
AGENDA ITEM 10

Action

January 24, 2019 Commission Meeting

Immigrant/Refugee RFP Outline

Summary:

In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). The passage of the MHSA initiated, at the state and local levels, the concept of transparent and collaborative processes being implemented to determine the mental health needs, priorities, and services for California mental health consumers.

Welfare and Institutions (W&I) Code Section 5892(d) requires the Mental Health Services administrative fund to “include funds to assist consumers and family members to ensure the appropriate state and county agencies give full consideration to concerns about quality, structure of service delivery, or access to services.”

The Commission oversees the activities of statewide stakeholder advocacy contracts funded under section 5892(d). These contracts are focused on supporting the mental health needs of consumers, families, diverse communities, parents and caregivers, transition aged youth, veterans, and LGBTQ communities through education, advocacy, and outreach efforts.

Commission Direction and Budget Act 2018-2019

California’s Immigrant and Refugee populations face significant mental health challenges as a result of trauma experienced while escaping dangerous conditions in their homeland, traveling to the United States, and then attempting to assimilate into new communities. These challenges have been referred to as the “triple trauma paradigm.” Negative mental health outcomes are associated with the traumatic events experienced by refugees, including major depression, suicide, anxiety, post-traumatic stress disorder (PTSD), family dysfunction, drug and alcohol dependence, disruptive behavior disorders in youth, as well as increased risks of being targeted for human trafficking.

In response, the Commission directed staff to work with the Legislature to request stakeholder advocacy funds to support the needs of immigrant and refugee populations. As a result of those efforts, the 2018/19 Budget Act included in the Commission’s budget, funds to support mental health advocacy on behalf of immigrant and refugee populations to be awarded through a competitive process in the amount of \$670,000 per year.

Community Engagement

Consistent with prior stakeholder contract planning and to ensure that community members were included in the planning process staff designed an engagement strategy that included

dissemination of an information survey, outreach to immigrant and refugee serving agencies, and a series of community listening sessions to hear from members of immigrant and refugee communities as well as cultural brokers and those working with or on behalf of immigrant and refugees.

Approximately 200 individuals participated in the community listening sessions which were held in Los Angeles, San Diego, Sacramento, and Oakland and provided an open forum for participants to share information about their experiences and explore the gaps and opportunities for improving access to mental health services among the immigrant and refugee communities in California. Participants were asked to provide feedback on barriers to seeking and receiving services and how identified needs could be addressed through training, outreach, and advocacy efforts.

The survey was used to collect information on the types of organizations and entities working across the state to support immigrant and refugee communities. Responses were received from more than 50 organizations across the state working with and on behalf of immigrant and refugee populations from approximately 47 different countries of origin.

Through these efforts, participants identified a range of complex challenges addressing barriers to the utilization of mental health services that included issues of culturally competency, availability of appropriate services, linkage and navigation supports, limited resources for community based service providers, fear of deportation and detainment, and distrust of western medical providers and state and county government agencies.

Participants discussed challenges with many of complex mental health-related concerns are not currently addressed by the existing, typical western service delivery systems. Those providing services in their communities shared challenges in their work with vulnerable populations that have experienced numerous stressful events that result in increased rates of anxiety disorders, post-traumatic stress disorder, depression and risk of suicide in these communities. Feedback shared highlighted why an individual may not seek services or the challenges faced upon entering the mental health system including:

- A need for increased capacity to support linkage to a broad range of additional comprehensive supports including housing, food, school/education resources, medical and dental care, criminal justice navigation, legal and immigration services, job training, and language.
- Frustration with processes that award funding to organizations that are not reflective of the communities to be served; many awarded state and county programs rely on the support of community based organizations to support the immigrant and refugee communities but do not compensate providers accordingly.
- Availability of materials and information in multiple languages and dialects.
- Lack of information and/or understanding of available mental health services and supports in the community.
- Lack of information and support for understanding how health systems work, eligibility criteria, rights and responsibilities, and how to access and/or navigate services and supports.

- Lack of knowledge on how the unique experiences of immigrants and refugee experiences, including resettlement and adjustment can impact mental health.
- Stigma and discrimination; fear of negative reactions from others in the community as mental health and having a mental; health diagnosis is often considered a taboo topic.
- Cultural competency challenges including limited access to quality interpreters, a lack of cultural diversity across service staff and providers who understand practice and protocol, conflicting perceptions about the meaning of mental health, representation and interpretation of symptoms, and inability to access preferred traditional supports and practices.
- Challenges accessing care because of eligibility criteria, waiting lists, documentation requirements, inflexible provider hours, transportation and childcare needs, insurance barriers, formality of medical office settings, and a lack of coordinated care between agencies and/or coordination with social services.
- Providers perceived as inflexible and insensitive to patients' needs, rushing through an assessment, and assigning a diagnosis without consideration of an individual's experience as an immigrant or refugee, preventing the development of trust and rapport.
- Perceived lack of physical or emotional safe spaces to access care and fear of what might happen if an individual or family members seeks mental health services including risk of deportation, detainment, child welfare involvement, or incarceration.
- Support for strengthening and expanding community-based organizations to increase capacity to serve as information and assistance hubs, conduct assessments and screening for individuals in safe community spaces, provide a warm hand off and referral support as well as system navigation and personal advocacy support.

The Commission is requested to approve the proposed outline of the scope of work for a stakeholder contract for Immigrant and Refugee populations and to authorize the release of the Request for Proposal (RFP) for the work as outlined.

This contract would be in addition to the 7 stakeholder contracts currently administered by the Commission that are focused on advocacy on behalf of consumers, families, diverse communities, parents and caregivers, transition aged youth, veterans, and LGBTQ communities through education, advocacy, and outreach.

Enclosures: Recommended Proposed Outline of Request for Proposal (RFP) for Immigrant/Refugee Stakeholder Contract

Handouts: Power Point presentation will be made available at the Commission meeting.

Presenters:

- Norma Pate, Deputy Director, MHSOAC
- Tom Orrock, Chief, Commission Grants and Operations
- Angela Brand, Contract Lead, Stakeholder Engagement

Recommended Action: Adopt staff recommendations reflected in the proposed motion.

Proposed Motion:

- The Commission approves the proposed outline of the scope of work for the immigrant/refugee RFP.
- The Commission authorizes the Executive Director to initiate a competitive bid process.