CALIFORNIA MHSA MULTICULTURAL COALITION (CMMC)

IN-PERSON MEETING

MONDAY, MARCH 25, 2013

9:30 A.M. – 4:30 P.M.

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

Dial: 217.258.5599 – Code: 788005#

Jim Gilmer & Russell Vergara
Co-Chairs

AGENDA

9:30 I. Introductions – Review of Agenda / Housekeeping

10:00 II. Review of Group Memory and Summary from CMMC In-Person Meeting of December 13th-14th 2012

10:15 III. Update on the California Reducing Disparities Project (CRDP)

A. Report by Marina Augusto/Kimberly Knifong

B. Discussion on Future of the CRDP

11:45 IV. MHSA Assessment & Recommendations Committee (MAC) Report

12-12:45 LUNCH
[Emerging Leaders to meet with Rusty Selix]

12:45-2 Committee Meetings

2:00 V. Strategic Plan Committee

A. Our next meeting to review the Strategic Plan

B. Review and approval of Strategic Plan Committee deliverables

3-3:15 VI. Emerging Leaders Committee Report

3:15 BREAK

3:30 VII. Administration Committee Report

1. Review and Approval of Deliverables
2. Status of Public Policy Committee

4:15 VIII. General Public Comment

4:30 ADJOURN

CMMC

CALIFORNIA MHSA MULTICULTURAL COALITION

CONTENT SUMMARY

CMMC

CALIFORNIA MHSA MULTICULTURAL COALITION

2013 CMMC MEETING CALENDAR

ATTACHED IS A TENTATIVE CALENDAR FOR THE FIRST THREE MONTHS OF 2013

IN-PERSON MEETINGS

March 25th, Monday
June 17, Monday
September 27, Friday
December 12, Thursday

EMERGING LEADERS CONFERENCE CALLS

2nd Wednesday at 1pm to 2:30pm

ADMINISTRATION CONFERENCE CALLS

3rd Wednesday at 4pm to 5:30pm

STRATEGIC PLAN CONFERENCE CALLS

3rd Friday at 10am to 11:30am

MAC CONFERENCE CALLS

3rd Friday at 1:30pm to 3pm

AD HOC POLICY CONFERENCE CALLS

TBD

April 2013

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1	2	3	4	5	6
7	8	9	10 EMERGING LEADERS CALL 1-2:30PM	11	12	13
14	15	16	17 ADMIN CALL 4-5:30PM	18	19 STRATEGIC PLAN CALL 10-11:30AM MAC CALL 1:30-3PM	20
21	22	23	24	25	26	27
28	29	30				

May 2013

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1	2	3	4
5	6	7	8 EMERGING LEADERS CALL 1-2:30PM	9	10	11
12	13	14	15 ADMIN CALL 4-5:30PM	16	17 STRATEGIC PLAN CALL 10-11:30PM MAC CALL 1:30-3PM	18
19	20	21	22	23 MHSOAC MEETING 9AM – 4PM	24	25
26	27	28	29	30	31	

June 2013

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1
2	3	4	5	6	7	8
9	10	11	12 EMERGING LEADERS 1-2:30PM	13	14	15
16	17 CMMC IN-PERSON MEETING SACRAMENTO	18	19 ADMIN CALL 4-5:30PM	20	21 STRATEGIC PLAN CALL 10-11:30AM MAC CALL 1:30-3PM	22
23	24	25	26	27	28	29
30						

