



WELLNESS • RECOVERY • RESILIENCE



Mental Health Services
Oversight & Accountability Commission

Commission Teleconference Meeting February 25, 2021 PowerPoint Presentations and Handouts

- Agenda Item 2:**
- **PowerPoint:** Impact of COVID-19 on the Mental Health of Youth: The Case for PEI
 - **Handout:** Article: Sleepless Nights. Double Shifts. COVID-19 is Forcing High School Students to Help Support Families
 - **PowerPoint:** Transitional Aged Youth Experience
- Agenda Item 3:**
- **Handout:** Santa Clara County Innovation – Staff Analysis
 - **PowerPoint:** Addressing Stigma and Trauma in the Vietnamese and African American/African Ancestry Communities
 - **Handouts:** Letters of Support

MHSOAC Meeting

Impact of COVID-19 on the Mental Health of Youth: The Case for PEI

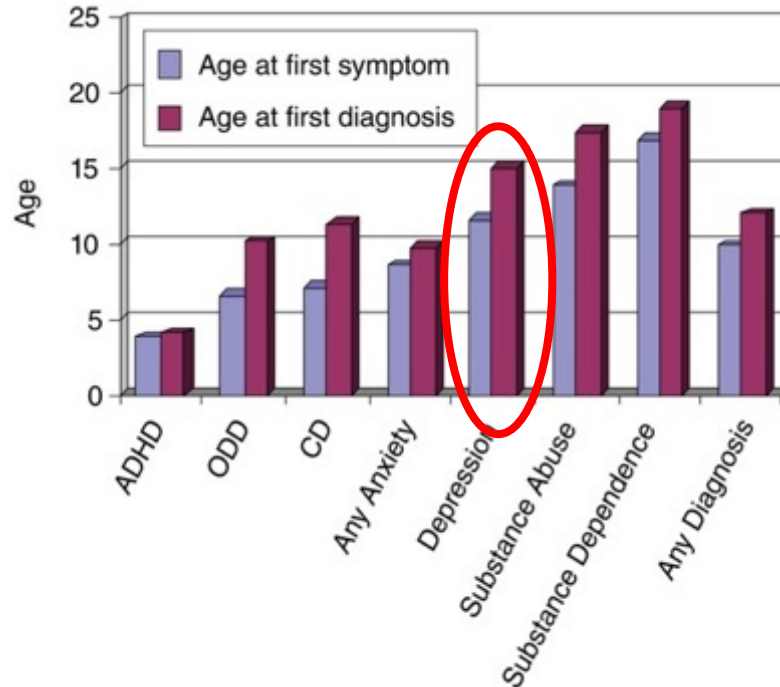
Sergio Aguilar-Gaxiola, MD, PhD
Professor of Clinical Internal Medicine
Director, Center for Reducing Health Disparities
UC Davis Health

February 25, 2021

Preventive Opportunities Early in Life

- Around 1 in 5 young people (14-20%) have a current disorder
- Early onset ($\frac{3}{4}$ of adult disorders had onset by age 24; $\frac{1}{2}$ by age 14)
- First symptoms occur 2-4 years prior to onset of a diagnosable disorder

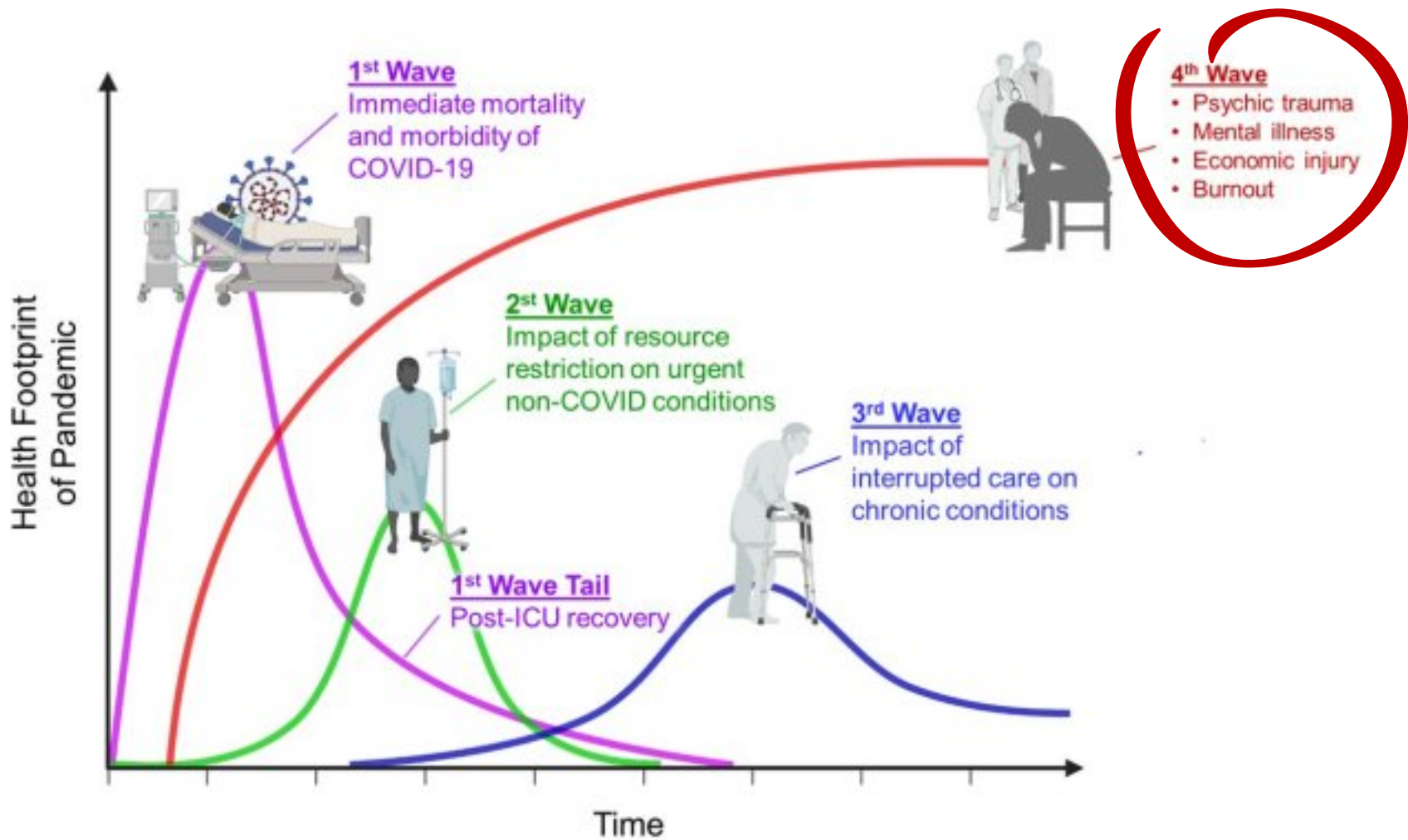
Prevention Window



A sorrowful U.S. death toll of 500,000 from COVID-19: 'Not just another number'

California alone accounts for almost 50,000 deaths, about 10% of the country's total. Nearly 20,000 of those were in Los Angeles County, where about one in every 500 people has died.

“...a second wave of devastation is imminent, attributable to mental health consequences of COVID-19. The magnitude of this second wave is likely to overwhelm the already frayed mental health system, leading to access problems, particularly for the most vulnerable persons.



