Welcome and Introductions

Rigo and Dr. Robert Ross called the meeting to order. The voting members introduced themselves. Rigo announced the meeting plans for the day. He encouraged feedback from the group regarding his facilitation skills. He asked for questions about the agenda. He introduced the 3 Power point slides of the original recommendations. The other materials are for the recommendations to consider later.

Recommendation 33-

There was an agreement in increasing the number of co-response teams however it may open the door for more law enforcement, and we have not brought up the resource question.

33(b)-

A co-response team is a behavioral health with law enforcement (Intercept 3), different than intercept 0 and 1

33-c They want the behavioral health teams to match the resources on the “other side”

33 (a)-Original Proposal

33 (b)-Civilian oversight commission

33 ©- Behavioral health infrastructure

33 (d)-0Substantially increase co-response teams

Voting member comment-you cannot take folks without training, they must be well-trained, when we call out the municipalities (40 different cities with their own police) with law enforcement, we must be sure they go through training to deal with mental illness in the streets (any of them would be okay as long

B will not work/not viable, C or D good (Sheriff Newman-Tarwater); would the whole issue of funding for C be addressed later?

I want to be clear on this, for the co-response team effort there are resource needs on both sides, it cannot be only the clinical piece.

To frame it in a way that emphasizes care.

The behavioral health infrastructure could transcend the divide.

The team falls under the whole umbrella (from both sides)

C-enhances capacity for care/resources
Herb Hatanaka-I have several programs with 20 years’ experience with clinicians that work with law enforcement. A co-response is more a collaborative approach that takes quite a bit of time in training. You should not suggest that you will fund one side of the operation and not the other.

33B was blocked

33C was blocked

33D was not blocked and it achieved consensus, the group gave their voting letters and they were logged by Karen and Maiya

Recommendation 2

Rigo asked if the members want to discuss it. It was recommended to include “including coordinated field services and hub” to get a strategic location further into the paragraph. There was no opposition to including it. Rigo wanted to test for consensus. He asked if anybody would block the changes. The voting members gave their voting letters.

Recommendation 66(a)

There needs to be a way to capture data to expand services and there has to be advocacy for non-contracted agencies and do a county-wide assessment of services

Comment- the audit of services and costs was not initially mentioned

It was my understanding that there are audits in place, but they are not public. Rigo said it wouldn’t be a one-time thing. Both public health and law enforcement departments. The details regarding the questions would be better addressed during implementation. Audits are usually done annually or bi-annually. (We will revisit these questions at the next meeting).

Can someone speak to what this was originally trying to “get at”?

Without seeing any data to have context, it is hard to tell without having any context to go on. It would be great to know what kinds of questions will be asked during the audit

Public Comment: I had worked as a provider of a committee on a recommendation for agencies and providers both contracted and non-contracted, they did not want the agencies to feel they were compromised

I had one thing. We were trying et a sense of what kind of barriers for participating and not participating in contracting.

We want to make sure the transparency piece of this recommendation. We do not want to intent to be lost, it’s about transparency and community input.

Dr. Ross- Help me understand the participatory hurdle part: is it about people receiving services or trying to get more agencies of all shapes and forms to contract with the county because it’s really overwhelming right now.

**Part 2: Adopt Recommendations (Justice-Involved Populations- Gender and Sexual Orientation Ad Hoc Committee)**
Rigo explained the focus-groups to the room. He explained the documents that featured the recommendations. He thanked the note-takers who pulled out all the comments and key issues. A committee was formed with representatives of each of the three groups. They looked at the common recommendations. The ad hoc team is meeting two more times to finish the work they have to do. On November 7th we will all get their final set of recommendations. They will be compressing it into a month and a half. When the ad hoc committee met they tried to find the recommendations and to put them into the various intercepts. There are 35 recommendations as they were placed within the intercept roadmap. There will be an opportunity to ask questions. The process will be asking if any items should be pulled.

Michelle Parris-There are representatives from some community organizations. There is a panel up front with A New Way of Life Reentry Project, TransLatin@ Coalition, Young Women’s Freedom Center. They want to address the disproportionate booking of black women into jail for sex work. They built consensus within the group. More will be coming in November.

Michae is manager of policy and community engagement for the TransLatin@ Coalition. She explained why LGBQ was separated from the Transgender, gender-conforming, and intersex groups. The main concerns were around the lack of services and lack of trust for law enforcement. The recommendations need to specifically include trans people, so as not to exclude them. They were adding onto to existing recommendations to include the groups. It is creating opportunities for employment and creating services, making sure that it’s trans led. Many agencies providing services for trans people are not led by trans people. There is a basic commentary on the discrimination TGI and Trans people face to finding housing. Then there is a need to find pathways to report discrimination and how to support people with getting legal support.

Rojas from YWFC- Criminalization and over-sexualization happening. You give someone a hug and its like somehow you are being over-sexual. Black gay men and domestic violence when police are called both end up arrested. There’s no way to know how to interact with police. The services are not affirming, not inclusive and especially residential services. Treatments are not affirming of gender identity or queerness. Trauma came up and the lack of therapists to represent the LGBTQ and black communities. There is a need for them to look like us to promote wellness.