CMMC DECISION MAKING PROTOCOL

Adopted at 3-21-2012 CMMC Meeting

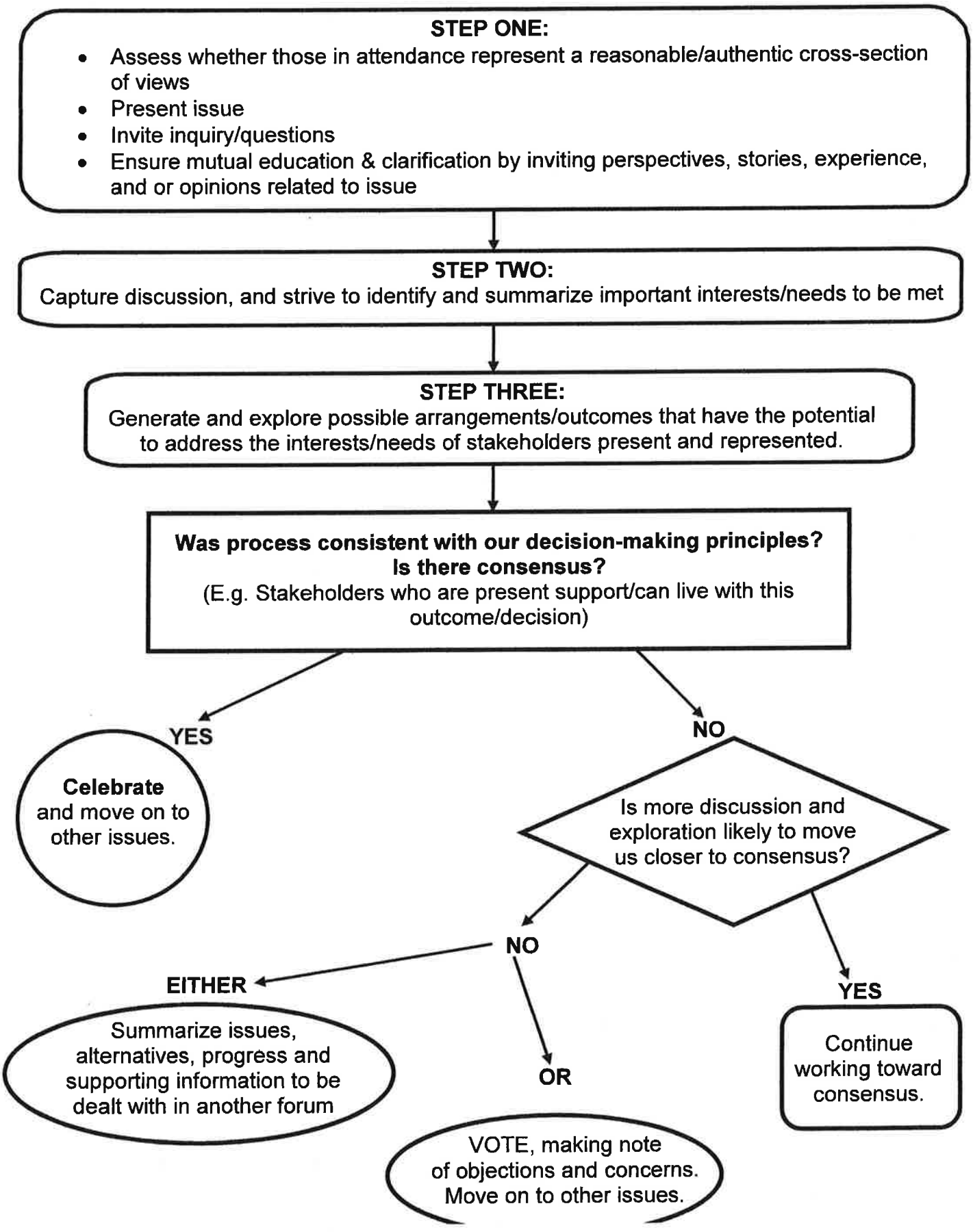
I. Decision-making Principles

[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:

