

**OFFICE OF THE MENTAL HEALTH COMMISSION**

April 27, 2023 - Minutes

Kathleen Austria, Chair, Second District

APPROVED: May 25, 2023

Motion made Commissioner by Commissioner Dalgleish, second by Commissioner Friedman

## Discussion

### 1. **Welcome @ Call to Order - Chair Austria**

**NOTE:** To allow sufficient time for the MHSA Annual Updates Plan Public Hearing, all committee/ad hoc group proposals/updates, commission updates, stakeholder group reports, and standing items have been deferred to the May 11, 2023 Executive Committee meeting for consideration for the May 25, 2023, MHC regular meeting.

### 2. **Roll Call - Commission Staff**

Commissioner Root (P), Commissioner Padilla-Frausto (P), Commissioner Friedman (P), Commissioner Stevens (P), Commissioner Barbour (P), Commissioner Austria (P), Commissioner Dalgleish (P), Commissioner Banko (A), Commissioner Molina (P), Commissioner Sanabria (A), Commissioner Cooperberg (P), Commissioner Weissman (P), Commissioner Schallert (P), Kyla Coates (A) - **QUORUM PRESENT**

### 3. **Updates/Action Items**

#### a. **Administrative**

- a. Approval of the February 23, 2023 meeting minutes and March 23, 2023 meeting minutes: Motion made to approve both February and March Full Meeting minutes. Commissioner Molina moves approval and Commissioner Dalgleish second approval, all hands raised for unanimous aye, motion carried.

#### b. **Election of Executive Committee Officers Update**

Commissioners Stevens and Cooperberg will manage the nomination committee for the upcoming election June 22, 2023.

### 4. **Presentations/Reports:**

MHSA Annual Updates Plan - Kalene Gilbert,

MHSA Annual Update for Fiscal Year 2023 24. The annual update also covers outcomes, data and budget for the prior year FY 2021-2022.

Presentation Overview – Click [HERE](#) to access presentation details.

- Purpose of the Annual Update
- Overview of MHSA Components
- MHSA Client County and Expenditures
- Community Planning Process
- Proposed Changes
- Next Steps and Timeline

#### **Recommendations:**

- a. Commissioner recommended draft recommendation letter today so that it reflects the comments, questions, public hearing points spoke about today, and concerns of the commission to meet the BOS June 6 deadline.
- b. Commissioner Padilla-Frausto and Kalene Gilbert will work together to develop a proper community needs assessment data report.
- c. Include the total population for each service area in the needs assessment data report.

- d. Develop ways for Commissioners to effectively advocate among the communities for the changes mention in the report. Be prepared to respond to constituents' questions, what accomplishments communities made from MHSA this year, identify the funding available, and the changes that will affect each district.

## 5. **MHSA Public Hearing**

### a. **Telephonic Public Comment:**

- i. Stakeholder Reports submitted to Mental Health Commission:

1. **Penny Mehra, Co-Chair, SALT 5** - Report Month and Year March and April 2023

Meeting Presentation: SALT 5 has decided to include presentations at meetings that address issues and areas of concern that have been raised by SALT 5 members. March and April meeting agendas reflect this effort. Questions have been raised about the availability of substance abuse services and how to access services. Homelessness has been a growing concern to SALT members and residents of SA 5. Likewise CARE Court has raised many questions especially among SALT members with lived experience. Co-Chairs, SALT members, DMH staff and other community partners have been working hard to produce a full calendar of May is Mental Health Awareness Month events. A calendar of events is being published and widely distributed.

