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14 ATTORNEYS FOR PLAINTIFFS

15 UNITED STATES DISTRICT COURT

16 FOR THE CENTRAL DISTRICT OF CALIFORNIA – SOUTHERN DIVISION

17 [REDACTED]
18 [REDACTED], and
19 [REDACTED] as individuals;
20 PEOPLE'S HOMELESS TASK
21 FORCE, an unincorporated
22 association;

23 Plaintiffs,

24 vs.

25 THE COUNTY OF ORANGE, a
26 municipal entity;

27 Defendant.

No. 8:18-cv-00220-DOC-KES

28 **DECLARATION OF [REDACTED]
[REDACTED] IN SUPPORT OF
PLAINTIFFS' RESPONSE TO
COURT'S MARCH 14, 2018 ORDER
IN *CATHOLIC WORKER, EX PARTE*
APPLICATION FOR TEMPORARY
RESTRAINING ORDER AND OSC
RE FOR PRELIMINARY
INJUNCTION**

Date: TBD

Time: TBD

Courtroom: SA 9D

DECLARATION OF DR. [REDACTED], Ed.D., M.S.W., L.C.S.W.

I, [REDACTED], declare as follows:

1. I have personal knowledge of the facts stated herein and if called as a witness, I could and would testify competently thereto.
2. I submit this declaration in support of Plaintiffs' Ex Parte Application for Temporary Restraining Order in *Ramirez et al. v. County of Orange*.
3. I am a licensed clinical social worker who has worked in the fields of trauma, mental health, and education for over 20 years. I provide psychotherapy to clients in a clinical setting, with a focus on treating mental health conditions caused by childhood trauma, community violence, sexual abuse/assault and domestic violence. My curriculum vitae is attached to this declaration as Exhibit A.
4. I have extensive experience working with homeless populations. I have provided clinical services to people experiencing homelessness for approximately 20 years. In addition, I have provided consulting services to organizations serving homeless populations, providing service modules and training to staff. For example, I am currently part of a collaboration between Peace Over Violence and the Downtown Women's Center in Los Angeles, California, a non-profit agency providing clinical and social services, including permanent supportive housing, to women experiencing homelessness. I provide consultation and training relating to trauma-informed care to Downtown Women's Center staff. Together, Peace Over Violence and the Downtown Women's Center form one of twelve trauma recovery centers in California. As another example, in 2017, I served as a consultant to Homeless Health Care Los Angeles, an agency providing behavioral and holistic health care to people experiencing homelessness, where I designed a curriculum and provided training on trauma-informed care.
5. I hold a Bachelor of Arts in Psychology from the University of California, Los Angeles, a certificate in Human Services Traineeship from the Charles Drew Post-Graduate Medical

1 School, a Master's degree in Social Work from California State University, Sacramento, and
2 a Doctorate of Education from the University of Phoenix.

3 6. I am currently the Director of Clinical Services at Peace Over Violence in Los Angeles,
4 California, a social service agency providing crisis intervention services, violence prevention
5 education, and policy advocacy. As Director of Clinical Services, I oversee the delivery of
6 clinical services to clients and am responsible for providing clinical supervision and training
7 to professional and paraprofessional staff, volunteers, and clinical interns related to crisis
8 counseling. I am also responsible for program development and the development and
9 implementation of counseling protocols and procedures.

10 7. I currently teach clinical practice and theory courses at the University of California, Los
11 Angeles, under the Masters in Social Work Program. I also serve on the Los Angeles County
12 Department of Mental Health, Under-Represented Ethnic Populations (UREP) Council, and
13 as Co-Chair for the Trauma Informed Task Force Los Angeles, and as an Advisory Board
14 Member for the African Communities Public Health Coalition. I am also a Master Trainer
15 with T9 Mastered, where I provide training on trauma and trauma-informed care to Title IX
16 administrators at universities to address sexual violence on campus and workplace violence
17 or harassment.

18 8. Previously, I taught clinical practice and theory courses at California State University, Long
19 Beach's School of Social Work. I have served on the Boards of Directors for the Long
20 Beach Rape Crisis Program and the Al Wooten Jr. Heritage Center, and as an Advisory
21 Board Member for the Charles Drew University S.O.S. HIV/AIDS Outreach & Education
22 Project for South Central Los Angeles. I have also served as a Rape Counselor and Trainer
23 at the Rosa Parks Sexual Assault Crisis Center and the YWCA of Greater Los Angeles
24 Sexual Assault Crisis Program.

25 9. I have facilitated or presented at over 45 different workshops and trainings on a broad range
26 of issues relating to the psychological and developmental effects of traumas, domestic
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1 violence, sexual assault, and child abuse, including the mitigation and treatment of trauma-
 2 induced mental health disorders.

