

County of Los Angeles – Department of Mental Health

**OFFICE OF THE MENTAL HEALTH COMMISSION**

February 25, 2021 - Minutes

Brittney Weissman, Chair, Presiding

**APPROVED: May 27, 2021**

**Motion made by Commissioner Molina 2<sup>nd</sup> 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, Luis Orozco, Reba Stevens, Harold Turner, Stacy Dagleish, Kathy Cooper-Ledesma, Teresa Banko, Patrick Ogawa, Kevin Acebo, Mike Molina, Judy Cooperberg, Brittney Weissman – **QUORUM PRESENT**

Absent: None

b. Chair opened the meeting in honor of Black History Month with The Negro National Anthem, “Life Every Voice and Sing,” performed by Wendy Cabil, Member of SALT 1 – Lyrics in English and Spanish attached.

c. Approve meeting minutes (January 2021) **on the motion of Commissioner Molina second by Commissioner Dagleish unanimously carried, this item was approved.**

**II. Non-Agenda Public Comments**

**Patricia Russell – Is there a protocol for public comments to be addressed?**

**Osbee Sangster, Black Los Angeles County Client Coalition**

Speaking on behalf; of the Black Los Angeles County Client Coalition Inc. Today, I am grateful to be part of an era and effort to the Month of February, that holds great significance; Black History Month - February is a time to Celebrate recognizing the achievements of many Black Americans, and too be inspired to action, and Let Us; Remember, and not forget the civil rights activists, mental health advocates, and elders. Let us; achieve and acknowledge this day for their sacrifices, and contributions. Under the principle, "Moral compass," the disadvantages, African American injustices, to systemic racism, homelessness matters, economic issues... and other inequalities, solutions; must come to give attention with the ear to those most affected, their voice needs to be heard, or by calling for a state in response, The answer is not in the nature of the problem; but in the nature of the response: or lack thereof; to the legislature's actions.

**Jean Harris – via email**

Spoke on advocating for services for an FSP client discharged from a 5150 hold in August 2020. She is receiving FSP from a contract provider, since there is no direct FSP in SA 1. She does receive SSI income. She was receiving interim housing at Kensington Campus in Lancaster, while we hoped to get her into a Permanent Supportive Housing (PSH) unit. I worked with the housing Case Manager, AOT and her FSP provider, but didn't get anywhere. She has been currently resistant to engage with the FSP provider, who claimed she was refusing services, including medication. She has been seen by them since 2013, and I am very disappointed in the lack of support I have seen during the last 7 months by her FSP provider. She has a diagnosis of schizoaffective disorder and is 40 years old, becoming mentally ill at 23 years old. She is a college graduate and worked as a research chemist at UCLA before becoming ill. Her family is supportive and has cared for her at home until her August 2020 hospitalization. She is unable to return home due to threatening behavior to her brother, a veteran, who is medically unstable and also being cared for by his elderly parents.

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She was again held on a 14-day 5150 hold in January, after leaving the interim housing and being missing for 5 days. She received an injectable anti-psychotic medication at Exodus Urgent Care in Torrance before being transferred to Las Encinas hospital on January 14, 2021. We were hoping to get her conserved, as that was recommended by AOT and DMH adult services, due to over TEN 5150 holds and lack of consistent engagement in treatment. That didn't happen, and we were told to wait until the NEXT 5150 hold and get her to a county facility. She was discharged again on February 1, 2021 and returned back to interim housing at Kensington by taxi. Since that time, she has been seen in the Antelope Valley Hospital ER 6 times and diagnosed with gallstones, kidney stones, impacted colon, ovarian cyst and migraines. She has been seen by a primary care physician, endocrinologist and neurologist. OBGYN appointment is pending. Her doctor has recommended surgery to remove her gallbladder, but she has nowhere to safely recuperate from surgery. Her case was presented to the CES Case Management team on the 23rd, but there are no PSH facilities available.

Her delusional behavior returned, after being unable to see a psychiatrist (and access to another monthly injection while she was psychiatrically more stable) through FSP in a timely manner. She had an appointment with her psychiatrist on February 23rd but was unable to be seen by phone due to technological issues. Later that day, she again left the interim housing and is currently MISSING.

Due to her worsening delusions and instability, I called the ACCESS line for crisis assessment on February 19th, but the PMRT team deemed her not to be a danger to herself or others. I also reached out to Dr. Sherin and he directed me to Dr. Amanda Ruiz, who I spoke with on February 22, 2021 and we are additionally working on a referral to Enriched Housing options.

