

County of Los Angeles – Department of Mental Health  
**OFFICE OF THE MENTAL HEALTH COMMISSION**  
December 18, 2020 - Meeting Minutes  
Brittney Weissman, Chair, Presiding  
**Approved January 28, 2021**

## DISCUSSION

### Call to Order

#### Call to order – Brittney Weissman, Chair

a. Roll Call – *Commission Staff*

Present: Imelda Padilla-Frausto, Susan Friedman, Luis Orozco, Reba Stevens, Harold Turner, Stacy Dalgleish, Patrick Ogawa, Kevin Acebo, Judy Cooperberg, Brittney Weissman – **QUORUM PRESENT**

Absent: Kathy Cooper Ledesma, Mike Molina

b. Approve November Minutes - Minutes approved by unanimous vote with 2 abstentions. Motion by Cooperberg, second by Padilla-Frausto

### II. Non-Agenda Public Comments

**Patricia Russell** – Attended Civilian Oversight Commission for the Sheriff Department meeting. Many people about family members who have lost their loved ones to police shooting are unable to get information, police having memorials for their loved ones, and police harassment. DMH should reach out to these people.

**Osbee Sangster** – Speaking on behalf of the Black Los Angeles County Client Coalition Inc. BLACCC's advocacy effort today; with all do respect; in this moment, A Point in Question; of special public importance and hopeful; remnants of strategic planning in "*removing social hurdles and barriers*" that will offer a vision for change; government entities; must be a little bit more transparent and accountable. **In Amplifying Social Determinants Action:** *We must improve the feedback loop* and strengthen approaches to help clients, consumers, family members and stakeholders. **Social factors:** Cultural revitalization is an important focal point; in closing-out this year and for years to come... **Lastly, No Matter What Holiday You Celebrate, Healthy holidays to All. And Prosperous New Year! On behalf of BLACCC.**

**Amparo Ostogic** – Thank you to the MHC and DMH. This year has been really difficult for all. Persons with lived experience, for family members, for people that have adult children with disabilities or psychiatric conditions. I'm really grateful for everything that you do. I have been on the receiving end of someone with a mental health condition. So, thank you and happy holidays

### III. Department of Mental Health Update

#### Dr. Curley Bonds, Chief Medical Officer Update

#### Key Personnel and Program Updates - None

#### Follow up Items – (see supporting materials)

MacArthur Misdemeanor Mental Health Diversion Pilot

- ~ Primary Partner Agencies: Los Angeles City Attorney, DMH, Public Defender/Alternate Public Defender, Courts, LASD, DMH, DHS, Public Health (SAPC-CENS), Project 180.
- ~ Pre-trial diversion based on PC 1001.36 (MH diversion), conditions set by courts up to two years (typically court is currently saying about one year)
- ~ Operates out of CCB Depts. 40 and 48 (male and female misdemeanor detainee arraignment courts).
- ~ Rapid turnaround (within 24 hours of candidate's first courtroom appearance) is required due to misdemeanor status (i.e., arrestee will choose release vs. services)

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### Expansion – Mental Health Court Linkage

- ~ Details are currently being worked out with courts/judges.
- ~ Will likely be similar process with some minor modifications

### Key Accomplishments – 2020 (see supporting materials)

- ~ Countywide Division
- ~ Forensic Psychiatry Division
- ~ Public Guardian
- ~ Telemental Health
- ~ Women’s and Reproductive Health
- ~ Intensive Care Division
- ~ Pharmacy
- ~ Other Notable Areas

### 2020 Achievements (see supporting materials)

- ~ Preparing for Vaccine Administration – with priority groups identified, will target front line workers who are in the field or in clinics seeing patients.
- ~ Communications – Establishment of a weekly DMH Staff newsletter (COVID19 daily) and also hosted multiple Town Hall events attended by thousands of staff.
- ~ Initiatives to address structural racism: Action Learning Community – anti-black racial awareness, acknowledgement and education to promote intra-personal growth.

