

**MINUTES**  
**Cultural and Linguistic Competence Committee**  
**December 14, 2009**

**9:00 AM to 5:00 PM**

**2125 19th Street, 2nd Floor**  
**Sacramento, CA 95818**

**Attendance**

CLCC Members

CLCC Staff

Other Attendees

Richard Van Horn, Chair  
Eduardo Vega, Vice-Chair  
Mertice “Gitane” Williams  
Stacie Hiramoto  
Rachel Guerrero  
Jo Ann Johnson  
Gwen Wilson  
Laurel Benhamida  
C. Rocco Cheng\*  
Amber Burkan  
Janet King  
Nancy Carter  
Will Rhett-Mariscal  
Doretha Williams-Flournoy  
Sergio Aguilar-Gaxiola\*

Jose Oseguera  
Luis Rodriguez

Ann Arneill-Py  
Jim Gilmer

**Absent**

Kelvin Lee  
Oscar Wright  
Leticia Alejandrez  
\* Participated via telephone

Chair Van Horn, called the meeting to order at 9:15 PM.

**Welcome and Introductions**

Chair Van Horn welcomed attendees and asked all participants to introduce themselves.

**Review of October Minutes**

A CLCC member requested changing Page 5, bullet #4 under the “Discussion on the role of CLCC” to read: “Some of the Committee members felt that the CLCC had a responsibility to address all issues that affect the work of the MHSOAC.” The minutes were approval as amended.

**Draft the 2010 CLCC Charter and Workplan**

CLCC members agreed to start the meeting with Tab 3 to allow other members to arrive before discussing other agenda items. A brainstorming session took place on developing the Charter and making any necessary changes to the Work Plan. The following are the salient points captured from the discussion:

- The CLCC needs to provide continuous training to the Commission on cultural and linguistic competency

- The CLCC needs to play a role in determining the ethnic and racial composition of the Commission
- The CLCC should take time to examine stigma and discrimination in diverse communities
- The CLCC should explore the diversity of the mental health workforce
- The Commissioners needs an understanding of what mental health transformation looks means
- The role of the CLCC in relationship to the CMHPC Cultural Committee, the DMH Office of Multicultural Services, and the CMHDA Ethnic Services Committee and Social Justice Committee should be defined
- The CLCC should work toward building an inclusive mental health system that embraces humility
- A mental health handbook needs to be developed for all threshold languages
- Community Defined Evidence needs to be seriously considered as a data measurement
- The CLCC needs to set one or two specific goals to be accomplished in 2010
- The CLCC should play a vital role in influencing the Commission and the composition (diversity) of the different Committees
- The CLCC has an essential role to bring forth specific recommendations and work product to the MHSOAC
- It is important to instill knowledge of the depth, variety and diversity of the state's many cultures to the Commission
- MHSOAC staff should identify PEI outcomes and determine whether they are being met
- The CLCC needs to define the role of MHSOAC staff in relationship to the Committee (CLCC) and other MHSOAC Committees (how to exchange activity information)
- The CLCC viewed a brief PowerPoint on some of the measurement data available. The presentation included the following three documents: the External Quality Review Organization (EQRO), County Mental Health Service Implementation Checklist, and the MHPC Performance Indicators Proposal (See attached PPT document).
- The following Committee Action Items from the CLCC Workplan were discussed as areas needing to be covered in the 2010 Charter:
  1. Provide information and technical assistance to the Commission to assist them in achieving their goal of reducing disparities in access to, quality of, and outcomes for mental health services.
  2. Assist Commissioners in creating accountability mechanisms for reduction of disparities.
  3. Ensure that county-define historically unserved, underserved and inappropriately served communities have increased their capacity to be involved in the development of mental health policy.
  4. Provide a Public Forum for unserved, underserved and inappropriately served in California's public mental health system.

- The CLCC should work to determine what counties are doing with their PEI funds and whether they are addressing the unserved and underserved communities
- The CLCC should have a public forum to bring communities to the CLCC to talk about disparities issues
- The CLCC needs to request utilization data from DMH for the year 2003/04 and compare that information against current data to determine how much improvements have been made in reducing disparities. Chair Van Horn and Ann Arneill-Py will contact DMH about getting utilization data.
- We need to collect reentry rate data from the prison system and understand that this population will also require mental health services
- Will Rhett-Mariscal and Eduardo Vega will work with Ann Collentine (MHSOAC Staff) to determine how and what PEI data the county will report to the MHSOAC
- Will Rhett-Mariscal moved to request baseline utilization for 2003/04 from DMH and to identify what data is going to be collected and tracked for PEI. Rocco Cheng seconded the motion and CLCC members voted to approve
- There was a request to support the work of the five DMH Disparities Projects
- Stacey Hiramoto motioned to set aside time at the June and November CLCC meetings to get updates and/or reports on the five DMH Disparities Projects. Nancy Carter seconded the motion and CLCC members voted to approve it.
- The CLCC should invite cultural/ethnic communities to present their disparity issues to the Committee and the issues should be collected and presented to the MHSOAC

#### **Discussion on Cultural Competence**

Rachel Guerrero led a discussion on what is the work of the CLCC and desired accomplishments in relation to culture competence. The question of what culture means to the CLCC members was posed. The following points were captured from the conversation:

- The cultural competence field has come along in the last 11 years and Planning Council has been instrumental in embracing the philosophy into mental health.
- Rachel used religious and spiritual icons to illustrate how important they are to the client's beliefs and mental health
- The field of mental health is becoming accepting of integrated medicine and the benefits of body and mind working together
- It is important to know what culture means to each person and to respect their racial and ethnic beliefs.
- We need to define what we need to do as a team and support everyone's culture

#### **Discussion of CLCC Related Issues**

The CLCC had a debrief discussion on the cultural and linguistic training to the MHSOAC. The following are key items captured from the discussion:

- Some of the Commissioners felt that they already knew all the information presented on the PowerPoint presentation
- There was a feeling that the presenters did not represent the CLCC the way it was agreed in the meeting prior to the training

- The first speaker dictated the direction for the subsequent speakers and drove the presentation in a direction that lost the delivery of the intended message
- CLCC members recommended developing guidelines, protocols and a checklist for future presentations to the Commission
- It was pointed out that some of the Commissioners were not providing the presenters with their undivided attention and the presenters felt disrespected
- CLCC members felt that scheduling the training at the end of the MHSOAC meeting affected the mood of the presenters
- Comments were made that there were cross-cultural mistakes made by the Commissioners.
- The Native American Health Center organizer acknowledged that it was difficult to prepare the group for the presentation
- It is important to provide in-depth training to the Commissioners on culture competence

**Action Item**

Chair Van Horn and Ann Arneil-Py will develop a request to be submitted to the Department of Mental Health to produce utilization data (race/ethnicity) for fiscal year 2003-04.

**Public Comment**

There was no public comment.

**Meeting Adjournment**

Meeting adjourned at 4:30 PM.

Respectfully submitted,  
Luis J. Rodriguez, MPA, MA