



Cultural and Linguistic Competency Committee Teleconference Meeting Summary
Date: Thursday, July 8, 2021 | Time: 2:00 p.m. – 4:30 p.m.

MHSOAC
1325 J Street, Suite 1700
Sacramento, CA 95814

****DRAFT****

Committee Members:

Staff:

Other Attendees:

Richard Zaldivar, Acting Chair Senait Admassu Estrella Amaro-Jeppesen Claire Buckley Veronica Chavez Eugene Durrah Luis Garcia Jim Gilmer Nahla Kayali Jonathan Lee Lee Lo Yolanda Randles Corinita Reyes Etsegenet Teodros Yia Xiong	Dawnte Early Toby Ewing Adrej Delich Tom Orrock Norma Pate	Josefina Alvarado Mena Cynthia Begay Richard Gallo Stacie Hiramoto Mel Mason Regina Mason Steve McNally Chris Miller Nina Moreno, Ph.D. Wesley Mukoyama Nubia Padilla Anne Natasha Pinckney Hugo Ramirez Ghia Xiong, Psy.D.
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Committee members absent: Mayra Alvarez, Gladys Mitchell

Welcome, Announcements, and General Public Comment

Richard Zaldivar, CLCC Committee Member and Acting Chair, called the meeting to order at approximately 2:00 p.m. and welcomed everyone. He thanked Chair Alvarez for the opportunity to Chair the Committee during her leave and in Vice Chair Mitchell’s absence.

Acting Chair Zaldivar reviewed the meeting protocols and agenda and asked for a moment of reflection for the tremendous amount of work needed to address mental health concerns of Californians. He stated it cannot be done alone, but must be done as a community. He dedicated the meeting to the people of the communities throughout California.

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

General Public Comment

Richard Gallo, consumer and advocate, asked that meetings be closed-captioned.

Mr. Orrock turned on the Zoom closed-captioning feature.

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), asked that members of the public be notified when updated agendas and additional meeting materials are posted.

Agenda Item 1: Action – Approval of the May 13, 2021, Minutes

Acting Chair Zaldivar asked for a motion to approve the meeting minutes for the May 13, 2021, CLCC meeting.

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

Vote recorded with participating members as follows:

- Approve: Committee Members Admassu, Amaro-Jeppesen, Buckley, Chavez, Garcia, Gilmer, Kayali, Lee, Lo, Randles, Reyes, Teodros, Xiong, and Zaldivar

Agenda Item 2: Disparities in Educational Outcomes and Rates of Suicide

Moderator:

- Josefina Alvarado Mena with California Reducing Disparities Project Representatives

Acting Chair Zaldivar stated the Committee will hear a presentation from representatives of the California Reducing Disparities Project (CRDP) on how CRDP implementation pilot projects (IPPs) are creating systems change by addressing root causes of systemic racism through community-defined evidence-based practices.

Josefina Alvarado Mena, CEO, Safe Passages, and Chair, CRDP Cross-Population Sustainability Steering Committee (CPSSC), provided information on the CRDP and Safe Passages, one of the IPPs in the African American hub of the CRDP. She stated representatives from each of the hubs are in attendance and will share about their community-defined evidence practices (CDEPs). She dedicated this presentation to Janet King, a leader within the CRDP and in the mental health community, who recently passed away. She introduced the speakers and asked them to give their presentations.

Cynthia Begay, Evaluator, United American Indian Involvement, Inc., Native American hub, provided an overview, with a slide presentation, of the program components, services, activities, and COVID-19 response of the Native American hub and the Native American Drum, Dance, and Regalia CDEP (NADDAR).

Nubia Padilla, Executive Director, Humanidad Therapy and Education Services, Latinx hub, continued the slide presentation and discussed the mission, vision, core values, program components, services, and activities of the Latinx hub and the Humanidad Therapy and Education Services CDEP.

Ghia Xiong, Psy.D., The Fresno Center, Asian and Pacific Islander hub, continued the slide presentation and discussed the mission, program components, key strategies, and key outcomes of the Asian and Pacific Islander (API) hub and the Hmong Helping Hands (HHH) Intervention CDEP.

Anne Natasha Pinckney, Executive Director, Center for Sexuality and Gender Diversity, LGBTQ+ hub, continued the slide presentation and discussed the mission, core services, advisory committee, program components, services, and activities of the LGBTQ+ hub and the Reducing Isolation through Support and Empowerment (RISE) Program CDEP.

Mel Mason, Co-founder, The Village Project, African American hub, continued the slide presentation and discussed the mission, core services, program components, services, and activities of the African American hub and the Emayatta Project CDEP.

Regina Mason, Co-founder, The Village Project, African American hub, continued the slide presentation and discussed the evaluation methods, major innovations, and major findings of the Emayatta Project CDEP. She showed a YouTube video, which provided additional information on the project.

