

National Alliance For the Mentally Ill
Moderator: Ramiro Guevara
September 19, 2005
7:00pm EDT.

OPERATOR: Good evening and welcome to today's Star Center conference. At this time, all lines have been placed on a listen-only mode and the floor will be open for questions following today's presentation.

It is now my pleasure to turn the call over to your host, Ramiro Guevara. Ramiro, you may begin.

RAMIRO GUEVARA: Thank you, thank you. My name is Ramiro Guevara. I'd like to welcome everyone to the Star Center teleconference on Outreach to Consumers of Color. This call is scheduled to run about an hour until 8:00 p.m. Eastern Standard time.

We'll do 40 minutes of me asking questions and interviewing our panelists, and then we'll leave 20 minutes for questions from the audience. I'm the Director of the Star Center. The Star Center stands for support, technical assistance and resource center.

We are funded by the Center for Mental Health Services, Substance Abuse, Mental Health Service Administration, U.S. Department of Health and Human Services. The Star Center's mission is to assist consumer operated programs in achieving cultural confidence and providing culturally confident services. We do this with the COPs as well as consumer helper programs.

You can check our Website at www.consumerstar.org. This call, as well as calls that we've had in the past, a transcript, and an audio file can be downloaded. I'm going to start introducing our panelists. Our first speaker is Bill Compton. He is Director of Project Return, the Next Step. He has been the Director since 1994.

His work focuses on empowering people with mental illness through peer support, community involvement, jobs, training and advocacy. As a trainer, he shares his lessons in designing and promoting services run by and/or people with mental illness and communicates core values about recovery, tough up (ph) and quality.

In state and national conferences, Mr. Compton has made presentations on topics such as establishing and enhancing a network of self-helpplugs (ph), running a peer support telephone help line, and incorporating the role of consumer run services into a mental health system. Mr. Compton is a leader in the mental health consumer empowerment movement.

He was recognized as Consumer Advocate of the Year by the International Association of Psycho Social Rehabilitation Services, received the Clifford Beard's (ph) award and the National Mental Health Association's highest honor, and was honored with Eli Lilly Company's reintegration award for his mentorship of people with mental illness.

Our second panelist is Clarissa Netter. She is the Director of Helping Other People To Empowerment, Inc., or HOPE, at Brachen (ph) Center for homeless individuals who have been diagnosed with a mental illness. She has extensive experience in helping consumers obtain access to support services and providing training for key life skills.

Two of the reasons why we picked our panelists is from their perspective as consumers and executive directors, and what the call is going to be about, I'm going to ask questions on what they've done as an organization and what they've done as leaders to meet the needs of communities of color. By the year 2000, almost 50 million people in the U.S. will be ethnically diverse.

Immigration contributes to the growing diversity of the United States. In 1940, 70 percent of immigrants were from Europe. By 1992, the pool of immigrants had changed so that 15 percent came from Europe, 37 percent came from Asia, and 44 percent came from Latin America and the Caribbean.

The U.S. attracts two-thirds of the world's immigration and 85 percent of American immigrants now come from Central and South America. So there is definitely changing demographics and anybody that is providing services, selling, I mean, I think if you look at – look at the (INAUDIBLE) channel, almost every major company now has a commercial on the Spanish language only.

Hopefully today, I guess we're going to start out with Bill and Clarissa. If you could give us like an overview, starting with Bill, of what your organization does and what you do, and then we'll kind of go into the questions.

So Bill, if we can start with you, could you give us an overview of your organization?

BILL COMPTON, DIRECTOR, PROJECT RETURN, THE NEXT STEP: Yes. Project Return was started by the Mental Health Association in Los Angeles County and it was started in 1980, and we changed from Cimarron in 1992. And I have been Director since 1994 and they don't – we were very independent of that mental health association.

They pretty much allow us to do what we want to do as long as it's legal. And we have – we have – right now, we have over 100 self-help clubs located in Los Angeles County. We have a number of them – a number of them, about 12 of them are in Spanish, are Spanish only clubs, while the others are – while the others are English spoken.

We have – we've had – we've also had clubs in another language. We had a club where they – in Korean at one time and we also had a club in Yugoslavia. But the problem – the difficulties with them were when we lost a club eight (ph), we also lost the clubs because we didn't have anybody to facilitate, which has been one of the difficulties.

We have an alarm line, which you can call up any evening from 6:00 to 10:00 and talk about any topic you want to talk about. It's not a crisis line. We do have the capacity to plug into a crisis line if you need a crisis line, but it's basically a line to share your day. It's a friendship line and that's what it's called, a friendship line, and it's English and Spanish.

And we have – if somebody calls up and wants to speak in Spanish, we have people there around the clock speaking Spanish. We also open with the alarm line, it's open on weekends from 10:00 to 10:00 on Saturday and Sunday, and that's when most facilities are closed.

We also are in the IMDs, which are institutions for mental diseases, which are locked facilities and in the Los Angeles County jail as the facilitators in the IMDs and in Los Angeles County jail also speak Spanish as well as English. We're also in the Metropolitan Hospital, which is the state hospital.

That program is called The First Step, Project Return, the First Step, and the primary objective is to move people out of locked facilities back in the community. Our goal is – our goal would be hopefully to have, within my lifetime, no locked facilities for people of mental illness.

And anyway, that's our goal. And hopefully, that will happen some day. Let me see. I think that's pretty much it.

