CULTURAL DIVERSITY COMMITTEE MISSION

Mendocino County Behavioral Health & Recovery Services programs care for the people of Mendocino County whose lives are affected by mental illness and substance abuse. The Programs are committed to:

• Deliver services in a respectful, responsive, and efficient manner with sensitivity to cultural diversity;
• Educate ourselves, individuals, families and the community about mental illness and the hopeful possibilities of treatment and recovery;
• Maximize the resources available and attend to concerns for the safety of individuals and the community;
• Manage our fiscal resources effectively and responsibly while ensuring that productivity and efficiency are important organizational values which result in maximum benefits for all concerned;
• Offer a culturally competent, gender responsive, trauma informed system of care for adults and adolescents while striving to meet linguistic challenges; and
• Utilize holistic, person-centered recovery; promote healthy behaviors through prevention and treatment strategies.
DUTIES OF THE CULTURAL DIVERSITY COMMITTEE

• Review cultural issues and how those issues impact the delivery of BHRS services.
• Review and contribute to the Cultural Diversity Committee (Cultural Competence) Mission Statement.
• Contribute to and review the annual Cultural Competence Plan.
• Review Disparities in services to cultural, ethnic, or linguistic groups and develop strategies to minimize barriers to services.
• Monitor and review the goals of the Cultural Competence Plan annually and the progress toward those goals.
• Review, prioritize, and ensure implementation of cultural responsiveness trainings.
MENDOCINO COUNTY (RACE & ETHNICITY)

In 2016, there were 2.77 times more White residents (58,018 people) in Mendocino County, CA than any other race or ethnicity. There were 20,955 Hispanic and 3,171 Two+ residents, the second and third most common racial or ethnic groups.

The following bar chart shows the 8 races and ethnicities represented in Mendocino County, CA as a share of the total population.

https://datausa.io/profile/geo/mendocino-county-ca/
17,202 of Mendocino County, CA citizens are speakers of a non-English language, which is lower than the national average of 21.1%. In 2015, the most common non-English language spoken in Mendocino County, CA was Spanish. 16.7% of the overall population of Mendocino County, CA are native Spanish speakers. 0.38% speak French and 0.25% speak Tagalog, the next two most common languages.

https://datausa.io/profile/geo/mendocino-county-ca/
DIVERSITY: MENDOCINO COUNTY (VETERANS)

Most Common Service Periods:

- **Vietnam**: 2,946 ± 348
- **Gulf (1990s)**: 755 ± 189
- **Korea**: 713 ± 171

Mendocino County, CA has a large population of military personnel who served in Vietnam, 3.9 times greater than any other conflict.

[Graph showing service periods]

https://datausa.io/profile/geo/mendocino-county-ca/
MENDOCINO COUNTY (EDUCATION)

Most common student race or ethnicity:  White 240, Hispanic or Latino 129, American Indian 22

In 2015 the majority of students graduating from institutions in Mendocino County, CA were White. These 240 graduates mean that there were 1.86 times more White graduates than the next closest race/ethnicity group, Hispanic or Latino, with 129 graduates.

139 Male Graduates  282 Female Graduates
In 2015, 139 men graduated from institutions in Mendocino County, CA, which is 0.49 times less than than the 282 female graduates.

https://datausa.io/profile/geo/mendocino-county-ca/
ADULTS NEEDING AND RECEIVING BEHAVIORAL HEALTHCARE IN MENDOCINO COUNTY

Adults Needing and Receiving Behavioral Health Care Services by Race/Ethnicity
County: Mendocino

- Latino*: 30.4%
- White: 60.8%
- Overall: 55.0%

Source: California Health Interview Survey (2013-2014)
*Value may be statistically unstable and should be interpreted with caution.

Adults Needing and Receiving Behavioral Health Care Services by Gender
County: Mendocino

- Female: 49.7%
- Male*: 68.3%
- Overall: 55.0%

Source: California Health Interview Survey (2013-2014)
*Value may be statistically unstable and should be interpreted with caution.

Adults Needing and Receiving Behavioral Health Care Services by Age
County: Mendocino

- 18–24*: 50.0%
- 25–44*: 47.5%
- 45–64: 65.3%
- Overall: 55.0%

Source: California Health Interview Survey (2013-2014)
*Value may be statistically unstable and should be interpreted with caution.

http://www.healthymendocino.org
ADULTS WITH LIKELY PSYCHOLOGICAL DISTRESS IN MENDOCINO COUNTY

Adults with Likely Serious Psychological Distress by Race/Ethnicity
County: Mendocino

- Am Indian/Alaska Nat*: 28.2%
- Latino*: 5.8%
- White: 9.5%
- Overall: 9.5%

Source: California Health Interview Survey (2013-2015)
*Value may be statistically unstable and should be interpreted with caution.

