



Cultural and Linguistic Competency Committee Teleconference Meeting Summary

Date: Thursday, May 13, 2021 | Time: 2:00 p.m. – 4:30 p.m.

MHSOAC
1325 J Street, Suite 1700
Sacramento, CA 95814

****DRAFT****

Committee Members:

Staff:

Other Attendees:

| | | |
|---|---|--|
| Mayra Alvarez, Chair Gladys Mitchell, Vice Chair Senait Admassu Claire Buckley Eugene Durrah Luis Garcia Jim Gilmer Jonathan Lee Lee Lo Corinita Reyes Etsegenet Teodros Yia Xiong Richard Zaldivar | Dawnte Early Toby Ewing Andrej Delich Kayla Landry Tom Orrock Norma Pate | Tamu Green, Ph.D. Stacie Hiramoto Steve Leoni Steve McNally Mandy Taylor |
| <u>CFLC Members in Attendance:</u> Khatera Tamplen, Chair Susan Wynd Novotny Sharon R. Yates | | |

Committee members absent: Estrella Amaro Jeppesen, Veronica Chavez, Nahla Kayali, and Yolanda Randles

Welcome and Announcements

Commissioner Mayra Alvarez, Committee Chair, called the meeting of the MHSOAC Cultural and Linguistic Competency Committee (CLCC) to order at approximately 2:00 p.m. and welcomed everyone. She stated members of the MHSOAC Client and Family Leadership Committee (CFLC) were in attendance as the presentation and discussion later in the agenda will be valuable to the work of both Committees. She stated members of the CLCC are invited to join the next CFLC meeting on June 17th to continue today's discussion.

Chair Alvarez announced that the Commission will be hosting a brown bag training on July 14th on the Mental Health Services Act (MHSA) on the Commission's role in promoting the MHSA and carrying out its vision as well as the Committee's role in advising the Commission in its efforts. This training is in direct response to Committee members who indicated that they wanted an orientation or onboarding session to better understand the Commission's vision and help the Committee connect with that vision.

Chair Alvarez reviewed today's agenda.

Chair Alvarez reminded Committee members that this Committee agreed to focus efforts in three overarching areas:

- Proving input on the Commission's Racial Equity Action Plan and efforts to address inequities in internal processes and grant programs.
- Identifying ways to document and communicate inequities in the state's mental health system in order to inform policy and practice.
- Identifying policy and practice reforms and exploring existing efforts in model programs to address inequities.

Chair Alvarez stated the goal is to ensure that agenda items are focused on advancing these identified Committee goals. Today's discussion of the Commission's Racial Equity Action Plan provides the opportunity to learn more about the plan and to work together to identify ways to assist the focus on how to communicate inequities and on the policy and practice reforms needed to ensure that every person in California has the services and supports they need to achieve mental health and wellness.

Chair Alvarez reviewed the meeting protocols.

Tom Orrock, Chief of Stakeholder Engagement and Commission Grants, called the roll and confirmed the presence of a quorum.

Agenda Item 1: Action – Approval of the April 12, 2021, Minutes

Chair Alvarez asked for a motion to approve the meeting minutes for the April 12, 2021, CLCC meeting.

Committee Member Lee made a motion to approve the minutes as presented. The motion was seconded by Committee Member Buckley.

Vote recorded with participating members as follows:

- Approve: Chair Alvarez, Vice Chair Mitchell, and Committee Members Admassu, Buckley, Gilmer, Lee, Lo, Reyes, Teodros, Xiong, and Zaldivar

Agenda Item 2: Review of the CLCC Meeting Survey Results

Chair Alvarez stated, as requested at the last meeting, the Committee will hear a presentation of the results of a recent survey, which was sent to the Committee members to gather information about preferences for meeting times, days, and role of the Committee. She asked staff to present this agenda item.

Mr. Orrock reviewed the CLCC Survey Results – April 2021 document, which was included in the meeting materials. He stated the survey was an opportunity to gather input on the Committee's interest in shaping the structure and function of the Committee.

Discussion

Committee Member Lo asked if recommended changes have already been implemented.

Chair Alvarez stated the training on the MHSA has been scheduled and fewer items have been included on the agenda to allow more discussion time.