RAMIRO GUEVARA: Bill, just for clarification since the operator interrupted a little bit, so you have 12 Spanish-speaking clubs currently in the Los Angeles area?

BILL COMPTON: Yes.

RAMIRO GUEVARA: Do you have a warn (ph) line which also has someone that speaks Spanish?

BILL COMPTON: Yes.

RAMIRO GUEVARA: That's availability. And then you go into the L.A. County jail?

BILL COMPTON: Yes.

RAMIRO GUEVARA: The Twin Towers, is that what they – oh ...

BILL COMPTON: The Twin Towers, yes. It's called the Los Angeles largest mental health facility and it shouldn't be. It should not be a mental health facility. I mean, it's shameful that our largest mental health facility is the Los Angeles County Jail.

RAMIRO GUEVARA: Yes, I agree. Thanks, I agree. Thank you for that – that quick overview. Clarissa, could you please give us an overview of what you're doing, I believe in Baltimore, right?

CLARISSA NETTER: Yes. We started in 1999 with a core group of consumers. Right now, we provide a place where mental health outreach workers and case managers come together to streamline services. We do a lot of linkage in advocacy in our center. For instance, we provide telephone services, both local and long distance.

We provide showers. We provide laundry facilities. We provide snacks and we also have community groups come in and service the clients from the gas company, from the electric company, teaching them how to live on their own.

We have different agencies that come in, mental health agencies as well as medical agencies that come in and give seminars and talks and training on how to teach the homeless to keep themselves disease free, such as HIV counseling, substance abuse counseling. We provide DRADA groups, which is Depression and Related Affective (ph) Disorders Association. That's a support group.

We also provide book clubs. We have a double trouble group, which is a 12 step substance abuse group. We provide mental health videos, training videos for them twice daily.

We have community support meetings twice daily and we do a lot of activities that include recovery bingo, we do regular bingo and, you know, sort of games and those kinds of things. We have – are doing this – we also honor Mental Health Week and during that week, we have a community health fair.

And we also have what we call a – once a year, we have what we call a family day so the homeless can invite either their family or their friends who are like family to the center to see the kind of progress that they are making.

We also provide a place where they can have their psychiatrists and therapists either come to the center or to call them and be able to reach them instead of them being on the street. And we also provide – there are so many things we do, we give them help because we are a peer for the support group and we give them counseling (INAUDIBLE), so we are trained in first aid and CPR.

We also train to – we just recently had training in anger management so we can help them with their anger problems. We have two HIV counselors that come to the center, and we're a culturally diverse center in that we are lucky in that we are centrally located adjacent to the largest Latino community in Baltimore City, which is (Sales Point), and we do a lot of linkage with a center called the Joseph Center, the St. Joseph Center, and they help – which is within walking distance from our center.

And we help to link the Latino clients to their center, especially the ones that can't speak English. They have interpreters and they help them also to get housing and to get linked at home services and help them to also give psychiatric care. The other linkage that we have, we have a linkage with Johns Hopkins Hospital.

They have a Latino psychiatric clinic where we refer them to where they have Latino psychiatrists and therapists who help them to access the system and get back into treatment. And then also with the Johns Hopkins, we have linkage to the case management services that they have at Johns Hopkins, so they have Latino, at least two Latino case managers and we refer our clients there too.

And at the center, we have at least two workers that they don't have extensive Spanish, but they have enough Spanish that they can speak and be understood. And then we use the clients themselves to speak English and we use a lot of body language right now, because we're just five years old.

And the Spanish have just started coming to us within the last year, and we're building a repoire (ph) with them to let them know that this is a safe place to come where they can lay down their bags and let us help them.

RAMIRO GUEVARA: Thank you, thank you for that. So Clarissa, so yours is like a – like a homeless shelter or a drop-in center?

CLARISSA NETTER: Well, we call it a drop-in center and a resource center. The resource center is the part where the case managers and the outreach workers come there to see their clients, to bring people off the streets and to make sure that they get back into psychiatric treatment.

And make sure that they get into housing or if they need a shelter or they need to get linked up with family and friends and those kinds of things, get clothing, anything, they need transportation, we help them to get in, you know, get transportation and those kinds of things.

RAMIRO GUEVARA: OK. So you're saying in the last year, it's kind of been a recent phenomenon that you started having more Latinos?

CLARISSA NETTER: Yes. We started out with one a couple of years ago, and now the word has spread and we are reaching more. We've had at least 10 to 15 this year come through our center, which is a lot considering we only had one within a year.

RAMIRO GUEVARA: So you've really seen an explosion?

CLARISSA NETTER: Oh, yes, yes.

RAMIRO GUEVARA: Well, both of you are doing wonderful work and I'm really honored to have you both on this call. We're really lucky. So kind of talking about that, I guess we'll jump right into this. You know, as I was listening to you, Bill, and of course, realizing how diverse Los Angeles is and I've listened to you, Clarissa, talk a little bit about the services that you offer.

I guess my first question would be, you know, how do you meet the needs of diverse groups? And by diverse groups, I don't just mean Latinos, but African Americans, Asian Americans, Pacific Islanders, and if you could kind of start with – and I think both of you have already mentioned some things that you're currently doing, and maybe we can – you can go over them and reiterate again.

What things are you doing from an organizational perspective? Let's say I'm an executive director of whatever company and I kind of want to know, you know, I know that demographics of the groups that we're serving is changing and I kind of want to start.