3 Overview of Trauma, Mental Health, and Homelessness

- 4 10. More than 90% of homeless individuals have histories of trauma. Due to the impacts of
 5 trauma on mental health, including cognitive, emotional, and behavioral impairments, people
 6 experiencing trauma-related mental health conditions are not able to function adequately in
 7 society and need greater levels of stability support in order to perform major life activities.
 8 This is especially true for the chronically homeless.
- 9 11. Moving chronically homeless individuals between temporary housing options, such as
 10 emergency shelters, temporary motels, or transitional housing, intensifies the uncertainty and
 11 instability in their lives. This feeling of uncertainty and lack of control re-traumatizes those
 12 individuals and impedes their ability to become stable and independent.
- 13 12. In addition, individuals with histories of trauma are frequently re-traumatized when they are
 14 placed in communal living environments with people they do not know or trust. The
 15 overcrowded conditions of emergency shelters, with the loud noises, lack of privacy, and
 16 aggressiveness of others common in shelters, causes increases in irritability which can lead to
 17 an increase in aggressive behaviors by residents with mental health conditions, who have a
 18 low tolerance for being around other people due to previous traumatic experiences.
- 19 13. In order to achieve stability, chronically homeless people experiencing trauma-based mental
 20 health disabilities typically require access to permanent supportive housing programs with
 21 wrap-around services. Vocational and educational services should be introduced after the
 22 client is stabilized in housing.
- 23 14. Due to the high numbers of homeless people who have suffered from trauma, these programs
 24 are most effective when staff members are trained to recognize how trauma impacts the
 25 brain, body, and spirit and causes deficits in daily living activities. A failure to provide this
 26 kind of trauma-informed care increases the risk of client re-victimization and re-
 27 traumatization. Using a trauma-informed approach reduces the likelihood that staff will
 28

1 inadvertently re-traumatize their clients, which contributes to the cycle of chronic
2 homelessness.

3 15. On March 12, 2018, I toured the WISEPlace and Courtyard shelters in Santa Ana. The
4 Courtyard conditions were crowded and noisy, with hundreds of cots placed closely together,
5 and with virtually no private space. In my opinion, the Courtyard is generally not
6 appropriate for people who suffer from trauma-based mental health illness because the
7 conditions at the Courtyard have a high likelihood of triggering mental health symptoms and
8 re-traumatizing those individuals. The conditions at WISEPlace were less crowded and
9 noisy than the Courtyard. However, my understanding is that residents of WISEplace must
10 be willing and able to work, which may exclude many people experiencing mental health
11 disabilities.

12 16. On March 13 and March 14, 2018, I conducted assessments of Plaintiffs [REDACTED],
13 [REDACTED], [REDACTED], [REDACTED], and [REDACTED]. I prioritized my
14 evaluations of [REDACTED], [REDACTED], [REDACTED] because those individuals have
15 received notices from the County stating that that their current motel placements are expiring
16 and offering referrals to a homeless shelter.

17 Assessment of [REDACTED]

18 17. On March 13, 2018, I performed a clinical assessment of [REDACTED] in his motel room at
19 the Studio 6 Motel in Anaheim, California. I conducted a second assessment of Mr. [REDACTED]
20 by phone on March 14, 2018. Mr. [REDACTED] told me that on March 14, 2018 he received a
21 notice from the Orange County Health Care Agency stating that his motel stay would be
22 terminated on March 17, 2018. The notice stated that Mr. [REDACTED] would be offered
23 placement in a shelter.

24 18. Mr. [REDACTED] experienced extreme trauma as a child, including long-term physical and
25 emotional abuse. Mr. [REDACTED] first became homeless at the age of 17 when he was kicked
26 out of his home. He lived with his grandfather for a few years until his grandfather died and
27 he became homeless again. Mr. [REDACTED] has been diagnosed with bipolar disorder and
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1 suffers from extreme anxiety and depression. He has a history of suicidal ideation. The
2 trauma Mr. [REDACTED] suffered as a child contributed to his becoming homeless and contributes
3 to sustaining his homelessness even today. Mr. [REDACTED]'s major life activities are impacted
4 by his mental health conditions, including sleeping, communicating, thinking, concentrating,
5 performing tasks, and socializing.

6 19. Mr. [REDACTED] reports that he currently experiences numerous symptoms of trauma, including
7 dissociation, crying episodes, fearfulness, poor sleep, feelings of paranoia, easily startled,
8 nightmares, depression and sadness, anxiety/nervousness, flashbacks, sweating spells,
9 fatigue, fidgetiness, confusion, intrusive thoughts, numbness, anger/rage, aggressiveness,
10 irritability, nausea and constipation, panic attacks, and he engages in avoidance of people or
11 groups of people or anything that reminds him of his past traumatic events.