This is certainly about an individual with over 17 years of serious mental illness, but also serves to identify the systemic issues in providing access to treatment and adequate follow-up after so many 5150 holds. She has been willing to accept medication while stable, and was removed from Clozapine, by the FSP provider, and decompensated several years ago. In 2019 she was stabilized again on an Arristada injection, provided by a psychiatrist in Costa Mesa (since access to psychiatry was so limited in SA 1) but her access to that medication was also ended due to her insurance coverage under Brand New Day being discontinued by the provider. Now, she again has decompensated due to the lack of access to follow-up medication before the injection received in January 2021 stopped working.

Now, due to her missing status, we are waiting for her to be again hospitalized on yet another 5150 and pray that she is safe until that happens. How do we manage to get her to a facility that is able to address conservatorship, if and when she is found? Any follow-up and/or input is welcomed!

Thank you

**William Legere** - BLACC focus is to help the homeless population and CAF funds.

**Pete Thompson** – Therapy in Los Angeles should discourage pornography because it can be a trigger for trauma.

**III. Department of Mental Health Update**

**Dr. Curley Bonds, Chief Medical Officer**

- a) A new number 988 will launch online for national suicide prevention in 2022.

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- b) Community Ambassador Network – DMH identified funding for 197 community ambassador positions. Of the 197 positions 168 are filled to outreach to diverse communities and communities of color.
- c) DMH COVID-19 is ready to vaccinate employees that meet essential category and older adults. Over 1500 workers that have direct contact with clients or staff are in Phase 1b.
- d) Spectrum News – Dr. Bonds addressed an audience about adverse outcome of individuals suffering from schizophrenia. Schizophrenia is second only in terms of risk for death from COVID-19. Mental health providers must really advocate for those who have schizophrenia.
- e) Dr. Jeremy Martinez-DMH, is the subject matter expert for co-occurring disorders. He established a mentorship network to train psychiatrist on substance use and medication prescriptions.
- f) Women’s and Reproductive Health Group – Dr. Emily Dorset is providing consultation services around the county to her psychiatrists working with women of childbearing age.
- g) Outpatient Conservatorships – Hospitals have the authority to decide whether or not to pursue conservatorships. DMH is working on a new contract renewal process to survey the treatment by hospitals provided.
- h) DMH hired a Home Team Program Director to work under Deputy Director La Tina Jackson

Questions and comments presented were addressed or resolved.

**ACTION** – Invite EOB (Emergency Outreach Bureau) to present on emergency services and resources (Banko)

**ACTION** – Crystal Kibby access the video feed of Dr. Bonds interview about vaccines and schizophrenia on Spectrum (Ogawa).

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

**SALT 1 – Jean Harris, Co-Chair**

February SALT meeting – presentation by AV Behavior Health Executive Director. Urgent Care Center is still waiting to open. It is a LPS certified facility 12 adult beds and 6 cots/recliners for adolescents.

Next month we will have a presentation by Palmdale Regional Hospital and Medical Center CEO. We have been doing self-care exercises at the meetings to focus on self-care.

**SALT 2 – Marcus Thompson, Co-Chair**

SALT met February 11.

- Meeting started with Service Area Chief discussion on growing voting membership and increasing attendance
- Presentation on suicide prevention from Tracy Andrew followed by a Q&A
- Meeting concluded with the regular Family Member discussion

**SALT 3 – Andrew Preston, and LaVon Robinson, Co-Chairs (via email)**

**Summarize the issues your Service Area/Cultural Community is currently addressing:** The SALT continues to focus on bringing additional stakeholder voices to the meeting, increasing awareness of resources as the community continues to deal with the pandemic. The SALT meeting continues to open with a mindfulness activity and in February there were DMH updates, UsCC updates, and Health Neighborhood updates with a presentation on Parents Invested in Relationship Success (PAIRS)- Foothill Family Agency Spotlight- Southern California Medical Center along with a Public Health update on COVID-19. The SALT

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continues to provide the time and space for CORE Member reports and Public comment to facilitate a rich dialogue of strengths, struggles and successes within service area 3. SALT3 is beginning to plan a May is Mental Health CAF membership drive stakeholder engagement hybrid event.

