WRMA
Walter R. McDonald & Associates, Inc.

FINDINGS FROM THE

SERVICE AREA 7 FOCUS GROUPS

CONDUCTED FOR THE MENTAL HEALTH SERVICES ACT
PREVENTION AND EARLY INTERVENTION PLAN
IN LOS ANGELES COUNTY

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I. Introduction

The Los Angeles County Department of Mental Health (LACDMH) is engaged in an intensive, inclusive, and multi-faceted approach to developing the County's Prevention and Early Intervention (PEI) Plan to be funded through the Mental Health Services Act (MHSA) enacted by California voters in 2004.

The focus for developing the PEI Plan is at the Service Area level, utilizing informational meetings, key stakeholder interviews, focus groups, and community forums in each of the eight geographic areas of Los Angeles County. Because each Service Area has distinct and varying populations, geography, and resources, it is critical for PEI services to be specific and responsive to regional and community-based needs.

The California Department of Mental Health (CDMH) has defined *mental health prevention* as reducing risk factors or stressors, building protective factors and skills, and increasing support to allow individuals to function well in challenging circumstances. Whereas, *mental health early intervention* involves a short duration (usually less than one year) and relatively low-intensity intervention to measurably improve a mental health problem or concern early in its manifestation and avoid the need for more extensive mental health treatment or services later.

In addition, CDMH has targeted five community mental health needs, six priority populations, and six statewide efforts for the PEI Program, and has identified seven sectors that counties must partner with to develop their PEI Plan.

This report presents the findings from the Focus Groups conducted in Service Area 7. Each service area will receive a report of the findings specific to the focus groups selected to speak on its behalf. In addition, a comprehensive final report will be produced presenting aggregate findings across all of the focus groups conducted in Los Angeles County.

II. Methodology

Participants

Each focus group was comprised of no more than 10 participants. Participants were drawn from existing groups/agencies for the purpose of participating in a discussion about the mental health service needs, barriers, and strategies in their respective communities.

- As with the Key Individual Interviews, the focus groups were selected based on Service Area representation and the categories of MHSA age group, sector, priority population, and key community mental health needs for PEI. Utilizing recommendations made from LACDMH District Chiefs, Service Area Advisory Committee (SAAC) members, and other stakeholders throughout the county familiar with the categories, LACDMH selected focus groups that qualified in at least two PEI categories.

- LACDMH identified a focus group coordinator from each community group/agency selected. The focus group coordinator sought participation in the focus group from among the agency's membership. Focus group coordinators were asked to identify and invite a diverse group of participants who could speak about service needs, barriers, and recommended strategies for their Service Area.

Participating Agencies

A total of 49 individuals from the following six agencies in Service Area 7 were asked to participate in their respective focus group:

1. Bryson San Miguel Elementary School, Los Angeles Unified School District;
2. Centro Hispano de Estudios Teològicos (CHET), Hispanic Center for Theological Studies;
3. Los Angeles Center for Alcohol and Drug Abuse (LA CADA), Family Foundation Program;
4. Padres del Sureste;
5. Plaza Community Services; and,
6. *Un Paso Mas*, Mental Health Association Los Angeles.

- The six participating agencies from which the focus groups were drawn have been in existence between 1 and 20 years. Five of these six agencies support between 9 and 250 members. One focus group did not provide this information.

- Across five of the six participating agencies, members ranged in age from 16 to over 60, with three participating agencies represented by adults only; and, two participating agencies represented by transitional-age youth and adults only. None of the five agencies represented older adults. One focus group did not provide data for this question.

- With respect to the ethnic composition of the six participating agencies, five agencies represent the Latino/Hispanic community. One agency represents the African American and Caucasian communities in addition to the Latino/Hispanic community.

- Finally, the following community sectors in Service Area 7 are represented across four of the six agencies: Community Family Resource Centers, Education, Health, Individuals with Serious Mental Illness, Law Enforcement, Social Services, and Underserved Communities. Two agencies did not indicate the community sectors they represent.

Procedures

Each focus group coordinator worked closely with a member of the contracted consulting team to arrange focus group dates, times, and locations.

The focus groups were conducted at the organizations or agencies representing the focus group participants or other community-based locations. The focus groups were audio recorded and took about two hours to complete. Nine key questions, some of which contained sub-questions, were posed to focus group participants. The questions were designed to produce information needed to inform the PEI planning process. A copy of the Focus Group Guide can be found in **Appendix A**.

Facilitators representing LACDMH at the focus groups as a neutral third party included a team of three staff members from Walter R. McDonald & Associates, Inc. (WRMA) and their subcontractors, EvalCorp Research & Consulting, Inc., and Laura Valles and Associates, LLC. One team member facilitated the focus group, another observed and documented notes, and a third recorded participants' responses on flip charts, which participants could refer to throughout the focus group.

Focus group documentation included: a Focus Group Profile, a Focus Group Participant Profile, a signed Consent Form indicating that the focus group would be audio recorded, the observer's electronic notes, the paraphrased responses from participants, an audio recording of the focus group,

and a transcript of the focus group developed from the audio recording. A report was written by the focus group team observer, summarizing the group's responses to the questions. Information from each focus group was coded so that the data could be analyzed and presented in summary format.

III. Knowledge of the PEI Planning Process

Participant Participation in the PEI Planning Process (Q1)

The first question(s) that focus group participants were asked to answer was "Have you or your group taken part in the Los Angeles County Department of Mental Health's PEI planning process? And, if so, how?" None of the 49 focus group participants reported any experience with or participation in the PEI planning process. One participant indicated hearing about the PEI planning process through Supervisor Gloria Molina's office, but had not taken part in the process to date.