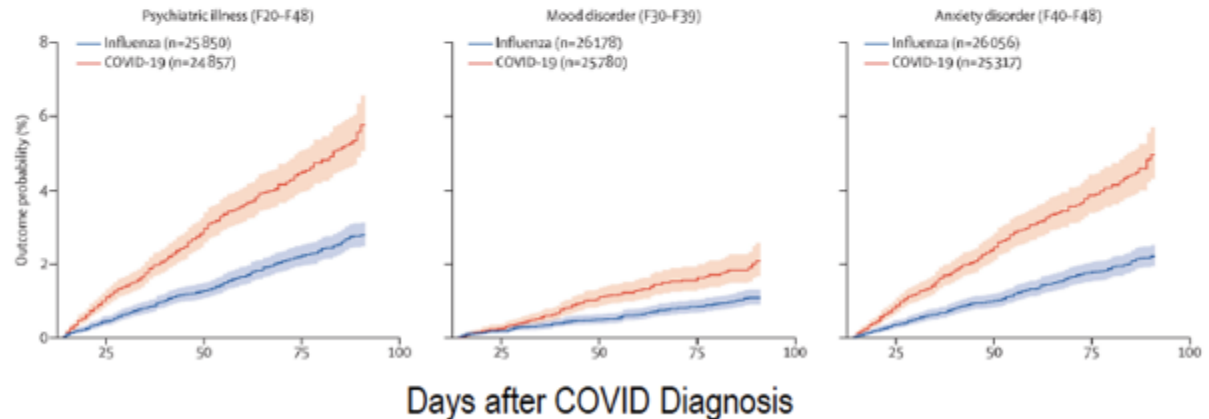
Adverse Mental Health Consequences of SARS-CoV2 Infection

Bidirectional associations between COVID-19 and psychiatric disorder: retrospective cohort studies of 62 354 COVID-19 cases in the USA

Maxime Taquet, Sierra Luciano, John R Geddes, Paul J Harrison

New Onset: 5.8%

All: 18%



Pandemic Impact Beyond Direct Morbidity and Mortality



Social



Behavioral

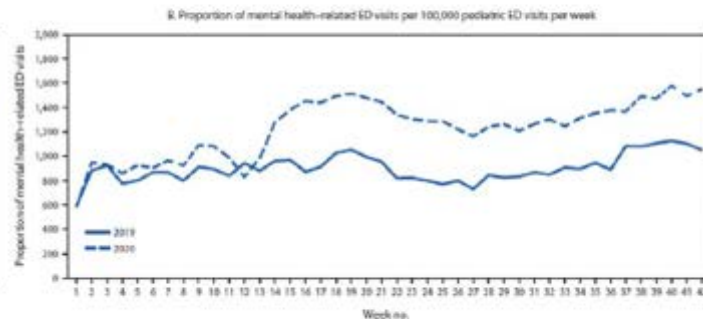
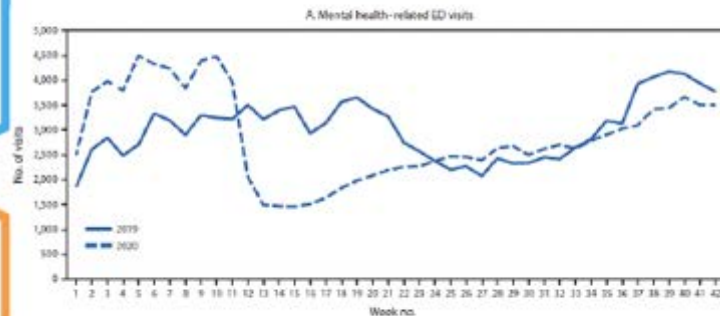


Economic

Morbidity and Mortality Weekly Report

Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020

Rebecca T. Leeb, PhD¹; Rebecca H. Bitsko, PhD¹; Lakshmi Radhakrishnan, MPH²; Pedro Martinez, MPH³; Rashid Njai, PhD⁴; Kristin M. Holland, PhD⁵



1.58 billion learners (over 90% of the world's student population) affected by national closures (UNESCO)

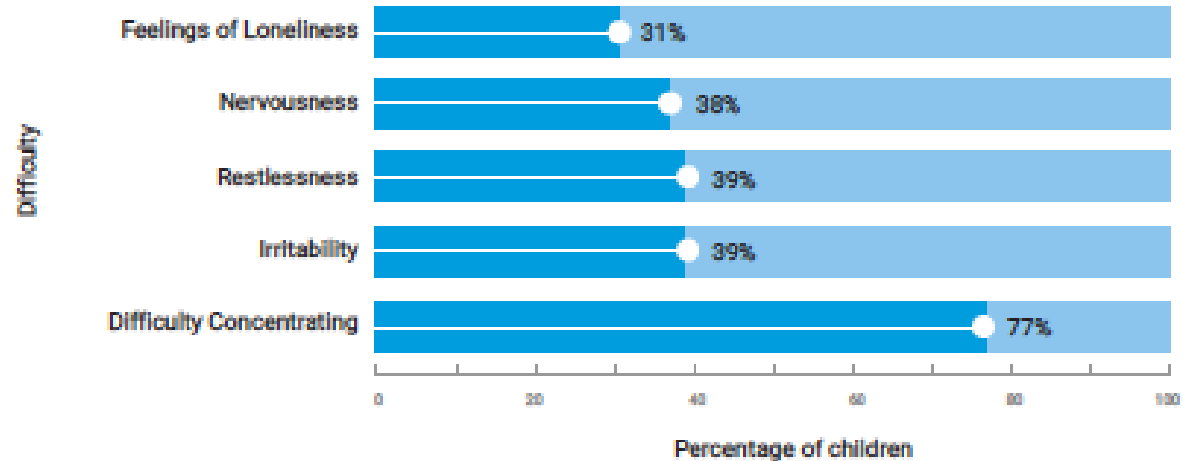


40.4% of the youth had a tendency to have psychological problems during COVID-19

Liang et al. Psychiatric Quarterly (2020)

Young people have been badly hit with a triple whammy of:

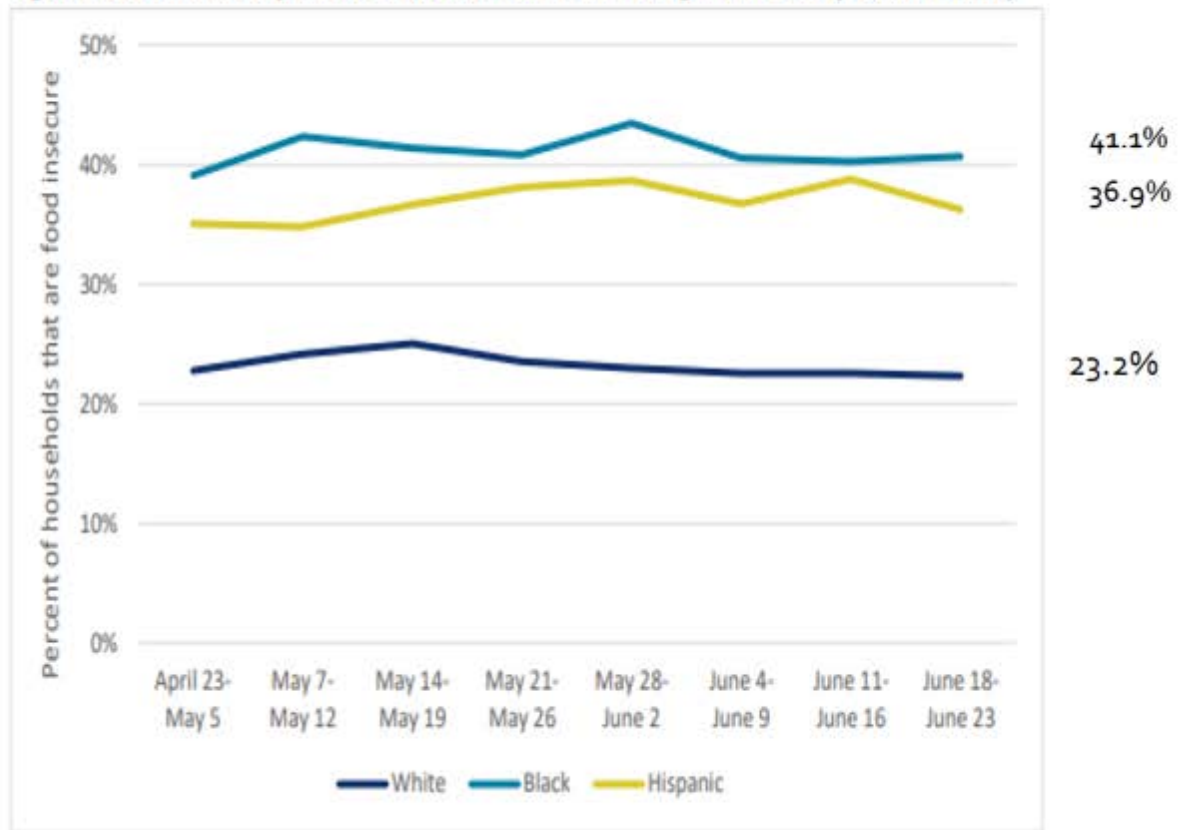
- 1. Curtailed education**
- 2. Diminished job prospects**
- 3. Reduced social contact with peers**



