

ENGAGING EQUITABLY: USHERING IN A NEW ERA OF DIVERSITY AND INCLUSION

CAMHPRO 2024 Fall Forum
Shoreline Center - 1 Swan Way, Oakland 94621
Tuesday, August 13, 2024

CULTURALLY RESPONSIVE SUPPORT

Perspectives from an Advocate of Reducing Disparities in BIPOC Communities
(Black, Indigenous, People of Color)

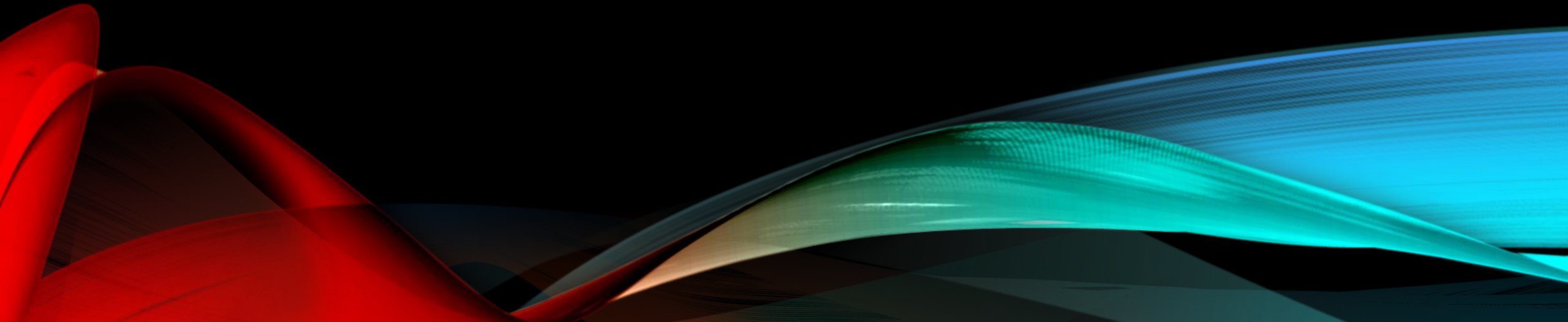


STACIE HIRAMOTO, MSW

- Director of the Racial & Ethnic Mental Health Disparities Coalition (REMHDCO)
- Relevant Work Experience
 - Harbor Regional Center/Camarillo State Hospital
 - Legislature – Speaker Willie Brown and Senator Richard Polanco
 - Lobbyist for Disability Rights CA (then *Protection and Advocacy Inc./PAI*)
 - Rusty Selix [Co-author of Proposition 63]

REVIEW OF DEFINITIONS

Making sure we are on the same page



WHY I USE “**BIPOC**”

- **BIPOC** is the acronym for “Black, Indigenous, People of Color”
- Other terms:
 - Communities of Color
 - Black and brown communities
 - Immigrants and refugees
 - Non-English speaking communities
- Please do **not** use the term “*minority community*”
- It is definitely okay to use the words “**race** or **racial**” or “**ethnic** or **ethnicity**”

DIFFERENTIATING TERMS

- **Cultural competence - cultural humility - cultural responsiveness**
 - **Cultural competence** is a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations. Terry Cross, Ph.D., 1989
 - **Cultural humility** is a humble and respectful attitude toward individuals of other cultures that pushes one to challenge their own cultural biases, realize they cannot possibly know everything about other cultures, and approach learning about other cultures as a lifelong goal and process.

DIFFERENTIATING TERMS

CONTINUED

- **Cultural responsiveness** involves understanding and appropriately including and responding to the combination of cultural variables and the full range of dimensions of diversity that an individual brings to interactions.