IV. Service Area and Priority Population Representation

Service Area (Q2)

When focus group participants were asked which service area they represent, all 49 participants indicated that they represent Service Area 7. Other service areas represented by some participants included Service Areas 2, 3, 4, 6, and 8.

Priority Populations (Q2a)

The CDMH has identified the following six priority populations for PEI services: 1) Underserved cultural populations; 2) Individuals experiencing the onset of serious psychiatric illness; 3) Children and youth in stressed families; 4) Trauma-exposed individuals; 5) Children at risk for school failure; and, 6) Children and youth at risk of or experiencing juvenile justice involvement. Focus group participants were asked to select the priority populations they represent. As shown in **Table 1**, of the six priority populations, Children and youth in stressed families was considered the top priority population by 78 percent of the focus group participants. Between 49 and 60 percent of the focus group participants represent the remaining five priority populations.

Table 1: PEI Priority Populations

PEI Priority Populations	Number of Participants	Percent of Participants (n=49)
Children/youth in stressed families	38	78%
Children at-risk of school failure	29	59%
Children/youth at-risk of or experiencing juvenile justice involvement	28	57%
Underserved cultural populations	27	55%
Trauma-exposed individuals	26	53%
Individuals experiencing the onset of serious psychiatric illness	24	49%

V. Community Mental Health Needs and Impacts

Mental Health Needs in the Community (Q3 and Q3a)

Each focus group participant identified the mental health needs in their community based on five MHSA categories: 1) Disparities in access to mental health services; 2) Psycho-social impact of trauma; 3) At-risk children, youth, and young adult populations; 4) Stigma and discrimination; and, 5) Suicide risk. One focus group did not participate in this process, but did participate in the prioritization process that follows.

The results for this question were very close for three of the five mental health needs. Among the participants of the five responding focus groups, 63 percent considered At-risk children youth, and young adults populations a key mental health need in their communities, followed by 61 percent who identified Disparities in access to mental health, and 59 percent who identified Suicide risk as key mental health needs. Other needs identified by less than 50 percent of the participants were Stigma and discrimination (49%) and Psycho-social impact of trauma (41%).

Table 2: PEI Mental Health Needs

PEI Mental Health Need	Number of Participants	Percent of Participants (n=41)*
At-risk children, youth, and young adult populations	26	63%
Disparities in access to mental health services	25	61%
Suicide risk	24	59%
Stigma and discrimination	20	49%
Psycho-social impact of trauma	17	41%

*One focus group did not identify mental health needs.

When asked to identify the top three mental health needs from among the list of five determined by CDMH, Disparities in access to mental health services and At-risk children, youth, and young adult populations tied for the top priority mental health need among five of the focus groups (see **Table 3**). The second priority identified by three focus groups was Suicide Risk, followed by Psycho-social impact of trauma selected by two focus groups. One focus group was unable to prioritize the mental health needs because the participants felt that all the needs were interrelated and equally important.

Table 3: Priority PEI Mental Health Needs

Priority PEI Mental Health Needs	Number of Groups (n=5)*	Priority
Disparities in access to mental health services	5	1
At-risk children, youth, and young adult populations	5	1
Suicide risk	3	2
Psycho-social impact of trauma	2	3

*One focus group did not prioritize the mental health needs.

Impact of the Mental Health Needs on the Community (Q4)

As presented in **Table 4**, focus group participants reflected upon and relayed the negative impact that the unmet mental health needs discussed in the previous section have had on their communities. The three most highly mentioned impacts concerned the rise in mental health issues, the prevalence of community and family violence and abuse, and how stigma and discrimination as well as other access issues discourage community members from seeking help for their social, emotional, and mental health.

"There is more violence on the streets, fights among young people, and among family members."

With respect to mental health issues, focus group participants were concerned about the general increase in the number of individuals in crisis, particularly children and youth. Focus group participants have observed a rise in the number of children and youth who are experimenting with drugs and alcohol; at-risk of or attempting suicide; and experiencing trauma and anxiety as a result of witnessing or being involved in school, community, and/or family violence.

"…the babysitter, as soon as I left, locked my child in the bathroom. Right now, she is 21 years old, and still has that trauma of being locked in the bathroom or elevators."

Correspondingly, focus group participants noted the interrelationship between rising mental health issues and the prevalence of community and family violence and abuse. With respect to family violence and abuse, discussions revolved around how domestic violence in general and sexual and child abuse in particular contribute to community mental health needs. A couple of focus groups pointed out that child abuse is occurring among elementary school age children and even younger children. They reasoned that these cases are growing because 1) poor working families are under tremendous stress to survive and without the coping skills to manage their stress appropriately; and, 2) safe child care services for their children are not available in their communities.

Running on a parallel track to domestic violence and abuse is community violence and abuse. Participants cited youth involvement in gangs as a major force with which communities struggle to contend. One focus group noted how children are exposed to violence, not only in the community, but also in the schools. Youth who are involved in gangs bully students, communicate using verbal and physical abuse, disregard rules and regulations, and promote violence in both school and community -- ultimately affecting the overall well being of community members.

"I heard that many young people are joining 'EMO', a gang/crew whose members dress in black and listen to violent and depressing music lyrics…these groups of kids isolate themselves from anyone who does to look like them."

"Families are in denial of mental illness specifically in the Hispanic community, preventing them from getting help."