12 20. Mr. [REDACTED] reports that his symptoms have worsened since the County moved him from the
13 Riverbend to a temporary motel. He also reported that the termination of his motel had made
14 him feel suicidal and hopeless.

15 21. Mr. [REDACTED]'s mental health conditions make temporary shelters largely inaccessible to him.
16 His mental illnesses are exacerbated by being surrounded by strangers in crowded, noisy
17 environments and having little or no control over his daily activities. Mr. [REDACTED] has a
18 history of suicidal ideation and has no reliable family or support system.

19 22. If the County evicts Mr. [REDACTED] from his motel with a temporary shelter as his only option,
20 Mr. [REDACTED] is at risk of entering a crisis state that may exacerbate his mental health
21 symptoms and trigger a major depressive episode. Mr. [REDACTED] has previously experienced
22 suicidal thoughts when in crisis.

23 Assessment of [REDACTED]

24 23. On March 14, 2018, I performed a clinical assessment of [REDACTED] over the phone.
25 Mr. [REDACTED] told me that on March 14, 2018 he received a notice from the Orange County
26 Health Care Agency stating that his motel stay would be terminated on March 19, 2018. The
27 notice stated that Mr. [REDACTED] would be offered placement in a shelter.

24. Mr. [REDACTED] experienced trauma early in life and suffers from several trauma-induced mental health conditions, including bipolar disorder, depression, and anxiety. He also reports that he has physical disabilities, including severe stenosis of the spine. He frequently experiences symptoms of trauma, including extreme anxiety and paranoia. Mr. [REDACTED] reported that the termination of his motel made him "frantic."

25. Mr. [REDACTED]'s disabilities have contributed to and sustained his chronic homelessness. Being homeless is another source of traumatic stress related to the uncertainties of where to sleep and how to obtain food and constantly needing to protect oneself from cold weather, street violence, police harassment, loss of security, and loss of family. This causes Mr. [REDACTED] to experience episodes of dysphoric or hyper-aroused moods caused by chronic traumatic stress, often making him feel overwhelmed by life circumstances.

Assessment of [REDACTED]

26. On March 14, 2018, I performed a clinical assessment of [REDACTED] over the phone. Ms. [REDACTED] told me that on March 14, 2018 she received a notice from the Orange County Health Care Agency stating that her motel stay would be terminated on March 19, 2018. The notice stated that Ms. [REDACTED] would be offered a referral to a shelter.

27. Ms. [REDACTED] is a survivor of domestic violence and suffers from post-traumatic stress, anxiety, and depression. She was in an abusive relationship for many years and became chronically homeless after escaping that relationship. She has previously stayed in emergency shelters, including the Courtyard, where she experienced incidents of sexual harassment from male staff and other residents, triggering her mental health symptoms and causing re-traumatization. She is extremely fearful of returning to an emergency shelter.

28. Ms. [REDACTED] reported that the notice she received from the County put her in a "panic" and "back into survival mode" and made her feel unsettled, anxious, and out of options.

Conclusions Relating to Mr. [REDACTED], Mr. [REDACTED], and Ms. [REDACTED]

29. Mr. [REDACTED], Mr. [REDACTED], and Ms. [REDACTED] grew up in violent homes, characterized by witnessing domestic violence, being victimized by physical and/or verbal abuse, sibling

1 abuse and chronic parental incarceration. These experiences are considered Adverse
2 Childhood Experiences or "ACE"s, which create childhood trauma. According to a 30-year
3 study conducted by Kaiser Permanente and the Center for Disease Control, the number of
4 ACEs a child acquires will determine their developmental trajectory both mentally and
5 medically. People with four or more ACEs are significantly at greater risk for developing
6 mental health and substance abuse issues in adulthood in addition to heart disease, diabetes,
7 chronic pain, hypertension, cancer, compromised immune system, lung disease, etc.

8 30. Based on my evaluations, Mr. [REDACTED], Mr. [REDACTED], and Ms. [REDACTED] require access to
9 permanent supportive housing programs with wrap-around services in order to successfully
10 manage their trauma-based mental health disabilities. In addition, staff members should be
11 trained to recognize how trauma impacts the brain, body, and spirit and causes deficits in
12 daily living activities. A failure to provide this kind of trauma-informed care increases the
13 risk of client re-victimization and re-traumatization. Vocational and educational services
14 should be introduced after the client is stabilized in housing.

