

**MENTAL HEALTH SERVICES  
OVERSIGHT AND ACCOUNTABILITY COMMISSION (MHSOAC)  
Cultural and Linguistic Competence Committee  
August 15, 2012  
1500 Capitol Mall  
Hearing Room 72.167  
Sacramento, CA 95811  
(916) 445-8696  
8:00 a.m. to 11:00 a.m.**

**Committee Members Present:**

Dr. Victor Carrion, Chair\*  
Delphine Brody\*  
Stacie Hiramoto  
Raja Mitry  
Will Rhett-Mariscal\*  
C. Rocco Cheng  
Gwen Slattery  
Viviana Criado  
Gwen Wilson\*  
Kamila Baker  
Jo Ann Johnson

**Staff:**

Jose Oseguera  
Peter Best  
Filomena Yeroshek

**Others Attendees:**

Vickie Mendoza  
Shayn Anderson  
Ruth Tiscareno  
Carmen Diaz  
Ralph Nelson  
Kimberly Knifong  
Joyce Ott\*

**\*Participated via phone**

**Meeting called to order at 8:13 AM**

**Welcome/Introductions**

The Chair welcomed all in attendance and provided an overview of the day's agenda and members were introduced.

**Tab 1 Review and Approve June 13, 2012 Meeting Minutes**

The June 13, 2012 minutes were presented to the committee for approval and were approved by consensus.

**TAB 2 Status updates from the three CLCC Workgroup regarding their progress on completing their assigned Charter Activities**

The CLCC formed three workgroups (i.e., Policy, Reducing Disparities and Cultural Competence Presentation Workgroups) to complete selected CLCC Charter items. The following is an overview of the discussion which includes public comments:

### **Cultural Competence Presentation Workgroup Discussion**

- One of the workgroup members provided an overview and explained that Dr. Tamu Nolfo had listened to input and direction from the workgroup members in regards to the information they wanted conveyed at Commission presentation.
- The presentation will incorporate the Cultural and Linguistic Appropriate Services Standards (CLAS) introduced during last year's presentation and introduce cultural humility concepts.
- The presentation will be interactive and will have an engagement activity at the beginning of the presentation. Also, the evaluation form that was used last year will be modified and utilized again.
- One of the workgroup members explained that cultural humility is a lifelong process of self-reflection and self-critique. It is an approach to valuing the belief systems of various cultures. In practicing cultural humility, rather than learning to identify and respond to sets of culturally specific traits, the culturally competent person develops and practices a process of self-awareness and reflection.
- Question: Where is the policy relevance for this presentation and will members of the CLCC participate in the presentation? The Commissioners need to understand how this presentation will help them be more culturally competent in the decisions that they make.
- A comment was made that the objective of the presentation should be defined during the introduction and incorporate the concepts of the MHSOAC logic model. The Committee, in collaboration with the Cultural Competence Presentation workgroup, will select who will provide the introduction and closing comments.
- A suggestion was made to have the Chair provide the closing comments for the presentation. The Chair agreed to take on this task.
- Staff and the workgroup members will inform Dr. Nolfo that members of the CLCC plan to provide introductory and closing comments to frame the presentation and provide context. The suggested timeframes are a 5-10 minute introduction (CLCC member), a 40-45 minutes presentation (Dr. Nolfo) and a 5-10 minute closing comments/next steps (Dr. Carrion). Within the introduction and closing comments, the Commission will be informed of how to use the information in policy decisions.
- The Cultural Competence Workgroup will develop a draft introduction and closing slides once the draft PowerPoint from Dr. Nolfo is received.

- A member of the public stated that involving the committee in the presentation is a good idea. It will show the Commission that the CLCC did not just recruit an expert to provide a presentation, but that the CLCC was involved throughout the planning process of the presentation.
- Question: Will the CLCC have a chance to review the presentation before it is delivered to the Commission?
- Staff stated that Dr. Nolfo has agreed to submit a draft of the PowerPoint presentation to staff by September 24, 2012. The information will also be forwarded to the committee. Dr. Nolfo will be in attendance at the October 3, 2012 CLCC meeting to discuss any recommended changes or additions.
- A comment was made that this is the fourth year that this Committee has requested additional time for the Cultural Competence Presentation.
- The Committee was in consensus that being allotted only one hour is not sufficient to make a lasting impact on the Commission.
- A suggestion was made to introduce cultural competence ideas to the Commissioners at each Commission meeting.
- The Committee agreed to discuss the planning of a Cultural Competence Program that will be presented at each Commission meeting. This discussion item will be agendaized for the October 3, 2012 CLCC meeting.

