

**COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH  
PROGRAM SUPPORT BUREAU - QUALITY IMPROVEMENT DIVISION  
ASIAN PACIFIC ISLANDER UREP SUBCOMMITTEE**

MINUTES – Wednesday, February 24, 2016

Location: Asian Pacific Counseling and Treatment Centers (APCTC), 520 S. LaFayette Park Pl, Los Angeles, California, 90057

**ATTENDEES:** Chanh To, Christine Kim, Chong Suh, Elvie Quintos, Emily Wu Truong, Jane Kim, Jasmine Seo, June Pouesi, Lilaki Liu, Lishi Leo Huang, Maria Tan, Marina Tupua, Neha Duggal, Odette Papanian, Phil Cho, Rocco Cheng, Ruth Satele, Sawako Nitao, Silvia Liu, Stella Kim, Young Moon, Yue (Vicky) Xu  
DMH Staff: Ana Suarez, Treva Blackwell, Mary Kim, Mirtala Parada Ward, Nina Tayyib

**DISCUSSIONS**

- **Welcome and Introductions**
- **9/17/15 Meeting Minutes review and approval**

**Mental Health Promoters Presentation (Ana Suarez, District Chief, SA 7)**

Ana's presented information the Promotores de Salud Model, which is an approach that trains community leaders to educate their community on health and provide linkage in a culturally and linguistically competent manner. LACDMH has implemented Promotores de Salud programs that target the Latino community in Service Area 7 and Service Area 8, due to limited funding. The program has been in place for a few years and has grown each year since its initial implementation. During the last Fiscal Year, approximately 1000 presentations were made with approximately 10 attendees per presentation. Outcomes collected included satisfaction surveys and changes in attitude toward mental illness.

Due to the success of this program thus far, the DMH System Leadership Team (SLT) committed to expand this model to other ethnicities within LA County as part of the MHSA 3 year plan and changed the name to the Mental Health Promoters Program (MHPP). Each UsCC committee is being asked to identify one ethnic/linguistic community for the MHPP to target countywide. Each UsCC subcommittee has been allocated \$100,000 per Fiscal Year to target a specific community on an on-going basis. The funding will only target the community selected by the UsCC subcommittee. The project will be put out to bid through and Request for Services (RFS) process, which requires a submission of proposals, scoring, bidders conference, etc. It was clarified that this bidding process is different and much lengthier than the bidding process for the UsCC Capacity Building Projects. An estimated timeline was provided by Ana, who is the lead for the MHPP, with the goal of having program implementation by January 2017. Due to limited funding, at this time, only one ethnic/linguistic community per UsCC subcommittee will be targeted. The hope is that the program will prove to be successful and additional funding will be allocated to expand the program to additional ethnic communities.

The MHP Program elements were described by Ana. The program has a required training curriculum, which would need to be translated for the targeted community. All Mental Health Promoters will be bi-lingual and trainings will be provided in the language of the target community. The training handouts will be in English and also translated. There was also discussion on how this may vary depending on the needs of the target community (i.e. second generation may mostly only speak English, etc.). API UsCC subcommittee members asked if the cost of translation of materials was included in the \$100,000 allocation or would be covered by LACDMH. *Ana and Mirtala agreed to follow up and confirm.*

Data was presented on the primary language of consumers served by outpatient Medi-Cal Clinics for FY 14-15. There was discussion about some communities, such as the Samoan community, that had low numbers of consumers and how that may be a signal a need for increased outreach, as opposed to an indication of a lack of need. Subcommittee members expressed concern about the accuracy of the data being presented and felt that the numbers were too low to be accurate. There was discussion about why this may be. DMH staff shared that one reason might be the data may only reflect those who identified their primary language as non-English. Therefore, API consumers from a certain ethnicity who spoke English as their primary language would not be included in the provided data. Mirtala shared that another reason might be because the data provided only included Medi-Cal recipients, so indigent consumers were not included.

Subcommittee members requested the following information:

- Confirmation that the data being presented is correct
- API service utilization data by ethnicity
- API service utilization data by location (Service Area)
- API service utilization data that includes Directly Operated clinics as well as Legal Entities (contracted clinics).
- API service utilization data that includes indigent consumers as well.

*DMH agreed to follow up to assure that the data is accurate and also provide the additional requested data, to the extent possible. This will be sent out via email before voting.*

The API UsCC subcommittee was asked to identify one ethnic/linguistic community (and specify the language as well) to target at the meeting. The target community does not need to speak one of the LACDMH threshold languages. After that selection has been made, Ana will be hosting 1-2 focus groups consisting of community members from the target community. The focus groups will allow for feedback on how to best tailor the MHPP Training Curriculum to meet the target community's needs in a culturally and linguistically competent manner. API UsCC subcommittee members asked if there will be compensation for the attendees of the focus group. *DMH staff agreed to look into options to compensate focus group attendees.*

There was a discussion about voting requirements. It was clarified that this project is part of the MHS 3 Year Plan and not an UsCC Capacity Building Project. The subcommittee was informed that, since this was not an API UsCC Capacity Building Project, the UsCC voting guidelines (which require attendance of at least 51% of meetings in the past calendar year) did not apply. Mirtala shared that it was up to the API UsCC subcommittee to decide who can vote. Subcommittee members discussed the issue and some members suggested that it was better to leave the voting open in order to get

more feedback, which may also be helpful in order to engage the larger API community. **The API UsCC agreed to leave voting open to members who are active members who have attended an API UsCC subcommittee meeting and/or are on the API UsCC email list.** There was a concern about subcommittee members who qualify to vote but may not have email. *DMH agreed to make every effort to contact those individuals via phone or a contact person. Nina also requested the assistance of subcommittee members to inform those members and relay their vote to Nina via phone or email, especially if the members are mono-lingual.*

Regarding the selection of a target API ethnic/linguistic community for the MHPP, the API UsCC subcommittee members expressed concern that there were not enough members present to vote. As well, members expressed the need to have the updated data in order to make an informed decision. Some subcommittee members expressed that they would like the selection of the target ethnic/linguistic community to be vetted by the A3PCON Mental Health Committee. **It was agreed that the subcommittee would not vote at this time on a target ethnic/linguistic community.**

*DMH agreed to wait on requesting a vote until requested data had been provided and raised questions were answered.* Once this information is finalized, it will be provided to the API UsCC subcommittee. At that time, at least 1 week will be allowed for voting. The subcommittee was informed that, in order to stay on track with the required timeline, the final selection will need to be made by April 2016.