Lack of access to mental health services also impacts communities. According to focus group participants, the stigma and discrimination associated with mental health plays a significant role in community members' ability to access needed services. One focus group noted how the anti-immigration climate has increased community members' fear of using any public services whatsoever. Similarly, another focus group noted how deep-rooted shame about needing mental health services severely hinders access to them.

Other community impacts cited, but not mentioned as highly as those reported above included:

"The majority of our young people in this area do not graduate from high school because their school counselors and teachers do not believe in them."

- Increasing numbers of youth who are dropping out of school.
- Emerging social emotional issues such as low self-esteem, as well as behavior problems among those children who have not been evaluated or whose social, emotional, and behavioral needs have not been addressed.

- Immigration stressors that impact the ability of immigrant families to adapt to a new social environment effectively. Stressors might include lack of support networks, economic obligations to their homeland, and new cultural norms and behaviors.
- Youth who are sexually active and/or engaging in other risky behaviors that lead to youth and teen pregnancies.
- Unaddressed problems that worsen over time.
- Limited resources to provide needed services.
- Families who are unable to properly supervise their children because they are overworked and overwhelmed with meeting the day-to-day needs of their families.
- Police intervention due to untreated health and mental health issues, as well as police abuse and harassment of community members.
- Lack of available information about existing services and how to access them.
- Hospitalizations that might have been prevented with appropriate and timely intervention.
- Communication problems and intergenerational breakdowns within families.
- Increasing rates of youth delinquency.
- Economic conditions in the community creating additional stress that exacerbates other issues.
- Lack of support for parents who have children with mental illness.

"I know lots of people that wait or don't know how and where to get help. They end up either in jail or in the emergency room with less chances of full recovery. This doesn't have to be our reality."

"Food, bills, and gas prices are too high, there aren't enough jobs and there's too much unemployment, all of which cause a great deal of stress."

Table 4: Ways in which Mental Health Needs Impact the Community

Community Impact	Number of Mentions
Mental Health Issues	**10**
• Substance Abuse	4
• Depression/Suicide Risk	3
• General Mental Health Issues	2
• Trauma/PTSD/Anxiety	1
Community/Family Violence/Abuse	**9**
Access Issues	**8**
• Stigma and Discrimination	5
• Cost/Insurance/Medi-Cal/Eligibility Criteria	2
• Service Operations	1
Academic Outcomes	**5**
Behavioral/Social/Emotional Issues/Outcomes	**3**
Immigration/Cultural Matters	**3**
Negative/Risky Behaviors	**3**
Unaddressed Conditions/ Higher Levels of Care	**3**
Funding and Resources	**2**
Families/Parent High Stress Levels/Parenting Issues/Poor Social Skills/Coping	**2**
Law Enforcement Issues/Involvement	**2**
Outreach/Education/Awareness	**2**
Assessment/Identification/Intervention-Early/Better Outcomes	**1**
Intergenerational Cycle	**1**
Juvenile Justice Involvement/Incarceration	**1**
Service Engagement /Benefits-General	**1**
Social/Economic Conditions	**1**
Personal/Emotional Support System	**1**
Other	**2**

VI. Existing and Needed Prevention Services/Resources

Existing Prevention Services/Resources (Q5)

The following is a listing of all the existing prevention services identified by participants across all six focus groups. Three of the focus groups had difficulty generating a list of services. Two of the three focus groups stated that resources and services in the area are scarce. Participants in one of these focus groups also added that services are restricted to poor, undocumented, and uninsured families. Another focus group pointed out that although prevention services exist, good services are located outside their communities, and are equally as difficult to access.

- After-school programs.
- *Amando A Tu Niño Especial*, parenting classes in Spanish for parents with children with special needs.
- Assistance League of Southern California, provides services primarily for domestic violence and alcohol and substance abuse intervention/treatment.
- Augustus Hawkins.
- Bernabe Community Center in Downey, provides a variety of services to low-income families including parenting programs.
- Beyond the Bell, an afterschool program offered by the Los Angeles Unified School District.
- Bienvenidos, provides substance abuse counseling.
- Boys and Girls Clubs.
- CARE sports program.
- CELA, provides HIV/AIDS education and services.
- Centro Hispano de Estudios Teològicos (CHET), provides classes and counseling services, specifically marriage counseling.
- Churches.
- Counseling Services.
- Educational Classes, offered through the SPA 7 Council.
- *El Nido*, pregnancy prevention.
- ENKI- ELA Youth and Family Services, mostly serves severe mental health needs.
- Fire Department, offers mentoring.
- First and Chicago Avenue, services at this location include a self-help center and tutoring services.
- Foshay Middle School, offers after-school tutoring.
- Healthy Start.
- Judicial System/Court Programs.
- La Antorcha, facilitates retreats for youth.
- "No Violence Against Kids," a support group for parents and caregivers.
- Padres del Sureste, provides educational classes for Spanish-speaking parents on a variety of school issues.
- Parenting Classes at Huntington Park High School.
- Parenting Programs.
- Parks and Recreational Centers.
- Police Activity League (PAL).
- Recreation Programs.
- Regional Centers.
- Rio Hondo Mental Health.
- Rosewood Church, provides tutoring and motivational classes for youth, as well as spiritual classes.

- Rosewood Park Elementary School, facilitates motivational opportunities for children who earn good grades.
- Salazar Park, offers swimming lessons, sports, and karate.
- San Miguel Parent Classes.
- Santa Cecilia Church Youth Groups, meets weekly for motivation classes, trips to the park, movies, and basketball.
- School-based Services.
- Senior Services, includes play groups, knitting groups, and cooking classes.
- Teen Challenge, a Christian group for teens.
- Therapy for children.
- YMCA, offers ballet and Mommy and Me classes.
- Youth Group Homes.

