

**CMMC Strategic Plan Committee Report
For
CMMC In-Person Meeting
March 25, 2013**

I. Additional CMMC Meeting will be Held

Although the plan was to review the Strategic Plan at this CMMC In-person meeting, the Plan was not available to be sent to the CMMC members in time. (This was learned the week of March 11th.) However, there will be an additional in-person CMMC meeting whenever the draft of the Strategic Plan is released. This will be approximately 30 days after the released.

II. The CMMC Review of the Strategic Plan

At this CMMC March 25th Meeting, the Strategic Plan Committee will use the time wisely to:

- Go over the review tool that while sent to all members of the CMMC, was not reviewed as a group in person
- Review the process that will take place once the draft of the Strategic Plan is released and what will be expected of CMMC members
- Inform the CMMC members what will take place at the in-person meeting devoted primarily for the CMMC review of the Strategic Plan

III. Strategic Plan Committee Deliverables

These deliverables were developed by the Strategic Plan Committee and based in large part on what was said at CMMC in-person meetings. This set of deliverables was sent to all CMMC members earlier (February 28th, 2013) to review so that quick action could be taken at this meeting.

Action: *On the basis of prior review by each CMMC member, this set of written deliverables must be approved by CMMC as a whole at this meeting.*

Request for Proposals

California Reducing Disparities Project Prevention & Early Intervention Mental Health Services Act

**09-79158-000
CRDP Facilitator/Writer**

**California Department of Mental Health
1600 9th Street, Room 101
Sacramento, CA 95814**

A. Background and Purpose of this Request for Proposals (RFP)

Background:

This Request for Proposal (RFP) was developed in response to the disparities that exist in mental health care for diverse populations. These disparities are well documented, especially as they relate to access, availability, quality, and outcomes of care. The *Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General* (DHHS, 2001) and The President's New Freedom Commission on Mental Health's Report *Achieving the Promise: Transforming Mental Health Care in America*. (DHHS, July 2003) identified mental health disparities among racial/ethnic population groups as a national problem. These continuing disparities are troubling, particularly given the large racial, ethnic and cultural populations in California.

These populations are unserved, underserved or inappropriately served in the mental health system (DHHS, 2003). Collectively, racially and ethnically diverse populations experience a greater disability burden from emotional and behavioral disorders. "The mental health system has not kept pace with the diverse needs of racial and ethnic minorities, often underserving or inappropriately serving them" (DHHS, 2001). Additionally, "racial and ethnic minorities bear a greater burden from unmet mental health needs and thus suffer a greater loss to their overall health and productivity" (DHHS, 2001). These disparities have been attributed to an inadequate ability of publicly funded mental health systems to understand and value the need to adapt service delivery processes to the histories, traditions, beliefs, languages and values of diverse groups (DHHS, 2001). This inability results in misdiagnosis, mistrust, and poor utilization of services by ethnically/racially diverse populations (Snowden, 1998; Takeuchi, Sue, & Yeh, 1995).

Purpose of RFP:

This RFP seeks to fund a single proposer who will serve as the Facilitator/Writer of the California Reducing Disparities Strategic Plan. The principal deliverable of this project will be to deliver to the Department of Mental Health (DMH) a complete and comprehensive California Reducing Disparities Project (CRDP) Strategic Plan, with a focus on Prevention and Early Intervention (PEI). The comprehensive strategic plan will be developed, in partnership with the five Strategic Planning Workgroup (SPW) contractors, in an effort to identify population-specific strategies and, as appropriate, similarities between and among the five identified populations. This CRDP Strategic Plan will provide the public mental health system with community-identified strategies and interventions that will result in relevant and meaningful culturally and linguistically competent services and programs to meet the unique needs of the five racial, ethnic, and cultural populations identified for the CRDP. It is expected that once the CRDP Strategic Plan is completed, the practices and strategies identified will be funded over four years and evaluated to demonstrate the effectiveness of this community-defined evidence in reducing disparities.

(Taken from the CRDP Facilitator/Writer RFP)

A. Scope of Work

1. Collaboration and Support of the Strategic Planning Workgroups in the Development of the final Population Reports

The CRDP Facilitator/Writer to consult with each of the five SPWs and provide leadership, support, feedback, and advice as each of the five SPWs moves through the process of developing the Population Reports that will form the foundation of the comprehensive CRDP Strategic Plan. The CRDP Facilitator/Writer will not serve as an oversight entity but will collaborate with the five SPWs and the CMMC to complete a single comprehensive statewide Strategic Plan to reduce disparities.

- a. The CRDP Facilitator/Writer will collaborate with and provide support to the five SPWs in the development of their respective final Population Reports. The proposer will:
 - i. Identify a process for collaborating with the SPWs, including activities/strategies for engaging each SPW population.
 - ii. Meet regularly and collaborate with the five SPWs during the development process of the RD Population Reports.
 - iii. Observe the progress of, maintain knowledge of strategies being developed, and provide support to the five SPWs.
 - iv. Review and provide to the SPWs and DMH timely comments and feedback on drafts of the Population Reports for each SPW.
 - v. Review and provide to the SPWs and DMH timely comments and feedback on the development of the dissemination plan for the final Population Reports for each SPW.
 - vi. Provide summary reports, after each SPW meeting, to DMH of progress made by each of the five SPWs.
 - vii. Assist with the promotion of the final Population Reports by developing, in collaboration with the SPWs, written promotion materials.
 - viii. Provide samples of the promotional materials to DMH.

2. The CRDP Facilitator/Writer will facilitate productive and task-oriented discussions with the five SPWs and the CMMC. The CRDP Facilitator/Writer will:
 - i. Serve as a moderator to support collaboration and facilitation between the five SPWs to inform and work in process.
 - ii. Facilitate successful dialogue with multicultural communities.
 - iii. Lead task-oriented discussions and conduct effective and productive meetings.
 - iv. Demonstrate strong communication and collaboration skills.
 - v. Utilize cross-cultural conflict resolution skills and techniques.

- vi. Maintain meaningful dialogue among and between SPW members and the CMMC.
- vii. Build consensus among SPWs and the CMMC members in support of the final CRDP Strategic Plan.
- viii. Be accessible by phone and/or email to review materials and provide timely feedback.
- ix. Develop agendas for meetings with the SPWs and the CMMC.
- x. Develop a template of a summary report that will be given to DMH after each meeting with the SPWs and CMMC to document the successes and challenges of fulfilling the above requirements.

2. Facilitation and Development of the CRDP Strategic Plan

The CRDP Facilitator/Writer to collaborate with the five SPWs and the CMMC in the development of the comprehensive statewide strategic plan to reduce disparities.

- a. The CRDP Facilitator/Writer will establish and implement a work plan for the development and timely completion of the CRDP Strategic Plan. The work plan will address the following aspects:
 - i. Identification of key activities/strategies for completion of the CRDP Strategic Plan.
 - ii. Identification of responsible staff or subcontractor for key activities and deliverables.
 - iii. Process for providing drafts and soliciting input from the following entities at regular intervals:
 - a) Strategic Planning Workgroups.
 - b) MHSA Multicultural Coalition.
 - c) DMH.
 - d) Mental Health Services Oversight and Accountability Commission (MHSOAC) Cultural and Linguistic Competence Committee.
 - e) California Mental Health Directors Association.
 - f) Other interested parties, as appropriate.
 - iv. Timeline of key activities and deliverables.
- b. The CRDP Facilitator/Writer will make recommendations about the format and design of the CRDP Strategic Plan. The recommendations will, at a minimum, address the following aspects:
 - i. Incorporation of five Population Reports into a single comprehensive strategic plan.
 - ii. Process for comparing and contrasting recommendations from each Population Report.
 - iii. Process for determining the format and design of the CRDP Strategic Plan.
 - iv. Process for soliciting input regarding format and design from each of the five SPWs and the CMMC.

- c. The CRDP Facilitator/Writer will define a process to ensure that the CRDP Strategic Plan accurately reflects the findings and recommendations from each of the five Population Reports produced by the SPW.
- d. The CRDP Facilitator/Writer will demonstrate how he/she will ensure that the content of the CRDP Strategic Plan is reflective of the input and active participation of the SPW members, the CMMC, and other interested parties.
- e. The CRDP Facilitator/Writer will produce a final CRDP Strategic Plan that is easily accessible to multicultural communities in terms of its availability, language, and literacy level.
- f. The CRDP Facilitator/Writer will develop and implement a dissemination plan for the final CRDP Strategic Plan.
- g. At a minimum, proposer should deliver to DMH at least 500 copies of the final CRDP Strategic Plan and an electronic file.
- h. The CRDP Facilitator/Writer will deliver the final CRDP Strategic Plan to DMH within 24 months of contract award.

3. Implementation of the CRDP Strategic Plan

The CRDP Facilitator/Writer will make recommendations regarding the roll-out and implementation phase of the CRDP Strategic Plan. Once the CRD Strategic Plan is completed and approved by the SPWs, the CMMC and DMH, the Facilitator/Writer will serve as an advisor to this next phase of implementation and evaluation.

- a. The CRDP Facilitator/Writer will collaborate with the five SPWs and the CMMC to develop strategies for the implementation and evaluation of the recommendations of the CRDP Strategic Plan during a four year pilot period.
- b. The CRDP Facilitator/Writer, in collaboration with the SPWs and the CMMC, will make recommendations about how the CRDP Strategic Plan can be successfully implemented during the roll-out phase, a four year pilot of the CRDP Strategic Plan.
- c. The CRDP Facilitator/Writer will identify barriers, risk factors and/or potential funding issues related to the implementation, after the four year pilot, of the CRDP Strategic Plan and develop recommendations to address these factors:
 - i. These strategies should include risks and challenges of implementing the new approaches identified in the Strategic Plan in county mental health departments.
 - ii. The strategies should include possible solutions to overcoming these risks and challenges to ensure successful implementation in county mental health departments.
- d. The CRDP Facilitator/Writer will include these recommendations, above, in the CRDP Strategic Plan.
- e. The CRDP Facilitator/Writer will consult with the SPWs, CMMC, and DMH regarding the evaluation plan of the CRDP Strategic Plan during the implementation phase.

**California Reducing Disparities Project (CRDP)
California MHA Multicultural Collaborative (CMMC)
Checklist & Worksheet for Review the Strategic Plan**

PLEASE NOTE: members of the CMMC are not to release or discuss any portion of the Draft Strategic Plan to anyone from the public. Release of materials to the public prior to publishing the reports is a matter between the Facilitator/Writer and the Office of Health Equity of the CA Department of Public Health and should not fall under the internal process of the CMMC.

According to the contract, the CMMC is to provide written feedback on drafts of the CRD Strategic Plan. The CMMC will maintain regular and close communication with SPWs and provide feedback to of their section on the CRDP Strategic Plan. The CMMC will also discuss other ethnic and cultural perspectives not covered by the five SPWs.

Recommended form of feedback:

- Feedback should be based on the CMMC’s unique multicultural perspective.
- Feedback should be thematic in nature.
- Feedback should comment on the report’s clarity and readability, specifically from those outside the population – how could it be made more accessible?
- All comments should be unbiased, constructive, and specific whenever possible. Recommendations should be positive and focused on ways to improve the draft report.
- Feedback should not be primarily focused on the technical content (i.e., data and statistics) or on grammar and wording – UNLESS it’s for clarity or if offensive to another community.
- Feedback should be specific to the report’s presentation and effective aspects. Positive feedback gives the author valuable information about the successful features of the report content so that these strong attributes can be built upon in the final draft.
- Feedback should focus on any gaps and potential limitations of the report.

	Comments
Development and finalization of a Reducing Disparities Population Report that considers the audience’s accessibility needs	
1. The final Strategic Plan is easily accessible and “readable” for the general public in terms of its literacy level. If not, please provide feedback on ways to improve the report.	

<p>2. Were there any sections of the report (as small as a paragraph or as large as a section) that you felt were especially powerful, insightful, or contained information particularly relevant to reducing disparities for underserved communities?</p>	
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Development and finalization of a Strategic Plan Report regarding the content and language of the report

<p>3. Are any key pieces of information missing? Are there issues or groups of people not being addressed in this draft that you believe need to be included in the plan? If you have it, please send any documentation you can (articles, key informant names, etc.).</p>	
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<p>4. Please identify any information that you believe is incorrect, misleading, outdated, or unclear. If you can, please provide us with the correct or more current information. Please tell us where this information is from (book, article, website, your personal experience).</p>	
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<p>5. Are there any sections of the report (as small as a paragraph or as large as a section) that might prove controversial or that might spark a negative response from a particular community. [This is not whether the section is factually correct. We are trying to assist the Facilitator/Writer in being prepared for criticism, and to help them know which sections they need to be ready to defend, or perhaps may want to word in a different way.]</p>	
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Stacie Hiramoto

From: Stacie Hiramoto <shiramoto@mhac.org>
Sent: Thursday, February 28, 2013 1:51 PM
To: Stacie Hiramoto
Subject: CMMC Members - For Our March 25th Meeting

Follow Up Flag: Follow up
Flag Status: Flagged

MEMO

To: All CMMC Members

From: Viviana Criado & the CMMC Strategic Plan Committee

Re: Discussion and Approval of Deliverables at the March 25th
CMMC In-person Meeting

At the upcoming March 25th CMMC meeting, we are anticipating conducting one of the important deliverables of the CMMC: review and comment on the CRDP Strategic Plan. However, the CMMC must also review and approve the attached [deliverables](#) which consist of recommendations drafted by the Strategic Plan Committee.

In order that we can discuss and finalize these at the March meeting, we are asking that you review these now and be ready with any comments or questions before you come to the meeting.

The deliverables are listed below. They should look familiar because the CMMC members have been asked to give input on most of them at previous meetings.

- I. Collaboration and Support of the SPWs:**
 - a. Provide written feedback on drafts of the CRD Strategic Plan.
 - b. Strategies to assist with the promotion of the CRD Strategic Plan.[Page1]
 - c. Written recommendations about the development of the

dissemination plan for the CRD Strategic Plan. [Page 3]

II. Support the implementation of the CRDP Strategic Plan:

- a. Written recommendations on the identification of funding for the implementation of the CRDP Strategic Plan. [Page 5]
- b. Written recommendations about the method for roll out of the strategies and approaches identified, including state wideness, funding, etc.[Page 7]
- c. Work plan for solicitation of input from multicultural communities regarding the implementation, roll-out and effectiveness of the Strategic Plan. [Page 10]
- d. Work plan for selection and support of entities to conduct evaluation of identified strategies/approaches. [Page 12]
- e. Contribution to the development of evaluation methodology through support of the evaluators. [Page 13]

In the meantime, do not hesitate to contact me or Viviana Criado, Chair of the Strategic Plan Committee at viviana.criado@gmail.com if you have any questions. Thank you for your efforts!

Stacie Hiramoto

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Racial and Ethnic Mental Health Disparities Coalition

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Charge of the CMMC Strategic Plan Committee

The language below is taken from original documents from the first CMMC Meeting. These charges are also deliverables of the Project that must be completed and turned into the state.

- **Page numbers for the Strategic Plan Committee Conference Call of February 15, 2013 are after each charge/deliverable.**

3. California Reducing Disparities Project (CRDP) Strategic Plan Committee (5)

This committee will focus on collaboration and support of the Strategic Planning Workgroups (SPWs) and supporting the implementation of the CRDP Strategic Plan.

I. Collaboration and Support of the SPWs:

- a. Provide written feedback on drafts of the CRD Strategic Plan.
- b. Strategies to assist with the promotion of the CRD Strategic Plan. [Page 1]
- c. Written recommendations about the development of the dissemination plan for the CRD Strategic Plan. [Page 3]

II. Support the implementation of the CRDP Strategic Plan:

- a. Written recommendations on the identification of funding for the implementation of the CRDP Strategic Plan. [Page 5]
- b. Written recommendations about the method for roll out of the strategies and approaches identified, including state wideeness, funding, etc. [Page 7]
- c. Work plan for solicitation of input from multicultural communities regarding the implementation, roll-out and effectiveness of the Strategic Plan. [Page 10]
- d. Work plan for selection and support of entities to conduct evaluation of identified strategies/approaches. [Page 12]
- e. Contribution to the development of evaluation methodology through support of the evaluators. [Page 13]
- d. Final report summarizing the implementation strategies for the CRD Strategic Plan and recommendations for next steps.

Year 2 – SFY 2011-12
Deliverable - Program Component 3.d.
(Revised February 6, 2013)

Collaboration and Support of the Strategic Planning Workgroups

Strategies to assist with the promotion of the CRD Strategic Plan

These strategies were primarily taken from the Strategic Plan Committee conference call of October 19, 2012. These strategies are meant to promote the CRDP Strategic Plan before its completion.

- All individuals connected with the CRDP should promote the upcoming release of the Strategic Plan. This includes the members and staff of the CMMC. The release of the draft of the Strategic Plan should be announced at the following meetings and events of the entities below:
 - The MHSA Partners Forum
 - The California Stakeholder Process Coalition
 - The OAC's Cultural and Linguistic Competence Committee
 - The Mental Health Services Oversight and Accountability Commission and their other committees
 - The Cultural Competency, Equity, and Social Justice Committee of the California Mental Health Directors Association (CMHDA)
 - The California Mental Health Planning Council
 - The California Mental Health Services Authority (CalMHSA)
 - The California Coalition for Mental Health
 - The Advisory Committee of the California Institute of Mental Health's Center for Multicultural Development
 - Other Mental Health advocacy organizations (NAMI, The California Network of Mental Health Clients, Mental Health America, California Council of Community Mental Health Agencies, California Association of Social Rehabilitation Agencies, California Youth Empowerment Network)

- The information announcing what the Strategic Plan comprises and when the draft is expected to be released to the public could be disseminated through:
 - Flyers
 - Email blasts
 - Announcements on websites

- In addition to the Mental Health agencies referenced above, the following entities that are *not* “mental health agencies or organizations” may also be interested in the Strategic Plan when it is released for public comment. Members should be sure to inform these entities about the Strategic Plan whenever possible.
 - Legislative Caucuses and Committees
 - Contacts of the Strategic Planning Workgroups
 - Other systems (public and private non-profits) represented by the CMMC such as education systems, public health systems, drug and alcohol addiction systems, public safety systems, Veteran’s organizations etc.
 - State Departments and entities other than the State Department of Public Health such as the Department of Health Care Services, Office of Statewide Health Planning, Department of Rehabilitation, etc.
 - New agencies and entities related to Health Care Reform

*Revisions/Additions are underlined.

**Year 2 – SFY 2011-12
Deliverable - Program Component 3.e.**

Collaboration and Support of the Strategic Planning Workgroups

Written recommendations about the development of the dissemination plan for the CRDP Strategic Plan

The goal of this dissemination plan is to ensure that people and agencies are aware of the Strategic Plan after it is completed. Individuals need to be able to access the Plan whether they receive an actual hard copy or access through an electronic copy.

The following input was gathered from CMMC members and others at the CMMC meeting of September 19th, 2012 in Sacramento. Viviana Criado, Chair of the Strategic Plan Committee led a brainstorming session for suggestions to disseminate the Strategic Plan.

CMMC members wanted to make sure the following individuals or entities found out about the completion and availability of the Strategic Plan:

- County mental health workers: line staff, Ethnic Services Managers, MHSA Coordinators
- Local and state mental health agencies
- Public Safety agencies including the prison system
- Juvenile Justice systems
- California Mental Health Patient Rights Association (CAMHPRA)
- Campuses – psychology departments, health centers, masters of social work departments
- Religious leaders and gatekeepers (who people go to)
- County mental health boards
- Veterans organizations
- Unincorporated areas of the state – community service districts and their associations
- Service Area Advisory Council meetings (in Los Angeles County)
- Foster you and former foster youth organizations including the California Youth Connection

- Of course, all the entities listed above under the “Promotion Section” of deliverable 3.d. should be contacted once the Strategic Plan was out.
- It was also suggested that social media platforms and even Facebook could be utilized to announce the completion of the Strategic Plan. The plan will also be available on the CMMC website once completed.

Year 2 – SFY 2011-12
Deliverable - Program Component 4.a.

Support the implementation of the California Reducing Disparities Project Strategic Plan

Written recommendations on the identification of funding for the implementation of the CRDP Strategic Plan (for continuation of funding in Y4 and Y5)

In 2007 when all of the Statewide PEI projects were identified and adopted by the Mental Health Services Oversight and Accountability Commission in their “Mental Health Services Act Prevention and Early Intervention: County and State Level Policy Direction” document, an initial figure of 15 million dollars per year “up until the implementation of the MHSA Integrated Plan” for ***Ethnically and Culturally Specific Programs and Interventions was identified***. It was estimated that this funding would be allocated for at least 4 years. As a result it was commonly understood by the mental health community that \$60 million would be the minimum amount set aside for this project.

The passage of AB 100 in FY 2011-2012, which began the restructure of the State Department of Mental Health, and then the State Budget and trailer bills for FY 2012-13 (including SB 1136), changed the funding situation for this project. At one point, it was not even clear that \$60 million had been set aside for the CRDPs project – but then proposed legislative language clarified the intent to set aside the MHSA funding. However, the counties had concerns and objections regarding the set-aside and administration of the \$60 million believing that setting the funds aside set a “dangerous precedent.

The final resolution of what entity was to administer the \$60 million was solved by a creative approach by both the Administration and Legislature. Instead of setting aside the \$60 million from the Prevention and Early Intervention (PEI) allotment of the MHSA funds, through the actual Budget Bill of 2012, the monies were set aside from the 3.5% state administration allocation (of the total MHSA funds). There was only \$15 million for the first year allocated in budget bill language, but there was legislative intent language that specified that there should be 3 more similar allocations in the subsequent years.

What is important to note is that there will need to be education and advocacy in subsequent years to ensure that the Legislature is reminded that their intent was to fund this for at least 3 more years. There could be efforts to increase both the amount and the length of funding, but that would need to be a decision made after careful consideration of many factors.

In addition, these comments and suggestions regarding funding were elicited at the CMMC In-person meeting of September 19th. There are also suggestions by staff and others included:

- Corporations. This project could also be reframed as a “Resiliency Initiative” in order to de-stigmatize mental illness.
- Narratives need to be created about this being investment worthy and social capital
- Private foundations. There are several health foundations that focused on both mental health and underserved communities in the past. Perhaps this project would fit in to their new priorities.
- Other government grants. There may be some federal money, especially from the Substance Abuse and Mental Health Services Administration (SAMHSA) or the Office of Minority Health.

Year 2 – SFY 2011-12
Deliverable - Program Component 4.b.
(Revised February 6, 2013)

Support the implementation of the California Reducing Disparities Project (CRDP) Strategic Plan

Written recommendations about the method for roll out of the strategies and approaches identified including statewideness, funding, etc.

[The following language was prepared after the Strategic Plan Committee conference call of January 18, 2013.]

To ensure that the funding to be released through the CRDP Request for Proposal (RFP) has statewide reach into California's underserved communities, Community Based Organizations (CBOs) currently serving the RFP's target population must be given equal opportunities to apply and receive some of the funding to be released through this RFP opportunity.

Through the years, a large number of small CBOs have been providing the community defined practices identified in each of the SPW Reports. Some of these organizations have been providing these services to more than one of the CRDP identified target populations. Due to their size and /or lack of knowledge and experience with complex RFP application processes, these organizations have been precluded from applying and obtaining much needed financial resources to appropriately fund their programs and services.

To address this form of socio-economic disparity, special efforts must be made to ensure that these RFPs should be written with these small community-based organizations in mind, providing an opportunity for these CBO's throughout the state to apply and secure funding to successfully carry out the replication and/or expansion of their selected community defined promising practice.

In similar fashion, special efforts must be made to provide these CBO's with the much needed technical assistance to educate them on the RFP process and support to them throughout the application process.

As part of the proposal review process, CBOs that are the actual developers of the community defined practices must be given special preferential consideration, credit in recognition of their many efforts; and this information should be included

as part of all RFP related materials (i.e. RFP announcement, potential vendor qualifying criteria, and RFP response valuating criteria.)

For the successful applicants, capacity building, technical assistance and human and financial resources must be made available to ensure a timely, effective and efficient implementation of all contract deliverables. Areas for capacity building and technical assistance shall include the following: Disparities in Health/Mental Health Care, Plans and Strategies to address disparities, CLAS Standards, government contract /project management, project evaluation, quality improvement, and project financing and sustainability. In addition, special efforts must be made to develop and enhance CBO's capacity to use electronic computer-based data management systems.

To ensure that California's goals and objectives to reduce disparities in health and mental health are achieved, the following key elements must be included as part of the RFP/contract deliverables:

- Develop, implement and evaluate a program that will improve patient overall health and quality of care, hence reducing disparity
- Augment and enhance workforce and family care giver capacity to provide culturally/linguistically competent healthcare, and the quality of the health care experience, as well as the capacity to self-care.
- Evaluate community driven emerging practices on an effort to further develop them into and Evidence-based practice; and develop a plan to disseminate the findings.
- Develop and implement an electronic data management system to support the efficient and effective paperless tracking, trending, evaluation and dissemination of all project related data.
- Design a project sustainability plan to be implemented incrementally through the life of the contract

Furthermore, the contract deliverables:

- Should not place a burden of excessive paperwork on the awardee.
- The deliverables should clearly "match" or be directly connected to the purpose of the project or program within the RFP.
- The RFP may include requiring the proposer to make attempts to collaborate with local governmental agencies, but a letter of approval or agreement from such an agency should not be required for the proposer to be awarded.

- What constitutes “statewideness” should be clear and this should not necessarily mean that organization that is applying is a “statewide organization.”

As stated before, enough resources must be provided for each of the proposed and awarded projects to be successful in replicating, carrying out and sustaining throughout and after contract expiration. There must also be sufficient resources for the organization to fulfill any evaluation requirements associated with the project.

