

Cultural and Linguistic Competence Committee (CLCC)

Minutes

February 26, 2014

9:30 AM – 12:30 PM

California Institute for Mental Health (CiMH)

2125 19th Street, Sequoia Room, 2nd Floor

Sacramento, CA 95818

Committee Members:

Staff:

Other Attendees:

Gwen Wilson*	Chair, Aslami-Tamplen	Vicki Mendoza
Sharon Jones*	Vice-Chair Mallel*	Stacie Hiramoto*
Marissa Lee*	MHSOAC Executive,	Kimberly Knifong
Jeannine Farrelly	Director Andrea Jackson	Elaina Senital
Emma Oshagan*	Filomena Yeroshek	Michelle Violet
Raja Mityr	Jose Oseguera	Beatrice Lee
Monica Nepomuceno	Peter Best	Jeremy Wilson*
Will Rhett-Mariscal*		Shannon Doerman*
Kamila Baker		Addrienne DeSantis
Dorothy Friberg		
JoAnn Johnson		

*Participation by phone

Committee members absent:
Gwen Slattery, Delphine Brody, and Delores Williams.

Welcome/Introductions

The Chair welcomed all in attendance.

Adoption of the October 16, 2013 and January 14, 2014 Meeting Minutes

The October 13, 2013 and January 14, 2014 meeting minutes were presented to the committee for approval and were approved by consensus with minor changes. The revised meeting minutes will be posted on the MHSOAC website.

Review Approved CLCC Charter Activities

Charter Activity Number Four:

Prepare annual cultural competence presentation for staff/commissioners.

The MHSOAC Executive Director, Andrea Jackson, imparted the membership with a brief history of her professional journey to the MHSOAC and her thoughts regarding improving the Cultural Competence Presentation.

This topic relates to CLCC Agenda Item Number Four. The highlights of her presentation included:

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- The last presentation was informative and had important content, but did not seem to hold the attention of some of the Commissioners. This may have been in part, because the presentation was held late in the day.
- The goal of the presentations should be to help the Commissioners understand the cultural and linguistic barriers and challenges clients and their family members and members of cultural and ethnic community's experience. Also to increase the Commissioners cultural humility and understanding of the various communities we serve and to acknowledge the importance of ensuring communities feel valued and included in service delivery.
- The type of presentation used to impart information to the Commission is key in keeping their attention. The academic, lecture style presentation may not be the most effective way to reach the Commissioners. Executive Director Jackson asked the CLCC for ideas to improve future presentations and make them more engaging.
- The presentations should be thought-provoking, provocative and presented early on the meeting agenda.
- It may be possible to have more than one presentation per year, which may include small presentations or updates at every other Commission meeting.
- Deliver the presentations in different ways which may include personal stories, multi-media and community member presentations.
- One possible presentation could be from the transgender community.
- All options are on the table and she is willing to speak with the MHSOAC Chair and Co-Chair to ensure Commissioners understand the importance of the presentations. It's not a problem if the presentations take them out of their comfort zones.

Comments from attendees, including public comment included:

- Thank you for your support and vision to highlight the importance providing more than a one-hour presentation.
- Provocative subjects have been suggested in the past, such as "The Gardeners Tale," but have not been allowed to be presented to the Commissioners. We may need to research why this occurred.
- The CLCC membership needs to understand why it seems so difficult for Commissioners to hear about the inequalities that are plaguing many ethnic communities.
- Presentations could include a welcoming face, known in the various underrepresented communities who would describe their customs, stories, triumphs and challenges.

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- The CLCC has been frustrated with only being allowed to make a once-a-year presentation. Cultural Competence an important subject that requires adequate time and attention.
- Not being able to pay honorariums to bring in professional presenters has been a barrier in the past.
- Presentations could include; video clips, interactive discussions with Commissioners and food from various communities.
- Highlight the good things that the MHSOAC is doing and how the decisions of the Commission impact the lives of clients and family members.

