

OFFICE OF THE MENTAL HEALTH COMMISSION

March 24, 2022 – Minutes

Stacy Dagleish, Chair

APPROVED: May 26, 2022

Motion approved by Commissioner Schallert, second by Commissioner Cooperberg

DISCUSSION

1. Call to Order and Roll Call

Commissioner Root (P), Commissioner Padilla-Frausto (AE), Commissioner Friedman (P), Commissioner Stevens (P), Commissioner Turner (P), Commissioner Austria (P), Commissioner Dagleish (P), Commissioner Banko (P), Commissioner Okonji (P), Commissioner Molina (P), Commissioner Acebo (P), Commissioner Cooperberg (P), Commissioner Weissman (AE), Commissioner Schallert (P), Lil Sofani (P) – **QUORUM PRESENT**

2. Welcome and Introductions

3. Acknowledgements: Chair thanked ASL interpreters, Spanish interpreters, CART captioner, technology and multimedia team, and support staff.

Administrative Matters

4. Approval of the February 24, 2022 Mental Health Commission (MHC) minutes

Moved to approve by of Commissioner Molina, seconded by Commissioner Acebo. Motion to approve February 24, 2022 minutes carried by roll call vote:

Ayes (11): Commissioner Friedman, Commissioner Root, Commissioner Stevens, Commissioner Turner, Commissioner Austria, Commissioner Okonji, Commissioner Dagleish, Commissioner Acebo, Commissioner Molina, Commissioner Cooperberg, Commissioner Schallert

Absent (2) Commissioner Padilla-Frausto, Commissioner Weissman

Public Comment

5. Public Comment: Agenda & Non-Agenda Items

Comments received via MHC email for today's meeting

Barbara Wilson – unable to connect to meeting

1. Pursuant to the discussion about lack of SALT representation at the commission, I would like to mention that unless I am seriously ill or out of town, I always attend this meeting from SALT 2. I have been attending consistently since approximately 2009. I also regularly attend the SALT 2 meeting and at one time represented the SAAC at the mental health commissions since one of the co-chairs was a paid employee at a contract agency and was unable to take off the time.

Over time this function was taken over by Patricia Russell who has since died. The current co-chairs are in the process of being replaced/re-elected. I would be happy to return to giving SALT 2 reports if it would be helpful.

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- I would like to support the motion to have a State of Emergency declared regarding mental health. Here is an on-line petition focused on the need to declare a State of Emergency regarding the need to immediately increase the Rate of Reimbursement paid to Adult Residential Facilities that serve Adults who have SMI and who are low-income.

<https://chng.it/5HnKkyw4>

Johana Lozano – unable to connect to meeting

Speaker made a comment on the consumer leadership from the UsCC and CCC to ask for the 5% of CSS funds to go to the POE.

Presentations

6. Department of Mental Health Update – Dr. Amanda Ruiz, Deputy Director, Intensive Care Division

Dr. Ruiz presented slides to go over mental health field response operations, psychiatric mobile response teams, therapeutic transportation vans, restorative care villages and other facilities. Psychiatric Mobil Response teams are civilian teams with clinician. Teams work from 8:00 am to 5:00 pm plus overtime volunteers. Number of teams in each SPA:

SPA 1 – 4 Teams SPA 2 – 4 teams SPA 3 – 5 teams SPA 4 – 5 teams
SPA 5 – 4 teams SPA 6 – 5 teams SPA 7 – 4 teams SPA 8 – 5 teams

Therapeutic Transportation pilot program

- Transportation in an ambulance is less traumatizing and stigmatizing and improves the standard of care.
- There were 213 incidents dispatched as of March 12, 2022.
- One therapeutic transportation van in collaboration with Santa Monica will open 24/7.

New facilities at the restorative care villages.

- This year urgent care center opened in the High Desert - 12 adults and six adolescent chairs,
- Olive View urgent care center will expand to 16 adults and 8 adolescent chairs.
- Urgent Care Center at MLK BHC – 16 adult chairs and eight adolescent chairs.

DMH arranged priority use of 239 beds meaning other counties or entities release beds for DMH client. FY 2022-23 budget included an unmet need of \$50 million for beds 239-500 beds needed for Delta.

