State of California

MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION

Immigrant and Refugee
Listening Session Teleconference Meeting Summary
October 21, 2021

MHSOAC
1325 J Street, Suite 1700
Sacramento, CA 95814

Staff Present:
Tom Orrock, Chief of Stakeholder Engagement and Grants
Michele Nottingham, Stakeholder Advocacy Program Lead
Lester Robancho, Stakeholder Contract Monitor

Meeting Participants:
Senait Admassu, African Communities Public Health Coalition
Ameera Basmadji, Access California Services
Clint Carney, Survivors of Torture International
Basit Choudhary, Muslim American Society – Social Services Foundation (MAS-SSF)
Rosa Flores, Latino Coalition for a Healthy California
Ignacio Gonzalez, Southern California Resource Services for Independent Living
Vanessa Guillen
Melissa Hannah, United Parents and Parents and Caregivers for Wellness
Stacie Hiramoto, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO)
Paola Ilescas, Latino Coalition for a Healthy California
Robb Layne, California Council of Community Behavioral Health Agencies
Elena McCollim
Jorge Monzon, Alivio-Telehealth
Nina Moreno, Ph.D., Safe Passages and local evaluator with the CRDP
Mercedes Moreno, DMH volunteer
Hang Nguyen
Alberto Perez, Contriga Estar (phonetic)
Hector Ramirez
Blythe Raphael, Office of Refugee Health, California Department of Public Health
Nary Rath, Southeast Asia Resource Action Center
Nai Saechao, Healthy House
Alturo Salazar, Vision y Compromiso
Phaly Sam
Parisa Soltani, Irvine Valley College
Dorina Wong, Asian Researchers Inc.

Coua Xiong, Hmong Cultural Center
Leslie Grace Xu, Boat People SOS (BPSOS) Center for Community Advancement
Nkauj Iab Yang, Commission on APIA Affairs
Ge Yang, Hmong Cultural Center of Butte County
Hatefas Yop, The Cambodian Family Community Center
Gulshan Yusufzai, MAS-SSF
Stephanie Zapata

Welcome and Introductions

Tom Orrock, Chief of Stakeholder Engagement and Grants, welcomed everyone to the Immigrant and Refugee Listening Session teleconference meeting of the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) at approximately 4:30 p.m. He stated the objectives of this discussion are for Commission staff to gain a better understanding of the current needs of immigrants and refugees in California and how to best structure the next round of immigrant and refugee stakeholder contracts according to those needs.

Mr. Orrock provided an overview of the background, objectives, and timeline for the current immigrant and refugee stakeholder advocacy contracts, which will end on June 30, 2022. In anticipation of that, the Commission is preparing to release a Request for Proposals (RFP) in early 2022 for the next round of funding for immigrant and refugee advocacy.

Community Discussion and Feedback

Meeting participants provided feedback to the following questions:

1. **What are the current challenges in your communities and what advocacy tasks are most important in addressing those challenges?**
    - Individuals often have a host of issues aside from mental health. The challenge is how to prioritize mental health over other needs that are more pressing. Improving mental health first helps individuals to tackle their other issues.
    - The challenge is language access for indigenous-speaking communities. There are not enough service providers, peer educators, or interpreters who speak the language.
        - From the practitioners' perspective, the challenge is having translators during treatment sessions may potentially interfere with the client's comfort and may increase the chance of misinterpretation.
    - Advocacy tasks are measuring and quantifying the impacts of the COVID-19 pandemic in the mental health of communities.
    - Language is a major issue. Domestic violence, substance abuse, employment, and individual and community trust are also challenges.
    - Advocacy task of educating about the status of individuals from other countries such as refugees, immigrants, and the subset of asylum-seekers.

