

Project Name: Understanding the Mental Health Needs of the American Canyon Filipino Community

PLEASE NOTE: USING THIS TEMPLATE IS **OPTIONAL**. It is being provided as a technical assistance tool to staff who wishes to make use of it.

The MHS Innovation Component requires counties to design, pilot, assess, refine, and evaluate a “new or changed application of a promising approach to solving persistent, seemingly intractable mental health challenges” (Welfare and Institutions Code Section 5830, subdivision (c)). The eventual goal is for counties to implement successful practices without Innovation Funds and to disseminate successful practices to other counties. In this way, the Innovation Component provides the opportunity for all counties to contribute to strengthening and transforming the local and statewide mental health system and contributes to developing new effective mental health practices. (Mental Health Services Oversight and Accountability Commission, Innovative Projects Initial Statement of Reasons)

An “Innovative Project” means “a project that the County designs and implements for a defined time period and evaluates to develop new best practices in mental health services and supports” (*California Code of Regulations, Title 9, Sect. 3200.184*). Each Innovative Project “shall have an end date that is not more than five years from the start date of the Innovative Project” (*CCR, Title 9, Sect. 3910.010*). Counties shall expend Innovation Funds for a specific Innovative Project “only after the Mental Health Services Oversight and Accountability Commission approves the funds for that Innovative Project” (*CCR, Title 9, Sect. 3905(a)*). Further, “The County shall expend Innovation Funds only to implement one or more Innovative Projects” (*CCR, Title 9, Sect. 3905(b)*). Finally, “All expenditures for county mental health programs shall be consistent with a currently approved plan or update pursuant to Section 5847” (*Welfare and Institutions Code, Sect. 5892(g)*).

The goal of this template is to assist County staff in preparing materials that will adequately explain the purpose, justification, design, implementation plan, evaluation plan, and succession plan of an Innovative Project proposal to key stakeholders, including local and State decision-makers, as well as interested members of the general public. Additionally, a County that fully completes this template should be well prepared to present its project work plan to the Commission for review and approval.

General regulatory requirements for Innovative Projects can be found at CCR, Title 9, Sect. 3910. Regulatory requirements for the Innovation (INN) Component of the 3-Year Program and Expenditure Plan & Annual Update can be found at CCR, Title 9, Sect. 3930. In some cases, the items contained in this **OPTIONAL** template may be **more specific or detailed** than those required by the regulations; you may skip any questions or sections you wish.

The template is organized as follows. Part I, Project Overview steps through a series of questions designed to identify what the County has identified as a critical problem it wishes to address via an Innovative Project, the steps the County has taken to identify an innovative strategy or approach to address that critical problem; how it intends to implement the innovative strategy or approach; what it hopes to learn and how those learning objectives relate the innovative strategy or approach to the critical problem it has identified; how it intends to address the learning objectives; and how the County intends to address any transition for affected stakeholders at the end of the time-limited project.

Understanding the Mental Health Needs of the American Canyon Filipino Community

Part II, Additional Information for Regulatory Requirements, poses a series of questions that relate to specific regulatory requirements, either for the proposal or for subsequent reports.

I. Project Overview

1) Primary Problem

- a) **What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community.**

CCR Title 9, Sect. 3930(c)(2) specifically requires the Innovation Component of the Three-Year Program and Expenditure Plan or Annual Update to describe the reasons that a County's selected primary purpose for a project is "a priority for the County for which there is a need ... to design, develop, pilot, and evaluate approaches not already demonstrated as successful within the mental health system." This question asks you to go beyond the selected primary purpose (e.g., "Increase access to mental health services,") to discuss more specifically the nature of the challenge you seek to solve.

This project was prompted after Napa Valley Unified School District staff noted a disparity in mental health risks reported in the California Health Kids Survey data for Filipino students in American Canyon. After review of service usage data from the district and Napa County Health and Human Services, Mental Health Division, NVUSD staff learned that Filipino youth are not using the existing mental health services and supports at the same rate as other populations. District staff held focus groups and distributed surveys to the Filipino community in American Canyon to get a better perspective about what may help.

This project is designed to learn how to (1) increase empathy and understanding about the wellness needs of Filipino students and parents, (2) increase the willingness of Filipino students and parents to use mental health supports, and (3) make changes to the screening process to identify mental health needs and increase access to the supports available to Filipino youth and their families in Napa County.

The following narrative describes the findings.

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Napa Valley Unified School District Findings:

Filipino students report more mental health risks but are not well identified with existing screenings and use less mental health supports.

The Napa Valley Unified School District administers the California Healthy Kids Surveyⁱ every two years. This data shows higher levels of reported depression, anxiety and suicidal ideation for students who identify as Filipino compared to those who identify as another race or ethnicity.

Table 1 shows the differences for depression symptoms.

Table 1.

**In the past 12 months have you ever felt sad or hopeless almost every day for 2 weeks?
Percentage of American Canyon students responding “Yes”ⁱⁱ**

		2013		2015	
		N	Percentage Responding “Yes”	N	Percentage Responding “Yes”
9th grade students	Filipino	114	33%	127	35%*
	Non-Filipino	260	27%	275	27%*
11th grade students	Filipino	114	30%	116	39%*
	Non-Filipino	245	34%	256	28%*

**Indicates the difference between Filipino and Non-Filipino students is statistically significant. (p<.01).*

From 2013 to 2015, the percentage of Filipino students indicating they had experienced symptoms of depression increased for both 9th and 11th graders. For non-Filipino students, the percentage was the same or decreased in the same time period. In 2015 there were statistically significant differences in reported depression symptoms between the Filipino and Non Filipino students at both grade levels (p<.01).

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In 2015, students were also asked to report anxiety symptoms. See Table 2.

Table 2.
In the past 6 months, did you feel so nervous, anxious, frightened, or worried that you had difficulty concentrating?
Percentage of American Canyon High School students responding “Yes”ⁱⁱⁱ

		2015	
		N	Percentage Responding “Yes”
9th grade students	Filipino	127	59%*
	Non-Filipino	275	43%*
11th grade students	Filipino	116	61%**
	Non-Filipino	256	53%**

**Indicates the difference between Filipino and Non-Filipino students is statistically significant. ($p < .01$). **Indicates the difference is significant at $p < .05$.*

- The percentage of Filipino students reporting anxiety symptoms was significantly higher than non-Filipino students in 2015.

The 9th and 11th grade students were also asked about suicidal ideation. See Table 3.

Table 3.
In the past 12 months did you ever seriously consider suicide?
Percentage of American Canyon High School students responding “Yes”^{iv}

		2013		2015	
		N	Percentage Responding “Yes”	N	Percentage Responding “Yes”
9th grade students	Filipino	114	30%*	127	17%*
	Non-Filipino	260	20%*	275	11%*
11th grade students	Filipino	114	23%	116	22%**
	Non-Filipino	245	23%	256	16%**

**Indicates the difference between Filipino and Non-Filipino students is statistically significant. ($p < .01$). **Indicates the difference is significant at $p < .05$.*

- Overall, students’ report of suicidal ideation decreased from 2013 to 2015.
- This decrease was much smaller for 11th grade Filipino students.
- In both years, more than one in five 11th grade Filipino students reported suicidal ideation.

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- The results are significantly different for 9th grade Filipino students in both years and for 11th grade Filipino students in 2015.

Identification of Needs

In addition to the increased reports of symptoms and ideation, American Canyon Middle School and American Canyon High School report that Filipino students are less likely to be identified in the screenings for mental health concerns and less likely to use the existing mental health supports.

American Canyon Middle School (ACMS) screens all students for mental health concerns at the beginning of each school year. Filipino students are identified at less than half the rate as non-Filipino students. This was statistically significant in both years.

Table 4. Universal Screening at American Canyon Middle School, 2015-16 and 2016-17^v

	2015-16		2016-17	
	Number of Students Screened	Percentage Identified with Mental Health Concerns	Number of Students Screened	Percentage Identified with Mental Health Concerns
Filipino	311	5%*	318	5%*
Non-Filipino	727	15%*	742	13%*

**Indicates the difference between Filipino and Non-Filipino students is statistically significant. (p<.01).*

Of concern is that the **rate of identification is lower, and the rates of risks are higher**. The Universal Screening protocol currently used at the middle school is not in place at the high school. Before it is introduced, American Canyon High School (ACHS) staff is interested in revising the screening tool/process to incorporate areas of risk that are being overlooked.

Utilization of Services

The school district’s internal data system, Aeries, was queried to better understand whether or not Filipino students are using the school-based counseling services at the same rate as the overall student body. The school-based services incorporate both academic and mental health counseling.

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Table 5. Use of School Counseling Services by Filipino Students, American Canyon Middle School and American Canyon High School, 2016-2017, as of March 2017.^{vi}

	Enrollment	Used Counseling Service	Percentage of Students who Use Counseling Services (Used Counseling Service/Enrollment)	Total Number of Counseling Service Visits	Number of Visit per Student (Total Number of Counseling Visits/Used Counseling Service)
American Canyon Middle School					
Filipino	260	66	25%*	217	3.3
Non-Filipino	800	361	45%*	1349	3.7
American Canyon High School					
Filipino	428	161	38%*	314	2.0
Non-Filipino	1121	583	52%*	1349	2.3

**Indicates the difference between Filipino and Non-Filipino students is statistically significant. (p<.01).*

Less likely to use services:

- Filipino students are less likely to use school counseling services at the middle school and at the high school. This is statistically significant in both settings.
- For the Filipino students who do use services, they appear to use them at a similar rate to Non-Filipino students.