**Key struggles this month:** Struggles this month revolve around having a more robust and diverse core member group and increased community stakeholder involvement from multiple groups including increasing consumer participation. The SALT is working with DMH Outreach and Engagement, Key Stakeholders to utilized strategic outreach and are looking to capitalized on the use of CAF and adding in-services within the agenda to become an access platform of increased wellbeing.

**Key successes this month:** Core member reports continue to be valuable and regular updates keeps our Service area aware on the latest trends and resources available when navigating the pandemic.

**What priority community issue(s) from your SALT or UsCC should the MH Commission be aware of:** A key priority is captured by SALT3 Grassroot member Osbee Sangster's update below:

Good day! My name is Osbee Sangster, speaking on behalf; of the Black Los Angeles County Client Coalition Inc., today; I would like to redress the Countywide Client Activity Fund (CAF) the Department of Mental Health's internal data, the CAF Administration, Community Stakeholder Engagement Program. The Countywide Client Activity Fund (CAF) The current CAF program requires a transformative needs assessment to engage, and build capacity, to target community members affected by societal factors, and to improve the lives of the countywide un-served and under-served population. I. CAF Community and Engagement Stakeholder budget, II. CAF Needs Assessment, Outreach and Engagement Investments, III. Develop more strategies for conducting outreach to stakeholders, IV. CAF Review and Evaluate, V. Expand outreach and engagement efforts to client-based organizations, in addition, countywide Service Area(s) Planning Outreach admin officials, we must invest and create opportunities under the Countywide Client Activity Fund/CAF to improve outcomes for people in our communities who are struggling, during these horrific pandemic times, and let us remember, Accountability to the people.

The Black Los Angeles County Client Coalition during the last fourteen14+ years, we have developed a solid track record for authentic advocacy, community and stakeholder outreach and engagement, community forums, focus groups, media platforms, and monthly meetings to address (the horns of the dilemma) facing many countywide mental health consumers and family members to insure inclusion. Our long standby commitment, mission/vision we believe a transformative foundation for building an energetic, vigorous and far-reaching change initiative is necessary today. Notwithstanding, in the coming years, beginning with this Countywide Client Activity Fund reinstatement, first-three-year outreach and engagement. We stand on the promises and hope strategies, outreaching to and organizing the multiple communities in our county to include many perspectives and voices that are essential to the guiding principles of the MHSA/CAF consumer-stakeholder participation; engagement; unserved and under-served ethnic populations; and advocates who attend and participate in MHSA planning activities, and meetings to accommodate all stakeholders. The feedback loop: we ask that the Los Angeles County Department of Mental Health Outreach and Engagement Admin and the LAC Mental Health Commission Oversight, Review, Comment and Evaluate the current Countywide Client Activity Fund needs services, facilities and Special system infrastructure programs budget FY 2020-21/ 2022-2023... and update BLACCC. Submitted by Osbee I. Sangster Black Los Angeles County Client Coalition Inc. blaccc.org public comment/grassroot core update service area: 3 leadership team meeting: 02/11/2021

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**SALT 5 - Penny Mehra, Co-Chair (via email)**

**Summarize the issues your Service Area/Cultural Community is currently addressing:** Homelessness continues to be an issue in SALT 5. There are concerns regarding bringing services to homeless individuals especially with the challenges of COVID and maintaining contact through virtual means. Neighborhoods have felt the need to organize to get help and housing to the increasing number of people living on the streets. Neighborhoods include Mar Vista, Marina del Rey, Venice, and Santa Monica.

**Key struggles this month:** SALT 5 members and service providers continue to struggle with concerns maintaining connectivity with consumers. Many low-income households do not have wi-fi. Many do not have devices such as chromebooks or smartphones. Keeping devices charged is specially challenging for those experiencing homelessness. Additionally, for those who have access to electronic devices many are not regular users or using this type of contact for the first time. Assistance of some kind might be of great benefit. Concerns regarding this issue have been voiced repeatedly at SALT 5 meetings.

**Key successes this month:** SALT 5 Co-Chair, Martel Okonji, organized a celebration of Black History Month. Wendy Cabil sang the Black National Anthem, and videos were played about 'The Talk' and the continuing hardship to financial well-being of Black households due to slavery and ongoing unjust practices. A Trivia game with Black community themes played by SALT members. SALT 5 health neighborhoods have organized a Collaboration to share resources and successful practices.

SALT 5 member Nick Mariorino who is on a Measure J planning committee shared an overview on the measure and progress to date.

