABLE TO DO THAT. THERE'S A COMMITMENT, TO TRY TO DO THAT AND WE HAVE RECEIVED FEEDBACK FROM DEPARTMENT OF HEALTH CARE SERVICES AS WELL AS EQRO AROUND BEING ABLE TO DO THAT. SOME OF IT RELATE TO THE DIFFERENT ELECTRONIC HEALTH SYSTEMS THAT DIFFERENT PROVIDERS HAVE BECAUSE WE CAN DO IT ON OUR OWN SYSTEM, PRETTY EASILY. IT REQUIRES MAKING SURE THERE'S AN APPOINTMENT THERE TO BE ABLE TO TRACK IT. SO THAT IS HAPPENING. THERE'S ALSO A MUCH LARGER EFFORT AROUND TRACKING ACCESS TO CARE AND BEING ABLE TO USE THAT TO MANAGE AND THAT'S SOMETHING I CAN PROBABLY -- WELL NOT I BUT ONE OF MY MANAGERS CAN PROBABLY TALK FOR ABOUT AN HOUR, AND I KNOW WE DON'T HAVE THAT TIME. >> COMMISSIONER OROZCO: THANK YOU SO MUCH. VERY GOOD INFORMATION SO THANKS.

>> CHAIR: SO QUESTIONS OR OCCURRENCE OR FEEDBACK FROM COMMISSIONER PADILLA-FRAUSTO AND I DO HAVE ONE FROM SUSAN FRIEDMAN, COMMISSIONER FRIEDMAN THAT I'LL JUST RECITE.

"I HEARD THAT TAY MONEY UNDER P.E.I. WAS 18%. IS THAT CORRECT? WHAT AGES DO THEY CONSIDER TAY? ARE THEY CONSIDERING TAY IN PROBATION, TOO? PIPELINE TO PRISON TAY? BUT CAN YOU GIVE SOME CLUES ABOUT PLANS FOR TAY?"

>> GREG POLK: DARLESH, DO YOU WANT TO TAKE THAT ONE?

>> DARLESH HORN: YEA, SURE. SO THE 18% THAT WAS REFERENCED IN THE FIRST SLIDE FOR P.E.I., THAT IS THE NUMBER OF TAY THAT WERE SERVED IN 18-19 ACROSS P.E.I. PROGRAMS. SO THAT'S NOT THE 18% ISN'T FOR THE NEW PROGRAMS THAT WE HAVE SPOKEN ABOUT. THAT'S PREVIOUS YEAR'S DATA.

IN TERMS OF THE AGE RANGE FOR T.A.Y. IT'S 15 TO 25, 26. IS THAT CORRECT? DEBBIE? 26 OR LISA.

>> DEBBIE INNES-GOMBERG: 16-25.

>> DARLESH HORN: 16 TO 25. SO THE TAY AGE RANGE IS CONSIDERED 16 -- TO 25. I DON'T WANT THAT 18% TO BE CONFUSED FOR THE NEW PROGRAMS AND SERVICES. IN TERMS OF THE COMMUNITY-BASED PLATFORMS THAT ARE NEW FOR THE CURRENT PLAN OR THE PLAN THAT WE'RE DISCUSSING NOW, IF YOU'RE LOOK AT THE YOUTH DIVERSION AND DEVELOPMENT PROGRAM THAT WAS MENTIONED, THAT IS A PROGRAM THAT DMH IS WORKING COLLABORATIVELY WITH, WITH THE DEPARTMENT OF HEALTH SERVICES OFFICE OF DIVERSION SO IT'S SPECIFICALLY A COLLABORATIVE EFFORT TO PROVIDE MENTAL HEALTH SERVICES TO YOUTH THAT ARE BEING -- THEY ARE IDENTIFIED BY POLICE OFFICERS OUT IN THE COMMUNITY AND THEY MAY BE AT RISK OF ENTERING INTO THE JUVENILE JUSTICE SYSTEM. THEY'RE GIVEN AN OPPORTUNITY TO DO THE DIVERSION TYPE SERVICES WITH MENTAL HEALTH SUPPORT.

IN TERMS OF THE PARTNERSHIPS THAT WE HAVE WITH THE SCHOOLS FOR YOUTH. MAINLY THOSE PROGRAMS ARE WORKING WITH OUR LACCO SCHOOL DISTRICTS IN TERMS OF THE TAY POPULATION. OUR LAUSD PARTNERSHIPS WORK WITH THE EARLY EDUCATION POPULATION. SO FOR T.A.Y. SPECIFICALLY, WE HAVE 15 LACO SCHOOL SITES THAT ARE WORKING DIRECTLY WITH YOUTH BETWEEN THESE AGE RANGES, TO PROVIDE THEM WITH SUPPORTIVE SERVICES.

>> CHAIR: THANK YOU, DARLESH. AND I WILL CALL NOW -- I'M SORRY, COMMISSIONER PADILLA-FRAUSTO. IS THERE A COMMENT YOU'D LIKE TO MAKE OR A QUESTION?

>> COMMISSIONER PADILLA A FRAUSTO: YES. THANK YOU. I'D JUST WANT TO THANK EVERYBODY. THIS WAS A VERY IN-DEPTH PRESENTATION AND I JUST WANT TO COMMEND YOU ALL FOR ALL THE WORK THAT YOU'VE DONE AND PUT INTO THIS IN PROVIDING THE SERVICES THAT YOU DO. THIS IS QUITE A BIT AND SO I JUST WANT TO ACKNOWLEDGE THAT I DEEPLY RESPECT THE WORK THAT YOU ALL DO.

SO I HAD THREE QUESTIONS. ONE IS WITH REGARDS TO THE TRAINING FOR THE COMMUNITIES. WILL THOSE BE STARTING RIGHT AWAY OR ARE THERE PLANS FOR IT TO START RIGHT AWAY OR WHAT'S THAT TIMELINE LOOK LIKE?

>> GREG POLK: DEBBIE, DO YOU WANT TO RESPOND TO THAT.

>> DEBBIE INNES-GOMBERG: YEAH. AND I ASSUME YOU'RE REFERRING TO WHAT I PRESENTED ON FOR -- AS A PUBLIC COMMENT, THE ANSWER TO THAT?

>> YES.

>> DEBBIE INNES-GOMBERG: SO THOSE, MAYBE CAN I SEND MORE DETAIL, BUT THOSE TRAININGS I HAD REFERENCED ARE NOW PART OF INNOVATION 2 AND ARE GOING ON, I THINK THE COMMUNITY RESILIENCE MODEL TRAINING STARTED, IT WAS PRE-COVID SO I THINK IT STARTED IN JANUARY, FEBRUARY OF THIS YEAR. SO PERHAPS I CAN LINK TO YOU MORE INFORMATION ABOUT THAT.

>> YEAH, THAT WOULD BE GREAT.

>> DEBBIE INNES-GOMBERG: PERFECT. OKAY. THANK YOU.

>> AND THEN ALSO, SO SINCE SOME OF THESE HAVE ALREADY STARTED, IS THERE EFFORTS TO ADVERTISE THESE TRAININGS?

>> DEBBIE INNES-GOMBERG: THESE TRAININGS OF COURSE PROVIDED ACTUALLY, AND THE WORK HAS BEEN PROVIDED WITHIN THE CONTEXT OF 10 GEOGRAPHIC COMMUNITIES ACROSS THE COUNTY, TWO IN EACH OF THE SUP DISTRICTS, ACTUALLY AND SO THAT, AND THEY HAVE DEVELOPED HUGE NUMBERS OF PARTNERSHIPS THAT HAVE KIND OF DONE THIS WORK AND SO WHAT I CAN DO IS CONNECT YOU WITH A MANAGER IN CHARGE OF THOSE PROGRAMS AND GET THE WORD OUT THAT WAY.

>> IT WOULD BE REALLY GREAT. THANK YOU.

>> DEBBIE INNES-GOMBERG: TERRIFIC.

>> CHAIR WEISSMAN: I'M SORRY, I JUST WANT TO INTERJECT A NOTE TO THE PUBLIC ABOUT HOW YOU SHOULD LINE UP IN CUE WITH THE AT&T OPERATOR. JOHN CAN YOU RECITE WHAT THEY NEED TO DO IF THEY'D LIKE TO GET IN LINE FOR PUBLIC COMMENT?

>> JOHN FLYNN: I THINK I CAN PUT THE SCREEN UP -- I'M SORRY, THE SLIDE UP ON THE SCREEN. FOR TELEPHONIC PUBLIC COMMENT, YOU MAY ADDRESS THE COMMISSION DURING THE LIVE MEET BIOG CALLING THE FOLLOWING NUMBER.

844-291-6355.

AND USE THE ACCESS CODE:

9403203.

A LIVE AT&T MODERATOR WILL BE ON THE CALL TO PLACE YOU INTO A CUE TO GIVE PUBLIC COMMENT. ONLY ONE PUBLIC COMMENT PER TELEPHONIC CALLER. COMMENTS WILL BE LIMITED IN TIME AND I CAN BELIEVE, MADAM CHAIR, YOU SET THE LIMIT AT ONE MINUTE.

>> CHAIR WEISSMAN: YES, THANK YOU MUCH. PLEASE FEEL FREE TO CUE UP NOW IF YOU'RE INTERESTED IN MAKING A PUBLIC COMMENT. WE'RE STILL ON THE COMMISSIONER DISCUSSION BUT AT LEAST YOU HAVE A HEADS UP TO CALL IN. I'M GOING TO MOVE NOW TO BEFORE OUR FIFTH DISTRICT WHERE JUDY AND I --

>> COMMISSIONER PADILLA FRAUSTO: SORRY. I STILL HAVE A COUPLE MORE QUESTIONS.

>> CHAIR WEISSMAN: SORRY. GO AHEAD.

>> COMMISSIONER PADILLA FRAUSTO: YEAH. SO MY SECOND QUESTION WAS I'M REALLY HAPPY TO HEAR ABOUT THE CLIENT TRACKING ACROSS DEPARTMENTS AND I'M JUST WONDERING, WILL THIS INCLUDE DEPARTMENTS THAT MATCH UP WITH THE SEVEN MHSA KEY OUTCOMES? SO FOR INSTANCE, CHILD WELFARE FOR REMOVAL FROM HOME, LAUSD FOR SCHOOL FAILURE, LABOR DEPARTMENT FOR UNEMPLOYMENT, THE HOMELESSNESS, INCARCERATION. CAN YOU ELABORATE A LITTLE BIT MORE ON WHAT DEPARTMENTS WILL BE INCLUDED?

>> GREG POLK: MIRIAM CAN YOU TAKE THIS ONE. THIS IS AROUND L.A.N.E.S. AND THE HIE.

