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7/10/2025

L.A. County Behavioral Health Commission Regular Meeting

(Part 1 – 10:30am-12:00pm)

>> Okay. We're at 11:00. Let's get settled. Okay everyone. I know we're in a very small room today. This is all we have and we're just going to make it work. Welcome to the County Behavioral Health Commission meeting. This is the regular meeting today, July 10th. My name is Kenia and I will start with a brief introduction of myself and I have dark brown curly hair. I'm wearing a white top, black pants, black shoes. Welcome all. Like I said, this is a small room but we'll make it work. This is our first meeting of the fiscal year with a new executive committee and a new chair. So welcome all. Chair Manalo.

>> Thank you for reminding me that this is my first meeting as a chair and as if I already haven't been reminded since I walked in today. Thank you, I appreciate the introduction. I'd like to call this meeting to order. I wanted this to be more intimate today. It's nobody's fault we are here in this room. It was just a scheduling issue and Kenia's already promised me it will never happen again. Thank you so much, Kenia. Can I get a roll call of the commission, please.

>> Commissioner Freedman.

>> Present.

>> Commissioner Padilla Frausto. Commissioner Manalo. Commissioner Molina. Present. Commissioner Weissman, she is in route. Commissioner Roache. Commissioner Sandoval absent. Chair Manalo, we have a quorum.

>> Commissioner Oster. Our board of Supervisors.

>> Tyler's going to develop a complex because you keep forgetting about him, Kenia. Welcome, Tyler. And welcome to all the commissioners. I appreciate your being here and looking forward to working with all of you during this next fiscal year as the chair of the commission. And now if it's okay with commission and Kenia, I didn't check with you on Dr. Wong's status. She's traveling and we're trying to figure out if there's a time certain that she needs to give her presentation. So Kenia, do we know?

>> She'll be on at 11:15.

>> Chair: 11:15, okay. Right. So we can go through and start our public comment and then at 11:15 we'll pause and then we can go to Dr. Wong's presentation if that's okay with the commission. It looks like it's okay because they're eating. Okay. We will go to the public comment. This is the opportunity for those of you who are here and we also have folks who are calling in and looking, watching us virtually. This is the time for you to make public comments on any items that are not on today's agenda. Everyone's really good about that about making general comments and this is the time to do that and everyone will have each person will have two minutes to make their comments and I also wanted to -- I just wanted to make a note to everybody. For some of you, this may be your first time coming or the first time you're making public comments. Many times people come in their comments asking questions

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and I just want to let you know so that you're not feeling frustrated because I know people feel frustrated after public comment and feel like they haven't been responded to adequately. I just want to let you know even though we cannot answer your questions directly or comment on your public comments, we will make sure that you are directed to the right staff person and connect in that way. Okay.

>> This is the co-chair. I just want to say thank you for having us again. Last meeting, we did mention something about giving a report on growth and things we were doing at SALT6. And I'd be remorse if I didn't start out by saying this push was something that was dynamic. Part of this report because without our energy. Thank you. When I first came -- when I first came to SALT6, I was just a community member in 2022, it was virtual and we had 11 or 14 members and at that time, I could say personally getting the word out, most people weren't aware that erupted some things and then going into 2023. So we started out with 11 virtually and I'll say myself and the statements and the co-chair at that time. What really was successful was us getting the word out letting community members know that there is a service area leadership team and there is a way to be heard. The biggest thing was people thought they were going to the meetings to be able to talk to and we were able to translate that into this is a room and a space that people can be heard dynamic. So what was great about it was getting the word out but also we were there to collaborate and work with them many ventures in the community not just financially but support, that went great. So now we're at a total of 89 members of our in-person meeting because in January of 2023 -- 2024, we went lye and have been that way since and now we're up to 89. We were at 115 but then people fell off. Now the new bylaws, it must be a five attendance out of a five of nine ratio to be a voting member. We're up to about ten now which is dynamic because we were only up to us chairs and the ones who would come and getting involvement and the collaboration of the community. That goes to this part here. We have two events coming up. July 19th, Faith and Boys where we are doing expungements, job placement, youth training and we're also doing health and wellness events to find out the needs of our community as we always do which is a great thing. We're at 150 in registration now and about 30 vendors. We're going to do a great thing on that day. And then on August 2nd in collaboration with not like us -- I got that name wrong. The I'll put that in my report, chief, but we're partnering with them in the Baldwin Hill Mall to do a back to school health and wellness check. We're going to be supplying 2500 backpacks. We're coming in with the services that will now coordinate into some of the services in the meetings. We're doing skits, we're doing plays. We're talking about bullying and peer pressure in a more active way to get the attention of our youth to let them know there are health and services for that. Of the that's about my report. Thank you guys for hearing from me today. We're doing great in SALT6. All SALTs are doing great but I know we're pushing to get the word out that mental health is not crazy, it's just something natural for all of us, but most people in my community have been told to get in touch with a therapist, to get in touch with a mental doctor, that means you're crazy and you don't do that. So we're changing the narrative to know that we all have problems and you need the help to get it.

