

Summary Report
MHSOAC Community Forum – Los Angeles County
Los Angeles City College

Plenty of Feedback at Southern California Forum

The Mental Health Services Oversight and Accountability Commission (MHSOAC) hosted a Mental Health Community Forum at the Los Angeles City College in East Hollywood, Los Angeles, to hear from consumers, family members, and other stakeholders about specific mental health needs of their community.

The Commission routinely hosts community forums around the state. Recently, the Commission has engaged in projects about specific issues related to mental health; however, the forums continue to provide an opportunity for individuals from diverse backgrounds to be heard.

The October 28, 2017 forum included 115 participants, 15 facilitators and 10 MHSOAC staff. Most participants were from Los Angeles County with a few participants from surrounding counties. Past forums have occurred in Emeryville, Fairfield, Fresno, Long Beach, Modesto, Santa Ana, and Ventura, among other places. The LA forum included a large plenary session along with many breakout discussion groups.



Commission Chair Tina Wooton welcomed attendees and led the event. Commissioner Gladys Mitchell and Commissioner Emeritus Richard Van Horn attended. Mental Health Director Dr. Jonathan Sherin, Los Angeles County Department of Mental Health (LACDMH), welcomed attendees and shared the Department's focus and vision. Cultural and Linguistic Competence and Client and Family Leadership Committee members facilitated the breakout sessions along with MHSOAC staff. Representatives from the LA County Mental Health Commission and LACDMH staff provided resources for attendees who had immediate issues to address. Twelve community organizations staffed tables to highlight their programs and provide local resources.



To accommodate the diverse communities in attendance, the MHSOAC offered twenty breakout groups and arranged for Cambodian, Korean, and Spanish-language interpreters. The groups included consumers, families, parents and caregivers, peer providers, transition-age youth (TAY), LGBTQ, contract providers, Spanish speakers, officials and administrators, county staff, Native Americans, African Americans, Asian/Pacific Islanders, Korean and Cambodian speakers, Refugees, Veterans, Older Adults, College Youth, and Foster Youth/Probation.

The afternoon session included a parent's perspective from Dora Guerrero on the resilience of her children and their journey through the public mental health system and on to employment.





Jacques Alexander, a Los Angeles County Client and Client Advocate, shared his moving story of recovery.

The forum had morning and afternoon “Report Out” sessions with highlights of successes and challenges from the discussion groups regarding MHSOAC programs and individual experiences. The Report Out offered individuals from the community the opportunity to share their stories before the entire group. Speakers complimented Los Angeles County for doing many things right in its provision of mental health services. They challenged the county to do more.

Following the afternoon Report Out, MHSOAC Manager Tom Orrock moderated an Open Comment session. Several individuals discussed their individual challenges and county representatives listened carefully and offered assistance to those in need. Chair Wooton offered closing comments and reflections on the day.

Information Gathered from Discussion Groups/Completed Questionnaires/Open Comment Session

The MHSOAC gave each participant a copy of the questions to be discussed in the discussion groups. Participants who chose to do so could fill out the questionnaire during the forum and deliver the documents to the MHSOAC staff. In addition to gathering information from questionnaires, note takers documented the content from individual discussion groups. Information from the twenty discussion groups, questionnaires, reports out, and the open comment session follow.



Client/Consumer Group

The Client/Consumer group made many positive comments regarding their experience with the public mental health system. Their comments were overwhelmingly about the Los Angeles County Department of Mental Health. The group stated the new LACDMH director, Dr. Sherin, brings hope, excitement and a sense of well-being to clients and consumers. They said the new director has a “heart forward” approach and is consumer friendly. They believe the reorganization of LACDMH is positive. In general, Clients/consumers feel hopeful; they feel heard; they feel involved after a long time—all as a result of the new director. Lastly, the group noted that the new director has hired and trained peers and programs have improved.



Families Group (Group intended for Family Members of Adults)

The Families group said that there is a lack of funding for treatment of the seriously mentally ill (SMI) and asked for additional funds for SMI. Some families want more funds for involuntary treatment. They said consumer rights and compassionate treatment are important. Families want more continuity of care in light of fragmentation. Families want more support for Full Service Partnership (FSP) housing. They also want more communication between the MHSOAC and stakeholders, including families. Families want improvements in treatment for co-occurring disorders (COD). More peer support is needed to help with the SMI.

