ACCESS INITIATIVE
Youth Family Community

(Draft) TIMELINE

Cultural and Linguistic Competence for CCMHB/DDB

1. 1999— Report from US Department of Health Human Services
    a. Executive Summary: Mental Health: culture, Race, & Ethnicity
        i. shows MH disparities utilization of services, accessibility, appropriateness and outcomes of services, need for services
2. 2003— Dr. Carl Bell (from Chicago)
    a. Contracted by CCMHB to assess where Champaign county was related to CLC and providing recommendations how to improve CLC
    b. **groundwork of building a System of Care in Champaign County
3. 2004— First deliverable of CLC plans for CCMHB
    a. Funded CCMHB agencies were required to deliver plans they had for CLC to CCMHB
4. 2006— Consultant was hired to provide guidance on a Standardized Plan for all funded agencies of CCMHB; and to provide feedback and guidance on how to implement CLC
    a. DD board was included at this point along with CCMHB providers
    b. Assessment of each provider's plan; identifying missing components of each provider's plan = led to recommendation to create Standard Plan of CLC for all providers (funded agencies) of CCMHB
    c. Consultant: Multicultural Professional Consultants (Maryiam Ar-Raheem)
        i. Used New York State CC plan as a template
5. 2009— CCMHB funded CLC Position (full-time) was for Champaign County
6. 2010— CLC position was organizationally moved ("housed") from being outsourced from local agency in community to Administrative Team of ACCESS within Champaign County
7. 2010— All providers funded by CCMHB were required to distribute CLC plans to all staff within an organization.
    a. And CCMHB providers required to create a formal policy to communicate about the CLC plan for each organization
        i. E.g. each person / staff sign CLC plan annually
    b. This was not standardized plan
    c. Note: does not mean that everyone completed a CLC training; just became aware of a CLC plan
8. 2011 (FY 2012)— Cultural Competence Committee was developed
    a. Comprised of providers, youth and families
    b. Objective: providing recommendations on format of standard template for CLC plans, including guidelines such as:
        i. Annual CLC training
    c. Developed CLC Quarterly Monitoring Plan (see handout from Shandra)
        i. Governance & Policy Level
            1. Guidelines
            2. Timeline/Progress for Plan of Action
            3. Benchmark
        ii. Administrative/Management Level

1. Guidelines
2. Timeline/Progress for Plan of Action
3. Benchmark

iii. Direct Services
1. Guidelines
2. Timeline/Progress for Plan of Action
3. Benchmark

iv. Individuals and their Families (or identified support)
1. Guidelines
2. Timeline/Progress for Plan of Action
3. Benchmark

9. 2012 (FY 2013)— Implemented Quarterly Monitoring Plan (Quarterly Reporting /Progress on CLC implementation – Note: prior to this CLC reports were annually FY2012) for all providers funded by CCMHB
10. 2012— CLC Coordinator position changed locations organizationally: now "housed" (organizationally) outside of County Government/outsourced in a community organization
11. 2013 (FY2013)— Annual CLC site visits started
    a. CLC coordinator met with agency leaders to provide individual recommendations on improvement (from annual / quarterly reports) as well as technical assistance
12. 2013— Has assisted with development of CLC organizational assessment with Prairie Center for staff
13. 2013— CLC Position has partnered and collaborated with non-funded (CCMHB) agencies seeking technical assistance on building CC values and training
    a. Faith-based organizations
    b. Rotary club international
    c. National Federation of Families
    d. State of Illinois Department of Mental Health-Statewide Family Run Organization
14. 2014- CLC Position included in Sustainability Plan for CCMHB/DDB to vote on a permanent position after September 30, 2015
    CLC Position has provided training to the Illinois Coalition of Sexual Assault
15. 2015- CCMHB/DDB- Approved Budget for CLC Coordinator Position to be housed in the permanently with Champaign County.
    - Champaign County Board did not approve budget transfer for System of Care Sustainability plan
    - CLC Coordinator Position still offers training and technical assistance to organizations funded by CCMHB/DDB.
    - CLC Coordinator provide progress update to DDB about CLC Activities
    -

Areva Martin Become a fan
Attorney, advocate, author and mother

Arshya Vahabzadeh, M.D. Become a fan
Physician in Child Psychiatry at Massachusetts General Hospital and Harvard Medical School, Fellow of the American Psychiatric Association, Medical Innovator

Children of Color and Autism: Too Little, Too Late

Posted: 11/10/2014 10:14 pm EST Updated: 01/10/2015 5:59 am EST

Autism is rarely outside the media spotlight as our nation watches as experts try to find a cure and causes. According to the Centers for Disease Control and Prevention (CDC), one in 68 American children lives with autism daily, and for many of those children, daily life is a constant struggle.

