Abstract:

The Each Mind Matters (EMM) team worked with county Ethnic Service Managers, county behavioral health agencies and key stakeholders to identify available resources as well as gaps in mental health and suicide prevention outreach materials for unserved, underserved and/or inappropriately served communities in California. Findings are summarized in this report and will be used to guide the development of outreach tools and resources for the California Mental Health Services Authority (CalMHSA) as part of the programming under Statewide Prevention and Early Intervention (PEI) Phase 2 (FY 2015/16 and 2016/17).

The framework for this report acknowledges the need for continuous efforts to build on and develop outreach tools and resources to support the five communities identified by the California Reducing Disparities Project (CRDP) and served through previous CalMHSA Statewide PEI programs. Adapting and creating tools and resources for populations other than the five populations that have been the focus of the CRDP is also needed.

Additionally, findings point to four key tasks as the central focus for Phase 2 work:

1. Complement CRDP partners' strategies to expand dissemination of existing tools and resources.
2. Leverage existing networks and resources.
3. Address priority language gaps.
4. Continue to review, assess, and disseminate existing tools and resources.

I. Introduction

As part of the FY 2014/15 funding provided by the California Mental Health Services Authority (CalMHSA), the Each Mind Matters (EMM) team worked with several county Ethnic Service Managers, behavioral health agencies and key stakeholders to identify available resources as well as gaps in mental health and suicide prevention outreach materials for unserved, underserved and/or inappropriately served communities in California. Based on secondary research and one-on-one key informant interviews, EMM developed this report outlining the needs assessment and findings for future outreach tools and resources to be developed in Phase 2 (FY 2015/16 and 2016/17).

A primary purpose of this report is to inform Each Mind Matters' Phase 2 strategy on how to begin to best reach California's diverse communities with both mental health promotion and suicide prevention messages. While the findings from this report will be used immediately to develop the EMM social marketing program in Phase 2, it is intended to serve as a "living document" that can be revised to include new information and input from emerging stakeholders. This is particularly important given the current landscape of reduced funding for the CalMHSA statewide PEI projects. As a result, difficult yet thoughtful and strategic decisions are needed to help direct where to invest limited resources.

The original investment from California's counties provided CalMHSA with over one hundred million dollars in funds to support the development of dozens of programs over a four year period. Over 25 contractors, referred to as program partners, spent this time building needed infrastructure to support and implement a comprehensive statewide prevention and early intervention (PEI) initiative. The programs have been rigorously evaluated by the RAND Corporation and lessons learned regarding how best to achieve intended short-term outcomes have been reported. Currently, annual funding has reduced significantly, in comparison to the original funding launch but efforts are underway to build on and maximize initial investments and sustain efforts that will address gaps in services at the local level.

This report acknowledges the need for continuous efforts to enhance and develop outreach tools and resources to support the five communities identified by the California Reducing Disparities Project (CRDP) and other underserved populations identified by the California MHSA Multicultural Coalition (CMMC)).Adapting and creating tools and resources for populations other than the five populations that have been the focus of the CRDP is also needed.

For the purpose of this report the terms tools, resources, or outreach materials are defined as follows:

- Materials created for <u>one or more of the following purposes</u>:
    - suicide prevention
    - mental health stigma reduction
    - informing individuals about mental health conditions, symptoms, treatments and appropriate referrals.
- Materials may be in <u>any</u> of the following formats:
    - Flyers, posters, toolkits, fotonovelas, or brochures (printed or available via web)
    - Videos, albums, films, photo voice projects, or podcasts or downloads
    - Websites or applications for mobile devices
    - Promotional materials (e.g., bracelets with a website printed on them)
    - Print/online/radio/TV advertisements

For the purpose of this report, tools, resources, or outreach materials MUST be:

- Prepared specifically for an identifiable diverse community
- Suitable for sharing statewide (e.g., a video that can be shared via the web)

For the purpose of this report, the terms tools, resources, or outreach materials do NOT include:

- Directories
- Projects that are limited to a specific geographic location (e.g., a gardening project in a city; resources that are only listings of providers in a specific town)
- Treatment-focused resources (e.g., facilitator's guide for group therapy)
- Materials that cannot be replicated and shared (e.g., events, performances, etc.)
- Promotion for any paid products or services.

During the course of this project, we found a need to broaden the dissemination of outreach materials and address navigation issues that may impede access to available outreach materials. Implications for a dissemination strategy are also included in the final conclusions and findings. Four key findings are described at the end of this report.

This report was generated concurrently with the EMM SanaMente report[1], a study that examined gaps in Latino-specific resources and needs. A series of focus groups and key informant interviews were conducted in several counties throughout California. During the focus groups, current websites were reviewed and questions were asked to gain insight on current general awareness and understanding of mental health issues among the non-English dominant Latino population. As the EMM team continues to develop and enhance the SanaMente campaign, the Spanish version of Each Mind Matters: California's Mental Health Movement, we collaborated on findings, tools and resources, and ideas as it relates to the Spanish-dominant community. This included reviewing and sharing existing resources and materials developed in Spanish identified by both teams.

II. Methodology and Process

Recognizing the continued need to enhance and develop relevant tools and resources to support the five groups identified by the CRDP (African American, Asian/Pacific Islander (API), Latino, LGBTQ and Native American) the purpose of this research and stakeholder involvement project was to:

1. Identify needs in suicide prevention and mental health outreach materials within the CRDP groups to expand on current work, and provide recommendations for next steps.
2. Identify gaps in suicide prevention and mental health outreach materials for any additional emerging unserved, underserved and/or inappropriately served threshold language groups and provide recommendation on next steps.
3. As possible, identify existing materials with potential to address gaps generated by other counties and stakeholders.

It is important to note that special populations (e.g., veterans) and age-related audiences (e.g., transition age youth), will be addressed in Phase 2 but are not the intended focus of this report.

[1] EMM SanaMente Report, October 2015 ***Is there a website that you can provide where the report is available?***

Based on guidance from key stakeholder experts in this field who provided feedback on the process and findings, the research and stakeholder input were grouped into two phases.

Phase A: Research and Data Review

This phase consisted of the following activities:

- Review of recommendations from previously published reports.
    - California Reducing Disparities Project African American Strategic Planning Workgroup
    - California Reducing Disparities Project Asian Pacific Islander Strategic Planning Workgroup
    - California Reducing Disparities Project Latino Strategic Planning Workgroup
    - California Reducing Disparities Project LGBTQ Strategic Planning Workgroup
    - California Reducing Disparities Project Native American Strategic Planning Workgroup
    - Suicide prevention reports from the Your Social Marketer team
- Review of findings from in-person meetings with county behavioral health agencies and findings from the "County Technical Assistance Feedback Survey" administered in February 2015.
- Phone interviews with Ethnic Service Manager Regional Chairs.
- Review of threshold language data in California.
- Review of existing outreach tools and identified gaps in their availability, including materials developed by:
    - CalMHSA-funded programs
    - County behavioral health agencies
    - Community-based organizations across the state
    - Key national mental health organizations (e.g., SAMHSA)

Phase B: Review of Findings and Recommendations with Stakeholders

During this phase, the findings identified during phase A were reviewed with key stakeholders in the mental health community and leaders from diverse communities. With their guidance, an initial list of resources and tools to further support culturally and linguistically appropriate suicide prevention and mental health outreach was developed.

All findings were reported and reviewed with Ethnic Service Manager Regional Chairs and those who supported this process received the final report and were provided time to offer feedback.

III. Review of Findings and Recommendations from Phase A: Research Review and Data

Review of recommendations from the previously published California Reducing Disparities Project

The California Reducing Disparities Project (CRDP) was a multi-year project launched in 2009 by the former California Department of Mental Health. The CRDP, through funding from the Mental Health Services Act, identified community-defined solutions and promising programs and practices and recommendations for racial, ethnic and cultural populations. Five underserved and/or inappropriately served populations were identified and five Strategic Planning Workgroups (SPW) were formed to work with community members and community leaders to develop a strategic plan for reducing mental

health disparities for **African American, Asian/Pacific Islander (API), Latino, Native American, and LGBTQ**. The California MHSA Multicultural Coalition (CMMC) was also an integral part of the CRDP. The CMMC also produced reports on underserved communities other than the 5 SPW communities.

While the EMM team worked closely with the CRDP workgroup members during the previous four years, for the purpose of this report we reviewed the CRDP reports, including the recommendations for outreach and materials for suicide prevention and mental health. The following section summarizes information from these reports with the purpose of helping us better understand the mental health needs of the target diverse audiences and help guide recommendations in this report. In an effort to summarize the pertinent information, we focused on recommendations related to the development and/or need for culturally responsive social marketing outreach materials.

African American Workgroup report suggests the following:

- Black Barbershop and Beauty Shop Outreach Programs are examples of effective culturally-specific programs focused on education and engagement of African American consumers around areas of general health. [2]

- Faith-based outreach programs have also proven effective through health fairs and breakfast meetings for pastors, but members of the religious community continue to report that they have difficulty linking members of their congregations to mental health services that meet their needs. Community education about available resources is needed to reduce the impact of stigma in the local African American community. [3]

- One of the three basic motivating principles of social behavior is the need to connect with others. Social belonging, intimacy, affiliation, or maintaining a social contact speaks to the value of connectedness. Several participants shared information about how mental health is perceived within their communities. Participants shared the importance of "connecting with others" such as friends, family and key members in their communities for healthy functioning.[4]

- A major area of concern related to Prevention and Early Intervention (PEI), was that the Department of Mental Health (DMH) outreach for prevention and early intervention was not visible or present in their communities. A lack of education and awareness was noted as major barriers to reducing disparities and enhancing mental wellness of Black people.[5]

---

[2]California Reducing Disparities Project (CRDP) African American Strategic Planning Workgroup (SPW) Population Report (PDF), "We Ain't Crazy! Just Coping with a Crazy System" Pathways into the Black Population for Eliminating Mental Health Disparities 50

[3] California Reducing Disparities Project (CRDP) African American Strategic Planning Workgroup (SPW) Population Report (PDF), "We Ain't Crazy! Just Coping with a Crazy System" Pathways into the Black Population for Eliminating Mental Health Disparities 161

[4] California Reducing Disparities Project (CRDP) African American Strategic Planning Workgroup (SPW) Population Report (PDF), "We Ain't Crazy! Just Coping with a Crazy System" Pathways into the Black Population for Eliminating Mental Health Disparities 161

[5] California Reducing Disparities Project (CRDP) African American Strategic Planning Workgroup (SPW) Population Report (PDF), "We Ain't Crazy! Just Coping with a Crazy System" Pathways into the Black Population for Eliminating Mental Health Disparities 244

Latino Strategic Planning Workgroup report suggests the following:

Key strategic directions and recommendations that were identified by Latino community members as important to reducing mental health disparities among Latino underserved communities:

- ***Academic and school-based mental health programs*.** Focus on adequately detecting potential mental health issues on adolescents in a timely manner. Schools represent a safe setting to educate families and their children about mental health. Therefore, it is important to create and integrate mental health educational topics into the schools' curricula.