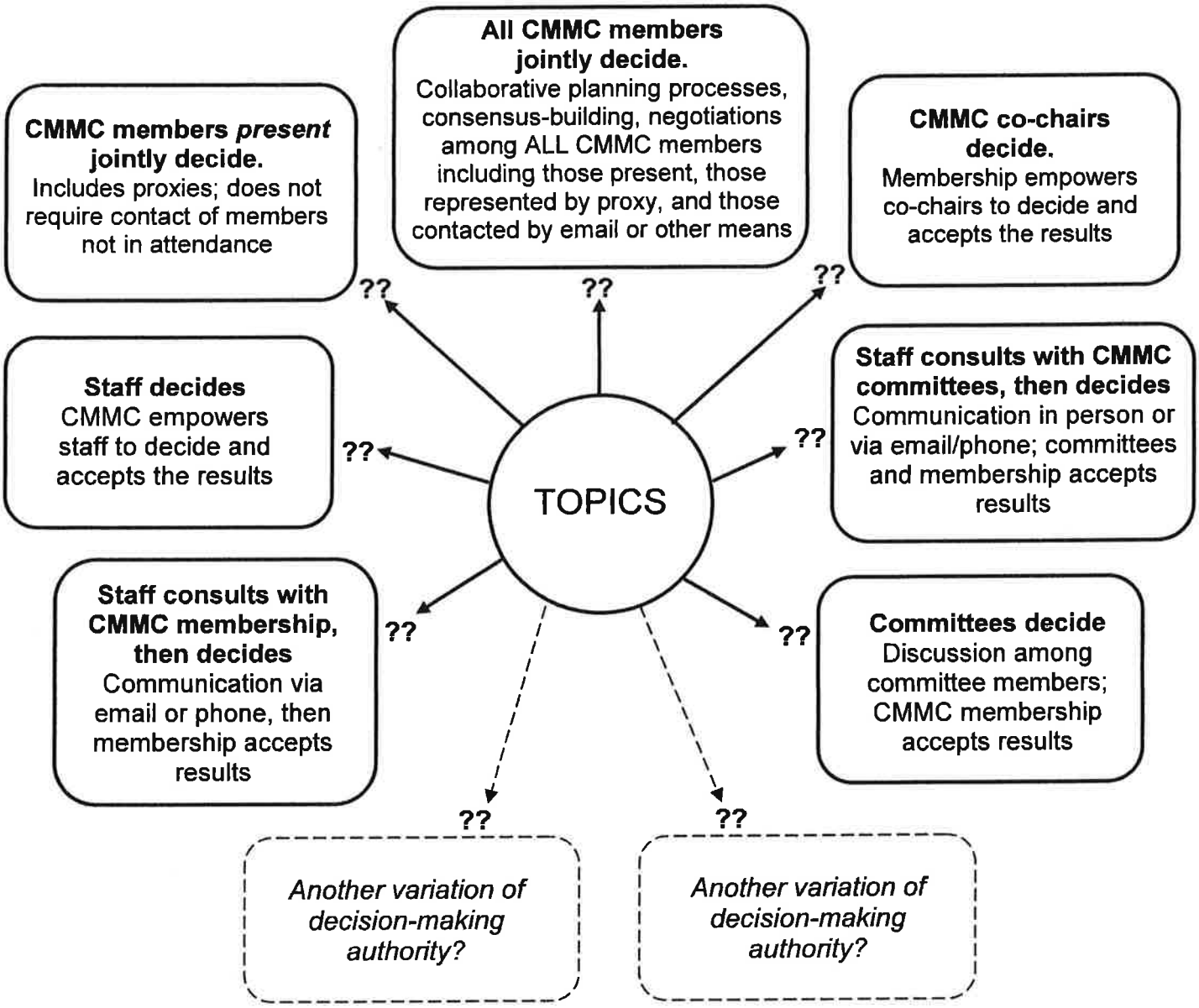
- ☐ *Inclusion and transparency*
- ☐ *Authentic opportunities for inquiry, expression of diverse cultural perspectives and personal stories, and clarification*
- ☐ *Being heard and understand even when viewpoints differ*
- ☐ *Respect for self and others, each other's strengths, and for different world 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



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.

CMMC CONFLICT RESOLUTION PROCESS

At the December 2012 CMMC In-person meeting, a conflict resolution for the CMMC was discussed. The Administration Committee was charged with drafting a formal conflict resolution process for the CMMC.

While that process is being drafted, here are the materials that were presented to the CMMC in 2012 that will serve to inform members.

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.

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

CALIFORNIA MHSA MULTICULTURAL COALITION

Member Roster

Sergio Aguilar-Gaxiola+
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(916) 703-9211
Racial or ethnic communities: Latinos
Provider of mental health services
Representative of another system: Education

John Aguirre
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Client/consumer Family member of a TAY
LGBTQ Communities

Ahmed Ahmed**
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Racial or ethnic communities: Arab/Muslim
Client/consumer Family member of a TAY

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Racial or ethnic communities: Filipino
LGBTQ Communities: Older adults 60+

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Racial or ethnic communities
Family Resource Centers
Provider of mental health services

Jack Barbour
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Racial or ethnic communities: African-American
Provider of mental health services
LGBTQ Communities

Rocco Cheng+
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Racial or ethnic communities: Asian and Asian American
Provider of mental health services
Immigrant/refugee community

Crystal Crawford**
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Racial or ethnic communities: Black/African-American
Family member of a TAY
Provider of mental health services

Viviana Criado**
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Racial or ethnic communities:
Family member of a senior
Other underserved community: Older Adult

Stephen Garrett
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Racial or ethnic communities: African American
Provider of mental health services

Jim Gilmer+
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(805) 228-2386
Racial or ethnic communities: African American,
Latino, Filipino, Samoan Faith-based
Veterans/veteran

Jamila Guerrero-Cantor
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Racial or ethnic communities: Chicano/Latino
Representative of another system: Community College
Representative of system: Deaf and Hard of Hearing

Janet King+
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Racial or ethnic communities: Native American
Family member of a senior
Provider of mental health services

Nga Le*
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Racial or ethnic communities:
Representative of system: education
Immigrant/refugee community

Jean Melesaine Leasiolagi*
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Racial or ethnic communities: Samoan, Tongan, Pacific Islander
Immigrant/refugee community: Pacific Islander
LGBTQ Communities

Beatrice Lee**
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Racial or ethnic communities: Asian Pacific Islanders (Chinese)
Provider of mental health services
Immigrant/refugee community: Asian Pacific Islanders

