WRMA
Walter R. McDonald & Associates, Inc.

FINDINGS FROM THE

SERVICE AREA 5 – WEST COMMUNITY FORUMS

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

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Prepared for:
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Prepared by:
Walter R. McDonald and Associates, Inc.
EVALCORP Research & Consulting, Inc.
Laura Valles & Associates, LLC

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We greatly appreciate the assistance we received from the LACDMH PEI staff, the Service Area Advisory Committees, and the Community Forum Coordinators in coordinating the forums. We also extend special thanks to all the community forum participants for taking the time to engage in the community forums and for sharing with us their perspectives. The wealth of information provided during each of the breakout session discussions was invaluable to the formation of this report.

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I. OVERVIEW

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 individual 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.

PURPOSE. The community forums presented an exciting opportunity for community participants to make recommendations regarding priority populations and strategies for their communities that will help keep community members healthy.

This report presents the findings from the two Community Forums conducted in Service Area 5 – West. The purpose of the Community Forums was:

1. To introduce participants to the Department of Mental Health's Prevention and Early Prevention planning efforts.
2. To summarize what was learned from existing research, other community residents and service providers in this service area about needs, barriers and strategies for providing quality prevention and early intervention mental health services, and
3. To hear suggestions for where and to whom Prevention and Early Intervention services should be provided.

OUTCOMES. The Community Forums had two specific outcomes:

1. To identify the specific priority populations to be served in this service area.
2. To develop recommendations for strategies to serve these priority populations.

II. COMMUNITY FORUM METHODOLOGY

The community forums were designed to provide community members an additional opportunity to provide their input regarding priorities and strategies for addressing the six MHSA priority populations. With one exception (i.e., Service Area 1), a total of two community forums were held in each service area, for a total of 15 service area community forums. In addition, one countywide forum was held that focused on specific populations. Each community forum was organized around age- and language-specific breakout sessions/groups for which community members registered in advance. Each service area community forum followed the same format and procedures.

PARTICIPANTS. Participants were community members interested in taking part in a discussion about the mental health service strategies that would most effectively address the mental health needs in their communities.

- Each Service Area Advisory Committee conducted a concerted outreach effort to educate the public about the MHSA and the PEI planning process. Outreach efforts also placed a large emphasis on encouraging community members to attend the community forums and provide their ideas and suggestions on effective ways to improve the social and emotional well-being of people in their communities.

- When interested community members registered to attend the community forum in their Service Area, they also elected to participate in one of the following five age-specific breakouts: 1) Children 0 to 5 years; 2) Children 6 to 15 years; 3) Transition-Age Youth, 16 to 25 years; 4) Adults 26 to 59 years; and, 5) Older Adults 60 years or older. Additional language-specific breakout sessions were conducted as needed. Each breakout session was comprised of no more than 35 participants.

- A total of 108 community members attended the two community forums held in Service Area 5 and represented a diverse array of community sectors. Of the 108 participants, 28 percent represented mental health providers, 19 percent represented social services, 14 percent represented the underserved, and 13 percent represented education, health, and consumers. Between 2 and 8 percent of the participants represented parents and families of consumers (8%), law enforcement (6%), community family resource centers (4%), employment (3%), and media (2%). Seven percent of the participants did not indicate which sector they represented.

- A total of 12 age- and language-specific breakout sessions were held across the two community forums conducted in Service Area 5. A breakdown of the number of community participants in each breakout session/group by community forum is presented in Table 1.

Table 1.
Community Forum Attendance by Location and Breakout Group

Location	Children 0 to 5	Children 6 to 15	Transition-Age Youth 16-25	Adults 26-59	Older Adults 60+	Spanish	Total
Los Angeles	11	11	18	17	13	4	74
Culver City	3	5	7	12	4	3	34
Total by Group	14	16	25	29	17	7	108

FORMAT. The community forums were organized and conducted in the same manner based on a three-hour or three-hour and fifteen-minute time period. One of the two community forums in each Service Area was conducted on a weekday and the other on a Saturday, and took place either in the morning or in the late afternoon/early evening. Translators were available for mono-lingual speakers of various languages. The agenda at the forums included: 1) A welcome from the Service Area District Chief; 2) An introduction to the MHSA and prevention and early intervention Plan; 3) The results of the LACDMH needs assessment conducted in each area in terms of key indicators, key individual interview findings, and focus group findings; 4) Age- and language-specific breakout group discussions; 5) Key findings from breakout sessions/groups to all participants; and, 6) Final thoughts and acknowledgements from the District Chief and LACDMH staff.

BREAKOUT GROUPS. The age- and language-specific breakout sessions/groups were conducted by facilitators representing LACDMH as a neutral third-party. Each breakout session/group was conducted by a team of two 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 breakout session/group, while another served as scribe and recorded participants' responses on flip charts, which participants could refer to throughout the discussion. The emphasis of the breakout groups was on identifying the top priority populations to be served in the service area and the appropriate strategies for the community.

III. SERVICE AREA 5 SUMMARY

Two community forums were held in Service Area 5 – West. The first was held on October 28, 2008 from 4:00 pm to 7:00 pm at Vista Del Mar Child and Family Services in Los Angeles, and the second one was held on November 1, 2008 from 10:00 am to 1:00 pm at the Radisson Westside in Culver City.