Committee Member Zaldivar asked about legal guidance that navigates the Committee process, how the Committee can structurally advise Commissioners, and the law that the Committee operates within.

Executive Director Ewing stated there is no specific statutory authority for the Committee. The law authorizes the Commission to form bodies such as this Committee, but it is not required so it is silent on any given role. The Commission is advisory to the governor and the Legislature and has specific authority that comes through the MHSA or the Budget Act and the resources provided, such as reviewing and approving county innovation plans and allocating funding under the Senate Bill (SB) 82 Triage Project and for stakeholder advocacy. The Commission has historically formed this Committee to advise and guide the Commission in terms of the issues outlined in its charter. This has been challenging over the years primarily because of disagreements or concerns about the Committee's role.

Committee Member Zaldivar asked if the role of this Committee is to advise and if that is volunteered to the Commission or if the advice is based upon the Commission's request for input.

Chair Alvarez stated this Committee has the opportunity to deliberate and forward recommendations to the Commission. The next agenda item on the Racial Equity Action Plan is an example of this opportunity to share concerns, support, and recommendations for the Commission's consideration.

Committee Member Lo asked if there is an opportunity to expand the role of the Committee in relation to the Commission and if the Commission would agree to put forward a budget proposal for dedicated staff for this Committee.

Executive Director Ewing stated staff puts in budget proposals to the Legislature and the Department of Finance. This Committee could make a proposal to the Commission to begin the process. He cautioned that this may not be highest on the list of priorities in mental health needs today. He stated the Commission has tried to orient Committees to support the work that the Commission has already determined to do so that the work being done is informed by subject matter experts and community voices.

Committee Member Lo stated she is hearing that the intention is for the work to be informed by the Committee but not necessarily led by the Committee. This is a disconnect in terms of the roles Committee members envisioned stepping into this. She asked that the role of the Committee be clearly defined.

Executive Director Ewing stated that distinction will not be significant if this is done right because the Committee would feel that it is heard and that the Commission's direction is

being led by the input and guidance from the Committee. He noted that the Commission itself is a stakeholder body and that staff works for all 16 Commissioners. It works well when Committees align with the work of the Commission.

Chair Alvarez agreed that it should be a collaborative process. She stated the Committee will have an opportunity to discuss what it wants to bring to the Commission this fall as the Commission is preparing its budget proposal and priorities for 2022 and beyond.

Committee Member Lo stated she appreciated the opportunity to inform future Commission priorities.

Committee Member Gilmer stated he has been on several MHSOAC Committees and they have all operated differently. He stated he joined this time to be more effective as a Committee member and to produce measurable policy change, particularly around cultural and linguistic competency and racial and social equity. He stated the need for Committee member recommendations to be valued and acted upon by the Commission.

Committee Member Teodros stated communication is important. She suggested getting feedback from the Commission on recommendations given by this Committee. She stated the need for more correspondence so Committee members can see the results.

Chair Alvarez asked staff to provide a summary of the feedback received and how it was incorporated.

Executive Director Ewing stated the staff analysis for innovation plans that is shared publicly reflects the comments received. He stated the tension is that counties are up against deadlines to dedicate innovation funding to a Commission-approved plan. He stated concern that the volume of material may overwhelm Committee members. He stated support is important. The edgier the recommendation, the greater the importance of building support along the way.

Public Comment

Steve Leoni, consumer and advocate, pointed out that the June 17th CFLC meeting conflicts with the quarterly California Behavioral Health Planning Council meeting. He stated the need for the Commission and the Planning Council to work together rather than to hold conflicting meetings.

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), disagreed about why this Committee has been unable to get much done in the past but has hope about the current Committee leadership and membership. The speaker also disagreed about the available staff time. One of the reasons this Committee has not gotten things accomplished is because they have thoughtful discussions but nothing is written down so future Committee members must repeat the same thoughtful discussion during which nothing is being accomplished. The speaker suggested putting the role, responsibility, expectations, and purpose of the Committee in writing.

Stacie Hiramoto suggested memorializing the CLCC in the Commission's Rules of Procedure, which are currently being updated. The speaker suggested that Committee members attend the full Commission meetings to better understand statewide issues. The speaker suggested that this Committee look at the Prevention and Early Intervention

Project because there are crucial policy issues of that Committee that have not yet be discussed or decided upon.