>> Excuse me, pastor, would you send those two events to the commission so we have all the information. Okay. That's fine.

>> Thank you. Anyone else looking to make to the commission at this time.

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>> Can you sit down sir if you want, you have two minutes.

>> Thank you for hosting. I worked since the late 80s among the jobs that I had my family's in Israel now I have my speech, it's very important to understand that the politics is enthried. Why can't the U.S. be Internationally strong and take care of all its citizens and residents. The visitors all meet in Cape Cod. What they talk about is their money deals and next change of guard. As to myself I'm split between my French synagogue and that's it. That's all I wanted to say.

>> Thank you very much.

>> Good morning everybody. Commission, folks who have came to this meeting. You're here for a reason and so am I. I just want the to give the highlights for June. On June 7th, it was fantastic. Things were happening all around, you know, South Gate is a big community, they have a lot of residents and they have a very supportive mayor. So it helps with the stigma getting rid of the stigma like Pastor E. Said. So if you need somebody to talk to. My other co-chair and I went to the clergy round table that was held a couple of weeks ago and it was held in huntington park and it must have been like 26, 30 people there, and it was just awesome talking about mental health and it was great information, you know, and, of course, I realize because of my co-chair, she says, hey, talking to just anybody, do you know about 988? A lot of team don't know about 988. But I got on the bus and I asked the same question. She's made this informal thing, do you know about 988 and I asked everybody on the bus and because Erica that was our spokes person on the stand there there's so much activity going on at the same time and you don't really get to hear it, so we need to ask 988 folks. I did see them at Rio Hondo college. And we need more of that. You know, I took another folks from the seniors on another tour and I asked them, I go, hey, who knows here about 988, two people out of 988 and it's to remind everybody it's not police called. It's not a 911 and you don't necessarily have to have people go out to your house, you can text, talk, it's national. That's it. My time is up. Thank you everybody.

>> Thank you so much for your comments. You're always so good at looking at the clock. I appreciate that. Right. Do we need to pause our public comment, Kenia, so we can get to Dr. Wong? Keep going. Okay. I'm getting the keep going sign.

>> We have to go to AT&T to the people who are listening.

>> Okay. If there's nobody else here that wants to make public comment, yes, please come forward. As soon as we're done with the in-room public comment, we'll go to AT&T. Thank you for the reminder, Kenia.

>> Good morning. Irene Rapma. In the last meeting that we had, I had an expression regarding the upheaval of people who were angry about immigration. What I find interesting is we come to another time and I'm hopeful that the city and county of Los Angeles become friends with sue. I had a conversation with someone, a young man, not incarcerated and he said, you know, I couldn't join the military because I had tattoo on my neck. I had conversations and about selective services. Last month, they had a representative right here from the Department of Mental Health that focus on youth. We had two people, one to focus on substance abuse and the other wanted to talk about those who are actually in facilities. Now, I had e-mailed them like I just had a whole package for that expression to talk

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about the brigade where I looked at the story and the story is is that we have a very large bottom whether we're talking about the people in our normal seat. Our youth who are not selected and create that something as a preventative measure against here it is some of the things that we may find as social issues, homelessness, joblessness.