**What else do you want the Mental Health Commission to know?** Technology issues mentioned above in 'Key Struggles' and homelessness are priorities in SALT 5.

**SALT 6 – Dorothy Banks, Interim Co-Chair**

SALT met February 18 to prepare membership applications for upcoming Co-Chair election. Next month nominations for 3 Co-Chairs will take place and election held on April 15<sup>th</sup>. SALT discussed how to increase membership doing outreach by phone calls and recommendations. David Goodman, UCLA Division of Infectious Disease spoke on nationwide mobile transportation health unit to start in Long Beach and Los Angeles. Other sites are Houston, New York, and Philadelphia.

**SALT 7 – Rick Pulido, Co-Chair (via email)**

**Summarize the issues your Service Area/Cultural Community is currently addressing:** SALT7 1-8-21 mtg. A.) MSHA Priorities Ad Hoc Committee writing a report for 4-9-21. B.) PEERs Employment Project@ DMH C.) VV/Vacuna Vaccine Project for Community of Color. D.) Gap Analysis/Disparities of Services/lack of resources. E.) Public/Private Partnerships w/ local Elected officials. Where's is our SALT 7 UCC? F.) Breaking down the Barriers now! G.) Social Media 2021 ads in Spanish newspapers/Classificado/LA Times, H.) DMH SALTs/UsCC/Promotoras collaborations. Lastly, CLT mtgs. Are very informational for us to grow our "Structure" and provide better accountability for our leadership. DEI/Diversity Equity/Inclusion, is a key component for going forward! We're making progress with virtual ZOOM for LatinX community. We have 77 participants joining us. Please, share!...thanks, Rick/SALT7/CC

**Key struggles this month:** 1.) SALT 7 needs more interaction with its providers, nonprofits & PEERs via ZOOM PROJECTS! 2.) DMH must follow up on our facilitators & minute takers, hiring of SALT7 staff ASAP'2021! 3.) SALT7 Budget\$ start up projects and expenditures need to be implemented this Spring'21? In conclusion, we are functioning very well and like our flow. DMH/Administration is doing a fantastic job during these novel times of Corona Virus 19 struggles for community survival.

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**Key successes this month:** Our major SALT7 success are we got a new Co Chair/CC Ericka Coralles effective: 1-8-21. Our SALT7 DMH/Administration & Stakeholders, open communication is the showcase and model for all of LA County. “We are family”, We are serving our clients/families the feedback to us has been very positive, in that we are moving in the right direction and need communication and open-door policy! We want our true collaboration efforts to focus in on working together for “2021” to be new beginning for our loved ones, road to full recovery and recuperation.....

**What priority community issue(s) from your SALT or UsCC should the MH Commission be aware of:** Now more than ever, we need the “Community of Color” VV/Vacuna Vaccines Projects at all “Injectables” locations: DMH/Wellness Centers/USC/UCLA/Oliver View/Tri Cities Pomona Valley AV/Lancaster General Hospitals/Clinics/Jails/Probation/Parollees should automatically receive VV. Our PEERS/Unhoused feel very comfortable & secure at their DMH/local neighborhood treatment sites! We must move quickly in giving our most vulnerable vital services, i.e. shelters, food, clothing& care!

**SALT 8 – Paul Stansbury, Co-Chair (via email)**

**Summarize the issues your Service Area/Cultural Community is currently addressing:** Over 70 persons attending the February 4, 2021 meeting. Reports were made by members of SALT 8 which addressed the continuing concerns on challenges and disparities in obtaining COVID19 vaccines and problems for some in accessing technology. There is a growing fatigue with Zoom type meetings. Some are very pleased with the convenience of telehealth whereas other have privacy, equipment, internet service and technology skills challenges. With the vaccines there is some distrust and reluctance among some cultural communities to be vaccinated because of past abuses which will require education and development of trust to overcome. There were also reports of stress on the staff as they try to meet the needs of clients and community during the COVID restrictions and fears while also dealing with their families. DMH clinics and contracted providers are contacting all clients by phone or some form of virtual platform.

There was also a presentation by Adrianna Carillo on the Promoters/Promotoras program and its expansion which provided a very good understanding of their history, previous successes and efforts to expand to other cultural and language communities. It provided information on how other groups could get involved and helped recruit persons to from different cultural and language groups for the program.