A total of 12 age- and language-specific breakout sessions/groups were conducted in Service Area 5; of them, 10 were age-specific and represented the five CDMH age categories (i.e., two groups were held for each of the five age categories). Two additional language-specific groups were conducted in Spanish. It is important to note that within each of the language-specific breakout groups, participants were asked to prioritize two of the five age categories, as well as to prioritize one priority population under each age category.

Table 2.
Summary of Breakout Groups' Priority Selections
Numbers in parentheses indicate the number of participants in the breakout group and the number of votes

AGE GROUP	PRIORITY POPULATION	PRIORITY STRATEGY
Children 0-5 Years		
October 28, 2008 Los Angeles, CA (11)	1. Children/Youth in Stressed Families (5)	Provide comprehensive mental health and support services for children and their families through childcare development programs
	2. Children/Youth at risk for School Failure (3)	Provide comprehensive mental health support services through childcare/development programs (0-5), paired with in-home support services
November 1, 2008 Culver City, CA (3)	1. Trauma Exposed (2)	Provide universal access to mental health prevention and early intervention support services regardless of ability to pay or priority population
	2. Children/Youth in Stressed Families (1)	Provide universal access to mental health prevention and early intervention support services regardless of ability to pay or priority population
Children 6-15 Years		
October 28, 2008 Los Angeles, CA (11)	1. Children/Youth in Stressed Families (6)	Provide accessible, user-friendly, mental health services, including comprehensive assessments and social supports, for parents and children delivered in partnership with trusted community agencies
	2. Children/Youth at risk for School Failure (3)	Develop school policies and programs that provide ongoing training to school staff, parents, and community partners on violence prevention, comprehensive assessments, and key mental health issues such as substance abuse, adolescent depression, and self-destructive behaviors

AGE GROUP	PRIORITY POPULATION	PRIORITY STRATEGY
November 1, 2008 Culver City, CA (5)	1. Children/Youth in Stressed Families (3)	Co-locate/provide services in community based organizations and develop comprehensive community outreach plans
	2. Children/Youth at risk for School Failure (1)	Services to be guided by parent/youth advisory boards
Transition-Age Youth 16-25 Years		
October 28, 2008 Los Angeles, CA (18)	1. Children/Youth at risk of or experiencing Juvenile Justice Involvement (7)	Provide mental health education to parents, teachers, judges, TAY, etc., on the following topics: Prodromal symptoms, physiology, the impact of substance abuse on the brain, and PEI resources in the community
	2. Individuals Experiencing Onset of Serious Psychiatric Illness (6)	Partner with religious leaders, system navigators and high school/community colleges to educate teachers, police officers, judges, clinicians, social workers, and service providers on: mental health, mental Illnesses, PEI services, HIPPA and FERPA, prodromal symptoms of mental illnesses, etc.
November 1, 2008 Culver City, CA (7)	1. Children/Youth in Stressed Families (3)	Increase interagency collaboration and community safety net
	2. Children/Youth at risk of or experiencing Juvenile Justice Involvement (2)	Change the way agencies and systems work with youth, including empowering youth in decision-making that impacts their lives, using a rehabilitative versus punitive approach, and creating trusting and safe spaces for youth
Adults 26-59 Years		
October 28, 2008 Los Angeles, CA (17)	1. Individuals Experiencing Onset of Psychiatric Illness (10)	Increase training, education, and outreach
	2. Trauma Exposed (4)	Increase training, education, and outreach
November 1, 2008 Culver City, CA (12)	1. Underserved Cultural Populations (5)	Provide community-based education and outreach for mental health services – including campaigns, resource centers, information, and mailers
	2. Trauma Exposed (4)	Outreach and Information – including online, mailers, and resource centers
Older Adults 60+ Years		
October 28, 2008 Los Angeles, CA (13)	1. Trauma Exposed (6)	Provide mental health education via community based-organizations and faith-based organizations
	2. Underserved Cultural Populations (4)	Provide peer or Promotoras models for PEI service provision and/or to assist in accessing services (models would bring services out into the community and help educate older adults, as well as the community at large, about mental health utilizing linguistically and culturally relevant and appropriate strategies/materials)

AGE GROUP	PRIORITY POPULATION	PRIORITY STRATEGY
November 1, 2008 Culver City, CA (4)	1. Individuals Experiencing Onset of Serious Psychiatric Illness (2)	Increase professional clinical staff permanently on-site in community based organizations and senior centers and available after hours and weekends that would provide field based services; psycho-educational counseling groups for bereavement, victims, medical issues, and addictions; and mobile response teams
	2. Trauma Exposed (4) * After tie-break	Increase funding for community programs such as Promotoras type models and peer counselor programs; staff such as psychologists, clinicians, and administrative staff, and for programs targeting seniors at-risk of becoming homeless
Spanish-Speaking Group		
October 28, 2008 Los Angeles, CA (4)	Children-Ages 6-15 (3)	
	1. Underserved Cultural Populations (2)	Provide culturally and linguistically sensitive education/support groups on leadership, advocacy, and child development. Groups to be facilitated by parents at trusted locations such as: schools, parks, and community centers. Groups to be open to everyone regardless of their legal status
	Adults-Ages 26-59 (1)	
	1. Individuals Experiencing Onset of Psychiatric Illness (4)	Outreach and media campaigns on mental health education that utilize basic, sensitive, and common language that is accessible to community via radio, television, libraries, parks, schools, churches, and community centers
November 1, 2008 Culver City, CA (3)	TAY-Ages 16 -25 (2)	
	1. Children/Youth in Stressed Families (2)	DMH to support the "Dream Act" by raising consciousness and organizing parents to support their children who are undocumented and would like to go to college (lobbying through letters, calls, signatures and speaking to political representatives)
	Older Adults-Ages 60+ (1)	
	1. Individuals Experiencing Onset of Serious Psychiatric Illness (2)	Train Promotoras Comunitarias on available mental health services, information, advocacy, and resources for older adults

IV. TOP PRIORITY POPULATIONS SELECTED

After the facilitator introduced all the participants to the goals and focus of the breakout session/group, each participant was asked to vote on one of the six MHSA-identified priority populations. Given the limited PEI resources, LACDMH requested the participants' assistance to identify which populations within a specific age group needs to be a priority for the provision of PEI services and supports. Table 3 shows the top two priority populations selected in each age category in Service Area 5.