>> MIRIAM AVALOS: HI. IT IS ACTUALLY AROUND THE MASTER DATE DATA MANAGEMENT. SO WE ARE PARTICIPATING IN THE MASTER DATA MANAGEMENT AND WE ARE PARTICIPATE PARTICIPATING IN THE L.A.N.E.S. AS GREG SAID. SO THOSE ARE TWO DATA EXCHANGES FOR THE COUNTY WIDE MASTER DATA MANAGEMENT AND THOSE ARE ALL THE DIFFERENT DEPARTMENTS WITHIN LOS ANGELES COUNTY. FOR L.A.N.E.S. IT IS WITH A LARGE PORTION OF THE COUNTY SAFETY NET HOSPITALS BUT IN ADDITION THERE'S A NUMBER OF PRIVATE NONPROFIT HOSPITALS THERE PARTICIPATING SO WE CAN DEFINITELY GIVE YOU A LIST OF ALL THE DIFFERENT ORGANIZATIONS THAT ARE PARTICIPATING IN BOTH OF THOSE.

>> COMMISSIONER PADILLA FRAUSTO: YEAH, THAT WOULD BE REALLY GREAT. AND I'M JUST IN TERMS OF LIKE, REDUCING SUICIDE OUTCOMES, I'M JUST WONDERING AS WELL IF YOU'LL BE LOOK AT CROSSING WITH LICK, HOSPITAL DATA FOR LIKE, SUICIDE ATTEMPTS AND THOSE SORTS OF OUTCOMES.

>> MIRIAM AVALOS: YEAH, WE ALSO, JUST TO NOTE, WE ALSO HAVE THE JUSTICE DATA THAT WE'RE GOING TO BE CORRELATING WITH. BUT WE'LL FOLLOW UP ON THAT. THANK YOU.

>> COMMISSIONER PADILLA FRAUSTO: OKAY. THANK YOU MUCH. AND MY LAST QUESTION AND COMMENT IS I DID FIND THE CULTURAL COMPETENCY PLAN UPDATE. SO THANK YOU FOR THAT LINK. I'M REALLY HAPPY TO SEE THAT YOU ARE LOOKING AT THESE DISPARITIES

AND LOOKING AT IT BY SPAS. I'M REALLY, REALLY HAPPY TO SEE THAT. THERE WAS A RECENT POLICY BRIEF THAT I DID WORK ON THAT LOOKED AT THE AMOUNT OF UNMET NEED STATEWIDE AS A WHOLE AND THEN I DID SOME FURTHER DATA ANALYSIS FOR L.A. COUNTY SPECIFICALLY. BUT YOU GUYS WENT A LOT FURTHER IN LOOKING AT A LOT OF THE RACIAL DISPARITIES SO I'M REALLY HAPPY TO SEE THAT. AND I'M JUST WONDERING, SINCE THESE ARE TWO DIFFERENT DOCUMENTS, IS THERE A WAY TO -- I DON'T KNOW, SORT OF LINK THE TWO BECAUSE I FELT LIKE WITH THE 3-YEAR PLAN, IT DIDN'T GO OVER THE DISPARITIES, AND HOW IT WAS ADDRESSED, WHAT THE PLANS WERE, TO INCREASE ACCESS AND REDUCE THOSE DISPARITIES AND I'M JUST WONDERING IF THERE IS A WAY TO CROSS-LINK THESE DOCUMENTS SO THAT INFORMATION IS THERE WHEN WE'RE LOOKING AT THE 3-YEAR PLAN.

>> GREG POLK: I THINK WE CAN TAKE A LOOK AT IT. I DON'T KNOW HOW IT FITS RIGHT NOW. BUT WE CAN TAKE A LOOK AT IT TO THE EXTENT WE CAN CROSS REFERENCE IT AND MAKE IT PART OF OUR PLAN.

>> COMMISSIONER PADILLA FRAUSTO: THANK YOU. THAT WOULD BE GREAT.

>> CHAIR: THANK YOU. LET'S GO TO, LIKE I SAID, JANICE HAHN'S APPOINTEES. PATRICK OGAWA. KEVIN OR MICHAEL MOLINA. IF THERE ARE COMMENTS, CONCERNS, FEEDBACK, SUGGESTIONS?

>> MIKE MOLINA: I WOULD LIKE TO FOCUS IF I COULD, AND ASK SOME QUESTIONS ABOUT OUR COMMUNITY OUTREACH, RELATIVE TO THIS PLAN AND I KNOW ON THE DOCUMENT ON PAGE 15 AND 16, THE OUTREACH WAS ARTICULATED. HOWEVER, I STILL REMAIN CONCERNED THAT WE, BECAUSE OF THE REALITIES OF THE LAST THREE, FOUR MONTHS MAY NOT HAVE DONE THE TYPE OR THE LEVEL OF COMMUNITY OUTREACH THAT WE HAD ORIGINALLY ENVISIONED. I KNOW THAT THERE WAS AN APRIL 23 PUBLIC HEARING THAT HAD TO BE CANCELLED. I PARTICIPATED IN A RECENT SALT MEETING WHERE THIS ISSUE, WHERE THE DISCUSSION OF PLAN FOCUSED ON A LOT OF THE FOLK NOT EVEN KNOWING IT WAS HAPPENING SO I JUST KNOW -- I WAS APPOINTED BY THE A SUPERVISOR AND HER FIRST QUESTION TO ME WAS, WHAT DID THE COMMUNITY SAY ABOUT THIS PLAN. AND I NEED TO REACH A COMFORT LEVEL OF HOW TO ANSWER THAT QUESTION. CAN YOU SHARE WITH US A LITTLE BIT ABOUT COMMUNITY INPUT THE LEVEL OF COMMUNITY INPUT AND WHAT YOU HAVE REACHED WOULD BE A SATISFACTORY LEVEL OF BUY-IN FROM STAKEHOLDERS, RELATIVE TO THIS DRAFT?

>> GREG POLK: YEAH, I THINK THE COMMENTS SECTION YOU SAW ON EACH SLIDE WHEN WE WENT TO THE EXPERTS. THAT WAS REFERENCED TO EXPERTS ON MY PUBLIC ENGAGEMENT. WE DID AT ONE POINT YEAR WE WERE AT THE CATHEDRAL WHERE WE HAD A PRESENTATION AROUND WHAT THE 3 YEAR PLAN WAS GOING TO LOOK LIKE. WE WENT IN DEPTH. THERE WAS A LOT PUBLIC INTERACTION AROUND OUR 3-YEAR PLAN. IF YOU LOOK AGAIN AT THE COMMENTS, ALL THOSE COMMENTS WERE

DERIVED FROM PUBLIC COMMENTS AND WE WERE RESPONDING TO SOME OF THE COMMON THEMES AROUND WHAT THE PUBLIC WAS ASKING AROUND THE 3-YEAR PLAN. A LOT OF EFFORT BEEN PUT IN THE THREE-YEAR PLAN. WHAT I WOULD SUGGEST YOU SAY TO THE SUPERVISORS, IS THERE WAS A LOT INTERACTION WITH THE PUBLIC AROUND OUR THREE-YEAR PLAN.

>> COMMISSIONER MOLINA: WHEN YOU SAY A LOT. IF YOU COULD QUALIFY THAT A LITTLE BIT MORE. ARE WE TALKING ABOUT HUNDREDS OF PEOPLE? DID WE REACH OUT -- DID WE GET COMMENTS 1-10 PEOPLE, 10 TO 20 PEOPLE?

>> GREG POLK: I DON'T HAVE THE EXACT NUMBER OF PEOPLE WE RECEIVED COMMENTS FROM. I CAN FIND THAT INFORMATION. BUT I CAN TELL YOU, WHEN WE WERE AT THE CATHEDRAL, I THINK WE HAD 70, 80 PEOPLE THERE OR MAYBE MORE. THERE WERE A LOT OF PEOPLE THERE ASKING A LOT OF QUESTIONS. I THINK WE WERE THERE ABOUT THREE HOURS AND WE BASICALLY MIRRORED THIS PRESENTATION HERE. THE SAME PRESENTATION WAS MIRRORED AT THE CATHEDRAL. AND IN MORE IN-DEPTH WAYS IF YOU COULD BELIEVE THAT OR NOT. WE TOOK ON A LOT QUESTIONS. PEOPLE LINED UP AT THE CATHEDRAL AND ASKED ALL THE QUESTION AND WE GAVE ALL THE INPUT WE COULD TOWARD RESPONDING TO THOSE QUESTIONS

>> COMMISSIONER MOLINA: HOW ABOUT OUR SALT CHAIRS AND USCC LEADERSHIP. HAS THERE BEEN ON GOING DISCUSSION WITH THEM? DID WE SEND THE DRAFT PLAN FOR THEIR REVIEW, FOR THEIR COMMENTS, FOR THEIR DISCUSSIONS AT SALT MEETINGS? I JUST WANT TO MAKE SURE THAT DESPITE THE CHALLENGES WE HAVE HAD IN THE LAST THREE MONTHS, WE KIND OF THOUGHT OUTSIDE THE BOX IN THE WAY WE CAN ENGAGE FOLKS, ESPECIALLY SINCE THE DRAFT PLAN HAS BEEN UNVEILED LAST MONTH.

>> GREG POLK: I THINK THEY WERE A PART OF THE PROCESS AT THE CATHEDRAL. IF I RECALL CORRECTLY. I COULD BE WRONG, BUT I THOUGHT SALT WAS A PART OF THAT PROCESS AT THE CATHEDRAL.

>> DARLESH HORN: THAT'S CORRECT. GREG. THE SALTS AND IT IS USCCs WERE INVITED TO THE SESSION THAT WE HAD AT THE CATHEDRAL. NOT ONLY DID WE DO THIS PRESENTATION IN ITS ENTIRETY. BUT WE ALSO HAD BREAK-OUT GROUPS BASED ON THE COMMENTS, WE HAD EVERYONE COME UP AND SUBMIT THEIR COMMENTS VERBALLY WE ARRANGED COMMENTS IN SECTIONS AND THEN WE BROKE OUT INTO GROUPS SO THAT FOLKS COULD PARTICIPATE AND PROVIDE EVEN A DEEPER LEVEL OF FEEDBACK. SO THAT WAS VERY INCLUSIVE OF ALL THE DIFFERENT GROUPS --STAKEHOLDER GROUPS

>> GREG POLK: THANK YOU FOR REMINDING ME, DARLESH.

WE DID BREAK OUT INTO SUBGROUPS AROUND THE THEME OF THE QUESTIONS AND PEOPLE CAME BACK AND REPORTED OUT ON THOSE THINGS. WE HAD CHAIR PEOPLE, A MODERATOR. WE HAD A PERSON LEADING THOSE EFFORTS SO WE WENT IN PRETTY DEEP WITH THE PUBLIC SECTOR. >>
COMMISSIONER MOLINA: OKAY. THANK YOU.

>> COMMISSIONER OGAWA: THIS IS PATRICK. I HAD A COUPLE OF COMMENTS. ONE HAS TO DEAL WITH THE WORKFORCE, DEBBIE. I HOPE THEY ALLOCATE SOME MONIES FOR YOU IN ANTICIPATION OF SOME TYPE OF CRIMINAL JUSTICE REFORM. I THINK WE NEED TO ANTICIPATE THE DEPARTMENT IS GOING TO PROBABLY END UP PLAYING A PRETTY HEFTY ROLE IN TERMS OF SOME OF THOSE THINGS COMING DOWN THE ROAD. SO IN ANTICIPATION, I HOPE THERE WOULD BE SOME GOOD ADVOCATE TRAINING PROVIDED NOT ONLY FOR COUNTY STAFF BUT FOR COMMUNITY-BASED AGENCIES AS WELL.

