

Summary of Staff Meeting with Alameda County Ethnic Services Manager

In August 2020, the Council's Reducing Disparities Workgroup (RDW) requested Council staff to follow up on the actions that Alameda County Behavioral Health has taken based on the recommendations provided in the African American Utilization Report. CBHPC Chief of Operations, Jenny Bayardo and Staff Services Analyst Ashneek Nanua, met with Javarré Wilson, Alameda County Behavioral Health Ethnic Services Manager, via phone to discuss the outcomes of the report.

Meeting Overview:

Javarré Wilson provided background information about the development of the report as well as the County's implementation efforts. The development process began in 2008 with the goal to identify challenges and disparities of African Americans across the lifespan. After the report was released in 2011, there were many leadership changes within the department which resulted in a delay to implement the recommendations. In 2018, the Interim Director for Alameda County Behavioral Health worked with Javarré to recommission the report. In spring of 2019, Javarré assembled a workgroup to explore what actions had been taken based on the report's recommendations and what still needed to be addressed.

As of August 2020, Javarré was reviewing the Utilization Report again to generate a revised report that will identify Alameda County's accomplishments in response to the original African American Utilization Report from 2011. He indicated that the County's Behavioral Health Department has a new Director who is committed to revisiting and revising the report as some of the recommendations in the original report are now outdated. The new recommendations must be community-driven.

While the revised report is in development, Javarré highlighted some of the actions taken to reduce disparities for African Americans thus far. The new Director for the Children and Young Adult System of Care has pushed forward programs within school systems; however, the pandemic has made these programs less effective and robust due to distance learning.

The Adult System of Care and the Office of Ethnic Services worked with community partners to create Request for Proposals (RFPs) in order to create strength-based coordinated services from a culturally responsive, health equity lens. This was in response to the fact that African Americans historically have received services in the most restrictive settings such as psychiatric hospitals and locked facilities. Javarré collaborated with the African American Steering Committee composed of subject-matter experts of the African American community. Alameda County Behavioral Health Department collaborated with this committee to procure seven new community-based programs:

1. A Community Health Center that works with the reentry population and adults with serious mental illness (SMI).

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2. A Transition-Age Youth (TAY) program to help young individuals cope with their mental health challenges through self-expression such as Hip hop and spoken word as a therapeutic intervention.
3. Black Men Speakers Bureau comprised of African American men who have been incarcerated, experience homelessness, and live with mental illness has provided a platform for these individuals to share their experiences and best practices in recovery to a larger audience.
4. Family support groups to provide guidance and support to individuals who live with a family member who has mental illness as these family members often feel alone in addressing the needs of their loved one in recovery.
5. Restorative Justice for Oakland Youth Program is an emotional support group from an Afro-centric perspective to restore youth through healing and emotional support circles. Youth lead the groups among their peers as an outlet and space to move through the trauma and challenges that these young individuals experience.
6. A peer-run faith-based program.
7. A mental health-friendly community faith-based program.

Javarré indicated that Alameda County Behavioral Health allocated \$6 million to develop an African American Hub Complex. The Hub is designed to act as a central location for African Americans to express their voices, share their lived experience, and practice the “African American way of being”. This project was based on a 2-year case study that involved developers looking at practices across the nation and then processing the idea with the local community. The County is currently in the operational phase of the project which involves seeking out brick and mortar buildings and looking at appropriate space and design dimensions.

RDW staff followed up with additional questions to further understand Alameda County’s efforts to honor the recommendations in the utilization report. The list of questions and responses are provided below:

Question: *Considering that African Americans are overrepresented in systems such as Criminal Justice and Social Services, can you speak to any cross-system efforts to address the needs of this population? Are there interdisciplinary case management teams?*

Answer: Javarré indicated that he personally has not worked with the populations in these systems but has hired trainers to help jail staff address the cultural and racial challenges. This is due to the fact that most jail staff are Caucasian which creates an environment where inmates feel disconnected and become less likely to adhere to programs. Additionally, the Juvenile Justice Director in the Behavioral Health System of Care has worked in the County’s Juvenile Justice Center. Javarré highlighted the importance of reducing inequalities by understanding power and culture dynamics in order to work in harmony with consumers.

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Question: *Has Alameda County's Behavioral Health Department worked with primary care for early screenings and assessments considering the history of misdiagnosis and inappropriate service delivery to this population?*

Answer: Alameda County Behavioral Health Department has integrated behavioral health care to provide primary health care that can be accessed in community health services, Native American Health Centers, and other entities such as the East Oakland Casa Ubuntu Program that provides case management, medication management, and peer support to connect behavioral health consumers to primary care.

The Pathways to Wellness Program was recently created as a result of the high misdiagnosis rate of African Americans in medical settings. This program works to provide proper medication training to doctors, nurses, and other medical professionals to help them understand the historic and contemporary challenges that African Americans face and guides them to look at updated practices to disrupt the practice of misdiagnosing clients.

Question: *How have you worked with community organizations such as faith-based institutions? Is there any colocation of services to meet African Americans in spaces where they live and thrive in the community? Are there case management and navigation efforts to ensure older adults access to appointments and pharmacy medications?*

Answer: The Black Men Speakers Bureau goes out to community centers, churches and any institutions that request services. The faith-based peer program has recently received their contract so they have not gone out to the community but intend to do so. There is also a mental health congregation in a church that the African American community attends to provide services beyond worship such as food distribution, one-on-one mental health education, and building community.

Question: *How have you approached cultural competency and humility trainings to behavioral health providers? Have any hiring practices changes to enlist providers who have experience and positive outcomes in serving African Americans?*

Answer: Javarré has provided Culturally and Linguistically Appropriate Services (CLAS) trainings each month to embed cultural humility in systems and community partners so they are up to date on the latest best practices.

There is also a community-based learning series through Mental Health Services Act (MHSA) Innovation grants, which consists of at least 16 community-based organizations providing trainings on best practices to work across African Americans, older adults, LGBTQ individuals, and other vulnerable groups. These organizations were hired as consults to share successful models and frameworks throughout Alameda County's system of care. These trainings will now be conducted virtually due to COVID-19.

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Question: African American children and young adults often find themselves homeless and unemployed due to factors such as high-school dropout rates and the disproportionate rate of African American youth in the foster care system who receive little to no transitional supports. Are school-based services looking at career development for Transition-Age Youth (TAY)?

Answer: The Workforce Education and Training (WET) Program has collaborated with high schools and universities to let young individuals know that behavioral health care is a viable and important part of the community. There was also an Emotional Emancipation Circle Program coordinated by a Program Specialist in our Children and Young Adult System Care supporting our TAY in understanding what behavioral health and mental illness mean and preparing grooming them to be training facilitators. Additionally, the Best Now Peer Support Program works with a contracted provider to offer program for any individual with SMI to help prepare them for job placement in the behavioral health workforce.

After the Q&A session, RDW staff thanked Javarré for his time and expressed interest in future communication and collaboration. Javarré is open to presenting, on behalf of Alameda County, at a future workgroup meeting or General Session on the updated report when released.