UNDERREPRESENTED ETHNIC POPULATIONS (UREP) WORK GROUP
FINAL REPORT

Structure and Purpose of Work Group

The UREP Work Group met six times between April 21 and June 7, 2005. The Work Group consisted of 56 working members and divided itself into three working committees (guiding principles, dedicated funding methodology and expansion and transformation methodology) and a leadership team that met at the beginning of the process to set the Work Group's direction. The 56-member Work Group included community mental health professionals, community and client advocates, representatives from the Department of Mental Health (DMH) and other partnering county agencies, such as Department of Public Social Services (DPSS).

The Work Group and Leadership Team represented each of the major racial/ethnic groups (Asian American, African American, Native American and Latino) as well underrepresented linguistic minority groups such as Armenian, Farsi and Russian. Each of the committees, to the extent possible, also represented these various communities.

Initially, UREP saw its purpose as influencing the Age Work Groups as they developed their full-service partnership, systems development and outreach and engagement recommendations. The UREP Work Group focus was developed to:

1. Create a strategy for set-aside with back-up data, including methodology
2. Formulate definitions for "un-served," "under-served," "inappropriately served"
3. Develop strategy for outreach and education – stigma, focus groups, fear of medication, etc.

Products Developed

The UREP Work Group developed three products that were or will be presented to the Delegates for discussion and adoption. They include the UREP Guiding Principles, and methodologies for Dedicated Funding and Expansion and Transformation of the Mental Health System. (Final versions of each of these documents are included as attachments to this report).

Guiding Principles: The Work Group had a rich discussion on the guiding principles that culminated in recommendations that were presented for discussion and adoption to the County-wide Delegates at their May 16, 2005 meeting. Delegate members of UREP took the Work Group's recommendations to the May 16 meeting and presented it.

The Delegates approved the Guiding Principles in concept, and asked that UREP come back to the delegates with the following changes:

- P2: Specify co-occurring disorders
- P3: Mention parents and neighbors in the list
- P5: Engagement should be included in the header
- Principles did not go far enough in defining culture in a variety of ways, such as defining culturally appropriate to also include working with bi-cultural populations
- Language needs to be tightened so that it has a focus on race, immigration, acculturation and language (specifically with limited-English populations)
- Change Euro-centric to "existing" (Much discussion ensued on this point. It was generally agreed upon that the intention of this comment was to surface the idea that many approaches and practices are imbedded with cultural assumptions that don't work for UREP, particularly where

the family is the focal point and not the individual. The recommendation was to simplify the language and to name the concept more clearly.)

- Though not intended, the workforce development phrasing needs to be more clear, so that it does not leave out English-speaking underrepresented groups within the mental health system.
- Principles should make a statement about not following demographic trends, but being ahead of them to anticipate needs and issues that will transform the MH system
- More of a focus should be on prevention in the principles (John Ott mentioned that although this was a great comment, that prevention would be the focus for future MHSA planning and, although included in the principles, did not necessarily be central to this part of the planning effort)
- P6: Much concern was raised about the phrase "from the same cultural group." It was agreed that this should not be restrictive to mean that only individuals from one group could serve that group. Instead, it should be mean that all things being equal, that having someone from the same cultural group perform a service is a better option.

The Guiding Principles Group redrafted the document, based on the Delegates' suggested changes, and the UREP Work Group adopted the amended guiding principles after much discussion and group editing. The Work group used the Gradients of Agreements approach to arrive at a consensus on the changes recommended. Delegate members of UREP will now present the redrafted Guiding Principles at an upcoming Delegates Meeting.

Although the group decided to move forward with the Guiding Principles, a strong divergent view exists within the Work Group and should be noted. One member of the group still feels that the language and intent of the principles does not go far enough to be inclusive of all the diversity that exists within Los Angeles County's mental health system. A proposal was made to include newer language (this proposal is also attached), yet the Work Group consensus was that the new language pushed the work of UREP beyond its charge, and that the language of the proposal posed more questions than it answered.

Amendments to the Guiding Principles document, as agreed to by the group, will be included in the final draft that gets presented at one of two Delegate Meetings during the week of June 13, 2005.

Dedicated Funding Methodology: The Work Group also discussed and created a methodology to implement the vision of the first two guiding principles. The first Guiding Principle concerned itself with dedicated funding for UREP groups.
The Committee met three times to draft the document and make the necessary changes to the recommendations made after each meeting.

