Strategies and Practices for Diverse Populations

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Identify the different community driven cultural specific strategies and programs utilized by the County of San Bernardino.

Learn how community defined practices help reduce stigma and increase access and participation in services.

Gain a greater understanding of how Prevention and Early Intervention programs within San Bernardino County benefit diverse and hard to reach populations.
The Mental Health Services Act (MHSA), Prop 63, was passed by California voters in November 2004 and went into effect in January 2005.

The MHSA provides increased funding for mental health programs across the state.

The MHSA is funded by a 1% tax surcharge on personal income over $1 million per year.

As these taxes are paid, fluctuations impact fiscal projections and available funding.
Per the California Department of Mental Health Vision Statement and Guiding Principles (2005)

To create a culturally competent system that promotes recovery/wellness for adults and older adults with severe mental illness and resiliency for children with serious emotional disorders and their families.
Components of MHSA

- Community Services and Supports (CSS)
- Prevention and Early Intervention (PEI)
- Innovation (INN)
- Workforce Education and Training (WET)
- Capital Facilities and Technological Needs (CFTN)
- Community Program Planning (CPP)
Prevention and Early Intervention (PEI) Component Summary:

- Prevention and Early Intervention program services are intended to implement strategies to prevent mental illness from becoming severe and disabling, emphasizing improvement in timely access to services for underserved populations.
Purpose of PEI

* See Risk/Protective Factors for Mental Emotional and Behavioral Disorders Across the Life Cycle handout
Priority Populations identified in Department of Mental Health Information Notice 07-19 include:

- Underserved Cultural Populations
- Individuals Experiencing Onset of Serious Psychiatric Illness
- Children/Youth in Stressed Families
- Trauma-Exposed
- Children/Youth at Risk for School Failure
- Children and Youth at Risk of Juvenile Justice Involvement
PEI Construct

Stigma and Discrimination Reduction Programs

Outreach for Increasing Recognition of Early Signs of Mental Illness

Access and Linkage to Treatment

Prevention

Early Intervention

Suicide Prevention
Stigma and Discrimination Reduction Programs

- Activities that reduce negative feelings, attitudes, beliefs, perceptions and/or discrimination related to being diagnosed with a mental illness or to seeking mental health services.
- Activities increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families.
- Programs include approaches that are culturally congruent with the value of the populations for whom changes are intended.
Outreach for Increasing Recognition of Early Signs of Mental Illness

- Process of engaging, educating, and/or training potential responders about ways to recognize and respond to early signs of potentially severe and disabling mental illness.
- Individuals who can identify early signs of severe and disabling mental illness to provide support, and/or refer individuals to treatment or other mental health services.
- Outreach may include reaching out to individuals with signs and symptoms of a mental illness, so they can respond to their own symptoms.
Access and Linkage to Treatment

- Process of engaging, related activities to connect children, adults and seniors with severe mental illness as early in the onset as practicable, to medically necessary care and treatment.
- These types of programs can include but are not limited to screening, assessment, referral, telephone help lines, and mobile response.
- Includes targeted access and linkage activities for cultural populations.
Prevention

- A set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors.
- The goal is to improve mental health for individuals/groups whose risk of developing a potentially serious mental illness is greater than average.
- Prevention services may include relapse prevention for individuals in recovery from a serious mental illness and population health prevention services.
Early Intervention

- Mental Health Treatment, including relapse prevention, intended to promote recovery and related functional outcomes for a mental illness early in its emergence.
- Length of Services:
  - 18 months
  - If individual is identified living with Severe Mental Illness (SMI) with psychotic features, up to 4 years of service allowed
  - Can be combined with Prevention Program
Suicide Prevention

- Organized activates that the County undertakes to prevent suicide as a consequence of mental illness without focus on or intended outcomes for at-risk individuals.
- These types of focused activities may be part of a prevention program or an early intervention program.
- This program is optional, includes, but is not limited to, strategies such as information campaigns, survivor-informed models, screenings, training, and education.
PEI Strategies Required for all State Programs

- Access and Linkage
- Improve Timely Access
- Reduce and Circumvent Stigma
### PEI Construct

#### Access and Linkage
- Connect youth, adults and seniors with severe mental illness, as early in the onset of these conditions as practicable, to medically necessary care and treatment, including but not limited to care provided by county mental health programs.

