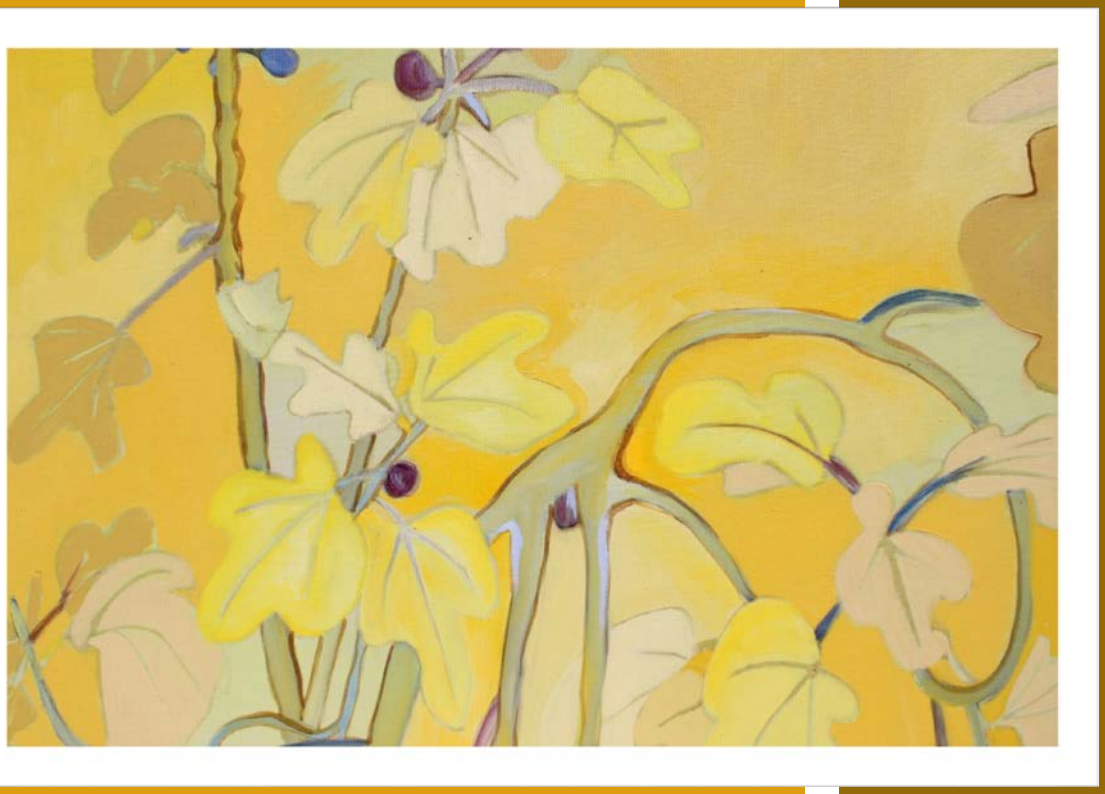

FRESNO COUNTY REDUCING DISPARITY PROJECT (FCRDP)

This report summarizes the community-defined strategies recommended to Fresno County Behavioral Health for consideration in an effort to reduce mental health disparities in Fresno County.

Population Focus Group Summary

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MESSAGE FROM THE CULTURAL DIVERSITY COMMITTEE CHAIR

The Fresno County Reducing Disparity Project (FCRDP) is a local initiative on population focus group reviews of the California Reducing Disparities Project (CRDP). The CRDP represented by five populations Strategic Planning Workgroups (SPW) that conducted needs assessments and recommended the best practice strategies identified to reduce mental health disparities affected the five population groups (e.g. African American, Asian/Pacific Islanders, Latino, LGBTQ and Native American) in California. Thus it is critical that CRDP recommendations be reviewed, modified/expanded upon, and acknowledged/adopted by the local population groups for ensuring accurately reflected the needs of its community and solidified as community-defined solutions applicable to the residents of the Greater Central Valley. As a result, the Cultural Diversity Committee (CDC) facilitated the five population focus group initiatives to obtain input from the local residents and together strategized community-defined solutions within the framework of the CRDP that determined as vital to the Fresno community. Our 48 staff and focus group participants along with the Cultural Diversity Committee (CDC) members have put over 200 hours of work toward the FCRDP effort in 2012 and 2013. This report summarizes the identified strategies and recommended DBH leadership considerations apply to improve the mental health disparities affected by the unserved/underserved populations in Fresno.