See link for presentation - http://file.lacounty.gov/SDSInter/dmh/1122099_IntensiveCareDivisionUpdateforMHC.pdf

Commission Q/A

- Commissioner Molina - Presenter explained step-by-step the Psychiatric Mobile Response Team dispatch process. Commissioner concluded accessing the response teams is unfriendly, a simple way to access a response should be the goal.
- Commissioner Dagleish inquired are many of the additional beds accessible for Medi-Cal patients? **Response:** Southern California Hospital of Culver City.
- Commissioner Schallert inquired on data on response time and where the calls comes and arrival. **Response:** Dr. Ruiz will check for that data.
- Commission Schallert discussed addressing the availability of adolescent or children’s inpatient units in Santa Clarita. Adolescents and children are sent to Bakersfield, Cerritos or wherever. The 1,500-bed shortage is everywhere but neglected San Fernando Valley, Antelope Valley, and Santa Clarita Valley.
- Commissioner Schallert talked about the mapping and response times on a slide, were they updated? **Response:** Will check for an update.
- Commissioner Cooperberg suggested when deciding where teams and services are placed seek data reported by Lieutenant Barclay.

Updates

7. Board of Supervisors Update – Lily Sofiani, 2nd District Representative

No report

8. Community Reports, SALT, UsCC, CCC Co-Chairs

SALT 4 Esiquio Reyes, Co-Chair

I am with Service Area 4, Co-Chair. We are having a transition right now and our liaison, Juanita, is transitioning to Service Area 3 United Mental Health Promotion program as the supervising Community Health Worker, and we are getting a new person named Charmaine. So we are dealing with all of that and unfortunately, I was not really able to attend our last meeting because there was a mix-up on two different locations or for two different groups that were started somehow, so I stayed with a few of the community members that tried to join in for our meeting and the other group so that they knew somebody was there to help and to talk to them and to let them know that we still valued their input and stuff like that. Unfortunately, I can't really give a good update about what happened at the meeting because, like I said, I mainly stayed with the other group, so they felt like nobody left them there and then nothing happened. Thank you very much for your time.

SALT 5 Penny Mehra, Co-Chair – submitted March 18, 2022

Summarize the issues your Service Area/Cultural Community is currently addressing: After February’s Black History Month presentation SALT 5 is exploring engagement with Black communities in our district.

Key struggles this month: SALT members are focused on the process of reviewing annual budget and 3 Year MHSA Plans. There is so much data in the budgets that it is hard to digest and very difficult to explain to SALT members. We have formed an Ad Hoc Committee to walk through the Executive Summary and other documents with the goal of becoming more fluent in the budget process so that future feedback might be useful. We plan on meeting at least one more time before deadline closes and continue meeting over next few months. One issue raised is the consolidation of age groups. We understand this avoids the cumbersome process of shifting funds from bucket to bucket, but we hope that there will not be a loss of recognition of the value of specialized services for specific age groups.

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Key successes this month: The SALT 5 Black History Month Event was truly inspiring. We have presentations on housing including a unique solution developed by Westside NMAI members. April will focus on peer services in SA5 and progress on peer certification. May is Mental Health Month but also Asian American & Pacific Asian Islander Month. We will be combining these themes for our May meeting. In June we will be partnering with the Westside Mental Health Network for a mental health fair event.

What priority community issue(s) from your SALT or UsCC should the MHC be aware of: The budget will give us an opportunity to review the budget and data and the effects of the pandemic on mental health services.

Latino UsCC – Carmen Perez (unable to connect to meeting; report submitted via MHC email)

My name is Carmen Perez, and I am writing to you today as a representative of the Latino UsCC. I was a former SALT 4 Co-Chair and work as a project manager at Adventist Health White Memorial. I attended the Mental Health Commission meeting today and want to inform you of several concerning issues that I experienced:

1. Latino UsCC co-chairs (and other UsCC co-chairs) were not invited to attend today's meeting which forced me to go to the DMH website to get information about today's meeting. Up until now, we had been informed of and invited to attend these meetings and were provided with the agenda ahead of time by Pinki Mehta.
2. While the website invites the community to listen in through Teams. However, when I tried to make a public comment, I had to call in so the community has to navigate a complex process using technology and processes that many are not familiar with, which adds barriers to community participation.
3. When I called the number with the access code provided, I was unable to get in the queue to make a comment on time because I was waiting for instructions which I did not receive until several minutes after the public comment period had ended. The public comment phone system needs improvement.

This has been a very frustrating experience for me. As a representative of my community, this process does not allow me to advocate and represent my community at these meetings. Please improve this process! Thank you.