### Questions from MHC

- Report more on telemental health and how it's impacting specific communities and maybe show us some data in terms of the outreach in specific areas and who's being able to access it and who's not being able to access and for what reasons that type of thing and then how is it impacting specific communities. Maybe show data in terms of the output in specific areas, who has access and not. (Ogawa)
- Court Diversion – My concern is the Public Defender Office receives an outrageous number of cases. Many times, they are unaware of any of details of the case until the same day. I question the many opportunities public defenders have to really familiarize themselves with the people that they're representing and what services may be available to them and have time to reach out to the court liaison programs and others when you only looking at the case that day. How can we change the process whereby not abdicating our responsibility to those in these programs? Money that's going from the state in our names could be redirected to the Department of Mental Health. (Turner)
- Data and gaps in telemental health. Will Headspace continue after pandemic in 2021? (Orozco)

## IV. Reports from Community Co-Chairs (SALTS & UsCC & CCC)

### SALT 4 - Esiquio Reyes – December meeting Dark, report sent via email

Understanding homelessness is not as hard as most people think, for all one has to do, is seek the routine in the life being lived. For a person to deal with homelessness a routine is needed therefore created. A person’s routine is tweaked over the years so that one’s life can be less strenuous and in the case for those that are homeless, less torturous. A homeless person does not have much to live for, therefore are only focusing on a few things to

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help them get by. Food, sleep, and how to keep safe the last few things they call their own, are quite literally how most of the conversations between myself and other homeless people started. By creating large and small lockers like metro has for bikes, but for the homeless, placing them in locations that can easily be patrolled by officers passing by, have it to where a person that's found a safe place to sleep, so long that it isn't messy, sleep where they feel safest at, and increase food funds to around \$325, will play a significant role in maintaining the minds of those living through the tortures that can with homelessness.

### **UsCC Access 4 All (Deaf, Blind, Hard of Hearing, Physically Disabled - Roque Alas Bucton, Co-Chair and Cody Hanable, MSW, Co-Chair**

Previously we informed the Mental Health Commission in November of the lack of involvement in the Promotores De Salud, now identified as the United Mental Health Promoters Program Expansion. As of this date we have been contacted and provided access to the employment opportunity summary and link by Kattie Rodriguez. With this summary and link we have contacted and provided it to the following organizations that specialize in developing the disabled workforce: Disability Resource Center (DCRC), Vocational Rehab, Communities Actively Living Free & Independently (CALIF), Independent Living Center (ILC), Way Finder, and GLADinc. They have begun the process of informing previous graduates from each of their programs to apply to the position. On December 9, 2020 we conducted an accessibility workshop geared to informing DMH staff about the limitations and adjustments that can be made to improve accessibility with Microsoft Teams. The workshop was deemed a success and we were informed via our liaison that the hands-on experience helped staff members understand the experience of the deaf and blind stakeholders that participate in meetings and teletherapy. In addition, we have requested the data collected from the directly operated agencies for the fiscal year 2019-2020, specifically clients who identified as physically disabled and/or use American Sign Language as their primary language in order to know the number of stakeholders directly engaged with DMH services. As of this date we have yet to receive that information from Dr. Lisa Benson, Dr. Sandra Chang, or our liaison, Rosario Ribleza. For the upcoming year 2021, our stakeholders have identified and are currently voting on the following capacity building projects:

**Firstly**, we will develop a "Talking Circle" which will become a conversation series between peers, facilitated by a licensed clinician as a virtual event. Participants will be people with disability and/or anyone connected to a disabled person. Participants can talk freely to share their experiences with peers. In addition to talking, they will also have an opportunity to practice active listening. Conversations are to be confidential. In the event of a crisis, there will be at least two (2) clinicians available to conduct a one-on-one crisis intervention (virtual).

**Secondly**, we will develop a podcast series. It is to be a conference on disability using the podcast (audio and video) format. This set-up gives a better accommodation and accessibility to all stakeholders where anyone can access or download it at any time. There will be a host, guest speakers, presenters, panels, and video clips. It will be presented in different platforms /social media (ie. Youtube and Facebook) to increase accessibility to the information and discussion. It will be a series of 4 to 8 with different topics per session. Resource materials will be developed such as links and documents/flyers.

**Thirdly** we will develop a Domestic Violence Taskforce to develop a training on disability, domestic violence, and mental health. The training will be participated by the stakeholders particularly people with disabilities, and their family members or caretakers. Clinicians with experience in domestic violence and mental health cases with the disabled communities will be hired to develop a training on disability, domestic violence, and mental health focusing on both the abuser and the victim. The training will educate the participants on how to identify the signs of people who are victims of domestic violence and provide them the resources and access to help appropriately. The trainers will also provide techniques on how to identify red

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flags, the abuse cycle, determine when abuse is already happening, and provide guidance on when, how, and where to seek help safely. The trainers will also address the mental health needs of the victims and abusers as applicable.