The Work Group's basic approach for UREP designated funding is that UREP groups will be provided dedicated funding proportionally to their population size by;

- SAAC, and then by
- Age Work Group-defined focal populations and systems development priorities

Those in attendance at the June 7 meeting adopted this recommendation unanimously. A copy of that updated methodology is attached to this summary report.

Expansion and Transformation Methodology: The second Guiding Principle concerned itself with expansion and transformation of the mental health system on behalf of UREP groups.

The Committee met once to draft the document and make the necessary additions to the document.

Those in attendance at the June 7 meeting adopted the recommended methodology unanimously with a stipulation that proposed changes be made before the Delegates meetings. Again, a copy of the final methodology is attached to this summary report.

Recommendations Based On Guiding Principles

The Work Group also discussed definitions for un-served, underserved and inappropriately served populations for UREP.

The Work Group agreed to adopt the MHSA-defined "un-served populations" definition, and added the following categories/thoughts to DMH's definitions for underserved and inappropriately served categories:

- Descriptions for under-served can also be applied to inappropriately served.
- Include descriptions of under-served and inappropriately served to include mention of underrepresented ethnic populations in each, particularly mono-lingual , non-English speakers, underinsured, and uninsurable individuals.
- Clients described are not assigned case managers.
- Consider using other indicators of need in addition to $1K criteria such as risk, number of contacts, emergency room visits for mental health service needs, individuals in hospitals who can not be discharged to needed community-based, culturally competent services.
- Recommendations reflect view of individuals from an Euro-centric perspective. They need to take cultural and linguistic differences into account.
- The prevalence data needs to better reflect actual usage and realities of underrepresented ethnic population groups. Some ethnic populations are not being included in the data.

Conclusion

The UREP Work Group accomplished the goals it set out for itself and has helped to advance the conversation regarding how best to work with and provide services for UREP populations county-side. As a body, it looks forward to the Delegate conversations that will actualize the principles, and to continue working with one another to continue advocating on behalf of its UREP constituencies.

"The mental health system has not kept pace with the diverse needs of racial and ethnic minorities, often underserving or inappropriately serving them." *President New Freedom Commission on Mental Health, 2002*

LOS ANGELES COUNTY DMH COMMUNITY SERVICES AND SUPPORTS GUIDING PRINCIPLES PRESENTED BY THE UNDERREPRESENTED ETHNIC POPULATIONS GROUP

Revised June 7, 2005

The Underrepresented Ethnic Populations (UREP) group proposes the following guiding principles to be adopted within the Los Angeles County Community Services and Supports (CSS) plan and for transformation of the mental health system for all age groups. These guiding principles are consistent with the "Vision Statement and Guiding Principles for DMH Implementation of the MHSA" (February 2005) promulgated by the California Department of Mental Health. Adoption of these principles will ensure quality services for un-served, underserved and inappropriately served ethnic populations of Los Angeles County. UREP strongly recommends that dedicated funds be identified to enhance the Los Angeles County Department of Mental Health's ability to better serve these ethnic populations. A method for dedicated funding will be developed by UREP and presented to the Stakeholder delegates and the countywide sub-committees for their adoption.

Principle 1: Dedicated Funding
Allocate on-going dedicated funding to un-served, underserved and inappropriately served ethnic populations who are un-insured, un-insurable across age groups (children, transitional youth, adult, and older adult) consistent with the language and cultural needs and demographics of communities. This dedicated funding will position DMH to close disparity gaps within the next five years.

Principle 2: Expansion and Transformation of Mental Health Services
Expand the mental health system's capacity to provide services to underrepresented ethnic populations across age groups by increasing the number of community-based organizations and by strengthening partnerships with providers that have long-standing community ties. Underrepresented ethnic communities require more systems development funding to transform and build a culturally competent mental health system. Service expansion should be geographically proportionate to each community's needs, and full-service partnerships criteria should be flexible to include underrepresented ethnic populations, particularly those with co-occurring disorders.

Principle 3: Involvement, Engagement and Empowerment of Consumers and Families
Fully engage consumers, families and community members – such as parents, neighbors and significant others – in culturally effective ways at all levels of the mental health system, including developing treatment options, planning, advocacy, accountability, employment and education. Consumer representation should be reflective of a community's un-served, underserved and inappropriately served ethnic groups and demographics.