Year 2 – SFY 2011-12
Deliverable - Program Component 4.c.

Support the implementation of the California Reducing Disparities Project Strategic Plan

Work plan for solicitation of input from multicultural communities regarding the implementation, roll-out and effectiveness of the strategic plan

Phase I – Before the Strategic Plan draft is released.

The Facilitator/Writer (F/W) should utilize the strength from the CMMC multicultural membership. F/W should also utilize the SPW's network and networks provided by the CMMC membership listing a few examples. F/W should inquire of CMMC members to link the plan on their websites and send emails to solicit input from their multicultural communities. F/W must also utilize the contacts from his own agency to solicit input for the Strategic Plan. Members of the CMMC should seek input from the communities that each of them represent and incorporate that input into the recommendations they make in regards to the draft Strategic Plan.

Phase II – After the Strategic Plan draft is released.

The F/W should ensure that all the organizations and individuals above are able to review the draft Strategic Plan for at least 30 days. In this period, comments and recommendations should be solicited from these same organizations and individuals to see whether and how the draft Plan addresses their concerns and covers the issues they that they feel most important.

Phase III – After the final Strategic Plan is approved by the Office of Health Equity and their supervising department and agency.

To facilitate dissemination of the Strategic Plan, the CMMC staff and members will follow the strategies outlined in Component 3-d (promotion of the CRDP Strategic Plan.)

The CMMC will discuss the final approved Strategic Plan at an in-person meeting and involve itself in development of the RFPs to the extent possible. Assuming there is a public comment period or a public comment process, the CMMC will make recommendations to the Office of Health Equity on the RFPs.

The Strategic Plan Committee will begin discussion and development of methods to determine how to measure the effectiveness of the Strategic Plan. These methods will be covered under the Components 4-d and 4-e.

Year 2 – SFY 2011-12
Deliverable - Program Component 4.d.

Support the implementation of the California Reducing Disparities Project Strategic Plan

Work plan for selection and support of entities to conduct evaluation of identified strategies/approaches

This component was discussed during the Strategic Plan Committee conference call of October 19th, 2012. Below are the results from those discussions. This deliverable will also be discussed at the next CMMC in-person meeting.

- Clarification is needed whether additional funding is available, or if it should come from CMMC's funds.
- CMMC should provide an advisory role in selecting the entity to do the evaluation.
- Clarity is needed from DPH on the selection process of the evaluating entity, and how CMMC can support their efforts in an advisory role to make it more multicultural appropriate. This being done in two steps:
 - 1) Selection of the contractor.
 - 2) CMMC creating guidelines for the applying organizations.
- The evaluating organization should have experience evaluating diverse communities and using cultural appropriate approaches with demonstrated experiences providing evaluations of diverse communities.
- The ongoing role of CMMC needs to be clearly defined after a contractor is selected.

Proposed step-by-step plan

- CMMC to establish qualifications and the required and demonstrated experiences of the entity conducting the evaluation.
- Create an ad hoc committee or work group to establish criteria standards and finalization and then adoption of those standards. This can be done at a CMMC in-person meeting.
- Invite the contractor to attend the CMMC in-person meeting to present their work plan.

Year 2 – SFY 2011-12
Deliverable - Program Component 4.e.

Support the implementation of the California Reducing Disparities Project Strategic Plan

Contribution to the development of evaluation methodology through support of the evaluators

This deliverable was also discussed at the Strategic Plan Committee conference call of October 19th, 2012. This is related to the Component 4.d. deliverable regarding evaluation of identified strategies/approaches. This deliverable will be discussed at the next CMMC in-person meeting.

First, it must be clarified or determined what the RFP will require in terms of the evaluation. Then CMMC members can weigh in making comments on the Strategic Plan. After the release of the final approved Strategic Plan, the Office of Health Equity will develop and release RFPs for Phase II of the CRDP.

The Strategic Plan Committee/CMMC must be made aware of the comment period for the design of RFPs for Phase II (assuming there is a public comment period.) If there is not going to be a 30-day public comment period, then the Strategic Plan Committee/CMMC may choose to submit comments, including comments regarding development of evaluation methodology through support of the evaluators, to the Office of Health Equity as soon as possible after the final draft of the Strategic Plan is released.

After the evaluators are selected and identified, these entities can come to the CMMC meetings to present their work plan. They can also demonstrate how they are choosing culturally appropriate communities. The communities should have input from the inception to completion.

CMMC STRATEGIC PLAN COMMITTEE

Conference Call
Friday, March 15th, 2013
10:00 a.m. – 11:30 a.m.

Dial: (217) 258-5599 - Code: 788005#

Call Chaired by Viviana Criado

REVISED AGENDA

Note to Strategic Plan Committee members: *At approximately 11:30 a.m. today (March 14th), staff learned that the Strategic Plan will very likely NOT be released next week. So we need to make alternate plans for review by the CMMC. I have adjusted the agenda below accordingly.*

- I. Introductions – Review of Agenda
- II. Review of Meeting Notes from the February 15th Conference Call
- III. **Review of the Strategic Plan – not going to happen on March 25th**
 - A. Next steps – finding a date with Meeting Wizard
 - B. Should we review anything at the March meeting like the Review Tool or anything else related to the Strategic Plan?
 - C. Continue planning for the process of how to review the Strategic Plan when we do eventually meet

Review decisions listed in the Meeting Note from the Feb. 15th call
- IV. Approval of the other Strategic Plan Committee Deliverables at the CMMC meeting

This still needs to take place at the March 25th meeting. How long do we want to spend on this?

V. Discussion of the Ad-Hoc Public Policy Committee

Deciding who should be on it from the Strategic Plan Committee. Viviana is interested in serving on that committee but she would like to know if there are other Strategic Plan committee members who are interested. If so, then the committee needs to decide on a process to determine who will be on the Policy Committee from the Strategic Plan Committee.

VI. Next Strategic Plan Committee Meeting:

Friday, April 19th, 2013
10:00 a.m. – 11:30 a.m.

CMMC STRATEGIC PLAN COMMITTEE

Conference Call

Friday, February 15th, 2013

10:00 a.m. – 11:30 a.m.

Dial: (217) 258-5599 - Code: 788005#

Call Chaired by Viviana Criado

AGENDA

- I. Introductions – Review of Agenda
- II. Review of Meeting Notes from the January 18th Conference Call
- III. **What needs to happen at the CMMC In-Person Meeting on March 25th**

Summary: Two significant items for which this committee is responsible must be discussed at the next CMMC meeting:

- A. Answers to questions regarding aspects of the Strategic Plan (which are actual deliverables for the grant)
- B. The actual draft of the Strategic Plan itself using the tool developed by this committee (assuming that the Strategic Plan draft is available)

On this conference call, the committee needs to discuss and ensure that both items can be covered at the meeting in a reasonable and realistic time frame and also that the process and expectations for all CMMC members are clear.

- A. Review and approval of the first draft of deliverables (click to open)

Purpose and questions: Do any of the committee members have any more input on the first draft of these deliverables? How much time should be allotted for this at the meeting?

These are the deliverables assigned to this committee. This is what the Strategic Plan Committee put together. These need to be reviewed and approved by the entire CMMC so that we can turn them in.

B. Review of the Strategic Plan

See review tool that was developed by this committee and put out to the entire CMMC for comments. No comments were received so we can consider the tool to be approved.

Questions to keep in mind:

- How much time will it take to review the Strategic Plan at the next meeting using the questions in the tool?
 - How can we make the process more clear or simple? Are there any issues we need address to avoid problems at the CMMC in person meeting when the review takes place?
1. From the meeting notes of the previous call (see pages 4 and 5) **is it clear how we are proceeding with the CMMC Strategic Plan review?** Here are the decisions from last meeting but please review that whole section for better understanding. Staff tried to clarify language to be more clear so this is not identical to the notes of the last meeting.
 - **Upon release of the strategic plan, it will be emailed via link to the CMMC members (with a note to request assistance if the link does not open.)**
 - **CMMC members will complete their review tools prior to the meeting and then submit to Staff at the end of the meeting.**

- **CMMC members will be informed that their individual results will be confidential but will be forwarded to OHE (Office of Health Equity).**
- **The CMMC will discuss each item at the in-person meeting in March and try to come to consensus whenever possible.**
- **Staff will forward the results of what is gathered at the meeting to the OHE with a summary of what was discussed on each item on the review tool, including consensus items and dissenting opinions. (The individual reviews of the CMMC members will also be forwarded.)**

2. Clarifications

This is the staff's understanding of related issues to the procedure above.

- Although each CMMC member will be given a tool to fill out regarding the Strategic Plan, the individual completed tools will not be made public or shared with anyone other than OHE staff.
- It was not clear from our last call whether the completed tools would be requested prior to the CMMC in-person meeting. Although they will not be turned in until after the meeting, staff suggests that we request members to have the tools completed prior to the meeting (as encouragement not to just wait until the meeting.)
- At the CMMC meeting, if a member changes his/her mind regarding answers to items on his/her tool (after the discussion), the changes can be made before the tool is submitted.
- Someone suggested breaking into small groups but knowing the CMMC, it seems that they would want to do this all together.

IV. Next Strategic Plan Committee Conference Call:

Friday, March 15th, 2013
10:00 a.m. – 11:30 a.m.

Charge of the CMMC Strategic Plan Committee

The language below is taken from original documents from the first CMMC Meeting. These charges are also deliverables of the Project that must be completed and turned into the state.

- **Page numbers for the Strategic Plan Committee Conference Call of February 15, 2013 are after each charge/deliverable.**

3. California Reducing Disparities Project (CRDP) Strategic Plan Committee (5)

This committee will focus on collaboration and support of the Strategic Planning Workgroups (SPWs) and supporting the implementation of the CRDP Strategic Plan.

- I. Collaboration and Support of the SPWs:**
 - a. Provide written feedback on drafts of the CRD Strategic Plan.
 - b. Strategies to assist with the promotion of the CRD Strategic Plan. [Page 1]
 - c. Written recommendations about the development of the dissemination plan for the CRD Strategic Plan. [Page 3]

- II. Support the implementation of the CRDP Strategic Plan:**
 - a. Written recommendations on the identification of funding for the implementation of the CRDP Strategic Plan. [Page 5]
 - b. Written recommendations about the method for roll out of the strategies and approaches identified, including state wide, funding, etc. [Page 7]
 - c. Work plan for solicitation of input from multicultural communities regarding the implementation, roll-out and effectiveness of the Strategic Plan. [Page 10]
 - d. Work plan for selection and support of entities to conduct evaluation of identified strategies/approaches. [Page 12]
 - e. Contribution to the development of evaluation methodology through support of the evaluators. [Page 13]
 - d. Final report summarizing the implementation strategies for the CRD Strategic Plan and recommendations for next steps.

Year 2 – SFY 2011-12
Deliverable - Program Component 3.d.
(Revised February 6, 2013)

Collaboration and Support of the Strategic Planning Workgroups

Strategies to assist with the promotion of the CRD Strategic Plan

These strategies were primarily taken from the Strategic Plan Committee conference call of October 19, 2012. These strategies are meant to promote the CRDP Strategic Plan before its completion.

- All individuals connected with the CRDP should promote the upcoming release of the Strategic Plan. This includes the members and staff of the CMMC. The release of the draft of the Strategic Plan should be announced at the following meetings and events of the entities below:
 - The MHSA Partners Forum
 - The California Stakeholder Process Coalition
 - The OAC's Cultural and Linguistic Competence Committee
 - The Mental Health Services Oversight and Accountability Commission and their other committees
 - The Cultural Competency, Equity, and Social Justice Committee of the California Mental Health Directors Association (CMHDA)
 - The California Mental Health Planning Council
 - The California Mental Health Services Authority (CalMHSA)
 - The California Coalition for Mental Health
 - The Advisory Committee of the California Institute of Mental Health's Center for Multicultural Development
 - Other Mental Health advocacy organizations (NAMI, The California Network of Mental Health Clients, Mental Health America, California Council of Community Mental Health Agencies, California Association of Social Rehabilitation Agencies, California Youth Empowerment Network)



- The information announcing what the Strategic Plan comprises and when the draft is expected to be released to the public could be disseminated through:
 - Flyers
 - Email blasts
 - Announcements on websites

- In addition to the Mental Health agencies referenced above, the following entities that are *not* “mental health agencies or organizations” may also be interested in the Strategic Plan when it is released for public comment. Members should be sure to inform these entities about the Strategic Plan whenever possible.
 - Legislative Caucuses and Committees
 - Contacts of the Strategic Planning Workgroups
 - Other systems (public and private non-profits) represented by the CMMC such as education systems, public health systems, drug and alcohol addiction systems, public safety systems, Veteran’s organizations etc.
 - State Departments and entities other than the State Department of Public Health such as the Department of Health Care Services, Office of Statewide Health Planning, Department of Rehabilitation, etc.
 - New agencies and entities related to Health Care Reform

*Revisions/Additions are underlined.

**Year 2 – SFY 2011-12
Deliverable - Program Component 3.e.**

Collaboration and Support of the Strategic Planning Workgroups

Written recommendations about the development of the dissemination plan for the CRDP Strategic Plan

The goal of this dissemination plan is to ensure that people and agencies are aware of the Strategic Plan after it is completed. Individuals need to be able to access the Plan whether they receive an actual hard copy or access through an electronic copy.

The following input was gathered from CMMC members and others at the CMMC meeting of September 19th, 2012 in Sacramento. Viviana Criado, Chair of the Strategic Plan Committee led a brainstorming session for suggestions to disseminate the Strategic Plan.

CMMC members wanted to make sure the following individuals or entities found out about the completion and availability of the Strategic Plan:

- County mental health workers: line staff, Ethnic Services Managers, MHSA Coordinators
- Local and state mental health agencies
- Public Safety agencies including the prison system
- Juvenile Justice systems
- California Mental Health Patient Rights Association (CAMHPRA)
- Campuses – psychology departments, health centers, masters of social work departments
- Religious leaders and gatekeepers (who people go to)
- County mental health boards
- Veterans organizations
- Unincorporated areas of the state – community service districts and their associations
- Service Area Advisory Council meetings (in Los Angeles County)
- Foster you and former foster youth organizations including the California Youth Connection

- Of course, all the entities listed above under the “Promotion Section” of deliverable 3.d. should be contacted once the Strategic Plan was out.
- It was also suggested that social media platforms and even Facebook could be utilized to announce the completion of the Strategic Plan. The plan will also be available on the CMMC website once completed.

**Year 2 – SFY 2011-12
Deliverable - Program Component 4.a.**

Support the implementation of the California Reducing Disparities Project Strategic Plan

Written recommendations on the identification of funding for the implementation of the CRDP Strategic Plan (for continuation of funding in Y4 and Y5)

In 2007 when all of the Statewide PEI projects were identified and adopted by the Mental Health Services Oversight and Accountability Commission in their “Mental Health Services Act Prevention and Early Intervention: County and State Level Policy Direction” document, an initial figure of 15 million dollars per year “up until the implementation of the MHSA Integrated Plan” for ***Ethnically and Culturally Specific Programs and Interventions was identified***. It was estimated that this funding would be allocated for at least 4 years. As a result it was commonly understood by the mental health community that \$60 million would be the minimum amount set aside for this project.

The passage of AB 100 in FY 2011-2012, which began the restructure of the State Department of Mental Health, and then the State Budget and trailer bills for FY 2012-13 (including SB 1136), changed the funding situation for this project. At one point, it was not even clear that \$60 million had been set aside for the CRDPs project – but then proposed legislative language clarified the intent to set aside the MHSA funding. However, the counties had concerns and objections regarding the set-aside and administration of the \$60 million believing that setting the funds aside set a “dangerous precedent.

The final resolution of what entity was to administer the \$60 million was solved by a creative approach by both the Administration and Legislature. Instead of setting aside the \$60 million from the Prevention and Early Intervention (PEI) allotment of the MHSA funds, through the actual Budget Bill of 2012, the monies were set aside from the 3.5% state administration allocation (of the total MHSA funds). There was only \$15 million for the first year allocated in budget bill language, but there was legislative intent language that specified that there should be 3 more similar allocations in the subsequent years.

What is important to note is that there will need to be education and advocacy in subsequent years to ensure that the Legislature is reminded that their intent was to fund this for at least 3 more years. There could be efforts to increase both the amount and the length of funding, but that would need to be a decision made after careful consideration of many factors.

In addition, these comments and suggestions regarding funding were elicited at the CMMC In-person meeting of September 19th. There are also suggestions by staff and others included:

- Corporations. This project could also be reframed as a “Resiliency Initiative” in order to de-stigmatize mental illness.
- Narratives need to be created about this being investment worthy and social capital
- Private foundations. There are several health foundations that focused on both mental health and underserved communities in the past. Perhaps this project would fit in to their new priorities.
- Other government grants. There may be some federal money, especially from the Substance Abuse and Mental Health Services Administration (SAMHSA) or the Office of Minority Health.

Year 2 – SFY 2011-12
Deliverable - Program Component 4.b.
(Revised February 6, 2013)

Support the implementation of the California Reducing Disparities Project (CRDP) Strategic Plan

Written recommendations about the method for roll out of the strategies and approaches identified including statewideness, funding, etc.

[The following language was prepared after the Strategic Plan Committee conference call of January 18, 2013.]

To ensure that the funding to be released through the CRDP Request for Proposal (RFP) has statewide reach into California's underserved communities, Community Based Organizations (CBOs) currently serving the RFP's target population must be given equal opportunities to apply and receive some of the funding to be released through this RFP opportunity.

Through the years, a large number of small CBOs have been providing the community defined practices identified in each of the SPW Reports. Some of these organizations have been providing these services to more than one of the CRDP identified target populations. Due to their size and /or lack of knowledge and experience with complex RFP application processes, these organizations have been precluded from applying and obtaining much needed financial resources to appropriately fund their programs and services.

To address this form of socio-economic disparity, special efforts must be made to ensure that these RFPs should be written with these small community-based organizations in mind, providing an opportunity for these CBO's throughout the state to apply and secure funding to successfully carry out the replication and/or expansion of their selected community defined promising practice.

In similar fashion, special efforts must be made to provide these CBO's with the much needed technical assistance to educate them on the RFP process and support to them throughout the application process.

As part of the proposal review process, CBOs that are the actual developers of the community defined practices must be given special preferential consideration, credit in recognition of their many efforts; and this information should be included

as part of all RFP related materials (i.e. RFP announcement, potential vendor qualifying criteria, and RFP response valuating criteria.)

For the successful applicants, capacity building, technical assistance and human and financial resources must be made available to ensure a timely, effective and efficient implementation of all contract deliverables. Areas for capacity building and technical assistance shall include the following: Disparities in Health/Mental Health Care, Plans and Strategies to address disparities, CLAS Standards, government contract /project management, project evaluation, quality improvement, and project financing and sustainability. In addition, special efforts must be made to develop and enhance CBO's capacity to use electronic computer-based data management systems.

To ensure that California's goals and objectives to reduce disparities in health and mental health are achieved, the following key elements must be included as part of the RFP/contract deliverables:

- Develop, implement and evaluate a program that will improve patient overall health and quality of care, hence reducing disparity
- Augment and enhance workforce and family care giver capacity to provide culturally/linguistically competent healthcare, and the quality of the health care experience, as well as the capacity to self-care.
- Evaluate community driven emerging practices on an effort to further develop them into and Evidence-based practice; and develop a plan to disseminate the findings.
- Develop and implement an electronic data management system to support the efficient and effective paperless tracking, trending, evaluation and dissemination of all project related data.
- Design a project sustainability plan to be implemented incrementally through the life of the contract

Furthermore, the contract deliverables:

- Should not place a burden of excessive paperwork on the awardee.
- The deliverables should clearly "match" or be directly connected to the purpose of the project or program within the RFP.
- The RFP may include requiring the proposer to make attempts to collaborate with local governmental agencies, but a letter of approval or agreement from such an agency should not be required for the proposer to be awarded.

- What constitutes “statewideness” should be clear and this should not necessarily mean that organization that is applying is a “statewide organization.”

As stated before, enough resources must be provided for each of the proposed and awarded projects to be successful in replicating, carrying out and sustaining throughout and after contract expiration. There must also be sufficient resources for the organization to fulfill any evaluation requirements associated with the project.

Year 2 – SFY 2011-12
Deliverable - Program Component 4.c.

Support the implementation of the California Reducing Disparities Project Strategic Plan

Work plan for solicitation of input from multicultural communities regarding the implementation, roll-out and effectiveness of the strategic plan

Phase I – Before the Strategic Plan draft is released.

The Facilitator/Writer (F/W) should utilize the strength from the CMMC multicultural membership. F/W should also utilize the SPW's network and networks provided by the CMMC membership listing a few examples. F/W should inquire of CMMC members to link the plan on their websites and send emails to solicit input from their multicultural communities. F/W must also utilize the contacts from his own agency to solicit input for the Strategic Plan. Members of the CMMC should seek input from the communities that each of them represent and incorporate that input into the recommendations they make in regards to the draft Strategic Plan.

Phase II – After the Strategic Plan draft is released.

The F/W should ensure that all the organizations and individuals above are able to review the draft Strategic Plan for at least 30 days. In this period, comments and recommendations should be solicited from these same organizations and individuals to see whether and how the draft Plan addresses their concerns and covers the issues they that they feel most important.

Phase III – After the final Strategic Plan is approved by the Office of Health Equity and their supervising department and agency.

To facilitate dissemination of the Strategic Plan, the CMMC staff and members will follow the strategies outlined in Component 3-d (promotion of the CRDP Strategic Plan.)

The CMMC will discuss the final approved Strategic Plan at an in-person meeting and involve itself in development of the RFPs to the extent possible. Assuming there is a public comment period or a public comment process, the CMMC will make recommendations to the Office of Health Equity on the RFPs.

The Strategic Plan Committee will begin discussion and development of methods to determine how to measure the effectiveness of the Strategic Plan. These methods will be covered under the Components 4-d and 4-e.

**Year 2 – SFY 2011-12
Deliverable - Program Component 4.d.**

Support the implementation of the California Reducing Disparities Project Strategic Plan

Work plan for selection and support of entities to conduct evaluation of identified strategies/approaches

This component was discussed during the Strategic Plan Committee conference call of October 19th, 2012. Below are the results from those discussions. This deliverable will also be discussed at the next CMMC in-person meeting.

- Clarification is needed whether additional funding is available, or if it should come from CMMC's funds.
- CMMC should provide an advisory role in selecting the entity to do the evaluation.
- Clarity is needed from DPH on the selection process of the evaluating entity, and how CMMC can support their efforts in an advisory role to make it more multicultural appropriate. This being done in two steps:
 - 1) Selection of the contractor.
 - 2) CMMC creating guidelines for the applying organizations.
- The evaluating organization should have experience evaluating diverse communities and using cultural appropriate approaches with demonstrated experiences providing evaluations of diverse communities.
- The ongoing role of CMMC needs to be clearly defined after a contractor is selected.

Proposed step-by-step plan

- CMMC to establish qualifications and the required and demonstrated experiences of the entity conducting the evaluation.
- Create an ad hoc committee or work group to establish criteria standards and finalization and then adoption of those standards. This can be done at a CMMC in-person meeting.
- Invite the contractor to attend the CMMC in-person meeting to present their work plan.

Year 2 – SFY 2011-12
Deliverable - Program Component 4.e.

Support the implementation of the California Reducing Disparities Project Strategic Plan

Contribution to the development of evaluation methodology through support of the evaluators

This deliverable was also discussed at the Strategic Plan Committee conference call of October 19th, 2012. This is related to the Component 4.d. deliverable regarding evaluation of identified strategies/approaches. This deliverable will be discussed at the next CMMC in-person meeting.

First, it must be clarified or determined what the RFP will require in terms of the evaluation. Then CMMC members can weigh in making comments on the Strategic Plan. After the release of the final approved Strategic Plan, the Office of Health Equity will develop and release RFPs for Phase II of the CRDP.

The Strategic Plan Committee/CMMC must be made aware of the comment period for the design of RFPs for Phase II (assuming there is a public comment period.) If there is not going to be a 30-day public comment period, then the Strategic Plan Committee/CMMC may choose to submit comments, including comments regarding development of evaluation methodology through support of the evaluators, to the Office of Health Equity as soon as possible after the final draft of the Strategic Plan is released.

After the evaluators are selected and identified, these entities can come to the CMMC meetings to present their work plan. They can also demonstrate how they are choosing culturally appropriate communities. The communities should have input from the inception to completion.

CMMC STRATEGIC PLAN COMMITTEE

Conference Call

Friday, February 15th, 2013

10:00 a.m. – 11:30 a.m.

Dial: (217) 258-5599 - Code: 788005#

Call Chaired by Viviana Criado

Draft Meeting Notes

Members Present

Viviana Criado – Chair
Nga Le
Rocco Cheng

Guest Present

Ruben Cantu

Staff Present

Stacie Hiramoto

Members Not Present

Sergio Aguilar-Gaxiola
Leticia Alejandrez
Jack Barbour
Janet King
Masa Nakama

I. Introductions – Review of Agenda

Stacie summarized what needed to be discussed for this call. Two main items are what needs to be discussed at the March CMMC meeting.

II. Review of Meeting Notes from the January 18th Conference Call

Did not receive any comments but this was not taken up formally during the call.

III. What needs to happen at the CMMC In-Person Meeting on March 25th

Summary: Two significant items for which this committee is responsible must be discussed at the next CMMC meeting:

A. Answers to questions regarding aspects of the Strategic Plan (which are actual deliverables for the grant)

Decisions made during this conference call:

- Staff would send a document with all the deliverables to the CMMC members, but would try to summarize both instructions and background to give the document some context.
- Staff will send the draft cover memo/email to the members of the Strategic Plan Committee first for comment before sending it and all the deliverables to the CMMC members
- This should be done quickly in order that the CMMC members have plenty of time to review and not get confused with the review of the actual Strategic Plan.

