

1. Why are you engaged in your current field of work?

I have been managing the business improvement district (BID) along Hollywood Blvd for the past 19 years – since it was started in 1996. This has been an exciting and rewarding job, as I have had a front-row seat to witness a tremendous success story of economic development and community revitalization. That I have had any role is an honor.

However, I think your question might be directed more toward why I am involved in homeless issues to the extent I am – particularly caring about the fate of those who suffer from mental illness and are chronically homeless in our neighborhood. To describe that journey would exceed the file-size allotment granted for this application. In brief, I will describe my journey as such.

For the first seven years in my job, I felt it was someone else's role to address homelessness (i.e., government, non-profits, faith community). I harbored a fear of homeless people and kept my distance. For the next five years, I experienced an awakening that this societal problem was not going to be solved unless all sectors, including and especially the business community, came to the table. I felt called to actually get to know, as human beings, those individuals who were living in the District I was entrusted to manage. For the last seven years, I have been "all in," and my life has been transformed. Not only have I come to develop relationships with the three "case studies" you will see referenced in this proposal, I feel I have made a case for the business community to play a role. I am also heavily invested -- operating at 35,000 feet on the LAHSA Commission; 20,000 feet on the United Way Home for Good Task Force; 10,000 feet on the board at The Center at Blessed Sacrament; and in the trenches with my buddy Torrey.

2. Please describe the issue/project you would like to work on

Forty years after the dismantling of the institutionalized mental health system in America, we witness the unintended consequences. The rate of people suffering from brain disorders and severe mental illness (SMI) has not changed, but where they live has.¹ There has been a complete shift from state hospitals to jails, prisons and the streets of America. A 2013 article in The Economist showed this shift graphically.



In Los Angeles, we see evidence of this failed system daily. The individual who is camped with all their belonging at a bus shelter, day in and day out. The ragged man walking down the street carrying on an animated conversation with the breeze. The violent encounters between individuals who are the subject of a 911 call and the LAPD.

In Hollywood, I have had the privilege to learn about the lives of people who suffer from SMI and are homeless in our neighborhood. Many of us have worked collaboratively to move individuals from the street into a safer environments.

For example, in 2013, after spending three years working as a coalition (Hollywood 4WRD) to house chronically homeless individuals, we came together in a one-day retreat to assess where we had made progress, and where we fell short. It was evident at that time that the most disabled, hardest to reach individuals suffering from schizophrenia, and in a few cases, substance abuse as well, remained on the street. We labelled them the "super-chronic" homeless – the high hanging fruit – and decided to come to consensus on a list so we could focus on helping them get off the street. We could not agree on just ten, so adopted a list that has come to be known as the "Top 14."

¹ According to Representative Tim Murphy, author of the Helping Families in Mental Health Crisis Act, approximately 11 million people in the United States suffer from severe schizophrenia, bipolar disorder and major depression. Millions are going without treatment and families struggle to care for their loved ones. An 8/29/14 article in the Sacramento Bee reported that there were 30,000 mentally ill inmates in state prison system, which amounts to 26% of state prison population (30,000/116,000). It is estimated that between 20 to 40% of the homeless population in CA suffers from mental illness. In Los Angeles County, in 2015, according to the District Attorney's report, 3,614 inmates in LA County jail suffered from mental illness.).

My research will be informed by the evolving life stories of at least three people who have been helped by our coalition. One is named Torrey, a 53-year old man suffering from schizophrenia who was (and still is) the inspiration behind this entire effort.



The second is Serge, a 35-year old man with no hands, who was homeless on the streets of Hollywood and Santa Monica for 12 years, and now lives in a facility in Pico Rivera.



The third is Arnie, a 26 year old man, who came to Hollywood to study, and was overtaken by his illness and demonstrated violent tendencies. He was conserved, and lived in a locked facility for almost two year, and now lives in a board and care home in Hollywood.



My research and work would be focused upon identifying a range of tools available to community members who desire to help those who are vulnerable and suffering from SMI in their neighborhood. These tools may already be available, or may be inspired by how other cities, counties, states – or even other countries -- are addressing these human needs. These tools would allow a community to give voice to those individuals who are trapped in their mental illness. These tools are often obscure and locked in a maze that is hard to crack. Arguably, these tools might be considered “disruptive” to the mainstream mental health paradigm. They might also rub against civil libertarians who argue that people have a “constitutional right” to lie in their feces on our sidewalks, often unaware that they are ill. The agencies or service providers one turns to for advice are often siloed and kept busy with other initiatives, or hide behind HIPAA² – making it difficult to discuss how to help a specific human being if one wants to use their actual name. My goal would be to make a case for policy or systems change and/or encourage new volunteer-based support structures that will:

- Mandate treatment in appropriate instances
- Divert people from incarceration or hospitalization into treatment
- Create communities to surround homeless and formerly homeless people living with mental illness – to give them support and sustainable companionship
- Beef up resource allocations for supportive services – to ensure those who are housed don’t fall back into homelessness.

