



PUBLIC COMMENT TO ADDRESS THE BEHAVIORAL HEALTH COMMISSION
MSHA Public Hearing
April 10, 2025

Commissioners by Supervisorial District

District	1 st	2 nd	3 rd	4 th	5 th
Supervisor	Hilda L. Solis	Holly J. Mitchell	Lindsey P. Horvath	Janice Hahn	Kathryn Barger
Commissioners	Susan Friedman	Kathleen Austria	Stacy Dalglish	Victor Manalo	Lawrence Schallert
	Bennett W. Root, Jr.	Reba Stevens	Thomas Roache	Michael Molina	Brittney Weissman
	Imelda Padilla-Frausto	Erica Holmes	Jaqueline Sandoval-Valenzuela	Marilyn Sanabria	Vacant

L.A. County Board of Supervisors Member: Supervisor Kathryn Barger

Agenda #	Name	Method used to address the Commission (e.g., By phone, in-person, or email)	Type of Public Comment (e.g., General or Stakeholder Report)	Comments
The following individuals addressed the Commission either in person or by phone during this meeting. PLEASE NOTE: The text below has been retrieved from the non-verbatim transcript produced by our live captioning service. For the emailed communication, we have copied the text from the email received and pasted it on to this document.				
Public Comment	Andria McFerson	In Person	Stakeholder Report/SALT4	Good afternoon. This is Andria Macpherson from Service Area 5. I may sound a bit restricted. I had dental work this morning. 2 crowns put in. So excuse me. Sorry about that. But you talked about the statistics and data according to population of L.A. County. And is this data based on the severity of that population? Because of the numbers -- because if the numbers are based according to general population of L.A. County alone, that means, for example, I'll give you an example what I'm talking about. 6th% of programs would adhere to the necessity of Native-American population. But if the Native-American population community is 10% of the mental health population of L.A. County suffering from mental illness

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				<p>according to either PTSD or poverty, or genetics, then how would that program, how would all these programs be linked to the community resources according to their mental health chronic illness population?</p> <p>I wanted to know topics like PTSD, domestic violence, so you would prevention. How available are they according to, of course, the necessities of communities and populations as well? Oh goodness gracious. Suicide rate is 35% Latino and 31% African-American. But there's only 10% African-American. So are there more programs according to that particular community? Because people are more open to peer-on-peer type of population in order to give their personal information and in order to adhere to their necessity. Sometimes it has to be more open with programs that have that eye to eye contact.</p>
Public Comment	Yvonne Sandoval	In Person	Stakeholder Report/SALT7	<p>Good morning, everybody. I am from SALT 7. I name is Yvonne Sandoval and I'm here to report some of the good things with our area. So Evelyn who is our peer support person and our chief, Manny Rojas is actually right now in New York visiting the New York clubhouse so that they may see what is going on there to bring here to our area 7 now. When we say SALT 7, what it really means, because I'm sure there's got to be new people on the line. So what it means, what does it mean? It used to be called SPA. But it has changed to SALT. Right? So SALT stands for Service Area Leadership Team. So I welcome you any time to come on visiting us here at the commission meeting, online or in person. And</p>

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				<p>definitely, come out and visit us at SALT 7. Right now we're having a hybrid from center in Whittier. Okay. So there's that.</p> <p>With our Jamie Gomez who was our liaison and tech guru who has done so well with our SALT 7 and Instagram, and social media, he is getting ready to shoot a podcast, hopefully, in April also, but in May, and I was told he will be doing a podcast with I don't know what Commissioner, but a Commissioner and a surprise star. Now, before I turn the mic over to our next SALT 7, Sydney, get out your notepads and pen because she will be announcing dates and events that will be happening from here on</p>
Public Comment	Sydney	In Person	Stakeholder Report/SALT7	<p>Good afternoon. I'm Sydney from area 7. What we have every Tuesday and the next one is actually on April 16. Every Thursday is East Los Tacos and it's called Ariento. And we have a spring jubilee on Walnut Park. And next one is on April 27, which is Para dio El Niño. And that is also in east los tacos. And the clergy lunch when I will we at the Artesia library.</p>
Public Comment	Anonymous	In Person	Stakeholder Report/SALT6	<p>I'm SALT 6 co-Chair. At this moment, we don't have anything great going on but we're working on take action at this moment. Question. What part of program was that she was talking about? That's in SALT area 6?</p>
Public Comment	Dr. E. Mohamed	In Person	General	<p>Good afternoon. Just so everyone knows there's a handout going out that covers the talks and there's a PDF code. Good afternoon, thank you for allowing this spice for all of us come together and have a discussion. I'm Dr. Estradar Mohamed for Los Angeles</p>

