



Cultural and Linguistic Competency Committee (CLCC) Meeting: COVID-19 Response for Addressing Racial, Ethnic and Cultural Disparities Funding Proposals

Background

The Budget Act of 2020 authorized the Commission to allocate **\$2.02 million** of its budget to respond to the negative impacts on mental health resulting from the COVID-19 pandemic. During its meeting on January 28, 2021, the Commission considered a proposal for this funding guided by a process implemented by Commission staff to explore urgent needs. This process found that the pandemic has worsened pre-existing disparities in access to quality care and has put tremendous stress on young people and their families due to the loss of traditional school supports, the isolation associated with quarantining, and the economic distress that has particularly impacted low-income, racial, and ethnic communities.

After reviewing this information, the Commission directed staff to address disparities in access to effective and culturally appropriate behavioral health services as well as the increased suicide risk that youth are experiencing which are directly related to the COVID-19 pandemic. Specifically, the Commission authorized staff to invest in activities that:

- A. support the replication of the Solano County Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) Innovation Project;
- B. engage county behavioral health leaders on the opportunities to adapt, extend, and replicate the work of the California Reducing Disparities Project; and
- C. further strengthen the Commission's school mental health work with an emphasis on youth suicide risk and prevention.

Meeting Purpose

Commission staff are consulting with the Cultural and Linguistic Competency Committee (CLCC) on **Proposals A and B** for how to engage county behavioral health leaders on opportunities to adapt, extend, and replicate the Solano County ICCTM Innovation Project as well as the work of the CRDP. As these projects are approaching the end of their current funding, the Commission is seeking to encourage counties to explore opportunities to leverage these projects to address disparities in their community mental health systems. To support discussion, Commission staff have identified the following potential options:

A. Investment in Replicating the Solano County ICCTM Innovation Project

In 2015, and with an extension in 2020, Solano County received Commission approval of up to \$7.2 million in Innovation fund spending authority over five years for their ICCTM Innovation Project which partnered with the University of California (UC) Davis Center for Reducing Health Disparities (CRHD) to address health disparities for three identified underserved populations: the Latino, Filipino, and LGBTQ+ communities. The primary purpose of this project is to improve inter-agency and community collaboration related to mental health services, supports, or outcomes utilizing community engagement approaches and the Culturally and Linguistically Appropriate Services (CLAS) standards which are nationally recognized for achieving cultural proficiency in service delivery. Through this work, Quality Improvement Action Plans were developed in three focus areas: workforce development, training, and community outreach.

Early results from the project have demonstrated remarkable results in access and penetration rates for some of the underserved populations and have led to system-wide improvements throughout Solano County's behavioral health department. This approach could be adopted in other counties and adapted to meet the needs of the individual county's specific ethnic and culture groups.

Proposal:

- 1) **Phase I – Learning Collaborative:** Commission staff proposes contracting with the UC Davis Center for Reducing Health Disparities (CRHD) and partnering with Solano County to create a learning collaborative that would offer a virtual training series on the following topics:
 - a. Overview of the Solano County ICCTM Innovation Project and outcomes to date;
 - b. The impact of COVID-19 on communities of color, particularly the Latinx and African American communities;
 - c. Social determinants of health with a focus on disparities related to COVID-19 and the impact of structural racism;
 - d. Treatment of trauma in the poor, marginalized, and disenfranchised populations with a focus on traumatic grief and the lingering effects of loss due to the COVID-19 pandemic;
 - e. National CLAS standards and how to adapt them for the LGBTQ+ community;
 - f. Using Mental Health Plan data to monitor equity and disparities as well as to inform the development of community-driven Quality Improvement Action Plans (tailored to meet the county's unique population needs);
 - g. Culturally specific community engagement models, including the "Resilient American Communities: COVID-19 Initiative" model; and
 - h. ICCTM sustainability planning.

Two training cohorts consisting of up to five participants per county would be offered. Participating counties would be encouraged to register their Mental Health Plan Ethnic Services Managers, Quality Improvement team members, Mental Health Services Act (MHSA) Coordinators, Innovation leads, and Cultural Ambassadors. Beyond learning new skills through this training series, learning collaborative meetings would be held quarterly to promote shared learning among the participating counties and to troubleshoot barriers experienced as the skills are practiced.