Needed Prevention Services/Resources (Q5a)

All six focus groups identified a number of needed prevention services and/or resources as reflected by the list below. The needed prevention services are organized by type of service/resource and listed from highest to lowest number of needed services/resources cited under each service/resource type.

Specific Services and Resources including Counseling and Support Groups

- Affordable housing.
- Customized services for children with special needs and their parents.
- More Mommy and Me classes.
- Sports programs for youth.
- Programs for youth at risk.
- Youth employment programs.
- Parenting classes in Spanish.
- Parenting classes during pregnancy or before pregnancy occurs.
- Services for seniors focused on promoting general well-being.
- Tutoring.
- Substance abuse prevention programs.
- JADE program, a 12-session educational program on drugs and gangs through the Department of Probation.
- Family counseling services.
- Free counseling centers for children and families.
- Therapeutic support services for children and youth whose parents are receiving services, where youth receive services regardless of whether or not they have a diagnosis or not.
- Support groups for women and youth with a mentor who works with young people on projects organized in convenient community locations such as schools.
- Support groups and counseling services for the uninsured.
- Self-help groups that empower people to address their own challenges.
- Mentoring.
- Hotline numbers to report inappropriate foster parents.

Specific Strategies and Approaches

- Alternative sentencing programs for juveniles.
- Bilingual and bicultural school-based counselors and psychologists.
- A Department of Mental Health follow-up and referral system.
- Collaborations with faith-based groups throughout the county.
- Expansion of the Bernabe Community Center in Downey to better serve a greater number of people.
- Early assessments at the onset of mental illness.
- Approaches to focus on and engage fathers.
- Free, personalized legal support, especially for victims of domestic violence.
- Improvements to the foster care system, including counseling for children and better follow-up by social workers.
- Orientations to help children learn how to protect themselves while in the custody of the foster care system.
- Training and supervision for foster parents.
- Increased oversight of childcare workers.

"Judges need to be more educated about mental illness and aware of effective programs and services available in local communities."

Location-based Services

- Programs and services in local communities.
- Community health clinics that teach physical hygiene.
- Safe and secure "go-to" places for newly arrived immigrants to obtain information about their rights and responsibilities as well as resources and services available to them.
- After-school programs.
- School-based counseling.
- Psychologists and/or counselors in schools who help youth and parents manage stress, parenting, and other issues.
- School site follow-up for children and families who come to the attention of the Department of Mental Health.
- Drug and alcohol prevention for children in middle school, and perhaps, even elementary school.
- Free Spanish language parent training programs available through local schools.
- In-home counseling.

Services and Resources that Increase Access

- Low cost services available on Saturdays and on a walk-in basis.
- Transportation services and supports.
- Culturally/linguistically appropriate services and staff.
- Services provided in Spanish.
- Childcare provided along with all of the primary services.
- Child care readily available during counseling sessions and other mental health related services.

Outreach, Education, and Awareness Services and Resources

- Community led education campaigns that promote awareness about mental health issues and explicitly address stigma.
- Education about mental illness through media announcements.

- Information for everyone, including young people, about mental health issues.
- Mental health prevention education for parents and youth to learn how to identify potential mental health risk factors.

Funding and Resources

- Funding for expansion of services.
- Increased funding to create more services and programs for young people and parents.

Staff and Provider Education, Training, and Recruiting

- Mental health training for school personnel that will provide them with the awareness and skills to identify risk factors and make appropriate referrals when they suspect a child or family may be at-risk of delinquency, depression, acting out, family problems, etc.
- Spanish-speaking psychologists.

"We need good, effective programs in our communities, not just left-overs."

Priority Prevention Services/Resources (Q5b)

When the six focus groups were asked to prioritize the needed prevention services they had listed in response to the prior question, they selected three priority services, as presented in **Table 5.** Two focus groups elected not to prioritize needed prevention services; and, one focus group cited an additional priority. Please note that the priorities listed in **Table 5** are not listed in rank order.

The priorities identified by the four responding focus groups reflected prevention services and/or resources that would:

- Provide individual or group counseling for youth and parents.
- Offer parenting classes, youth drop out prevention classes, youth employment programs, as well as training programs for families.
- Create more services for young people and their families in addition to building upon existing services.
- Develop alternative sentencing programs for juveniles.
- Encourage collaboration with faith-based organizations.
- Conduct media campaigns about mental illness.

One focus group also offered the following fourth priority:

- Institute psychologists and counselors in schools to help youth and parents manage stress, parenting, and other issues.

Table 5: Priority Prevention Services/Resources (n=4)*

Focus Group	Priority 1	Priority 2	Priority 3
Bryson San Miguel Elementary	Youth employment programs.	Funding to create more services/programs for young people and parents.	Support groups for women and youth with mentors who work with young people on projects that are carried out at schools, as they are convenient for community residents and parents to access.
Centro Hispano de Estudios Teològicos (CHET)	Expansion of existing services, specifically CHET.	Collaboration with faith-based groups throughout the county.	Training programs around couples and families.
Los Angeles Center for Alcohol and Drug Abuse (LA CADA)	Alternative sentencing programs for juveniles.	Affordable housing.	Media campaigns about mental illness.
Plaza Community Services	Individual counseling to address problems such as low self-esteem and violence.	Youth drop-out prevention school-based motivation classes.	Mandatory father/male parenting classes.