Cultural responsiveness requires valuing diversity, seeking to further cultural knowledge, and working toward the creation of community spaces and workspaces where diversity is valued (Hopf et al., 2021)

- **Please note:** *You as an individual, may strive to be culturally responsive with another person. However, if the system or your agency or even your program operates with policies that do not address equity, this makes it difficult or even impossible to be as culturally responsive as you could be.*



IMPLICATIONS OF *CULTURAL RESPONSIVENESS*

- In reference to a way of being while teaching or treating or working professionally to help someone.
- As I am a social worker, I have some experience working with individuals. However, my expertise is in **policy and advocacy**.
- Some thoughts in regards to culturally responsive support

CULTURALLY RESPONSIVE SUPPORT WITH BIPOC INDIVIDUALS

- Is difficult to do without learning/knowing about the specific community(ies) that the consumer comes from
 - The consumer/client may or may not be able to explain or teach you their community values, history, customs, etc.
 - ***It really is not their responsibility to teach you*** (although they may not mind and it may be helpful for them)
- This is where cultural humility comes in: *“You don’t know what you don’t know”*

RECOGNIZING *VALUES*

- Western or Euro-Centric values dominate the system
 - This is not “bad” - but neither are values of other cultures wrong or inferior
- Some examples in the behavioral health community
 - Emphasis on the *individual* as opposed to the *family and/or community*
 - Emphasis on *who speaks loudest and quickest* as opposed to *listening first*

USE OF **TERMS** IN THE BEHAVIORAL HEALTH COMMUNITY

- “**Peer**” means different things to people in communities other than the mental or behavioral health community
- The same goes for “**lived experience**”
- What happened when Prop. 63 statewide “**Stigma and Discrimination**” project was developed

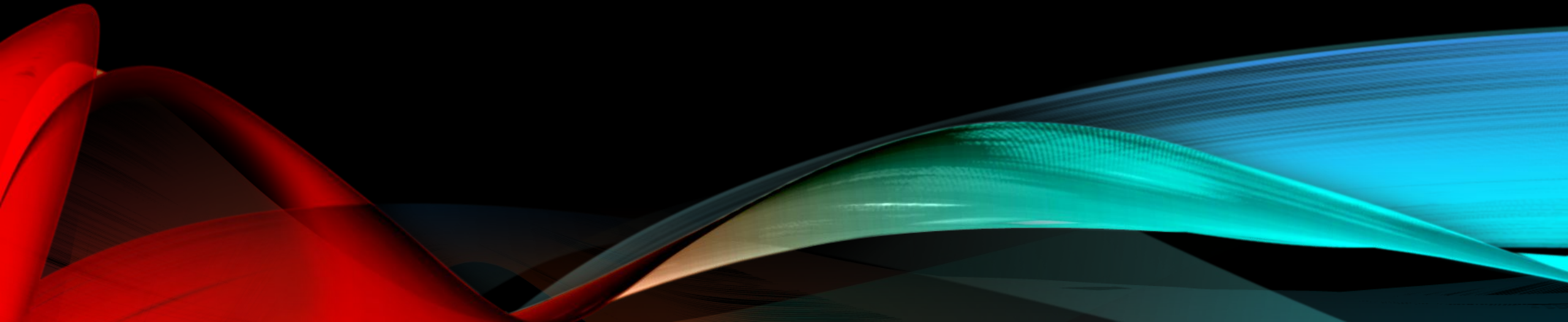


BALANCING NORMS VS. STEREOTYPING

- Of course, not everyone from a particular community has the exact same experiences, thinks the same, and feels the same.
- But being familiar with a community's history, traditions, immigration experience, etc. is important context and will likely improve your culturally responsive support to an individual from that community.
- IMHO it is safe to assume that every person of color in this country has experienced racism both on an individual basis and community level. How they recognize, acknowledge, or react to it varies tremendously with each individual.

HOW DOES THE CONSUMER COMMUNITY WORK TO MAKE “*THE SYSTEM*” MORE *CULTURALLY RESPONSIVE* ?