*Children and adolescents (3-18 years) emotional state and behavior affected during confinement Orgilés et al, 2020

Food Insecurity Among Households with Children: April - June 2020

Figure 1: Food Insecurity in Households with Children During COVID-19, by Race/Ethnicity

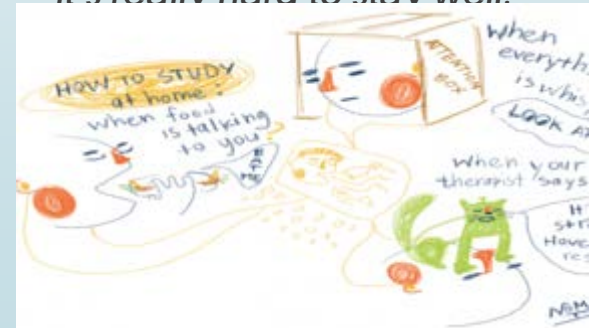


Mental Health impact on young people with a history of mental health problems

- 41% agreed it had made their mental health **much worse**
- 40% agreed it had made their mental health **a bit worse**
- 5% agreed it had made no difference to their mental health
- 8% agreed that their mental health had become a bit better
- 3% agreed that their mental health had become much better

"It has made my OCD so much worse. I am now washing my hands every five minutes or using hand sanitizer."

"I have an eating disorder, and it has brought up so many urges to relapse to take control. I also can't socialize or play sports so it's really hard to stay well."



“Antonio Roque, a counselor at Community and Technology School, said the teenagers he works with have been thrown into the world of adult responsibility by coronavirus hardships — and they are in survival mode. “They’re just doing what they need to do,” he said. “I think we’re going to start seeing the mental health consequences of this, the trauma, surface when schools reopen.”

Suicide, Substance use and other mental health risks

- ▶ 25.5% of the young people 18- to 24-year-olds — seriously considered suicide in the 30 days
- ▶ Rates of having started or increased substance use to cope with pandemic-related stress or emotions at 24.7%
- ▶ 62.9% of young adults reported the highest levels of symptoms of either anxiety and depression or both.
- ▶ 74.9% of 18 to 24 years old reported at least one bad symptom

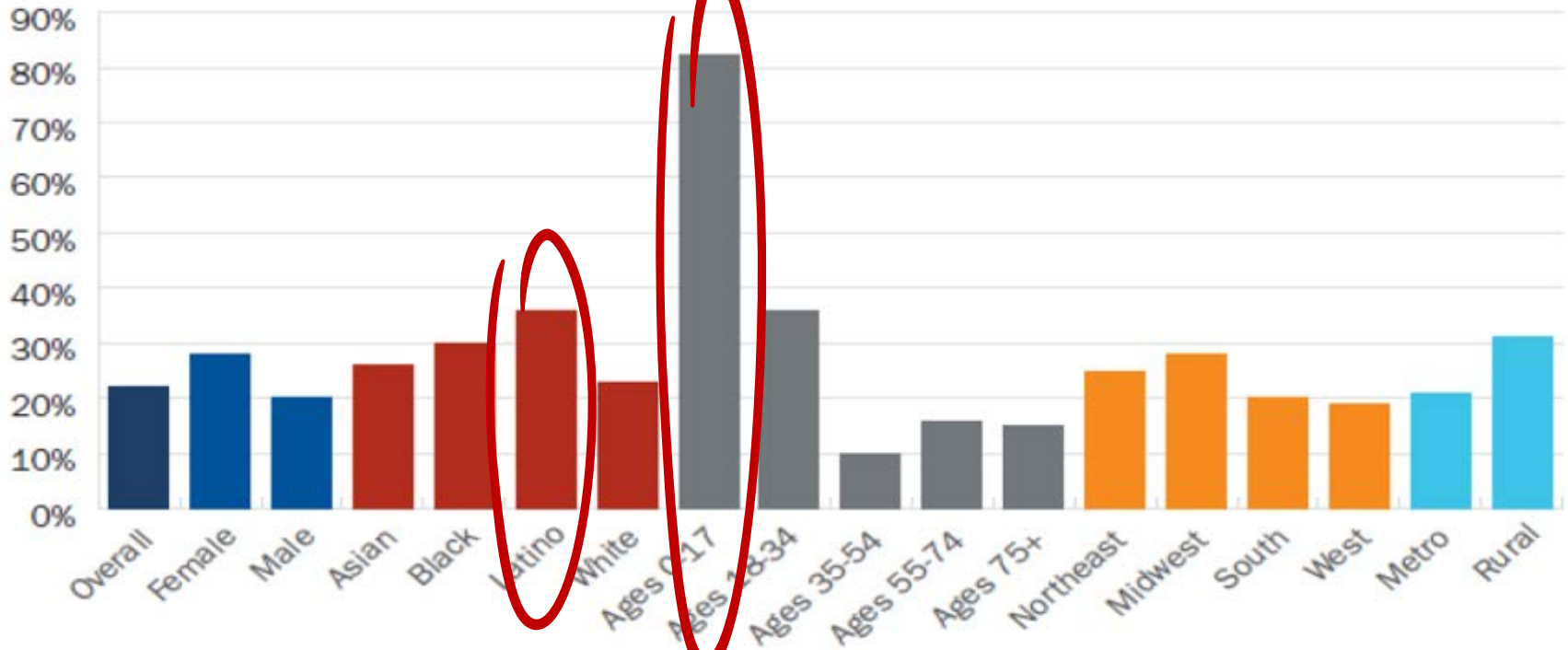
C.D.C. survey 2020

The current pandemic, is a breeding ground for mental health disaster,

Dr. Betty Lai, the Lynch School of Education and Human Development at Boston College



Percent Change in Suicide Rates by Demographics and Geography, 2008–2017



Source: Trust for America's Health and Well Being Trust analysis of data from National Center For Health Statistics, CDC



Stressors & Suicide Attempts in Time of COVID-19

An expected increase in U.S. suicide rate in families as a result of COVID-19 due to widespread economic stress, disproportionately affecting low-income and vulnerable communities .

Ettman, Gradus & Galea 2020

Take Home

- Prevention, early intervention and community engagement are key
- Broaden the scope of prevention to include social and economic determinants of health
- Increased funding for mental health
- Widespread screening to identify individuals at highest risk including suicide risk
- Availability of primary care clinicians and mental health professionals trained to treat those with prolonged grief, depression, traumatic stress, and substance abuse
- A focus on families and communities to creatively restore the approaches by which they have managed tragedy and loss over generations.