B. The actual draft of the Strategic Plan itself using the tool developed by this committee (assuming that the Strategic Plan draft is available)

Decisions made during this conference call:

Regarding before the meeting:

- The CMMC members will be asked to fill out their review tools before the March 25th meeting. They should send their completed reviews electronically to Stacie before the March 25th meeting.
- Stacie will prepare a packet for Ruben. The review tools will be compiled (but not into one document with cut and paste for each answer) and sent electronically to Ruben.
- The due date will be at least several days before March 25th. If the CMMC members do not return a completed review tool to Stacie, then they may go through the regular public process to submit individual

comments if they wish – but after a certain deadline, their individual CMMC review tools will not be accepted by CMMC staff.

- If they do not turn in a completed review too in the allotted time, the members can still attend the CMMC meeting. However, it will be made clear in cover materials ahead of time that we will not be going through the Strategic Plan at the CMMC meeting. The members should not be asking questions about the content so much as providing input on aspects of the document.

Process During the CMMC In-person Meeting on March 25th:

- The meeting room will be set up as usual (modified hollow square or “U shape”. After introductions, etc., the review of the Strategic Plan will be first on the agenda.
- The CMMC members (approximately 28) will be broken into groups – probably from 6-8 per group.
- Each group will go over the questions on the review tool.
- People to facilitate should be selected prior to the meeting. The following were suggested to be facilitators: Viviana Criado, Rocco Cheng, Jim Gilmer, Russell Vegara, Sandra Poole.
- Recorders – different from the facilitators - will be needed for each group to write down what people say.
- There was discussion about whether the groups were to be “brainstorming” or “having a discussion” during the group session.
- Time for each session/activity must be managed strictly
- Invite Betsy Kosier, Jim Gilmer, and Russell Vegara to join this Strategic Plan Committee on the next conference call in March to help design a smooth process.

A. Review and approval of the first draft of deliverables

There was much discussion. How much time would this take?

Staff is worried because the packet for this is so large. Most of what is written was taken directly from this committee and at times, the CMMC members at large. There was some language that staff added independently at suggestion of the contract monitor.

Staff is afraid if the input is by email only, this package may be intimidating for some. Viviana said that we should discuss at the meeting, but they should receive the documents way ahead of time, along with very clear instructions. The whole CMMC needs to approve this as a whole.

Staff can send it out now, but is seeking input on how much time at the actual meeting.

Rocco asked Stacie to summarize the document and not send the entire document to people. (Reduce to 3 from 14 pages.) Feels it would be too overwhelming and people might feel they are being asked to do staff's job.

Viviana wants a clear instructions, but wants the entire documents.

S: Staff could get criticized as much for interpretation when summarizing. She will make a separate document what the material is. The CMMC can be given a summary of background and instructions.

Staff will send something to the Committee to approve before sending the materials out for the CMMC.

B. Review of the Strategic Plan

Staff informed committee members that she is still not certain whether the draft Strategic Plan will be available to send in advance to the CMMC members for the March 25th In-Person Meeting. Ruben is not able to say, although he did complete another draft (number 19) recently for OHE. This draft will be packaged and sent up to Dept. of

Public Health Department leadership for review. Then, the Dept. Director (Dr. Ron Chapman) may decide that this draft needs to go on to their Agency (California State Health and Human Services Agency).

Staff went on to the review of the “Review Tool”. This was sent out to all the CMMC members via email. She did get one response back asking what did the instruction, “Feedback should be thematic in nature” mean. Stacie did not know what this meant.

How much time would this take. Staff says allotting at least 2 hours. Ruben said that this must be send out ahead of time so that CMMC members can be prepared - he hopes that they will read it ahead of time and not be reviewing it for the first time AT the CMMC meeting. Staff said they will send it as soon as she is allowed to by OHE. (It is 60 pages.)

Viviana reminded us that she had requested a separate in-person meeting to review the Strategic Plan – but since this does not seem possible, she says we need to make clear what the expectations for CMMC members are. Members should read the document and write down notes before the meeting and if they are not able to do this, they should behave accordingly (i.e. mostly listen – it would not be fair to take up time with questions).

Staff said that a couple of the committees do not need a lot of time, although the Admin Committee needs some time to approve their deliverables. But the priority is definitely the Strategic Plan Committee business. And this Committee will go first.

The committee then went on to discuss the exact process and directions that should go to the CMMC members.

- *The CMMC members should fill out their review tools before the meeting. They should send it electronically to Stacie. She will make copies of all of these individual sheets and then have all of these at the meeting. (Not a summary of the feedback or a compilation on one document.)*

The facilitator will capture all the new notes from the meeting. The CMMC members can also be told that if there are extra comments, they can be forwarded separately to Ruben.

Viviana – bring their own copy. Send their filled out form to Stacie.

Ruben – if they do come prepared, their comments (unless agreed to by the CMMC) will not be forwarded in the special package of CMMC responses. Their late comments will be with the general public.

Rocco joined the call.

Nga was asked what her views were. She agreed with Viviana. People should send the comments in early to save time.

(But Stacie is not making copies for all the CMMC members.)

When should the CMMC members get their comments to Stacie by?

Stacie asked for clarification: not summarizing – not cutting and pasting one document – just making an electronic package for Ruben. Viviana said, would a week before be all right?

Staff said yes. Nga suggested even giving them a date, but then email to let them know they have just one more day.

Staff asked for clarification, what should she tell people when they say they could not get it in by the deadline? Bring it to the CMMC meeting?

Viviana – They had a deadline. They can participate at the CMMC meeting.

Rocco was asked how he felt, but he said he would not make any comments at this time.

Stacie: In case the Strategic Plan doesn't get released by the end of February, there may be an emergency call.

The Issue of Groups:

Should we break into groups? Rocco felt strongly that we should break into groups. If the group is kept all together, it takes too long to try to develop consensus. We would get better results if we break into groups.

Viviana echoes what Rocco said.

We have about 28 members. How many groups should we have?

Too much time is spent on "Processing". If we break into groups, if one group gets stuck on process, then at least some of the other groups will be able to move forward and develop some feedback.

Would we come back at the end? Yes. We need to have groups write their info down on paper and turn in.

The facilitators of each group should be chosen beforehand. V: 6-8 people per group (no more than 10). R: If there are 28, then 4 or 5 groups.

Would we start with the tables already in groups? V: no, just start with the regular formation and break into groups like before.

V: Now that she understands, she does not think that we need to break into groups.

S: Wanted one document from the CMMC as a whole that had consensus or several prevailing views.

V: Not brainstorming, trying to get consensus.

R: Still feels that we should break into groups.

S: We will be using the 5 questions on the review tool – not one big open session.

R: If broke into groups, the first group could go and the second group could say “ditto” to whatever they agreed with the first group, and then just add what was different. Very worried about getting side-tracked into different areas. People could get frustrated.

Nga and Ruben were asked their opinions. General consensus to break into groups but it will take a long time. More people may feel comfortable talking and giving input.

S: Who should we ask to be facilitators and writers? We need to do this now. At least the facilitators.

R: Suggested people on the Strategic Plan Committee to facilitate. You want someone with more familiarity with this process.

Stacie asked to be able to talk with the Co-Chairs and Viviana. What about Sandra? Not Ruben as may be a conflict. Viviana, Rocco, Jim, Russell, and Sandra?

We also need time-keepers and what will the process be? Will some questions take longer than others? Perhaps some of the groups should start with different numbers.

V: Do we want discussion or do we want input? Brainstorming is for input. But for discussion, it takes more time.

Stacie asked, so do you feel that the small groups are for brainstorming and the whole group is for discussion? Viviana said yes but that she wanted to hear what others thought.

S: Doesn't want just a big list – we already got that. The purpose of the CMMC is to get consensus or at least some prevailing views.

V: Yes.

R: Does not want free flowing discussion – they will be discussing within the small groups. Really want it to be time-limited.

V: The discussion will be primarily for areas of disagreement. Told Stacie to make sure Betsy knows what is expected.

Stacie asked that members take a look at the questions on the review tool so that if there are some that may take more time, we plan for this. (As opposed to dividing the time equally.) Viviana feels that good facilitators can manage that.

V: Have Betsy join us at the next conference call so they can design a process. Jim and Russell too.

Stacie will do this.

- *At the CMMC meeting, the two Facilitators (Betsy Kosier and Viviana Criado) will conduct a process that will produce one document with input from the CMMC as a whole.*

➤ *Staff still needs to send an email about the Public Policy Committee*

*Nga – are we going to talk about who is going to be on this committee?
Stacie – I was supposed to let people know about whether we need an election or not. Viviana wants to be on it but*

➤ *Viviana asked what happened with the questions that they answered to Aimee for the Strategic Plan. Stacie felt it should not be just her to.*

➤ *Viviana wants Action Items addressed first at the next meeting.*

➤ *Stacie will re-work the instructions for review of the Deliverables. Still need recommendation about how long this may take. Viviana – probably no more than ½ hour – but we can decide at the next meeting.*

Meeting adjourned.

CMMC STRATEGIC PLAN COMMITTEE

**Conference Call
Friday, January 18, 2013
10:00 a.m. – 11:30 a.m.**

Dial: (217) 258-5599 - Code: 788005#

Call Chaired by Viviana Criado

FINAL AGENDA

Introductions and review of the agenda and meeting notes from the November 16, 2013 conference call

Ad Hoc Policy Committee Election Discussion

Who is interested? How should we proceed if more than one person is interested?

Strategic Plan and CMMC Review

Current questions being asked about the Strategic Plan and Phase 2

How should the CMMC weigh in on these questions in the quickest way possible?

Update on the Status of the Strategic Plan

Estimate of when the draft will be released

Status of when the CMMC will receive the draft

When will a CMMC in-person meeting be held for the Strategic Plan review?

Review of Remaining Deliverables Required for FY 2012-13

Additions/Completions to one of the deliverables

Program Component 4.b. Support the implementation of the California Reducing Disparities Project Strategic Plan
Written recommendations about the method for roll out of the strategies and approaches identified including statewideness, funding, etc.

Please see the attachment. The committee needs to add more to this answer.

We need more concrete operational recommendations. i.e. What would help CBO's respond to the RFP's? What would upfront technical assistance before RFPs are released look like?

What about contract deliverables? Should the deliverables be more outcome oriented verses process? How would we reduce the administrative burden of excess paper work?

Review of deliverables for the remainder of 2012-13

Date of Next Regular Committee Conference Call:

Friday, February, 15th, 2013 at 10am

Stacie Hiramoto

Stacie Hiramoto, MSW

Director

Racial and Ethnic Mental Health Disparities Coalition (REMHDCO)

1127 11th Street, Suite 925

Sacramento, CA 95814

(916) 557-1167, ext. 114

MEETING NOTES

CMMC STRATEGIC PLAN COMMITTEE

Conference Call

Friday, January 18, 2012

10:00 a.m. – 11:30 a.m.

Call Chaired by Viviana Criado

In Attendance:

Masa Nakamara

Nga Le

Viviana Criado

Staff in Attendance:

Bobbie Zawkiewicz

Stacie Hiramoto

Not in Attendance:

Jack Barbour

Janet King

Leticia Alejandrez

Rocco Cheng

Ruben Cantu

Sergio Aguilar-Gaxiola

I. Introductions and review of the agenda and meeting notes from the November 16, 2013 conference call

Click here: [November 16, 2013 Meeting Notes](#)

The November 16, 2013 meeting notes were accepted without changes.

II. Ad Hoc Policy Committee Election Discussion

Who is interested? How should we proceed if more than one person is interested?

Click here: [CMMC Administration Committee Report Background](#)

At the CMMC meeting in December the formation of the Ad Hoc Policy Committee was approved. The responsibilities of the Policy Committee were reviewed and the Administrative Committee background document provided is a reference for more detailed information. The Chair expressed concern of only three members participating

on the call and suggested to put off the election. It was agreed by the members to delay the election. The Chair expressed an interest to become a member of the Policy Committee.

Being that the next call is 30 days out, it was suggested to send an email to inquire if other members have an interest to become a member of the Policy Committee noting that Viviana expressed an interest. If no one else is interested, then the Chair may become a member of the Policy Committee. If there is another member interested, then there shall be an election.

Action: Stacie will send an email to the members regarding the election.

III. Strategic Plan and CMMC Review

A. Current questions being asked about the Strategic Plan and Phase 2

- a. How should the CMMC weigh in on these questions in the quickest way possible?**

Click here: [Strategic Plan Questions for CMMC](#)

The Strategic Plan is one of the most important responsibilities of the entire CMMC project. The CMMC is charged with being a supporter and reviewer of the Strategic Plan. It is being drafted by Ruben Cantu from the CPEHN.

Phase 1 is all individual Special Population Reports and the drafting of the Strategic Plan. Phase 2 is the release of the Strategic Plan and design and release of the RFPs for the \$15 million per year. The Office of Health Equity (OHE) has asked a number of questions regarding the Strategic Plan, which are attach in the agenda for your review. The title is "*Topics by Ameer Sisson, Office of Health Equity*". These questions were reviewed with all the SPWs. We need to establish how we can get input from the CMMC members as soon as possible. These questions are specific to the Strategic Plan being released and what is in the Strategic Plan. The purpose of these questions is possibly due to the high level management of the DPH being unsatisfied with the draft of the Strategic Plan. They wanted more specificity and direction.

The next tentative CMMC meeting date is Monday, March 25, 2013. If our meeting is outside of the 30 day review period for the Strategic Plan, we may need to change our CMMC meeting. The OHE said they would give Stacie an answer by Tuesday if their estimated time to release the Strategic Plan is confirmed or changed.

B. Update on the Status of the Strategic Plan

- a. Estimate of when the draft will be released**
- b. Status of when the CMMC will receive the draft**
- c. When will a CMMC in-person meeting be held for the Strategic Plan review?**

Originally, the OHE said they expect to release the strategic plan in the first or second week of February. A suggestion was made to use a template review tool as used in the past. All are in agreement to use the template review tool as the format to answer the questions from the OHE.

The following are suggested steps for answering the OHE questions:

- due to the time constraints, we as a committee answer the questions from OHE using the template review tool
- The Strategic Plan Committee will provide the answers to CMMC staff
- CMMC staff emails these results to the CMMC members as a template review tool with one week to respond
- the template review tool should not reveal names and shall include a statement that the document will be shared at the CMMC in-person meeting in March
- ask CMMC members to bring their own copies to the in-person meeting for discussions
- ask CMMC members if we should share their “responses” with the OHE
- Strategic Plan Committee reviews and confirms the results from the CMMC members
- CMMC staff responds to the OHE

Masa requested one-on-one time with the Chair to get expanded information. The Chair gave an expanded review of how the Strategic Plan Committee using strategies to make decisions considering time, sensitivity of the issues, consensus from the group, and developing quick processes to allow for the full participation of the CMMC.

When the Strategic Plan is released, it will be emailed along with the template review tool to the CMMC. The template review tool will have a header with an explanation and the process of the release of the Strategic Plan. We will come to consensus at the next in-person meeting. If the Strategic Plan is not released by our next meeting, we may need to schedule a special call or communicate by email.

Staff confirmed these steps upon release of the strategic plan:

- upon release of the strategic plan, it will be emailed via link to the CMMC members and **interested parties along with the review tool**
- CMMC members will submit to Staff the review tool results
- results will be confidential
- discuss each item at the in-person meeting and come to consensus
- staff will forward the results to the OHE with a summary upon agreement

Everything is contingent upon the release of the Strategic Plan.

Staff asked the Chair to review and confirm the results and summary before submitting it to the OHE with a cover letter.

Action: Stacie will provide the chair a template review tool with a brief explanation by Tuesday, January 22, 2013.

Action: Stacie shall set the deadline to receive the template review tool back from the CMMC members by February 8, 2013.

Action: Stacie will distribute the Strategic Plan via email link upon release from the OHE to the CMMC members and interested parties.

IV. Review of Remaining Deliverables Required for FY 2012-13

a. Additions/Completions to one of the deliverables

Program Component 4.b. Support the implementation of the California Reducing Disparities Project Strategic Plan Written recommendations about the method for roll out of the strategies and approaches identified including statewideness, funding, etc.

Please see the attachment. The committee needs to add more to this answer.

Click here: [Year 3 Deliverables](#)

Updated attachment – click here: [Program Component 4.b.](#)

We need more concrete operational recommendations. i.e. What would help CBO's respond to the RFP's? What would upfront technical assistance before RFPs are released look like?

What about contract deliverables? Should the deliverables be more outcome oriented verses process? How would we reduce the administrative burden of excess paper work?

b. Review of deliverables for the remainder of 2012-13

Our contract monitor would like more information, and staff needs input to answer these questions.

Viviana read a paragraph she had drafted prior to the conference call in response to this deliverable, which she will forward to Bobbie. (See attached language)

We will have the CMMC members decide if they want to submit this language to the OHE. We can email the members this language and ask them if they have any concerns or changes.

Technology such as computers can be used to reduce paperwork. We need more time to discuss this issue further and need more information.

Action: Viviana will forward to Bobbie the paragraph she read to the committee.

Action: Stacie will email the CMMC members the language from Viviana asking if they have any concerns or changes.

V. Date of Next Committee Conference Call: Friday, February, 15th, 2013, 10am

Call adjourned.

Questions by Aimee Sisson

Big Picture

- * What do you see as the goal of CRDP Phase 2?
- * Would you prefer Phase 2 to focus on building community-defined evidence or implementing all of the recommendations in the entire strategic plan?
- * How do you see CRDP fitting into the big picture of MHSA, PEI, and mental health system reform in California?
- * What would you suggest comes after Phase 2? How would you incentivize county mental health to continue work to reduce disparities after Phase 2?
- * What is your long-term (i.e., 20 years) vision for CRDP and its work to reduce disparities?

Strategic Plan Content

- * What do you see as the purpose of the strategic plan--what is it a strategic plan for?
- * How do you see the strategic plan recommendations and the lists of promising practices for each population fitting/coming together?
- * Are there critical recommendations in your population report that are not reflected in the draft strategic plan? If so, which, and why is it critical that they be included in the strategic plan?
- * Are there other recommendations or content that you would like to see added to the strategic plan?

CRDP Phase 2 Design

- * Assuming that Phase 2 focuses on building community-defined evidence (CDE), would you prefer to fund a few pilot sites intensively or many sites less intensively? What is the approximate number of CDE pilot sites you would like to see funded to address each population group?
- * What types of organizations should be eligible to apply for Phase 2 funds? (e.g., CBOs, academic institutions, county mental health, other)
- * What should the funding mechanism be? (e.g., grant, contract, other)
- * What types of programs should be funded? Should funding be limited to PEI programs, or should it include programs that provide direct clinical services?

- * How long should a CDE pilot site be funded for? How long would a pilot site need to prove that their program works? 1 year? 2 years? 4 years?
- * What size grants/contracts should be awarded in Phase 2? About how much money would it take to fully implement a promising community-defined practice at a single site for a year?
- * How would you incentivize county mental health to collaborate with pilot sites during Phase 2?
- * What components need to be funded for Phase 2? (e.g., evaluation, technical assistance/training, pilot sites, capacity-building network, other)
- * How would you evaluate Phase 2? One evaluator for all of Phase 2, separate evaluators for each funded program, or another approach?
- * How many evaluators exist who could conduct a culturally competent, mixed methods, participatory evaluation of a pilot program? Of all of Phase 2?

Year 2 – SFY 2011-12
Deliverable - Program Component 4.b.

Support the implementation of the California Reducing Disparities Project Strategic Plan

Written recommendations about the method for roll out of the strategies and approaches identified including statewideness, funding, etc.

RFPs should be written for small community based organizations throughout the state to apply and get the funding so it is not going to the usual larger partners or counties who may hold onto the funding. The strategies should be carried out by people who are currently working within our communities. The underserved communities statewide must have an equal opportunity to apply and receive some of this funding so it is not concentrated in one county or area. The RFP must provide enough resources for each project to replicate, carry out and sustain the promising practice or program. There must also be sufficient resources for the organization to fulfill any evaluation requirements associated with the project.

CMMC Emerging Leaders Committee
Conference Call
March 13, 2013
1pm – 2:30pm

Conference Line: (217) 258-5599
Guest Code: 788005#

Facilitator: Mari Radzik

AGENDA

- I.** Introductions and Review of the Agenda
- II.** Review of February 13th, 2013 meeting notes
- III.** Training Activities for the Emerging Leaders
 - A. EL meeting with Rusty Selix** during lunch period of the CMMC in-person meeting on March 25th.
 - 1. What will be the focus of the meeting? (All about Prop. 63? About mental health in general? Other questions and issues?)
 - 2. How and when will the ELs do preparation for this meeting?
 - B. The Training Modules and Shadowing**

Please see Attachments. We probably need to send another email but some information must be developed for Shadowing.
- IV.** Developing “Best Practices” for Mentors

See meeting notes from the February 13th meeting and the attachment.

V. The Upcoming CMMC In-person Meeting

Monday, March 25th, 2013
9:30 a.m. – 5:00 p.m.
California Primary Care Association
1231 I Street, Suite 400
Sacramento, CA 95814

Please note: This is a special meeting that was scheduled primarily to review the draft of the Strategic Plan. As you may recall, we thought we would be doing this at our December 2012 meeting, but at the last minute, were not able to distribute a draft of the Strategic Plan to the CMMC members.

Although we did not anticipate this happening again, it appears that a draft of the Strategic Plan may again not be available to the CMMC members.

If this happens, alternative plans will have to be made. There may be time for the committees to meet or other items will be taken up.

VI. Next Emerging Leaders Mentorship Committee Conference Call:
Wednesday, April 10, 2013
1:00 p.m. – 2:30 p.m.

Attachment for Emerging Leaders Conference Call
March 13, 2013

III. B. Training Modules and Shadowing

This memo below comprises the initial email that went to Emerging Leaders and their mentors on 2/27/13. Unfortunately, the email should have given the Emerging Leaders a choice of eventually reporting on either one of the modules, OR their experience shadowing one of the CMMC members.

MEMO

To: CMMC Emerging Leaders
From: Mari Radzik and the CMMC Emerging Leaders Committee
Cc: Mentors of the Emerging Leaders
Re: Training Opportunities

Greetings Emerging Leaders! We hope you are enjoying your CMMC experience so far and are looking forward to the CMMC In-person Meeting on March 25th.

One of the responsibilities of the Emerging Leaders Committee is to make sure that you receive training during the year. Our committee has planned the following trainings for you:

1. Private meeting with Rusty Selix, Co-Author of Proposition 63
2. **Review of special mental health training modules and report to the CMMC**
3. Attendance at either a Legislative Briefing on the California Reducing Disparities Project (CRDP), a Mental Health Services Oversight and Accountability Commission Meeting, or a Legislative committee meeting or hearing related to mental health

Ideally, we need to have two of these completed by the **end of June**. The first training opportunity will be accomplished during the lunch period at the next CMMC in-person meeting. Because we have not finalized #3, we are asking that you begin looking at #2. Review of special mental health training modules. Thanks to CMMC member, Dr. Jack Barbour, we were made aware of these free online trainings that were developed under the auspices of the CalSWEC Mental Health Initiative and funded by the Zellerbach Family Foundation Curriculum Implementation Grant.

Please see the attached document to see what we would like you to do in preparation for an individual 5 minute presentation to the CMMC at our in-person meeting of June 17, 2013.

Please don't be intimidated! We are confident that you will have no problem completing this training.

TRAINING MODULES FOR EMERGING LEADERS

Assignment:

- Select one of these on-line training modules to review. Please let Mari Radzik know which one you have selected. (We would like each emerging leader to select a different one.)
- Before June, review the materials in the module you have selected.
- Working with your mentor, prepare a **five minute presentation** about what you learned from the training module.
- You will give your presentation at the June 17th CMMC In-person meeting.

More information will be forthcoming but we wanted to let you know about this as soon as possible so you could start review your training module.

Five training modules from the California Social Work Education Center will be made available to the emerging leader participants. These free online trainings are made available to the public and were developed under the auspices of the CalSWEC Mental Health Initiative and funded by the Zellerbach Family Foundation Curriculum Implementation Grant. They are available at <http://www.llu.edu/behavioral-health/socialwork/calsweccurriculummodules.page?>

Those modules include:

1. Recovery, Stigma and Discrimination by Betty Dahlquist MSW, Executive Director, CASRA
2. Co-Occurring Disorders by Dr. Sally Mathiesen, Professor, San Diego State University, School of Social Work
3. Specialized Interventions for Children and Transition Aged Youth with Severe Emotional Disabilities by Sigrid James, Ph.D., Professor, Department of Social Work and Social Ecology, Loma Linda University,
4. Specialized Mental Health Interventions with Older Adults by Dr. Michael Johnson, Professor, Department of Social Work, California State University Stanislaus.
5. Collaboration between Mental Health and Child Welfare Services by Sigrid James, Ph. D., Department of Social Work and Social Ecology, Loma Linda University, and Lynne Marsenich, LCSW, Mental Health Consultant, California Institute for Mental Health.

Attachment for CMMC Emerging Leaders
Conference Call of March 13, 2013

III. Training Activities for the Emerging Leaders

B. The Training Modules and Shadowing

Background: The ELs must complete one more training activity before the end of the June meeting. It was decided that the ELs should give a very short (5 minute) presentation at the June 17th CMMC in-person meeting.

On the last conference call it was also decided that they should be given a choice of either reading through the study modules (on mental health topics, brought to our attention by Jack Barbour) OR shadowing one of the CMMC members (did not have to be their mentor) and making the presentation to the CMMC on EITHER ONE.

