Cover Page
(Multicultural Symposium Report logo/artwork)

2018 Northern California Regional Multicultural Symposium Report

Thursday, October 4, 2018
Sobrato Conference Center
Redwood City, California
2018 NORTHERN CALIFORNIA REGIONAL MULTICULTURAL SYMPOSIUM COMMITTEE, SPEAKERS, & PERFORMERS

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Jessica Cruz, MPA/HS
Marcel Harris
Steven Kite
Melen Vue

KEYNOTE SPEAKER

Melissa Jones, MPA
Executive Director
Bay Area Regional Health Inequities Initiative

LUNCHTIME PERFORMANCE

BEATS, RHYMES, & LIFE (BRL)

Rob Jackson
Executive Director
Beats, Rhymes, & Life

Earl Skinner
Academy Director
Beats, Rhymes, & Life

Beats, Rhymes, and Life Academy Fellows
Khalid Anderson
Marquise Carr
Destin Hughes-Bruner
Briana Keys
DeJan Roberson

COMMUNITY-BASED INNOVATIONS PANEL

Kimberly Knifong, MBA (Moderator)
California Department of Public Health
Office of Health Equity
Community Engagement and Development Unit

ThuHien Nguyen, Ph.D.
Program Manager
ECCAC Family Outreach and Engagement Program

Eramelisse de Castro, MPA
Mental Health Peer Support Worker
Filipino Team Lead
ECCAC Family Outreach and Engagement Program

Adelina Trujillo
Mental Health Peer Support Worker
Native American Team
ECCAC Family Outreach and Engagement Program

Mohamed Ali
Mental Health Peer Support Worker
African Immigrant Team Lead
ECCAC Family Outreach and Engagement Program

COLLABORATIVE INNOVATION PROJECT

Jenna J. Rapues, MPH
Director
Gender Health SF
San Francisco Department of Public Health

Amber Gray
Health Worker II
City and county of San Francisco
Case Manager
Treatment Access Program (TAP)

Carolyn Henry
Support-Group Volunteer
Transgender Pilot Project
WELCOME LETTER

Through the Multicultural Symposium, we seek to uplift the voices of millions of family members and peers impacted by mental illness, especially those from diverse communities. Beginning in 2014, the Multicultural Symposium has merged diverse communities from all over California to engage community leaders from public and private sectors in an open and candid discussion around best practices. We seek to utilize this information to better serve all individuals and families living with mental health challenges.

I would like to express the utmost gratitude to everyone who attended the 2018 Northern California Regional Multicultural Symposium. Through this report, we hope to share information and resources from the Symposium to reduce mental health care disparities among diverse populations.

Sincerely,

Jessica Cruz, MPA/HS
Chief Executive Officer
NAMI California

ABOUT NAMI CALIFORNIA

The National Alliance on Mental Illness (NAMI) California is a grass roots organization of families and individuals whose lives have been affected by serious mental illness. We advocate for lives of quality and respect, without discrimination and stigma, for all Californians. We provide leadership in advocacy, legislation, policy development, education, and support throughout California, and are dedicated to strengthening local grass roots organizations. We also provide information and support to 62 local NAMI Affiliates throughout the State of California.

REGIONAL MULTICULTURAL SYMPOSIUM

This year, NAMI California continued the conversation in its first ever Regional Multicultural Symposium with the theme, “Celebrating Strengths: Empowering Voices from Diverse Communities.” We aspire to bridge the gaps created by mental health stigma, to bring together statewide community leaders and health care providers from diverse communities. The event fostered an open dialogue about the successes and challenges various communities and organizations throughout California have experienced with innovative and strength-based approaches to achieving wellness and equity for unserved and underserved populations.

The following sections will provide more information from the speakers mentioned above. We were proud to host our inspiring lineup of speakers and performers, who are all making significant changes in communities throughout the State of California. Their expertise, experience and passion for creating positive change provided outstanding examples of what we can all achieve together as a global community.
KEYNOTE SPEAKER

Melissa Jones, MPA
Executive Director
Bay Area Regional Health Inequities Initiative (BARHII)

The day started off with a powerful presentation from the Executive Director of the Bay Area Regional Health Inequities Initiative (BARHI), Melissa Jones, MPA. BARHII’s mission is to “transform public health practice for the purpose of eliminating health inequities using a broad spectrum of approaches that create healthy communities.” BARHII does this by examining factors that are often ignored in current public health narratives including social inequities, institutional inequalities, and living conditions. Jones expanded on the California housing crisis and how it has caused many to be at risk of or be displaced from their homes, which contributes negatively to mental health. Additionally, these adverse experiences are particularly detrimental to children, whose brains are still developing.