What kind of started this for you, Bill? And then of course, Clarissa, I'll ask you the same thing. What kind of started getting you thinking along this road and what were some of the things that you started to do within your organization to meet the needs of your community?

BILL COMPTON: It's really necessary to – you can't take no diversity, I mean, diversity is there, especially in Los Angeles (INAUDIBLE) diverse city. When I – before when I talked, I forgot our three

centers. We have centers too. We have three centers, one in the Antelope Valley, which is very white. It's in the desert and it's very white.

And one in Long Beach, which is a very – Long Beach, somebody told me one time is one of the most ethnically, purest ethnically diverse communities in the United States, I mean, as far as – and equal and serving in quality of diversity. And then we have one that's in Augustus Hawkins, which is in Compton, California in the Watts area, which is very African American and is becoming – was African American, but is becoming more Latino.

And in fact, in that center, we have employees that speak both English and Spanish. How we got involved with diversity, I think we've always been diverse. One of the founders of Project Return, the Next Step, was Pearl Johnson, who is an African American lady. If you ever met her, you'll never forget her.

She was a very outgoing and very much a really good advocate and she kept things moving with the Department of Mental Health. I mean, she was always there wanting her babies to be taken care of. And her babies were not just her African American babies. I was one of her Caucasian babies and she also had Latino babies, you know, and her people. And we've always had a mix.

Project Return has always had people, Latinos. One of the first people who worked for us was – when we became Project Return, the Next Step, was a Latino man named Gustabo (ph), jeepers, jeepers, my name is going. Anyway, Gustabo (ph), I can't think of his last name right now, but he was here for years and years and years, and we've always had employees, we've always had diverse employees.

When we start the clubs, we go right out in the community and start the clubs. We have regional aids, goes and starts a club in the community, in a neighborhood which can be of any diversity. And we hire people, we find members to take over the club and the members represent the ethnicity of the area. And we go right in there and find people where they are.

We go right to them. We don't wait for them to come to us and many of them get promoted in Project Return. We have -- Project Return has over 100 consumers who work for it. So many of them have started from being members of these clubs out in the – in the community, and they are found.

So we have very much of a diverse mix and we've always had that. And I don't think it's anything new, but it's something that we were hoping to expand on.

We really need more than in a community like L.A. where any of the largest population of Los Angeles ethnic group is Latino. To have only 11 or 12 Latino clubs out of 110 is really a poor representation. Really we need to do better than that.

RAMIRO GUEVARA: Thank you. Thank you, Bill. Clarissa, kind of the same question, what has your organization done to start addressing the needs of consumers of color?

CLARISSA NETTER: Well, in the last year, we have developed a person called an outreach worker, who goes out into the community and what he does is he goes to different community centers and places where people, especially Latino and African Americans congregate to bring them back to the center to make sure that we're reaching the communities that we are in because we are the only drop-in center, resource center like that in Baltimore City.

So he has to go throughout the city, East, West, North and South to access those people who have a mental illness and who are homeless. And I would say that we serve 85 percent African Americans and about 10 percent Caucasians and maybe one percent Asian and Indian.

We mainly use interpreters from either John Hopkins or the St. Joseph Center, or we have an American Indian center close to us too that we use. We haven't yet employed any – we have African American workers and Caucasian workers, but we haven't employed any other ethnic groups in our workplace.

We are looking to get someone from the Latino community because we find that we need, you know, as our Latino congregation is getting bigger, we will need people that can know their culture and know the language. We have made plans, and our goals to do more outreach to the hospitals and that are – the closest hospital to our Latino community is Johns Hopkins.

So we started doing outreach to the in-patient hospitals and to the clinics within that community to bring more diverse people into our center.

RAMIRO GUEVARA: OK, thank you. I find it really interesting because one thing both of you have already said in your own way, however you identify them, is that, I mean, I guess the first thing is you kind of look at your community and see what, you know, the demographics and kind of what you're made up of.

But the second thing it sounds like most importantly is to identify a gatekeeper and start building a presence within these communities. I mean, Bill, you talked a little bit about, you know, identifying someone, and Clarissa, you just, you know, said the same thing, identifying someone that can kind of give you some credibility and kind of give you access to these different communities.

And then using that same person, I think, Bill, you talked a little bit about using that person also, you know, hiring them, bringing them into your organization and that it's, you know, it's really important that they understand, you know, the culture. And Clarissa, as I was listening to you, you mentioned a little bit about that.

And so I think one of the first things is if we were talking to other consumer groups is, you know, look in your community and see what your community is made up of. If your organization doesn't reflect your community, something is awry, something is wrong. You know, like you were saying, Bill, you know, I think L.A. alone, I thought the last time, the last report I heard was 70 percent Latino.

BILL COMPTON: I think it's – last I heard, it was 60 percent, but ...

RAMIRO GUEVARA: 60? OK, maybe I ...

BILL COMPTON: ... it's up there, yes.

RAMIRO GUEVARA: It's up there and so to really look at, you know, my organization and say, OK, this is reflective of it and so that's important. So having outreach, having somebody that can go into these different communities and have credibility, somebody that understands the language and the culture to kind of introduce your organization and then bring them into the pool.

So both of you, have you hired bilingual staff or do you have diverse staff within your organization? Bill, you first?

