



**Cultural and Linguistic Competency Committee Teleconference Meeting Summary**  
**Date: June 27, 2023 | Time: 2:00 p.m. – 3:30 p.m.**

**MHSOAC**  
**1812 9<sup>th</sup> Street**  
**Sacramento, CA 95811**

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

**Committee Members:**

**Staff:**

**Other Attendees:**

Mayra Alvarez, Chair Senait Admassu Claire Buckley Eugene Durrah Luis Garcia Lee Lo Yolanda Randles Corinita Reyes Etsegenet Teodros Yia Xiong	Amariani Martinez Tom Orrock Lester Robancho Nai Saechao Kendra Zoller	Laurel Benhamida Stacie Hiramoto Mel Mason
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\*All Committee Members participated remotely.

Committee Members absent: Estrella Amaro-Jeppesen, Veronica Chavez, Jim Gilmer, Nahla Kayali, Jonathan Lee, Gladys Mitchell, and Richard Zaldivar

**Agenda Item 1: Welcome, Announcements, and General Public Comment**

Commissioner Mayra Alvarez, Committee Chair, called the meeting to order at approximately 2:00 p.m., welcomed everyone, and reviewed the meeting agenda.

Announcements

- Committee Member terms have been extended one year to the end of 2023.
- Committee Members will participate in the coming months in the planning process of the Commission's new three-year strategic plan to help the Commission determine the most effective ways to hear input from community partners.
- The Commission held a virtual Listening Session on June 16<sup>th</sup> on the Commission's strategic plan development. Participants provided comments and input on the Commission's work to date, what is required to transform mental health care in California, and key opportunities for delivering comprehensive mental health services. Chair Alvarez thanked everyone who participated.

- Committee Members will have additional opportunities to provide guidance and feedback as the strategic plan develops.

Tom Orrock, Deputy Director of Operations, called the roll and confirmed the presence of a quorum.

Amariani Martinez, MHSOAC staff, reviewed the meeting protocols.

### General Public Comment

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), congratulated the Commission for calling this Committee at such an important period and for continuing with the current Committee Members who are very qualified. She stated Senate Bill (SB) 326, Eggman, is the bill that will be carrying the Governor's amendments to change the Mental Health Services Act (MHSA).

Stacie Hiramoto stated the Commission recently adopted this Committee's suggested additions to the Prevention and Early Intervention (PEI) priorities so that youth who do not go to college are also prioritized as well as Community Defined Evidence Practices (CDEPs), which helped many communities. She suggested that the Commission ask for a technical amendment to SB 326 to insert this language since it was not included in the language of the bill.

### **Agenda Item 2: Action – November 10, 2022, Meeting Minutes**

Chair Alvarez stated the Committee will consider approval of the November 10, 2022, Committee Meeting Minutes.

Action: Committee Members approved the November 10, 2022, Committee Meeting Minutes as presented. Vote recorded with participating members as follows:

- Approve: Committee Members Admassu, Buckley, Durrah, Garcia, Reyes, Teodros, and Xiong, and Chair Alvarez.
- Abstain: Committee Members Lo and Randles.

### **Agenda Item 3: Information – MHSOAC Strategic Plan Update and CLCC Goals**

Chair Alvarez stated the Committee will hear an update on the Commission's current strategic plan initiatives, will discuss opportunities to provide input on the 2024-27 Strategic Plan, and will outline how the Committee's future goals can align with the 2024-27 Strategic Plan.

Chair Alvarez stated the Commission's 2020-23 Strategic Plan can be found on the website. It identified three overarching goals:

1. To advance a shared vision for reducing the consequences of mental health needs and improving wellbeing. Under this goal was a focus on PEI and School Mental Health programs.
2. To further develop the Transparency Suite and to focus on the use of data to better inform decision making.

3. To support and evaluate multi-county collaboratives striving to improve data analysis, the transfer of knowledge, and the management capacity required to improve results. Under this goal was a focus on early psychosis intervention programs, suicide prevention, and the Full-Service Partnership (FSP) work.

Chair Alvarez noted that the new strategic plan may include some of these goals or there may be new objectives. She asked a series of questions to facilitate the discussion.

Committee Members provided feedback as follows:

**How do you think the CLCC's future goals could better align with the Commission's strategic plan?**

- Give the Committee responsibility by integrating the Committee in a component of a strategy.
- Assess the accomplishments seen in the 2020-23 goals and objectives. It is important to learn if the objectives were reached around the issue of equity.
- Make an action plan that integrates all the input and feedback given by the Committee.
- Provide clarity on the opportunities for this Committee to act with and for the Commission.
- Committee Members are qualified with their knowledge and experience. They want to help the Commission project a unified voice from the community about what the community wants to do in the system. If the Committee does not know where the Commission is in the process, the Committee cannot help to improve the quality of services in communities and in the system.

