

**QUALITY IMPROVEMENT COUNCIL  
CULTURAL COMPETENCY SUB COMMITTEE MEETING**

**Date:** March 11, 2009

**Present:** Tara Yaralian, Rebecca Hall, Rose Lopez, Ann Lee, James Randall, Roger Kelley, Alby Alvarenga, Ana Hernandez, Trivill Colley, Kimberly Spears, Albert Thompson, Tammi Robles

Agenda Items	Comments/Discussion/Recommendations/Conclusions
<b>Welcome &amp; Introductions</b>	<ul style="list-style-type: none"> <li>• Introduction of members</li> <li>• Minutes read, correction made. Moved and seconded with correction noted.</li> </ul>
<b>Speaker</b>	<ul style="list-style-type: none"> <li>• Roger Kelley, SCHARP/OASIS, Latino Milestones Program &amp; Alby Alvarenga, SCHARP/OASIS               <ol style="list-style-type: none"> <li>1 Community-based mental health program                   <ol style="list-style-type: none"> <li>a Drop in center for homeless and dually diagnosed persons and</li> <li>b Socialization and community gathering location where members can integrate                       <ul style="list-style-type: none"> <li>▪ Daily activities</li> <li>▪ Meals served twice daily</li> <li>▪ Outside racial differences not brought into facility; might be because members see how staff can relate and get along.</li> </ul> </li> <li>c Community Service for non mental ill people                       <ul style="list-style-type: none"> <li>▪ Referral source for services beyond mental health</li> <li>▪ Place for people who have problems and need someplace to go</li> </ul> </li> </ol> </li> <li>2 Wellness Center empowers members and help them cope with their illness but in a non-illness way. Members may work/live on their own and perform in regular everyday activities and that illness cannot stop them                   <ol style="list-style-type: none"> <li>a Most members are on their own, come in for ‘tune-up’ with doctor</li> <li>b Provide support that they can’t get outside.</li> </ol> </li> <li>3 Educate staff/members of cultural background and stigma attached to mental health issues example of Hispanic people think that by admitting mental issues means one needs to be committed in hospital; don’t see as something they can live or cope with.</li> <li>4 Recognition that even among Hispanic culture there are differences. Just because you speak Spanish doesn’t mean you’re Mexican, there’s Central and South American and Spaniards and acknowledging differences helps provide services and makes services easily accepted.</li> <li>5 Instituting a type of ESL class approximately 10 weeks in length assisting people with their English so they can enter agencies and have better command of language and understanding of what is said and what they are saying.</li> <li>6 Billing for directly-operated Wellness Center same as DMH, can’t refuse undocumented/uninsured</li> </ol> </li> </ul>

	7 Language need is predominately Spanish
<b>Materials</b>	<ul style="list-style-type: none"> <li>• Blank DMH contract has no mention of cultural competency, only reference is in preamble: Define your program capabilities to respond to the cultural and linguistic needs of the target population. <ol style="list-style-type: none"> <li>1 FSP has specific target focal populations – LA County specific, no other county has that specificity</li> <li>2 Contract almost doesn't matter because contractors have to abide by what CA state requires</li> </ol> </li> <li>• Three random Auditor Controller Reports pulled from online have no CC elements <ol style="list-style-type: none"> <li>1 County Auditor Controller offers aide/suggestions/help, can't sanction for compliance issues</li> <li>2 Chart review tool developed by DMH presented by Pacific Clinics <ol style="list-style-type: none"> <li>a Has specific cultural review issues</li> <li>b In current CC Plan removed 'cultural/linguistic, co-occurring and or health issues impacting presenting problems/symptoms (<b>if applicable</b>):' was removed. Reason may be to write less and depend on assessment</li> <li>c Chart review should be done monthly in a directly operated site</li> <li>d Chart Review Tool pulled from Medi-Cal Audit provided by State</li> </ol> </li> </ol> </li> </ul>
<b>Action Items</b>	<ul style="list-style-type: none"> <li>• WET Plan Presentation <ol style="list-style-type: none"> <li>1 Per request from Angelita, will offer suggestions for making WET Plan culturally competent</li> <li>2 Will obtain action items and go through and push items that are meaningful to CC subcommittee</li> <li>3 Some type of tracking/monitoring system to mark progress in regards to language/cultural needs?</li> <li>4 Could be another required step in CC Plan for putting input into every level of MHSA planning and development</li> <li>5 Is committee's best interest to give opinions on where monies should be spent to make more culturally competent</li> </ol> </li> <li>• Training surveys <ol style="list-style-type: none"> <li>1 Trainers are not given any guidelines as to what needs to be covered to hit key points</li> <li>2 Survey is very fluid, can be changed easily <ol style="list-style-type: none"> <li>a Presentation was presented in a way that was culturally sensitive (Ann Lee)</li> <li>b Did presentation incorporate cultural differences into training? (Ann Lee)</li> <li>c How was diversity addressed? (Rose Lopez)</li> </ol> </li> </ol> </li> </ul>
<b>CC Trainings</b>	<ul style="list-style-type: none"> <li>• Update on Interpreter Training on March 16<sup>th</sup> and WRAP Spanish to be held on March 23<sup>rd</sup></li> </ul>
<b>Additional Items</b>	<ul style="list-style-type: none"> <li>• Organizational Assessment Dr. Terry Wolfe given final revisions and awaiting final copy.</li> </ul>
<b>Next Meeting</b>	<ul style="list-style-type: none"> <li>• Wednesday, April 8, 2009 1:30pm to 3:30pm 695 S. Vermont Ave, 15<sup>th</sup> Floor Glass Conference Room</li> </ul>

*Rebecca Hall*