**Goals Achieved:** SALT 5 members were given thorough presentations about issues of concern – substance abuse services, timeline and implementation plan of CARE Court, and LA County's plan regarding homelessness including encampments, housing, and providing services for unhoused residents. Monthly updates of the developmental efforts, carried out by CARE Court and the Homelessness Emergency, are developing, and will be added to the meeting agenda for informative input. The presentation by Help Me Grow was much appreciated by SALT 5 members and a part of this Team's effort to inform the membership about the availability of different services provided in SA5. Group Questions or Concerns: Members wanted to know which substance abuse programs are available in the Service Area. There is a 24-hour Substance Abuse Service Helpline, several engagement tools, as well as a DPH website. Many members also expressed concerns about the implementation of CARE Court, and some were even concerned for civil rights and involuntary commitments. Also, others thought that the speed of implementation would be difficult without services and placement resources. Members had inquiries about those in the most critical need of care and how they would be able to simply walk away and go untreated. Many members voiced concerns about the passage of SB 43 that would change terms of the LPS Act. Members had questions about the Homelessness Emergency effort by LA City and County but expressed hope something can be done.

**Additional Comments:** The SALT 5 Co-chairs, DMH staff, and all community partners put much work into organizing many beneficial upcoming events within the month of May. (all flyers and announcements will be posted promptly) These group efforts also went towards three well planned events within the month of June consisting of an annual Summer Celebration scheduled on June 16, 2023 and two separate Juneteenth events on June 17, 2023. Note that all social community gatherings are cohesive with other local associations beneficial of Service Area 5 giving helpful information to the community about better mental health. The planning for the 2 Juneteenth events initiated after there was a call to plan large events before year-end and spend down unspent money allocated for SALT 5 resulting in the opportunity to give back to several people in our area. This allowed us to spend this unused balance left in the SALT 5 budget while following proper budget guidelines. Unfortunately, we received word the Juneteenth events were not officially supported or approved, and this

was very disappointing, because this could then diminish all relationships recently developed through outreach within the Black community of SA5. Fortunately, because of the advocacy practiced by our local DMH staff and our MH Commissioner, Stacy Dalgleish, the budget approval was implemented and all preplanned events within this fiscal year by all SALT 5 Co-chairs are successfully in production. Thank you!

**2. Paul Stansbury, Co-Chair, SALT 8**

**Meeting Overview:** SALT 8 met on April 7, 2023. The recommendations for Mental Health Services Act by DMH for current year, the Annual Update for FY 2023-2024 and the plans and timeline MHSA Three for FY 2024-2027 were reviewed and links to provide input were made available. Members were encouraged to access the resources and links and provide input and comments. It was explained that the stakeholder process for the update for this year and FY23-24 was compressed in time but that the stakeholder and planning process for the three-year plan was going to allow more time for review and input. Also, because of some questions about impact of Governor's proposal to change in MHSA, it was indicated that the process would be based on current MHSA requirements and process as the Governor's proposal was still early in the process of approval and would be some time in the future if adopted.

The relocation of Counseling4Kids whose mission is to deliver healing and advocacy to at-risk children and families to was reviewed.

The many activities and events for May as Mental Health Month by DMH centers and providers were reviewed. The main discussion was about the Plans for SALT 8 to have its first in person meeting since the start of the COVID pandemic. The input of the SALT on in person meeting had been considered and there was consensus it would be important to have our first in person meeting. Based on previous meetings the SALT members wanted to try to connect with different areas of Service Area 8. Dr. Ann Lee was able to obtain the Hofmann Lawndale Community Center for the event. SALT 8 has previously met either at the DCFS office in Torrance or in Long Beach. Having the event in Lawndale is an opportunity to be more convenient for persons in the northern part of the Service Area 8 to attend and hopefully engage more and new stakeholders which has been a long-time interest of SALT.

The event will be from 10 AM to 12 Noon on Friday May 5, 2023, at Hoffman Community 14700 Burin Avenue, Lawndale, CA 90260. A flyer is attached to this report for that event. Unfortunately for technical reasons the meeting will not be able to be a hybrid meeting.

Dr. Willis and Ms. Bailey gave a report on the DMH activities, and the SALT members also gave reports on activities in Service Area 8 regarding May as Mental Health Month.

**Goals Achieved:** SALT 8 in the previous couple of meetings has been able to compile survey results, have breakout discussions, receive input on priorities and identify the top priorities. The SALT is now working on next steps to make plans for meetings and activities for coming year including in person meetings. Resources and materials on the MHSA process have been distributed to members and participants. Members have been encouraged to participate and provide input.