For a deeper dive into the project, Solano County would “mentor” up to three “mentee” counties on the community engagement aspect. As part of the training series, the mentees would be expected to present their efforts in engaging their communities and any Quality Improvement Action Plans developed as a result.

To evaluate the effectiveness of the learning collaborative, the county participants would be surveyed and information would be collected on any Quality Improvement Action Plans developed. Success indicators would include, but not be limited to, confidence with community engagement models, efforts to implement CLAS standards system-wide, and widespread county representation per meeting.

- 2) **Phase II – Multi-County Innovation Project:** As the Commission has done with Early Psychosis and Full-Service Partnerships, Commission staff proposes contracting with a project manager to work directly with the mentee counties to develop a Multi-County Innovation Plan to reduce ethnic disparities and provide the opportunity to scale the Solano County ICCTM Innovation Project across the State. Commission staff anticipates that county participation in the learning collaborative would result in increased interest in developing ICCTM Innovation Plans, thereby demonstrating a return on investment in terms of sustainability.

B. Investment in Leveraging the California Reducing Disparities Project (CRDP)

To fortify opportunities to engage counties in reducing health disparities, since 2016, the State has invested \$68 million in the CRDP, a State-level project to address disparities in the African American, Latinx, Asian/Pacific Islander, Native American, and LGBTQ+ communities. The California Department of Public Health (CDPH) Office of Health Equity oversees the activities of 35 community-based organizations (CBOs) which make up the CRDP Implementation Pilot Projects (IPPs). The goal of the IPPs is to develop and adapt mental health approaches that are tailored to community needs and culturally competent. Current funding for the CRDP expires in Spring 2022.

As the CRDP projects are approaching the end of their current funding, there is a need to facilitate awareness of the CRDP and explore additional opportunities for counties to leverage the CRDP partners to address disparities in their community mental health systems. Fresno and Sonoma Counties are already moving in this direction and are in the process of developing Innovation Plans with their CBOs to sustain this work.

Proposal:

Commission staff proposes to contract with a statewide organization that is well-versed on mental health disparities in underserved communities and the mental health needs of diverse populations to perform the following Technical Assistance (TA) activities:

- 1) **Target county regions where CRDP already exists:** In consultation with the CDPH Office of Health Equity and the CRDP Cross Population Sustainability Steering Committee, a subgroup would be formed with 10 of the 35 IPPs which have demonstrated success and are geographically dispersed throughout the five county regions (Superior, Bay Area, Central, Southern, and Los Angeles County). This subgroup would consist of two IPPs from each of the five disparate populations (African American, Latinx, Asian/Pacific Islander, Native American, and LGBTQ) and would be leveraged to facilitate CRDP information-sharing with county partners within each region.
- 2) **Facilitate listening sessions:** A total of five listening sessions would be facilitated with the IPP subgroup and county partners from each of the five county regions (Superior, Bay Area, Central, Southern, and Los Angeles County). During these listening sessions, collaborative discussion would be facilitated to explore ways to adapt the CRDP to address the State's requirements for Prevention and Early Intervention (PEI) programs, as defined by the MHSA, as well as each county region's specific health disparities and COVID-19 related mental health impacts. The community perspective would be integrated through storytelling of lived experience.
- 3) **Evaluate TA effectiveness:** As the Commission has done with its mental health advocacy stakeholder contractors, the effectiveness of these TA activities would be evaluated to ensure there is equitable engagement of all county regions and disparate populations. This evaluation would include both quantitative and qualitative measures to determine the effectiveness of outreach efforts as well as participant response to the sessions.

Discussion Questions

Commission staff are seeking to discuss the following questions with the Committee to inform these proposals:

- 1) What are the challenges that community-based organizations (CBOs) experience with communicating the effectiveness of their programs to county behavioral health leaders?
- 2) What might be some of the challenges that counties may experience as they seek to expand their community engagement efforts?
- 3) Are there additional methods that should be considered for evaluating the effectiveness of these efforts?
- 4) What is the best way(s) to publicize these efforts?