Mental Health Services
Oversight & Accountability Commission

Cultural and Linguistic Competency Committee Teleconference Meeting Summary
Date: Wednesday, November 10, 2021 | Time: 3:00 p.m. – 5:30 p.m.

MHSOAC
1325 J Street, Suite 1700
Sacramento, CA 95814

****DRAFT****

Committee Members:	Staff:	Other Attendees:
Mayra Alvarez, Chair	Michelle Nottingham	Sonya Young Aadam
Senait Admassu	Tom Orrock	Ruqayya Ahmad
Claire Buckley	Lester Robancho	Laurel Benhamida
Veronica Chavez		Rosa Flores
Eugene Durrah		Rebecca Gonzales
Luis Garcia		Tamu Green
Jim Gilmer		Stacie Hiramoto
Nahla Kayali		Steve Leoni
Lee Lo		Steve McNally
Etsegenet Teodros		Josefina Alvarado Mena
Yia Xiong		Nina Moreno
Richard Zaldivar		Nari

Committee members absent: Estrella Amaro-Jeppesen, Jonathan Lee, Gladys Mitchell, Yolanda Randles, Corinita Reyes

Welcome, Announcements, and General Public Comment

Commissioner Mayra Alvarez, Committee Chair, called the meeting to order at approximately 3:00 p.m. and welcomed everyone. She thanked everyone for their support while she was on maternity leave, especially Richard Zaldivar for filling in for her while she was away from the July meeting. She reviewed the meeting protocols.

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

Agenda Item 1: Action – Approval of the July 8, 2021, Minutes

Committee Member Gilmer stated Committee Members asked to reagendize Item 2 so a motion could be made to recommend to the Commission to incorporate the recommendations proposed by the California Reducing Disparities Project (CRDP) presenters at the last meeting into the strategy of a stand-alone initiative.

General Public Comment and Public Comment on the Minutes

Stacie Hiramoto, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), thanked staff for the important items on the agenda but stated the need for materials to be posted to the website sooner to give time for review. The speaker suggested a discussion at the next meeting on Senate Bill (SB) 1004 and the mandated list of prevention and early intervention (PEI) priorities for funding at the local level. The speaker suggested adding transition-age youth (TAY) who are not currently enrolled in college to that list and adding language concerning community-defined evidence-based practices (CDEPs).

Josefina Alvarado Mena, CEO, Safe Passages, and Chair, CRDP Cross-Population Sustainability Steering Committee (CPSSC), noted that the CRDP presentation slides from the July meeting were included in today's meeting materials. The speaker reviewed the recommendations made in the presentation slides, for the record:

- Emphasize TAY generally under Priority 3. Prioritizing just college TAY disadvantages TAY youth of color.
- 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."
- Include the establishment of hiring preferences for applicants with backgrounds in ethnic studies and related academic disciplines in systems-change efforts.
- 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.

Josefina Alvarado Mena stated these recommendations can be included in the Commission's Racial Equity Action Plan (REAP) as they already correlate well with Commission and Committee priorities.

Steve McNally, family member, asked about the rules of order being used for meetings and Zoom recordings of meetings. Community engagement is being stifled at the local level. A $15 million CDC grant contract in Orange County was rejected for various reasons. The speaker asked if the Solano County racial disparities project is rolling out in Orange County. The speaker stated concern that the rollout of CalAIM is being presented in silos - a list of what came out of those meetings needs to be generated. The speaker stated concern about peer certification through CalMHSA and that is looking to go to ad hocs. Anything that makes client and family member journeys more difficult should not be allowed.

Steve Leoni, consumer and advocate, stated meeting materials need to be posted sooner.

Nina Moreno, Ph.D., Director of Research and Strategic Partnerships, Safe Passages, and local evaluator with the CRDP, agreed with adding language to Priority 4 to include CDEPs for racial, ethnic, and LGBTQ communities.

Sonya Young Aadam, CEO, California Black Women's Health Project, agreed with previous speakers about including CDEPs and non-college TAY in the language.

Laurel Benhamida, Ph.D., Muslim American Society – Social Services Foundation and REMHDCO Steering Committee, agreed with the Stacie Hiramoto's comments. The speaker stated Afghan refugee youths are one example of why it is important to include non-college TAY in the language.

Rebecca Gonzales, National Association of Social Workers California Chapter and REMHDCO Steering Committee, agreed with Stacie Hiramoto's comments and spoke in support of Drs. Benhamida and Moreno's comments.

Nary, Southeast Asian Resource Action Center and Member of REMHDCO, echoed previous comments about SB 1004 that the new priorities list should be put on the agenda for the next meeting and that non-college TAY should be included in the language.

Chair Alvarez asked for a motion to approve the meeting minutes for the July 8, 2021, CLCC meeting.

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

Vote recorded with participating members as follows:

- Approve: Committee Members Admassu, Buckley, Chavez, Durrah, Garcia, Gilmer, Kayali, Lo, Teodros, Xiong, and Zaldivar
- Abstain: Chair Alvarez

Agenda Item 2: Update and Discussion on the Commission's Racial Equity Action Plan

Chair Alvarez stated the Committee will hear an update on the progress of the Commission's REAP. She asked to hear about next steps at the December meeting.

Tamu Green, Ph.D., CEO, Equity and Wellness Institute, provided an overview, with a slide presentation, of the Commission's mission, California values, racial inequity in mental health, work to date, root cause analysis, and data review. She stated the root cause analysis identified two areas that are contributing to racial disparities in mental health – distrust of the mental health system due to trauma with multiple systems, and the fact that California's mental health system is based on a medical model with emphasis on individual deficits and diagnosis, rather than systemic and societal causes of mental health needs.

