

California Reducing Disparities in Populations (CRDP) Project African American Strategic Planning Workgroup (SPW)

JUNE 2011

Project Update

Where are we at this point?

For the past six months, from January 2011 to June 2011, the African American SPW has been well into Phase II. During Phase II we began analyzing data, editing our report, and reporting preliminary results of community-defined practices.

What is community defined evidence (CDE)?

Community Defined Evidence (CDE): The United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention (SAMHSA), The National Network for Eliminating Disparities in Behavioral Health (NNED), the Centers for Disease Control and Prevention (CDC), and yes, the California Department of Mental Health, Office of Multicultural Services (CRDP FACT Sheet, 2010, and in the AAHI-SBC contract), all agree on a basic definition of CDE. Basically:

“CDE is a set of practices that communities have used and found to yield positive results as determined by community consensus over time. These practices may or may not have been measured empirically (by a scientific process) but, have reached a level of acceptance by the community. CDE takes a number of factors into consideration, including a population’s worldview and historical and social contexts that are culturally rooted. It is not limited to clinical treatments or interventions. CDE is a complement to Evidence Based Practices and Treatments, which emphasize empirical testing of practices and do not often consider cultural appropriateness in their development or application.”

The CRDP Project is also a strategic planning process. What is strategic planning?

Strategic planning requires gathering **ALL** available information on a subject, and then making recommendations based on the information gathered. Our subject is mental and behavioral health prevention and early intervention (PEI) with people of African ancestry living in California.

Staying on course:



To be clear so that we do not forget the purpose of the California Reducing Disparities Project (CRDP) Strategic Planning Workgroups (SPW), our goal is to develop a ***Population Report*** that documents mental health disparities and identifies solutions to the disparities based on what the Black population states is appropriate for them.



To some, it may appear it is taking a very long time to get the ***CRDP Population Report*** written.

To others, it may appear they are not really sure about this thing called a ***CRDP Population Report***.



Still others may have concerns that the report may not be what they think it should be.



Others may think, take your time. We have a short window of opportunity to get it right, to tell our story, and to tell it our way. This time we speak in our own voices.

What information have we gathered to date?

See the [Project Deliverables Timeline](#) link below.

Statewide Workgroup: On March 24, 2011 the Statewide SPW convened an all day meeting from 8:00am to 7:00pm at the National Orange Show Event Center, San Bernardino, CA. There were:

70 Total Attendees

63 Client & Client Family Members

38% Males

62% Females

24 to 68 year olds - Age range

45 years old - Average age

Each SPW members were previously asked to invite a client or client family member to the meeting. This was another effort of the project to include as many consumers as possible, so as to make sure regional input into the development of the report was maintained. At the meeting, each attendee was given a personalized copy of the *African American Population Report, DRAFT #3 to read and to make any comments they felt appropriate*. Each person was to record their comments and suggestions directly on the document, at anytime during the all day meeting. At the end of the meeting, all copies of the report were collected, reviewed and responses extracted. The intent of this procedure was to give each person an opportunity to respond and record his/her input into the final development of the report. We wanted to make sure that every voice was heard and recorded. *This is community input from each region.*

Data Analysis Team: The data analysis team consists of one community representative, and researchers from the field of sociology, psychology, social science that was also a consumer, client family member, and public health. *This is community input.* From January 2011 to June 2011, the team met on the following days:

February 4, 2011 Telephone Conference Call

March 24, 2011 In-person Meeting, San Bernardino

May 17 & 18, 2011 In-person Meeting, San Bernardino

The following table is a summary of multiple sources used to collect data from our population:

Method	Number of Respondents
Regional Key Informants ((July & August, 2010)	10
Regional Survey Participants <ul style="list-style-type: none"> - FG Participant Survey = 260 (August 2010 to November 2010) - Telephone Survey (ESM, CBO, providers) = 40 (November 2010 to Jan 2011) - On-line Survey = 12 (January 2011 to March 2011) - Consumer/Client/Client Family Members (C-CFM) Survey = 63 (March 2011) 	373+
Regional Focus Group Participants (August 2010 to November 2010)	260
Group Meeting Participants <ul style="list-style-type: none"> - African American Consumers/C-CFM Anaheim Mt=33 (Sept/Oct 2010) - LGBTQ Consumers/C-CFM Anaheim Mt=23 (Sept/Oct 2010) - Northern CA/Bay Area Summit = data not in yet (June 2011) 	56+
Regional In-depth Interviews (April & May 2011)	35

Note: Data collection is ongoing, whenever opportunity affords for team members to obtain information from the population and persons of interest.

EMS = Ethnic Services Managers

CBO = Community-based Organizations

Please click below on the [power point presentation](#) of preliminary finding. This presentation was given at the Cultural Competence Mental Health Summit XVII *Promoting Equity in Health Services: The Power of Community Based Solutions* at the Northern Region Summit hosted by Santa Clara County Mental Health Department, June 27 to 28, 2011 in San Jose, California.

The data analysis team will have a complete separate report of focus group findings and other findings of all data collected on the CRDP project. Black people have shared very specific programs, interventions, and practices that help them the most to experience good mental health. They have identified numerous recommendations for systems changes that are critical to African American mental health prevention and early interventions. All of this information in detail will be in the final *Population Report*, along with several resources. These reports will be posted on the AAHI-SBC website for download, and individual copies will be available.

Writing Team: Our writing team continues to meet to refine and edit the *Population Report*. Working DRAFT #4 is scheduled to be submitted to the Department of Mental Health by mid-July for internal review before posting for a 30-day public review. We anticipate the 30-day public review to occur in August 2011. Plans are to schedule public forums to discuss the report and to make sure the report captures what has been shared by the African American population. **Public Meetings/forums dates and location are to be determined (TBD).** The DRAFT report will be posted on the AAHI-SBC website. *This is community input.*

California Multicultural Mental Health Coalition (CMMC): Mr. Jim Gilmer for Ventura County is the official representative for our African American SPW on this statewide coalition. Other members affiliated with our SPW that are members of the CMMC are Mr. Don Edmondson (Los Angeles County) and Ms. Gwen Wilson (Alameda County). There are a total of six African American members on the CMMC. *This is community input.*

Dr. V. Diane Woods, Project Director

Updated June 30, 2011

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