Mandy Taylor, Outreach and Advocacy Coordinator, California LGBTQ Health and Human Services Network, stated the Commission has cultural and linguistic competency advocates that do state work and client and family leadership stakeholders in the Commission's stakeholder advocacy contracts. The stakeholder advocacy contractors would love to present their current work and to share input that stakeholders statewide are providing to the contractors. Staff and resources are assigned to the contractors and they have regular meetings. The questions brought up by Committee members caused the speaker to question why contractors are not automatically being asked to serve on Committees as part of their projects. Staff and resources are already allocated in the budget for contractor projects. This would also help to reduce silos.

Steve McNally, family member, stated they are hearing that everyone wants the Committee's work to be meaningful but they are also hearing that there are trust issues because the community must go through many filters to talk to someone who makes a difference. The speaker suggested an opt-in list for Committee members and attendees as an easy way for like-minded individuals to connect across the state because the state remains siloed but recovery is not siloed.

Steve McNally suggested working through local behavioral health boards to share something meaningful out of each of these meetings to turn everyone into advocates.

Executive Director Ewing stated the stakeholder advocacy contractors are also invited to Committee meetings and are asked to provide input on innovation plans. It is not an either/or scenario but it is a plus scenario with Committee members and stakeholder contractors. This also includes the community input from the dozens of public engagements the Commission holds every year. The hope is that the cumulative impact is closer to empowering community voices to lead not just advise. The Racial Equity Action Plan is an explicit example of getting input and writing ideas down for future stakeholders.

Agenda Item 3: Racial Equity Action Plan (REAP)

Presenters:

- Dr. Dawnte Early, Chief of Research and Evaluation
- Dr. Tamu Green, CEO, Equity and Wellness Institute

Chair Alvarez stated the Committee will hear a presentation on the Commission's involvement in the Capitol Collaborative on Race and Equity (CCORE) initiative and will discuss components of the Commission's REAP to address inequities which may exist within the Commission functions and how inequities impact the broader mental health system as well as opportunities to address inequities. The Committee will be joined by members of the CFLC for the presentation and discussion. She asked Commissioner Tamplen, Chair of the CFLC, to introduce the members of her Committee in attendance.

Dr. Tamu Green, CEO, Equity and Wellness Institute, provided an overview, with a slide presentation, of the Commission's mission, CCORE team members, what a racial equity action plan is, examples from other state agencies, the process to date, and potential areas

of focus. She stated the CCORE team worked on a root cause analysis and identified two areas that are contributing to racial disparities in mental health – distrust of the mental health system due to trauma with multiple systems, and the fact that the mental health system is based on a Western medical model, which emphasizes deficits and diagnoses and is not focused on environmental stressors.

Dr. Dawnte Early, Chief of Research and Evaluation, asked the Committee to make suggestions for positive changes and to share ideas on how to begin to build those changes into the areas that the Commission has control over. She suggested tailoring the work using the lessons learned from others who have done the work before, such as the Housing and Community Development and the California Department of Public Health, which were the first organizations to pilot this work.

Dr. Early stated CCORE was formerly called the Government Alliance on Race and Equity (GARE). She shared insights as a past participant in this process from her time at the California Department of Corrections and Rehabilitation (CDCR), where she was instrumental in assisting in the creation of their action plan. She stated the hope that this Committee will champion this work and will work closely with the Commission on developing a REAP to address inequities.

Committee members provided feedback on the following questions:

Overall: How does racial inequity affect mental health outcomes in California?

- Look at the correlation for inequities such as police violence on communities of color and how that exacerbates negative outcomes that individuals experience.
- Internet access is part of racial inequality and affects the services that individuals can access. This is a big issue.
- Address co-occurring inequities.
- Inequities and cultural competency are interconnected. What matters is the quality of services and how those services are tailored to populations.
- Require cultural competence training and education for professionals who claim they want to work with and serve individuals in these fields. Racial inequities and injustices tie back to individuals and how they deal with each other. How to treat each other as individuals needs to be addressed.
- Racial inequity affects mental health outcomes, access to resources, education attainment, and the criminal justice system.
- Communities have different experiences and different disparities.
- Law enforcement response to mental health crisis and being taken to psychiatric hospitals have negative outcomes. How individuals are treated when they are trying to get help can deter individuals from wanting support from the system. This needs to be addressed in the REAP.