Committee members provided feedback on the following external strategy questions:

<u>Who are potential partners we may want to engage in informing this strategy</u>?

- 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.

Public Comment

Steve McNally stated concern that behavioral health directors and boards of supervisors have been allowed to do whatever they want regardless of the Commission, the California Behavioral Health Planning Commission, or local boards. The speaker agreed with reaching outside the health care industry for support, and suggested filling cultural competency committees with individuals who also care about behavioral health, but stated the need for agencies that allow that. Every county should have a responsive funding mechanism with a fiscal sponsor so that smaller community providers can get the funding directly so they do not have to hire a person to do reports that are never shared, due to siloing.

Stacie Hiramoto stated it is sometimes difficult to get diversity with one person doing the hiring. The speaker shared the example of a company that hired with a team that included individuals of color from the community. It depends on who is on the hiring team. The

Commission should go further than just looking at hiring practices to get a diverse workforce but they should examine the work begin done with their sole-source contracts.

Josefina Alvarado Mena stated there are two glaring areas missing in the proposed plan: accountability and power. There are different ways of doing TA that could create greater accountability and increase the power of the communities, but TA contracts need to be thought about differently. Local advocacy is very powerful because it represents the constituencies of the decision-makers. This is an important connection that is not often discussed. Barriers need to be identified and addressed in order to reduce disparities at the system level. Think about building critical mass of individuals within organizations and counties that are moving in the same way and sharing philosophies about equity.

Sonya Young Aadam stated county agencies and the state government felt that it was critically important to reach out to certain population groups through CBOs to get COVID-19 testing and vaccines done, due to the lack of trust in government. The same should be true to help individuals access mental health care. It is difficult to go county by county trying to convince them that culturally-competent mental health care and PEI is important. Every CBO in the state will stand together with the Commission if it would support better implementation of what is already codified so it happens on the ground.

Agenda Item 3: Immigrant and Refugee Stakeholder RFP

Chair Alvarez stated the Committee will hear an update on progress toward the next round of funding for advocacy on behalf of immigrant and refugee communities.

Lester Robancho, Lead of Advocacy Contracts and Contract Monitor, provided an overview, with a slide presentation, of the background, structure, and lessons learned, of the immigrant and refugee stakeholder advocacy contracts.

Committee members provided feedback on the following discussion questions:

<u>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</u>?

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

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

- 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.

Public Comment

Rosa Flores, Senior State Programs Manager, Latino Coalition for a Healthy California, encouraged a continuation of the model of a statewide convenor supporting local-level entities for the immigrant and refugee population. Statewide advocacy should be integrated into the RFP. The speaker spoke in support of an interactive database and measuring awareness, community familiarity with behavioral health and mental health department processes, and reciprocal relationships built between county leaders and community-based organizations particularly those who are historically misrepresented or politically disenfranchised. These are great things to track.

Laurel Benhamida suggested evaluation along the way of the project in the RFP and not just end evaluation. The speaker asked if evaluation reports for current projects are accessible. Advocacy at both the local and statewide levels should be built into the RFP. Communities

must work with counties but, at the same time, there are issues that come up at the state level that must be addressed because they create barriers.

Stacie Hiramoto stated advocacy is needed at both the state and local levels. Immigrant and refugee issues are specialized. The speaker agreed with having a coalition with perhaps 20 to 30 individuals representing 20 to 30 different immigrant and refugee communities from different areas to do work at the state and local levels.

Agenda Item 4: Triage RFA Round 3

Chair Alvarez stated the Committee will hear a presentation on the background and goals of Senate Bill 82, Investment in Mental Health Wellness Act of 2013, also known as Triage.

Mr. Orrock provided an overview of the background, objectives, and timeline for the third round of Triage funding.

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.

Public Comment

Ruqayya Ahmad, California Pan-Ethnic Health Network (CPEHN), stated Round 3 funding should not go towards co-responder models that work with law enforcement in crisis situations. Invest in community-based models that do not involve law enforcement. Also, from the first point of contact, individuals should receive services in their primary language without fear of criminalization. Programs that receive the funding should be required to

conduct robust culturally and linguistically competent outreach to their local communities to ensure that those communities are aware of the services and are able to utilize them.

Stacie Hiramoto agreed with the previous speaker. Communities of color would like other personnel to be funded or other methods. At the least, train law enforcement personnel about bias and interacting with communities of color differently.

Laurel Benhamida agreed with the previous speakers. The speaker suggested looking at what Sacramento County is rolling out after an extensive involvement with community stakeholders. They are hiring for a team approach that is not police-focused.

Steve McNally stated it is important to know where triage programs exist in the market today. The handoff between First 5, the MHSA, and SSA must be tightened up to indicate the number of case managers and who is getting what. The speaker asked Commissioners to help guide local advocates about law enforcement protocols in the different counties to better effect change.

Adjourn

Chair Alvarez asked Committee Members to send additional feedback on the discussion questions for the immigrant and refugee stakeholder RFP and the Triage RFA to mhsoac@mhsoac.ca.gov and to indicate the topic of the comment in the subject line.

Chair Alvarez stated the next CLCC meeting is scheduled for December 8th. She thanked everyone for their participation and adjourned the meeting at approximately 5:30 p.m.