ONE OF THE COMMENTS WAS, THERE'S A LOT OF REPERCUSSIONS HAPPENING NOW IN THE COMMUNITY, AS A RESULT OF NOT ONLY THE VIRUS BUT THE SOCIAL INJUSTICE AND THERE'S GOING TO BE A NEED FOR SOME REAL STRONG MENTAL HEALTH INTERVENTION BECAUSE OF THE TRAUMA OUT THERE WITH CERTAIN PARTICULAR COMMUNITIES AND SO THAT UNDERSTANDING IS GOING TO HAVE TO EXIST OUT THERE. BUT (DISTORTED AUDIO) I WAS HOPING IT WOULD PUT A LITTLE BIT MORE MONEY IN TERMS OF TRAINING AND THAT TYPE OF THING.

>> DEBBIE INNES-GOMBERG: WE'LL NOTE THAT. THANK YOU, PATRICK.

>> MEMBER OGAWA: THE OTHER COMMENT, GREG, I UNDERSTAND THIS IS TIMES THAT ARE REAL FLUID AND I APPRECIATE YOU SAYING THAT YOU DON'T CARVE THINGS OUT AND PIGEONHOLE THEM INTO DISTRICTS OR WHAT HAVE YOU AND I GUESS I WOULD INTERPRET THAT AS A LOT OF FLEXIBILITY WITHIN THE DEPARTMENT. BUT USING YOUR TERM I GUESS IS WHAT IS THE OPPORTUNITY FOR THE DEPARTMENT TO PIVOT, YOU KNOW, LET'S SAY, AFTER WE APPROVE THE PLAN AND MAKE ANY NECESSARY CHANGES? AND THE REASON WHY I'M SAYING THIS IS THAT I KNOW -- AND I'M GOING TO ASK KEVIN TO CHIME IN AT ANY TIME AS WELL -- KEVIN AND I REPRESENT, WE WORK WITH A GROUP CALLED THE ASIAN PACIFIC POLICY PLANNING COUNSEL. WE HAVE A MENTAL ILLNESS GROUP, LED BY DR. HANAKA AND MARIKO KHAN AND MARIKO REFERENCED IT EARLIER IN TERMS OF THE DISPARITIES AND THE CULTURAL COMPETENCIES THAT ARE LACKING. AND I HEARD EMELDA SAY YES, THERE'S A REPORT BUT HER SPECIFIC COMMENTS ARE WHAT'S THE CROSS REFERENCING. WHEN I REVIEWED THE REPORT, JUST IN TERMS OF THE API COMMUNITIES, THERE WASN'T A WHOLE A LOT THERE. YOU KNOW AND THERE ARE SOME VERY DEEP DISPARITIES IN TERMS OF UTILIZATION OF THE SYSTEM, THE POPULATION THAT EXISTS OUT THERE AND I THINK, PARTICULARLY AROUND THE P.E.I. AREA IT

PROBABLY NEEDS TO BE SOME EXTRA FOCUS THERE FOR THIS PARTICULAR COMMUNITY. THEY HAVE SOME ACTIVITIES THAT -- I DON'T KNOW IF THEY HAVE BEEN DISALLOWED OR QUESTIONABLE. BUT THEY ARE TRUE OUTREACH KINDS OF SERVICES THAT I THINK SHOULD BE LOOKED AT AND AUGMENTED, IN TERMS OF THE PLAN. THERE PROBABLY NEEDS TO BE FURTHER EXPANSION OF PEI SERVICES FOR API COMMUNITIES. AS WE MOVE FORWARD, MAYBE SOME ADDITIONAL FUNDING NEEDS TO BE PRE-ALLOCATED FOR THAT. AND PROBABLY AN OPENING OF THE DOORS IN TERMS OF NEW API CONTRACTORS COMING. I THINK THESE ARE THREE KEY ELEMENTS-GROUP HAS BEEN WORKING ON FOR QUITE A WHILE AND THERE ARE SEVERAL DOCUMENTS OUT THERE. ONE IN PARTICULAR IS THE GAPS IN RECOMMENDATIONS TO REDUCE MENTAL HEALTH DISPARITIES BETWEEN API COMMUNITIES. I BELIEVE THAT REPORT WAS SENT TO THE DEPARTMENT SO YOU MIGHT WANT TO TAKE A LOOK AT THAT IN CONNECTION WITH YOUR CULTURAL COMPETENCY REPORT AND TRULY MAKE AN EFFORT TO SEE HOW YOU CAN INCLUDE NOT JUST CROSS- REFERENCE BUT INCLUDE THIS PART OF THE THREE-YEAR PLAN. I DON'T KNOW, KEVIN IF YOU HAVE ANYTHING FURTHER -- >> COMMISSIONER ACEBO: YEAH -- >> GREG POLK: I'LL RESPOND. (OVERLAPPING SPEAKERS)

>> COMMISSIONER ACEBO: LET ME JUST ADD TO THAT BEFORE YOU GO ON, GREG. YOU HAVE A THERE'S A DEPARTMENT MEMO THAT IS RESPONDING TO THIS AND HOW TO INCORPORATE THE API DISPARITIES IN THE MHSA PLAN. AND I THINK THE GLARING OMISSION THAT IT'S NOT BEING ADDRESSED IS ACCENTUATED WHEN YOU LOOK AT THE CSS AND THE PEI NUMBERS WHEN THE POPULATION OF API IN L.A. COUNTY IS 42% BUT YOU ONLY HAVE 5% API UTILIZATION IN YOUR DOCUMENT AND 3% IN YOUR P.E.I. AND IT'S REALLY EVEN MORE GLARING IS THERE'S NO LANGUAGE RESPONSE TO A VERY DIVERSE API POPULATION THAT IS LINGUISTICALLY CHALLENGED.

ON TOP OF THAT, YOU HAVE A MOTION BY THE BOARD OF SUPERVISORS THAT REALLY IS DRIVING TO ADDRESS THESE DISPARITIES, AUTHORED BY SUPERVISOR HAHN, AMENDED BY SUPERVISOR RIDLEY THOMAS AND AMENDED BY SUPERVISOR BARGER, TO DEVELOP A GAP ANALYSIS OF DISPARITIES AND IN UNDERSERVED COMMUNITIES AS WELL. SO AS WE LOOK THROUGH THE DOCUMENT AND CLEARLY, THAT THE WELFARE INSTITUTION CODE ALLOWS THIS BOARD TO REALLY REVIEW THIS IN TERMS OF CULTURAL COMPETENCY, LINGUISTIC COMPETENCY DISPARITIES, WELFARE INSTITUTION CODES 5821.5(d), 5686(b), 5878.1

WHICH I CAN SEND TO THE COMMISSION. SO I THINK THAT COMMISSIONER OGAWA'S POINT THAT IT HAS TO BE ADDRESSED, IT'S NOT BEING ADDRESSED AND I THINK IT DEFINITELY NEEDS TO BE ADDRESSED. I THINK THE FINAL THING I THINK, THERE IS DATA AND I THINK YOU SAID CLEARLY THAT THE DATA WILL DRIVE THIS. DATA IS DEFINITELY DRIVING DISPARITY. IF YOU LOOK AT, YOU KNOW, THAT

MEMO BY THE DEPARTMENT ON MARCH 17, I BELIEVE. MARCH 30 -- 27. IT TALKED ABOUT THE FACT THAT, QUOTE, API AS A GROUP DO NOT UTILIZE PUBLIC MENTAL HEALTH SERVICES IN PROPORTION TO EITHER THEIR RELATIVE PERCENTAGE OF THE COUNTY'S POPULATION OR ESTIMATED MENTAL HEALTH PREVALENCE RATE IS RECOGNIZED.

FOLLOW-UP TO THAT, THERE WAS A MAJOR REPORT DEVELOPED THAT TALKED ABOUT NOT ONLY DISPARITIES BUT HOW DO, HOW A COMMUNITY-BASED NETWORK CAN RESPOND TO THOSE DISPARITIES AND THEY ALSO DEVELOPED THEIR OWN PERFORMANCE MEASURES, RIGHT? WHICH WAS ALSO GIVEN TO THE DEPARTMENT SO I THINK HERE WE ARE, FROM MARCH -- FROM FEBRUARY 17 WITH A MOTION TO NOW, THREE YEARS LATER, WE STILL BELIEVE THAT THERE IS A DISPARITY. I DON'T BELIEVE THERE'S A DEBATE ABOUT THAT AND HOW THAT'S GOING TO BE ADDRESSED AND IT NEEDS TO BE ADDRESSED. AND I THINK COMMISSIONER OGAWA'S POINT IS WELL-TAKEN.

>> GREG POLK: YEAH, (INDISCERNIBLE) WHENEVER YOU WANT TO WEIGH IN. AND I THINK YOU'RE TOTALLY CORRECT. I'M NOT GOING TO RECAT WHAT I SAID WHEN I SAID DATA'S GONNA TO DRIVE THIS. IT'S GOING TO CONTINUE TO DRIVE WHAT THIS DEPARTMENT DOES MOVING FORWARD. YOU'RE ABSOLUTELY CORRECT IN SAYING THAT I DID SAY THAT AND WE WILL LOOK AT THAT AND CAN OUR PLAN BE ADJUSTED? YOU KNOW, THERE'S POSTINGS. I MEAN, IT REQUIRES A POSTING TO BE ADJUSTED, SO IT IS A FLUID PROCESS. THERE ARE ALWAYS WAYS WE CAN ADD TO AND CHANGE AND IF THAT'S THE COMMISSION'S DESIRE FOR US TO MOVE IN THAT DIRECTION, AND IT'S IN ALIGNMENT WITH WHAT OUR STRATEGIC PLAN SAYS, AND AT THE DIRECTION OF DR. JAN, WE CAN'T DO THAT. THERE'S NO ISSUE ABOUT THAT. AND IF THERE'S A DISPARITY -- LET'S BE FRANK HERE. THERE'S DISPARITIES ALL OVER THIS COUNTY AND I THINK WE TRY TO RECOGNIZE THE BEST WE CAN, TO ALIGN THOSE DISPARITIES WITH THE FUNDING THAT WE HAVE. IF THERE'S SOMETHING GLARING THAT WE MISSED, I THINK WE'RE OPEN TO ADJUSTMENT.

>> COMMISSIONER AGAWA: I APPRECIATE IT AND I WOULD HOPE THAT WE WOULD REVISIT THESE ISSUES, NOT ONLY WITH THE API COMMUNITY, BUT WITH THE LATINO COMMUNITY AS WELL. I KNOW EMELDA HAS DONE SOME RESEARCH AROUND THAT, AND SHE IS A VERY, VERY SOLID POLICY PIECE THAT WOULD BE FORTHCOMING, I THINK AND THAT SHOULD ALSO BE INCLUDED.

