



Mental Health Services
Oversight & Accountability Commission

Cultural and Linguistic Competency Committee Teleconference Meeting Summary
Date: Wednesday, December 8, 2021 | Time: 3:00 p.m. – 5:00 p.m.

MHSOAC
1325 J Street, Suite 1700
Sacramento, CA 95814

****DRAFT****

Committee Members:

Staff:

Other Attendees:

Mayra Alvarez, Chair	Adrej Delich	Laurel Benhamida
Gladys Mitchell, Vice Chair	Amariani Martinez	Ruben Cantu
Senait Admassu	Ashley Mills	Matthew Diep
Claire Buckley	Tom Orrock	Stacie Hiramoto
Veronica Chavez		Avery Hulog
Luis Garcia		Erica Juhn
Jim Gilmer		Eba Laye
Jonathan Lee		Steve Leoni
Lee Lo		Mel Mason
Corinita Reyes		Steve McNally
Etsegenet Teodros		Josephina Alvarado Mena
Yia Xiong		Nubia Padilla
Richard Zaldivar		Jane
		Raf

Committee members absent: Estrella Amaro-Jeppesen, Eugene Durrah, Nahla Kayali, Yolanda Randles

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 reviewed the agenda.

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

Amariani Martinez, OAC staff, reviewed the meeting protocols.

General Public Comment

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), stated they, Committee Members, and California Reducing Disparities Project (CRDP) partners asked at the July and November meetings to put the Senate Bill (SB) 1004

Prevention and Early Intervention (PEI) priorities on today's agenda. The speaker asked why it was not included on today's agenda.

Raf, UC Berkeley graduate student and a trainee at Safe Passages, agreed with the previous speaker about the PEI funding priorities. Non-college transition-age youth (TAY) and community-defined evidence practices (CDEPs) should be included in the language.

Ruben Cantu, Associate Project Director, Prevention Institute, stated Prevention Institute has been contracted by the Commission to do an 18-month project to help create common ground between community advocates and county departments of mental and behavioral health. The conversation later in the agenda will be an important part of that. Prevention Institute will be engaging individuals and groups during the next 18 months to help think about strategies for better and more community-focused services in communities.

Jane, advocate, reminded everyone about the trauma summits with Thomas Hubble and Gabor Mate. The speaker suggested that Kaiser's trauma recovery education materials be a part of the public system and mind/body curriculum and restorative sleep education for psychiatrists. The speaker stated they would like to see something more grounding to help address trauma within the public system for clients who are cycling in and out of emergency services. It is important to begin to debunk the myth that mental illness is solely biologically based. The brain is not synonymous with the mind.

Laurel Benhamida, Ph.D., Muslim American Society – Social Services Foundation (MAS-SSF) agreed with the Stacie Hiramoto's comments. Individuals who are not in college should have the same PEI benefits as those in college.

Nubia Padilla, Executive Director, Humanidad Therapy and Education Services, one of the CRDP CDEPs, stated the value of the CDEPs has been proven. It is important to specifically name the CDEPs as a funding priority in the PEI Regulations.

Matthew Diep, California Youth Empowerment Network (CAYEN), echoed Stacie Hiramoto's comments. The speaker suggested making agenda item discussion points clearer to alleviate misunderstandings.

Mel Mason, Executive Direct, Clinical Director, and Co-Founder, Village Project, one of the CRDP CDEPs, echoed the previous speakers about identifying TAY who are not currently enrolled in college and CDEPs as priorities in the PEI Regulations.

Agenda Item 1: Action – Approval of the November 10, 2021, Minutes

Committee Member Gilmer asked why a discussion and vote on the CRDP recommendations were not agendized as requested by Committee Members and included in the minutes for the July and November CLCC meetings.

Chair Alvarez stated the next agenda item for a discussion and vote was included in response to the requests made at the last CLCC meeting.

Chair Alvarez asked for a motion to approve the meeting minutes for the November 10, 2021, CLCC meeting.

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

Vote recorded with participating members as follows:

- Approve: Committee Members Admassu, Buckley, Chavez, Garcia, Gilmer, Lee, Reyes, Teodros, Xiong, and Zaldivar, and Chair Alvarez.
- Abstain: Vice Chair Mitchell

Agenda Item 2: Action – Community-Defined Evidence Practices (CDEP) in Prevention and Early Intervention (PEI) Programming

Chair Alvarez stated the Committee will provide input in the MHSOAC's effort to advance PEI in mental health. The Committee will discuss opportunities and potential barriers to adopting community-defined projects into local-level programming. She noted that Committee Members asked to continue the discussion on this subject from the July and November meetings to address specific recommendations that have been made in prior meetings and to bring recommendations to the Commission for approval.

Chair Alvarez stated a copy of the Mental Health Services Act (MHSA) was included in the meeting materials, which incorporates SB 1004, as well as the PEI Regulations. She reviewed the recommendations made at the July and November meetings:

- 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.

