

Cultural and Linguistic Competency Committee (CLCC)

Summary of Activities & Committee Input

Meeting Date:	Meeting Agenda:	Committee's Input:
September 8, 2022	Item 1: Equity in Action - California Pan-Ethnic Health Network (CPEHN) Item 2: Future Agenda Items	<p><u>Item 1:</u></p> <ul style="list-style-type: none"> How can the Committee and the Commission play a role in supporting the CPEHN findings? The Committee and the Commission to read the report to learn about challenges and successes, provide feedback, and attend the upcoming virtual event on September 20th. <p><u>Item 2:</u></p> <ul style="list-style-type: none"> Suggested hearing an update on issues and presentations heard over the past year. <i>10/18 Agenda</i> Asked that CLCC comments and input be put in writing, but not necessarily to list which Committee Member made each comment. <i>10/18 Agenda</i> Suggested having a forum with invited county and community-based speakers to discuss ways they have been engaging and furthering language access to demonstrate the state of language access in relation to behavioral health. Suggested a discussion on Senate Bill (SB) 1338, the Care Court bill. Suggested having a discussion on the PEI Subcommittee Report. <i>10/18 Agenda</i> Suggested a discussion on how Medi-Cal made peer services and community health worker services reimbursable in July, including examples of counties that have already worked together to integrate peers and community health workers to be used as models for other counties.
August 24, 2022	Item 1: Equity in Action - LGBTQ Health & Human Services Network Item 2: Transition Age Youth (TAY) Advocacy Procurement Planning	<p><u>Item 1:</u></p> <ul style="list-style-type: none"> Data collection is important to better understand how to provide services for unserved and underserved populations. Penetration rates are good, but it is also important to track utilization of services including families. The Wall Las Memorias findings include the need to look at not only addressing the LGBTQ TAY individual but providing support to family in addition to providing support to community, especially for communities of color and particularly for the Latino community. It is important to bring in people of color to conduct that research because of cultural differences. It is also important to promote local programs, wraparound programs, and family centers to address disparities. Within the immigrant community, mainly those of African descent, the stereotype is still there where individuals cannot even speak about sexual orientation. Some SOGI terms

		<p>are offensive to different cultures when those terms are translated. The other issue is mental health service providers are not trained in the needs of various cultures. Clinical service providers should partner with local CBOs that are experienced in working with communities and can provide training.</p> <ul style="list-style-type: none"> • Having access to services that affirm gender identity is important. <i>All input will be considered for future LGBTQ Advocacy RFP</i> <p><u>Item 2:</u></p> <ul style="list-style-type: none"> • Committee provided feedback in response to provided questions. <i>^ Below Committee feedback will be included in the upcoming TAY RFP</i> • Communities are integrated, not segregated. Contract awardee should be rooted in the local community and have the capacity to integrate all elements of a community. • It is important for local organizations throughout California to put together a statewide effort. There should be effort to mitigate resources only going to Sacramento-based organizations. • Open conversations with local communities are critical to best understand how to be comprehensive and holistic in all approaches. • The TAY advocacy organization should have integrity, experience, knowledge, and an open mind towards collaborating with and learning from local communities. • It is critical to remove the perception that the TAY LGBTQ community only exists in certain cities, such as West Hollywood. Most of the LGBTQ youth in Los Angeles are Latinos who live throughout the entire county. It is important for all LGBTQ individuals to have access to culturally appropriate services that speak the same languages in their communities. • It is important to look at the procurement process from a practical perspective. The pandemic changed the way things are done—it is impossible for one state level organization to reach all communities. Funds should empower local community-based organizations who have hands-on experience.
<p>July 14, 2022</p>	<p>Item 1: Prevention Institute’s Creating Common Ground – 2nd Update Item 2: Equity in Action - Building Human Services Career Pipelines for Diverse Youth by California HOSA</p>	<p><u>Item 1:</u></p> <ul style="list-style-type: none"> • Many times, government and community organizations are good about looking after communities and individuals who are suffering with mental health issues but often overlook the workforce. It is important to make a concerted effort to protect and strengthen the workforce across the board so they can address their own issues in order to better help the community. • Peer deaths as a result of being isolated during the COVID-19 pandemic has caused a ripple effect throughout the community. • Approximately 250,000 children lost one parent due to the COVID-19 pandemic. Prioritize identifying these children and their families who are grieving. • Hoped that this partnership between the county and communities will address community needs and issues, including the huge workforce challenge. Sometimes the easy way is to do assessments but there are already many assessments in communities.