Note: Priorities not listed in rank order.
*Two focus groups elected not to identify priorities.

Locations for Prevention Services/Resources (Q5c)
Table 6 presents the locations at which the focus group participants would like to see prevention services offered.

As shown in the table, four of the focus groups cited parks and recreation centers and schools as viable locations for mental health prevention services. One focus group stated that schools are good locations for support groups that allow participants to share their problems. Churches and community centers were also identified as places for prevention services by three of the focus groups. Health clinics or one-stop health centers, libraries, and shopping centers also were mentioned by two focus groups. Other locations mentioned are listed in **Table 6**. One focus group emphasized the importance of considering where community members and families already congregate when determining where to locate mental health prevention services.

Table 6: Prevention Service Locations

Prevention Service Locations	Number of Groups (n=4)*
Parks and Recreation/Sports Centers	4
Schools	4
Churches	3
Community Centers	3
Health Clinics/One-stop Health Centers	2
Libraries	2
Shopping Centers/Malls	2
Amusement Parks	1
City Offices	1
Faith-based Organizations	1
Health Fairs	1
Jails	1
Job Fairs	1
Southeast Los Angeles	1

*Two focus groups did not provide prevention service locations.

VII. Existing and Needed Early Intervention Services

Existing Early Intervention Services/Resources (Q6)

The following is a listing of all the existing early intervention services identified by the participants across the six focus groups. Two focus groups were unable to identify existing early intervention services. The other focus groups, while identifying early intervention services, emphasized the scarcity of such services in their community.

- Al-Anon Meetings.
- ALATEEN Meetings.
- Alcoholics Anonymous.
- Asian Pacific Family Center.
- Bernabe Community Center.
- Cal SAFE (California School Age Families Education), provides parenting skills training for expectant mothers, as well as child development services.
- Centro Hispano de Estudios Teològicos (CHET), responds to people in crisis
- Churches, hold retreats for couples having marital difficulties.
- *Curanderas*, practice home remedies such as teas for stress or nerves.
- DARE.
- Domestic Violence Classes, located at Plaza Community Services.
- El Buen Samaritano, located in Long Beach and conducts drug addiction programs.
- Gang Intervention Programs.
- Homeboy Industries.
- Mental Institutions, at Dexter Park.
- "No Violence Against Kids," a support group for parents and caregivers.
- Prenatal Screenings, at local clinics.
- School Counseling Services.

- School Psychologists, Social Workers, Counselors.
- St. Francis Counseling Services.
- Victory Outreach.
- VIVA, a domestic violence program.

Needed Early Intervention Services/Resources (Q6a)
All six focus groups identified a number of needed early intervention services and/or resources as reflected by the list below. The needed early intervention services are organized by type of service/resource and listed from the highest to the lowest number of needed services/resources cited under each service/resource type.

Specific Services and Resources including Counseling and Support Groups

- Centers and professionals that specialize in co-occurring disorders.
- Residential centers for women and their children.
- Temporary housing for victims of domestic violence.
- Medical and dental care at all levels, including undocumented individuals.
- Early intervention programs in juvenile justice systems.
- Mandatory screening for kids at schools.
- Mobile health screenings.
- Mandatory parenting classes.
- Parent advocacy training which will enable and empower parents to serve as mentors and as a resource to other parents.
- Sports programs to help young people manage stress.
- Programs for youth who are violent towards their parents.
- Substance abuse programs.
- Comprehensive, intensive counseling services.
- Family counseling services.
- Support groups for women experiencing menopause and/or emotional and physical changes.
- Additional counseling services for the Latino community.
- Therapeutic counseling for youth and adults.
- Counseling services for youth between 15-18 years of age.
- Individual therapy.
- Grief and loss support groups.
- Support groups and programs such as *Un Paso Mas.*
- Therapy sessions and less medication.

"There is a need for more comprehensive, intensive counseling services, and less medication."

Specific Strategies and Approaches to Service Delivery

- Approaches that address over medication.
- Approaches to address misdiagnosis.
- DMH-sponsored free couple and family retreats.
- Legal support for women in domestic violence situations.
- Mobile units capable of traveling across regions with information, services, and supports.
- Art and music classes to help raise children's self-esteem.
- Support for children experiencing stress due to trauma, behavioral issues, or difficulty with school.

- School courses or other ways to motivate school drop-outs to return and finish their education.
- Parent engagement in schools that enables them to support youth, children, and teachers.
- Referrals by judges to mental health programs.

Location-based Services

- Home-based counseling, coaching, and tutoring services.
- Home-visiting social workers/psychologists who do not require Medi-Cal.
- Comprehensive therapeutic services in jails.
- A convenient, community-friendly, and culturally responsive center located between communities.
- Programs in community centers and schools focusing on drugs, sexual abuse, domestic violence, and STDs.
- Counseling services provided in churches, parks, and schools without a need for health insurance coverage.
- Low-cost places where young people can learn music, art, and become more creative, especially school-based services.
- School-based counseling services such as individualized care and smaller groups.

"The community trusts people who have had their same experiences more than they trust and confide in professionals."

Outreach, Education, and Awareness Services and Resources

- Education and support groups for families dealing with chronic mental illness.
- Mental health community outreach and education to decrease stigma.
- Community outreach in general.
- DMH-sponsored conferences of mental health service providers for the purpose of sharing information on best practices and building stronger networks of support among agencies.

"I believe we can be more effective if we had regular contact with DMH and were aware of other programs and services for the families that we're both committed to serving. If we know more we can do more and right now we feel this is a good start."

