1) Patients’ Rights Office (PRO) Presentation
In January 2018, the PRO Director presented the revised “Grievance/Appeal/Expedited Appeal” form having incorporated the CCC’s content and formatting recommendations in the new version. The committee members reviewed the revised form and provided the following additional feedback:
- Add that forms will be processed “without any retaliation” and that assistance will be provided to complete the form
- Make the form available in clinic lobbies
- Provide information to consumers about their rights to file a grievance/appeal expedited appeal, or State Hearing when they are dissatisfied with mental health services
- Make the PRO contact information visible in all forms, brochures and documentation
- Employ peers who are trained as advocates at PRO. Peer advocates could educate and guide the person filling the grievance
- Consideration should be given to using “culture-specific advocates” who can guide those who may not trust the system to file grievances by providing reassurance
- Ensure that there is no retaliation towards staff who assist in giving the forms
- Train coalition groups on how to use the “Grievance/Appeal/Expedited Appeal” form

2) Prevention Bureau Presentation
In February 2018, a PowerPoint presentation was delivered to the CCC on countywide prevention-related services funded by the Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI). The presentation informed the Committee about Prevention Services taking a public health approach to address the needs of children, families, and communities who have experienced trauma or are at risk of trauma. The CCC provided these recommendations:
- Promote outreach and engagement to be inclusive of persons with disabilities.
  More grassroots outreach and engagement is needed in the community so this population is not forgotten
- Provide a follow-up presentation on new programs
- Re-examine existing Memorandum of Understanding (MOU) among authorized DMH programs providing services at public schools

3) MHSA Three-Year Program and Expenditure Plan and Annual Update
In April 2018, the Program Development and Outcomes Bureau delivered a PowerPoint presentation to the CCC on the MHSA Annual Update Report, Fiscal Year (FY) 18-19. The CCC reviewed detailed program information and data as follows:
• Community Services and Supports (CSS) Client Counts by ethnicity, primary languages and Service Area, Full Service Partnership (FSP) Slot Allocations for Children, TAY, Adults and Older Adults and Outcomes by FSP type
• Prevention and Early Intervention (PEI) programs such as Stigma and Discrimination Reduction, Suicide Prevention, Early Intervention and Prevention; PEI Client Counts by ethnicity and language and outcomes

The CCC was appreciative of all MHSA services provided under these two plans and advocated for culturally and linguistically relevant services.

4) Los Angeles County Health Agency’s Institute for Cultural and Linguistic Inclusion and Responsiveness (ICLIR)
In April 2018, the Ethnic Services Manager introduced ICLIR to the CCC as a Health Agency initiative for cultural and linguistic competence under the Center for Health Equity. The CCC was informed that this Institute was implemented in early April 2018 with representatives from the Department of Health Services, Department of Mental Health and Department of Public Health. ICLIR will focus on creating an infrastructure centered on cultural and linguistic responsiveness, training/staff development, communication & stakeholder involvement, and resources for cultural competency, health equity and disparities. The CCC engaged in a discussion and will provide recommendations for ICLIR as projects and activities are planned and implemented.

5) GLAD Presentation: The Deaf Community and Its Culture
In May 2018, the Greater Los Angeles Agency on Deafness, Inc. (GLAD) delivered a PowerPoint presentation to the CCC regarding the deaf culture and perspectives of the deaf community. The CCC members learned about key definitions related to deaf culture, effective communication strategies, assistive technologies and community resources for hard-of-hearing communities. The Committee received this presentation with great interest and as a whole concluded the need for access to mental health services for deaf and hard-of-hearing communities. This presentation was coordinated by the Cultural Competency Unit to provide background knowledge to guide review of DMH Policy No. 200.02 “Hearing Impaired Mental Health Access.”

6) EOB-Disaster Services: Coping with Disasters for People with Chronic Mental Illness Brochure
In May 2018, the Disaster Services Unit solicited feedback and recommendations from the CCC on the “Coping with Disaster for People with Chronic Mental Illness” draft brochure. The CCC engaged in a discussion regarding the content of the brochure and provided these recommendations:
• Include the ACCESS Center contact information and hotline numbers on the front of the brochure
• Specify ways to prepare for an emergency and the components of a “Two-Week Emergency Kit”
• Translate the brochure into the threshold languages
7) Program Development and Outcomes Bureau Presentation: Innovation (INN) 6 Project
In June 2018, a PowerPoint presentation was delivered to the CCC regarding the INN 6 Training Project which involved the production of on-line trainings that introduced direct service staff and peer support specialists to various culturally competence scenarios. The CCC membership engaged in a discussion regarding the benefits of these trainings and provided these recommendations:
- Develop avatars that will speak in threshold languages
- Develop trainings that are Applied Behavior Analysis (ABA) compliant
- Consider utilizing human actors instead of the virtual characters