Parents/Caregivers Group (Group Intended for Parents/Caregivers of Children/Youth)

The Parents/Caregivers group said that law enforcement has a realistic view of mental health. They also said that programs like the Psychiatric Emergency Response Team (PERT) are doing well with clinicians working with law enforcement officers. This group thought that NAMI, "In Our Own Voice" program, works for consumers telling their own stories. The Parents/Caregivers group noted that Orange County (OC) Links has a phone number that helps with navigating the mental health system and determining eligibility.

The Parents/Caregivers also expressed concern that not enough people know about available services. They felt there is a need for more collaboration in the schools to increase communication with teachers and public awareness of programs. Lastly, they said that there is a need for a stronger support system for caregivers.

Peer Providers Group

Peer providers said there is a need for more recovery-based programs in jails and jail re-entry into the community. Peers want more pre-certification programs and training. Peers commented that there are barriers to certification that include an imbalance between peer counseling, education, and life experience; the need for advocates of marginalized groups; and the need for classes taught by peers and designed by patient's rights advocates. Peers also noted a need for peer support during and after work as peer providers. Peers stated that peer run self-help support groups do exist.

Lastly, the Peers had an extensive discussion around issues related to peer upward mobility. Issues discussed included the need for a career ladder. Peers thought there should be recognition for providers with career ladders. They wanted more inclusion of peer workforce in all levels of decision making. The Peers noted a need for investment in standard peer training programs, a need for more funding for mental health programs in colleges, a need for a peer chief at a high level at LACDMH to present to Board of Supervisors and be included in executive matters, and a need for more monetary support for peers.

Transition Age Youth (TAY) Group

The TAY group said that due to work done by the California Youth Connection (CYC) and the Youth Alliance, there is an increasing awareness of TAY and their unique characteristics and needs.

They said that there is a need to be careful about forced medication. Furthermore, there is also a need for more support for TAY who are aging out of this age group.

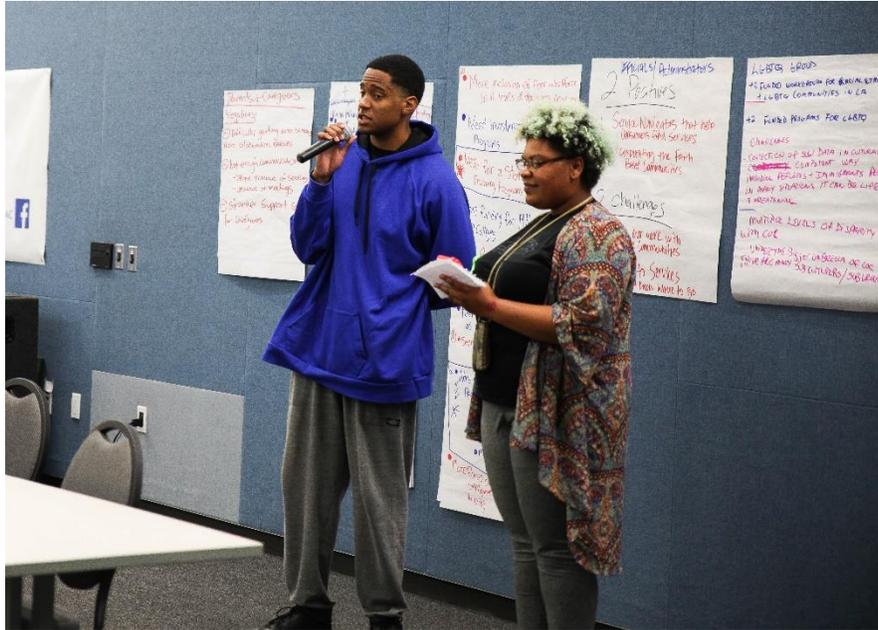


Other comments by TAY included the following.

Classifying TAY as a demographic is working well. There is a need to focus on Transition Age Youth that are not in foster care. There is a need to look at criteria for PEI funding eligibility. TAY raised the issue of how to support LGBTQ youth that are bounced between services.

Other positive comments included that TAY know where to go for services, the Children's Alliance is working well, the Kids-alliance.org is working well.