#### **UREP Capacity Building Project FY 14-15 update: API Family Member Mental Health Outreach, Education and Engagement Program (Rocco Cheng)**

Rocco Cheng, Ph.D., provided a PowerPoint presentation to provide an overview and status update of the present API UREP CBP: API Family Member Mental Health Outreach, Education and Engagement Program. The project started mid-August 2015 and will continue until mid-July 2016. Through this Program, API families will receive important information on mental illness, treatment and resources. Participation in this program will increase the knowledge of signs and symptoms of mental illness and encourage early access of services by API families, resulting in an increase in penetration rates in the targeted API communities. The API ethnic communities being targeted include the following: Chinese community (Cantonese and Mandarin speaking); Vietnamese community; Korean community; South Asian (Indian/Hindi speaking) community; Cambodian community; and the Samoan community.

The API Family Member Mental Health Outreach, Education and Engagement Program will include the following:

- The collection and distribution of linguistically and culturally appropriate mental health education and resource materials. All materials will be translated into English and the 6 target languages.
- The development of an API Family Mental Health Resource List of mental health services and supports for API families in LA County and an Outreach and Engagement survey. All materials will be translated into English and the 6 target languages.
- The implementation of Outreach, Education and Engagement (OEE) events countywide targeting API families from specific Service Areas and

API ethnic communities. The OEE events will be held in collaboration with consumer & family member support groups and community based agencies that serve the API community. The formats of the OEE events can vary, depending on the needs of the community, and may include community forums.

During the first quarter, Rocco collected and developed all the required linguistically and culturally appropriate mental health education and resource materials and also developed a resource list and OEE survey. During the second quarter, which is just ending, Rocco implemented (6) OEE events in each of the target communities. At each event there were 30 or more attendees. Rocco provided a PowerPoint presentation to the API UsCC subcommittee and also shared copies of all the OEE materials as well as photos from the OEE events.

Rocco provided information on how each event was coordinated through a partnership with a community based organization, which assured that the OEE event was presented in a culturally and linguistically appropriate manner. Some partners from SAHARA, KYCC, and YNOT shared their experience with the collaboration and expressed that it was very powerful to have a family member share their story at the OEE events and empowered other family members. They also shared that the OEE events allowed for immediate linkage to services and increased collaboration between the various agencies that served a certain community.

Rocco also briefly shared the result of some of the surveys completed by attendees, which had approximately a 50% response rate. Most attendees stated that they agreed or strongly agreed that their knowledge of signs & symptoms of mental illness and mental health resources has increased as a result of attending the OEE event. Also, a majority of attendees indicated that they felt that there was a decrease in stigma related to mental illness as a result of the OEE event.

For the next quarter, Rocco will continue to work with various community based agencies and organizations and collaborate to implement (6) additional OEE events, one for each of the targeted communities. For questions or feedback, subcommittee members were encouraged to contact Rocco Cheng directly at [roccocheng@yahoo.com](mailto:roccocheng@yahoo.com).

#### **UREP Capacity Building Project FY 15-16 update (Nina Tayyib)**

At the previous API UsCC subcommittee meeting, proposals for the next round of UsCC Capacity Building Projects were discussed by the UREP subcommittee members and voting members of the subcommittee voted to recommend the implementation of the **API Mental Health Access, Outreach and Engagement Capacity Building Project**, which was proposed by Kimthai Kuoch. The subcommittee agreed to recommend to LACDMH to only have one project for FY 15-16. It was made clear at previous meetings that even though Kimthai proposed this project, it does not guarantee that he will be awarded the project. The project proposal is now the property of LACDMH and LACDMH has 100% administrative oversight. The project idea no longer belongs to the person who submits the idea and it is not guaranteed that the person who proposed the project will win the bid.

Since the last meeting, Mirtala and Nina have consulted with API UsCC Co-chairs and are working with DMH PSB Admin to tailor the proposal into a final Statement of Work (SOW). The API UsCC subcommittee was informed that the proposed project activities have been decreased in size and scope. In order to not give an unfair advantage to any prosper, DMH is not able to provide the final Statement of Work or specify the tasks. If there is any additional information that can be shared with the API UsCC, Mirtala and Nina will inform the subcommittee via email or at a future meeting.

Once the SOW is finalized, the project will be put out to bid by LACDMH Internal Services Department (ISD) independently. ISD makes the decision as to who is awarded the bid and the bidding process is a public process. When ISD puts the project out to bid, there is a separate independent application process that interested parties, who are registered vendors, need to complete. Anyone can be bidder, as long as he/she is a registered vendor for LA County. A bidder can be an individual or organization. Instructions were previously provided to the API UsCC subcommittee via email on how to register as a vendor. At the meeting, API UsCC subcommittee members were reminded of this requirement and provided instructions (via handout) on how to register as a vendor.

**Next Meeting:** To be scheduled