

Cultural Competence Resource Team

MINUTES



Friday, November 4, 2016 10:00-11:30 AM - 3255 Camino Del Rio South San Diego, CA 92108 BHS – GARDEN ROOM

In Attendance: Piedad Garcia (BHS), Elisa Barnett (BHETA), Juan Camarena (SDSU), Dasha Dahdouh (BHS), Gebaynesh Gashaw-Gant (Guest) Susan Hagos (NSDI), Rick Heller (HSRC), Celeste Hunter (CASRC), Kat Katsanis-Semel (MHA), Michelle Ly (UPAC), Liz Miles (BHS), Edith Mohler (BHS), Nancy Rodriguez (CM), Maria Samayoa (BHS), Krystle Umanzor (BHS), Ann Vilmenay (BHS), Charity White-Voth (BHS), Rose Wood (BHETA), Jessica Young (PE)

ITEM	SUMMARY	ACTION
I. Welcome/ Introductions	<ul style="list-style-type: none"> Piedad called the meeting to order at 10:08 AM. 	
II. Approval of October 2016 Minutes	<ul style="list-style-type: none"> Approval of October 7, 2016 was moved and second with edit to item IV. (Elisa Barnett and Kat Katsanis-Semel) 	
III. Chair’s Report & Action Items (Piedad Garcia) Action Item Updates <ul style="list-style-type: none"> ➤ Discuss Next Step recommendations from CCRT in evaluating PERT Curriculum w/ BHS Execs. ➤ Request a copy of PERT Training Curriculum. ➤ Cultural Competence Training – PERT Curriculum 	Action Item Updates: <ul style="list-style-type: none"> As agreed in October CCRT meeting, Piedad discussed with BHS Executives the recommendation of evaluating PERT training curriculum and CCRT’s participation. The Director of P.E.R.T provided their training curriculum outlines, which included: <ul style="list-style-type: none"> – 3-day POST Certified P.E.R.T Academy – Crisis Response Training – 8-Hour Post Certified Pert Academy Piedad informed after review of the curriculum, that there was minimal Cultural Competence components integrated for the training. BHS Staff will consult with PERT Director regarding CCRT’s recommendation to collaborate and provide input for P.E.R.T Curriculum. Charity, Betsy and Piedad had a conference call meeting with Dr. Marvin to discuss opportunities to enhance the curriculum and have invited Dr. Marvin to come to the CCRT meeting to discuss integration of Cultural Competence in the curriculum. Liz Miles mentioned there is a First Responder Training that was created in the past and can be used for reference. Chair Report: <ul style="list-style-type: none"> After thoughtful consideration, data analysis, community conversations, and stakeholder input, the HHS-BHS will be closing the County operated Children’s South East Mental Health Clinic (SEMHC). The closure will occur over time to allow the children, youth and families currently served to complete their treatment. New referrals will be routed to other behavioral health programs. A concern was raised from other CYF Programs regarding the process requirement when SEMHC referrals are received and will they be identified as referrals from SEMHC. A request for further information or directions regarding the concerns was made. MHSA added 6 smaller focus groups in specific regions for the unique population being served by BHS to receive some input and response. A consumer, an in-jail and justice related focus group were included. 	<p>Action Item:</p> <ul style="list-style-type: none"> Betsy to contact P.E.R.T for a presentation in the near future. Liz Miles to forward Piedad a BHS First Responder Training Manual from a past year. Edith to f/u with CYF on the request for further direction on SEMHC referrals expectation process and identification. Piedad – Ask MHSA to present recommendation and input from Focus Groups at future meeting.

