

County of Los Angeles – Department of Mental Health

OFFICE OF THE MENTAL HEALTH COMMISSION

March 25, 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, Teresa Banko, Patrick Ogawa, Kevin Acebo, Mike Molina, Judy Cooperberg, Brittney Weissman – **QUORUM PRESENT**

Absent: Kathy Cooper-Ledesma

b. Chair opened the meeting in recognition of **Women’s History Month** reciting a quote from Supreme Court Justice Ruth Bader Ginsburg **“Women will only have true equality when men share with them the responsibility of bringing up the next generation.”**

c. Approve meeting minutes (February 2021) postponed to April meeting.

II. Non-Agenda Public Comments

Barbara Wilson – Announcement: Henry Mayo Newhall Hospital plans to ask the City Council for permission to expand its services. We would like to help the community to identify that there is a need for an adolescent in-patient behavioral unit, and we would like support from the Commission. The Commission hearing will be on April 20. We would appreciate any support, letters or whatever. Many of us are working on that issue.

William Legere – Spoke about mayor receiving money that should go to help homelessness. CAP had not delivered funds yet.

Pete Thompson – Yes. I think that in therapy content in L.A. County they should emphasize post-traumatic stress disorder more often and involving incestuous child molesting by the family. It's not liked the problem can't be resolved. It's family conflict and the forgiveness by the mentally ill person is possible. I think the situation needs to be admitted and work it out, because where the families are afraid of their mentally ill relative, that they are wanting compensation or revenge or -- I think the families of the mentally ill are afraid of allowing their mentally ill family members to function.

Zee Dankworth – I'm a NAMI San Fernando Valley member and a SALT member. I'm the mother of an adult with mental health and substance abuse issues, and I'm sort of piggybacking on what Barbara Wilson brought up. Our local hospital has nothing for (Indiscernible) and no housing at all, and we brought this up more than two years ago for the Mental Health Commission with Supervisor Hilda Solis. Just in the past three days I've heard of -- and in the past week I've heard of three unfortunate parents who lost their children to suicide. We know that we need Mental Health services to be more involved and more prevalent here in Santa Clarita. Thank you.

Osbee Sangster, Black Los Angeles County Client Coalition

The feedback loop, the Black Los Angeles County Client Coalition advocacy effort; with all due respect today; to redress the Countywide Client Activity Fund/CAF and CAF's/DMH internal data system, let us; narrow it down. Let's talk to the numbers. The CAF/DMH Administration Community Stakeholder Engagement Program. The Service Area: 3) Leadership Team - Core Member Updates Presentation and Questions; Under dialogue, with Destiny Walker CAF/DMH Community Stakeholder and Engagement,

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Hector Ramirez – As a person with disabilities, you see how the system really exacerbates our conditions by having to struggle with the cultural proficiency of people having disabilities. It has been a challenge for this Commission and to the SALTs and to other stakeholder bodies to talk about the issues impacting my community, myself particularly, Latino, Black, Native-Americans. We often get retaliation and hostility even from the Department, some of the Commissioners in the literature forum after we frustrate ourselves, trying to access and bring up these issues. I am concerned that this Commission's leadership is now planning to retaliate against Latino stakeholders and staff from the Department based on the comments I have made advocating for resources for my community. It is unacceptable that the leadership of this Commission would retaliate and continue to really suppress my community just because we're trying to get services. We get one minute. One minute to try to help our communities and we get shut down. That is the culture of this Commission and it has to change. I urge you to please have more equitable representation in your leadership and change things to help our communities. Enough is enough. We can't continue to get retaliation from NAMI, we can't continue to get retaliation from NAMI San Fernando. You're not helping us, you're hurting us.