- ***Community-based organizations and co-locating services*.** Increase collaboration among community-based organizations and other social services agencies by coordinating community resources to achieve an increase in access to treatment among Latinos.

- ***Community and social media*.** Participants attained consensus that communication media could play a critical role in educating Latinos about mental health services as well as removing barriers to care, particularly for Latino immigrants. The participants viewed this type of media approach as a way to increase community education, reach out to more Latinos, "plant the seeds" regarding mental health care, and decrease stigma related to mental illness. [6] It was recommended –the use of media to raise mental health awareness with messages that reduce stigma associated with mental health disorders and promote information and resources about early intervention.[7]For example, engage news media and the entertainment industry in supporting educational programs of mental health services for all Latinos.

- ***Workforce development*.** Develop and sustain a culturally competent mental health workforce consistent with the culture and language of Latino communities. For example, increase education and training opportunities for Latinos seeking careers in the mental health field.

- ***Culturally and linguistically appropriate treatment*.** Train and retrain mental health providers and support staff on appropriately communicating with underserved Latino communities. For example, fund the development and implementation of a training that adequately assesses current and future workforce in providing care that is culturally and linguistically appropriate for Latinos.

- ***Community capacity-building and outreach and engagement*.** Community outreach and engagement are necessary to disseminate more information about mental health issues and treatment, how and where to access services, and knowledge about existing mental health professions.[8] Provide resources for grassroots community capacity-building strategies to: 1) strengthen outreach and engagement, 2) develop mental health leadership in the Latino community, 3) define mental health outcomes at the community level and in terms that matter to Latinos, and 4) build local capacity aimed at reducing disparities and improving mental health

[6] Community-Defined Solutions for Latino Mental Health Care Disparities California Reducing Disparities Project (CRDP) Latino Strategic Plan Workshop (SPW) Population Report (PDF) 36
[7] Community-Defined Solutions for Latino Mental Health Care Disparities California Reducing Disparities Project (CRDP) Latino Strategic Plan Workshop (SPW) Population Report (PDF) 42
[8] Community-Defined Solutions for Latino Mental Health Care Disparities California Reducing Disparities Project (CRDP) Latino Strategic Plan Workshop (SPW) Population Report (PDF) 38

outcomes.

- Participants regard the promotoras/es model, family-to-family programs, and other peer-to-peer strategies as effective means of reaching out and educating Latino communities about mental health. [9] Promotoras/es seemed to be a crucial vehicle for communicating with the Latino community, increasing awareness and access to mental health services and reducing stigma.[10] A majority of participants of community forums noted positive experiences working with promotoras/es or community health workers. For instance, one participant stated, "[I found] promotoras to be a peer support model that provided [me and my family] survival skills as well as living and socialization skills around issues of mental health." More must be done to increase acknowledgement of promotoras/es, not as substitutes to an academically trained workforce, but rather as well-respected individuals in the community who can help improve Latinos' access to care.[11]

Asian Pacific Islander Strategic Planning Workgroup report suggests the following:

- API participants would first turn to the following for mental health needs in order of importance:[12]
    - Spirituality, such as healers, religious ritual/practice and religious centers
    - Loved ones
    - Physical activities
    - Traditional medicine

- Strategies to Address Unmet Needs- Participants were asked to name services that would meet some of their needs if they could be made available:[13]
    - Programs for a specific culture, issue, topic or age group
    - Social/recreational activities
    - Services in primary language
    - Availability and affordability
    - More outreach effort to counteract stigma
    - Inclusion of family
    - Culturally sensitive/competent staff

[9] Community-Defined Solutions for Latino Mental Health Care Disparities California Reducing Disparities Project (CRDP) Latino Strategic Plan Workshop (SPW) Population Report (PDF) 40
[10] Community-Defined Solutions for Latino Mental Health Care Disparities California Reducing Disparities Project (CRDP) Latino Strategic Plan Workshop (SPW) Population Report (PDF) 33
[11] Community-Defined Solutions for Latino Mental Health Care Disparities California Reducing Disparities Project (CRDP) Latino Strategic Plan Workshop (SPW) Population Report (PDF) 27
[12] California Reducing Disparities Project (CRDP) Asian Pacific Islander Strategic Planning Workshop (SPW) Population Report (HTML) 44
[13] California Reducing Disparities Project (CRDP) Asian Pacific Islander Strategic Planning Workshop (SPW) Population Report (HTML) 44

- It is also recommended that individual providers should have continuous training on relevant prevention, early intervention, clinical, and related cultural topics to provide culturally appropriate outreach, engagement, education, services, retention, and interventions. [14]

- Culture-specific or population-specific factors should be incorporated in the program design.[15]

- Culturally important elements such as food, tradition, art, music and dance can be used as effective tools for engagement given the issue of stigma.[16]

- Ethnic media is often one of the best channels to reach the AANHPI community, especially to those who have limited English proficiency.[17]

Native American CRDP Population Report Strategic Planning Workgroup report suggests the following:

- Tribal sovereignty is an important issue to take into consideration when addressing American Indian mental health and well-being.[18]

- Native Americans and other ethnic groups do not share the emphasis of individualism that is prominent in the mainstream culture. For group-oriented cultures, group-based or community-oriented interventions are often effective, more accepted, and many times more appropriate. [19]

- The approach that will have the best chance of success and sustainability is to support and strengthen the efforts of community-defined programs and empower community experts to address the needs of Native American mental health.[20]

- It is imperative that Native Americans receive services that are culturally-based and rooted in the community instead of institutional and county-imposed settings.[21]

- A holistic approach is needed for individual, family and community wellness.[22]

---

[14] California Reducing Disparities Project (CRDP) Asian Pacific Islander Strategic Planning Workshop (SPW) Population Report (HTML) 49
[15] California Reducing Disparities Project (CRDP) Asian Pacific Islander Strategic Planning Workshop (SPW) Population Report (HTML) 51
[16] California Reducing Disparities Project (CRDP) Asian Pacific Islander Strategic Planning Workshop (SPW) Population Report (HTML) 51
[17] California Reducing Disparities Project (CRDP) Asian Pacific Islander Strategic Planning Workshop (SPW) Population Report (HTML) 53
[18] California Reducing Disparities Project (CRDP) Native American Strategic Planning Workshop (SPW) Population Report (HTML), Native Vision: A Focus on Improving Behavioral Health Wellness for California Native Americans 5
[19] California Reducing Disparities Project (CRDP) Native American Strategic Planning Workshop (SPW) Population Report (HTML), Native Vision: A Focus on Improving Behavioral Health Wellness for California Native Americans 7
[20] California Reducing Disparities Project (CRDP) Native American Strategic Planning Workshop (SPW) Population Report (HTML), Native Vision: A Focus on Improving Behavioral Health Wellness for California Native Americans 8
[21] California Reducing Disparities Project (CRDP) Native American Strategic Planning Workshop (SPW) Population Report (HTML), Native Vision: A Focus on Improving Behavioral Health Wellness for California Native Americans 9
[22] California Reducing Disparities Project (CRDP) Native American Strategic Planning Workshop (SPW) Population Report (HTML), Native Vision: A Focus on Improving Behavioral Health Wellness for California Native Americans 10

- Native Americans within California have shared the need for a stronger sense of community built on the restoration of cultural practices, tribal traditions and tribal values to restore wellness and balance to family and youth.[23]

- Talking circles have been used successfully for both treatment and prevention in Native American communities across California.[24]

- We strongly encourage the utilization of traditional Native American healers for addressing mental health wellness needs among the California Native American population.[25]

- Native Americans have responded positively to traditional healing practices. Throughout the 11 focus group gatherings across the state, health care workers and community members alike have reinforced the positive impact of traditional healers and traditional practices to improve mental health among Native Americans.[26]

- It should be noted that Native communities do not have a "one size fits all" for each individual practice. Moreover, each community will use a combination of indigenous-based cultural practices and Western-based practices to fit its unique and changing needs.[27]

LGBTQ CRDP Population Report Strategic Planning Workgroup report suggests the following:

- Peer support organizations can provide model coping strategies and help to build a network of supportive friends, which can bolster resiliency. [28]

- There is a gap in research for LGBTQ people of color, including African Americans, Latinos, Asian Americans, Native Hawaiians, Pacific Islanders and Native Americans. There is a heavy reliance on convenience samples and other research methods that are not effective in reaching these LGBTQ sub-populations. Therefore, funding should be made available to support LGBTQ researchers of color and research organizations with demonstrated access to these populations in order to close the gap in information about these populations. [29]

---

[23] California Reducing Disparities Project (CRDP) Native American Strategic Planning Workshop (SPW) Population Report (HTML), Native Vision: A Focus on Improving Behavioral Health Wellness for California Native Americans 11
[24] California Reducing Disparities Project (CRDP) Native American Strategic Planning Workshop (SPW) Population Report (HTML), Native Vision: A Focus on Improving Behavioral Health Wellness for California Native Americans 11
[25] California Reducing Disparities Project (CRDP) Native American Strategic Planning Workshop (SPW) Population Report (HTML), Native Vision: A Focus on Improving Behavioral Health Wellness for California Native Americans 11
[26] California Reducing Disparities Project (CRDP) Native American Strategic Planning Workshop (SPW) Population Report (HTML), Native Vision: A Focus on Improving Behavioral Health Wellness for California Native Americans 14
[27] California Reducing Disparities Project (CRDP) Native American Strategic Planning Workshop (SPW) Population Report (HTML), Native Vision: A Focus on Improving Behavioral Health Wellness for California Native Americans 15
[28] California Reducing Disparities Project (CRDP) LGBTQ Strategic Planning Workshop (SPW) Population Report (PDF), First Do No Harm, Reducing Disparities in for Lesbian, Gay, Bisexual, Transgender, Queer and Questioning Populations in California 53
[29] California Reducing Disparities Project (CRDP) LGBTQ Strategic Planning Workshop (SPW) Population Report (PDF), First Do No Harm, Reducing Disparities in for Lesbian, Gay, Bisexual, Transgender, Queer and Questioning Populations in California 173

- All domestic violence programs in California should be required to include information about the gender and sexual orientation of clients in their statistical documentation and recognize the partnerships of LGBTQ persons as "domestic." [30]

- A statewide social marketing campaign should be implemented that is informed and endorsed by LGBTQ communities to:[31]
    - Address and eliminate stigma directed toward LGBTQ individuals and families.
    - Decrease the stigma surrounding the seeking of mental and behavioral health services by LGBTQ individuals and families.
    - Components of the campaign should be designed and tailored specifically to reach racial, ethnic, linguistic and cultural segments within the overall LGBTQ community.

- Statewide workforce training and technical assistance should be required in order to increase culturally competent mental, behavioral and physical health services, including outreach and engagement, for all LGBTQ populations across the lifespan, racial and ethnic diversity, and geographic locations. [32]

- Recommendation 3.2 - Statewide workforce training and technical assistance should be required for all California public school staff and administrators in order to increase culturally competent and sensitive treatment of all students who are, or are perceived to be, LGBTQ.[33]

    - Implementation examples: A reoccurring, district-wide training program should be required for all school administrators, teachers, police and security officers, school and expulsion hearing officers on the mental health challenges, strains, and duress endured by LGBTQ students, students of color, low-income youth, and all other students who face bullying and harassment.

