



**Client Linguistic Competence Committee (CLCC)**

**Minutes**

**April 9, 2013**

**8:30 AM – 11:30 AM**

**1500 Capitol Avenue**

**Video Room 72-170**

**Sacramento, CA 95811**

**Committee Members:**

**Staff:**

**Other Attendees:**

Gwen Slattery Marissa Lee* Delphine Brody Kamila Baker Gwendolyn Wilson* Monica Nepomunceno Raja Mitry Delores Williams Dorothy Friberg Amber Burkan JoAnn Johnson	Chair, Victor Carrion* Vice-Chair, LeeAnn Mallel* Kevin Hoffman Filomena Yeroshek Pete Best	Vicki Mendoza* Kimberly Knifong Sandy Villano
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\*Participation by phone

Committee members absent:

William Rhett-Mariscal, Sharon Jones, Alexander Kagan, Emma Oshagan

**Welcome/Introductions**

CLCC Chair Carrion welcomed all attendees and introduced Vice-Chair LeeAnee Mallel.

Staff reviewed the meeting agenda and informed the membership that the Commission is standardizing the format of the meeting minutes to only focus on actionable items and/or agreements.

**Adoption of the March 6, 2013 Meeting Minutes**

The March 6, 2013 minutes were approved by consensus.

**Community Forum Workgroup Update**

There will be a presentation to the Commission at the April 25, 2013 meeting, regarding the Community Forum that was held in San Bernardino County on March 14, 2013. Raja Mitry (CLCC), and Ruth Tiscareno, Client and Family Leadership Committee (CFLC) will be the presenters. The presentation will include a PowerPoint and the presenters will provide additional information regarding the specific information gathered at the forum.

The following is an overview of the discussion including public comments:

- Four overarching themes were identified by the forum breakout groups which includes the following:
  1. The need for respite care for family members and caregivers of persons dealing with mental health challenges.
  2. The need for better collaboration in assisting clients to navigate the mental health system, in order to reduce wait times and increase access.
  3. The need for more employment and educational opportunities for clients. This will increase the ability for clients to succeed in the community.
  4. Develop additional outreach and engagement strategies to reach the unserved, underserved and inappropriately served communities.
- This was the most diverse forum to date, with multiple interpreters being utilized.
- There are approximately 200 forum participants.
- The forum site was difficult to find, but the local community seemed to know where it was, which was evidenced by the large forum attendance.
- Many of the Asian Pacific Islander (API) and Latino forum attendees had not heard about the Mental Health Services Act (MHSA), nor its programs or services. Targeted outreach to these communities should originate at the county level.
- The County and MHSA contract providers need to ensure that stakeholders are aware of which programs are MHSA funded.
- The MHSOAC should request that any entity that receives MHSA funding display the MHSA logo on their written materials.
- Staff stated the Commission has initiated efforts to insure MHSA logos are used by the county and its providers. This effort is in its early stages.
- The MHSA has sponsored Public Service Announcements (PSA) on the Proposition 63 Website, which outlines that Mental Illness can affect anyone. The PSA's are translated into English, Hmong, Tagalong, Mandarin, Russian and Vietnamese. Staff will send committee members the website link to the PSA's.

### **Workgroup Progress Update and Identification of Future Meeting Dates**

The three CLCC workgroups provided an overview of their strategies to complete their assigned charter activities. The following is a synopsis of the workgroups presentations:

**Community Engagement Workgroup:**

Activity 1: “Continue quarterly Community Forums and following each forum provide the Commission with a summary report of potential policy implications.” The first report to the Commission will occur at the April 25, 2013 meeting.

Activity 1a: “Assign four CLCC members and two alternates to serve on the Community Forum Workgroup.” This item has been completed.

Activity 1b: “Determine strategies to encourage agencies, providers and communities to promote and involve participation for unserved, underserved and inappropriately served racial, ethnic, and cultural communities from across the lifespan.”

Strategies discussed included:

- Utilizing social media as an outreach mechanism.
- Use the MHSOAC Facebook account as an outreach tool. Staff stated that the account has been closed.
- Outreach to other agencies via Face Book, Twitter, etc.
- Outreach via face-to-face meetings with churches.
- Identify surrounding underserved communities before next forum and personally deliver flyers to this population.
- Contact the MHSA Coordinator in identified counties where forums are being held to assist in outreach efforts.
- Outreach to local shelters, emergency rooms, crisis hospitals, jails and low income apartments.
- Contact MHSOAC staff to gain access to the list of MHSOAC forum outreach contacts to ensure no duplication in outreach efforts.
- Use “Survey Monkey” as a post-forum assessment.
- Allow forum participants to receive continuing education units (CEU’s) or college credit for attending the forums.
- Outreach to mental health contacts on college campuses near the forums.
- Outreach by sending texts to free phone lines, via universal lifeline service.
- Outreach to the Department of Motor Vehicles, Equal Employment Opportunity Department and Child Protective Services to post forum flyer at their sites.
- Insert forum flyers with issuance the of Electronic Benefit Transfer checks.
- Invite MHSOAC Public Information Officer to attend next workgroup meeting to discuss additional outreach strategies.

