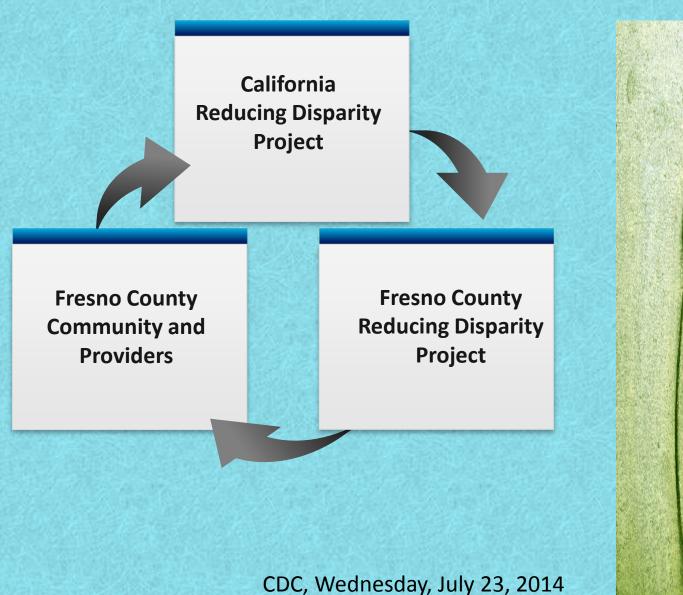
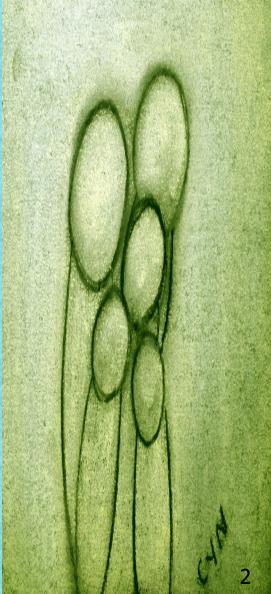
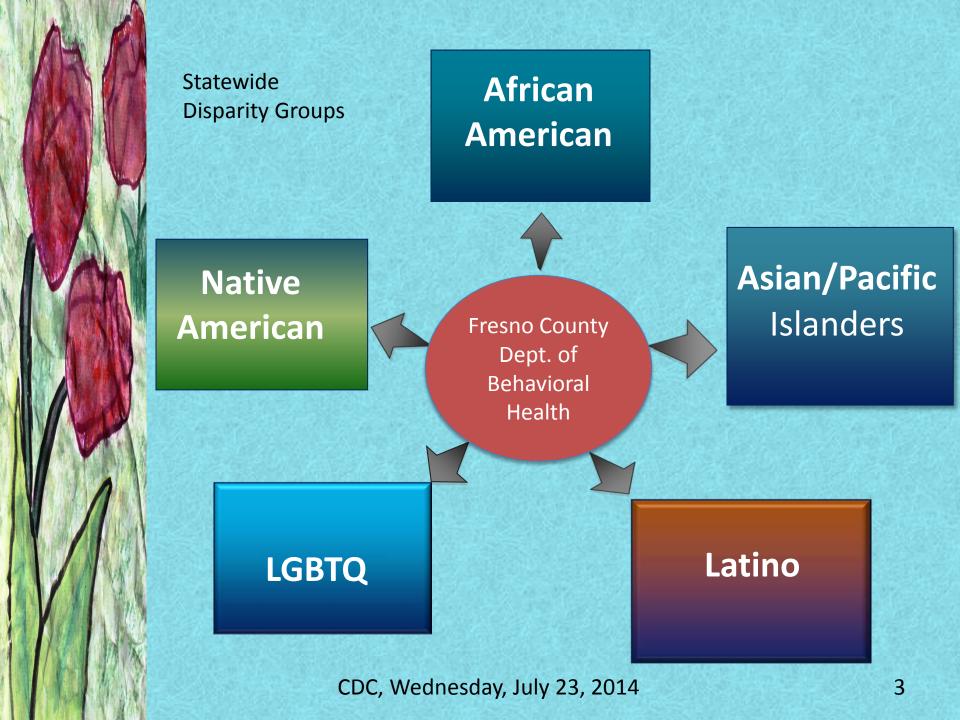
Fresno County Department of Behavioral Health Cultural Diversity Committee

Special CDC Reducing Disparity Presentation

July 23, 2014







Building Capacity

Community
Outreach &
Collaboration

Data Collection

Evaluation

Recommended Strategy Categories



Policy

Service

Treatment

Workforce Diversity

Ger Thao, LCSW, Program Director of the Living Well Program, FCNA

Rev. Sophia DeWitt, Senior Program Manager, FIRM

Community Outreach & Collaboration Strategy #3

CDC will develop multi-tier approaches to promote mental health stigma and discrimination reduction education and disseminate at least two projects of culturally/linguistically (minimum threshold languages) material information by July 31, 2015. CDC and all providers will consider the following A & B methods of community partnership and communication approaches for ensuring adequate outreach efforts to the community that needed most assistance:

- A. Ongoing multi-media culturally/linguistically appropriate MH promotion campaign.
- B. Collaborate with CBOs & co-locate services utilizing the non-traditional outreach efforts to access the underserved communities, where they live and access resources that are familiar to them.

