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# Cultural and Linguistic Competency Committee Teleconference Meeting SummaryDate: Thursday, May 12, 2022 | Time: 3:00 p.m. – 5:00 p.m.

# 1616 Capitol Avenue

# Sacramento, CA 95814

Additional public locations included 3300 Truxtun Ave, Bakersfield, CA 93301; 275 Beck Ave, Fairfield, CA 94533; 1740 Centinela Ave, Inglewood, CA 90302; 3731 Stocker St, Suite 211, Los Angeles, CA 90008; 800 W 6th Street, Suite 750, Los Angeles, CA 90017; 811 Wilshire Blvd #1000, Los Angeles, CA 90017; 4650 Sunset Blvd, Los Angeles, CA 90027; 13950 Milton Ave, Suite 301, Westminster, CA 92683; 10537 Santa Gertrudes Ave, Whittier, CA 90603

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

# Committee Members: Staff: Other Attendees:

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| Mayra Alvarez, ChairSenait AdmassuClaire BuckleyEugene DurrahLuis GarciaJim GilmerJonathan LeeCorinita ReyesEtsegenet TeodrosYia XiongRichard Zaldivar | Adrej DelichAmariani MartinezTom Orrock | JaneMatt GallagherMatthew HarrisMark KarmatzSteve Leoni |

Committee members absent: Estrella Amaro-Jeppesen, Veronica Chavez, Nahla Kayali, Lee Lo, Gladys Mitchell, Vice Chair, Yolanda Randles

# Welcome, Announcements, and General Public Comment

Commissioner Mayra Alvarez, Committee Chair, called the meeting to order at approximately 3:00 p.m., welcomed everyone, and reviewed the meeting agenda.

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

Amariani Martinez, MHSOAC staff, reviewed the meeting protocols.

General Public Comment

Jane stated they are pleased to see Equity in Action on the agenda. The speaker stated they have recently been suggesting thinking about how to reframe the racism debate as a white privilege debate. The speaker suggested reading an article written in 1989 titled “White Privilege: Unpacking the Invisible Knapsack.”

Jane stated concern about privacy in the 988 line. The National Alliance on Mental Illness (NAMI) has directed all chapters across America to stop using the term “warmline” and to instead use the term “helpline.” Their documentation states that they can refuse to help callers. The speaker spoke against using the term “helpline.”

Jane stated concern about the questionnaires in their behavioral health department, which invades privacy. The speaker stated concern that pharmaceutical companies are running NAMI California and NAMI National.

Steve Leoni, consumer and advocate, stated concern that Commission meetings often coincide with the California Behavioral Health Planning Council (CBHPC) meetings. The CBHPC four quarterly meetings are four days long and are scheduled a year in advance. With similar missions, the Commission should be collaborating, not competing.

Matt Gallagher, Assistant Director, Cal Voices, stated there is a letter in circulation that asks the Commission to have a hearing on the CARE Court bill. CARE Court raises concerns about disparities, specifically how Black and brown communities will be affected by a court-ordered involuntary system, where police officers will be able to refer individuals into that system. It is a decisive bill that is currently progressing in the Legislation and is sponsored by the Governor. The speaker stated the hope that this Committee’s community and the subject matter experts on this Committee will have an interest in it. The speaker provided contact information for anyone who would like to be a part of the letter.

**Agenda Item 1: Action – Approval of the March 10, 2022, and April 20, 2022, Minutes**

Chair Alvarez asked for a motion to approve the meeting minutes for the March 10, 2022, and April 20, 2022, CLCC meetings. She noted that last month’s minutes were generalized, given the personal conversation among meeting participants.

Committee Member Teodros stated her comment was not reflected in the April minutes under the first question about Committee Members’ stories.

Chair Alvarez asked Committee Member Teodros to email her comment to staff to be included in the minutes.

Committee Member Zaldivar made a motion to approve the minutes as revised. The motion was seconded by Committee Member Admassu.

Vote recorded with participating members as follows:

* Approve: Committee Members Admassu, Durrah, Garcia, Gilmer, Xiong, and Zaldivar, and Chair Alvarez
* Abstain: Committee Members Buckley, Lee, Teodros

**Agenda Item 2: Action – Racial Equity Plan**

**Presenter:**

* Anna Naify, MHSOAC Consulting Psychologist

Chair Alvarez stated the Committee will hear an update on the Commission’s Racial Equity Plan (REP) and will discuss next steps for the plan including CLCC strategies to enhance the REP through ongoing collaboration with the Commission’s contracted stakeholders.

Anna Naify, MHSOAC Consulting Psychologist, provided an overview, with a slide presentation, of the background, purpose, key features of the Capitol Collaborative on Race and Equity (CCORE), work to date, racial equity tools, and the draft REP.

Chair Alvarez asked for feedback on how the CLCC might participate in the implementation of the REP by interacting with the Commission’s contracted stakeholders, specifically the Diverse Racial and Ethnic and Immigrant and Refugee advocacy organizations.

