

# MULTICULTURAL SYMPOSIUM REPORT

**CONFERENCE HELD JULY 31<sup>ST</sup>, 2014**  
MARRIOTT HOTEL & SPA, NEWPORT BEACH, CA



# WELCOME LETTER

## *NAMI California is “The State’s Voice on Mental Illness.”*

At NAMI California, we are dedicated to continuously improving our ability to serve individuals living with serious mental illness and their families across the state, and to finding solutions to cultural, linguistic, and other barriers which prevent individuals and families from accessing or remaining active in services. Over the years, we’ve heard from NAMI Affiliates, community partners, consumers and families about the challenges and lack of resources for diverse communities and we have responded to the need.

As an integral part of our ongoing strategy to highlight and honor the needs and voices of the community, NAMI California and its Board of Directors launched the inaugural Multicultural Symposium. The purpose of the Multicultural Symposium is to bring together community leaders from across our state to discuss existing problems and find solutions to increase resources, ensure access, and promote culturally appropriate programs in diverse communities.

I am proud to say, we were able to hear from a wide range of cultural and professional experts who discussed the challenges faced by the unserved and underserved cultural communities, and various methods to provide better care. I would like to thank everyone who attended our first event and contributed to making the day so rewarding and successful. This report will give you an in depth look at the Multicultural Symposium itself as well as some of the feedback we heard in the breakout sessions from diverse communities. We were able to hear many voices and stories that will help organizations and NAMI California to prioritize and implement strategies to improve mental health access and wellness across our state.

We know that our work isn’t done; we hope that you’ll continue to stay engaged in this initiative as we strive to reduce mental health disparities for individuals and their families from the wonderful multicultural communities we serve.

Sincerely,



**Jessica Cruz, MPA/HS**  
Executive Director  
NAMI California



# SYMPOSIUM COMMITTEE & SPEAKERS



## 2014 MULTICULTURAL SYMPOSIUM COMMITTEE CO-CHAIRS

**Dorothy Hendrickson**  
*President, NAMI California Board of Directors*

**Sergio Aguilar-Gaxiola, MD, PhD**  
*1st Vice President, NAMI California Board of Directors*

## COMMITTEE MEMBERS

**Guy Qvistgaard, MFT**  
**May Farr, RN (Retired)**  
**Randy Beckx**  
**Juan Garcia, Ph.D. LMFT**  
**Chief Kenton Rainey**  
**Diane Van Maren**  
**Amanda Lipp**  
**Steven Kite**  
**Shannon Peterson**  
**Ratan Bhavnani**  
**Jessica Cruz, MPA/HS**

## KEYNOTE SPEAKERS

**Dr. William R. Beardslee, MD**  
*Director, Baer Prevention Initiatives;  
Chairman Emeritus, Department of Psychiatry,  
Boston Children’s Hospital;  
Gardner/Monks Professor of Child Psychiatry,  
Harvard Medical School*

**William Jahmal Miller, MHA**  
*Deputy Director, Office of Health Equity,  
California Department of Public Health*

## GUEST SPEAKERS

**Senator Holly J. Mitchell**  
*Senate 26 District*

**Assembly Member  
Sebastian Ridley-Thomas**  
*Assembly 54th District*

**Marina Augusto, MS**  
*Staff Services Manager, Office of Health Equity,  
California Department of Public Health*

**Meloney Roy**  
*Chief Deputy Director, Ventura County Health Agency*

**Ratan Bhavnani**  
*Executive Director, NAMI Ventura County*

**Carmen Ramirez, Esq.**  
*Mayor Pro Tem, City of Oxnard*

**Henry Villanueva**  
*Quality Assurance, Ventura County*

**Gabino Aguirre, PhD**  
*Community Advocate, Ventura County*

**Gustavo Loera, EdD**  
*Cultural Consultant*



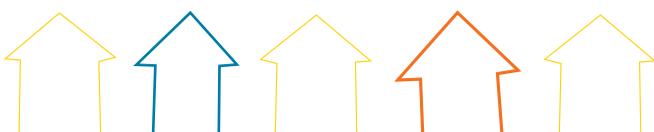
# NAMI CALIFORNIA HISTORY

The organization that we know today as NAMI California, is the result of the efforts of a few courageous parent leaders, family members and thousands of individuals; friends and professionals that worked hard in the 1970's and 1980's to give birth to an organization that would completely change the way we view mental illness. During that time, families dreamed of the day when a child with schizophrenia would be treated no differently than any other child. *They hoped for a time when mental illness could be discussed openly. A time when their children and family members could receive appropriate care and treatment in their own communities.*

