



**Cultural and Linguistic Competency Committee Meeting Minutes**  
**Date: Wednesday, July 12, 2017 | Time: 1:00pm-3:30pm**

**MHSOAC Office**  
**1325 J Street, Suite 1700, Sacramento, CA 95814**  
**Darrell Steinberg Conference Room**

**\*\*DRAFT\*\***

| <b>Committee Members:</b>    | <b>Staff:</b>       | <b>Other Attendees:</b> |
|------------------------------|---------------------|-------------------------|
| Commissioner Aslami-Tamplen  | Kristal Antonicelli | John Aguirre            |
| Commissioner Reneeta Anthony | Angela Brand        | Stacie Hiramoto         |
| Kim Diggles                  | Toby Ewing          | Beatrice Lindsey        |
| Tando Goduka*                | Ashley Mills        | Kirt Lewis              |
| Michael Helmick              | Tom Orrock          | Raja Mitry*             |
| Elisa Jimenez*               | Brian Sala          | Yvonne Tremble          |
| JoAnn Johnson                | Cody Scott          |                         |
| Kalima Llyas                 |                     |                         |
| Rita Mehia                   |                     |                         |
| Kali Patterson               |                     |                         |
| Elaine Peng                  |                     |                         |
| Hector Ramirez               |                     |                         |
| Edward Soto                  |                     |                         |
| Poshi Walker                 |                     |                         |

\*Participation by phone

Committee members absent: Herman Dubose, Leslie Hillenbrand

**Welcome/Introductions**

Commissioner Aslami-Tamplen, Committee Chair, called the meeting to order and welcomed everyone. Introductions were provided by all present in the room as well as on the phone.

MHSOAC Manager Tom Orrock reminded Committee members that in order to vote on Committee business, all members must either be present in the room or provide a physical address for posting on the meeting agenda if the Committee member elects to participate by phone.

**Agenda Item 1: Adoption of the Meeting Minutes**

The Committee reviewed the minutes and noted a minor correction; in several places, the minutes list “CFLC” when it should be “CLCC.”

Commissioner Reneeta Anthony made a motion to approve the minutes with the minor correction as noted. The motion was seconded and the minutes were approved by the Committee.

*Vote recorded with participating members as follows:*

- Approve: Commissioner Anthony, Michale Helmick, JoAnn Johnson, Rita Mehia, Elaine Peng, Hector Ramirez, Edward Soto, Poshi Walker
- Abstain: Commissioner Khatera Aslami-Tamplen, Kali Patterson

## **Agenda Item 2: Commission Policy Project Update**

### *Fiscal Transparency Tool*

Dr. Brain Sala, MHSOAC Deputy Director, provided an update to the Committee on the status of the Fiscal Transparency Tool that was initially presented to the Committee at the May CFLC Meeting.

Dr. Sala reviewed the recently passed trailer bill language from Assembly Bill (AB) 114 that would address the approximately \$120M in unspent MHSA funds, largely assigned to Innovation. Previously, there was no specific mechanism to determine how to address unspent funds. Of the \$120M, nearly \$100M is Innovation funding; bill sets out a way for counties to access and spend funds. Among the notable provisions:

- Counties must submit a plan for expending unallocated funds by July 2018 and will have until July 2020 to spend funds.
- Extend the reversion period from three to five years for small counties (this is for pop less than 200,000).
- Restart the reversion clock upon approval of a county Innovation plan.
- Funds subject to reversion in 2017-18 will be reallocated to other counties based on the original purpose of the funds.

Fiscal Transparency Tool to be adjusted to clarify the meaning of this policy for better communication of unspent funds and will include changes as needed to Annual Revenue and Expenditure Reports (ARER). Dr. Sala reported that the MHSOAC is looking to complete minor changes to the tool for release by the upcoming July Commission meeting.

### *Criminal Justice Project*

Ashley Mills, MHSOAC Senior Researcher provided an overview and update on the Criminal Justice in Mental Health project.

