



Los Angeles County Mental Health Commission

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September 28, 2005

TO: Each Supervisor

FROM: Barry Perrou, Psy.D., Chairman 
Los Angeles County Mental Health Commission

Marvin J. Southard, D.S.W., Director 
Los Angeles County Department of Mental Health

SUBJECT: **RESULTS OF LAST WEEK'S PUBLIC HEARING ON
THE DRAFT COMMUNITY SERVICES AND
SUPPORTS PLAN FOR LOS ANGELES COUNTY**

The Mental Health Services Act (MHSA) requires each County to submit its draft Community Services and Supports plan first to a thirty-day period of public comment, and then to a public hearing, before the plan can be reviewed by the Board of Supervisors and formally submitted to the State for review and approval.

Los Angeles County posted the outline of its consensus plan and proposed budget for public comment on August 9, 2005. Given the size and complexity of Los Angeles County, however, the Commission and the Department did not simply wait for public response to the plan; instead, we joined myriad community based organizations and agencies to implement a very aggressive community engagement process.

Between mid-July, after delegates had reached agreement on the framework for the plan, and September 9, the last day of the thirty-day comment period, we conducted over 200 community engagement sessions involving more than 5,000 people. These meetings were organized and supported by community members, people receiving services, family members, DMH staff, community based providers and many others. These sessions:

- Occurred across all eight Service Areas.
- Engaged people across all four age groups.
- Engaged multiple special populations, including people who are currently homeless, older adults who are homebound, people who are deaf or hearing impaired, parent groups, faith-based groups, probation officers, HIV clinic patients, social workers, people who are gay, lesbian, or transgender, people in the jails and other institutional settings, and many others.
- Included 127 sessions conducted in 13 different languages other than English, including 58 sessions in Spanish only, 19 sessions in Spanish and English, 9 in Korean, 8 in Armenian, 6 in Japanese, 5 in Thai, 4 in Russian, 4 in Tagalog, 3 in mixed language, 2 in Cambodian, 2 in Cantonese, 2 in Farsi, 1 in Mandarin, 1 in American Sign Language, 1 in Hindi, 1 in Urdu, and 1 in Vietnamese.

The public hearing we held on September 20, 2005 was the culmination of this aggressive outreach effort. Over four hundred people attended the public hearing, including 129 people who receive services and family members, ninety-two representatives from community organizations and agencies, and a range of other interested stakeholders, including clergy, representatives from SEIU 660, representatives from Los Angeles County DMH and other County departments, and many others. We offered translation services in six different languages.

One of our objectives for this public hearing was to attract many people who had not yet been engaged in the process; at least 86 people indicated in their small groups that the public hearing was their first meeting; another 191 indicated they had attended only a few meetings on the plan.

Participants in the public hearing had three opportunities to be heard: first, through small group conversations following a brief presentation about the plan; second through individual comment sheets made available to every participant; and third, through public comment during the large group discussion.

We received 57 summary sheets from small group conversations; 90 individual comment forms (including 15 table summary forms that were filled out by individuals); and dozens of public comments during the large group discussion. While we will conduct a more thorough analysis of the public hearing data, together with the data from the community engagement sessions, over the next several weeks, broad themes are already apparent.

The small group discussion summaries revealed overwhelming support for every aspect of the plan. The questions from these small group discussion summaries focused primarily on how questions, including:

- How will the plan address disparities in access to services?
- How will the plan improve outcomes for those most severely in need?
- How will the plan address housing needs?

- How will the plan *really* demonstrate an ongoing commitment to recovery?

Given the large percentage of people who had little or no exposure to the planning process or the plan prior to this hearing, these questions are to be expected. Moreover, such questions suggest agreement on the intention of the plan, focusing instead on whether the plan and the people who will implement it will actually achieve what the plan promises.

The responses in the individual comment sheets reflected a similar pattern. People expressed appreciation for all aspects of the plan, with a number of respondents specifically identifying the following highlights:

- The inclusive process;
- Housing;
- Specific attention to different age groups;
- Core values, including recovery, hope, multicultural access, focus on outcomes;
- Full service partnerships; and
- Co-occurring services.

In response to the question of what could be improved in the plan, the pattern of responses from the individual feedback forms matched the pattern of comments made during the large group discussion at the end of the public hearing. In both contexts people expressed appreciation for the plan and the process, but wanted to know:

- Would they or their family members be included in the plan and eligible for services? Hispanic family members, people who are hearing impaired, people who themselves or their family members have a developmental disability, Asian family members, and many others gave voice to this question.
- How would the plan address the needs of individuals in, transitioning out of, or being diverted from jails?
- How could homeless people and others access the housing options through this plan?
- How could people learn about the plan earlier, and how can they get involved now?
- How will the plan address the particular needs of different ethnic and racial communities—e.g., Native American communities, Hispanic communities, Asian and Pacific Islander communities?
- How will the plan ensure that practitioners are grounded in a commitment to recovery?
- How will we continue the education and outreach process after the plan is submitted?
- How will the plan support the expansion of peer support and self-help groups?

All of these questions are important, and were thoroughly explored by the Countywide workgroups and the delegates in the months of work that produced the consensus draft Community Services and Supports plan.¹

As we have reflected upon the data that emerged from the public hearing and the broader community engagement process, the Mental Health Commission, Department leadership, and the delegates to the Stakeholder process have concluded together that:

- We are on the right track.
- There is broad agreement across multiple communities and stakeholder groups about the directions we are taking in the plan.
- The data from these engagement efforts will be very helpful in the design and implementation phases of our work.
- We are building very effective capacity to engage a broad array of people across the County in dialogue and discernment about mental health issues, capacity that will be essential as we move forward to implement the CSS plan.

We are proud of the work we have done both to craft the Community Services and Supports Plan, and to reach out to a broad cross-section of the Los Angeles County community to take stock of this draft plan. The hard work of implementation now lies ahead. We no doubt will learn much over the coming months as we move to implement the plan, and will of course explore ways to change and improve the plan over time.

We firmly believe that the CSS plan is a profound next step in our efforts to transform the mental health services system in Los Angeles County. We look forward to receiving your questions and inquiries, and ultimately your support, for this crucial work.

BP:MJS:bjj

c: Chief Administrative Officer

¹ Since February 2005 we have conducted almost 90 working sessions on various aspects of the plan, including delegates meetings, countywide workgroup meetings, and ad hoc workgroup meetings. The total number of participants in all sessions for which we have documentation since February 2005, including the working sessions, the community engagement and training sessions analyzed above, and other specialized training and engagement sessions, is over 11,000.