Jones then purposed several solutions BARHII is working towards to mitigate the negative effects of the housing crisis on mental health including: protecting low-income renter households, preserving prices of homes affordable to low-income renters, and finally building more affordable housing to meet demand. Jones discussed that the next steps to improve structural determinants of health including building mental health capacity, interrupting hate and bias through bystander intervention and workforce bias training and increasing advocacy to support initiatives such as the Deferred Action for Childhood Arrivals (DACA) and other such policies. Jones concluded her presentation by touching on the impact of climate change and the California wild fires on mental health before engaging in a question and answer session with the audience.

Helpful Links & Information:
- BARHII Homepage: [www.barhii.org](http://www.barhii.org)
Community Polling

To start off the day, attendees had the opportunity to respond to a live poll. Attendees responded to the question: “What are the strengths of diverse communities that are underreported?” Answers appeared on the screen in real time and are listed below as a reference. These strengths appeared throughout the day as speakers discussed incorporating cultural traditions into healing, the need for linguistically competent services, the resilience present in communities despite experiencing repeated trauma, and the support strong family ties provides peers and family members.

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<tr>
<th>Beliefs (2)</th>
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<tr>
<td>Belonging (2)</td>
<td>Patience</td>
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<td>Community</td>
<td>Perspective</td>
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<td>Togetherness</td>
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<td>Faith</td>
<td>Tradiciones (Traditions)</td>
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<td>Family bonds</td>
<td>Traditions (3)</td>
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<td>Healing circles</td>
<td>Unidad (Unity)</td>
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<td>Language (3)</td>
<td>Unity</td>
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<tr>
<td>Love (3)</td>
<td>Values (2)</td>
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Community Mural

Throughout the day, participants had the opportunity to express their opinions and ideas on the community mural. Attendees responded to the question: “What does mental health look like in your community?” The candid responses captured through the mural provided a great talking piece to initiate networking among attendees. Below are some highlights of the responses.

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<tr>
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<td>Prayer</td>
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<td>Radical acceptance</td>
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<td>Empathy</td>
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<td>Equality</td>
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<td>Singing &amp; dancing</td>
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<td>Equity</td>
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<td>Trans-affirming</td>
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<td>Love</td>
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<td>Unity (2)</td>
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<td>Taboo but rebuilding and relearning</td>
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<td>Uplifting voices</td>
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<td>Wellness 4 all</td>
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BREAKOUT SESSION 1: EMPOWERING PEERS AND FAMILY MEMBERS NAVIGATING THE MENTAL HEALTH CARE SYSTEM

1. Kimberly Knifong, MBA (Moderator), California Department of Public Health, Office of Health Equity, Community Development and Engagement Unit
2. Jonathan DuFresne (Scribe), Data and Family/Peer Support Specialist Program Coordinator, NAMI California

In this breakout session, participants discussed barriers to navigate the mental health care system as a peer or family member with mental health challenges and brainstormed methods for improving navigation and access to resources. Many participants discussed how stigma and language barriers deter individuals from seeking help. As possible solutions, participants purposed the following ideas: going into communities to provide services where people are, employment of peer support staff, wrap-around services to help peers after crisis, and finally, utilizing a community health worker model to reach different unserved and underserved communities.

BREAKOUT SESSION 2: USING CULTURAL TO HEAL HISTORICAL/INTERGENERATIONAL TRAUMA

1. Marcel Harris (Moderator), Community Engagement Manager, NAMI California
2. Catherine Chivers, MA, Community Engagement Coordinator, NAMI California

In this breakout session, participants discussed the impacts of historical/intergenerational trauma and how the strengths of diverse communities can be utilized to heal these traumas. Participants noted several causes of intergenerational trauma such as: slavery, genocide, war, and immigration leading to stress, anxiety, and depression among other such negative mental health impacts. Despite these negative effects, participants listed many strengths of diverse communities that can be harnessed to heal the negative effects of trauma including: art, music, traditional and holistic healing methods, faith/spirituality, family, and cultural traditions.
LUNCHTIME PERFORMANCE
Beats, Rhymes, & Life (BRL)

During the lunch hour, five youth performers from Beats, Rhymes, & Life (BRL) performed original hip-hop music for attendees. Beats, Rhymes, & Life is a non-profit hip-hop therapy organization based in Oakland, CA, and will soon be opening a new branch in Boston, MA. Rob Jackson, Executive Director of BRL, and Earl Skinner Academy Director of BRL, discussed BRL’s mission to utilize “Hip Hop therapy for individual, community, and systemic change” through employing the values of innovation, transformation, collaboration, and leadership. Five fellows from the BRL Academy then performed three original songs they wrote, which made the audience dance and groove to the music.

