



**Cultural and Linguistic Competency Committee Teleconference Meeting Summary**  
**Date: Thursday, September 8, 2022 | Time: 3:00 p.m. – 5:00 p.m.**

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

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**Committee Members:**

**Staff:**

**Other Attendees:**

Mayra Alvarez, Chair Senait Admassu Estrella Amaro-Jepesen Eugene Durrah Luis Garcia Jim Gilmer Lee Lo Etsegenet Teodros Yia Xiong	Amariani Martinez Tom Orrock Lester Robancho Nai Saechao	Ahmad Bahrami Miya Bray Lilyane Glamben Stacie Hiramoto Josefina Alvarado Mena
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Committee members absent: Gladys Mitchell, Vice Chair, Clair Buckley, Veronica Chavez, Nahla Kayali, Jonathan Lee, Yolanda Randles, Corinita Reyes, Richard Zaldivar

**Agenda Item 1: 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.

Amariani Martinez, MHSOAC staff, reviewed the meeting protocols, called the roll, and stated a quorum was not yet present. A quorum was achieved after Committee Members Gilmer and Lo arrived.

General Public Comment

Stacie Hiramoto, Executive Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), asked that the Prevention and Early Intervention (PEI) Subcommittee Report be put on the agenda for the next CLCC meeting prior to Commission review.

Committee Member Garcia agreed and stated Xavier Becerra, Secretary of the California Department of Health and Human Services (Cal HHS) announced this morning that 94 percent of children and youth do not have access to mental health services. He suggested a presentation and discussion on not only the PEI Subcommittee Report but the framework to begin working with an action plan.

## **Agenda Item 2: Action – August 23, 2022, Meeting Minutes**

Chair Alvarez tabled this agenda item to the next CLCC meeting.

## **Agenda Item 3: Information – Equity in Action: California Pan-Ethnic Health Network**

### **Presenter:**

- Vincent Chou, Community Advocacy Coordinator, California Pan-Ethnic Health Network (CPEHN)

Chair Alvarez stated the Committee will hear a presentation on CPEHN's upcoming event entitled A Right to Heal. The A Right to Heal event is a gathering of community members from Black, indigenous, and communities of color to talk about mental health and wellness. The Committee will hear about the desired outcomes of the event and how information from the event will inform future efforts. She asked the CPEHN representative to give his presentation.

Vincent Chou, Community Advocacy Coordinator, CPEHN, provided an overview, with a slide presentation, of the A Right to Heal Project for Years 1 and 2, ongoing efforts, accomplishments, themes and findings from the 2021 and 2022 statewide reports on mental health in diverse communities, and outlook for Year 3. He invited everyone to CPEHN's virtual A Right to Heal event on September 20<sup>th</sup> to hear powerful testimonies from community members and partners who took part in the 2022 report.

### Discussion

Committee Member Amaro-Jeppesen asked about the plan to continue this project.

Carolina Valle, Policy Director, CPEHN, stated the scope of the project is for three years but the advocacy work will last much longer. The intent of the project is to lay a foundation for that long-term work for local organizations and statewide activities.

Committee Member Admassu asked what has been accomplished so far and about policies requested.

Ms. Valle stated each of these organizations are spearheading local advocacy and policy work with their counties. Organizations have banded together to advance policies at a regional or statewide level, such as policies that expand services that are culturally relevant and sustain community-defined practices.

Committee Member Lo asked how this Committee and the Commission can play a role in supporting the findings.

Ms. Valle asked 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 20<sup>th</sup>.

### Public Comment

Ahmad Bahrami, Fresno County Department of Behavioral Health, asked if CPEHN has considered, for future phases of the project, examining contracting barriers for smaller

community-based organizations in underserved communities, organizational capacity in the communities, and building up community-based organizations to be able to step into those roles.

Mr. Chou agreed that contracting barriers are an issue that needs to be addressed and noted that this will be highlighted in the report. Many of these organizations are already functioning as emergency rooms for mental health, oftentimes out of their scope of focus. Community-based organizations need to continue to serve as a hub for their communities because they are one of the only trusted sources that can provide adequate cultural and linguistic care for their communities.

Ms. Valle added that models on this subject are highlighted in the report. Helping organizations build their capacity to move further along the continuum of care is critical since many community-based organizations are acting like de facto emergency rooms for individuals with mental health issues, even if they are not providing specialty mental health care. Individuals go to community-based organizations because that is who they trust. She stated the need for participation and engagement with community-based organizations that have technical expertise around contracting, Medi-Cal, and specialty care. CPEHN has not yet been able to identify that expertise.