15 31. Based on my evaluations, Mr. [REDACTED], Mr. [REDACTED], and Ms. [REDACTED] were not able to access
16 the services provided by the County because they were experiencing heightened mental
17 health symptoms related to their trauma-based conditions. During their time in the motels,
18 these individuals were only provided with phone numbers that they were to use to find
19 resources on their own. This type of assistance is not appropriate for persons who have
20 extensive histories of trauma and the associated mental deficits. Due to the level of chronic
21 traumatic stress in their lives, they are limited in their ability to problem-solve and are easily
22 frustrated. This deficit requires enhanced assistance and additional time to accomplish tasks.

23 32. Based on my evaluations, the termination of these individuals' motels is causing re-
24 traumatization and re-victimization. All three individuals stated that were experiencing
25 extreme stress reactions due to the uncertainty caused by the termination of their motel stays
26 and the fear of returning to a shelter.

1 33. Based on my evaluations, Mr. [REDACTED], Mr. [REDACTED], and Ms. [REDACTED] would suffer adverse
2 health consequences if they were moved to an emergency shelter. All three individuals
3 report feeling angry, anxious, and depressed most of the time. As a consequence of their
4 post-traumatic stress, these individuals experience symptoms of mistrust, paranoia and
5 hypervigilance, which makes living in a shelter feel threatening and uncertain.

6 34. Mr. [REDACTED], Mr. [REDACTED], and Ms. [REDACTED] all spoke of the terror and hyper-arousal they feel
7 when they are around groups of people. They report feeling trapped in shelters and feeling
8 that they must always "watch their backs." Mr. [REDACTED] and Mr. [REDACTED] reported having
9 things stolen in shelters and constantly having to defend themselves from other aggressive
10 residents. Ms. [REDACTED] reports being subject to sexual harassment, which triggered her post-
11 traumatic stress symptoms. They have a tendency to believe, based on their real experiences,
12 that they will be attacked "when my guard is down" so they find it very difficult to sleep
13 which impacts their ability to think and problem-solve their way out of homelessness. It
14 becomes a vicious cycle.

15 35. All three are terrified of being placed in a shelter and would choose living on the streets
16 rather than in a shelter environment. The overcrowding of the shelters, loud noises, lack of
17 privacy, aggressiveness of others, and other issues cause them undue emotional harm which
18 leads them to have increased mental health symptoms.

19 36. In addition, these individuals are re-traumatized by constant movement from shelter to
20 shelter then to the streets to back to a shelter. It creates a continual emotional state of anxiety
21 and instability because these individuals do not know where they are going to sleep or live.
22 Again, this interferes with their ability to think and plan for their future which contributes to
23 their chronic homelessness because it forces them to stay "in survival mode" and only be
24 able to focus on tasks related to immediate relief. Their stay in shelter or any housing needs
25 to be a long enough time for them to "calm their brains down" in order to develop a realistic
26 housing plan. Permanent Supportive Housing is best for people with long standing trauma
27 compromises, but that is only possible if the County services provides that type of housing or
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1 contracts with apartment owners/landlords to make that type of housing available and
2 accessible. If not, these individuals and other chronically homeless people will continue to
3 cycle from shelter to shelter and then back to the streets.
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1 I declare under penalty of perjury under the laws of the State of California that the
2 foregoing is true and correct.

3 Executed on March 5, 2018 in Los Angeles, California.
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5 [REDACTED]
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7 [REDACTED]
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EXHIBIT A

[REDACTED], Ed.D., M.S.W., L.C.S.W.
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

EDUCATION

- University of Phoenix, Doctorate of Education, May 2013
- California State University, Sacramento, Masters in Social Work, 1982
- Charles Drew Post-Graduate Medical School, Certificate, Human Services Traineeship, 1979
- University of California, Los Angeles, Bachelor of Arts, Psychology, 1978

EXPERIENCE

T9 Mastered, Inc., Los Angeles (2015-current)

Master Trainer. Provide training on trauma and trauma-informed care, self-care and practices for Title IX administrators, investigators, and staff at various colleges and universities to address sexual violence on campuses and workplace violence or harassment.

California State University, Long Beach (CSULB), SCHOOL OF SOCIAL WORK (2013-2014)

Lecturer. Teach practice and theory courses in the masters social work program.

PEACE OVER VIOLENCE. LOS ANGELES/PASADENA (2012-current)

Director of Clinical Services. Provide clinical supervision and training to professional and paraprofessional staff, volunteers and clinical interns in an agency which serves survivors of sexual and domestic violence. Oversee the delivery of clinical services of crisis and short-term counseling. Developed counseling protocols and procedures. Instituted several support groups, including writing of the curriculum for psychoeducational groups. Liaison to various universities and colleges for recruitment and monitoring of interns and trainees. Provide clinical consultation and program development. Manages contracts for counseling services, complete reports for grants, manage grant budgets. Recruit, hire, supervise, and train counseling staff. Responsible for the management of medical records, including requests for information and subpoenas.