In early 2016 the Commission prioritized a policy research project in reaction to concerns that persons with mental health needs were being inappropriately overserved in the criminal justice system. A subcommittee lead by Commissioner and Santa Barbara County Sheriff Bill Brown was formed to guide this project and explore

ways to reduce the number of persons with mental health needs who become involved in the justice system and improve outcomes for those in custody.

Members of the subcommittee and Commission staff have been meeting with national and local leaders, holding meetings and forums where consumers and family member perspectives were highlighted, reviewing the literature for best practices and community driven practices, and touring sites in California and in other states.

In addition to the larger subcommittee meetings, MHSOAC staff have been engaging small group conversations with members of the African American, Latino, Native American, and Transgender communities to specifically discuss issues specific to these diverse communities.

For reference, interested individuals were directed to the MHSOAC website for a complete listing of all project meeting summaries and other information. Ms. Mills noted that the initial project framework document that is available online is an initial guiding document and many of the current activities and discussions that have occurred are because the project framework has evolved because of changes and discoveries made through the course of the project.

Ms. Mills shared the following key findings from the project work:

- Data and information on persons moving through multiple public systems are not being consistently shared among providers.
- Community-based treatment providers do not consistently share information with correctional health care providers, and vice versa.
- Program costs and outcomes are not being tracked.
- Community consultation processes often do not include data to track the quality of services and monitor outcomes.
- In general, programs and services are not meeting the needs of person with behavioral health conditions, especially in diverse communities.
- Programs and services do not address the “systems” in which people live; such as, neighborhood violence, intergenerational incarceration, and homelessness and poverty.
- The availability of and access to a continuum of services is inconsistent across counties depending on funding levels and community priorities.
- Housing remains one of the biggest challenges facing both those with behavioral health needs who become involved in the justice system and administrators struggling to meet needs.

Staff is currently working on a final report and recommendations and will be planning a meeting of the subcommittee to review the draft document and hear public comment. The final report and recommendations will be presented before the full Commission in the fall.

The Committee discussion included:

- How the public will be notified of the next meeting and completion of the paper?
  - A save the date and advance notice for meetings with a draft of the report will be provided for review.
- More detailed information on the small groups that were conducted.
  - The small meeting was inspired by focus groups. Materials were focused and created accordingly. Ms. Mills reported that participants were able to share very sensitive information and that while that information was captured for the report, it would not be shared as a part of the public summary to protect the participants.
- How Commission is handling the sensitive information collected; how were participants selected?
  - To develop small groups, the Commission relied on the expertise and use of cultural brokers, hosted events in identified safe spaces; brokers facilitated and drafted questions.
- What were the efforts to include those with physical disabilities?
  - While there was participation of non-English speakers, there were not participants selected specifically because of a disclosed physical disabilities; it was possible that there were participants that also have a physical disability.
- How were small groups selected?
  - The Commission worked with Katherine Elliot to identify trusted organizations. Having Ms. Elliot's assistance gained confidence and trust with community.
- What are the next steps for the information and data collected; how to use sensitive information; what are next steps
  - The report and recommendations will be reflective of willingly shared info with the goal to honor the sensitivity of information shared and gathered. One of the main takeaways at this point is that this is just the beginning to set the agenda, to dig deeper and continue the work. There has been considerable consideration of how to do this well and in a culturally competent manner. From here, the goal is to continue the conversation, grow and learn and improve service delivery.

*Schools in Mental Health Project*

Kai LeMasson, MHSOAC Senior Researcher, was unavailable for the project update. MHSOAC Manager, Tom Orrock, provided the Committee with a brief overview on the

project, the activities completed and underway. Materials and handouts were made available to Committee members. Mr. Orrock reviewed all materials with Committee.