In Table 3, each priority population selected by an age-specific breakout group is indicated by a check mark (✓). A denotation of "S" in the table indicates the priorities specified by the Spanish-language breakout sessions/groups.

Table 3.
Top Two Priority Populations by Age Group

Priority Populations	Children, 0 to 5	Children, 6 to 15	Transition-Age Youth, 16 to 25	Adults, 26 to 59	Older Adults, 60+
Underserved Cultural Populations		S		✓	✓
Individuals Experiencing Onset Of Serious Psychiatric Illness			✓	✓S	✓S
Children And Youth In Stressed Families	✓✓	✓✓	✓S		
Trauma-Exposed	✓			✓✓	✓✓
Children And Youth At Risk For School Failure	✓	✓✓			
Children And Youth At Risk Of Or Experiencing Juvenile Justice Involvement			✓✓		

The two sessions/groups representing Children 0 to 5 selected Children and youth in stressed families, Trauma-exposed and Children and youth at-risk for school failure. The two sessions/groups representing Children 6 to 15 selected Children and youth in stressed families, and Children and youth at-risk for school failure as their top priorities. The two sessions/groups representing Transition-Age Youth (16-25) selected Individuals experiencing onset of serious psychiatric illness, Children and youth in stressed families, and Children and youth at-risk of or experiencing juvenile justice involvement as their top priority populations.

The two sessions/groups representing Adults (26-59) voted Underserved cultural populations, Individuals experiencing onset of serious psychiatric illness, and Trauma-exposed individuals as their top priority populations. Similarly, participants

in the two sessions/groups representing Older Adults (60 plus) chose these same three priority populations: Underserved cultural populations, Individuals experiencing onset of serious psychiatric illness, and Trauma-exposed individuals.

Voting by participants attending the Spanish-language sessions/groups identified the following priorities: Children 6-15 (Underserved cultural populations); Transition-Age Youth 16-25 (Children and youth in stressed families); Adults 26-59 (Individuals experiencing onset of serious psychiatric illness); and Older Adults 60+ (Individuals experiencing onset of serious psychiatric illness).

V. AGE GROUP RECOMMENDATIONS

The recommendations that emerged from the top priority populations selected in the breakout sessions/groups are presented below. Once each group had selected the top priority populations, they were asked to drill deeper and list the sub-populations that fell under each priority population.

Participants also were asked to identify strategies for addressing the mental health needs of the priority populations selected. At the end of the discussion, the strategies were consolidated and each participant was given an opportunity to vote for one strategy under each priority population. This section presents the top two to three strategies that emerged from those discussions as well as the sub-populations cited for each population by age group.

CHILDREN, 0-5 YEARS

PRIORITY POPULATIONS. Two breakout sessions/groups representing Children 0 to 5 were conducted, and two Spanish-language breakout groups selected Children 0 to 5 as a priority age category. Table 4 shows how many groups and the total number of participants in the groups who voted for the top priority populations representing Children 0 to 5. In order to show the relative weight among the priority populations selected, the table includes the percentage of votes each priority population received in relation to the total number of participants across the groups representing each priority population.

Table 4. Percentage of Participants Who Selected the Top Priority Populations for Children, 0 to 5

Top Priority Populations Selected	# of Groups	# Votes Received	Total # of Participants	Percentage of Votes Received
Children And Youth In Stressed Families	2	6	14	43%
Trauma-Exposed	1	1	3	33%
Children And Youth At Risk For School Failure	1	3	11	27%

SUB-POPULATIONS. Table 5 displays how participants defined the sub-populations for Children and youth in stressed families, Trauma-exposed, and Children and youth at risk of school failure.

Table 5. Priority Population Sub-populations: Children, 0 to 5

Priority Populations	Sub-populations	
	Group 1 (N=11)	Group 2 (N=3)
Children and Youth in Stressed Families	• Children who are homeless or lack access to other basic needs such as medical care. • Children placed in foster homes and/or removed from their homes. • Children/families dealing with special needs (i.e., developmental or physical abilities, including siblings affected by special needs). • Children living in homes in which a family member is mentally ill or abusing substances. • Children whose parents work multiple jobs and/or are absent. • Children of teen mothers. • Pregnant women who do not care for the fetus. • Children/families living in unsafe community environments.	• Children whose families are socioeconomically disadvantaged. • Children from underserved cultural populations. • Premature children and their mothers who may not bond with each other. • Children whose parents are in denial of their child's mental illness. • Children with a family member in the juvenile justice system. • Children with a parent in the military/war. • Children in families with drug abuse in the household. • Children whose parents have very little time to spend with them. • Children not thriving socially or emotionally, having no sense of security.
Priority Populations	Group 2 (N=3)	
Trauma-exposed	• Child abuse victims, including neglect and emotional abuse, with no attachment to a caring adult. • Children experiencing violence or abuse in the home or community. • Children in families who have experienced loss (i.e., divorce, death, war). • Pregnant mothers in stressful situations causing trauma exposure to the fetus; particularly immigrants and those experiencing domestic violence. • Children whose parent or family member has unaddressed mental health issues. • Children of immigrants experiencing socioeconomic stressors, discrimination, and a lack of access to resources. • Child in families experiencing stressful intergenerational cultural norms between parents and children in immigrant families. • Children with undiagnosed intense developmental delays or severe mental health issues, and parents unable to cope or interact with their child.	