III. Department of Mental Health Update

Greg Polk, Chief Deputy Director, Operations & Staff
MHSA & Budget Presentation (see supporting document)
Presentation Layout in response to MHC comments

1. Focus on Disparities

- FY 2019-20 MHSA Director Services Cost by Ethnicity and Plan
- FY 2019-20 CAL-EQURO 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
- Stakeholder Engagement
- Stakeholder Feedback

3. MHSA Funding and Three-Year Plan

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

4. Existing MHSA Programs and Proposed Changes

- Review of Existing Programs and Services
- Proposed Changes
 - Full-Service Partnership Redesign
 - Mental Health Treatment Bed Capacity
 - Modernization of 24/7 ACCESS Cal Center

Commissioner Questions

DISCUSSION

1. Regarding PEI, would like to know more about the heat map?
2. Technology appears to be only impacting the Department and County resources. Are opportunities available for community agencies or the community themselves to access some of those types of technology funding.
3. Please clarify if there is an API pilot for the telehealth network.
4. The DMH system is very focused on people who are severely ill, who are homeless, who have fallen through the cracks. Where in the PEI plan are services going to be more accessible for traditional therapy to help prevent homeless, become dependent on meds for long periods and lose hope.

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

SALT 1 – Jean Harris, Co-Chair

Our most recent meeting, we had a presentation from the C.E.O. of our Palmdale Regional Medical Center, one of the two hospitals located in the Antelope Valley. He shared with us a plan to develop a Mental Health in-patient hospital on the campus of Palmdale Regional with between 125 and 150 beds. He said there will not be an urgent care associated with that facility and they are in the early planning stages, so we're looking forward to seeing that move forward to provide additional beds. I'm hoping that he's also working with The Department of Mental Health on this planning in conjunction with all of the other strategic planning going on in the County.

We're also planning to replace the Co-Chairs in Service Area 1 SALT. So, I will soon be leaving my position as a Co-Chair. Our Service Area Chief announced that the Co-Chairs need to be replaced and so we're looking for possible successors, and that's our topics for the day. We're still waiting for our urgent care center in the Antelope Valley to be open unfortunately, although the building was completed in record time, in October, it is still not open to the public for use and we're waiting every week for the good news that it will be able to see patients. Thank you very much. Have a good day.

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

Summarize the issues your Service Area/Cultural Community is currently addressing: SALT continues to have core member updates to bring awareness to stakeholders' strengths and struggles to identify what is working and gaps in our service area. SALT3 created an ad hoc committee to plan a May is mental health month/ CAF participant drive to further address stigma, awareness of resources and bring grass root organizations and consumer involvement.

Key struggles this month: Key struggles for this month include the concern over homelessness, consumer involvement in the meetings and pandemic. Public comments were made by Osbee Sangster from Black Los Angeles County Client Coalition Inc our SALT3 grassroots organization detail this issue. You can find the written transcript of that comment below.

Key successes this month: SALT3 had a presentation from Destiny Walker on CAF and the SALT is looking to maximize this assistance in relation to increasing consumer involvement. We continue to have core member reports on API, Veterans, Public Health and Mental health that helps bring community awareness and understanding of community health concerns from the lens of the variety of demographics that make up the greater san Gabriel valley. We also have updates from the UsCC and Health neighborhoods to further provide information to the group. SALT3 is incorporating mindfulness activities and will have program presentations an in-service for the members on a monthly basis.

What priority community issue(s) from your SALT or UsCC should the MH Commission be aware of: Feedback to continue to increase the communication between SALT and MHC to increase community input.

Core member update comments:

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Osbee Sangster speaking on behalf of the Black Los Angeles County Client Coalition Inc.(BLACCC), 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 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 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 BLACCC 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.