### **SALT 5 - Penny Mehra, Co-Chair**

1. Highlight issues that SALT is discussing/working on:

SALT 5 is focusing on expanding our SALT membership. We are planning a January Winter Celebration to engage SA residents. At our last meeting we heard from Evan Bowman of the DPH Youth Advisory Board whose presentation raised awareness of the day-to-day stress and depression young people are experiencing.

We have engaged an ad-hoc committee of members to discuss racial and social equity within our SA.

2. What does SALT want MH Commission to be aware of – gaps in service/issues of note?

With many MH services being offered virtually via TEAMS or Zoom, client access to smart phones, tablets, or computers is very important. Many do not have these items and even when they do, especially when homeless, they do not have the ability to keep them charged or have wi-fi access.

Additionally, we have heard that residential programs do not have computer access for clients to meet with family members.

We heard from

3. What issue or community concern do we want MHC to be aware of?

SALT 5 is concerned with ongoing issue of homelessness, hunger, and the COVID pandemic. The number of homeless seems to be increasing with encampments cropping up in many neighborhoods. SA 5 residents have voiced concerns of safety, crime, hygiene, and suffering.

4. What needs does SALT have?

We the ability to track SA5 community participation. Additionally, SALT and CAF budgets seem unstable and it is difficult to plan events and outreach to community members without these resources.

### **SALT 1 – Monthly Report to Mental Health Commission via email from November 19 meeting**

- a) Presentation of Certificate of Appreciation to Supervisor Kathryn Barger for her ongoing and continuous support of the mental health needs and all the needs of the Antelope Valley portion of her district, and for being a tireless advocate for the Antelope Valley Behavioral Health Urgent Care facility.
- b) Presentation by Parents, Educators/Teachers, Students in Action (P.E.S.A.)
- c) Presentation by Bartz Altadonna on their PrEP program.
- d) Innovation 2 is in the process of hiring Community Ambassadors to work on out in the community as community health workers.
- e) Members were asked to review the MHSA 3-year plan and encouraged to send in their input and feedback.
- f) This year's Day of Giving will be a drive through event and will be held on December 11th at the Christ Church of the Valley in Palmdale.

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**What Does Your SALT want the Mental Health Commission and Community Leadership Team (CLT) to be aware of? Any gaps or service issue of note?**

- There is a severe long-term shortage of housing resources here in the Antelope Valley.
- To bring the Citation Diversion for Juveniles Court up to the Antelope Valley. The nearest one is located in Van Nuys.

**What Issues of Countywide or Community Issues do you want the MH Commission/CLT to be aware of?**

- There is a need for the new Mental Health Urgent Care Center in the Antelope Valley to be up and running soon. Projected completion is 2020.
- The importance of educating both students, and their parents on suicide prevention. There is a high rate of suicides here in the Antelope Valley.
- Valley Oasis has a shortage of housing resources.

**What Needs does your Service Area have?**

- Psychiatric Urgent Care Center.
- Bring the Citation Diversion for Juveniles Court up to the Antelope Valley.
- A full-service outpatient program for children that is not specialized foster care.
- More physical office space to expand existing and new DMH programs, as well as a place where consumers can come together and meet.
- More housing resources.
- Alternative (Affordable) Housing Solutions.
- More resources for the ARC project.
- Prevention education on suicide, sexual identity and emotional support.
- Raise awareness to end child abuse in all its forms.
- A billboard that displays information on all the various resources that are available to everyone in the community, e.g., where people may get a free meal, or where people may get free dental and medical services, or about the health neighborhood meetings.
- Mental Health education for school administrators.
- Moore peer support.
- There is a need to improve the continuity of care for juveniles and adults exiting the criminal justice system. There is a need for community navigators.
- Assistance with transportation for consumers attending meetings held in the Antelope Valley and down in Los Angeles.

## V. Commission Business

**a. Project Updates – Commissioner Dalglish**

- i. Site Visits – Plans to schedule another site visit to LA Grand Hotel Roomkey in Downtown LA when the hotel re-opens.  
**Action** – Are there any limitations on sites to visit? Brittney will follow up on any site visit limitations. Pinki will contact CALBHBC on parameters around site visits.
- ii. Annual Report – Final input received for annual report is next Friday. Next step will be forwarded to graphic designer.

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iii. Data Notebook – Pinki will re-send data notebook for input from MHC with one week deadline, finalize notebook and submit to CALBHBC.