Today, NAMI California has 58 active affiliates throughout the state of California. Each of our affiliates has different needs based on size, location, and availability of community resources. We are dedicated to the strengthening of local grass roots organizations and provide updated information and support to local affiliates as well as help organize new affiliates. NAMI California speaks with the voice of its 19,000 members to the California Legislature and Governor on a range of issues surrounding mental illness.

Additionally, NAMI California works to oversee and advocate for a strong, coherent system that offers a continuum of care from prevention and early intervention to the persistent, long-term needs of people living with mental illness. We advocate for increased research to uncover causes and effective treatments.

***We also strive to eradicate stigma in all of its forms so everyone can live their life with dignity and respect.***



# SYMPOSIUM OVERVIEW



Over time, NAMI California and its Affiliates have worked hard to identify gaps in our collective ability to serve people across the state due to cultural, linguistic, and other barriers. Together, we have conducted cultural assessments in areas across our state and convened multicultural groups to identify challenges and discuss how we can best serve communities with limited access to appropriate care and resources.

*Today, the lack of access to appropriate mental health services and changing demographics has led to widespread mental health care disparities in California and throughout our nation. Many people experiencing mental health challenges are not accessing care or are often reluctant to seek services for a variety of reasons including stigma.*

At NAMI California, we know that one of our most important core values is to ensure that all people affected by mental illness have a seat at the decision-making tables and are able to access appropriate services when needed. We believe in the slogan,

## **“Nothing about us, without us,”**

and while we embrace these words, at NAMI California we like to say: “Nothing about us, without all of us.” This slogan has led NAMI California to convene a Multicultural Symposium to bring together community leaders, cultural experts, county representatives, and voices throughout the state to address disparities and challenges among diverse and cultural populations.



### **FROM THE SYMPOSIUM:**

*“Getting together and realizing that how we communicate with each other is much more important than I thought it was. One size doesn’t fit all and it sometimes doesn’t fit anybody. Listening is far more important.”*



# SUMMARY OF THE DAY



NAMI California held the Multicultural Symposium on July 31, 2014 in Newport Beach. The event drew well over 200 statewide and local community leaders to discuss the challenges and successes organizations have experienced with identifying specific service gaps and implementing programs that achieve improved outcomes for unserved and underserved populations.

To provide a full picture, and embrace participation, a wide range of cultural and professional experts shared best practices, the importance of community engagement, collaboration, and program adaptation.

The Multicultural Symposium was opened and welcomed by NAMI California’s Board President, Dorothy Hendrickson and Board 1st Vice President, Dr. Sergio Aguilar-Gaxiola, followed by Senator Holly Mitchell, Senate 26th District and Assembly Member Sebastian Ridley-Thomas, Assembly 54th District. We were privileged to have as a Keynote Speaker, Dr. William R. Beardslee, who is the Director of the Baer Prevention Initiatives and Chairman Emeritus Department of Psychiatry at Boston Children’s Hospital, as well as a Gardner/Monks Professor of Child Psychiatry at Harvard Medical School. Dr. Beardslee shared his adaptation findings and an inspirational group from Ventura County who shared their model for collaborative inclusion.

In the afternoon, we were honored to have Keynote Speaker, Deputy Director of the Office of Health Equity, William Jahmal Miller, MHA who provided an update on the California Reducing Disparities Project (CRDP) followed by a breakout session to gather participants input on the following topics:

1. Ensuring our mental health community organizations are dynamic, well-run and engage a diverse and growing membership.
2. Establishing community organizations as the dominant force in mental health advocacy.
3. Maintaining community organizations as the leaders in crafting and implementing state-of-the-art education and information.
4. building the largest, most diverse consumer and family movement in the state.