		<p>It is more important to find solutions based on community experience and knowledge and to begin implementing what works in the communities.</p> <p><u>Item 2:</u></p> <ul style="list-style-type: none"> • The demographic on the website of only 2.2 percent of Black or persons with African descent does not compare with other statistics and is low relative to the tremendous disparity in health issues in Black and African communities. Noted that there are no African Americans on Cal-HOSA’s Board of Directors or in the headquarter staff and suggested seeking partnerships with historically Black colleges and universities as well as Black civic organizations and the Black faith community. • The shortage in mental health clinicians and case managers is a major issue and many schools no longer have school counselors.
<p>June 2022</p>	<p>No Meeting</p>	
<p>May 12, 2022</p>	<p>Item 1: Racial Equity Plan – 4th Update Item 2: Equity in Action - Association of Black Psychologists</p>	<p><u>Item 1:</u></p> <ul style="list-style-type: none"> • When looking statewide and talking about equity, give additional points to those organizations that have a board of directors that is made up of members of the minority community being served. • When the Committee return to in-person meetings, rotate the meetings to different locations to better advertise, recruit individuals to attend, learning opportunity/engage, and empower. <i>Included in Plan</i> • Cultural competency plans need to be embedded in the whole system. Work together to see what counties are trying to accomplish with equity and cultural competence plans. Counties currently work in siloes with different goals and objectives. <i>CC plans are monitored by DHCS</i> • Assist the Commission in creating a tool that monitors the level of racial inclusion and equity for all counties and develop a rating system across all funded programs whereby the counties respond back to the state for review for its accuracy. <i>A version of this is included in the grants section</i> • The Mental Health Services Committee made up of a diverse group of stakeholders and county representatives vetted all funding and initiatives of the Commission. That element has been missing since the termination of the Committee. The function of that Committee was to engage the Commission into becoming more culturally competent. This can be embedded in the CLCC. This plan can be flushed out, facilitated, and monitored through the CLCC, but only if funding initiatives and other strategic planning efforts of the Commission are vetted through a group like this. <i>Included in Plan</i> • Empower the CLCC to incorporate the principles, elements, outcomes, and performance measures of the plan on an ongoing basis through all of the initiatives that staff brings to the Commission. The CLCC would be an advisory body prior to bringing initiatives to the Commission. <i>Included in Plan</i> • Allow opportunity between meetings for Committee Members to submit additional or extended comments that will be added to the record for reference. <p><u>Item 2:</u></p>

		<ul style="list-style-type: none"> Hoped that the system learns to be more flexible and to be open-minded to change not only how agencies apply for grants but also notes that these are programs that come from inside the community and reflects their needs, their roots, and their ancestors. Sometimes the main barriers come from the institutional system when they do not understand these concepts. Suggested creating a racial and social equity innovations fund, where organizations can apply for funds to come up with innovative ways of providing culturally congruent services as well as reducing racial and ethnic disparities.
April 20, 2022	<p>Item 1: “Getting to Know You” Break Out Session</p> <p>Item 2: CLCC Future and Goals</p>	<p><u>Item 1:</u></p> <ul style="list-style-type: none"> “Getting to Know You” activity. <p><u>Item 2:</u></p> <ul style="list-style-type: none"> Look at model programs that increase language access, specifically languages other than English or Spanish. Look into discrepancies or inequalities in the data regarding treatment between clients with similar diagnoses in different counties. Provide input and technical assistance in putting together the data that has been gathered statewide. Make every county and CBO accountable in order to eliminate the discrepancies or inequalities in the data. Los Angeles has 29 CBOs asking the Department of Mental Health to shift the way they practice and to engage those CBOs.
March 10, 2022	<p>Item 1: Prevention Institute’s Creating Common Ground – 1st Update</p> <p>Item 2: CLCC Next Steps and Future Agenda Items</p>	<p><u>Item 1:</u></p> <ul style="list-style-type: none"> Obtain timeline and when recommendations are expected to be put forward so the Committee can better understand the opportunities for engagement. Continue dialogue with the CLCC as the Prevention Institute develops recommendations, as it is a tremendous opportunity to leverage the expertise of this Committee. Vet each stage of the process through the CLCC. When there is no entity held accountable for seeing these recommendations through, this is a missed opportunity to continue to do research about gaps in services and potential opportunities. Committee has the opportunity to discuss what to do with the recommendations, whether that is to make a formal request to the Commission to consider them or to explore other advocacy avenues. <p><u>Item 2:</u></p> <ul style="list-style-type: none"> Survey will be sent out to Committee Members. No discussion.
Feb. 10, 2022	<p>Item 1: Racial Equity Action Plan (REAP) – 3rd Update</p> <p>Item 2: CLCC Goals Related to the Commission’s Portfolio of Programs</p>	<p><u>Item 1:</u></p> <ul style="list-style-type: none"> Concern that training for equity and culturally and linguistically appropriate services is only four hours per year. <i>This is a DHCS requirement</i> There is no reference in the REAP to culturally and linguistically appropriate services, equality, or family participation. Family participation is critical in many communities. It

