

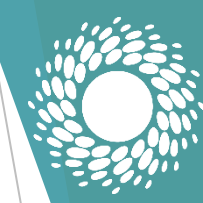


California Pan-Ethnic  
HEALTH NETWORK

# Towards Mental Health Equity

AB 470 & Right to Heal

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# California Pan-Ethnic Health Network (CPEHN)

- ▶ CPEHN advocates for policies that dismantle structural racism and improve access to care across health, mental health, and social services
- ▶ **Mission:** We bring together and mobilize communities of color to advocate for public policies that advance health equity and improve health outcomes in our communities



# Right to Heal Project 2020-2023

- ▶ In 2020, MHSOAC contracted CPEHN for three years under a project that CPEHN dubbed “A Right to Heal: Mental Health in Diverse Communities.”
- ▶ 15 listening sessions were completed all across the state catered to diverse stakeholder communities:
  - ▶ Asian and Pacific Islander
  - ▶ Black/African American
  - ▶ Latino
  - ▶ Native American
  - ▶ Multicultural

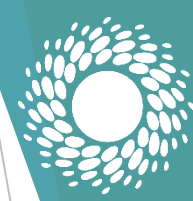
PARTNERS BY REGION

<p><b>Vision y Compromiso</b> (Kern County)</p> <p><b>Restorative Justice for Oakland Youth</b> (Alameda County)</p> <p><b>Hmong Cultural Center</b> (Butte County)</p> <p><b>Bakersfield American Indian Health Project</b> (Kern County)</p> <p><b>Painted Brain</b> (Los Angeles County)</p>	<p><b>OnTrack Program Resources</b> (Sacramento County)</p> <p><b>True North Organizing Network</b> (Humboldt County)</p> <p><b>Vista Community Clinic</b> (San Diego County)</p> <p><b>The Cambodian Family of Santa Ana</b> (Orange County)</p> <p><b>El Sol Neighborhood Center</b> (San Bernardino County)</p>	<p><b>Be Smooth, Inc.</b> (San Joaquin County)</p> <p><b>Indian Health Center of Santa Clara Valley</b> (Santa Clara County)</p> <p><b>AltaMed: Civic Engagement</b> (Los Angeles County)</p> <p><b>Fresno Interdenominational Refugee Ministries</b> (Fresno County)</p> <p><b>Mixteco Indigena Community Organizing Project/Proyecto Mixteco Indigena</b> (Ventura County)</p>
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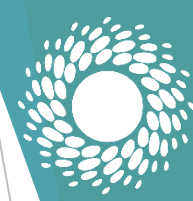
Local Partner Organizations

- Year 1
- Year 2
- Year 3



# High Level Overview of 2020-2023 Listening Sessions

- ▶ Engaged over 1,500 community members, advocates, elected officials, and local and state staff to:
  - ▶ Share personal experiences navigating the local mental health system.
  - ▶ Explore barriers to care and discuss the impact of structural racism, stigma, and cultural identity on mental health.
- ▶ Two recurring themes emerged from 2020-2023 listening sessions were featured in all three of our annual Right to Heal reports.
  - ▶ Mental health stigma is pervasive across several diverse communities.
  - ▶ Mental health services continue to be difficult to access because there are a lack of culturally and linguistically competent providers.



# AB 470: The Mental Health Equity Act

## **AB 470 identifies two fundamental objectives:**

- ▶ **(1)** Mandate data collection and public reporting of mental health access, engagement, and outcomes
- ▶ **(2)** Develop quality improvement and disparities reduction recommendations

**Primary goal:** timely access to quality mental health services, ultimately reducing mental health disparities

Disparities persist despite data collection, highlighting the need for actionable change