>> COMMISSIONER ACEBO: I THINK WE HAVE TO UNDERSCORE THAT OUR BOARD, WHICH IS THE FINAL AUTHORITY HERE, THE BOARD HAS REALLY MOVED QUITE AGGRESSIVELY ON DISPARITIES AND YOU SAW IT. WE RECEIVED AN, MAIL FROM THE DEPARTMENT ABOUT, YOU KNOW, DISPARITIES, RELATING TO CRIMINAL JUSTICE, DISPARITIES, RELATE TO THE LATINO COMMUNITY, AUTHORED BY THE SUPERVISE SOLIS. SO I THINK THERE'S REALLY A CHARGE ON OUR BEHALF. WHEN WE APPROVE THINGS

LIKE MOTION, WE KIND OF POINT THESE THINGS OUT TO THE BOARD. BECAUSE I THINK THEY ARE GRAPPLING, OBVIOUSLY THEY'RE GRAPPLING WITH IT AND PARTICULARLY, I THINK IT GOES UNNOTICED ABOUT WHERE WE ARE IN AMERICA AND WHERE WE ARE IN THIS COUNTY. ABOUT THE INTERSECTION BETWEEN COVID-19 AND THE SOCIAL UNREST AND THE GLARING, THE GLARING SORTED OF PICTURE OF RACIAL DISPARITY AND RACISM. I THINK IN THAT CONTEXT, KNOW, THAT WE HAVE AN OBLIGATION TO LOOK AT MHSA PLAN.

>> GREG POLK: I THINK YOU'RE PREACHING TO THE CHOIR HERE. AS A KID THAT WHO GREW UP IN HEART OF SOUTH CENTRAL L.A., I HAVE FIRST-HAND KNOWLEDGE. I DON'T NEED TO BE, YOU KNOW, TALKED TO ABOUT OR CONVINCED ABOUT THE RACISM THAT EXISTS IN THIS COUNTY AND THIS COUNTRY. LIKE I SAID, A KID GROWING UP IN THE INNER CITY, I GET IT. I THINK TO THE EXTENT WE CAN ADDRESS THOSE ISSUES. WE WILL.

>> COMMISSIONER ACEBO: MADAM CHAIR, I HAVE A COUPLE OF FOLLOW-UP QUESTIONS IF COMMISSIONER OGAWA IS DONE.

>> CHAIR: PLEASE. GO AHEAD.

>> COMMISSIONER ACEBO: I'D LIKE TO GO TO PAGE 152 OF THE PLAN, AND EXHIBIT A THE BUDGET AND ASK SOME BASIC QUESTIONS. UNDER THE, UNDER EACH FISCAL YEAR, YOU BREAK OUT THE COMMUNITY SERVICES PEI INNOVATION WORKFORCE AND THEN YOU DETAIL THEM FOR EACH FISCAL YEAR IN THE PROCEEDING PAGES, PAGE 153-158 I'M JUST CURIOUS TO KNOW THAT WHEN YOU DID THE DEVELOPMENT OF EACH FISCAL YEAR, I ASSUME YOU HAVE A DETAILED BUDGET IN EACH OF THESE FOR SOME KIND OF LINE ITEM BUDGET FOR EACH OF THESE CATEGORIES. IS THAT TRUE?

>> GREG POLK: WHAT LINE?

>> COMMISSIONER ACEBO: IF YOU LOOK AT PAGE 153 TO 158

>> GREG POLK: WHAT LINE.

>> COMMISSIONER ACEBO: THESE ARE GENERAL BASIC SORT OF AMOUNTS, RIGHT? BUT I ASSUME YOU DEVELOPED THIS BUDGET WITH SOME KIND OF LINE ITEM BUDGET AT HAND. IS THAT CORRECT?

>> DARLESH HORN: WE DO HAVE A LINE ITEM BUDGET.

>> COMMISSIONER ACEBO: OKAY. CAN YOU SHARE THAT WITH THE COMMISSION AND THE BOARD PLEASE, WHEN YOU HAVE AN OPPORTUNITY? I THINK.

>> DARLESH HORN: YES.

>> COMMISSIONER ACEBO: THANK YOU BECAUSE IT'S REALLY HELPFUL BECAUSE IT GETS TO COMMISSIONER STEVENS QUESTION ABOUT REALLY KIND OF GETTING DOWN AND REALLY

UNDERSTANDING IT. I THINK WITHOUT DETAIL, IT'S HARD TO UNDERSTAND HOW YOU KIND OF REACHED THE CONCLUSION BECAUSE YOU MAKE A LOT OF GOOD POINTS AND THROUGHOUT THE DOCUMENT, OF MHSA BUT WHAT I DON'T UNDERSTAND IS, YOU KNOW, HOW THOSE THAT LANGUAGE MATCHES UP THE TO THE BUDGETING PROGRAM.

>> DARLESH HORN: SURE. I WOULD LIKE TO ADD THAT OUR BUDGET IS NOT DETAILED BY PROGRAM AND AT THAT LEVEL SO WE CAN PUT SOMETHING TOGETHER FOR YOU AND THEN WE CAN SEE IF IT BASICALLY MEETS YOUR NEEDS.

>> COMMISSIONER ACEBO: YEAH. I DON'T WANT TO HAVE TO HAVE YOU DO MORE WORK ON A BUDGET. I KNOW THAT WOULD BE HARD. WHATEVER DOCUMENTS YOU'VE USED TO REACH THESE AMOUNTS, THAT IS WHAT I THINK IS HELPFUL.

>> DARLESH HORN: OKAY. >> COMMISSIONER ACEBO: ALSO LINE ITEM ON PAGE 152. SO I UNDERSTAND THIS CLEARLY, LET'S JUST TAKE A1. A1 IN FISCAL YEAR 2021 FUNDING. THERE'S A LINE ITEM CALLED "ESTIMATED UNSPENT FUNDS FROM PREVIOUS FISCAL YEARS." AND COMMUNITY SERVICES SUPPORT 37.6 MILLION PEIs 230.3 MILLION. INNOVATION IT'S 168.3 MILLION. IN WORKFORCE EDUCATION TRAINING IT'S 3.4 MILLION. CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS IS 36.3. SO FOR ME TO UNDERSTAND THIS, THESE ARE ALL FUNDS WE HAVE NOT SPENT MHSA FUNDS THAT HAVE NOT BEEN SPENT, IS THAT CORRECT FROM MY POINT?

>> YES.

>> COMMISSIONER ACEBO: AND THE PRUDENT RESERVE OF 116.4 -- 116.4 MILLION AND IT'S A CONSTANT ALL THROUGH EVERY FISCAL YEAR OF THE MHSA BUDGET, BUT IT DOESN'T INDICATE THAT THE INTEREST THAT'S EARNED ON THAT, WHAT IS THE PERCENTAGE OF INTEREST EARNED RIGHT NOW FOR THIS FISCAL YEAR FOR THE PRUDENT RESERVE? CAN YOU GIVE ME AN AMOUNT ON THAT BY ANY CHANCE?

>> DARLESH HORN: I WOULD HAVE TO GET THAT FOR YOU. I DON'T KNOW IT OFF THE TOP OF MY HEAD. >> COMMISSIONER ACEBO: RIGHT. SO I ASSUME THAT --

>> GREG POLK: ONE THING ABOUT THE PRUDENT RESERVES COMMISSION IS SET BY THE STATUTE. IT'S -- THAT AMOUNT IS NOT AN AMOUNT WE DECIDE TO PUT IN. IT'S SET BY THE MHSA PLAN

>> COMMISSIONER ACEBO: I UNDERSTAND THAT AND I UNDERSTAND THE REQUIREMENT PROVIDING THE PRUDENT RESERVE PLAN. I'M ASKING WHAT IS THE INTEREST EARNED ON THAT AMOUNT. THAT'S WHAT I'M CURIOUS ABOUT AND I ASSUME THAT IN MANY OF YOUR OTHER TRUST ACCOUNTS, PARTICULARLY WHEN YOU TRY TO BALANCE THE BUDGET IN THIS PREVIOUS FISCAL YEAR, THAT THERE WAS INTEREST ACCRUED TO THAT REALIGNMENT PAST UNSPENT FUNDS. SO IF I WERE JUST

TO GENERALLY ADD UP EACH ONE OF THOSE ITEMS, I'D GET A TOTAL OF UNSPENT FUNDS PROBABLY, RIGHT? FOR FISCAL YEAR AS INDICATED. IS THAT CORRECT ON MY PART?

>> YES.

>> COMMISSIONER ACEBO: THE OTHER QUESTION I HAVE IS A GENERAL QUESTION REGARDING THE BUDGET. I ASSUME THAT THIS BUDGET IS A PLACEHOLDER. I KNOW WE DIDN'T RECEIVE YOUR MID-YEAR ADJUSTMENTS BECAUSE OF COVID FOR THIS FISCAL YEAR, WHICH WOULD HAVE BEEN PRETTY INSTRUCTIVE. BUT I ASSUME THAT AS BUDGETS GET DETERMINED, THAT THERE WILL BE ADJUSTMENTS OF THIS AND THAT WILL BE DONE INTO SORT OF MID-YEAR ADJUSTMENTS OR HOW OFTEN DO YOU INFORM THE BOARD AND THE PUBLIC ABOUT ADJUSTMENTS ASSOCIATED WITH THE MHSA BUDGET?

>> GREG POLK: WELL, I THINK THE ADJUSTMENTS ARE ALWAYS POSTED. EVERY ADJUSTMENT WE MAKE, WE POST FOR THE PUBLIC BECAUSE THE 30-DAY POSTING REQUIREMENT THAT WE POST TO THE EXTENT AND IT'S WARRANTED A QUICK POSTING OR EMERGENCY POSTING OUTSIDE OF AN 8-YEAR ADJUSTMENT. WE DO.

>> COMMISSIONER ACEBO: WELL, BECAUSE OF THE UNIQUE SITUATION WE ARE IN, BECAUSE OF COVID AND EVERYTHING. I THINK IT'S HELPFUL THAT, YOU KNOW, ONCE YOU POST, IF YOU CAN SHARE IT WITH THE COMMISSION, IT WOULD BE GREATLY APPRECIATED.

>> GREG POLK: NOT A PROBLEM. AND I THINK I MENTIONED EARLIER, THERE ARE SOME EXPECTATION THAT IS THERE ARE GOING TO BE SOME CHANGES, EVEN THE STATE IS RECOGNIZING BY PUSHING BACK THIS REQUIREMENT WE CAN SUBMIT THIS FOR ANOTHER YEAR. SO THEY WANT TO MAKE SURE WE INCLUDE THE IMPACT OF COVID AND WE'LL MAKE SURE WE ET THAT TO THE COMMISSION.

>> COMMISSIONER ACEBO: YEAH, BEFORE I -- AND I WANT TO STAY ON THE BUDGET. AT THE END OF THE THREE-YEAR AND EVERYTHING IS EQUAL AND THE BOARD OF SUPERVISORS DOESN'T MAKE ANY ADJUSTMENTS TO THIS-- WHICH IS IN THEIR RIGHT TO DO -- AT THE END OF THE YEAR, YOUR UNSPENT -- THE MHSA THREE YEAR-UNSPENT BALANCE FUND WILL BE \$ 109.5 MILLION ON THE CSS AND \$6.3 MILLION FOR PEI AND \$97.8 MILLION FOR INNOVATION. OTHER THAN CSSA, I ASSUME FOR PEI AND INNOVATION FUNDS, THEY ARE SORT OF "FUNDSABLE". THEY CAN GO BACK AND FORTH IN VARIOUS CATEGORIES. IS THAT TRUE?