ITEM	SUMMARY	ACTION
	<ul style="list-style-type: none"> In addition Piedad and other BHS staff members met with a Special Focus Group that included the County, resettlement agencies, (United Women of East Africa and Nile Sisters), Survivors of Torture Intl. and consumers to discuss Refugee Behavioral Health. One of the main concerns that was mentioned at this meeting was that refugee children under the age of 16 are not assessed for mental health or trauma issues when they arrive from their countries. BHS is reviewing children’s assessments at schools and resources understanding it is a multifaceted issue, such as expertise of clinicians, medical social workers, school assessments, etc. 	
IV. Nile Sisters Development Initiative	<ul style="list-style-type: none"> Susan Hagos the Health Advocacy Coordinator with the Nile Sisters Development Initiative provided an overview of the program to the CCRT. The Nile Sisters Development Initiatives works with community leaders to assess the primary needs for and barriers within the communities. The program assist migrants, refugees and their families by offering support, education in social and economic self-reliance and employment skills. 	
V. Committee Updates <ul style="list-style-type: none"> Education and Training (Charity White-Voth) Children’s Update (Edith Mohler) 	Education & Training: <ul style="list-style-type: none"> Georgetown University sent notice they have approved the modified CLCPA that was submitted, they have also stated the CC-PAS can be modified without a formal request as it is not an assessment. Children’s Update: <ul style="list-style-type: none"> The Critical issues in Child & Adolescent Mental Health Conference will be held in March 2017, further information will be provided when finalized. 	
VI. QI Updates (Liz Miles) Action Item Updates <ul style="list-style-type: none"> ➤ CC-PAS and CBMCS report for TAY Programs only. 	<ul style="list-style-type: none"> CC-PAS and CBMCS specific to TAY programs request is being finalized and will be presented at the TAY Workgroup meeting on November 16, 2016 and then at the December 2, 2016 CCRT meeting. State Survey and Consumer results were sent out on November 2, 2016, please note the handouts are in English and Spanish per previous year recommendations. 2016 Program Level CC-PAS results have been provided to the Program Coordinators and they will be discussing them with individual programs. 	
VII. 3- Year Cultural Competence Plan (Liz Miles)	Criterion I – Commitment to Cultural Competence: <ol style="list-style-type: none"> The County of San Diego Behavioral Health Services’ commitment to cultural competence (<i>Policies, procedures, or practices that reflect steps taken to dully incorporate the recognition and value of racial, ethnic, and cultural diversity within SDCBHS.</i>) Suggestions: Tools to better reflect CLAS Standards, establish a library of ethnics and cultural specific group assessment tools providers can access, LGBTQ drop-in Center, standardized language for MHSa	Action Item: <ul style="list-style-type: none"> QI to provide CCP information & updates to CCRT prior to meetings.

ITEM	SUMMARY	ACTION
	<p>II. County recognition, value, and inclusion of racial, ethnic, cultural and linguistic diversity within the system <i>(description of practices and activities that demonstrate community outreach, engagement, and involvement efforts with identified racial, ethnic, cultural, and linguistic communities with mental health disparities; including, recognition and value of racial, ethnic, cultural, and linguistic diversity within the system)</i> Suggestions: Training for all staff in programs (support staff, administrative staff etc.), advertisement awareness</p> <p>III. Each county has a designated Cultural Competence/Ethnic Services Manager (CC/ESM) person responsible for cultural competence <i>(Evidence that the County Mental Health System has a designated CC/ESM who is responsible for cultural competence and who promotes the development of appropriate mental health services that will meet the diverse needs of the county's racial, ethnic, cultural, and linguistic populations)</i> Liz to f/u with Piedad.</p> <p>IV. Identify budget resources targeted for culturally competent activities <i>(Evidence of budget dedicated to cultural competence activities)</i> Suggestions: drop-n centers and shelters for homeless youth and TAY, Single parenting men, outreach for more programs and community</p> <p>Criterion II - Updated Assessment Of Service Needs</p> <p>I. General Population <i>(Summary of the county's general population by race, ethnicity, age, gender, and other social/cultural groups)</i> Input: Increase in Caribbean's, Haitians, Cubans, west Africans migrants and refugees; Adult and Older with dementia and related mental health; Asian population is also increasing</p> <p>II. Medi-Cal population service needs <i>(Summarize Medi-Cal population and client utilization data by race, ethnicity, language, age, gender, and other social/cultural groups)</i> No input</p> <p>III. 200% of Poverty (minus Medi-Cal) population and service needs <i>(Summarize the 200% of poverty (minus Medi-Cal population) and client utilization data by race, ethnicity, language, age, gender, and other social/cultural groups)</i> Suggestions: Increase community based treatments and clinics, include and train community leaders</p> <p>IV. MHSA Community Services and Supports (CSS) population assessment and service needs <i>(What target population and services would you recommend the Community Services and Supports (CSS) Plan focus on in the next three years?)</i> No input</p> <p>V. Prevention and Early Intervention (PEI) Plan: The process used to identify the PEI priority populations <i>(Would you recommend any changes to the identified PEI priority population(s)? (underserved cultural populations, individuals experiencing onset of serious psychiatric illness,</i></p>	

ITEM	SUMMARY	ACTION
	<p><i>children/youth in stressed families, trauma exposed, children/youth at risk of school failure, and children/youth at risk of experiencing juvenile justice involvement)</i></p> <p>Out of time to continue discussion at next meeting.</p>	
<p>VIII. Announcements</p>	<ul style="list-style-type: none"> • The in-person Cultural Competence Academy trainings through BHETA have ended on October 31, 2016, online trainings will continue to be provided. 	

NEXT MEETING IS SCHEDULED FOR
DECEMBER 2, 2016
10:00 AM-11:30 AM
EAST AFRICAN CULTURAL COMMUNITY CENTER