Priority Populations	Group 1 (N=11)
Children and Youth at risk for School Failure	• Pre-school aged children exhibiting disruptive behavior. • Children/families experiencing a lack of access to affordable/high quality childcare and development services. • Children/families dealing with special needs (i.e., developmental or physical abilities, including siblings affected by special needs). • Children in families with a history of mental illness and/or substance abuse. • Children who may be above class level of other students (e.g., advanced students whereby schools are ill equipped to meet the needs of individual child). • Children who lack access to basic needs such as housing or medical care. • Children in families where parents are literally or emotionally unavailable. • Children who are at risk for attachment disorder. • Pregnant women who do not care for their unborn child(ren) in uterus. • Children/families living in unsafe community environments.

STRATEGIES. The two to three top strategies selected by the two breakout groups representing Children 0 to 5 are presented in Table 6.

Table 6. Top Strategies by Priority Population: Children, 0 to 5

Priority Populations	Group	Strategy #1	Strategy #2	Strategy #3
Children and Youth in Stressed Families	1 (N=11)	Provide comprehensive mental health and support services for children and their families at childcare/ development programs (n=8).	Not identified.	Not identified.
	2 (N=3)	Provide universal access to mental health prevention and early intervention supports regardless of ability to pay or priority population (n=2).	Increase supports, tools, groups, and community connections for parents (n=1).	N/A
Trauma- exposed	1 (N=3)	Provide universal access to mental health prevention and early intervention support services regardless of ability to pay or priority populations (n=2).	Use a whole family approach to prevention and early intervention services for children 0-5 (n=1).	N/A
Children and Youth at risk for School Failure	2 (N=11)	Provide comprehensive mental health and support services via childcare/ development programs and in-home services (n=8).	Not identified.	Not identified.

CHILDREN, 6 TO 15 YEARS

PRIORITY POPULATIONS. Two breakout sessions/groups were conducted representing Children 6 to 15. In addition, Children 6 to 15 was selected as a priority age category in one of the Spanish-language breakout groups. These three groups representing Children 6 to 15 identified three priority populations.

Table 7 shows the distribution of groups by priority population and the number of participants in the groups who voted for each of the top priority populations representing Children 6 to 15. In order to show the relative weight among the priority populations selected, the table includes the percentage of votes each priority population received in relation to the total number of participants across the groups electing the respective priority populations.

Table 7. Percentage of Participants Who Selected the Top Priority Populations for Children, 6 to 15

Top Priority Populations Selected	# of Groups	# Votes Received	Total # of Participants	Percentage of Votes Received
Children and Youth In Stressed Families	2	9	16	56%
Underserved Cultural Populations	1	2	4	50%
Children At Risk For School Failure	2	4	16	25%

SUB-POPULATIONS. Table 8 displays the sub-populations for Underserved cultural populations, Children and youth in stressed families, and Children at-risk for school failure that were identified by the participants representing Children, 6 to 15.

Table 8. Priority Population Sub-populations: Children, 6 to 15

Priority Populations	Sub-populations	
Priority Populations	Group 1 (N=11)	Group 2 (N=5)
Children and Youth in Stressed Families	• Children in families at risk of or involved in the child welfare system. • Homeless or children in families that are economically distressed. • Children of recent immigrants or whose parents are in different countries. • Children in families with substance abuse and/or untreated mental health issues. • Trauma-exposed children, often due to domestic violence, gang and/or community violence. • Children whose grandparents are their primary caregivers. • Children in families with members involved in substance abuse. • Children in families without support systems and who do not access needed services.	• Children/families experiencing economic crisis, or lacking basic resources. • Children/families experiencing domestic violence, substance abuse. • Immigrant and undocumented children/families. • Children and families of color and/or monolingual speakers; especially African-American boys affected by stigma and discrimination. • Children with learning disabilities and undiagnosed, misdiagnosed, and inappropriately medicated children. • Children in single-parent homes, often lacking support and access to services. • Children/families exposed to community violence (gang and racial violence, drug related violence). • Children in non-traditional families such as LGBTQ couples, grandparents in parenting role. • Children in families with chronic illness.
	Group S (N=4)	
Underserved Cultural Populations	• Homosexual children and youth. • Undocumented children and youth. • Children living in homes with domestic violence. • Children of single mothers; or, children in disintegrated families. • Grandparents raising grandchildren. • Children at risk of school failure due to unidentified special needs.	