>> GREG POLK: I THINK CSS IS MORE FLEXIBLE THAN P.E.I.

>> COMMISSIONER ACEBO: I THOUGHT CSS, ACCORDING TO STATUTE, A CERTAIN PERCENTAGE OF THE TOTAL OF YOUR MHSA BUDGET IS SET. DID I READ THAT WRONG?

>> GREG POLK: I THINK THAT'S A MISINTERPRETATION.

>> COMMISSIONER ACEBO: OKAY. AND THEN THE FINAL THING I JUST WANTED TO ASK YOU ABOUT, WITH RESPECT TO THE BUDGET IS I ASSUME THAT THERE'S A STATE REQUIREMENT ON REVERSION, RIGHT? IF WE DON'T SPEND, IT HAS TO GET BACK. WHAT IS THE TIMELINE FOR THE COUNTY TO MAKE SURE THAT WE DON'T REVERT ANY MONEY BACK TO THE STATE?

>> GREG POLK: I THINK THERE'S A THREE-YEAR TIMELINE ON THAT. AND THAT'S A GREAT QUESTION BECAUSE ANOTHER THING THE STATE IS LOOK AT IS REVERSION, WHAT DO THEY DO WITH REVERSION. ONE OF THE PROBLEMS WITH REVERSION, IS YOU START A PROJECT THAT'S FUNDED WITH THIS ONE-TIME MONEY, AND THEN TO THE EXTENT YOU DON'T GET THE PROJECT STARTED, THEY WANT TO TAKE THEIR MONEY BACK. I THINK THEY'VE TAKEN A REAL GOOD, DEEP LOOK AT HOW OR IF THEY SHOULD EVEN REQUIRE REVERSION. AND SO THAT'S SOMETHING THE STATE IS GOING TO BE LOOK AT ALONG WITH, YOU KNOW, CAN WE SHIFT INNOVATION MONEY INTO CSS IF WE HAVE BETTER NEEDS IN CSS AND INNOVATION. SO JUST ALLOWING FUNDS TO BE A LITTLE MORE FLEXIBLE AND FLUID IS SOMETHING THAT THEY'RE LOOKING ATT AT STATE LEVEL.

>> COMMISSIONER ACEBO: OKAY. THAT'S ALL FOR MY QUESTIONS. THANK YOU, MADAM CHAIR. THANK YOU, SIR.

(PHONE RINGING)

>> CHAIR: THANK YOU, COMMISSIONER ACEBO. I THINK THAT THE TEAM FROM SUPERVISOR HAHN'S OFFICE HAS SPOKEN. ANYTHING ELSE I'M MISSING FROM SUPERVISOR HAHN'S? NO. OKAY. JUDY COOPERBERG AND I REPRESENT KATHRYN BARGER, AS APPOINTEES ON THE MENTAL HEALTH COMMISSION. JUDY, I WONDER IF YOU HAVE COMMENTS OR CONCERNS.

>> COMMISSIONER COOPERBERG: FIRST, I WANT TO ASSURE YOU, I AM JUDY, DESPITE MY COVID GRAY. IF YOU DIDN'T RECOGNIZE ME. I SHARE THE CONCERNS. FROM COMMISSIONER STEVENS, AND COMMISSIONER ACEBO ABOUT EQUITY AND THE INCONSISTENCY AND FUNDING, PARTICULARLY, IN GEOGRAPHIC AREAS AND IN THE ALMOST 9 YEARS I'VE BEEN ON THE COMMISSION, THIS HAS BEEN A TOPIC OF CONCERN. SO WHEN WE DID AN ANALYSIS OF THE DISTRIBUTION -- JUST OF THE FSP -- AND IT WAS PROVEN THAT THERE WAS A HUG INEQUITABLE DISTRIBUTION BETWEEN THE SERVICE AREAS AND SUBSEQUENTLY OVER THE YEARS, AS MORE FUNDING HAS COME THROUGH AND THE FSP, JUST AS AN EXAMPLE, THE FSP, THE FSP PROGRAMS WERE FUNDED - - GIVEN MORE FUNDING. THE UNDER FUNDED AREAS ARE STILL ARE AT THE SAME LEVELS OF INEQUITY AS THEY WERE NINE YEARS AGO. ALSO, THERE ARE CERTAIN PROGRAMS THAT ARE BEING FUNDED THROUGH MHSA, THAT AREN'T EXISTING IN SPECIFIC GEOGRAPHIC AREAS AND THAT'S A CONCERN, PARTICULARLY FOR DISTRICT 5.

>> GREG POLK: I'M GOING TO -- I'M SORRY. GO AHEAD.

>> COMMISSIONER COOPERBERG: NO. GO AHEAD.

>> GREG POLK: I WAS GOING TO RESPOND TO THAT. I THINK THAT'S ONE OF THE REASONS WE WERE REVAMPING OUR FSP PROGRAM. I THINK DR. WONG IS LEADING THAT EFFORT. I THINK WE'RE LOOKING AT THE CHANGE AND SEE. AGAIN, (INDISCERNIBLE) IS GONNA DRIVE SOMETHING. I KNOW THAT HASN'T HAPPENED IN THE PAST AND I REALLY CAN'T SPEAK TO THE PAST. I CAN ONLY SPEAK TO WHAT WE'RE TRYING TO DO MOVING FORWARD. WHAT NEEDS TO BE RECOGNIZED HERE IS STUFF CAN'T BE DONE OVER NOT. I MEAN, THIS IS A LOT OF DATA, A LOT OF INFORMATION THAT IS REQUIRED IN ORDER TO PIVOT. BUT YOU KNOW, OUR GOAL IS TO MAKE SURE THAT WE GET THERE AND WE RECOGNIZE THE NEED TO MAKE SURE THAT THERE'S SOCIAL EQUITY -- IN ALL OUR PROGRAMS, NOT JUST FSP AND I THINK DR. WONG IS LEADING THAT EFFORT.

>> COMMISSIONER COOPERBERG: AND ALL OF US BEING REPRESENTATIVES OF OUR SUPERVISORS, I THINK IT WOULD BE VERY HELPFUL AND I FORGOT WHO SAID IT BEFORE. IT WOULD BE REALLY HELPFUL IF WE COULD HAVE A BREAKDOWN, YOU KNOW, WHEN YOU'RE TALKING ABOUT HUNDREDS OF MILLIONS OF DOLLARS OR TENS OF MILLIONS OF DOLLARS IN EACH OF THESE DIFFERENT PROGRAM AREAS. IT'S REALLY HELPFUL TO KNOW WHERE THOSE DOLLARS ARE GOING. IT'S NOT JUST A MATTER OF THOSE PROGRAM AREAS. IT'S THAT THE DISTRICTS ARE BEING CONSIDERED AND HISTORY IS BEING CONSIDERED AND I THINK THAT'S A GLARING GAP AND THIS IS A HUGE REPORT, I UNDERSTAND THAT. AND IT'S A LOT OF WORK THAT EVERYONE HAS DONE. BUT THIS IS SOMETHING THAT'S BEEN LACKING FOR MANY YEARS, IS REALLY HAVING AN UNDERSTANDING OF WHERE THESE FUNDS ARE ACTUALLY GOING AND THAT WOULD BE VERY HELPFUL TO US AS COMMISSIONERS. ESPECIALLY WHEN WE HAVE TO APPROVE THIS.

>> GREG POLK: AND WE CAN ACCOMMODATE THAT. I JUST WANT TO PREFACE IT WITH THE FACT THAT BE CAREFUL WHAT YOU ASK FOR. IT'S A LOT OF INFORMATION, A LOT OF DATA, A LOT OF DEAD TREES. YOU TALK ABOUT DETAIL, YOU SEE HOW BIG THE REPORT IS. WHEN WE GET INTO THE DETAIL, IT'S A LOT OF PAPERWORK. BUT WE CAN MAKE IT AVAILABLE TO THE EXTENT WE CAN.

>> COMMISSIONER COOPERBERG: I THINK WE CAN HANDLE IT.
THANK YOU.

>> GREG POLK: THANK YOU.

>> CHAIR: YES. THANK YOU FOR ACCOMMODATING THE REQUEST, GREG POLK. SO AS COMMISSIONER FOR SUPERVISOR BERGER, I HAVE QUESTIONS BUT THEY ARE NOT QUESTIONS THAT

WOULD MAKE OUR BREAK MY SUPPORT FOR MOVING FORWARD ON THIS ITEM. SO I'LL JUST LEAVE THEM BE FOR NOW. I DO IN THE INTEREST OF TIME, WANT TO TURN THIS OVER TO PUBLIC COMMENT. WE HAVE FEWER THAN 10 PEOPLE RIGHT NOW LINED UP. AND WHAT I'D LIKE TO DO IS ASK FOR MODERATOR TO COME BACK ON AND ALLOW ONE MINUTE PER PUBLIC COMMENTER AND THEN WE WILL TURN TO ROLL CALL FOR A VOTE OF THE COMMISSIONERS ON MOVING FORWARD WITH THE MHSA APPROVAL. SO MODERATOR. AT&T OPERATOR. PLEASE COME ONLINE AND MODERATE THE PUBLIC COMMENT NOW, PLEASE. I KNOW WE HAVE EIGHT PEOPLE IN LINE SO LET ME KNOW IF THERE'S ANYTHING MORE I NEED TO DO.

>> MODERATOR: I BELIEVE THE AT&T OPERATOR IS MUTED. THERE'S A 234 NUMBER. THIS IS JOHN FLYNN. SO AT&T OPERATOR, I BELIEVE YOU ARE MUTED. PLEASE UNMUTE YOURSELF AND GO RIGHT AHEAD.(LONG PAUSE) THE AT&T OPERATOR MAY BE TALKING TO SOMEBODY ELSE SO I'LL REPEAT MYSELF.

>> JOHN FLYNN: THE AT&T MIGHT BE TALKING TO SOMEONE ELSE. THE AT&T OPERATOR, I BELIEVE YOU ARE MUTED. WE'RE NOT GETTING INPUT FROM THE AT&T LINE. WE'D LIKE TO HEAR OUR PUBLIC COMMENT. PLEASE UNMUTE YOURSELF AND GO RIGHT AHEAD. THANK YOU.

>> FOR THE THIRD TIME, SIR. CAN YOU HEAR ME FIRST? SIR?

>> JOHN FLYNN: I WASN'T GOING TO TELL THE AT&T OPERATOR HOW TO UNMUTE, BUT IT IS * 6 ON YOUR HAND. WILL MUTE OR UNMUTE THE COMMENT ON COMMENTER. I'M SURE THE AT&T OPERATOR HAS SOMETHING FANCIER THAN AN OLD * 6 TO UNMUTE.

