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**Innovation Work Plan Narrative**

**Date:** 09/03/10

**County:** Santa Clara County

**Work Plan #:** INN-05

**Work Plan Name:** Multi-Cultural Center

**Purpose of Proposed Innovation Project (check all that apply)**

- INCREASE ACCESS TO UNDERSERVED GROUPS
- INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
- PROMOTE INTERAGENCY COLLABORATION
- INCREASE ACCESS TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

The County's community planning processes continually highlight the severe challenges members of ethnic communities face in accessing and utilizing mental health services. Data from the County's CSS plan reveal that there are significant service disparities for individuals of color, especially Latinos and Asians, for all age groups.

Prior to passage of the MHSA, the County had achieved some progress in addressing the problem of underserved ethnic communities through policies aimed at increasing the number of culturally and linguistically competent mental health practitioners providing services to consumers. Then during implementation of the County's CSS plan, the Mental Health Department (MHD) assembled and funded Ethnic and Cultural Community Advisory Committees (ECCACs), which were families members and consumers from the African American, African descent, Chinese, Filipino, Native American, Latino, LGBTQ, Refugee and Vietnamese communities. These groups provided culturally competent outreach and support to ethnic consumers and families.

Despite these efforts, novel and innovative approaches are still needed. Preliminary data used to discern the County's progress on providing mental health services to unserved and underserved populations are inconclusive. Moreover, discussions with partners from ethnic communities reveal that most ethnic communities are unmoved by current mental health outreach and engagement efforts. Among many communities, there remains a strong mistrust of mental health treatment and providers. These seemingly impenetrable barriers are often fueled by severe stigma associated with having a mental illness and discrimination against people affected by mental illness. Unfortunately, often when an individual starts to engage, their fears are reinforced by mental health practices that seem non-welcoming and ineffectual at best; at worst, the services are perceived as counter cultural and not respectful of cultural values, including spiritual beliefs and the importance of family in treatment.

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**Project Description**

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (suggested length - one page)

The aim of this project is to increase access to underserved and inappropriately served ethnic communities, and to increase their access to mental health services.

For the last several years, the County has tried to engage ethnic and cultural communities by working with peer and family partners who were members of those communities (e.g. ECCACs). While they worked collaboratively, each member focused on his or her community. The project will offer multi-cultural services designed and delivered by peer and family partners in one site. This will provide an opportunity for ethnic community groups to collaborate in identifying and initiating multi-cultural approaches to successfully engaging individuals in mental health services, including prevention and early intervention.

The stakeholders and the MHD envision a community center that supports and promotes the health of underserved communities through culturally specific and multi-cultural mental health promotion, prevention and support activities provided by peers, family members, and community members.

The Multi-Cultural Center (MCC) will foster a new governance model grounded in ethnic traditions, synergy and inter-cultural learning stemming from collaboration among multiple ethnic groups, and provide deeper understanding for bridging ethnic cultures and the mental health system. The MCC will offer a welcoming, accessible and safe place where members of all ethnic communities can find a sense of cultural resonance, belonging and support. The MCC will be open to ethnic events and celebrations, creating a natural place for community members to congregate, and where conversations about mental well-being can be inserted and approached within appropriate cultural contexts and languages. Videos and life presentations of testimonials from ethnic community members recovering from mental illness can be shown to de-stigmatize the condition, discuss deep-seated cultural beliefs and reduce fear around using mental health services.

The MCC will support the activities of peer and family partners in the current ECCAC groups; however, the project will support the inclusion of members from all ethnic groups in the County. Significant effort will be made to inform the communities about the MCC's services. Some of these efforts will be a part of the ECCACs approved PEI and CSS strategies. Others will be developed as the communities come together and learn from one another.

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**Governance** – The first step in this project is to assemble an advisory group composed of representatives of ethnic leaders who are passionate about mental well-being in their communities. At this time, the ECCAC governance is modeled after the Way of Council, a Native American tradition. The Way of Council core values of inclusivity, holism, and non-linear and non-hierarchical organization are embodied in the practice of "Talking Circles" where members of groups each have a chance to talk from the heart, learn from their own life experiences and share their personal feelings. The MHD will be challenged to facilitate the development a governance model that facilitates collaboration among many ethnic wisdoms while being compliant with the regulations that the MHD must follow. The advisory group will be a part of the Learning Advisory Committee.