The American Canyon PEI Project provides the Student Assistance Program (SAP) services for youth at the American Canyon Middle School and American Canyon High School. The project provides universal mental health prevention messages throughout the school and specialized services for students who are identified by teachers or administrators. The program data for this project was also examined to understand how Filipino and non-Filipino students are using this resource. *Statistical testing was not feasible because of small sample size.*

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Table 6. Percentage of Students enrolled in the American Canyon PEI Project, 2016-2017, as of March 2017.^{vii}

	Total Number of Students Enrolled at School	Total Number of Students Enrolled in Project	Percentage of Students in Project
American Canyon Middle School			
Filipino	260	3	1.2%
Non Filipino	800	44	5.5%
American Canyon High School			
Filipino	428	2	0.5%
Non Filipino	1121	29	2.6%

- Non-Filipino students were 4-5 times more likely than Filipino students to be enrolled in the American Canyon PEI project at both school sites in 2016-2017, despite the reports of higher risks and needs for Filipino students.
- There are culturally-appropriate services available for Latino students (another identified underserved community), but there are no existing services specifically for Filipino students. The data shows they are not being identified and served with existing mental health systems and supports.

b) Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.

Napa County Health and Human Services, Mental Health Division Findings:

Filipino youth experience serious mental health risks at the same rate as other populations but use very few mental health services.

To understand how needs are being met, prevalence data and service data from the Napa County Health and Human Services, Mental Health Division were reviewed. The data showed a very large gap between prevalence and service use for young Asian Pacific Islander residents.

- **Prevalence of mental illness for youth is similar to other groups.** In Napa County, the prevalence of serious emotional disturbance for Asian/Pacific Islander residents age 0-17 is estimated to be 7.4%. This is similar to the overall prevalence rate of 7.6% for all race/ethnicities.^{viii}
- **The use of mental health services by Filipino youth is 40 times lower**

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than other groups. The level of need met for Filipino youth is 0.9% compared to an overall level of need met of 40.8%.

- Additionally, the utilization rate for Asian/Pacific Islander residents (all ages) in calendar year 2014 and 2015 was lower than the small county and statewide averages and declined from 2014 to 2015^{ix} See Table 7.

Table 7. Asian/Pacific Islander Utilization Rates for Behavioral Health Services (all ages)^x

	2014	2015	Change
Napa County	2.28%	1.63%	-0.65%
Small Counties in California	2.38%	2.21%	-0.17%
California	2.94%	2.57%	-0.37%

Input from Filipino Youth and Parents

There are many barriers to understanding the mental health in the Filipino community, and there is a need to develop different types of support.

In November 2016, The American Canyon High School and American Canyon Middle School administrative teams asked to meet with members of the Filipino community in an effort to better understand the results and to develop ideas to address the disparities.

- The first focus group was held at American Canyon Middle School. In attendance were 12 Filipino parents, 4 high school students, and 1 community member.
- The second focus group was held at American Canyon High School with 5 Filipino high school students.
- After the second focus group, students offered to distribute a survey to other Filipino students for further input. Twenty surveys were completed by high school students.
- In March 2017, NVUSD staff returned to the students to get more information about how to address mental health concerns. Twenty three Filipino and Asian American students participated in a focus group.

In each focus group and survey, the participants were asked to identify the needs associated with the mental health data and asked to generate potential ways to address the needs.

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The following needs were identified and discussed:

Generational Barriers: Filipino youth, especially the children of immigrants, reported that they feel unable to talk to their parents about any feelings of depression they might be having. These children are aware that their parents, with rare exception, have had much harder life experiences than they have had, and they fear ridicule if they were to express a sentiment that suggested “my life is hard.” Even if their parents greeted their comments of depression with compassion, many students would still feel guilty of adding to the burden of their already overworked and overstressed parents. Filipino youth reported feeling guilty just for having such feelings. They understand that others have sacrificed for them, that they have many creature comforts that their elders did not have, and they “should” be filled with feelings of joy and gratitude, rather than sadness and resentment. This communication barrier leads to withdrawal, isolation and significant mental distress.

- *For some of us it is hard to communicate to your parents. If it is hard to tell your parents “I love you” then...*
- *There is a disconnect between adults and their children.*
- *Educate parents about mental health, they don't understand how serious it is and they should be available to their children for this type of thing. My dad doesn't understand so he is more brutal about these things.*
- *Some parents don't know how to deal with a child with depression, or who is sad. When I was sad my mom would ask ‘are you depressed?’ she didn't take it seriously.*

Stigma: Both focus groups identified a strong stigma against users of mental health services within the Filipino community.

- *Maybe they don't feel as comfortable seeking help.*
- *Don't want parents to know.*
- *They don't think anyone would understand*

Pressure: Both Filipino youth and parents immediately acknowledged an intense pressure for academic achievement as a major stressor for all generations. Further discussion revealed a separate intense pressure to maintain neatness and cleanliness in all areas of life.

- *Some parents care too much about the grades we get rather than [our]*

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mental health

Isolation: Each of the focus groups discussed some uncertainty around how and when to affirm their Filipino cultural heritage. There was speculation that many members of the community felt little sense of belonging, and that this isolation created stress which led to poor mental health.

- *Lack of friendships, isolation, lack of belonging – need to know how to make friends and cope...*

Need for a different solution: In two of the focus groups, participants were asked if they would be more likely to seek out mental health support from “a counselor who had special expertise in bicultural issues”. In neither group did this proposal receive support. In the third group, the students were simply asked, “What do you think would help?”

- *Most people don't feel comfortable talking to the adults. They are afraid they won't understand... counselors are trained for this sort of things but kids associate and project that the school people will react the same way as their parents.*
- *Need to be able to let it out and tell someone, like a friend who has been through it themselves and can help them rethink their choices about suicide*
- *It is easier to talk more to my peers. I am not comfortable talking to my mom about stress, she would tell me that I should know what to do.*
- *Just talking to adults only could be a little scary. [Maybe] you could talk to both your peers and adults combined.*

In summary, this project is designed to address the disparities identified by the school district, county mental health services and the Filipino community and to learn about how to more effectively identify and support the mental health needs of Filipino youth and their families in Napa County.

2. What Has Been Done Elsewhere To Address Your Primary Problem?

“A mental health practice or approach that has already demonstrated its effectiveness is not eligible for funding as an Innovative Project unless the County provides documentation about how and why the County is adapting the practice or approach... (CCR, Title 9, Sect. 3910(b)).

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The Commission expects a County to show evidence that they have made a good-faith effort to establish that the approach contained within their proposed project either has not been demonstrated to be effective in mental health or is meaningfully adapted from an approach that has been demonstrated to be effective.

Describe the efforts have you made to investigate existing models or approaches close to what you're proposing (e.g., literature reviews, internet searches, or direct inquiries to/with other counties). Have you identified gaps in the literature or existing practice that your project would seek to address?

- a) Describe the methods you have used to identify and review relevant published literature regarding existing practices or approaches. What have you found? Are there existing evidence-based models relevant to the problem you wish to address? If so, what limitations to those models apply to your circumstances?**

A Google search was undertaken to understand how the mental health needs of the Filipino population have been addressed with evidence-based practices. The search revealed that the Filipino population, particularly Filipino children and youth, have been significantly underrepresented in the research.^{xi} There have been some recent efforts to document the elevated levels of depression and the low levels of utilization of mental health services in the Filipino population^{xii}.

A search of the SAMSHA database for evidence-based interventions did not reveal any evidence-based interventions that are appropriate for Filipino students in middle school and high school and their families^{xiii}. The four interventions that were discussed are focused on family therapy and/or parenting classes for elementary school aged children. These are not interventions that were noted as desirable by the Filipino community in American Canyon. The families specifically asked for an intergenerational group and did not respond well to offers of either parenting classes or more traditional counseling.

- b) Describe the methods you have used to identify and review existing, related practices in other counties, states or countries. What have you found? If there are existing practices addressing similar problems, have they been evaluated? What limitations to those examples apply to your circumstance?**

To better understand existing practices, NVUSD staff contacted three other programs providing mental health services for the Filipino community. Each of the programs confirmed the generational barriers and stigma, and described how they build relationships with families over time and then introduce mental health services and supports.

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Bayanihan Community Center offers the Galing Bata afterschool program to serve Filipino students and families in the South of Market neighborhood in San Francisco. The program is “a Filipino cultural enrichment after-school program for children in Kindergarten through 7th grade.”^{xiv} This project offers workshops that address topics of interest, and then ties the topic to mental wellness during the presentation. The two most popular topics are healthy eating and college options. The staff indicated that another of their most popular events is a movie night featuring Filipino movies. The program staff distributes surveys to the community to indicate topics of interest for the workshops, but does not participate in an evaluation.