Jessica LePak
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Racial or ethnic communities: American Indians and Alaska Natives
Client/consumer
Representative of another system: Child Welfare

Gustavo Loera
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Family member of a child who need(ed)(s) mental health services
Family member of a transition age youth (ages 13-26) who need(ed)(s) mental health services

Yvette McShan
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Poshi Mikalson+
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Provider of mental health services
LGBTQ Communities
Representative of system: Education

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Racial or ethnic communities: Arab-American
Provider of mental health services: TAY, Adults, Older

Masa Nakama*
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Racial or ethnic communities:
Latino/ Hispanics community
LGBTQ Communities: Youth
Other disability community or system:
Deaf/ Hard of Hearing/ Deaf-Blind communities

Emma Oshagan
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Racial or ethnic communities/ Armenian
Provider of mental health services

Christina Quiñonez*
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Racial or ethnic communities: Latino
Client/consumer/survivor: ex-patient community
LGBTQ Communities: Transgender services

Mari Radzik
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Provider of mental health services
LGBTQ Communities
Representative of another system:
Adolescent Health Care

Two Feathers (Perry) Tripp
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Racial or ethnic communities:
California Indians/Native Americans
LGBTQ Communities

Russell Vergara
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Racial or ethnic communities/
Asian Pacific Islanders
Family member of an adult
Educator on mental health issues

John Viet
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Racial or ethnic communities/ Vietnamese
LGBTQ Communities

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Racial or ethnic communities: African-American/
Black/African-Centered
Client/consumer
Provider of mental health services

Gulshan Yusufzai
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Racial or ethnic communities:
South Asian, Middle Eastern
Client/consumer
Immigrant/refugee community

**REMHDCO Designated Representative
+SPW Designated Representative
*Emerging Leaders

Staff Contacts:

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CMMC

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
1127 11th Street. Suite 925. Sacramento, CA. 95814, 916.557.1167

CMMC

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

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

CMMC

CALIFORNIA MHSA MULTICULTURAL COALITION

Emerging Leaders Roster

March 18, 2013

Christina Quinonez
Mentor, Mari Radzik

Jean Melesaine Leasiolagi
Mentors, Jessica LePak & Janet King

Masa Nakamara
Mentor, Jamila Guerrero-Cantor

Nga Le
Mentor, John Viet

Yvette McShan
Mentor, Perry Twofeathers Tripp

Mental Health Acronym List

AB 100: Assembly Bill 100

CalMHSA: California Mental Health Services Authority

CAYEN: California Youth Empowerment Network

CCCMHA: California Council of Community Mental Health Agencies

CCMH: California Coalition of Mental Health

CCPR: Cultural Competence Plan Requirements

CDE: California Department of Education

CFLC: Client and Family Leadership Committee

CiMH: California Institute for Mental Health

CLCC: Cultural and Linguistic Competence Committee

CMHDA: California Mental Health Directors Association

CMHPC: California Mental Health Planning Council

CMMC: California MHSA Multicultural Coalition

CNMHC: California Network of Mental Health Clients

CRDP: California Reducing Disparities Project

DHCS: Department of Healthcare Services

DMH: Department of Mental Health

ESM: Ethnic Service Managers

MHAC: Mental Health Association in California

MHSA: Mental Health Services Act

MHSOAC (aka OAC): Mental Health Services Oversight and Accountability Commission

NAMI: National Alliance on Mental Illness

REMHDCO: Racial and Ethnic Mental Health Disparities Coalition

OMS: Office of Multicultural Services

PEI: Prevention and Early Intervention

SAMHSA: Substance Abuse and Mental Health Services Administration

SPW: Strategic Planning Workgroup

WET: Workforce Education and Training

CMMC

CALIFORNIA MHSA MULTICULTURAL COALITION

What is the Purpose of the CMMC?

- 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 CMMMC 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.

- The CMMC will be 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.

Contact: Stacie Hiramoto, MSW
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California MHSA 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.**

- The Office of Health Equity (OHE) will also have all of the reports posted (www.cdph.ca.gov/programs).

Introductions:

- **CMMC Members:** Sergio Aguilar-Gaxiola; John Aguirre; Ahmed Ahmed; Michelle Alcedo; Jack Barbour; Rocco Cheng; Viviana Criado; Jim Gilmer; Jamila Guerrero-Cantor; Janet King; Nga Le; Beatrice Lee; Jean Melesaine Leasiolagi; Jessica LePak; Gustavo Loera; Yvette McShan; Poshi Mikalson; Raja Mitry; Masa Nakama; Emma Oshagan; Christina Quinonez; Mari Radzik; Perry Two Feathers Tripp; Russell Vergara; John Viet; Gwen Wilson; Gulshan Yusufzai.
- **Special welcome to and introduction of new CMMC members:** Michelle Alcedo; Stephan Garrett; Gustavo Loera; Raja Mitry.
- **Special welcome to and introduction of a new CMMC emerging leader member:** Yvette McShan.
- **Staff:** Stacie Hiramoto; Sandra Poole; Bobbie Zawkiewicz.
- **Visitors:** Sally Douglas Arce; Kimberly Knifong; Sarah Brickler; Cynthia Burt; Mary Nakamura; Kathleen Elliott; Ann Collentine; Stephanie Welch; Autumn Valerio; Kristee Haggins.