**Group Questions or Concerns:** The group questions and concerns continue with addressing the homeless and mental health issues, underserved populations, integrated treatment, racial and social justice, alternative to incarceration, mental health and youth and others. The

increase in mental health conditions in the community and challenges of staffing within DMH and mental health providers are going concerns to address the needs especially in view of the increasing needs of the 988 and CARE Court programs. Some concern was expressed about being able to have hybrid meetings so that those who were uncomfortable at in person meetings could still attend.

**Additional Comments:** Attendance has been very good at meetings and there is strong interest in in person meeting for the May 5 meeting.

**b. Telephonic Public Comment:**

ii. Public Comments from MHSA Annual Update Public Hearing

1. **Hector Ramirez.** I am Apache and Mexican, and I am a consumer with the Department of Mental Health at West Valley Mental Health Clinic in Chatsworth, Supervisorial District 3. Supervisor Harvard is my representative. Thank you for this report. I speak here wearing multiple hats but primarily as a consumer. I'm also one of the co-chairs for Access For All. And I call volunteer, which is a state advocacy program funded by MHSA.

And I really want to thank the department for this report. You know, it really, it's absolutely a plus that we've never had as a department. I've been engaged as a consumer since the passage of MHSA. And, you know, we have a lot of first ever first time having a stakeholder recommendation. The department has served over 250,000 people in Los Angeles County, and yet one of the things that this report must highlight is that of all the people that participated, only one consumer submitted proposals. And that was me.

And the reason for that is multiple reasons. This process out of all the years that I've participated was inaccessible, particularly because the facilitator and some of the processes and the lack of accommodations that we got were not necessarily the process of good practices, but just constant fighting. It was very difficult, particularly for our Hispanic, Latino communities who really lacked to have access to the same information as anybody else, you know, when they were showing up.

And then, you know, as a consumer, the other thing was very difficult to attend these processes and having to be in competition with DMH staff and, you know, CBOs that were there, you know, oftentimes replacing us and, you know, making recommendations and shutting us down, and sometimes even retaliating against us, and he was really, abusive. And the fact that we have such limited opportunity to really ask for feedback, you know, really highlights the fact that, you know, the disparities, none of that is included in this report. So, I really feel gaslighted and it's part of the trauma that this system kind of perpetuates over and over. You know, so I appreciate all the great things but, you know, as well for accountability and, you know, equity and really highlight the struggles that we had. We had people get COVID trying to attend these meetings. We've had people that died while participating in, you know, none of that is really kind of reflected.

2. **Barbara Wilson:** Yes. Good morning, everyone. This is Barbara Wilson. I'm also from the same service area that Hector is from Service Area 2. I'm here in person and am glad to be able to be heard. I didn't have a lot of love with the technology.

Just wanted to comment. Our favorite -- my favorite passion is about licensed adult residential facilities. We are still losing them. And the concern, of course, is that as we lose licensed facilities, that necessarily means that people, that families that are looking for a placement, when a hospital calls and says, "Come get your loved one over. We're going to

send them to Skid Row." This strikes terror in the hearts of parents and family members. And what we are finding is increasingly facilities are being notified or advised that they should dump the residents that they have currently because they only can pay SSI rates and take in new people because they'll come with a batch, or they'll come with an LW on some of these other funding mechanisms.

And so, I just need to make you aware of the critical, critical situation that we have for families that don't know how to work the system. They just know that they have a loved one that needs a safe place to be absent of drugs and drug paraphernalia and able to give them medications and meals and an SSI rate. Thank you.