Project staff noted that stigma and generational differences are a barrier for providing mental health supports, and they recommended “someone from the community that knows the language.”^{xv} They have also observed that in many families, grandparents are caring for the children and are isolated (due to language and cultural differences) and unaware of how to access services.

This project serves younger children and families, is adult-driven (rather than youth-driven) and has not been evaluated.

Asian Pacific Community Counseling agency operates the Transcultural Wellness Center. This program provides “a full range of coordinated therapeutic and support services for all ages, including children, transitional age youth, and older adults, with a special emphasis on the Asian and Pacific Islander language and cultural groups in Sacramento County (i.e., Cambodian, Chinese, Fijian, Filipino, Hawaiian, Hmong, Japanese, Korean, Laotian, Mien, Samoan, Tongan, and Vietnamese).”^{xvi}

NVUSD staff contacted two staff from the center to discuss how they are currently serving the Filipino community. Both individuals emphasized the need to address stigma by building trust and normalizing the challenges. They use a mentoring approach for families as a “softer” way to introduce services. With youth, a group approach has been helpful. Family therapy or counseling is not the first step. The service is available when the family is ready, but the relationships need to be established first.

One staff person spoke at length about the need to acknowledge the role of

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acculturation. The generational differences arise because the children acculturate much faster than the adults. In their experience, youth have been more likely to approach an adult in their community who is more acculturated when they encounter mental health challenges. Normalizing the challenge and addressing acculturation has been a successful approach for this project.

This project uses a peer mentor and a combination of education and support to reach families. They are not currently evaluating the interventions, and recommended using interviews and/or written narratives to measure impact.

San Mateo Filipino Mental Health Initiative is part of the County of San Mateo Health System. Funded by MHSA, its mission is “to improve the well-being of Filipinos in San Mateo County by reducing the stigma of mental health, increasing access to services, and further empowering the community through outreach and engagement.”^{xvii} Staff from this program also identified stigma as the primary barrier for Filipinos seeking services. This project also provides workshops that are focused on topics of importance and then incorporate mental health. For example they will present “How to Succeed in High School” and then address mental health and wellness as one of the tools and stress as an obstacle. Staff recommended a strength based approach about being mentally healthy and having the tools you need. Also noted that getting families to workshops is difficult and they are still working on ways to improve attendance (child care, gift cards, food, etc.).

Also of note was the observation that mental health is often addressed by praying. So when youth encounter difficulties, family members will suggest praying about it. Religious leaders in San Mateo were often more open to educating parishioners about mental illness and how to get support.^{xviii}

In 2015, the project produced a presentation summarizing their findings. In addition to depression, anxiety and suicidal ideation, they also reported about body image issues for both male and female youth. The project used PhotoVoice with youth and young adults to document findings and then presented to high school youth about their experiences.

This project is an extensive needs assessment and has documented the needs of the Filipino community around mental health. Project staff indicated they are not currently evaluating interventions.

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Each of these projects described finding similar needs in the Filipino communities they serve. Stigma and generational barriers are foremost and are difficult to overcome. Each project offered suggestions about how to bridge the barriers, including: Workshops, peer mentors and group counseling. The limitations are in the lack of evaluation findings about the effectiveness of these interventions.

This project is designed to learn about how to (1) increase empathy and understanding about the wellness needs of Filipino students and parents, (2) increase the willingness of Filipino students and parents to use mental health supports, and (3) make changes to the screening process to identify mental health needs and to the supports available to Filipino youth and their families in Napa County.

2) The Proposed Project

Describe the Innovative Project you are proposing. Note that the “project” might consist of a process (e.g. figuring out how to bring stakeholders together; or adaptation of an administrative/management strategy from outside of the Mental Health field), the development of a new or adapted intervention or approach, or the implementation and/or outcomes evaluation of a new or adapted intervention. See CCR, Title 9, Sect. 3910(d).

Include sufficient details so that a reader without prior knowledge of the model or approach you are proposing can understand the relationship between the primary problem you identified and the potential solution you seek to test. You may wish to identify how you plan to implement the project, the relevant participants/roles, what participants will typically experience, and any other key activities associated with development and implementation.

a) Provide a brief narrative overview description of the proposed project.

This project will pilot an intergenerational, community-building approach to understanding the mental health needs of Filipino students and their families in American Canyon. The learning from this project will inform both school district staff and mental health providers about how to identify and address the mental health needs of Filipino students and their families.

Phase One: Community Survey and Event (January-June 2018) To be sure the project includes a variety of representatives from the Filipino community; we will begin Phase 1 with a community survey in order to identify ways to engage the Filipino community, students and families around the topics of success and wellness. Questions will ask respondents about preferred events and topics.

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Students and families who participated in the planning for this project will assist in distributing the survey and encouraging participation.

The event will be planned by Filipino youth at American Canyon High School with the support of the community liaison hired for this project. The topic and format of the event will be determined by the community survey.

At the event, attendees will be asked to participate in Phase Two. The sign up for Phase Two will include an area to suggest further activities to continue the conversation about success and wellness in the Filipino community.

Phase 2: Understanding the Needs (August-December 2018)

This phase is intended to (1) increase empathy and understanding about the wellness needs of Filipino students and parents and (2) increase the willingness of Filipino students and parents to use mental health supports.

This phase will include at least three **intergenerational activities and conversations**. The activities will build on the ideas from the sign up forms for Phase Two and areas that were successful at the event. This phase of the project is meant to build trust and common language between students and families as they discuss success and wellness. Based on the input from Filipino students and parents, the following areas are anticipated to be included in the conversation.

- Definitions of success and wellness
- Ideas about how to *recognize* someone who is struggling with success and wellness
- Ideas about how to *support* someone struggling with success and wellness
- Discussion about how to *share the ideas* with others.

Phase 3: Sharing Learning and Recommendations (January 2019-June 2019)

The Phase Two participants will be supported by project staff to prepare a summary of their learning and recommendations. The learning and recommendations will address changes in screenings and supports for Filipino youth and their families.

The summary of the learning and recommendations will be shared with district staff and mental health providers. A full summary of all three phases of the project will be captured through the creation of video and website content and will be posted to the

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district's Wellness Program website (www.nvusdwellness.org). The sharing of the learning and recommendations will begin in February/March 2019 with a student-led community event at American Canyon High School. In April and May 2019 the students and families will take the presentations to the school district and mental health community.

The district anticipates sharing the learning in the following areas:

- Wellness Center at American Canyon High School (pending opening in February 2018),
- Wellness Program Initiative throughout NVUSD,
- Schools throughout the district via training and professional development of teachers, staff and administrators.
- Open house at American Canyon High School to present learning to Students, staff and families.
- Parent Teacher Clubs: sharing learning about how to engage families and students.
- English Language Advisory Committee (ELAC) meetings

Mental health providers anticipate sharing the learning and recommendations in the following areas:

- Napa County Health and Human Services, Mental Health Division
- Napa County Health and Human Services website
- Napa County MHSA Stakeholder Advisory Committee
- Napa County Office of Education
- Live Healthy Napa County (a local community health needs assessment with the goal of improving health and wellbeing for everyone in Napa County)
- Napa County Health and Human Services Wellness Fair
- Ole Health (the local Federally Qualified Health Center)
- Village: Napa (a group of Napa County educators, mental health professionals and parents creating a community of support for teen mental health)
- Napa County Coalition of Non Profit Agencies, Behavioral Health Committee
- Regional Agencies that serve Filipino Communities: Banyanihan Community Center, Asian Pacific Community Counseling and San Mateo Filipino Mental Health Initiative.

The final summary of the project and the results will also be presented to the larger social services community in Napa County in an effort to improve outcomes for

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Filipino youth and families. This includes family resource centers, public agencies and other interested organizations. At this time, the Filipino youth involved in developing this project have expressed interest in presenting the learning. During the project, interested family members will be encouraged to participate in sharing of the results.

- b) Identify which of the three approaches specified in CCR, Title 9, Sect. 3910(a) the project will implement (introduces a practice or approach that is new to the overall mental health system; makes a change to an existing practice in the field of mental health; or applies to the mental health system a promising community-driven practice approach that has been successful in non-mental health contexts or settings).**

This project makes a change to an existing practice in the field of mental health. Currently, the services that are offered and available for the Filipino community are not being accessed. This project is seeking ideas about how to change the screening process and supports to improve identification of mental health concerns and use of services.

- c) Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply to mental health a practice from outside of mental health, briefly describe how the practice has been applied previously.**

This project addresses mental health need through a community planning process. It highlights the importance of health and well-being in schools and in the community. It relies on the ideas and insights from the members of the Filipino community who participated in the planning. The approach was also encouraged by the agencies that were contacted who serve the Filipino community in the Bay Area.