8) ICLIR Update
In June 2018, the ESM distributed a handout that explained the adopted model for ICLIR under the Center for Health Equity. The CCC was informed that the mission of the institute is “to create culturally and linguistically appropriate pathways that address gaps in service delivery and advance the Health Agency’s ability to meet the needs of Los Angeles County communities.” The CCC engaged in a discussion regarding ICLIR’s Work Plan for FY 18-19 and the CCC was asked to identify areas where the CCC and ICLIR can work collaboratively in advocating for more appropriate service delivery. The CCC provided the following feedback:
- Consider implementing a staff training on micro-aggressions
- Provide cultural competency trainings to new hires across the three Departments to ensure consumers are being treated with dignity and respect
- Increase the number of approved languages for bilingual bonus

9) Cultural Competence Plan (CCP), FY 15-16 Presentation
In July 2018, the ESM delivered a PowerPoint presentation to the CCC on the eight criteria composing the LACDMH CCP developed in accordance with the Title IX – California Code of Regulations and Cultural Competence Plan Requirements from the Department of Health Care Services. The specific topics of the presentation included:
- Criterion I: Commitment to Cultural Competence
  - LACDMH mission and vision statements
  - Policies and procedures related to cultural competence
  - Budget for cultural competence initiatives and activities
- Criterion II: Updated Assessment of Service Needs
  - Demographical data for Los Angeles County General Population (ethnicity/race, age group, gender)
  - Data on identified unserved/underserved target populations with disparities for Medi-Cal, CSS, WET, and PEI populations
  - LACDMH strategies to reduce disparities
  - Mental Health Services Act (MHSA)-funded strategies to reduce disparities
- Criterion III: Strategies and Efforts for Reducing Racial, Ethnic, Cultural and Linguistic Mental Health Disparities
  - Program reports on consumers served, strategies/objectives, status of implementation/progress, monitoring and outcomes
  - Departmental strategies to Reduce Mental Health Disparities
• Criterion IV: Client/Family Member/Community Committee: Integration of the Committee within the County Mental Health System
  o LACDMH CCC mission, membership, structure, and racial/ethnic and linguistic diversity
• Criterion V: Culturally Competent Training Activities
  o Foundational Cultural Competence Trainings
  o Cultural Competence Trainings for Specialty Mental Health Service Providers
  o Language Interpreters Training and Monitoring
  o Requirement for 100% of the LACDMH workforce to receive annual cultural competence training inclusive of clerical/support, financial, clinical/direct service, and administration/management at Directly Operated and Legal Entities/Contracted programs
• Criterion VI: County’s commitment to growing a multicultural workforce: hiring and retaining culturally and linguistically competent staff
• Criterion VII: Language Capacity
  o Profile of threshold languages by Service Area
  o LACDMH policies and procedures related to language assistance services
  o Departmental protocols to assist persons who have Limited English Proficiency
• Criterion VIII: Adaptation of Services
  o Consumer-driven/operated recovery and wellbeing programs such as Wellness Centers, Drop-in Centers and Client-Run Centers
  o LACDMH Contractual Agreements
  o Consumer Perception Survey outcomes
  o Performance Improvement Projects (PIPs)
  o ACCESS Center calls
  o Grievances and complaints data

10) Juvenile Justice Presentation
    In August 2018, a PowerPoint presentation was delivered to the CCC on Juvenile Justice Initiatives – California’s Continuum of Care Reform (CCR) and its framework to ensure access to mental health services and supports to children and youth in the foster care system. The CCC was informed about CCR goals, principles, and programs. The CCC membership engaged in discussion regarding medications given to children and youth. The committee advocated for the following:
    • Provide education about CCR services at all schools including private schools, especially when children move to new enrollees at schools
    • Include the voice and perspective of children in staff trainings
    • Create a report addressing how CCR services improve the lives of children and families, and disseminate it in the community

11) “Hearing Impaired Mental Health Access” Policy No. 200.02
    In August 2018, the ESM presented the CCC with this policy for review. The CCC recommendations for the revision of this policy included:
    • Specify that the Department will be providing access to mental health services for the Deaf and Hard of Hearing community
• Delete wording “hearing impairment” and replace with “consumers who are deaf and hard of hearing with mental health needs”
• Identify the contracted agencies that are providing sign language interpretation services for the ACCESS Center
• Update Teletype/Telecommunications Devices to include: Video Phone Technology
• Provide a description of California Relay Service (CRS) or Video Phone for consumers who are deaf and hard of hearing

12) Special Visit from the Orange County Cultural Competency Advisory Committee
In September 2018, the CCC welcomed a visit from the Orange County ESM and members of Cultural Competency Advisory Committee who were interested in learning about LACDMH’s CCC structure, activities, meeting format, and impact on the system of care. The Orange County visitors shared information on their advisory committee demographics, history, leadership, objectives and projects. The CCC members expressed satisfaction in being held as an example for other Counties.