>> Ma'am, could you please wrap up your comments as your time is up.

>> Yes.

>> Thank you.

>> So when I look at myself, right and I'm like, wow, I know when I came here initially, I was crying out about about my concerns about drones and satellites, so it doesn't change to talk about chip which is constitution, human, independence, and civil rights and that being said how it is related to mental health and behavioral health and looking at now as an adult and yet here it is the concern collectively from the general population.

>> Thank you very much, ma'am, I appreciate your comments.

>> Thank you. Is we're going to pause public comment right now because Dr. Wong is traveling and she had a time certain to be on to make a presentation, so if everyone who is here that still wants to make public comment, you have that opportunity in Dr. Wong's presentation. And as we finish public comment in the room, we'll go to AT&T and see if anyone online has public comment as well. If we have Dr. Wong with us. Dr. Wong, welcome.

>> Hi, good morning. Thank you. And so good to be here at least virtually with all of you. As you can imagine nowadays, there's so much going on at the county, the state, the federal level, I'm kind of pulled to be in many places at once. So today I was asked to present on an update for fiscal year 24-25. So we'll be talking about that a little bit and we have some slides. Are the slides up?

>> Yes.

>> Okay. Fantastic. Okay so let's go ahead and go to the first slide. So we're going to be talking about an overview of the program are what eligibility is and expenditures and participation and outreach as well. Next slide, please. So for some folks who may not be aware, the client activity fund known as the CAF and co-chair stipends really are designed to increase active consumers, family members, and those with lived mental health and substance use experience at the formal stakeholder meetings. We really want people get the opportunity from many different parts of our community as possible. The CAF participants are reimbursed at a rate of \$50 a meeting up to three meetings a month. Then co-chairs are eligible to receive a fixed monthly amount. Funds are intended to offset the costs of meeting attendants, such as transportation, food, child care, other things that may come up. Next slide, please. So who's eligible. Well, anybody interested in receiving either a CAF or co-chair stipend must, number one, be registered as an LA County vendor, number two, complete an application, number three, have a valid social security number, and sign the attestation at the end of the CAF guideline certifying they have read and understand the rules and regulations with it. So what is reimbursable? Well, of course, the BHSA community planning team, that's something we really try to encourage a lot of stakeholder participation.

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Our service area leadership teams, those are the teams that used to be known as the SAC now called the SALT and they have been in every service area throughout the county, all eight service areas. Then our underserved cultural meetings, our cultural competency committee meetings, our behavioral health commission, full commission and executive committee meetings, and our faith-based advisory council. So co-chairs elected to the SALTs are also stipend eligible. Here's a big table with a lot of numbers so you can look at that at your leisure. We have 29 people who identify as consumers, family members of consumers and having lived experiences consistently participate in the CAF program. So not a huge number, but beare glad that we have some participation. And we have 25 co-chairs elect to receive the monthly stipend. So all co-chairs don't have to receive the stipend but they can elect to do so. So you can take a look at that and you'll see for co-chairs, we have a total of \$46,800 spent in fiscal year 24-25. Then about \$20,000 for CAF participants and a total of \$66,800 for the year 24-25. Next slide, please. Okay. So what are our outreach efforts? The expansion of the CPT driven by BHSA or Behavioral Health Services Contact has led to the SALT, UsCC, FBAC, and BHC and CPT meetings. Anybody wanting to participate in these meetings are not held back because they can't afford transportation or other costs associated. Our partners with the substance abuse prevention and control bureau or also known as SAPC. We're very happy to be able to broaden our stakeholder base and include a lot of folk who is have knowledge and interest and investment in the substance use disorder. During fiscal year 24-25, CAF and co-chair orientations were held on August 6th, October 15th, and April 2nd of this year. 250 individuals participated across all three orientation trainings. The next CAF and co-chair orientations are July 15th this year coming up a few days from now. Next slide, please. So that does it for the CAF and co-chair stipend. I hope the people will take this information and share it. If you know people who participated and are interested in these different community meetings and outreach, please tune in to the CAF orientation and find out how they can get to these meetings. It's very important that we get a lot of different voices participating. We don't want the feedback to just come from a narrow range of people. We really want to reach out to our entire community. So I hope that all of you listening today, part of the commission, part of the Department of Mental Health, part of SAPC, that we all help to get the word out there, and that there's a way to help people participate in our stakeholder processes. Thank you. I think now we have an opportunity for questions, is that correct?