3) Innovative Component

Describe the key elements or approach(es) that will be new, changed, or adapted in your project (potentially including project development, implementation or evaluation). What are you doing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

- a) If you are adapting an existing mental health model or approach, describe how your approach adds to or modifies specific aspects of that existing approach and why you believe these to be important aspects to examine.**

The approach that received the most support and the approach that we did not find in the literature was the intergenerational aspect of the project. This project

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is a community planning process that uses an intergenerational group of Filipino students and families to develop ideas about how to identify the need for mental health supports and how to support students who are struggling.

- b) If you are applying an approach or practice from outside of mental health or that is entirely new, what key aspects of that approach or practice do you regard as innovative in mental health, and why?**

Community planning for mental health services has been used in the mental health field and is not entirely new.

4) Learning Goals / Project Aims

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the spread of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the spread of effective practices. *There is no maximum number of learning goals required, but we suggest at least two. Goals might revolve around understanding processes, testing hypotheses, or achieving specific outcomes.*

- a) What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?**

The needs identified by the data review showed disparities in the level of reported depression, anxiety and suicidal ideation for Filipino students. School district data showed that the students are less likely to use the mental health supports in place. This was confirmed by focus groups and surveys with the Filipino students and their families. This project is designed to learn about how to (1) increase empathy and understanding about the wellness needs of Filipino students and parents, (2) increase the willingness of Filipino students and parents to use mental health supports, and (3) make changes to the screening process to identify mental health needs and to the supports available to Filipino youth and their families in Napa County.

Learning Goals

Does an intergenerational approach to mental health support change

- Intergenerational empathy and understanding about wellness needs of parents and students?
- Willingness of Filipino youth and families to use supports to promote and maintain wellness?

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Do the ideas generated by the intergenerational approach change how the district and mental health providers support changes to:

- Screening process to identify mental health risks of all students, not just those with external behaviors?
- Supports available to promote and maintain wellness for all students?

b) How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?

The primary purpose of this project is to learn about how to more effectively identify and support the mental health needs of Filipino youth and their families in Napa County. The learning goals explore each of the areas where disparities were noted to understand how an intergenerational approach can help reduce disparities in identification of mental health risks and the use of mental health services and supports.

5) Evaluation or Learning Plan

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. What observable consequences do you expect to follow from your project's implementation? How do they relate to the project's objectives? What else could cause these observables to change, and how will you distinguish between the impact of your project and these potential alternative explanations?

The greater the number of specific learning goals you seek to assess, generally, the larger the number of measurements (e.g., your "sample size") required to be able to distinguish between alternative explanations for the pattern of outcomes you obtain.

In formulating your data collection and analysis plan, we suggest that you consider the following categories, where applicable:

a) Who are the target participants and/or data sources (e.g., who you plan to survey to or interview, from whom are you collecting data); How will they be recruited or acquired?

The data sources for this project are the project participants (Filipino youth and their families), the school district staff and mental health providers. Surveys and interviews will be conducted throughout the project.

- Phase One: Community survey and participant survey
- Phase Two: Interviews and written surveys with project participants
- Phase Three: Interviews and written surveys with project participants, written/online survey with district staff and mental health providers.

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- b) **What is the data to be collected? Describe specific measures, performance indicators, or type of qualitative data. This can include information or measures related to project implementation, process, outcomes, broader impact, and/or effective dissemination. Please provide examples.**

The data to be collected describes the process of the intergenerational group convening and working together to develop the recommendations. It also describes the outcomes of the project.

Process:

- How the Filipino youth and families are engaged in the project
- How the definitions and descriptions of success and wellness are developed
- How the recommendations about how to recognize and assist someone who is struggling are developed.

Outcome:

- In Phase One, the anticipated outcomes are (1) attendance at the event (2) interest in participating in the project, and (3) increased awareness about how wellness supports success.
- In Phase Two, the expectations increase to (1) developing definitions of success and wellness and a description of how to identify someone who is struggling, and (2) increased intergenerational empathy and (3) increased understanding about the wellness needs of families and students and (4) increased willingness of Filipino youth and families to use supports to promote and maintain wellness
- In Phase Three, the outcomes shift to focus on the sharing of the learning and how the recommendations are received by district staff and mental health providers.

The specific measures will be developed with the Advisory Committee and will be reviewed by project participants.

- c) **What is the method for collecting data (e.g. interviews with clinicians, focus groups with family members, ethnographic observation by two evaluators, surveys completed by clients, analysis of encounter or assessment data)?**

The data sources for this project are the project participants (Filipino youth and their families), the school district staff and mental health providers. Surveys and interviews will be conducted throughout the project.

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- Phase One: Community survey and participant survey
- Phase Two: Interviews and written surveys with project participants
- Phase Three: Interviews and written surveys with project participants, written/online survey with district staff and mental health providers.

d) How is the method administered (e.g., during an encounter, for an intervention group and a comparison group, for the same individuals pre and post intervention)?

The data will be collected by Filipino youth in Phase One using an online and paper survey. In the remaining phases, the data will be collected by the project staff and/or evaluator during project meetings.

The students and families will complete a pre/post survey and will also participate in interviews at the end of Phase Two and at the end of the project.

The district staff and mental health providers will complete a pre/post survey at the presentations in Phase Three.

e) What is the *preliminary* plan for how the data will be entered and analyzed?

The survey data will be collected in hard copy and/or online and entered into the statistical software, Statistical Package for the Social Sciences (SPSS), for analysis.

Focus group recordings will be transcribed and the transcripts will be used for summary and analysis.

6) Contracting

If you expect to contract out the INN project and/or project evaluation, what project resources will be applied to managing the County's relationship to the contractor(s)? How will the County ensure quality as well as regulatory compliance in these contracted relationships?

Napa County Mental Health will be contracting out the Innovations project evaluation. The County values and understands the importance of maintaining a healthy relationship with both the evaluator and contractor. The planning process was reflective of that as it involved County staff, evaluation staff and potential contractors working together to ensure that the Innovations plan aligned with Innovations regulations while at the same time ensuring that the plan communicated

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the desires of the specific stakeholder group and needs of the community. The evaluation staff that have been contracted to work on this process hold those key pieces together for County and contractors to ensure the learning is documented and can be shared with MHSOAC staff and local stakeholders at the end of the project period.

County staff will continue to conduct planned site visits to programs and will also participate in evaluation meetings on a regular basis to ensure that the relationship is maintained and consistent throughout the project period.

II. Additional Information for Regulatory Requirements

1) Certifications

Innovative Project proposals submitted for approval by the MHSOAC must include documented evidence of County Board of Supervisors review and approval as well as certain certifications. Additionally, we ask that you explain how you have obtained or waived the necessity for human subjects review, such as by your County Institutional Review Board.

- a) Adoption by County Board of Supervisors. Please present evidence to demonstrate that your County Board of Supervisors has approved the proposed project. Evidence may include explicit approval as a stand-alone proposal or as part of a Three-Year Plan or Annual Update; or inclusion of funding authority in your departmental budget. If your project has not been reviewed in one of these ways by your Board of Supervisors, please explain how and when you expect to obtain approval prior to your intended start date.
- b) Certification by the County mental health director that the County has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act (MHSA). Welfare and Institutions Code (WIC) 5847(b)(8) specifies that each Three-Year Plan and Annual Update must include “Certification by the county behavioral health director, which ensures that the county has complied with all pertinent regulations, laws, and statutes of the Mental Health Services Act, including stakeholder participation and nonsupplantation requirements.”
- c) Certification by the County mental health director and by the County auditor-controller if necessary that the County has complied with any fiscal accountability requirements, and that all expenditures are consistent with the requirements of the MHSA. WIC 5847(b)(9) specifies that each Three-Year Plan and Annual Update must include “Certification by the county behavioral health director and by the county auditor-controller that the county has complied with any fiscal accountability requirements as directed by the State Department of Health Care Services, and that all expenditures are consistent with the requirements of the Mental Health Services Act.”

Of particular concern to the Commission is evidence that the County has satisfied any fiscal accountability reporting requirements to DHCS and the MHSOAC, such as submission of required Annual Revenue and Expenditure Reports or an explanation as to when any outstanding ARERs will be completed and filed.

- d) Documentation that the source of INN funds is 5% of the County’s PEI allocation and 5% of the CSS allocation.

Note: All certifications will be completed prior to submittal to the MHSOAC as required above.

2) Community Program Planning

Please describe the County’s Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County’s community.

Include a brief description of the training the county provided to community planning participants

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regarding the specific purposes and MHSA requirements for INN Projects.

Napa County Community Program Planning

The planning process for Innovations began in September 2016 with presentations to the Mental Health Board and the Mental Health Services Act Stakeholder Advisory Committee. Community outreach began in October 2016 with outreach to over 350 community providers and individuals who have previously participated in Mental Health Services Act (MHSA) planning. This email outreach was supplemented with phone calls to several individuals who do not have email accounts, and several packets of mailed information to individuals who requested hard copies of the planning documents.

In addition to the presentations with the Mental Health Board and the MHSA Stakeholder Advisory Committee, Mental Health Division staff and consultants presented to consumers and family members at the Innovation Community Center (the local Adult Resource Center), to the Napa County Coalition of Non Profit Agencies and the Coalition's Behavioral Health Sub-Committee. This outreach was done to be sure the community's Innovation questions were addressed.