3. **Mark Karmatz:** I have a major, major concern. There's a building for the state legislature having to deal with group disability. And what the bill does is changes the definition and kind of loosens it up to get people on involuntary holds. And the person can be detained, conserved, and can -- and unless I have a personal care Medicare provider who can be allowed, taken into custody, usually by police are held in a locked facility for six -- for periods of time. The state would then appoint a conservatorship, which other states called guardians, they can be placed at a locked facility. Significant loss of rights. There would be a -- the bill was passed yesterday at -- not yesterday, it was Tuesday -- it's now either the judiciary committee. It's going to the appropriations. And so that's very concerning for consumers. So that's basically what my comment is right now. We need to take a position on that.
4. **John Warden.** I'm here today to talk about Life Score: a simple, easy-to-use peer support, full health improvement platform with unique privacy and security to reduce or eliminate stigma and can build capacity while connecting users to communities and the right resources to the right person at the right time. We have the support of Dr. John Sherin, former LA County Mental Health director, who writes, "I've seen numerous technology tools come and go. I'm hopeful that Life Score gets an opportunity to demonstrate its full potential efficacy and impact, which I believe to be substantial. It's the combination of ongoing self-monitoring to drive self-care objective assessments that prompt external interventions when indicated access to curated resource directories that match evolving patient needs, and the real-time connections with the personal support network set it apart from technology solutions that I've previously seen and tested. I believe that Life score is very worthy of support as a longtime leader of efforts that improve the mental health and wellbeing of individuals and populations suffering from a wide range of illnesses and traumas. I would recommend investing in Life Score and thereby the needs of community by funding a pilot program which will empower technology to scale." Thank you.
5. **Osbee Sangster:** Speaking on behalf of the black Los Angeles County Client Coalition, Inc. Today's public comment serves as the counterpoint to the neoliberal apologist who rule in dismissing or denying the reality of the SALT 3 virtual meeting minutes for the months of January and February. And let us take a moment to recapitulate the Black Los Angeles County Client Coalition's public comment delivered on April 13th. The mirrors of truth. SALT 3 minutes edits were demeaning, distorted, broken English, duped, and published. Reflecting rules confined by class in our color, like an unrestrained and deadly virus.

If Dr. King were alive today, he still unflinchingly used his visionary telling voice to declare a deficiency of will do what's right. In the spirit of Dr. King, we wish to enlist your help as we attempt to unnerve the powers that deny and downplay the rights of people in this county. The month of April is Los Angeles County Client Coalition's anniversary date, 17 years

serving. We take great pride in the needy giveaway, HP Chromebook computers. I ask once again the Mental Health Commission Chair, Kathleen Austria, And the Mental Health Commissioners to please schedule a meeting to discuss and heed this call to care and for the concern ourselves with the plight of this matter. Thank you.

6. **Pastor Nah:** Hello, everyone. I am just so glad to meet all of you and the stakeholders and commissioners. And I would like to express my gratitude to DMH employees and staff members. I've encountered a lot of all of you during the last 13 meetings or so. I would like to express my gratitude as well. I've learned a great deal through CLT meetings, including what the blind spots are and where they're located. And through the CLT gatherings, I found that we have commonalities and the passions that we share. And then with the passions that we have, I feel that we can do a great deal of work. And through the MHSA Annual Update meetings, I realized that we could do a lot to help the communities after this Pandemic and people who have suffered during the Pandemic.

Okay, so one thing I would like to share with all of you is that there is no such a thing as a perfect way or perfect path. But I feel that things are never going to be perfect, but we do have the choice of going and walking the right path and we can walk that path. Thank you.

7. **Pamela Inaba:** I'm an Access ambassador with Access California Cal Voices. I'm in the LA County Client Coalition Inc. The community leadership with the coalition -- I'm in the Community Leadership Team with three UsCCs and the Cultural Competency Committee. I also -- I want to applaud and congratulate the department and the MHSA coordination team for organizing and doing the training and meetings for the CLT. And for other stakeholders of the MHSA, talking about the MHSA process and enhancing the access with creating virtual access. And in addition to the in-person orientations of the MHSA planning process and the proposal review training and meetings. I'm happy that DMH has made a considered effort to explain and show the DMH budget to stakeholders and urge another venue, the Endowment Center for better access to more stakeholders.