Unfortunately, Stacie sent an email to the ELs before she wrote the minutes and forgot that they were supposed to *have a choice* of reading a study module OR shadowing a CMMC member. The email just talks about the modules. (Stacie is very sorry about this!)

It is probably not too late to send another email to the ELs correcting the original email that went out on Feb. 27th to them and their mentors. However, the EL Committee needs to make a few guidelines for the shadowing project such as:

- How long should the shadowing experience be?
- Although we did not want to limit the shadowing experience to only the mentor(s), are people comfortable with having only CMMC members as professionals to shadow?
- Is there anything in preparation in advance that the ELs (and the person being shadowed) should do?

Emerging Community Leaders (ECL) Committee

Outline of key points to present to the CMMC

- As defined in the contract, “The purpose of the mentorship program will be to identify and support new leaders in the mental health system and to build capacity within multicultural communities”.
- In order to do this, we need your help! We know that each and every one of you are busy people and respect your time. But we can't do it without you!
- Emerging leaders will be mentored by a CMMC committee member
 - This is our trial period/pilot period, we will set up mentor/mentee dyads within the CMMC in order to –
 - work out the kinks,
 - ensure a level of success and
 - have a higher level of communication between mentor and the ECL
- I know you are asking “what can I do to help?”
 - Volunteer to be a mentor!
 - If you know of a potential candidate, urge them to apply, and you will be their mentor
- Strategies to support emerging leaders and to foster relationships between mentors and new leaders –
 - In addition to the one hour meeting prior to the quarterly CMMC meeting, phone call contact will be established between all mentors and mentees.
 - Rotational shadowing should provide ongoing support.
 - Once the mentees are designated, expectations will be gathered from the participants regarding their needs.
 - The EL committee will synthesize the needs of the mentees and match mentorship activities with participants.
 - Monthly contact with each mentee will emphasize their increased fund of knowledge or current mental health issues that are financial and organizational.
 - Chair of the ELC will have phone call contact with mentors and mentee to assess needs and to provide ongoing support
- Time line:
 - Application Period Opens: Mid-Late December
 - Application Re-Release: January 3rd
 - Application Deadline: February 17th
 - *Depending on number of applicants at this point, deadline could be extended to February 24th*

CMMC Emerging Leaders Committee
Conference Call
February 13, 2013
1pm – 2:30pm

Conference Line: (217) 258-5599
Guest Code: 788005#

Facilitator: Mari Radzik

DRAFT AGENDA

- I.** Introductions and Review of the Agenda
- II.** Review of January 9th, 2013 meeting notes
- III.** Training Opportunities
 - A. Needs assessment

On the last call, there were preliminary plans to conduct a needs assessment of the emerging leaders. How is this going?

B. Legislative Briefing

Unfortunately, there have been some delays in the Legislative Briefing on the California Reducing Disparities Project (CRDP). Hopefully, it will still happen. If and when it does, Emerging Leaders could attend. Or were Emerging Leaders interested in attending a Legislative hearing or floor session on any related mental health or reducing disparities issue?

In the meantime, perhaps some of the Emerging Leaders could plan on attending an Mental Health Services Oversight and Accountability Commission (MHSOAC) meeting and testify there. The September CMMC meeting is Friday, September 27th, and the MHSOAC meeting is

the Thursday, September 26th, the day before. This might be a good meeting to plan to attend.

C. Previously planned trainings for the ELs

Proposed Action: One of the items below should be chosen for each EL to be completed by the end of March.

[Remember that the committee will also have to document “What were the training outcomes” after the training takes place.]

This committee has discussed training opportunities that would be provided for ELs. *Please see the Mentorship Plan attached.* At least one of these activities should be completed by the end of March.

1. Shadowing (spending time with) one of the CMMC members and learning about what that member does at work, obtaining new knowledge and experience.
2. Meeting with Rusty Selix, co-author of the MHSA.
3. Reviewing one of the training modules suggested by Jack Barbour (former Emerging Leaders committee member). They can be accessed at

<http://www.llu.edu/behavioral-health/socialwork/calsweccurriculummodules.page>

Perhaps the EL could go through one of these and make a short presentation to the Committee about the module.

These modules include:

1. Recovery, Stigma and Discrimination by Betty Dahlquist
MSW, Executive Director, CASRA
2. Co-Occurring Disorders by Dr. Sally Mathiesen, Professor, San Diego State University, School of Social Work
3. Specialized Interventions for Children and Transition Aged Youth with Severe Emotional Disabilities by Sigrid James,

Ph.D., Professor, Department of Social Work and Social Ecology, Loma Linda University,

4. Specialized Mental Health Interventions with Older Adults by Dr. Michael Johnson, Professor, Department of Social Work, California State University Stanislaus.
5. Collaboration between Mental Health and Child Welfare Services by Sigrid James, Ph. D., Department of Social Work and Social Ecology, Loma Linda University, and Lynne Marsenich, LCSW, Mental Health Consultant, California Institute for Mental Health.

IV. Developing best practices for mentors

Please see the meeting notes of the last meeting. Were any models or program information for the “best practices” template collected?

V. Next Emerging Leaders Conference Call:

Wednesday, March 13th at 1:00 p.m.

Next CMMC In-person meeting: Monday, March 25th, 2013

CMMC Emerging Leaders Committee
Conference Call
February 13, 2013
1pm – 2:30pm

Conference Line: (217) 258-5599
Guest Code: 788005#

Facilitator: Mari Radzik

Meeting Notes

In Attendance:

Mari Radzik - Chair
Jessica Le Pak

Staff:

Stacie Hiramoto

Not In Attendance:

Poshi Mikalson
Perry Two Feathers Tripp
John Viet
Jean M. Leasiolagi

I. Introductions and Review of the Agenda

Poshi came on the call but was unable to stay. She said if Mari needed to speak with her, she could call her at some other time to go over things. Mari came on the call.

II. Review of January 9th, 2013 meeting notes

Mari said the notes were fine after a review and brief discussion as follows: Which committees did Emerging Leaders end up on? Jean Leasiolagi is going to be on this Emerging Leaders Committee. Nga Le and Masa Nakama are on the Strategic Plan Committee. Christina Quinonez wanted to be on the MAC, and Yvette McShan is going to be on the Admin Committee.

Jessica did volunteer to be on the Ad-Hoc Public Policy Committee.

III. Training Opportunities

A. Needs assessment

On the last call, there were preliminary plans to conduct a needs assessment of the emerging leaders. How is this going?

Two Feathers and Mari did try to connect on this issue but were not able to. They will try connect before the next meeting.

B. Legislative Briefing

Unfortunately, there have been some delays in the Legislative Briefing on the California Reducing Disparities Project (CRDP). Hopefully, it will still happen. If and when it does, Emerging Leaders could attend. Or were Emerging Leaders interested in attending a Legislative hearing or floor session on any related mental health or reducing disparities issue?

In the meantime, perhaps some of the Emerging Leaders could plan on attending an Mental Health Services Oversight and Accountability Commission (MHSOAC) meeting and testify there. The September CMMC meeting is Friday, September 27th, and the MHSOAC meeting is the Thursday, September 26th, the day before. This might be a good meeting to plan to attend.

Mari was informed that the Legislative Briefing was still “in the works” but that there was no set time yet. She would still like the Emerging Leaders to attend if and when it occurs. But they can also attend another Legislative hearing or the OAC meeting (in September).

If by September, the Emerging Leaders have not gone to a Legislative hearing, Mari suggested that they get “priority” for funding to attend the OAC meeting (in conjunction with the September CMMC meeting). The only unknown is where this September OAC meeting will be. There is a very small chance that it may not be in Sacramento. Mari offered that if we needed a space to host a meeting in Los Angeles, her office might be able to provide meeting space.

C. Previously planned trainings for the ELs

Proposed Action: One of the items below should be chosen for each EL to be completed by the end of March.

[Remember that the committee will also have to document “What were the training outcomes” after the training takes place.]

This committee has discussed training opportunities that would be provided for ELs. *Please see the Mentorship Plan attached.* At least one of these activities should be completed by the end of March.

1. Shadowing (spending time with) one of the CMMC members and learning about what that member does at work, obtaining new knowledge and experience.
2. Meeting with Rusty Selix, co-author of the MHSA.

Mari and Stacie thought it would be easy to start with #2. Mari asked whether Rusty might be available on the day of the CMMC meeting in March. Stacie looked on his calendar and he is open so far (although it is the first day of Passover). Mari and Stacie discussed them meeting at lunch time. Rusty can either walk over to CPCA or the Emerging Leaders can walk over to our MHAC office. Since Rusty is so well known and a key figure in statewide mental health, it would be good for them to meet with him. Stacie will contact Rusty and let Mari and the committee members know whether he will be available.

(Jessica LePak joined at this point.)

3. Reviewing one of the training modules suggested by Jack Barbour (former Emerging Leaders committee member). They can be accessed at

<http://www.llu.edu/behavioral-health/socialwork/calsweccurriculummodules.page>

Perhaps the EL could go through one of these and make a short presentation to the Committee about the module.

These modules include:

1. Recovery, Stigma and Discrimination by Betty Dahlquist
MSW, Executive Director, CASRA

2. Co-Occurring Disorders by Dr. Sally Mathiesen, Professor, San Diego State University, School of Social Work
3. Specialized Interventions for Children and Transition Aged Youth with Severe Emotional Disabilities by Sigrid James, Ph.D., Professor, Department of Social Work and Social Ecology, Loma Linda University,
4. Specialized Mental Health Interventions with Older Adults by Dr. Michael Johnson, Professor, Department of Social Work, California State University Stanislaus.
5. Collaboration between Mental Health and Child Welfare Services by Sigrid James, Ph. D., Department of Social Work and Social Ecology, Loma Linda University, and Lynne Marsenich, LCSW, Mental Health Consultant, California Institute for Mental Health.

Perhaps if Rusty was not available, the Emerging Leaders could go through one of these modules and make a little report. Who would they present to? The EL Committee?

Stacie reminded that two of the above (#1, 2 or 3) needed to be completed by June.

Shadowing was discussed briefly. Then the discussion went to the Training Modules. After the EL reviewed the training module, who would they report back to? That is for this committee to decide. Jessica felt it would be good for them to get practice speaking in public. Also, their mentors could help them. So if they presented at the June 17th CMMC meeting, then that would be

Or – they could also have a choice between the module OR shadowing. This would give a choice for them. The “modules” may sound a little intimidating. So giving them a choice would let them do something for learning styles.

IV. Developing best practices for mentors

Please see the meeting notes of the last meeting. Were any models or program information for the “best practices” template collected?

This was discussed at the January conference call but people need to be reminded to look for these. But Stacie said, this could be as simple as a list with helpful points (a one-pager) for mentors with such as “Please remember to check in with your mentee on a monthly basis”. The committee liked the idea of bulleted items. Stacie said there was also some information about the responsibilities of mentors when they nominated a candidate with the application. Even contacting people when the EL could not make a meeting – things like this would be helpful reminders. Stacie just did not want to make it sound like a “school teacher” talking about rules.

- *Stacie will look for this, send it to the committee and they will discuss at the next EL call.*

V. Next Emerging Leaders Conference Call:

Wednesday, March 13th at 1:00 p.m.

Next CMMC In-person meeting: Monday, March 25th, 2013

Short discussion on travel reimbursement.

Meeting adjourned.

Emerging Leaders Committee – CMMC

12/3/12

Emerging Leaders Mentorship Plan - 12/3/12

Current status - We are proud to announce that we have successfully recruited five Emerging Leaders (EL). They and their mentors include the following:

1. Christina Quinonez (representing the LGBTQ community); mentor is Mari Radzik
2. Nga Le (representing the South East Asian and Immigrant communities); mentor is John Viet
3. Jean Melesaine Leasiolagi (representing the Asian/Pacific Islander and LGBTQ communities); mentors are Jessica LePak and Janet King
4. Masa Nakama (representing the hard of hearing community, LGBTQ, youth communities); mentor is Jamila Guerrero-Cantor
5. Yvette McShan (representing the African American community); mentor is Two Feathers Tripp

Four mentees have already attended one of two EL Orientations on June 27, 2012 and September 18, 2012. Our last mentee will attend an Orientation December 13, 2012. We will begin the New Year by fully implementing our plan to provide support and educational activities for the new EL team. We are excited to start this new process and anticipate a growth experience for all.

Strategies to support emerging leaders and to foster relationships between mentors and new leaders – In addition to the one hour meeting prior to the quarterly CMMC meeting, phone call contact will be established between all mentors and mentees. Rotational shadowing should provide ongoing support. Once the mentees are designated, expectations will be gathered from the participants regarding their needs. The EL committee will synthesize the needs of the mentees and match mentorship activities with participants. Monthly contact with each mentee will emphasize their increased fund of knowledge surrounding current mental health issues pertaining to both financial and organizational structures. Chair of the ELC will have phone call contact with mentors and mentee to assess needs and to provide ongoing support

Training Opportunities -

As discussed in last year's report, the following tasks have been developed to help foster the EL learn breath of experience and to deepen their knowledge base.

1. Developing social networking skills- Each emerging leader that will be recommended by the respective CMMC member (each CMMC member recommends/recruits the EL) will facilitate an experience with the respective member's organization. This experience would be a half day shadowing of each CMMC member at their organization. This gives each emerging leader exposure to different organizational styles and management. Rotational assignments provide exposure to various approaches to behavioral health and its relationship to substance abuse and physical health. Some organizations may have a specialty mental health focus. This will give the emerging leader more knowledge and insight into different governmental adaptations that each organization has developed. Rotational shadowing will also provide exposure to a diversity of organizations that are funded through the Mental Health Services Act. The importance of peer/consumer run organizations and

relationships with local leaders of family based organizations will be promoted by each mentor

2. Each Emerging Leader will attend all CMMC meetings - A networking opportunity will be present at all meetings. Prior to the initial meeting, emerging leaders will participate in a networking Orientation which is usually their first social networking event. This affords all participants the opportunity to “meet, greet and network” among themselves and with other statewide stakeholders.

3. Training opportunities –

a. Opportunities for training will be imbedded in and around the CMMC meetings or with mentee away from the scheduled CMMC meeting.

b. Meeting with Rusty Selix, Executive Director of MHAC and author of the MHSAs .

c. Attendance at legislative hearings related to mental health issues will also occur. This will increase understanding that the Department of Mental Health functions will be carried forth by the State Department of Health Services. These hearings will be determined throughout the year. The EL committee will attempt to leverage the MHSAs funding to acquire foundation funding for the support of the EL participants that allow them to attend key statewide meetings that relate to policy and implementation of mental health programming.

d. Five training modules from the California Social Work Education Center will be made available to the emerging leader participants. These free online trainings are made available to the public and were developed under the auspices of the CalSWEC Mental Health Initiative and funded by the Zellerbach Family Foundation Curriculum Implementation Grant. They are available at <http://www.llu.edu/behavioral-health/socialwork/calsweccurriculummodules.page?> Those modules include:

1. Recovery, Stigma and Discrimination by Betty Dahlquist MSW, Executive Director, CASRA
2. Co-Occurring Disorders by Dr. Sally Mathiesen, Professor, San Diego State University, School of Social Work
3. Specialized Interventions for Children and Transition Aged Youth with Severe Emotional Disabilities by Sigrid James, Ph.D., Professor, Department of Social Work and Social Ecology, Loma Linda University,
4. Specialized Mental Health Interventions with Older Adults by Dr. Michael Johnson, Professor, Department of Social Work, California State University Stanislaus.
5. Collaboration between Mental Health and Child Welfare Services by Sigrid James, Ph. D., Department of Social Work and Social Ecology, Loma Linda University, and Lynne Marsenich, LCSW, Mental Health Consultant, California Institute for Mental Health.

CMMC Emerging Leaders Committee
Conference Call
January 9, 2013
1pm – 2:30pm

Conference Line: (217) 258-5599
Guest Code: 788005#

Facilitator: Mari Radzik

DRAFT AGENDA

- I.** Introductions
- II.** Review of November 7, 2012 meeting notes
- III.** Check-in with emerging leaders
- IV.** Emerging Leaders committee selections
 - i. Making sure that each EL's emails have their mentor cc'd
- V.** Ad Hoc Policy Committee Election
- VI.** Training opportunities (See December 13th meeting notes)
- VII.** Developing best practices for mentors
- VIII.** Important upcoming date:

Next Emerging Leaders Conference Call
Wednesday, February 13, 2013 at 1pm – 2:30pm

MEETING NOTES

CMMC EMERGING LEADERS COMMITTEE

Conference Call

Wednesday, January 9, 2013
1pm – 2:30pm

Call Chair by Mari Radzik

In Attendance:

Mari Radzik
Jessica LePak
John Viet
Perry Twofeathers Tripp

Not in Attendance:

Poshi Mikalson (due to CRDP Meeting)
Stacie Hiramoto (due to CRDP Meeting)
Jean M. Leasiolagi

Staff In Attendance:

Bobbie Zawkiewicz

I. Introductions and Review of November 7, 2012 meeting notes

The November 7, 2012 meeting notes were accepted without changes.

A copy of the completed deliverables from the November activities was requested.

Action: Bobbie will provide a copy of the completed deliverables as described below (from November's agenda) to the members.

The Deliverables this Committee is Responsible for: We should delegate tasks related to the deliverables during this meeting

Description of training opportunities that will be provided
-the EL orientation was training

Strategies to support emerging leaders and to foster relationships between mentors and new leaders

Report of training outcomes for emerging community mentorship program-second half of the year

Check-in with emerging leaders

All emerging leaders were in attendance at the CMMC meeting in December. The networking and exposure at CMMC meetings is very valuable helping them to acquire connections creating opportunities in the community. Two of our emerging leaders shared these experiences with their mentors:

- spoke at the Board of Supervisors public meeting in Alameda a few weeks ago
- obtained a job with one of our CMMC member's organization

Mentors shared emerging leaders' expressions and appreciations:

- an emerging leader feels validated and is honored to have been chosen to be a member of the CMMC.
- since being chosen as a CMMC member the emerging leader no longer feels stigmatized because of past experiences and is very appreciative.

Our mentee, Masa brings a lot to the table and everyone appreciates having him as a member of the CMMC.

An emerging leader expressed a concern that the CMMC did not have an outline or plan for emerging leaders attending their first CMMC meeting.

Mentors are on track having regular check-ins with their emerging leaders.

II. Emerging Leaders' committee selections

i. Making sure that each EL's emails have their mentor cc'd

The chair asked the mentors to make sure they are getting copied on all emails sent to their emerging leaders for follow-up and to assist in problem solving.

Jean Melesaine Leasiolagi would like to become a member of the Emerging Leaders Committee. She is not on the call today because she has an art show in San Francisco on Saturday.

Christina Quinonez and Masa Nakamara would like to become members on the Strategic Plan Committee, but that committee may have too many members at this time. Nga Le is currently on the Strategic Plan Committee. John will inquire with Nga to ask if she is interested in moving to another committee, and Mari will inquire with Christina and Masa about choosing other committees that are in need of additional members.

Yvette McShan would like to become a member on the Administrative Committee. Twofeathers will follow-up with Yvette to confirm.

It is important that the mentees are on committees that the mentors have areas of expertise.

Action: John will speak to Nga about choosing another committee then confirm with Mari.

Action: Mari will call Christina and Jamila Guerrero-Cantor to check-in with Masa and inquire about choosing other committees.

Action: Twofeathers will confirm with Yvette about membership on the Administration Committee.

III. Ad Hoc Policy Committee Election

As directed at the December CMMC meeting, a representative from each CMMC committee needs to be elected for membership on the Ad Hoc Policy Committee. The chair asked if any member would like to step-up to become a member of that committee. Jessica volunteered to become a member on the Ad Hoc Policy Committee being that she has been working to obtain policy experience for the past few years. There not being any other members interested, all members confirmed that Jessica is nominated to the Ad Hoc Policy Committee.

IV. Training opportunities (See [December 13th meeting notes](#))

In reference to the legislative briefings and committee hearings described in the December 13th meeting notes, the chair would like to request the CMMC sponsor sending the emerging leaders. It is an important opportunity for emerging leaders with the possibility to give public testimony or input.

There are CMMC budget issues with regard to sending emerging leaders to the tentatively scheduled legislative briefings in January or February.

Twofeathers receives informational emails pertain to the scheduling of these legislative briefings. He will forward these emails to the committee.

Other training ideas outlined:

- Conduct a survey determining areas of expertise of CMMC members to design in-house training.
- Identify key areas for special training in leadership.
- Identify local opportunities such as toastmasters.
- Training in public speaking, public policy and advocacy.

Needs assessment discussions concluded:

Step 1: conduct a needs assessment of the emerging leaders.

Step 2: conduct a needs capabilities survey of CMMC members.

Twofeathers has already done a lot of work on conducting surveys and needs assessments, and has a subscription on Survey Monkey. Twofeathers and Mari will meet to identify areas of focus and further discuss the survey and creating a needs assessment. They will email the results to the committee.

Action: Twofeathers and Mari will setup a meeting to further discuss the details of the needs assessment and create a survey.

Action: Bobbie will provide legislative briefing information to Mari.

V. Developing best practices for mentors

The chair would like to create an outline for “best practices” and mentioned that we already have a template created in our deliverables. A member inquired about obtaining existing templates from companies that work with mentor/mentees rather than taking time to re-create one. The chair asked members to make a commitment to bring to the table models of outlines and program information.

Action: members will provide models of outlines and program information for the “best practices” template.

VII. Important upcoming date:

Next Emerging Leaders Conference Call
Wednesday, February 13, 2013 at 1pm – 2:30pm

Bobbie confirmed the next scheduled call is February 13, 2013 at 1pm.

Call Adjourned.

Emerging Leaders Meeting Notes - December 13th

Needs assessment for Emerging Leaders

1. Name
2. What are some of your skills and specialties would you like to share?
3. What skills do you want to gain or further develop?
4. Name 3-5 ideas, concepts or systems you want to learn about
5. Name 3-5 activities, workshops, or training you would like to receive
6. What are your worries or concerns, if any, do you have about being on the CMMC?
7. Is there anything else you would like to share?

Brainstormed Ideas

- **Go to a legislative meeting/briefing (CRDP, CMMC and 5 SPWs)**
 - January/February for the CMMC, have them be acknowledged
 - 90 minutes – 2 hours
- Meet with legislators or their staff in Sacramento to either advocate for an issue or to learn more about the government systems
 - Staffers are people who take in the info, if you talk to them and give them info, and if they're on your side, then you can push stuff to their representative
- Meet with local legislators at home to talk about the CMMC
- Attend a lobby day for mental health issues or other related issues to experience what lobbying is like
- Attend a Senate Budget Meeting that convenes every Thursday at 9:30am in room 4203 (<http://sbud.senate.ca.gov>)
- Tour the capital, and get a CA Government 101
- Meet with key mental health legislators and people
- Visit a hearing where you can see people testify for something
- After whatever we do, go out to dinner to debrief
- Meeting the evening before CMMC meeting to have a workshop or some type of professional development
- Set up consistent check in times with mentors and mentees

Questions/Concerns

- What's our budget? Funding? Travel?
- Need to make sure have accommodations for Masa
- We need to be sure we have someone from the emerging leader committee to be with the emerging leaders.

Report for the CMMC In-Person Meeting of
Wednesday, March 25th, 2013

From the CMMC
Administration Committee

Co-Chairs Ahmed Ahmed and John Aguirre

- I. Administration Committee Deliverables to be Reviewed and Approved by the CMMC as a whole. Materials immediately follow this page.
 - A. These were included in the December 2012 CMMC In-person meeting packet but there had not been enough time to review and approve them at that meeting.
 - B. The Admin Committee asks that the CMMC approve this package so that it can be submitted to OHE. Please review this document for what is *currently occurring* or how the CMMC is operating *at this point*.

In other words, vote to affirm what is written if this reflects the current practice (not how you would like things changed).

However, if there are areas that members would like to see some change, this will be noted and the Admin Committee will do its best to take up the issue this year.

- II. The Ad-Hoc Public Policy Committee Update

The Administration Committee has not been able to add to the work already done on this item.

CMMC Deliverables Year 2 FY 11-12

(Administration Committee Responsible)

PROGRAM COMPONENT 1: Establish/Convene/Sustain a CA MHSA Multicultural Coalition

The CMMC Administration Committee is assigned to give input in order for the staff to complete these deliverables. For Year 2, the CMMC Administrative Committee reviewed all of the items below on their conference call that took place November 13th, 2012, and gave their input on the items below and whether any changes were recommended.

a. Recruitment Plan

Staff reviewed the selection process for CMMC member nominees when the Ad Hoc Nominations Committee met October 17th. An extensive outreach process had been undertaken by the initial "Transition Team" at the end of 2010. Because there had been so many strong applications from when the CMMC Transition Team first recruited members, those remaining applications were reviewed and no new recruiting was done. (There was one additional application from the Emerging Leaders Committee for a candidate whom the EL Committee felt qualified to be considered for a regular CMMC vacancy.)

But in January 2013, the CMMC applications on file will be over two years old and committee members agreed that the next time there are vacancies to be filled on the CMMC, a new recruitment should take place. Those candidates who had submitted applications previously will also be invited to submit an updated application.

b. i. Organizational Structure

Staff gave an update on the committees and ad hoc committees currently within the CMMC for the purposes of the organizational structure, and announced that there will likely be the establishment a Public Affairs Committee. *Attachment A* contains all the rosters of CMMC committees that have met in 2012 is attached to this report. Staff asked for any other suggestions from the Administration Committee but there were no suggested changes at this time.

ii. Leadership Structure

The current leadership structure consists of two co-chairs, Jim Gilmer and Russell Vergara, who were elected to their positions at the CMMC in-person meeting of June 27th, 2012. The co-chairs have a responsibility of presiding at each CMMC meeting. We have a job description for the co-chairs (*Attachment B*) and their primary function is to put the agenda together with staff and assisting with any management issues.