BILL COMPTON: Oh, yes. It was Gustabo Rodriguez (ph) whose name I couldn't think of. Gustabo Rodriguez (ph) and Pearl Johnson were right at the beginning, you know, and me, the three of us, and we have – right now, we have very much diverse staff and we have a number of people who speak – who speak Spanish besides – I mean, a number of people speak Spanish.

We have a person who speaks Japanese and Mandarin. We have a very diverse staff.

RAMIRO GUEVARA: That's wonderful. That's great, and they're kind of multi-lingual. That's great. And you, Clarissa, you talked about – I don't know if you said you hired bilingual staff as much as you use some of the resources. You've kind of partnered up with some organizations in your community or Asian and what have you. Can you talk a little more about that?

CLARISSA NETTER: Yes. Well, we use a lot of student volunteers from Johns Hopkins School of Public Health and we have – since we've been an organization, we've used Japanese and Chinese volunteers. We

have – on my staff, I have an African American who has two Latino teenagers who come in and do volunteer and they also interpret for us from time to time.

So we're working on getting ourselves more into diversity as we spread ourselves throughout the community.

RAMIRO GUEVARA: Yes. And I cannot over-emphasize how important this is, you know, as – by the way, Bill, I haven't said this, but I knew Pearl Johnson really well and you're right. Once you've met her, you don't forget. But I mean, I can't underestimate the importance of this, you know.

I know as an advocate and someone who has identified myself as a consumer and as a family member, and even at one point, a provider, there were times I remember going into the hospital and you see a janitor interpreting for a doctor and I don't want to put anybody down, but making sure that you have someone that (1) has the expertise and knows the language and can translate well is extremely important.

Or sometimes, a lot of the time, I also saw children being used, which especially for mental health services, really puts them in a weird position. And now that I look at consumer groups, and you know, maybe (INAUDIBLE) and what have you, I find it just as important, when I start looking at kind of overall the consumer movement and what's being offered in self-help.

You know, many times I kind of sat back and if a Latino, I go, you know, does this make sense to me? Does this message resonate with me and my community? And I have to say, in the beginning a lot of the time, it was no. I just kind of didn't really understand self-help, at least for the Latino community, self-help, when I interpreted it, it just really didn't make too much sense.

And even recovery, you know, the people in the Latino community, and I think the African American community as well, tended to use the word, healing, not even recovery, and so it kind of starts becoming like attention in how you meet that.

I guess my second question would be, do you translate your information, your fliers, the things that you have to offer? You know, Bill, starting with you?

BILL COMPTON: Both in Spanish and we have in Japanese too.

RAMIRO GUEVARA: Wonderful, and do you – is that somebody on your staff or is it a service?

BILL COMPTON: We have a person – we have a man who does Mandarin, Japanese, Spanish. He majored in all sorts of foreign languages and he does it mostly, but he always has this – the Spanish brochures, he always passes them.

He meets with a number of other people who speak Spanish because there is different Spanish in different places, and he tries to make the brochures as understandable to the largest group because, you know, there's Spanish is spoken different say in Central and Mexico than it is in Cuba or Puerto Rico or – I mean, there are different idiosyncrasies.

RAMIRO GUEVARA: Yes, you're right. And Clarissa?

CLARISSA NETTER: Yes. I order different types of mental health and homeless brochures in Spanish and make sure that they are available to them. As I said, we make use of the clients that come.

Right now, we have made use of the clients that come there and they're usually – we have at least one who is computer literate and he has – we have what we call the 12 articles of empowerment and those are empowerment creed that we use at our center, and that has been translated into Spanish for us, for the Latino community that we serve in our center.

RAMIRO GUEVARA: OK. So you do – you’ve either hired staff, which is probably, you know, it’s best to have staff that are bilingual, bi-cultural, that can kind of get you to understand, how did you say, idiosyncrasies, Bill, of a different, even ethnic groups, and it is true.

You run into a lot of difficulties once you start, you know, one would assume Spanish is just Spanish, but when you’re looking at the different groups, Puerto Ricans, Cubans, Mexicans, some of the different expressions, it’s really important that you have somebody that can kind of educate you and bring you up to speed on that, or else there is going to be a lot of misunderstanding.

Now, kind of getting into – was there anything, and this is for both of you, we can start with you, Bill. Was there anything that kind of caught you by surprise as you started trying to serve these diverse communities?

Was there anything that kind of caught you off guard, Bill? Or anything that surprised you as you were starting to look at, OK, I’m going to try to make my organization more culturally competent to meet the needs of the people in my community? Was there anything at all?

BILL COMPTON: We’ve had great difficulties in other languages, other than Spanish, and reaching enclaves of – I had a club for Koreans and I had a club for Philipinos and I had a – and I had a club – I said for Yugoslavians before, but it really was Armenians, and in all three instances, we were not successful.

I think there was a lot of – we went into the communities and found people in the communities that could speak the language, but there was a lot of cultural things, there were a lot of cultural barriers, and we are relooking at it because we really want to be able to serve as many diverse groups.

But there is – it was like the Philipino group, the Philipino group, (INAUDIBLE) that a mental health center, they would only – unless they had Philipino food, I don’t know. It never – it never got – it never – we never could get them to – the hardest part was for them to take charge themselves. They kept relying on staff members from the center.

They were very scared that they – at the people we had, they were very scared to take charge themselves. And I think it might have had a lot to do with the family and the fact that there is status in the family, in their own family.

But there are a lot of things that we have to learn more before – I thought we could just, you know, jump in these ethnic communities and expanded like we have in the Latino and African American communities, but there are a lot of cultural differences that we need to learn about to be successful.