>> Thank you. That would be great, Dr. Wong. Are there any questions from the commission? Yes, Commissioner Stevens.

>> Hi, Commissioner Stevens.

>> Hi. When I look at the CAF reimbursable meetings and we're talking about this behavioral health, what I'm not seeing are meetings that are specific to SAPC such as the Alcohol and Drugs Commission. So is there a consideration to include additional meetings that could be included for CAF? Is that something that's being discussed?

>> Yes. And I think that's a very reasonable request for expansion. So what we have to do is look into how we can include other meetings and what the process is. I think Peter is their in-person at the meeting. Maybe he has more information on that, Peter

>> Yeah, that's something we will consider.

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>> Thank you, Commissioner Stevens. I think especially now that we're trying to include more stakeholders, that would be really valuable to include meetings based on those.

>> Anything else, Commissioner Stevens? Okay. And first, Commissioner Austria and Commissioner Delgleesh.

>> Yes I know CAF used to be much larger. At each of the meetings it should be opened up with this is something you can do and how to apply. I know when you're doing grass roots organizing, you always think about how do you do that outreach so it needs to be announced at every single meeting each time until we here's how you apply.

>> I completely agree with you. And it would be healthy to go beyond our traditional realm like make sure this gets out to churches and different AA meetings and community-based organizations. If we want parts and members from our communities we have to reach out to all parts of our communities.

>> Thank you, Commissioner Austria. Commissioner Dalgleish.

>> Thank you. A couple of things, I think the SAPC is a great idea and aalong with our partners in this which is the joining those two commissions together in this county. That would be another good thing cross pollinating. And then, thinking about Commissioner Austria's point, you know, if you have 250 people have attended and we're talking about a 20% buy-in rate with 25 and 29, I'd be curious to why people don't opt in since the 80% don't. So I'd appreciate if we're able to find out any information about that too. Thank you very much.

>> Thank you, Commissioner.

>> So we have asked people but also number two, is there any barriers or anything we can do to make it easier. So some of the feedback we received some of it was there's was a drop after COVID. Number two, especially, you know, we do a lot more hybrid meetings, now. Number two, we have a lot of people who decline because they said they didn't need to have the stipend. So that was one of the major reasons that we received.

>> So you're saying we have people attending, they're just not applying for the CAF money.

>> Exactly.

>> Maybe there's a way of capturing that information because that's great. When you were talking about child care, I was thinking it was hard to get child care for that amount of money and what I hear from people in the community is that the requirement for the number of hours that they put in is there's so many is it isn't what we're asking them to do. So that might be something to consider as well. So thank you.

>> Thank you, Commissioner. Commissioner Molina, it's hard for me to say that, Commissioner Molina.

>> I love it. Good morning, Dr. Wong. Good to see you. I absolutely no questions on CAF, the report is plenty, but since you are with us, I think it makes sense for the director of department just to give an overview on any efforts the department has taken in collaboration with the county in response to what the county has endured the last month or so with these immigration rates and the presence of federal

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agents CL we consider them welcome or unwelcome. It seems to be a major issue in the city of Los Angeles. Just to get an update as to efforts of the department facing the county.

>> Dr. Wong, before you answer that, thank you, Commissioner Molina, Commissioner Stevens had another question about CAF. So before we move on, if we can just get one more question about the CAF. Commissioner Stevens.

>> Thank you. One of the concerns we continue to have is the co-chair representatives showing up to the and in addition to that, there seems to be a disconnect between the service area groups as well as the underserved cultural community groups. So could you address, there's a requirement per the bylaws and the bylaws I understand for the SALTs are the same. And in those bylaws it is a requirement. Today, we had SP6 and SPA7. If folks are receiving the stipend but not actually participating in meeting the requirements.

>> Thank you, commissioner. And that's a very valid concern. I believe they have to sign in to show they have attended. Is that correct, Peter?