There are four committees and each has an elected chair. (See *Attachment C* which list has the Co-chairs and all the names of Committee Chairs.) The Administration Committee did not see a need for changed at this point.

iii. Strategies for Inclusive Participation

CMMC members can attend meetings of any committees. (Only the Ad-hoc Nominations Committee and emerging leaders' applicant selections meetings are closed.) Hard copies and electronic copies of calendars are provided every three months which contain all CMMC committee conference call dates and times so that people can join in. When the CMMC website is launched, the dates and times for all the meetings and calls will be posted and so there will be opportunities for not only the CMMC members, and the mental health community, but also the general public.

Staff reviewed strategies for inclusive participation, and mentioned that our facilitator's attendance at CMMC meetings also contributes to ensuring that members have the opportunity to comment and participate.

It was felt by some CMMC members that there could be improvement at CMMC in-person meetings regarding more oral participation by members. There will be a discussion on limiting both CMMC members and public members to two minutes at a time when speak at meetings on issues. The Administrative Committee will bring this up at the December 2012 CMMC in-person meeting.

iv. Procedures for Decision Making and Setting Priorities

Staff informed the committee members that an outline of guidelines for procedures for decision making and setting priorities was developed by the CMMC with assistance from the facilitator, Elizabeth Kosier. A discussion on decision-making

took place at initially at the CMMC in-person meeting of September 28th, 2011 (see *Attachment D*), but was then reviewed and formally adopted at the CMMC in-person meeting of March 21, 2012. The decision-making process and principles are summarized on three separate pages which are included in *Attachment E*. These will be laminated and reviewed at the in-person CMMC meeting of December 2012.

v. Communication Plan

Currently, most communication to the CMMC members is through email. The goal for CMMC staff is to get agendas and materials out at least one week ahead of the committee conference calls.

For CMMC in-person meetings, staff does their best to get the agenda and meeting documents to the CMMC members two weeks in advance by email. Interested parties also receive this information. At the in-person meeting, hard copies of all the documents are provided for all the members and extra packets are made for members of the public.

In the meeting materials for the CMMC in-person meetings, a roster with names and contact information of all members is always included. In addition, a calendar for the next three months with all the committee conference calls marked on it is included in the meeting materials. In this way, CMMC members can contact each other and also have advance knowledge of upcoming conference calls.

There are plans to have a website created by the end of FY3 (June 2013) that will enable CMMC members and the public to access all materials and past notices easily. There will be an announcement regarding the creation of this website and invitations for interested parties to present to the CMMC staff a “package” of what they can produce, deliver, and maintain. Of course, the website must be ADA compliant and the possibility of translation must be explored.

vi. Procedure for Addressing Members’ Questions/Concerns

The process for decision-making was involved and detailed and in part, addressed this issue. However, there was no specific process or procedure outlined when a member had a question or concern that was not answered to his/her satisfaction.

A conflict resolution process was discussed at the next CMMC in-person meeting of December 2012. In addition, the Betsy Kosier, the Facilitator provided and

went over materials. See *Attachments F and G*. The consensus of the CMMC was to turn this task over to the Administration Committee to develop a conflict resolution policy using all the materials and discussion and bring it back to the CMMC for further discussion and approval.

**List of All Attachments
For CMMC Deliverables
Year 2**

**Program Component 1: Establish/Convene/Sustain a CA MHSA
Multicultural Coalition**

- Attachment A: b.i. Organizational Structure
Roster of all CMMC committees that have met in 2012
- Attachment B: b.ii. Leadership Structure
Job description for the Co-chairs
- Attachment C: b.ii. Leadership Structure
CMMC Leadership Roster (All Chairs)
- Attachment D: b.iv. Procedures for Decision Making and Setting Priorities
Comments from the CMMC members (Meeting of 9/23/11)
Decision-Making Concepts (Provided by facilitator for CMMC)
- Attachment E: b.iv. Procedures for Decision Making and Setting Priorities
Decision-making Protocol Adopted at CMMC mtg. (3/21/12)
- Attachment F: b.vi. Procedure for Addressing Members' Questions/Concerns
Organizational Conflict Resolution in a Collaborative
Organization
- Attachment G: b.vi. Procedure for Addressing Members' Questions/Concerns
Rationale for Conflict Resolution Systems Design

CMMMC

CALIFORNIA MHSA MULTICULTURAL COALITION

Committee Membership Roster

Administration Committee

1. Ahmed Ahmed
2. Crystal Crawford
3. Jim Gilmer
4. John Aguirre - Chair
5. Yvette McShan

Emerging Leaders Mentorship Committee

1. Jean Melesaine Leasiolagi
2. Jessica LePak
3. John Viet
4. Mari Radzik - Chair
5. Poshi Mikalson
6. Two Feathers Tripp

Ad-Hoc Nominations Committee

1. John Aguirre
2. Ahmed Ahmed
3. Rocco Cheng
4. Jim Gilmer
5. Nga Le
6. Emma Oshagan
7. Perry Two Feathers Tripp
8. Russell Vergara

MHSA Assessment & Recommendations Committee (MAC)

1. Beatrice Lee
2. Christina Quinonez
3. Emma Oshagan
4. Gulshan Yusufzai
5. Gustavo Loera
6. Gwen Wilson - Co-Chair
7. Jamila Guerrero-Cantor - Co-Chair
8. Michelle Alcedo
9. Russell Vergara

Strategic Plan (CRDP) Committee

1. Jack Barbour
2. Janet King
3. Leticia Alejandrez
4. Nga Le
5. Rocco Cheng
6. Sergio Aguilar-Gaxiola
7. Viviana Criado - Chair

Attachment B

Job Description for CMMC Co-Chairs

I. A Co-Chair will preside or chair each in-person CMMC meeting.

The Co-Chairs will decide among themselves the division of duties/labor. If they decide to take turns chairing the meetings, it will be up to them to decide on a schedule, etc.

II. If there is not enough money in the budget to have a professional facilitator at every CMMC meeting, one or more of the Co-Chairs may serve as the facilitator for all or some agenda items.

A. Before a Co-Chair serves as a facilitator, there will be a meeting or conference call to discuss and agree upon the responsibilities of the Co-Chair who is facilitating vs. the Co-Chair who is presiding over the meeting.

B. Before a Co-Chair serves as a facilitator, there will be some form of *facilitator training* or at least a discussion between the Co-Chairs and the staff regarding the role and responsibilities of facilitation and division of labor among the two Co-Chairs. Such topics would include but not be limited to:

a. If a Co-Chair wishes to enter into a discussion to offer an opinion on an issue, he/she should temporarily relinquish the facilitator role to one of the other Co-Chairs.

b. How to handle such situations as a conflict or deadlock, time management, capturing discussion decision-making, etc.

III. Co-Chairs will assist in development of the in-person CMMC meeting agendas with the Project Director

This includes making decisions regarding issues brought forth from CMMC members or others for placement on the agenda.

CMMMC

CALIFORNIA MHSA MULTICULTURAL COALITION

MEMBERS

Sergio Aguilar-Gaxiola
John Aguirre
Ahmed Ahmed
Michelle Alcedo
Leticia Alejandrez
Jack Barbour
Rocco Cheng
Crystal Crawford
Viviana Criado
Jim Gilmer
Jamila Guerrero-Cantor
Janet King
Nga Le
Jean Melesaine Leasiolagi
Beatrice Lee
Gustavo Loera
Jessica LePak
Poshi Mikalson
Raja Mitry
Masa Nakama
Emma Oshagan
Christina Quiñonez
Mari Radzik
Perry Tripp
Russell Vergara
Stephen Garrett
John Viet
Gwen Wilson
Gulshan Yusufzai

LEADERSHIP ROSTER

Jim Gilmer, Co-Chair
California MHSA Multicultural Coalition

Russell Veraga, Co-Chair
California MHSA Multicultural Coalition

John Aguirre, Co-Chair
Administration Committee

Ahmed Ahmed, Co-Chair
Administration Committee

Mari Radzik, Chair
Emerging Leaders Mentorship Committee

Gwen Wilson, Co-Chair
MHSA Assessment & Recommendations Committee

Jamila Guerrero-Cantor, Co-Chair
MHSA Assessment & Recommendations Committee

Viviana Criado, Chair
Strategic Plan Committee

Contact: Stacie Hiramoto, MSW

Attachment D - Packet of Administration Committee Deliverables

iv. Procedures for Decision Making

These comments were taken from the Notes of the CMMC In-person meeting of September 28, 2011. The comments were made by members during the discussion on Decision-making.

Discussion on Decision-making: “What is important to each of you about how CMMC make decisions?”

- Inclusive, everyone is heard, acknowledgement of questions and concerns, resolve found; consider “fist to five” model for consensus building; learn more models for decision-making.
- Follow up on issues – closure.
- With our committee structure – reinforce committee decisions and be clear about what needs to be ratified; recommend using a template.
- Respect for divergent views.
- Being sensitive to movement/progress.
- Strive to achieve consensus.
- Being sensitive to cultural groups to voice concerns.
- Make space for those not in the majority.
- Allow difference.
- Think collectively; decision-making focused on our mission of transformation in cultural competency; always value others and self.
- Inclusive, open, respectful, consensus building (different from unanimity).
- Recognize different styles of offering information and different communication styles.
- Inclusive – that whatever model is used recognizes that some are more quiet.
- Develop models that can be modeled and practice patience.
- Ditto; and commitment to process and time.
- Touchy-feely – strength based; don’t let process get in the way; be authentic, be me.
- Ditto – not unanimity but consensus.
- Ability to agree to disagree; need to be able to move forward.
- This resonates; make space for people in the minority. We are here representing different constituencies – that affects decisions; other decisions go

September 28, 2011 CMMC Meeting Group Memory**ADDENDUM: DECISION-MAKING CONCEPTS****REPERTOIRE OF LEADERSHIP, DECISION-MAKING,
& DELEGATION OF AUTHORITY MODELS****PROCESS:****CHARACTERISTICS:****TELL:**

Generally seen as classic hierarchical, top-down authority. Does not depend on consultation with others nor approval by others. Well-suited to time-driven and emergency or safety situations or where authority is clearly defined and generally accepted (Ex: drill sergeant).

SELL:

Seen as traditional persuasive "salesperson" strategy. While authority remains within a clearly defined, narrow scope, support for decisions is sought *after* decisions are made. Decision-maker views support from others as helpful or strategic for implementation, or necessary to ensure buy-in or success (Example: politician).

CONSULT:

Decisions may be shaped through seeking feedback from others who are not vested with full decision-making authority. Feedback may occur prior to final decision-making or as a way to assess quality after final decision-making. Buy-in is most likely when those consulted see feedback reflected in final decision. Often used to create recommendations for submission to those vested with final or formal authority (Example: advisory committee).

JOINTLY DECIDE:

Decision-making authority is shared among stakeholders. Decisions usually arrived at through collaboration and consensus building. Stakeholders have "veto-power" (sometimes exercised by walking out) and generally have responsibility for enforcement. Most useful where buy-in is valued and the need for self-enforcement and sustainability is important (Example: mediated parenting plan).

DELEGATE:

Decision-making process is relinquished by "formal" authority to others who are vested with responsibility for final decision. Feedback is not required nor expected. Requires clarity about what "letting go" looks like. (Example: event planning committee).

MODELS FOR LEADERSHIP, DECISION-MAKING, & DELEGATION OF AUTHORITY

PROCESS:

COSTS/RISKS AND BENEFITS:

TELL:

Except at times of crisis, little or no buy-in and support; less likelihood of follow-through (except with issues of safety or emergency); quick; no process needs; trust building depends on outcome; risk escalates when decision is being driven/held hostage by time constraints; may contribute little or nothing to relationship, capacity, personal responsibility, creativity and satisfaction; potential for low/diminished morale.

SELL:

Low durability of buy-in and support; likelihood of follow-through uncertain; minimal to moderate time requirements; few if any process needs; minimal or diminished trust; minimal relationship value; contributes little to capacity, personal responsibility, creativity and satisfaction.

CONSULT:

Low durability of buy-in and support; moderate likelihood of follow-through; higher time requirements; unstable trust factor; higher process needs; moderate but uncertain contribution to relationship, capacity and personal responsibility; potential for higher creativity and satisfaction.

JOINT DECISION:

High buy-in, support and follow-through; high durability of outcome; high front-end time requirements; high process needs; high potential for trust, intensity, and risk; high contribution to relationship, capacity, personal responsibility and creativity; high likelihood of sustainability and satisfaction.

DELEGATE:

High buy-in, support and follow-through; high durability of outcome; moderate time requirements; possible process needs (defining scope and "letting go"); high trust and risk; high contribution to relationship; very high contribution to capacity, personal responsibility and creativity; high likelihood of sustainability and satisfaction among delegates when "letting go" by formal authority is authentic.

CONSENSUS

Consensus is the concurrence of all representatives in a decision or proposed arrangement. No one can be out voted. For each decision or proposed arrangement, there are five choices:

"Yes!"	= I can say an unqualified "yes" to the decision.
"Yes, but...."	= I find the decision acceptable, but need to clarify or point something out to the group.
"OK!"	= I can and will live with the decision even though I'm not especially enthusiastic about it.
"OK, but...."	= I do not fully agree with the decision and need to register my view to the group about it. However, I do not choose to block the decision and will live with the wisdom of the group.
"No."	= I cannot accept the decision in its current form because it does not meet my interests for the following reasons....

Ideally, no decisions or recommendations will go forward unless there is consensus among participants and they represent a reasonable/authentic cross-section of views.

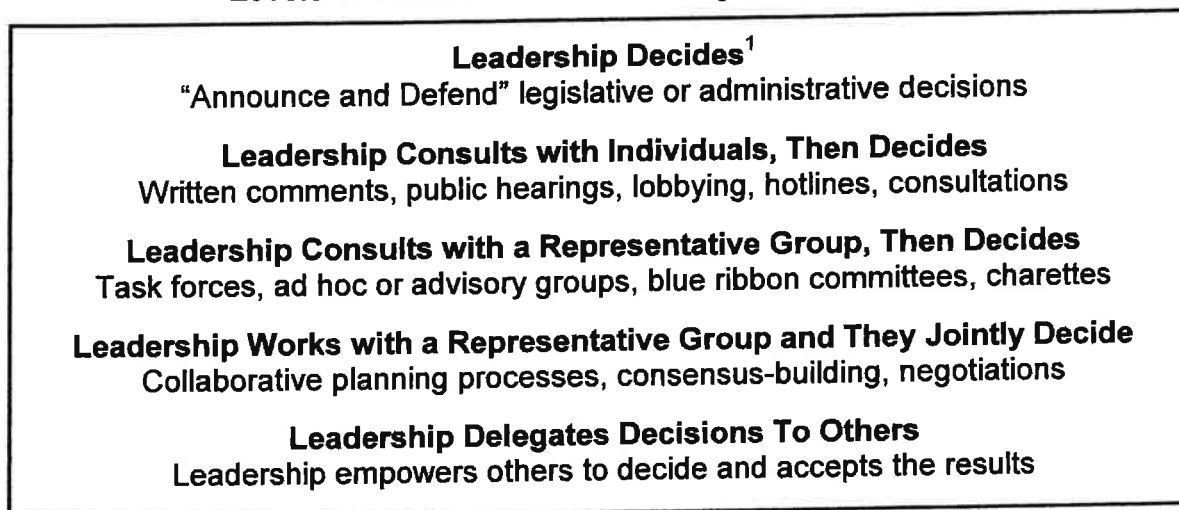
Consensus does not need to mean unanimity (equal commitment/preference) OR giving in OR giving up power.

It is essential to convey and clarify objections or concerns that may block consensus.

Typical Objections to Consensus:

- *It takes too long!* **Response:** While there are more process needs and front-end responsibilities (planning, identifying stakeholders, process education, etc.) associated with consensus, research shows that outcomes tend to be more realistic, more sustainable and self-enforced, and more mutually satisfying, all traits that avoid the delays, stonewalling, court battles, inertia, scapegoating, absence of closure AND protracted time that often characterize decisions made in the context of narrow authority.
- *We have to invite the world!* **Response:** Getting the appropriate stakeholders to the table is of critical importance to ensure an inclusive process and sustainable outcomes. However, that does not mean that you have to invite hundreds or millions to participate. As expressed in one indigenous community: "Who is here is who needs to be here." Ensuring genuine access to your process and having a clear, well executed system of representation that is grounded in transparency and mutual education will serve the needs of many.
- *We can't keep them at the table!* **Response:** Engaging stakeholders for the duration of a consensus building experience has everything to do with the integrity of your process. Few participants have the time or flexibility to "sit around the campfire singing 'Kum Bah Yah'." Stakeholders want meaningful results. They will stay engaged when a process is planned and implemented well (information captured accurately, differences welcomed and resolved, creativity encouraged, decisions clarified, implementation solidified, etc.), and when they experience progress and outcomes that address their interests and the interests of those they represent.

Levels of Shared Decision-Making on Public Policy



- Traditional processes tend to be controlled or justified by narrow influence/authority, time or resource limitations, and/or the pressure of desired end products or outcomes...or the prevailing myth that history dictates...e.g. this-is-way-we've-always-done-it:



→ → → Announce! → → → Defend! → → →
[What comes after the doors open? Putting out fires...
protests, costly lawsuits, strikes, etc.]



- Collaborative processes influence satisfactory and durable outcomes through procedural justice (being heard), authentic access and inclusion; they are characterized by mutual gain and creative, principled and reality-based decisions:

INCLUSIVE
INTERACTION
("Social process")



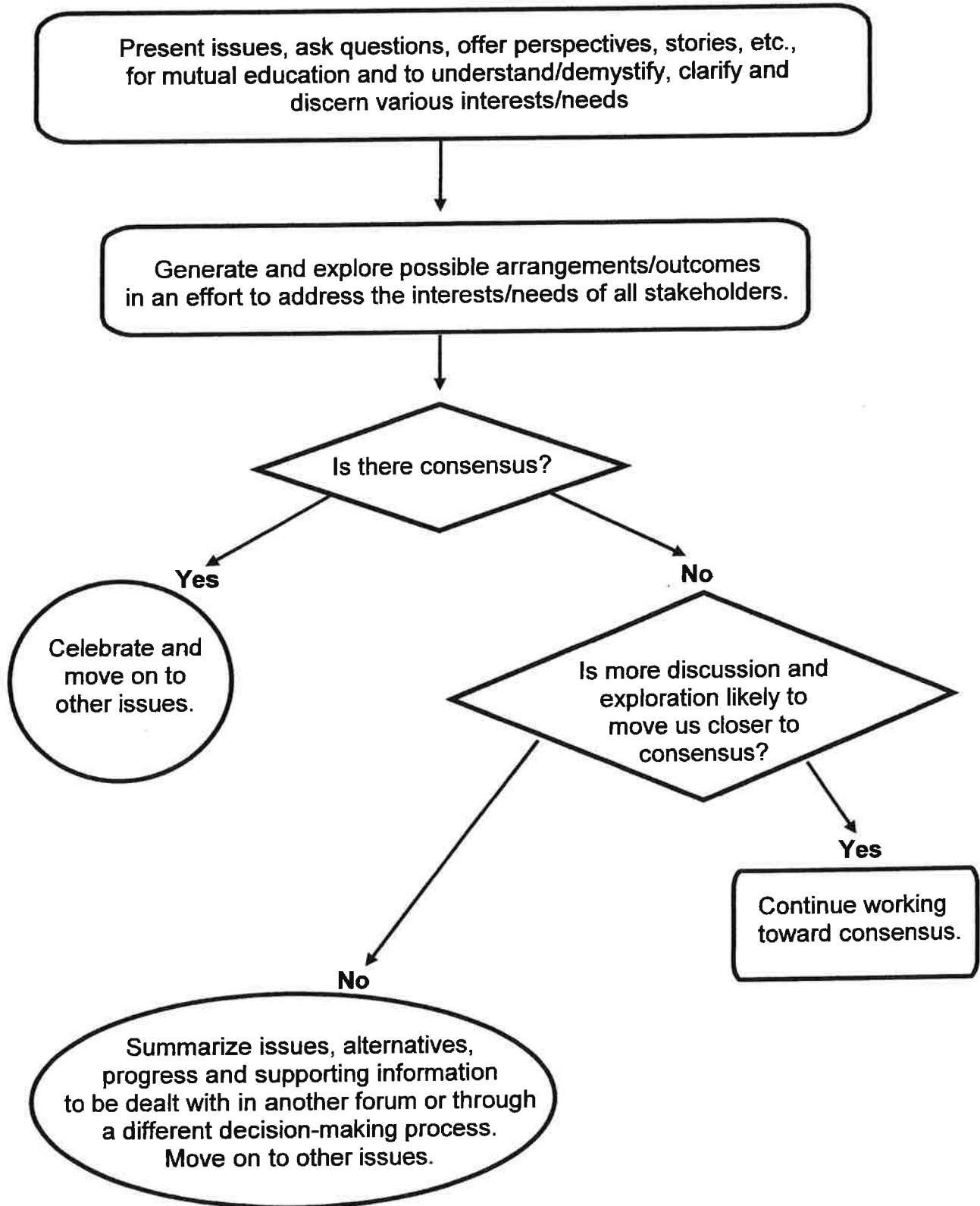
→ → → Announce → → → Celebrate!!



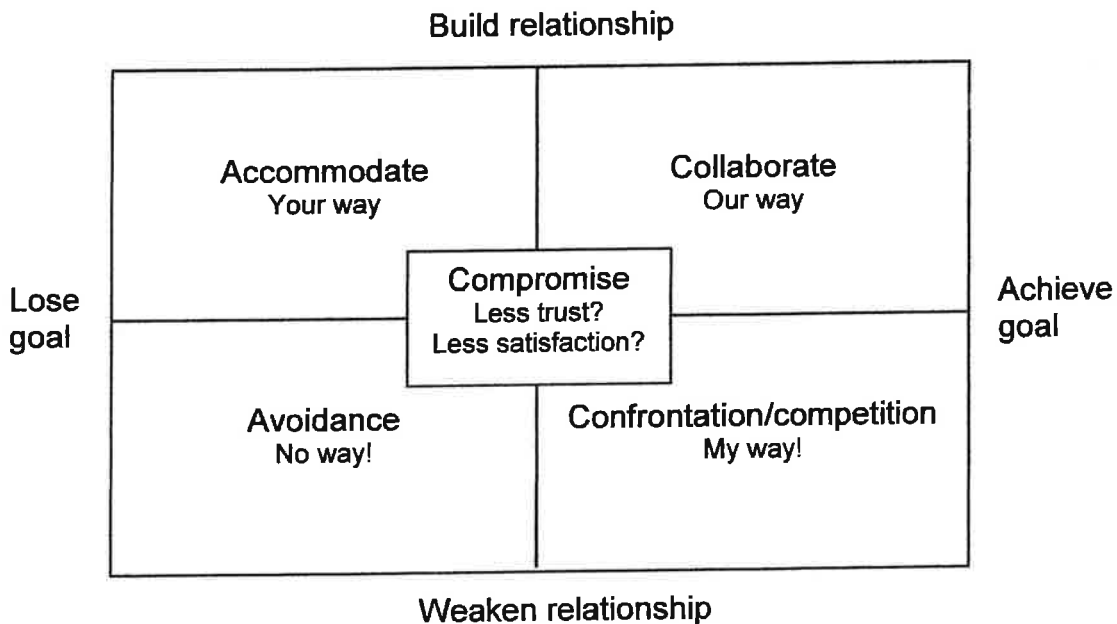
- To plan and execute well, consensus building is inherently characterized by a more “front-end load” of time, more hands-on process requirements (e.g. not loosey-goosey “let’s see what happens”) and more participation intensity and commitment.
- Traditional meeting formats include some decision-making procedures that inhibit collaborative/consensus-driven models because they can reduce the quality of the experience:
 - **Voting:** May stifle participation and marginalize; limits procedural justice (being heard); creates losers; often results in absence of follow-through, absence of support and/or absence of satisfaction
 - **Robert’s Rules of Order/Parliamentary Procedure:** Stifles participation and information exchange (especially experiential and narrative content); may marginalize and confuse those who aren’t familiar with complex procedural rules; limits procedural justice.

¹ Framed material adapted from the William Potapchuk Program for Community Problem Solving Public Policy Facilitation Training, 1997.

