

OFFICE OF THE MENTAL HEALTH COMMISSION

April 22, 2021 - Minutes

Brittney Weissman, Chair, Presiding

APPROVED: May 27, 2021

Motion made by Commissioner Molina 2nd by Commissioner Ogawa unanimously carried with one abstention

DISCUSSION

Call to Order

Call to order – *Brittney Weissman, Chair*

a. Roll Call – *Commission Staff*

Present: Imelda Padilla-Frausto, Susan Friedman, Reba Stevens, Harold Turner, Stacy Dagleish, Kathy Cooper-Ledesma, Patrick Ogawa, Mike Molina, Judy Cooperberg, Brittney Weissman – **QUORUM PRESENT**

Absent: Kevin Acebo

b. Approve meeting minutes (February and March 2021) postponed to April meeting.

II. Mental Health Services Act (MHSA) 3 Year Plan Public Hearing

Greg Polk, Chief Deputy Director, Operations & Staff

MHSA & Budget Presentation (see supporting document)

Presentation Layout

1. Focus on Disparities

- FY 2019-20 MHSA Direct Services Cost by Ethnicity and Plan
- FY 2019-20 CAL-EQRO Performance Measures
- Percent Changes in Consumers Served in Outpatient Programs by Race over a Four-Year Period
- Proposed Actions to Address Racial/Ethnic Mental Health Care Disparities

2. Community Planning

- Activities and Meeting Dates
- CLT Composition
- Stakeholder Engagement
- Stakeholder Feedback

3. MHSA Funding and Three-Year Plan

- Mental Health Services Act and Purpose of Three-Year Plan
- MHSA Budget and Fund Balance
- Funding Concerns and Opportunities

4. Existing MHSA Programs and Proposed Changes

- Review of Existing Programs and Services
- Proposed Changes

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- Full-Service Partnership Redesign
- Mental Health Treatment Bed Capacity
- Modernization of 24/7 ACCESS Call Center

III. Public Comments

Osby Sangster: BLACCCAE is concerned about the addition of chronic homelessness. They urge MHSAs Housing Trust Fund to address immediate needs for less cost, rapid housing solutions to better serve and support homelessness for marginalized consumers and families and individuals with mental illness.

Anna Anita: Spoke about information missing in the budget; 1) information on culture and racial demographics is missing data on diagnosis, like anxiety and severe mental wellness, 2) oversight and accountability, are funds being invested, 3) technology and innovation feedback missing from families.

Pastor Nah: I sent a document to commissioners to establish a dedicated team for each language, and PMRT connect clients to available beds faster.

Hector Ramirez: Spoke about the MHSAs budget does not reflect recommendations of the Latino community, and please review the recommendations presented by Latino UsCC. Increase oversight and accountability of all NAMI LACC, NAMI San Fernando Valley Programs.

Esiquio Reyes: Spoke about helping homeless people who are in housing units that have nothing to do. He will advocate for internet services so they can connect with family members, health, telehealth, and return to school.

Kelly O'Connor Kay, Executive Director of Maternal Mental Health Now has three proposals: 1) End up training and treatment options that are perinatal anxiety disorders for a small cohort of clinicians within each service planning area. 2) Funding specifically for individual and group therapy, targeted case management and supervision and coordination of the program. 3) Linking clients to other services within DMH and other county agencies, such as DHS and substance abuse, and finally funding for intensive perinatal inpatient and outpatient programs, none exists in the county for the population.

Carmen Perez, SALT 4 Co-chair. MHSAs budget question: 1) Page 162 - why so much money being rolled over every year instead of putting that money towards programs and other initiatives? 2) Page 164 – why is the funding so low on the stigma discrimination reduction program?

William Legere: [Indiscernible].

Pete Thompson: Comments made about post-traumatic stress disorder and childhood sex abuse is a very common difficulty in mental illness.

Paul Stansbury: Stated the efforts of the Department of Mental Health and Mental Health Commission to help inform our SALTs on the MHSAs process and all the great work being done is appreciated. Expressed concern how do strategies in terms of FSP transformation, community-based initiatives, efforts in terms of addressing the technology are seen happening in our service area.

Pastor Nah: Suggested manuals with information on 911, 72-hour holds, hospital discharge in different languages. Clergy members and caregivers would benefit to have DMH services more accessible.

Alex (Spanish translation):

1. Moreno SALT 2: Stated more bilingual clinicians in the clinics operated by the county are needed because psychologists/psychiatrists take three to four weeks to see the patients.
2. Joanna Lozano: Requesting copulated data about the different age groups of the various categories, their cases to compare and contrast every year, and if programs implemented are working.

Rick Pulido: Agree with Dr. Paul Stansbury on community-based initiative issues. MHSAs plan should have information on holistic treatment approaches, it is the wave of the future. SALTs should have a diversity, equity, and inclusion initiative.

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Natalie: Spoke about setting goals and reevaluate goals to see if they work and concerned about the one trillion unspent funds.

Barbara Wilson: Supports the proposed changes for boarding care homes, recognizing the important contributions that they make in helping to prevent homelessness and as a part of the continuum of housing options for people that have serious mental illness, and support the FSP program changes.

IV. Commission Discussion/Next Steps

- a. **Chair Updates – meeting adjourned to conduct April 29 Special Meeting**
- b. **FY 2021-22 Election Next Steps**

V. Adjournment

Next Meeting – May 27, 2021 – Microsoft Teams (Online Virtual) @ 11 am