>> CHAIR WEISSMAN: AND IN THE INTERIM, I WOULD JUST NOTE THAT THE COMMISSION, WE DO HAVE A LOT OF FEEDBACK. THERE'S A LOT OF SYNERGY OR COMMENT ELEMENTS ACROSS VARIOUS COMMISSIONERS CONCERNS' AND WHAT I'LL SUGGEST, EVEN AFTER THE VOTE TAKES PLACE OR THE CONDITION OF THE VOTE, I'LL SUGGEST WE DRAFT A LETTER TO ATTACH TO THE MHSA PLAN FROM DMH THAT GOES ALSO TO THE BOARD OF SUPERVISORS WITH A LITTLE BIT OF OUR COMMENTS, KIND OF CONSOLIDATED. LET'S RETURN TO THE AT&T MODERATOR IF HE OR SHE IS AVAILABLE.

>> MODERATOR: CAN YOU HEAR ME?

>> COMMISSIONER STEVENS: HI, THIS IS REBA. I'M GETTING A LOT OF TEXT -- THERE ARE MEMBERS WHO WANT TO PARTICIPATE AND DON'T KNOW HOW. WHAT DO THEY NEED TO DO, IN ORDER TO GET IN THE CUE?

>> JOHN FLYNN: SO I PUT THIS ON SCREEN FOR TELEPHONIC PUBLIC COMMENT. YOU MAY ADDRESS THE COMMISSION DURING THE LIVE MEETING BY CALLING THE FOLLOWING NUMBER. 844-291-6355.

CORRECT ME IF THIS ACCESS CODE IS WRONG. I SAW A COMMENT ABOUT THIS. THE ACCESS CODE I HAVE
9403203.

SO THOSE NUMBERS AGAIN. 844-291-6355.

ACCESS CODE: 9403203.

AT&T MODERATOR IS ON THAT CALL AND SHOULD BE ABLE TO PLACE YOU INTO THE CUE TO GIVE YOUR PUBLIC COMMENT.

>> I DON'T HAVE A WAY TO UNMUTE IT. >> CHAIR WEISSMAN: IN THE PUBLIC CHAT Q&A IT STATES THAT HE IS NOT ON MUTE, THAT HE COULD HEAR THE OPERATOR AND THE PERSON WANTING TO COMMENT.

>> MODERATOR: I'M NOT MUTED. GREG POLK THEY HEAR THE OPERATOR AND OTHER PERSON WANTING TO COMMENT. ON THE PHONE, WE CAN HEAR THE MODERATOR AND HE SAYS HE IS NOT ON MUTE.

>> SO THE MODERATOR WAS ABLE TO BE HEARD EARLIER WHEN WE WERE TAKING THE UCC COMMENTS. I'M NOT SURE WHAT'S CHANGED ABOUT THAT BUT IF I'M LOOKING HERE. THERE'S A NUMBER HERE . 234 720 NUMBER. I BELIEVE THAT IS THE AT&T MODERATOR AND THEY ARE MUTED ON OUR END. THAT'S WHAT I SEE HERE. SO THE OUTGOING AUDIO IS WORKING. WHAT WE'RE MISSING IS THE INCOMING AUDIO FROM AT&T.

>> CHAIR WEISSMAN: YIKES. I ALSO KNOW THE CART SERVICES WILL BE ENDING MAYBE AT 2:20. SO WE WERE HOPING TO GET THE PUBLIC COMMENT AND THE VOTE IN BEFORE THAT.

>> DEBBIE INNES-GOMBERG: IS THERE ANY WAY THEY CAN TEXT A PHONE NUMBER FOR QUESTIONS OR COMMENTS?

>> CHAIR WEISSMAN: AND I'M SURE PINKI IS ON THE PHONE WITH THEM BECAUSE SHE'S NOT RESPONDING TO MY TEXT. WE CAN TAKE THE COMMENT IN THE CHAT BOX AS WELL OR BY TEXT AS WELL.

>> COMMISSIONER WEISSMAN, IF WE CAN TAKE THE ONES ON THE TEXT FIRST AND THEN WE CAN TAKE A LOOK AT WHAT'S GOING ON WITH THE PHONE LINES. I BELIEVE PINKI NEEDS TO MUTE HER LINE.

>> CHAIR WEISSMAN: OKAY. I AM SCROLLING UP IN THESE TEXTS. BUT JOHN DO YOU FEEL MORE CAPABLE OF READING THROUGH FOR THE ACTUAL PUBLIC COMMENTS? THERE'S SO MUCH INTERMINGLED HERE.

[PLEASE STAND BY]

>> JOHN FLYNN: I'M HAPPY TO DO SO. LET ME SEE IF I CAN -- I SEE SOME OF THEM HAVE BEEN PUBLISHED. MAYBE ONE OF MY COLLEAGUES CAN PUBLISH THEM. I'M HAPPY TO READ THEM OFF AS I COME TO THEM. I WILL JUST START WITH THE FIRST ONE THAT WAS PUBLISHED. >>

ANONYMOUS: I'M "SCHIZOEFFECTIVE." I STRUGGLE DEPRESSION. I STRUGGLE WITH POST TRAUMATIC STRESS. I'M VERY ACTIVE IN THE COMMUNITY I'M VERY CONCERN WITH EVERYTHING THAT'S HAPPEN WITHING MENTAL HEALTH. I'M VERY CONCERN WITH THE CORONA VIRUS MENTAL HEALTH MATTERS. THANK YOU.

>> CHAIR: IN THE LIVE Q AND A THERE'S A LOT MORE COMMENTS THAT I SEE. BARBARA WILSON HAS PRECISE PUBLIC COMMENTS. I WONDER IF THERE'S A WAY FOR HER TO PROVIDE THOSE. I ALSO HAVE AN INCOMING E-MAIL THAT THE PHONE CALL NUMBER THAT YOU PROVIDED, JOHN, IS WRONG. IT DOESN'T WORK. THE NUMBER THAT DOES WORK SHOULD BE. 323-776-6996.

WITH A CONFERENCE ID OF --

>> JOHN FLYNN: EXCUSE ME, EXCUSE ME, COMMISSIONER BUT THAT IS THE LIVE HOT LINK INTO THE MENTAL HEALTH COMMISSION MEETIN G. THAT IS THE NUMBER ONLY FOR COMMISSIONERS AND DMH STAFF. THAT IS NOT THE PUBLIC COMMENT LINE. YOU ARE RIGHT. THERE ARE TWO NUMBERS AND IT IS CONFUSING. WOULD YOU LIKE ME TO READ OFF BARBARA WILSON'S COMMENTS?

>> CHAIR: YES AND ALSO, I WOULD LIKE TO ANNOUNCE NOW THAT IF YOU DO HAVE A COMMENT, FOR SURE, THE MENTAL HEALTH COMMISSION E-MAIL WORKS AND I INVITE YOU VERY MUCH TO SEND AN E-MAIL TO THE MENTAL HEALTH COMMISSION E-MAIL ADDRESS AND WE WILL REVIEW IT TODAY.

>> POINT OF INQUIRY, MADAM CHAIR.

>> CHAIR: YES.

>> COMMISSIONER ACEBO: THE INPUT ON THE PLAN BY THE PUBLIC I THINK IS CONSEQUENTIAL IN MANY ASPECTS. IF WE CAN'T FIX THIS ISSUE, IS IT POSSIBLE TO --

>> COMMISSIONER STEVENS: TO POSTPONE .

>> COMMISSIONER ACEBO: -- TO POSTPONE --

>> COMMISSIONER STEVENS: THANK YOU.

>> COMMISSIONER ACEBO: AND THEN DO A MEETING, AN EMERGENCY MEETING SOLELY FOR THE PURPOSE OF INPUT? AND SOLELY FOR THE PURPOSE OF MOVING A MOTION AND WHATEVER RECOMMENDATION AMENDMENTS COMMISSIONERS HAVE. I JUST THINK IT'S VERY IMPORTANT THAT -- I UNDERSTAND THE TECHNOLOGICAL CHALLENGES BUT I THINK IT'S PRETTY IMPORTANT THAT WE GET

THIS AND WE GET IT IN A WAY THAT WE CAN HAVE THE MOST INPUT AS POSSIBLE. THAT'S JUST AN INQUIRY ON MY PART, MADAM CHAIR.

>> CHAIR: THANK YOU. COMMISSIONER ACEBO. I VERY MUCH SUPPORT, RECOGNIZE THAT PUBLIC COMMENT IS ESSENTIAL BEFORE WE APPROVE OR VOTE FOR THAT MATTER. AND IT IS TECHNICAL DIFFICULTY CENTRAL HERE ON PUBLIC COMMENT. SO I DO THINK LET US TAKE A BREATH I WON'T RECITE ANY PUBLIC COMMENT THAT'S COME INTO THE CHAT BOX. LET'S TAKE A BREATH, AND I WILL WAIT FOR ADVICE FROM DMH STAFF ON WHAT IT MEANS TO POSTPONE TO ANY KIND OF AN EMERGENCY POSTPONED MEETING. I KNOW THE GOAL WAS TO APPROVE TODAY, BUT GIVEN THE HARDSHIP AND THE COMPLICATION, I'M NOT SURE THAT'S POSSIBLE.

>> MIRIAM AVALOS: I BELIEVE WHAT IS HAPPENING IS JOHN, THE AT&T OPERATOR IS ON THE INCORRECT LINE. SO SHE NEEDS TO CALL ON TO THAT LINE. IF NOT, HAVE THE AT&T OPERATOR CALL DIRECTLY INTO THE PUBLIC LINE OR USE THE PUBLIC LINE.

>> JOHN FLYNN: I BELIEVE THE AT&T OPERATOR IS CONNECTED TO THE PRESENTERS' LINE.

>> MIRIAM AVALOS: SHE'S MUTED. WE HAVE A SITUATION IN WHICH SHE CANNOT, WE CANNOT HEAR HER. WE ALSO CANNOT HEAR PINKI SO PLEASE IF NOT, LET'S HAVE PEOPLE CALL DIRECTLY INTO THAT LINE AND THEN MODERATE.

>> JOHN FLYNN: SO GIVE OUT THE 323 NUMBER NOT PUBLIC?

>> MIRIAM AVALOS: YES, AND THEN WE CAN MODERATE. THAT WOULD BE MY RECOMMENDATION.

>> JOHN FLYNN: MADAM CHAIR, I THINK WE'RE SAYING WE'RE GOING TO ADD PEOPLE DIRECTLY INTO THE PRESENTERS' CALL IN LINE WHICH MEANS, WE WILL HAVE HOT MICS. I'LL BE ABLE TO SILENCE THEM IF NECESSARY AND I'LL BE HAPPY I'D BE ABLE TO TIME THEM AS WELL. SO LET ME SEE IF I CAN PULL THAT NUMBER UP. I'M JUST GOING TO SHOW YOU FROM OUR NOTES

>> CHAIR WEISSMAN: AND PLEASE, ACCEPT OUR DEEPEST APOGLOGIES ON THIS. I CAN'T EVEN TELL YOU HOW MUCH TIME, EFFORT, HOURS, TROUBLESHOOTING, HANDHOLDING HAS GONE INTO GETTING US THIS FAR AND I'M SORRY WE'RE STUCK ON JUST THIS ELEMENT, WHICH IS AN ESSENTIAL ONE WE'RE GOING TO WORK TO MAKE IT RIGHT.