Collaborative, Consensus Based Decision-making



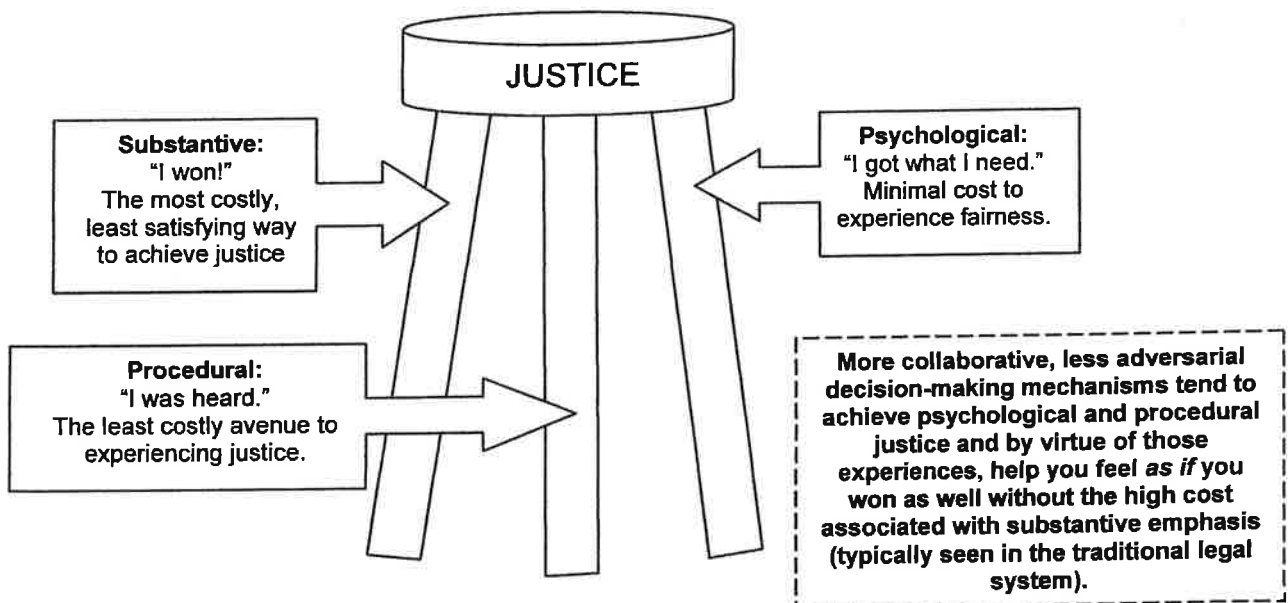
Approaches to negotiation: (in relation to a question raised by Viviana)



As shown on the chart above, if you approach negotiation or conflict by accommodating, you are likely to protect your relationship but not achieve your goal. By avoiding, you not only lose your goal but you also either harm or contribute nothing to the relationship. In confrontation (aggression, in-your-face, etc.) and competition, you may achieve your goal but at a cost to your relationship. When you compromise, you each risk giving up something of importance, which is a risk to your relationship, trust, satisfaction, etc. When you collaborate, you are building a relationship and mutually achieving goals.

“The Stool of Justice”

All three legs are essential for it to stand; some legs are more costly and less satisfying than the others.



Attachment E

CMMC DRAFT DECISION MAKING PROTOCOL Adopted at 3-21-2012 CMMC Meeting

I. **Decision-making Principles** (for use as a template that uses what is important to CMMC members collectively (below) to measure the strength and suitability of a proposed outcome):

As a model of consensus building within our communities, CMMC strives to make decisions that demonstrate:

- Inclusion and transparency*
- Authentic opportunities for inquiry, expression of diverse cultural perspectives and personal stories, and clarification*
- Being heard and understand even when viewpoints differ*
- Respect for self and others, each other's strengths, and for different world views regarding time and communication*
- Honoring CMMC committee efforts*
- Focus on our common goal to transform cultural competency within the larger context in which CMMC operates*
- Insight regarding the impact of decisions*
- Action, implementation and closure*

I. CMMC Collaborative Consensus Based Decision-making Model

STEP ONE:

- Assess whether those in attendance represent a reasonable/authentic cross-section of views
- Present issue
- Invite inquiry/questions
- Ensure mutual education & clarification by inviting perspectives, stories, experience, and or opinions related to issue

STEP TWO:

Capture discussion, and strive to identify and summarize important interests/needs to be met

STEP THREE:

Generate and explore possible arrangements/outcomes that have the potential to address the interests/needs of stakeholders present and represented.

**Was process consistent with our decision-making principles?
Is there consensus?**
(E.g. Stakeholders who are present support/can live with this outcome/decision)

YES

Celebrate
and move on to
other issues.

NO

Is more discussion and
exploration likely to move
us closer to consensus?

NO

EITHER

Summarize issues,
alternatives, progress and
supporting information to be
dealt with in another forum

OR

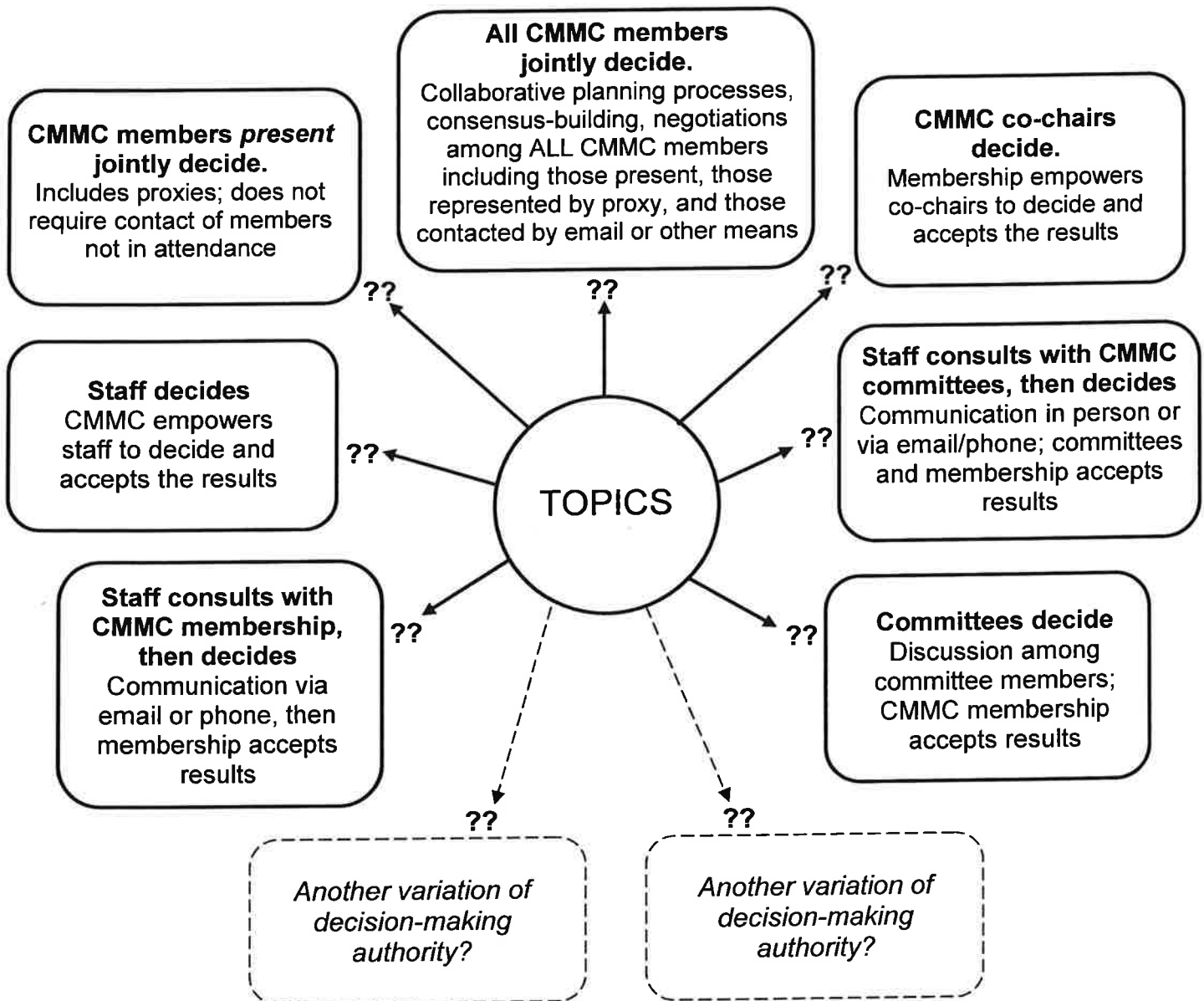
VOTE, making note
of objections and concerns.
Move on to other issues.

YES

Continue
working toward
consensus.

II. Delegation of Authority for Making Decisions

(Figuring out who has authority to make final decisions, including options as yet unidentified)



NOTES about decision-making:

- When using a consensus model for decision-making, while it is essential for participants to be heard and understood, it is also very important to ensure time well spent by avoiding repetitious or duplicative comments – ideally through self-enforced monitoring.
- Ultimately, if decisions are not made about a particular topic and CMMC finds itself at an impasse, it is important to acknowledge 1) that CMMC as a body will not influence what happens regarding that topic and 2) that individuals or agencies may still have an impact separate from any action by CMMC.

Attachment F

Organizational Conflict Resolution in a Collaborative Organization

Internal Foundation:

- To establish a continuum of mechanisms and strategies for resolving differences that serves the organization and the community well, the array of choices work best if they are:
 - ✓ Developed and embraced by all who have a stake in organizational vitality and success
 - ✓ Transparently described and communicated internally and externally
 - ✓ Well understand
 - ✓ Easily accessible and
 - ✓ Supported and utilized within all aspects of the organization – members, committees, staff, public, government agencies and community stakeholders represented by members.
- Expectations regarding utilization need to be clear and are most effective when modeled at all levels.
- People need to trust that there will be no repercussions or penalties for utilizing mechanisms/strategies appropriately.
- People need to trust the efficacy of each choice, and the delivery of each mechanism needs to be trustworthy (competent, reliable, consistent, justly applied, equally accessible, unbiased, etc.).
- Participants benefit from reinforcement and recognition for utilizing mechanisms/strategies appropriately and/or modeling or coaching appropriate application.
- The continuum typically includes an array of problem solving choices starting with interpersonal negotiation and moving understandably from internal resources to outside resources.

Continuum

FIRST STEP: Interpersonal negotiation

Internal: One person (staff, member or committee chair, etc.) approaches person(s) with whom s/he has an unresolved difference and attempts to negotiate a mutually satisfactory resolution of the issue(s).

External: Community member with a grievance/complaint is advised (by someone affiliated with the organization (e.g. chair/leadership, staff, member, human resources, etc.) to approach individual with whom s/he has an unresolved difference/conflict. They then try among themselves to negotiate a mutually satisfactory resolution of the issue(s).

What is required for effective interpersonal negotiation within an organization?

- Convey to internal and external individuals/groups what organizational expectations are for conflict resolution.
- Encouragement to offer, and be receptive to, opportunities to talk (when accompanied by conflict resolution skill building (including cross-cultural dynamics), work place performance measures may include assessing ability to resolve issues constructively).
- Interpersonal conflict resolution participants make sure timing is appropriate, time is sufficient and location is suitable (safe, confidential, etc.).
- Engaging in “principled” negotiation that involves:
 - Attacking the problem not the person, being open to persuasion and being persuasive
 - Listening well and seeking to understand by asking clarifying questions and assuming good intentions
 - Mutually identifying what the issues are and why they are important
 - Eliciting and trying to understand each person’s perspectives and conveying personally held perspectives sufficiently
 - Exploring and demystifying assumptions
 - Ensuring that what is important to each person is considered in the development of mutually satisfactory outcomes (no person’s interests trump another’s)
 - Summarizing progress and ultimate results of information exchange (ideas, plans, next steps, unknowns needed more information, etc.)
 - Outlining implementation, including how discussion and decisions will be described or shared with others (including privacy/confidentiality concerns)
 - Clarifying next steps, such as checking in to discern whether outcomes have endured; agreeing to another approach; seeking assistance; reporting back to others, etc.

NEXT STEP, IF UNRESOLVED: Seek assistance from leadership or the next most immediate manager or person with authority

Participant(s) requests assistance from appropriate leadership/authority figure to address the issue. When the difference/conflict involves her/his direct manager or a co-leader, seek help from a person who has recognized authority over all individuals. In a “flat”/horizontal organizational structure, seek external assistance or, if available, an internal and trusted decision-making body vested with authority to intervene (such as a board of directors or executive committee).

What is required when involving a third party?

- Sufficient time, suitable timing, and a safe and confidential location for meaningful discussion.
- A supervisor/higher authority should not try to act as a neutral facilitator/mediator but as someone who can influence change through 1) organizational responsibilities (coaching performance, setting and/or clarifying standards, clarifying expectations or issues, expanding available information, etc.) and/or 2) representing and negotiating on behalf of the organization’s interests.
- Clear articulation of any pertinent boundaries/non-negotiables as well as support for efforts to resolve issues.
- Principled negotiation (see above), including summary of outcomes and next steps or necessary follow-up, and checking to ensure they are well understood.

- If the issue(s) remains unresolved, participants must understand the remaining array of choices: external mediation/group facilitation, legal resources, community resources, employee assistance programs (EAP), and, if applicable, transfer/redirection services/responsibilities, imposing performance parameters (such as policy development/guidelines, consequences from inability to work through issues that affect employment status, duties or service provision, etc.).

NEXT STEP, IF UNRESOLVED: Encourage or seek external assistance

People with grievance, both internal and external, are offered the opportunity to seek help externally such as neutral mediation (decisions developed by participants), arbitration (decision imposed by third party), employee assistance program services or counseling (for persons within a work place), legal recourse, etc.

What is required when utilizing an external resource?

- For people within the organization, a full explanation and understanding of the role of each service so that participants can make informed choices, with corresponding reassurance that no action carries a penalty for participation.
- Mediation, arbitration or EAP may be required or voluntary for participants, depending on organizational policy and procedures. If voluntary and declined after being well informed, participants must understand corresponding consequences of not seeking further opportunities to resolve issues (probationary status, change of duties, termination, etc.).
- Assist external complainants to seek and/or utilize alternative means to resolve concerns.
- Convey understanding to external complainants that resolution and relationship building are as important as justice and encourage less damaging and adversarial avenues in the interest of enduring partnership.

Systemic Strategies:

- Be transparent to external partners what organizational expectations and standards are for resolving differences.
- Model expectations to external partners and stakeholders.
- Offer, promote and expect similar responses/choices when faced with differences/conflict within the system.
- To all within a system, educate about collaborative strategies and constructive problem solving, and highlight successes.

Attachment G

Rationale for Conflict Resolution Systems Design

Engaging your organization in conflict resolution on an organizational or systems level requires making a commitment to a problem solving/decision-making scheme that applies to the entire organization.

It is a way to be proactive, and to offer a preventative and constructive framework for handling the inevitability of conflict. By creating predictability and buy-in, it diffuses power dynamics and sows the seeds for innovation and discovery. It also prepares you and your organization for the possibility of:

- Misunderstandings that may escalate into divisiveness
- Mistrust among people involved or people with problem solving authority, or distrust of internal problem solving mechanisms
- The perception of bias in those involved in decision-making
- Intimidation or retaliation
- Rivalry or power plays
- Learned helplessness or indecision
- Difficulty defining or clarifying the problems/issues
- Unreasonable burden on human resources
- Complexity or novelty of issues
- Time demands (deadlines, etc. - some mechanisms are more timely than others) or other pressures
- Cost implications (tangible dollars and intangibles such as productivity, morale, etc.);
- Denial of problem or inertia

An effective conflict resolution system:

- Is inclusive of the entire organization in its creation, its development, its implementation, its on-going utilization and its readjustment when necessary;
- Is applicable at all levels of the organization;
- Is grounded in transparency throughout the organization;
- Provides strategies for grievance prevention and intervention;
- Builds capacity by capitalizing on individual and collective resources;
- Empowers people to be self-determining; AND
- Recognizes that organizations, institutions, departments, work places, committees and community groups are comprised of a complex web of relationships for the purpose of accomplishing tasks (projects, widgets, structures, systems change, etc.).

Cultural considerations in the design and implementation process:

- What does cooperation mean? Competition? Conflict? Relationship?
- What traditions dictate interaction or decision-making?
- What significance do time, place and role play?
- What question may be asked?
- Who should be involved in decision-making?
- What are the influences of language and communication?

- How is power and authority viewed?
- What impact does past experience have?

Critical characteristics underlying an effective system:

- Group members are accountable to each other and to their organization as a learning community that is willing to risk, and grow resilient and creative through failures.
- In the absence of boundaries (standards, expectations), people are unmotivated and less productive; when boundaries go beyond what is realistic and organizationally sound, people become immobilized. Balance is important.
- Power is always present and never equal – power can be either negative (e.g. self absorption, defensiveness, subversive or oppressive control, stagnation, confusion, blaming) or positive (e.g. supportive, clear, willing to explore, innovative, realistic, inclusive, interdependent, committed).
- Practice diminishes the risk and fear of implementing something new or unfamiliar.
- Change – transformation – comes from practice. With practice, people move from contentment with the status quo (low energy), to gradually owning the anxiety that comes from change. The emergence of comfort with ambiguity sparks a readiness to learn, which shrinks uncertainty and generates renewal and empowerment (high, positive energy).

CMMC ADMINISTRATION COMMITTEE

**Conference Call
Wednesday, March 20th, 2013
4:00p – 5:30p**

Dial: (217) 258-5599 – Access Code: 788005#

DRAFT AGENDA

Co-Chairs Ahmed Ahmed and John Aguirre

- I. Introductions and Review of Today's Agenda
- II. Review of Meeting Notes from the February 27th Conference Call
- III. The CMMC In-Person Meeting Next Week
 - A. No Strategic Plan review but some Planning or Visioning
 - B. The Admin Committee Deliverables that must be reviewed and approved by the entire CMMC

Ahmed Ahmed volunteered to present these, although the other members of the committee need to support him and be able to answer questions.
See attachments.
 - C. Update on Ad-Hoc Public Policy Committee.

Since the Administration Committee is so busy, should the members of this committee meet to develop purpose, guidelines, etc.?

Who would represent the Admin Committee?
- IV. New Committee Business
 - A. Recruiting New Admin Committee Members

I believe the following CMMC members have not chosen a committee yet: Michelle Alcedo, Stephen Garrett, Raja Mitry

B. Leticia Alejandrez is dropping off the CMMC

Could we move the next appointment selected by the Nominations Committee?

IV. Assignments the Admin Committee needs to complete

A. Ad-Hoc Public Policy Committee (possible change)

B. Conflict of Interest Policy

C. Conflict Resolution Process

D. Committee Attendance Policy

E. More

V. Next Admin Committee Conference Call scheduled:

Wednesday, April 17th, 2013

4:00 p.m.

CMMC ADMINISTRATION COMMITTEE

Conference Call

Wednesday, February 27th, 2013

4:00p – 5:30p

Dial: (217) 258-5599 – Access Code: 788067#

(NOTE THIS IS NOT OUR USUAL ACCESS CODE)

REVISED DRAFT AGENDA

Call Chaired by John Aguirre

- I. Introductions and review of meetings notes from the January 23rd, 2013 conference call
- II. Presentation of Deliverables at the March 25th CMMC Meeting

At the next CMMC In-person meeting of March 25th, the Administration Committee must present for brief discussion and approval, several deliverables regarding review of the CMMC organization and procedures.

These are attached. These were included in the last CMMC in-person meeting packet but there was not enough time to go over them at all at the December 2012 meeting.

- III. At the last CMMC In-Person meeting of December 13, 2012, the CMMC Administration Committee was charged with two important items:
 - **Drafting the Conflict Resolution Process**
 - **Drafting a Proposal for the creation and operations of an Ad-Hoc Public Affairs Committee**
- A. **Conflict Resolution Process** – see pages 4-6 of Meeting Notes

1. Who would like to volunteer to draft the conflict resolution process?
2. Discussion to refresh our memories

B. Proposal for **Ad-Hoc Public Affairs Committee** – see pages 13-14 of Meeting Notes

1. Who would like to volunteer to draft the proposal for the Ad-Hoc Public Affairs Committee?
2. Discussion to refresh our memories

IV. Other policies that still must be drafted by the Admin Committee:

A. Conflict of Interest Policy

Jim and Crystal volunteered at the last meeting.

B. Black-out dates policy

Stacie is assigned to complete draft.

C. Quorum Policy

Stacie is assigned to complete draft.

D. Committee Attendance Policy

More discussion needed before assigning to draft

V. Election of a Co-Chair

The committee believes it would be helpful to elect a Co-Chair for this Committee. See meeting the last page of the meeting notes from the last conference call regarding this topic.

VI. Next Admin Committee Meeting:

Wednesday, March 20th, 2013

4:00 p.m. – 5:30 p.m.

Next CMMC In-Person Meeting:

Monday, March 25th, 2013
California Primary Care Association
1231 I Street, Suite 400
Sacramento, CA 95814
9:30 a.m. – 5:00 p.m.

**For CMMC Administrative Committee Conference Call
February 27th, 2013**

For:

II. Presentation of Deliverables at the March 25th CMMC Meeting

At the next CMMC In-person meeting of March 25th, the Administration Committee must present for brief discussion and approval, several deliverables regarding review of the CMMC organization and procedures.

These are below. These were included in the last CMMC in-person meeting packet but there was not enough time to go over them at all at the December 2012 meeting.

This is the initial committee comment report on deliverables. These will be discussed and approved at the next CMMC March 2013 meeting.

**PROGRAM COMPONENT 1: Establish/Convene/Sustain a CA MHSA
Multicultural Coalition**

The CMMC Administration Committee is assigned to give input in order for the staff to complete these deliverables. For Year 2, the CMMC Administrative Committee reviewed all of the items below on their conference call that took place November 13th, 2012, and gave their input on the items below and whether any changes were recommended.

a. Recruitment Plan

Staff reviewed the selection process for CMMC member nominees when the Ad Hoc Nominations Committee met October 17th. An extensive outreach process had been undertaken by the initial “Transition Team” at the end of 2010. Because there had been so many strong applications from when the CMMC Transition Team first recruited members, those remaining applications were reviewed and no new recruiting was done. (There was one additional application from the Emerging Leaders Committee for a candidate whom the EL Committee felt qualified to be considered for a regular CMMC vacancy.)

But in January 2013, the CMMC applications on file will be over two years old and committee members agreed that the next time there are vacancies to be filled on the CMMC, a new recruitment should take place. Those candidates who had submitted applications previously will also be invited to submit an updated application.

b. i. Organizational Structure

Staff gave an update on the committees and ad hoc committees currently within the CMMC for the purposes of the organizational structure, and announced that there will likely be the establishment a Public Affairs Committee. *Attachment A* contains all the rosters of CMMC committees that have met in 2012 is attached to this report. Staff asked for any other suggestions from the Administration Committee but there were no suggested changes at this time.

ii. Leadership Structure

The current leadership structure consists of two co-chairs, Jim Gilmer and Russell Vergara, who were elected to their positions at the CMMC in-person meeting of June 27th, 2012. The co-chairs have a responsibility of presiding at each CMMC meeting. We have a job description for the co-chairs (*Attachment B*) and their primary function is to put the agenda together with staff and assisting with any management issues.

There are four committees and each has an elected chair. (See *Attachment C* which list has the Co-chairs and all the names of Committee Chairs.) The Administration Committee did not see a need for changed at this point.

iii. Strategies for Inclusive Participation

CMMC members can attend meetings of any committees. (Only the Ad-hoc Nominations Committee and emerging leaders' applicant selections meetings are closed.) Hard copies and electronic copies of calendars are provided every three months which contain all CMMC committee conference call dates and times so that people can join in.

Staff reviewed strategies for inclusive participation, and mentioned that our facilitator's attendance at CMMC meetings also contributes to ensuring that members have the opportunity to comment and participate.

It was felt by some CMMC members that there could be improvement at CMMC in-person meetings regarding more oral participation by members. There will be a discussion on limiting both CMMC members and public members to two minutes at a time when speak at meetings on issues. The Administrative Committee will bring this up at the December 2012 CMMC in-person meeting.

iv. Procedures for Decision Making and Setting Priorities

Staff informed the committee members that an outline of guidelines for procedures for decision making and setting priorities was developed by the CMMC with assistance from the facilitator, Elizabeth Kosier. A discussion on decision-making took place at initially at the CMMC in-person meeting of September 28th, 2011 (see *Attachment D*), but was then reviewed and formally adopted at the CMMC in-person meeting of March 21, 2012. The decision-making process and principles are summarized on three separate pages which are included in *Attachment E*. These will be laminated and reviewed at the in-person CMMC meeting of December 2012.

v. Communication Plan

Currently, most communication to the CMMC members is through email. The goal for CMMC staff is to get agendas and materials out at least one week ahead of the committee conference calls.

For CMMC in-person meetings, staff does their best to get the agenda and meeting documents to the CMMC members two weeks in advance by email. Interested parties also receive this information. At the in-person meeting, hard copies of all the documents are provided for all the members and extra packets are made for members of the public.

In the meeting materials for the CMMC in-person meetings, a roster with names and contact information of all members is always included. In addition, a calendar for the next three months with all the committee conference calls marked on it is included in the meeting materials. In this way, CMMC members can contact each other and also have advance knowledge of upcoming conference calls.

There are plans to have a website created by the end of FY3 (June 2013) that will enable CMMC members and the public to access all materials and past notices easily. There will be an announcement regarding the creation of this website and invitations for interested parties to present to the CMMC staff a “package” of what they can produce, deliver, and maintain. Of course, the website must be ADA compliant and the possibility of translation must be explored.

vi. Procedure for Addressing Members’ Questions/Concerns

The process for decision-making was involved and detailed and in part, addressed this issue. [See all the attached documents related to “Procedures for Decision Making”.] However, there was no specific process or procedure outlined when a member had a question or concern that was not answered to his/her satisfaction.

A conflict resolution process will be developed at the next CMMC in-person meeting of December 2012. The Administration Committee members were asked if they had anything to bring up regarding the conflict resolution process. It was suggested to make sure there is not any conflict with current established rules.

**California MHA Multicultural Coalition (CMMC) Quarterly Meeting
DAY ONE: Thursday, December 13, 2012
9:00 am – 5:00 pm**

**California Primary Care Offices
1231 I Street, Suite 400, Sacramento, CA 95814**

GROUP MEMORY

Special Orientation Session (meeting packet tab #1):

- The review was helpful.
- We are involved in a groundbreaking effort that is getting noticed nationally for its efforts and expenditures on behalf of reducing disparities; e.g. mentoring and supporting consumers is very effective as a community-based practice.