>> That's correct.

>> Yeah. So it is tracked that way. So if they don't attend then they don't receive the reimbursement. With the co-chair, it's a little bit different because they have the separate stipend for being a co-chair. And while they do have that commitment in the bylaws, there's nothing that says they have to attend like so many meetings to receive their co-chair stipend. They just have to fulfill that role as co-chair. But I do think it's a really, you know, good concern to look at because we can't have just participation from two service areas, right. And maybe that's something that we revisit to encourage our other committee co-chairs to be participant and remind them of what they can contribute and that they represent, you know, a certain segment of our community so it's very important to hear from. So, Peter, is that something we can follow up on?

>> Yeah. Absolutely. We can follow up on that and encourage greater participation in these types of meetings.

>> Great. Thank you.

>> Thank you, Dr. Wong. Thank you, Commissioner Stevens. And just to wrap up on this on the CAF issue, I think this participation overall has been a concern of this commission not today because we have a full commission here today. I think it goes all the way down obviously it goes down to and hopefully with the help of my commissioners that we can look at and how can we encourage participation across the board because we're all a vital piece to advising the department as well as to advising the board on behavioral health issues in the county. So I want to thank my fellow commissioners for those questions and thanks for your report on that, Dr. Wong. And now we'll go to Commissioner Molina's question if you wouldn't mind giving us an overview of that.

>> Yeah. Thank you very much for bringing up this issue, Commissioner Molina. It has certainly been top of mind for us and we have seen a very serious impact throughout our communities especially in service areas seven, four, six, two, I guess all over our county that, you know, I would say that in terms of

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the impact to our programs, we have seen the most impact in service area 7 where we have a large number of canceled appointments or declined appointments. We have children who, you know, parents don't feel safe in going to school. We have had a lot of instances where we've had a lot of people in the community ask to go grocery shopping for our clients or to do things like take their children to the doctors appointment because they're afraid themselves because of their immigration status. You can see the very serious impact on the way and the kind of stress and fear are on on a constant basis so what we've been doing is we're trying to look at ways in and we're looking at ways to look out for people so they can come in. And we're looking at telehealth. A lot of our communities, they may not have the technology or a private place to have a session or do those things so we're not operating at the capacity we need to reach community needs. So we're trying to get out to our immigrant communities as well as friends, neighbors, community members in general, you know information about what they have access to, the rights of, what to do in certain situations, in fact, we are rolling out a new training that we're going to be doing and it's going to be done by the LA County office of immigration affairs. So people are informed, reactions that are very fear-based and but now people are even scared to go to urgent care. That moves it to the emergency room and that ends up being crisis calls and the law enforcement responses and other really high acuity kinds of responses. So we're trying to figure out how to be able to serve the people I think it has really been a challenge because the fears are so reality-based. I mean, we're surrounded by it. What we've done though is we have put out people not just who may be at risk but for our staff and all of our providers. This is really taking a toll on them. So what they can do to remain healthy and serve in these really demanding times.

>> Thank you, Dr. Wong. Any questions or comments from commissioners.

>> Yes are. Are we considering, Dr. Wong, I'm listening to you with an open mind, you know, it raises some concerns about those who are seeking assistance and support particularly when fear is associated because we can't even identify what fear is. It comes in 100 folds and it's different for everyone and so I was just curious about something like as an example, FSP2.0 and what are the connections or the relationships that those who are currently utilizing services and their therapist or their social worker or whomever. Because if we don't reach folks, we're failing and we are aware of what the problem is. I think we really have to dig in to the solution and often times, it may be an inconvenience. It may mean them working on a Saturday or working on a Sunday to go and knock on that individual's door. So for that, I'm holding you accountable. We have to get into the solution.