- Mental, behavioral and physical health care and educational materials provided to LGBTQ clients should be made available in the client's primary language—particularly if the client speaks a threshold language.[34]

---

[30] California Reducing Disparities Project (CRDP) LGBTQ Strategic Planning Workshop (SPW) Population Report (PDF), First Do No Harm, Reducing Disparities in for Lesbian, Gay, Bisexual, Transgender, Queer and Questioning Populations in California 173

[31] California Reducing Disparities Project (CRDP) LGBTQ Strategic Planning Workshop (SPW) Population Report (PDF), First Do No Harm, Reducing Disparities in for Lesbian, Gay, Bisexual, Transgender, Queer and Questioning Populations in California 175

[32] California Reducing Disparities Project (CRDP) LGBTQ Strategic Planning Workshop (SPW) Population Report (PDF), First Do No Harm, Reducing Disparities in for Lesbian, Gay, Bisexual, Transgender, Queer and Questioning Populations in California 176

[33] California Reducing Disparities Project (CRDP) LGBTQ Strategic Planning Workshop (SPW) Population Report (PDF), First Do No Harm, Reducing Disparities in for Lesbian, Gay, Bisexual, Transgender, Queer and Questioning Populations in California 177

[34] California Reducing Disparities Project (CRDP) LGBTQ Strategic Planning Workshop (SPW) Population Report (PDF), First Do No Harm, Reducing Disparities in for Lesbian, Gay, Bisexual, Transgender, Queer and Questioning Populations in California 179

Review of findings from in-person meetings with individual county behavioral health agencies and from the *County Technical Assistance Feedback Survey*

Between October 2014 and April 2015, the Each Mind Matters and Know the Signs technical assistance teams reached out to all 58 California county behavioral health agencies to determine how they were using existing resources under the Each Mind Matter umbrella (inclusive of outreach materials for both stigma and discrimination reduction and suicide prevention). Counties were asked for feedback on additional resources needed to support outreach in their communities. Respondents' recommendations from the in-person meetings included:

- Mental health and suicide prevention materials for the Punjabi Community (Fresno County)
- Materials in Farsi and Arabic (Orange County and Sacramento County)
- Outreach materials for African immigrant and refugee populations (in Farsi), as well materials for youth and LGBTQ (San Diego County)
- Materials in Spanish and the need for materials for the API population, ideally following the model of the El Rotafolio project for both suicide prevention and mental health; Spanish-language materials (Los Angeles County, Yolo County and Placer County)

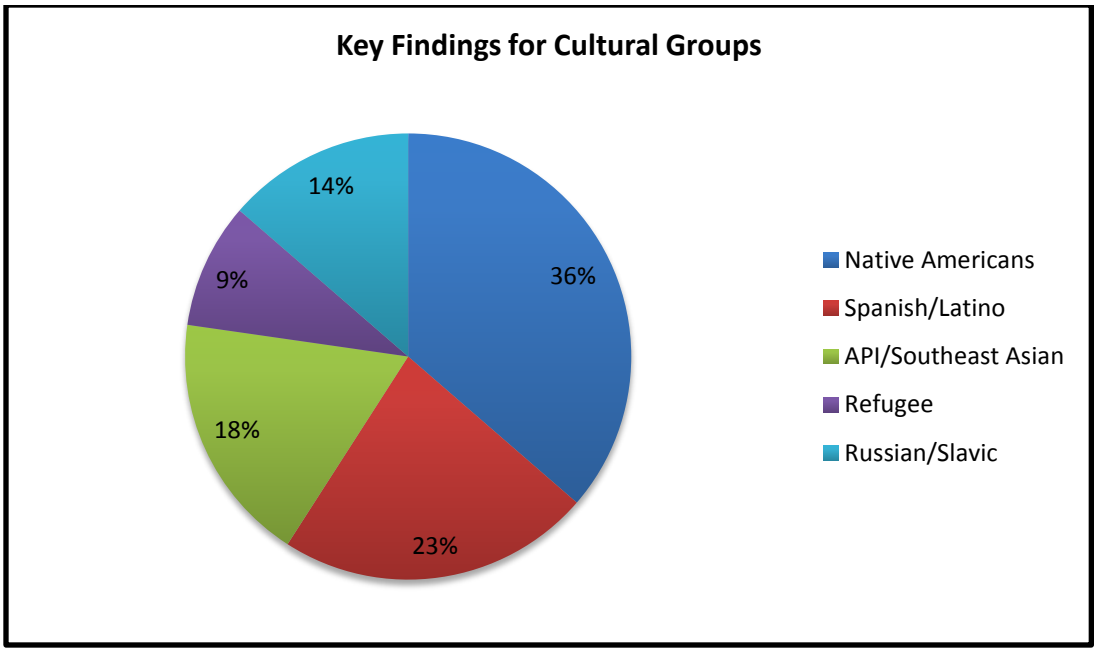
In the April 2015, county behavioral health agencies and their community partners were asked to fill out an online survey. The purpose of the survey was to gain an understanding of the local implementation of the Each Mind Matters and Know the Signs resources in each county, to identify additional resources needed and to evaluate the usefulness of different campaign components.

Sixty-eight individuals representing 49 counties completed an online survey between March 25, 2015 and April 8, 2015. Of these, 79% (53) represented a county behavioral health agency, 16% (11) represented a community-based organization and 4% (3) represent another county agency. The large majority of participants were in their current position for more than 12 months. Seven out of ten participants were responsible for all PEI efforts in their county, including mental health and suicide prevention.

The following three questions specifically refer to suggestions for additional outreach materials that might be useful to support continued efforts in promoting suicide prevention and reducing the stigma and discrimination around mental illness.

- What additional materials might be useful to support suicide prevention efforts in your county? For example, are there particular cultural or language groups that you would like to reach locally?
- What additional materials might be useful to support mental health and stigma reduction efforts in your county? For example, are there particular cultural or language groups that you would like to reach locally?
- Are there additional training and technical assistance needs related to mental health and suicide prevention that would be useful for your organization?

Key Findings for Cultural Groups:



- 8 respondents requested more resources for Native American communities. Counties: Calaveras, Inyo, Marin, Mendocino, Modoc, Sonoma, Trinity, Monterey

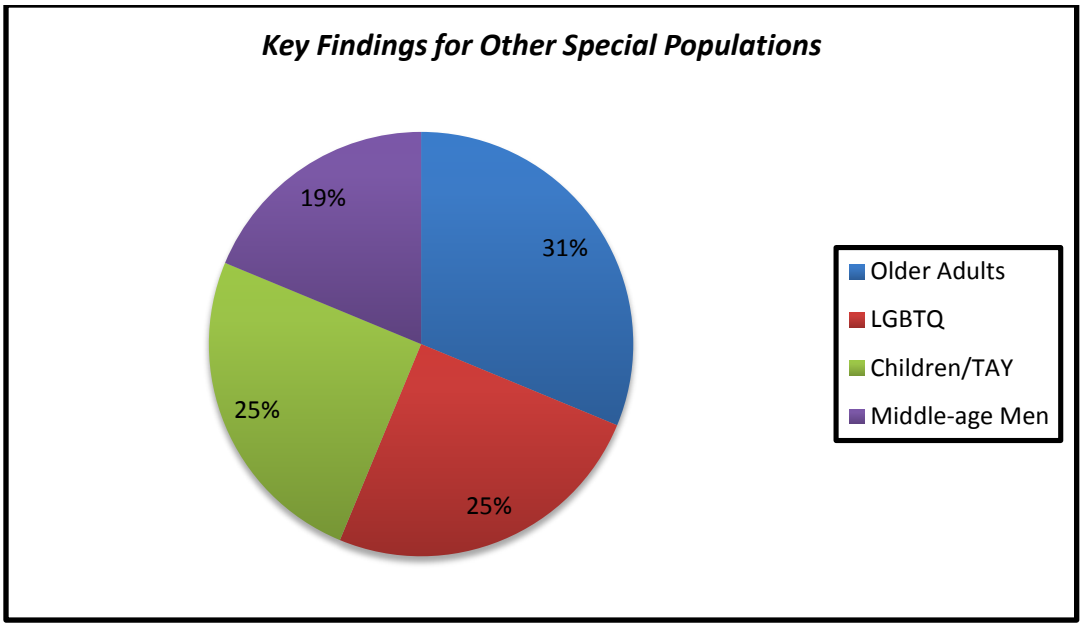
- 5 respondents requested additional resources in Spanish for the Latino communities. Counties: Solano, Mendocino, Modoc, Santa Barbara, Ventura

- 4 respondents requested more resources for API/Southeast Asian communities. Counties: Solano, Los Angeles, San Diego, Sacramento (Mien language materials were requested)

- 3 respondents requested the development of materials in Russian for Slavic communities. Counties: El Dorado, Yolo, Sacramento

- 2 respondents requested the development of materials for emerging refugee populations, this included Iraqi, Afghan; languages: Farsi, Dari, Arabic, and Pashto. Counties: Alameda, Sacramento

Key Findings for Other Special Populations:



- 5 respondents requested more resources for older adults.
  Counties: San Luis Obispo, Riverside, Placer, Ventura, Los Angeles

- 4 respondents requested additional resources for the LGBTQ community.
  Counties: Marin, Santa Clara, Santa Barbara, Los Angeles

- 4 respondents requested more resources for children, youth, and students in middle school and high school.
  Counties: Tuolumne, Modoc, Solano, Ventura

- 3 respondents requested more resources for middle-aged men.
  Counties: Santa Clara, Shasta, Placer

- 3 respondents requested more resources for young adults in college.
  Counties: San Luis Obispo, Riverside, Los Angeles

Phone interviews with County Ethnic Services Manager (ESM) Regional Chairs

Phone interviews were conducted with six ESM regional chairs. Questions included (but were not limited to):

- What are the priority languages in your county?
- What are the priority cultural groups you would like to better reach with information about mental health and suicide prevention?
- Do you currently have appropriate outreach tools and resources to serve these communities?
- What outreach tools do you currently have that serve these communities? In your opinion, what has worked and what has not?