Adults with Likely Serious Psychological Distress by Age
County: Mendocino

- 18–24*: 16.3%
- 25–44*: 11.8%
- 45–64*: 10.7%
- Overall: 9.5%

Source: California Health Interview Survey (2013-2015)
*Value may be statistically unstable and should be interpreted with caution.

Adults with Likely Serious Psychological Distress by Gender
County: Mendocino

- Female: 9.0%
- Male*: 10.0%
- Overall: 9.5%

Source: California Health Interview Survey (2013-2015)
*Value may be statistically unstable and should be interpreted with caution.
OTHER BEHAVIORAL HEALTH DATA

![Depression: Medicare Population by Age](http://www.healthymendocino.org)

Source: Centers for Medicare & Medicaid Services (2015)

![Frequent Mental Distress](http://www.healthymendocino.org)

Source: County Health Rankings (2016)

![Age-Adjusted Death Rate due to Suicide](http://www.healthymendocino.org)

Source: California Department of Public Health (2013-2015)
<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Medi-Cal Eligible</th>
<th>Medi-Cal Beneficiaries Served</th>
<th>Penetration Rate</th>
<th>Statewide Penetration Rate*</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>22,455</td>
<td>1,162</td>
<td>5.17%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>12,483</td>
<td>338</td>
<td>2.7%</td>
<td>2.85%</td>
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<tr>
<td>African-American</td>
<td>413</td>
<td>30</td>
<td>7.26%</td>
<td>7.2%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>869</td>
<td>16</td>
<td>1.84%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Native American</td>
<td>2,405</td>
<td>114</td>
<td>4.74%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Other</td>
<td>3,564</td>
<td>167</td>
<td>4.68%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Total</td>
<td>42,189</td>
<td>1,827</td>
<td>4.33%</td>
<td></td>
</tr>
</tbody>
</table>

*Note: Statewide Penetration Rates are from DHCS Eligibility and Enrollment Data http://www.dhcs.ca.gov/services/MH/Documents/2018_SMHS_Dash_Combined_Report_non-ADA.PDF
**Additional data from Mendocino County EQRO Report FY 17/18.
Implicit Bias aka Unconscious Bias
Do you see the gray spots? Are the gray spots really there? Have you had a wrong first impression of someone who was from a different background or came from another culture? Has someone had a wrong first impression of you? This is an example of how we sometimes see things that are not really there.
KEY TERMS

Stereotype:

A stereotype is “...a fixed, over generalized belief about a particular group or class of people.” (Cardwell, 1996). For example, a “hells angel” biker dresses in leather.

Stereotypes are beliefs that associate groups with traits.

• One advantage of a stereotype is that it enables us to respond rapidly to situations because we may have had a similar experience before.

• One disadvantage is that it makes us ignore differences between individuals; therefore we think things about people that might not be true (i.e. make generalizations).
KEY TERMS

Prejudice:
A positive or negative attitude, judgement or feeling about a person that’s generalized from attitudes or beliefs (stereotypes) held about the group to which the person belongs; a prejudgment that involves liking or disliking a group of people. For example a person may hold prejudiced views towards a certain race or gender (e.g. racist or sexist).

Discrimination:
A negative or positive behavior toward someone based on positive or negative attitudes one holds toward the group to which that person belongs; it’s the behavioral manifestation of prejudice. (e.g.; job opportunities, legislation, interest rates).

https://www.simplypsychology.org/katz-braly.html
KEY TERMS

Cultural Competence:

There is no one definition of cultural competence. Definitions of cultural competence have evolved from diverse perspectives, interests and needs and are incorporated in state legislation, Federal statutes and programs, private sector organizations and academic settings. The seminal work of Cross et al in 1989 offered a definition of cultural competence that established a solid foundation for the field. The definition has been widely adapted and modified during the past 15 years. However, the core concepts and principles espoused in this framework remain constant as they are viewed as universally applicable across multiple systems. (National Center for Cultural Competence – Georgetown University)

The ability to interact effectively with people of different cultures. Cultural competence means to be respectful and responsive to the health beliefs and practices—and cultural and linguistic needs—of diverse population groups. Developing cultural competence is also an evolving, dynamic process that takes time and occurs along a continuum. (SAMHSA)

A culturally and linguistically competent mental health system incorporates skills, attitudes and policies to ensure that it is effectively addressing the needs of consumers and families with diverse values, beliefs and sexual orientations in addition to backgrounds that vary by race, ethnicity, religion and language. (Mental Health America)
DEFINING IMPLICIT BIAS
(ALSO KNOWN AS UNCONSCIOUS BIAS)

Refers to the attitudes or stereotypes that affect our understanding, actions and decisions in an unconscious manner. These biases encompass both favorable and unfavorable assessments, activated involuntarily and without an individual’s awareness or intentional control.