- The challenge is the lack of linguistic access, disability accommodations, and necessary support for stakeholders who should be at the table.
- The challenge is the need for capacity and to expand services to the most impacted, marginalized, and disadvantaged communities.
- Undocumented communities struggle to survive during the pandemic.
- Challenges are language access, cultural competency, and understanding the vulnerabilities of the population, particularly for individuals with traumatic experiences. For example, providers often oversimplify the immigrant experience resulting in clients not returning for services.
- Advocacy task of investing in workforce development, particularly to support in navigating services and incorporating community health workers and promatoras into the delivery of services so the outreach is comprehensive in language, etc.
- Education and information on access to psychiatric evaluations for individuals who are looking to obtain an adjustment of status into a more permanent status and to avoid separation of families. The importance of psychiatric evaluations is sometimes overlooked and can completely change someone's immigration case.

Mr. Orrock asked for more information on the connection between psychiatric evaluations and immigration.

- The Sacramento program collaborates with immigration attorneys and has received funding through a foundation that provides individuals who are looking to obtain permanent status with funding for a psychiatric evaluation, which is approximately $500 per evaluation. It helps support someone's immigration case in front of an audience or judge. Many times, these resources are used to keep families together when families are going to be separated. There is not enough information on those kinds of resources.
- Educate policy makers about psychiatric evaluations and their importance. Psychiatric evaluations are a critical part of the immigration process, especially with asylum-seekers.
- The challenge of language access and culturally-appropriate mental health care. It is important to see individuals through a holistic perspective, meeting them where they are with dignity, autonomy, and respect.
    - Advocacy task of ensuring that these programs are appropriate in terms of healing mental health issues and not continually retraumatizing individuals.
- Use community-defined evidence practices (CDEPs) over evidence-based practices that have not been tested on racial and ethnic communities.
- Advocacy task of providing equitable access to factual information that is culturally, linguistically, and developmentally appropriate. It is important to remember the 0-5 age range.

- Importance of investing in a culturally- and linguistically-relevant mental health pipeline of peer-to-peer mental health providers, like the promatora model. City, county, and state governments need to invest in these types of pipelines that will produce these professionals to address mental health disparities.
- Advocacy task of including culturally- and linguistically-appropriate mental health services that are also age-appropriate for children of immigrant and refugee communities. It important to invest in young people who are also the care providers of immigrant and refugee parents. This may be a creative way to build that pipeline for bilingual mental health service providers.
- The next round of funding should consider the many nonprofits on the ground that are already doing this work.
- Include immigrants and refugees and individuals with lived experience in dealing with those communities on the RFP application review panel to make decisions about who will be funded.
- Immigrant and refugee communities are marginalized. There are many traditional services in cities and counties but there are no direct mental health services or other services in immigrant and refugee communities. There is only one way to serve the community, which is a big issue.
- Be inclusive when identifying immigrants and refugees to include Western Europeans, Asians, Africans, and Latinos.
- The major issue is equity. The advocacy must take place at the state, county, and local levels in order to be equitable.
- Not having enough trained clinicians or trained interpreters to bridge the language gap between the community and providers are issues.
    - The next best thing is to train medical interpreters to provide that bridge in communication between monolingual providers and the populations.
    - Train the new pipeline of health care workers to also have proper interpretation skills and code of ethics.
- Emphasize immigrant and refugee youth who must face linguistic and cultural competency barriers. These youth have come from war-torn countries and possibly lost family members and are now expected to sit at a desk in a confined classroom.
    - Alleviate the stress and trauma that youth have experienced and help them in their schools by having more peer-to-peer support and onsite or local wellness centers for youth that can help them with their linguistic and cultural needs and help them manage that trauma, especially in the classroom.
- Refugee youths are prioritizing jobs over education to help provide for their families.
- Greater investment in youth and young adults in all communities.