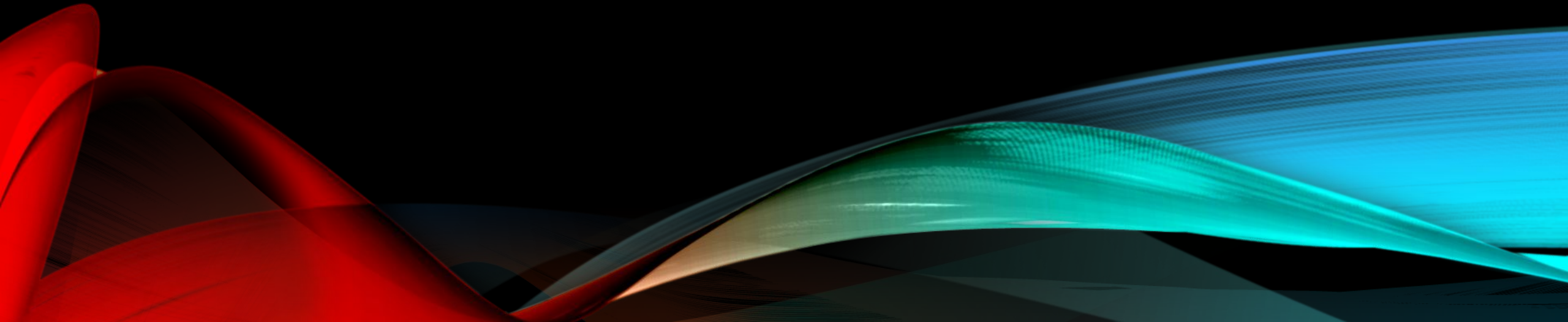
I have more experience in this area



BIPOC PRIORITIES FOR PROP 1

- Priorities of the Consumer community and BIPOC communities are definitely **overlapping** but they **are not the same**.
- Consumer advocates should be *allies* of BIPOC communities by understanding and supporting their priorities whenever possible.

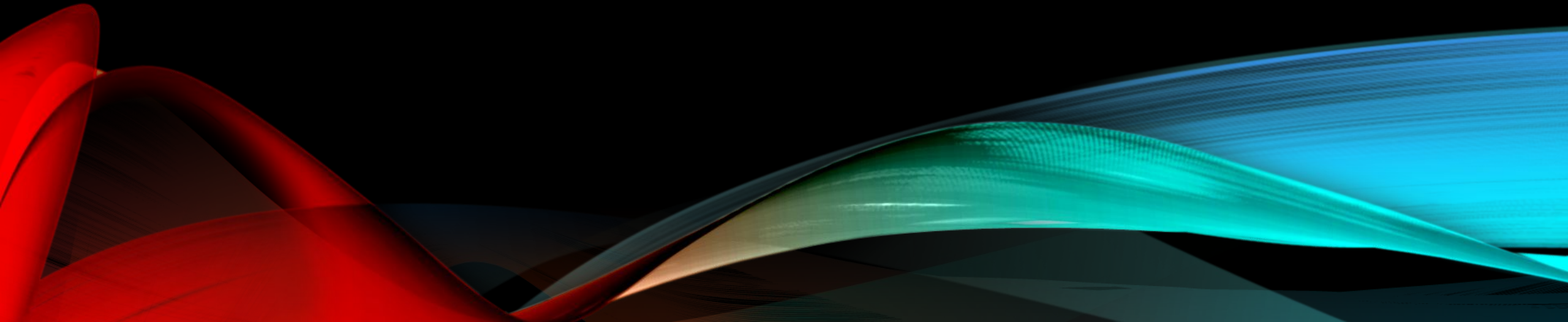
SO WHAT ARE THE **PRIORITIES**
RE: PROPOSITION 1 ROLL OUT
FOR **BIPOC COMMUNITIES**?



COMMUNITY DEFINED EVIDENCE PRACTICES

CDEPS

In addition to Evidence Based Practices



DEFINITION OF CDEP

Actual language from Proposition 1:

For purposes of this section, “community-defined evidence practices” is defined as an alternative or complement to evidence-based practices, that offers culturally anchored interventions that reflect the values, practices, histories, and lived-experiences of the communities they serve. These practices come from the community and the organizations that serve them and are found to yield positive results as determined by community consensus over time.