Table 8. Priority Population Sub-populations: Children, 6 to 15

Priority Populations	Sub-populations	
	Group 1 (N=11)	Group 2 (N=5)
Children at risk for School Failure	• Children from stressed families (as referenced in list above). • Latchkey children. • Children with undiagnosed mental health issues, learning disabilities, and/or in inappropriate school placements and without adequate support services from the school system. • Children from underserved cultural populations, especially English learners. • Children who transfer often to different schools; or children who are fearful of attending school due to the lack of safety in schools. • Children with unaddressed behavioral problems. • Children who bully and those who are victims of bullying.	• Children with special needs (e.g., autistic children), and/or undiagnosed, misdiagnosed, and inappropriately medicated children. • Children receiving inequitable or inferior education. • Children in immigrant families who may be unaware of services and/or fear seeking services. • African-American teenaged boys. • Substance abusing youth. • Children/families experiencing economic crisis; or, experiencing domestic violence and/or exposure to community violence.

STRATEGIES. The two to three top strategies corresponding to the priority populations listed above and representing five breakout groups advocating for Children 6 to 15 are presented in Table 9.

Table 9. Top Strategies by Priority Population: Children, 6 to 15

Priority Populations	Group	Strategy #1	Strategy #2	Strategy #3
Children and Youth in Stressed Families	1 (N=11)	Provide accessible, user- friendly mental health services including comprehensive assessments and social supports for parents and children delivered in partnership with trusted community agencies (n=5).	Develop family centered services that include peer support and are delivered in homes, schools and community-based organizations (n=2).	Establish community partnerships that provide after school programs offering peer support and tutoring in community settings (n=2).
	2 (N=5)	Co-locate and provide services at community-based organizations, including plans for comprehensive community outreach (n=4).	Integrate mental health services and family assessments in primary care clinics (n=1).	N/A
Underserved Cultural Populations	S (N=4)	Assess students in schools to detect special needs early on (n=2).	Culturally and linguistically sensitive education/support groups on leadership, advocacy, and child development that are facilitated by parents at trusted locations such as schools, parks, and community centers. Groups should be open to everyone regardless of legal status (n=2).	N/A
Children and Youth at risk for School Failure	1 (N=11)	Develop school policies and programs that provide ongoing training to school staff, parents, and community partners on violence prevention, assessments, and key mental health issues such as substance abuse, adolescent depression, and self-destructive behaviors (n=9).	Provide appropriate assessments, mental health services, and peer support in school-based settings (n=1).	Not indicated.
	2 (N=5)	Develop services guided by parent/youth advisory boards (n=2).	Provide comprehensive assessments that include mental health, sleep, diet, exercise, and academics (n=2).	Expand services at primary care clinics to provide mental health and academic support (n=1).

TRANSITION-AGE YOUTH, 16 TO 25 YEARS

PRIORITY POPULATIONS. Two breakout groups were conducted representing Transition-Age Youth. In addition, one Spanish-language breakout group selected Transition-Age Youth as a priority age category. Each of the language-specific breakout groups selected one priority population within each age category (refer back to Table 2 for a visual representation of the breakout group priority population selections).

Table 10 displays the distribution of breakout groups by priority population, as well as the number of participants in the groups who voted for the priority populations most important for Transition-Age Youth. In order to show the relative weight among the priority populations selected, the table includes the percentage of votes each priority population received in relation to the total number of participants across the groups selecting each priority population.

Table 10. Percentage of Participants Who Selected the Top Priority Populations for Transition-Age Youth, 16 to 25

Top Priority Populations Selected	# of Groups	# Votes Received	Total # of Participants	Percentage of Votes Received
Children and Youth In Stressed Families	2	5	10	50%
Children and Youth At Risk of or Experiencing Juvenile Justice Involvement	2	9	25	36%
Individuals Experiencing the Onset of Serious Psychiatric Illness.	1	6	18	33%

SUB-POPULATIONS. Table 11 displays the sub-populations for the three priority populations identified above by participants representing Transition-Age Youth.

Table 11. Priority Population Sub-populations: Transition-Age Youth, 16 to 25

Priority Populations	Sub-populations	
Priority Populations	Group 1 (N=18)	Group 2 (N=7)
Children and Youth in Stressed Families	• Youth in stressed families, such as immigrant families, single parent families, low income communities, and/or mental illness in families. • Transition-age youth at risk of school failure, with truancy, poor academic performance, and/or lack of resources. • Transition aged youth exhibiting aggressive or assaultive behaviors. • Youth with untreated psychotic illness, co-occurring disorders, substance abuse, ADHD, autism spectrum disorders and/or identified or unidentified learning disabilities. • Youth who are bullied or who bully. • Youth who are abused, and/or are in foster care. • Youth who have families with a history of criminal behavior, and/or are exposed to gang and community violence. • Latch-key children with a lack of parental supervision/involvement.	• Youth ages 16-21 years, and those transitioning from high school to college. • Socially isolated youth. • "Out of home" youth, including runaways, foster youth, and youth living with relatives. • Youth who take on parental roles in fractured families. • Youth from monolingual immigrant families that serve as the family's cultural communicator and/or translator. • Youth impacted by stress, such as a family death, economic downturn, and/or community violence.
	Group 2 (N=7)	Group S (N=3)
Children and Youth at risk of or Experiencing Juvenile Justice Involvement	• Youth aged 16-18. • Youth at risk of or engaging in prostitution. • Youth addicted to drugs. • Children/youth who take weapons to school. • Children/youth not attending school, and at-risk for school failure • Youth who use "blog threats" to bully others.	• Undocumented youth who would like to enter college. • School drop outs due to negative peer influence. • Children/youth who ditch school. • Children/youth who use or sell drugs.