13) Cultural Competency and Spirituality in Mental Health Presentation
In September 2018, the CCC benefited from a brief presentation on Spirituality in Mental Health by one of its co-chairs. The presentation featured spirituality as an element of culture and a healing strategy for several cultural communities. The Committee was appreciative of this presentation.

14) “YourDMH” Concept Paper
In September and October 2018, the CCC learned of LACDMH’s executive management efforts to reinvigorate the System Leadership Team (SLT) under a new name and structure called “YourDMH.” Examples of the feedback provided by the committee members by document section:

General
• Simplify the language used throughout the document
• Post the “YourDMH” Vision and Guidelines on the LACDMH website and translate it the threshold languages
• Continue gathering input on the name

Vision
• Define “Stakeholder groups”
• Specify the mechanism to be used for DMH follow-up on stakeholder recommendations
• Ensure that culturally competent and linguistic appropriate services are part of the vision
• Define what is meant by “services” by including cultural competence, accessibility, ADA compliance, trauma-informed, and Co-Occurring Disorders (COD) as qualifiers

Purpose
• Define what is meant by stakeholder priorities
• Provide a copy of the departmental action plan along with this document
Values
- Add cultural competence and “acknowledgement and honoring of consumers' ideas” as core values

Overall Structure
- Open meetings to the community and make everyone to feel welcome
- Hold “YourDMH full group meetings” on a monthly basis
- Ensure that the meeting location is accessible by public transportation and ADA compliant
- Provide monetary support/assistance to community members for transportation expenses
- Inform the community about the date/time/location of meetings well in advance, including changes in meeting scheduling
- Develop a communication system to provide meeting information and updates
- Ensure that meetings uphold the Consumers’ Bill of Rights
- Inform the community about budget allocations for various programs and projects

Membership Composition
- Ensure that the “YourDMH” membership is inclusive of all cultural groups, individuals with lived and shared experience, and youth
- Allow the SAs to decide the number of members and not place any caps on the membership
- Include consumer protections, advocacy and investigation of issues that may arise during meetings

Membership Eligibility
- Remove quorum specifications and simplify membership eligibility by using a baseline of 50% meeting attendance
- Gather information from prospective members on how they plan on representing the interests of specific stakeholder groups
- Enforce regular attendance of members to the public meetings
- Ensure that voting members do not miss no more than two consecutive public meetings

Membership Voting
- Simplify the language in this section
- Enforce the requirement for voting privileges to be 50% attendance/participation in meetings
- Allow each SA “YourDMH” committee to make decisions regarding co-chairs

Membership Leadership
- Keep the current leadership roles to one chair position held by a DMH staff and one co-chair held by a community member
- Include the voice of the community and their recommendations in decision-making and shaping of the SA-based “YourDMH” committees

Meetings
- Provide Full group and SA-based “YourDMH” meeting schedule information well in advance via several venues and on the DMH website
- Rotate the meeting location
• Ensure that the meeting location is easily accessible via public transportation
• Provide meeting coordinators to answer questions in a timely manner
• Include an item for “stakeholder priorities” in each meeting agenda
• Exercise an open door policy for meetings to ensure participation from the community
• Track meeting attendance for purposes of establishing voting privileges
• Develop a mechanism to respond to stakeholder priorities and that recommendations presented are taken seriously
• Provide language accessibility in the 13 threshold languages as well as American Sign Language (ASL)

**DMH Responsibilities**

• Provide language interpretation and translation services for all meetings
• Translate meeting information in the threshold languages and ASL, and meet the needs of persons who are blind or have vision conditions
• Translate website into the threshold languages and ASL
• Allocate DMH support staff to help with meetings and activities at SA-based meetings
• Provide compensation such as gift cards, transportation vouchers, and bus tokens, to members attending meetings
• Disseminate “YourDMH” meeting minutes one week prior to the next meeting

**“YourDMH” Cultural Communities**

• Base all programming and activities on the “Culturally and Linguistically Appropriate Standards” to ensure that services are “effective, equitable, understandable, respectful, and responsive to the diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs of the communities served.”
• Establish close partnerships with the following groups besides the Underserved Cultural Communities subcommittees:
  o CCC
  o Faith-based organizations
  o Age groups
  o Other culture-related groups
• Follow same recommendations as listed above

15) Project and Building Connections (PABC)

In November 2018, a PowerPoint presentation was delivered to the CCC on Project ABC; a federally funded project aimed to assist Los Angeles County provide an integrated childhood system of care network that responds to family needs and includes families in planning and service delivery. The CCC learned that the goal of the project is to ensure that children living in Los Angeles County from birth to five years of age have access to a variety of mental health services that are family-driven, strength-based, and culturally competent. The CCC engaged in a dialogue relating to the impacts of early childhood trauma. The CCC was appreciative of this presentation and advocated for prevention and early trauma intervention for children