Challenges, or areas for improvement were discussed at length. Comments included a statement of need for sub-categories for funding. There is a need for navigation and support for adoptive families without taking away from TAY. Over medication of foster youth and medication management is an issue for TAY. Psychiatric and education alternatives that are more holistic should be used. Forced medication should be prevented. There is a need for support through aging out and more connections to a mentor. There should be more sharing of information, especially on housing. Programs should highlight TAY's unique needs. It is important to classify TAY as a demographic. There should be more social worker accountability. There is a need for more services in general and for youth in underserved populations. TAYs working as TAY advocates should be supported and there needs to be an increase in training for TAY.



LGBTQ Group



The LGBTQ group said that LACDMH funds workgroups for racial, ethnic, and LGBTQ communities in Los Angeles and that there are other funded programs for LGBTQ in Los Angeles. They said that there is a need for collection of solid data, in a culturally-competent way, for refugees and immigrants. They stressed that this is sensitive work and, in many situations, may be life threatening. Furthermore, there are multiple levels of disparity within

communities of color, a community that includes many subcultures and subgroups. It helps to have people speaking up and opportunity provides hope, they said.

Additional comments by the LGBTQ group included the following:

The country needs to work against stigma within culture groups. County staff needs training on all facets of the LGBTQ community. There is a need for assessment for different LGBTQ communities, including refugees. The county should do needs assessment with individual refugees, especially from Africa. Counties need to go where refugees are, including detention centers. There is a need to develop strategies for LGBTQ refugees and immigrants for services and for advocacy. There is a need to have individual outreach for refugees and immigrants, as they have no family here. There is a need to promote more people of color into the workforce. There is a need to expose people to jobs early so they have knowledge of options. The only funding available for LGBTQ is from the MHSA. There is a need for transparency about San Diego culturally-competent services for LGBTQ. Los Angeles needs to do a better job building capacity among people of color and LGBTQ people of color. There is a need for culturally competent services for people with intersecting identities and languages. There is a need to fund programs to address racial and ethnic LGBTQ in a culturally competent manner. Stanislaus County is addressing needs of LGBTQ consumers. San Diego County funds programs for LGBTQ.

Contract Provider Group



Contract providers said it has been positive to create new programs and integrate what works into ongoing programs. They added that with stakeholder involvement, the community has a stronger voice. They also expressed challenges in that Mental Health work is still too much of a revolving door both with consumers and staff. There is also a need for more mental health staff. Lastly, communities need more freedom to innovate.

Spanish Speakers Group

The Spanish Speakers group said that there are support groups in Spanish but more are needed. They said they had a voice in government, a voice and rights. The group said they would like to see more scholarships for

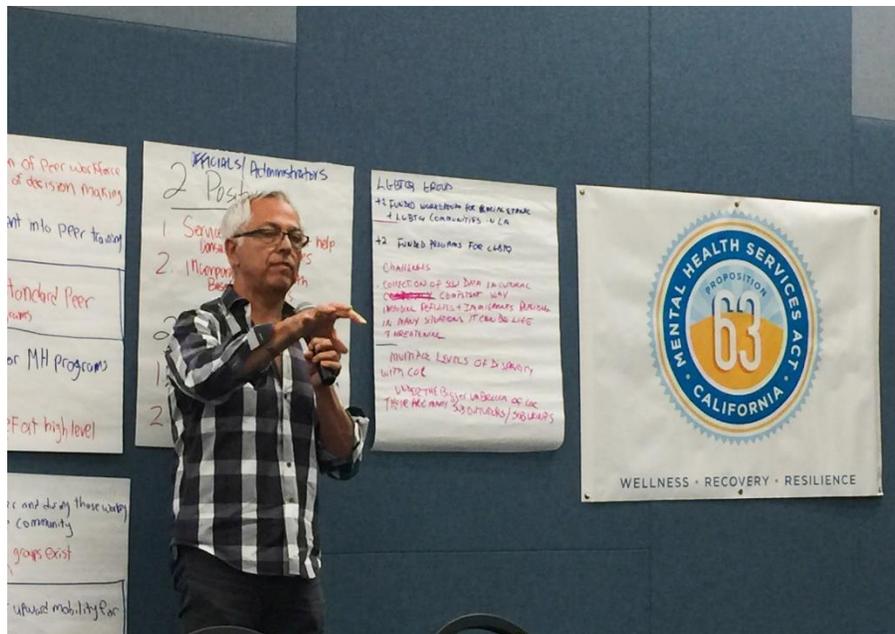
conferences and other events as well as more transportation for consumers and they concluded that there is a general lack of resources.