		<p>is important to provide language regarding diagnoses, symptoms, risk factors, and warning signs in multiple languages.</p> <ul style="list-style-type: none"> • Concern that stakeholder input is powerless, no empowerment of stakeholder groups or Committees to be an advisory body to the Commission where they take public input and act on it to drive policy. In order to achieve racial and social equity, stakeholders must be given equal power. Empower the stakeholders and Committees to be valued and accepted so that their input will drive policy decisions at the Commission level. <i>Included in Plan</i> • Hoped that the Commission will empower regional collaboratives of racial and ethnic grass roots organizations at the local level to be engaged locally with their counties as well as on a statewide level. <i>Included through INN Project</i> <p><u>Item 2:</u></p> <ul style="list-style-type: none"> • Ensure that funding will be available to small agencies. • Meet with CBOs to learn their potential and why counties may invest in building their capacity but do not engage them to become service providers. • Make a standing agenda item sharing the takeaways from the last meeting and where those items are currently. Letting Committee Members know the results of their feedback, whether it was used or not in decision-making, gives an idea of the impacts of the work being done by the Committee. • Incubation capabilities of funding providers is paramount to starting new initiatives and new companies and developing seed funding opportunities for creative, innovative services not currently being provided. Incumbent service providers are not capable of great changes such as hiring all new staff that represent diverse communities. • Accountability is one of the big issues in everything.
January 2022	No meeting	
December 8, 2021	<p>Item 1: Community-Defined Evidence Practices (CDEP) in Prevention and Early Intervention (PEI) Programming</p> <p>Item 2: Summarizing and Continuing Discussions on Upcoming MHSOAC Opportunities</p>	<p><u>Item 1:</u></p> <ul style="list-style-type: none"> • Adopt CRDP recommendations. • System change needs to be made so CBOs can access funding through PEI to support mental and behavioral health services being provided to communities that are culturally and linguistically appropriate that are not evidence-based but that are CDEPS. • Funding should go directly to CBOs. If this is not the case, need to consider how to hold counties accountable. • Fund more peer respites that are staffed by peers who are part of the community • Committee voted and approved to bring the following recommendations to the full Commission for approval at its January 27th meeting: <ol style="list-style-type: none"> 1. Emphasize TAY generally under Priority 3. Prioritizing just college TAY disadvantages TAY youth of color. <i>Included in Draft</i> 2. Add language under Priority 4 to specifically reference CDEPs to programs that can be funded under PEI, such as “culturally-competent and linguistically-appropriate prevention and intervention, including culturally-defined evidence-based practices.” <i>Included in Draft</i>