**FROM THE SYMPOSIUM:**

*“We had a variety of speakers and topics to choose from.”*

## IN DEPTH

The following pages will provide more information from the speakers mentioned above and an in-depth discussion of the events throughout the Multicultural Symposium. We hope that you find it as inspiring and interesting to read as it was to watch and participate in.



# MORNING SESSION

## KEYNOTE SPEAKER

NAMI California was privileged to have an excellent keynote speaker, Dr. William R. Beardslee, MD who is the Director of the Baer Prevention Initiatives and Chairman Emeritus Department of Psychiatry at Boston Children’s Hospital as well as a Gardner/ Monks Professor of Child Psychiatry at Harvard Medical School. Dr. Beardslee developed a preventive intervention model for families facing depression, “Family Talk” that received high rankings in the National Registry of Evidence-based Programs and Practices which has been used widely in this country and abroad.

His work has been adapted for use with African American and Latino families, and included in Head Start Programs across the nation. He discussed the intervention, implementation process, and strategies to effectively adapt programs in diverse communities.



**Dr. William R. Beardslee, MD**  
Director, Baer Prevention Initiatives;  
Chairman Emeritus, Department of  
Psychiatry, Boston Children’s Hospital;  
Gardner/Monks Professor of Child  
Psychiatry, Harvard Medical School

Dr. Beardslee discussed one adaptation project he was particularly proud of. The adaptation project in Dorchester, Nebraska was a trial pilot for African American families to redefine depression and resiliency. Before approaching the community, Dr. Beardslee and his team worked in settlement homes for nine months to build trust with African American practitioners and community leaders. From there, they were able to formulate a community organization to build partnerships, and developed an intervention and assessment team comprised of only African Americans. The adaptation was successful in transforming interventions to engage African American families through this trial and resulted in positive outcomes similar to the previous findings of the Family Talk program.

Similar to the African American approach, he worked with a Latino team at the Children’s Hospital in Boston to adapt the Family Talk in the Latino community. To be effective, they translated all the materials and conducted support groups. Their interventions were focused around the family, immigration journey, children, religion, and many more to engaging Latino families. The project was a success and helped to facilitate families talking and sharing with one another which resulted in positive outcomes for their mental health.

### FROM THE SYMPOSIUM:

*“The keynote speaker from Boston not only provided great information, but challenged the audience.”*



# MORNING SESSION

## VENTURA COUNTY PANEL – ACHIEVING MENTAL HEALTH EQUITY: A MODEL FOR COLLABORATIVE INCLUSION

Following Dr. Beardslee, was a panel from Ventura County who shared their model for collaborative inclusion. The Ventura Panel was gracious enough to give us an inside view of the challenges and successes a county can have in trying to meet the needs of diverse communities and we really appreciate their candor. The panel was moderated by Maria Augusto, MS, Staff Service Manager Office of Health Equity, California Department of Public Health.

The Ventura County Panel consisted of Meloney Roy (Chief Deputy Director, Ventura County Health Agency), Carmen Ramirez (Mayor Pro Tem, City of Ventura), Henry Villanueva (Quality Assurance, Ventura County), Gabino Aguirre (Community Advocate), Ratan Bhavnani (Executive Director, National Alliance on Mental Illness, Ventura County), and Gustavo Loera (Independent Consultant).

The panel emphasized the importance of collaboration in the planning process from gathering the latest data related to mental health disparities and community feedback to developing a strategic process for reducing disparities. Through this effort, the panel highlighted key areas as a strategic direction for building community relationships and implementing culturally and linguistically competent mental health programs.



The audience was given the opportunity to ask the panel some questions. Below, you'll find the questions and a brief summary of their responses:

**Question #1: *If anyone in the audience is interested in starting a model like Ventura County to address disparities, what first step and recommendations would you give?***

The panel recommended building trusting relationships, working with local NAMI Affiliates, and engaging and learning from cultural brokers who have similar needs.