**How you think the Committee's input on these future objectives could be shared with the Commission?**

- The Commission's workflow should go through the Committees first. The Committees can operate in an advisory capacity to evaluate and analyze initiatives as to the impacts on communities of color and other marginalized communities and make recommendations before the Commission to better inform the decision-making process.

Chair Alvarez agreed that the report back to the Commission is missing. The feedback loop demonstrates the analysis that was done by the Committee and the recommendations that came out of that analysis.

Deputy Director Orrock stated there is a great opportunity for the Committee around data and how to potentially use data to tell the story about where needs exist, how FSPs are being utilized, and if they are effective for marginalized communities. These are two of the four main items that the Commission is currently focusing on. He suggested that the Committee provide guidance to the Commission with a depth of focus on one or two areas. He asked Committee Members if they would rather provide guidance on several areas or with a depth of focus on one or two areas.

Chair Alvarez asked staff to email follow-up questions to Committee Members for feedback.

### Public Comment

Stacie Hiramoto suggested sharing the Boston Consulting Group's (BCG) presentation slides from the May Commission meeting with Committee Members. The BCG is the consultant selected to support the development of the Commission's 2024-27 Strategic Plan. She noted that the BCG facilitators seemed to be knowledgeable about the Commission and the MHSA. She suggested that the BCG facilitators hold a session with Committee Members to address the recommendation from Commissioner Rowlett about including specific goals, objectives, or activities in how the Commission will address reducing disparities. Committee Members would have much to add to the conversation.

### **Agenda Item 4: Information – Modernization of Mental Health Services Act**

Chair Alvarez stated the Committee will hear an update on the Governor's proposal to modernize the MHSA, including recent amendments to the proposal. The Committee will discuss the proposal from the perspective of ethnically- and culturally-diverse consumers and community-based organizations and will hear public comment on the proposal.

Kendra Zoller, MHSOAC Legislative Director, updated the Committee on the Governor's proposal to modernize the MHSA. She reviewed the Governor's Press Release dated March 19, 2023, proposing the modernization of California's behavioral health system and more mental health housing, and the Governor's Fact Sheet, which were included in the meeting materials. She stated staff is still reviewing and analyzing the 233-page bill and proposed revisions. She stated she did not feel comfortable providing detailed comments on the bill and proposed revisions until that process is completed.

Ms. Zoller stated, although the global language has not yet been released, the Governor's background materials detailed that the three-part initiative would (1) authorize a \$3 million to \$5 million general obligation bond to fund unlocked community behavioral health residential settings and provide housing for homeless veterans; (2) revise the distribution of MHSA funding, and (3) include new accountability and oversight measures for counties to improve performance. The Governor is also proposing to authorize MHSA funding to provide treatment and services to individuals with substance use disorders (SUDs) but who do not have a co-occurring mental health disorder, requiring counties to bill Medi-Cal for all reimbursable services, reduce allowable reserve amounts, and reassess reserve amounts more frequently from every five years to every three years. The proposal requires that the Commission become advisory under the California Health and Human Services Agency (CalHHS) and its Executive Director to be a gubernatorial appointee.

### Discussion

Committee Members asked clarifying questions.

### Public Comment

Stacie Hiramoto stated concern about the emphasis on early intervention over prevention. She asked about the definition of "early intervention" in the bill and whether individuals must already have a diagnosis. Early intervention programs tend to be clinical and are not broad-based like CDEPs in the California Reducing Disparities Project (CRDP). She asked if

there is overlap between early intervention and prevention or if there is a hardline delineation between the two. She noted that many members of the CRDP think that 5 percent for prevention is too small unless the definition of early intervention adds flexibility.

Laurel Benhamida, Ph.D. Muslim American Society – Social Services Foundation and REMHDCO Steering Committee, echoed Stacie Hiramoto’s comments and concerns. There are many changes being pushed very fast in a way where it is virtually impossible for community-based organizations to digest and analyze the over 200-page document in time to provide comment. Even trying to understand the complex components of the bill is difficult, much less providing input and feedback about what should be changed. The Governor’s proposal partly comes from a desire to solve the homelessness problem in California in order to say they did it. There are many changes being pushed that may not even accomplish that and may take funding from individuals who need those prevention services.