The FCRDP is an example of many initiatives in furthering Mental Health Services Act (MHSA) principles and guidelines through CDC work. MHSA derived from Prop 63 to address the unmet behavioral health needs of the unserved, under-served and inappropriately served populations in California. CDC has been working diligently to ensure the integrity of MHSA is incorporated in all business practices throughout the mental health system. CDC's works included, but are not limited to engaging stakeholders in ongoing community collaboration efforts for better access, inclusiveness, equitable care and quality mental health services. The six (6) population focus group meetings generated 27 community-defined best practice evidence-based/practice-based strategies believed viable to reduce mental health disparities in Fresno County. The strategies are used as guidance in setting goals/objectives for the Fresno County Cultural Competence Plan that mandated by MHSA.

As we move forward with healthcare reforms we are hopeful and trust that the identified strategies provide meaningful augmentations for ensuring culturally/linguistically responsive mental health service in Fresno County.

K. Connie Cha, PhD, Diversity Services Coordinator
Chair, Cultural Diversity Committee
MHSA – Administration

ACKNOWLEDGEMENTS

The County's ongoing concerns for mental health disparities affecting the Valley's diverse populations has led the Cultural Diversity Committee to actively participate in all statewide Strategic Planning Workgroup (SPW) stakeholder processes as well as formulated strategies to furthering its recommendations for the best interests of the community. The Fresno County Disparity Project sought to solicit input from local decision-makers and stakeholders for ensuring that SPW captured critical issues worthy of addressing, while engaging individuals in developing appropriate solutions to initiate change where most in needs. This process could not have materialized without the leadership of the Department of Behavioral Health. It is with our utmost gratitude and recognition to honor individuals highly dedicated to mental health disparity reductions on behalf of the County.

Sponsored and Planning Process Team

- Dawan Utecht, Director of Behavioral Health
- Karen Markland, Division Manager
- Connie Cha, Diversity Services Coordinator
- Cultural Diversity Committee
- Kelly Tabay, Quality Improvement Coordinator

Supported by Population Group Co-Facilitators

- Arrie Smith, Community Mental Health Specialist – African American
- Elda Banuelos, LCSW, Mental Health Clinician – Latino
- Emily Cabrera, Grant Coordinator/Centro La Familia – Latino
- Ger Thao, LCSW, Clinical Program Director/FCNA – Asian
- Rev. Sophia DeWitt, Co-Executive Director/FIRM–Faith-based community
- Paula Cha, Co-Executive Director/FIRM-Slavic community
- Annie Xiong, Program Coordinator/Empowerment Institute – Disabilities
- Jenifer Ruiz, MBA, Executive Director/Fresno American Indian Health Project
- Jeffery Robinson, Clinical Supervisor/CCAIR Unit – LBGTQ
- Geoff Smith, Clinical Supervisor/Urgent Care - LBGTQ