**Question #2: *How is what you are doing different than what's been done before? What are you doing in your various efforts in reducing mental health disparities that is outside the box and taking the full steps in becoming a warrior?***

The panel felt the process was unique in that it was effective by developing capacity within the community whose members who are well-informed and bringing together all diverse/cultural groups into the same room to speak in their own voice on the best methods to reduce disparities.

**Question #3: *Regarding Henry Villanueva's comment about the decade-long need to move from discussion to action, what are the most significant barriers in the system to real movement?***

The significant barrier was formulating an action plan that had traction. The panel suggested identifying a starting point/baseline, establish a benchmark, and set goals to move and change the paradigm.



# AFTERNOON SESSION



## LUNCH KEYNOTE SPEAKER

William Jahmal Miller MHA, Deputy Director of the Office of Health Equity at the California Department of Public Health provided an update on the Office’s California Reducing Disparities Project (CRDP) Strategic Plan. The strategic plan seeks to improve access, quality of care, and increase positive outcomes for racial, ethnic, LGBTQ, and cultural communities in the public mental health system. He shared the unique and multicultural approach in two phases.

Phase one which is already completed, focused on listening to and empowering the community voice. This was accomplished by engaging communities and creating population specific reports and recommendations that are reflective of the specific needs and challenges faced by the citizens of our culturally and linguistically diverse state. With the information gathered, the Office of Health Equity is now moving into phase two of the strategic plan to empower and fund community organizations to conduct and evaluate the effectiveness of programs in their communities.

The overall CRDP Strategic Plan is to synthesize the population reports, findings and recommendations, develop a vision and roadmap to better meet the needs of all Californians, and implement the strategies and recommendations to achieve mental health equity.



**William Jahmal Miller, MHA**  
Deputy Director, Office of Health Equity, California Department of Public Health

## NAMI AFFILIATE RECOGNITION AWARDS FOR MULTICULTURAL OUTREACH

NAMI California recognized NAMI Orange County with the Multicultural Outreach Excellence Award for their outstanding achievements in multicultural efforts. Presented by NAMI California Board members May Farr and Juan Garcia to NAMI Orange County Board President, Steve Pitman, a recognizing their outstanding achievements in community engagement and cultural inclusion.

Over the past four years, NAMI Orange County has been successful in engaging and providing NAMI signature programs to unserved and underserved cultural communities throughout their county in Spanish, Vietnamese, Korean and Farsi.



# AFTERNOON SESSION



## BREAKOUT SESSIONS/ACTION PLANNING

The Multicultural Symposium is NAMI California’s premier statewide effort to convene leaders who serve both at the local, regional, and statewide levels. Aligned with our Strategic Plan, our goal is to engage leaders from public and private sectors in an open and candid discussion around existing problems and finding solutions that can help better serve all individuals and families struggling with mental health challenges.

In an effort to address appropriate mental health services in California’s growing diverse communities, the symposium was broken into four breakout sessions.

These sessions were an opportunity to gather participants input on the current community landscape, the strengths and challenges within each community, and lists of action steps and outcome to improve the way we engagement communities.



### FROM THE SYMPOSIUM:

*What was the most meaningful section for you?*

*“Breakout sessions where people had a chance to speak out”*

*“The breakout session to further discuss issues within the community.”*



# BREAKOUT SESSIONS



## I. OUR MENTAL HEALTH COMMUNITY ORGANIZATIONS ARE DYNAMIC, WELL RUN AND ENGAGE A DIVERSE AND GROWING MEMBERSHIP.

*Facilitator: Sergio Aguilar-Gaxiola, MD, PhD, 1st Vice President NAMI California, Board of Directors*

The session focused on addressing three priorities:

- A. Identify the capacity improvement and community engagement needs.
- B. The challenges in running an organization with limited staff and volunteers coupled with engaging communities.
- C. Opportunities to build on existing efforts to integrate engagement with capacity development.

