CRITERION 3

COUNTY MENTAL HEALTH SYSTEM

STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES

I. Identified Unserved/Underserved Target Populations (with Disparities)

The County shall include the following in the CCPR:

- Medi-Cal population
- Community Services Support (CSS) population: Full Service Partnership population.
- Workforce, Education, and Training (WET) population: Targets to grow a multicultural workforce
- Prevention and Early Intervention (PEI) priority populations: These populations are county identified from the six PEI priority populations.

A. List identified target populations, with disparities, within each of the above selected populations (Medi-Cal, CSS, WET, and PEI priority populations).

1. From the above identified PEI priority population(s) with disparities, describe the process and rationale the county used to identify and target the population(s) (with disparities).

Based on the information described in Criterion 2 the identified populations with disparities include youth, older adults, Hispanic/Latino, Asian/Pacific Islanders, Native Americans, and members of the Deaf community.

The population analysis in Criterion 2 showed that youth and older adults are underserved in the Medi-Cal and 200% of poverty population. Hispanic and Asian/Pacific Islander groups showed disparities in the Medi-cal population and the 200% of poverty populations and were noted in the CSS Plan as underserved groups with disparities.

The County CSS Plan population assessment also showed the high Unmet Need for youth and older adults. Services to older adults have shown some improvements but disparities between older adults and other age groups served are still present. Youth have been underserved and existing disparities have increased as the population has grown and the number of youth served has decreased. An analysis of Full Service Partnership Program participants showed disparities in the adult FSP consumers served for Hispanic/Latinos, Asian/Pacific Islanders, and Native Americans groups. In the youth FSP population disparities

were reversed for the Caucasian and Hispanic/Latino groups. Asian/Pacific Islander youth were underrepresented in the youth FSP program. The older adults showed less disparity between the Caucasian and Hispanic/Latino groups reflecting a pattern similar to the County older adult population. The Black/African American, Asian/Pacific Islander and Native American groups are underrepresented in the older adult program compared to their proportion in the population.

II. Identified Disparities (within the target populations)

The County shall include the following in the CCPR:

A. List disparities from the above identified populations with disparities (within Medi-Cal, CSS, WET, and PEI's priority/targeted population).

Identified populations with disparities include youth, older adults, Hispanic/Latino, Asian/Pacific Islanders, Native Americans, and members of the Deaf community.

III. Identified Strategies/Objectives/Actions/Timelines

The County shall include the following in the CCPR:

A. List the strategies identified in CSS, WET, and PEI plans, for reducing the disparities identified.

The Department strategies for reducing the identified disparities were established during the CSS planning process and outline in the Outreach and Engagement Plan included in the CSS Plan. The Outreach and Engagement strategies are included in each of the programs proposed by Riverside County for MHSA.

The populations to be served under the Outreach and Engagement plan include children, transitional age youth, adults, and older adults with serious mental illness or serious emotional disturbances and their families. Individuals may also have co-occurring substance abuse disorders. Outreach and Engagement activities occur across the County and will target the unserved population identified.

B. List the strategies identified for each targeted area as noted in Criterion 2 in the following sections:

<u>Outreach and Engagement (All ages)</u> (total served annually 600 +)

1. Network of Care
2. Informational/Educational Materials

3. Outreach efforts of Jails, Juvenile Hall, Probation, Hospital
4. Outreach to Gay/Lesbian, Bisexual, Transgender Organizations
5. Outreach to Deaf, Hard of Hearing Community
6. Women's Policy Council Champions Project
7. Outreach Coordinator
8. Networking with Organizations who predominantly work with Ethnic Populations including; Indian Health, Faith Based Organizations, Community Organizations (Hispanic), Public Health Clinics
9. Community Events
10. Recruitment, Training, and Practice Change
11. Ethnic members on Boards and Committee's
12. Advisory Committee
13. Identification of Target Areas
14. Monitoring Progress
15. Law Enforcement Collaborative

Prevention and Early Intervention Strategies (PEI)

All of the seven PEI work plans focus on unserved and underserved cultural populations. This was a focus throughout the community planning process and was highlighted clearly in the PEI Plan. There are programs within the PEI Plan that specifically target unserved and underserved populations. Attachment #48 provides the latest updated on the initial implementation of PEI Programs.

The programs listed below address the target priority populations identified through the community planning process.