#### Improve Timely Access
- Improve timely access to mental health services for underserved populations through features of accessibility, cultural and language appropriateness, transportation, family focus, hours available, and cost of service.

#### Reduce and Circumvent Stigma
- Reduce and circumvent stigma, including self-stigma, and discrimination related to being diagnosed with a mental illness, or seeking mental health services, and making services accessible, welcoming, and positive.
PEI Reporting Structure

Stigma and Discrimination Reduction
- Native American Resource Center

Outreach for Increasing Recognition of Early Signs of Mental Illness
- Promotores de Salud
- Community Health Workers

Access and Linkage to Treatment
- Child and Youth Connection

Prevention Only
- Student Assistance Program
- Preschool PEI Program
- Resilience Promotion in African-American Children
- National Curriculum and Training Institute® Crossroads Education
- Lift Program
- Coalition Against Sexual Exploitation (CASE)
- Older Adult Community Services

Both Prevention and Early Intervention
- Family Resource Center
- Military Service and Family Support
- Community Wholeness and Enrichment
PEI Program Services

PEI Unduplicated Clients Per Fiscal Year

- FY 13/14: 4,377
- FY 14/15: 7,022
- FY 15/16: 6,860
PEI Program Services

PEI Services
FY 2013/14 - 2015/16

<table>
<thead>
<tr>
<th>Year</th>
<th>Unduplicated</th>
<th>Duplicated</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 13/14</td>
<td>163,661</td>
<td>141,587</td>
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<tr>
<td>FY 14/15</td>
<td>181,850</td>
<td>247,214</td>
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<tr>
<td>FY 15/16</td>
<td>158,656</td>
<td>254,349</td>
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</tbody>
</table>

Number of Services Provided
San Bernardino County Demographics 2015

- Hispanic or Latino: 52%
- Caucasian: 30%
- African American: 8%
- Native American: 7%
- Asian/Pacific Islander: 3%
- Other: 0.4%

Source: US Dept. of Finance, 2015

PEI Demographics FY 15/16

- Hispanic or Latino: 30%
- Caucasian: 52%
- African American: 18%
- Native American: 2%
- Asian/Pacific Islander: 2%
- Other: 7%

- Hispanic or Latino: 18%
- Caucasian: 39%
- African American: 32%
- Native American: 2%
- Asian/Pacific Islander: 7%
- Other: 3%
“The power imbalances that impact practices influencing access, quality, and outcomes of behavioral health care, or a significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality, or survival rate in a specific group of people defined along racial and ethnic lines, as compared with the general population.” (SAMHSA, 2016)
Significant behavioral health disparities persist in diverse communities across the United States, including:

- Racial and ethnic groups
- Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) populations
- People with disabilities
- Transition-age youth
- Young adults

(SAMHSA, 2016)
There are several disparities facing our consumers that are shaped by socio-economic and cultural factors, often these disparities are driven by the following barriers to treatment:

- Access to transportation
- Affordability of services (perceived or actual)
- Lack of treatment accepted by the community
- Stigma and lack of awareness of services
- Linguistic and culturally appropriate services

We are addressing some of these throughout our system of care with our culturally specific programs.
Highlights of target populations identified by Medi-Cal and MHSA as being either underserved, unserved or inappropriately served.