UCDAVIS
HEALTH

Center for Reducing
Health Disparities

hs-crhd@ucdavis.edu

<https://health.ucdavis.edu/crhd/>

Sleepless nights. Double shifts. COVID-19 is forcing high school students to help support families

Stephanie Contreras-Reyes, 17, center, a senior at Orthopaedic Hospital Medical Magnet High School, eats homemade pozole with her family at their home in South L.A. (Gary Coronado / Los Angeles Times)

By [LAURA NEWBERRY](#) STAFF WRITER
FEB. 5, 2021 5 AM PT

It was never a question that Stephanie Contreras-Reyes would take the most rigorous AP classes her high school offers. It was never a question that she would juggle these classes with a slate of impressive extracurriculars and weekly volunteering at two hospitals. It was never a question that she would apply to [California's top colleges](#), including Stanford.

And when her dad lost his factory job in March at the onset of the pandemic, it was never a question that the 17-year-old would do whatever was needed to keep her family afloat.

Her parents do not speak English, so she researched how to sign up her family for food and rental assistance at various community organizations. She held garage sales on the weekends, selling blouses and shoes from her South Los Angeles home and dropping off catalogs for Tupperware — which she helps her mom sell — to family friends.

But it wasn't enough. So she told her parents that she wanted to take on shifts at the embroidery factory where her mom worked.

“Tell your boss I'm ready, I can do this,” Stephanie, the eldest of four children, said to her mom at the dinner table. The next week, mother and daughter stood side-by-side at the industrial sewing machines, lining up snap-back hats that would soon be stitched with the logos of local sports teams.

Stephanie's AP U.S. History teacher, Heidi Mejia, will tell you that her student is remarkable. She's at the top of her class, the first in her family to get this far in school. She is also among an increasing number of teenagers in Los Angeles who have started working or taken on more work to help their financially struggling families during the pandemic, often carrying overwhelming loads that can bring on anxiety attacks, bouts of depression, and failing grades, their school counselors say.

“My parents’ worries became my own,” Stephanie said.

CALIFORNIA

Fewer high school graduates enrolled in college this fall amid COVID-19 pandemic, study shows

Dec. 10, 2020

Mejia said that this semester, about five students each period reach out daily to say that they’ll be missing class because they are working. “And those are just the students that are comfortable letting me know what’s happening,” she said.

Stephanie Contreras-Reyes, left, attends an online class while her brother, Ismael, 13, works on algebra at their home.

(Gary Coronado / Los Angeles Times)

Teenagers supporting families

Counselors and teachers across California tell similar stories: One described a senior at Oakland High School who, before starting to work full-time this year, had a 3.9 GPA, but is now failing almost all of her classes. A counselor at South L.A.’s Communication and Technology School worries about a student there who works two jobs, from 4 p.m. to 4 a.m., five days a week and was so overwhelmed he tried to drop out — until the counselor dissuaded him.

Rachel Varty, Stephanie’s college counselor at Orthopaedic Hospital Medical Magnet High School, said students as young as 14 have been requesting work permits.

A quarter of San Francisco International High School’s 64 seniors are working 20 to 40 hours a week, said head counselor Oksana Florescu — more than double the usual number of working seniors. She meets with these students over Zoom to coach them on how to persuade their bosses to give them school-friendly schedules.

“I give them talking points: ‘This is my last year of school; I’m trying to help my family,’” Florescu said.

Stephanie would sometimes message Mejia to say she might miss assignment deadlines because of work.

“I was like, ‘I get it, we’re in the middle of a pandemic. I don’t care about this essay. Focus on what you need to focus on,’” Mejia said. “Her A was so high that she could have failed everything after that and she would have still been fine.”

High school senior Isis Mejia-Duarte, left, and her mom, Marisol Duarte, deliver packages for Amazon on Jan. 27 in Hollywood.
(Brian van der Brug / Los Angeles Times)

Some students launched into work at the very start of the pandemic.

After her mother lost her full-time restaurant job last March, Isis Mejia-Duarte, a senior at Woodrow Wilson Senior High School in El Sereno, began helping her mom deliver Amazon Fresh and InstaCart groceries.

They could make deliveries more quickly as a team, ultimately fulfilling more orders and making more money. And Isis didn’t feel comfortable with her mom delivering packages in downtown L.A. alone at night. It was safer this way.

“I love my mom and don’t want to see her suffer,” Isis said. “I’m happy to help in the little ways I can.” She also was taking eight online classes and cooking and cleaning for her family. And she was still earning straight As.

Then, in December, Isis, her mom and grandmother fell ill with COVID-19. Isis applied to college from her sickbed, sometimes staying up until 5 a.m. to finish her sketchbook and portfolio for CalArts in Valencia, her dream school.

Despite their lingering fatigue, the pressure to generate income was immense following three weeks of sickness. So after testing negative for the coronavirus, Isis and her mom returned to the crowded Amazon warehouse in Vernon on a Saturday afternoon in mid-January.

Isis waits with their borrowed SUV as her mom heads off to an apartment building across the street to deliver packages for Amazon.
(Brian van der Brug / Los Angeles Times)

They waited in line for two hours for a tall stack of packages and loaded the goods into Isis’ aunt’s Nissan Rogue. They now had a couple of hours to make a dozen deliveries.

Mother and daughter dashed to elevators and up countless flights of stairs, carrying bags of groceries and cases of bottled water. After a while, Isis' mom hit a wall, so Isis picked up the slack. She was drenched in sweat and dizzy with exhaustion by the time that they were done.

“Seeing my mom carry 50 pounds worth of cat food up a flight of stairs ... I was like, ‘Wow man. This sucks,’” Isis said.

I love my mom and don't want to see her suffer. I'm happy to help in the little ways I can.
ISIS MEJIA-DUARTE, WOODROW WILSON SENIOR HIGH SCHOOL STUDENT

Antonio Roque, a counselor at Community and Technology School, said the teenagers he works with have been thrown into the world of adult responsibility by coronavirus hardships — and they are in survival mode. “They're just doing what they need to do,” he said. “I think we're going to start seeing the mental health consequences of this, the trauma, surface when schools reopen.”

The students' families — undocumented and first-generation Americans, essential workers and people of color — have been disproportionately hit by the ravages of the pandemic, losing jobs and contracting the virus, according to school counselors. They typically find custodial jobs, construction work or fast-food restaurant work.

CALIFORNIA

Column: We owe it to essential workers to demand racial equity for COVID-19 vaccines

Feb. 3, 2021

Luis Leon, Isis' classmate at Woodrow Wilson High School, began taking orders at a McDonald's drive-through in August after both of his parents were temporarily laid off. Luis' \$400 monthly paycheck puts food on the table and keeps the lights on. Work is an escape from the drudgery of lockdown, and he enjoys interacting with customers, though he does worry about catching the virus.

Luis Leon, age 17, works at a restaurant to help his family pay the bills. He has struggled academically this semester because of his overwhelming schedule.
(Carolyn Cole / Los Angeles Times)

Luis describes himself as an average student in normal times, a happy-go-lucky type with boundless energy.

But working 20-to-30 hours a week has taken a toll. Between his job and watching his two younger siblings, it's hard to muster the motivation for academics, especially after a long work shift. He often feels drowsy and sad. In December, he was failing most of his classes.

“If I’m being honest,” Luis said, “sometimes I wish I could just relax and be a teen.”

One recent evening, Luis reached his limit. Finals were due — he had stayed up until 3 a.m. the night before writing a paper — and so were his college applications. As he stared at his computer screen with its numerous open tabs, he felt himself shut down. “My brain fried,” he said. He had a splitting headache and a fever. The next morning, he was unable to take his English final and asked for an extension.

CALIFORNIA

UCLA smashes records for freshman applications with big hikes among Black, Latino students

Jan. 28, 2021

Luis was relieved when L.A. Unified School District [announced just before the holidays](#) that students would have until the end of January to bring up their failing grades. And he was able to get his college applications in.

“My friends have asked if I will drop out,” said Luis, who wants to study business and become a real estate agent. “But I can’t. I don’t want my parents to see me that way. I’ll be their first son to finish high school. I want to go to college and make them proud.”