Other Questions/Comments:

- QUESTION about committees: regarding the development of the State of the State? It is an ad hoc committee.
- The words that come to mind are potential, potential, potential; I am really energized by what can come from a coalition like this; it is my take away today and very exciting.
- Two other concerns: 1) I wish we could have more time to get to know each other and each person's amazing life stories; 2) a lot of what we do in advocacy isn't always seen/visible.
- This group gives me energy – pulling together as advocates; giving me a sense of not being alone out there and being able to find a way to speak as one voice.
- QUESTION: How to access strategic planning workgroup (SPW) population reports for new members?
 - The Lesbian Gay Bisexual Transgender Questioning/Queer (LGBTQ) SPW report is on line next week on the Equality California website and the Mental Health Association in California (MHAC) website; hard copy available in January. It represents over 3,000 responders and defines disparities, barriers, and rejection in the lives of the LGBTQ community. Significant recommendations include 1) training makes the biggest difference by far, and 2) we need to be counted and become more familiar to all.
 - The Native American SPW report is available on www.nativenealth.org and highlights the reality that group, culture and ceremony interventions are the most effective.
 - The Asian/Pacific Islander SPW report will be available at www.crdp.pacificclinics.org. We hope to have the report on line next week.
 - The Latino SPW report is on line at www.latinomentalhealthconcilio.org. We are about to finish the Spanish language version of it and will have hard copies as well.
 - The African American SPW report is a 250 page document entitled "We Ain't Crazy" and includes an executive summary and a public policy section, a lot of community-defined strategies and cross cultural issues important to our communities. You can access it at the African American Health Institute of Santa Barbara County (http://aahi-sbc.org/Afi-Am_Population_Report_.php).
- **FOLLOW-UP: Stacie Hiramoto's office will email everyone with all of the sites where these reports are available.**

- QUESTION about the website and campaign materials: are they available to communities? Yes, we would love to share resources (shareware) and incorporate represented programs and people, and we invite reaching out to us.
- QUESTION: Scratching my head – why no cross-pollination before? We are now in conversation with CalMHSA to rectify that and time is of essence; collaboration in a substantial, strategic manner.
- Sustainability is a huge issue – we are just launching; we need to inoculate multiple times, think collectively how to sustain and utilize networks developed through CRDP.
- There is nothing on regional capacity building in the Native American community.
- New information – consortium; other advisories? Invite CMMC to be at the table, not on the menu!
- CalMHSA feels the same sense of urgency – in a period of getting into services work together now that CiMH project and population reports are out there or in process.
- Knowing the National Center for Transgender Equality statistics related to suicide, outreach is critical to the T in LGBTQ.
- Emphasis on older adults related to social media and outreach strategies.
- Aging adults – an unrepresented group and at high risk as losses occur (identity, relationships, etc.) – should be included in suicide prevention.
- Little mention if at all regarding the family law system – a breeding ground for mental health and substance abuse, where there is a split with no reconciliation of relationships with lifelong status; material should be in family law offices as a resource.
- CiMH is the place to be building relationships – go and celebrate in their accomplishments and achievements, and engage.
- Eliminating barriers curricula for teachers – framing to avoid the impression of “more work” and integrating into existing curricula and what they are already doing in the classroom.
- In the presentation, you described gathering information and producing a report – you need a third phase: a mechanism to ensure recommendations are implemented. Any resources? In development right now.
- Colleagues offer a more nuanced approach to cultural competency and the critical importance of working together, not just developing tools. We need meaningful impact and engagement in the co-creation of strategies. I am grateful to have you here to present and to listen.
- Please bring our input into funding decisions. Just depending on partners will not be enough because they are not accessing a lot of other communities represented by this group (CMMC). Think about leveraging resources and reaching legislative means.

Review and Development of CMMC Procedures (meeting packet tab #4):

- **Review of Decision-Making Process:** Developed by this group that provides a clear and responsive format for reaching consensus on important issues and achieving realistic, sustainable decisions (see attachment detailing CMMC’s decision-making policy).
- **Development of a Conflict Resolution Process:** A *decision-making* process differs from a *conflict resolution* process. CMMC’s principled decision-making process enables the group to explore topics/issues and then move forward with mutually-agreeable action(s). A conflict resolution process outlines a mutually agreeable plan for tackling conflict generated internally, grievances within or outside CMMC, or interpersonal differences that are blocking progress. When procedures are non-existent, CMMC faces the risk and

likelihood of being ruled by unresolved differences with foreseeable results: loss of productivity and morale, inertia, demonizing, unsafe conditions for dialogue, blaming, etc. (see attachments: "Preamble to Conflict Resolution Discussion" and "Rationale for Conflict Resolution Systems Design"). Establishing standards for resolving issues allows CMMC to control its own destiny, reduce inaction, and offer members – as well as the public – predictability.

- Discussion: What characteristics are important to CMMC members for conflict resolution procedures?

- Step by step, simple, practical.
- Honor diversity.
- Relationship building.
- Comfort = respect, value.
- Being heard.
- Safe, respectful environment.
- All good people – shapes communication.
- Restorative.
- Shared goal? Reducing racial/ethnic disparities as one voice; without conflict, achieving unity.
- Establish a "comfort agreement?" Uncomfortable agreement?
 - A place/strategy that is clear and utilized (e.g. follow-up)
 - "I language"
- A process, ground rules.
- E.g. "talk directly."
- Enough time to elicit diversity to understand subjective perspectives.
- Acknowledge that sometimes good intentions do not result in good impact.
- Start with a comfort agreement plus a process in place – proactive.
- Ditto.
- The deaf culture is straight forward, "blunt;" need to ask for clarification.
- "Speak up" and ask for clarification; be up front; let it be known, discuss and move on.
- Ground rules – safety, comfort; all here together.
- We need guiding principles – we are here in solidarity? Or competing?
- Say this is what we stand for – not so much individual but purpose.
- Healthy balance; approach problems right away.
- Culture does affect behavior; we are a new "culture;" change development culture.
- Better understanding of how things are interpreted.
- Solidarity is an important goal – and very difficult; this is a laboratory and training exercise.
- If things come up regarding process, start each meeting with a review of principles.
- Storming ⇒ transforming.
- Self-regulate – we need skills and time; no over-packing the agenda.
- Make use of committee structure (chairs, staff, etc.)
- Ditto.
- Honoring uniqueness of voices to strengthen possibilities as framework – collective efficacy (e.g. seeing our value and influence).
- Confidence is hurt when standards and goals are unclear or overdone.
- Concise, concrete, measurable.

- Grateful.
- Aware of frustration; welcome processes.
- Want things to be resolved.
- Equal voice and equal decision-making authority.
- Safe environment to voice differences.
- Because we are so diverse, when offended, it is important to express self and be believed and heard – it opens the door to reconciliation.
- Remember “fist/five” model – to register influence, be in the circle of influence.
- Two disagreement levels: personal and ideational.
- Timing is a big culprit – structure meetings differently – phone calls.
- Time – don not know how to restructure; web-based, phone; more frequent?
- Go to the Administration Committee; emerging leaders can participate; want more guidance from CMMC.
- Within ourselves – OK; staff or external – by contractor; staff should tell us what they want relative to the system.
- Options:
 - Administration committee
 - Staff decides
 - A “personnel” committee
 - Contractor feedback
 - Grievance procedure
- It is helpful to know this is a deliverable.
- The discussion is meant to refine for clarity and meet expectations.
 - Internal – process
 - External – process
 - Whole group – comfort agreement
- **DECISION & FOLLOW-UP:** Have the Administration Committee draft this before the next meeting (March) and approve the final product at the March meeting.
- Review of the Neutral Facilitator Evaluation Report – See 9-19-2012 evaluation report attached.
 - How this quarterly meeting is being conducted is in direct response to ratings and comments within the evaluations CMMC members turned in, particularly focusing on clarification of co-chair and facilitator roles, detailing goals and desired outcomes, effective/efficient use of time and timeframes, and ensuring decision-making and an action orientation.

MHSA Assessment and Recommendation Committee (MAC) Report (meeting packet tab #5):

- We are finalizing the Year One State of the State Report.
- The second report content is a continuation of the first report regarding penetration rates – looking at what happens after access and where the disparities are.
- It will contain advocacy related to community needs (deaf/hard of hearing population, those who are incarcerated and coercive care, etc.).
- We want to address: What information is reliable? Who gets to say what is disparate? Quality of care? Intention of care? Consumer/ethnic/racial/advocacy/legal/cultural competence perspectives. And who is institutionalizing?

Rationale for Conflict Resolution Systems Design

Engaging your organization in conflict resolution on an organizational or systems level requires making a commitment to a problem solving/decision-making scheme that applies to the entire organization.

It is a way to be proactive, and to offer a preventative and constructive framework for handling the inevitability of conflict. By creating predictability and buy-in, it diffuses power dynamics and sows the seeds for innovation and discovery. It also prepares you and your organization for the possibility of:

- Misunderstandings that may escalate into divisiveness
- Mistrust among people involved or people with problem solving authority, or distrust of internal problem solving mechanisms
- The perception of bias in those involved in decision-making
- Intimidation or retaliation
- Rivalry or power plays
- Learned helplessness or indecision
- Difficulty defining or clarifying the problems/issues
- Unreasonable burden on human resources
- Complexity or novelty of issues
- Time demands (deadlines, etc. - some mechanisms are more timely than others) or other pressures
- Cost implications (tangible dollars and intangibles such as productivity, morale, etc.);
- Denial of problem or inertia

An effective conflict resolution system:

- Is inclusive of the entire organization in its creation, its development, its implementation, its on-going utilization and its readjustment when necessary;
- Is applicable at all levels of the organization;
- Is grounded in transparency throughout the organization;
- Provides strategies for grievance prevention and intervention;
- Builds capacity by capitalizing on individual and collective resources;
- Empowers people to be self-determining; AND
- Recognizes that organizations, institutions, departments, work places, committees and community groups are comprised of a complex web of relationships for the purpose of accomplishing tasks (projects, widgets, structures, systems change, etc.).

Cultural considerations in the design and implementation process:

- What does cooperation mean? Competition? Conflict? Relationship?
- What traditions dictate interaction or decision-making?
- What significance do time, place and role play?
- What question may be asked?
- Who should be involved in decision-making?
- What are the influences of language and communication?
- How is power and authority viewed?
- What impact does past experience have?

Critical characteristics underlying an effective system:

- Group members are accountable to each other and to their organization as a learning community that is willing to risk, and grow resilient and creative through failures.
- In the absence of boundaries (standards, expectations), people are unmotivated and less productive; when boundaries go beyond what is realistic and organizationally sound, people become immobilized. Balance is important.
- Power is always present and never equal – power can be either negative (e.g. self absorption, defensiveness, subversive or oppressive control, stagnation, confusion, blaming) or positive (e.g. supportive, clear, willing to explore, innovative, realistic, inclusive, interdependent, committed).
- Practice diminishes the risk and fear of implementing something new or unfamiliar.
- Change – transformation – comes from practice. With practice, people move from contentment with the status quo (low energy), to gradually owning the anxiety that comes from change. The emergence of comfort with ambiguity sparks a readiness to learn, which shrinks uncertainty and generates renewal and empowerment (high, positive energy).

Organizational Conflict Resolution in a Collaborative Organization

Internal Foundation:

- To establish a continuum of mechanisms and strategies for resolving differences that serves the organization and the community well, the array of choices work best if they are:
 - ✓ Developed and embraced by all who have a stake in organizational vitality and success
 - ✓ Transparently described and communicated internally and externally
 - ✓ Well understand
 - ✓ Easily accessible and
 - ✓ Supported and utilized within all aspects of the organization – members, committees, staff, public, government agencies and community stakeholders represented by members.
- Expectations regarding utilization need to be clear and are most effective when modeled at all levels.
- People need to trust that there will be no repercussions or penalties for utilizing mechanisms/strategies appropriately.
- People need to trust the efficacy of each choice, and the delivery of each mechanism needs to be trustworthy (competent, reliable, consistent, justly applied, equally accessible, unbiased, etc.).
- Participants benefit from reinforcement and recognition for utilizing mechanisms/strategies appropriately and/or modeling or coaching appropriate application.
- The continuum typically includes an array of problem solving choices starting with interpersonal negotiation and moving understandably from internal resources to outside resources.

Continuum

FIRST STEP: Interpersonal negotiation

Internal: One person (staff, member or committee chair, etc.) approaches person(s) with whom s/he has an unresolved difference and attempts to negotiate a mutually satisfactory resolution of the issue(s).

External: Community member with a grievance/complaint is advised (by someone affiliated with the organization (e.g. chair/leadership, staff, member, human resources, etc.) to approach individual with whom s/he has an unresolved difference/conflict. They then try among themselves to negotiate a mutually satisfactory resolution of the issue(s).

What is required for effective interpersonal negotiation within an organization?

- Convey to internal and external individuals/groups what organizational expectations are for conflict resolution.

- Encouragement to offer, and be receptive to, opportunities to talk (when accompanied by conflict resolution skill building (including cross-cultural dynamics), work place performance measures may include assessing ability to resolve issues constructively).
- Interpersonal conflict resolution participants make sure timing is appropriate, time is sufficient and location is suitable (safe, confidential, etc.).
- Engaging in “principled” negotiation that involves:
 - Attacking the problem not the person, being open to persuasion and being persuasive
 - Listening well and seeking to understand by asking clarifying questions and assuming good intentions
 - Mutually identifying what the issues are and why they are important
 - Eliciting and trying to understand each person’s perspectives and conveying personally held perspectives sufficiently
 - Exploring and demystifying assumptions
 - Ensuring that what is important to each person is considered in the development of mutually satisfactory outcomes (no person’s interests trump another’s)
 - Summarizing progress and ultimate results of information exchange (ideas, plans, next steps, unknowns needed more information, etc.)
 - Outlining implementation, including how discussion and decisions will be described or shared with others (including privacy/confidentiality concerns)
 - Clarifying next steps, such as checking in to discern whether outcomes have endured; agreeing to another approach; seeking assistance; reporting back to others, etc.

NEXT STEP, IF UNRESOLVED: Seek assistance from leadership or the next most immediate manager or person with authority

Participant(s) requests assistance from appropriate leadership/authority figure to address the issue. When the difference/conflict involves her/his direct manager or a co-leader, seek help from a person who has recognized authority over all individuals. In a “flat”/horizontal organizational structure, seek external assistance or, if available, an internal and trusted decision-making body vested with authority to intervene (such as a board of directors or executive committee).

What is required when involving a third party?

- Sufficient time, suitable timing, and a safe and confidential location for meaningful discussion.
- A supervisor/higher authority should not try to act as a neutral facilitator/mediator but as someone who can influence change through 1) organizational responsibilities (coaching performance, setting and/or clarifying standards, clarifying expectations or issues, expanding available information, etc.) and/or 2) representing and negotiating on behalf of the organization’s interests.
- Clear articulation of any pertinent boundaries/non-negotiables as well as support for efforts to resolve issues.
- Principled negotiation (see above), including summary of outcomes and next steps or necessary follow-up, and checking to ensure they are well understood.
- If the issue(s) remains unresolved, participants must understand the remaining array of choices: external mediation/group facilitation, legal resources, community

resources, employee assistance programs (EAP), and, if applicable, transfer/redirecting services/responsibilities, imposing performance parameters (such as policy development/guidelines, consequences from inability to work through issues that affect employment status, duties or service provision, etc.).

NEXT STEP, IF UNRESOLVED: Encourage or seek external assistance

People with grievance, both internal and external, are offered the opportunity to seek help externally such as neutral mediation (decisions developed by participants), arbitration (decision imposed by third party), employee assistance program services or counseling (for persons within a work place), legal recourse, etc.

What is required when utilizing an external resource?

- For people within the organization, a full explanation and understanding of the role of each service so that participants can make informed choices, with corresponding reassurance that no action carries a penalty for participation.
- Mediation, arbitration or EAP may be required or voluntary for participants, depending on organizational policy and procedures. If voluntary and declined after being well informed, participants must understand corresponding consequences of not seeking further opportunities to resolve issues (probationary status, change of duties, termination, etc.).
- Assist external complainants to seek and/or utilize alternative means to resolve concerns.
- Convey understanding to external complainants that resolution and relationship building are as important as justice and encourage less damaging and adversarial avenues in the interest of enduring partnership.

Systemic Strategies:

- Be transparent to external partners what organizational expectations and standards are for resolving differences.
- Model expectations to external partners and stakeholders.
- Offer, promote and expect similar responses/choices when faced with differences/conflict within the system.
- To all within a system, educate about collaborative strategies and constructive problem solving, and highlight successes.

- We are aiming for emerging leaders to attend a legislative proceeding/briefing – a great opportunity for emerging leaders and their mentors; we are looking at funding to do so.
- We are working with SPW leadership to finalize and incorporate other activities regarding the State Capitol/legislature.
- As an emerging leader, this is amazing – for the betterment of my community and the intention of CMMC to help us be a driving force and voice for our communities; I am grateful to become what I see here.
- I appreciate the opportunity to develop the next generation; is the emerging leader committee forming a more formal plan to develop needs, who else in CMMC can support, etc.? Yes.
- Include a “bank” of all skill sets within CMMC and develop a unique leadership development training program in-house.
- Masa identified a national leader at Gallaudet University – Sheryl Wu – who is deaf, and let her know his involvement with CMMC; she is thrilled and looking into involving her locally if possible.
- **FOLLOW-UP: Include emails to mentees to mentors.**
- I am looking to gain more knowledge relevant to the community and the population important to me. Social media (web, etc.) will be very valuable.

Administration Committee Report (meeting packet tab #8):

Discussion: Formation of a Public Affairs Committee (Attachment A – meeting packet)

- Reference Attachment A in meeting packet, page 3 – recommendation from the Administration Committee to form a public affairs committee to respond to proposed actions and policies or actions taken regarding the MHSA.
- I have concern: the five SPW representatives are on CMMC and meet separately; SPWs won't give public opinions without consultation with SPW members; it is a dilemma relative to consulting with SPWs if CMMC offers an opinion.
- A standing committee versus an ad hoc committee; it is difficult to staff a standing committee; to be realistic, we need principles and need to meet regularly at the beginning, and we need ways to operate with CMMC, e.g. addressing the interface with SPWs, etc.
- To start, just responding to critical issues as they arise, not searching.
- The purpose is to take positions (reference previous discussion within September 19, 2012 group memory, pages 11-12).
- This is perpetuated by practicality – occasions when we needed to take solid stances on the reorganization of OMS (Office of Multicultural Services) and on the \$60 million; there was no mechanism on how to act together; could be paralyzing.
- Be nimble; it is prudent to expect other occasions; example: last year and the policy positions taken in March, where moving to distill and reach consensus on issues took the entire meeting.
- Another concern: the overlap with the MAC (MHSA Assessment and Recommendation Committee).
- MAC does make MHSA policy-related reports but they are more tied to deliverables; that's my confusion – position papers became our reports.
- QUESTION: A position only approved by CMMC? If so, I support this; targeted to immediate issues related to advocacy; it depends on the charge to MAC.
- QUESTION: If this is just to be quick – how do we interface with CMMC? Via email; unknown functions specifically, at this point.

- I have trouble approving a committee without specifics.
- It's not just advocacy focused; CMMC is an entity – I hope the committee can support the staff with marketing and promotion of CMMC as a viable entity in California.
- **DECISION: Develop the idea of a having a committee/mechanism in place that has the following qualities:**
 - **Being nimble**
 - **Creating interface (e.g. with SPWs) for careful vetting**
 - **Utilizing time and resources well and with efficiency**
 - **No duplication of other committee work**
 - **Clear functions and operations related to its interface with CMMC; becoming ad hoc after original formation**
 - **An array of functions including marketing and promotion**
- **FOLLOW-UP: Have the Administration Committee draft a proposal and bring it back to CMMC.**
- Next question: Who should be on the committee?
 - Committee chairs? Concern with time.
 - Leave it to the committee to decide?
 - Representatives from each committee selected by members of each committee?
- Another factor: because the committee would become ad hoc after its original formation, membership could differ according to issues that arise.
- Regarding option A ("Each committee would elect their representative to the Public Affairs Committee.") – we would need to designate someone who has time.
- **FOLLOW-UP: Put this on the agenda for the next CMMC meeting and convey information to the Administration Committee.**

Discussion: Nominations (Attachment B – meeting packet)

- A great process; new members were selected who are great, passionate, interesting people! Help them feel welcome.

Discussion: Speaking Time Limit for CMMC members and public comment (Attachment C – meeting packet)

- Reminder of the deliverable: To develop strategies for inclusive participation.
- How to monitor timing? How to be signaled when time is up?
- There is a website that can project timing.
- Two minutes is too long.
- We need to accommodate the use of interpreters.
- A two minute limit seems oppressive.
- To operate from cultural competence/congruence – it is a courtesy and passionate to adjust time.
- There is pressure all the time anyway; be conscious and respectful.
- Important: remember yesterday regarding conflict resolution – cutting off, pressure, not being heard; speak with time limits, then not again until each person has had a chance; it is important to have structure.
- Proposal: try the clock with the possibility of extending the time; let it be left up to the co-chairs.
- It is a good training opportunity to learn how to speak succinctly – preparation for official places where the clock is ticking; guidelines for how we present information.
- It is a good learning opportunity to talk on point and in a timely way – an educational tool.
- The proposal is for public comment, too.

**CMMC Administration Committee
Report for the CMMC In-Person Meeting of
Wednesday, September 19, 2012**

I. The Ad-Hoc Nomination Committee

There were four members of the CMMC that volunteered to be on the CMMC Ad-Hoc Nomination Committee. Members of the Administration Committee also volunteered to be on this Ad-Hoc Committee. The roster of this committee was emailed to you with the final CMMC agenda and materials.

The goal of the Ad-Hoc Nominating Committee will be to present a slate of new candidates to the CMMC members by the end of October so that these new members can attend the December 13th -14th CMMC In-Person meeting.

There will be one in-person meeting of the Ad-Hoc Nominating Committee in October. This will be scheduled as soon as possible.

II. An Initial Discussion Regarding a new CMMC Public Affairs Committee

FOR DISCUSSION PURPOSES ONLY AT CMMC IN-PERSON MEETING!

Background

It has come to the attention of the Administration Committee and the CMMC Co-Chairs that there is not a quick process in place for the CMMC to take policy positions, sign on to advocacy letters, etc. In the Spring of this year, the CMMC was able to do some powerful advocacy in regards to the \$60 million set aside for this CRD projects, and for the Office of Multicultural Services (now the Office of Health Equity). This was because most of the March 21st CMMC In-Person meeting was taken up with the entire coalition discussing and developing two policy position papers. Although timely and effective, this put the CMMC behind in working on its deliverables.

This year, there were situations where the collective voice of the CMMC on behalf of underserved communities could have been a powerful influence within policy discussion – but was not because there was not adequate time for explanation, discussion, and decision-making by all the members. These situations included (but were not limited to):

- Joining the coalition letter on August 24th to Vanessa Baird, Deputy Director of Dept. of Health Care Services (DHCS), regarding concerns with the development of the DHCS “business plan” to implement the duties formerly held by the Dept. of Mental Health.
- Submitting letters to the editor or op-ed pieces in response to the horrible article by the Associated Press on MHSA programs (many of them serving our underserved communities).
- Making public comment at regular OAC (Mental Health Services Oversight and Accountability Commission) meetings.
- Making public comment at regular Board meetings of the California Mental Health Services Authority (CalMHSA), the joint powers authority in charge of administration of the other statewide PEI projects.
- Participating in the monthly MHSA Partners Forum meetings. These meetings are for exchange of information and informal discussion between government partner and community partners.
- Participation in the newly formed California Stakeholder Process Coalition (CSPC). This coalition was formed with putting in place some standards for community stakeholder processes at both the state and local level, especially with the added importance of these through budget and trailer bill language this year regarding mental health services.

After discussion, the Administration Committee decided to move forward on developing a proposal for a new Public Affairs Committee of the CMMC.

Is This Within the CMMC’s Role and Responsibilities?

It is the Administration Committee's belief that it is. This is based on the language from the RFP #1 for the CMMC portion of the CRDP:

- *The CMMC's primary goal will be to work toward the integration of racial, ethnic, cultural, and linguistic competence into the public mental health system.*
- *The CMMC will provide a new platform for racial, ethnic, and cultural communities to come together to address historical system and community barriers and work collaboratively to seek solutions to eliminate barriers and mental health disparities.*
- *By creating and funding this coalition, DMH is developing a new structure to bring forward diverse multicultural perspectives that have not been adequately represented in the mental health system or in previous efforts to obtain consumer and family member input to improve outcomes in programs and services.*
- *The CMMC will be pivotal in providing critical insights and assessments of systems (i.e. policies, procedures, and service plans) in moving toward a more culturally and linguistically competent system.*

Furthermore, this language was in the REMHDCA proposal to DMH that was awarded the contract for the CMMC:

Responses to proposed actions and policies regarding the MHPA

"There will be times throughout the year when the CMMC will learn of a proposed action or a proposed policy regarding the MHPA by one of the government partners. Written responses from the CMMC would be considered appropriate and valuable particularly in light of how these proposed actions or policies would affect the reduction of mental health disparities. "

Options for Forming a Public Affairs Committee

After discussion, the Administration Committee came up with several options for forming a new Public Affairs Committee. Along with **the newly elected CMMC Co-Chairs and one seat set-aside for one Emerging**

Leader, the rest of the members of the Public Affairs Committee would be made up of a representative from each of the existing Committees.

There were two options regarding how the representative from each committee would be chosen:

Option A: Each Committee would elect their representative to the Public Affairs Committee.

Option B: The Chair of each committee or his/her designee would serve on the Public Affairs Committee.

The Administration Committee would like initial input (no vote) regarding both these options and about the formation of a Public Affairs Committee in general.

Other Issues

There are other issues that need to be discussed and developed in regards to this possible Public Affairs Committee.

- What criteria should there be for a CMMC member to be on this committee?
- Shouldn't this Public Policy Committee develop some general principles or policy papers first?
- Would this allow only the Co-Chairs to speak on behalf of the CMMC? What about other CMMC members?