² The Health Insurance Portability and Accountability Act, passed by Congress in 1996. Among other things, it is the federal law that establishes standards for the privacy and security of health information,

3. Who else is working in this arena? What have they accomplished? Where does their work stop short? Where are you stepping in?

I have not stumbled upon any one group or organization who is standing in for their homeless neighbors suffering from severe mental illness. As I have experienced the frustration of seeking help and treatment for chronically homeless individuals suffering from SMI in Hollywood, I have found a small cadre of professionals and authors who I follow via social media. I know that if I had the opportunity to peak into this world with more intentionality, this constellation will grow, but here is my initial list.

1. DJ Jaffe – Executive Director, Mental Illness Policy Org, New York

Mental Illness Policy Org is a think-tank dedicated to providing law enforcement officials, mental illness officials, the media and policy makers unbiased information on issues affecting the seriously mentally ill.

2. Dr. E. Fuller Torrey – Treatment Advocacy Center

Carla Jacobs, member of the board of directors, Treatment Advocacy Center

E. Fuller Torrey, M.D., is a research psychiatrist specializing in schizophrenia and bipolar disorder (also known as manic-depressive illness). He is founder of the Treatment Advocacy Center.

Carla Jacobs is a founding board member for the TAC, and has seen the devastating impacts of untreated mental illness play out in her family. She advocates to reduce the homelessness and criminalization of people with mental illness by improving standards and practices in community care. She also believes – as I do, that access to treatment for mental disorders is a human right.

3. National Alliance for the Mentally Ill (NAMI) – this is an organization which largely serves as a coalition and voice for families coping with mental illness. They have been instrumental in calling for reforms to the state’s conservatorship laws (the Lanterman Petris Short Act).

4. Los Angeles District Attorney Jackie Lacey

Jackie Lacey is chair of the LA County Criminal Justice Mental Health Advisory Board. Recently the board issues a report entitled “A Blueprint for Change,” which proposes some sweeping reform proposals to divert individuals suffering from mental illness from jails to treatment. The report posits that jail is not the appropriate housing option for those whose behaviors arose from an acute mental health crisis.

5. Judge James Bianco is the bench officer assigned to LA County Superior Court, Department 95.

This is the mental health court for LA County.

6. Pete Early, author of Crazy: A Father’s Search Through America’s Mental Health Madness.

A former journalist, Pete Early now describes himself as a story-teller. However, his jump-start into this career changed started with the book he wrote about his son, and what he learned about the

dysfunctionality of the mental health system in Florida. He has now become a strong advocate for mental health reform in America.

7. Representative Tim Murphy (Pennsylvania) who introduced the Families in Mental Health Crisis Act Representative Murphy is a clinical psychologist and a member of Congress. He is attempting the first major overhaul of the American mental healthy system in 50 years.

4. How do you propose to find a solution? Describe your proposed work plan.

1. Identify jurisdictions (states, counties or even other countries) that have proactively moved toward a model of treatment for individuals suffering from mental illness. Ideally this would be a jurisdiction where the number of people who are either homeless or incarcerated is FAR LESS than the national average.

a. Create a continuum theory (from most aggressive treatment, i.e., involuntary, to most passive) and identify where Los Angeles County fits. To truly meet the needs of mentally ill individuals in LA County, where should we be, and what is keeping us from being there?

b. Identify the leading voices for change – and plug into these people.

2. Develop complete case studies of three people. These are three people who would still be homeless had we not helped them. To the extent I could gain access, I would interview family, track down records of interactions with the criminal justice system and emergency health services. If possible, I would attempt a “cost-savings” analysis, to document how their current living situation is less costly to the community than the previous cycle of jail, hospitalization, homelessness. I would describe in great detail what the Hollywood community had to do to help them – and how the community remains involved, which is completely voluntary.

3. Target one or two policy changes that could make meaningful impact in reducing the incidence of chronic homeless owing to severe mental illness. Examples might be:

a. Implementation of “Laura’s Law” also known as Assisted Outpatient Treatment (AOT)³ in L.A. County. AOT is a process that for allows for an adult, meeting specific criteria, who declines voluntary treatment, to be compelled by a civil court process to receive mental health care in the community.

b. Dedication of state and federal resources to increasing the supply of permanent supportive housing with rich “wrap-around” services to support those who are living in the community. Despite the number of individuals projected to be mentally ill and homeless, the number of beds falls far short: full service partnership, shelter plus care, etc.

³ California was unique in the United States when it included in Laura’s Law a requirement that each county opt in with a vote by its Board of Supervisors. With this vote 11 California counties have fully implemented the law, but families in the state’s other 47 counties are still without access to this proven method of supporting recovery from the most severe mental illness and saving taxpayer dollars.

