

SECTION E: PROGRAM PLAN FOR FY 2023-2024, continued

INNOVATION (INN)

PROJECT NUMBER/NAME: Supporting Community-Driven Practices for Health Equity

CONTINUED FROM PRIOR YEAR PLAN OR UPDATE

NEW

A. Expected start and end dates of this INN Project: 07/01/2023 – 06/30/2026

B. The total time frame (duration) of this INN Project: 3 Years

1. PROJECT OVERVIEW

A. Primary Problem

Provide a narrative summary of the challenge or problem identified and why it is important to solve for the community. Describe what led to the development of the idea for this INN Project and the reasons this project has been prioritized over alternative challenges identified during the Community Program Planning Process.

The primary problem this Innovation Project addresses is the low access rates in behavioral health services by underserved communities and/or communities of color through culturally-defined practices. Based on the 2020 Census and the county's performance outcomes report, the data shows that the Hispanic/Latino and Asian American and Pacific Islander ("AAPI") communities are under-utilizing behavioral health resources in Shasta County. The intent of this project is to support culturally defined approaches to behavioral health needs for the underserved communities of focus.

This INN project takes an equity-driven community practice to reduce health disparities and promote health equity in underserved and inadequately served communities challenged by cultural and linguistic barriers. While Shasta County has one of the more diverse populations in our region, the ability to offer culturally appropriate services and programs has been limited with few, if any, agencies in the county able to offer culturally appropriate services for residents with cultural and linguistic barriers. COVID-19 exacerbated inequities in healthcare, and underscored the need to provide culturally and linguistically appropriate approaches and services to our community's underserved.

This INN project has been prioritized over alternative challenges as a promising, community-driven practice that has been successfully proven to improve health equity in underserved groups. Comprising the largest ethnic populations in Shasta County, the Hispanic/Latino and AAPI communities are historically difficult to reach. This INN project was developed out of a need to provide culturally appropriate and culturally responsive services for our community's underserved populations whose needs do not fit within the traditional health care setting.

B. Project Description

- 1) Provide a narrative overview description of the Project, how the Project is being/will be implemented, the relevant participants/roles within the project, what participants typically experience, and any other key activities associated with Project development and implementation.

Supporting Community-Driven Practices for Health Equity (the "Project") applies an equity-driven community practice to reduce health disparities and promote health equity in underserved and marginalized communities challenged by cultural and linguistic barriers. The community practice the Project is modeled on is the community health worker or promotora peer support model to provide wraparound services and support to the communities of focus.

This INN Project has identified Level Up NorCal, a community-based organization as a provider capable of implementing this project with staffing able to provide culturally and linguistically appropriate services. Based in Redding, the Level Up team has extensive local ties throughout the county and within the communities of focus. Level Up fields a bicultural and bilingual team able to speak to, understand and build rapport within the communities of focus, with experience successfully implementing and carrying out similar community-driven practices built on the promotora model for the Hispanic/Latino and AAPI communities. The promotora model applies culturally-based practices to provide an informal system of support to participants to reduce the disparity gap in health equity for the communities of focus.

Applying the promotora peer support model, the Project will offer wraparound support services for participants with cultural and linguistic barriers seeking or receiving behavioral health services from the county. Participants must be residents of Shasta County and currently receiving behavioral health services or seeking behavioral health services and have a cultural and/or linguistic barrier. Wraparound services will support participants with accessing and understanding the behavioral health services available to them as well as support accessing community services. Wraparound promotora peer support addresses the whole needs of the participant beyond behavioral health, including the needs of the family as a whole. With the onset of COVID-19, the wider immediate needs of housing and food insecurity oftentimes displaced and diverted focus from behavioral health needs. The needs of a participant’s family member may divert the focus of the family from seeking and obtaining behavioral health services. The wraparound promotora peer support model is culturally responsive to the cultural values and beliefs of the communities of focus where family needs and obligations oftentimes eclipse individual needs. This Project would address and support the whole needs of the participant and their family so that they, and their family, can focus on their behavioral health needs without worry and that they will receive assistance for their wider needs as well.

The promotora model provides peer support from bicultural and bilingual Level Up project staff who understand and share the cultural values and beliefs of the participants. Underserved communities who do not typically access traditional behavioral health services are more likely to do so if the services are aligned with their cultural beliefs and values, and are offered by members from within their community.

Project implementation will be immediate due to the experience of Level Up in developing, implementing and servicing a culturally responsive promotora peer support model for the Hispanic/Latino and AAPI communities of focus.

