

“Asian Pacific Islander Families Support Through Recovery”

FINAL PROGRESS REPORT

Reporting Quarter: ☐ Quarter 1 ☐ Quarter 2 ☐ Quarter 3 ☐ Quarter 4

Q1 - Development of Questions and Key Informant Interviews

Development of interview questions and conduct interviews (accomplishments & barriers, how barriers will be addressed, plans for future events, etc.):

The consultant developed a consent form as well as a set of questions for key informant interviews, and a set for focus group interviews. After consulting with DMH staff, it was agreed that a general set of questions can be used for focus groups and additional questions for clinicians, case managers, and peer partners were included.

Outreach efforts were made to reach the following ethnic/sectors: Cambodian, Chinese, Japanese, Korean, LGBTQ, Pilipino, and Vietnamese. In general, agencies were very cooperative and willing to collaborate. Five interviews were conducted for the following parents: two Chinese, one Japanese, one Korean, and one Vietnamese (with interpreter). Consultant made several attempts to reach LGBTQ serving agency but did not lead to fruitful outcome. Consultant will reach out to county LGBTQ liaison to see if it is possible to include them in the next quarter. While not included in key informant interview per SOW, the Cambodian serving agency (Long Beach AP) and Pilipino group (via Dr. Ann Marie Yamada of USC and Adrienne Hament) agreed to participate in the focus group interview.

Q2 – Focus Groups

Progress of recruitment and conducting focus groups (accomplishments and barriers, how barriers will be addressed, plan for future events, etc.):

- Efforts were made to communicate with organizations (APFC, APCTC, Japanese NAMI, Long Beach AP) and individuals (Tagalog speaking provider, API researcher) to formulate recruitment strategies for 11 focus groups during this second quarter.
- Inputs from 83 individuals of family members and providers via 11 focus groups were collected between 2/4/2020~3/4/2020. There were groups of family members and providers from each of the following communities: Cambodian/Khmer, Chinese, Korean, Pilipino, and Vietnamese. In addition, an 11th focus group with the Japanese family members was conducted per request from the community in Q1.
- Out of the 83 individuals who participated in 11 focus groups, 46 of them were family members and 37 were providers including peer partners, case managers, clinicians, nurse, psychiatrist, and administrators. Most of the family members were females (n=32 versus 14 males) and more family members were older adults (n=30 versus 16 adults). Of the 37 providers, most of them were females (n=27 versus 10 males). In terms of age groups, most of them were adults (n=33, versus 1 Older Adults, and 2 TAY).
- These focus groups were conducted in locations where members were familiar with (eg, clinics or church) or neutral place (eg, cultural center). Ethnic food and drinks were provided whenever possible. Also, each participant was given a \$25 Target gift cards if they do not already work for LACDMH.

Q3 – Data Analysis and Development Resource Booklet

Discuss the process and preparation (successes, challenges, lessons learned, etc.):

With the permission from participants, focus group discussions were audio-recorded and transcribed. As many of the focus groups had interpreter(s) helped interpret conversation between English and Asian language used for the groups, the English part of the conversation was transcribed. After reviewing the data, key themes of the conversation and topics recommended for the resource booklet were documented.

The other part of the efforts during this quarter focused on developing the resource booklet and gathering relevant photos for the booklet. The draft booklet went through several versions. It was edited and proofread by four different individuals consisted of professionals and one lay individual with lived experiences. It was then submitted to DMH for approval. One additional revision was made per DMH recommendation. A 32-page A5 (5.5"x8.5")

Q4 – Reproduce and Distribute Resource Booklets

Discuss overall program implementation successes during quarter

After getting the approval from DMH for the English draft booklet, translation was the main focus of this quarter. Per Scope of Work for this project, the booklet was translated into 5 Asian languages: Chinese (simplified), Khmer, Korean, Tagalog, and Vietnamese. Each language was translated by native speaker(s) of that language and reviewed by at least two additional native speakers. The Chinese, Khmer, and Vietnamese were completed by professional translators. The Chinese translation was reviewed by two native speakers with lived experience and worked in different professions. One was a researcher/government employee, and the other was a private business owner. The Khmer translation was reviewed by a peer staff and by a clinician. The Vietnamese translation was reviewed by two case managers with lived experience and worked extensively with the Vietnamese community. Korean was translated by a native speaker and a scholar who consulted with two of her family members. It was reviewed by two additional reviewers: a scholar/family member; a local clinician who worked extensively with the Korean community. The Tagalog translation was translated by a graduate student who had lived experience with mental health conditions. It was then reviewed by two native Tagalog speakers and worked as a clinician, and as a nurse. An additional researcher assisted in this process of Tagalog translation to ensure the translation was proper.

After the translation had been completed, it was then developed into a 4x6 booklet format per DMH request. Culturally relevant, copyright free, photos selected in Q2 were used. Four hundred copies were made for each of the six languages.

Signature

Chienhung Cheng, Ph.D.

Consultant Signature

6/18/2021

Date