Ingrid Archie from A New Way of Life- Four years ago I came to the program and was able to get services that helped me to discover. Facilitating the cisgender group was different. I had to figure out what it meant. It was a new experience. Being an impacted person facilitating this group trauma came up. Many of the incarcerated come from trauma and broken homes. A lot of women who are mothers are often cycled into incarceration as being the left behind caregivers after their men were incarcerated. DCFS is another broken part, cycles the children into systems, based upon the fact that we are poor and to make money. Women are more susceptible to go into incarceration. Another thing is when women come in contact with officers, it creates another traumatic experience, especially when law enforcement do not have experience and training. When women get arrested its criminalizing the traumatized. Also, we should have first responders that are not linked to DCFS. They are placing children in the community and not looking for the next of kin. It begins the cycle of incarceration for those children. Arrests create a domino effect. If you get a ticket and cannot pay. Your license is suspended now you cannot provide for your family, lose housing, child then placed into the system. The one arrest (i.e. a traffic stop) started the domino effect. It’s something they do not understand. If they plead guilty then they can’t get
housing, kids back or good employment, the reason for alternatives to incarceration. There is no way we will get anywhere without officers getting proper training and getting them to understand what happens after the point of contact.

We are thinking a lot about care first and to thinking about policing. There are so many points of intervention where services can be provided. Right now, it’s very punitive. Are there any questions from the group?

The law enforcement need to be considerate of their conditions of offering services, no trust was there, they wanted information before they would offer services.

Rigo suggested taking some questions from the audience. A community member thanked the panelists. There is a question to law enforcement: why are they not being trained to help the mentally ill. If they are not trained in a medical manner to understand the symptoms, they automatically treat them like a criminal.

Public Comments:

Thank you for speaking truth into power. I have been in psychiatric since I was 3 and psych meds since I was 14. I was classified as mentally ill. So many people cannot even get jobs who are not even on drugs. We are who we are, and we are speaking truth into passion. Stop classifying us as just mentally ill, straight up.

A: Folks noted they didn’t want to be pathologized with other groups who were classified as mentally ill.

Patrice: At night I work graveyard shifts. I have been in handcuffs for a week straight. I have my uniform. I have to wait for the officer to call my boss to let them know I work security. I shouldn’t be in handcuffs. I make $19/hour. I never thought I would be in handcuffs again. I shouldn’t be.

Michelle Parris- Some people communicated that some organizations were very helpful in helping folks get correct identification to match the gender they identify with and they were grateful for it

A 5-minute break was announced.

Dr. Ross spoke about how inspiring the hearing about the process is for him. What came to mind was racial equity regarding African-American and Native Americans.

Diana shared the opportunity that in the implementation template there is specific column about racial equity.

Michelle Parris- They are going to address sex work, but you will not directly see it in the recommendations, as well as how substance abuse is impactful.

Dr. Ross asked the voting members if they have any recommendations:

A voting member specified the following recommendations: 34, 39 and 40 (to be pulled)

Dr. Ross read out the motion “to approve the recommendations on the agenda except for 34, 39 and 40”. There was no block to the motion, so they gave their voting letters which were logged. 32 recommendations out of the 35 were approved.
34 the idea is there should be other modules like gender, etc. CIT should be extra, in addition to. “Make it more specialized training and include other kinds of training. To move the highlighted section to the very end of Intercept 2: Law Enforcement (page 6). Put the yellow before “SMARTMET” was the recommendations. Nobody blocked it so they tested for consensus going around the room with the letter answers.

**ATI Updates**

Diana for Gender/Sex Orientation Ad Hoc will be in charge of supporting the new recommendations and develop implementation plans for what was endorsed today.

The Community Engagement Ad Hoc Committee has been busy organizing 6 community workshops all over LA county. Last one will be in Pacoima in November. There have been workshops inside the county jail and will soon happen in the juvenile halls. Information should be shared at the November or December meetings about the findings from these events.

Implementation teams have been developed by intercepts, all 7 intercepts have an implementation team. She extended an invitation to the group to join any of the teams and invited them to access the meeting schedules online.

For Departments and the Crosswalk, many people have or will receive an email to generate survey results to look at which recommendations already fall into your department’s strategic plans and/or which recommendations you might be interested in working on. Also, which program managers/directors you might be interested in adding to the teams.

Karen- the data and research committee will be helping to support and fill in to be ready to receive requests from the implementation teams to work and provide metrics and targets for feedback.

Dr. Ross- The original time frame to present to the Board has been moved to February 2020. They got news that Saachi Hammi has announced her retirement. We need to see how it is going to affect the work. Stay focused and on task, Rigo you did a fabulous job.

No public comments

**Adjournment**

Meeting was adjourned at 2:56 pm.

**Voting Results:**

**Recommendation #33**

- 33B - Blocked – Cheryl Newman-Tarwater
- 33C - Blocked – Mark Delgado
- 33D – Passed
  - o A: 13
  - o B: 5
  - o C: 5

**Recommendation #2 w/ edits**
• #2  
  o A: 20  
  o B: 2  
  o C: 1

Consent Agenda for Recommendations Minus #34, #39, #40

• Passed  
  o A: 6  
  o B: 15  
  o C: 2

Recommendation #34 w/ edits

• Passed  
  o A: 4  
  o B: 17  
  o C: 2