



Cultural and Linguistic Competency Committee Teleconference Meeting Summary
Date: Thursday, July 14, 2022 | Time: 2:00 p.m. – 4:00 p.m.

MHSOAC
811 Wilshire Blvd #1000
Los Angeles, CA 90017

Additional public locations included 1812 9th Street, Sacramento, CA 95811; 3300 Truxtun Ave, Bakersfield, CA 93301; 275 Beck Ave, Fairfield, CA 94533; 13950 Milton Ave, Suite 301, Westminster, CA 92683

****DRAFT****

Committee Members:

Staff:

Other Attendees:

Mayra Alvarez, Chair*	Andrej Delich	Shabana Ali
Senait Admassu	Lester Robancho	Cindy Beck
Veronica Chavez		Ruben Cantu
Eugene Durrah*		Jaime F
Luis Garcia*		Stacie Hiramoto
Jim Gilmer*		Steve Leoni
Corinita Reyes		Gustavo Loera
Etsegenet Teodros		Steve McNally
Yia Xiong		
Richard Zaldivar		

*Participated remotely.

Committee members absent: Gladys Mitchell, Vice Chair, Estrella Amaro Jeppesen, Claire Buckley, Nahla Kayali, Jonathan Lee, Lee Lo, and Yolanda Randles.

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. She asked Committee Members for suggestions for future Equity in Action speakers for future agendas.

Chair Alvarez stated the Prevention and Early Intervention (PEI) Subcommittee Report, put together by the PEI Subcommittee, will soon be released in response to Senate Bill (SB) 1004. PEI funds directly connect with conversations this Committee has been having about addressing inequities in the mental health system by moving upstream and thinking

holistically. The PEI Report will be presented at a future Committee meeting for discussion and input prior to adoption by the Commission.

Lester Robancho, MHSOAC staff, reviewed the meeting protocols, called the roll, and confirmed the presence of a quorum.

General Public Comment

Steve Leoni, consumer and advocate, stated concern about Senate Bill (SB) 1338, the Community Assistance, Recovery, and Empowerment (CARE) Court bill, and Assembly Bill (AB) 2242 legislation affecting the Mental Health Services Act (MHSA), which mandates up to one year under a 5350-conservatorship paid for out of MHSA dollars, which is against the original intent of the MHSA. Because of histories and misdiagnoses, experiences with courts or LPS Conservatorships are likely to weigh heavier on Black and brown communities. Many individuals have felt traumatized in those situations. It would be a disparity as implemented now in that legislation.

Stacie Hiramoto, Executive Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), echoed Steve Leoni's comments. She stated she had hoped that SB 1338 and AB 2242 would be on today's agenda. The CARE Court bill is most likely the most consequential and controversial issue of this year for the behavioral health community. She stated the need for this Committee to discuss it because, if SB 1338 and AB 2242 passes, they will have a disproportionate negative affect on Black and indigenous people of color (BIPOC) communities. Furthermore, whether for or against coerced or forced treatment or CARE Court, MHSA funding should not be used on involuntary, institutional, or forced services. She asked members of the CLCC to attend the July 28th Commission meeting, if the CARE Court bill is on the agenda.

Agenda Item 1: Action – Approval of Meeting Minutes

Chair Alvarez asked for a motion to approve the meeting minutes for the May 12, 2022, CLCC meeting.

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

Vote recorded with participating members as follows:

- Approve: Committee Members Admassu, Chavez, Durrah, Garcia, Teodros, Xiong, and Zaldivar, and Chair Alvarez
- Abstain: Committee Member Reyes

Agenda Item 2: Strategies and Approaches for Investment in Community-Based Organizations to Serve Underrepresented Communities

Presenter:

- Ruben Cantu, Associate Program Director, Prevention Institute

Chair Alvarez stated the Committee will hear the second progress report from the Prevention Institute on their contracted work to engage county behavioral health

departments and community-based organizations to build a shared vision for moving prevention and innovation further upstream at the local and state levels. The discussion will include the findings gathered from interviews related to building the capacity of county behavioral health departments and community-based organizations to advance a shared vision for program sustainability. She asked the representatives of Prevention Institute to give their presentation.