Agenda Review & Review of September 19, 2012 Meeting Notes and Summary (meeting packet tab #2):

- Please note calendars for upcoming months in the packet.
- No changes/additions to September 19, 2012 group memory.

Presentation - Update on CalMHSA Project on Cultural Competence (meeting packet tab #3): *(Reference attached: PowerPoint presentation "Enhancing Cultural Competence in Prevention and Early Intervention Programs")*

- QUESTION: When collecting data, are you looking at why suicide is occurring and suicide beyond the five major underserved categories? We are asking program partners whether they are doing that; we want to train partners how to collect and report information accurately to see how it reached into the thirty-five different groups (California Health Intervention Survey). We are really committed to knowing which partners are reaching which population.
- A request: When LGBTQ is referenced, do not subsume it under culture; it is not how the LGBTQ community references itself. I would like to meet with presenters.
- QUESTION: Any discussion regarding cohesive partners (CRDP and CMMC) as a group relative to cultural competence? We have so much to offer, with efficiency. Yes, we are meeting with CMMC tomorrow.
- QUESTION: When doing research, are you talking about inner-city schools? Yes.
- QUESTION: What about social inclusion – are you going to the inner-city or having the inner-city residents come to the organization, which is not realistic? There is potential to miss a lot of people who do not access services. Consider a town hall meeting in those communities.
- **FOLLOW-UP: Presenter Anne Collentine doesn't know the answer here but will get back to CMMC.**
- QUESTION: Does CalMHSA have a concern about the American Indian population, its highest suicide rate and the unique circumstances? A plan update project has been

proposed to partner with a Native American organization; we are also asking questions in interviews – some partners are successful, some are challenged by reaching American Indian communities and they acknowledge difficulties, which is reflected in the statewide report.

- QUESTION: What outreach is being done to American Indian communities? There is an allocation to develop and design it; it is important to ensure resources are there; no expertise; nothing is done yet; you might be interested in the Native Vision project, a discrimination and stigma campaign; a missed opportunity; framing left out a lot of people.
- That is an area where we and partners missed people who are not diagnosed.
- Strategic plans update (three areas) includes strategies beyond recommendations to develop and update plans utilizing input that was received.
- As an older adult advocate, the population is not highlighted. I recommend a more coordinated dialogue.
- Communities are not aware of CRDP; I want to meet to share how to increase information.
- There is a huge crisis with suicide in the deaf and hard of hearing community; be aware of the National Center on Deafness at Cal State – Northridge; make sure report is done in American Sign Language; look into Marlton School in Los Angeles, the School for the Deaf in Fremont and the School for the Deaf in Riverside.
- For CalMHSA – how to fix maintaining the audience: have them reach out to their families and communities via Facebook, the Internet; schools may not help.
- As a representative of the transgender population, I didn't hear much; the transgender community feels a huge sense of rejection and there are lots of circumstances leading to suicide; look at the Trevor Project (involves LGBTQ youth), and Lifeworks in Los Angeles and their Gay and Lesbian Center; great way to recruit transgender youth.
- Appreciate three areas: the Los Angeles County Pediatric Suicide Review, where major players conduct post mortem reviews; think about ways to disseminate where information can be accessed by youth…something smaller than a brochure; recommend Facebook, Twitter, YouTube; they are social media savvy.
- QUESTION: Is there anything being focused on South Asian-Middle Eastern population? They are part of the survey and interviews; a lot of programs are marking "all" without specifics about targeted programs; we are analyzing.
- QUESTION: What is showing (countries) the highest level of distress? That is not available yet but we are glad to share results (July 2013).
- **FOLLOW-UP: CalMHSA-CiMH project results will be shared with CMMC members around July 2013.**
- QUESTION: How much is being invested beyond 2014? $117 million currently; we are looking for no cost extension – there is a onetime hit of funds; we are trying to build relationships, connections.
- QUESTION: What about technical assistance? Don't know.
- QUESTION about the $117 million: Can you better tease that out for us and how it is spent within communities?
- I recognize five groups – any data on veterans included in the project? Yes, we are collecting it as a separate data field; collected from all program partners and included in the Rand analysis.
- Synergies – a lot of counties are implementing strategies; connect with CRDP and programs on the ground that are doing work; e.g. in new emerging Asian communities, more are at the table and willing to talk.