Chair Alvarez stated the Committee will discuss recommendations on pathways for emphasizing CDEPs in county behavioral health programming, uplifting these sorts of practices in PEI, and hearing from Committee Members and the public on the best way to move forward. She noted that this project is one avenue through which the Commission can promote PEI, particularly through an equity lens. She asked Committee Members to build on the discussions at the July and November meetings.

Discussion

Committee Member Gilmer recommended adopting the four CRDP recommendations listed on page 2 of the November minutes and reviewed by Chair Alvarez, above, and bringing them to the Commission for approval.

Committee Member Teodros stated often positions to make life-changing decisions for communities are given to individuals who happen to have the same cultural background, but it is important that those individuals are qualified to make those decisions. Decision-

makers should have similar life experiences with the community to relate to the decisions that need to be made.

Committee Member Xiong stated systems change needs to be made so community-based organizations can access funding through PEI to support mental and behavioral health services being provided to communities that are culturally and linguistically appropriate that are not evidence-based but that are CDEPS.

Committee Member Garcia agreed that this funding should go directly to community-based organizations. If this is not the case, he asked to consider how to hold counties accountable in this important issue not only the emphasis on penetration rates or access but also retention in quality services, which is important. He suggested adding accountability as a fifth recommendation. Sometimes counties receive funding but only send 30 to 40 percent of the funding to community-based organizations. He stated the need to find a way to measure not only desired outcomes for communities of color, but also if this funding has been used effectively.

Committee Member Zaldivar stated there is a feeling in these Committee meetings of “us versus them” in these conversations. This is uncomfortable. The end result of the work of this Committee is about serving all communities and paying attention to those who are underserved. Communities are not served well when members are in this fight together with separate conversations. He reminded everyone that the number of hours or the organization represented does not matter; it matters that Committee Members really care about their communities, which everyone does at this meeting.

Committee Member Zaldivar agreed that county jurisdictions should be held accountable and that they all need to be localized. All underserved communities should be served on a local level. The only way to correct justice is to be judicial in all approaches and to have the wide vision that together a lot of these issues and problems can be solved.

Chair Alvarez invited staff to provide a brief overview of the PEI process to date.

Ashley Mills, Research Supervisor, MHSOAC, provided an overview of the PEI community stakeholder process to date. She stated all event materials are available on the website.

Committee Member Reyes suggesting funding more peer respites that are staffed by peers who are part of the community so that it is not as intimidating to access services that might be stigmatized in communities that are difficult to reach.

Committee Member Admassu stated the bottom line of evaluation is the changes that were made. She asked what has been seen in counties and what is being tracked to reflect the changes being made due to this Committee work.

Chair Alvarez stated that is part of the work in advancing a Racial Equity Action Plan to learn the data measures needed to tell the story of whether advocacy and emphasizing a commitment to equity was effective. She asked Committee Members about suggestions to put forward to the Commission to more effectively tell that story in the future.

Committee Member Admassu stated every project has its component of data that shows some sort of outcome for each community or group. The question is what happens next. How to change the traditional way of treating communities through the outcomes.

Mr. Orrock suggested measuring engagement rates for diverse communities and individuals of color in programs that are designed to be effective for them.

Ms. Mills stated she has heard stakeholders say there is so much information, data, and evidence to draw upon in order to create systems change, and yet change is not being seen. She asked what it would take to make that change - legislation, regulations, policies, technical assistance, training, or funding, and, if it is about changing all these things, how to get more specific. There are many pathways. Identify those pathways and be clearer about what those pathways are in order to advocate for those specific pathways.

Vice Chair Mitchell stated this is a tough conversation with no easy answers. By the look of things on the street and in communities, progress is not being made and yet the Commission has done great work. She asked where the will is to see fellow man do better. The battle is being lost but this is not necessary. The question is why. The Commission can make recommendations to the counties to put everything it wants in county plans, but if there is no will to change the outcome of individuals, the struggle will continue.

Committee Member Gilmer stated there are major hurdles when attempting to do things with the county or through funds. There are many community-based organizations that are equipped to support the needs of communities. The CRDP recommendations will increase activity and the will of individuals to address some of these issues with the resources provided. There is a long way to go but this will add more individuals in the trenches to deal with some of the tremendous problems being seen. He stated the need for more community-based organizations that know their communities and can be effective at helping individuals alongside the counties. It currently is a bureaucratic maze to try to get a lot of small organizations and their effective programs to help people. The CRDP recommendations will do a lot toward that.

Public Comment

Steve Leoni, consumer and advocate, agreed with Vice Chair Mitchell's comments. The speaker suggested CDEPs not just for PEI but across the board. Clients are a community or are several communities linked together. Many of those communities or the broader community as a whole have ideas that seem to work. They should be consulted in creating these ethnic CDEPs. It is important to consider them in all the work the Commission does.

Stacie Hiramoto stated the understanding that SB 1004 mandates the Commission to establish a list of PEI priorities for funding at the local level. Today's motion should include adding TAY who are not currently enrolled in college to the list of priorities and adding language about cultural and linguistic programs being CDEPs.

