

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

CULTURAL COMPETENCY COMMITTEE MEETING

Date: March 8, 2023

Participants via Conference Call:

Aaron Icedo, Guest; Alex Elliot, DMH; Amparo Ostojic, Supv. Comm. Health Worker, DMH; Anna Hernandez, DMH; Antonio Bañuelos, DMH; Belia Lopez, Comm. Health Worker, DMH; Bernice Mascher, CCC Co-Chair, Cultural Broker; Brent Popham, LACCC, CCC; Bruce Wheatley, Wheatley Institute; Cache Raine-Jones, Comm. Health Worker, DMH; Christine De La Cruz, DMH ARDI-DEM; Clemencia Carroll, Mundo Maya Foundation; Diana Luna-Miller, DMH; Elaine Waldman, DMH; Gabriela Velasquez, SA 8, CCC; Genesis Samuell, Comm. Health Worker, DMH; Guadalupe Aguilar, DMH, ARDI-DEM; Irma Velasquez, WOW Volunteer, SA 8, CCC; James McEwen, DMH; Johana Lozano, CCC; Juanita Montes, Supv. Comm. Health Worker, DMH; Kattie Rodriguez, DMH; Kisha Thompson, DMH; Lourdes Rabello, Guest; Luis Ramirez, The Children’s Center, Antelope Valley; Margarita Cabrera, Comm. Health Worker, DMH; Maritza LeBron, NAMI, SALT 7; Marquisha Henderson, DPH; Martin Almanza, DMH; Mercedes Moreno, CCC Co-Chair; Ms. Cleo, Guest; Myan Le, DMH; Pamela Inaba, LACC, LA County ACCESS Ambassador, Cal Voices, CCC Rosemary Stevens, SCHARP; Ruth Tiscareño, DMH; Ruth Wen, WOW Volunteer, SA 8; Sandra, Chang, DMH, ARDI-DEM; Sidra Gifford, DMH; Sofia Ruiz, Guest; Stacy Dagleish, Commissioner, MHC; Sylvia Gonzales-Youngblood, Community Health Worker, DMH, AI/AN UsCC Co-Chair; Tia Tevaseu, SoCal PICRT; Wendy Cabil, BAH UsCC, CCC; 949-287-1444

Agenda Items	Comments/Discussion/Recommendations/Conclusions	Action Item	Person(s) Responsible
Welcome Remarks	The CCC Co-chairs welcomed and thanked the membership and participants to the monthly meeting. The co-chairs added that they hope the meeting space feels as safe as possible for everyone to share their points of view. They encouraged the membership who were not able to share their recommendations or comments during the meeting, to send these to Guadalupe at GaAguilar@dmh.lacounty.gov		CCC Co-Chairs
Review of Minutes	Review of CCC February minutes		CCC Co-Chairs

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<i>Land Acknowledgement</i>	<p>Sylvia Gonzales-Youngblood provided information on the importance of the land acknowledgement. She added that it acknowledges the ancestors who were here before us and the tribes that are still here. It is important to remember their history, culture, legacy and presence so that it does not get erased. She shared that she is an Ohlone Mission Indian. Her grandmother was born into the California Mission system. In her land acknowledgement, Ms. Gonzales-Youngblood thanked and acknowledged the Tongva and Chumash nations. She summarized by honoring ancestors and descendants present today and all relatives past, present and future. The land acknowledgement she gave was created by Julia Bogany, a Tongva elder who has passed on. “We the Indian people, the traditional caretakers of this landscape are the direct descendants of the First People who formed our lands, our worlds during creation time. We have always been here. Our ancestors prepared and became the landscapes and worlds for the coming of humans with order, knowledge, and gifts embedded in the landscape. Our ancestors imbued us, who now live here, with the responsibility and obligations of our original instructions as told to us in our creation stories. We are guided by protocol and etiquette to be part of, take care of, and ensure the welfare of the nature, the extended family and community defined in its most inclusive expression. We pass those teachings and responsibilities onto our children, grandchildren, and many generations to come. “</p>		<p>Sylvia Gonzales-Youngblood, AI/AN UsCC Co-Chair, DMH</p>
Feature Presentation	<p><u>Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM)</u></p> <ul style="list-style-type: none"> Elaine Waldman introduced herself and Alex Elliot stating she is the Access for All UsCC liaison and Alex Elliot is with the Quality Outcomes and Training Division, and they are both working with Dr. Innes-Gomberg, and Hyun Lee as part of the Internal Planning group. Ms. Waldman provided background regarding the ICCTM Collaborative. In 2016, Solano County joined University of California Davis to create a five-year Mental 		<ul style="list-style-type: none"> Alex Elliot, DMH Elaine Waldman, DMH