The workshop had a great discussion and the participants identified many valid points. Below are a few highlights from the session:

### A. Current Community Landscape

- 1) Diverse communities culturally, geographically, and economically.
- 2) Lack of diverse and adapted materials, programs, and services.
- 3) There are the same people/organizations across the state doing the work; volunteers getting burned out and over capacity.
- 4) LGBTQ issues are as important and have as many barriers as ethnic/cultural barriers and intersect.

### B. Strengths and Challenges

- 1) Strength: Huge network of members.
- 2) Strength: Aware of lack of diversity as an issue and seeking ways to include more diversity.
- 3) Strength: Lived experience.
- 4) Challenge: Funding.
- 5) Challenge: Inflexibility of NAMI program requirements and materials.
- 6) Challenge: How do we increase and expand our partners to avoid burn out?

### C. Action Steps

- 1) Have services during faith meetings where others can assist with child care, etc.
- 2) NAMI California to investigate/pursue cultural flexibility/adaptation with NAMI Signature programs.
- 3) Secure culturally inclusive Board Member representation.
- 4) Create a clearinghouse for all resources so others aren't reinventing wheels regarding translations and culturally inclusive materials.

### D. Outcomes That Would Matter

- 1) Increased awareness about NAMI and stigma reduction, which will increase membership, partnerships and involvement.
- 2) Program leaders share their own cultural experiences when sharing lived experience will educate others about cultural views/experiences of mental health.
- 3) Train staff at all roles (teachers, law enforcement, providers, etc.).



# BREAKOUT SESSIONS



## 2. COMMUNITY ORGANIZATIONS ARE THE DOMINANT FORCE IN MENTAL HEALTH ADVOCACY.

*Facilitator: Dorothy Hendrickson, President, NAMI California Board of Directors*

The session focused on addressing three priorities:

- A. Identify the types of advocacy needed.
- B. The kinds of training required and the challenges with facilitating advocacy within the mental health movement.
- C. The opportunities to build on existing efforts and catalyze new advocacy efforts using current capacity.

The workshop had a great discussion and the participants identified many valid points. Below are a few highlights from the session:

### A. Current Community Landscape

- 1) Fragmentation among community organizations, government, and other stakeholders. Organizations and entities working in a silo.
- 2) Absence of people outside of the existing community; need to broaden our coalition.
- 3) Communities of color not having an adequate voice in the discussion; lack of awareness among communities of color.

### B. Strengths and Challenges

- 1) Strength: New Benefits available to consumers.
- 2) Strength: Collaboration between CBO's and Government, but more is needed.
- 3) Challenge: Improving outreach and engagement of all communities and connecting individuals to existing resources.

### C. Action Steps

- 1) Develop effective model for collaboration amongst various groups.
- 2) Outreaching to communities not currently involved in mental health advocacy / mental health.
- 3) Improve outreach to "absent" communities.

### D. Outcomes That Would Matter

- 1) Creating large network of CBO's in mental health and outside the mental health community.
- 2) Creating translated culturally competent outreach materials.
- 3) Creating an unrestricted funding stream (outside of MHSA).



# BREAKOUT SESSIONS

## 3. COMMUNITY ORGANIZATIONS ARE THE LEADERS IN CRAFTING AND IMPLEMENTING STATE-OF-THE-ART EDUCATION AND INFORMATION

*Facilitator: Dr. William R. Beardslee, MD, PhD*

The session focused on addressing three priorities:

- A. Identify the types of education and information needed.
- B. Challenges with creating and distributing information.
- C. Opportunities to build on existing efforts and catalyze new methods for creating and updating information to ensure all communities are served.

The workshop had a great discussion and the participants identified many valid points. Below are a few highlights from the session:

### A. Current Community Landscape

- 1) Diverse geographically, demographically and culturally in all counties.
- 2) Los Angeles has 13 threshold languages. Need programs for ethnic populations, specific media campaigns and brochures, and non-traditional wellness practices.
- 3) Promotoras – providing culturally and linguistically appropriate services.

### B. Strengths and Challenges

- 1) Strength: NAMI has great programs and their positive longevity and visibility in the community.
- 2) Strength: Increased education and awareness efforts.
- 3) Challenge: Not enough collaboration between stakeholders and NAMI within each county.
- 4) Challenge: Majority of NAMI Affiliates only have one bilingual staff.