University of California, Los Angeles (UCLA), DEPARTMENT OF SOCIAL WELFARE (2012-current)

Lecturer. Teach practice and theory courses in the masters social work program.

YWCA of Greater Los Angeles, Compton. (1995-2016)

Clinical Coordinator (consultant). Provide oversight of clinical services for the sexual assault program. Conduct prevention education to community groups and

schools on rape prevention. Developed and implemented a clinical internship program for masters-level graduate students. Train and provide clinical supervision to volunteers, MSW/ MFT interns and staff. Counsel youth and adults in both crisis and long-term therapy who are survivors of sexual assault/abuse.

Pacific Oaks College, Pasadena. (1990- 2013)

Full/Visiting/Adjunct Faculty. Teach classes in the Marriage, Family and Child Therapy Department. Department liaison to field placements of MFT graduate students. Chair thesis committees for masters' students. Provided consultation to the department for program and curriculum development, e.g. African American Family specialization, trauma specialization, etc. Developed and coordinated the African American Family Studies Program as a specialization of the MFT Department, which is unique in that it specifically recruits and trains future mental health practitioners who are dedicated to providing culturally specific and competent mental health services to African American individuals, children and families. Served on various faculty governance committees, e.g. faculty senate, personnel committee, etc.

PUBLIC HEALTH DEPARTMENT, CITY OF PASADENA (2010-2012)

Clinical Consultant. Coordinate the mental health clinical internship program. Train and provide clinical supervise to case managers, pre-licensed social workers and MFT's and mental health trainees/interns. Develop the plan for the inclusion of mental health services into the public health department for City of Pasadena. Provide mental health consultation to various programs of the public health department, including the HIV/AIDS clinic, Black Infant Health, Substance Abuse, Pre-Natal Clinic, and others. Carry a small mental health caseload as needed.

FRIENDS OUTSIDE, Pasadena, (2009-2011)

Clinical Consultant. Provide clinical supervision and training to paraprofessional staff of case managers, employment specialists, and master-level clinical interns in an agency that works with ex-offenders and their family members. Consults with agency on program development, quality assurance, contract compliance, and administrative processes.

East Los Angeles Women's Center, Los Angeles, (2003- 2010)

Clinical Director (consultant). Provided clinical supervision to counselors and interns in a sexual assault, domestic violence and HIV/AIDS agency. Conducted weekly clinical meetings with counselors to assign new cases and monitor progress on all clinical cases. Ensure compliance with HIPAA regulations and standards, quality clinical services by auditing files, designing and facilitating clinical trainings, tracking clinical outcomes, and satisfaction surveys. Monitor compliance and outcomes with service contracts with county and city grants. Interviews, hires, and trains clinical staff. Provide crisis, short-term and long-term therapy to adolescent and adult survivors of sexual and domestic violence.

Didi Hirsch Community Mental Health Center, Culver City, (2005-2008)

Program Coordinator II (2005-2007) **Director of Training** (2007-2008). Manage the MA/MSW Internship, Non-Violent Crisis Intervention Training, web-based education and Continuing Education Programs. Develop all training materials, including semi-annual newsletter, brochures, curriculums and manuals. Responsible for overseeing all the training requests of the agency, including clinical and non-clinical staff. Liaison with local universities and colleges regarding clinical internship placements for their students. Conduct individual and group supervision with interns. Supervise director of psychology internship program and administrative staff. Manage the budget for the training department. Monitor clinical staff compliance with BBS/BOP licensing regulations. Provide leadership in setting the vision and agenda for the Training Department of an urban community mental health center.

Grace Center, Sierra Madre, (2003-2004)

Clinical Supervisor. Provide clinical supervision to clinical staff and graduate interns in a domestic violence program. Conduct therapy with children, youth and adult survivors of family violence. Develops clinical programs, e.g., parenting, therapeutic childcare, that support recovery from family violence.

EMT (Evaluation, Management and Training), Sacramento, (2002-2004)

Consultant. Develop and write curriculum, conduct workshops/trainings, and provide technical assistance to various organizations on mentoring high-risk youth.

Casey Family Programs, Los Angeles. (1999-2003)

Regional Clinical Specialist. Responsible for providing clinical consultation and support to various divisions/offices in the West Region of a child welfare foundation. Contribute social work practice knowledge across the organization for the ongoing development, evaluation and refinement of practice. Conduct quality assurance and monitoring tasks by periodic file reviews. Provide program design and development for clinical services. Develop curriculum and implement clinical trainings for social work staff. Formulate policy and social work practice guidelines and standards for the organization that meet or exceed the child welfare community practices. Facilitate collaborations with various child welfare, foster family, local mental health, juvenile justice and human service agencies to improve services to foster youth.