What We Want DMH to Know: The feedback loop, the BLACCC advocacy effort; with all due respect today; to redress the CAF and CAF's/DMH internal data system, let us; narrow it down. Let's talk to the numbers. CAF Administration Community Stakeholder Engagement Program. Core Member Updates - Questions Under Discussion: CAF's Participation Options: #1.) CAF Established Again, The Reinstatement. Was There A DMH Physical Mass Mailing List - Announcement: Sent Out to Returning, and Potential New CAF Participant's? #2.) In continuation, of the CAF program, how many direct mailed (APP's) using the address envelope method CAF packets were sent to stakeholders using this helpful, option? #3.) How many Countywide Activity Fund (CAF) APPs were sent using other options? Data Oversight: #4.) How many consumers, stakeholders, family members and community members APPs are currently in the DMH database re: the new CAF platform activities and stipend compensation; reinstatement program FY 2020-2021.

Transparency: Accountability, and transparency is significant in applying an impartial lens to this matter: The vision of stakeholders' interest, to engage, restore building blocks and remove stumbling blocks. We must overcome challenges; with those consumers/stakeholders missing-in-action. In adapting properly, to address the shift to the virtual platform meetings, the needed outreach to ensure stakeholders, consumers and family members are taking part henceforth; stakeholder technological tool limitations are another; gap, gaping hole, and this pandemic repercussion

JOURNEY... on behalf of our request the BLACCC and the Service Area: 3) Leadership Team. We would like you to address these issues as a topic of your presentation and please explore any facets of the issues, aspects, or phase you wish, we will trust your judgment here.

Core Member Updates - Questions Under Discussion: I. The Countywide Client Activity Fund/CAF/DMH's internal data inquiry. The CAF Administration, Community Stakeholder Engagement Program, II. CAF Community and Engagement Stakeholder budget, 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

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Area(s) Planning Outreach administration officials, we must invest and create opportunities under the CAF/CSS 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 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.

SALT 4– Carmen Perez, Co-Chair (via email)

Summarize the issues your Service Area/Cultural Community is currently addressing: We have been working on increasing membership. We have had low turnout and would like to improve our numbers. We were just informed that SALT 4 has \$100,000 to use for recruitment by June of this year. This was short notice and hope the funds could roll over. Last time we tried to use funds for recruitment, we were denied the activity: we had to use registered vendors and wait for DMH staff to agree. This can become an arduous process.

Key struggles this month: It has been reported that some DMH staff have had issues with anxiety due to the pandemic. Also, Korean seniors have reported feeling more anxious and depressed. Many of our youth have had suicidal ideations and need more mental health support. Seniors in our community have had problems accessing resources due to lack of proper technology. Health care providers need more mental health support due to high number of COVID patient deaths at the beginning of the year.

Key successes this month: We had great speakers present at our SALT 4 meetings. The CLT and Co-chair meetings have been productive. We hope that the community has more input for the 3-year MHSA plan.

What priority community issue(s) from your SALT or UsCC should the MH Commission be aware of: N/A

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

Summarize the issues your Service Area/Cultural Community is currently addressing: SALT attendees continue to be concerned about racial equity and would like to know how these issues are being addressed in the Service Area and countywide. Members found the planning process for the 3 Year MHSA Plan confusing and although info about how and when to give feedback was provided most were left without any guidance to give. It was suggested that it might be useful to start with changes from previous plan and explain reasons, impact and expected outcomes. There is concern for homeless youth in the Service Area. Covid19 has made it very difficult for youth to participate in community and close to impossible to receive reliable support and services.

Key struggles this month: We learned that the owner of a 90-bed board & care in SA 5 is planning to sell the property. Community Care Licensing has been notified that it will be closing. This will be a great loss to the community. Many FSPs have placed clients in this facility. Housing resources are already extremely spare in the Service Area. Are there any resources between DMH, DHS, LA County and City and various measures to purchase or finance this resource?

Key successes this month: SALT 5 Co-Chairs will invite Innovation Program Lead to share information on technology innovations the department is envisioning. We will be working on setting 2021 goals and planning a May is Mental Health Month event.