**Key struggles this month:** The struggle to meet the needs of persons with a mental illness in the COVID environment and address the disparities continue. Part of the struggle is to connect with the communities and areas in SALT 8 where the disparities exist to educate on services and programs available and overcome problems with trust. Further, SALT 8 has very good attendance and participation at the meetings as exemplified by the number of people in attendance. However, we have had a problem in recruiting persons to take on responsibility to become official members and report on the needs and challenges within their cultural community and organization.

**Key successes this month:** The sharing of resources especially with regard to COVID19 is very helpful. Also, we had a good discussion which we want to continue on how to provide benefit to cultural groups and organizations from law enforcement, schools and businesses to participate in SALT 8 so they want to assume role of reporting needs and gaps they observe in SALT dealing with the challenges of mental illnesses.

**What priority community issue(s) from your SALT or UsCC should the MH Commission be aware of:** Providing mental health services in the time of COVID19 is an ongoing priority including addressing racial disparities. The access to vaccinations and education on COVID and vaccination is another ongoing priority as the stress for persons with a mental illness, mental health staff and the general community is only increasing. Recruiting members willing to represent stakeholder groups as opposed to just attending meetings is also an ongoing priority. SALT 8 priorities have for several years have included dealing with the homeless with a mental illness, and trauma informed care. Addressing the disparities in persons accessing mental health services has been a priority and with the increasing disparities apparent with COVID has become even more significant a priority.



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### **Black and African Heritage/UsCC – Nakeya Fields, Co-Chair**

**Summarize the issues your Service Area/Cultural Community is currently addressing:** The Black community is grieving and in crisis. We are exposed to constant images of people that look like us experiencing injustice, bias or worse - death. Witnessing our families dying from birth complications, Covid-19 complications, complications from a lack of resources and poverty, suicide, diabetes & immune system disorders, suicide, lynching, as well as police brutality has become normative. We have lost the ability to grieve the way we normally do in our culture, which is together, with each other, touching and seeing each other's faces. That is all different now. And we grieve. We are suffering from intergenerational trauma from our American history and acute distress in our present. The world is talking about us and our plight and we want adequate representation as a part of the conversation to make change. We have also witnessed History as a result of mobilizing heavily to vote in our communities and have been proud of Black women leaders such as Vice President Kamala Harris and advocate Stacey Abrams who showed us the power of community mobilizing in elections and sticking together to gain strength. Our highest needs are (1) a need for an increase in recruitment of providers of Black and African heritage to address the uptick in referrals for clients of color seeking treatment for their symptoms of toxic stress. With the pandemic, virtual caseloads are high. Many Black Mental Health providers in Practice are full and overwhelmed by the need for services that has arrived in the Pandemic. Funding for these services often is an issue for both clients and providers. (2) Our community needs support (internet access and computers/tablets) to access telehealth services with said providers. (3) We advocate for telehealth to be considered as a standard of care ongoing, even beyond the pandemic, to improve access and retention of clients in treatment. Per DMH data, Black clients start treatment, but there is difficulty with retention throughout the treatment process. We have seen data to show that telehealth is improving retention. (4) We are suffering. We need resources and support now. We suffer with an increase in homelessness, food insecurity, youth suicide rates and domestic violence in times of social isolation and lack of outreach due to the quarantine. Our children have lost access to their friends and the structure that the school systems normally provide, like school lunch or after school care. We have lost the social gatherings and village connection that fuels us. We are all presenting as anxious, scared of the world and hopeless, especially with daily news of civil unrest centered around Black lives. Most of us are essential workers, making do without childcare with the newly added duty of also fulfilling the role of a home-school educator or we have lost employment like so many others and are suffering financial and housing insecurity; worried about eviction any moment. (5) We need advocacy for a change in the way the DSM and Mental Health providers treat and assess the racial experience of Black persons to decrease punitive experiences that can stem from implicit bias in the provider. When a Black person presents with symptoms mirroring their experiences with racial trauma, they can be inaccurately diagnosed as having PTSD, Generalized Anxiety Disorder, psychosis or a social phobia - whether for insurance purposes, or simply ignorance of the nuanced differences. We seek to make change in the way all providers treat the acute stress that Black people experience from racial trauma. We encourage advocacy to present "Acute Stress Disorder due to racial trauma" or "Race Based Trauma" as an addition to the DSM. We support creating an advisory committee to explore this movement toward advocating for Black Wellness, starting with providing a criteria to follow. (6) We see a need for early childhood intervention to make a difference in treating the future generations experience with intergenerational trauma. We want to support the maternal mental health of mothers as they assist their children to thrive to the best of their ability. . .