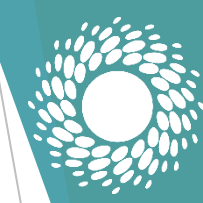
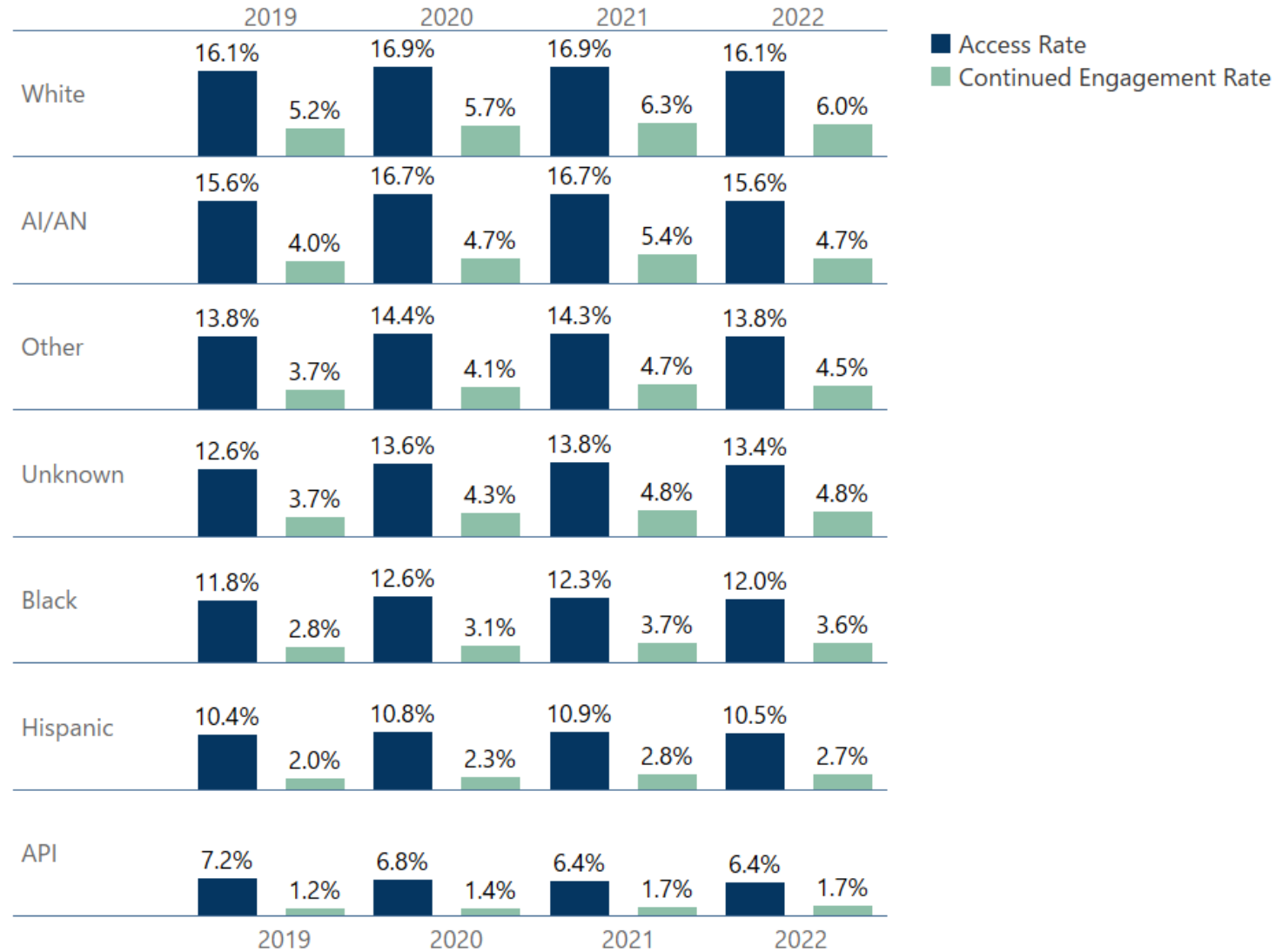


Figure 3. Access and Continued Engagement rates by race and ethnicity over time, **Non-Specialty Mental Health Services, California, 2019-2022**