What priority community issue(s) from your SALT or UsCC should the MH Commission be aware of: Getting clients and families– housed and unhoused – vaccinated. Growing community concern over seemingly ever-expanding homeless encampments throughout the Service Area. Without successes in housing these we fear loss of empathy to their plight. SALT Co-Chairs would like to see changes to the SALT budgeting process. We are now told each has \$100,000 that must be spent in the next 10 weeks. SALT funding should be allocated at the beginning of the fiscal year.

SALT 6 – Dorothy Banks, Interim Co-Chair

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We had nominations at our meeting last Thursday and for our April meeting we will be having elections. So hopefully we'll have new Co-Chairs in place May or June, and I'll kind of help out until then. We are trying to come up with ideas and are having discussions about how to increase our membership. Since this COVID, I noticed the membership has fallen off. And we even had the new application, so everyone had to complete a new application. There were people who were members before that for some reason had not completed an application. Our numbers are kind of low and we need to get our numbers up.

We also had a discussion on what we can come up with for May is Mental Health month. Now, our health neighborhood will be holding a May is Mental Health Month activity and so we'll have that information later. I want to echo on the comments made before, this homelessness is just really getting out of hand in Service Area 6. And I just wanted to echo on Commissioner Cooperberg speaking about the PEI. They have been speaking about PEI's and I don't know that I see anything -- that's just my opinion. Thank you, God bless you, and I'm signing out.

SALT 8 – Paul Stansbury, Co-Chair

Good morning, Commissioners. We've had ongoing discussions about the COVID impact on services at our meeting early in March. We did address a lot about Measure-J and how it connects to or integrates with our (Indiscernible) some of the services and the concern about making sure we are addressing disparities, which have been historic in our area, and how to make a difference. As mentioned earlier, the data is a little bit old and I'm sure that the COVID impact has only exacerbated some of the disparities. One of the things that came up, and this is a concern, this was early March. The increase in hate incidents or racism in our area, which has been observed by the Asian Pacific community, especially. So this has only been highly televised -- talked about in the paper. But one of the issues I did want to bring up is we have had active peer mentoring work groups that meet every Friday. There's a great concern of having a peer resource center in Service Area 8. The peer center at the headquarters has done a great job but they would like to make it more local and have better services for the peers. So that's a concern.

And also, they are concerned more about the youth and access. So, this seems to be -- the flow of services of COVID is beginning to be more difficult and challenging. But they are very concerned about how the flow moves so they get the treatment they need and so we are looking forward to having a meeting by the Underserved Cultural Community Representative at our meeting coming up in April, and that's my report. Thank you.

Latino UsCC Member – Daniela Hernandez

Good afternoon, Commissioners. I'm a member of the Latino UsCC and a Co-Chair for the subcommittee for undocumented and mixed-status families. We formed this subcommittee in April of last year because we recognized that the Latino community is diverse and that amongst them, undocumented and mixed-status families are the most vulnerable. We believe that their voices should be heard and included in County policy. That is why as our first task we decided to review the Mental Health Services Act 3-year plan to provide to the County constructive feedback.

We found that the County's current Mental Health policy does not include the Latino undocumented community and, problematically, the 3-year plan is also lacking. We will present to you our seven-page report of the 3-year plan that includes our proposed recommendations that incorporate the feedback from the Latino UsCC.

Some of the areas of improvement we detail in our report are the following:

First, the 3-year plan presents barriers for community participation. We believe that the documents should be available and distributed in a way that is understandable to people outside of the Department.

Second, we believe that there needs to be an expansion of outpatient Mental Health services for the undocumented, uninsured, and underinsured, and that access needs to be guaranteed in a culturally competent manner.

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Third, undocumented and mixed-status families are at risk of deportation. Due to lack of status, as you know, this community is frequently in contact with the legal system, which leads them to lose family support, housing, employment, leaving them in a cycle of vulnerability and a state of Mental Health crisis. Many others are left to language and immigration detention in our neighboring counties and released to our community in Los Angeles without a safe mental health discharge plan. This reality, we believe, should be addressed in County policy.

