



"A George Hills Company Administered JPA"

STAKEHOLDER INPUT FOR PREVENTION AND EARLY INTERVENTION STATEWIDE PROGRAMS

STUDENT MENTAL HEALTH

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Identify from the State Strategic Plans the Priority of Recommended Actions to be implemented (Strategic Plan for Student Mental Health, pages 5 to 9 of Part II): (MHSOAC requires that CalMHSA obtain your priority ranking from the list of recommended actions for each of the three Statewide PEI programs. CalMHSA may not be able to implement all of the recommended actions listed. And, it is unlikely that the recommended actions can be implemented at the same time. It is very important, therefore, that each stakeholder input submission include your rank order priorities for those recommended actions which you would like to see addressed first, second, third, fourth, etc.?)

Priority #1 Please See Attached

Priority #2

Priority #3

Priority #4

And so on....

ADDITIONAL COMMENTS:

Please See Attached

REMHDCO Recommendations for Priorities for
PEI Statewide Project on

STUDENT MENTAL HEALTH

Priority 1:

Specialized and Targeted Peer-to-Peer Support. While REMHDCO wholeheartedly support peer-to-peer support programs, they must have components that specialize in recruiting and training peers from underserved cultural communities, including racial and ethnic communities. These programs must have bicultural/bilingual staff. They must include such cultural factors as non-traditional healing, spirituality, affirmation, respect, advocacy, leadership development, incorporate other health, human services, and economic/environmental need and effectively be located in communities of color. It would be a desirable component of students serving in the peer role to have experience in accessing mental health services. (For some ethnic groups, mental health services are defined differently so this does not preclude or exclude cultural specific or culturally congruent practices.) In addition, a real incentive would be for students to receive some kind of academic credit for their training to become a person who could provide peer support as well as education and advocacy on campus.

Priority 2:

Prevention and working with Community Based Organizations. Support students, especially students from underserved cultural communities, with mentoring and teaching life skills. (This would be an excellent opportunity to partner with Community Based Organizations that specialize in serving particular cultural communities.) In addition, many students from underserved communities are dealing with basic survival and taking care of basic needs which in turn, creates extreme stress. It makes sense to provide free or subsidized culturally competent mental health services to these students since they would not access them any other way. (Another opportunity to collaborate with CBO's who already working with these underserved communities).

Priority 3:

Working with Students from Racial/Ethnic Communities. Regarding suicide prevention, students from underserved cultural communities should be targeted. Risk factors, danger signs, and outreach may be different when dealing with students and their families from underserved cultural communities. The impact of racism and other forms of discrimination (i.e., micro-aggression) on students' mental health cannot be ignored. Programs must incorporate cultural specific methods (emerging and practice-based) that deal with cultural identity, cultural pride, racism and micro-aggressions, restoring resiliency, hope, and self esteem. These prevention programs strengthen protective factors.

Additional comments:

- For the three PEI Statewide Projects administered by CalMHSA, RFP's should be written in a way that community-based organizations (CBO's), especially ethnic community based organizations (ECBO's) are able to submit proposals on a level-playing field with counties and the large non-profit providers. If this is not possible, then RFP's should strongly encourage that ECBO's be subcontracted for their services.
- While committing to evidence-based practices will help move us toward ensuring quality of care, it must be acknowledged that few practices have been studied in people of color and that many highly valuable community practices have yet to be studied. ***REMHDCO advocates that the RFP's NOT limit practices to those that are evidence based.*** (Rather we should aim to help communities to study their programs through research-based technical assistance programs and not preclude their participation through an 'evidence-based practice' requirement.)
- For the three PEI Statewide Projects administered by CalMHSA, it is not yet known who will be on the selection committees for either finalizing the RFP's, or on the committee awarding the proposals. REMHDCO urges that ***experts in the area of cultural competence and reducing disparities*** be on all these groups not only as advisors, but as "voting members".