Ad-Hoc Public Affairs Committee

This is what was approved at the last CMMC In-Person Meeting in December 2012. The notes from that meeting have not been completed yet for more details. However, attached is more background from previous CMMC meetings.

- I. An Ad-Hoc Public Affairs Committee be formed
- II. The purpose of the committee would be to respond to proposed actions and policies, or actions taken regarding the MHSA.
- III. Members (except for the Co-Chairs) would serve *per issue* in order to get the expertise, background, and time commitment of particular members. In other words, members would serve until a proposed action by the Committee or an issue was “completed”, not for a certain length of time.
- IV. The members of the committee would be:
 - A. The CMMC Co-Chairs and
 - B. Representatives from each standing Committee:
 1. Option A: Each Committee would elect their representative to the Public Affairs Committee

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CMMC ADMINISTRATION COMMITTEE

Conference Call

Wednesday, January 23, 2013

4:00p – 5:30p

Dial: (217) 258-5599 - *Code: 788006#*

AGENDA

Call Chaired by John Aguirre

I. Introductions and review of meeting notes from the November 13, 2012 conference call

Attachment

II. Ad Hoc Policy Committee Election

See two attachments: one is a summary of what was adopted at the last CMMC in-person meeting in December, the other is background info from one of our Administration Committee calls on this subject.

III. Biographies

IV. Policies and Procedures

A. The Conflict of Interest Policy

The Admin Committee drafted a “Membership Policy” and presented it to the full CMMC at their June 2012 meeting. The CMMC did not want to adopt the proposed “Membership Policy” but instead requested that the Admin Committee draft a “Conflict of Interest” policy instead.

The staff needs assistance in drafting this policy and requests help.

See the following documents for this agenda item:

- Original Proposed “Membership Policy”
- The Meeting Notes from the June 2012 CMMC meeting that will help in the drafting of the new/revised policy.

I have highlighted the sections that you need to read in yellow so you do not have to read the entire document. If you cannot print colors, the information is on pages 2-3 beginning with:

IV. Report from the Administration Committee (tab #4)
Discussion of Proposed Policy Regarding County Staff as
Members of CMMC (Jim Gilmer)

And then on page 11:

IV. REPORT FROM ADMINISTRATION COMMITTEE (tab #4)
 Discussion of Proposed Policy Regarding County Staff as
 Members of CMMC:

B. General Summary of Current Policies and Procedures

See the following documents in regards to this subject:

- A summary of policies and procedures the CMMC has adopted so far. This document needs to be re-organized and numbered at some point.
- A list of policies and/procedures that the Admin Committee needs to work on and eventually put forth to the CMMC as a whole
- The proposed policy on CMMC Agenda Items. This was already discussed and put forward by the Admin Committee but there was not enough time on the CMMC meeting to discuss. This needs to be put forth again and this is included just to refresh your memory.

V. Next Admin Committee Conference Call

Wednesday, February 20, 2013 – 4:00 p.m. – 5:30 p.m.

MEETING NOTES

CMMC ADMINISTRATION COMMITTEE

Conference Call

Wednesday, January 23th, 2012

4:00p – 5:30p

Call Chaired by Stacie Hiramoto

In Attendance:

Ahmed Ahmed
Crystal Crawford
Jim Gilmer
Yvette McShan

Staff in Attendance:

Bobbie Zawkiewicz
Stacie Hiramoto

Not in Attendance:

John Aguirre, Chair

I. Introductions and review of meeting notes from the November 13, 2012 conference call

Attachment: [November 13, 2012 meeting notes](#)

Staff informed the Administration Committee members that the Chair John Aguirre sends his regrets that he is unable to participate on the call today. Stacie offered to chair the call in his absence.

The meeting notes were accepted without any changes.

Staff announced that Connie Chung Joe is on maternity leave and is no longer participating on the Administration Committee or the CMMC.

Action: Stacie will send a thank you letter to Connie Chung Joe.

II. Ad Hoc Policy Committee Election

Attachments:

[Summary of what was adopted at December 2012 CMMC meeting](#)

[Background from Administration Committee report for September 2012 CMMC meeting](#)

At the December CMMC meeting the formation of the Ad Hoc Policy Committee was approved. The “*summary of what was adopted at the last CMMC in-person meeting in December*” is an outline of what was presented at the CMMC meeting. Our facilitator

will have detailed information in the group memory, which will be forward when it is received. The Ad Hoc Policy Committee will help the CMMC take policy positions in a timely manner and advocacy. Public affairs and branding is also the purpose for the formation of this committee.

Jim Gilmer and Russell Vergara are members on the Ad Hoc Policy Committee. If there is more than one person on the Administrative Committee interested in becoming a member of the Ad Hoc Policy Committee, we can have an election. The first steps would be to develop the role and discuss the operations and procedures. The committee would appointment members as needed by issues insightful to backgrounds and experiences.

Staff asked if anyone from the Administration Committee is interested in becoming a member of the Ad Hoc Policy Committee. By consensus Ahmed is a member of the Ad Hoc Policy Committee.

III. Biographies

If you have not submitted your biography to Bobbie, please do so right away as we need them for our website.

Action: Staff will resend an email requesting the biographies.

IV. Policies and Procedures

A. The Conflict of Interest Policy

Following are documents for this agenda item:

[Original Proposed](#)

[The Meeting Notes from the June 2012 CMMC meeting that will help in the drafting of the new/revised policy.](#)

I have highlighted the sections that you need to read in yellow so you do not have to read the entire document. If you cannot print colors, the information is on pages 2-3 beginning with:

IV. Report from the Administration Committee (tab #4)
Discussion of Proposed Policy Regarding County Staff as Members of CMMC (Jim Gilmer)

And then on page 11:

IV. REPORT FROM ADMINISTRATION COMMITTEE (tab #4)
Discussion of Proposed Policy Regarding County Staff as Members of CMMC:

The Administration Committee drafted a "Membership Policy" and presented it to the full CMMC at their June 2012 meeting. The "Membership Policy" was presented in part due

to current CMMC members becoming county employees (after being accepted as members of the CMMC). At the CMMC meeting, members expressed concerns about the "Membership Policy" and requested that the Administration Committee draft a "Conflict of Interest" policy.

In the attached June CMMC meeting notes the relevant section is highlighted on pages two and three for a quick review and discussions. If you take a look at the comments on page three, the decision states:

- *Given the committee comments, the committee drafts a conflict of interest statement that incorporates discussion.*
- *A simple conflict of interest document to sign;*
- *Affirm in principle the presented policy with language tweaks of words and paragraphs discussed.*
- *Don't treat this in a perfunctory way; this is serious because it defines who sits here.*
- *I am concerned about the back and forth – I approve in principle and the committee work.*
- *Simple – draft in the spirit of what is here.*

The main area of concern expressed at the CMMC meeting was to *“Do away with the fifth paragraph; any time those who are consumers or advocates employed by the state or county - we consider their membership through a vote on a person by person basis.”* There were discussions at the CMMC meeting whether to exclude county employee members from voting. Our current unwritten policy is that a county mental health employee cannot become a member of the CMMC. The reason is that a county employee may not be able to take a position contrary to the county's position, and sometimes, that county position may be in conflict with what the CMMC position would be.

A current example just last year was that the California Mental Health Directors Association (CMHDA) took a formal position that the \$60 million for the CRDP be administered by CalMHSA. CMHDA also stated that keeping the PEI money set aside for this project would set a “dangerous precedence”. This was in opposition to the CMMC position that the \$60 million and the CRDP be administered by the Office of Health Equity (the former Office of Multicultural Services).

Staff asked if any member could re-write the “Conflict of Interest” policy. Jim Gilmer agreed to re-write the “Conflict of Interest” policy with input from Crystal Crawford.

Action: Jim will re-write the “conflict of interest” policy with input from Crystal.

B. General Summary of Current Policies and Procedures

See the following documents in regards to this subject:

[A summary of policies and procedures the CMMC has adopted so far. This document needs to be re-organized and numbered at some point.](#)

A list of policies and/procedures that the Admin Committee needs to work on and eventually put forth to the CMMC as a whole.

The proposed policy on CMMC Agenda Items. This was already discussed and put forward by the Admin Committee but there was not enough time on the CMMC meeting to discuss. This needs to be put forth again and this is included just to refresh your memory.

Staff thanked the committee for all the hard work done on the “Policies and Procedures” of the CMMC. At the December CMMC meeting, the “Conflict of Resolution” was adopted. If an issue arises at the CMMC, we now have policies and procedures available for guidance.

Staff let the members know that the attached “*CMMC Policies and Procedures to Be Drafted and Adopted*” and the “*Draft Policy on the Creation of the CMMC Agenda*” will likely be discussed at the CMMC meeting on March 25th. Consideration was given to include the “black-out dates” as part of the “Policies and Procedures”. It was agreed to include the “black-out dates” and staff will draft language. A suggestion was made to include public notices of meetings, agendas, committee meetings and meeting minutes in the “Policies and Procedures”.

The issue of “what constitutes a quorum” was discussed at the CMMC meeting. The CMMC members did not feel that we needed a quorum to move forward. Staff will draft language for a “quorum policy” and email it to the CMMC members requesting input. It will include the group memory that refers to the quorum issue and have a one week response time.

We have a clear policy on CMMC meeting attendance, but it does not clarify if it extends to committee attendance. We need further discussions on this issue at a later date.

Action: Staff will draft a “black-out dates policy” and a “quorum policy”, then email the quorum policy and the group memory to the CMMC members requesting a one week response.

Jim also suggested that when we start completing the Policies and Procedures and they become more like bylaws, that timelines when agendas, minutes, notices of meetings, etc. should be email or posted on the website.

Attendance on committees – there is no policy on this. **This also needs to be drafted for the Admin Committee and then taken to the CMMC for a vote.** Although we have an attendance policy regarding the CMMC in-person meetings, we have no attendance policy regarding committee conference calls. Individuals, including our contract monitors, have mentioned that it would be a good idea to have such a policy in place. Members of the committee agreed, as much of the work of the CMMC gets done at the committee level. The question was asked if there was a policy for dismissal of members (for non-participation, etc.). The answer was not for absence on committees.

It was then brought up that the Admin Committee may be in need of a co-chair. The Chair has had to miss a number of meetings and perhaps it might be helpful for the

committee to have a co-chair to help facilitate meetings. Although staff does not mind facilitating meetings, it is not an optimal situation because staff may not be considered neutral. The conference call (or meeting) facilitator should be neutral and if at all possible, should not be the staff person. After a short discussion, it was agreed that this would be discussed on the next conference call.

V. Next Admin Committee Conference Call - Wednesday, February 20, 2013 - 4p-5:30p.

Call adjourned.

Proposed Policy on Membership of the CMMC

Members of the CMMC may work for community-based organizations or may be unpaid clients, consumers, family members, or representatives of unserved/underserved/inappropriately served communities. CMMC members may not be individuals who are staff of local mental health or behavioral health departments due to possible conflict of interest on policy issues. However, staff from local mental health or behavioral health departments are welcomed and to attend all CMMC meetings and committee meetings and encouraged to make public comment.

Individuals nominated and appointed as Emerging Leaders should likewise, not be employees of local mental or behavioral health departments.

In order to obtain representation from other systems, CMMC members may be employed in other county or city departments such as public safety, child welfare, or public health. CMMC members may also be employed by other government agencies such as schools, school districts, colleges and universities.

A CMMC member may be employed by a non-profit agency that contracts with a local mental or behavioral health department, but should also recuse him/herself from voting on certain policy issues if there is a real or perceived conflict of interest.

A CMMC member may have a contract with or be a contract employee of a local mental or behavioral health department as long as that person's total income is less than 51% from that department or is employed less than ½ time at that department. This person should recuse him/herself from voting on certain policy issues if there is a real or perceived conflict of interest.

When the CMMC was first formed, there was a verbal agreement between the Office of Multicultural Services and REMHDCO regarding the membership requirements of the CMMC. These requirements were then accepted and adhered to by the members of the Transition Team. However, there was no discussion regarding whether it would be permissible for a CMMC member to remain on the CMMC if he/she became an employee of a local mental or behavioral health department. For this reason, any current member of the CMMC who becomes an employee of a local mental or

behavioral health department *before the adoption of this policy by the CMMC*, will be allowed to remain as a regular member of the CMMC and its committees. The member(s) should recuse him/herself from voting on certain policy issues if there is a real or perceived conflict of interest.

After the adoption of this membership policy by the CMMC, any CMMC member who becomes an employee of a local mental or behavioral health department, will no longer remain a member of the CMMC or any of its committees. The person would still be welcome to attend and participate in CMMC meetings or committee events as an interested member of the public.

California MHA Multicultural Coalition

6th In-Person Meeting
Wednesday, June 27, 2012
10:00 a.m. – 5:00 p.m.

California Primary Care Association
1231 I Street, Suite 400
Sacramento, CA 95814
(916) 440-8170

GROUP MEMORY

(Meeting Minutes)

I. Introductions (tab #1)

Sergio Aguilar-Gaxiola; John Aguirre; Leticia Alejandrez; Rocco Cheng; Connie Chung Joe; Crystal Crawford (by phone); Viviana Criado; Jim Gilmer; Jamila Guerrero-Cantor, Janet King; Beatrice Lee; Jessica LePak; Posh Mikalson; Emma Oshagan; Mari Radzik; Two Feathers (Perry) Tripp; Russell Vergara; John Viet; Gwen Wilson.

Special welcome to and introduction of emerging leaders – the newest members of CMMC: Nga Le, Jean Melesaine Leasiolagi, Christina Quinonez, Masa Nakama (in absentia).

Visitors: Marbella Sala, Kimberly Knifong; Sandra Poole; Bobbie Zawkiewicz, Briana Escamilla, Ruben Canto; Jeannine Farrelly, Marissa Clark, Autumn Valerio, Delphine Brody, Sherri Gauger, Mark Dias, Jenna Dias, Diane Woods, Katherine Elliott, Sally Douglas Arce.

II. Review of meeting notes from the March 21, 2012 meeting (tab #2)

- No questions.
- Facilitator reviewed the decision-making protocol adopted by CMMC.

III. Brief staff report (Tab #3) (Stacie Hiramoto)

- Calendar alert (in meeting packet): please put all CMMC committee conference calls on the calendar.
- Note the acronym list/glossary included in the meeting packet.
- **FOLLOW UP:** Send any additions to the glossary to Bobbie Zawkiewicz.
- **FOLLOW UP:** Include a copy of the decision-making protocol with every packet.
- Packet includes a summary of purpose and outcomes for CMMC.
- Stacie Hiramoto's office welcomes new staff Sandra Poole, Bobbie Zawkiewicz and Briana Escamilla, an intern.
- Remember there will be the raffle at the afternoon break (raffle tickets are distributed according to when you arrive for the meeting: ten if you get here before the meeting starts; one if you arrive after the meeting begins).
- Last meeting's incredible policy decisions had great significance and impact. A special thank you to Russell Vergara for his work on the policy materials (in meeting packet, tab #5).
- CMMC was able to have positions on most significant issues regarding disparities.

- The downside is the reality that we have gotten behind on our deliverables (see meeting packet tab #3). We see as our purpose to change the system *but* we have to get deliverables done and we need to focus on getting them done.
- We will put the timeline for deliverables in a format; the charges for CMMC/committees have to be done, e.g. the State of the State report every year; without those, there can be dire financial consequences or even loss of contract.
- Question: No one from the African American population submitted an Emerging Leader application? One candidate seems more suitable for CMMC at large membership; emerging leader designations are just that: emerging. We will recommend the candidate for membership on CMMC.
- With only one application, it is disheartening and I have concern about engagement of the African American community. It is such a challenge in spite of amazing support within/from the African American population members. We need to engage the African American population members.
- CMMC is a strong advocate and we need to continue to position ourselves in California; we need strong advocacy and leadership. Unconditional love and positive regard; "we ain't crazy." Transforming people through lived experiences – you can't get wet talking about water. Experience is the ultimate authority.
- Additionally, there appears to be a lost application; there is a membership slot open.

IV. Report from the Administration Committee (tab #4)

Discussion of Proposed Policy Regarding County Staff as Members of CMMC (Jim Gilmer)

- Referencing the handout in tab #4, we wrestled with this issue in the initial selection, vetting and deliberation process for original CMMC membership.
- We want to honor the pillars and legacy of the original formation of CMMC.
- Most of us are familiar with conflicts of interest; we want to allow for a grandfather clause for original members but avoid future conflicts; mental and behavioral health department employees will always be welcome to attend.
- Question: Regarding the last paragraph, do you have an example of local mental health department? A county agency or state department/agency.
- Question: I need clarification; family advocates in our county work at the county; in reality, they are our employees and they help people navigate the system. Are peer/family advocates not precluded? They are not included within this policy because they are not county employees. The policy is clear on "employees" of the county.
- Don't include this; there are too many exceptions.
- My concern relates to our work with "Working Well Together" promoting consumers and family members as agents for change.
- What if we add "full time employee" to the last paragraph?
- What about removing "contract" (in front of employee) from the fifth paragraph?
- I don't know how all 58 counties work – in some counties, peer/family/consumer positions **are** county positions; even an ESM may be part time.
- I have concern about paragraph five.
- Question: Who will decide about perceived conflict regarding a contract in place - someone in my agency, for example?
- I agree with Jim Gilmer but I don't want to roadblock people.
- I have concern as a contractor because there are shifting percentages of time as contracts change.

- We should revise this or draft a conflict of interest policy because it will be hard to verify or monitor.
- The problem with ESMs is that they are direct county employees.
- CMMC originated with a specific philosophy and we need to be true to the MHSA mission.
- We need to really think through the organizational structure. Since MHSA came, organizations have been marginalized and co-opted; I am very passionate about this; power and structure mean a lot in policy.
- I am confused; my salary is paid by the Department of Mental Health but I am employed by the hospital. That's OK? When would I recuse myself? How would I know?
- When it affects your contract.
- We need an honor system, not a legal boundary; we should govern ourselves.
- I am conscious of our time and how we can honor the committee's work.
- I respect what has been said about advocates; we need to ensure the principle of community-driven work.
- Do we approve with changes and have the Administration Committee tackle questions as they arise?
- Make a decision; time our discussion.
- We are still collecting input; keep it simple; this is not new; the reasons are obvious.
- A conflict of interest policy instead – a hybrid.
- Agree – county/state employees are not appropriate – it's a conflict.
- Do away with the fifth paragraph; any time those who are consumers or advocates employed by the state or county we consider their membership through a vote on a person by person basis.
- Public Health employees – where mental health and behavioral health are subsumed – we may want to scratch.
- **DECISION:** Given the committee comments, the committee drafts a conflict of interest statement that incorporates discussion.
 - A simple conflict of interest document to sign;
 - Affirm in principle the presented policy with language tweaks of words and paragraphs discussed.
- Don't treat this in a perfunctory way; this is serious because it defines who sits here.
- I am concerned about the back and forth – I approve in principle and the committee work.
- Simple – draft in the spirit of what is here.

Election of Co-Chairs for the CMMC (Connie Chung Joe)

- It was explained that merit was the main criteria although geography was somewhat influential.
- **DECISION:** After presentations by CMMC co-chair candidates, there were no nominations from the floor, ballots were cast and the membership elected Jim Gilmer and Russell Vergara as co-chairs. CONGRATS!

(Other Administration Committee reports deferred until later in the meeting.)

V. Report from the MHSA Assessment and Recommendations Committee (MAC) (tab #5)

Review of the First "State of the State" Report (see report draft in meeting packet, tab #5)

- PowerPoint by Kathryn Elliott, clinical psychologist and master degree in public health.

CMMC Standing Policies and Procedures

DRAFT #2
November 2012

Policy on Attendance

It is recognized that the members of the CMMC are very knowledgeable but very busy people. It is also recognized that the CMMC needs dedicated and engaged members in order to make this ground-breaking coalition a success, and to ensure success of the California Reducing Disparities Project (CRDP). As there are only four CMMC meetings a year, it is imperative that CMMC members prioritize these meetings.

These guidelines are not meant to be punitive, but they set an expectation of attendance and participation for members so that if an issue regarding these comes up, there is a fair and noticed process in place.

- Generally accepted participation for all members of the CMMC would be to not miss *more* than 25% of in person meetings and 25% of monthly conference calls.
 - Currently this comes out to 1 out of 4 in-person quarterly meetings per year
 - Currently this comes out to 2 out of 8 monthly conference calls per year (on months when we do not meet in person)
- If a member does exceed the 25% limit, the Project Director will speak with the Co-Chairs to determine which of them will speak to the member.
 - The Co-Chairs selected will call the member (not just email) to see if there is anything that can be offered to help the member make the scheduled meetings or conference calls in the future.

- If the absences continue, the Co-Chairs will discuss the matter and decide what next steps should be taken. One of the Co-Chairs will then have a conversation with the member to discuss the issue.

Policy on Substitutes

A CMMC member may select someone in his/her place to attend any regular CMMC meeting. This substitute will be funded by the project to attend. The substitute will then be required to report back to the CMMC member who was not able to attend. However, the substitute will not be allowed to vote in place of the absent member.

Policy on Proxy Voting

As it is understood that CMMC members are busy individuals and that there may be times when it is absolutely impossible for them to attend a meeting in person. If the CMMC member is present by telephone on the conference line, that member may cast his/her vote if on any agenda item.

When the CMMC member is not able to participate in the meeting in person or by phone, there is an opportunity for a proxy voting in his/her place. If there is a specific item on the CMMC meeting agenda that calls for a vote, the CMMC member may have another CMMC member vote on that agenda item in his/her place, but not their substitute.

Proxy voting can be assigned for specific agenda items, and more than one agenda item per meeting, but cannot be given as a blanket privilege for an entire meeting. If the item is not already on the agenda previous to the meeting as being a possible vote, then the proxy may not vote.

Procedure

The CMMC member who would like to grant another CMMC member the ability to vote as a proxy must do the following:

- First, ask permission of the CMMC member if he/she would be willing to cast a proxy vote.
- If the second CMMC member agrees, the first CMMC member will go over the agenda item and how he/she would vote.

- The first CMMC member shall provide an email (or letter) to the second CMMC member that specifies on which item(s) on the agenda that the second member may cast his/her proxy vote.
- This document must be made available to the CMMC staff is requested.

Policy on Decision-making Protocol
(Adopted at the March 2012 Meeting)

At the March 21, 2012, CMMC In-Person Meeting, a decision-making protocol was discussed, finalized, and adopted.

See Attachment 1 that is comprised of three items:

- A. Decision-making principles
- B. CMMC Collaborative Consensus Based Decision-making Model
- C. Delegation of Authority for Making Decision

- These documents will always be provided in the materials for all CMMC In-person meetings.
- These documents will be enlarged, laminated, and available at all CMMC In-person meetings.

Vacancies on the CMMC
(Adopted at the June 2012 Meeting)

The process for filling the current vacancies on the CMMC will be as follows:

- An ad-hoc committee Nominating Committee will be formed to go over the original applications for membership on the CMMC.
- All CMMC members will be eligible to be on the Nominating Committee. Forms will be distributed to all CMMC members to complete and submit in order to be considered to be on the Committee.
- There will be up to 7 members of the Nominating Committee. The members will be selected by the Administration Committee.
 - The Administration Committee will try to ensure wide and diverse representation by members on the Nominating Committee

- Administration Committee members will be eligible for appointment to the Nominating Committee.
- The goal will be to have the new members selected to participate by the September CMMC meeting.

Conflict Resolution Policy
(Adopted at the December 2012 Meeting)

CMMC Policies and Procedures to Be Drafted and Adopted

- Conflict of Interest Policy – directed at the June 2012 meeting

- Getting something on the CMMC agenda policy - not taken up at the June 2012 meeting – draft ready

- Black Out Dates (or should this be staff directions only?)

- Quorum and moving things from the Committees forward to the CMMC
Discussed at a meeting but probably needs to be drafted.

- Attendance on Committees

Draft Policy on the Creation of the CMMC Agenda

The draft agenda for the CMMC in person meeting will be compiled by the Project Director. The priority will be placed on items needed to complete or move contract deliverables forward.

The Project Director will convene a conference call with the Co-Chairs approximately two weeks before the CMMC in person meeting to review the draft agenda. This "Agenda Team" will decide on the final agenda for the CMMC meeting by consensus.

If any CMMC member or member of the public would like to place an item on the CMMC in person meeting agenda, the request must be made to the Project Director. This request must be made in writing but does not need to be overly formal (an email will suffice). In general, the item should be related to the MHSA, reducing health disparities, or operation of the CMMC.

The request should include a description or summary of the issue and whether the member is requesting that the CMMC to take action on the item. The request should also include approximate amount of time the individual would like dedicated to the agenda item.

Within 48 hours of receiving the request, the Project Director will forward the issue to the Co-Chairs and will also send an email to the person making the request acknowledging the receipt of the request. The email will also inform the requestor that the issue may be referred to a CMMC committee for discussion and possible placement on the CMMC agenda.

Within a week of the request being received, the Agenda Team must decide whether to discuss this at their conference call OR whether to delegate it to one of the CMMC committees to be discussed first.

- a.) If the Agenda Team decides to discuss the issue at their conference call, they must decide whether they want to receive more information regarding the issue or to hear directly from the requestor. After the

decision is made whether or not the issue will be placed on the agenda, the requestor will be notified within 48 hours of the decision.

- b.) If the Agenda Team delegates the issue to a Committee, the Committee Chair must be notified, as well as the member who made the request. The issue will be placed on the agenda for the next committee conference call. The CMMC member making the request will be notified of this date and will be invited to join the call.

After discussion at the committee level, the Committee Chair and the Project Director will determine whether the issue should be brought before the entire CMMC at the next in-person meeting. The requestor will be informed within 48 hours after a decision is made.