Implicit biases are the product of learned associations and social conditioning. They often begin at a young age and most people are unaware of them.

http://kirwaninstitute.osu.edu/research/understanding-implicit-bias
WHICH LOOKS MORE DANGEROUS?

Hurricane Earl

Hurricane Bertha
WHICH LOOKS MORE DANGEROUS?

Studies have shown that hurricanes with female names seem to cause more deaths because people think of them as less dangerous.

People predict that a hurricane will be more intense if it has a male name and are more likely to evacuate.

Hurricane Bertha was a category 3 storm and Hurricane Earl was a Category 2 storm. You might assume they are equally dangerous since there is not much information here besides the hurricanes’ name; unless you are a meteorologist.
EXAMPLES OF IMPLICIT BIASES

GENDER ROLES:
Our implicit biases about expressing femininity or masculinity in public can arise when we consider bias against gay men and women.

Our biases may skew our perceptions to view gay men as too feminine and gay women as too masculine, because the way many gay men and women express their identities fails to line up with the stereotypes we are taught from an early age about "macho men" and "ladylike women."

Today, take a moment to think about some of the ways you challenge conventional femininity or masculinity on a daily basis. Maybe you're a guy who cooks every day or a girl who plays sports. Now imagine if you, like so many LGBTQ young people, were told to suppress the things about yourself that didn't fall into the "correct" category based on your gender.
IMPLICIT BIAS FINDINGS

We all have biases but their impact on others depends on our role in society.

Implicit biases are more prevalent than explicit biases because our minds are cognitive machines that encode and store various associations between groups and traits that we have not consciously processed.

Implicit biases are stronger predictors of day to day behaviors than explicit biases because much of our behaviors are automatic.

The potential impact of our implicit biases can be avoided by making a conscious effort to do so.
WHY IT MATTERS - IMPLICIT BIAS FINDINGS

• A 2012 study used to examine how pediatricians’ implicit racial attitudes affect treatment recommendations. Results indicated that they were more likely to prescribe painkillers for vignette patients who were White as opposed to Black.

• Researchers found that when taking numerous factors into account (e.g., seriousness of the primary offense, number of prior offenses, etc.), individuals with more prominent Afrocentric features (i.e., darker skin, wider nose and fuller lips) received longer sentences than their counterparts. This phenomenon was observed in both Black and White male inmates.

• Studies have also found that those with higher implicit bias levels against black people are more likely to categorize non-weapons as weapons (i.e., a phone for a gun, or a comb for a knife) and in computer simulations are more likely to shoot an unarmed person.

https://perception.org/research/implicit-bias/
VIDEOS AND WEBSITES TO CHECK OUT

Videos:
An Introduction to Unconscious Bias
https://youtu.be/KCgIRGKAbfC
Implicit Bias in Action
https://youtu.be/u3aCKTfei_4
Subconscious racial bias in children
https://youtu.be/nFbvBJULVnc

Websites
Implicit Association Tests:
https://implicit.harvard.edu/implicit/user/pimh/index.jsp
http://kirwaninstitute.osu.edu/research/understanding-implicit-bias/

Research/Articles
https://www.nasmhpd.org/content/implicit-bias-and-mental-health

7-day Bias Cleanse (activities)
http://www.lookdifferent.org/what-can-i-do/bias-cleanse
Unconscious Bias

What is it?

Instinctively categorizing people and things without being aware of it.

DID YOU KNOW?

There are more than 150 types of biases.

How to deal with our biases?

1. Know them well. Read about them. Recognize that they exist.
2. Think critically. Attend to data and evidence. Look at problems as a diamond with multiple facets.
3. Challenge assumptions and traditions. Take a contrary view.

Practice empathy.

Flawed in thinking guided by past experiences and mental preconditioning, and they impact us, our work, and our relationships.

Be mindful in your words and actions.

Insights from a workshop with Smita Tharoor, Tanmay Vora at QA-Spire.com.
NEXT CULTURAL DIVERSITY COMMITTEE MEETING:

February 27, 2019
3:30 – 5:30
Willits Integrated Service Center - Atlantic Room
472 E Valley Street
Willits, CA 95490

If you or someone you know would like to speak on the Panel please contact:
Karen Lovato lovatok@mendocinocounty.org or 707-472-2342
Melinda Driggers: driggersm@mendocinocounty.org or 707-472-2315