Eba Laye, Founder and President, Whole Systems Learning, stated it is time to take the mental health needs of African American and Latino male youth out of the criminal area and allow them to get the mental health services they need. The speaker agreed with Stacie Hiramoto's comments.

Ms. Mills stated SB 1004 amended the MHSA and listed five priority areas. She reviewed those five areas, which were included in the meeting materials. She stated part of the Commission's project is to discuss these priority areas and to hear additional priority areas from community members.

Community Member Garcia stated a big barrier with counties and communities is being reimbursed for services that do not fit the medical necessity model, such as CDEPs. These barriers have a large impact on small community-based organizations that support CDEPs.

Committee Member Gilmer agreed. He stated the four CRDP recommendations are not necessarily large political issues. Priority 4 could include those points succinctly. Many small ethnic-based organizations need fiscal flexibility. He stated the need to look at advancing and building capacity in ethnic organizations that are underfunded and are not necessarily administratively congruent to how counties do business. He suggested including allowable advance funding to help them manage their budget and make it more grant-based like the CRDP. The CRDP is one of the best models out there.

Josefina Alvarado Mena, CEO, Safe Passages, and Chair, CRDP Cross-Population Sustainability Steering Committee (CPSSC), stated the 35 CRDP pilot projects demonstrated the impact that is possible but the scale is not there. The ability to get to scale is dependent upon changing policies and practices at the state and local levels. Adopting the CRDP recommendations would allow movement in that direction.

Jane spoke in support of the United Consumer Movement, where peer empowerment, support, and voices matter. The speaker stated the need for other treatment options besides pharmaceutical options and for evidence-based practices around trauma recovery education and body-centered therapy. The speaker asked who is behind Each Mind Matters. Their materials are all about pharmaceutical marketing.

Erica Juhn, Special Service for Groups, a CRDP partner, agreed with Stacie Hiramoto's comments and spoke in support of the CRDP recommendations and the reasons why that specific language is important. Evidence-based practices are different from CDEPs. Evidence-based practices are often put upon communities even though many communities know that those practices may not work for them. Including CDEPs as an alternative provides the opportunity for CDEPs to work with local counties and be funded along with other community-based organizations.

Laurel Benhamida stated the question about including non-college TAY in the PEI priorities has still not been answered. Not addressing that question feels like oppression.

Chair Alvarez stated the priorities listed in SB 1004 are already in law. The law states that those priorities shall include, but are not limited to, that list of priorities.

Ms. Mills stated this is where technical assistance, research, evaluation, data collection, and awareness can be strengthened. The priority areas are not meant to exclude priority populations at the local level; they are intended to bring a focus to PEI while being flexible to meet the needs of communities. These priority areas do not exclude TAY but are intended to bring more focus to PEI broadly.

Lauren Benhamida stated counties tend to stick to priority lists. The recommendations need to be clearly specified.

Avery Hulog-Vicente, Advocacy Coordinator, CAMHPRO, echoed Stacie Hiramoto's comments. The speaker also echoed Etsegenet Teodros' comments on how important it is to have service providers who have cultural competency, cultural sensitivity, and necessary qualifications with lived experience. The speaker stated they are continuously

disappointed with the way individuals of color are tokenized. The Asian and Pacific Islander communities have been lumped into one category, as have the Latinx communities. These two examples alone minimize the many unique experiences of individuals. It is important to including peers as service providers. The speaker spoke in support of investing in peer respites. Integrating peer services in the recovery journey provides an environment that truly promotes healing.

Stacie Hiramoto stated SB 1004 incorporated six PEI priorities into the MHSA. The sixth priority is about including other programs that are proven effective and identified by the Commission with stakeholder participation. Stakeholders are here today to ask the Commission to include the four CRDP recommendations in that list of priorities.

Chair Alvarez handed the meeting over to Vice Chair Mitchell to facilitate the rest of the meeting.

Vice Chair Mitchell asked for a motion for a formal vote to recommend specific actions on improving access to PEI services for diverse communities and individuals of color.

Committee Member Gilmer made a motion to bring the following recommendations to the full Commission for approval at its January 27th meeting. The motion was seconded by Committee Member Garcia:

- 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.

Vote recorded with participating members as follows:

- Approve: Committee Members Admassu, Chavez, Garcia, Gilmer, Reyes, Teodros, and Xiong, Vice Chair Mitchell.
- No: Chair Alvarez

Agenda Item 3: Summarizing and Continuing Discussions on Upcoming MHSOAC Opportunities

This item was tabled to the next CLCC meeting. Information on the Immigrant and Refugee Stakeholder Request for Proposal (RFP) and the Mental Health Crisis Triage Request for Application (RFA) were included in the meeting materials. Committee Members were asked to send feedback to staff. The next opportunity to comment on the priorities for the Immigrant and Refugee RFP will be at the January 27, 2022, Commission meeting.

Adjourn

The meeting was adjourned at approximately 5:00 p.m.

DRAFT