I will continue to work with the SALTs and UsCCs and collaborating with consumer-run organizations to increase the stakeholder voice and choice in the Community Planning Process and increase the number of proposals so that programs are more culturally competent with an emphasis on the BIPOC, and especially the AAPI, LGBTQ+, older adults, and the physical disabilities communities as target populations and offer more language access and more recreational opportunities for Fiscal Year '23-'24. One of my jobs as Access ambassador in LA County is to help DMH follow the MHSA guidelines. And I have been proud to be part of the planning process and appreciate all the work that the staff and administration has done to work with us, and I really want us to discontinue to do more. Thank you very much.

8. **Jean Harris:** I'm co-chair of the SALT in Service Area 1. I want to address the MHSA presentation on page 41 of Ms. Gilbert's PowerPoint. There is, in June, the adopted final MHSA Annual Update will be presented to the MHSA-OAC for final execution. I believe we have an opportunity to have public comment at the Mental Health Services Oversight and Accountability Commission as well on this final plan. And I'd like to ask -- make sure that that's correct and share that with the community the Innovations process.

Another question: When we were having the January and February meetings, which I did drive down from Antelope Valley and attend all of those in-person, that we were presented with several other Innovations proposals, and I wonder what happened to the Neurofeedback proposal? How does that Innovations process work? I support



Neurofeedback and I was pretty excited to see it. I've been telling everybody who listens and now I don't see it anymore.

I would like to address the prudent reserve versus unspent funds. The prudent reserve has apparently been decided to be increased dramatically, and I'd like to have a conversation about that and allow stakeholders to comment on that as well.

On page 165, in the full MHSA report, there is Innovations 3: Hollywood Mental Health co-op \$26 million. Is that from one year, the '23-'24? And on page 35, 36 of the urgent care clinics across the county, there are some age levels, and I talked to Ms. Gilbert about this already. But the children in the High Desert Clinic affects Service Area 1, but the clinic there, the urgent care doesn't accept children 13 and under. They also do not accept older adults that are above age 65. And so that also needs to be documented in the statistics. Is there a possibility of requesting a hard copy to review before the final presentation? Because looking at it online, my eyes can't go over almost 200 pages.

9. **Richard Kim:** Good afternoon, Madam Chair, Commissioners. It's been a long time. Just want to address the innovation projects, the Interim Housing Multidisciplinary assessment and training teams and the new IN proposed for this year 2023, 2024 does not address and does not include the number of positions for on-house peer support specialists on this team. This is in February 2022, where I became a participant of the State of California's Project Homekey. After four years of chronic street homelessness as a PHK stakeholder, I've seen many of my peers cycle into a transitional housing setting for the first time in years and cycling back out to the streets.

And unhoused peer support specialists sharing lived experiences that are invaluable to assisting linkages in mental health services and co-occurring SUD services by interim housing residents that can help decrease homelessness. California Mental Health Services Authority is accepting proposals for their peer support specialist training curriculum and certification program for justice-involved training, crisis specialization training, and unhoused peer specialization training, each one due by May 12, 2023, 5:00 PM Pacific Daylight Time.

My question is: why is the new innovation program, Interim Housing and Multidisciplinary Assessment and treatment teams not including peer positions on the team with a five-year proposed budget of \$190 Million? Does the Multidisciplinary Assessment also include the role of peers in interim housing who are violent to housing retention, linkages to mental health, co-occurring substance use services and support for recovering wellness of Project Homekey interim housing residents?

Moreover, to better serve Project Homekey stakeholders, we must consider creating a peer-driven and led advisory committee that will advise new and existing interim housing policies in Project Homekey that address the needs of PHK stakeholders and advocate the former current, new, and future PHK stakeholders to the mayor's office, Los Angeles City Council, Los Angeles County Board of Supervisors, the Los Angeles County Department Mental Health, Mental Health Commission, and any oversight commissions of Los Angeles County Departments of Public Health and health services. And if the commission so chooses also the quasi organization called "LAHSA" maybe. Thank you.

