



LA COUNTY MENTAL HEALTH COMMISSION (MHC)

“Advocacy, Accountability, and Oversight in Action”

Michael Molina, Chair, Presiding

REGULAR MEETING MINUTES

MEETING DATE	November 21, 2024		
START TIME	11:00am	ADJOURNMENT TIME:	
LOCATION	510 South Vermont Ave., Terrace Level Conference Room, Los Angeles, CA 90020		
ATTACHMENTS	MEETING RECORDING LINK	PUBLIC COMMENT DOCUMENT LINK	AGENDA LINK

IN ATTENDANCE		ABSENT
COMMISSIONER NAME		
Kathleen Austria, Thomas Roache, Michael Molina, Dr. Erica Holmes, Victor Manalo, Anders Corey, Bennett Root Jr., Brittney Weissman, and Stacy Dalglish, and Susan Friedman		Imelda Padilla-Frausto, Reba Stevens, Jaqueline Sandoval, Lawrence Schallert, and Marilyn Sanabria
QUORUM PRESENT: Yes	APPROVAL: Minutes approved on 1/23/25. Motion made by Commissioner Dalglish, seconded by Commissioner Sanabria.	
ADJOURNED: 1:59pm		

MEETING MINUTES

AGENDA / ACTION ITEMS	DISCUSSION/DECISION SUMMARIES	FOLLOW-UP ITEMS
4. CONSENT AGENDA		
a. Approval of minutes of the October 17, 2024, meeting Approval of minutes of the October 17, 2024, meeting	Minutes approved. Motion made by Commissioner Dalglish, seconded by Commissioner Manalo.	
b. DMH Constituent Follow-Up Report	Link to the DMH Constituent Referral Report for the May through October 2024 Mental Health	
c. MHC Budget Report	Link to the MHC Budget Report	



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d. DMH BHSA Updates Report	Link to the DMH BHSA Timeline Report	
DMH Legislative Update	Elan Shultz, Chief of Policy and Strategy – Link to DMH Legislative Presentation	
5. STANDING ITEMS		
a. DMH Director’s Updates	<p>DMH Director’s Updates – Link to SB 43 Presentation</p> <p>Highlights:</p> <ul style="list-style-type: none">SB 43 bridges a critical gap in the system, expanding protections for individuals with “severe” Substance Use Disorders (SUD) while aligning clinical judgment with legal standards. Successful implementation will require ongoing collaboration, education, and system improvements to meet the needs of this vulnerable population. <p>Key concerns shared by commissioners</p> <ul style="list-style-type: none">How do we ensure we can track and re-engage individuals? <i>Response:</i> Most individuals are known through emergency services (911/988 calls), and outreach education will help identify new cases.How long will it take to align processes and facilities with SB 43? <i>Response:</i> Full implementation could take 1-2 years, including updates to documentation and facilities.What happens after the 72-hour hold? <i>Response:</i> Focus is on chronic SUD cases (e.g., long-term alcohol-related cognitive issues). Treatment remains voluntary, but engagement is key to long-term success.Concerns about emergency room overcrowding. <i>Response:</i> Overcrowding remains an issue, but efforts are underway to prioritize individuals and find appropriate care placements.Do we have enough space to treat all qualifying individuals?	



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	<p><i>Response:</i> Increasing treatment capacity is a top priority for the department, with ongoing efforts to expand bed availability and care levels.</p> <p>Jennifer Hallman, LCSW/MPA - Link to the Access to Care Presentation</p> <p>Discussion</p> <p>Key concerns shared by commissioners</p> <ul style="list-style-type: none">• Service Area 5 crisis response discrepancy• Disparities in access to care across service areas• Response times and capacity challenges• Access to children’s mental health services• Gaps in service delivery for marginalized groups• Federal and state performance benchmarks• Data collection and analysis limitations• Future monitoring and accountability <p>Commissioners request updates in 2025 to evaluate progress.</p>	
6. NEW BUSINESS		
<p>a. Presentation: Understanding LAPD’s officer in-service training for responding to incidents involving consumers experiencing a mental health crisis (Elizabeth Reyes, Detective III)</p>	<p>Elizabeth Reyes, Detective III - Link to LAPD’s Presentation</p> <p>Discussion</p> <p>Key concerns shared by commissioners:</p> <ul style="list-style-type: none">• Officers’ perception of mental health response as outside their role.• Limited frequency and scope of mental health training.• Insufficient MEU and SMART team resources.• Lack of clear data on arrest diversion and use of force reduction.• Misinterpretation of behaviors related to autism and disabilities.• High volume of mental health-related 911 calls.• Need for more transparency on long-term trends and outcomes.	



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7. CONTINUED BUSINESS (From 9/26/24)		
<i>a. 2024 Data Notebook</i>	<p>Link to Commissioner 2024 Data Notebook Presentation</p> <p>Total responses:</p> <ul style="list-style-type: none">• 10 public responses• 4 commissioners <p>Please see presentation for summary of responses</p>	
<i>b. Bylaws</i>	<p>Link to MHC Membership Options Chart</p> <p>Decision: The commission was unable to come to an agreement for a recommendation to the Board of Supervisors regarding this matter. This item will be carried to the December 19th meeting with the acknowledgment that the BOS will make a motion to amend MHC bylaws for consideration during their December 17th meeting. This means that the commission’s recommendations will not be considered if a motion is made before the commission meets again on 12/19.</p>	
<i>c. MHC Meeting Day Change</i>	<p>Decision: The commission moved to move the regular (full commission) meeting to the 2nd Thursday of each month and the executive committee meetings to the 4th Thursday of each month. The commission will have a special meeting schedule during holiday months, specifically November and December. A suitable non-conflicting day will be identified for those two months of the year.</p>	