Services and Resources that Increase Access

- Child care services to make it easier for parents to access mental health related services.
- Access to affordable health insurance.
- Health insurance that provides coverage for mental health services.
- Transportation.

"Many of us don't qualify for Healthy Families even though my income is very low because I only work 3 days a week."

Funding and Resources

- Funding for services, in particular support groups.

Staff and Provider Education, Training, and Recruiting

- Qualified Latino mental health professionals.

Priority Early Intervention Services/Resources (Q6b)
When the six focus groups were asked to prioritize the needed early intervention services cited above, four of the six elected to do so, as shown in **Table 7**. Please note that the priorities listed in **Table 7** are not listed in rank order.

The early intervention priorities identified by four of the six groups reflect early intervention services and/or resources that would:

- Introduce health, dental, and mental health care insurance coverage at all levels, especially for undocumented individuals.
- Fund high need areas, thereby increasing access to mental health services.
- Launch programs in low-cost places such as schools and community centers that offer a variety of early intervention services that address the arts (visual arts, dance, music, and performing arts) and mental health concerns (substance abuse, sexual abuse, domestic violence, and sexually transmitted diseases).
- Establish residential centers and legal support for women and children in general, as well as for those who experience domestic violence.
- Offer comprehensive counseling in jails.
- Institute mandatory parenting classes.
- Decrease stigma by educating communities about mental health.

Table 7: Priority Early Intervention Services/Resources (n=4)*

Focus Group	Priority 1	Priority 2	Priority 3
Bryson San Miguel Elementary	Health insurance that provides coverage for mental health services.	Medical and dental care at all levels, including coverage for undocumented individuals.	Low-cost places, such as schools, where young people can learn music, art, and become more creative.
Centro Hispano de Estudios Teològicos (CHET)	Resources that would make it easier for families to obtain services.	Increased funding for high-need areas.	No Response.
Los Angeles Center for Alcohol and Drug Abuse (LA CADA)	Residential centers for women and their children.	Comprehensive counseling services in jails.	Education about mental illness to decrease stigma.
Plaza Community Services	Legal support for women in domestic violence situations.	Programs in community centers and schools that address drugs, sexual abuse, domestic violence, and STDs.	Mandatory parenting classes.

*Two focus groups elected not to identify early intervention priorities.
Note: Priorities not listed in rank order

"See people as human beings, not a case that needs to be moved along and taken off the caseload. People need to be treated with respect."

Locations for Early Intervention Services/Resources (Q6c)

Table 8 presents the locations at which focus groups would like to see early intervention services offered. Four of the six focus groups provided recommended locations for services.

The participants of the four responding focus groups recommended similar locations to those listed for prevention services. Schools were considered a priority location for both prevention and early intervention services, as were parks and recreation centers. The main difference between the prevention and early intervention locations listed was the exclusion of city offices and faith-based organizations from the service locations and the addition of homes to the early intervention service locations. The same comment about the importance of locating mental health prevention services where community members congregate also applies to early intervention service locations.

Table 8: Early Intervention Service Locations

Early Intervention Service Locations	Number of Groups (n=4)*
Parks and Recreation/Sports Centers	4
Schools	4
Churches	3
Community Centers	3
Health Clinics/One-stop Health Centers	2
Shopping Centers/Malls	2
Amusement Parks	1
Health Fairs	1
Homes	1
Jails	1
Job Fairs	1
Libraries	1

* Two focus groups did not provide preferred locations for early intervention services.

VIII. Barriers to Service Access and Strategies to Increase Access

Barriers to Service Access (Q7)

Focus group participants were asked "What keeps people from getting the prevention and/or early intervention services they need?" In response, Service Area 7 focus group participants primarily focused on specific types of access issues. **Table 9** shows that the top barrier to service access was cost and eligibility criteria. Participants stated that costs of mental health services deter consumers from seeking out services and using them. In addition, the lack of health insurance coupled with the criteria that consumers must meet before they are eligible to receive services end up serving as roadblocks to consumers who need assistance. For example, one focus group indicated that a number of programs in its community require consumers to be enrolled in CalWORKs before they can access certain mental health services.

Inability to access services because of costs and eligibility criteria was followed by the inability to access services because of how services traditionally operate. Service provider hours are inflexible and do not accommodate the times at which families working from 9 to 5 can schedule and come to appointments. Even when provider hours are flexible, consumers are met by long waiting lists when trying to schedule initial or follow-up visits. One focus group added that once consumers gain access, other barriers arise. For instance, consumers often are met by unprofessional and discourteous staff,

as well as unwelcoming and inappropriate service delivery practices. The combination of strict eligibility criteria, rising cost of services, unaccommodating hours of operation, and unwelcoming service environments spawn frustrated, discouraged, and defeated consumers who turn away from services until their condition reaches crisis proportions.

Focus group participants also pointed out the high degree of stigma and shame surrounding anything related to mental health. Specifically, stigma and shame often take the form of fear among immigrant families who are worried about how their immigration status may affect them when seeking services. Similarly, focus group participants talked about experiencing discrimination and racism when accessing services.

"There is a lack of awareness and denial about mental illness within family members, preventing them from accessing needed services early on."

Closely related to stigma and discrimination were focus group participants' concerns about the lack of culturally and linguistically services. In particular, the focus groups underscored the lack of Spanish-speaking mental health professionals as a considerable barrier to service access in their service area.