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				<p>County of mental health. I'm on medical leave awaiting ADA accommodation and I speak today not on personal ground. But I speak today in defense of public safety, systems accountability and the future of care for our county. I also speak as a family advocate, navigating the CARE Court process. I've developed a model of transformation. Designed not only to designed institutional harm but prevent. It's called bureau care to custody pipeline. This maps fragmented care and neglect from family and services and homelessness and incarceration and irreversible harm. It is not theoretical. It is preventable. And it is happening now. Despite multiple warning submitted between 2019 and 2023, a child died by suicide January 2024. Within weeks, the county health services employee took her own life on county grounds. And already this year, more families have been displaced without coordinated care following the wildfires. This is not a failure of intention. It is a failure of infrastructure. What we are facing is not a crisis. It is a cry- sis. That opens open asylum and prison and treatment sites for untreated small, especially in communities long excluded from equitable investment. Over the years, I've contributed to improvement prevention and early intervention, quality assurance, workforce education and training, contract monitoring and management division, clinical liability and risk management, and ARISE. Work now developed into departmental strategies but deeper issue persists. When those closest to the crisis are excluded from the systems they help shape, the result is symbolism, not safety. One example that transformation of Arty to now called</p>

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				ARISE, antiracism inclusion and solidarity and inconclusion. I was excluded from implementation. Publically funded initiative was built used with my input and without Fidelity and those closest to the crisis at the table.
Public Comment	Bruce portman	In Person	General	Hi, no public comment. But Bruce Portman. Commissioner from the drug and alcohol. Thank you for having us out here today. I represent supervisor Holly Mitchell.
Public Comment	Ricardo Kim	In Person	Stakeholder Report/SALT4	Good afternoon, Chair Molina. And I would like to address 2 L.A. mental health and MHSA annual update for fiscal year 2025-26. First item on Page 232 subheading interhousing multi-disciplinary IHOP, subsections expectations for fiscal year 25-26, first bullet point states recruitment and hiring IHOP staff including DPH clinicians for in-patient SUD treatment. How many positions will DMH will make available for workers? Questions in second bullet point same subsection. How will DMH ensure full-time role for our peers in equal standing with other members of the IHOP team? When will DMH implement new training curriculum for mental health community health worker in addition to those listed on page 249 subheading sub-Section A CDEFG. To better support their role and responsibility on the IHOP team and their future career advancement and promotion opportunities. Second item. On Page 246 under subheading mental health career pathway subsection number 1 intensive mental health recovery specialist training program the last sentence states DMH will not continue this program after this fiscal year. Why is this discontinued? Will the

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				<p>training program be funded through another source and if so, for how many years? What is DMH's strategic plan to engage if recruit and cohort and peers? Dizzy DMH have a specialist training program for L.A. County mental health community worker who are interested in psychosocial reasonable take field and case management career opportunities? If no, what are the reason for this discontinuation. For L.A. County mental health community workers employed at peer resource centers that will become clubhouses Page 210 under innovations. May I just say one sentence? Thank you. Moreover, will this training meet the criteria for L.A. County mental health community health workers to receive the recovery practice for leaders, training under subsection 4B.</p>
Public Comment	Jim "The Hat"	In Person	General	<p>Jim associated with JW.org. And this Saturday. This Saturday, April 12. 7:00 p.m. The event held at JW.org for the community that people may be able to come and not suffer isolation, which is this struggling for people with mental health. And also dignity and worth. This supportive community encourage well thinking, light stress, and help us avoid the stress in times we live in. Even though some have lost their houses. This community is able to help them find the houses and get over their trauma of loss and fires we've had. I have seen it in person and aided in the suicide provincial. So this Saturday is a celebration of memorial of Christ that this community of Jehovah's Witnesses supplies for everyone to come to. And it would do well for Department of Mental Health Commissioners to encourage this for the sake that it enhances the whole person care</p>