Committee Member Feedback

* 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 meetings return to in-person meetings, rotate the meetings so the different locations can advertise and recruit individuals to attend so they can learn about the Commission, the Committee, and the process in order to engage and empower.
* Q: How much can the CLCC get involved in the implementation of the REP? What is the Committee’s role in the implementing process to the counties? How to ensure county compliance?
* A: This is a plan about how the Commission can move forward in its commitment to racial equity. Part of that commitment could be in its communication and practices with counties but it does not necessarily hold counties accountable. There may be an opportunity to leverage the Committee to identify and connect with initiatives such as the California Mental Health Equity Project that may have more of an enforcement role.
* Cultural competency plans need to be embedded in the whole system. It is important to not only work together but to see what counties are trying to accomplish with equity and cultural competence plans. Counties currently work in siloes with different goals and objectives.
* Assist the Commission in creating a tool that monitors the level of racial inclusion and equity for all counties and develops a rating system across all funded programs whereby the counties respond back to the state for review for its accuracy.
* 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. This is the way changes are made.
* 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.

Chair Alvarez stated the need to be mindful that the Commission also has the stakeholder advocacy contract organizations but there does not seem to be much communication between and amongst each other to figure out how each organization’s range of communities reflect the expertise on the Committees. She suggested that the stakeholder advocacy contract organizations come together with the CLCC to learn more about what they are hearing to determine how to create the principles, outcomes, and measures of this plan.

* Allow opportunity between meetings for Committee Members to submit additional or extended comments that will be added to the record for reference.

Public Comment

Mark Karmatz, consumer and advocate, stated the importance of Asian and other ethnic communities being represented on this Committee and being a part of the process.

Steve Leoni suggested getting legal counsel on taking additional comments between meetings and then disseminating them to Committee Members. The Bagley-Keene Open Meeting Act does not allow serial meetings.

Matthew Harris, Transforming LA Coalition, stated the Coalition is concerned about the nearly $500 million unspent MHSA dollars in Los Angeles County. Something needs to be done to ensure that small to mid-sized community-based organizations such as the Coalition have access to those resources. The speaker requested that the Committee pass a motion to support the concern to eliminate these barriers to accessing these large, unspent resources.

Jane stated concern about legislation and the medical model. The *Wisdom of Trauma* film was released a year ago and has caused a worldwide stir.

# Agenda Item 3: Presentation – Equity in Action

**Presenter:**

* Lawford Goddard, Ph.D., Association of Black Psychologists

Chair Alvarez stated the Committee will hear a presentation by local and state leaders in advancing equity in mental health delivery for California communities.

Lawford Goddard, Ph.D., Association of Black Psychologists (ABPsi), provided an overview, with a slide presentation, of the problem, the need for radical change, Bay Area ABPsi Plan – creating a new solution, goals and objectives, expected outcomes, monitoring plan, programmatic features, and staffing patterns and program costs of the Therapist-in-Residency Program (TnRP) and the African American Wellness Hub Complex.

Discussion

Chair Alvarez highlighted key points heard in the presentation: focus on the strengths of African and African American cultures, the critical need for a workforce that reflects a community, and a true holistic approach to mental health – that it is more than a clinical diagnosis, but is so much about the living environment, accessible resources, and safety felt.

Chair Alvarez asked how to integrate this commitment to marginalized communities more broadly in the health care system and about communities that can educate and inform counties about these types of opportunities.

Dr. Goddard stated one of the barriers is the over-emphasis on evidence-based programming, when the majority of evidence-based programs cannot be replicated in the Black community due to the low numbers of African Americans in the clinical trials that then become the evidence-based programs. The history of the maltreatment of African Americans in this country from the medical system in particular has made African Americans unwilling to participate in randomized clinical trials. Community-defined practices are local practices that have emerged in the community that have proven successful.

Dr. Goddard stated the RFP process that most counties use is a barrier in and of itself because awards are only given to grants that are well-written by large organizations that have the capacity to hire to have a grant writer on their staff whose sole responsibility is to write proposals for grant applications. Most Black organizations do not have these resources so they are at an immediate disadvantage. The procurement process needs to be changed. Counties should go out into the communities and talk to cultural brokers and experts in the communities to learn what is and is not working and to fund those agencies as sole-source contractors, not have them go through the procurement process.

Mr. Orrock stated the Commission is often mandated to go through a competitive bid process by the Legislature. This is an issue of policy that this Committee can look at to determine what can be done.

Dr. Goddard suggested that, when funding is provided, the Commission make a recommendation that a certain percentage be dedicated to sole-source funding.

Committee Member Garcia stated the hope 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.

Committee Member Gilmer 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.

Public Comment

Jane agreed with sole-sourced funding and for innovation funding for racial and social equity. The Trauma Research Foundation is holding their 33rd annual conference next week in Boston and virtually.

# Adjourn

Chair Alvarez discussed future meeting dates. The meeting adjourned at approximately 5:00 p.m.