Mel Mason, Executive Director Emeritus, The Village Project, African American hub, CRDP, echoed Stacie Hiramoto’s and Dr. Benhamida’s comments. He stated it seems that every time he turns around there is a bill, proposal, or, in this case, the Governor’s plan to take funding away from communities of color and the LGBTQ community. He highlighted that the use of terms such as “broaden MHSA’s reach” to “expanding our service provision” end up being ways to divert funding into places that the MHSA did not plan for it to go. What needs to be considered is not only maintaining but enhancing community-based organizations, those trusted organizations that are doing the work in communities of color and in the LGBTQ community, to be able to increase their service provision. Shuffling funding away from where it was originally planned for will be detrimental to the communities that the MHSA was all about – the historically unserved, underserved, and inappropriately served communities.

#### Discussion, continued

Committee Member Admassu stated in the past PEI funding was mostly used for community engagement and outreach and did not require organizations to be a contractor with the Department of Mental Health. Each program had a different funding resource. Intervention sounds like more of a treatment, which tends to go to direct contractors or subcontractors for the treatment model, not community-based organizations that do upfront work. She asked if this has been shifted and if it will impact community-based organizations.

Ms. Zoller stated she did not know, since many changes have been made and she is still in the process of analyzing them.

Committee Member Teodros asked if the Community Assistance, Recovery, and Empowerment (CARE) Court bill, SB 1338, will be a part of early intervention.

Ms. Zoller stated not that she has seen.

Committee Member Reyes stated her understanding that the proposal hopes to use more support from Medi-Cal for services. She asked about youth who are on their parents’ insurance. Many services funded by the MHSA lower the barriers of needing a diagnosis in order to receive services. Individuals with a diagnosis on their medical record are treated differently. People do not need a diagnosis; they need support. She stated the concern that

the proposal does not take into account the many accessible community services that are funded by the MHSA. The community relies on these services.

Ms. Zoller encouraged everyone to attend the Policy Committee hearings. Barring a waiver, Senate Bill (SB) 326, Eggman, and Assembly Bill (AB) 531, Irwin, must pass their assigned Policy Committees by July 14<sup>th</sup>. Usually, LegInfo posts the Policy Committee analysis a few days prior a hearing. She noted that the analyses would be helpful to review. She stated SB 326 will likely be heard at the Assembly Committee on Health on the July 11<sup>th</sup>, and AB 531, which was double-referred, will likely be heard at the Senate Committee on Housing on July 10<sup>th</sup> and at the Senate Governance and Finance Committee on the July 12<sup>th</sup>. Further information is on the Senate and Assembly websites.

Chair Alvarez asked if MHSOAC Committees have historically weighed in on bills.

Committee Member Lo stated the CLCC has provided recommendations and support on different bills in the past, and has made recommendations for Commission support. For example, the CLCC supported AB 512 to increase cultural competency in local plans.

Ms. Zoller stated the most efficient way for Committee Members and the public to weigh in on these fast-moving bills is to weigh in through the Assembly website, the Governor's Office, and the DHCS, which appears to be the author of the bill. She noted that the bills could be made into two-year bills. If not, amendments could be made at the upcoming Policy Committee hearings. The Legislature then goes on break for one month. The bills must then pass the Fiscal Committee, which is another opportunity for amendments. After the Fiscal Committee, they go to the floor, where there is another opportunity for amendments. The bills must pass the Legislature by September 14<sup>th</sup>. These bills are massive and difficult to analyze but, whether 1- or 2-year bills, it would be important for advocates to move as quickly as possible. She stated the bills are moving with or within community input.

Chair Alvarez asked staff to send the staff analysis and Policy Committee analysis of these bills to CLCC Members when completed. She also asked staff to share with CLCC Members if the Commission puts out a formal opinion or comments. She asked if that is anticipated.

Ms. Zoller stated the Commission may make a move, due to the many concerning factors in the bills.

Chair Alvarez stated it also may be helpful to review Committee Member organizations' analyses and letters in opposition or support of the bills. She stated key questions will be sent out to Committee Members on the Commission's strategic priorities.

Committee Member Garcia asked to have a meeting with the consultants of the bills. Committee Members know the issues well and have expert knowledge and experience but the reality is, everything is moving too quickly to hear the voice of this Committee. He stated concern that the Committee does not know who those consultants are, how many people of color are included, how many people in the community they have worked with, and how many people they worked with who know the issues regarding early intervention versus prevention. As Stacie Hiramoto commented earlier, it is unknown whether individuals must already have a diagnosis, when diagnoses are part of the medical model.

Ms. Zoller stated it is a possibility because meetings can always be requested of the consultants and authors' offices. She stated she will bring this question to staff and get back to the Committee.

Chair Alvarez stated it may be helpful for Committee Members to learn about the process for weighing in packaged in a way that is easy for individuals to act upon it.

Ms. Zoller stated she will send a link with this information along with the links to the bills and their timelines.

### **Agenda Item 5: Adjournment**

Chair Alvarez stated the next CLCC meeting is still to be determined. She adjourned the meeting at approximately 3:30 p.m.

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