Priority Population: Underserved Cultural Populations

- **Outreach Activities** – Three RCDMH outreach and engagement staff provide community outreach and engagement activities targeting those populations that are currently receiving little or no service to increase awareness and knowledge of mental health and mental health resources, such as PEI programs, and increase community readiness to address mental health issues and eliminate stigma associated with mental health issues.

- **Ethnic and Cultural Community Leaders in a Collaborative Effort** – Throughout the community planning process, stakeholders indicated the need for mental health awareness education specifically tailored for unserved and

underserved cultural populations. Input from the community focused on ensuring that individuals providing the mental health awareness information reflect the culture of the communities receiving the information. RCDMH will continue relationships with Ethnic and Cultural Community Leaders from ethnic and cultural populations within local communities in order to identify key community leaders and to build a network of individuals from these communities to promote mental health information and the use of PEI services. The Ethnic and Cultural Community Leaders represent the following populations: African American; Native American; Asian American/Pacific Islander; Deaf/Hard of Hearing; and LGBTQ. The Ethnic and Cultural Community Leaders will assist RCDMH in coordinating an advisory group for the population they represent that will be inclusive of key community leaders, community based providers and faith based organizations.

Each advisory group will work to develop culturally and linguistically appropriate mental health education and awareness materials, which will provide information on mental health, mental illness, and available mental health services. They will also assist the Department in developing culturally appropriate mechanisms to provide mental health related information to the community. In order to achieve this, RCDMH will work with the Ethnic and Cultural Community Leaders to provide mental health educational groups for key leaders within the community. The community leaders will then reach out into their local communities and provide culturally and linguistically appropriate mental health informational meetings for community members.

These activities will ensure that there is increased knowledge within communities about mental health related information and services as well as reduced stigma related to mental health needs. Because the Ethnic and Cultural Community Leaders come from the community they serve they can address barriers due to linguistic and cultural differences, stigma, and mistrust of the system.

- **Promotores de Salud (Community Health Workers)** – As stated earlier, the community planning process revealed that stakeholders indicated the need for community based education and outreach efforts within local communities. The Promotores de Salud program will address that need within the large number of Hispanic communities in Riverside County. Promotores are health workers who work in, and are from the community they serve. They will provide health and mental health education and support to members of their communities. The Promotores have long standing relationships with people in the communities that they serve and, as a result, individuals from those communities are more likely to trust not only the individual but the information they provide. Promotores reduce the stigma associated with mental health related information and services. Additionally, Promotores provide services within the community, which significantly reduces barriers to access such as transportation and limited resources. Promotores will provide outreach to individuals and families within their communities where individuals feel comfortable and may typically gather.

In addition to specific outreach, programs that have been developed or adapted for specific cultural populations and found to be effective with the identified population(s) were identified and included in the PEI Plan. These include:

Priority Population: Children/Youth in Stressed Families and Underserved Cultural Populations

Parent Management Training (PMT) – PMT uses didactic instruction, modeling, role playing, and home practice to teach parenting skills in encouragement, monitoring, discipline, and problem solving. The PEI Steering Committee identified the Spanish-speaking migrant community of the County as a high priority for parenting programs specifically tailored to their needs and culture. A cultural modification of the PMT Program, developed by Charles Martinez, has been shown effective with this population. The program is a 12- week group intervention with 2 ½ hour sessions (including 1 hour for a meal and social interaction time for families to build social support networks).

Priority Populations: Individuals Experiencing First Onset of Serious Psychiatric Illness and Underserved Cultural Populations

- **Mamás y Bebés (Mothers and Babies):** This is a manualized 12-week mood management course during pregnancy (women who are between 12 to 32 weeks pregnant) with post partum booster sessions at 1, 3, 6, and 12 months post-partum. It is an adapted model from the Depression Prevention Course and Cognitive Behavioral Treatment Manuals. The Manual was designed to address the socio-cultural issues relevant to a low-income, culturally diverse population. The purpose is to teach participants to recognize which thoughts, behaviors, and social contacts have influence on their mood, the effect of mood on health, and the benefits of strengthening maternal-infant bonding. Significant and targeted outreach will be done through the use of the Promotores de Salud (as outlined in the Mental Health Outreach, Awareness and Stigma Reduction Project). The group model appears to be "culturally congruent with the collectivist nature of the Latino culture and can provide mutual support among group members, and decrease stigma associated with mental health problems," (Munoz, et al., 2007). This program has also shown effectiveness with African American women.