**Services** – Designed by ethnic family members and peer mentors, engagement and support services will be delivered in a community-based, linguistically and culturally appropriate supportive setting. The intention is to make mental health a natural topic of conversation, thus combating severe stigma including internalized oppression. Services will likely include those of traditional healers and practitioners that have been shown to be beneficial and complementary to western methods. Experience has shown that many have tried healing methods from other ethnic groups such as acupuncture, sweat lodges, meditation, and found them to be very beneficial to their well-being. Some current ECCAC and cultural groups have expertise working with different populations such as newly released inmates and veterans. The grouping of services within the same site allows groups to learn from each other's experience and provide services to these special groups in all ethnic languages.

The project is built on the following MHSA general standards:

**Community Collaboration** – The project fosters collaborative leadership and increased collaboration among ethnic communities and with the Mental Health system.

**Cultural Competence** – Implemented by ethnic family members and peer partners, services will be designed by each culture rather than imposing service onto communities from "outsiders." The intended collaboration will allow for continuous learning and ongoing cross-cultural understanding, for the specific purpose of increasing capacity to reduce disparities in access to mental health services and to improve outcomes.

**Client and Family Driven Mental Health System** - Clients and families are the main service providers and service recipients in this project. Together, they will take the lead in administering the MCC, run operations and create community events and activities which emphasize mental well-being. Community events are a great way for community members to disseminate information about mental health and about the Center to the larger communities.

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Wellness, Recovery and Resilience Focus - MCC services will embrace, rely on, and harness the protective factors that are unique and shared among cultures in order to promote services/activities that contribute to mental well-being.

Integrated Service Experience - The project embraces healers and practitioners not traditionally defined as a part of mental health care, and creates a bridge between ethnic communities, ethnic services and the Mental Health system.

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**Contribution to Learning**

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

This project introduces a new mental health practice approach of facilitating cross-cultural collaboration between ethnic communities in one center in order to increase access and engagement and improved quality of life for underserved individuals and their families. For the last several years, the County has tried to engage ethnic and cultural communities by working with peer and family partners who were members of those communities (e.g. ECCACs). While they worked collaboratively, each member focused on his or her community.

The project will offer multi-cultural services designed and delivered by peer and family partners in one site. This will provide an opportunity for ethnic community groups to collaborate in identifying and initiating multi-cultural approaches to successfully engaging individuals in mental health services, including prevention and early intervention. By concentrating ethnic-specific services at one site, the County and each community will be able to discern how different cultures address the day-to-day realities of mental health. Cultures can share their underlying beliefs about the causes of mental illness and find sensitive ways to combat stigma and internalized oppression by observing and documenting how different groups experience mental distress, talk about symptoms, make sense of the disease, and provide relief and healing.

This is a complex project with a broad scope and the exciting challenge of bringing together diverse groups from various different cultures and perspectives. It will require much forethought to set up the right infrastructure to create an effective bridge between cultures and between the various cultures and the MHD. San Bernadino County's Innovation proposal of a Holistic campus is similar in scope and purpose. This is a great opportunity to form a Learning Collaborative, where the counties can share strategies, successes and lessons learned.

At this time, the following learning questions are proposed:

Process Question 1. How do the common core values, governance model and /or leadership principles facilitate the inclusion and authentic collaboration of culturally diverse groups?

Process Question 2. How is the operation design conducive to various cultures coming together for mutual learning and synergistic effectiveness?

Outcome Question 1. How does the Multi-Cultural Center improve ethnic communities

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access to services and quality of services?

Outcome Question 2. How does the Multi-cultural Center impact providers' (ethnic peers and family members) satisfaction level in relation to work setting and quality of services?