A summary of key information from each of the interviews is outlined here:

Gigi Crowder, Bay Area Region Co-Chair	• Alameda is a very diverse community, so it's hard to narrow this down, but the **African American** community would probably surface as the top priority. Priority languages include **Vietnamese, Cambodian, Lao and Cantonese.** Materials that are straight translations are not effective. Materials should be thoughtfully and purposefully developed with the target community in mind. • Faith based approaches and the spiritual projects work across all of the underserved communities, not just African American. This is the best way to reach the target communities. • Video testimonials and texting campaigns also work well.
Jei Africa, Bay Area Region Co-Chair	• DHCS identified threshold languages as **Spanish, Tagalog** and **Chinese (Mandarin and Cantonese)** but San Mateo County Health System recognizes specific languages that are more common in specific regions like **Tongan, Samoan** and **Russian**. There are current efforts to look into emerging languages such as **Burmese** and **Korean** and emerging immigrant communities like **Middle Eastern** populations • We have developed a variety of appropriate resources and tools that are local, i.e. use local people for stories, highlight specific local agencies in videos and films, include the county logo on all items distributed even EMM materials and include local contact info. • Existing EMM materials are useful, but counties are looking for "how to use" these materials (i.e. context). • Non-local efforts like EMM or CalMHSA should collaborate with county as much as possible, i.e. Walk In Our Shoes appearances should be communicated to county during planning process, Directing Change winners from local counties should be notified and encouraged to sponsor a joint event honoring the student/school. • Each Mind Matters Technical Assistance has been the most useful resource offered to this county especially when the materials are tailored to local county populations. • Printed materials are good but other forms should also be available such as audio and video formats made smart phone-ready. • Partnering with non-traditional partners such as businesses, libraries, restaurants should be encouraged in these materials.
Connie Cha, Central Region Co-Chair	• Priority languages are **Spanish and Hmong.** • Existing materials are useful; Connie needs to see how these have been distributed in the community and its effectiveness. It is important to ensure these tools get in the hands of clinicians as well. • Priority communities need visual and audio tools and resources. The audience is very visual and audio based, creating videos and visually appealing graphics are most useful and culturally relevant. Short stories are good as long as they are eye catching and entertaining.
Luis A. Tovar, Southern Region Chair	• **Spanish-speaking Latino** community is top priority. • Materials created need to be smaller, useful, practical items. • Materials distributed should have "how to" instructions for dissemination. • Internet, web-based resource tools are considered the most effective for this community followed by small printed piece like the Know the

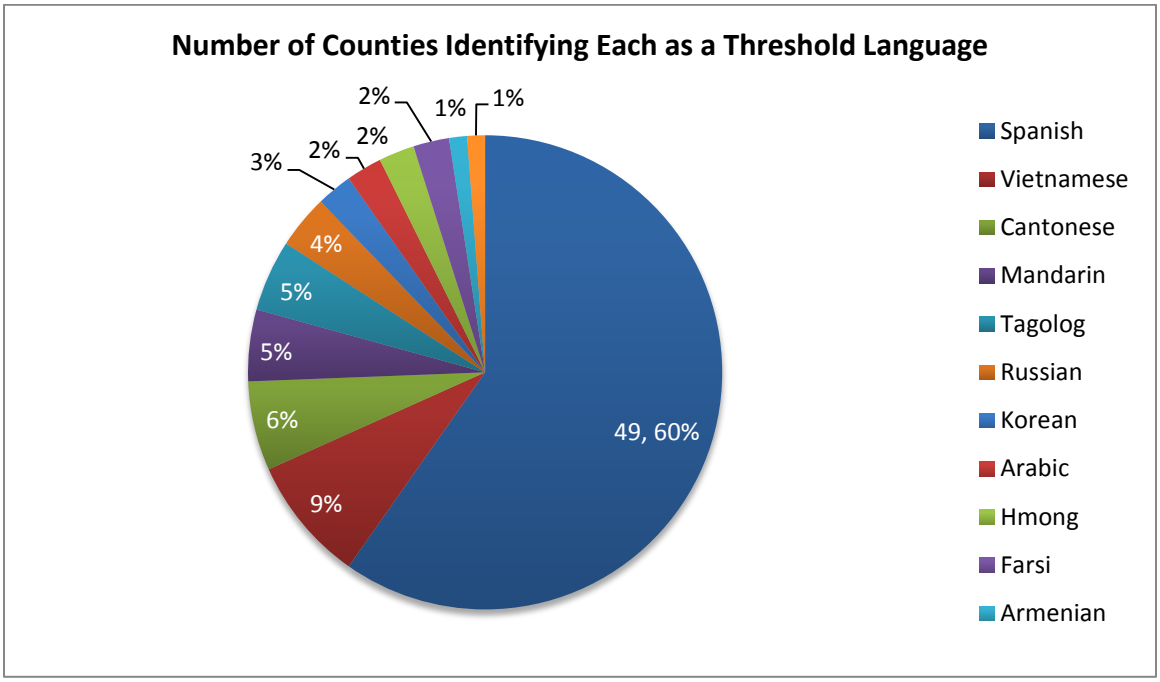
	Signs business cards. • Would like to see more local private partnerships. For instance, working with the local Chevron or grocery stores to collaborate on distribution of materials and outreach.
Brizia Martinez, Superior Regional Chair	• Region's priority languages are **English and Spanish**. • Priority cultural groups in the region are **Spanish speaking Mexican American** and **Native American**. • The region conduct community outreach more than the development of materials. The county hosts community meetings and meetings at schools targeting the different cultural groups. The county has met with tribe members for the Native American community and hosts mental health outreach events like Friday night live. All meetings are promoted via local newspapers. An annual 5K run/walk for mental health is conducted every May. • The county has some Spanish suicide prevention cards. These were not produced by the county, they were provided to the mental health department. The county also uses an effective mental health pamphlet. This is only in English and Spanish.
Jo Ann Johnson, Central Region Co-Chair	• Region's priority language needs are **Spanish and Hmong.** • In Sacramento, needs ranked by priority include: **Spanish, Russian (Ukrainian included), Hmong, Vietnamese, Cantonese, Mien, Lao**. • If you look across the San Joaquin region: **Cambodian** should also be included. • Need for Russian/Ukrainian because there are no materials available and the community has been asking for these resources. • Hmong: Work has begun to address this community already. • Latino: More work could be done but there are lots of agencies who have developed resources. • Middle East: Need resources to address the **Iranian, Iraqi** and **Afghanistan** communities for these newly arriving refugees

Review of threshold language data in California

Threshold languages are those which are spoken at a high proportional rate within a geographic region of the state and as such may contribute to obstacles of understanding and access for those seeking mental health services (Medi-Cal Statistical Brief, 2014). The California Department of Mental Health defines a threshold language for written materials as "a language identified on the Medi-Cal Eligibility Data System (MEDS) as the primary language of 3,000 beneficiaries or five percent of the beneficiary population, whichever is lower, in an identified geographic area". [35]

Based on the data provided by the Research and Analytics Studies Division for the Medi-Cal Eligibility Data System, the following ten threshold languages are the most prominent in California. Please refer to Appendix A for additional information.

[35] http://www.ahrq.gov/research/findings/final-reports/iomracereport/reldata4b.html



- **Spanish** is considered a threshold language in 49 counties (3,057,209 eligible people speaking the threshold language). Some of the counties with the most prominent Spanish-speaking populations include: Imperial County (56%), Colusa County (52%), Orange County (24%), Alameda County (24%).

- **Vietnamese** is considered a threshold language in seven counties, including: Orange County (9%), Alameda County (2.7%), San Francisco County (2%) and Sacramento County (2%).

- **Cantonese** is considered a threshold language in five counties, including: San Francisco County (25%), Alameda County (5%), Sacramento County (1.4%), Santa Clara County (1.1%) and Los Angeles County (1%).

- **Mandarin** is considered a threshold language in four counties, including: Santa Clara County (2%), San Francisco County (2%), Alameda (1.4%) and Los Angeles (0.7%).

- **Tagalog** is considered a threshold language in four counties, including: San Francisco (2.3%), Santa Clara (1.8%), San Diego (1.2%) and Los Angeles (0.4%).

- **Russian** is considered a threshold language in three counties, including: Sacramento County (4.7%) San Francisco County (2.9%) and Los Angeles County (0.4%).

- **Korean** is considered a threshold language in two counties, including: Los Angeles County (1%) and Orange County (0.9%).

- **Arabic** is considered a threshold language in two counties, including San Diego County (2.8%) and Los Angeles County (0.2%).

- **Hmong** is considered a threshold language in two counties, including Fresno County (3.1%) and Sacramento County (2.4%).

- **Farsi** is considered a threshold language in two counties, including: Orange County (0.5%) and Los Angeles County (0.5%).

- **Armenian** is considered a threshold language in Los Angeles County (2.4%).

- **Cambodian** is considered a threshold language in Los Angeles County (0.3%).

Outreach Tool Review

A review was conducted of existing tools to identify possible gaps in suicide prevention and mental health cultural and linguistic outreach tools available to the EMM team. Over the past three years, CalMHSA contractors have created a significant number of innovative resources and tools for a wide range of cultural groups and in many different languages. In addition to these resources, county behavioral health agencies, community-based organizations (CBOs) and public/private regional and statewide agencies have also developed mental health tools and suicide prevention resources within their own communities. Given the limited resources available, the review focused primarily on tools developed by CalMHSA-funded programs (developed under the Each Mind Matters "umbrella"); however, as possible it included county behavioral health agencies and other organizations including, but not limited to; The Center for Dignity, Recovery & Empowerment, California Institute for Behavioral Health Solutions (CIBHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Mental Health Services Oversight and Accountability Commission (MHSOAC), California counties and CBOs from across the state.

Please note that while a large number of resources were included, this comprehensive review was not inclusive of all available materials. Scope and strategies for the review process varied between the suicide prevention and mental health sections; these were based on the practical difference in locating materials on specific topic of suicide prevention versus the more all-encompassing topic of mental health promotion.

Summary of Findings - Suicide Outreach Materials:

In order to locate suicide prevention outreach materials created for the various communities of interest, we searched the websites of all California crisis centers, sites of county behavioral health agencies and the EMM catalogue. We reviewed all presentations given at the 2015 International Stigma conference and the videos on the University of California Office of the President (UCOP) website. We also looked at relevant organizations located in California (Trevor Project, Family Acceptance Project, California LGBT Health and Human Services Network, Fresno Survivors of Suicide Loss, Friends for Survival, Asian & Pacific Islander American Health Forum, NAMI California and MHA California).

Nationally, we searched for relevant materials in the SAMHSA Best Practices Registry (BPR), the library of the Suicide Prevention Resource Center (SPRC) and each state page on the SPRC site, American Association of Suicidology, American Foundation for Suicide Prevention, Healthy Roads Media, Asian American Federation, the International Association for Suicide Prevention, Here to Help (Canada), the National Institute of Mental Health and the World Health Organization.

Some promising leads resulted in defunct sites or in materials that are no longer available (such as the SPEAK Toolkit once offered in Russian, Spanish and Chinese from the New York State Office of Mental

Health, or resources listed at the site of Asian American Suicide Prevention & Education). There are also many materials that have been created by SAMHSA Garrett Lee Smith grantees (state, tribal and campus) but there is no central clearinghouse of those materials.

We also reviewed the CRDP reports and the workgroup reports from the Know the Signs cultural adaptations projects and statewide workgroup discussions facilitated in 2014.