Community Engagement: What are some effective ways the Commission has engaged diverse communities in the past?

- Community engagement has always been consistently effective when the Commission partners with trusted messengers and invests in those partners financially to support capacity because trusted messengers often do this work out of goodwill and love of the community.

Contracting: What core components should be included in our contracting processes to help the Commission engage diverse communities effectively?

- There are times that arbitrary components on grants prohibit community-based organizations that are doing effective and impactful work. They do not qualify for these contracts with the state and must subcontract with larger organizations that do qualify, which requires them to reframe their otherwise effective programming to fit under the objectives of these larger organizations.
 - Barriers to providing culturally and linguistically appropriate mental health services have been around the requirement for evidence-based practices. There are great existing models such as the California Reducing Disparities Project (CRDP) and its 35 statewide implementation pilot projects. The problem is that these models do not fit under the current qualifications of the contracting so this great work is being overlooked, undervalued, and underfunded.
- Embed the Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards) into contracting processes. Require that contractors comply with the National CLAS Standards and submit CLAS organizational plans.

Data: What data strategies should we use to measure progress on racial equity in mental health?

- Oftentimes the data is aggregated. This is a challenge, given that communities have different experiences that impact the severity and likeliness of higher rates of mental health conditions; however, those things are not teased out and do not provide catered, specific, and intentional investment in these communities since the data does not properly represent the challenges being experienced.
- Many times, mental health needs of these communities are not included in the statewide performance outcomes systems report because they are not a part of the system, since most of these underreported and unrepresented individuals are challenged with the stigma of mental health and do not understand the value of it. Resources are not available to them because they are not part of this data.
- Identify disparity reduction goals as recommended by the California Pan-Ethnic Health Network (CPEHN).
- Look at crisis services and individuals who are entering crisis services as the first contact to the system of care versus outpatient services.
- Look at the timeliness to services and care aggregated by race and ethnicity language and other cultural identifiers.

Implementation and Sustainability: Have you worked with other government agencies that have implemented a REAP? How should we plan for sustainability?

No feedback was given for this question.

How would the CLCC like to be involved?

- Bring these questions back at future meetings so Committee members can continue to provide input.

Committee Member Zaldivar asked about the intersection between racial equity and cultural competence. He stated the importance of not losing the cultural competency piece within the racial equity plan.

Dr. Green stated cultural and linguistic competence tends to be more about access to and quality of services received, while racial equity tends to be about the interaction of institutions with one another and with broader systems on race and racism. It is more about the sphere of influence. The influence over how a system operates and interacts with institutions that impact lives is more about racial equity, whereas the influence to make changes within an organization or department and manage the budget and policies is more about cultural and linguistic competency. Both are important but it is about influence.

Committee Member Gilmer suggested reviewing the CRDP Strategic Plan, which addresses each of the questions on the presentation slide. He suggested integrating and building upon the work of CRDP Phases 1 and 2 into the REAP.

Public Comment

Mandy Taylor clarified their earlier comment about stakeholder advocates being on the Committee. The speaker stated they meant only to add stakeholder advocates to share resources not to take away from the amazing Committee members. The speaker stated they would love to connect with Committee members to learn about current activities and to share how #Out4MentalHealth can support that work.

Steve McNally stated, in many communities, individuals are forced to work under subcontracts even though there are state mandates about cultural competency. It is time to cite codes to raise awareness. The speaker stated they have never attended a meeting where someone said cultural competency and racial equity should not be practiced. Everyone makes recommendations but they are not implemented. The speaker suggested looking at that as part of the REAP. The speaker suggested going to the MHSOAC archives from 2010 to 2014 where all the presentations are posted.

Dr. Green stated an implementation plan will be included in the MHSOAC REAP by the end of the calendar year.

Adjourn

Chair Alvarez encouraged Committee members to continue to review the materials and consider providing additional feedback to Dr. Green's questions. She thanked Commissioner Tamplen and the members of the CFLC for participating in today's meeting. She invited everyone to attend the June 17th CFLC meeting for a continuation of today's discussion. The next CLCC meeting will be held on July 8th at 2:00 p.m.

There being no further business, the meeting was adjourned at approximately 4:30 p.m.