It’s simply what she had to do

Just as Stephanie, who went to work at the embroidery factory with her mom, had wrangled some stability for her family of six by working 30 hours a week and helping take care of her younger siblings, her dad caught the virus in July.

Four of them, including Stephanie, got sick, isolating in a single bedroom together for two weeks. Her mom, who has diabetes and high blood pressure, was hospitalized after her fever shot up to 106. The family’s income disappeared for weeks. When Stephanie received a \$600 stipend through a prestigious college-access program, she gave it to her parents.

CALIFORNIA

When coronavirus invaded their tiny apartment, children desperately tried to protect dad

Jan. 29, 2021

Her first panic attack hit mid-summer, while she was taking a timed quiz for a college-level psychology course. Stephanie had always been a nervous kid, but she had buried her anxiety beneath a strong sense of optimism and confidence — the mindset she knew she needed to succeed as a first-generation American.

She tried to focus on the quiz questions as her siblings ran in and out of her room, asking for help with their own homework. Suddenly, she was overcome with an overwhelming sense that she just couldn't do it — this quiz, any of it. Her heart raced and her body shook. As an intense fear that had been mounting for months closed in on her, she called out for her mom.

“I just felt that I had to be there for everyone except for myself,” she said.

The panic attacks continued — she had about two per week before the fall semester began — but they began to abate when she started prioritizing self-care, like going on walks with her sister and doing yoga.

Stephanie Contreras-Reyes delivers Tupperware on Dec. 11 to Monica Michaus, one of her mom's customers who works at a sewing machine shop in South L.A.
(Gary Coronado / Los Angeles Times)

As the month pressed on, it became more important than ever for Stephanie to work as the family recovered physically, emotionally and financially.

In November, Mejia told Stephanie that a local voting center was looking for student poll workers. On election week she worked 40 hours over three days, directing people to booths and translating the voting instructions for Spanish speakers.

She handed her mom the paycheck when she got home. “This is for you,” she said. “For anything the family needs.”

Before winter break, Mondays were Stephanie's busiest days. She woke up at 7 a.m. and biked down to the closest elementary school, where L.A. Unified School District set up one of its “grab and go” centers that provide two meals each day to students. She stuffed her backpack with milk and boxed sandwiches.

CALIFORNIA

Teachers face pressure to return even before COVID-19 vaccinations completed

Feb. 4, 2021

She'd get back just in time for 9 a.m. AP chemistry or theater ensemble. Her 5-year-old brother sat next to her at the kitchen table and she helped him navigate his own virtual class.

Then she led an art club she founded in 10th grade — teaching 40 other high school students how to use oil pastels and acrylic paints through a computer screen — and cooked dinner with her mom, all before her 4 p.m. shift at the embroidery factory.

Between preparing the trim for the snapback hats and loading them into the sewing machines, Stephanie stood at a tiny table and wrote essays on her laptop for AP English Literature and worked on her applications to 12 colleges — all in California, so she could stay close to her family.

In her personal statement, she wrote about being the proud daughter of immigrant parents and how her family's struggles have motivated her to pursue studies in public health.

“Today, I seek any opportunity to speak for my family's dreams, my community's needs, and my vision to make healthcare affordable for all, regardless of citizenship or socioeconomic status,” she wrote.

She won't hear back from colleges for a couple of months, but she did get good news in January — an interview with Stanford University.



Stephanie Contreras-Reyes loads snapback hats onto an embroidery machine at a factory in L.A. The job helps her family pay the bills. (Courtesy of Contreras-Reyes family)

Stephanie said she grew up watching her parents, who are Mexican immigrants, work tirelessly, and with integrity and passion, to provide for her family.

“We have a saying in our family,” she said. “*Échale ganas y ponte las pilas, mija.*”

Give your best effort and always be ready.

Staff writers Julia Barajas and Melissa Gomez contributed to this report.

Transitional Aged-Youth Perspective





Matthew T. Diep

MOVER, STORY-TELLER, STRATEGIST

25-year old, Queer, Vietnamese-American Artist and Community Builder.

EXECUTIVE DIRECTOR

Psypher

COMMUNITY YOUTH ORGANIZER

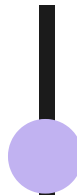
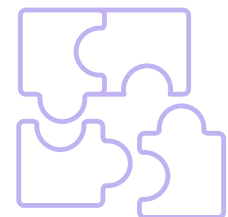
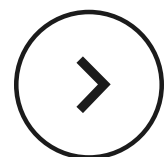
Center for the Pacific Asian Family (CPAF)

BOARD MEMBER

Vietnamese Arts and Letters Association (VAALA)



A G E N D A



LIVED EXPERIENCE

Challenges and missed opportunities in my experiences with CA's mental health system



YOUTH INNOVATION PROJECT PLANNING COMMITTEE

Advancing prevention and early intervention efforts through statewide, youth-led advocacy

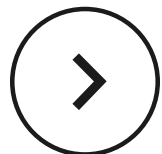


RECOMMENDATIONS

Policies and practices that increase mental health awareness and access to resources

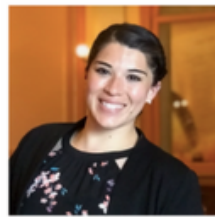
Missed Opportunities

- Growing up Queer and Vietnamese
- Navigating intergenerational trauma
- Resources for prevention and intervention
- Experience with 5150 as a teen



MHSOAC | YOUTH INNOVATION PROJECT PLANNING COMMITTEE

14 YOUTHS. 12 COUNTIES. 1 MISSION.



CARINA
Monterey/
Los Angeles County, 25



KYLENE
Fresno County, 23



JUAN
Yolo/San Francisco County, 21



AMANDA
Placer County, 17



KALYN
Shasta County, 24



GABE
Sacramento County, 25



CELESTE
Alameda County, 20



SAMSKRUTHI
Santa Clara County, 15



MARISOL
Sacramento County, 23



IRENE
Alameda County, 20



JEANAVY
Humboldt County, 17



MICHEL'E
Los Angeles County, 22



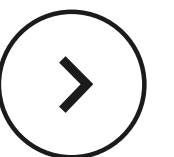
MATTHEW
Los Angeles County, 23



COURTNEY
Madera County, 25

Youth Innovation Project Planning Committee

- Research Phase
- Developing Idea Labs
- Key Takeaways



Recommendations

6
MHSOAG COMMISSION MEETING



LISTEN TO YOUTH AND THEIR FAMILIES

- Provide accessible opportunities to receive direct feedback from youth through county-wide initiatives that represent local needs
- Develop accountability measures that can ensure funding is directly informed by community planning processes
- Ensure that there is equitable representation

INVEST IN YOUTH-LED PREVENTION EFFORTS

- We need to respect youth as cultural experts
- Work with youth to identify opportunities for funding outcomes-based prevention models

INVEST IN COMMUNITY COLLABORATION

- Create spaces for collective vision building
- Develop ongoing needs assessments of strengths, weaknesses, opportunities, and threats to shared visions for community wellness
- Fund partnerships and collaborative efforts to better serve the needs of youth at various levels of prevention and intervention



Let's make it happen.

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PsypherLA.org





STAFF ANALYSIS—Santa Clara County

Innovation (INN) Project Name: Addressing Stigma and Trauma in the Vietnamese and African American/African Ancestry Communities

Total INN Funding Requested: \$1,753,140
Duration of INN Project: 36 Months
MHSOAC consideration of INN Project: February 25, 2020

Review History:

Approved by the County Board of Supervisors: December 15, 2020
Behavioral Health Board Hearing: December 8, 2020
Public Comment Period: October 17, 2020 to November 24, 2020
County submitted INN Project: January 22, 2021
Date Project Shared with Stakeholders: November 24, 2020 & January 25, 2021

Project Introduction:

Santa Clara County is requesting up to \$1,753,140 of Innovation spending authority to increase knowledge of mental health and access to mental health services in diverse communities (primarily Vietnamese and African American/African Ancestry) who have historically low levels of access to needed mental health services.