- African American
- Native American
- Latino
- Asian and Pacific Islander
- At-Risk Youth
- LGBTQ

Disparities
Strategies

- **African American**
  - Continual education
    - Community
    - DBH staff
  - Collaboration with Community and Faith Based Organizations
  - African American Community Health Workers

- **Native American**
  - Native American Resource Center
    - Culturally informed treatment
      - Talking circles
      - Drumming
  - Native American Community Health Worker
  - Continual community education
Strategies

- **At Risk Youth**
  - Working closely with schools to identify high risk youth
    - Student Assistance Programs and Resilience Promotion in African American Children
      - Provide services in the schools
      - Builds resiliency and protective factors

- **Latino**
  - Collaboration with the Mexican and Guatemalan Consulate
    - Bi-national Event
    - Subcommittee meetings
  - Community events and trainings
  - Promotores de Salud
Strategies

- LGBTQ
  - Continual trainings
    - DBH staff
    - Community members
    - Other county departments
  - Trainings on ways to collect information on sexual orientation and gender identity.
  - Collaboration with local agencies, universities and LGBTQ advocates.
  - LGBTQ Community Health Worker

- Asian and Pacific Islanders
  - Collaboration with local community based organization
  - Trainings and events
    - API Heritage Month Celebration
    - Other county departments
  - API Community Health Worker
Strategies

- Outreach and Education
  - Community Health Worker/Promotores de Salud
    - Latino
    - Asian and Pacific Islander
    - LGBTQ
    - Native American
    - African American

- Trainings
  - Community
  - DBH Staff
  - Contract Providers
Strategies

- Inclusion of Faith Based Organizations
  - Collaborative Goals for Partnership
  - Ongoing Collaborative Efforts
  - Outreach and Engagement
  - Cultural Specific Community Events
  - Capacity Building and Creating a Collective Purpose
  - Community Education
Collaborative Goals for Partnership

- Goals of partnering with faith-based organizations (FBO) for the benefit of diverse populations
  - Stigma reduction
  - Focus on the importance of integrating faith into behavioral health treatment
  - Understand the role faith plays in the recovery process
  - Increase awareness of local behavioral health services
  - Continue building rapport with the community
Categorized as a State Outreach for Increasing Recognition of Early Signs of Mental Illness program.

Designed to increase awareness and access to community-based prevention and mental health services in culturally diverse communities.

Promotes mental health awareness, education, and available resources for members of various culturally-specific populations throughout the county.

Services are specifically targeted for unserved and underserved populations including Latino and Spanish-speaking, African-American, Asian/Pacific Islander, and Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) communities.
- Implemented in 2009 for the Latino populations
- Expanded to other populations in 2012
  - African American
  - Asian and Pacific Islander
  - Native American
  - Lesbian, Gay, Bisexual, Transgender (LGBTQ)
- Services are provided in all areas of the county
- Total Number Served in Fiscal Year 2015/16:

<table>
<thead>
<tr>
<th>Total Number Served</th>
<th>Unduplicated Count</th>
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</thead>
<tbody>
<tr>
<td>20,141</td>
<td>17,297</td>
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</tbody>
</table>

Target Population:
- Children
- TAY
- Adult
- Older Adult

Projected Number to Be Served:
- FY 2017/18:
  - 650 Children
  - 2,300 TAY
  - 25,650 Adult
  - 1,900 Older Adult
- FY 2018/19:
  - 650 Children
  - 2,300 TAY
  - 25,650 Adult
  - 1,900 Older Adult
- FY 2019/20:
  - 650 Children
  - 2,300 TAY
  - 25,650 Adult
  - 1,900 Older Adult
Promotores de Salud/Community Health Workers

Program Demographics for 2015/16

Gender
- Female: 71%
- Male: 28%
- Other: 1%

Age
- 0-15: 16%
- 16-25: 3%
- 26-59: 68%
- 60+: 13%

Primary Language
- English: 59%
- Spanish: 33%
- Other: 8%

Ethnicity
- African American: 2%
- Asian/Pacific Islander: 4%
- Caucasian: 12%
- Latino: 6%
- Native American: 4%
- Other: 72%
Community Training Survey Responses
FY 2015/16

- **Increased Knowledge of Mental Health**: 4.75
- **Increased Confidence in Speaking to Family or Friends about Mental Health**: 4.75
- **Decrease in Stigma Regarding Seeking Mental Health Services**: 3.5
- **Increased Motivation to Improve Personal Mental Health**: 4.5
- **Increased Awareness of Mental Health Services Available in our County**: 4.67

*Participants were asked to mark answers based off of a five point Likert Scale (1 = Strongly Disagree; 5 = Strongly Agree)*
The Native American Resource Center (NARC) functions as a one-stop center offering several prevention and early intervention resources for Native American populations of all ages.