- Education and training are necessary for landlords to help them understand the needs of the refugee community to address the housing issue.
- The stigma that refugees do not come into this county with any value must be broken.
- Educate the educators and school systems on the background of refugees and what they are coming with to increase refugee awareness.
- Trust takes a long time to build. It is difficult for immigrants and refugees to open up to the medical community. The peer support model is important in serving these populations.
    - Cultural competency and having service providers that are the same color, race, and culture helps communities trust and feel safe.
- Statewide contractors look to the Commission for help connecting immigrants and refugees to services.
- Disaggregated data is important.
    - Cultural and linguistic access is important for all communities but the API community is thrown into one category but their history, immigration experiences, and socioeconomic backgrounds are diverse.
- Stigma is experienced in communities about seeking mental health or behavioral health services. It is important for community-based organizations to be part of the decision-making process and to do outreach and education to dispel myths and stigma.
- Culturally- and linguistically-responsive advocacy is important, including language access.
- The challenges of education and outreach in the community. Many immigrants do not understand the term “mental health” and what it is. It is important to let communities know the services that are available to them.
- Mental health challenges during the pandemic.
- Better understanding of benefits.
- Understanding how mental services work.
- Faith and mental health as part of therapy/services.
- Mental health stigma.
- Privacy concerns and fear and distrust of mental health institutions due to legal immigration status.
- Access to services in client’s native language.
- Support for caregivers with family members struggling with behavioral health issues and concerns.

- Lack of cultural humility.
- Culturally-appropriate interventions that are culturally inclusive for immigrants and refugees.
- Debunking myths about mental health and services.

Staff responses to questions and comments in the Chat section

- Will these comments, questions, and answers be accessible to the public before the RFP is released?

Mr. Orrock stated they will.

- Can questions be asked from individuals not in attendance?

Mr. Orrock stated additional questions can be emailed to staff at mhsoac@mhsoac.ca.gov.

- The Cultural and Linguistic Competency Committee (CLCC) should weigh in on this.

Mr. Orrock stated this topic will be addressed at the November 10th CLCC meeting.

2. What should be measured to determine the success of the immigrant and refugee stakeholder contracts?

- Measure workforce development or the increase in the pipeline of individuals able to provide culturally- and linguistically-appropriate services both in terms of the number of individuals getting into the pipeline and moving up the professional ladder and the impact on individuals in their communities in terms of access to services, outcomes, and prevention.
- Measure the impact of the COVID-19 pandemic on communities and equitable access to services.
- Measure grades of ELL immigrant/refugee students receiving versus not receiving peer-to-peer support services.
- Measure future hope and community-affirming practices.
- Measure the number of trained clinicians and interpreters who are trained in behavioral services who want to work with immigrant and refugee communities.
- Measure the extent to which mental health systems have decreased.
- Measure the extent to which government systems have invested in community-defined, culturally-relevant mental health practices.
- Measure community-defined practices.
- The social determinants of health are what matters.
- Measure the number of individuals who accessed mental health services and other services. Navigating the system is important.

3. **For the upcoming three-year contracts, what are your thoughts on holding virtual, in-person, and/or hybrid advocacy events?**
    - It is difficult to do in-person events, especially during the pandemic. Virtual meetings have more participation over larger areas statewide. A hybrid approach maximizes the number of participants.
    - Virtual meetings have greater representation.
    - Remain flexible and do not use mental health in the event title because it would not be as appealing.
    - A hybrid model is the best of both worlds and is most effective and inclusive.
    - A hybrid model through virtual platforms that are accessible and user-friendly is best.
    - Virtual meetings make meetings accessible for new arrivals who do not have transport. Virtual meetings also allow attendance of families with young children who do not have childcare.
    - It is important to provide tablets or cell phones and staff to show new arrivals how to connect to meetings on the devices.
    - There are communities, age groups, and cultures that are not as quick or as easy to adopt digital solutions. A hybrid model would allow better access without being tone-deaf to the issues around the digital divide.
    - Be sensitive to language-access requests for meetings.

Closing Remarks and Adjourn

Mr. Orrock asked participants to send additional thoughts about these questions to staff.

There being no further business, the meeting was adjourned at approximately 6:00 p.m.