### C. Action Steps

- 1) NAMI partner with CBOs to provide more training – need to be more collaborative with their educational programs.
- 2) Growing appropriate workforce in NAMI affiliates – cultural competence to meet the needs of the community.
- 3) Building an advocacy arm within NAMI and its affiliates to bring system change.

### D. Outcomes That Would Matter:

- 1) Targeting specific areas of high risk and bringing about systems change (county government) to deliver concentrated integrated services across sectors with the aim of changing health and mental health outcomes.
- 2) NAMI partner and provide training to outside community based organizations to reach diverse populations.
- 3) Communities become more resilient and self-sustainable.



# BREAKOUT SESSIONS



## 4. WE ARE BUILDING THE LARGEST, MOST DIVERSE CONSUMER AND FAMILY MOVEMENT IN THE STATE

*Facilitator: Marina Augusto, MS*

The session focused on addressing three priorities:

- A. Identify the type of movement needed.
- B. The challenges in creating a diverse consumer and family mental health movement.
- C. Opportunities to utilize existing movements to learn from ways in which other movements have achieved similar outcomes.

The workshop had a great discussion and the participants identified many valid points. Below are a few highlights from the session:

### A. Current Community Landscape

- 1) Central Valley mostly Latino heavy farm worker, undocumented. Major disconnect between farm workers and agencies. Environmental factors (drought, heat, air quality), gap is growing, stigma from farm contractors.
- 2) LGBTQ: not enough integration of services, need to work with other organizations addressing specific populations, lack of outreach, gender neutral text, appear at pride events, people aren't out to their providers, discriminated by providers, lack of LGBTQ specific beds, safety issues in shelters.
- 3) Working with local faith-based organizations to reach African American population.

### B. Strengths and Challenges

- 1) Strength: Technical assistance for community defined practices.
- 2) Challenge: Lack of programming materials in target languages.
- 3) Challenge: Need to better understand specific language needs of communities, disaggregate data.
- 4) Challenge: Small NAMI Affiliates can't expand program outreach, lack of income/funding.

### C. Action Steps

- 1) Culturally, linguistically competent programs chose non-stigmatizing language, present programs as "health" meetings rather than mental health meetings (pay for meals, access to flu shots).
- 2) Connect with training institutions with people with lived experience into the work force. Using family and consumers in all clinical levels possible, in home outreach linking those with lived experience.
- 3) Adapt intake materials that "do no harm", honor and respect different cultures. Create service locations that honor culture and customs of the target population.
- 4) Clearing house for materials already adapted.

### D. Outcomes That Would Matter

- 1) Consumers as employees within the system.
- 2) Find commonality with other service organizations.
- 3) Messaging and communication plan newspaper, radio, Education component to speak to all audiences.
- 4) Providing technical assistance for community defined practices.
- 5) Cultural adaptation of existing models.



# LOOKING FORWARD



As we look to the future, we are excited about the possibilities. We are honored to have taken part in this convening of leaders from around our state. We shared great representation from various county behavioral health departments, state officials, community and faith based organizations, families and individuals living with a mental health challenge, universities, therapists, and cultural community leaders. Participants who attended shared a mutual interest in looking for solutions and were open to considering the various ideas expressed.

Through this valuable dialogue, NAMI California was able to gather ideas and suggestions to address some of the barriers facing individuals and families living with mental health challenges in California, and now share them with everyone through this report. This dialog and the many that will follow help us and our partners implement culturally appropriate programs and resources, and build capacity within our regions to reach diverse communities.

NAMI California will use these ideas as part of a discussion for our upcoming strategic planning session as we continue to work toward our goals of reducing mental health disparities, stigma, and discrimination; increasing education and awareness; and further engaging community leaders and members from diverse backgrounds. We know that it will take time, nevertheless NAMI California is committed to continuing this dialogue through the Multicultural Symposium as well as our many other efforts.



## FROM THE SYMPOSIUM:

*“That it occurred is a good thing - we need to continue the dialogue on the needs of communities of color.”*