RAMIRO GUEVARA: And you, Clarissa? The same question for you, anything kind of catch you by surprise?

CLARISSA NETTER: Well, the same as for me with Bill. There were a lot of surprises and as you were saying earlier about the different languages of Spanish, the Puerto Rican and different cultures that exist within the Latino community.

We haven’t made a campaign of including the Latino community because they have – in (Sales Point), that’s the area where the Latino community is located. They have their own drop-in centers and also, we do what we can to bring the ones with the mental illnesses and who are homeless into the community as best we can.

We only can afford one outreach worker and he goes all around the city, and so we have – he’ll spend a half a day maybe going into this area where the Latinos are and he’ll take or try to hook up with the Latino case manager from Johns Hopkins so that he can have an interpreter. And we, you know, it’s just been a lot of – there’s just a lot to it.

It’s a lot of cultural difference and as Bill was saying, about the different barriers and all that exists with any community, even with myself being African American, even among African American homeless. You

know, we have reached – I’ve had barriers and those kind of things have come up, so we’re, you know, in the learning stage of learning and trying to be as diverse as we can with what we have at our center.

RAMIRO GUEVARA: Yes. Yes, I mean, it is important. I mean, as I kind of – I was thinking, I remember the first time, probably one of the first clinicians to really help me. For a long time, I was totally disengaged from the whole process, from mental – everything, and one of the first clinicians to really kind of connect with me was a woman by the name of Bozaba Kong (ph) and she was from Cambodia.

And I think probably the most – what was so engaging about Bozaba (ph) was that although she wasn’t Latino, obviously, she understood – she understood and respected that I may view and value things differently and she really led me to believe that she respected my culture.

Probably one of the first stories she told me was that she took medication and she had a seizure disorder, but in the Cambodian language, there is no word for seizure. It’s called Mad Pig’s Disease. So, you know, (INAUDIBLE) to walk around and took medication and had this label of Mad Pig’s Disease, so she could understand, you know, the stigma.

You know, we didn’t even really touch on the stigma with each group, you know, some of the ramifications of stigma. She understood that, you know, for me, I think probably one of the most important things was the inclusion of my family, my identity and my sense of connectedness as a Latino to my family was very important.

And if I felt that as an organization or as a provider that someone wasn’t going to respect that, they lost me from the gate. They lost me from the get go. And so I think that, you know, this issue of cultural competency, I mean, this one hour or 40 minute talk, really, we’re going to start opening it up for questions in a minute, really doesn’t do us justice.

It is complex, but it’s very important, but it kind of comes down to taking the time to get to know people, taking the time to get to know. I know, one time I was having a conversation, and California being diverse, someone said, does this mean I have to learn all the different languages and all the different obviously in California, for me to be culturally competent?

I was like, well, if you don’t know, ask, learn to ask people, you know, what is respectful, how can I, you know, best approach this? And look at your material because many times, it’s just, you know, misunderstanding. You know, once again, like I said, I’ve talked to, and this really depends too – something else we didn’t talk about is the cultururation (ph), how long someone has been in this country.

You know, the way you would talk to my grandmother who was from Mexico, versus the way you would talk to me, someone who is acculturated. I know English pretty well. I’m also bilingual, but identify very strong with being a Latino, where I have some cousins who are kind of like the third generation who don’t even speak Spanish.

You know, their idea of Mexican food is Taco Bell, which to me, well, I won’t even comment. But just for our listeners, before we open it up for questions, I just kind of want to give a couple of other Websites and organizations to contact that are doing wonderful work in this arena.

The first one would be the National Asian/American Pacific Islander Mental Health Association or NAAPIMHA (ph). The second would be the National Latino Behavioral Health Association. The third would be the National Leadership Council on African American Behavioral Health. Fourth would be the Native American Mental Health Organization.

Of course, we have the Star Center, NAMI Star Center, and then we have the NAMI Multi-Cultural Action Center.

There is also the National Center for Cultural Competence in Georgetown University, and we'll get the Websites and contact information down, as there is going to be a transcript of this call as well as an audio file, so that you can go to the Website at www.consumerstar.org and get this information down.

Are there any other comments from either one of you before we open this up for questions? Bill or Clarissa, anything that you might want to say left unsaid?

BILL COMPTON: No.

CLARISSA NETTER: No, I don't have anything.

RAMIRO GUEVARA: OK. Operator, can we open it up for questions?

OPERATOR: Certainly, thank you. The floor is now open for questions. If you do have a question at this time, please press star, one, on your touch-tone telephone. Once again to ask a question, it is star, then one, on your telephone keypads. Please note that while asking your question, we do ask that you do lift your handset to provide optimum sound quality. One moment for our first question.

We do have our first question coming from Clint Rayner.

CLINT RAYNER: Good afternoon everybody. I really appreciate you being honest and up front with us.

As someone who is in the process of beginning to open peer-run drop-in centers and clubhouses in this area, what were – and I'd like to hear this both from Bill and also from Clarissa, what were the biggest challenges you had to overcome, first of all, to get the peer – the consumers to get involved, but more importantly, to get the community involved to get these centers opened up?

CLARISSA NETTER: Well, for me, I'm Clarissa. It wasn't very easy to get the communities to open up. What we did at the beginning before – when we had decided which community we wanted to go in, we made an appointment with the community organization and had a meeting with myself, who at the time was President of the Board, and we have a core service agency in Baltimore City called Baltimore Mental Health Systems.