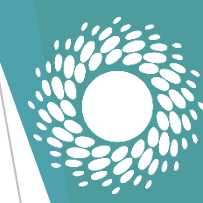
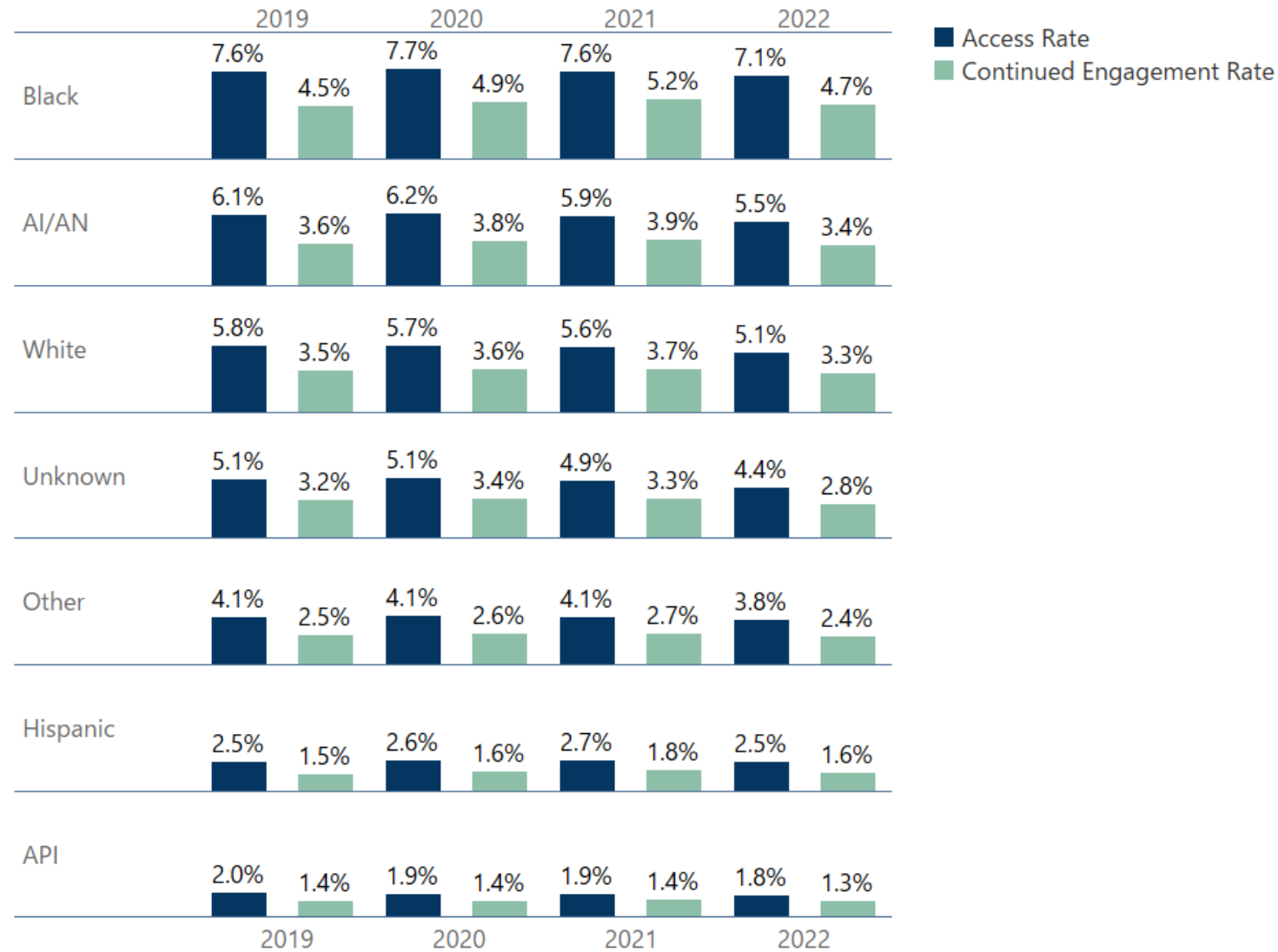
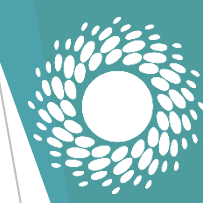


Figure 4. Access and Continued Engagement rates by race and ethnicity over time, **Specialty Mental Health Services, California, 2019-2022**





# Top ICD-10 Diagnosis Categories

Specialty Mental Health Services, 2022

<b>Race and Ethnicity</b>	<b>Diagnosis Category</b>	<b>% of those receiving at least one service</b>
API	Schizophrenia	22.3%
	Schizoaffective disorders	15.9%
Black	Schizoaffective disorders	19.1%
	Schizophrenia	17.4%
Hispanic	Schizoaffective disorders	12.8%
	Schizophrenia	12.6%
AI/AN	Schizoaffective disorders	16.6%
	Schizophrenia	12.7%
White	Schizoaffective disorders	14.5%
	Schizophrenia	12.1%





# The Cambodian Family: Mental Health Needs & Advocacy



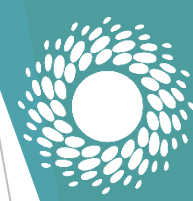
California Pan-Ethnic  
HEALTH NETWORK

By: Vattana Peong, MPH  
Executive Director



- ▶ **Mission:** To provide opportunities for refugee and immigrant families to develop the knowledge, skills, and desires for creating health and well-being in their lives.
  - ▶ Founded in 1980 as a community-based organization to help resettle the Cambodian refugees who escaped the civil war and genocidal regime in Cambodia and then expanded to serve other immigrants and refugees from around the world
  - ▶ Reached over 66,000 community members and provided approximately 24,000 direct services to over 8,600 clients. Over 95% of our clients are low-income and limited-English proficient (LEP)
  - ▶ TCF serves a very diverse population, with 65% of our clients of Southeast Asian descent, 30% Latinx, and 5% other ethnicities.