4. Identify community-centric models (largely volunteer driven) which seek to either reduce the burden on government systems, or work in tandem, to assist people with severe mental illness and prevent housed individuals from falling back into homelessness.

5. Make the case for policy or systems change that is founded upon:

- Best practices gathered from other jurisdictions
- Evidence of improved quality of life for those in case studies
- Documented cost savings – cost of treatment is far less than the cost of allowing people to languish on the street.

6. Tell the story. I have been collecting photos, videos, notes from interviews and observations now dating back to 2008. With the permission of my three friends, and possibly other, I see the potential to create a documentary that will weave the human story around the policy, systems and community cultural change necessary to embrace the needs of these individuals. Create a documentary to tell their story and show the before and after.

7. Do a TED Talk.

5. What is your project timeline? Please be specific. How long will you be away from your regular work?

If I am awarded the Fellowship, I would use the time to study, attend conferences, meet with experts, extensively interview the families of the people I would be focusing on as case studies and write.

Though this may change, here is my thought process on how to approach the two years.

Jan 11 – 22, 2016

First two-week stint, which would include the two-day retreat Jan 13-14. During this time, I would work from home to conduct the research to establish my core body of knowledge to launch. I would establish the baseline metrics of what we are up against in Los Angeles – as compared to other states, or even other countries (e.g., what proportion of the public suffers from mental illness? How many of these individuals cycle through criminal justice system? How many are homeless at any given time? How many die (either through natural causes or suicide)? What is the cost to society vs. cost of treatment?) I would do a national review of best practices. I would canvass the world for the best thinkers on this topic and determine who I need to meet. At this point, I would also establish an initial “kitchen cabinet” of advisors.

July 1 – 15, 2016

For my second two week stint, I would focus on domestic travel, reaching out to meet with individuals I have identified, and for whom face to face meetings would be most beneficial. This might also involve site visits to organizations or providers in the country who have practices worth emulating in Los Angeles. I would want to travel to Phoenix to meet and interview, in person, Arnie’s mother and brother. I would also attend the National Alliance for Mental Illness (NAMI) National Convention July 6 – 9 in Denver, CO.

December 2016 - This period would be focused upon story-boarding the documentary I would produce and capturing footage of key interviews and images.

March 2017 – I suspect by this time, I will have become aware of other programs I want to visit (either internationally, or in the US/Canada) , or people I need to meet, or conferences to attend.

August 2017 -- loose ends of editing documentary, capturing final footage, formulating my recommendations.

December 2017 – preparation of a Ted Talk proposal (or similar venue) which will help to galvanize attention and support for my community-centric engagement model.

6. What are your hopes for your project? How will you know if you are making progress?

First, by virtue of my research, my advocacy and my special communications (i.e., documentary and Ted Talk) the public will be stimulated to see individuals who suffer from mental illness through a different frame. The stigma and fear associated therewith will be reduced, and the public will see this individuals as fellow human beings, suffering mightily from an illness which both isolates them and dooms them to a sub-par quality of life.

Second, I will be able to bring to the table specific interventions that caring communities could undertake to target specific neighbors, chronically homeless and suffering from mental illness, to bring them inside to a safer place.

Third, I will identify policies that either need to be advanced or changed that will facilitate the treatment of chronically homeless individuals suffering from severe mental illness.

Finally, there will be a growing movement in our city that realizes that ignoring those who remain homeless and suffer from untreated mental illness is completely immoral, sub-human and unacceptable.

7. The Stanton Fellowship is cohort-based, and also involves engagement with the Stanton alumni network. Please discuss your interest in and experience with working in a network.

I welcome working with a group – and seeking the impartial give-and-take associated therewith. I have reviewed the alumni profiles on your website and recognize some people I know – and respect mightily. I welcome the critical questions that might be asked by fellow fellows or alumni who will seek to bring out the best in my work. I am very good at admitting what I do not know, and seeking advice. I am a big believer in the value of group interaction having had the privilege to serve as a Coro Fellow in my twenties.

8. Why is this a good time for you to be a Stanton Fellow?

This time feels right to make this application because of three reasons. First, I am experiencing huge frustration at the roadblocks that our systems have created to prevent caring individuals and communities to care for those who suffer from mental illness in our society. It is completely insane; makes no sense, and I have a huge passion to figure out what is really going on and how we can push past these barriers. As you can see from my responses, I've taken the time to study this on my own – and this would really open doors for me to take a journey that could lead to meaningful change. Second, I am coming up on twenty years in my job managing downtown Hollywood. I am looking for a challenge and an opportunity to study and go deep. I love that an end product is to improve the quality of life in Los Angeles. I have no doubt that the ability to tackle this issue will save lives, improve lives and build a better city.