

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU - QUALITY IMPROVEMENT DIVISION
ASIAN PACIFIC ISLANDER UsCC SUBCOMMITTEE**

Joint Meeting with A3PCON Mental Health Committee

MINUTES – Thursday, July 20, 2017

Location: Special Services for Groups (SSG), SSG 905 8th St., Los Angeles, CA 90021

ATTENDEES: Hyunmi An, Lillian Bando, Rong Be, Bonnie Cho, Krist Chhim, Usophea Chim, Sokha Chan, Kimie Cho, Teresa Cho, Al Choi, Lee Eun Chu, Tiffany Chu, Paula Ghelman, Adrienne Hament, Derek Hsieh, Winnie Hsieh, Lishi Leo Huang, Trang Huang, Younga Huh, Saima Husain, Casey Huynh, Eric Ji, Connie Chung Joe, Mariko Kahn, Angela Kang, Nayon Kang, Manju Kulkarni, Kimthai Kuoch, Joshua Kwak, Janet Lee, Karen Lim, Larry Lue, Mariko Kahn, Vicky Kwan, Vuthy Lee, Jae Sook Lim, Young Moon, Eria Myers, Sophy Ngeth, Michi Okano, Kim Ovalle, Phaly Sam, Kelly San, Ruth Satele-Tagalao, Margaret Shimada, Susana Sngiem, Chong Suh, Yvonne Sun, Maria Tan, Dorothy Vaivao, Wendy Wang, Sheila Wu, Samin Yoak, Samuel Yoon, Jonathan Sherin (Director, LACDMH), Dennis Murata (Deputy Director, LACDMH), Naga Kasarabada (District Chief, LACDMH), Mirtala Parada Ward (Program Head, LACDMH), Nina Tayyib (API UsCC Liaison, LACDMH)

DISCUSSION

- **Welcome and Introductions**
- **6/1/17 Meeting Minutes review and approval**

API Mental Health Disparities Discussion (Dr. Jonathan E. Sherin, Director, LACDMH)

Dr. Sherin opened the meeting and shared how LACDMH can better meet the needs of those who suffer with mental illness, including addressing the barriers to service experienced by various ethnic/cultural communities in LA County, including the API community. He provided some examples of barriers, including 1) lack of knowledge about the signs and symptoms of mental illness by community members, 2) lack of knowledge about resources available to help with mental health issues by community members, 3) Service providers not having a welcoming environment, which includes not having staff that speak the language and know the culture of the community being served, 4) Services are not provided in a setting that is safe and non-threatening, such as schools and places of worship, 5) Providers not utilizing technology available to help when distance is a barrier (i.e. Tele-medicine), etc. Dr. Sherin also discussed how sometimes interfacing with the public mental health system can be a barrier for some people, because past interactions have been stressful and/or caused trauma. He also acknowledged how mental health stigma can impact service use as some people do not access services in fear that they will not get better. Dr. Sherin shared the need to have people understand that suffering related to mental illness is a part of the human condition and that is not a weakness.

Dr. Sherin shared that LACDMH is actively working on addressing these access barriers, including addressing silos within and between County health

systems. One of the strategies he discussed is for LACDMH to work more closely with schools and faith based providers, which is where communities often go for help. He stated that LACDMH has to determine how to best leverage those systems in order to decrease access barriers. He shared the importance of leading with the heart and support the need for people to belong, which is important for mental well-being.

Dr. Sherin and attendees engaged in a discussion about the mental health needs for the API community.

There was a discussion about access to housing services and how access to these can be limited unless the person is severely mentally ill. Dr. Sherin acknowledged the challenges of housing assistance. He agreed that some of the regulations that are counter-intuitive and are not user friendly, and are often not driven by needs of the person as whole. He stated that this is something that LACDMH is addressing on the County level but also needs to be addressed at the State and Federal level.

Attendees shared the role of stigma regarding mental illness and how that impacts various API communities, especially for new immigrants and those who are leaving their home country due to trauma (such as genocide). One consumer, with the assistance of his Mandarin- speaking therapist, shared some information regarding this journey in to mental health treatment, which demonstrated the various challenges facing API community members in receiving mental health services. This included the challenges of being mono-lingual, history of homelessness, incarceration and having mental illness. The process of recovery and building an identity have been a long, intensive process.