- 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?

- However, after the CalMHSA report today, we are also charged with special reports – such as a critique/expression of concerns regarding the CalMHSA report.
- In the state of the state report, the charge is to give feedback about how the MHSA Act is being incorporated into services – advocacy, educating, addressing issues.
- One or more special reports annually.
- Another idea related to us being experts on our communities: a powerful Rocco Cheng/Beatrice Lee workshop…it brought me to tears.
- How to help the counties/state see this as cost effective – sole source contracts, what qualifiers are.
- Advocacy for sole sourcing as a special report.
- But 80% of MHSA is dealing with severe mental illness.
- The state of the state is directed at reducing disparities.
- Interesting idea but concerned about capacity to answer RFPs.
- Maybe preference for capacity building of those organizations who already meet cultural competence standards.
- Cost effectiveness (no technical assistance needed).
- Early in Prop 63 (legislation for MHSA) areas were identified for transformation in the fiscal arena – flexible financing mechanisms, voucher system, fiscal agents to broaden funding streams.
- Like CiMH – identified as expert; who said their expertise is more valuable?
- A social injustice issue – the committee is charged to identify recurring themes.
- I think a good idea is the issue of trust building – then where would it go? Present findings, advocacy.
- More direct to <u>go to</u> the community.
- Use technical assistance funding differently – to build capacity.
- The key informant model is useful.
- I like the idea – MHSA as a whole or funding a specific county?
- Ditto flex funding to utilize local experts instead of creating new structures.
- Look at needs and capacity.
- The language of social inclusion – we are the experts; stories from the community, not staff – it makes change happen.
- The first step" report; use CRDP reports!
- Once written, where CMMC can carry the ball forward with advocacy – host community forums, etc.; go to California mental health directors association.
- Putting teeth into laws already on the books.
- Yes – go with it as a special report.
- Tie CalMHSA into this or the second state of the state report.
- Compiling data in our own community shows many groups are un/underserved; the county has been complacent without involving diverse stakeholders who have emerged and become visible more recently, but ignored; new faces being ignored is fuel for the report.
- In 2013-2014, there are lots more MHSA dollars – a lot of what we are talking about is what PEI (prevention and early intervention) was supposed to do.
- The report would be a huge leverage point.
- The mental health system talks about respecting community values but they approach things generically.

- I support direction and funding in general (sole source is one way to approach it); we are ground-breaking – the original MHSA plan was to go with one agency and the idea was not trusted so they broke it up into seven contracts.
- The whole funding issue is totally ripe – can give committee more information about MHSA dollars.
- I am encouraged by the comments; it is an opportunity; it is helpful for the committee to re-examine funding structure and the political aspects and implications.
- **FOLLOW-UP: Invite Rusty Selix to the next meeting for the political perspectives.**
- **FOLLOW-UP: Sandra Poole, Jack Barbour and Stacie Hiramoto will provide basic information.**

California MHSA Multicultural Coalition (CMMC) Quarterly Meeting
DAY TWO: Friday, December 14, 2012
9:00a – 1:00p

The Citizen Hotel
926 J Street, Sacramento, CA 95814

GROUP MEMORY

Introductions:

- **CMMC Members:** Sergio Aguilar-Gaxiola; John Aguirre; Ahmed Ahmed; Michelle Alcedo; Jack Barbour; Rocco Cheng; Viviana Criado; Jim Gilmer; Jamila Guerrero-Cantor; Janet King; Nga Le; Beatrice Lee; Jean Melesaine Leasiolagi; Jessica LePak; Gustavo Loera; Yvette McShan, Poshi Mikalson; Raja Mitry; Masa Nakama; Emma Oshagan; Christina Quinonez; Mari Radzik; Perry Two Feathers Tripp; Russell Vergara; John Viet; Gwen Wilson; Gulshan Yusufzai.
- **Staff:** Stacie Hiramoto; Sandra Poole; Bobbie Zawkiewicz.
- **Visitors:** Sally Douglas Arce; Ruben Cantu; Kimberly Knifong; Sarah Brickler; Marina Augusto, Louis Bickford, Chris Pantida, Sky Road Webb, Connie Reitman

Strategic Plan Committee Report (meeting packet tab #6):

Three topics:

I. Review content and process of plan
II. Baseline requirements of strategic plan facilitator/writer
III. Discussion of one of the deliverables

I. Review content and process of the strategic plan

- The draft of the strategic plan is not available because the department (DPH – Department of Public Health) is not ready to release it yet; reference the insert in the meeting packet.
- After DPH reviews the draft, it may or may not go to the Health and Welfare Agency.
- We want CMMC to get it before the public but we don't know. When it is released to the public, we have 30 days to review it; do we want a conference call? Do you want to send in comments? We don't know; this is evolving. We still hope to review the plan as a group and come to consensus because there is exponential power beyond individual input.