Stacie Hiramoto continued the slide presentation and discussed the statewide support for this effort. She stated the CRDP Legislative Budget Request of \$63.1 million was approved for the 2021-22 Budget Cycle. All 35 CDEPs will be extended four years to focus on sustainability, scalability, and systems change. She stated what made a big difference for the budget request was the support of statewide partners in mainstream mental health. She stated the CRDP is not only about the 35 CDEPs, it is about systems change.

Ms. Alvarado Mena continued the slide presentation and discussed systems change work that must be amplified in order to systemically address disparities and recommendations for collaboration at the county level. She stated it is important to address areas where barriers can be eliminated or pathways can be created to sustain and scale CDEPs throughout the state.

Discussion

Committee Member Garcia asked if the state pays for services that are not under Medicaid.

Ms. Alvarado Mena stated most of these services are not currently covered by Medi-Cal.

Committee Member Garcia noted that this is a large barrier that needs to be overcome.

Committee Member Gilmer stated there are additional CDEPs statewide that need funding. He suggested that innovation and prevention and early intervention (PEI) funds be loosened to attract community organizations already doing similar programs. He suggested that the Commission make an intentional effort to fund these types of proven programs.

Committee Member Durrah spoke in support of working to sustain these and other similar programs. He encouraged the CRDP programs to connect with their county ethnic services managers to ensure that the programs are included in the county annual plans.

Committee Member Lo asked about actions related to the presentation that the Committee is being asked to take.

Ms. Alvarado Mena asked that the Committee help in terms of the PEI Regulation discussion, including the two specific adjustments to the PEI Regulations included on the presentation slides, which would create a broader pathway for CDEPs to be funded through MHSA funding: (1) to eliminate the prioritization of college partnership programs to a more general focus on TAY, and (2) to specifically reference CDEPs in Priority 4.

Committee Member Lo asked to put this on the next meeting agenda so a motion can be made in support of the recommendations proposed by the CRDP presenters today to the Commission to incorporate these recommendations into the strategy.

Executive Director Ewing stated the issue around college priority is in the law and would need to be changed through statute. He stated it is important to discuss the things that the Commission can do directly. There is no prohibition to prevent counties from using innovation funds or PEI funds to support this work.

Committee Member Kayali asked if a Request for Proposals (RFP) will be released for the \$63.1 million funding.

Ms. Alvarado Mena stated there are two parts to the funding – to extend the existing IPPs for another four years, and to begin planning for CRDP Phase 3. If Phase 3 is funded, there would be an RFP process open to the broader community once the target communities are defined. More information will be posted on the CRDP and the California Department of Public Health (CDPH) websites.

Community Member Garcia stated the college issue is important because the reality of the data is that individuals of color are not well-represented at colleges, which increases inequities. One of the five MHSA principles is to reduce these disparities. He stated it is time to remove the barriers and move forward. He asked to put this on a future agenda for discussion.

Committee Member Gilmer stated there is a consensus among Committee Members to see this as an action item on the agenda at the next meeting. The action would be around PEI, innovation, or any other MHSA dollars that might be identified to support the CRDP. How the action might look can be discussed at the next meeting.

Committee Member Lo asked to agendize an action at the next meeting to support the recommendations that have been presented today by the presenters. This recommendation would be to then recommend to the Commission as a whole to prioritize and support these recommendations and take action on the recommendations that have been presented today. She stated the Committee's role is to advise what the priorities and strategies should be to the Commission to be able to support. She recommended taking a vote on whether this is a part of the recommendation the Committee would like for the Commission to prioritize in its work.

Acting Chair Zaldivar asked Ms. Alvarado Mena to send the presentation slides to staff.

Public Comment

Richard Gallo spoke in support of these types of programs. The speaker stated the need for the agencies and organizations that are providing these services to ensure that they are

accessible to the Deaf community and that they partner with the Deaf agencies that serve throughout the state.

Wesley Mukoyama, Member of the Steering Committee of the California Mental Health Spiritual Initiative and County Behavioral Health Board, suggested collaborating with faith-based organizations. They are an integral part of mental health. Individuals usually go to faith-based organizations first when they need help.

Stacie Hiramoto addressed the PEI Regulations and CRDP Phase 3. Senate Bill 1004 gave the Commission the responsibility for establishing new priorities, which would include the preference for college programs, but the language of the statute was “but was not limited to.” Stakeholders are waiting for the Commission to convene a PEI Subcommittee meeting for discussion on the new priorities that are to be established by the Commission.

Stacie Hiramoto stated part of the CRDP award in the budget is planning for Phase 3. Phase 3 will provide the opportunity for other groups to propose CDEPs of their own, such as the California MHSa Multicultural Collaborative (CMMC) and Muslim American Society Social Services Foundation.

Steve McNally, family member and Member, Orange County Behavioral Health Advisory Board, suggested shifting the mindset to implementation. The MHSa has been in existence for 17 years and much of the things mentioned today could have been done all along. The speaker suggested creating a decision tree to identify natural partners such as the Office of Health Equity (OHE), the California Behavioral Health Planning Council, and local boards for a consistent point of view.

