

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
ADMINISTRATIVE OPERATIONS
Latino UsCC SUBCOMMITTEE MINUTES**

December 19, 2022
2:00PM – 4:00PM

Attendees: Alexis – Tia Chucha’s, Amparo Ostojic, Alex Elliott, Betty Marín, Betty Mendoza, Brigida Salinas, Britany Flores, Carmen Perez, Connie Rivera, , Daniela Hernández Chong Cuy, Eugenia Cervantes, Felipe Ocampo Jr, Gabriela Gonzalez, Gabriela Velasquez, Genie Cervantes, Gloria Leiva, Hector Ramirez, , Irma Velasquez, Maria Arauco, Maritza Lebron, Martha Ortiz, Martin Almanza, Mayra Echeverria, Paco Retana, Patricia Pascua, Patricia Veliz Macal, Rosario Moreno, Sara Mijares, Stephanie Contreras, Suyapa Umanzor, Veronica Monge, Yolanda Becerra-Jones, Yue Hua Xu

DMH Staff: Dr. Luis Guzman, Alex Elliot, Dr. Daiya Cunnane, Elaine Waldman, Dr. Hyun Kyung Lee

Interpreters / CART: Claudia & Lucy Ferraez Rivero / JoAnn

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions – Subcommittee Members	A. Housekeeping, Attendance Each attendee (On Microsoft TEAMS and on phone) introduced themselves
Review of Meeting Minutes	A. Motioned made by Patricia Veliz Macal and Seconded by Maria Arauco
Reducing Disparities Learning Collaborative	A. Presentation <ul style="list-style-type: none"> i. Members of the Quality Improvement and Cultural Competency Unit presented on the new Interdisciplinary Collaboration and Cultural Transformation Model Learning project. i. In 2016 Solano County and University of California-Davis created a five-year Mental Health Services Act (MHSA) project called Interdisciplinary Collaboration and Cultural Transformation

Model (ICCTM) with a focus on cultural and linguistic needs to support the Hispanic/Latino, Filipino American, and LGBTQ+ Communities due to having historically low penetration rates.

- ii. Based on the National Standards for Culturally and Linguistically Appropriate Services developed by workgroups of consumers, community and organization leaders, advocates, County and contracted behavioral health staff and developed a training that involved these standards to implement across the Behavioral Health Care system
- iii. Developed by the Office of Minority Health through the Department of Health and Human Services
 - Based on Health Equity Definition which is to ensure that all people can receive the highest level of behavioral health
- iv. Health inequities negatively impact neighborhoods, communities, and society making it a public health concern with an estimated \$1.24 trillion in cost of health disparities and deaths due to poor behavioral health care.
- v. Presenters identified 8 key aspects of CLAS Standards (see attached document for CLAS Standards)
- vi. Presenters shared being open to considering additional of Latino stakeholders but made no guarantees that Latino community would be represented on Learning Collaborative Committee

B. Feedback from Community

- i. Members shared concern that Latino staff with experience and/or expertise in Latino mental health and needs were excluded from

	<p>being part of DMH Learning Collaborative³ despite making up 50% of LA County population</p> <ul style="list-style-type: none"> ii. Questions about demographics of 2016 Solano County Project population that this project is now being based on and concerns about project not being appropriate for Latinos in LA County iii. Several members of the community pointed out that Latinos in Solano County are a lot more homogenous but also unique compared to Latinos in other parts of California, especially Los Angeles County iv. Questions were raised about how this project will address additional pressing issues when it comes to health equity, including Treatment Completion rates and rate of Latinos receiving quality care/improving in mental health condition v. This project doesn't address chronic and severe shortage of bilingual and bicultural Latino mental health professionals vi. Request that all future materials be translated into Spanish vii. Concern that DMH is not using existing data to inform decision-making in regard to mental health equity viii. Community shared need to have timelines, accountability, follow-through on progress and initiatives being shared/implemented
<p>Mental Health Service Act – Annual Budget</p>	<p>A. Timeline/Overview of MHSA Annual Budget</p> <ul style="list-style-type: none"> i. Tabled; motion by co-chairs for community debrief ii. Motion adopted by unanimous voice vote
<p>DMH/Community Announcements:</p>	<p>Items Not on the Agenda</p> <p>A. DMH Updates</p>

	<p>i. None at this time</p> <p>B. Community Announcements</p> <p>i. None at this time</p>
Next Meeting	<p>January 17, 2023, from 2:00 pm – 4:00pm Virtual Venue: Microsoft TEAMS</p>

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Health equity is the attainment of the highest level of health for all people.¹ Currently, individuals across the United States from various cultural backgrounds are unable to attain their highest level of health for several reasons, including the social determinants of health, or those conditions in which individuals are born, grow, live, work, and age,² such as socioeconomic status, education level, and the availability of health services.³

Though health inequities are directly related to the existence of historical and current discrimination and social injustice, one of the most modifiable factors is the lack of culturally and linguistically appropriate services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals.

Health inequities result in disparities that directly affect the quality of life for all individuals. Health disparities adversely affect neighborhoods, communities, and the broader society, thus making the issue not only an individual concern but also a public health concern. In the United States, it has been estimated that the combined cost of health disparities and subsequent deaths due to inadequate and/or inequitable care is \$1.24 trillion.⁴

Culturally and linguistically appropriate services are increasingly recognized as effective in improving the quality of care and services.^{5,6} By providing a structure to implement culturally and linguistically appropriate services, the National CLAS Standards will improve an organization's ability to address health care disparities.

The National CLAS Standards align with the HHS Action Plan to Reduce Racial and Ethnic Health Disparities⁷ and the National Stakeholder Strategy for Achieving Health Equity,⁸ which aim to promote health equity through providing clear plans and strategies to guide collaborative efforts that address racial and ethnic health disparities across the country.

Similar to these initiatives, the National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. Adoption of these Standards will help advance better health and health care in the United States.

Of all the forms of inequality, injustice in health care is the most shocking and inhumane.

— Dr. Martin Luther King, Jr.

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