The Spanish Speakers group's recommendations included providing social workers in schools for non-English speaking children (K-12); educating professionals about different cultures to avoid people losing their identity and providing immigrants the opportunity to be part of the community planning process as a way to help immigrants access services and minimize fear and stigma.

Officials/Administrators Group

The Officials and Administrators group said service navigators are helping consumers find services and that programs are incorporating faith-based communities.

They cited the need to improve work with diverse communities and improve access to services because many people do not know where to go. They said further that retaliation and discrimination from religious people exists when consumers receive mental health services. They said that MHS funding is going to self-help services. Administrators also said they want diverse consumer input on contracts for services.



County Staff Group

The County Staff group said peer involvement has increased and that the value of the peer role has also increased and stakeholder involvement through the community planning process has also increased – all positive steps.

As far as challenges, they said they need to better incorporate peers at all levels. Community involvement needs to be increased throughout the community planning process, not just at the time of a presented, already developed plan, they added.

Other County Staff Group comments

In order for future mental health providers to be successful, they will need to have knowledge, have passion for human services (compassion), understand the nature of the illness, and understand that the public mental health system is different from school. Some of the differences are that services are field based, you need to use data to inform your decisions, and services are active processes. In addition, advocacy and policy change need to be understood in order to have success.

The officials commented on some of the things that are working in their counties. Before 2006, the basic mental health services access line was working. In Los Angeles, Service Area Navigators were working. Outreach and engagement staff were working. Since the great recession in 2008, MHSA funds have been present to support programs. LACDMH has been working with county staff. The new LACDMH director and an engaged Board of Supervisors have moved toward peer-driven services. County staff have been working on more engagement with the community.

African-American Group

The African-American group said there is an opportunity to close gaps and that here is hope and healing within gaps.

They cited many challenges including, the need for people to speak up and out and not feel retaliated against; the need to create a place where they can support and help one other. They also said there is a lack of engagement by African-Americans. They said they're not sitting at the table where services are designed for them. They stated further that African Americans are still categorized and neglected and that they are often labeled as trouble makers.

Other comments by the African-American Group:

The group commented that Wellness centers are lacking in the black community. They also stated there are no services specifically for black women and no help for homeless black women. In general, services are not tailored for the black community. Overall, the African-American Group is not happy with current services. They asked the question, where are the black men?

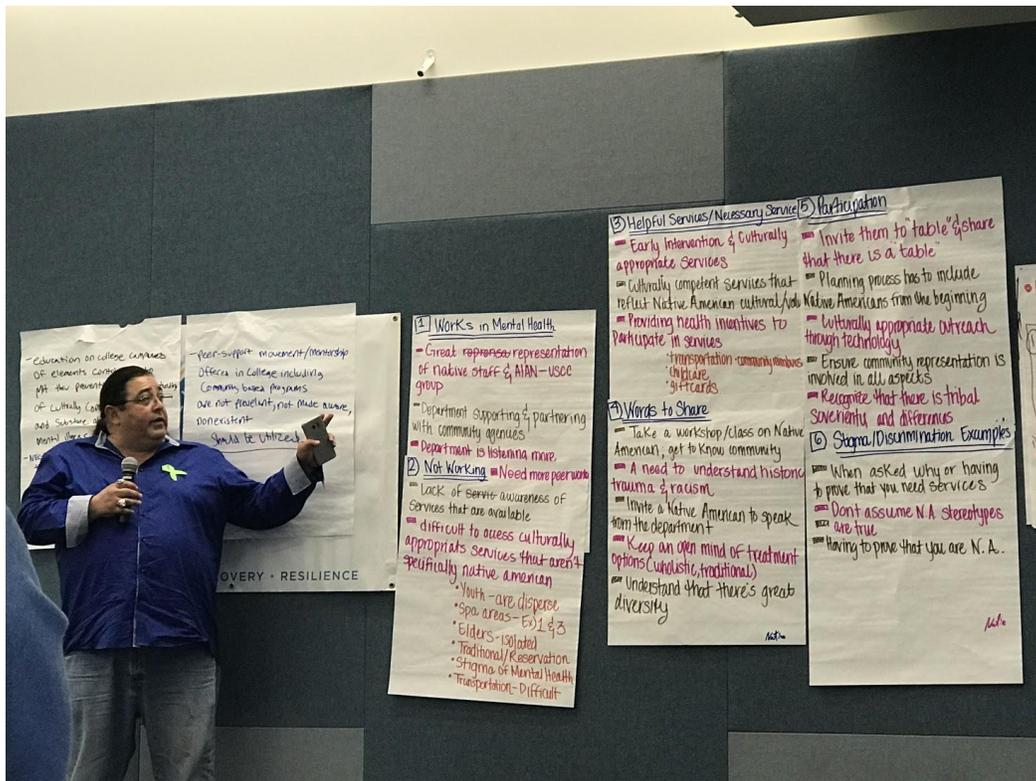
The African-American Group stated it takes 3-4 months to get services and that services are needed to retain consumers. The Group said that consumers need to be able to make decisions and agencies don't know how to engage black community; and that the voices of black women are not being heard. There is no trust with agencies performing administration; agencies lack understanding of black community culture. The Group expressed that they need a voice in determining where funds are being allocated.