Fifty-nine items were found and added to the spreadsheet available in Appendix B. These include materials to reach the LGBTQ, Russian, Spanish, Korean, Vietnamese, Arabic, Chinese and Farsi communities. We do not have background on how most of these materials were developed and/or how culturally competent they are; however, we will take steps to ensure they are culturally relevant before using, adapting or disseminating any of them. In some cases, we learned that they were adapted from previously existing English language materials.

In addition to those materials, the CalMHSA-funded Know the Signs campaign has created suicide prevention outreach materials in English for API youth and for seven API communities, including Khmer, Chinese, Tagalog, Hmong, Korean, Lao and Vietnamese. The KTS materials were created through a collaborative workgroup process that recruited participants via Ethnic Service Managers, program partners and county liaisons. For each cultural group, language adaptation was provided by cultural representatives who could assure cultural relevance and linguistic appropriateness. Cultural organizations (Appendix C) from counties with high population numbers of the particular group oversaw the design, focus group testing and distribution.

Know the Signs also created materials to reach the African Americans and Spanish speakers through the same process. Finally, an online ad to reach LGBTQ youth was created in partnership with the Trevor Project. In all instances, the materials were tested through focus group participation. An overview of all of the Know the Signs materials can be found in Appendix C and all materials can be viewed and downloaded in the Resource Center at www.yourvoicecounts.org.

African American

Existing Resources: There are a number of suicide prevention materials that have been developed for African American audiences in recent years. The Know the Signs campaign developed materials including print ads, billboard ad, poster and brochure for helpers of African American community members at risk for suicide (especially young males). As a part of the Each Mind Matters campaign, Mental Health Friendly Communities church fans were developed in San Bernardino County. The fans focused primarily on mental health, but may be considered part of suicide prevention. Also of interest outside of California is the Saving African-American Lives in Tennessee campaign, which produced a resource guide for the African American community.

Recommendations: In terms of resource gaps, one consideration is the topic of "slow suicide" (risk-taking that consistently places one in harm's way). Popular blogs such as *The Positive Black Woman* address this topic.[36] Dr William Lawson, chair of the Department of Psychiatry at Howard University College of Medicine spoke about it on NPR. [37] A suggestion made in the workgroup discussions regarding

[36] http://thepositiveblackwoman.com/2015/08/10/slow-suicide-its-not-what-you-think/
[37] http://www.npr.org/templates/story/story.php?storyId=87952114

development of the African American Know the Signs materials was to add images of older African American men. Further adaptation of existing materials is another potential avenue. The Saving African-American Lives in Tennessee brochure could be tested to see if it resonates with Californian community members and adapted as necessary, and resources from the Mental Health Friendly Communities Project could be modified to include more suicide prevention messaging. Finally, a dissemination strategy for getting these materials into the hands of community members is essential. One distribution recommendation from the Know the Signs workgroup was reaching out to Medi-Cal health plans to post in their offices, but there may be more strategies that community experts could recommend.

Arabic

Existing Resources: The audit process allowed us to identify a few national or international resources, but none that have been created specifically for California's Arabic-speaking audience. The list of referenced resources is found in the audit in the Appendix. There is a poster for Arabic-speaking refugees who are feeling hopeless, worthless or alone that promotes the National Lifeline from the Refugee Health Technical Assistance Center (RHTAC). The World Health Organization (WHO) has a guide for mental health counselors on suicide prevention. Finally, there is a text-only guide in Farsi/Dari on warning signs, statistics and crisis lines in British Columbia.

Recommendations: The existing suicide prevention resources do not seem to be designed to appeal to the general public because they are not formatted to be appealing. The content appears to be relevant, but it could possibly be made more effective for general audiences with the addition of graphics and color. Another potential strategy is to explore a partnership to disseminate the Refugee Health Technical Assistance Center (RHTAC) poster, possibly co-branding with Each Mind Matters and/or Know the Signs.

Chinese

Existing Resources: CalMHSA has started to reach out to this audience with a Know the Signs poster, brochure and print ads for helpers. Other resources found were from other states or countries, including a guide for mental health counselors on suicide prevention, a guide on how to start a survivors' support group from the WHO, a colorful brochure for helpers, focused on risk among older women from the Asian American Federation in New York State, a colorful brochure for families on how to support their LGBTQ children from the Family Acceptance Project (in the Best Practice Registry) and a text-only guide on warning signs, statistics and crisis lines in British Columbia.

Recommendations: Similar to the Arabic languages pieces, some of the existing suicide prevention resources in Chinese do not seem to be designed to appeal to the general public and might be further developed with graphics and color. Adaptation of these pieces through verification with local cultural brokers and potential co-branding with EMM and KTS are possible suggestions. Dissemination is again a key factor, and several recommendations for additional distribution channels were made during workgroup discussions that were conducted as part of the development of the Know the Signs materials: use Chinese media; give educational talks to groups at churches, temples, community agencies and schools; use radio ads; post fliers on community bulletin boards; use libraries, health clinics, recreation centers, family service agencies. Promote through ESL schools. Collaborate with Chinese churches; partner with social services agencies serving the community. Workgroup members suggested that women experience more social pressure than men do.

Korean

Existing Resources: For the Korean-speaking audience, we found Know the Signs posters, brochure and print ads for helpers of youth/young adults and adults/older adults; a colorful brochure in English and

Korean for helpers, with focus on older women, from the Asian American Federation in New York State; and a text-only guide on warning signs, statistics and crisis lines in British Columbia. Other than Know the Signs, there are not many materials available and none that we found specific to California.

Recommendations: Based on suggestions made during workgroup discussions that were conducted as part of the development of the Know the Signs materials consider these additional distribution channels: Use Korean magazines, billboards and Korean churches. Church leaders and teachers are seen as good gatekeepers. There is potential to explore adapting the Asian American Federation brochure for older women, once verified through local cultural brokers. To increase the dissemination of the Know the Signs materials, additional promotion is important, as is encouraging use of the print ads with ethnic publications.

Latino/Spanish speakers

Existing Resources: A wide range of materials in Spanish have been developed through CalMHSA funding.

- Reconozca las Señales (RLS) poster, brochure, print ads, TV spot and radio spot with an emphasis on reaching parents.
- ElSuicidioEsPrevenible.org website with information about warning signs, how to offer help and resources
- RLS wallet card with warning signs, and a billboard for the general public
- El Rotafolio (flipchart) about suicide prevention, as well as a model for a two-day training in suicide prevention (safeTALK) and how to use the flipchart to conduct community presentations.

Suicide prevention brochure from Family Services Agency of Central Coast.

A number of suicide prevention tools and resources exist for the Latino audience. Of note are audience-specific guides from the World Health Organization (WHO).

- Colorful brochure for families on how to support their LGBTQ children from the Family Acceptance Project (in the BPR).
- Guide for mental health counselors on suicide prevention from the WHO.
- Guide on how to start a survivors' support group from the WHO.
- Guide on suicide prevention for police, firefighters and first responders from the WHO.
- Guide on suicide prevention for employers, managers and coworkers from WHO.
- Guide on suicide prevention for jails and prisons from the WHO.
- Guide on suicide prevention for teachers and school staff from the WHO.
- Generic suicide prevention information and related video from the National Library of Medicine. Recommends help through an emergency room or calling Lifeline.

Further, the National Institute of Mental Health has several resources and materials in Spanish related to suicide including brochures and Frequently Asked Questions flyers.[38]

Some of the existing suicide prevention documents, particularly those from the WHO, are unformatted and do not seem to be designed for outreach to the general public. Although the content appears to be relevant, it could be made more appealing to Latino audiences through the addition of graphics and color.

[38] https://www.nimh.nih.gov/search.jsp?query=suicide+materials+in+spanish

Recommendations: Moving forward, a strong consideration should be to use promotoras to disseminate messages. As the CRDP report states, "Promotoras are trusted health navigators. Latinos news and entertainment media can help support outreach." Other options for further development could include creating a fotonovela about suicide prevention to complement the existing series and the El Rotafolio flipchart and adapting certain WHO materials to reach professional and para-professional groups, if such a need is documented.

LGBTQ

Existing Resources: Although most of the existing LGBTQ tools and resources have been developed without CalMHSA funding, Know the Signs did create an online ad for LGBTQ youth and their helpers in collaboration with the Trevor Project. The Trevor Project has two videos on their website and on YouTube. The Family Acceptance Project has a guide for families on how to accept their LGBT children that is available in English, Chinese and Spanish. Alameda Crisis Support Services created a community gatekeeper training on LGBT older adults and suicide prevention. A four page brochure on how best to address the topic of suicide in the LGBT community was created by the Movement Advancement Project (MAP). Saving Our Lives has a video on suicide prevention in transgender communities and Saving LGBT Lives in Tennessee.

The Trevor Project is the leader in this area of suicide prevention and partnership opportunities should be explored. The online ad developed as part of the Know the Signs campaign can only be used as part of an online media buy or partner websites, and no print materials exist. Another identified gap from the audit is resources for transgender audiences, as most materials address LGB but not transgender issues.

Recommendations: Potential recommendations for increasing promotion and dissemination of LGBTQ tools include promoting the use of the MAP brochure to groups and counties wishing to address this population, exploring partnership opportunities with the Family Acceptance Project, possibly using the Saving Our Lives video to reach the transgender community and their caregivers, more widespread promotion of the Trevor Project materials and consider creating a co-branding wallet card (KTS/Trevor Project) as recommended by the workgroup.

Native American

Existing Resources: Culture and Community, is an annotated and illustrated guide to outreach materials created by and for Native Americans throughout the nation and compiled by Know the Signs with funding from CalMHSA. SAVE has produced Suicide Prevention for American Indians that use images of Upper Midwest Native Americans. There is no doubt that other materials have been developed locally (for instance, by the SAMHSA-funded Garrett Lee Smith tribal grantees within the state) and were not included in Culture and Community, but they are not readily available or easily located.

The Native American Health Clinic in Oakland developed a two-hour training video on historical trauma by Chumash psychologist Art Martinez, as well as resource materials to develop partnerships with Native agencies, a literature review of mental health needs of Native Americans and policies to promote wellness and equity in care.

The California Reducing Disparities Project report (Native Visions) points out cultural diversity among the California Native American population and recommends encouraging the use of Native American practices. Culture and Community is designed to do this, but small organizations may lack the capacity to adapt materials catalogued in the guide. Suicide within the Native American community is predominantly among young people. Video and digital storytelling is increasingly popular among Native

American youth but such stories have not yet been submitted to the Directing Change film contest. The Directing Change Program & Film Contest is part of Each Mind Matters and offers young people the exciting opportunity to participate in the movement by creating 60-second films about suicide prevention and mental health that are used to support awareness, education and advocacy efforts on these topics.

Recommendations: There are many possible ways to increase exposure to suicide prevention messages in Native American communities.

- Promote Culture and Community to county agencies, CBOs and tribal organizations as a resource for selecting potential models that could be adapted locally, if resources permit.
- Consider providing mini grants to help Native communities use Culture and Community to identify and adapt materials.
- Promote Directing Change to Native/tribal youth programs. Encourage using mentors who are affiliated with these programs, not just schools. Solicit culturally-appropriate judges. Encourage local recognition ceremonies.
- Work with tribal programs to identify other existing personal stories or digital videos about suicide prevention and add them to the Each Mind Matters website. Package the four Each Mind Matters Native American videos and any resulting DC videos onto a CD and disseminate to tribal entities throughout the state.