# The Cambodian Family: Mental Health Snapshot



**“Cambodian immigrants and refugees are among the most traumatized populations in the U.S.”**

- Center for Health Equity Research. (2021). *Community Wellness Program: Local Evaluation Report*
- ▶ 62% meet the DSM diagnosis criteria for PTSD and 51% meet the diagnostic criteria for major depression<sup>1</sup>
- ▶ Uninsured Cambodian rates are among the highest in Asian American ethnic groups, at 13%<sup>2</sup>
- ▶ Average Cambodian genocide survivors have experienced about 15 trauma events
- ▶ Approximately, 80% of Cambodian community members in Orange County are unaware of available mental health services
- ▶ In Orange County, Cambodian people do not meet the County’s threshold language requirement, creating significant language barriers

1. Marshall et al., 2005; The Cambodian Family, CALT, 2017; The Cambodian Family, Cambodian Mental Health Needs Assessment, 2019.

2. U.S. Census Bureau, 2021 American Community Survey, 5-Year Estimates, Table b27011.

# Empowering Elders: Turning Frustration into Community Power

**Background:** In 2004, MHSA passed by California voters to better serve individuals with, and at risk of, serious mental health issues, and their families.

- ▶ The Orange County Cambodian community had been largely left out since its inception
  - ▶ Issues: Accessibility, language, navigation, unmet mental health needs, workforce, etc.
  - ▶ Systemic issue faced by many OC Cambodian community members
- ▶ Community shares frustrations around unmet mental health needs with TCF as their trusted community center
  - ▶ 2016: conducted **Community Ambassador Leadership Training (CALT)** program
  - ▶ 30 seniors trained in mental health, public speaking, and community advocacy
  - ▶ Resulted in seniors being empowered to take up space at County meetings and during MHSA and other community engagement meetings
  - ▶ Resulted in older adults being able to access mental health services through the **Early Intervention for Older Adults (EISOA)** program, a county funded project led by MECCA
  - ▶ Cambodian mental health needs formally recognized for the first time in the *FY17-18 Orange County MHSA Plan*



# Empowering Elders: Turning Frustration into Community Power (2)

**Background:** In 2024, our community members heard that the EISOA grant would be ending, and that ethnic community-specific organizations would not be re-awarded, which would leave over 100 Cambodian older adults without access to mental health services.

- ▶ County planned for EISOA non-renewal with ethnic-serving agencies
  - ▶ Community heard of EISOA potentially ending for them, which would create a significant gap in mental health services, and organized their peers, who are aged 60+ and monolingual, to defend the same programs they fought for 8 years ago
- ▶ Six elders met to practice public comments and to attend the Board of Supervisors meeting to keep EISOA in the community
  - ▶ Prompted an hour long discussion amongst the Board of Supervisors on the importance of ethnic mental health services
- ▶ Successfully advocated for the Board of Supervisors to reverse EISOA changes, resulting in the multi-million dollar contract being re-awarded to ethnic-serving agencies



ITEM 25.  
Aging - Southern California, Inc. for early intervention services for older adults, 7/1/24 - 6/30/26 (\$5,000,000); renewable for three additional one-year terms; and authorize County Procurement Officer or Deputized designee to exercise cost contingency increase not to

# The Cambodian Family: Community Practices are Health Interventions

**Background:** Standard evidence-based practices are not necessarily designed for our ethnic, monolingual communities. The Community Wellness Program (CWP), funded by the California Department of Public Health Office of Health Equity – California Reducing Disparities Project (CRDP), recognizes the need for culturally appropriate mental health services through implementing Community-Defined Evidence Practices (CDEP). CWP is led by the Cambodian Association of America, in partnership with The Cambodian Family and other trusted CBOs.

