

**Cultural Competence Advisory Board**  
**Tuesday, December 10, 2013**

**Agenda**

**11:00 Welcome and Introductions**

**11:15 Overview**

Review of purpose and goals of the board

**11:20 Overview MHSUS and Mental Health Plan**

System

Programs and services

**11:50 Assessing Strengths, Challenges and Needs**

Policy

System

Procedures

Practices

**12:30 Priority setting**

**12:50 Announcements/Next Steps**

**1:00 Adjourn**

## **Cultural Competency Advisory Board (CCAB)**

**Meeting on 12/10/13 from 11-1pm**

**Attendees:** Darby Jaragosky, Mollie Heckel, Brian Robinson, Cesar Lagleva, Laurie Hunt, Kristen Gardner, Leticia McCoy, Connie Harris, Vinh Luu, Douglas Mundo, Robbie Powelson, David Escobar, Duy Vu, Kerry Peirson

**Meeting began at 11am.**

Introductions of members and their role in the county/community.

### **Presentation:**

Cesar:

- Brief review of the Cultural Competency Committee. The committee was started in 2000 and charged with making recommendations. Current role of CCAB is to engage the community to examine the facets of the system and to determine how to decrease stigma and discrimination and to help the inappropriately served.
- Review of MHSUS Organizational Chart and Systems of Care. Brief explanation of Child, Youth, TAY Adults, and Older Adult systems.

### **Discussion:**

- Vinh inquired about the placement of the CCAB in the MHSUS Organizational Chart. Cesar stated he would follow-up.
- Members inquired about the Mental Health Board and how one becomes a member. Robbie provided brief explanation of MMHB. Vinh inquired about how many people of color and women were on the MMHB.
- Kerry suggested that we need to ambassadors to assist in navigating the system, especially in terms of financial issues. He suggested that there be voluntary financial management for clients.
- Robbie discussed the need of homeless youth and the stigma regarding clinics.
- Douglas stated that the Latino community does not think about Mental Health, as many members are concerned about getting their basic needs for themselves and their families met first. However, Douglas suggested mental health affects the community and the community needs:
  - More outreach
  - Access to services is hard.
  - Affordable services
  - Support in the community.

Discussion regarding indigenous people as “second class” citizens within the community. The Mayan community is an example of as discrimination within the Latino community.

Used to have outreach workers. Need more outreach workers from the county and CBOs. Outreach currently falls on the shoulders of the promotores program.

- Vinh commented in the Asian American community (Loas, Cambodian, and Vietnamese communities) there is an increase in mental health stigma. Connect people together. One person door-to-door. Learn about the barriers in the system.
- 10-15 Health Advocates. People in the system are benefiting from workshops on Fridays. Vietnamese connections currently has 1 employee at .5 time.
- Leticia: Marin City establishing trust is very important. Several people she worked with thought therapy was lying on the couch. Spent time dispelling myths.
- Connie: Community trust. Community will accept cancer, alcoholism, etc. before mental issues. Religion is very important and people will turn to it prior to MH treatment.
- Kerry: Shelter Hill in Mill Valley, subsidized housing, multicultural. Share information. Stigma looks different in each culture. Quality of services needs to improve.
- Dabry: problems with cultural competence in terms of substance abuse. Substance Abuse stigma?
  - Fear of getting reported as criminal. SA more acceptable.
  - Douglas explained Food Pantry Rproject. people get food, safe space, build relationships, express themselves.
  - Increase access to support each other.
- Misunderstanding that MH services are for people who are “crazy.”
- Language problems where Spanish is 2<sup>nd</sup> language for some indigenous people.
- Different cosmologies for different groups.
- Kristen: these conversations are very important for funding. Excited to be a part of it.
- Laurie: Trying to reach older Spanish-speaking adults. Senior Peer counselors for Spanish-speaking clients.

**Questions:**

Where does CCAB fall on the MHSUS organizational chart?

Are frontline workers culturally competent? Language knowledge does not equal cultural competency.

**Follow-up Action:**

Cesar

**Suggestions:**

- Crisis center in the community. Work from crisis management backwards.
- Alternatives to substance abuse treatment needed. Need alternative community-based treatment. Speaking Spanish is not enough.

- More resources needed.
- AOD model from probation be applied in other places. Employment as a way of assisting with MH and SA issues.
- Need more family members/consumers in this group.
- Cultural appropriateness for translators
- People are experts in their communities.
- Promotores and other peer providers need more financial support.
- Promote volunteerism. More resource people.
- Resource guide more public.
- Throw out the word “therapy.”
- Access line needs to be more public
- Come back with something concrete able to take to the team.
- Telecommunication lines: improve access

Kristen clarified 3 levels of how change can occur in the system.

**Agreed Recommendation to take to MHSUS:**

*Increase paraprofessionals: peer counselors, promotores, street outreach, LBGTQQI community,*

**Next meeting will be 2/11/2014 from 11am-1pm**