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	<p>Health Services Act (MHSA) project called ICCTM. The focus of the project was:</p> <ul style="list-style-type: none"> ➤ Focus on cultural and linguistic needs to support the Hispanic/Latino Filipino American, and LGBTQ+ community ➤ Selected by historically low penetration rates ➤ Created a training curriculum based on the National Standards for Culturally and Linguistically Appropriate Services (CLAS). ➤ Develop workgroups of consumers community and organization leaders, advocates, County and contracted behavioral health staff and key community providers <ul style="list-style-type: none"> • Mr. Elliot added that in Solano County, that was the target population they chose, for LACDMH, they are still exploring which populations to focus on. The results of their project were: <ul style="list-style-type: none"> ➤ Increases to timely access of care ➤ Increases to ACCESS line use ➤ Improvements to customer satisfaction and decreases in crisis services as the first point of contact with the mental health system for Filipino American, Hispanic/Latino, and LGBTQ+ communities • He shared that he wanted to provide context to the membership to have a better understanding of the CLAS standards. One of those areas is health equity, ensuring that all people can receive the highest level of health. There are many factors that contribute to consumers not able to attain health equity such as social determinants of health (socioeconomic status, education level, availability, age, and even access to broadband internet). For their program, they are looking at expanding culturally and linguistically appropriate services and services that are respectful and responsive to the needs of all individuals. This is an area that can be changed and why they are excited to work on this project. The data shows the astounding impact of not having culturally and linguistically 		

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	<p>accessible services, an estimated combined cost of health disparities and deaths due to inadequate and/or inequitable care is \$1.24 trillion dollars. Mr. Elliot then shared the CLAS standards with the membership.</p> <p>Principal Standard:</p> <ol style="list-style-type: none"> 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. <p>Governance, Leadership, and Workforce:</p> <ol style="list-style-type: none"> 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. <p>Communication and Language Assistance:</p> <ol style="list-style-type: none"> 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. 		

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	<p>Engagement, Continuous Improvement, and Accountability:</p> <p>9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization’s planning and operations.</p> <p>10. Conduct ongoing assessments of the organization’s CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.</p> <p>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.</p> <p>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.</p> <p>13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.</p> <p>14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.</p> <p>15. Communicate the organization’s progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.</p> <ul style="list-style-type: none"> • Mr. Elliot shared that the ICCTM team for LACDMH is comprised of Deputy Director, Dr. Debbie Innes-Gomberg, Alex Elliot, Outcomes Unit, Dr. Daiya Cunnane, Quality Improvement Unit, Elaine Waldman, ARDI Division, and Dr. Hyun K. Lee, ARDI Division and they have been making the rounds to the Underserved Cultural Communities (UsCCs, the CCC, and the ARDI Division to gain feedback and gain representation into their advisory group towards working to identify communities of focus for interventions with an end goal of developing policies and programming. 		

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	<p>The LACDMH collaborative is still in the planning phase but is seeking to include community members from each of the seven (7) UsCCs, the CCC as well as FBAC. The LACDMH collaborative continues to meet with Solano County for project mentorship as well as working with Clinical Informatics (CI) to obtain LACDMH data on types of service use. In that effort, Mr. Elliot shared the following focus questions to get feedback on how to support the project. He encouraged participants to share during the meeting, or to send him and Elaine an email with their responses.</p> <p>Questions:</p> <ol style="list-style-type: none"> 1. What comes to mind when transforming the culture of LACDMH? 2. What would that look like to make LACDMH changes as it relates to improving the lives of people of various cultures who have mental illness? What recommendations do you have? 3. What are some unmet priority needs needed among the community and across the UsCCs and the CCC? 4. What types of trainings may be needed to increase LACDMH staff understanding and support of the community? 5. What are some good ways to have community stakeholders involved in this ICCTM project? 6. What community activities, interventions, and supports encourage mental wellness? For example, barber shops, libraries, spiritual events, etc. <p>CCC Feedback</p> <ul style="list-style-type: none"> • A community member said that projects must be aligned with recovery principles, as well as MHSA training, humility is critical to learning from each other. DMH cannot be stagnant, the community cannot be set back when trying to make a difference. The project must be trauma informed, 		