>> JOHN FLYNN: SO THE PHONE NUMBER TO DIAL IF YOU WOULD LIKE TO MAKE A PUBLIC COMMENT, AND I'LL REMIND YOU, THE TIME LIMIT IS GOING TO BE ONE MINUTE.

323-776-6996.

CONFERENCE ID NUMBER IS 768 572 947.

CONFERENCE ID NUMBER.

768 572 947.

I'M GOING TO KEEP MY EYE ON THE LIST OF PRESENTERS AND I WILL REPEAT THE NUMBER.

I THINK SOMEONE'S COME IN.

323-776-6996 CONFERENCE ID NUMBER IS 768 572 947. SO CALLER, PLEASE IDENTIFY YOURSELF.

>> MIRIAM AVALOS: HI. THIS IS MIRIAM AVALOS. I JUST WANTED TO TEST IT. IT DOES WORK SO PLEASE, LOG IN THIS WAY.(OVERLAPPING SPEAKERS) MAYBE THE AT&T MODERATOR CAN USE THIS LINE, PLEASE.

>> JOHN FLYNN: I THINK THAT'S A GOOD IDEA. IF THE AT&T MODERATOR DISCONNECTS AND THEN RECONNECTS. YES. GO AHEAD.

>> MR. PULIDO: CAN YOU HEAR ME?

>> JOHN FLYNN: HI, YES. HOW ABOUT SINCE YOU'VE IDENTIFIED YOURSELF FIRST CAN WE START WITH RICK PULIDO AND SORRY, MADAM CHAIR, IF I'M STEPPING ON YOUR TOES HERE. MR. PULIDO, GO AHEAD. YOU HAVE ONE MINUTE.

>> RICK PULIDO: YEAH, REAL QUICKLY. I'M A SALT CHAIRMAN. I WANT TO GIVE MY PUBLIC COMMENT ON WHAT WE'VE BEEN DOING WITH OUR SALT 7 SO MAYBE AFTERWARDS, I CAN SAY A FEW MORE WORDS. BUT REALLY QUICKLY, I'M IN FAVOR OF THE 3-YEAR PLAN THE WAY IT'S GOING. BUT I THINK COMMISSIONER MOLINA SAID IT CLEARLY. THE COMMUNITY OUTREACH CONCERNS AND GETTING THE WORD OUT HAS ALWAYS BEEN AN ISSUE FOR YEARS, THAT I KNOW OF AND UNFORTUNATELY, WE'RE AT THAT POINT AGAIN. SO I WOULD SAY, WE SHOULDN'T RUSH OR WE SHOULDN'T BE SO QUICK ON THIS IMPORTANT DOCUMENT. SO PLEASE, MAKE SURE THAT WE GET THE COMMUNITY OUTREACH DONE. I KNOW THE COMMISSIONER SUPERVISOR SOLIS AND HAHN, HAS JUST DONE A RESOLUTION, FOR THE EXPANSION OF DELIVERY SERVICE TO THE UNDERSERVED LATINOS AND THAT TO ME, SHOWS A VERY STRONG, COMMITMENT BY OUR GREAT BOARD AND WHAT THEY ARE TRYING TO DO. SO WE NEED TO EXPAND ON THAT PREMISE. I ALSO WANT TO SAY THE RESERVE, I'M GLAD TO HEAR WE'RE SPENDING IT --

>> JOHN FLYNN: TIME. SORRY, MR. PULIDO. YOU'RE AT TIME BUT GO AHEAD.

>> MR. PULIDO: CAN I SAY A FEW MORE WORDS IN OKAY. THANK YOU. AND THE RESERVES WE'RE USING FOR THE SHORTFALLS. GREG POLK BROUGHT UP, I'M SO GLAD FOR THE PRESENTATION. IT RELIEVES A LOT OF OUR PEOPLE. A LOT OF OUR DMH FRIENDS IN SALT 7 HAVE BEEN LOOKING FORWARD TO HEARING THIS.

I'M SO GLAD NO ONE WILL BE LAID OFF OR WHAT NOT. THE OTHER THING IS YOLANDA AND CARMEN WROTE SOMETHING ABOUT TRAINING AND I THINK IT'S VERY IMPORTANT THAT WE GET THAT TRAINING

-- >> CHAIR WEISSMAN: RICK. I AM SORRY. I AM SO SORRY, EVERYONE. IF WE WANT TO HONOR

ORIGINAL INTENTION OF THE MEETING TO APPROVE THE MHSA PLAN AFTER PUBLIC COMMITMENT, LET US PLEASE HAVE THE PUBLIC COMMENT LIMITED TO EACH PERSON FOR ONE MINUTE. WE WILL STILL TAKE E-MAILS BUT I'M GOING TO ASK THAT EVERYONE CUE UP WITH THE MODERATOR. IT SOUNDS LIKE THAT'S AN OPTION BECAUSE I JUST GOT A TEXT FROM PINKI. EITHER WAY, EACH PERSON WILL HAVE ONE MINUTE FOR PUBLIC COMMENT AND WE'LL STILL TAKE COMMENT BY E-MAIL AFTER THE FACT. THANK YOU.

>> JOHN FLYNNN: CAN WE HEAR THE AT&T MODERATOR. CAN THEY SAY HELLO?

>> OPERATOR: CAN YOU HEAR ME NOW, SIR. YES, I WAS THE ONE WHO WAS TAKING OVER. AND I WASN'T TOLD I HAD TO CALL IN TO THE STUDIO SO I APOLOGIZE FOR THAT INCONVENIENCE.

>> JOHN FLYNNN: NO WORRIES. COULD I HAVE YOUR NAME, PLEASE.

>> MY NAME IS JEFF.

>> JOHN FLYNNN: AND JEFF, WHAT NUMBER ARE YOU CALLING IN VIA. IS IT THE 234 NUMBER OR ANOTHER NUMBER.

>> OPERATOR: I WAS GIVEN BY PINKI, THE 323 NUMBER.

>> JOHN FLYNNN: I HAVE A GIANT STACK OF PHONE CALLS IN. SO JEFF, I THINK I SEE YOU AT A 952 NUMBER. I'M GOING TO UNMUTE THE OTHER NUMBERS. JEFF, YOU COULD GO AHEAD AND CUE UP THE FIRST COMMENT.

>> OPERATOR: ALL RIGHT. THE ONE THAT I SHOW IS TRINA HARRIS. HOW THIS WILL WORK. I'LL OPEN HER LINE OVER THERE. BUT I DON'T KNOW IF THAT'LL ACTUALLY ALLOW TO YOU HEAR HER.

>> AUDIENCE MEMBER: HI. THIS IS TRINA HARRIS. GOOD AFTERNOON, EVERYBODY. I'M SERVICE AREA 6 SALT CO-CHAIR. OF COURSE, WE ALL KNOW THE HUGE DISPARITY. WE HAVE HAD SOME ISSUES WITH COMMUNICATION. ONE THING GREG POLK DID MENTION WAS ABOUT THE CATHEDRAL MEETING. WE'VE HAD VERY LITTLE PARTICIPATION IN THAT MEETING. LET ME TELL YOU WHY. I RECEIVED NOTIFICATION OF THAT MEETING TWO DAYS PRIOR TO THE MEETING AT 3:00 DURING OUR SERVICE AREA CO-CHAIR MEETING. SO THAT'S UNFORTUNATE THAT WE HAVEN'T BEEN ABLE TO GIVE A LOT OF EFFORT INTO AND INPUT INTO DEAL WEALTH DEPARTMENT WITH GIVING OUR IDEAS AND REPRESENTATION OF THE COMMUNITY. I THINK THAT NEEDS TO CHANGE.

>> "WELCOME TO AT&T SERVICE. PLEASE ENTER YOUR ACCESS CODE, FOLLOWED BY THE POUND SIGN.

>> JOHN FLYNNN: SORRY ABOUT THAT. YOU'RE AT TIME. THANK YOU FOR YOUR COMMENT. MODERATOR, COULD YOU GIVE US OUR NEXT IN CUE.

>> OF COURSE. THE NEXT ONE IS ELLIE STAUBAUCH. PLEASE GO AHEAD.

>> "YOUR ACCESS CODE WAS NOT RECOGNIZED. PLEASE ENTER YOUR ACCESS CODE FOLLOWED BY THE POUND SIGN. OPERATOR: I SHOW THAT ELLIE IS THE ONLY IN THE ACTUAL NORMAL ONE AND HER LINE IS OPEN AND SHE'S NOT ABLE TO SPEAK THROUGH THIS END.

>> JOHN FLYNNN: ELLIE, IF YOU'RE OPEN, TRY HITTING *6 TO HIT YOUR COMMENT. *6 WILL UNMUTE YOUR LINE.

>> "PLEASE RE-ENTER YOUR ACCESS CODE FOLLOWED BY THE POUND SIGN.

>> JOHN FLYNNN: I'M SORRY. ONE MORE CHANCE. *6 TO UNMUTE YOUR LINE. IF YOU WOULD LIKE TO MAKE A COMMENT. JEFF, CAN WE MOVE TO THE NEXT CALLER AND WE'LL COME BACK TO THAT ONE.

>> COMMISSIONER ACEBO: MADAM CHAIR, POINT OF INQUIRY.

>> AUDIENCE MEMBER: GOOD AFTERNOON.

>> CHAIR WEISSMAN: PLEASE. YES. COMMISSIONER ACEBO.

>> AUDIENCE MEMBER: MAY I BE ABLE TO SPEAK NOW.

>> CHAIR WEISSMAN: NO. HOLD ON ONE MOMENT, PLEASE. I'M LISTENING FOR COMMISSIONER ACEBO'S COMMENTS.

>> COMMISSIONER ACEBO: I REALLY WANT TO REEMPHASIZE THAT THE PRESENT PROCESS FOR PUBLIC INPUT IS A DIFFICULT ONE. AND I BELIEVE THAT WE NEED TO SET A HARD DATE FOR PUBLIC INPUT FOR IT TO BE WORTH WHILE FOR THE PUBLIC AND ACCESSIBLE TO THEM BECAUSE I HEARD FROM THE BEGINNING FROM PUBLIC COMMENT, THAT THERE WERE ISSUES REGARDING AT LEAST FOR, YOU KNOW, FOR SPANISH TO BE TRANSLATED INTO SPANISH SO I WOULD LIKE TO SUGGEST THE FOLLOWING. THAT WE HAVE A SPECIFIC MEETING, SET TIME NEXT WEEK. WE NOTICE IT AND EVERYTHING, SPECIFIC FOR A VOTE TO APPROVE WITH AMENDMENTS AND SPECIFIC FOR PUBLIC COMMENT. SO ALL OF THIS CAN BE WORKED OUT AND EVERYONE CAN BE INFORMED, THE SALTS, AS COMMISSIONER MOLINA. WAS REFERENCING, AS COMMISSIONER STEVENS TALKS ABOUT SHE'S GETTING TEXTS FROM FOLKS. I THINK, COMMISSIONERS, IT MAY BE WISE TO MAYBE HOLD THIS OFF AND DO IT AT A CERTAIN TIME, CERTAIN DAY SO THAT WE HAVE REAL, REAL ROBUST PUBLIC INPUT. SORRY TO REPEAT MYSELF, MADAM CHAIR.