- **Cognitive-Behavioral Therapy (CBT) for Depression (with antidepressant medication):** This program was developed for use with low-income Latina women. It uses an adapted format of CBT to address cultural issues associated with the Hispanic culture. There is considerable evidence that CBT, alone or in combination with medication, is effective in the treatment of major depression. The use of Promotores de Salud is a key element in the engagement of the Latina women. Mental Health workers trained through the Promotores de Salud model are from the targeted community and are able to outreach to and engage with the women within the culture of their community. Antidepressant medication is also a component of the program and used in

conjunction the CBT show a decrease in depression and an improvement in overall functioning.

Priority Population: Children/Youth at Risk of School Failure, Children/Youth in Stressed Families, and Underserved Cultural Populations

- **Effective Black Parenting Program (EBPP):** The EBPP was originally developed for parents of African American children aged 2 to 12. Most of its evaluation studies have been conducted with this population. However, since beginning the national dissemination of the program in 1988, the program has been successfully used with teenage African American parents and their babies, and with African American parents of adolescent children. Thus, its widespread usage has been with parents whose children range from 0 to 18. The complete EBPP consists of fourteen 3-hour training sessions and a graduation ceremony. The complete program is usually taught for small groups of parents (8 to 20). A briefer version of the EBPP is also available (a one-day seminar version) which is taught with large numbers of parents (50 to 500). This is a cultural adaptation of the Confident Parenting Program. It includes: culturally specific parenting strategies; general parenting strategies; basic parenting skills taught in a culturally-sensitive manner using African American language expressions and African proverbs; and special program topics such as single parenting and preventing drug abuse. The ideal instructor is an African American with a positive ethnic identification, and with a background in child development, African American studies, behavior modification, and group processes. Upon implementation, the weekly parent group will be facilitated by a clinician who will also offer one-day seminars throughout the year. Identified parents who complete the small group program will be provided training to facilitate one day seminars in their communities. A stipend will be offered to parents who facilitate the one-day seminars. Utilizing parents and community members to facilitate seminars will increase the cultural competency of the program, reduce disparities, and build community assets.

- **Africentric Youth and Family Rites of Passage Program**: This program developed by the MAAT Center for Human and Organizational Enhancement, Inc. of Washington, D.C. is designed for African American male youth between ages 11 and 15. The goal of the MAAT program is empowerment of black adolescents through a nine-month rites of passage program. Youth can be referred from a variety of places including courts, mental health, and schools. The program provides a multi-faceted, therapeutic intervention to 15-member youth groups. The first eight weeks are an orientation for the youth, the parents, and the referring agency personnel. A major component of the program is the afterschool program, held for two hours, three days per week. It offers modules on knowledge and behaviors for living; module topics include manhood development, sexuality, and drugs. Modules on creative arts, math, and science are also offered. After each module is completed, the youth develop topic-related projects, such as the production of culturally oriented T-shirts, anti-

substance abuse buttons, videotapes, and concerts. For effective prevention, all programming activities need to be interesting and pro-social so that youth are engaged and benefit from the resiliency building aspects of the activity. Family and caretaker involvement is stressed in this program. Family enhancement and empowerment buffet dinners are held monthly. The objective of the dinners is to empower adults to advocate on behalf of their children and families and to work toward community improvement. The dinner conveys to parents that they are valued and that the program is hospitable and nurturing. This message is necessary because initially most parents distrust the MAAT Program because of previous negative experiences with human services organizations. Staff demonstrates their caring to parents through ongoing outreach and communication. Another component of the program includes casework and counseling with linkage to needed services. The staff includes a clinical social worker as well as non-professionals who can provide formal, informal, and crisis counseling. Outreach is an essential component to engage the students and families as well as maintain them in the program. Staff outreach via telephone and transportation to and from the program (Harvey et al., 1997).

Priority Population: Trauma-Exposed and Underserved Cultural Populations

- **Cognitive-Behavioral Intervention for Trauma in Schools (CBITS)** – The CBITS Program is a cognitive and behavioral therapy group intervention for reducing children's symptoms of Post Traumatic Stress Disorder (PTSD) and depression caused by exposure to violence that has been used successfully in inner city schools with multicultural populations. CBITS has shown cultural evidence for African American youth. CBITS has three main goals: to reduce symptoms related to trauma, to build resilience, and to increase peer and parent support. CBITS was designed for use in schools, but can also be implemented in a community setting, for children ages 10-14 who have had substantial exposure to violence and who have symptoms of PTSD in the clinical range. Treatment includes group with 5-8 students for 10 sessions along with 1-3 individual sessions, two parent education classes, and a teacher informational meeting.