The program will focus on culturally responsive prevention, community outreach and education services for children, adults, and families by contracting with two trusted community-based providers. The aim is to increase opportunities for co-locating services in existing community hubs and increase partnerships to co-locate services in other areas like community facilities, faith-based organizations, etc. While the emphasis is on mental health prevention for youth and children, psychoeducation will also target parents and grandparents on child/brain development and mental health conditions and services.

What is the Problem?

African American/ African Ancestry and Vietnamese residents are underrepresented in the behavioral health system in Santa Clara County. In late 2016, Santa Clara County worked with Research Development Associates (RDA) to conduct a county wide needs assessment utilizing focus groups, surveys, demographics, and additional information to identify unmet needs.

Based on the information gathered, RDA identified that:

- African American/African Ancestry and Vietnamese communities in Santa Clara County have lower engagement in mental health services than their White counterparts.
- County mental health services may be more welcoming to White individuals than to Asian and Pacific Islanders (including Vietnamese) and African Americans/African Ancestry and that the disparity may also speak to higher levels of mental health stigma within these communities.
- Historic and contemporary trauma, racism, stigma, and cultural barriers, have contributed to a distrust of government and authority, leading to delays or avoidance of mental health treatment until a crisis occurs.
- African American consumers identified a disparity in the level of treatment they receive from law enforcement when experiencing crisis compared to other racial groups stating that they are taken to jail and White counterparts are taken to emergency care.
 - Local data identifies that:
 - African Americans are more likely to receive mental health services through the criminal justice system: African Americans are overrepresented in AB 109 Full-Service Partnerships (15%).
 - African Americans had significantly lower utilization of Emergency Psychiatric Services than their White counterparts (7% and 38%), as well as lower engagement in Full-Service Partnerships than their White counterparts (10% and 34%).

The California Reducing Disparities Project (CRDP) confirms a discrepancy in treatment between racial groups concluding that, “African Americans... are much more likely to receive a diagnosis of a condition with a poorer treatment outcome such as schizophrenia, while treatable conditions such as anxiety and mood disorders often go untreated.”

Overall, the issues facing the Vietnamese and African American/ African Ancestry communities in Santa Clara county reflect the findings of the CRDP including disparities in access to treatment and high rates of inadequate treatment.

How this Innovation project addresses this problem:

To address the mental health disparities facing the Vietnamese and African American/African Ancestry communities, the County will release an RFP and contract with two local community-based organizations to create an integrated service experience for clients and families.

Through contracts, the project will build and deploy two teams, one team for the Vietnamese Community and another team for the African American/African Ancestry Community. Each team will partner/co-locate to provide services in a trusted, culturally affirming community location that provides medical care and other services.

By leveraging trusted locations that provide medical care, dental care, and wellness-based services, patients in need of mental health education and support will be directly referred to co-located partners offering services such as education through parent cafes, healing circles and linkages to additional mental health services utilizing warm hand-offs with culturally affirming treatment providers.

In addition to co-located services, this innovation investment will create the following:

- A community outreach stipend program (see page 11 of County plan)
- Development of new ethnic-cultural sensitivity trainings (see page 12 of County plan)
- A physician and faith-based leader strategic planning committee (see page 11 of County plan)

Santa Clara's proposed activities are in line with the CRDP recommendations to:

- Increase opportunities for co-location of services and integration by locating mental health services in community facilities, faith-based organizations, cultural centers, and other entities where people are comfortable will increase access and combat stigma.
- Ensure that providers and partners have experience in mental health and are culturally and linguistically competent to work with the community being served. These places (including churches and faith-based organizations) must be affirming of LGBTQ individuals to foster a welcoming place for all who seek mental health treatment.
- Ensure that community entities may enter contracts with the county department of behavioral health and build their capacity to do so.

Community Planning Process (see pages 16-19 in County plan)

Local Level

Santa Clara County receives guidance from a MHSA Stakeholder Leadership Committee (SLC) consisting of representatives of various stakeholder groups, including consumers, family members and underserved cultural communities. The SLC provides input and advises the County in its MHSA planning and implementation activities.

The idea for this innovation proposal was submitted by ICAN, an organization that has supported Vietnamese families in Santa Clara County for the last 20 years. Utilizing data from the RDA needs assessment, SLC selected this project to move forward based on its direct impact on marginalized communities who are highly impacted by current issues of racial equity in accessing behavioral health services, as well as the impact of COVID-19 in these populations. Collaboration with community members resulted in adding the African American/African Ancestry communities as a second target population to create this full project proposal, *the Addressing Trauma and Stigma in Vietnamese and African American/African Ancestry Communities Project*.

During the 30-day public comment period, the County received one positive public comment that did not result in changes to the proposal. The County also received several letters of support that will be provided for review.

Commission Level

Commission staff originally shared this project with its six stakeholder contractors and the listserv on November 24, 2020. The final version of this project was again shared with stakeholders on January 25, 2021.

At the date of this writing, no comments were received in response to Commission sharing plan with stakeholder contractors and the listserv.

Learning Objectives and Evaluation (see pages 13-15 of County plan)

The County hopes to provide outreach and education to more than 1300 families and individuals attending parent cafes, healing circles, through social media, mailers and through other community outreach events.

The learning goals are qualitative in nature and focus on how the lives of individuals will be impacted.

Specific learning goals include:

1. What are the cultural and spiritual nuances, beliefs, practices, and norms specific to the Vietnamese and African American community that should be incorporated into the planning, delivery, and outcomes of mental health and services for this community?
2. How can the mission, services, and purpose of partnerships with Vietnamese and African American faith-based and medical communities as cultural institutions become natural places for client's families to receive supports in their community?
3. What are effective ways for the Vietnamese and African American faith-based and medical communities to welcome and integrate mental health clients/ consumers into their community and to support social inclusion, decrease stigma and discrimination and provide a safe place for people to receive services and support, outside of the behavioral health care system?
4. How might evidence-based practices and community-defined strategies of trauma-informed care for Vietnamese and African American/African Ancestry clients and families address the Vietnamese/African American community's historical trauma and trauma-related to social issues, like stigma, discrimination, violence, and poverty?

An independent evaluator will be contracted to conduct a comprehensive process and outcome evaluation of the project with an emphasis on outcomes and the number and frequency of the targeted populations' access to needed mental health services.

County will need to work with contracted evaluator to determine specific measures related to the above learning goals and components listed on page 14 of plan.

The Budget

Funding Source	Year-1	Year-2	Year-3	TOTAL
Innovation Funds	\$584,380	\$584,380	\$584,380	\$ 1,753,140
3 Year Budget	Year-1	Year-2	Year-3	TOTAL
Personnel	\$ 320,600	\$ 320,600	\$ 320,600	\$ 961,800
Operating Costs	\$ 213,780	\$ 213,780	\$ 213,780	\$ 641,340
Evaluation	\$ 50,000	\$ 50,000	\$ 50,000	\$ 150,000
TOTAL:	\$ 584,380	\$ 584,380	\$ 584,380	\$ 1,753,140

The County is requesting authorization to spend up to \$1,753,140 in MHSA Innovation funding for this project over a period of three years. **All Innovation funds will be dispersed through contracts and County oversight will be funded with existing funds.**

- Personnel costs total \$961,800 (55% of total budget) to hire two teams through contracted CBOs, one team for the Vietnamese community and another team for the African American/African Ancestry community.
 - Each team will hire:
 - 1.0 FTE Program Manager
 - 1.0 FTE Outreach Specialist/Program Analyst
 - 0.1 FTE Management Oversight Staff
- Operating costs total \$641,340 (37% of total budget) and include stipends for outreach workers, outreach materials, flex funds and indirect costs.
- Evaluation costs total \$150,000 (8% of total budget) and will be contracted out.

