Monterey County Behavioral Health (MCBH) Cultural Relevancy and Humility Committee (CRHC)
Minutes from July – September
2020 Transition Team Meetings

The following notes represent the work done by the CRHC Transition Team between July-September 2020. The work was done in consultation with Dr. Matthew Mock who participated in each meeting. Additional contributors include: Dana Edgull, Lucero Robles, Adriana Furuzawa, Lindsey O'Leary, Kacy Carr, Relindis Diaz, Jill Walker and Pamela Weston.

1) Update Vision and Mission statements to reflect purpose, scope and role of Committee
2) Establish objectives and goals. Examples include:
    a) Goal: Establish and implement a transparent and inclusive process for obtaining client, community, and staff input related to cultural competence planning, implementation, monitoring and evaluation.
3) Identify how Committee fits within Monterey County Behavioral Health (MCBH) organizational structure and primary function of relationship(s) *(political and power dynamics, accountability, decision making authority, relationships and communication).* Clarify relationship to the following:
    a) MCBH committees
        i) Quality Improvement
        ii) Cabinet (MCBH executive team)
    b) Mental Health Services Act
        i) Community Program Planning Process
    c) External entities and regulatory bodies
        i) Behavioral Health Commission
        ii) Department of Health Care Services (DHCS)
        iii) Mental Health Services Oversight and Accountability Commission (MHSOAC)
4) Identify adjunct supports and resources
    a) County and Health Department Resources
        i) Civil Rights Office
        ii) GARE (Governing for Accountability and Racial Equity)
        iii) Health Equity Scholars Academy
        iv) Monterey County Commission on the Status of Women
    b) Other community resources and potential collaborators
        i) Community based organizations
        ii) MHSA Prevention and Early Intervention (PEI) funded contracts/programs
        iii) National Coalition Building Institute (Sue Parris)
        iv) NAACP
        v) Maternal Mental Health Collaborative
        vi) Youth Councils (Gonzales & Soledad)
        vii) Girls Health In Girls Hands
        viii) Recovery Task Force (Interim/Omni)
        ix) Building Health Communities
            (1) Cultura Cura
            (2) Healing Circles
        x) MILPA Centro

xi) Binacional para el Desarollo Indígena Oaxaqueño (CBDIO)
(1) Greenfield
xii) Aztec dancers (Robert Castro)
xiii) Urban Arts Collective – Jose Ortiz
xiv) Baktung 12 (community healing stories through performance arts)

5) Develop structure for Committee which should include collaboratives focused on specific cultural groups and historically underrepresented populations. *This should include roles and responsibilities as well as informational feedback loops and processes.*
a) For main body of Committee:
i) Identify key staff members from MCBH:
(1) Deputy Director(s), managers and supervisors who are responsible in overseeing the development of culturally responsive services for their programs
(2) Training Manager
(3) Prevention Manager
(4) MHSA Coordinator
(5) Quality Improvement Manager
(6) Behavioral Health Director
ii) Identify other committee members:
(1) Community members, contract providers, staff, clients and their families, and other invested individuals
b) Collaboratives: Identify representatives who would like to be a part of a collaborative focusing on specific cultural groups and individuals to function in lead roles. *(Community defined)* Some possible areas of focus:
i) Latinx Mexican American heritage
ii) Indigenous communities
(1) Native America (in Monterey County, connect with Esalen tribe)
(2) Oaxacan
iii) Black, African Americans & Multi-Cultural
iv) Asian Pacific Islander
v) LGBTQ+
vi) Gender specific
vii) Elders and Seniors
viii) System impacted individuals and families (Civic Engagement)
(1) Public agency involvement
(2) Probation & parole
(3) Financial disentrancement
(4) Environmentally impacted
(a) Social determinants of health
ix) Spirituality and Faith communities (traditional and non-traditional)
6) Select and conduct organizational assessment(s) and clinician self assessments. *(Potential tools are: CLAS standards implementation checklist and CA Brief Multicultural Competency Scale* (Khani Gustafson MSW & Jei Africa PhD))
a) Based on the results of the self-assessment and data, the committee develops and implements a strategic plan with clear goals, objectives and indicators
7) From SAMAHS Tip Guide #59, Cultural Competency Plan should address strategies:
a) recruiting, hiring, retaining, and promoting qualified, diverse staff members;

b) The use of interpreters or bilingual staff members;
c) Staff training, professional development, and education;
d) Fostering community involvement;
e) Facilities design and operation;
f) Development of culturally appropriate program materials;
g) How to incorporate culturally relevant treatment approaches;
h) Development and implementation of supporting policies and procedures, including reassessment processes

8) Additional considerations to address barriers to access and inclusion in Behavioral Health treatment for immediate action:
    i) Child care
    ii) Work conflicts for clients/parents & caregivers
    iii) Transportation
    iv) Technology & Internet Access
    v) Hours and days of week services are available
    vi) Initial documentation and assessment process can get in way of clients getting help in timely manner for their immediate needs
    vii) Lack of culturally appropriate/attuned therapists for Black and African American families (and possibly other cultures)
        (1) Need staffing that reflects community
        (2) Part of organizational work force assessment
    viii) Training for staff to increase awareness of internal biases and increase empathy
    ix) Demographic data collection that is reflective of how people self identify and move away from use of “Other”