Table 11. Priority Population Sub-populations: Transition-Age Youth, 16 to 25

Priority Populations	Sub-populations
	Group 1 (N=18)
Individuals Experiencing the Onset of Serious Psychiatric Illness	• Youth with diagnosed or undiagnosed autistic spectrum disorders, psychotic illnesses, and prodromal symptoms. • Youth who self-mutilate, and/or who have made suicide attempts or gestures. • Emancipated youth, and/or youth without insurance and/or medical accessibility. • Youth with substance abuse issues, and/or a family history of mental illness. • Youth from immigrant families, especially non-English speaking TAY. • Youth who are socially isolated, and/or have a lack of family involvement. • Youth who have been abused sexually or experienced other forms of violence. • Teen parents with open cases with Department of Children and Family Services.

Strategies by Priority Population. The two to three top strategies corresponding to the priority populations listed above and representing four groups advocating for Transition-Age Youth are presented in Table 12.

Table 12. Top Strategies by Priority Population: Transition-Age Youth, 16-25

Priority Populations	Group	Strategy #1	Strategy #2	Strategy #3
Children and Youth in Stressed Families	2 (N=7)	Increase interagency collaboration and community safety net (n=5).	Increase age-appropriate media awareness, education, and training (n=2).	N/A
	S (N=3)	Support the "Dream Act" by raising consciousness and organizing parents to support their children who are undocumented and would like to go to college (i.e., lobbying via letters and calls to political representatives) (n=2).	Support groups and programs for children and youth using drugs; including individual and in-home counseling services provided by specialized counselors (n=1).	N/A
Children and Youth at risk of or Experiencing Juvenile Justice Involvement	1 (N=18)	Provide mental health education to parents, teachers, judges, TAY, etc., on the prodromal symptoms, physiology, impact of substance abuse on the brain, and PEI resources in the community (n=11).	Locate PEI services where TAY go, and create a one-stop TAY center (n=3).	Provide access to PEI services to those who have autism spectrum disorders (n=2).
	2 (N=7)	Change the way agencies and systems work with youth, including empowering youth in decision-making that impacts their lives, using a rehabilitative versus punitive approach, and creating trusting and safe spaces for youth (n=7).	N/A	N/A
Individuals Experiencing the Onset of Serious Psychiatric Illness	1 (N=18)	Educate teachers, police officers, judges, clinicians, social workers, and service providers about mental health/illnesses, and PEI services; including an overview of HIPPA and FERPA, and prodromal symptoms of mental illnesses. Education could be provided via high school and college courses, religious leaders, and systems navigators (n=9).	Locate PEI services where TAY go, and/or create a one-stop TAY center (n=5).	Increase access to PEI services independent of ability to pay or diagnosis of an autism spectrum disorder (n=3).

ADULTS, 26 TO 59 YEARS

PRIORITY POPULATIONS. Two breakout groups were conducted representing Adults. In addition, Adults was selected as a priority age category in one of the Spanish-language breakout groups. These three groups representing Adults 26 to 59 identified three priority populations.

Table 13 shows the distribution of breakout groups by priority population, as well as the number of participants in the groups who voted for the priority populations most important to participants. In order to show the relative weight among the priority populations selected, the table includes the percentage of votes each priority population received in relation to the total number of participants across the groups selecting each priority population.

Table 13. Percentage of Participants Who Selected the Top Priority Populations for Adults, 26 to 59

Top Priority Populations Selected	# of Groups	# Votes Received	Total # of Participants	Percentage of Votes Received
Individuals Experiencing the Onset of Serious Psychiatric Illness	2	14	21	67%
Underserved Cultural Populations	1	5	12	42%
Trauma-Exposed	2	8	29	28%

SUB-POPULATIONS. Table 14 displays the Adult sub-populations for the three priority populations identified above.

Table 14. Priority Population Sub-populations: Adults

Priority Populations	Sub-populations	
	Group 1 (N=17)	Group S (N=4)
Individuals Experiencing the Onset of Serious Psychiatric Illness	• Socially isolated individuals. • Adults in the deaf community. • Women impacted by divorce. • Veterans of all wars. • Adults who are resistant to accessing mental health services due to stigma. • Adults who lose their jobs and/or homes, often due to onset of mental illness. • Individuals re-entering communities from prison or jail. • Adults with alcohol and substance abuse issues.	• Adults/families with income under the poverty guidelines. • Undocumented adults/families at risk of being disintegrated due to deportation. • Mothers with mental illness raising their children.
	Group 2 (N=12)	
Underserved Cultural Populations	• Latinos, Persians, Asian Pacific Islanders, and African-Americans. • Undocumented immigrants (other than Latinos). • Physically and developmentally disabled individuals. • Deaf and hard of hearing community. • Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) individuals. • Medically fragile adults due to physical and mental illnesses (i.e., those with bi-polar disorder, diabetes). • Unemployed adults.	
	Group 1 (N=17)	Group 2 (N=12)
Trauma-Exposed	• Homeless population. • Immigrant population, especially Hispanic males who have suffered significant loss and do not seek mental health service due to cultural stigma. • Victims of domestic violence, community violence, and/or gan violence.	• Homeless, including those finding shelter with friends. • Veterans and “non-service connected” veterans not eligible by VA standards. • Adults who have received HIV/AIDS diagnosis which could lead to depression/suicide. • Deaf and hard-of-hearing adults.

Table 14. Priority Population Sub-populations: Adults

	• Adults in poverty and/or recently impacted by economic down turn. • Adults coming into contact with law enforcement because they are experiencing their first break and are unnecessarily incarcerated. • Victims of natural disasters, such as earthquakes and fires. • Parolees re-entering communities.	• Blind adults or those with severe loss of vision. • Victims of domestic violence. • Medically fragile adults with concurrent physical and mental health disabilities. • Parolees who face stigma and have a difficult time transitioning into community.