Committee discussion included:

- Discussion on gender conformity and efforts to alleviate trauma as a result of mainstream education systems that compel conformity. There are ensuing mental health issues that result from requirements around gender presentation that is especially prevalent for kids who are bisexual, transgender, and non-binary. There is a need to reduce harassment at younger age including gender policing prevention as it has broad benefits especially for young girls and overweight children.
- Consider a focus on refugee children as a vulnerable population. Members recommended focus group to include parents and families specifically from refugee families.
- Identification of geographical diversity including rural and urban schools. The vast landscape of schools across California can be a challenge, but efforts must include diverse communities.
- Efforts should be made to address stigma, encourage outreach and true culture competence and not more of the “same old” methods and audiences.

### **Agenda Item 3: Los Angeles County Community Forum Update**

MHSOAC Manager Tom Orrock provided an update to the Committee on the upcoming Los Angeles County Community Forum. The goal for the forum will be to collect information, hear from stakeholders, create access and safe spaces for sharing of experiences.

The Committee discussed:

- The availability of transit and free parking for attendees.
- Consideration of broadening old categories of discussion groups.
- Create awareness of local resources; connect attendees to resources.
- Encourage use of the forum to gather new data, expand use of focus groups.
- Consideration of large populations of Egyptian and Armenian communities in Los Angeles.
- How to leverage personal and organizational networks to outreach for the forum.

Mr. Orrock encouraged Committee members to attend the upcoming forum planning meeting scheduled for July 19<sup>th</sup> for more information.

## **Agenda Item 4: Updates on the Transition Age Youth (TAY) Request for Application (RFA) design process and the SB 82 Mental Health Crisis Triage RFA.**

### *TAY RFA*

MHSOAC Manager Tom Orrock presented the Committee with information on the upcoming TAY RFA including a brief overview of the history of the stakeholder contracts administered by the OAC and the current efforts underway for an RFA for TAY activities including a recently completed youth forum in Berkeley.

Mr. Orrock reported that some of the ideas under consideration include TAY specific events, conferences, etc. that are designed by and for TAY.

The Committee discussion included:

- Consider events for TAY as many are not usually attended by TAY.
- How to identify characteristics of communities, the communication needs and preferences?
- Questioned why additional budgeted funds were not provided to CYC as the current TAY contract holder? What is the rationale for the decision to have another RFA when CYC was the successful bidder in the initial process?
- The intent and direction from the Legislature was to award funds based on a competitive basis, not sole sourced contracts. These additional funds provide opportunity for more organizations to apply; CYC not precluded from participating or applying.
- How to ensure that money is reserved for advocacy; the requirements for the funds in the Act were for advocacy activities.

### *Triage RFA*

Kristal Antonicelli, MHSOAC Triage staff provided an overview on the SB82 Triage Program and the Commission's plans for the next round of Triage funding. Materials and handouts were provided for review.

The Committee discussed the following considerations:

- Requiring the use of a peer or someone with lived experience to help in crisis situations.
- That sheriff and police are very different and have different operating procedures; not always trained for responses to mental health crisis.
- The lack of disability rights during medical emergencies.
- How to include support for older adults and the deaf and hard of hearing.