Principle 4: Workforce Development and Retention
Develop and implement programs that increase the capacity of the mental health system to recruit, hire, train, and retain qualified bilingual-bicultural professionals, paraprofessionals, consumers and their families who live in and/or reflect the demographics of individual communities.

Principle 5: Access, Outreach and Engagement
Develop and implement culturally and linguistically appropriate strategies, policies, and procedures to increase access to culturally appropriate mental health services for un-served, underserved and inappropriately served ethnic populations. These strategies should include community-based, culturally effective outreach, engagement, and education extending across age groups and responding to historical, geographic disparities and barriers to services.

Principle 6: Cultural Competency
Develop cross-cultural and multi-cultural competency programs throughout the mental health system to ensure quality services for all communities. Expand the theory and practice of community mental health to move beyond traditional models and to create culturally and linguistically sensitive and competent programs that include a strong, family-centered focus and effective, non-traditional approaches. Systems should be designed so that they are built, managed and staffed by experienced, knowledgeable, and competently trained multicultural practitioners and administrators who are appropriately matched to the needs and requests of consumers.

UREP DESIGNATED FUNDING METHODOLOGY RECOMMENDATIONS

Based on the Guiding Principles developed by the Underrepresented Ethnic Populations (UREP) Work Group, the same Work Group created a methodology to establish designated funding for racially/ethnically and linguistically un-served, under-served and inappropriately served communities within the mental health system. This funding is based on an allocation to support underrepresented populations as a percentage of total population and need by SAAC, and then by initial (focal) populations as identified by each Age Work Group. These dedicated funding approaches should position DMH to close disparity gaps for racial/ethnic and language groups.

The UREP Work Group's charge is to focus on culturally and linguistically underrepresented populations. At the same time, the UREP Work Group recognizes that diversity is much more complex than race/ethnicity and language. We therefore propose that each Age Work Group and DMH examine the range of diversity concerns and, where possible, apply a race/ethnic and language lens to those concerns so that MHSA and Community Services and Supports (CSS) dollars are effectively utilized on behalf of UREP groups. As an example, how culturally appropriate and effective resources get allocated to monolingual-Spanish speaking Latinos with serious mental-illness SMI from Pomona requires particular mental health approaches that differ from resources allotted to a community of bilingual, transgender and homeless Latinos/as with SMI from MacArthur Park.

The dedicated funding recommendation is as follows:

1. All plans must be **driven by the needs of communities** within service areas **as identified by SAAC stakeholders, delegates and community input.**
    - Collect qualitative and quantitative data to inform plans.
    - Plan should be in accordance with the initial populations' focus and funding approaches developed by each Age Work Group and adopted by the Delegates' process
    - Systems development dollars will also follow the plan developed by the Age Work Groups and Delegates' process

2. **Focus for dedicated funding will be on un-served, under-served and inappropriately served ethnic/racial and linguistic minority populations and communities** with an emphasis on:
    - Un-insured and Un-Insurable ethnic/racial and minorities
    - Populations with specific language needs
    - The populations and communities who encounter wider disparities due to other risk factors

3. **All program and expenditure plans recommended for funding by the countywide age workgroups and eventually DMH must demonstrate compliance or adherence to the adopted UREP Principles and the Mental Health Services Act (MHSA) requirements** pertaining to the elimination of ethnic disparities in mental health services and the Act's fundamental concepts, including, but not limited to, creating: a wellness focus, integrated services, cultural competence, community collaboration and client/family driven mental health system.
    - Funding must be dedicated and allocated based on need as developed by each SAAC and by age/initial population focus. **Two major concerns** exist that need to be solved:
        - **Inadequate data collected or available for numerous UREP populations who are truly un-served.** Recommendations to rectify this issue include:

- Short-term solution: In absence of reliable data the following should be undertaken
  - Increase outreach, engagement and community education programs
  - Establish ties where relationships do not exist and strengthen community/stakeholder relationships where they do exist
  - Conduct town hall meetings, focus groups or key information interviews
  - Use other County-wide data sources, such as Service Planning Area (SPA) data, when appropriate
  - Embrace and empower existing community resources and leaders
  - Review existing literature and research
- Mid-range and long-range solution: Develop and implement county wide plans to collect needed UREP population and outcome data

- The allocation method should not pit groups against each other. **Multi-year plans should start with the most at-risk and high-need population groups or communities as identified by SAAC to receive the initial funding.** Initial populations by age should be reassessed at the plan's mid-point to make certain that disparity gaps are being reduced.