		<p>3. Include the establishment of hiring preferences for applicants with backgrounds in ethnic studies and related academic disciplines in systems-change efforts. <i>Included in Draft</i></p> <p>4. Establish mechanisms to incentivize behavioral health employees to take courses in ethnic studies and related academic disciplines to create robust personnel development opportunities to build capacity within existing behavioral health care departments to serve historically marginalized communities. <i>Included in Draft</i></p> <p><u>Item 2:</u> Tabled due to next meeting due to time.</p>
November 10, 2021	<p>Item 1: Racial Equity Action Plan (REAP) – 2nd Update</p> <p>Item 2: Immigration and Refugee Stakeholder RFP</p> <p>Item 3: Triage RFA Round 3</p>	<p><u>Item 1:</u></p> <ul style="list-style-type: none"> • Committee provided feedback in response to provided questions.* <i>Information sharing session</i> <p><u>Item 2:</u></p> <ul style="list-style-type: none"> • Committee provided feedback in response to provided questions.° • Cross-cultural capacity-building is important so that one ethnic group is empowered without impacting surrounding ethnic populations. • Recommended a statewide coalition comprised of immigrants, refugees, and other racial, ethnic, and LGBTQ groups working with local entities. <i>Included in RFP</i> • It is important that the state contractor works with the local organizations to give solidarity. • Best practices should include the CMMC model. • Reconsider the prohibition of sub-contracts • Award multiple contracts to multiple organizations to increase reach and impact <i>Included in RFP</i> • On measuring success, determine a baseline and identify intended outcomes • Create a database of measures on immigrant and refugee populations <i>Included in RFP</i> • Immigrant communities bring values, beliefs, ideology, lenses, and other factors <p><u>Item 3:</u></p> <ul style="list-style-type: none"> • Committee provided feedback in response to provided questions.∞ <i>The Commission discussed the following priorities for future SB 82 Mental Health Wellness funding: Psychiatric ICU EmPATH programs, Crisis Prevention for 0-5, Older Adults, Peer Respite programs, expansion of SUD services. CLCC will provide input on future RFAs.</i>
October 2021	No meeting	
September 2021	No meeting	
August 2021	No Meeting	
July 8, 2021	<p>Item 1: Disparities in Educational Outcomes and Rates of Suicide Presentation.</p> <p>Item 2: Immigrant and Refugee Stakeholder Contract Process</p>	<p><u>Item 1:</u></p> <ul style="list-style-type: none"> • Innovation and prevention and early intervention (PEI) funds need to be loosened to attract CBOs already doing similar programs. • Next meeting agenda to include a motion in support of the recommendations proposed by the CRDP.

		<p><u>Item 2:</u></p> <ul style="list-style-type: none"> • Outreach is important but the system needs to have the capacity to serve these new clients. There is a workforce shortage, and the diversity workforce shortage is worse. Quality is a huge component and one or two days of training is not enough to provide the knowledge and expertise needed to provide quality care. • The presenters presented what communities need from a cultural perspective, the model, clinician, language, etc. The next step is advocacy to tell decision-makers what communities want.
June 2021	No meeting	
May 13, 2021	Item 1: CLCC Meeting Survey Results Item 2: Racial Equity Action Plan (REAP) – 1 st Update	<p><u>Item 1:</u></p> <ul style="list-style-type: none"> • Have recommendations from survey been implemented? Yes, training on the MHSA has been scheduled and fewer items have been included on the agenda to allow more discussion time. <p><u>Item 2:</u></p> <ul style="list-style-type: none"> • Committee provided feedback in response to provided questions.**
April 12, 2021	Item 1: Bagley-Keene Open Meeting Act Review Item 2: Covid-19 Impact Proposal - Part II	<p><u>Item 1:</u></p> <ul style="list-style-type: none"> • Allow committee members to influence and provide input on the agenda in advance of posting the agenda. • Include survey feedback in CLCC goals. <p><u>Item 2:</u></p> <ul style="list-style-type: none"> • Committee heard presentations from ICCTM and CRDP, had opportunity for discussion, and provided feedback and recommendations.
March 11, 2021	Item 1: CLCC Focus Areas Item 2: COVID-19 Impact Proposal - Part I	<p><u>Item 1:</u></p> <ul style="list-style-type: none"> • Concern about how to meet goals to advance racial equity with only four Committee meetings per year • What engagement looks like when providing input on the Commission’s Racial Equity Action Plan (REAP) for greatest impact <p><u>Item 2:</u></p> <ul style="list-style-type: none"> • Heard presentations for COVID-19 Impact Proposal, no discussion due to time.

^ August 24, 2022: Transition Age Youth (TAY) Advocacy Procurement Planning

- It is important, prior to any more listening sessions, to engage with counties to learn the capacity for new clients and families.

What priorities should we consider for this RFA from an equity perspective?

What are the most important characteristics of an organization that advocates on behalf of diverse TAY?

- All communities are integrated together and are not segregated. Awardees to the RFA should be diverse and rooted in local communities, ensuring that all the elements of the community are integrative to help build up the capacity of TAY, families, work environments, and faith or spiritual centers so that, when serving TAY, it is also building up the capacity of the community to support that person. Awardees should have the capacity to integrate all elements that make up that prescribed community.