>> I think that our higher acuity levels of care because those are high-touch programs and they have the kind of staffing pattern that allows them to be field-based and reach out to people wherever they are. I think where we have more of a challenge is with our outpatient population, right. Because just of the size. We are trying to reach out to everyone who has not been coming in, who has not made an appointment and checking in on them not just about making their mental health appointment, but about what their needs are, how they're doing, how their children are doing in their school, are they attending school? So kind of looking at all the things that they're concerned about and you're absolutely right. One of the issues with fear is that it makes it hard to identify when somebody is in bawls a lot of times they will avoid contact, because we are still seen as part of government and I think that there is some fear there you know, for a while, our plans was too to do community outreach and safe spaces but

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the definition of a safe space has changed. There are very few safe spaces now. Not when you see I.C.E. turning up at some of our fire check points, Whittier library, and MacArthur Park. So we have tried to create safe environments in our treatment sites but what's scary for people is that space between their home and our treatment sites. So, yes, we have stepped up our outreach to people where they are including going to homes as possible. But to be honest, we're going to have to deploy a lot of people and we may not have the manpower to reach everyone but this is ambiguous why we're trying to galvanize the community and support systems around them so they have a whole network of support and not just the Department of health services because it's really going to take our entire community wrapping around this at-risk population.

>> Thank you, Dr. Wong. Any other questions from commissioners? Okay. Dr. Wong, thank you so much. I'm sorry, there's a couple more. Commissioner, Austria.

>> -- about the state budget and I don't know how we're pronouncing this one. I don't know, the new term but how much impact on a budget reductions are we getting from the state overall and is there any analysis on the federal bill?

>> Dr. Wong, this is crystal, Elon, that's part of the legislative update, so I don't know if you want to save that question for later.

>> Don't forget it.

>> Thank you. Commissioner, is this still on the same topic? Okay. Not the budget but the previous topic.

>> I have no questions on the budget. Just briefly, I'm sorry if I missed this, I know you were knocking on doors, but have you made any statement or communicated in a mass sense anything on YouTube explaining the safeguards that might be in place, do people know the rules, generally?

>> People know the rules generally by some of the things we put out. To be honest, we have been restricted to a degree of in terms of what we are able to say. As a county, there has been the strategy that has been developed. How we're going to handle this. I think we're all aware that LA County is a bit of a target at this time. So I think as a county, we've been trying to be strategic on how to get information out and services out without putting a target on the people that we serve. So we've been trying to kind of walk that fine line where we've been doing media interviews and putting out statements where we talk about the services available and how to access things and the different supports without kind of calling out how to avoid I.C.E. raids or things like that that would draw more attention and more pressure on the populations we're trying to protect. We have things on our public facing website in addition to going to media and print, we have things we sent out. We have department wide so that all of our staff are informed about how to respond when they come across situations or how to help their clients why they put out training on what to do in our treatment sites to protect privacy for people who are considered at-risk immigration status. I wish we could do a lot more like very upfront public messaging. But at this time, I think we have to be very careful to walk the line.

>> Thank you, Dr. Wong. And on behalf of the commission, I do want to thank you and thank your staff for all the work that you are doing. I know it's very difficult times for most of us and all of us, and I want

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to thank you for your reply to Commissioner Molina's question. As a commissioner, I think what stands out for me is that the county is limited and you are limited in many respects even when it comes to having your staff knock on peoples doors. And when you mentioned that, I think to myself, why can't I knock on my neighbor's door? Right. Why can't people at my church knock on peoples' doors. Why don't we as neighbors caring about each other, the people that live next door to us or on our block or in our apartment, right? I think yes, there's a role for the department but there's a role for us. As community members, as commissioners, and I want to challenge the how can, what can each one of us do to contribute to that type of community that you're talking about, Dr. Wong where we're all working together. There are people at my church that don't want to talk about young people that have. These are people. So I can't put it all on had you. You and the department have a big role to play. But I think we also have a big role to play and we need to exercise that responsibility. Thank you, Dr. Wong. I'm sorry for taking so long with my final comment there.

>> No. I really appreciate those comments. We have to stand up as a community.

>> Absolutely. And many people are and we need to build on that and we need to do better for the people we all serve and that we're all connected to. So thank you, Dr. Wong, I appreciate that. I appreciate your report.

>> Thank you. Bye everyone. .

>> Yes. Please. Commissioner Stevens.