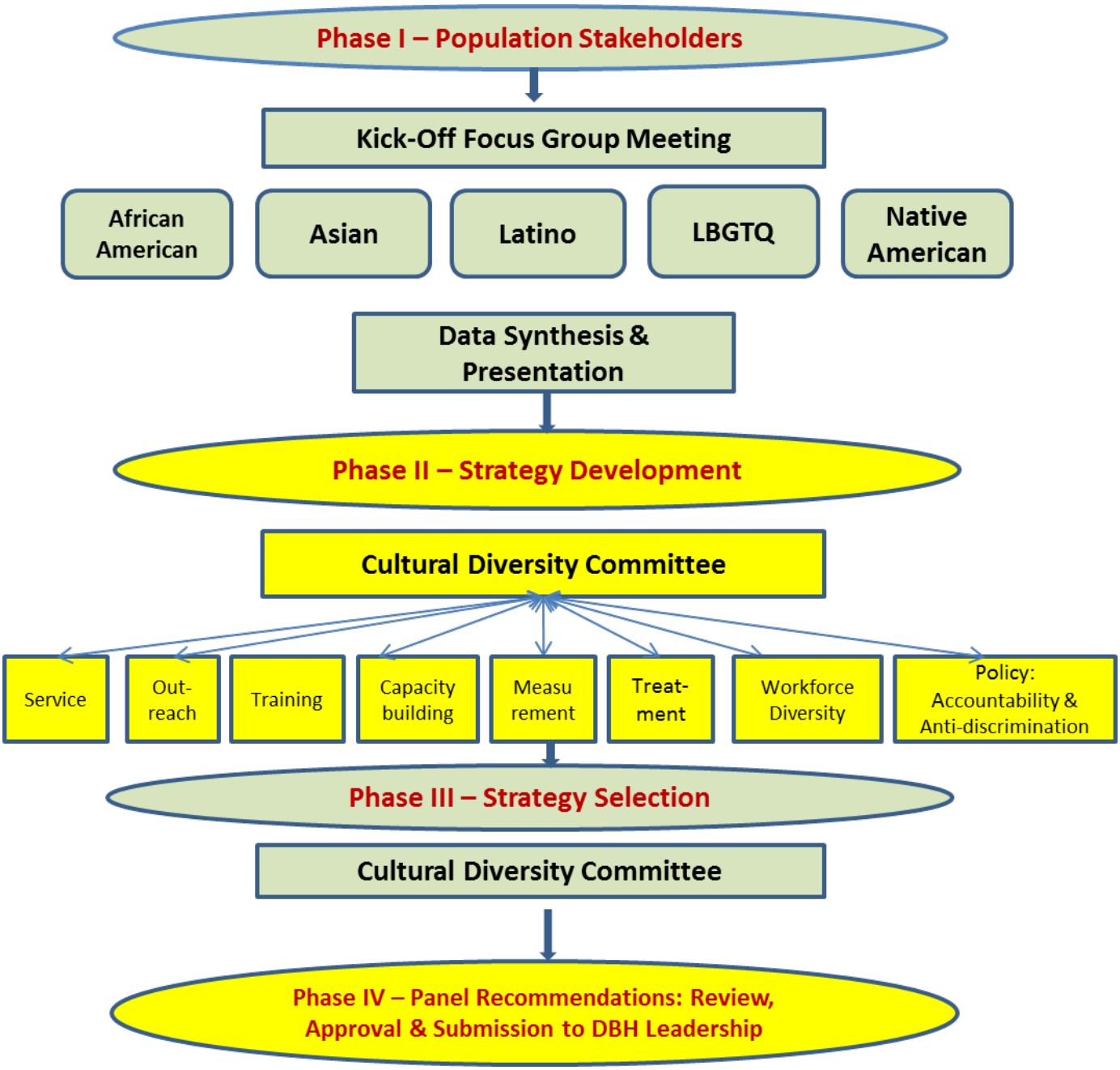
Technical Support Team

- Cathy Charves, Program Technician
- Theresa Hughes, MPA, Secretary IV for MHSA Administration

THE CALIFORNIA REDUCING DISPARITY PROJECT (CRDP)
STRATEGIC PLANNING WORKGROUP (SPW)

The California Reducing Disparity Project (CRDP) is a statewide strategy initiated by the California Department of Mental Health (DMH) in collaboration with the Mental Health Services Oversight and Accountability Commission (MHSOAC) and monitored by the Office of Multicultural Service to increase access and improve the quality of care for racial, ethnic, and cultural communities. The CRDP consisted of seven components: five represented the core studies of the underserved populations; and, six and seven denoted the implementation and oversight administration for ensuring a fruitful project. The CRDP is the first of its kind supported by MHSA under Prevention Early Intervention (PEI) funding streams.