The membership then discussed the remainder of the charter activities. The following is a synopsis of some of the comments, including public comment:

- The committee membership would like to know what other MHSOAC Committees and workgroups are doing. This is an opportunity for collaboration.
- Need to prioritize our activities and work. We can't do everything.
- Are workgroups necessary to complete the 2014 CLCC Charter activities?
- Attendance at workgroup meetings was low. Need to have a set schedule.
- An Ad-hoc Committee could be established to complete specific charter activities. This may be a more efficient use of committee time and resources.
- Do not lose the work the workgroups have completed.
- Get presentation updates from other MHSOAC committees at future CLCC meetings.
- Provide input on data strengths and review what data is being collected.
- Have Community Forum Workgroup updates at CLCC meetings.
- Review past cultural competence presentations and analyze the positives and negative lessons learned.

Charter Activity Number One:

Continue quarterly Community Forums via the Community Forum Workgroup to do the following:

- a. Identify CLCC members and alternates to serve on the Community Forum Workgroup and identify replacements when necessary.
- b. CLCC workgroup members will collaborate with the workgroup and MHSOAC staff to provide the Commission with an annual written

summary report of potential policy, communication and technical assistance implications.

- c. CLCC workgroup members will collaborate with the forum workgroup and MHSOAC staff to prepare and post a written summary report after each forum.
 - d. Review methods for synthesizing information collected from Community Forum Workgroup and identify replacements when necessary.
- This is an ongoing activity. No discussion noted.

Charter Activity Number Two:

Expand and diversify the methods by which the MHSOAC receives input from people with lived experience of mental illness.

- a. Determine strategies to expand and diversify participation in MHSOAC and Committee meetings to the fullest extent.
- b. Suggest strategies to expand methods by which people with lived experience can provide input (in person, online, written, other).

Comments from attendees, including public comments included:

- Staff stated that a synopsis of the three CLCC Workgroups ideas and accomplishments are included in the meeting packet. The Community Engagement Workgroup suggested handing out a bookmark at the community forums as an incentive to complete and submit the forum questionnaire. The use of the bookmark substantially increased the percentage of questionnaire returned to staff.
- Can counties be force to include the MHSOAC or Proposition 63 logo on all MHSA funded program documents and at program sites?
- The MHSOAC has discussed this topic with the County Mental Health Directors Association (CMHDA); they are in favor of this practice. However, counties cannot be forced to comply since this stipulation is not included in their contracts with the state or in MHSA statutes.
- MHSOAC will continue to stress the importance that recipients of MHSA services and the general public need to know what services are MHSA funded.
- Some counties include language on the documents that indicate that the serves or program is MHSA funded.

Charter Activity Number Three:

Review the California Department of Public Health's (CDPH) California Reducing Disparities Project Strategic Plan and proposed implementation schedule:

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- a. Consider stakeholder input and make collaborative recommendations regarding policy implications to incorporate effective practices for, by and of diverse communities.
- b. Collaborate with the California MHS/MHSA Multicultural Coalition (CMMC) to identify their activities and analyze findings.

Comments from attendees, including public comments included:

- Request a presentation from Jahmal Miller, Deputy Director, Office of Health Equity (OHE), who can discuss his vision for the OHE and any possible collaboration opportunities for the CLCC.
- Request that the California Reducing Disparities Project (CRDP) partners make a presentation on their population reports to the CLCC and the Commission. This could happen at multiple meetings, or the CLCC could hold an all-day meeting.
- Kimberly Knifong, OHE, has in the past provided the CLCC with updates regarding the CRDP Strategic Plan as requested.
- Stacie Hiramoto, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO) and CMMC, provided the CLCC with an update on the CMMC contract deliverables for last year.
- Request an update on the CMMC State of the State Reports.

Charter Activity Number Five:

Communicate progress in reducing mental health disparities to build collaboration in access, quality and services.