After performing, the Academy Fellows engaged in a question and answer session with the audience. This important dialogue allowed community members to hear powerful ideas on mental health from a youth perspective. County and other government officials sought feedback from the BRL Fellows on improving mental health, especially for diverse communities.

COMMUNITY-BASED INNOVATIONS PANEL: ETHNIC AND CULTURAL COMMUNITIES ADVISORY COMMITTEE (ECCAC)

Moderator: Kimberly Knifong, MBA, California Department of Public Health, Office of Health Equity, Community Engagement and Development Unit

Panelists:
1. ThuHien Nguyen, Ph.D., Program Manager, ECCAC Family Outreach and Engagement Program
2. Eramelisse de Castro, MPA, Mental Health Peer Support Worker, Filipino Team Lead, ECCAC Family Outreach and Engagement Program
3. Adelina Trujillo, Mental Health Peer Support Worker, Native American Team, ECCAC Family Outreach and Engagement Program
4. Mohamed Ali, Mental Health Peer Support Worker, African Immigrant Team Lead, ECCAC Family Outreach and Engagement Program
The Community-Based Innovations Panel consisted of staff working on the Ethnic and Cultural Communities Advisory Committee (ECCAC), part of Santa Clara County Behavioral Health Services. Dr. ThuHien Nguyen, Program Manager of the ECCAC team, provided an overview of the program. Launching in 2005, the program serves 8 target cultural communities and hires staff to work within their own communities. The program’s mission is to “utilize the unique experiences and knowledge of culturally and ethnically diverse communities in support of mental health” through outreach and engagement efforts.

Eramelisse de Castro, MPA, discussed her work as the Filipino team lead. She stated that one method she utilizes to engage community members at outreach events is to speak to fellow Filipinos in their native language of Tagalog. Through utilizing this approach, she builds bridges to help community members become more comfortable discussing mental health to increase education and outreach.

Next, Adelina Trujillo from the Native American Team discussed her digital story telling work. She spoke about how digital story telling acts as a therapeutic way to communicate lived experiences and reduce the stigma surrounding mental illness to build on the resiliency that already exists in Native American communities. Finally, Mohamed Ali, African Immigrant Team Lead, discussed his work as one of the founding members of the ECCAC team. He works specifically with East African immigrants from Eritrea, Ethiopia, and Somalia. Ali discussed the difficulty outreaching and educating these populations due to the diverse cultures and plethora of dialects. The ECCAC team strives to reduce mental health disparities through outreaching and educating diverse communities in a culturally competent manner.

COLLABORATIVE INNOVATION PROJECT: TRANSGENDER PILOT PROJECT (TPP)

Moderator: Kimberly Knifong, MBA, California Department of Public Health, Office of Health Equity, Community Engagement and Development Unit

Panelists:

1. Jenna J. Rapues, MPH, Director, Gender Health SF, San Francisco Department of Public Health
2. Amber Gray, Health Worker II, City and county of San Francisco, Case Manager, Treatment Access Program (TAP)
3. Carolyn Henry, Support-Group Volunteer, Transgender Pilot Project
The final panel of the day presented on the Transgender Pilot Project (TPP) in San Francisco, supported by innovation funds from the Mental Health Services Oversight and Accountability Commission (MHSOAC) since 2015. Jenna Rapues, MPH, began the presentation by giving an overview of common LGBTQ+ terms that are often misunderstood including: sex assigned at birth, gender identity, gender expression, transgender, and sexual orientation. Rapues then discussed the health disparities, due to discrimination, that transgender people face including that 40% of transgender people have attempted suicide in their lifetime; 21% of transgender folks live with HIV compared to only .4% of overall US population. Finally, 33% of transgender people who saw a health care provider in the past year reported having at least one negative experience, while seeking to obtain care, related to being transgender.

Consequently, the TPP seeks to reduce these health disparities. The program is specifically targeted for trans women of color and is comprised of three major components including: support groups, outreach, and the annual Transgender Health Fair. In addition, the project employs Patient Access Navigators to assist clients through education, outreach, and navigation of the healthcare system. Ultimately, the program seeks to increase access to support systems for transgender women of color to improve their overall mental health care and reduce mental health disparities for this diverse community.

LOOKING FORWARD

NAMI California gathered ideas and suggestions through this valuable dialogue to address some of the barriers to mental health care for diverse communities. This exchange of ideas, and the many conversations that will follow, help us and our partners to implement culturally appropriate programs and resources to build capacity within our regions to better serve diverse communities.

NAMI California will use these ideas to help strengthen community engagement efforts and to increase collaboration between NAMI Affiliates, local organizations, and diverse communities. The information will also be highlighted in our Annual State of the Community Report for Diverse Communities 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.