**Collaborations with other Committees Workgroup:**

Activity 3: “Continue to monitor the California Reducing Disparities Projects (CRDP) in partnership with the Office of Health Equity (OHE).”

Kimberly Knifong, OHE provided an overview and update on the CRDP:

- The Strategic Plan is the Blueprint (framework) for the CRDP Phase II.
- CRDP Strategic Plan is in 3<sup>rd</sup> draft and will be reviewed by Agency and California Department of Public Health the week of April 15, 2013.
- Minor changes were suggested, such as adding a table of contents.
- The contractor for the Strategic Plan, California Pan Ethnic Network (CPEN), will post the final version of the plan on their website and distribute it via email for feedback for a 30 day review and public comment. OHE will also post the plan on their website.
- MHSOAC will be provided with a copy in advance.
- CPEN will make changes based on input received.
- The final version of the plan will be sent to agency for approval.
- The goal is to have the strategic plan in print form by May or June 2013.

Activity 3a: “Consider stakeholder input and make collaborative recommendations regarding policy implications to incorporate effective practices for, by and of diverse communities” and Activity 3b: “Monitor California MHSa Multicultural Coalition (CMMC) activities and analyze findings.” The discussion included:

- The March 25, 2013, CMMC minutes were sent to the workgroup by staff. The workgroup will review these and future CMMC minutes and identify any gaps as they relate to disparities.
- The workgroup will summarize and present their findings to the CLCC and possibly the Commission.
- The workgroup will discuss how to outreach to the broader public. Possible options are to use Survey Monkey, word of mouth and face to face meetings.
- CMMC has 5 subgroups. Workgroup members may attend any of these meetings.
- Stress partnership and collaboration with the OHE and CMMC. The Commission is gleaning information and is not functioning in an oversight role.

Activity 7: “Monitor the statewide collection of disparity data.”

- Staff will research past CLCC meetings that discussed disparities and provide the workgroup with the results.
- The workgroup will possibly review and discuss University of California Davis Reducing Disparities Report.

**Self-Assessment and Education Workgroup:**

Activity 5: “Prepare annual cultural competence presentation to staff/commissioners.”

- One presentation a year is not enough.
- Review evaluations from last year’s presentation.
- Possible presenters could include Dr. Lawrence Yang or Dr. Giorda.
- Possibly expand the training/presentation time allotment.
- Incorporate real life situations and examples, including short video clips.
- Identify cultural issues, list solutions and the importance of culture.
- Possibly have the 5 CRDP population groups present to the Commission throughout the year.

Activity 8: “Receive regular updates on MHSOAC evaluation efforts, consider implications of pertinent results, and make plans to act on those that are relevant to Committee purpose and objectives. Provide input on MHSOAC evaluation efforts as needed.”

- a. “Communicate lessons learned and best practices from evaluations to improve programs and policy as part of quality improvement feedback.”
- Invite Renay Bradley, Director of Research and Evaluation, to provide an update on MHSOAC evaluation efforts.
  - A suggestion was made that one of the workgroup members should attend the MHSOAC Evaluation Committee’s Full Service Partnership (FSP) Cost/Cost Offset Workgroup Meeting, which will be held on April 16, 2013, from 11:00 am- 12:00 pm.

Activity 9: “Develop and conduct an initial organizational (MHSOAC) self-assessment of Culturally and Linguistically Appropriate Services (CLAS) related activities and identify possible gaps and offer recommendations.”

- a. “Present the findings to the Commission.”
- This activity will be discussed at the next workgroup meeting.

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Activity 6: “Communicate progress in reducing mental health disparities to continue to build collaboration in access, quality and services.”

- The three workgroups will work together to complete this activity.

Activity 4: “Participate in a workgroup convened by the MHSOAC Services Committee to provide input for development and implementation of the Integrated Plan.”

- Two members of the CLCC will be selected by the Chair and Vice-Chair to participate on this workgroup and report back to the membership on the progress of the workgroup’s activities.

**Action:** Staff will contact the members of the three workgroups to schedule their next meetings.

**Public Comment:**

- A comment was made that they hope this committee will find an innovative way to present cultural competence and disparity related issues to the Commission.
- Provide additional ways for stakeholders to attend the Commission meetings via webcast, teleconferencing and having the ability to ask questions using the conference call line.
- Have presentations to the Commission from different cultural community members.

**General Public Comment**

A comment was made that there is current legislation to expand involuntary treatment. Delphine Brody will send a listing and explanation of these bills to staff for distribution to the committee.

**Adjournment**

Meeting adjourned at 11:25 am.