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	<p>DMH must not retraumatize the community and the project must focus on helping not harming the community</p> <ul style="list-style-type: none"> • Another member added that there needs to be accountability for bureaucracy. The project must communicate throughout all levels of the organization. Silos must be removed, and supervisors need to work together with DMH staff. Also important to this collaborative is to have a complaint policy and process that is in alignment with laws. She said the learning collaborative must take risks and be innovative and most importantly different voices are needed at the table • A member said that the collaborative must prevent duplication of efforts, must be accountable, have representation, and open to change • Another member stated it is important that the community is heard. It is difficult for the community to establish partnerships when DMH staff are reassigned, causing stakeholder meetings and processes to lose momentum • Another member commented that staff training by peers is needed as well as evaluations (of DMH programs, policies, and interventions) by consumers and participants are needed. It is important to not just “do things” because the money is there. Also, important to consider are rituals, culture-based projects that work to reduce mental health symptoms. Finally, the collaborative must embrace community through the arts, recreation, music, co-living, and most importantly listen to the voice of consumers. • Dr. Chang thanked all the comments and discussion from the membership. She reminded the membership that in past years under the leadership of the CCC co-chairs, have decided to form ad hoc groups around topics and areas that are important to the membership. She proposed to the CCC forming a special ad hoc workgroup that could meet 		

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	with Elaine, Elliot, and other members of Dr. Gomberg's team to capture the input from the CCC		
Break:	<p><u>Song: Gracias a la vida – Mercedes Sosa In honor of Women's International History month</u></p> <ul style="list-style-type: none"> • Comments from the membership included they thought the music and video was beautiful, inspiring, and the message was moving and so fitting to highlight such a powerful voice 		Guadalupe Aguilar, DMH
<u>DMH Policy & Procedure 200.09</u>	<p><u>Policy 200.09 Culturally and Linguistically Inclusive Services</u></p> <ul style="list-style-type: none"> • Dr. Chang began by sharing that per state requirements, the CCC is charged with working internally with the California Department in many areas and one of those areas is looking at Policies & Procedures. Pertinent to cultural and linguistic competence, P&P 200.09 is due for revision, and this process involves reviewing the policy draft with the CCC with the goals of: 1) Informing the members on the content, 2) reviewing the CLAS Standards and Cultural Competence Plan Requirements (CCPR), and 3) gather feedback, suggested modifications, and/or additions. The policy ensures that the Department has culturally and linguistically appropriate services that are effective, equitable, and most of all, centered on the needs of consumers and family members in both clinical and administrative care <p><u>Presentation highlights:</u></p> <ul style="list-style-type: none"> ➤ Culture ➤ Cultural Humility ➤ Cultural Identity ➤ What is Culture ➤ Disparities ➤ Ethnic Services Manager (ESM) ➤ Equity 		Dr. Sandra Chang, ESM, ARDI-DEM, DMH

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	<ul style="list-style-type: none"> ➤ Gender Identity ➤ Gender Expression ➤ Health Inequities ➤ Implicit Bias ➤ Individual Cultural Competence ➤ Inclusion ➤ Language Assistance Services ➤ National Standards for Culturally and Linguistically Appropriate Services (CLAS) ➤ Organizational Cultural Competence ➤ Social Determinants of Health ➤ Underserved Communities <ul style="list-style-type: none"> • Inclusion statement: DMH embraces the cultural backgrounds and cultural identity of constituents associated with race/ethnicity, national origin, language preference, literacy and communication needs, sexual orientation, gender identity, socioeconomic status, degree of physical and mental ability or disability, religious beliefs, and life-style choices among others. • Commitment to cultural and linguistic appropriateness of services: DMH addresses cultural and linguistic competence at all levels of the system of care such as policy and procedures, operations, service delivery, training, and quality improvement activities. DMH responds to the linguistic needs of constituents, within each Service Area (SA) and across the system of care, ensuring that language assistance services are provided by certified bilingual employees or qualified language translation and interpretation vendors. DMH programs incorporate cultural and linguistic competence in service planning, service delivery, monitoring and evaluation and quality improvement strategies • Engagement of consumers and family members in culturally sensitive treatment planning and delivery: DMH staff should be familiar with the consumer's cultural viewpoints regarding mental illness, treatment, traditional healing practices, healthcare providers, and 		