While the above service access barriers were of greatest concern to focus group participants, the high demand for a limited number of available services complicates and reinforces the barriers just discussed. As one focus group pointed out, the lack of services results in frustration and lack of follow-through among consumers. Correspondingly, the distance required to travel to access the limited number of services, as well as the lack of transportation to get to certain services, prohibits many from even attempting to address the mental health symptoms they are experiencing.

Aside from specific access issues, focus group participants also discussed how lack of education and awareness prevent community members from seeking services. Without understanding what it means to be mentally healthy and knowing some of the signs and symptoms of mental illness, community members are likely to make excuses for not seeking help or to deny the need for help altogether. Furthermore, when they do acknowledge the need for assistance, but do not have information on available services, they may be less likely to persist in seeking needed assistance.

Outreach, education, and awareness also play a role in immigrant communities. Immigrant communities who are not accustomed to soliciting help from unfamiliar agencies and individuals tend to avoid accessing assistance. The legal status of immigrants further complicates access given that some providers deny services to people without legal documentation.

Other barriers to service access discussed by focus group participants included:

- Community members' indecision about the benefits of services leading to an overall lack of engagement.
- The lack of an organized referral and follow-up system.
- The social and economic conditions that impede access to services, such as a lagging economy, the high cost of living, and long commutes.
- The lack of support from political representatives at the state level, as well as among those who are supposed to represent the communities in Service Area 7.
- The lack of early detection and education about mental health symptoms.
- The lack of time single mothers or people who work more than one job have to attend to the mental health needs of their families.

- Uncaring school personnel.
- Unaddressed mental health needs that have become exacerbated and may be beyond treatment.

"School personnel are uncaring and often rude with parents and children Some teachers see our kids as criminals."

Table 9: Barriers to Service Access

Access Barriers	Number of Mentions
Specific Access Issues	**47**
• Cost/Insurance/Medi-Cal/Eligibility Criteria	11
• Service Operations	10
• Stigma and Discrimination	8
• Service Linguistic/Cultural Competency	7
• Available Services/Capacity	6
• Geographic Locations/Transportation	5
Outreach/Education/Awareness	**7**
• Outreach/Education/Awareness-Available Services/Capacity	5
• General Outreach/Education/Awareness	2
Immigration/Cultural Issues	**4**
Service Engagement/Benefits-General	**2**
Service Integration/Continuity of Care	**2**
Social/Economic Conditions	**2**
System Support/Assistance/Navigators	**2**
Assessment/Identification/Intervention-Early/Better Outcomes	**1**
Families/Parent High Stress Levels/Parenting Issues/Poor Social Skills	**1**
School Issues	**1**
Unaddressed/Exacerbated Mental Health Conditions/Higher Levels of Care/Poor Social Conditions	**1**
Other	**5**

Strategies to Increase Access (Q8)

As a follow-up to the question about service barriers, focus group participants were asked to discuss the types of strategies that would help people obtain access to the services they needed (see **Table 10**). Participants devoted great attention to the means by which to conduct outreach, education, and awareness efforts as well as the locations at which those efforts should take place. Less attention was given to addressing service barriers such as costs, transportation, service operations, and the linguistic and cultural competency of providers.

Ways in which to increase access centered on conducting outreach, education, and awareness efforts via print media and via television and radio commercials and broadcasts. Two focus groups talked about using newspapers and television to deliver culturally appropriate educative messages about mental health to the Spanish-speaking community. One focus group member shared that, in the recent past, news articles about mental health in La Opinion had generated over 500 calls to his/her agency. Another focus group member proposed conducting public education campaigns during the Spanish television soap operas or Novelas. Others advocated for more general information about existing and available services.

Suggested locations for distributing educational information about mental health included churches, community centers, fairs, hospitals, markets, and schools. Outreach and education at health fairs was promoted as a means of reducing stigma. Churches and other faith-based organizations were thought to be locations that could reach a broader spectrum of the individuals and families in the community. Schools were considered places in which students, through content-based approaches, could learn about aspects of mental health care that they could apply at home.

Other strategies for promoting access involved removing service barriers, such as reducing costs, removing eligibility requirements, providing transportation, offering multi-cultural services, and ensuring better customer service.

"These marketing strategies can help people understand and learn more about mental health."

Other approaches and services for improving access included the following:

- More dual-diagnoses facilities.
- Ways to reach at-risk youth sooner before they drop out of high school.
- Leadership development opportunities for community members to become advocates on mental health issues and connect others to services and resources.
- Public health assessments that include mental health assessments.
- Infrastructure to support existing services.
- 24-hour hotlines.
- Mobile services in local communities.
- One-stop health facilities for families.
- Support groups.

Finally, funding and resources to expand services in general, as well as for agencies that demonstrate positive outcomes, were mentioned by three focus groups as a means of increasing access. One focus group stated that they would like to see better informed school personnel who can communicate to parents about mental health services available in the community.

Table 10: Strategies to Increase Access

Strategies to Increase Access	Number of Mentions
Outreach/Education/Awareness	**32**
• Specific Locations	13
• Specific Mediums	12
• General	3
• Linguistic/Culturally Appropriate Messaging	2
• Available Services	2
Access Issues	**8**
• Geographic Location/Social and Physical Conditions/Transportation	1
• Cost/Insurance/Medi-Cal/Eligibility Criteria	3
• Service Linguistic/Cultural Competency	2
• Service Operations	2
Specific Strategies/Approaches	**5**
Specific Services	**4**
Funding and Resources	**3**
School Issues	**1**

IX. Recommendations for Informing Communities about PEI

Recommendations

When focus group participants were asked to provide recommendations on how to let people know about prevention and early intervention services, they focused entirely on various means of outreach, education, and awareness (see **Table 11**). Ways of conveying information about prevention and early intervention mental health services were heavily discussed, as were the locations at which the information should be distributed. In addition, participants offered general comments about the importance of educating communities about mental health issues, signs, and symptoms, and doing so in a linguistically and culturally appropriate manner.