And we had the president and a licensed clinician come to the meeting and to talk about the mentally ill homeless with the community group. In the beginning, they weren't favorable, but they did let us come into the community because in Baltimore, you have to get permission from the community to do anything, from the community group to do anything for any kind of business or anything to the group, so we had to get their approval. And there was a lot of stigma that we encountered while we were doing this.

RAMIRO GUEVARA: Clarissa, how did you get your funding for this?

CLARISSA NETTER: We are funded – our resource center is funded by the Federal Government, HUD, and our drop-in center is funded by the State of Maryland.

RAMIRO GUEVARA: OK, thank you.

CLINT RAYNER: Bill, do you have anything to comment?

BILL COMPTON: Yes. The hardest thing is you need to really have a buy in by the existing mental health community and it's like you need people to become members, you know, and we've gone out into the boards and chairs has been one source of membership, and the other is advertising.

But we really need referrals from mental health providers saying, you know, that we have this self-help club here and, you know, you could really gain by joining. And we've had – we've had times where we've had to really – we've had the problem with stigma in that many professionals don't believe in the value of self-help and many of them don't believe in the fact that we're consumers.

And it's been – what has been really good is that for over 20 years, we've gotten a track record and a really good reputation and people who didn't refer to us 20 years ago refer to us now.

What's been helpful is to keep your name in the public to get involved in committees in your community, in the mental health committees and the mental health committees that are going on and saying, your department of mental health to also speak to classes, go out and speak to classes which are training psychiatrists and social workers. Any place and have a newsletter.

A newsletter has been very important. We have a newsletter that goes out to over 2,000 people. Of course, when we began, it only went out to a few people, but now it goes out to 2,000 people with every issue. That has helped with our legitimacy.

RAMIRO GUEVARA: Thank you. Thank you, Bill. Next question?

OPERATOR: Thank you. We have our next question coming from Gayathri Ramprasad.

GAYATHRI RAMPRASAD: Hi Ray, a fantastic program and I applaud both the guests and just wanted to reiterate the resources that are already available, specifically as it relates to cultural competency in the Asian American and Pacific Islander mental health.

RAMIRO GUEVARA: Thank you, Gayathri. Do you have a question?

GAYATHRI RAMPRASAD: No, just a comment. I just applaud the work that both the guests are doing and as well as yourself, and congratulations and more power to you.

RAMIRO GUEVARA: Thank you.

CLARISSA NETTER: Thank you.

RAMIRO GUEVARA: Next question?

OPERATOR: Thank you. Our next question is coming from Paula Stockdale.

PAULA STOCKDALE: Yes, I would like to applaud your work that is being done. And Bill, I also had the opportunity to work with the late Pearl Johnson. She was a wonderful woman. But my question is, do you at some point come in contact with families? And I was kind of curious, what are the responses?

Are they cooperative? And how much involvement do you have from the families, if any, when it comes to the consumers in which you work with?

BILL COMPTON: We've had an up and down relationship with family. Many of most issues we agree with the families. Of course, there are two families. There are the families of our members, immediate families, and there is a family organization, you know, on NAMI. Then with ...

PAULA STOCKDALE: I guess I'm speaking more of the families of people of color in which you serve.

BILL COMPTON: Well, we've been very successful with the families of people of color. We've been very successful getting to know families of our members. We've gone to meetings in the African American community. We've gone to meetings of family groups in the African American community and many of our referrals come through families.

RAMIRO GUEVARA: Clarissa, would you ...

CLARISSA NETTER: Yes. As I mentioned earlier, we do serve females, males and families. However, we haven't been able to be successful in engaging a lot of families because in Baltimore, there are not many services for families, which is unfortunate.

So we have a hard time trying to reach the families because they tend to be more scattered and to be more into the streets than in the shelters and in transitional houses and those kinds of things. But we do reach out and try to reach families because we have to – we're mandated by the government to reach families and those of color, it has been extremely difficult for us at this time to access them.

BILL COMPTON: I have another comment.

RAMIRO GUEVARA: Yes, go ahead.

BILL COMPTON: Our members, many of our members are doing so well at getting back – at getting their own apartments and getting out of the (INAUDIBLE) and getting jobs and that we've had families contact us and have been really pleased at how their offspring or how their family member, how well they are doing and they have been very complimentary of us.

RAMIRO GUEVARA: And I guess something else I'll take a stab at, something else to consider is typically, when you're talking about consumers of color, has it been important to engage the families? I mean, especially with so many cultures putting such an emphasis on how does my sense of connect adheres (ph) within my community, my place and my family.

Has it been something that has been important and useful to either one of you?

CLARISSA NETTER: Well, for me, it's been absolutely important because that's, you know, all part of them, helping them to transition themselves from their way of life that they've been doing, so we encourage them to – that's why we have family day and we also encourage them through the telephone. That's why we have family day and we also encourage them through the telephone.

That's why we let the clients have long distance calls because, you know, we get clients from out of state or who have parents or family members from out of state that they are connected to and they get connected and they get to send them packages and they get to talk to them and they can send them, you know, money and those kinds of things.

So yes, the family is very important to us at our center. And we encourage all types of communication with them to get back to their families.

PAULA STOCKDALE: I had worked with them, with consumers or the director of a drop-in center in Tennessee and also worked with family members here in Tennessee, and I found that it was easier to get the consumers of color to come out and participate than it was to get the family members themselves.