SALT 8 – Paul Stansbury, Co-Chair – submitted March 22, 2022

Summarize the issues your Service Area/Cultural Community is currently addressing: The SALT 8 meeting was held on March 4, 2022. As part of its effort to address cultural disparities and competencies, SALT 8 heard a presentation by the American India/Alaskan Native UsCC with Kelly Wilkerson, and Sylvia Gonzales-Youngblood. The presentation was very informative and provided resources to help understand the challenges and barriers faced by the American India/Alaskan Native community. There was an acknowledgement of Woman's History Month with special note that the Los Angeles County Board of Supervisors has an all women board. Announcements about the meetings for the review of MHSA plans were made to promote participation. The Peer Mentoring Group is working on the roles of the leaders, protocol on leadership transitions, and evaluating progress in developing peer mentorship. At the SALT 8 meeting the members reviewed issues that were of most concern to the members. The issues were mental health needs of homeless not being addressed, COVID 19 grief and loss resources, need for more psychiatry services via telehealth, access to care issues including no Medi-Cal, re-integration of justice involved and other populations, school mental health issue and crisis response

issues including the 988 implementations. The plan is to have presentations on these issues to better understand the scope and challenges of addressing in SALT 8. The members also expressed concern on the continuing challenges of staffing and the COVID environment. SALT 8 has good participation at meetings but is still trying to recruit members to commit to representing their community.

Key struggles this month: Continuing challenge of dealing with COVID and meeting in a virtual environment. Virtual meetings are convenient but the lack of meeting in person has made getting members more actively involved problematic

Key successes this month: The continuing efforts by the Peer Mentoring Work Group to develop peers and work on getting ready for peer certification.

What priority community issue(s) from your SALT or UsCC should the MHC be aware of: SALT 8 is continuing to address how to maximize participation and consider how to have a hybrid virtual and in person meeting. With the decline in Omicron infections, hospitalizations, and deaths, developing a hybrid approach to meetings was even more of an expressed need. Also, addressing the different perspectives on the state of the pandemic where some believe it is over, the concerns about variants, the large number who haven't been vaccinated and that it will be with us for a long time to come was an issue. Recruiting members willing to represent stakeholder groups as opposed to just attending meetings is an ongoing priority.

9. Commission Updates:

- a. Commissioner Cooperberg commented the request for a list of the allocation of services in each service area is still pending.
- b. Commissioner Friedman recommended the MHC contact the governor to authorize a program that will provide some type of compensation or stipend to clinical professionals who are visiting to help our state.
- c. Commission Discussion – Commissioners discussed creating two motions for the BOS and DMH.
 - i. Each Commissioner meet with their supervisor to recommend the governor declare a state of emergency for mental health in Los Angeles County., and contact governor to authorize a program to provide compensation for licensed professionals.
 - ii. Recommend DMH provide guidelines associated with how the service areas groups dollars are spent. Are the dollars reaching the community and flexible? Also are UsCC project funds shared equally.

Motion: Meet with your supervisor to discuss the Board of Supervisors go to the governor and declare a state of emergency for mental health in the County of Los Angeles. Invite community stakeholders to provide feedback to the recommendation. Additionally, have a set item in April to discuss SALTs and UsCC budget recommendations are so that DMH can report to the Board.

Motion moved by Commissioner Acebo seconded by Commissioner Cooperberg. Motion carried with unanimous vote

Ayes (10): Commissioner Friedman, Commissioner Root, Commissioner Stevens, Commissioner Turner, Commissioner Austria, Commissioner Dalgleish, Commissioner Acebo, Commissioner Molina, Commissioner Cooperberg, Commissioner Schallert

Nays (0)

Motion: DMH provide the guidelines associated with how the SALTs and UsCCs spend their \$50k budget, copies of the agreement, and all information associated with the project.

Motion moved by Commissioner Molina, second by Commissioner Cooperberg. Motion carried with unanimous vote

Ayes (10): Commissioner Friedman, Commissioner Root, Commissioner Stevens, Commissioner Turner, Commissioner Austria, Commissioner Dagleish, Commissioner Acebo, Commissioner Molina, Commissioner Cooperberg, Commissioner Schallert

Nays (0)

Adjournment

10. Adjournment – Thank you Commissioner Turner for advocacy, willingness and commitment supporting the work of the Mental Health Commission for the past 6 years.