Priority Populations: Underserved Cultural Populations, Children/Youth in Stressed Families, and Children/Youth at Risk for School Failure

- **Incredible Years – Native American Adaptation (SPIRIT):** Incredible Years is a set of comprehensive, multifaceted, and developmentally based curricula targeting 2-12 year old children, their parents, and teachers. The parent training intervention focuses on strengthening parenting competencies and fostering parents' involvement in children's school experiences to promote children's academic and social skills and reduce delinquent behaviors. The model was developed as a group intervention; however SPIRIT is a culturally-tailored evidence-based practice that was adapted by Dr. Renda Dionne for the

Riverside County American Indian community. The adaptation is a 15 week in-home parenting program for children ages 0-11 years old.

- **Guiding Good Choices (GGC):** GGC is a prevention program that provides parents of children in grades 4 through 8 (9-14 years old) with the knowledge and skills needed to guide their children through early adolescence. It seeks to strengthen and clarify family expectations for behavior, enhance the conditions that promote bonding within the family, and teach skills that allow children to resist drug use successfully. Due to the historical trauma within Native American populations, substance abuse is inextricably linked with the development of depression and major mental illness, including Bi-Polar Disorder and Post Traumatic Stress Disorder. Therefore, a program to address substance abuse prevention is essential in addressing the prevention of mental health problems. This family group intervention is a five-session curriculum that addresses preventing substance abuse in the family, setting clear family expectations regarding drugs and alcohol, avoiding trouble, managing family conflict, and strengthening family bonds. This program can be adapted to be implemented in-home with individual families. Sessions are interactive and skill based, with opportunities for parents to practice new skills and receive feedback, and use video-based vignettes to demonstrate parenting skills.

- **Strengthening Intergenerational/Intercultural Ties in Immigrant Families (SITIF): A Curriculum for Immigrant Families** – This is a selective prevention intervention. The target populations of the SITIF program are immigrant parents and/or caregivers with inadequate parenting skills to effectively discipline and nurture their children. The primary strategies of the three components of the program are: (1) Community Education/Outreach Workshops: these are one-time workshops on effective bi-cultural parenting and family management. The workshops help demystify the stigma associated with parenting classes and mental health issues, provides tips to parents, and are an effective recruitment strategy; (2) Bicultural Parenting Class Series: This is a 10-week, culturally competent, skill-based, interactive, and manualized parenting and family management curriculum to the target parents and/or primary caregivers once a week for 2 hours per week in a group format; (3) Family Support Service Linkage: When parents indicate additional need for mental health and/or other social services, staff provide consultation and linkages to linguistically and culturally competent community service entities. The curriculum has been applied to immigrant parents of various ethnic origins.

The curriculum has various language versions including Chinese and Vietnamese. The intervention uses a team approach with 2 Parent/Family Specialists who are bi-lingual in the language of the immigrant families they work with. They will conduct the parenting curriculum and provide consultation on an as needed basis. The team also works in the capacity of a community organizer to serve as a liaison between the program and the community. They have a good understanding of the local community and immigrant experience and are able to network with people and recruit them to the program. The activities are delivered at locations that are natural congregation places for the immigrant

families such as schools, community service delivery settings, community-based and culturally competent behavioral healthcare center.

Work Force Education and Training (WET)

Cultural Competency and Diversity Education Development Program (RCDMH WET plan Action #6)

Capitalizing on the linguistic skills of our bilingual staff, who often serve as the primary interpreters for our linguistically diverse consumers and their families, RCDMH will develop Interpreter's Training in order to enhance staff's interpretation and translation skills. We will also develop a central, accessible list of bi-lingual and multi-lingual staff in order to create easier access for non-English speaking consumers. Furthermore, Riverside will fund the training of bilingual/Spanish volunteers (preferably consumers or family members) as *Promotores de Salud Mental.* These volunteers will serve as community liaisons and mental health educators. Depending on the success of this program, similar models will be developed to outreach other cultural groups. RCDMH has already offered "Survival Spanish" to staff and will explore its effectiveness.

Professional Licensure Support Program (RCDMH WET plan Action #12)

Greater diversity is seen in our licensed-waivered (Clinical Therapist I) staff: 44% Caucasian/European origin; 27% Latino/Hispanic; and, 9% African-American/Black. We need to continue to support our licensed-waivered staff to become licensed to build the diversity of our workforce.