Russian

Existing Resources: The audit process did not identify any Russian-language tools or resources created for a Californian audience. Generic suicide prevention information and a related video exist from the National Library of Medicine. These tools recommend getting help through an emergency room or calling Lifeline. In British Columbia, we found a text-only PDF on warning signs, statistics and crisis line help. Finally, there is a guide on how to start a survivors' support group on the WHO website.

Recommendations: Most existing suicide prevention documents are not formatted or designed to appeal to the general public. Although the content appears to be valid, collateral should be fresh and appealing in design. New materials may need to be created, if warranted by community.

Vietnamese

Existing Resources: The resources found for Vietnamese-speaking audiences include Know the Signs posters and brochure for helpers of youth/young adults and adults/older adults, a text-only PDF about warning signs, statistics, and crisis lines from British Columbia and a colorful brochure for helpers of older women from the Asian American Federation. Other than Know the Signs, there are not many materials available.

Recommendations: Initial thoughts on further developing tools for this audience include adapting the Asian American Federation brochure for older adult women, once verified through local cultural brokers, continuing to promote dissemination of the Know the Signs materials based on suggestions made during workgroup discussions, for example placing materials in temples, in Vietnamese newspapers and newsletters, Vietnamese-language TV channels, and community educational workshops.

Cambodian (Khmer), Hmong, Lao, Tagalog

Existing Resources: We found no materials except for those produced by Know the Signs (posters and brochure for helpers of youth/young adults and adults/older adults; radio and TV ads in Hmong). Other

than Know the Signs, there are no materials available that we could identify within the scope of this audit.

Recommendations: We recommend continuing the dissemination of the Know the Signs materials using the following workgroup suggestions:

- From the Hmong workgroup: Use radio ads and TV spots. Smaller Hmong communities outside of Fresno and Sacramento may not have cultural community-based organizations. It may be good to focus on college students and churches to reach their families.
- From the Filipino workgroup: Suggest using the Filipino TV channel for outreach or form partnerships with trusted supermarket chains such as Seafood City.
- From the Khmer workgroup: Place posters in community venues. Host community workshops to share the information and have dialogue.

Summary of Findings - Mental Health Outreach Materials:

Similar to the approach used to identify suicide prevention outreach materials, we employed a comprehensive review process to identify mental health outreach materials targeting diverse audiences. As part of our research, we:

- Contacted all California county behavioral health agencies
- Reviewed the CalMHSA program catalogue
- Reviewed the following websites: The Center for Dignity, Recovery & Empowerment (MHA-SF), NAMI California, SAMHSA, MHAC, CIBHS, and various community-based organizations across the state.

While not exhaustive, our audit resulted in more than 230 mental health outreach tools and resources targeting communities, including African American, Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Latino/Spanish, Mien, Native American, Punjabi, Russian, Tagalog and Vietnamese. We recommend conducting continued investigation into existing materials for specific communities noted in the findings below. As part of our dissemination strategy, we recommend converting the list of resources obtained from our audit into a user-friendly, searchable list available to those from, or working with, diverse communities.

The EMM team was not responsible for the development of many of the materials in this audit; therefore, the findings below are general and based on an overview of the materials reviewed. We are unable to assess the cultural and linguistic considerations of the development or use of the materials. Instead, the summaries below highlight some of the materials available for specific target communities. Further investigation into these materials may be warranted in Phase 2 of CalMHSA's Prevention and Early Intervention initiative.

African American

Existing Resources: A variety of African American resources were created under the Each Mind Matters campaign. A faith-based project, Mental Health Friendly Communities, created training materials such as curriculum, webinars, church fans and modules for educating congregations about mental health. In addition, Each Mind Matters produced short videos featuring African American stories of mental health, hope and recovery. Finally, Each Mind Matters partnered with youth-serving CBOs across the state to produce a hip-hop album to be used as a credible tool to reach African American youth.

Recommendations: The African American community is missing physical tools and resources, such as myth/fact sheets, posters and resource cards. Although national resources such as brochures and

reports from SAMHSA and MHA address the specific issues of substance use and depression, more resources addressing stigma reduction and mental health promotion in the African American community are needed. Based on these findings, we recommend fulfilling these gaps as well as expanding the work being done with youth organizations to promote mental health through music, a strategy proven successful and empowering among this diverse community.

Arabic

Existing Resources: Mental health resources in the Arabic community include a library of video and printed tools for translators, an in-language fact sheet, spiritual leaders, peer supporters and persons with mental health conditions produced by Disability Rights of California and an in-language brochure produced by San Diego County.

Recommendations: In addition to current tools, we suggest continuing current work with Sacramento County Arabic community leaders to produce a physical resource for statewide distribution.

Armenian

Existing Resources: Mental health resources in Armenian include a library of video and printed tools for translators, an in-language fact sheet, spiritual leaders, peer supporters and persons with mental health conditions produced by Disability Rights of California and one in-language fact sheet and brochure.

Recommendations: We encourage further investigation into existing resources for this community.

Cambodian

Existing Resources: Disability Rights of California developed a variety of resources in Cambodian. In addition, Each Mind Matters hosts in-language tools such as two radio PSAs, a worksheet of mental health terms, a myth/fact sheet and short videos featuring Cambodian community members sharing their stories of hope and recovery.

Recommendations: We encourage further investigation into existing resources for this community.

Chinese

Existing Resources: Current tools in Chinese include materials produced by Disability Rights of California, video stories designed in collaboration with NAMI California, CBOs and local counties, myth and fact sheets from the Each Mind Matters campaign, brochures aimed at supporting family members produced by CIBHS, as well as posters, videos, and informational materials about depression across the lifespan. *Note: the Chinese printed materials can be read by both Cantonese and Mandarin speaking audiences.*

Recommendations: We encourage further investigation into existing resources for this community.

Farsi

Existing Resources: Los Angeles County created a mental health brochure in Farsi, which was the only resource discovered through our audit that met the report criteria in this language.

Recommendations: Each Mind Matters is currently working with Sacramento County through the Each Mind Matters TA process to develop more print resources in Farsi. This resource should result in a scalable tool that can be disseminated statewide.

Hmong

Existing Resources: A number of materials exist in Hmong under the Each Mind Matters campaign, including two radio PSAs, a worksheet of mental health terms, a myth/fact sheet, a compilation of stories written by Hmong youth and produced in both English and Hmong and a short video about stigma and discrimination in the Hmong community.

Recommendations: In addition, to recommending broader dissemination of these tools, the Hmong community is responsive to more visual and digital resources about mental health, so strategies and resources that utilize this medium are preferred.

Korean

Existing Resources: In addition to a library of in-language resources hosted by Disability Rights of California, Each Mind Matters produced an in-language myth and fact sheet for the Korean community. Asian Pacific Family Center, a division of Pacific Clinics in Rosemead, developed a flyer on depression in Korean. Orange County has a host of materials for the Korean community available for download on their website.

Recommendations: We encourage further investigation into existing resources for this community.

Latinos/Spanish

A variety of materials exist for the Spanish-speaking audience in California. Please see the EMM SanaMente Report[39] for a detailed account of existing resources and recommendations for resource expansion.

Lao

Existing Resources: Each Mind Matters created targeted outreach materials, including video stories, a myth and fact sheet, a mental health vocabulary matrix, a brochure, two radio PSAs and a short video about stigma in the Lao community.

Recommendations: Similar to other API community, the Lao population is in need of more digital and visual tools for mental health as well as investigation into dissemination strategies for existing resources.

LGBTQ:

Existing Resources: CalMHSA has supported the creation of a number of resources to support mental health in the LGBTQ community including "Be True and Be You," a booklet produced by the EMM team that provides helpful information for LGBTQ teens, their families and friends. In addition, fact sheets and first-person stories were made available via the ReachOut.com and Each Mind Matters websites. CalMHSA's partnership with Mental Health America of Northern California developed tools based on the extensive data provided in the LGBTQ Reducing Disparities Project's population report, "First, Do No Harm," which identified community-defined solutions for reducing LGBTQ mental health disparities across the state of California. On the national level, SAMHSA recently released the guide ally, "Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth."

Recommendations: Most materials developed are currently aimed at younger individuals who may identify as LGBTQ. Further development of tools for individuals across the lifespan as well as tools to assist parents, family members, teachers and other allies in creating supportive and safe environments

[39] EMM SanaMente Report, January 2016

is needed. Further investigation into dissemination strategies for existing resources for this community is also encouraged.

Mien

Existing Resources: Each Mind Matters created an in-language worksheet of mental health terms and an in-language myth/fact sheet for the Mien community. In addition, Mien youth in Sacramento and Fresno created short stories that were compiled into a booklet and produced in both English and Mien.

Recommendations: More visual and digital resources about mental health would benefit this audience, for example turning the Mien youth story into an audio or visual segment.

Native American

Existing Resources: Each Mind Matters created a campaign targeting the Native American population called Native Communities of Care. This project designed and disseminated a resource toolkit with targeted mental health messaging for the Native population, customizable posters, an event planning guide and a collection of other social marketing materials to distribute to communities across California. Sacramento County produced fact sheets, video stories, pamphlets, radio and television ads, a tip card, gas topper, brochure, posters and billboards targeting the Native American community. In addition to resources developed in California, SAMHSA provides a series of tools for mental health professionals working with the Native American community, including a downloadable cultural card which serves as a guide to build cultural awareness.

Recommendations: To build upon current success in reaching this population, mental health resources need to build on current community behavioral health tools and bridge the gap between county and local tribal communities.

Punjabi

Existing Resources: Two brochures were made by San Joaquin County in Punjabi, which was the only resource discovered through our audit that met the report criteria in this language.

Recommendations: We encourage further investigation into existing resources for this community.

Russian

Existing Resources: Current materials for the Russian community include fact sheets for various community leaders by Disability Rights of California, social marketing materials such as radio and television ads, a tip card, gas topper, brochure, posters and billboards developed by Sacramento County, and an in-language myth/fact sheet.

Recommendations: We encourage further investigation into existing resources for this community.

Tagalog

Existing Resources: At the local level, counties such as Los Angeles, Sacramento, San Diego, Santa Clara, San Mateo and Solano developed their own outreach materials for the Tagalog-speaking community, including brochures, pamphlets, flyers, photo-voice and digital stories.

Recommendations: We encourage further investigation into existing resources for this community.

Vietnamese

Existing Resources: Each Mind Matters hosts an in-language myth/fact sheet for the Vietnamese community. A number of organizations across the state have also produced fact sheets, videos, brochures, radio and television ads and posters for this audience, including a brochure aimed at families of people who are experiencing mental health issues produced by CIBHS. Finally, targeted materials have been developed by Disability Rights California include materials in Vietnamese.