This process resulted in twelve innovation ideas being submitted in November 2016. Each of the agencies submitted ideas based on the data they had available and community reports compiled by the Mental Health Division about what was not working in the mental health system^{xix} and based on input from their staff and/or individuals about what could be different. These ideas were reviewed by Mental Health Division staff for adherence to the Innovation guidelines. Nine of the ideas were forwarded to the Innovations Scoring Committee for further review and discussion.

Innovations Scoring Committee

The intent of the Innovations Scoring Committee was to provide a proxy for the public, local and state review process. Because of the reversion timeline, the Mental Health Division wanted to ensure the ideas that were developed into workplans were viable.

The eleven member Committee included state-level representatives with expertise in MHSA programming, Innovations, cultural competence, lived experience, and the state mental health system, as well as local representatives who had no ties to the agencies that submitted proposals and who had lived and/or professional expertise in the mental health system and/or service systems in Napa County. All Scoring Committee members were screened prior to being included to be sure they did not have any personal or professional conflicts.

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The Scoring Committee met in January 2017. Each member scored each proposal, and they brought their notes and scores to the meeting for discussion. The group discussed the ideas overall and particularly focused on areas where their own scores varied from the average scores. All members were encouraged to ask questions, provide expertise and information as indicated and to adjust their notes and scores as they saw fit. Based on the scores and comments from the Scoring Committee, the Mental Health Division selected four ideas to develop into workplans.

This workplan was developed from an idea submitted by Napa Valley Unified School District, based on their work with students in American Canyon.

Napa Valley Unified School District Community Planning

This planning process is also described previously in the Project Overview Section 1b. This process was how the NVUSD developed the idea and chose to develop it for consideration by the Scoring Committee.

Input from Filipino Youth and Parents

There are many barriers to understanding the mental health needs in the Filipino community, and there is a need to develop different types of support.

In November 2016, The American Canyon High School and American Canyon Middle School administrative teams asked to meet with members of the Filipino community in an effort to better understand the results and to develop ideas to address the disparities.

- The first focus group was held at American Canyon Middle School. In attendance were 12 Filipino parents, 4 high school students, and 1 community member.
- The second focus group was held at American Canyon High School with 5 Filipino high school students.
- After the second focus group, students offered to distribute a survey to other Filipino students for further input. Twenty surveys were completed by high school students.
- In March 2017, NVUSD staff returned to the students to get more information about how to address mental health concerns. Twenty three Filipino and Asian American students participated in a focus group.

In each focus group and survey, the participants were asked to identify the needs associated with the mental health data and asked to generate potential ways to address the needs.

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The following needs were identified and discussed:

Generational Barriers: Filipino youth, especially the children of immigrants, reported that they feel unable to talk to their parents about any feelings of depression they might be having. These children are aware that their parents, with rare exception, have had much harder life experiences than they have had, and they fear ridicule if they were to express a sentiment that suggested “my life is hard.” Even if their parents greeted their comments of depression with compassion, many students would still feel guilty of adding to the burden of their already overworked and overstressed parents. Filipino youth reported feeling guilty just for having such feelings. They understand that others have sacrificed for them, that they have many creature comforts that their elders did not have, and they “should” be filled with feelings of joy and gratitude, rather than sadness and resentment. This communication barrier leads to withdrawal, isolation and significant mental distress.

- *For some of us it is hard to communicate to your parents. If it is hard to tell your parents “I love you” then...*
- *There is a disconnect between adults and their children.*
- *Educate parents about mental health, they don’t understand how serious it is and they should be available to their children for this type of thing. My dad doesn’t understand so he is more brutal about these things.*
- *Some parents don’t know how to deal with a child with depression, or who is sad. When I was sad my mom would ask ‘are you depressed?’ she didn’t take it seriously.*

Stigma: Both focus groups identified a strong stigma against users of mental health services within the Filipino community.

- *Maybe they don’t feel as comfortable seeking help.*
- *Don’t want parents to know.*
- *They don’t think anyone would understand*

Pressure: Both Filipino youth and parents immediately acknowledged an intense pressure for academic achievement as a major stressor for all generations. Further discussion revealed a separate intense pressure to maintain neatness and cleanliness in all areas of life.

- *Some parents care too much about the grades we get rather than [our] mental*

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health

Isolation: Each of the focus groups discussed some uncertainty around how and when to affirm their Filipino cultural heritage. There was speculation that many members of the community felt little sense of belonging, and that this isolation created stress which led to poor mental health.

- *Lack of friendships, isolation, lack of belonging – need to know how to make friends and cope...*

Need for a different solution: In two of the focus groups, participants were asked if they would be more likely to seek out mental health counsel from “a counselor who had special expertise in bicultural issues”. In neither group did this proposal receive significant support. In the third group, the students were simply asked, “What do you think would help?”

- *Most people don't feel comfortable talking to the adults. They are afraid they won't understand.... counselors are trained for this sort of things but kids associate and project that the school people will react the same way as their parents.*
- *Need to be able to let it out and tell someone, like a friend who has been through it themselves and can help them rethink their choices about suicide*
- *It is easier to talk more to my peers. I am not comfortable talking to my mom about stress, she would tell me that I should know what to do.*
- *Just talking to adults only could be a little scary. {Maybe} you could talk to both your peers and adults combined.*

In summary, this project is designed to address the disparities identified by the school district, county mental health services and the Filipino community and to learn about how to more effectively support the mental health needs of Filipino youth and their families in Napa County.

Revisions

MHSA staff and consultants assisted NVUSD staff in developing the Innovation workplan based on the feedback from the Scoring Committee. This workplan is the result of several revisions. As the project was aligned with the areas the Scoring Committee indicated were innovative, the changes were reviewed with and approved by NVUSD staff and Filipino youth attending NVUSD schools in American Canyon.

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<p>3) Primary Purpose</p> <p>Select one of the following as the primary purpose of your project. (I.e. the overarching purpose that most closely aligns with the need or challenge described in Item 1 (The Service Need).</p> <p>a) Increase access to mental health services to underserved groups</p> <p>b) Increase the quality of mental health services, including measurable outcomes</p> <p>c) Promote interagency collaboration related to mental health services, supports, or outcomes</p> <p>d) Increase access to mental health services</p>
<p>4) MHSA Innovative Project Category</p> <p>Which MHSA Innovation definition best applies to your new INN Project (select one):</p> <p>a) Introduces a new mental health practice or approach.</p> <p>b) Makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community.</p> <p>c) Introduces a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting.</p>
<p>5) Population (if applicable)</p> <p>a) If your project includes direct services to mental health consumers, family members, or individuals at risk of serious mental illness/serious emotional disturbance, please estimate number of individuals expected to be served annually. How are you estimating this number?</p> <p>This project will recruit and support 50 Filipino high school students and 50 family members of these students.</p> <p>Because of the nature of the project, it is likely that some members will be mental health consumers, family members and/or individuals at risk of serious mental illness/serious emotional disturbance, but individuals from these groups will not be specifically sought out. This project is designed for the general Filipino community and is intended to strengthen the system that supports mental health consumers and their family members and individuals at risk of serious mental illness/serious emotional disturbance.</p> <p>b) Describe the population to be served, including relevant demographic information such as age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate. In some circumstances, demographic information for individuals served is a</p>

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reporting requirement for the Annual Innovative Project Report and Final Innovative Project Report.

This project is designed specifically for the Filipino high school students and their families in American Canyon. The project will be based at the American Canyon High School. During recruitment, outreach will be done to encourage all genders to participate and to invite adult relatives of all ages to participate. Recruitment will include outreach to the Gay Straight Alliance located at ACHS and to the LGBTQ Connection to encourage Filipino students who identify as LGBTQ to participate. Materials will be available in Tagalog during recruitment and as needed during the project. At least one project staff person will be fluent in Tagalog.

- c) **Does the project plan to serve a focal population, e.g., providing specialized services for a target group, or having eligibility criteria that must be met? If so, please explain.**

The project is designed specifically to serve Filipino high school students at American Canyon High School and their families. The criteria for youth is that they identify as Filipino, attend American Canyon High School, and have family members who are willing to participate.