Comments from attendees, including public comments included:

- The Draft U.C. Davis Reducing Disparities Report public comment period ends on March 15, 2014. Can the CLCC submit an official response regarding this report?
- Many of the CLCC members stated that they had not read the report.
- Staff stated that the draft report was sent out on the list serve a couple of weeks ago. The MHSOAC Evaluation Committee had also sent out the report.
- Staff will email the draft findings to all meeting participants.
- CLCC members will send to staff any comments regarding the U.C. Davis findings by close of business, March 12, 2014. Their response will be forwarded to the CLCC Chair and Co-Chair to be used during the Commission discussion on this topic.

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- The membership requested that staff research the list of acronyms that was developed last year by one of the CLCC workgroup and distribute to the membership.

Charter Activity Number Six:

Monitor the statewide collection of disparity data.

Comments from attendees, including the public:

- Updates from the MHSOAC Evaluation staff can be requested as needed.

Charter Activity Number Seven:

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

Comments from attendees, including public comment included:

- Updates from the MHSOAC Evaluation staff can be requested as needed.
- Monitor MHSOAC Evaluation Committee deliverables and provide input as needed.
- CLCC members can attend Evaluation Committee meetings in-person or via phone.

Charter Activity Number Eight:

Continue to conduct an initial organizational self-assessment of MHSOAC according to Culturally and Linguistically Appropriate Services (CLAS) standards and act on recommendations.

- a. Present the findings to the Commission.

Comments from attendees, including public comment included:

- Staff stated that last year a couple of assessment tools were presented to the CLCC. The CLCC selected the National Center for Cultural Competence (NCCC), Cultural and Linguistic Policy Assessment to distribute to the Commission and staff. Modifications to this tool were suggested, but copyright laws prohibited modification of this tool. The tool was not provided to the Commission.
- JoAnn Johnson, CLCC Member, discussed the Organizational Cultural Competence Assessment Protocols. This report reviewed eleven different tools and their ranking. Staff will contact Ms. Johnson to research other tools and will present them to the membership at the next meeting.

Charter Activity Number Nine:

Endorse and promote strategies that transform the mental health system, including systems and services integration.

- a. Culturally responsive services that relate to individuals needs
- b. Promote wellness, resiliency and recovery

Comments from attendees, including public comments included:

- This activity is a tenet of the MHSA and should be part of the CLCC's ongoing quest for culturally and linguistically competent services.

Action Items

- CLCC will discuss the Cultural Competency Presentation and possible topics at their next meeting.
- Charter activities will be addressed by the full committee. An Ad-Hoc workgroup may be established as needed to complete specific charter activities.
- Staff will mail the Community Forum schedule to the membership.
- Staff will email the Draft Analysis of Findings regarding "Evaluating the Impact of the Mental Health Services Act on Reducing Disparities in Access" to all meeting attendees.
- CLCC members will send to staff any comments regarding the U.C. Davis findings by close of business, March 12, 2014. Their responses will be forwarded to the CLCC Chair and Co-Chair to be used during the Commission discussion on this topic.

Future Agenda Items

- Receive an update on the U.C. Davis reducing Disparities Report.
- Discuss cultural competence presentation topics.

General Public Comment

- East Bay Forum was a successful event. There were 275 people in attendance.
- Members from underserved communities, such as Napal where in attendance.
- The discussion was energetic and robust.
- The questionnaire should be presented in a conversion style.
- The questionnaire is too lengthy and hard to translate into Spanish.

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- There is a need for Issue Resolution Process (IRP) review at the county and state level. Many people at the forum did not know who to contact if they had an issue with county MHSA services.
- The Commissioners on the panel during the question and answer period were bombarded with many negative comments about MHSA services and experience. We need to find a way to highlight the successes of the MHSA.
- The issue of AB 1421 arose during a breakout group discussion, but was not discussed in the general forum. Laura's Law is a California state law that allows for court-ordered assisted outpatient treatment or forced anti-psychotics. The statute can only be utilized in counties that choose to enact outpatient commitment programs.
- Pleased with Executive Director's vision.

Adjournment

Meeting adjourned at 12:35 PM.