FCRDP PLANNING PROCESS



PHASE I: POPULATION STAKEHOLDER MEETINGS

Focus Group Meetings

Table 1.0: Meeting Dates & Locations

DATE	TYPE	NAME
4/16/2013	Focus Group	Latino Population (Holistic Center)
5/17/2013	Focus Group	Asian/Pacific Islander (Fresno Center for New American)
8/9/2013	Focus Group	LBGTQ (Blue Sky)
8/28/2013	Focus Group	LBGTQ (Blue Sky)
10/14/2013	Focus Group	African American (West Fresno Regional Center)
01/16/2013	Focus Group	Native American (Fresno American Indian Health Project)

Table 2.0: Participants

FULL NAME	AFFILIATION
Juan Garcia	Professor/CSU, Fresno
Liliana Robles	Cultural Broker/FCNA
Elda Banuelos	LCSW/DBH – Adult/Urgent Care
Margarita Escalante	MHC/DBH – Children
Rebbeca Mayon	RN/Kerman Rural/DBH
Connie Cha	Diversity Service Coordinator/DBH
Abel J. Sanchez	Individual
Jamie Camarillo	Individual
Krystal Hilsabeck	Individual
Ruben Tostado	Individual
Victoria Velasquez	Individual
Anthony Cervantes	Individual
Adam Cervantes	Individual
Debbie Bolin	Individual
Ambrosia Riaz	Individual
Jennifer Ruiz	Picayune Rancheria of Chukchansi Indians / FAIHP Executive Director
Paula Davila	Manchester Point Arena Pomo / FAIHP Youth Coordinator
Jackalyn Badoni	Cold Springs Mono / FAIHP Community Coordinator

SUMMARY OF FIVE POPULATION GROUP REPORTS

Table 3.0: Recommended Community-Defined Best Practice Strategies

CATEGORY	RECOMMENDED STRATEGY DESCRIPTIONS
Capacity Building	1) Enhance & expand existing system with appropriate support to ensure clients access to clinics. 2) Accommodate for diverse MHB representation by moving day time meeting schedule to evening for inclusion of individuals interested to serve, but unable due to day time work obligations. 3) Empower underserved communities with the ability to engage in the decision-making process through leadership and advocacy training and technical assistance (community capacity building), so they may find solutions to sustain their own community.
Community Outreach & Collaboration	4) Multi-tier approaches to promote positive MH stigma reduction education and disseminate bilingual material information: A) Ongoing multi-media culturally/linguistically appropriate MH promotion campaign using different methods (TV, radio, social media/marketing, & billboard pictures with the appropriate cultural/art colors, etc.) and settings (primary care providers; billboards; small community group/clan leaders gathering; cultural/health fair festivities, etc.) for a period of 3-5 years with consistent messages to ensure MH language recognition and visual captions are registered in people's mind. B) Collaboration with CBOs and co-locating services (e.g., Schools – Career Day, CSUF CAMP Program, Fresno County Migrant Education Program; CBOs Centro La Familia, HCEQC, CYS, DSS; Business/other (Arriva Valle Central, the SWAP meet & Fulton Mall; and Community Events (Dia de La Familia at the Chafee Zoo, Health Fair, 5 de Mayo celebrations, churches, barber shops, beauty salons, entertainment industry, etc.) Co-location allows disseminating information through the non-