4. **Develop specific requirements and outcomes that work toward eliminating racial/ethnic and language disparities in the proposed CSS program and expenditure plans.**
   - Outcomes to reduce disparities will be broken down by SAAC and will reflect the age and initial population focus, as well as the systems development priorities adopted by the Delegates. These decisions should be guided by the following questions:
     - What UREP groups or communities will be served by the proposed services and programs?
     - How will the identified UREP groups or communities benefit from these programs?
     - In what ways will UREP consumers, families and the community be embraced, involved and empowered by these programs and supports?
     - How will the workforce be developed to serve the identified UREP group or community? By when?

5. **Accountability mechanisms need to be created to ensure that the mental health system is held accountable to UREP dedicated funding principles.**
   - Develop a Countywide oversight committee to provide assistance and lower structural barriers for implementation of UREP dedicated funding. This body should also concern itself with holding each SAAC and the mental health system responsible for answering the following sample questions or concerns:
     - How will the County measure the outcomes of services funded in terms of increasing access to services and reducing disparities for UREP populations?
     - Track the amount of funding going to UREP populations annually
     - Develop outcome and accountability questions to be answered by each SAAC and the mental health system annually
     - Pursue stigma reduction outreach and education that is culturally and linguistically appropriate
   - Include much more representative, diverse community involvement by creating a task force in each SAAC to assess community need and to represent SAAC interest(s) during future MHSA planning processes

- Establish target levels for community participation (with a focus on racial/ethnic and language underrepresented groups increasing their involvement) and a yearly evaluation of those targets

- Make certain that programs and services increase competent and culturally, linguistically appropriate staffing across all levels that can serve multi-racial/ethnic and multiple language populations effectively. These multicultural practitioners and administrators should be appropriately matched to the needs and requests of consumers.
- Each SAAC and Age Work Group should articulate how and why they're focusing on specific UREP groups and be prepared to justify their choices with quantitative and qualitative data

EXPANSION & TRANSFORMATION OF MENTAL HEALTH SERVICES
RECOMMENDED METHODOLOGY

Expansion and transformation of Los Angeles County's mental health services requires the mental health system to change its approach, actions and policies to better serve culturally and linguistically diverse groups within Underrepresented Ethnic Populations (UREP). The following recommendations, based on the UREP Guiding Principles, provides outcomes and strategies to accomplish what the UREP Work Group considers key components of the current system's expansion and transformation.

For these outcomes and strategies to work, timing and accountability for their implementation is critical. The UREP Work Group understands that some outcomes can be accomplished in three years, particularly those associated with expansion. Yet there will be others, like many of the transformation recommendations, which will take longer than three years to achieve.

Accountability

Holding the system accountable for expansion and transformation will rest with an appointed countywide oversight committee that will be responsible for reviewing progress of the outcomes as laid-out below. This body will also assist with developing technical assistance programs to help providers more effectively meet the needs of underrepresented ethnic populations. Generally, the oversight committee will hold the system responsible for:

- Expanding the mental health system's capacity to provide services to UREP across age groups by increasing the number of community-based organizations and by strengthening partnerships with providers that have long standing community ties
- Making certain that UREP groups receive more systems development funding to transform and build a more culturally competent mental health system
- Assuring that service expansion be geographically proportionate to UREP groups within each SAAC, and full-service partnership criteria that will be flexible enough to include underrepresented ethnic populations, particularly those with co-occurring disorders

Specifically, the oversight committee will make certain that the following expansion and transformation outcomes and strategies are being met in order to reduce disparities within the current mental health system and to achieve the principles above.

Expansion

Broad-based Outcomes and Strategies:

- Expand existing, effective and culturally appropriate community-based mental health models and services to un-served, underserved and inappropriately served under-represented ethnic populations
    - Dedicate funds to develop a team of community-based experts to begin to collect data on emerging and promising practices and then validate with a follow up study
    - Provide funds to support and enhance current effective services and approaches
- Increase access to the mental health system for individuals from UREP groups
    - Fund a complementary array of services to increase access, such as general education and an anti-stigma campaign
    - Provide flexible funds for community engagement events and materials
- Outreach and engagement to increase awareness about mental health for UREP groups. This has to be supported by the availability of culturally and linguistically competent services to follow the outreach.
    - Outreach and engagement in strategic community settings
    - Assure that outreach and engagement services are co-funded with direct services so that there is not a disconnect between outreach and service provision
- Develop a short- and long-term strategy to support a multilingual, multicultural workforce that meets community need and the key outcomes of the MHSA.