The proposed project appears to meet the minimum requirements listed under MHSA Innovation regulations.

Additional Comments:

Santa Clara County is interested in joining a learning collaborative with other counties focused on reducing disparities.

In addition to project-specific sustainability (page 20), Santa Clara County is actively exploring increasing the sustainability of all programs, including existing MHSA funded programs, by increasing collaboration with private insurance companies to move towards consistent reimbursement for services provided by the County to their beneficiaries.

Santa Clara County Needs Assessment:

<https://www.sccgov.org/sites/bhd/AboutUs/MHSA/Documents/2018/mhsa-bos-approved-fy18-fy20-plan.pdf>

February 25, 2021
MHSOAC Meeting



Proposed MHSA Innovation (INN) Project 16:
Addressing Stigma and Trauma in the Vietnamese and
African American/African Ancestry Communities



COUNTY OF SANTA CLARA
Behavioral Health Services
Supporting Wellness and Recovery

Community Planning Process / Identification of the Problem

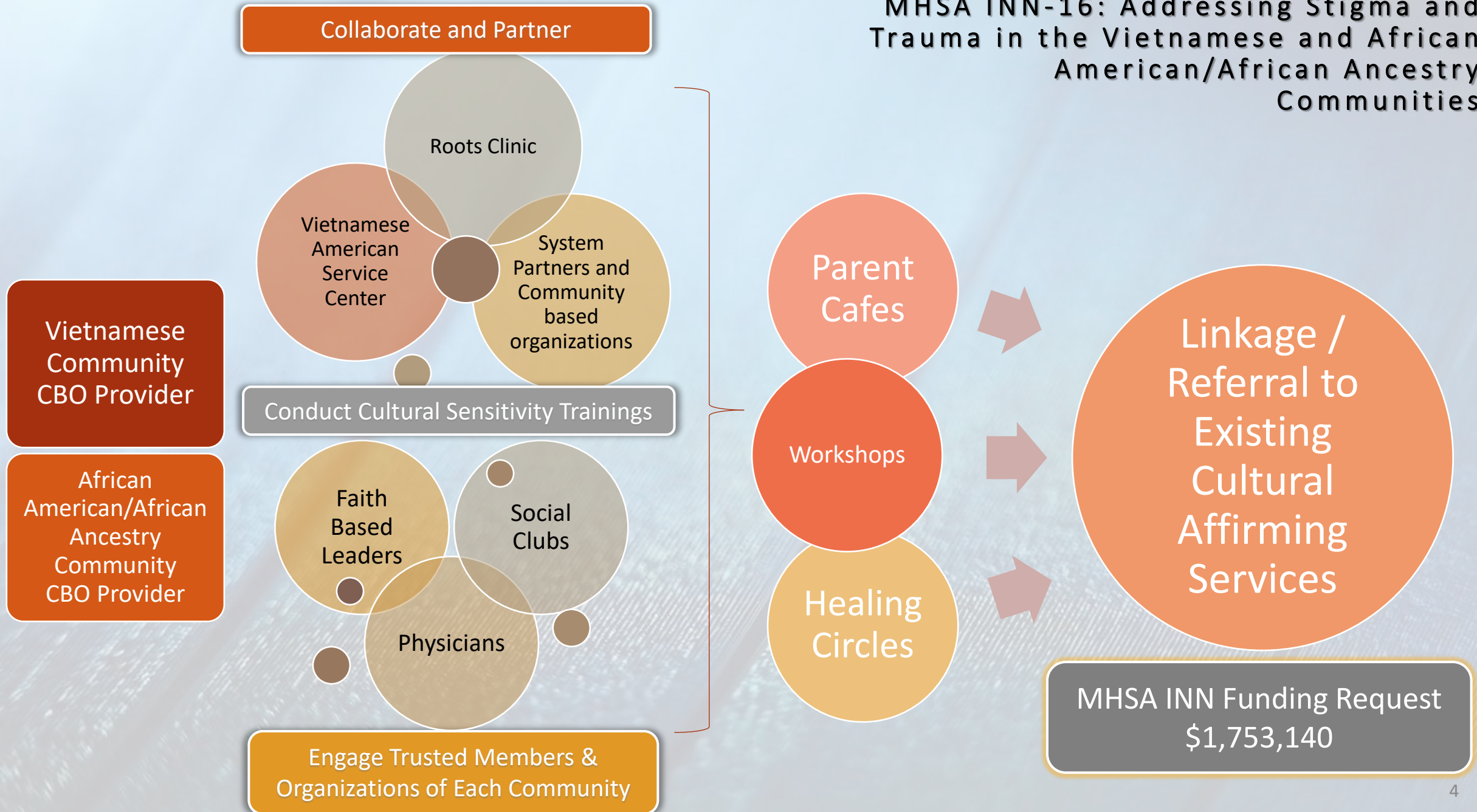
- County of Santa Clara Behavioral Health Services Department initiated an idea submission process in early 2020.
- A project idea was developed and submitted by ICAN, an organization that has been supporting Vietnamese families since 2000.
- The County's MHSa Stakeholder Leadership Committee selected this project to move forward and also expanded the project to include African-American /African Ancestry communities based on stakeholder input.
- The problem: *African American/African Ancestry and Vietnamese residents are highly underrepresented in the behavioral health system.*



PROPOSED INN
PROJECT 16:
ADDRESSING STIGMA
AND TRAUMA IN THE
VIETNAMESE AND
AFRICAN AMERICAN
/AFRICAN ANCESTRY
COMMUNITIES

- ***What is not working?*** There is still much work to be done in reaching equity in the accessing of behavioral services by:
 - African American/African Ancestry Community
 - Vietnamese Community
- The purpose of the INN project is to ***increase knowledge of mental health and access to mental health services*** in these two diverse communities.
- ***Destigmatize*** mental health services in the context of their culture.
- Focus on ***prevention and community outreach/education***, partner/co-location of professional mental health treatment services for children, adults, and families.
- Includes ***mental health prevention services*** for youth and children, and ***psychoeducation*** targeting parents and grandparents on child/brain development, mental health conditions and services to improve help-seeking behaviors.
- The ***project proposes unique strategies to reach and engage difficult to reach populations*** who have historically had low levels of access to needed mental health services.

MHSA INN-16: Addressing Stigma and Trauma in the Vietnamese and African American/African Ancestry Communities



INN-16 Program Teams:

Vietnamese and African American/African Ancestry – *Each one CBO-Operated*

Program \$1,603,140

Evaluation \$50,000

Total INN Funding Request 1,753,140

Description	Vietnamese Team Annual Budget	African American / African Ancestry Team Annual Budget	Annual Combined	Three-Year Project Total
Program Team:	\$160,300	\$160,300	\$320,660	\$961,800
<ul style="list-style-type: none"> • 1.0 FTE Program Manager • 1.0 FTE Outreach Specialist/Program Analyst • 0.1 FTE Management Oversight Staff 	(2.1 FTEs)	(2.1 FTEs)	(4.2 FTEs)	
Total 2.1 Full-Time Employees (FTEs) per Team				
Program Direct Costs				
<ul style="list-style-type: none"> • Training /Staff Development • Outreach and Marketing • Stipends • <u>Flex Fund</u> 	\$12,000 \$21,900 \$13,800 <u>\$11,100</u> \$58,800	\$12,000 \$21,900 \$13,800 <u>\$11,100</u> \$58,800	\$24,000 \$43,800 \$27,600 \$22,200 \$117,600	\$72,000 \$131,400 \$82,800 \$66,600 \$352,800
Total Program Direct Costs				
Operating Expense	\$24,045	\$24,045	\$48,090	\$144,270
General Admin Overhead	\$24,045	\$24,045	\$48,090	\$144,270
INN Funding Request for CBO-operated portion of the INN-16 project	\$267,190	\$267,190	\$534,380	\$1,603,140

Learning Goals

- Find out the cultural, spiritual nuances, beliefs, practices, and norms for each community that can be incorporated in the planning and service delivery for the two communities.
- With trusted members and/or organizations within each community:
 - How can partnerships with trusted members of the community and organizations be a natural place for clients and their families to receive support.
 - Discover effective ways to integrate faith-based and medical communities and help create safe spaces for people to seek care.
- Learn of evidence-based practices can help address historical trauma and trauma related issues experienced by the two communities.