Chris Miller, Santa Clara County resident, stated a significant amount of research looks at spirituality as a protective factor against suicide. The speaker stated the CRDP strategic plan includes a recommendation that the CRDP partners recommend that the State Legislature fund the OHE to support a statewide consortium of faith-based organizations and other spiritual leaders to develop and implement ways to wellness, reduce mental health stigma, and advocate for the importance of spirituality in reducing mental health disparities. The speaker asked about further details on addressing spirituality in Phase 2 funding of the \$63.1 million funding.

Agenda Item 3: Immigrant and Refugee Stakeholder Contract Process

Presenters:

- Tom Orrock, Chief of Stakeholder Engagement and Grants
- Senait Admassu, President, African Communities Public Health Coalition
- Hugo Ramirez, Director of Programs, Vision y Compromiso

Acting Chair Zaldivar stated the Committee will hear a presentation on the work of the current Immigrant and Refugee Advocacy Contractors and will provide input on strategies to engage immigrant and refugee populations in preparation for the next round of funding. This item will include an overview of the Commission’s stakeholder advocacy contracts and the work being done by two of the Immigrant and Refugee Advocacy Contractors, and a

discussion about the process for gathering information from immigrant and refugee communities about the mental health advocacy needs of those communities.

Mr. Orrock provided an overview, with a slide presentation, of the stakeholder contract purpose and goals, funding, community planning process, feedback received, and 2019 RFP process and awarded contracts. He stated a new advocacy contract on behalf of immigrants and refugees will be awarded next year. This agenda item is a preliminary discussion with the Committee and other stakeholders about how information should be gathered about the needs of immigrants and refugees, how the Commission should interact with individuals and organizations who serve immigrants and refugees, and how to structure the contract to ensure it aligns with the feedback gathered.

Mr. Orrock asked two contracted stakeholders to provide an overview of the work being done on behalf of their populations. He asked them to discuss how the Immigrant and Refugee Stakeholder Contracts have been effective and how the opportunity can be improved in the future.

Senait Admassu, President, African Communities Public Health Coalition, and Committee Member, summarized the work being done and key findings learned over the first two years of this contract. She stated the work focused on three components: advocacy, training and education, and outreach and engagement. She stated the importance of building trust, having culturally-appropriate service providers, and meeting the language barrier.

Hugo Ramirez, Director of Programs, Vision y Compromiso, summarized the work being done and key findings learned over the first two years of this contract. He stated the work focused on how to link the Latinx immigrant and refugee community to mental health services. The learning objectives were acquiring knowledge about the community conversations and how to use information to improve access to mental health services for the Latinx community, and understanding about individual and community systematic challenges with culturally relevant mental health services.

Discussion

Committee Member Garcia stated outreach is important but there is a need for the system to have the capacity to serve these new clients. There is a workforce shortage and the diversity workforce shortage is worse. He stated quality is a huge component when thinking about cultural factors that need to be considered when doing assessments and treatment. He stated one or two days of training is not enough to provide the knowledge and expertise needed to provide quality care.

Committee Member Admassu stated outreaching only can raise knowledge or can point to resources to improve knowledge but the actual thing is how to treat communities. She stated the presenters presented what communities need from a cultural perspective, the model, clinician, language, etc. The next step is advocacy to tell decision-makers what communities want. She stated the need to change tradition so it is cost-effective to do. Outreach and engagement and advocacy are great projects, but it is time to do an initiative that outreaches to service providers.

Public Comment

Stacie Hiramoto stated these projects are doing extremely important work. She thanked staff for bringing this to the Committee and for discussing the upcoming RFP. She stated the need for the Committee to understand the context around this particular RFP and award. When this project was developed and the RFP was designed, many community stakeholders expressed concern regarding this particular stakeholder advocacy project because all the other stakeholder advocacy projects awarded by the Commission are state level. Instead of awarding one organization, it was decided that this grant would be broken into five local organizations. That is something that needs to be put in context.

Stacie Hiramoto stated this Committee needs to have a discussion about whether or not this should remain at the local level or should be like the other stakeholder advocacy grants with only one organization awarded. State-level organizations that represent immigrants and refugees can help bring attention and advocacy to behavioral health issues at the state level.

Mr. Orrock stated that is the reason staff is bringing this issue here: as an introduction to this discussion to get input about how to move forward in terms of hearing from specific communities about their specific needs and how to best outreach when releasing the next RFP.

Wesley Mukoyama advocated for Santa Clara County's API and immigrant and refugee populations. The speaker asked about penetration rates for all ethnic and minority communities.

Adjourn

Acting Chair Zaldivar thanked everyone for their attendance, the work they do, and the input provided on racial disparities and best approaches for stakeholder advocacy. He stated the next CLCC meeting has been tentatively moved to October 14th at 2:00 p.m. The meeting adjourned at approximately 4:30 p.m.