- It is important for local community organizations that are applying to put together a statewide effort. What ends up happening is the individuals who attend the meeting in Sacramento get funded so there are communities and regions that do not have a voice at the table. It is important to empower local community organizations to formulate a statewide partnership and to roll out a grass roots effort to be able to apply and compete.
- Open conversations with communities is important for how to be more comprehensive and holistic in all approaches, especially with the huge psychological impact of the COVID-19 pandemic. Integrating all the elements in the community with families, neighbors, work environments, and faith will create protective factors that come from the community. Due to the workforce crisis, staffing is not available to meet the needs of communities for mental health services. It is important to reframe and to think outside the box to innovate the system with prevention components plus integration and other effective elements.
- Characteristics for these agencies are someone with integrity, experience, knowledge, and with an open mind to collaborate and to learn from the communities they serve.
- The perception that the LGBTQ community only exists in West Hollywood is not true. The majority of LGBTQ individuals in Los Angeles are Latinos who live throughout Los Angeles County. It is important to those individuals and neighborhoods to have communities with culturally appropriate services that speak their language. The same goes for other communities. When the process is decentralized in allowing organizations and local communities to compete, it brings a voice closer to the people of their community.
- It also needs to be looked at from a practical perspective. The COVID-19 pandemic changed the way things are done. It is impossible for one state organization to touch all communities. It is better to empower CBOs with hands-on experience.

How do we ensure that TAY from marginalized backgrounds are reached to determine mental health needs?

Note: Deadline for answers to questions and other feedback is Sept. 2, 2022.

***November 10, 2021: Racial Equity Action Plan (REAP) – 2nd Update - Information sharing session**

Committee members provided feedback on the following external strategy questions:

Who are potential partners we may want to engage in informing this strategy?

- More agencies are needed to be effective.
- The best partners are the counties. Counties dictate programs and dollars, but they do not do a good job with that.
- Work together to formulate a plan to assist in engaging the wider community about the strategy. The movers and shakers exist in at-risk communities and communities of need in the central and rural areas of California.
- Engage entities on the ground so they can put pressure on county jurisdictions to advocate for these types of services and programs.
- Identify potential partners - do not go to the same partners year after year. The communities that are really in need are not at the table but are overlooked.
- Community partners that could do great work collectively are isolated in their work.

Are there examples from others that we might learn from?

- Be intentional in establishing disparity-reduction goals that speak to local internal data and determining if those goals were met at the end of the year.
- Focusing on paperwork does not help immigrant populations.
- The California Mental Health Multicultural Mental Health Coalition (CMMC) is a good model. There should be local and regional CMMCs.
- Counties recognize the power of community-based organizations (CBOs) in the work they are doing with COVID-19 vaccine outreach and education to reach and tap communities, but counties do not utilize that same mentality in mental health spaces. This model needs to be integrated across county departments.
- Accountability. Being held accountable brings results.

What kind of technical assistance would be most helpful to achieve these goals?

- Equity dashboards utilizing available data within electronic health records.

- A statewide database with county information that allows for greater collaboration where counties can learn what other counties are doing and their successes and challenges and feedback could be given.
- Mandatory expectation data on access to services, hospitalizations, and treatment.
- Initiatives must be inclusive of ethnic populations.
- Evaluate strategies to help immigrant and refugee communities. Focus on implementing practices.
- Statewide, regional, and local coalitions are needed to support partners that focus on race, equity, justice, and diversity.
- Policy expertise is needed to help navigate the system.
- Facilitation between the county and community partners. There is a lack of community trust and not valuing community input to help counties be successful.
- TA with counties to better value practices such as CDEPs.
- Facilitate a conversation between community partners to better develop this.
- Important questions are how to include outcomes to measure not only clinical services done but also how counties will provide accountability for them, how success is measured, and the number of services individuals accessed, family participation sessions, and treatment goals that were accomplished.
- Be more flexible to do something different.
- Ensure that culturally- and linguistically appropriate services are implemented.
- Include everyone at the table when decisions need to be made.
- Fund this initiative alongside the CRDP.
- A statewide mandate and funding for local, regional, and statewide coalitions.
- Get resources to build infrastructure for sustainability.

What challenges do you anticipate?

- State flexibility for reimbursement of emerging community practices with communities of color. Many of these practices are currently not covered.
- Language issues, immigration issues, and lack of funding.
- Counties need to adapt new strategies and change the system from the traditional way of doing things.
- COVID-19 pandemic issues.