Centro de Colores, BKI Mental Health Consulting Services,

Long Beach. (1995-current)

Founding Director. Provide clinical consultation services, expert testimony and training to various human services agencies, school districts, and pre-schools on trauma, cultural competence and mental health issues.

Long Beach Unified School District. (1993-1999)

Mental Health Consultant. Develop and implement a mental health program utilizing graduate school interns to provide mental health services to almost 2,000 Head Start children and their families. Provide clinical supervision and training to interns and educational staff. Conduct quality assurance of mental health services. Provide multiple mental health services to Head Start children and their families, such as classroom observations, mental health assessments, behavioral interventions, play therapy, family therapy, etc.

Crime Victim Center, Los Angeles. (1987-1990)

Clinical Coordinator. Provide clinical supervision to contracting psychotherapists and graduate-level mental health interns. Manage the delivery of clinical services for the agency including quality assurance. Provide psychotherapy to crisis and long-term clients.

Psychiatric Clinic for Youth, Long Beach. (1987-1992)

Child Therapist. Provide short-and long-term play and family therapy to children ages 4-17 and their families.

Los Angeles County Department of Mental Health, Carson. (1984-1987)

Psychiatric Social Worker I/II. Worked as a member of psychiatric emergency team (PET) providing assessments and evaluations for psychiatric hospitalizations, crisis intervention, hostage negotiation, training to emergency personnel on various topics related to mental health issues. Provide crisis, short-and long-term psychotherapy to children and adults. Member of the Utilization Review Team.

Tri-City Mental Health, Pomona. (1982-1984)

Psychiatric Social Worker. Member of the psychiatric emergency team (PET) providing assessments and evaluations for psychiatric hospitalizations, crisis intervention, hostage negotiation, training to police and other emergency personnel on mental health issues. Provide crisis, short-and long-term psychotherapy to children and adults.

City of Berkeley Mental Health Program. (1981-1982)

Mental Health Intern. Member of the Berkeley Police Mental Health Project providing crisis intervention services to families in the community, hostage negotiation, psychiatric hospital evaluations. Mental health liaison to Battered Women's Shelter.

Women's Justice Services, Sacramento. (1980-1981)

Social Work Intern. Provide counseling services to females in the Sacramento County Jail and supportive services to female ex-offenders to assist in transition back to the community. Provided workshops and outreach to ex-offenders in the community.

VOLUNTEER EXPERIENCES

- Co-Chair, Trauma Informed Task Force, Los Angeles (2018-present) Strategic Planning Committee (SPC) Member, (2017-2018)
- Advisory Board Member, African Communities Public Health Coalition, 2011-present
- Bebe Moore Campbell Minority Mental Health Awareness Month, Planning Committee, 2008, 2009, 2010
- Clinical Field Instructor, NAMI Urban Los Angeles, 2008-2009
- Los Angeles County Department of Mental Health, Under-Represented Ethnic Populations (UREP) Council, African and African American, 2008-present
- Advisory Board Member, Charles Drew University, S.O.S. HIV/AIDS Outreach & Education Project for South Central Los Angeles, 2006-2009
- Board of Directors, Al Wooten Jr. Heritage Center, Los Angeles, 1993-2003
 - Board of Directors, Chairperson, Al Wooten Jr. Heritage Center, Los Angeles, 1996-1998
- Rape counselor/advocate and Trainer, Rosa Parks Sexual Assault Crisis Center, 1988-1998; YWCA of Greater Los Angeles, Sexual Assault Crisis Program, 1993-2005
- Board of Directors, Long Beach Rape Crisis Program, 1989-1997
 - Board of Directors, President, Long Beach Rape Crisis Program, 1993-1995
- Trainer, Long Beach Rape Crisis Program, 1987-1999

FACILITATED PRESENTATIONS, WORKSHOPS & TRAININGS

- ***Mitigating the Impact of Historical, Racial and Enduring Trauma on the African American Community.***
Lecture presented to Association of Black Social Workers (ABSW), Los Angeles, CA: November 2016.
- ***Trauma Informed Pedagogy with High Risk Young Adults,***
Workshop for 5 Keys Charter School System, LaCanada Flintridge: July 2016
- ***Recognizing and Addressing Trauma with Immigrant Communities,***
Workshop for Black Immigrants Conference (BIN), Los Angeles, CA: April 2016
- ***Trauma Informed Classroom Management Strategies,***
Workshop for LAUSD Crisis Intervention Conference, Los Angeles, CA: October 2015; Workshop for 5 Keys Charter School System, Boyle Heights, CA: May 2016; LAUSD Crisis Intervention Conference, Los Angeles, CA: October, 2016
- ***Beyond Trauma, Towards Resiliency: Theory and Practice,***
Workshop presented at National Sexual Assault Conference, Los Angeles, CA: September 2015; Washington, DC: September 2016