Ruben Cantu, Associate Program Director, Prevention Institute, provided an overview, with a slide presentation, of the goal and outcomes, activities, findings and themes to date, and next steps of the Creating Common Ground Project.

Shabana Ali, Senior Program Assistant, Prevention Institute, continued the slide presentation and discussed themes to explore and questions for discussion.

Mr. Cantu stated the final report to the Commission, including recommendations, is expected to be published next spring. This project was seen through the lens of the COVID-19 pandemic's disproportionate impact on communities of color and on mental health. Everything is seen through that lens and also through the lens of health equity and racial justice. He stated Prevention Institute will continue working with this Committee to help develop recommendations and an action plan.

Discussion Questions

1. What are some challenges that have emerged in the context of the COVID-19 pandemic (e.g., isolation)?
2. How have county/community partnerships addressed these challenges?

Discussion

Committee Member Zaldivar referred to Question 1 and stated 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.

Committee Member Reyes referred to Question 1 and stated peers in her community passed away as a result of being isolated during the COVID-19 pandemic. This caused a ripple effect throughout the community.

Committee Member Garcia referred to Question 1 and stated approximately 250,000 children lost one parent due to the COVID-19 pandemic. He suggested prioritizing identifying these children and their families who are grieving.

Committee Member Garcia referred to Question 2 and stated the hope 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. It is more important to find solutions based on community experience and knowledge and to begin implementing what works in the communities.

Committee Member Zaldivar asked if Prevention Institute has outreached to the LGBTQ individuals of color in the Los Angeles area.

Mr. Cantu suggested connecting offline about individuals and communities to include in outreach efforts.

Committee Member Admassu asked at what level the Prevention Institute is working with community-based organizations.

Mr. Cantu stated approximately half of the organizations the Prevention Institute worked with for this project were community-based organizations and half county departments of mental and behavioral health. More than half of the Prevention Institute's work is generally around technical assistance and training with community-based organizations to help build capacity, advance prevention, and build equity and racial justice into their work.

Public Comment

Jaime F, BIPOC peer and community advocate, stated individuals are the same but they do not always speak the same language or have the same representation. The speaker referred to Question 1 and stated the COVID-19 pandemic has made it difficult for individuals in BIPOC communities, especially seniors, to connect with other individuals with shared language and ancestry in places such as community centers or places of worship. The speaker suggested including BIPOC peers in the conversation to best support the community.

Stacie Hiramoto referred to Question 1 and stated the COVID-19 pandemic has disproportionately affected BIPOC communities. She noted that the Asian Pacific Islander (API) community was hit especially hard due to discrimination and bullying associated with being connected with the pandemic. She suggested that this Committee hear a presentation on the Commission's report on anti-Asian bullying.

Stacie Hiramoto stated the Health Equity and Social Justice Fund is meant to fund community-based organizations through the Department of Mental Health's Office of Health Equity. Although the Legislature supported this measure, they did not get traction with the Governor's Office, the California Health and Human Services Agency (CalHHS), or the Department of Health Care Services (DHCS). This is tragic and scary. Community-based organizations are best equipped to provide community-defined evidence practices (CDEPs), not counties or government. She suggested that the Prevention Institute contact the CalHHS and DHCS to help them understand the importance of funding to community-based organizations.

Steve McNally, family member and Member, Orange County Behavioral Health Advisory Board, speaking as an individual, stated Orange County received a fairly large grant from the Centers for Disease Control and Prevention (CDC) with 200 organizations involved that might intersect the work of the Prevention Institute.

Steve McNally stated the Commission spoke about expanding the Solano County Innovation Project across the state. He asked for an update on this project.

Steve McNally stated Los Angeles, Orange, Riverside, and San Bernardino Counties comprise 45 percent of California and collectively share one media market. He suggested

that Prevention Institute contact these counties since the local boards are currently discussing what to do and when to do it.