The development of our licensed-waivered staff to become licensed mental health practitioners is a strategy intended to remedy the shortage of qualified individuals who provide services to consumers with severe mental illness. Supporting our already licensed staff to maintain their status not only maintains a qualified licensed workforce, but also validates professional staff regarding their contribution, thereby increasing their satisfaction and retention.

Public Mental Health Graduate School Internship Program (RCDMH WET plan Action #13)

Increase the diversity of students graduating with professional behavioral science degrees.

Financial Incentives for Workforce Development (RCDMH WET Plan Action #14)

RCDMH has a current 20/20 program. Qualified regular (permanent) full-time employees are permitted to divide their working and training/education hours on

a weekly 20/20 hour basis while continuing to be paid as full-time employees. In return, selected employees agree to a service commitment for a period of time equal to the period they receive financial training assistance. Preference is currently given to bilingual and bicultural candidates in order to better meet the needs of our underserved populations.

IV. Additional Strategies/Objectives/Actions/Timelines and Lessons Learned

Riverside County Department of Mental Health has no additional or new strategies included in CSS, WET, and PEI at this time. Implementation and monitoring of current strategies has been the main focus for the Department.

V. Planning and Monitoring of Identified Strategies/Objectives/Actions/Timelines to Reduce Mental Health Disparities

A. List the strategies/objectives/actions/timelines provided in Section II and IV above and provide the statue of the County's implementation efforts (i.e. timelines, milestones, etc.).

The listed strategies/ goals/ actions identified are presented in the following attachments:

Attachment # 12 LGBTQ Outreach and Engagement

Attachment # 13 Deaf and Hard or Hearing Outreach and Engagement

Attachment # 14 Asian American Outreach and Engagement

Attachment # 15 Native American Outreach and Engagement

Attachment # 16 African American Outreach and Engagement

Attachment # 48 PEI Implementation Report

Attachment # 49 WET Implementation Report

B. Discuss the mechanism(s) the County will have or has in place to measure and monitor the effect of the identified strategies, objectives, actions, and what measures and activates the County uses to monitor the reduction or elimination of disparities.

There are several consumer outcome measures that are cultural specific. The Mental Health Statistical Improvement Program Survey has been developed to give an assessment of consumer satisfaction and contains components that measure cultural competency specifically. There are also instruments such as Penetration/Retention Rates and the Unmet Needs study that give a view of

where our services are being utilized and among which cultures and languages our services are needed.

Riverside County Department of Mental Health Research & Evaluation Unit provides quarterly reports of total of services provided and the profile of client population served by gender, ethnicity, education, primary diagnosis, and other relevant information such as marital status, employment, etc.

The Unmet Need report is another report that provides the estimate of how many of the estimated mentally ill individuals in Riverside County are not receiving mental health services. This report presents the percent of Unmet Need by Ethnicity, by age, by regions, and by programs.

For the Prevention and Early Intervention strategies the RCDMH will coordinate with evidence-based practice model guidelines and fidelity measurements to determine the appropriate outcome measures to be utilized and monitored for this project in order to meet objectives. In addition, demographic information will be collected for each participant in PEI services. The RCDMH Research and Evaluation Unit will work closely with program monitors to track program participants, carefully monitoring increased access by underserved cultural populations.

In efforts to increase access to the underserved populations in Riverside County, RCDMH made concerted outreach to new providers who have knowledge of the specific target communities identified in the PEI plan and who have relationships within these communities. To assist new providers RCDMH will utilize clinical staff members to ensure that training in evidence-based practices is provided to all service providers. The Department will also assist the service providers in implementation of those evidenced based programs. The clinical staff will hold monthly team meetings with all practitioners of a particular model in order to maintain fidelity, provide clinical consultation, and practice skills required for implementation. The staff member will also assist with infrastructure stability at each site by guiding practitioners to maintain all needed materials and environment set-up. This will allow for greater adherence to the often stringent requirements of evidence-based practices as well as provide assistance to smaller organizations when staff turnover impacts service delivery. Consistent training and coordination of needs will be available to all PEI programs within the County system as well as any partner agency delivering PEI programs. By assisting with the development of and continued support for solid infrastructure within small organizations that work in underserved communities, we will help build community capacity and increase access to mental health services for underserved cultural populations thereby reducing disparities.

The Workforce Education strategies are currently in implementation and need to establish an ongoing process to monitoring outcomes of the strategies identified to grow a multicultural workforce, and to develop indicators of success

C. Identify county technical assistance needs.

See identified technical assistance needs presented in Criterion 6.