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	<p>healthcare facilities. DMH staff should be familiar with how histories of trauma and pathology including over diagnosing and misdiagnosing, and internalized stigma may impact the consumers' engagement in mental health services. DMH staff should implement culturally responsive, person-centered, and affirming practices to promote recovery and resilience. Dr. Chang paused and asked the membership for their input</p> <ul style="list-style-type: none"> • Partnerships with consumers and stakeholder groups: DMH programs partner with consumers, with communities, with community-based organizations to better understand the mental health needs of the community, of the clients to set appropriate service goals, to implement cultural and language specific interventions to address inequities and assess the level of services and evaluate the effectiveness of the services that the department provides. • Consumer demographic and service utilization and data collection: DMH staff must demonstrate respect for consumers' social and cultural identities. DMH collects, tracks, and utilizes the demographic and utilization data as a way of monitoring accessibility, engagement, retention in mental health services, the quality of treatment outcomes and evaluate the quality of the cultural and linguistic adaptations in the way in which services are provided. The policy also states that staff needs to monitor consumer information in their electronic health records to ensure that it is included, that it is accurate, that it is affirming in terms of the language that DMH utilizes in terms of embracing cultural backgrounds. Most importantly, that consumer information is accurately documented in the progress notes. • Provision of Language Assistance Services: Translation, Interpreter, ASL, communication close captioning services • Support for consumer driven wellbeing programs: • Annual cultural competence training requirements for staff: 		

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	<p>CCC feedback</p> <ul style="list-style-type: none"> • A member asked Dr. Chang if P&P 200.09 will be accessible to the public. She is thankful to see something different which is to start including the voice of the community as it should be <ul style="list-style-type: none"> ○ Dr. Chang replied that the policies are developed to guide the activities of the workforce and therefore reside within the Human Resources department. She added that the charge of the committee and the fact that the Development, Engagement and Mobilization (DEM) Unit utilizes the CCC and values the input from the CCC, therefore this is the reason why the input from the membership is important in terms of what needs to be updated in the policy, what is missing, and does it make sense. • A member commented that due to COVID-19 and climate change, the P&P needs to continue to include telehealth, phone and in-person choices as it relates to mental health services • Another member asked if the P&P will be translated into other languages. She was also concerned about retaliation against staff when they have made comments in the past. Will there be an opportunity for the community to share their concerns <ul style="list-style-type: none"> ○ Dr. Chang thanked the member for her comment and added that DMH has high regard for everyone in the community and particularly in the CCC monthly meetings. She does not know where the idea of retaliation is coming from. She would like to learn more on this area. She hopes to clear the air, and tell everyone that their voice, input, and ideas are all welcomed and taken into consideration. Dr. Chang also specified that LACDMH as one of thirty (30) Los Angeles County Departments is governed by very specific rules that specify that retaliation, discrimination, and oppression is not appropriate behavior. Employees have the right to complain when they are experiencing any form of retaliation. This is where the County Policy on Equity (CPOE) comes into play. CPOE is provided by the Board of Supervisors (BOS) and is utilized by staff whenever they have 		

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	<p>experienced those things in the workforce and ultimately to seek remediation. As to the P&P being translated, the Department has many policies and they are only available in the English language because they are for the workforce.</p>		
Video:	<p><u>Women’s contributions in the U.S. & the World</u> In honor of International Women’s History month, the CCC viewed “Here’s to Strong Women, We may know them, We may be them, We may raise them.”</p>		Guadalupe Aguilar, DMH
CCC Co-Chair Elections follow-up	<p>Ms. Aguilar announced the results of the CCC Co-Chair elections for CY 2023 and the members with voting rights have elected:</p> <ul style="list-style-type: none"> • Main Co-Chair – Ms. Bernice Mascher • 2nd Co-Chair – Ms. Mercedes Moreno • Alternate Co-Chair – Ms. Wendy Cabil 		Guadalupe Aguilar, DMH
<i>Labor Acknowledgement</i>	<p>We must acknowledge that much of what we know of this country today, including its culture, economic growth and development throughout history and across time has been made possible by the labor of enslaved Africans and their descendants who suffered the horror of transatlantic trafficking of their people, chattel slavery and Jim Crow.</p> <p>We are indebted to their labor and their sacrifice, and we must acknowledge the tremors of violence throughout the generations and the resulting impact that can be felt and witnessed today.</p> <p>Source: Diverse Issues in Higher Education www.diverseeducation.com</p>		•Bernice Mascher, CCC Co-Chair

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Announcements	<ul style="list-style-type: none"> Los Angeles Client Coalition (LACCC) General meeting, Friday, March 17, 2023, 1:00-3:00 pm, Zoom meeting, Anti-Racism, Diversity, and Inclusion (ARDI) LA County Prevention Services Task Force, Friday, March 10, 2023, 11:00-1:30 pm, attend virtually ceo-lacounty-gov.zoom.us/j/81102847281 or in person, 510 S. Vermont Ave., Los Angeles, CA 90020, Room 9K02 (T) Level 		Membership

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Sandra T. Chang, Ph.D.

Los Angeles County Department of Mental Health
 Anti-Racism, Diversity and Inclusion (ARDI) Division
 Cultural Competency Unit Programs Manager
 LACDMH Ethnic Services Manager