	traditional routes and settings, where people from underserved communities live, access community resources and place of work, etc.) 5) Meaningful engagement of AI/AN people and tribes beyond just a "paper only" for meaningful involvement of the community, more than just paper.
Data Collection	6) Support for mandating collection of disaggregated data with respect to County population diversity (e.g., Latino, Hmong [race, ethnicity, age & geography], including LGBTQ [adult, youth & children]). 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. 7) Support development of culturally/linguistically appropriate outcome objectives to validate financial and technical resources for ensuring efficient evaluation. 8) Technical Assistance to assist providers on how to gather and analyze data relevant to its purpose of service. 9) Redesign intake process, data collection & reporting systems to modify for individualized reporting (by choice fill-in or choose not to respond). 10) The US Census data does not truly reflective of the AI/AN reality and needs to work with its community as well as local updated assessment is available for County use. To referent this point would ensure appropriate usage of information and practice for best reflective of AI/AN community.
Measurement	11) Support resources to identify and develop the necessary scientific tools and/or methodologies relevant to measure and evaluate culturally & linguistically appropriate programs (include stakeholder as knowledge expert panel on

	cultural/linguistic issues). 12) "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. 13) Support for development of culturally/linguistically appropriate outcome objectives to validate financial and technical resources for ensuring efficient evaluation.
Policy	14) Mandate policy for all behavioral health service providers supported by DBH resources to adopt a standardize anti-discriminations policy for the inclusion of LBGTQ with other population groups in its service and business practice activities; 15) Fostering a safe DBH working environment 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. 16) Countywide African American Health Oversight Commission: Commission composed of local county residents from a broad spectrum/representation of people from African ancestry including clients, family members & interested/invested community based residents. The commission to ensure that Black issues related to total health and wellness are appropriately addressed using culturally appropriate approaches and values by local county residents. Annual benchmarks and status reports should be

	generated for county level accountability of appropriate services rendered and the wellness status of residents. 17) Extend invitation and include AI/AN representatives to the MHB that nominated by the community.
Service	18) Supports identified existing best practice models and try to replicate it with other providers, counties and state with similar or high density of underserved populations. 19) Support for the development of cultural competent service models as alternative to mainstream mental health model. 20) 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 treatments. 21) Establish a Black Care Paradigm by supporting Black providers, promote and support the use of interdisciplinary African American network as consultants for integrated health services for "whole persons" care with special emphasis on young children, youth and older adults. Adopt a culture based approach for service delivery (PEI) which recognizes the "nature of the person" and the "nature of the environment" are inextricably connected. That both the environment and human beings are cultural phenomena and the cultural rounding and meaning of each person must be culturally understood to fully understand the interactive relationship between persons, health and disease.
Training	22) Required CC 101 foundation on African American, Asian, Latino, LGBTQ (population subject specific to youth, family, adult & older adult & inter-racial LGBTQ) & Native American cultural competence. 23) Train Clinicians on cultural differences in client

		presentation of mental health symptoms to meet medical necessity.
Treatment	24)	Use treatment modalities that the Latino community can relate to.
Workforce Diversity	25)	MH Career Mentor Program for youth and parent to cultivate interests of diverse youth to pursuit career in MH.
	26)	Clinician Mentorship Program to match clinicians with emerging diverse young adults (in-house entry level & recent college graduates) interested in MH professional as careers.
	27)	Solicit to recruit and hire diverse bilingual staff to work for DBH.

REFERENCE

All of the Disparity Reports may be reached at the following link:

http://www.cdph.ca.gov/programs/Pages/CaliforniaReducingDisparitiesProject(CRDP).aspx

African American SPW: The African American Health Institute of San Bernardino County

Asian/Pacific Islander SPW: Pacific Clinics

Latino SPW: The Regents of the University of California, Davis

LGBTQ SPW: Equality California Institute Mental Health America of Northern California

Native American SPW: The Native American Health Center

CRDP Facilitator/Writer: CA Pan Ethnic Health Network

CA MHSA Multicultural Coalition: Mental Health Association in California/REMHDCO