Recommendations: We encourage further investigation into existing resources for this community.

IV. Review of Findings and Recommendations from Phase B: Review of Findings with Stakeholders

Note: This document is intended to serve as a "living document" that can be revised to include new information and input from stakeholders as it becomes available. During the Phase 2 period, summaries of those conversations are to be included in this section of the report.

On June 23, 2015, the EMM team participated in the California MHSA Multicultural Coalition (CMMC) meeting to discuss the development of this report and obtain feedback from CMMC members. We received feedback from six members reporting:

- Native American Health Center developed a help card and film in English, but would like to see more materials for families.
- There is a need to include Deaf and Hard-of-Hearing materials for diverse communities, specifically videos in American Sign Language and other languages.
- There is a need for LGBTQ targeted outreach beyond just youth. While it is important to target youth, there is a need among the adult population.
- There is a need to develop outreach materials targeting the Arabic, Afghani, Farsi, Hindu, Somali, Tamil, ASL and French communities. Video and audio are the best ways to reach these communities.
- Consider materials and targeted resources for the transgender community specifically, since this community does not necessarily fall under LGBTQ.

On September 2, 2015, EMM conducted an online survey that was fielded to all ESMs across the state. Eleven responses were received from ESMs representing Butte, Colusa, El Dorado, Fresno, Kings, Madera, San Benito, San Mateo, Santa Barbara, Tulare and Ventura.
Respondents reported:

- All responding counties are in need of culturally responsive mental health and suicide prevention materials for the Latino/Spanish-speaking community. Several counties also mentioned Native American and Veteran communities as priority populations, as well as middle-aged white males. African American, LGTBQ, Asian/Pacific Islander, Arab and Homeless communities were also noted as being in need.
- Spanish is a priority threshold language for all respondents. Hmong, Chinese and Tagalog were also noted.
- Respondents have culturally appropriate outreach tools and resources to reach Spanish-speaking communities. Fresno and Butte County are in the process of translating local materials into Hmong.
- Outreach tools and materials could be improved to better serve the local communities. For example, having materials customized for each ethnic group tailored for either media or community events.
- The best ways to reach underserved audiences was through targeted event participation, collaboration with primary care doctors and through community based networks.
- Respondents are familiar with the Each Mind Matters materials available. The best way to share information is electronically and during the monthly County Liaison call.
- Outreach materials should be developed using the "ground up" approach rather than direct translations. Consideration of outreach material size, type and quantity should be taken into consideration when printing and developing to ensure the materials are relevant, practical and cost effective. Consideration should be taken into account that many bilingual speakers do not

read their native languages, therefore recognizing that written pieces may not be effective for Spanish and Southeast Asian communities.

- Beyond providing outreach materials, mental health and suicide prevention support should be available in-language.
- Training on using materials and dissemination strategies would be helpful.

V. Summary

This report provided our teams with four key findings that will help shape social marketing efforts, contingent on available resources, in Phase 2 of CalMHSA's Prevention and Early Intervention initiative.

1. Dissemination of tools and resources.

Through our research, we catalogued many meaningful resources and tools for suicide prevention and mental health. The statewide work through Each Mind Matters and Know the Signs has provided a significant contribution to offering a rich and diverse catalogue of materials.

Critical to getting meaningful materials in the hands of consumers is a targeted dissemination approach that includes training and support for the user. Continued technical assistance efforts to enhance collaboration and synergy between the counties and statewide projects will be required.

Recommendation:

- Refine the online catalogue of available materials to address content, access and navigation.
- Continue monthly emails, county meetings and other technical assistance to effectively market this catalogue.
- Allow counties continued opportunities to tailor EMM materials to meet local needs.
- Support counties with “how to” ideas for material usage and dissemination in ways relevant to local audiences.

2. Leveraging existing networks and resources.

Our research reaffirmed the need to build on the shared vision for mental health promotion and suicide prevention within existing organizations and local, regional and statewide networks. By leveraging these networks and providing EMM support to existing efforts, we can most efficiently fill resource gaps and address the needs for additional resources and tools. Partnership development will be particularly critical given reduced funding dollars in Phase 2.

Recommendation:

- Strategically expand EMM partnerships to leverage the work of groups/networks with existing infrastructure to reach the target audiences identified in this report. Include groups/networks focused on related issues (e.g. public health) and explore alignment with mental health promotion/suicide prevention efforts.

- Explore groups/networks reaching these audiences through private sector, business and other non-traditional avenues through cause-marketing opportunities (i.e., “Lime Green” partnerships with athletic teams, restaurants, or commercial retailers).
- As appropriate, build on existing resources, materials and messaging to meet the needs of diverse audiences. Materials not developed through the rigorous community participatory model used by EMM will need to be vetted by stakeholders as part of this process.

Build relationships with the communities through existing Ethnic Community Based Organizations (ECBO's) or other ethnic community-based entities (churches, civic organizations, civil rights organizations, etc.). Support counties to provide assistance on how to build these relationships with these communities.

3. Address priority language gaps.

While a rich catalogue of materials exists for suicide prevention and mental health, more work can and should be done to serve California's diverse, non-English speaking populations. As we reviewed the survey results from counties, threshold language data and one-on-one informant interviews, two urgent needs for in-language materials emerged 1) an enhanced SanaMente campaign for the significant Latino population of California, and 2) “Mental Health 101” and other materials to be developed to address the needs of emerging threshold language populations. During our audit, we discovered significant gaps for some threshold languages and would recommend further research and development of tools to meet the needs of these communities.

Recommendation:

- Enhance tools and resources available through the SanaMente campaign (guided by recommendations from focus groups and interviews conducted in the SanaMente report).
- Develop culturally appropriate “Mental Health 101” and other resources that counties can use to address the needs of emerging threshold language populations.
- Ensure these communities are involved in the development of all materials through the EMM community participatory process.

4. Continued review and assessment.

While resources are not available to conduct research-based evaluations for every campaign or resource tool, it is important that the best possible assessment be conducted to ensure cultural responsiveness. Materials adapted and new resources created should be reviewed and vetted among target audiences to ensure effectiveness and address cultural needs.

Recommendation:

- Continue assessments of tools and resources with special focus on materials adapted or created in Phase 2.
- Given reduced evaluation resources available, consider lower-cost options for ongoing feedback (such as online surveys or informal interviews) that, while not academically rigorous, may provide actionable insights for quality improvement.
- Release the findings of this report as a “living document” that are able to be revised to reflect new learnings and input from emerging stakeholders.

Appendix A: Threshold Language Tables

Table 2: Summary by Threshold Language: December 2013 (updated through May 2014)

Language	Number of Counties Where Primary Language Frequency Reaches Threshold Level	Number of Eligibles Speaking Threshold Language	Percent of Total Medi Cal Eligibles
Spanish	49	3,057,209	34.5%
Vietnamese	7	143,919	1.6%
Cantonese	5	94,104	1.1%
Armenian	1	60,909	0.7%
Russian	3	32,598	0.4%
Mandarin	4	38,485	0.4%
Tagalog	4	26,552	0.3%
Korean	2	30,788	0.3%
Arabic	2	20,080	0.2%
Hmong	2	19,578	0.2%
Farsi	2	16,667	0.2%
Cambodian	1	8,103	0.1%
Other Chinese	1	8,759	0.1%
Grand Total	**49**	**3,557,751**	**40.2%**

Note: A threshold language is defined as one that has been identified as the primary language, as indicated on the Medi-Cal Enrollment Data System (MEDS), of 3,000 beneficiaries or five percent of the beneficiary population, whichever is lower, in an identified geographic area.

Table 3: Summary of Threshold languages by County: December 2013 (updated through May 2014)

County	County or Primary Language Population	Number of Eligibles	Percent of County Population
Alameda	Entire Population	288,019	100.0%
	Spanish	70,448	24.5%
	Cantonese	16,684	5.8%
	Vietnamese	7,815	2.7%
	Mandarin	4,416	1.5%
Amador	Entire Population	5,145	100.0%
	Spanish	287	5.6%
Butte	Entire Population	56,367	100.0%
	Spanish	5,075	9.0%
Calaveras	Entire Population	7,531	100.0%
	Spanish	406	5.4%
Colusa	Entire Population	6,499	100.0%
	Spanish	3,395	52.2%
Contra Costa	Entire Population	170,992	100.0%
	Spanish	49,782	29.1%
Del Norte	Entire Population	8,484	100.0%
	Spanish	460	5.4%
El Dorado	Entire Population	22,844	100.0%
	Spanish	3,390	14.8%
Fresno	Entire Population	347,277	100.0%
	Spanish	109,481	31.5%
	Hmong	10,653	3.1%
Glenn	Entire Population	8,950	100.0%
	Spanish	2,903	32.4%
Humboldt	Entire Population	30,788	100.0%
	Spanish	1,666	5.4%
Imperial	Entire Population	65,262	100.0%
	Spanish	36,944	56.6%
Inyo	Entire Population	4,058	100.0%
	Spanish	1,019	25.1%
Kern	Entire Population	274,105	100.0%
	Spanish	93,232	34.0%
Kings	Entire Population	40,885	100.0%
	Spanish	13,604	33.3%
Lake	Entire Population	20,497	100.0%
	Spanish	2,398	11.7%

Los Angeles	Entire Population	2,705,779	100.0%
	Spanish	1,135,732	42.0%
	Armenian	60,909	2.3%
	Cantonese	29,744	1.1%
	Korean	25,707	1.0%
	Vietnamese	23,040	0.9%
	Mandarin	23,197	0.9%
	Farsi	12,306	0.5%
	Tagalog	11,509	0.4%
	Russian	10,726	0.4%
	Cambodian	8,103	0.3%
	Other Chinese	8,759	0.3%
	Arabic	5,066	0.2%
Madera	Entire Population	51,901	100.0%
	Spanish	23,724	45.7%
Marin	Entire Population	27,149	100.0%
	Spanish	13,126	48.3%
Mendocino	Entire Population	27,460	100.0%
	Spanish	6,053	22.0%
Merced	Entire Population	97,657	100.0%
	Spanish	34,868	35.7%
Modoc	Entire Population	2,172	100.0%
	Spanish	174	8.0%
Mono	Entire Population	2,105	100.0%
	Spanish	1,099	52.2%
Monterey	Entire Population	122,980	100.0%
	Spanish	71,990	58.5%
Napa	Entire Population	21,930	100.0%
	Spanish	10,698	48.8%
Nevada	Entire Population	14,663	100.0%
	Spanish	1,166	8.0%
Orange	Entire Population	573,530	100.0%
	Spanish	234,007	40.8%
	Vietnamese	55,157	9.6%
	Korean	5,081	0.9%
	Farsi	4,361	0.8%
Placer	Entire Population	37,834	100.0%
	Spanish	4,745	12.5%
Riverside	Entire Population	509,379	100.0%
	Spanish	162,068	31.8%