10. **Dr. Stephen Mouton:** I'm a psychologist and policy lead liaison for the Seven LA County Regional Centers for Developmental Disabilities. And what I would like to see is the identification of services for people with developmental disabilities, more in the requests for

proposals that are done, and then also when services are provided. They're usually broken down by different populations, by different ethnic groups, by different languages.

But you don't often see that a service is available for a person, let's say an intellectual disability or autism, severe or low functioning autism and a variety of those types of services. So I just think it'd be easier for parents and clients of the Regional Center to find mental health services when they have a co-occurring mental health and developmental disability, to be able to look at services and see some kind of identifying code that this service provider would be able to provide services because many times they're not able to get services that they say they do not provide services to people with developmental disabilities, even when they have mental health difficulties. That's it. Thank you.

11. **Lisette Martinez:** I'm on behalf of the Commission on HIV. So really, I come today just to ask for potential collaboration with the Mental Health Commission. Our commission has been reaching out to other commissions to see how we can potentially collaborate to reach our most vulnerable population. So, welcome the opportunity to collaborate soon.

12. **Mark Karmatz.** And I was listening to the -- I'm sorry, to the meeting with the legislature yesterday with regards to the -- I forgot what committee it was. But anyway, they were talking about Senate Bill 403, which has to do with the -- has to do with the caste systems and so that we don't have the same thing going on that they had in India, basically. And it reminded me that we need to have this into the Mental Health Services Act. And having it -- this could be a cultural competency issue with him. So, I think we need to -- and we think we need to get that introduced into the Mental Health Services Act meetings here in Los Angeles County. So, thank you.

13. **Jean Harris:** I'd also like to address the fact that when we're going over these Annual Updates that I'd love to see those budget figures in the service areas getting these proposed services. How are their monies being spent across the county per service area? I see that we were provided with a data sheet as an example of supervisory districts, and that's wonderful. I can't wait to see the statistics.

I also want to commend on the difference from past years with MHSA only being addressed when it's time for the 3-Year Plan. And I am welcoming DMH's commitment to getting that stakeholder involvement. I would love to see stakeholder meetings in every service area rather than requiring people to travel long distances to attend in-person meetings. Online is a very much different experience and I want to get all our communities across the county involved. Thank you so much for all the effort and all the hard work.

14. **Hector Ramirez:** So, in addition to what I wanted to add, one of the things that I really wanted to recommend, and we have been asking for this over and over is for the department -- the Department of Mental Health MHSA Unit to have additional resources. This is the largest county in the state, and it is nowhere nearly supported or funded to really have the stakeholder process that, you know, we intended and that we need to do this. And so, we're kind of functioning at a smaller county-level capacity. We're not even like an Orange County level, but we have great staff, but they're being worked so hard, and that's why we are having all these kinds of big fumbles happening.

You know, and in addition to the lack of Spanish access for our Latino Hispanic population, the other thing that we have been really struggling with is getting information in plain language. And this is a disability accommodation request that we did and request way back



in September. And so it's a disability accommodation, and we ask over and over. It makes it very difficult to print, you know, the big over 100-page document and process it. You know, sometimes I have support staff that helps me go through it, but my peers don't. You know, the community does it. And so it really puts our community sometimes, unfortunately, at a disadvantage. If you're not a paid community person or a lobbying person for home, you know, board and care, you really don't have this type of infrastructure to support you.

And so, as a result, you know, our both needed partners research, our consumers and our family members are oftentimes, you know, supplemented, or replaced. And we don't necessarily have that opportunity. And I think our possible solution for that is the stakeholder process suggestions, which I really appreciate and hope that they get funded properly. But then also to have the infrastructure for the department to be able to do this, because right now they don't. And that's why these big, big mistakes are happening and it's not fair for employees that are really trying hard, not fair for the community. And it's not -- it's something that we -- I would really like to fix.

**Adjourn – Commissioner Molina moved to adjourn, Commissioner Stevens second, meeting adjourned, 1:30p.m.**