Means of reaching out to and raising awareness among community members about mental health prevention and early intervention focused largely on face-to-face or one-on-one contact. Specifically, participants mentioned conducting in-person outreach; enlisting volunteers to make telephone calls and connecting with people on a one-on-one basis; creating networks of individuals, such as housewives and mothers, who share information by word of mouth about mental health issues and services; and using the peer-to-peer Promotoras model to penetrate communities and deliver information about mental health.

Other mediums mentioned included implementing hotlines, using the Internet, placing commercials on television and radio, as well as engaging court personnel in communicating about mental health to those already in the judicial system.

The participants discussed a host of locations at which information about mental health and available services should be distributed, including the following:

- Amusement parks
- Buses
- Churches
- Clinics
- Community Centers/Parent Centers
- Community Forums
- Drug Courts
- Faith-based Organizations
- Grocery stores and grocery bags
- Health Fairs
- Hospitals
- Libraries/ Bookstores

Overall, participants emphasized the need for outreach that helps community members understand what it means to be mentally healthy, when to be concerned about someone's social and emotional well-being, and where to go for services. They also stressed how crucial it is for the messages about mental health to be linguistically and culturally appropriate, not only in outreach, but also in service provision. One focus group stated that service providers need to understand and respect the people they are serving and talk to them at a level they will understand.

Table 11: Recommendations for Informing Communities about PEI

Recommendations	Number of Mentions
Outreach/Education/Awareness	**50**
• Specific Mediums	22
• Specific Locations	19
• General	5
• Linguistic/Culturally Appropriate Messaging	4
Other	**1**

X. Summary

A key theme throughout the focus group discussions in Service Area 7 was the mental health needs of children and youth. Among the 49 participants, three-quarters considered Children and youth in stressed families a top priority. Similarly, over 60 percent of participants identified At-risk children, youth, and young adult populations together with Disparities in access to mental health services as key mental health needs in their communities. When asked to discuss the impact of the top mental health needs in their communities, the three most highly mentioned community impacts concerned 1) mental health issues; 2) the prevalence of community and family violence and abuse; and, 3) how stigma and discrimination as well as other access issues discourage community members from seeking help for their social, emotional, and mental health.

Needed priority prevention services centered on programs for youth, such as counseling and support groups, employment programs, drop-out prevention services, and alternative juvenile sentencing programs. Needed priority early intervention services focused on increasing access to health, as well as mental health care, educating communities about mental health, creating residential centers and support systems for families, and developing community centered programs to address community issues such as community and family violence. The most popular locations at which to provide needed prevention and early intervention services were parks and recreation centers and schools.

The top barriers to service access cited by participants were a combination of strict eligibility criteria, rising costs of services, unaccommodating hours of service provision, and unwelcoming service environments. Strategies for increasing access focused more on outreach, education, and awareness efforts than on addressing costs, eligibility, and service operations. Whereas outreach and education strategies for increasing access focused on information distribution via print, radio and television, strategies for informing communities about PEI focused on face-to-face or one-on-one contact. Overall, participants emphasized the need for outreach and education that helps community members understand what mental health means, how to recognize mental health warning signs, and where to go for services.

APPENDIX A

APPENDIX A: Focus Group Guide

FOCUS GROUP QUESTIONS

Issues	Focus Group Questions
PEI Planning Process	1. Have you or your group taken part in the Los Angeles County Department of Mental Health's (DMH) Prevention and Early Intervention (PEI) planning process? If so, how?
Participants' Organizational Affiliation	These focus groups help us learn more about the types of mental health services and resources that are needed to support the social and emotional well-being in your community and among other groups of people in L.A. County. 2. Which region or area in L.A. County do you represent or will you be talking about in today's discussion? 2a. Of the identified priority populations [*facilitator refers/points to visual aid listing priority populations*], which of these groups of people do you represent?
Community Mental Health Needs	The California State Department of Mental Health said that the Prevention and Early Intervention (PEI) plan should focus on the needs of the following groups: at-risk youth, people who may be at risk of suicide, people who haven't been able to get services, and people who have experienced trauma, stigma and discrimination. 3. What needs are most important to the group of people you represent? *3a. Of the needs that you've listed, which are the top three needs most important to your community?* 4. What do you see happening in your community because of these needs? (what problems are occurring?)
Prevention and Early Intervention Services	As we talked about earlier, there is a difference between prevention and early intervention services [*facilitator refers/points to visual aid defining prevention and early intervention*]. 5. What **prevention** services or resources are currently available in your community or among the group of people you represent? 5a. What **prevention** services or resources are needed? 5b. "O*f the prevention services you've listed, which are the top three needed*. 5c. *Facilitator probes for information on locations for services.*

Issues	Focus Group Questions
	6. What **early intervention** services or resources are currently available in your community or among the group of people you represent? 6a. What **early intervention** services or resources are needed? 6b. *Of the early intervention services you've listed, which are the top three needed in your community?* 6c. F*acilitator probes for information on locations for services.* 7. What keeps people from getting the prevention and/or early intervention services they need? 8. What types of things or strategies would help people get the services they need?
Long Range Planning	9. What recommendations do you have for how to let people know about prevention and early intervention services?