The center provides services that use strength-based traditional Native-American practices.

Services include:

- Outreach and Education
- Family Support
- Parenting Education
- Youth Empowerment
- Healthy Choice Prevention Activities
- Talking Circles
- Drumming Circles
- Employment Development and Education Assistance
All behavioral health prevention and early intervention services and family supportive services are provided in a culturally relevant context.

Implemented in 2009

Provides services in all areas of the county

Total Number Served in Fiscal Year 2015/16:

<table>
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<td>4,452</td>
<td>3,551</td>
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Target Populations:
- Children
- TAY
- Adults
- Older Adult

Projected Number to be Served:
- FY 2017/18:
  - 542 Children
  - 509 TAY
  - 538 Adult
  - 162 Older Adult
- FY 2018/19:
  - 542 Children
  - 509 TAY
  - 538 Adult
  - 162 Older Adult
- FY 2019/20:
  - 542 Children
  - 509 TAY
  - 538 Adult
  - 162 Older Adult
Program Demographics for 2015/16

**Age**
- 0-15: 12%
- 16-25: 30%
- 26-59: 21%
- 60+: 37%

**Gender**
- Female: 33%
- Male: 67%

**Ethnicity**
- African American: 19%
- Asian/Pacific Islander: 4%
- Caucasian: 11%
- Latino: 4%
- Native American: 1%
- Other: 4%

Native American Resource Center
Behavioral Health
www.SBCounty.gov
Positive Results

- Global Assessment of Functioning

<table>
<thead>
<tr>
<th>Global Assessment of Functioning (GAF)</th>
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<tbody>
<tr>
<td>Initial Assessment</td>
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<tr>
<td>---------------------</td>
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<tr>
<td>60</td>
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- Patient Health Questionnaire (PHQ-9)

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<tbody>
<tr>
<td>Initial Assessment</td>
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<td>18</td>
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Resilience Promotion in African American Children

- Categorized as a state *Prevention* program.
- Provides prevention and early intervention services to African American children/youth (ages 5-18) and their families.
- RPiAAC incorporates African American values, beliefs, and traditions into educational mental health programs.

The program includes:

- Curriculum-Based Education,
- Cultural Awareness Activities,
- Conflict Resolution Training,
- Educational Workshops,
- On-Going Weekly Interventions,
- Career-Related Presentations,
- Parent Support/Education,
- Individual and Family Therapy Sessions, and
- Linkage to Additional Resources.
Resilience Promotion in African American Children

- Implementation in 2013
- Services provided in targeted areas of the county
- School-based program
- Total Number Served in Fiscal Year 2015/16:

<table>
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<th>Total Number Served</th>
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<td>14,935</td>
<td>5,567</td>
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</table>

Target Populations:
- Children
- TAY
- Adults

Projected Number to be Served:
- FY 2017/18:
  - 2,900 Children
  - 700 TAY
  - 1,900 Adults
- FY 2018/19:
  - 2,900 Children
  - 700 TAY
  - 1,900 Adults
- FY 2019/20:
  - 2,900 Children
  - 700 TAY
  - 1,900 Adults
Resilience Promotion in African American Children

Program Demographics for 2015/16

Gender:
- Female: 60%
- Male: 40%

Ethnicity:
- African American: 67%
- Asian/Pacific Islander: 23%
- Caucasian: 5%
- Latino: 1%
- Other: 4%

Age:
- 0-15: 15%
- 16-25: 7%
- 26-59: 2%
- 60+: 1%
- Unknown: 75%
Resilience Promotion in African American Children

- Positive Results
  - Bi-weekly After School Program

![Bar chart showing responses to questions related to school satisfaction, safety, and support systems.](image-url)
Questions?

TIME FOR DISCUSSION
Contact Information

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