- Short-term strategies include hiring interpreters and other culturally-competent mental health workers
- Create a long-term plan for training culturally and linguistically competent mental health care workers. This plan should include how to: develop a pipeline for recruitment and training of young people into mental health professions, utilize those professionals who are already trained in other countries, and for how to make the current professional workforce more culturally competent.
- Support those new to mental health professions with mentors. For those who show talent and interest in the field of mental health, assist them to go to school to obtain undergraduate, graduate and professional degrees
- Use peer counseling and peer counseling models
- Apply to the State's one-time, short-term fund to support stipends for second-year graduate or fourth-year undergraduate bilingual and bicultural students (Fall 2005.) Require interns to work for a publicly funded mental health agency when they graduate. Begin to use students by May 2006.

Transformation

Broad-based Outcomes and Strategies:

- Have dedicated funding to organize, support, educate and train UREP consumers and their families in the areas of advocacy, leadership, recovery and self-help.
  - Develop focus groups for each racial/ethnic and linguistically diverse group to find out what strategies will work, and what resources are needed to organize consumers from their ethnic community
  - Create a plan and budget for groups' data collection and analysis. The driving data questions should be based on CSS planning principles and approaches.
  - Create a less bureaucratic, more user friendly mental health system
- Develop a stigma reduction outreach and education campaign in UREP communities using culturally and linguistically appropriate materials and approaches
  - Fund anti-stigma campaigns to target various ethnic groups using mass media and other strategies, ensuring the system can respond when the demands for services increase
- Provide services in nontraditional settings, also making sure that services are competent and culturally appropriate
  - Create incentives for inclusion of non-traditional groups, by funding and supporting existing agencies to outreach, engage and conduct planning with these non-traditional groups
  - Flexible funds to host events and meetings to further development these relationships
  - Create strong working relationships between mental health providers and community-based organizations to increase and improve service delivery
- Create a mentoring and technical assistance program to increase the number of large, medium and small sized community based providers that serve UREP populations.
  - Designated funding to make this happen
- Reduce disparity rate for UREP within the County.
- Increase the ability of the system to recruit, hire, train and retain new and existing qualified multi-lingual, multicultural staff.
  - Develop strategies to support those staff whose primary language is not English such as training on "bicultural documentation"
  - Impact state and federal policies to reduce the paperwork demands
  - Reduce caseload size

I.M.C.E.S.

Institute for Multicultural Counseling and Education Services, Inc.

A non-profit organization
3580 Wilshire Boulevard, Suite 2000, Los Angeles, California 90010
Tel: (213) 381-1250 Fax: (213) 383 – 4803 E-mail: IMCES@aol.com

Hi Jose,

As per your request, I combined and summarized my draft recommendation into the following format to be included in the preamble part of the guiding principles.

I. In order to be inclusive in our approach to the diverse groups of underserved populations, I recommend including the following statement in the first paragraph of the preamble:

"The Underrepresented Ethnic Populations (UREP) group proposes the following guiding principles to be adopted within the Los Angeles County Community Services and Supports (CSS) plan and for transformation of the mental health system *to include, but not limit, all existing groups such as ages, genders, sexual orientations, religions, languages, races, disabilities, a variety of low socio-economic status and transitional groups (i.e.-bicultural and multicultural).*"

II. To avoid feelings of discrimination and acting from "scarcity," it is imperative that we identify a method of facilitating a spirit of interconnectedness among diverse underserved groups. In addition, implementation of Proposition 63 requires the development of new and innovative strategies in our service delivery. Therefore, we must incorporate the notion of empowerment of interconnectedness among diverse groups of people. We must reinforce self sufficiency and encourage peoples' potential to develop beyond the immediate of emergency call for solutions through the development of new skills and ability (i.e. – learning a common language (English) in order to facilitate interconnectedness among monolingual people) that can be incorporated in the second or third phases of intervention. Needless to say, the first phase of any intervention is always designed to respond to immediate unmet needs. The following statement should read:

"Adoption of these principles will ensure quality services for un-served, underserved and inappropriately served ethnic populations of Los Angeles County. *In addition, special efforts will be made to empower the spirit of interconnectedness within and between underserved populations.*"

This can be discussed further, if necessary, in our upcoming meeting on Monday. I am looking forward to seeing you there.

Warmly,

Tara Pir