- Committee activities include three meetings; input into the strategic plan; today we want more discussion regarding committee and CMMC recommendations; more participation! New members, too.
- We also worked on 2012 deliverables.
  Ruben Cantu report (Power Point presentation – not available for release)
  - Generally – the background, timeline and time challenges.
  - Ruben's role has been to work with the SPWs (strategic plan workgroups) to inform his work.
  - The strategic plan is the synthesis of the population reports – the "roadmap" based on looking at SPW recommendations and then categorizing; looking at similarities and universals across communities and prioritizing; up to 80-90 pages are included as appendices.
  - The executive summary is about 6-8 pages and serves as a stand-alone snapshot of the current status regarding mental health disparities, the great work being done in the community, etc.
  - There are three categories of recommendations – system, provider and community levels.
  - The majority deals with the systems level and policy changes to how we do work on the state level.
  - Recommendations will look familiar; we still need to do that work and improve how things are done because of California's 60% racial/ethnic and LGBTQ population – a majority in the state.
  - Proposed, but not final recommendations are being reviewed at DPH; I am not sure they will be changed because these are from SPWs and already approved; they are being reviewed now to see how DPH can be prepared; right now the draft is with upper level leadership; it has already been reviewed by Marina and her office – they are not changing content but, as allies, helping with direction and clarification to strengthen the process and the final product.
- What holds us together is our potential to do big things on the systems level.
- I just went through the review of the LGBTQ report and found no change beyond minor edits; no input like "too controversial;" same with the Asian/Pacific Islander report – no content/substantive changes.
- I suggest with this presentation that Ruben describe the process and volume of work done to this point, e.g. recommendations run by our communities, etc., so the recommendations are pretty much in the public domain by now.

[Continued presentation from Ruben Cantu]

- A snapshot of proposed recommendations:
  - System level: high level policy redefining of the state's approach to providing culturally and linguistically competent and appropriate services – about 17 recommendations; got good feedback from DPH and the SPW that strengthen the recommendations
  - Provider level: what needs to be accomplished by service providers to improve the quality and availability of culturally and linguistically competent and appropriate services
  - Community level: looking to engage community and family members to create a better system
- The timeline:

  - Finalization process (after 10-11 drafts so far) involves awaiting approval for the release to the public for comment then revisions and resubmission for approval
  - I share your frustration with the timing
  - I hope to partner with CMMC before public comment
  - CMMC and individuals can provide feedback during the public comment time, too
  - Then back to CMMC and other groups to ensure full distribution – it is a tool for advocating and making change happen
- QUESTION regarding the recommendations on the five SPW reports: Are there any data concerning other communities? For other communities that are not included in the SPW reports, we want to see something done. The recommendations come from the five reports but you need to review the strategic plan for gaps and how to include them, e.g. the reason for stigma is different, outreach strategies are different, etc.
- QUESTION: Is cultural competency defined in the report? Yes. We also make clear that the foundation is culture and embracing culture to heal and reduce disparities. Also, we need to get the plan into the hands of politicians. The dissemination includes copies to every elected person and administrator. Make sure drafts are drafts.
- I have a comment: diversity within broader groups is great and is not captured well; we are missing a lot because people from Middle Eastern communities are not reached properly because they may be under a "white" category or "other;" there has a to be a robust move to peel away layers and disaggregate data in order to ensure appropriate evaluation and delivery.
- Boards of Supervisors in each county that control the purse strings need to be informed very, very well; they do not have a depth of information or awareness regarding reducing disparities – it's more cerebral and not recognizing who people are in the communities.
- "Data collection" is a catch-all term; it is also about data disaggregation; regarding counties, we have limits in staff and resources so we need to count on all of you for dissemination; we look to you to know who it needs to go to or who would benefit from a presentation.
- I have some comments:
  - When you talk about cultural competency, please include cultural and linguistic competency
  - Regarding recommendations: what matters about best evidence practices implemented by counties is that many are being used without cultural adaptation; the adherence required limits what is important through this whole initiative, e.g. community-defined practices
  - **FOLLOW-UP: This is a gap; I am happy to provide language (Sergio Aguilar-Gaxiola)**
  - I am sympathetic regarding the incredible California diversity but the focus of the initiative was the five groups. There is room in the plan to bring attention to the range of groups; e.g. in the Latino population there are indigenous groups not included in the report; also Blacks from the Caribbean area. Layers are neglected that need attention.
- My recommendation: I would like to see the OHE (Office of Health Equity) require each county to incorporate the strategic plan into their county plan and have each local MHSA (Mental Health Services Act) advisory body submit a reaction paper to OHE regarding it impact on the local level.