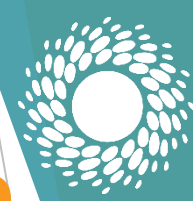
- ▶ **100%** of participants identified at least two potential strategies for improving their mental health
- ▶ **70.1%** of participants with depression-related symptoms reported a reduction in said symptoms
- ▶ **67.2%** of participants reported feeling less alone
- ▶ **58.2%** reported positive self-perception



# The Cambodian Family: Recommendations

- ▶ **Building community power through leadership and advocacy should be an integral part of mental health programming**
- ▶ **Fostering authentic community engagement with trusted CBOs is key to making positive changes in the mental health system**
- ▶ **Uplifting community-defined evidence practices (CDEP) leads to better mental health outcomes**





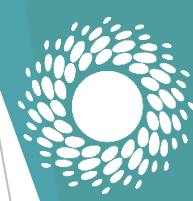
# Recommendation 1: Leverage BHSA to Reduce Stigma and Discrimination Across Systems

- ▶ Mental health stigma is pervasive across several diverse communities.
  - ▶ Stigma around mental health leads to fear of judgment or discrimination, preventing individuals from seeking support.
  - ▶ Cultural norms, including family stigma, often pressure individuals to suppress mental health challenges to avoid bringing "shame" to their families.
  - ▶ Misconceptions about mental illness perpetuate shame, isolation, and reluctance to access available resources.

Stigma reduction should happen at multiple levels throughout the BHSA.

Statewide prevention funding can help to support this for specific populations, and county programs should demonstrate how they incorporate best practices in stigma and discrimination reduction.

In the county planning process, there is an opportunity for behavioral health to support other parts of county government with identifying ways their programs can support this goal.



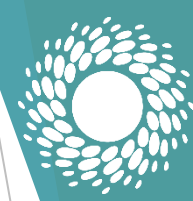
## Recommendation 2: Utilize County Integrated Plans to Address Language Access

- ▶ Mental health services continue to be difficult to access because there are a lack of culturally and linguistically competent providers.
  - ▶ Participants from our listening sessions continued to report that services are rarely in-language, and that interpretation was not always available.
  - ▶ In some instances, family members or a representative from a community-based organization would help interpret.
  - ▶ Often, there are no direct linguistic equivalents in some languages for English mental health terms, making diagnosis and communication challenging.

County integrated plans should include specific language access plans that acknowledges both the county's threshold languages and languages spoken by smaller populations.

Los Angeles is developing a language access plan for DPH - this could serve as a model. Relying on the language line is not sufficient particularly for behavioral health.



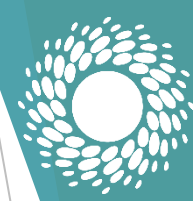


## Recommendation 3: Support Organizing as a Behavioral Health Strategy

- ▶ Community Organizing
  - ▶ Hmong Cultural Center received funding from the Sierra Health Foundation to develop a youth leadership program that opens pathways for Hmong youth to attend and participate in Butte City Council and Board of Supervisor Meetings.
  - ▶ California Black Women's Health Project developed an MHSA advocacy toolkit and continues to train more mental health advocates through the Sisters Mentally Mobilized program to support.

The BHC can help to socialize the impact that community organizing has on the determinants of behavioral health.

An "inside-outside" strategy will be helpful for BH leaders committed to equity work.



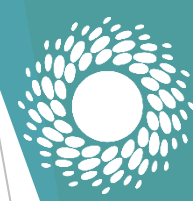
## Recommendation 4: Utilize Partnerships and Model Community Planning

- ▶ Deepening Partnerships
  - ▶ Restorative Justice for Oakland Youth in Alameda County are now training County staff and providers on how to be more culturally responsive and how to implement restorative justice practices, respectively.
  - ▶ Bakersfield American Indian Health Project is also hosting cultural events that Kern County staff regularly attend, and both partners share their calendar of events for the entire year to maximize mutual participation and engagement.

We can build upon these partnerships for the county planning process.

The CBH could provide guidance, learning collaboratives, etc. to help counties do community plan well.

Our partners and others are ready and willing to work alongside counties for this process.



# Recommendation 5: Support Community Programs to Transition to Early Intervention

- ▶ Increased Funding
  - ▶ The state provided funding to Bakersfield American Indian Health Project to expand community health workers, which was supported by Kern County Behavioral Health and Recovery Services and a key recommendation from their local listening session and ongoing advocacy.
  - ▶ The state also funded Restorative Justice for Oakland Youth in Alameda County to work on their “safe outside the system” initiative. Additionally, RJOY received increased funding from Alameda County for healing circles and provider training in restorative justice and accepted their request for increased funding.

Many of these programs could be funded as early intervention, and some counties are already working on this (Alameda, for example).

However, the reporting threshold for early intervention may be difficult for small programs and organizations to meet.

Should consider hub models where not only TA but actually administration is available to support organizations.