



SANTA CLARA COUNTY MENTAL HEALTH SERVICES ACT

MHSA INNOVATION CONCEPT #5 Draft Version 2/10/10

Multi-Cultural Center

This project establishes a culturally and linguistically appropriate “wellness center” that is designed to welcome members of multiple underserved communities and their families and friends into alternative, strengths-based, and culturally-focused services and supports. The contribution to learning from this project will be to gain insight into how inter-ethnic group collaboration within a multi-cultural center results in increased engagement and improved quality of life for individuals from ethnic communities.

1. Problem

In Santa Clara County, members of ethnic communities who are struggling with mental illness often face problems of inadequate income and discrimination. They are underrepresented in the mental health care system and overrepresented in the criminal justice system. The following statistics illustrate the severity of the problem:

- Latino adults are 23.09 percent of the county adult population and yet they are 52.2 percent of the county daily jail population.
- People of African descent are 2.7 percent of the county adult population, yet they are 21 percent of the adult homeless and 12.9 percent of the county daily adult jail population and 8 percent of the adult clients served by the county’s substance abuse treatment services.
- American Indian adults are .34 percent of the county adult population and yet they are 4 percent of the adult homeless and 1.59 percent of the adult clients being served with county substance abuse treatment services.
- Within the Santa Clara County Mental Health Department’s (MHD) system of care, only 37.5 percent of Asians with mental health care needs are receiving any services.
- Among the 1304 children aged zero to five who are considered underserved by the Santa Clara County MHD, 53.3 percent were Hispanic. Of the underserved youth age 16 through 25, Hispanics were the largest group at 34 percent.

Prior to passage of the Mental Health Services Act, Santa Clara County had achieved some progress in addressing the problem of underserved ethnic communities through policies aimed at increasing the number of culturally and linguistically competent mental health practitioners providing services to consumers.

Despite these efforts, the above statistics are alarming and represent compelling evidence that further significant steps to address the problem are required. Novel and innovative approaches must be identified to successfully engage underserved ethnic communities in the mental health system and in doing so improve their quality of life.

2. Barriers

Members of ethnic communities identify multiple barriers to successful engagement in mental health services including the following:

- Stigma surrounding the receipt of mental health treatment discourages people from seeking help
- Difficulty or confusion in initiating services due to restrictive eligibility criteria
- The experience of traditional mental health settings and approaches as non-welcoming and ineffectual
- Services and supports are not designed with the cultural characteristics and values of ethnic communities at their center, including spiritual beliefs
- Failure to adequately address the importance of family in treatment
- Lack of strengths-based approaches
- Lack of transportation

3. Purpose

This project introduces a new mental health practice approach of facilitating cross-cultural collaboration between ethnic communities in one center in order to increase access and engagement and improved quality of life for underserved individuals and their families.

4. Description of Project

The Multi-Cultural Center offers a safe place for members of ethnic communities to seek out information, services, and support. The approach utilized in the center will be designed around the principle that cultural and language characteristics are central to successful engagement and healing for underserved ethnic groups. The center will include the development of cross-cultural and multi-generational approaches to solve problems and improve conditions at the individual, family and community levels.

Restrictive eligibility criteria traditionally found in formal mental health systems of care will be relaxed at the center. Transportation provisions will be developed to help increase accessibility to services and supports at the center.

The center will be staffed by consumers and family members with support from Mental Health Department staff. Mechanisms for collaboration and coordination between the Multi-Cultural Center and the MHD system of care will be established so that consumers can be referred for clinical assessment and receive services and supports when necessary. Efforts will also be undertaken to provide clients served within the

county mental health system of care with information about services provided in the Multi-Cultural Center.

5. Contribution to Learning

The key learning for this project will be to gain insight into how inter-ethnic group collaboration within a multi-cultural center results in increased engagement and improved quality of life for individuals from ethnic communities.

6. Expected Outcomes and Project Measurement

Learning Outcomes

It is expected that the county will gain insight into whether the inclusion of ethnic groups together in one center results in cross-cultural approaches to improve quality of life indicators at the individual, neighborhood, and community levels.

Service Outcomes

Following is a partial list of outcomes that may be included:

- Is there a reduction in subjective suffering from mental illness reported by consumers and family members?
- Is there an increase of ethnic community members obtaining alternative services within the center?
- Are members of ethnic community with severe mental illness being engaged into psychiatric and other levels of appropriate care? (reduction in disparities to service access)
- Are family members more engaged in treatment of loved ones struggling with mental illness? (increase in natural network of supportive relationships)

Project measurement will be conducted throughout all stages of project implementation using one or more of the following measures:

- Consumer, family and service provider pre and post surveys
- Data collection
- Project team meetings to evaluate progress and problem solve
- Quantitative and qualitative analysis
- Reports to stakeholders

7. Project Duration and Estimate Cost

\$450,000 per year for 3 years