6) MHSa General Standards

Using specific examples, briefly describe how your INN Project reflects and is consistent with all potentially applicable MHSa General Standards set forth in Title 9 California Code of Regulations, Section 3320. (Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standard could not apply to your INN Project, please explain why.

a) Community Collaboration

This idea was generated by the Filipino youth and families in American Canyon in response to the school district's inquiry about the students' reports of anxiety and depression. The project is intended to engage the American Canyon High School Filipino community in developing ways to define wellness and success, identify individuals who may be struggling and offer appropriate support.

b) Cultural Competency

The project is designed to promote cultural competency in the schools and in mental health services. To ensure that the project activities and evaluation are culturally competent, an **Advisory Committee** will be convened to provide

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guidance and support. The committee will consist of representatives from the following groups:

- Filipino Students and Families
- Interested Members of the Filipino community
- Representatives from regional agencies that support the Filipino community
- District staff
- Mental Health Provider Staff
- Church/Faith Communities

c) Client-Driven

Filipino students and families developed the idea for this project to address the mental health risks in their community. They will continue as participants in the project to developing ways to define wellness and success, identify individuals who may be struggling and offer appropriate support.

d) Family-Driven

Filipino students and families developed the idea for this project to address the mental health risks in their community. They will continue as participants in the project to developing ways to define wellness and success, identify individuals who may be struggling and offer appropriate support.

e) Wellness, Recovery, and Resilience-Focused

By engaging students and families together, they hope to begin having conversations about what wellness means and how to promote resiliency within their community. By having conversations about success and wellness, improving the ways that mental health needs are identified and providing appropriate support, the participants aim to promote a path to wellness and recovery.

f) Integrated Service Experience for Clients and Families

Phase Three of the project includes developing and sharing recommendations about how to address mental health needs in the Filipino community. During the planning for this project, several informants suggested linking mental health supports with existing supports rather than providing them separately. Suggestions included the schools and churches. This project will encourage the district and the mental health providers to enhance the integrated service

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experience by hearing directly from the community about the types of supports that are needed and how they can be integrated with existing supports.

7) Continuity of Care for Individuals with Serious Mental Illness

Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals when the project ends.

Because of the nature of the project, it is likely that some participants will be mental health consumers, family members and/or individuals at risk of serious mental illness/serious emotional disturbance, but individuals from these groups will not be specifically sought out.

This project is designed by and for the Filipino community and intended to strengthen the system that supports mental health consumers and their family members and individuals at risk of serious mental illness/serious emotional disturbance.

Individuals with serious emotional disturbance and/or serious mental illness that are identified as part of this project will be referred to services using the same protocol that is currently in place at Napa Valley Unified School District.

8) INN Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement.

a) Explain how you plan to ensure that the Project evaluation is **culturally competent**.

Note: this is not a required element of the initial INN Project Plan description but is a mandatory component of the INN Final Report. We therefore advise considering a strategy for cultural competence early in the planning process. An example of cultural competence in an evaluation framework would be vetting evaluation methods and/or outcomes with any targeted ethnic/racial/linguistic minority groups.

To ensure that the project activities and evaluation are culturally-competent, an **Advisory Committee** will be convened to provide guidance and support. The committee will consist of representatives from the following groups:

- Filipino Students and Families
- Interested Members of the Filipino community
- Representatives from regional agencies that support the Filipino community
- District staff
- Mental Health Provider Staff

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- Church/Faith Communities

The Advisory Committee will meet during each phase of the project to review the evaluation framework, data collection tools and learning as it is available. Revisions will be made based on feedback.

- b) Explain how you plan to ensure **meaningful stakeholder participation** in the evaluation. *Note that the mere involvement of participants and/or stakeholders as participants (e.g. participants of the interview, focus group, or survey component of an evaluation) is not sufficient. Participants and/or stakeholders must contribute in some meaningful way to project evaluation, such as evaluation planning, implementation and analysis. Examples of stakeholder involvement include hiring peer/client evaluation support staff, or convening an evaluation advisory group composed of diverse community members that weighs in at different stages of the evaluation.*

For this project the stakeholders are American Canyon High School Filipino youth and families. They will be the primary participants in the project and will be tasked with developing definitions for wellness and success, ways to identify Filipino individuals who are struggling with wellness and/or success and recommendations about how to provide appropriate support.

Throughout the project, they will be involved in the review of the evaluation framework, the data collection tools and results as they are available. Revisions will be made based on feedback.

Additionally, an **Advisory Committee** will be convened to provide guidance and support. The committee will consist of representatives from the following groups:

- Filipino Students and Families
- Interested Members of the Filipino community
- Representatives from regional agencies that support the Filipino community
- District staff
- Mental Health Provider Staff
- Church/Faith Communities

9) Deciding Whether and How to Continue the Project Without INN Funds

Briefly describe how the County will decide whether and how to continue the INN Project, or elements of the Project, without INN Funds following project completion. For example, if the evaluation does (or does not) indicate that the service or approach is effective, what are the next

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steps?

American Canyon is the most culturally diverse city in Napa County. Learning from this project is expected to inform future approaches as the school district, mental health providers, and the community reach out to a myriad of cultural groups to better understand their perspectives, strengths and needs regarding mental health supports.

At the end of the project, the participants, district and mental health providers will convene to discuss the learning and how the successful areas of the project can be sustained. There is no identified funding source to continue the project after June 2019, so the involvement of stakeholders, funders and community members throughout the project is vital for encouraging support of successful components after the project is completed.

In Phase Three, the participating students will lead a community event at American Canyon High School to highlight the learning and recommendations. After this event, students and interested family members will take the learning to the school district and mental health community to be sure the learning is shared widely. The decision making about how to continue to provide outreach and support for the Filipino community will occur at these meetings and will be dependent on the recommendations and available funding.

10) Communication and Dissemination Plan

Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.

- a) How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties?

Phase Three of this project is focused on sharing the learning and recommendations.

Phase 3: Sharing Learning and Recommendations (January 2019-June 2019)

The Phase Two participants will be supported by project staff to prepare a summary of their learning and recommendations. The learning and recommendations will address changes in screenings and supports for Filipino youth and their families.

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The summary of the learning and recommendations will be shared with district staff and mental health providers. A full summary of all three phases of the project will be captured through the creation of video and website content and will be posted to the district's Wellness Program website (www.nvusdwellness.org). The sharing of the learning and recommendations will begin in February/March 2019 with a student-led community event at American Canyon High School. After the event, the Filipino students and families will take the learning out to the school district and mental health community to share the recommendations.

The district anticipates sharing the learning in the following areas:

- Wellness Center at American Canyon High School (pending opening in February 2018),
- Wellness Program Initiative throughout NVUSD,
- Schools throughout the district via training and professional development of teachers, staff and administrators.
- Open house at American Canyon High School to present learning to Students, staff and families.
- Parent Teacher Clubs: sharing learning about how to engage families and students.
- English Language Advisory Committee (ELAC) meetings

Mental health providers anticipate sharing the learning and recommendations in the following areas:

- Napa County Health and Human Services, Mental Health Division
- Napa County Health and Human Services website
- Napa County MHSa Stakeholder Advisory Committee
- Napa County Office of Education
- Live Healthy Napa County (a local community health needs assessment with the goal of improving health and wellbeing for everyone in Napa County)
- Napa County Health and Human Services Wellness Fair
- Ole Health (the local Federally Qualified Health Center)
- Village: Napa (a group of Napa County educators, mental health professionals and parents creating a community of support for teen mental health)
- Napa County Coalition of Non Profit Agencies, Behavioral Health Committee
- Regional Agencies that serve Filipino Communities: Banyanihan Community Center, Asian Pacific Community Counseling and San Mateo Filipino Mental

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Health Initiative.

The final summary of the project and the results will also be presented to the larger social services community in Napa County in an effort to improve outcomes for Filipino youth and families. This includes family resource centers, public agencies and other interested organizations. At this time, the Filipino youth involved in developing this project have expressed interest in presenting the learning. During the project, interested family members will be encouraged to participate in sharing of the results.

b) How will program participants or other stakeholders be involved in communication efforts?

Throughout the planning, several ideas have emerged from the focus groups and interviews about how to share the learning during the project. Each of the ideas was generated by students and/or family members. As the project is implemented the ideas will be vetted with participants.

- A student-led blog that shares the learning with peers and parents.
- A performance that showcases Filipino culture and how mental health concerns are addressed.
- A web page that is part of the Wellness Center website and/or the HHSA Mental health division website.
- Potentially using StoryCorps or a similar method to provide a student and family voice and perspective to the learning.
- Developing training videos that can be distributed locally and regionally.
- Developing an ongoing Advisory Group or a School and Community Group made up of students and parents to continue the learning and conversations that begin with this project.

c) KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.

- Intergenerational approach to Mental Health for Filipino community
- Addressing disparities in mental health risk for Filipino youth
- Addressing disparities in mental health services for Filipino youth
- Examining how Filipino youth are screened for mental health risks in high

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school

11) Timeline

a) Specify the total timeframe (duration) of the INN Project:

One Year, Six Months

b) Specify the expected start date and end date of your INN Project:

- Start Date: January 1, 2018
- End Date: June 30, 2019

Note: Please allow processing time for approval following official submission of the INN Project Description.

c) Include a timeline that specifies key activities and milestones and a brief explanation of how the project's timeframe will allow sufficient time for

i. Development and refinement of the new or changed approach;

Phase One: Community Survey and Event (January to June 2018)

- Hire Staff
- Convene Advisory Committee
- Develop and distribute community survey
- Develop data collection tools
- Review summary of community survey and data collection tools with Advisory Committee
- Plan event based on survey findings
- Hold event and recruit youth and family members for Phase Two.
- Survey Phase Two participants for conversation ideas.

NOTE: School is not in session from mid-June to mid-August 2018.