The consumers were at the drop-in centers in various places where you could get access to them, but when it came to the family members, it was more or less that they sheltered up. They had a little bit more barriers than the consumers did. And I wondered, did you all run into some of the similar things?

RAMIRO GUEVARA: Bill, any comment?

BILL COMPTON: Yes. I haven't really noticed that at all.

RAMIRO GUEVARA: OK, thank you. Next question?

OPERATOR: Thank you. We have our next question coming from Elizabeth.

ELIZABETH ORTICDEVALIN: Thank you and again, congratulations for this discussion. I wanted specifically to ask if being religious or spiritual neutrality one of the main issues of culture, how do you assess those beliefs and how do you incorporate them in the recovery or healing process?

RAMIRO GUEVARA: Either one of you want to take a stab at that?

BILL COMPTON: I don't know if we've – we're pretty much – we have encouraged people – we have encouraged people to believe what they believe, but we also – we do not encourage people to put their beliefs on others. We've been to – I mean, if something works – if something works for somebody, we encourage them to do it.

And they discuss it at meetings, you know, and they discuss it, but we've had – we've had many – we've had people who have had strong religious beliefs and have felt to be like they wanted to convert other people and we've always sort of discouraged that.

RAMIRO GUEVARA: Clarissa, you want to answer that?

CLARISSA NETTER: Well, we do have religious groups that come and bring clothing and bring food and have some type of religious service. However, we tend to stay non-sectarian (ph) in that aspect because we have a diverse group of people that have different beliefs.

We've had, you know, different religious backgrounds, so we don't force that on anybody, but we support them in anything that they – any spiritual aspect that they want to do. If they want to – for instance, if a homeless person passes away and they want to say a prayer at one of our meetings, we will allow them as long as the group agrees for them to do it.

It's usually a consensus among the center. It's very much like a home away from home place, and so we're like family there, so we kind of encourage the clients to, you know, answer their own – for their own peers that they answer, you know, the questions for their own peers and that sort of thing.

RAMIRO GUEVARA: Well, and I kind of want to comment on this a little bit too. I think one of the things that is really important, or I know for me growing up as a Mexican American in this country, my mom's first response – I was diagnosed with a mental illness, we didn't even call it that in my culture. We didn't say mental illness.

As a matter of fact, one of the things she tried to cure me of, I'm trying to interpret it, is a (INAUDIBLE), a fear. The idea was that I had lost my soul. I had experienced a trauma and lost my soul and so it was a very traditional healing. It was kind a bit indigenous and a little bit of (INAUDIBLE) involved in this process, but that's where my family went as far as their spiritual (INAUDIBLE).

Now, you know, if someone in the mental health community had seen what my mom was doing as far as her prayer and this traditional form of healing, they probably would have said she was religiously preoccupied or, you know, that this was somehow a symptom of a mental illness when in fact, it was spiritually the way, you know, in my family history how we dealt with crisis.

And so I think taking those types of things into consideration when we are kind of connecting and trying to engage someone and not belittling that or just right away, writing that off as, well, this must mean that they're sick. Next question?

OPERATOR: Thank you. We have our next question coming from Maria Perez.

MARIA PEREZ: Yes. I believe this question – I want to comment that this is an excellent teleconference. I really enjoyed it. It's a lot of good information. I wanted to comment on including gatekeepers from the community and I guess it was raised and had mentioned it.

One of the obstacles that we experienced here in Harrisburg, Pennsylvania is that when we bring in the community – gatekeepers of the community leaders, because of the arduous amount of meetings they give, it gets into discussing what it is that we want to do.

We tend to lose people in the process and I guess my question would be, how do you make meetings meaningful so that people don't get discouraged early on?

BILL COMPTON: I think that a meeting – a meeting has to – a meeting has to be a forum in which everybody can express their view and I mean, it has to be really truly facilitated. Our gatekeeper said we are not – are not necessarily people who have been gatekeepers in the community before, as they become people who have been in our meetings who show leadership potential, a chance to be a good facilitator.

And a good facilitator will facilitate an interest in meetings by making sure that everybody gets a chance to speak and then nobody really dominates the meeting, that the meeting reflects the group. And if it reflects the group, the people are usually very much interested because everybody likes to be able to express their viewpoint.

It's when meetings go wrong or whatever or go, is when one person starts to dominate the meeting. But our gatekeepers are from the meetings themselves, they're not necessarily a person, a community who has a tremendous reputation or anything like that. It's just a member of the community.

RAMIRO GUEVARA: Clarissa, any comments?

CLARISSA NETTER: Well, what we do is we have – in our center, we have two meetings. We have what we call an informational meeting in the morning where the staff or a guest speaker gives information about what's going on in the community either for that day or the week or the month.

And then we have a second meeting because, of course, we have a drop-in center, so people are coming and going and the second meeting is around 2:00 in the afternoon, after the soup kitchens are closed. And people have usually left us their appointments and things like that, and the 2:00 meeting is for those compliments, comments, any resources that the clients themselves have and it's an open forum where we have a suggestion box in our center.

And we read, is there any suggestion – in the first suggestion box, we read them at that time. And we comment on it as we – at our center, it's very communal and we try to do things in a communal sense and in a family sense to keep people connected.