**b. Report on Priorities/Priority Template – Commissioner Weissman**

- i. Criminal Justice – Acebo, Molina, Ogawa, Turner (Acebo Liaison)
- ii. Homeless/Housing – Dagleish and Ledesma (Acebo EC Liaison)
- iii. Integrated Care Services/Cultural Competency – Ogawa, Padilla-Frausto, Orozco (Ogawa Liaison)
- iv. COVID19 Disparities – Dagleish, Turner, Friedman (Turner Liaison)
- v. Budget Accountability – Molina and Cooperberg (Acebo Liaison)
- vi. Data Oversight – Padilla-Frausto assist each priority group on data components if needed.

**c. Priority Template – Commissioner Weissman**

Commissioner Weissman provided template for each priority workgroup to establish detail for accomplishment, a timeframe, and consistency across the workgroups.

**Action** – Pinki provide SALT Co-Chair and UsCCC contact lists, priority assignment lists with contact info, DMH contact for priority area, and timeline for reports/updates.

## VI. Public Comments

**Barbara Wilson** – via email

On behalf of concerns expressed by ARF's owners. During the current and anticipated increase of Covid Cases a.k.a. Surge, given the "In-Out" that must be permitted to residents, their fear is that they and their residents are extremely vulnerable to infection but will be "last on the list" to receive Covid vaccines. Can the Commission please follow-up on the concern by ARF owners?

**Phoebe Kim** – via email

I want to thank you all so much for the support I have received since the last committee meeting. To have a voice and be heard is so important to me and I understand how emotional I was the last time I spoke to all of you. As I had explained in the last meeting, I have been dealing with the stigma that has long existed and isn't easy to deal with when people don't understand the difficulties, I deal with to continuously take care of my mental health while dealing with my homelessness and separation from my fiancée Ricardo Kim. We came to be a part of Project Roomkey back in June 2020. In July 2020 I had been having difficulty dealing with the trauma I experienced from being chronically homeless prior to being temporarily housed through Project Roomkey. Ricardo has been and continues to be a great support through each of our homeless journey. Unfortunately, being that the people who work at the Project Roomkey location are not trained in assisting someone with mental health issues such as myself. I was having an episode one evening and was vocally expressing myself while crying to Ricardo about my fears of getting thrown out on the streets and the people that work at where we live don't care and how I felt that no one cares. During that moment about 5 staff members came in and took me out of my room and took Ricardo and walked him off the premises. I began to cry uncontrollably, and no one was able to console me. I was made to feel as though I did something wrong. Since then, Ricardo is back on the streets and living in the spot him and I use to share. It has been so difficult being separated from each other and we have been asking when he can return. No one was giving us any type of solid answer or follow up. The more I pressed for answers the more I was treated like a child and was lectured and ridiculed on how I should live my life. I have had to deal with staff speaking out loud in front of their fellow coworkers and others about my personal matters including my mental illness. I've been told that although I say I admittedly have a disability at least you can't tell by looking at me that there's something wrong with me. And I shouldn't push on getting Ricardo

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back in our room and get to a point in my life where I don't have to depend on no man in my life. I almost got to a point I wanted to give up and not be any part of this Project. But I'm trying my best to get answers in my housing coordination so that Ricardo and I can move forward in our life away from everyone here at Project Roomkey Hotel Solaire. I am hoping by the next meeting I will be able to share some better news in regard to mine and Ricardos housing situation. Also, I want to thank Robert Gray from Department of Mental Health Consumer and Family Affairs for reaching out to me to validate my hurt and loss that I have experienced from Project Roomkeys actions beginning in July. I appreciate all of the support that has been given since I was given a moment to speak during the public comments during the last meeting.

**Patricia Russell –SALT 2 Member**

I just wanted to give a quick summary. We had a wonderful meeting in December, and we had holiday a person come and talk about how hard it is during the holidays people's feelings and family members or that what we are going through at times just we've had lock as I lost my sister. I read Dr. Sherin article and co-occurring disorders are brought up and they need to be treated with special LPS consideration and a new idea about grave disability.

**Mark Karmatz – Project Return is moving forward certifying Peer Specialists**

**Esiquio Reyes –** I would like to express the need that homeless people need an increase in food funds because many of them are only living off of \$5 a day right now from the SNAP program So moving forward to help the homeless, there needs to be something that helps all homeless people throughout all of the area all at once. And the best thing possible would be an increase in food fund. So, if the Department of Mental Health can maybe relay that information to the board, that would be great.

**VII. Adjournment**

**Next Meeting –January 28, 2021 – Microsoft Teams (Online Virtual) @ 11 am**

**Minutes submitted by Canetana Hurd**