- How to address trauma and distrust of the system in many communities; wariness of law enforcement and medical providers.
- Address pay discrepancies/compensation; how to equalize pay and benefits for peer providers.
  - One of the goal is to address lack of career ladders and incentives for employment; fair wages etc.
- The inclusion of peers from specific communities served.
- How to establish outcomes; provide proof of reach and impact in the communities.
- How to incorporate CLAAS standards within agency including leadership, policy, workforce, etc. as required by federal grantees (SAMHSA etc.).
- Clarification on the total amounts for the counties.
- Clarified total amounts but length and apportionment not decided yet.
- How to ensure authentic peer inclusion.
- How to provide effective oversight to ensure appropriate use of peers as proposed in agreements.
- Ensure proposal reflects peers as evidence based practice that it is and fidelity to purpose. Often peer positions are misused, peers working in menial or administrative positions and not actually working with clients and families.
- Encourage diversity for peer populations.
- Training is critical, vital to retention and support peers in prevention of secondary trauma and burnout.
- Mental health crisis situations for LGBTQ are often conflated with mental illness; though they are not mutually exclusive, crisis providers often treat transgender status as part of the mental health crisis when the two issues are not even related. Many LGBTQ experience ridicule and taunting, find that providers and personnel can be dismissive.
- Explore how to integrate community members in the training of providers to know proper methods for how to respond to a crisis in a culturally sensitive and appropriate way, use of correct language etc.
- How to ensure follow up; how to have meaningful follow up beyond just 30 a 30 day follow up.
- How to improve data collection to incorporate feedback from all parties from providers to peers to clients.
- How to ensure clients and families can find a peer that is representative of their community; often systems representatives are not in tune and sensitive to cultural dynamics. If someone from the community is not available, counties should have concerted efforts to train individuals on demographic needs and characteristics of communities.

- Consider veterans needs and proper ways to work with the veteran community.
- What data collection efforts have been conducted or are underway?
- Data collection was limited because of difficulty in collecting it consistently and situation appropriate?
- How to ensure service to specific populations; how to avoid service to a blanket of populations, the typical “we serve everyone” coverage.
- How to include appropriate service to the 111 federally recognized tribes and counties with tribal communities.

### **Agenda Item 5: Charter Work**

Commissioner Aslami-Tamplen began the discussion by encouraging the Committee members to think of Activity 1 as an ongoing and continuously underway activity. The Committee was asked to consider prioritizing the remaining two activities:

- Provide a training for the Commission on the needs of a selected culturally diverse community.
- Create a short video highlighting the needs and best strategies in delivering culturally and linguistically competent mental health services.

The Committee discussion included:

- The importance of staying involved with the work of the Commission to stay connected and informed.
- Prioritize training as it is a clear need for the Commission, especially now that there are new Commissioners; training should focus on intersectionality of populations, identities and needs and how they compound and how the systems respond.
- With regard to training, the Committee should consider the audience, which populations will be the focus of the training, and what topics the training should cover.
- Is training on a specific population? If training is not focused or have a specific vision, it will be akin to “drinking out of a firehose.”
- Is training for cultural competence awareness or will there be a specific goal?
- Historically, the challenge with training is that there is a broad spectrum of communities in need; the Committee has had many options to consider when thinking about what community to focus on and how to deliver training.
- The last training that was supposed to be delivered was on immigrant communities.
- Clarification that the training will be given to the full Commission.



- Consider filming the training for reuse and sharing; it would be a great tool in the long term to have a live webcasting.
- Consider how to include community as panel participants for training opportunities to the Commission
- Noted concern with narrowing down to just one topic/population - consider developing a training on how to train, using community consultation to develop and present and to help determine decide topics and focus.
- Explore the Health and Human Services integration work - training is provided to therapists and providers.
- Explore how to focus training to educate the Commission on populations, not by providing training at a community forum.
- Training is always needed and always in demand.
- The video is a great tool, but there may be challenges in how to film, finding resources to support the project.
- If a video is produced, it would be a great tool to archive to help new Commissioners.
- Consider training on gender bias, privilege, to facilitate and understanding of how populations look at things in a certain way; this may include prison culture, sexual violence, etc.
- Caution against “cookbook training” where trainers provide a basic overview and general understanding of issues; training should be intentional.
- Consider training on refugees and immigrants as it includes harassment, children’s issues, workforce and employment and housing etc.

Commissioner Aslmai-Tamplen closed the discussion by stating that the Committee will discuss the training at the next meeting, specifically prioritizing communities and potential audiences. Commissioner Anthony noted that there are many populations in need, the Committee should consider how to foster awareness and think about how to utilize community forums to direct the conversation.

## **Adjournment**

Meeting adjourned at 3:40pm