**Key struggles this month:** The Black and African Heritage Subcommittee reports the following: 1) We continue to feel the fall-out from long term civil unrest directly related to open conversations about whether our Black Lives Matter. We witness criminal injustice and lack of consequences for those who harm people who look like us. It contributes to feelings of unsafety and mistrust for our surroundings. 2) Economic insecurity is an issue. Some clients don't have access to the web or computer at all, and thus lose out on much needed resources. The pandemic has revealed an already existing digital divide which affects all areas

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of life in this technological age. Employment, housing, food, health, transportation and socialization are all affected by technology, yet many Blacks are faced to choose with providing food or wifi access. 3) Some of our communities are struggling with the rising costs of food, transportation, basic necessities and fear of evictions/homelessness. With Blacks being 9% of the population but 40% of the homeless. 4) There is ongoing injustice and inequalities that we see every day, highlighted by unrest and protests, locally. We would like a statement of how DMH is going to help the Black community overcome this excessive fear and inherent mistrust that has been allowed to grow within the Black community for decades and really highlighted by violence against Black bodies in media. 5) The data about negative trends in the health outcomes of the Black community paint a clear picture that our health is being negatively impacted by our lived experience. According to the Department of Public Health, Black/African American babies in LA County are two to three times more likely to die before their first birthday than babies of other races. Black/African American women in LA County are four times more likely to die as a result of pregnancy complications than women of other races. Toxic stress from the trauma and humiliation of racism and prejudice that Black women face daily is the cause. Toxic stress causes inflammation and weight gain suppresses the immune system and negatively impacts fetal development. In addition, Blacks face a higher mortality rate due to diabetes, hypertension and obesity. Toxic stress is a mental health issue. We need systemic support to address the larger problem of racism that contributes

### **Key successes this month:**

The Black and African Heritage Subcommittee reports the following: 1) Now operating as the Black and African Heritage UsCC, we celebrated our identity and history with trivia play and engaged in further rapport building. 2) The UsCC subcommittee, having passed a motion to establish a community-based action focused task force with the goal of addressing structural inequities that are present and dire for the Black community, have been successful in mobilizing and connecting despite the Pandemic. This Force, called The Black Mental Health Task Force, has grown to over 70 participating members and climbing with members Nationwide. The Task Force has been able to have 5 virtual community events since our launch and has established a social media presence on Instagram and Facebook as well as a website to help our communities build group esteem and engage with each other virtually now and are preparing to continue even after we can resume in person healing. Please visit [www.blackmentalhealthtaskforce.net](http://www.blackmentalhealthtaskforce.net) to learn more. 3) The UsCC subcommittee has connected at a deeper level with authenticity during the quarantine and will continue to nurture that renewed bond by focusing on healing and coalition building amongst our groups.

**What priority community issue(s) from your SALT or UsCC should the MH Commission be aware of:** The Black and African Heritage Subcommittee would like the Department of Mental Health to create a specific plan of advocacy for the Black families the Department serves. Listed below are considerations for this plan: 1) We seek advocacy to account for the racial trauma our community experiences daily to be represented in treatment by advocating for the racial trauma Black persons experience to be addressed with a criteria in the DSM. Please submit form to: [MHCommission@dmh.lacounty.gov](mailto:MHCommission@dmh.lacounty.gov) Thank you for your Submission! 2) We seek advocacy for the recruitment and retention of Black providers. We encourage incentives for Black providers who have specialized training and knowledge of how to work therapeutically with the Black community. We would like opportunities for training in trauma treatments such as brain spotting. 3) Because of the crisis, our families are dying and we along with our Latino brothers and sisters are dying at disproportionate rates. We need to advocate for awareness building around Covid-19 vaccinations since medical mistrust is a real thing due to historical systemic medical related atrocities based on implicit and explicit bias. 4) We need the data about our maladaptive health outcomes, especially in early childhood, to be addressed and programs developed to make change. 5) We need telehealth to continue as a standard of care beyond the timeline of pandemic to increase client access to care and compliance with treatment recommendations. 6) We seek an official plan for the roll out of the United Health Promoters program to include assignment of Black United Health Promoters to community-based organizations actively participating in the UsCCs as placement sites to earn their hours. This will allow



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DMH employees (Promoters/Promotores) to have built in communities to educate and engage with while contributing to Black centered advocacy efforts because we will have more hands-on deck to impact change.