The Group discussed that there are time constraints for the community to get to services: M-F, 8-5 doesn't work. Agencies don't understand language barriers. Other problems include consumers spending their own money and yet agencies have dedicated funds for these programs. Further complaints included that agencies demean the black community and are disrespecting the black community. They want transparency and accountability. They also want to be known as black and not African American. They feel Blacks are being marginalized, agencies are not providing for the black community, and regions are not being represented equally. They suggested looking at supervisorial districts vs. Service Provider Areas. Black areas take months to get services, sometimes 3-4 months.

They complained that no detox facilities are available for substance abuse recovery; MHSA should promote pilot programs for black community.

The African-Americans stated there is a need to increase conference stipends. MHSA doesn't encourage involvement by diverting funds from certain communities. Lastly, Black communities are not being made aware of funds available for programs.

Native American Group



The Native American group said that there is great representation of Native American staff and American Indian and Alaska Native Group, that the Los Angeles County Department of Mental Health (LACDMH) are supporting and partnering with community agencies and that the Department is listening more.

Among the challenges they cited are the need for more peers. There's a lack of awareness of services that are available and difficulty in accessing culturally appropriate services that are not specifically Native American. They added that youth are dispersed, elders are isolated and that there's still a stigma associated with mental health issues. They said transportation is also a problem.

The group said that helpful and necessary services include: early intervention and culturally appropriate services; culturally competent services that reflect Native American cultural values; and providing health incentives to participate in services.

They shared further, the need to take a workshop or class on Native Americans, to get to know the community and to understand the historic trauma and racism they experience. They said it would also be helpful to invite Native Americans to speak at LACDMH and to keep an open mind about treatment options and that there is great diversity.

As far as participation, they said they encourage others to invite Native Americans to the table and to share that there is a table. They would like to be included in any planning process from the beginning. They said it is possible to have culturally appropriate outreach through technology. They also would like to ensure community representation is involved in all aspects. It is also important to recognize that there is tribal sovereignty and differences, they added.

The group provided examples of stigma and discrimination they face when seeking services. They said they are often asked why they need services and feel that they are made to prove that they actually need services.

They also said to not assume that Native American stereotypes are true. Also, they are often asked to prove that they are Native American.

Asian/Pacific Islander Group

The Asian/Pacific Islander Group said that the Mental Health awareness campaign is working, but they need to create awareness that mental health is not just anxiety and depression. Full Service Partnerships (FSPs) ensure services are working and ensure coordination of care. Communities are working together with more diversity and healthy neighborhoods. These are all positive aspects that they believe are beneficial.



Challenges include the need for more outreach to families with education and support. They also said they need more access to low stress employment, including mental health services employment. The group said they need to make more culturally and linguistically competent awareness materials available and there's a need for more connection between LACDMH and providers to ensure correct level of service with more oversight of providers.

Other comments by Asian/Pacific Islanders:

The A/PI Group commented that there are several areas related to their mental health services that need more focus. They thought there is a need to make services more inclusive of A/PI who have immigrated to the United

States with more equal services. There is a lack of cultural and linguistic training for public providers; there is a need for more bi-lingual and bi-cultural providers, including Japanese speaking providers.