Autism, or, more formally, autism-spectrum disorder, is a condition where an individual struggles to engage in two-way communication, especially in social situations. While the severity and precise symptoms of autism can vary (that is why it is referred to as a spectrum), problems understanding another person's intentions and emotions are a central feature. People with autism may also find it challenging to engage in small talk, or even to talk at all. Other symptoms of autism include a need for a particular routine, or a hyperfocus on a narrow group of interests, but the difficulty in social communication is often the most impairing.

There is no "cure" for autism, and the cause may come down to hundreds of interacting factors, but we do know it is critical for people with autism to get the earliest possible diagnosis and obtain access to appropriate educational, medical and therapeutic resources.

While autism is a challenge for many people and their families, it seems that African-American children and other children of color are among the worst-affected.

Too Late: Delay in Diagnosis

African-American children are just not getting a diagnosis of autism as quickly as their white peers. According to the CDC, while many children are diagnosed with autism at around 4 years old, researchers have determined that African-American children may be diagnosed as much as 18 to 24 months later.

One may think that this doesn't sound like much of a delay; however, it is a critical delay. The first two years are a crucial stage in brain development where children are learning many of their basic social and language skills, such as engaging in conversations and play.

It is well documented that African-American and Hispanic children with autism are referred to specialists less often and are less likely to receive medical tests than their white peers. Also, the research suggests that when African-American children do get a referral and present to healthcare professionals with symptoms of autism, they are often misdiagnosed as having another condition, such as ADHD or a conduct disorder, which is a condition diagnosed based on antisocial behavior.

Does Autism Look Different in African-American Children?

This is a controversial topic, and there have been only a few studies looking at autism in children of color. Is autism, a brain-based condition, different in African Americans? Or are the apparent differences a result of the children and families being exposed to different cultural, economic and social situations? No one really knows, but it could very well be a mixture of the two.

The limited research that is out there points to some key differences in what autism looks like in African-American children. One of the main findings is that "regressive" autism (characterized by the loss of social and language skills after having already developed them) is twice as common in African-American children than it is in their white peers.

One large study suggests that African-American children with autism are also likely to demonstrate challenging and aggressive behaviors.

Another study demonstrates that minority children with autism seem to have more severe problems with language and communication than their white peers. The authors wondered whether the more subtle signs of autism are being missed by parents.

The cause of these findings remains unknown and, like autism itself, may be attributable to a combination of genetic and environmental factors. The difficulty is that there has been little research on autism in African-American children, so findings like the ones I have mentioned are not often followed up on or investigated further.

We applaud scientists like Dr. Daniel Geschwind, a professor of psychiatry, neurology and genetics at UCLA, who has undertaken a five-year genetic study on African Americans and autism. Dr. Geschwind is currently recruiting for this study, and his research will fill a much-needed void in the scientific literature and hopefully provide answers to the complex questions regarding some of the findings that other evaluators have explored but have yet to provide definitive data or conclusions.

Too Little Research

Notwithstanding the UCLA study, most of the genetics research into autism has focused almost exclusively on Caucasian children. In fact, it is quite rare to find a study that has included African-American children. Research that is not inclusive of African-American children may demonstrate results that may not be applicable to African-American children. This dearth of research has an impact on diagnosis and services and fuels the service gap that many minority children face. If scientists do not have a clear understanding of the nuances that may impact children of color, it becomes increasingly difficult for them to prescribe culturally appropriate treatment.

As the incidence rate of autism continues to grow, institutions and scientists are missing an incredible opportunity to study a unique and distinct demographic of the autism community: children of color. Not only does this complicate any mission of advancing the science of autism overall, but it perpetuates health disparities for African-American children with autism.

Follow Areva Martin on Twitter: www.twitter.com/arevamartin

MORE: Autism Special Needs Children UCLA Daniel Geschwind African Americans Scientific Research Autism Spectrum Disorders Autism Spectrum Autism Spectrum Disorder

Progress on Agencies Reporting Bi- Annually

Have Reported FY14-15

- CCMHB Funded Agencies

  18 of 21 = 85%

- DDB Funded Agencies

  7 of 8 org's = 85%

Total % of CCMHB / DD funded agencies - 25 of 28 org's = 89%

Have Not Reported FY14-15

- CCMHB Funded Agencies

  3 of 21 =14% FY14

- DDB Funded Agencies

  1 of 8=12% FY14

Total % of CCMHB/DD Funded Agencies-

6 of 28 orgs= 21%

ACCESS INITIATIVE
Youth Family Community