Chair Alvarez stated, regarding the Committee and Commission's opportunity to stand in alignment or in greater support, much of the work that CPEHN is doing is at the local level and many resources that the Commission is connected to are distributed at the county level. The CLCC is working to not only have specific programs dedicated to addressing inequities, but to bake in a commitment to tackle inequities in all programs along with community supports and services, prevention and early intervention, and crisis intervention.

Chair Alvarez stated it would be helpful for the CLCC to hear from CPEHN, based on their work and research, where those changes at the local level can get done, how to replicate successful models, and how the Commission can hold counties accountable to that. She thanked CPEHN for their leadership and provided an open invitation to CPEHN to identify how the CLCC in its capacity as an advisory committee to the Commission can be helpful in the shared work to advance racial equity in mental health care.

Committee Member Garcia stated issues have been well documented for the last 30 years. He stated the CPEHN report is another report reaching the same conclusions: lack of cultural and linguistic appropriate services, poor outcomes, lack of access, and how small community-based organizations can be part of the community. Poor outcomes go back to accountability – the accountability for counties that subcontract with the community-based organizations. Poor outcomes mean that the services are not useful. Increasing access will not help without individuals who understand the community lenses, views, perspectives, and language.

Committee Member Garcia stated a report on these issues will help this Committee and others learn about the necessary changes that must occur within the system. He stated it was nice that the CPEHN report provided more concrete evidence to submit to policy makers that they need to have conversations with communities about what the community

needs. He stated the need for this Committee to create an action plan, based on community feedback given to CPEHN as they gathered information-for this report.

Committee Member Admassu noted that it is not easy to become a provider. Some providers work over ten years to learn the language and standards. The best thing to do is to educate independent consultants and counties to improve their relationships with advocacy groups and community-based organizations to better understand the steps of the language and standards, which is too broad for traditional providers. She stated along with focused, targeted, culturally and linguistically sensitive services, providers also must meet the federal, state, and county standards. Providers must understand the system, standards, and steps to take to be a provider.

Committee Member Admassu stated the need to start from the beginning to learn what needs to be done. She suggested partnering with counties to provide that education for community-based organizations on what does it take to be a contractor. It takes a lot of effort to do what needs to be done, including meeting the standards to provide clinical services for the community for client protection.

#### **Agenda Item 4: Information – Discussion of Future Agenda Items Including Potential Equity in Action Presenters**

Chair Alvarez stated the Committee will have a discussion on future agenda items and will provide recommendations for presenters for the Equity in Action agenda item at future meetings.

##### Discussion

Committee Member Teodros suggested hearing at update on issues and presentations heard over the past year.

Chair Alvarez agreed and asked staff to put together what the Commission has done with feedback and input received from the CLCC. It is important to learn what these conversations lead to.

Committee Member Teodros asked that CLCC comments and input be put in writing, but not necessarily to list which Committee Member made each comment. She asked to include the staff questions asked of the Committee to provide feedback on.

Committee Member Amaro-Jeppesen 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.

Committee Member Teodros suggested a discussion on Senate Bill (SB) 1338, the Care Court bill.

Tom Orrock, Chief, Community Engagement and Grants, stated the MHSOAC Client and Family Leadership Committee (CFLC) will be discussing this issue at its September 20<sup>th</sup> meeting. He invited CLCC Members to join in that conversation.

Committee Member Xiong suggested having a discussion on the PEI Subcommittee Report.

Committee Member Amaro-Jeppesen 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.

Public Comment

Miya Bray, Intern, REMHDCO, suggested a review of the PEI Subcommittee Draft Report regarding SB 1004.

Josefina Alvarado Mena, Safe Passages, agreed with the previous speaker and urged this Committee to adopt the recommendations made in the Draft Report, including the recommendation to include Community-Defined Evidence Projects (CDEPs) in the language around cultural and linguistic accessibility in the PEI Regulations. It is time to be specific in order to address racial and ethnic disparities in the behavioral health community. Having CDEPs inserted into the regulations will go a long way to making that happen in an operational and practical way.

Lilyane Glamben, ONTRACK Program Resources, suggested that CLCC Members attend the California Reducing Disparities Project (CRDP) evaluation-gathering meeting on Friday, October 14, 2022.

**Agenda Item 5: Adjournment**

Chair Alvarez stated the next CLCC meeting will be held on October 18, 2022, from 4:00 p.m. to 5:30 p.m. The meeting adjourned at approximately 4:45 p.m.