Challenge/Problem	Potential Solution
Current programs and services in place do not address cultural and linguistic barriers.	The Project will allow bicultural and bilingual staff to provide culturally responsive support to participants to ensure understanding, comprehension and utilization of programs and services or alternatives.
Translation services (in-house and tele-translations) are not well received well with the communities.	Level up will provide trusted staff within the community to provide translation services to open dialogue and facilitate culturally appropriate services

	between providers, comprehension, and understanding.
Families with language barriers would rather use children with limited language skills in their native language than onsite or tele-translation services.	Level Up will provide bicultural and bilingual staff to facilitate translation services, serving as a neutral and trusted third party.
Limited understanding of cultures served and why they do or do not utilize services.	Level Up will provide trusted staff within the community who have an understanding of cultural needs that prevent access and utilization of programs and services.
Families with cultural or linguistic barriers do not understand how or what case management services are.	Level Up to work with participants and families to help and facilitate understanding of case management services.
Behavioral health staff are not culturally competent in understanding the needs of families with cultural or linguistic barriers.	Level Up to work with and provide feedback on barriers and culturally competent strategies and approaches.

2) Identify which of the three INN project General Requirements the project is/will be implementing.

- Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
- Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system.

3) Briefly explain how the selected approach has been determined to be appropriate.

The communities of focus are historically difficult to reach and do not typically access traditional behavioral health services. According to an article in the American Psychological Association’s Science Brief, utilization of behavioral health services by people of color and underserved/unserved communities is one of the most persistent health disparities. The communities of focus are less likely to seek behavioral health services due to cultural stigma, lack of culturally appropriate and responsive services, and lack of culturally appropriate staffing by providers. This Project supports the accepted concept that people are more likely to see services that are aligned with their cultural beliefs and values, and offered by members of their community.

The California Reducing Disparities Project’s Strategic Plan (“California Strategic Plan), developed for the California Department of Public Health, identifies community-driven and culturally-based solutions as the key to transforming California’s behavioral health system and addressing disparities in the communities of focus. Community-driven and culturally-based solutions are typically offered by local agencies trusted by the community with staff that have similar cultural ideology of the communities they serve. The California Strategic Plan provides a framework and roadmap for reducing health equity disparities in the approach for behavioral health in underserved communities such as the populations of focus. The promotora model is a community-driven, culturally responsive solution that has proven to work to reduce health disparities in public health. Level Up is a community-based agency that serves as a trusted third party messenger with unparalleled understanding of the cultural needs and values

to the communities of focus with bicultural and bilingual staff that are reflective of the communities served.

4) If applicable, estimate the total number of individuals expected to be served annually, cost per person and how these estimates were developed.

# of individuals to be Served (estimate)	Cost per Person
140	\$3,405.27

The estimated number of individuals served annually is 140. The cost per person annually, based on 140 individuals served is \$3,405.27 The per person cost includes the cost for 4.5 FTE staff wages and benefits for bilingual staff fluent in English and another language, such as Spanish, Mien or Hmong including a program manager and project manager, administrative costs at 10%, and operating expenses.

5) If applicable, describe the population(s) to be served by the project, e.g., age group, gender identity, orientation, language spoken and other important demographics/characteristics.

Age Group	# of individuals	Race	# of individuals	Sexual Orientation	# of individuals	Gender Identity	# of individuals	Language Spoken	# of individuals	
0-15 yrs.	20	White		Lesbian or Gay		Female	60	English	10	
16-25 yrs.	20	African American or Black		Heterosexual		Male	60	Spanish	60	
26-59 yrs.	50	Asian	60	Bisexual		Transgender woman		Vietnamese		
60 & older	50	Native Hawaiian or Other Pacific Islander		Queer, pansexual, and/or questioning		Transgender man		Cantonese		
		Alaska Native or Native American				Genderqueer		Mandarin		
		Other				Other		10		Tagalog
		More Than One Race				Declined to Answer		20		Declined to Answer
		Declined to Answer		Disability			# of individuals	Cambodian		
Veteran	# of individuals	Ethnicity	# of individuals	Communication	# of individuals	Mental (not SMI)	50	Hmong	10	
				Seeing		Physical/Mobility		30		Russian
Yes	20	Hispanic	60	Hearing or Having Speech Understood	20	Chronic Health Condition	50	Farsi		
No		Non-Hispanic						Arabic		
Declined to Answer		More Than One Ethnicity	20	Other (specify)		Other (specify)		Other – Mien	60	
				None		Declined to Answer		30		
Total Estimated Number of Individuals to Be Served:					140					

2. LEARNING GOALS/PROJECT AIMS

A. Describe the Project's learning goals/specific aims and what potential contributions will be made to the expansion of effective practices.

The Project's intent is to increase behavioral health equity in the underserved Hispanic/Latino and AAPI communities of focus by developing a culturally responsive wraparound services framework implemented by culturally appropriate staff. Learning goals will address:

- What are barriers for accessing behavioral health services
- Increase access, understanding and cultural appropriateness of behavioral health services for underserved populations
- Increase awareness of behavioral health supports and services
- Identify strategies effective in increasing health equity access
- Identify and increase cultural competence of provider staff to be more culturally responsive

The Project's potential contributions to the expansion of effective practices include:

- Developing a more culturally competent and culturally responsive workforce with increased ability to interact and engage with communities with cultural and linguistic barriers
- Identifying the barriers for accessing behavioral health services and effective strategies to increase health equity
- Increasing information equity on behavioral health services within underserved populations
- Increasing awareness of behavioral health services and resources leading to increased health equity
- Defining strategies for a culturally responsive program

B. What does the County want to learn or better understand over the course of the INN Project, and why have these goals been prioritized?