### **Reducing Disparities Workgroup Discussion**

One of the workgroup members provided an overview of their meeting discussion. An outline was developed to complete Charter Number 6: "Provide update to Commission about collaborative efforts focused on reducing disparities that are being pursued by various agencies". Additionally, the workgroup will define the meaning and importance of cultural competence and disparity. The outline included:

- Purpose
- Background: What triggers this project and why is this project important? How does the project relate to un-served, under-served, and inappropriately served as well as the CRDP?
  - Definition: What is disparity in mental health and what is cultural competence?
    - Disparity
    - Cultural competence

- Methodology: How do people usually measure it? What are the pros and cons of the methodology and what are some of the common pitfalls (e. g, penetration rate)?
- The matrix contains the California reducing disparities efforts that are being completed by different agencies and includes new mental health partners such as the new Office of Health Equity (DPH), CRDP, CalMHSA, and UC Davis.
- Findings (Analysis):
  - What is present across all agencies?
  - What is unique to each agency that could be replicated?
  - What is missing? e.g., age specific information/efforts, consideration of social determinants, other systems [legal/correctional system; welfare system] etc.)?
  - Who is providing coordination and facilitating integration of efforts?
- Discussion (Impact):
  - How do these efforts and findings contribute to reducing disparities? How do they relate to OAC's logic model and to the Reducing Disparities Strategic Plan?
  - Recommended support for the mid-term and long-term projects on reducing disparities.
  - A suggestion was made to identify sub-categories and patterns of service utilization for the identified subgroups.
  - The membership suggested that the workgroup develop a policy paper and make recommendations on reducing disparity efforts in California.

### **Policy Workgroup Discussion**

- One of the workgroup members explained that this workgroup was formed to complete Charter Activity Number 2: "Obtain updated utilization data from the Department of Mental Health (DMH) for 2008-09 and 2009-10 to compare to baseline data for 2003-04." However, due to the elimination of DMH, this information was unavailable. Additionally, the MHSAOAC Evaluation Committee had contracted with the University of California Los Angeles (UCLA) to obtain similar data.
- The workgroup decided as an alternative to complete Charter Activity Number 6: and instead, provide recommendations regarding the Initial Statewide Priority Indicator Report.
- The membership was tasked with the review of the Initial Statewide Priority Indicator Report and to provide recommendations.
- Various recommendations were discussed and provided at the meeting and more should be provided to staff by no later than August 21, 2012.

- Staff will compile the recommendations and submit them to UCLA by the August 28, 2012 deadline.

### **Tab 3 Community Forum Workgroup Update**

Staff provided an overview of the planning and outreach efforts surrounding the upcoming MHSA Community Forum in Santa Ana, California. A forum essentials document was emailed to LISTSERV members and posted on the MHSOAC website. There will be interpreters available in five languages and resource tables will be staffed by various community organizations. The following is an overview of the discussion which includes public comments:

- A comment was made that the 2011 Community Forum Report was not reviewed by the CLCC or the Client and Family Leadership Committee (CFLC) before being presented to the Commission.
- The membership suggested that subsequent forum reports should be presented to the CLCC and CFLC before it was presented to the Commission.
- A comment was made that recommendations from the CLCC to the Community Forum Workgroup (CFW) are not being relayed by the CLCC members who are part of the CFW.
- One of the CFW members responded that many of the recommendations from the CLCC have been presented to the workgroup and incorporated.
- Staff suggested that the membership discuss a process for moving forward recommendations to the CFW.
- This process will be discussed at the October 3, 2012 CLCC meeting.
- A comment was made that there should be more follow-up with groups who have displayed interest in getting more information about the MHSOAC or have identified specific concerns at the community forums.
- Staff explained that there is a follow-up process in place and enhancements could be made.
- Staff commented that a thank you letter be sent to any of the forum attendees that present items at the breakout group at the forum. This letter will be signed by the MHSOAC Executive Director.
- A suggestion was made to include Dr. Gaxiola's Building Partnerships document in the October 3, 2012 CLCC meeting packet.
- A member of the public commented that the forums have vastly improved over the last year or two. Staff and others are doing a good job and headed in the right direction.

**General Public Comment**

**None**

**The meeting was adjourned at 11:05 AM.**

Respectfully submitted by

Peter W. Best, Staff Mental Health Specialist