So these meetings are very important to the clients, especially the 2:00 meeting, so we have the staff facilitate the meetings and they – I think they do a really good job of bringing people out. And again, as Bill said, we try not to let anybody dominate the meeting. We encourage everybody to speak up and talk and be a part of it.

RAMIRO GUEVARA: Thank you. I think we're going to ask you one more question and then we're going to have to close because of time. Do we have one more question?

OPERATOR: Thank you. We do have our final question coming from Angie Ferrari.

ANGIE FERRARI: Yes, hello everyone, my name is Angie. And I am from West Virginia and I want to say thank you both to Bill and Clarissa. This has been a wonderful teleconference and commend you both for the wonderful work that you are doing. And you both are from really large metropolitan areas.

Being from West Virginia, here in West Virginia, we face many barriers as you do with – let's see, ethnicity and cultural competency, but also here, we face different challenges. And as I listen to your words and the words of many of the other people that have had input, I would like to say that being the tri-state, in the Eastern Panhandle, we have a large number of migrant workers because of the large orchard fields up there.

And there is a lot of – a large population of Latino workers and then here, of course, all in West Virginia, there is a blended, wonderfully blended population of all people and I would like to say that, as we all know, mental illness itself has never discriminated.

And as the Director of Consumer Community Affairs for APS Healthcare, part of my position is to go out and to provide information and referrals. Many of the people that I'm speaking about and as a peer, because I am a person that receives (INAUDIBLE) health services, have been in the field as a provider, have been a person receiving services all my life, and so I relate to people as a peer.

The challenges here are quite difficult because the people that live here not only have their own ethnic cultural beliefs, but they have an instilled West Virginia, Bible belt, cultural belief, a language, it's a slang. We don't – we do have (INAUDIBLE), yes, we do, but the people are hard to reach.

The roads are rural and many people live in – we call them hullers (ph) and people want help and they're very hard too get to. I say the people are hard to reach and I network with a lot of organizations, NAMI, the consumer organization, West Virginia Mental Health Consumer Organization, the Planning Council.

I guess my question is to you, in metropolitan areas, you relate to all these wonderful individuals and you bring them in. How can I better serve the people and provide information and referral to those individuals that have the barriers that we are facing despite ethnicity, facing West Virginia barriers? I mean, I'm a – I'm Italian.

You know, I have the barriers as well with my own cultural upbringing, but I was born and raised West Virginian. We've got all of this here and yet, we're trying to do outreach here. And yet, it's very rural. Do you have any suggestions?

With the wonderful work that you are doing and there is such wonderful things going on here in West Virginia, do you have any suggestions that I can take back to all the programs that I work with and network with?

BILL COMPTON: I was – I went to high school in West Virginia, and I know about the isolated, the mountain communities are very isolated in West Virginia. And they – and it's – I could see Project Return, you know, our self-help clubs, I could see them doing them in West Virginia since they sort of reflect the community base that they're in.

One thing about a club, a club can be just three people or it could be 20 people or it could whatever, and it could be done – and it could be done in an area of West Virginia because it would take up – it would take in the culture that exists where it is happening. It's like the meeting is a happening, happening and really reflects the culture of the people around them.

The gas – the price of gas right now, I don't know how economically feasible it would be for us to go up in all these (INAUDIBLE), and the ...

ANGIE FERRARI: Well, there's a large network of peers. There is a large network of peers here.

BILL COMPTON: Well, (INAUDIBLE) training, maybe a contact would be interested in having ...

ANGIE FERRARI: Oh, we all work together. We do have that. We do have that. But breaking through to the different – there are two cultures for breaking through here. One, you know, not just two, ...

RAMIRO GUEVARA: Sorry to interrupt, but we're really running out of time, so Clarissa, did you have any comments on this particular question?

CLARISSA NETTER: The only thing I can say is that here in Maryland, we do have some rural areas where we have drop-in centers on what we call the Eastern Shore, and they make use – what they do is

make use of a lot of volunteers that go from community to community to make sure that people are getting the help that they need.

So the only thing that I can add to that is that if you've got the peers there and the volunteers and the people willing to do it, that's half the battle.

RAMIRO GUEVARA: OK. Well, ...

ANGIE FERRARI: Thank you.

RAMIRO GUEVARA: And thank all of you, thank you to both our panelists, Clarissa and Bill Compton. I really appreciated your time on this call.

And, you know, I guess in summary, you know, building the presence in each community, finding these gatekeepers, making sure that you start hiring diverse staff, making sure your information is translated, or making sure that you have access to people that can help you translate, make sure your organization is kind of reflecting your community and make sure that, you know, you're not only culturally competent, but sensitive.

I think the top five things that usually come up with communities of color are, you know, getting access to this information, whether we're talking about recovery groups or drop-in centers or the formal mental health system, having this information presented in a manner that's respectful, and in the language that you understand, building visibility in these communities.

I mean, I think probably one of the biggest mistakes I see organizations make is they all of a sudden just show up one day without ever really asking or even doing a needs assessment of what these communities are saying they need or want or even areas that need to be focused on that are akin to the needs these communities have identified.

And I think that last question on spirituality is very important of how different cultures deal with trauma and how to identify it and where they go. This has been a wonderful call and once again, thank you, Bill and Clarissa, and I really appreciate it.

And thank you to all our – all the people that have been on this call from around the country. Good night.

CLARISSA NETTER: Good night.

BILL COMPTON: Good night.

OPERATOR: Thank you. This concludes today's teleconference. Please disconnect all lines and have a great day.

END