Strategies by Priority Population. The two to three top strategies corresponding to the priority populations listed above and representing three groups advocating for Adults are presented in **Table 15**.

Table 15. Top Strategies by Priority Population: Adults, 26-59

Priority Populations	Group	Strategy #1	Strategy #2	Strategy #3
Individuals Experiencing the Onset of Serious Psychiatric Illness	1 (N=17)	Increase training, education, and outreach (n=8).	Expand DMH menu of diagnoses for adults, including prevention and early intervention services and supports (n=2).	Provide more resources and supports during transition from institutions to communities (n=1).
	S (N=4)	Outreach and media campaigns on mental health education using basic, sensitive and common language that is accessible to the community via radio, television, libraries, parks, schools, churches and community centers (n=3).	Reform immigration for parents who have children born in this country with special needs, avoiding family disintegration due to deportation (n=1).	N/A
Underserved Cultural Populations	2 (N=12)	Culturally and linguistically competent community-based education and outreach for mental health services, including campaigns, resource centers, and mailers (5).	Culturally and linguistically competent trainings for professionals (n=5).	Culturally and linguistically competent peer-to-peer education, support, and advocacy (n=2).
Trauma-Exposed	1 (N=17)	Increase training, education, and outreach (n=6).	More effective identification and treatment of trauma (n=4).	Not identified.
	2 (N=12)	Outreach and information strategies that include online tools, mailers, and resource centers (n=5).	Linkages/partnerships with providers including agencies within schools, centers, and homeless services (n=4).	Trainings and education for peers and professionals (n=3).

OLDER ADULTS, 60+ YEARS

PRIORITY POPULATIONS. Two breakout groups were conducted representing Older Adults, aged 60 and above. In addition, Older Adults was selected as a priority age category in one of the Spanish-language breakout groups. These three groups representing Older Adults identified three priority populations.

Table 16 shows the distribution of the three Older Adult breakout groups by priority population as well as the number of participants in the groups who voted for the respective priority populations. In order to show the relative weight among the priority populations selected, the table includes the percentage of votes each priority population received in relation to the total number of participants across the groups selecting each priority population.

Table 16. Percentage of Participants Who Selected the Top Priority Populations for Older Adults, 60 Plus

Top Priority Populations Selected	# of Groups	# Votes Received	Total # of Participants	Percentage of Votes Received
Trauma-exposed	2	10*	17	59%
Individuals experiencing the onset of serious psychiatric illness	2	4	7	57%
Underserved cultural populations	1	4	13	31%

*This priority population initially tied for second place with Underserved cultural populations in Group 2. In a follow-up vote, participants selected it as the second priority population.

SUB-POPULATIONS. Table 17 displays the Older Adult sub-populations for the three priority populations identified above.

Table 17. Priority Population Sub-populations: Older Adults, 60 Plus

Priority Populations	Sub-populations	
	Group 1 (N=13)	Group 2 (N=4)
Trauma-exposed	• Older adults living in low income areas, many of whom experience crime on a daily basis. • Vietnam-era veterans, suffering from PTSD and/or living on the streets. • WWII and Internment Camp survivors. • Iranian and Russian older adults, who have gone through wars and/or prison camps. • Elder abuse victims, especially those receiving in-home, nursing or assisted living type care. • Homeless seniors, traumatized in the streets. • Seniors who have lost a spouse, do not know how or from where to get help, are lacking resources, are depressed, are facing transportation issues and are isolated. • Seniors who have experienced a great deal of change or loss. • Home-bound seniors experiencing a great deal of isolation. • First time users of services, many experience challenges trying to obtain needed services and battle shame and/or stigma associated with seeking help. • Older Adults on the Westside of SA 5; this area has the highest suicide rate in the U.S. among older adults.	• Spanish-speaking older adults exposed to community violence and living in low income communities. • Elder abuse and domestic violence victims, especially those in isolation. • Older adults with alcohol/substance abuse or co-occurring disorders. • Older adults who are unable to communicate their medical needs. • LGBT older adults who are refused services because of their sexual orientation. • Older adults experiencing financial abuse. • Older adults with disabilities. • Older adults lacking knowledge of government services.
	Group 2 (N=4)	Group S (N=3)
Individuals Experiencing the Onset of Serious Psychiatric Illness	• Older adults who live alone. • Seniors with severe depression or experiencing anxiety/depression related to economic crisis. • Older adults with bereavement issues and lack of family support. • Older adults with disabilities.	• Older adults who are neglected by their family members. • Older adults with bi-polar disorder. • Fearful and distrustful older adults due to exposure to community violence and discrimination. • Overweight older adults who lack support services.

Table 17. Priority Population Sub-populations: Older Adults, 60 Plus

	• Seniors lacking access to services due to limited or no insurance and/or transportation. • Seniors who are unaware of available services. • New immigrants who move into California. • Veterans who struggle with depression and medical disabilities and do not want to access VA services.	
	Group 1 (N=13)	
Underserved Cultural Populations	• Asian Pacific Islanders, identified as most underserved ethnic group in SA 5, often working poor who do not meet Medi-Cal eligibility criteria and/or do not qualify for other types of public mental health assistance. • Spanish-speaking older adults. • Monolingual, non-English speaking older adults who are often unaware of available services and distrust providers (particularly in Spanish, Farsi, and Russian speaking communities). • Older adults suffering from mental illnesses that result in economic hardships or vice versa. • Gay, lesbian or transgendered older adults who are stigmatized, come out later in life, and have unique issues. • Older adults in their 70s or 80s experiencing isolation and not accessing services due to lack of knowledge regarding mental health and services available that could meet their needs.	