The A/PI thought there is a need to improve and expand support to their community. There is a need to improve consistency in training and to improve the availability of financial support. Critical comments included that caseloads are too large and services are inconsistent. There is a need to improve family member training and education about mental health services, including 5150, crisis training, and Mental Health First Aid. Lastly, there is a need to improve the recognition of diversity of Asian/Pacific Islanders.

Cambodian Speakers Group

This group greatly appreciates county mental health services and wants them to continue. Cambodians have services that provide support, including a Buddha blessing ceremony.

Challenges include the historical trauma Cambodians experienced in their native Cambodia. Many workers experienced suffering with 12-hour work days and little food. Children were taught to turn against their parents, which was also very traumatic. Many Cambodians face language challenges; it has been hard for them to learn English.



Refugees Group

On the positive side, refugees and undocumented are able to access mental health services in Los Angeles County and there is openness to learning about refugee communities. Some challenges include the need to raise awareness of male and female sexual exploitation and trafficking as well as the need to include ethnic groups as stakeholders in the process.

Other comments by Refugees Group:

A holistic and culturally competent approach to services is needed. Also need to determine how to build trust with ethnic communities and build awareness of, and training for providers, or unconscious bias and institutionalized racism. There is a need to increase intentional outreach to diverse communities. Services for this community need to be trauma informed.



Veterans Group

There appears to be strong support for peers as providers as well as strong awareness in the public of veterans as a population in need.

Challenges include, translating military jobs to civilian jobs and employment; there's a low supply of civilian jobs versus high demand. Also need better awareness of mental health in the military; military systems are incubators of future mental health crises. Furthermore, there's isolation and lack of supportive services. Stigma regarding accessing services continues to be a problem.

Military systems are not informed of mental health risks, needs, and situations in military services that can cause trauma, PTSD, etc. Mental health awareness is needed before and during enlistment as well as during transition to civilian life, they said.

Other Comments from Veterans Group:

The Veterans Group made some comments on systems they felt are working well. The Veterans Administration has strong support for peer support, as well as LACDMH. There are stronger partnerships between Community Based Organizations and the Veterans Administration. There is awareness of traumatic brain injury (TBI) and military sexual trauma as emerging needs in the veteran populations.

The Group noted some challenges for veterans. Some veterans are seeking services outside of the VA since some cannot access VA benefits (i.e., due to discharge status). There are geographical challenges to physically get to service locations. Misdiagnosis of TBI (i.e., psychosis) is a concern. There has been stalled progress toward ending homelessness for veterans—slow momentum and lack of outcomes. There is a need to broaden stakeholder engagement across communities, organizations, the lifespan, and engage diverse groups/populations. There is a need for more tracking of program outcomes and not “fund and forget” programs. Veterans needs continue to grow, including in Los Angeles with an increasing number of veterans.

Older Adults Group

The Older Adults Group said the following services are working: Field based services; peer support groups; training of peer advocates as health navigators; LGBT support for older adults; integrated care; increase in bilingual professionals; specialized resources and administrative entities and agencies.

Challenges that emerged include issues for homeless older adults. They often have chronic problems. They don't have identification, which limits resources. Some are undocumented and some are homeless due to trauma. Vulnerability of LGBT within services, provide community. Finally, there are fewer housing options.

College Group

The Active Minds group is helping students on college campuses. CALMHSA is helping to fund college mental health services.

The group noted that peer support is lacking on college campuses and that cultural competence is important at LACC with a high percentage of Mexican-Americans on campus. Also, there's a lack of funding for support services on campus. They also said how to help dual diagnosed parents is an issue.



Foster and Probation Youth Group

Positive Comments

- Warm line and teen talk line work for foster and probation youth.
- It works to have youth peer support available at non-traditional hours.

Challenges

- Need to make resources and events available to all age groups.
- Foster youth should be able to have a choice to live with other family members instead of someone they do not know.

Public Comment

A family representative expressed gratitude for the availability of MHSA funds, but also wanted to address more of the needs of those with mental health challenges.

A Skid Row resident said that LACDMH needed to have greater accountability to the mental health community. In addition, this individual said that LACDMH needs to assist law enforcement.

Closing Comments by MHSOAC Commission Chair Tina Wooton

Commission Chair Wooton expressed her appreciation for everyone's attendance and participation at the Community Forum and also for the great staff work in organizing and staffing the Forum. She also thanked Dr. John Sherin and LACDMH staff for all of their support for the Community Forum.