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				addressing not just the mind but heart and spirit. This carries the hope that over comes despair and trauma. Please join. Zoom number. Got your pencils out? Zoom. Number 82172701513. And the Passcode is memorial. The word memorial. M-E-M-O-R-I-A-L. Everybody is invited. And this is worldwide event. So it does not exclude nobody. It's all inclusion.
Public Comment	Charles Wade	By Phone	General	Hello, this is Charles from area 6, Service Area 6 and I want to thank you, all, for having this meeting.
Emailed Public Comment				
Public Comment	Dr. Esroruleh Mohammad	Email	General	<p>Dear Commissioners and MHSA Planning Team, CC: Dr. Lisa Wong, Ms. Connie Choi, Ms. Hundal</p> <p>Thank you for the opportunity to offer public comment during the April 10 Behavioral Health Commission meeting. I appreciated the space to contribute both as a Clinical Psychologist and as a family advocate—particularly in the context of MHSA equity planning, structural oversight, and systems accountability.</p> <p>A summary of these contributions—including the BureauCare-to-Custody Pipeline™ framework and supporting materials—was shared with Commissioners, Department leadership, and the public during the April 10 hearing via handout and QR code.</p> <p>As shared, my contributions to referral tracking, suicide postvention, access-to-care coordination, and culturally responsive</p>

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				<p>workforce development are now reflected in several Departmental strategies. I also developed and submitted a systems equity framework for transformation—the BureauCare-to-Custody Pipeline™—which maps how fragmentation, oversight breakdowns, and trauma-neglect escalate risk and reinforce cycles of institutional displacement. This model is grounded in case data, direct service experience, and multi-year, cross-divisional engagement with families, providers, and public oversight bodies.</p> <p>The model is not only diagnostic—it offers a practical structure for redirecting care trajectories and protecting public trust. Several of its components have already been applied across PEI, QA, CLRM, CMMD, and ARISE, yet the framework has not been formally acknowledged or attributed.</p> <p>I also raised concerns regarding the transformation of the Anti-Racism, Diversity, and Inclusion (ARDI) initiative into ARISE. While this shift was directly informed by my 2023 policy recommendations and consultations with senior leadership, I was not included in ARISE’s authorship or implementation. I continue to recommend a formal renaming of the division to: Advancing Racial Inclusion and Systems Equity—to realign the initiative with the original MSHA equity mandate and its structural intent.</p> <p>There can be no true solidarity or empowerment without systems equity, public and workplace safety, and community voice. Equity</p>

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				<p>without accountability is not reform—it is performance.</p> <p>I also noted the Commission’s acknowledgment that bureaucracy has become a barrier to care—and its concern regarding the persistent lack of coordinated support for family caregivers across the County. These concerns are directly addressed in my BureauCare-to-Custody Pipeline™ framework, which outlines actionable, department-aligned solutions I have actively applied across PEI, QA, CMMD, Safety Intelligence, and CLRM. Many of these strategies are now in motion—yet being implemented under conditions of my exclusion from authorship, leadership, and oversight. In light of this alignment, I respectfully ask how the Department intends to ensure formal acknowledgment and integration of this model and the associated systems-level contributions into MHSA implementation planning.</p> <p>In the spirit of collaboration, I’d be glad to share a visual summary of the BureauCare-to-Custody Pipeline™ and a systems impact matrix outlining alignment between my submitted contributions and current MHSA/ARISE strategies. If there are active working groups, planning forums, or stakeholder sessions where this framework may be relevant, I would welcome the opportunity to support implementation.</p> <p>I would also like to respectfully note, for the public record, that</p>

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				<p>these frameworks were independently developed while I have been on involuntary medical leave, pending approval to return to work under physician-recommended ADA accommodations. These contributions were developed outside the scope of my formal CPII classification and reflect an ongoing, independent commitment to ethical oversight, systems equity, and the protection of public safety and trust.</p> <p>I respectfully request that this correspondence, and the contents of my public comment, be included in the official report to the Board of Supervisors and the public record.</p> <p><i>Los Angeles County should mean that Los Angelenos count. There are no angels without ethics. No equity without accountability. No mental health without justice.</i></p> <p>Thank you again for your leadership and commitment to a public mental health system grounded in accountability, equity, and community trust. I remain available for follow-up and collaboration.</p> <p>With appreciation and continued commitment to equity and accountability,</p> <p>Dr. Esroruleh Mohammad Clinical Psychologist Systems Equity & Family Advocate</p>

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