Evaluation

- An Independent Evaluator will conduct an analysis: service activities, client profile, program/service outcomes and effectiveness, accessibility

Description	Annual Amount	Three-Year Project Total
Evaluation Contract	\$50,000	\$150,000
INN Funding Request	\$50,000	\$150,000



Comments & Questions

Thank you!

Jeanne Moral

Program Manager III

Systems Initiatives, Planning &
Communication

County of Santa Clara

Behavioral Health Services
Department

Jeanne.Moral@hhs.sccgov.org

Proposed Motion

The Commission approves Santa Clara County's Innovation plan, as follows:

Name: Addressing Stigma and Trauma in the Vietnamese and African American/African Ancestry Communities

Amount: Up to \$1,753,140 in MHSA Innovation funds

Project Length: Three (3) Years



MEKONG COMMUNITY CENTER, INC.

A NON-PROFIT ORGANIZATION

HỘI QUÁN CỨU LONG

2203 Tully Road, San Jose, CA 95122 * Tel (408) 937-1553 * Fax (408) 937-1548

www.mekongcommunity.org

February 17, 2021

Jeanne Moral
Program Manager III
Systems Initiatives, Planning & Communication
County of Santa Clara
Behavioral Health Services
828 S Bascom Ave, San Jose, CA 95128

Dear Ms Moral,

I am writing in support of INN-16 Project: Addressing Trauma and Stigma in Vietnamese and African American/African Ancestry Communities slated to be heard and voted upon at the MHISOAC meeting on Thursday, February 25, 2021. As a community-based organization serving the mental health needs of the Vietnamese population in San Jose for more than 30 years, we know firsthand the devastating impact of war trauma, racism and social inequities caused by cultural and social stigma. Unfamiliar with western mental health treatment approaches, many Vietnamese clients may present their mental health challenges in physical symptoms and often first seek out their primary care provider for relief. Still many, ignoring their psychiatric symptoms due to a cultural stigma of shame and family honor, would eventually end up in the emergency room or EPS. By helping these 2 traditionally underserved communities, we are as the larger Santa Clara County system all benefit as the health and well-being of one is a blessing for all.

By a yes vote to approve this project, the MHISOAC commissioners would help begin the process of funding innovative local programs aimed at reducing the trauma and stigma suffered by many of our marginalized communities of color including the Vietnamese and the African Americans in Santa Clara County. Thank you.

Very truly yours,

Long Vu

Long Vu, CEO
Mekong Community Center
longvu@mekongcommunity.org
(408) 914-2880

Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

February 17, 2021

Dear MHSOAC commissioners,

I am writing to urge that you approve **INN-16 project: Addressing Trauma and Stigma in Vietnamese and African American/African Ancestry Communities Project** proposed by the Santa Clara County Behavioral Health Services Department.

As a second generation Vietnamese American coping with General Anxiety Disorder (GAD), I have worked to unearth various elements contributing to my mental health struggles, often finding its roots run deep into my family's traumatic wartime experiences. Intergenerational trauma is not uncommon in the Vietnamese community, and unfortunately, many like myself do not seek mental health services until adulthood, primarily having grown up with its stigma. This is why it is critical that we fund projects such as INN-16 that aim to destigmatize mental health services in our cultural context and deploy early youth intervention, which will truly move the needle in creating more openness and acceptance for Vietnamese Americans seeking services.

Furthermore, I appreciate that this project is bilaterally serving those in the African American/African Ancestry community. Against the backdrop of the social movements that have taken root, I have learned through cross-cultural dialogue the needs of the Black community which many intersects with the Vietnamese community.

Thank you for your consideration and ultimately, approval of this meaningful and important project.

Sincerely,

A handwritten signature in black ink, appearing to read "David Hai Tran". The signature is fluid and cursive, with the first name "David" being the most prominent.

David Hai Tran
Member, Behavioral Health Board
County of Santa Clara

Behavioral Health Contractors' Association

of Santa Clara County
1530 The Alameda, Suite 301
San Jose, CA 95126
Phone: (408) 579-6033 ▪ elisak@bhcascc.org



February 18, 2021

The Mental Health Services Oversight & Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

Dear Commissioners,

On behalf of the Behavioral Health Contractors' Association (BHCA), I write in support of Santa Clara County's MHS Innovation 16: Addressing Trauma and Stigma in Vietnamese and African American/African Ancestry Communities Project, an innovative program that targets historically marginalized communities in Santa Clara County in order to ensure equitable access to behavioral health services, and combats communal stigma associated with accessing mental health and substance abuse services.

BHCA is a Santa Clara County-wide network of community-based, non-profit organizations providing essential mental health and substance use prevention, treatment, recovery, and supportive transitional housing services to children, adolescents, and adults, under contract with Santa Clara County's Behavioral Health Services Department.

Not only does this project focus on two communities identified to be part of the California Reducing Disparities Project (CRDP), but it also takes in the context of systemic racism that has become the focus of the current socio-political climate through the peaceful protests for racial equity as well as the recent increase in crimes against those of Asian descent, in particular the elderly, in the Bay area. Current events demonstrate that these communities in Santa Clara County continue to experience unique intergenerational traumas. Access to culturally and linguistically relevant behavioral health services is necessary if we are to begin assisting these communities in healing.

BHCA supports this innovative approach of tailoring access and services to both meet the specific needs of a marginalized client population and involve existing leaders from each community to help engage consumers wary of services.

Partnership with existing community leaders combined with the critical role of cultural and linguistic competency among staff is critical to building trust with minority ethnic groups. Beyond engaging clients, building trust in the behavioral health services delivery system among the Vietnamese and the African American/African Ancestry communities is also a critical step in combating the stigma associated with accessing behavioral health services among these communities.

Member Agencies

AACI
Abode Services
Advent Group Ministries
Alum Rock Counseling Center
Bill Wilson Center
Caminar
Catholic Charities
Children's Health Council
Community Solutions
Fred Finch Youth Center
Gardner Family Care Corporation
HealthRight 360
HealthTrust
Home First
Hope Services
Horizon Services
Indian Health Center
Kidango
LifeMoves
Mekong Community Center
Mental Health Advocacy Project
Mental Health Systems
Momentum for Mental Health
National Alliance on Mental Illness
Parisi House on the Hill
PATH
Pathway Society
Peninsula Healthcare Connection
Rebekah Children's Services
Seneca Kinship Center
Ujima Adult & Family Services
Uplift Family Services

BHCA members participated in some of the stakeholder sessions to obtain community input and hone the model. This occurred following several listening sessions the County held targeting specific communities through outreach and use of bi-cultural bi-lingual facilitators. Through these they were able to identify how the pandemic and national focus on racism is impacting these communities.

BHCA is excited that this project will lead to the identification of cultural and spiritual nuances, beliefs, practices, and norms specific to the Vietnamese and African American communities that should be incorporated into the planning, delivery, and outcomes of mental health services. The evaluation of this innovation will also be an important contribution to documenting the impact of utilizing on-going community input and leadership to better serve these two communities.

I urge you to approve this project that will bring much needed and creative resources to Santa Clara County.

Sincerely,



Elisa Koff-Ginsborg
Executive Director