Line staff and consumers shared how non-traditional services have had a profound impact in mental health treatment. Staff from PACS who work with the Cambodian community shared about how the blessings with Buddhist monks have helped decrease isolation as well as helped empower consumers to move forward in their life in the U.S. They also shared that many clients benefit from the non-traditional practices and, when they graduate, they refer other individuals to services. Staff from OSA and SNNA, who serve the Samoan community, also shared how the best way to reach the Samoan community is through working with Churches and incorporating spirituality into treatment. They also stressed the importance of food in the outreach and engagement process and asked for funding for this to continue/expand. Dr. Sherin stated that he agreed with the importance of spirituality in treatment. Dennis shared that an California State Assembly bill just passed that will allow flex funds to be able to be used for housing for programs other than FSP. He shared that these funds may possibly also be available to use toward food. He agreed to follow up on the status of the bill and when it may be finalized and implemented.

Representatives from community based agencies asked for more opportunities for LACDMH to work directly with smaller community based organizations in order to reach various pockets of the API community. They shared that community based organizations may have a larger capacity to reach and serve community members than some of the larger organizations, including those individual who are experiencing mild/moderate mental health symptoms. Dr. Sherin stated that he felt that the needs of the people should drive the implementation of services. He said that LACDMH is working on gap analysis to identify the needs of various communities and determine what resources are needed to meet the needs. He said this may include allowing more flexibility with PEI funds, while still following the regulations by the Federal and State regulations.

There was discussion about challenges for providers in working with schools, particularly for undocumented students with high needs, who are often very isolated and sometimes end up getting lost in the system. Providers recommended more prevention services to families in schools and holding schools more accountable for addressing the mental health needs of their students.

Kimthai from CAA and Saima from SAN shared that there was a need for more funding for children & TAY as well as the indigent/undocumented population, who are often dealing with the trauma of leaving their home countries as well as the experience of being a new immigrant. Dr. Sherin said that he agreed that the system needs to incentivize care for indigents, in a similar manner to those with Medi-Cal. He shared that is something that is being developed in the re-bidding of mental health contracts.

There was discussion about the limitations of bilingual and bicultural workforce to serve the API community. Trang from API Alliance shared that one barrier is that funding can be limited based on age groups and service areas, which adds limits on the providers ability to serve clients. Dr. Sherin shared that LACDMH needs help understanding the pockets are and what the solutions are, so that we are not limiting ourselves as a system. He also shared that, at this time, LACDMH is going through a re-organization so that services will not just be focusing on age, but all factors across a continuum of care. LACDMH is being redesigned so that contracts will not be managed only by Service Area in order to make geographic limitations less of a barrier.

There was discussion about the engagement of medical providers in the mental health system and how to better partner with medical providers. Connie from KFAM shared that often APIs somaticize symptoms and are not necessarily being screened appropriately, sometimes due to discomfort by medical professionals with mental illness. She shared that many API clients are not going to FQHCs, but rather they are going to local doctors who speak their language and often pay cash, especially if they are undocumented. Dr. Sherin stated that he felt that Health Promoter programs should not only target community members, but also medical providers so that there is more awareness around the interface between mental and physical health. He also shared the importance of hiring people who have cultural understanding of a “physical equivalent”, which is when core mental health problems manifest in physical conditions, which is often culturally related. He stated that the LA County Health Agency is focusing on this need in LA County, especially in regards to cultural competency, which is an effort led by Dennis Murata. Dr. Sherin also shared the idea of a “mental health ambulance” that was being considered in LA County, where someone who calls for assistance with a mental health crisis is met by a clinician and a peer in a car and connected to services in a respectful and mindful manner.

LA County Board of Supervisors Report on API Mental Health Disparities (Dennis Murata, PSB Deputy Director, LACDMH)

Dennis provided a brief overview of the report that was developed in response to a motion by the Board of Supervisors on how to reduce mental health related disparities for the API community in LA County. Dennis briefly discussed some of the recommendations and strategies that are in the report, which were also mentioned in the discussion with Dr. Sherin. Dennis shared that one important recommendation in the report is to look at disaggregated data so that the needs of different API ethnic communities can be evaluated rather than treating APIs as one large group, given the

diversity of the API community.

The API UsCC subcommittee and A3PCON Mental Health Committee agreed to host joint meetings every two months in order to have more in depth conversations with stakeholders (API UsCC, A3PCON, API community based organizations/providers, etc.) and gather more feedback/recommendations on how to best proceed and implement the strategies in the report. Leo agreed to Co-chair the meetings with Dennis. The next meeting will be in September 2017.

Announcements

- None

Next Meeting: TBD (September 2017)