

# **FRESNO COUNTY REDUCING DISPARITY PROJECT (FCRDP)**

This report summarizes the community-defined strategies recommended to Fresno County behavioral health providers' adoption to reduce mental health disparities in Fresno.

***FCRDP  
Recommended  
Strategies***

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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 Fresno Community led the Cultural Diversity Committee to actively participate in all statewide Strategic Planning Workgroup (SPW) stakeholder meetings. The statewide stakeholder process revealed that local people are closer to home and know best what needed to address locally. To this end CDC formulated the Fresno County Reducing Disparity Project (FCRDP) which empowers stakeholders to explore local mental health disparities and develop community-defined strategies most suitable to address the issues identified with the five population groups. Thus FCRDP could not have materialized without the support and leadership of Fresno County 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, PhD, Diversity Services Coordinator
- Cultural Diversity Committee
- Kelly Tabay, LCSW, Quality Improvement Coordinator
- Chao Xiong, Staff Analyst

### **Supported by Population Group Co-Facilitators**

- Arrie Smith, PhD, 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, LMFT, Clinical Supervisor/CCAIR Unit – LBGTO
- Geoff Smith, Clinical Supervisor/Urgent Care - LBGTO

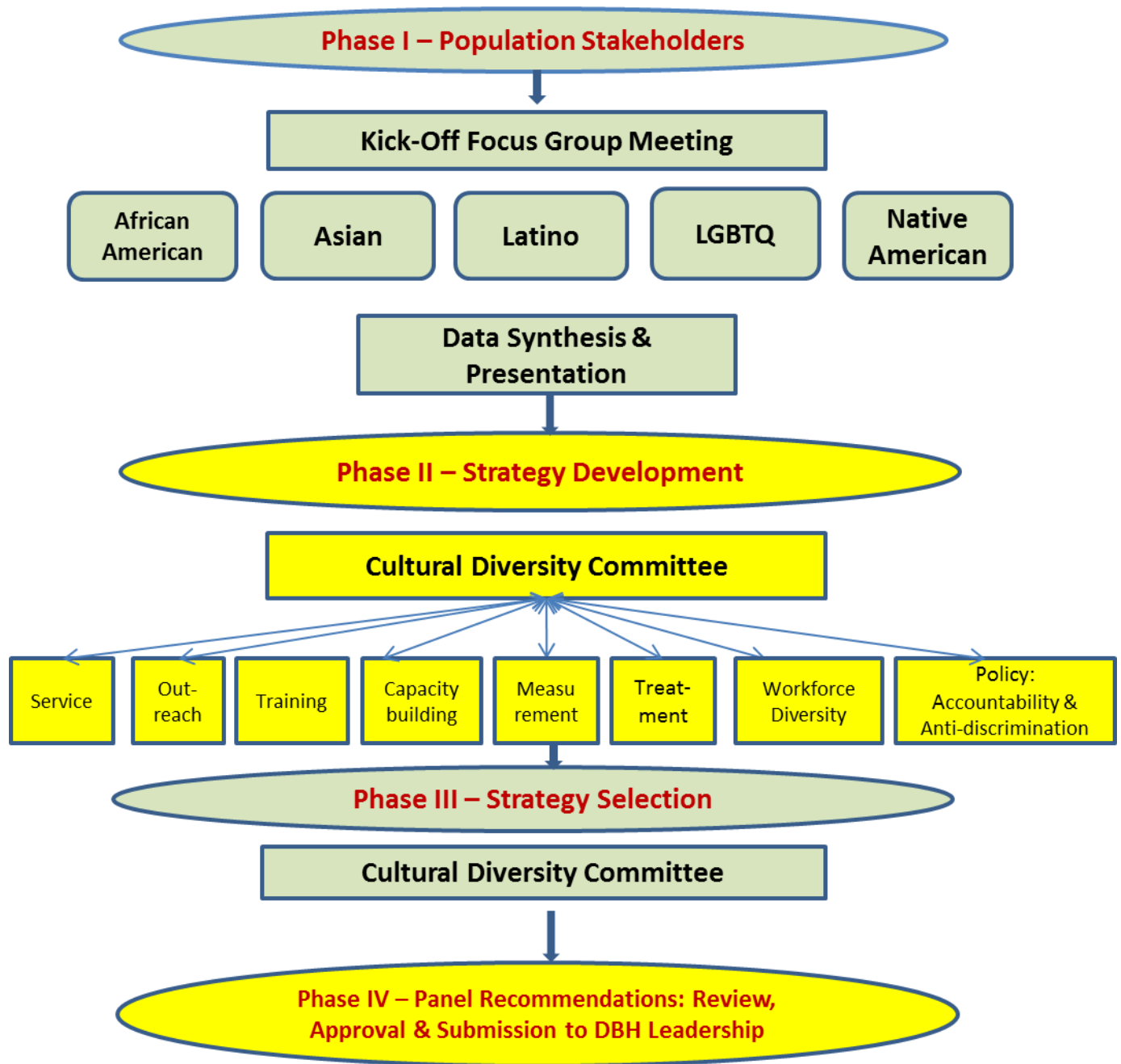
### **Technical Support Team**

- 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 of the project. The CRDP is the first of its kind supported by MHSA under Prevention & Early Intervention (PEI) funding streams.

## FCRDP PLANNING PROCESS



## POPULATION FOCUS GROUP MEETINGS

Table 1.0: Meeting Date & Location

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	LGBTQ (Blue Sky)
8/28/2013	Focus Group	LGBTQ (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: Participant

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
Rebecca 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 RECOMMENDATIONS

### Recommended Community-Defined Best Practice Strategy Objectives

The following objectives are resulted from the Fresno County population focus group reviews of the California Reducing Disparity Project (CRDP). The strategies are recommended to the Fresno County community, providers, clients and families to adopt it as part of its mental health disparity reduction efforts.

### CAPACITY BUILDING

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.
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.

### COMMUNITY OUTREACH & COLLABORATION

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 mental health 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 community partners and co-locating services (e.g., schools, churches, barber/beauty shops, community-based organizations; the SWAP meet & Fulton Mall; and community events. 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.)

## DATA COLLECTION

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.

## EVALUATION

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.]

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

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.

## **POLICY**

8. CDC will provide support and leadership to underserved communities to establish 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. 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.
- B. This Commission will include any subcultural groups that interested to exert themselves in leadership to support Mental Health Plan (MHP) for ensuring its community (s) access to services.
- C. The purpose of the Commission is to ensure that monolingual/culturally/linguistically 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;
- D. CDC and community providers to support by ensuring success of the committee and facilitating access to meeting facility and engage in the Cultural Diversity Committee that is accountable to Fresno County Behavioral Health.

## **SERVICE**

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

## TREATMENT

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

- A) 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.
- B) Use treatment modalities that the Latino, Hmong, etc., can relate to.

## WORKFORCE DIVERSITY

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 pursuit career in the mental health profession by July 2015.

12. CDC will support and provide technical assistance to the Department’s 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.

13. CDC will support the work done by the Department specific to Mental Health Clinicians and Student Mentorship Supervision Programs by matching clinicians with emerging diverse 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.

## REFERENCE

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

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

Asian/Pacific Islander SPW: Pacific Clinics

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

CRDP Facilitator/Writer: CA Pan Ethnic Health Network

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

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