Phase Two: Understanding the Needs (August to December 2018)

- Convene Advisory Committee to review data collection tools, conversation ideas (summary of data from Phase One) and plan the meetings with youth and family members
- Organize and facilitate at least three conversations/meetings with youth and

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family members based on the ideas they submitted in Phase One and input from the Advisory Committee

Phase Three: Sharing the Learning and Recommendations (January to June 2019)

- Summarize learning from conversations and develop data collection tools. Review with participants and Advisory Committee.
- Plan and hold an open house event at American Canyon High School to share learning with the Filipino community, NVUSD staff, and mental health providers.
- Present the learning to district staff and mental health providers at various locations throughout Napa County.
- Present/share the learning with regional providers who participate in Advisory Committee.

ii. Evaluation of the INN Project;

Phase One: Community Survey and Event (January to June 2018)

- Develop community survey
- Develop data collection tools for event (participant surveys)
- Review community survey and data collection tools with Advisory Committee
- Data collection at event

NOTE: School is not in session from mid-June to mid-August 2018.

Phase Two: Understanding the Needs (August to December 2018)

- Summary of data from Phase One for use by project staff, participants and Advisory Committee.
- Develop data collection tools for conversations (participant surveys and participant interview protocols)
- Data collection at conversations

Phase Three: Sharing the Learning and Recommendations (January to June 2019)

- Summary of data from Phase Two for use by project staff, participants and Advisory Committee.

II. Additional Information for Regulatory Requirements

- Develop data collection tools for events and presentations (written surveys and participant interview protocols)
 - Data collection at events and presentations
 - Summary of data from Phase Three for use by project staff, participants and Advisory Committee.
 - Complete final report for Mental Health Services Oversight and Accountability Committee.
- iii. **Decision-making, including meaningful involvement of stakeholders, about whether and how to continue the Project;**

Phase Two: Understanding the Needs (August to December 2018)

- Convene Advisory Committee to review summary of data from Phase One.

Phase Three: Sharing the Learning and Recommendations (January to June 2019)

- Convene Advisory Committee to review summary of data from Phase Two and Phase Three.
 - Present learning to district staff and mental health providers in the community to discuss how to use learning in current services and whether or not to continue the project.
- iv. **Communication of results and lessons learned.**

Phase Two: Understanding the Needs (August to December 2018)

- Convene Advisory Committee to review summary of data from Phase One.

Phase Three: Sharing the Learning and Recommendations (January to June 2019)

- Convene Advisory Committee to review summary of data from Phase Two and Phase Three.
- Present learning to district staff and mental health providers in the community to discuss how to use learning in current services and whether or not to continue the project.

II. Additional Information for Regulatory Requirements

Development and refinement of the new or changed approach

	Jan 18	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 19	Feb	Mar	Apr	May	Jun		
<i>Phase One: Community Survey and Event</i>							School is not in session													
<i>Phase Two: Understanding the Needs</i>																				
<i>Phase Three: Sharing Learning and Recommendations</i>																				

Evaluation of the INN project

	Jan 18	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 19	Feb	Mar	Apr	May	Jun		
<i>Monthly meeting with Staff</i>							School is not in session													
<i>Community Survey</i>																				
<i>Participant Survey</i>																				
<i>Participant Interviews</i>																				
<i>NVUSD and Provider Survey</i>																				

II. Additional Information for Regulatory Requirements

Decision making about whether and how to continue project

	Jan 18	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 19	Feb	Mar	Apr	May	Jun		
<i>Meeting with Advisory Committee</i>							School is not in session													
<i>Developing Recommendations from Learning</i>																				
<i>Sharing Recommendations with NVUSD and Mental Health providers</i>																				
<i>Sharing Recommendations with Community Providers</i>																				

Communication of results and lessons learned

	Jan 18	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan 19	Feb	Mar	Apr	May	Jun		
<i>Meeting with Advisory Committee</i>							School is not in session													
<i>Developing Recommendations from Learning</i>																				
<i>Sharing Recommendations with NVUSD and Mental Health providers</i>																				
<i>Sharing Recommendations with Community Providers</i>																				

II. Additional Information for Regulatory Requirements

12) INN Project Budget and Source of Expenditures

The next three sections identify how the MHSAs funds are being utilized:

- a) BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)
- b) BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)
- c) BUDGET CONTEXT (If MHSAs funds are being leveraged with other funding sources)

12a. Budget Narrative:

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, “\$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total \$15,000”) and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, “Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time...”).

The project budget clearly ties to goals, objectives and activities. 100% of paid staff time and resources are committed to the project’s deliverables. As indicated in the project design, the Project Coordinator and Community Outreach Liaison will lead the effort to reduce the extreme stigma within the Filipino community towards seeking mental health support. The Community Outreach Liaison will facilitate conversations to increase intergenerational communication. The grant team will assist a student group in organizing the effort to inform others about and celebrate the Filipino Culture. Training, travel and evaluation of the project will ensure that the committed staff is appropriately delivering programming that meets the designed goals and objectives of the project. The administrative support does not exceed 8%. The Project Director will provide supervisory and budgetary oversight at minimal cost to the grant (.1 FTE). Additional administrative costs will include the assistance of a clerical support person.

Personnel: FY17-18: \$87,845; FY 18-19: \$176,492; Total: \$264,337

Grant Personnel: Grant Lead Team Personnel (Project Director, Project Coordinator, Community Outreach Liaison, Clerical support) salaries are estimated and will be adjusted based on the candidate’s placement on the salary schedule.

0.10 FTE Project Director will be an NVUSD district administrator who will provide district level grant oversight including budgetary and personnel supervision. This will ensure a solid implementation of the grant program and ensure that the grant staff has the necessary training and support to meet program goals. Having a Project Director who is a district administrator is a mandatory component of any NVUSD grant and will be provided as an in-kind match at no cost to the grant.

0.6 FTE Project Coordinator will provide grant and therapeutic oversight at the school site to ensure a solid implementation of the grant program. The Project Coordinator will have a Masters in Social Work and a Pupil Personnel Services Credential to work in California Schools. The Project Coordinator will bring their experience working in a school setting, coordinating complex systems, and clinical expertise to create the Innovations Project while ensuring that participating students are referred to needed mental health services. The Project Coordinator salary is based on the district School Social Worker annual salary with 192.5 days included the contract. This will allow the Project Coordinator 5 days outside the student/teacher schedule, at both the beginning and end of the year, to prepare and then

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bring closure to the annual grant requirements. The Project Coordinator will be hired at .6 so the salary is prorated to be \$30,000 dollars for the 2017-18 school year and \$60,000 for the 2018-2019 school year.

20 hours per week Community Outreach Liaison (COL) will be integral in the recruitment, coordination and facilitation of the Innovations work groups and conversations. It will be important that the COL is a member of the Filipino community, can speak Tagalog, and have intimate knowledge of cultural values and belief systems. The COL will have experience in working with the Filipino community and facilitating intergenerational conversations. The Community Outreach Liaison salary is based on the NVUSD salary schedule for a Community & Parent Liaison with 3 years of experience.

20 hours per week Clerical Admin Support will provide clerical support with budget, purchasing, and grant reporting requirements. The clerical support salary is based upon the NVUSD salary schedule for classified clerical salary schedule of \$20 per hour mid-range.

Professional Development/Substitute Time: An allocation of 8 sub days during Year 1 and 17 days during Year 2 at district negotiated substitute rate (\$112 per day). This will allow teachers and staff to be released to attend training on equity and community building in response to learning through the innovations project.

Fringe Benefits: Fringe Benefits have been calculated based on mandated and negotiated benefits packages offered by the school district. This package includes vision and life insurance, unemployment insurance worker's compensation, and personal retirement. Benefits are based on 25% of the base pay formula for the grant lead team personnel. Benefits for the Teacher Hourly Rate and Substitute Time are based on actual numbers from the district's approved salary schedule (11.60% of the hourly rate (\$40.00) and substitute rate \$112.00).

Operating and Non-Recurring Costs: FY17-18: \$19,368; FY18-19: \$29,004; Total: \$48,372

Travel

Grant Required Travel: Funds include travel for grant staff mileage reimbursement for required meetings and trainings or travel to and from their primary work site.

Equipment

Equipment: 2 laptop computers will be purchased for grant team personnel. The individual computer cost of \$2000 x 2 (including tax and shipping) is a one-time expense in year 1. We also will budget for a printer, mouse, and projector as needed.

Supplies: Materials and supplies are needed for general operation of the project. The amount is decreased in year 2 of the grant based on startup costs to provide all sites with ample supplies for all program components and trainings. Other operating expenses include meeting supplies to encourage attendance at night meetings or participation on work groups. Also included are funds for snacks or small prizes, office supplies and

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expenses related to professional development, which we view as primarily related to ensuring cultural competence. Students expressed interest in video editing and sound equipment will also be funded through this line.

Consultant Costs/Contracts: FY17-18: \$8,150; FY18-19: \$20,150; Total: \$28,300

Contractual: We will follow the procedures for procurement of contracts under 34 CFR Parts 74.4 - 74.48 and part 80.36. The per diem for consultants/trainer is based upon a \$1,800 per diem and a \$250 per hour formula) to provide community building and equity training for staff. We will also contract with a videographer and web designer to demonstrate and share our learning with our district, mental health community partners, and community at large. We will contract with Napa County Office of Education to assist with data collection through Aeries, data monitoring system, to progress monitor students.