Sacramento	Entire Population	370,337	100.0%
	Spanish	52,795	14.3%
	Russian	17,419	4.7%
	Hmong	8,925	2.4%
	Vietnamese	7,677	2.1%
	Cantonese	5,368	1.4%
San Benito	Entire Population	12,951	100.0%
	Spanish	5,554	42.9%
San Bernardino	Entire Population	577,160	100.0%
	Spanish	150,103	26.0%
San Diego	Entire Population	537,241	100.0%
	Spanish	173,771	32.3%
	Arabic	15,014	2.8%
	Vietnamese	10,173	1.9%
	Tagalog	6,261	1.2%
San Francisco	Entire Population	151,299	100.0%
	Cantonese	38,927	25.7%
	Spanish	27,762	18.3%
	Russian	4,453	2.9%
	Vietnamese	3,641	2.4%
	Tagalog	3,477	2.3%
	Mandarin	3,090	2.0%
San Joaquin	Entire Population	209,147	100.0%
	Spanish	54, 376	26.0%
San Luis Obispo	Entire Population	40,178	100.0%
	Spanish	10,679	26.6%
San Mateo	Entire Population	99,818	100.0%
	Spanish	42,835	42.9%
Santa Barbara	Entire Population	98,656	100.0%
	Spanish	50,879	51.6%
Santa Clara	Entire Population	305,102	100.0%
	Spanish	103,372	33.9%
	Vietnamese	36,416	11.9%
	Mandarin	7,782	2.6%
	Tagalog	5,305	1.7%
	Cantonese	3,381	1.1%
Santa Cruz	Entire Population	51,650	100.0%
	Spanish	25,204	48.8%
Solano	Entire Population	79,367	100.0%
	Spanish	18,026	22.7%
Sonoma	Entire Population	80,455	100.0%
	Spanish	31,094	38.6%

Stanislaus	Entire Population	157,179	100.0%
	Spanish	43,445	27.6%
Sutter	Entire Population	28,579	100.0%
	Spanish	6,335	22.2%
Tehama	Entire Population	19,948	100.0%
	Spanish	3,409	17.1%
Tulare	Entire Population	191,835	100.0%
	Spanish	76,847	40.1%
Ventura	Entire Population	150,003	100.0%
	Spanish	71,989	48.0%
Yolo	Entire Population	37,479	100.0%
	Spanish	11,246	30.0%
Yuba	Entire Population	22,174	100.0%
	Spanish	3,548	16.0%

[i] California Code of Regulations (CCR), Title 9, Rehabilitative and Developmental Services, Section 1810.410 (f) (3).
[ii] Language Access, Department of Mental Health, Office of Multi-Cultural affairs, July 2009

Threshold and Concentration Languages

For Two Plan, GMC, and COHS Counties as of March 2014

County / # of Languages that meet T/CS (Inc. English)	Total # of Beneficiaries in Mandatory Aid Codes*	Arabic	Armenian	Cambodian	Chinese**	English	Farsi	Hmong	Korean	Russian	Spanish	Tagalog	Vietnamese
Alameda (4)	261,445	1,638	29	702	16,471	165,760	1,621	3	575	237	49,528	1,675	6,854
Contra Costa (2)	151,725	583	7	50	1,162	106,708	1,002	2	216	287	35,355	753	1,132
Fresno (3)	314,133	610	428	1,161	304	214,109	97	9,604	67	269	81,073	177	562
Kern (2)	247,674	134	4	74	41	173,589	18	1	50	13	71,353	107	102
Kings (2)	37,149	33	2	3	10	26,591	0	16	0	0	10,220	23	11
Los Angeles (11)	2,190,078	3,480	36,411	6,061	35,335	1,263,283	5,646	33	13,686	3,548	756,182	3,656	17,454
Madera (2)	45,222	20	0	1	13	27,691	1	2	1	8	17,084	6	6
Marin (2)	29,163	31	10	10	120	18,322	159	0	57	98	9,126	28	310
Mendocino (2)	29,878	3	0	6	37	24,774	1	0	1	3	4,570	8	25
Merced (3)	100,339	19	1	9	36	65,658	7	**2,740**	12	5	29,438	17	34
Monterey (2)	115,460	85	0	6	52	55,952	20	1	64	26	57,603	133	239
Napa (2)	23,182	8	5	0	27	13,058	5	0	5	6	9,471	122	19
Orange (5)	607,055	2,191	381	579	2,048	314,923	5,139	57	5,952	381	194,692	1,201	65,953
Riverside (2)	472,653	705	32	139	426	333,817	131	88	263	58	130,840	291	964
Sacramento (6)	340,420	1,845	1,139	319	4,895	248,026	1,088	7,905	212	14,929	39,614	1,003	7,211
San Bernardino (2)	566,151	899	48	288	742	437,073	105	27	481	54	119,324	230	1,886
San Diego (5)	484,768	16,181	39	669	1,257	299,291	1,653	97	440	730	137,844	3,309	8,496
San Francisco (4)	117,289	273	14	109	29,998	59,914	24	0	197	1,056	17,490	1,645	3,042
San Joaquin (2)	191,556	111	6	2,076	221	143,067	126	1,377	29	16	40,182	170	1,278
San Luis Obispo (2)	44,466	43	2	19	38	34,798	11	0	14	17	8,498	51	52
San Mateo (4)	102,461	775	35	45	3,320	58,271	249	3	127	531	32,205	**2,648**	324
Santa Barbara (2)	91,749	35	2	3	39	50,302	27	11	33	44	39,459	69	66
Santa Clara (5)	251,851	561	39	843	6,685	131,948	1,525	4	797	644	68,137	3,339	30,450
Santa Cruz (2)	52,335	26	0	12	112	29,910	27	3	13	18	21,060	43	27
Solano (2)	87,567	142	7	16	203	67,204	72	24	58	45	14,885	2,032	436
Sonoma (2)	88,257	59	10	240	187	58,675	49	4	54	49	26,397	136	343
Stanislaus (2)	150,295	388	21	373	120	111,459	184	56	4	71	33,759	56	242
Tulare (2)	168,503	174	1	19	41	108,149	8	137	11	10	58,372	55	51
Ventura (2)	159,493	324	40	30	301	91,035	373	2	168	83	62,833	699	552
Yolo (3)	40,160	85	7	50	191	25,908	161	74	33	**1,828**	9,720	54	117
Grand Total	**7,562,477**	**31,461**	**38,720**	**13,912**	**104,432**	**4,759,245**	**19,529**	**22,271**	**23,620**	**25,064**	**2,186,314**	**23,736**	**148,238**
% of Total	**100.00%**	**0.42%**	**0.51%**	**0.18%**	**1.38%**	**62.93%**	**0.26%**	**0.29%**	**0.31%**	**0.33%**	**28.91%**	**0.31%**	**1.96%**

Threshold Standard Languages (Blue cell shading) ≥ 3,000 per language or ≥ 5% of the Medi-Cal Population with mandatory aid codes that speak the language per county
Concentration Standard Languages (Bold text & cell shading) ≥ 1,000 per zip code or ≥1,500 per two contiguous- Hmong in Merced, Russian in Yolo, and Tagalog in San Mateo meet this criteria
*Beneficiaries identified above have mandatory Aid Codes for Two Plan, GMC, and COHS plan model types
**Chinese is the combined total of Mandarin and Cantonese

revised 8/21/14

Threshold and Concentration Languages

For Rural Expansion Counties as of March 2014

County / # of Languages that meet T/CS (Inc. English)	Total # of Beneficiaries in Mandatory Aid Codes*	Arabic	Armenian	Cambodian	Chinese**	English	Farsi	Hmong	Korean	Russian	Spanish	Tagalog	Vietnamese
Alpine (1)	232	0	0	0	0	232	0	0	0	0	0	0	0
Amador (1)	4,925	1	1	0	2	4,696	1	0	2	0	208	2	4
Butte (2)	46,369	32	3	0	21	41,312	3	1,333	1	7	3,474	6	51
Calaveras (1)	7,205	0	0	0	0	6,930	0	0	1	2	257	0	1
Colusa (2)	5,226	1	0	0	0	2,611	0	0	0	2	2,606	2	1
Del Norte (1)	9,784	0	0	0	9	8,966	0	129	3	0	396	6	7
El Dorado (2)	21,749	5	0	6	10	19,260	5	0	2	9	2,361	6	12
Glenn (2)	6,943	0	0	0	0	4,840	0	35	0	0	2,057	1	0
Humboldt (1)	38,387	1	0	5	27	35,998	4	351	4	4	1,174	7	6
Imperial (2)	54,643	7	3	0	5	25,491	4	0	4	0	29,085	5	15
Inyo (2)	3,332	0	0	0	0	2,677	0	0	1	0	645	0	0
Lake (2)	22,549	1	1	1	4	20,376	1	0	4	0	1,840	4	13
Lassen (1)	6,199	0	0	0	0	5,855	0	0	0	1	198	0	5
Mariposa (1)	3,070	0	0	0	0	2,955	0	0	1	0	112	0	0
Modoc (2)	2,405	0	0	0	0	2,186	0	0	0	0	140	0	0
Mono (2)	1,968	0	0	0	0	1,152	0	0	0	0	808	0	0
Nevada (2)	13,608	0	1	1	3	12,746	3	0	0	1	827	0	0
Placer (2)	34,759	52	10	9	47	29,968	87	1	46	592	3,463	60	151
Plumas (1)	3,063	0	0	0	1	2,978	0	0	0	0	73	0	0
Shasta (1)	52,544	0	1	3	30	49,953	3	18	8	7	916	14	29
Sierra (1)	482	0	0	0	0	464	0	0	0	1	16	0	0
Siskiyou (1)	13,694	1	0	2	6	12,824	0	0	2	1	412	1	3
Sutter (2)	24,182	2	0	0	18	17,824	40	34	0	3	4,596	2	9
Tehama (2)	15,847	4	0	0	9	13,354	1	1	1	8	2,452	0	1
Trinity (1)	3,814	0	0	0	1	3,667	0	4	0	0	13	0	0
Tuolumne (1)	8,769	0	0	0	10	8,563	1	0	0	2	184	0	0
Yuba (2)	18,198	1	0	5	12	15,236	1	359	0	3	2,540	0	5
Grand Total	**423,946**	**108**	**20**	**32**	**215**	**353,114**	**154**	**2,265**	**80**	**643**	**60,853**	**116**	**313**
% of Total	**100.00%**	**0.03%**	**0.00%**	**0.01%**	**0.05%**	**83.29%**	**0.04%**	**0.53%**	**0.02%**	**0.15%**	**14.35%**	**0.03%**	**0.07%**

Threshold Standard Languages (Blue cell shading) ≥ 3,000 per language or ≥ 5% of the Medi-Cal Population with mandatory aid codes that speak the language per county

Concentration Standard Languages (Bold text with cell shading) ≥ 1,000 per zip code or ≥ 1,500 per two contiguous- no rural counties met either criteria for any non-threshold language

*Beneficiaries identified above have mandatory Aid Codes for Regional and COHS plan model types

**Chinese is the combined total of Mandarin and Cantonese

revised 8/25/14


EachMind
MATTERS
California's Mental Health Movement