We have worked on this document for the past year and have outlined this and other recommendations in the report. The only request to you today is that you please read it and give it a serious consideration. Thank you very much.

V. Commission Business

Chair Update – Strategic Priorities Workgroup reports will be presented at May meeting

VI. Public Comments

Mariko Kahn - Some comments based on the presentation today by DMH and the MHSA report online. First, I want to acknowledge the DMH report today which highlighted some of the concerns raised in the prior Mental Health Commission meeting on disparities. The report today included detailed statistics and some specific recommended actions.

1. One concern is that many of the recommended actions whether it is technology assistance to consumers or an API pilot program on a telehealth program are for directly operated clinics. They do not recognize the strong network of API community organizations already established in their communities.
2. DMH reported that in FY20-21 the MFT and ASW stipends were suspended despite the program’s excellent outcomes in having bilingual and bicultural individuals being hired by DMH and Legal Entities. Although DMH has a hiring freeze, legal entities do not have a hiring freeze and are experiencing staff shortages. This program is much needed for API and other agencies with language needs. I would request that the Commission inquire when this program will be reinstated. It is only \$3.1 million and funds 70 MFTs and 70 ASW for \$18,500 for a one-year commitment.
3. While PEI as configured by LAC has many barriers to allocating and spending the funds, nonetheless PEI is one of the most successful funding sources for APIs and other ethnic communities to access services. We encourage the commission to continue to press DMH to find ways to make PEI funds to API organizations.
4. API organizations who meet regularly through A3PCON are reporting requests from schools as well as community colleges for support groups and sessions to help students who will be returning to campuses soon. They anticipate depression, anger and anxiety from API students due to anti-Asian hate incidences on top of the stressors due to the pandemic.
5. I want to echo Commissioners Acebo and Ogawa’s observations that the issues for APIs and other ethnic communities are about inequities. Data on the utilization of services and county demographics over the years show that funding remains almost stagnant for APIs which probably correlates to the disparity issue. API communities have repeatedly given feedback on how to address disparity only to be asked for another focus group. We hope the commission will be more pro-active in requesting concrete programs, services and funding based on several years of written recommendations.

Patricia Russell – I would like to know how we people in the trenches -- as Dr. Sherin would talk about, that he's so interested in our feedback. I know we can send in comments about this report, but if we see systemic issues over a period of years -- in my case, as a family member -- I'd like to know where we can send in those kinds of comments and suggestions. Thank you.

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Gene Dorio – Good afternoon, Commissioners. I am a Santa Clarita physician. I'm also the President of the L.A. County Commission for older adults. Today, I speak on behalf of a newly organized grassroots group from our hospital. Our hospital, Henry Mayo Newhall, is asking City Council to expand their facilities. They will be leaving dormant 92 beds as they build a new tower. We are asking the hospital to instead utilize these beds for a Behavioral Health Unit for adolescents, create an addiction and dependency unit and provide pediatrics. Our country, again, faces mass shootings and reflectively points at gun control. For some of these perpetrators, Mental Health assistance for them and their families may have prevented these acts of violence. Please support us in our efforts in Santa Clarita. Thank you.

Hector Ramirez – Really want to highlight the limitations that this Commission has imposed on people with disabilities. I have to use multiple devices to make comments by phone and to be able to like -- I'm at a significant disadvantage to be able to speak for myself and my community. Regarding the (Indiscernible) we have provided, and the accessibility features, these particular barriers seem to have been done, and not considered. And I think I really want to highlight the inequities of the Department's process on its own consumers, you know. Not only by putting up barriers to access services but also creating a system that at times can be very retribution. Not only to me as a consumer but the Latino community. By trying to engage -- we don't have the MHSA material in Spanish. And yet, we can't talk about it here.

VII. Adjournment

Next Meeting – April 22, 2021 – Microsoft Teams (Online Virtual) @ 11 am