Committee members provided feedback on the following internal strategy questions:

What are best practices for hiring, retention, and promotion for a diverse employee workforce?

- Incorporate the use of the CLAS Standards and quality improvement action plans with robust input from stakeholders.
- Track data based on staff who leave. Do a deeper dive into exit memos. Develop a racial equity lens in terms of retention practices.
- Ensure that managers, supervisors, and departments are being evaluated based on the organizational culture, whether that organizational culture encompasses a diverse perspective, and whether there is a history of racial bias in these spaces.
- Marketing data should reflect company structure.

What models or resources should we reference in our design?

- UC Berkeley Toolkit for Recruiting and Hiring a More Diverse Workforce.

What are some important considerations for HR practices when seeking to build a more diverse staff?

- Incorporate lived experience into questions, which oftentimes yield more responses from candidates with diverse backgrounds who relate to navigating mental health systems in counties.

Committee members provided feedback on the following discussion questions:

In round one, the Commission directed staff to contract with five local level organizations to expand advocacy, education, and outreach to their local communities. What recommendations do you have regarding this local level approach?

- Cross-cultural capacity-building is important so that one ethnic group is empowered without impacting surrounding ethnic populations.

What advantages would there be in contracting with a statewide advocacy organization to assist the efforts of local immigrant and refugee organizations?

- Recommend a statewide coalition comprised of immigrants, refugees, and other racial, ethnic, and LGBTQ groups working with local entities to help counties with their own local community issues and traumas.
- A statewide advocacy organization would be most beneficial in building cross-community solidarity and developing more skilled TA work.
- Partner with the state. A key component of this grant would be advocacy to make policy or to change the usual practice. It is important that the state contractor works with the immigrant and refugee organization at the local level to give solidarity.

Should the Commission award one contract to five specific immigrant and refugee populations or continue to award one contract to an organization within each of the five mental health regions. Is there another approach to consider?

- Best practices include the CMMC model.
- A regional approach is best. Recommendations are about shifting to target groups, but this is concerning because many communities of color and immigrant and refugee communities are located in similar regional areas. It is not equitable for one organization to serve immigrant and refugee populations in each area.
- Reconsider the prohibition of sub-grants, which was one of the items that led many organizations to be disqualified because they aimed to partner with other organizations. This is counter-intuitive to the desire to build coalitions and to work in partnership with other local organizations.
- Each contract organization should be awarded versus one. It is better to have a number of contracts specific for each population that fits the language and values of that community.
- Recommend not just one organization being selected - collaboration would be more successful. Awarded organizations within the same group with shared values and similar needs could collectively work on the contract.

What should be measured to determine the success of the immigrant and refugee stakeholder contract(s)?

- Look at the baseline. Look at the effort done to increase outcomes.
- Create an interactive database on measures taken that could be tracked.
- Grantee accountability. The indicators for success of outcomes needs to be on the table.
- Immigrant communities bring values, beliefs, ideology, lenses, and many other cultural factors that need to be considered.
- Some organizations that claim to be culturally and linguistically competent provide less than five hours of training per year. These agencies are not competent to provide services for communities.

^{as} **November 10, 2021: Triage RFA Round 3**

Committee members provided feedback on the following discussion questions:

What should be considered when crafting the Request for Application to ensure that ethnically diverse populations are appropriately served by mental health crisis programs?

- No feedback was given.

What are the crisis mental health needs of children 0-5 and how could they be more effectively served by crisis intervention teams?

- Include non-traditional family liaisons, promotoras, and cultural ambassadors for racial and ethnic groups.
 - First 5 has good models around cultural communities and linguistic competency. Having a community-defined workforce is effective in bringing about additional mental health services particularly around crisis intervention and triage.
- DCFS home-based services focusing on early intervention and support the family.

What are the crisis mental health needs of older adults and how could they be more effectively served by crisis intervention teams?

- Include non-traditional family liaisons, promotoras, and cultural ambassadors for racial and ethnic groups.
 - Continued home-based providers for seniors and veterans.
- Home-based services focusing on early intervention and support the family with similar ethnic backgrounds.

What crisis intervention service locations should be considered to ensure that people who need the crisis care receive effective and culturally competent crisis care?

- No feedback was given.

****May 13, 2021: Racial Equity Action Plan (REAP) – 1st Update**

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.