### UsCC for ACCESS for All – Cody Hanable, Co-Chair

Three projects approved by stakeholders. 1) Domestic violence taskforce to work among disabled communities, 2) A talk circle to work through the emotional, this regulation is going on due to COVID-19 and the restriction or life restrictions, 3) A podcast series to advocate for resources in the community of LA moving towards the vendor process. Reports from one of our stakeholders of issues with the ACCESS line in terms of calling for interpreters or using an interpreter service calling triage line. We plan to do more research to figure out what is going on to give a larger update. A large issue that was discussed is 5 Acres which is a nonprofit in Los Angeles was not approved for a contract next year to see deaf adults. There are not directly operated or contracted agencies in Los Angeles that has a culturally or linguistically appropriate service for deaf and using ASL. Where are the clients supposed to go for wraparound services to cover deaf, outpatient meds, etc.? Acre's contract is not approved for renewal for deaf using ASL

## V. Commission Business

**Chair Update** - Chair shared with Commissioners to visit County CEO's website [ceo@lacounty.gov](mailto:ceo@lacounty.gov). Website contains all kinds of latest and greatest links to future meetings on issues like ATI Initiative, Measure J or alternative crisis response can be found. Use the calendar button on the ATI webpage for the public conversation and meeting invitations open to the public.

### Executive Committee recap of last months presentation from Greg Polk on the 3-year MHSA plan. Commissioners' response:

- a) Presentation was high level
- b) Prefer budget details for each fiscal year instead of reporting an overall 3-year snapshot assumption of the general proposed budget. We need to know how each budget was reached and the comparison between fiscal years.
- c) Clarify the legal statute with County Council and Welfare Initiations Code that it is explicit that MHC signs off on the plan
- d) Greg and Team make full presentation to Commission in March.
- e) Include recommendations from the Commission in the plan
- f) Data sets referring specifically to API and other communities were not included
- g) Prevalence of need in the different service areas by racial and ethnic groups was not reported

### MHSA 3-year Plan timeline

- March 5 Community Leadership Team (all Co-Chairs) MHSA Plan presentation
- Mid-April – Commission Public Hearing on MHSA 3-Year Plan

### a. Priorities/Ad Hoc Report Updates

- i. **Homeless/Housing** – Dalgleish and Ledesma (Kevin - Liaison)

**DISCUSSION**

We have been meeting to develop a list of questions on housing and homelessness. Met with subject matter experts and administration. We glean very good information however what became clear is the gap in data that we need to fully make recommendations. How do we quantify people living on the street in need mental health don't self-identify, and then advocate for them? We continue to meet to work.

- ii. **Integrated Care Services/Cultural Competency** – Ogawa, Padilla-Frausto, Orozco (Patrick - Liaison)  
Members attended the CLT meeting with Greg Polk and MHS Team. Met with a couple of department administrators to see what the department is doing in terms of integrated care and cultural competency. Prepared specific questions so the department could gather the information we are working on. Scheduled a follow up meeting to identify next steps.
- iii. **Budget Accountability** –Molina and Cooperberg (Kevin - Liaison)  
Happy to report a meeting is scheduled next Thursday, March 4 with DMH staff to discuss the budget. Thanks to Pinki and Crystal for helping as well as the Chair.
- iv. **COVID 19/Disparities** – Dagleish, Turner, Friedman (Harold – Liaison)  
Meet regularly on the weekends to capture the whole question about disparities and the pandemic. Different communities are affected differently, and we plan to get the data that documents those disparities. We are interested in seeing how the proposed budgets would be used to address those glaring inequities pointed out especially in terms of outcomes. Contacted subject matter experts in DMH to see what data is used, no response. However, we have submitted the list of questions on what we want to discuss.
- v. **Criminal Justice** – Acebo, Molina, Ogawa, Turner (Ogawa - Liaison)  
Began meetings with DMH subject matter experts, SALTs, ATI, and other emergency services for information we were looking for to frame the recommendations for the report. Talked about alternatives to incarceration on conference call with workgroup. Plan to dig into law enforcement teams in terms of responding to mental health.

**VI. Public Comments**

**Elle Steinbeck** – Outpatient conservatorship situation issues occurring in the hospitals.

**Patricia Russell** – Mortality rate among schizophrenic individuals is 2.5 times higher than other mental illnesses. Never heard back from meeting with Commissioner Acebo and Andrew Preston, SALT 3. We can talk offline.