The County will improve health equity access for underserved populations through the course of the INN Project. The communities of focus are underserved and oftentimes, unserved through traditional health care strategies, leading to under utilization of behavioral health services. Aligned with and in support of the California Strategic Plan, the INN Project prioritizes community-driven culturally-based solutions to address health equity disparities in the communities of focus. The INN Project's promotora model provides a framework and approach that has been proven to

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to assist in reducing health equity disparities in behavioral health. The INN Project prioritizes historically underserved and unserved communities with low behavioral health utilization.

C. How do the learning goals relate to the key elements/approaches that are new, changed or adapted in this Project?

By applying a community-driven and culturally based approach, the Project will serve historically underserved or unserved communities of color that traditional health care approaches have struggled with. The learning goals stemmed from a need for a more culturally competent and culturally responsive behavioral health workforce, the need for effective strategies that engaged the communities of focus, and the need to create a sustainable framework that has a deeper reach into an underserved community by increasing their social network support and understanding of behavioral health.

D. For continuing projects, include any modifications to the project learning goals/specific aims in response to lessons learned during project implementation.

3. ADDITIONAL INFORMATION

A. Explain how the Project is consistent with the priorities identified in the Community Program Planning Process.

The INN Project was developed under the Mental Health Services Act with stakeholder feedback and advisory from peers, behavioral health consumers and their family members, service providers, community-based organizations and underserved populations.

B. Provide a description of how the current/proposed project relates to the General Standards of the MHSA.

- **Community Collaboration**
The project was developed through a community planning process that included discussions with the underserved populations, community-based organizations, behavioral health professionals and service providers. The project supports ongoing community collaboration through opportunities for partnership and collaboration between Level Up, community groups and behavioral health professionals and service providers. The project will promote connections between behavioral health professionals and service providers with the communities of focus that have been a challenge to provide culturally responsive engagement to.
- **Cultural Competence**
Level Up will provide bicultural and bilingual staff that share the same culture, language and experience of the communities of focus. The project is informed by a cultural humility framework that is designed to increase health equity access through culturally and linguistically appropriate services to the underserved challenged by cultural and linguistic barriers.
- **Client and Family Driven**
Level Up will work with participants on a one-on-one basis, providing case management on their specific needs, including the need for wraparound services for those already receiving government assistance. For the communities of focus, family is a large component and motivator, with many living in households containing multiple generations. Participants and their families will be encouraged to provide continual feedback on the quality and effectiveness of the project through surveys, focus groups and service reports.

- Wellness, recovery, and resilience focused
The project recognizes the role of family and having a community of support that is better educated on recognizing signs of behavioral health distress and understanding the services and resources available for behavioral health needs in the cultural humility framework to strengthen recovery and resiliency in addressing behavioral health needs.
- Integrated Service Experiences
The INN Project applies a community-driven, culturally-based framework that addresses not only the behavioral health needs of the participant, but the whole needs of the participant and their family for an integrated service experience. The project will address components of needs that traditional health care strategies do not, facilitating an integrated wraparound service that address participant and family needs that may affect behavioral health wellness, recovery and resiliency. Level Up will support the whole needs of the participant and family for a one-stop integrated service experience.

C. Explain how the Project evaluation is/will be culturally competent and includes/will include meaningful stakeholder participation.

Level Up will provide bicultural and bilingual staff to implement the INN Project through a cultural humility framework that is responsive and effective within the communities of focus. Client and family-driven, the Project will encourage participants and members of the communities of focus to provide feedback through surveys, focus groups and service reports to inform project quality and responsiveness.

D. Describe how community stakeholders are meaningfully involved in all phases of INN projects, including evaluation of INN projects and decision-making regarding whether to continue INN projects.

E. If individuals with serious mental illness receive/will receive services from the continued/proposed project, describe the County’s plan to protect and provide continuity of care for these individuals upon project completion.

Individuals with serious mental illness will receive services from this project. Through the client and family-driven initiatives, the participant will receive case management with wraparound services, and families of participants will increase their understanding of behavioral health and how they can help and obtain assistance for their family members struggling with behavioral health.

Upon project completion, any participants currently receiving behavioral health services will be transitioned to agencies providing case management support. Transition will be determined on an individual basis with up to six months of transition time allocated to ensure a smooth transition. Many of the participants and families in the communities of focus face cultural and linguistic barriers. Level Up staff will work with the participants and their families to ensure appropriate continuity of care for a smooth transition.