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**Timeline**

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length - one page)

Implementation/Completion Dates: NOV 2010 - OCT 2013  
MM/YY - MM/YY

October 2010 – Approval from OAC

October 2010 – November 2010

- Establish Learning Advisory Committee (LAC) to project assessment plan including final success measures, data indicators and reporting infrastructure.
- Finalize project implementation plan.
- Write Request For Proposal

December 2010 - March 2011

- Complete procurement process and hiring of new staff
- Convene initial LAC with project staff. Meetings will occur quarterly.
- Complete a MCC governance model
- Complete an ethnic-grounded service program
- Complete an operations procedure manual
- Establish site

April 2011: Service implementation begins

July 2011 - July 2013: LAC quarterly meetings to review implementation, process and outcome measurements, recommend changes as appropriate

July 2013: Present draft project report with initial feasibility for sustaining, integrating or replicating project services or lessons learned to MHD staff, Mental Health Board and the Stakeholder Leadership Committee.

October 2014

- Complete services
- Complete evaluation by a contracted research provider, and dissemination of a final project report.

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**Project Measurement**

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

For each INN project the Mental Health Department (MHD) will convene a "Learning Advisory Committee (LAC)," which will be formally established after approval by the OAC. The members will serve in an advisory capacity to the project staff for the life of the project. While the membership of each Learning Advisory Committee will be different, all Learning Advisory Committees will include consumers and/or family members, providers, system partners and MHD staff. When appropriate, existing stakeholder groups, committees or task forces will be utilized.

Facilitated and supported by MHD staff, each LAC will perform three critical tasks. First prior to initiating services, the LAC will help staff members refine the project model and finalize process and outcome measures, monitoring tools and reporting infrastructure. This will ensure that stakeholders, the MHD and project staff have clearly defined objectives and measurement tools.

Second, while the project is being implemented, the LAC will meet on a regular basis (e.g. quarterly) to review the project's progress and outcome data. In this role, stakeholders assist staff implement the project by advising on operational issues such as vetting data indicators, problem solving, reviewing reports and connecting clients to other services. The LAC continually assesses the project's progress toward the stated aim, and makes recommendations on how to modify services or activities if objectives (i.e. success measures) are not being achieved. For this project, the LAC will also consist of leaders and representatives of ethnic communities to help guide the development of the MCC, and to help staff resolve inter-cultural differences and tensions.

Third, LAC members assess the project's efficacy, assist in preparing and presenting final reports, and create opportunities for disseminating information, integrating practices or replicating services based on lessons learned. In this role, members help connect the project's contributions to the broader system(s) of care.

Final project reports and recommendations will be provided to system partners, the County's Stakeholder Leadership Committee, the Mental Health Board and the Board of Supervisors.

The following project measures are proposed for each learning question:

Process Question 1. How do the common core values, governance model and /or leadership principles facilitate the inclusion and authentic collaboration of culturally diverse groups?



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Measures: Survey and focus groups of providers on the impact of the governance model on their comfort level in cooperating with other cultural groups, the level of cooperation and the impact of that cooperation on provided services.

Process Question 2. How is the operation design conducive to various cultures coming together for mutual learning and synergistic effectiveness?

Measure: Survey and focus groups of providers on the impact of the Center policies and operations on opportunities for cooperation, spirit of collaboration among providers of diverse ethnic origins, and the impact on clients and quality of services.

Outcome Question 1. How does the Multi-Cultural Center improve ethnic communities access to services and improve quality of services?

Measures: Document number of individual/families visits to the center. Survey visitors with questions on their satisfaction level in relation to the Multi-Cultural Center, the peer providers and the services received. Document number of clients who decided to access clinical mental health services after having visited to the Center.

Outcome Question 2. How does the Multi-Cultural Center impact providers' (ethnic peers and family members) satisfaction level in relation to work setting and quality of services?

Measures: Document number of providers working at the Center. Survey providers on their satisfaction level in relation to work setting (opportunities for empowerment, effectiveness level, etc) and quality of services (appropriateness, accessibility to diverse communities, etc)

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**Leveraging Resources (if applicable)**

Provide a list of resources expected to be leveraged, if applicable.

The MCC will also be the site for the ECCACs, which are currently funded with CSS and PEI funds.