- ***Trauma Informed Forensic Interviewing for Title IX Investigators,***
Training presented for T9 Mastered, Los Angeles, Sacramento, San Francisco, Berkeley and Orange County: October & November, 2015; February, June, August, and October 2016; Denver, Colorado: October 2016
- ***Deepening Our Work With Trauma Impacted Youth and Young Adults,***
Training Workshop for 20/20 Community Partners, Flintridge Foundation, Pasadena, CA, January, February & March, 2015
- ***African Immigrants, Trauma and Culturally Relevant Trauma Informed Care,***
Workshop presented at African American Mental Health Conference, Los Angeles County Department of Mental Health: June 2015
- ***Trauma Informed Care with Children & Youth,***
Workshop presented at Call to Action: The Impact of Adverse Childhood Experiences, Huntington Hospital, Pasadena: March 2015
- ***The Relationship between Trauma and Youth Gun Violence,***
Panel presentation for Lost Youth Community Forum, Violence Prevention Coalition, Los Angeles, CA: October 2014
- ***Trauma and Trauma Informed Care in Child Welfare,***
Workshop for UCC/Los Angeles County Department of Children and Family Services Intern Training, Los Angeles, CA: October 2014
- ***Trauma and Its Impact on Us,***
Workshop for 20/20 Community Partnership, Flintridge Foundation, Pasadena, CA: October 2014
- ***How Trauma Impacts the Brain: What 1st Responders need to know,***
Conference workshop for "Trauma and Triage: The Impact of Trauma on Victims and Ourselves", Los Angeles, CA: September 2014
- ***Neuroscience of Self Care,***
Workshop for Staff Retreat, YWCA of Greater Los Angeles, February 2014; Workshop for Staff Retreat, Los Angeles County Department of Mental Health, Marina Del Rey, CA: August 2014; Workshop for Professional Development for 5 Keys Charter School System, Boyle Heights: May 2016; Staff Retreat Los Angeles County Departments of DPSS & DMH, Altadena, CA: August 2016
- ***Trauma and the Ethiopian Immigrant Community,***
Workshop presented to Ethiopian Community Mental Health Education and Training Project, African Communities Public Health Coalition, Culver City, CA: March 2014
- ***How Trauma Impacts Our Brains and Our Lives,***
Workshop presented to Flintridge Foundation, Community Advocate Training, Pasadena, CA: March 2014
- ***Preparing Witnesses/Victims for Court: The Role of Trauma in Prosecution,***
Workshop presented to the Los Angeles City Prosecutors Quarterly In-Service, Los Angeles: February 2014.

- ***Intimate Partner Sexual Violence (IPSV): The Intersection Between Domestic Violence and Sexual Abuse/Assault,***
Workshop presented to the YWCA Social Service Roundtable, Compton, CA: October 2013
- ***Trauma: Understanding the Biopsychosocial and Developmental Consequences,***
Training presented to Peace Over Violence Staff, Los Angeles: July 2013
- ***Verbal De-escalation with Potentially Violent Clients.***
Workshop presented to YWCA Job Corps, Los Angeles: June 2013
- ***Psychological First Aid After a Traumatic Event.***
Workshop presented to YWCA Job Corps, Los Angeles: June 2013
- ***Legal and Ethical Issues Working with Adult Survivors of Childhood Abuse.***
Workshop presented at CSULB Field Instructors Training, Long Beach, CA: May 2013
- ***Preventing Child Sexual Abuse: After Miramonte***
Workshop presented to Church in God congregation, Los Angeles, CA: July 2012
- ***Recognizing and Addressing Child Sexual Abuse.***
Workshop presented to Community Service Providers for YWCA Sexual Assault Crisis Services, Compton, CA: June 2012
- ***Children Impacted by the Criminal Justice System.***
Workshop presented to Friends Outside and Foundation for Second Chances, Pasadena, CA: January 2011
- ***Working with People Impacted by the Criminal Justice System.***
Training presented to Friends Outside in Los Angeles County, Pasadena, CA: July 9, 2010.
- ***Recognizing and Addressing Hidden Sexual Trauma.***
Workshop presented to Los Angeles Child Guidance Clinic, Los Angeles, CA: May 2009; YWCA Social Service Roundtable, Compton, CA: April 2013
- ***The Impact of Working with Sexual Assault and Domestic Violence Survivors on Counselors and Advocates.***
Workshop presented at East Los Angeles Women's Center, Los Angeles, CA: May 2008
- ***Helping Our Children Feel Safe at Home and in Our Community.***
Presented to Inglewood Unified School District Parent Council, Inglewood, CA: June 2008.
- ***Using Translation Services in Psychiatric Settings.***
Workshop presented at Didi Hirsch Community Mental Health. Culver City, CA: January 2008.
- ***HIV/AIDS Prevention and Mental Health Risk Factors.*** Workshop presented at the HIV/AIDS Prevention for Teens and Young Women Conference, Compton, California: December 09, 2007
- ***The Interplay of Trauma and Attachment in Young Children and Approaches to Mitigate Their Impact on Development,*** presented at the