Steve McNally stated there are practices that work better for communities that have not yet gone through the evidence-based process. “Evidence-informed” practices are not needed for the communities being discussed; the speaker suggested funding to help these communities get through the evidence-based process instead.

Steve McNally suggested using responsive funding mechanisms in this area. Small groups that are not bloated at the top with overhead cannot afford to send individuals to meetings unless they are actionable. They also are unable to get through most county procurement systems.

Steve McNally stated the Commission has 16 Commissioners, the California Behavioral Health Planning Commission has 40, including 7 state agencies, and local boards and commissions have over 900 individuals, including 59 electeds. Not all are included in the distribution list for the DHCS and are not even connected with each other. Influence is highest at the Commission level, while community engagement could be highest at the boards and commissions level. The speaker suggested tightening that loop to better help the community.

Agenda Item 3: Presentation – Equity in Action: Building Human Services Career Pipelines for Diverse Youth

Presenters:

- Gustavo Loera, EdD, and Cindy Beck, State Advisor, California HOSA

Chair Alvarez stated the Committee will hear a presentation on current strategies to address the shortages in the mental health workforce through outreach to youth from ethnically and linguistically diverse backgrounds. She asked the speakers to give their presentations.

Cindy Beck, State Advisor, California HOSA (Cal-HOSA), provided an overview, with a slide presentation, of the background, mission, statistics, partnership opportunities, activities, and core values of Cal-HOSA. She stated Cal-HOSA is in the schools providing leadership, exposure, and recognition for students and connecting students with health care employers.

Gustavo Loera, EdD, Member of the Cal-HOSA Board of Directors and the MHSOAC Research and Evaluation Committee, continued the slide presentation and discussed the data Cal-HOSA has collected for its report, which is expected to be completed by August of 2022. He stated Cal-HOSA has seen that student academic engagement and self-efficacy have improved due to student involvement in Cal-HOSA because students go to school with the idea that they will be around individuals with similar experiences.

Discussion

Committee Member Gilmer stated 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. He 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.

Committee Member Admassu stated the shortage in mental health clinicians and case managers is a major issue and many schools no longer have school counselors. She asked if Cal-HOSA has discussed how to increase the number of mental health service providers.

Dr. Loera agreed that there is a shortage of mental health workers and school counselors. He stated Cal-HOSA is more of an early identification and prevention program that focuses on how to reach youth that are beginning to feel anxiety or depression in a peer-to-peer setting to help students find coping mechanisms. Cal-HOSA helped 15 graduating students gain a Mental Health Worker Certificate, which is recognized by the state of California, as part of the successful pipeline being built to ensure that individuals are going into the mental health field.

Ms. Beck added that Cal-HOSA is embedded in schools. The Superintendent of Public Instruction has a number of bills that will help to expand the number of counselors and mental health workers on high school campuses.

Chair Alvarez asked how the Mental Health Worker Certificate relates to other peer programs, particularly for high school students.

Dr. Loera stated this program is based on a collaboration between Cerritos College and a mental health industry but the courses are designed specifically with a recovery focus and they are transferrable. The certificate keeps students in the industry while they transfer to help keep students on that academic track. The next goal is getting universities involved so there is a consistent pipeline that goes beyond community college.

Committee Member Durrah asked about the areas and schools Cal-HOSA is partnering with to offer this type of program. He asked if this program is being made available in underserved communities.

Ms. Beck stated the Legislature has approved \$400 million to schools for career technical education. Part of that is the development of pathways. Cal-HOSA supports the development of mental and behavioral health pathways. She stated the need for high schools to include this program to help remove barriers and develop mental and behavioral health pathways. It is imperative to provide teachers with the encouragement to reach out to partners in their communities to support the work that they are doing so that the community can guide the development of those pathways.

Public Comment

Steve McNally asked about the schools that have partnered with Cal-HOSA. The Commission has connections to youth groups and individuals who can help distribute information to bring greater awareness of this program.

Adjourn

Chair Alvarez stated the next CLCC meeting will be held on August 11, 2022. She adjourned the meeting at approximately 4:00 p.m.