Indirect cost rate

7.08% of Total Direct Costs. This expense is totaled using the California Department of Education approved indirect rate. Indirect costs are shared costs that cannot be directly assigned to a particular activity, but are necessary to the operation of the organization and the performance of the project. The costs of operating and maintaining facilities, accounting services and administrative salaries are examples of indirect costs, and are commonly referred to as overhead costs

Evaluation Description (included in budget 12C): FY17-18: \$11,500; FY18-19:\$48,375; Total: \$59,875

This project involves 50 Filipino youth and 50 of their family members. NVUSD staff and mental health providers will also be included in the evaluation at the end of the project.

Monthly Meetings: During the 18 months of the project, monthly meetings will be held with project staff to document the project's progress and assess any changes in learning.

Phase One: The project will begin with a community survey. The survey will be drafted for review by the Advisory Committee and distributed by Filipino youth and project staff. The results will be summarized for use by participants, project staff and the Advisory Committee. The youth involved in Phase One outreach will participate in a pre/post survey and the attendees at the community event will complete a survey at the end of the event. All data collection tools will be reviewed by project participants and the Advisory Committee and revisions will be made based on feedback.

Phase Two: Project participants will take a written survey at the beginning and end of Phase Two. To understand the process and the progress, a sample of 10 participants (5 youth, 5 family members) will be interviewed about changes in knowledge, attitudes and behaviors. The findings will be summarized for use by project participants, staff and the Advisory Committee in Phase Three.

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Phase Three: The findings from Phase Two will be summarized for use by project participants, staff and the Advisory Committee.

Project participants will take a written survey at the beginning and end of Phase Three. The same sample of 10 participants (5 youth, 5 family members) who were interviewed in Phase Two will be interviewed about the process and progress. The findings will be summarized for use by project participants, staff and the Advisory Committee. As the participants share the results with the NVUSD staff and mental health providers, staff will distribute a pre/post survey at each presentation.

The findings from all Phase Three data collection will be summarized for use by project participants, staff and the Advisory Committee.

Reporting: The reporting will occur at the end of each Project Phase and a report to the state will be prepared in June 2019.

Budget

Tasks	Labor Hours		
	FY 17-18	FY 18-19	Total
<i>Monthly Meetings</i>	36	72	108
<i>Community Survey</i>	10	0	10
<i>Participant Surveys</i>	30	40	70
<i>Interviews with Participants</i>	0	95	95
<i>Survey with NVUSD and MH Providers</i>	0	44	44
<i>Reporting</i>	0	60	60
<i>Total Labor Hours</i>	76	311	387

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12b. New Innovative Project Budget By FISCAL YEAR (FY)*				
EXPENDITURES				
Personnel Costs (salaries, wages, benefits)		FY 17-18	FY 18-19	Total
1	Salaries	\$ 62,040	\$ 123,080	\$ 185,120
2	Direct Costs	\$ 7,000	\$ 14,000	\$ 21,000
3	Indirect Costs	\$ 18,805	\$ 39,412	\$ 58,217
4	Total Personnel Costs	\$ 87,845	\$ 176,492	\$ 264,337
Operating Costs		FY 17-18	FY 18-19	Total
5	Direct Costs	\$ 4,750	\$ 9,250	\$ 14,000
6	Indirect Costs	\$ 9,118	\$ 17,754	\$ 26,871
7	Total Operating Costs	\$ 13,868	\$ 27,004	\$ 40,871
Non Recurring Costs (equipment, technology)		FY 17-18	FY 18-19	Total
8	Computer (2)	\$ 4,000	\$ -	\$ 4,000
9	Printer, mouse, projector, video editing software	\$ 1,500	\$ 2,000	\$ 3,500
10	Total Non-recurring costs	\$ 5,500	\$ 2,000	\$ 7,500
Consultant Costs/Contracts (clinical, training, facilitator, evaluation)		FY 17-18	FY 18-19	Total
11	Direct Costs	\$ 8,000	\$ 20,000	\$ 28,000
12	Indirect Costs	\$ 150	\$ 150	\$ 300
13	Total Consultant Costs	\$ 8,150	\$ 20,150	\$ 28,300
Other Expenditures (please explain in budget narrative)		FY 17-18	FY 18-19	Total
14	NA			\$ -
15				\$ -
16	Total Other Expenditures	\$ -	\$ -	\$ -
PROJECT SUB-TOTAL:				
Personnel (line 1)		\$ 62,040	\$ 123,080	\$ 185,120
Direct Costs (add lines 2,5, and 11 from above)		\$ 19,750	\$ 43,250	\$ 63,000
Indirect Costs (add lines 3,6, and 12 from above)		\$ 28,073	\$ 57,316	\$ 85,388
Non-recurring costs (line 10)		\$ 5,500	\$ 2,000	\$ 7,500
Other Expenditures (line 16)		\$ -	\$ -	\$ -
PROJECT SUB-TOTAL		\$ 115,363	\$ 225,646	\$ 341,009

*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

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12c. Expenditures By Funding Source and FISCAL YEAR (FY)							
Evaluation:							
A.	Estimated total <u>Evaluation</u> expenditures for the entire duration of this INN Project by FY & the following funding sources:	FY 17-18	FY 18-19	FY xxxx	FY xxxx	FY xxxx	Total
1.	Innovative MHSAs Funds	\$11,500	\$48,375				\$59,875
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	Total Proposed Evaluation	\$11,500	\$48,375				\$59,875
County Administration (15%):							
B.	Estimated total mental health expenditures for <u>County Administration</u> for the entire duration of this INN Project by FY & the following funding sources:	FY 17-18	FY 18-19	FY xxxx	FY xxxx	FY xxxx	Total
1.	Innovative MHSAs Funds	\$19,029	\$41,103				\$60,132
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	Total Proposed Administration	\$19,029	\$41,103				\$60,132
TOTAL INNOVATION PROJECTS COSTS:							
C.	Estimated TOTAL mental health expenditures (including administration) for the entire duration of this INN Project by FY & the following funding sources:	FY 17-18	FY 18-19	FY xxxx	FY xxxx	FY xxxx	Total
1.	Innovative MHSAs Funds	\$145,892	\$315,124				\$461,016
2.	1991 Realignment						
3.	Behavioral Health Subaccount						
4.	Other funding*						
5.	Total Proposed Expenditures	\$145,892	\$315,124				\$461,016
							Total
*If "Other funding" is included, please explain.							

ⁱ General data available to the public about the California Healthy Kids Survey can be found here: <http://chks.wested.org/>. The specific data used in this workplan is available only to school districts and was

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prepared by staff at Napa County Office of Education (NCOE). For more information contact Julie McClure at NCOE: jmclclure@ncoe.org, 707.318.1363.

ⁱⁱ Ibid

ⁱⁱⁱ Ibid

^{iv} Ibid

^v Data provided by staff at the American Canyon Middle School Wellness Center based on the program data collected using the Universal Screening Tool.

^{vi} This data was downloaded and summarized from the NVUSD's internal data system, AERES. NVUSD staff, Bea Braun, prepared the report on March 7, 2017.

^{vii} Data provided by project staff from the American Canyon PEI Project based on the 2016-2017 program data. For more information contact Steve Perry, PhD: sperry@nvusd.org 707-738-4611.

^{viii} Data provided by Napa County Health and Human Services Mental Health Division. Data is from the CCBHC needs assessment. For more information contact Jim Diel, LMFT: jim.diel@countyofnapa.org 707-253-4174

^{ix} Data provided Napa County Health and Human Services Mental Health Division. Data is from the URSC, pages 3-4. For more information contact Jim Diel, LMFT: jim.diel@countyofnapa.org 707-253-4174

^x Ibid

^{xi} Javier, JR, et al. 2007 available from: http://www.cdc.gov/pcd/issues/2007/apr/pdf/06_0069.pdf

^{xii} Javier, JR, et al 2010 available from; <https://www.ncbi.nlm.nih.gov/pubmed/20431400>

^{xiii} Search conducted at the SAMSHA website: <http://nrepp.samhsa.gov/>, using the key words of Asian American/Pacific Islander, Mental Health Promotion and Mental Health Treatment. Accessed on 02/28/17.

^{xiv} Bayanihan Community Center website. Accessed at <http://www.bayanihancc.org/bcc-programs.html>, 4/4/17.

^{xv} Phone Interview with Charm Consolacion, staff at Bayanihan Community Center, March 2017.

^{xvi} Asian Pacific Community Counseling website. Accessed at <http://apccounseling.org/services/the-transcultural-wellness-center/>, 04/04/17.

^{xvii} County of San Mateo website "Filipino Mental Health Initiative". Accessed at <http://www.smchealth.org/bhrs/ode/fmhi>, 4/4/17.

^{xviii} Phone interview with Eugene Canotal, March 2017.

^{xix} All data sources were posted to the Napa County Health and Human Services website on the Mental Health Services Act page. The pdf can be accessed here:

<http://www.countyofnapa.org/Pages/DepartmentContent.aspx?id=4294967939>