Early Years: Critical Years for Idaho's Children Conference, Boise, Idaho: November 29, 2006. Presented at Washington Early Head Start Conference, Portland, Oregon: July 19-20, 2006; Presented at the Didi Hirsch Community Mental Health Continuing Education Seminars, Culver City, CA: November 14, 2007

- ***HIV/AIDS Case Managers and Compassion Fatigue: Taking Care of Yourself First***, presented at Los Angeles County HIV/AIDS Case Management Conference, Los Angeles, CA: October 27, 2006
- ***Compassion Fatigue***, presented at the Washington Early Head Start Conference, July 19-20, 2006, Portland, Oregon.
- ***Recognizing and Treating Complex Post Trauma Stress Disorder***, Continuing Education Workshop at Didi Hirsch Community Mental Health, Culver City, CA: May 10, 2006.
- ***Social Work Practice: Integration and Eclecticism in Psychotherapy***, presented at the Social Work Field Instructors' Symposium, California State University, Long Beach, CA: April 27, 2006.
- ***Understanding Trauma and Its Impact on the Mental Health Needs of African Americans***, Continuing Education Workshop at Didi Hirsch Community Mental Health, Culver City, CA: March 8, 2006.
- ***Violence Against Women***, presented at the International Women's Day Conference, Los Angeles: March 2006.
- ***Understanding Medicare Modernization Act for Mental Health Staff***, presented at Didi Hirsch Community Mental Health, Culver City, CA: January 4, 2006 & December 6, 2005
- ***Rape Trauma Syndrome in African American Women***, presented at Crisis Counselor and Advocate Training, YWCA of Greater Los Angeles, CA: July 2005
- ***Foster Care and Parental Separation with Young Children***, presented at the National Training Institute, Zero to Three Conference, Sacramento, CA: December 2004.
- ***Domestic Violence Advocate Training***, presented at Grace Center, Sierra Madre, CA: September 2004.
- ***Hidden Trauma in the African American Community***, Symposium at Pacific Oaks College, Pasadena, CA: October 2003
- ***When Stakes Are High: Research-Based Mentoring for Youth with Multiple-Risk Factors***, presented at Regional Training Symposium, California Department of Alcohol and Drug Programs, Monterey, Santa Monica and San Diego, CA: August 2003.
- ***Foster Youth Mentoring Training for Managers***, presented at Regional Training Symposium, California Department of Alcohol and Drugs Program, Santa Monica, CA: September 2002.
- ***The Effects on People Who Work With Prisoners***, presented at the National Training Conference, Children of Incarcerated Parents, Pasadena, CA: October 2001.

- ***Teacher Training Project: Working with Youth Who Have Challenging Behaviors Related to Trauma***, presented to Pasadena Unified School District Training Seminars, Pasadena, CA: October 2001
- ***Compassion Fatigue: A Consequence of Working with Traumatized People***, presented at Nexxus Conference, Long Beach, CA: October 2000.

PUBLICATIONS

- Ingram, B. (2013) *Schools in Violent Neighborhoods: The impact on African American elementary school students' academic achievement*. Phoenix: ProQuest, UMI Dissertations Publ.
- Ingram, B. (2008) *Bebe Moore Campbell National Minority Mental Health Awareness Month Calendar: 31 Days of Minority Mental Health Facts*. Los Angeles, CA: NAMI-Urban LA.
- Ingram, B., Johnston, D. & North, D. (June 2003) *When Stakes Are High: Research-Based Mentoring for Youth with Multiple-Risk Factors*. Sacramento: California State Department of Alcohol and Drugs.
- Ingram, B. (2003) *Mentoring Foster Children and Youth. A Training Manual*. Los Angeles: Children Uniting Nations.
- Ingram, B. & North, D. (May 2002) *Foster Youth Mentoring Training for Managers*. Sacramento: California State Department of Alcohol and Drugs.
- Ingram, B., (2002) *Shine the Light on Sexual Assault. Public Awareness Campaign for Sexual Assault Awareness Month*. Los Angeles, CA: YWCA of Greater Los Angeles.