>> I always find it interesting when there are situations or circumstances that are overwhelming us and we feel troubled that we think about one another. I really believe that it has to be a continuum. It has to always be that way and not just when there is a situation or a crisis, if we practice that on a regular, we would already be prepared for the right now as to what's going on and I just need to put emphasis on that and I'm not just speaking to us. I'm speaking to anyone that's listening because it has to be apart of who we are and what we're doing at all times because everything is mental health. Everything.

>> Absolutely. Thank you, Commissioner Stevens. And now we're going to go back to our public comment. Is there anyone else here in the room that wishes to make general public comment? Yes, sir, please, come forward. And then as soon as we're done here, we will go to AT&T.

>> Hi, my name's Ezekiel Reyes. I'm the service area 4 co-chair. So I'll start with the updates first. Service area 4 is having problems due to us being significantly hit due to the I.C.E. raids and stuff like that. So a lot of our events that we had planned are now up for grabs at this point. So we're trying to plan out new ones. We're trying to find ways for the Hispanic heritage month when it comes up and so we're having problems for that at this point. So there's also the Korean heritage as well and so we're just having problems and figuring out how this will work without interference from the outside. So there's that. So I always explained food is a necessity or hot meal. That's just part of an algorithm that an individual is living whenever they're experiencing homelessness, so like in order to change an individual that's experiencing homelessness to start thinking positively or help the person quit doing drugs, we need to create a hiccup in their algorithm on a daily basis, so a hot meal was one of them. Like a place for them to store their item social security another one. Like we need to create these kinds of things so

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that they can choose, like they can see a path created for them and they'll choose based off their circumstances because when you're homeless, you get bored. And you want to do new things. So why not create a path for them by setting up things, services that can help them think more positively that way they themselves can look for a way off the streets instead of us focusing on housing. Again, to a homeless person, that's hieroglyphs. They don't care. We can adapt to our environment. We can sleep on the streets if it's necessary, but the problem with all of that is the basic necessities that aren't being met and that's where I'd like to emphasize the need that we need to focus on. Like we can work on things that are really high up on the level. So we can also help with the basic necessities as well. So thank you.

>> Thank you very much. Appreciate your comments. So any other comments? No other comments in the room? Yeah. We're going to go to AT&T. Yes, Commissioner Freedman.

>> I just want to make sure we are all aware that there is now a new department of housing in the county and the director, the new director was just announced yesterday so that everything that has to do with homelessness is all coordinated in taken over. None of the money was being spent we don't know how the money is being spent or will be spent.

>> Thank you, commissioner. Now we'll go to AT&T. Kenia.

>> AT&T, can you provide instructions to provide public comment.

>> Thank you, if you have public comment, please press 0, and an operator will give you a number. If you have public comment. And one moment, please. We do have a comment from a line. Please go ahead. I'm sorry. One moment. Line six is open.

>> Hello. I'm (indiscernible) from SALT6. I want to thank you for having this meeting. I was hoping I can ask Dr. Wong if she can tell someone to send me my stipend for the month of April, but I missed that opportunity. But thank you very much.

>> Thank you for your call, we'll make sure that we have someone get to that issue for you. Thanks for calling in

>> Thank you.

>> We have a comment. We do. We have a comment from line seven, please go ahead.

>> Good morning, commissioners. My name is Dr. Asda Mohamed. I'm currently on involuntary medical leave. Systems equity framework formerly submitted to this board on April 10th. The model wasn't born in theory. It merged from over a decade of front line services, systems of a reform and personal advocacy including my own building, psychiatric provider excluded for eligibility since then, an oversight reform has surfaced from county policy. While this advances the author remains exclusive. There's a no compensation, no attribution. No reWilliam burstment. This is not a technical is a those with lived expertise. That knowledge was offered to prevent preventable death. DMH, Dr. Wong bares responsibility not (indiscernible) at the exexpense of ethical practices. Equity was not answered (indiscernible). To accommodate the presentation illustrates exactly why this matters. No framework can be advanced without honoring the people and (indiscernible) that make it possible. Thank you.

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>> Thank you very much for your comments. Do we have anyone else on the line wishing to make public comment?

>> And we have no one else. Thank you.

>> Thank you very much.

(Switch Captioners)