**Jaime Garcia** – Fully support hospitalization of conservatorships. This option eliminates a need or requirement for an individual to be hospitalized in order to be conserved. No hospitals up until now should be viewed as a non acute studying that can help an individual who is awaiting court hearing.

**Mark Karmatz** –

- 1. MHSOAC and MHC meeting should not be held at the same time. MHC should move meeting start time after 1 pm.
- 2. Announced Western Recovery Conference

**Jean Harris** – Commend all the good work on priorities and MHS 3-year plan. More robust community member input is needed other than CLT and MHC. We need at least one or two community meetings for a robust community planning process.

**VII. Adjournment**

**Next Meeting – March 25, 2021 – Microsoft Teams (Online Virtual) @ 11 am**

## **The Negro National Anthem: "Lift Every Voice and Sing"**

by James Weldon Johnson (June 17, 1871 - June 26, 1938)

Originally written by Johnson for a presentation in celebration of the birthday of Abraham Lincoln. This was originally performed in Jacksonville, Florida, by children. The popular title for this work is:

### **'THE NEGRO NATIONAL ANTHEM'**

Lift every voice and sing  
Till earth and heaven ring,  
Ring with the harmonies of Liberty;  
Let our rejoicing rise  
High as the listening skies,  
Let it resound loud as the rolling sea.  
Sing a song full of the faith that the dark past has taught us,  
Sing a song full of the hope that the present has brought us,  
Facing the rising sun of our new day begun  
Let us march on till victory is won.

Stony the road we trod,  
Bitter the chastening rod,  
Felt in the days when hope unborn had died;  
Yet with a steady beat,  
Have not our weary feet  
Come to the place for which our fathers sighed?  
We have come over a way that with tears have been watered,  
We have come, treading our path through the blood of the slaughtered,  
Out from the gloomy past,  
Till now we stand at last  
Where the white gleam of our bright star is cast.

God of our weary years,  
God of our silent tears,  
Thou who has brought us thus far on the way;  
Thou who has by Thy might  
Led us into the light,  
Keep us forever in the path, we pray.  
Lest our feet stray from the places, Our God, where we met Thee;  
Lest, our hearts drunk with the wine of the world, we forget Thee;  
Shadowed beneath Thy hand,  
May we forever stand,  
True to our GOD,  
True to our native land

**El himno nacional negro: "Levanta cada voz y canta"**

Por James Weldon Johnson (17 de junio de 1871-26 de junio de 1938)

Escrito originalmente por Johnson para una presentación en celebración del cumpleaños de Abraham Lincoln. Esto fue realizado originalmente en Jacksonville, Florida, por niños. El título popular de esta obra es:

**'EL HIMNO NACIONAL NEGRO'**

Levanta cada voz y canta  
Hasta que resuenen la tierra y el cielo,  
Suenan con las armonías de la Libertad;  
Deja que nuestro regocijo se eleve  
Alto como los cielos que escuchan,  
Que resuene fuerte como el mar ondulante.  
Canta una canción llena de la fe que nos ha enseñado el oscuro pasado,  
Canta una canción llena de la esperanza que nos ha traído el presente;  
Frente al sol naciente de nuestro nuevo día comenzado  
Sigamos adelante hasta que se gane la victoria.

Pedregoso el camino que recorrimos  
Amarga la vara de castigo,  
Sentido en los días en que la esperanza por nacer había muerto;  
Sin embargo, con un ritmo constante  
No tengas nuestros pies cansados  
¿Venir al lugar por el que suspiraron nuestros padres?  
Hemos recorrido un camino que con lágrimas se ha regado,  
Hemos venido, hollando nuestro camino a través de la sangre de los sacrificados,  
Fuera del lúgubre pasado,  
'Hasta ahora estamos al fin  
Donde se proyecta el destello blanco de nuestra estrella brillante.

Dios de nuestros fatigosos años,  
Dios de nuestras silenciosas lágrimas,  
Tú que nos has traído hasta aquí en el camino;  
Tú que tienes por tu poder  
Nos llevó a la luz  
Manténnos para siempre en el camino, rezamos.  
No sea que nuestros pies se desvíen de los lugares, Dios nuestro, donde te encontramos,  
No sea que, embriagados nuestros corazones con el vino del mundo, te olvidemos;  
Ensombrecido bajo tu mano,  
Que estemos para siempre  
Fiel a nuestro Dios,  
Fiel a nuestra tierra natal.