Service: #9

CDC will support the development of culturally & linguistically appropriate mobile MH services available at community settings to reduce cultural & linguistic and transportation barriers for effective screening; increase access and timely linkages/referrals to obtain treatment by December 2015.

Treatment Strategy #10B

CDC to foster and seek to develop culturally/linguistically appropriate treatment modalities in the following manner:

A) Asian culturally competent treatment modalities.

Elda Banuelos, LMFT Latino

Treatment Strategy #10B

CDC to foster and seek to develop culturally/linguistically appropriate treatment modalities in the following manner:

A) Latino culturally competent treatment modalities.

Strategy #11

CDC will support the development of programs such as: MH Career Mentor Program for youth and parents in collaboration with Fresno State University to cultivate interests of diverse youth to pursue careers in the mental health profession by July 2015.

Strategy #12

CDC will develop & institute a strategy specifically to promote, recruit, hire and retain diverse bilingual/bicultural staff at all levels of the Department (management, line staff/clinicians/supervisors, clericals, interpreters, etc.) in behavioral health service by July 30, 2016.

Strategy #13

CDC will support and monitor Mental Health Clinicians and Student Mentorship Supervision Programs by matching clinicians with emerging diverse young adults (in-house entry level & recent college graduates), who are interested in MH professional as careers through both individual and group supervision learning and development by July 2015.

Arrie Smith, Ph.D. African American

Policy#8

CDC will provide support and leadership to underserved communities by establishing an Independent Oversight Commission (Accountability Advisory Committee) comprised of interested cultural group (representing Latino, African American, Asian, LGBTQ, etc.) communities by December 2015 in the following:

- A. The purpose of the Commission is to ensure that culturally/linguistically diverse community issues related to total health and wellness are appropriately addressed using culturally/linguistically appropriate approaches and values by local county residents.
- B. DBH & community providers to support by engaging diverse community and facilitate for successful efforts.

Treatment Strategy #10B

CDC to foster and seek to develop culturally/ linguistically appropriate treatment modalities in the following manner:

A) Establishing a Black Paradigm by supporting Black providers.

Strategy #5

CDC will align resources to identify culturally/linguistically relevant evaluation methods to assess the effectiveness of community-defined/practiced-based behavioral health service funded by Fresno County [e.g., "Cultural Vetting" – develop & implement a due diligence process of "cultural vetting" (examination & evaluation) to determine the utility and effectiveness of programs and services ability and/or capability in working with people of Black heritage. There must be a transparent accountability process to ensure that providers and programs are responsive to the needs of the African American/Black community].

Jeffery Robinson, LMFT, Clinical Supervisor

LGBTQ

Strategy #4

CDC will support for the ongoing collection of disaggregated data with respect to County population diversities [threshold languages (race, ethnicity & age); LGBTQ (adult & youth), & geography], and has collected appropriate data to produce population penetration rates by December 2015. This will ensure availability of data to synthesize mental and physical health disparities & gaps in service, determine milestone provisions and support with resource allocation as necessary.

Strategy #6

CDC will recommend and provider templates for all behavioral health service providers that receive DBH budgeted funds (MHSA and others) to adopt a standardized antidiscrimination policy practice for the inclusion of LGBTQ along with other population groups in its service by July 2015.

Strategy #7 CDC will communicate the need for safe work environments for LGBTQ clients and employees by instituting a stigma reduction committee to promote awareness education pictures (e.g. display posters of interracial/gay/ lesbian family & children in County bathroom stalls & waiting rooms) and make presentations/written materials available for the public (e.g., rep speakers at the County committee meetings, such as the clinical supervisors: distribute brochures & flyers at the waiting rooms as appropriate by the end of July 2015.

Ruben Matelos,
Director of Behavioral Health
Fresno American Indian Health Project

Native American Indian

Strategy #1

CDC will work with providers specific to 'first points of contact' to organize and provide the necessary supports for clients/families to successfully navigate and access services by December 31, 2014 (availability of threshold language/cultural interpreters/staff support at first points of contact). This strategy is monitored by providing quarterly statistical reports on improvement/access at CDC meetings.

Strategy #2

CDC will organize and ensure access to technical assistance and advocacy leadership (i.e., "how to tell your story") to underserved/under-represented community stakeholders, so they have increased education as to how to engage in the decision-making process for the purpose of solutions and sustainability by December 2015.

Presentation Panelists

Arrie Smith, Ph.D.

Elda Banuelos, LMFT

Jeffery Robinson, LMFT, Clinicial Supervisor

Ger Thao, LCSW, FCNA

Rev. Sophia DeWitt, Senior Program Manager, FIRM

Ruby Matelos, Director of Behavior Health, Fresno American Indian Health Project

Questions & Answers

Thank you