STRATEGIES. The two to three top strategies corresponding to the priority populations listed above and representing Older Adults are presented in Table 18.

Table 18. Top Strategies by Priority Population: Older Adults, 60 Plus

Priority Populations	Group	Strategy #1	Strategy #2	Strategy #3
Trauma-exposed	1 (N=13)	Provide mental health education via community based-organizations and faith-based organizations (n=6).	Provide peer-to-peer counseling for specific populations such as the homeless, at churches, community centers, or in homes (n=3).	Implement a village model that links seniors to services (n=2).
	2 (N=4)	Increase funding for community-based programs, Promotoras-type models, and peer counselor programs to: hire professionals (psychologists/clinicians) to provide services in community based organizations and senior centers; increase funding to hire administrative staff; and, target seniors who are at risk of becoming homeless (n=3).	Provide education via media campaigns on various topics (including government assistance programs), and provide education and group therapy for victims of violence and older adults with substance and mental health issues (n=1).	N/A
Individuals Experiencing the Onset of Serious Psychiatric Illness	2 (N=4)	Increase on-site professional/clinical staff in community-based organizations and senior centers that are available after hours and weekends. Provide field-based services similar to GENESIS Project, mobile response teams, and psycho-educational counseling groups for bereavement, victims, medical issues, and addictions (n=3).	Increase funding for linguistically and culturally appropriate community-based programs, Promotoras-type programs, and senior peer counseling programs (n=1).	N/A
	S (N=3)	Train Promotoras Comunitarias on available mental health services, information, and resources. Promotoras to work with older adults and be authorized to collect their mail when needed. Promotoras need respect/recognition and psychological support (n=2).	Private in-home counselors to help/support isolated older adults who are struggling with depression (n=1).	N/A

Table 18. Top Strategies by Priority Population: Older Adults, 60 Plus

Priority Populations	Group	Strategy #1	Strategy #2	Strategy #3
Underserved Cultural Populations	1 (N=13)	Use of peer or Promotoras models for PEI service provision to assist older adults in accessing services, and educate and bring services into the community utilizing linguistically and culturally relevant and appropriate strategies/materials (n=12).	Not identified.	Not identified.

VI. RECMMENDATIONS FOR ADDITIONAL NEEDS OR POPULATIONS

At the end of the breakout session, participants were asked to identify any additional needs or populations that were not addressed during the discussion around priority population strategies. The suggestions offered are presented below by age group.

Table 20. Additional Needs or Populations

ADDITIONAL NEEDS OR POPULATIONS	
Children (0 to 5)	• Provide universal access for PEI services, as services for this age group can mitigate problems that cost society in the long run. • Social and emotional development formed in the early years is the foundation for learning and successful relationship building. • Consider that 1 in 4 premature babies is a risk for autism. • Remember that mental illness knows no ethnic or socio-economic barriers.
Children (6 to 15)	• Additional service needs: o Free, high-quality recreational activities. o Available tutoring, technology, art resources. o Services for siblings of children/youth who have mental health problems or are chronically ill. • Address the following: o Bias against screening for sleep issues. o Misdiagnosis and medication of children. • Develop a protocol ensuring coordinated continuum of care for students that transfer to other school districts. • Expand and equip school-based primary care clinics to conduct comprehensive family centered assessments that include mental health. • Consider questions regarding the quality of life and basic needs of families.
Transition Age Youth (16-25)	• Address the following populations: o Services for diagnosed and undiagnosed autism, spectrum, and co-morbid conditions, including depression or anxiety. o Mental health assessments incorporated in substance abuse prevention. • Address the following populations: o Deaf and hard-of-hearing population. o Homeless families with teens. o Runaway teens. o Mothers of children with autism spectrum disorders. o College students with inadequate mental health services on campus. o Gay, lesbian, bisexual, and transgender TAY population. o Non-English speaking groups. o TAY involved in gangs. o TAY with few assets. o Deaf community. o Non-English speaking community.

ADDITIONAL NEEDS OR POPULATIONS	
	o Provide age-appropriate materials in multiple languages.
Adults (26-59)	• Address the following populations: o Substance abusers. o Illiterate. • Address the following additional needs: o Outreach to those not connected. o Employment for the disabled. o Affordable housing. • Consider networking with other Service Areas to reach transient populations.
Older Adults (60 Plus)	• Address the following populations: o Increased remuneration for long-time volunteers working with older adults to combat burnout and retain qualified individuals. o Healthy meals for older adults with low economic status and special diets. o Psycho-educational nutrition courses. o Provide translators at senior centers from the community who are linguistically appropriate and who understand the community (may be volunteers). • Consider issues of discrimination around religion and language differences. Older adults may remain quiet about discrimination because they fear retaliation that may affect their housing status.
Spanish-language Group	• Address the following populations: o Alcoholics and substance abusers. o Underserved cultural populations and undocumented populations. o Homeless. o Individuals with physical disabilities and special needs in general. • Provide early detection of symptoms and interventions for individuals at risk of committing violent crimes, and psychological support/services for former prisoners. • Consider additional services, support, and respect for the older adult population