>> CHAIR WEISSMAN: IT'S WORK REREPEATING. I AM THERE WITH YOU. I THINK WE HAVE TRIED VERY HARD TO MAKE THIS WORK. IT DOESN'T SEEM TO BE ANYWHERE CLOSE TO DOABLE IN THIS FORMAT TODAY. SO I WILL WORK WITH INTERNAL DMH STAFF AND FELLOW COMMISSIONERS TO DECLARE AND SET A NEW MEETING SPECIFIC FOR PUBLIC COMMENT AND A FINAL VOTE FROM THE COMMISSIONER ON THE MHSA PLAN. IF YOU'RE ON THE LINE WAITING FOR PUBLIC COMMENT, WE ASK

THAT YOU HANG UP. THERE IS NO NEED. WE WILL TAKE FULL PUBLIC COMMENT AT OUR NEXT MEETING TO BE ANNOUNCED. AGAIN, MY REALLY DEEP APOLOGIZES. WE HAVE TRIED SO HARD AND WE ALL FEEL SO BAD. THIS IS NOT THE TOOL OR THE PERFECT PROCESS WE INTENDED. COMMISSIONERS, WE WILL GET BACK TOGETHER TO SET A NEW MEETING, LIKELY ON OUR REGULAR MEETING DAY SO MAYBE LOOK AT YOUR CALENDARS FOR NEXT THURSDAY. AND TO DEPARTMENT STAFF AND THE MHSA STAFF AND TO GREG POLK, I'M SORRY, TOO, IF THIS CAUSES DELAYS ON YOUR END, IN TERMS OF PROCESSING TOWARDS THE BOARD OF SUPERVISORS.

>> EXCUSE ME, BRITTNEY. MY ONLY CONCERN ABOUT THAT IS THAT THERE MAY BE PEOPLE WHO ARE CURRENTLY ON THE LINE, WHO WILL BE UNABLE TO PHONE IN AT ANOTHER TIME OR ATTEND ANOTHER MEETING AND I DO WANT TO BE ABLE TO DO AS WE'RE DISCUSSING TO HAVE ANOTHER MEETING BUT I AM CONCERNED IF THERE ARE PEOPLE WHO MAY NOT BE ABLE TO, WHO ARE WAITING RIGHT NOW.

>> CHAIR WEISSMAN: VERY FAIR CONCERN AND ON THAT ITEM, I SUGGEST THAT ANYONE IS WELCOME TO LEAVE AN E-MAIL AT THE MENTAL HEALTH COMMISSION E-MAIL ADDRESS BETWEEN TODAY AND THE DATE OF OUR NEXT MEETING. WE WILL MAKE A PUBLIC ANNOUNCEMENT ABOUT THAT OPTION AND THE PUBLIC ANNOUNCEMENT ABOUT THE OPPORTUNITY TO PROVIDE VERBAL FEEDBACK AT THE NEXT MEETING. BUT PLEASE, IF YOU'RE ON THE LINE, I AM GOING TO KIND OF TRUNCATE THIS MEETING. WE WILL NO LONGER HAVE MHSA DISCUSSION AT THIS POINT. WE'LL JUST PUT THAT ASIDE AND PICK UP AGAIN IN A FUTURE MEETING. THE ONLY -- GO AHEAD.

>> GREG POLK: SORRY, COMMISSIONER -- MADAM CHAIR. THERE'S ONE QUESTION I THINK COMMISSIONER ACEBO MENTIONED AMENDMENTS. I THINK WE'LL BE VOTING ON WHAT WE HAVE CURRENTLY WITHOUT ANY AMENDMENTS TO IT. BECAUSE THAT'S --

>> COMMISSIONER ACEBO: MADAM CHAIR. MADAM CHAIR. THE AMENDMENTS ARE ONLY RECOMMENDATIONS. THEY ARE NOT BINDING. THEY'RE INSTRUCTIONS FOR THE BOARD TO CONSIDER CERTAIN THINGS. WE HAVE, WE RECOGNIZE WE HAVE NO MANDATE TO CHANGE GOING. WE HAVE A RESPONSIBILITY AND BYLAW TO LOOK AT CERTAIN THINGS TO, MAKE RECOMMENDATION TO THE BOARD BECAUSE THEY ARE THE FINAL ARBITRATORS OF WHAT GOES IN THE MHSA PLAN AND WHAT DOES NOT.

>> GREG POLK: THAT'S NOT WHAT I'M ARGUING, COMMISSIONERS. THAT'S NOT WHAT I'M SAYING.

>> COMMISSIONER ACEBO: THAT'S WHAT I'M SAYING. WELL, THAT'S WHAT I'M SAYING, SIR.

>> GREG POLK: WELL, WHAT I'M SAYING IS THE DOCUMENT THAT WE HAVE CURRENTLY IS A DOCUMENT WE'RE GOING TO PUT FORTH NEXT WEEK. THE EXPECTATION THAT WE CAN TAKE THIS DOCUMENT AND TAKE YOUR AMENDMENT AND INCORPORATE --

>> CHAIR WEISSMAN: MR. POLK. YES. WE UNDERSTAND. WE UNDERSTAND. MR. POLK. YOU'RE RIGHT, WE'RE NOT EXPECTING ANY NEW REPORT OR ANY NEW DATA OR ANY NEW FEEDBACK OR PRESENTATION FROM DMH AT ALL. NONE OF THAT.

>> GREG POLK: FAIR ENOUGH.

>> CHAIR WEISSMAN: YES?

>> GREG POLK: FAIR ENOUGH.

>> CHAIR WEISSMAN: THE ONLY THING I'M EXPECTING FROM OUR NEXT MEETING, TBD IS PUBLIC COMMENT COMMISSIONER VOTE. NO ADDITIONAL PRESENTATION FROM DMH. IT'S AS IF IT ALREADY HAPPENED BECAUSE IT ACTUALLY DID TODAY, HERE.

OKAY. LET US CONCLUDE THAT WE WILL PUT THIS OFF. I'M VERY SORRY --

>> ARE WE RECESSING?

>> CHAIR WEISSMAN: JUST THIS ITEM. SO COMMISSIONERS, WE ARE STOPPING ANY TALK ABOUT THE MHSA PLAN. NO MORE. WE WILL LEAVE THAT FOR A FUTURE MEETING. IF THERE'S DISCUSSION FROM THE PUBLIC, YOU ARE WELCOMED TO SUBMIT YOUR COMMENTS VIA THE E-MAIL ADDRESS FOR THE MENTAL HEALTH COMMISSION. WE'LL REVIEW THOSE. WE'LL ALL COME BACK TOGETHER BY VIRTUAL FORMAT NEXT MEETING FOR THE PUBLIC COMMENT, A FULL-THROATED PUBLIC COMMENT, LIKELY AND THE FULL VOTE FROM THE MENTAL HEALTH BOARD. OKAY?

>> COMMISSIONER STEVENS: I JUST HAVE ONE QUESTION, BRITTNEY AND THANK YOU MUCH. IS IT POSSIBLE TO HAVE SOMETHING IN WRITING THAT WE COULD GET, YOU KNOW, REALLY GET OUT TO THE PUBLIC TO LET THEM KNOW? MAYBE A WEEK, MAYBE EVEN BE TOO SOON BUT IF MAYBE WE CAN GET THAT INFORMATION OUT TO GET AS MANY PEOPLE AS POSSIBLE TO PARTICIPATE.

>> CHAIR WEISSMAN: YES. I WILL WORK DIRECTLY WITH COMMISSION STAFF AT THE DEPARTMENT TO RELEASE DETAILS OF THE NEXT MEETING. ABSOLUTELY. AND HOPEFULLY, YOU PAY ATTENTION AS COMMISSIONERS TO SURVEY FOR THE NEXT DATE. WE WILL ABSOLUTELY NEED A QUORUM IN ORDER TO MOVE FORWARD. THANK YOU. I WILL TAKE IT THAT THERE ARE NO MORE CONCERN ABOUT THE MHSA PLAN. WE WILL NOT DO ANY BUSINESS ON THIS ITEM. WE'LL JUST SIMPLY SOAK IN THE GOOD INFORMATION AND PRESENT WE RECEIVED. IN ADDITION, WE HAVE THE REMAINING SINGLE ITEM OF ROLL CALL FOR THE MINUTES THAT WE HAD APPROVED VOCALLY OR VERBALLY EARLIER IN THE MEET BEING. WHAT I'D LIKE TO ASK IS BEFORE WE ADJOURN, WHICH IS EMINENT, I'D LIKE TO ASK

COMMISSION STAFF CANETANA TO DO ROLL CALL AND ONE BY ONE, WE WILL VOICE A "YES" VOTE TO APPROVE THE MINUTES FROM FEBRUARY, APRIL AND MAY, AS A SLATE OF MINUTES CANETANA, WILL YOU PLEASE CALL ROLL?

>> CANETANA HURD: YES.

>> COMMISSIONER FRAUSTO: YES.

>> COMMISSIONER FRIEDMAN: (INAUDIBLE).

>> COMMISSIONER OROZCO: YES.

>> COMMISSIONER TURNER: YES.

>> CANETANA HURD: QUINTA CURRY. ABSENT, EXCUSED.

>> COMMISSIONER STEVENS: YES

>> COMMISSIONER SCOTT CURRY: (NOT PRESENT) LES YES.

>> COMMISSIONER DALGLEISH: YES.

>> MEMBER OGAWA: YES.

>> COMMISSIONER ACEBO: AYE.

>> COMMISSIONER MOLINA: AYE.

>> CHAIR WEISSMAN: YES.

>> COMMISSIONER COOPERBERG: YES.

>> CANETANA HURD: DID SUSAN FRIEDMAN ANSWER?

>> CHAIR WEISSMAN: SHE'S NO LONGER ON THE CALL.

>> CANETANA HURD: OKAY. OKAY.

>> CHAIR WEISSMAN: DO WE HAVE 8 YESES?

>> CANETANA HURD: YES. WE DO. YOU HAVE A QUORUM.

>> CHAIR WEISSMAN: THANK YOU. OKAY. THE MINUTES ARE APPROVED AS A SLATE FORMAL
LEAST THANK YOU FOR YOUR PARTICIPATION IN THAT.

I THINK WE HAVE ALL BEEN THROUGH THE RINGER ON THIS TAIL-END OF THE MEETING. LET US CONCLUDE AND WE'LL ADJOURN. WE'LL SEND YOU ASAP ON OUR NEXT GET TOGETHER. AGAIN, MY PERSONAL APOLOGIZES, THE DEPARTMENT'S APOLOGIZES, THE COMMISSION'S APOLOGIZES ON THIS IMPERFECT KIND OF ENDING AND LOOK FORWARD TO PICKING IT BACK UP AGAIN ON A GOOD NOTE NEXT TIME WE TALK. STAY WELL, BE WELL. TAKE CARE AND HAVE A GOOD AFTERNOON. BYE, EVERYONE.

>> AND THE LIVE EVENT HAS ENDED AND WE ARE OUT. AFTER 4 AND A HALF HOURS.

(ADJOURNMENT 2:24 P.M.)