BEST CDEP PROJECT IN THE NATION?

The California Reducing Disparities Project!

- A statewide project that began in 2010 with MHSA PEI funds
- A massive study on programs targeting these communities: African American, Asian/Pacific Islander, Latinx, Native American, and LGBTQ+
- Find out more about it here: <https://cultureishealth.org/>
- Comprehensive evaluation by Loyola Marymount University:

<https://cultureishealth.org/the-california-reducing-disparities-project-phase-ii-statewide-evaluation-report-is-released/>

CONTINUED AND EXPANDED FUNDING OF CDEPs

- Substantial set asides from **Population Prevention** funds for CDEPs
 - State Department of Public Health
- Allowing and ensuring **Early Intervention** funds for programs utilizing CDEPs
 - Each local county Dept. of Behavioral Health
- Substantial funding from the **Innovation Partnership Fund**
 - The MHSOAC (Soon to be Behavioral Health Services Oversight and Accountability Commission)

FUNDING *CDEPS* CONTINUED

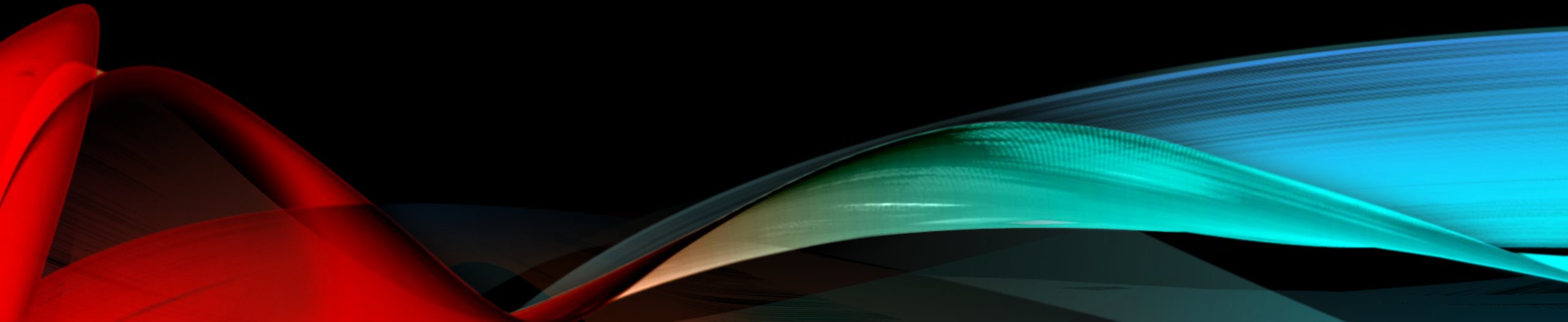
- Proposition 1 split the ***Prevention and Early Intervention*** component into **two separate components** administered by completely separate entities
- Regulations for each component must be developed to be ***flexible*** because:
 - Many or most CDEPs accept people who from both the Prevention or Early Intervention categories
 - CDEPs do NOT require or prohibit participation in programs based on diagnoses!
 - Current definitions for Prevention and Early Intervention are separate and rigid

REPRESENTATION MATTERS!

- Any and all BHSA advisory bodies whether at the state or local level need ***representatives from BIPOC communities*** who are knowledgeable and committed to reducing disparities!
- Diversity is NOT enough! It is the floor, not the ceiling!
- The representative must have strong and deep connections to BIPOC communities in the area represented.
- Examples.....

THERE ARE MANY AREAS WHERE CONSUMER AND BIPOC COMMUNITIES SHOULD WORK TOGETHER!

This is best done by outreach to local leaders or cultural brokers of organizations serving specific racial or ethnic communities



PLEASE CONTACT ME ANY TIME!

STACIE HIRAMOTO

Shiramoto@remhdco.org

(916) 705-5018