- QUESTION about the landscape: Does it include current funding analysis and changes needed? A little in the report.
- QUESTION: How will public comments be handled by CMMC? Will there be opportunity for CMMC to review them? I don't think so; that's a conversation between Ruben and OHE.
- QUESTION: What if public recommendations change what came out of the SPW population reports? I don't know; that's a good question.
- QUESTION: Are specific recommendations from the SPWs included as appendices? Yes – executive summaries from each SPW as well as their recommendation summary. SPW recommendations are referenced a lot in the report.
- Ditto – evidence-based practices.
- I have concerns regarding the populations not included in the five SPW populations. There is a lot of commonality, such as transportation; and we looked at what could be the most universal; I would expect the same things to come to the top and then adaptation to specific populations in terms of how to address the issue.
- After the summit, I believed we should talk further about cultural affirmation.
- QUESTION regarding cultural competency: the state is requiring only 3-4 out of the 14 standards; I am curious whether there is a recommendation to improve beyond those 3-4? Are recommendations conveying all 14 class standards? Yes; the full recommendation does recommend addressing all 14.
- My concern is with the Native American community and Tribal governments, and dissemination back to Tribal governments/councils when not invited or included; how will the recommendations that have been made affect the onset of health care reform and work already done in the health care reform area?
- QUESTION: What does OHE mean by an inclusive process – Tribal governments have not been considered; for instance, service delivery is not by federally-recognized clinics to rural Tribal members; these are big issues yet to be addressed relative to expanded offerings – and time and place to draft these concerns.
- We are open; we do reference the SPW report and Tribal considerations; the dissemination plan can be added to; not sure how resources play out; the plan is not released yet because we (Marina Augusto/OHE) are new to DPH and projects are very visible and political; we are bringing DPH up to speed and they are proceeding with caution to make sure that recommendations are actionable/do-able. We are inquiring about an executive order for Tribal consultation – we talked with leaders about that recently; we want to move the plan forward and do it right. It still needs quite a vetting process and we want to be strategic in its release and consultation with the community.
- If that doesn't really address your concerns, contact Marina Augusto.
- QUESTION regarding groups outside the five groups: while numbers may not be big and voices are not out there, it's an issue that United States foreign policy makes many associated with terrorism; it is a real live issue that requires focus, particularly to South Asian and Middle Eastern groups, on the topic of terrorism and real harm in other countries that affects people here. Real steps need to be taken after the plan goes out.
- IDEA: Put pictures in the strategic plan to help differentiate "white" categories.
- A comment regarding other groups: We will not know what similarities or differences there are unless we do data collection. The specific concern is a paradox: with the five SPWs, we have done away with the white category that includes many ethnic groups.

How are we going to address that? In the Los Angeles area, services are delineated by language.

- 40% of the LGBTQ population are white members and not ignored.
- **AREA OF AGREEMENT/FOLLOW-UP: A recommendation that, after the initial plan, we discuss how to address this.**
- Postpone item III discussion; this is very important; the committee is looking at a way to address this; stick to the agenda and figure out how to proceed.

II. Review the baseline requirements for the facilitator/writer regarding the drafting of the strategic plan; discussion and finalization of the review tool

- It is important to understand the parameters/background on what was required of the strategic plan facilitator/writer (Ruben Cantu); items #2 and #3 of deliverables are the facilitation, development and implementation of the strategic plan.
- Regarding feedback on the draft of the review tool: we consulted with Ruben Cantu for this version.
- [After a break] As I listened to the previous comments, I was reminded of the vitality and strength of advocacy around the table.
- We are in this together; CRDP (California Reducing Disparities Project) is based on very limited resources in Phase 1; the majority of funding is going to community meetings, etc.
- Please trust the synthesis, with limited resources, of what similarities are evident; we can't create a perfect result; we tried to incorporate the limitations into the report.
- Use the report as guidelines; it is only a beginning with the five reports; we can add other recommendations to make it applicable to other groups.
- CRDP represents less than 5% of MHSA funds; I am so appreciative of strong voices; DMH (Department of Mental Health) has many more dollars.
- This is a very time and energy consuming project but we do that in good faith; CRDP, and the SPWs if they continue, will be a stepping stone to continue to negotiate on behalf of other groups.
- Many recommendations from the five population reports are very similar; we are fortunate to have CRDP to start and think collectively about what we can add.
- The strategic plan is designed to cover a specific scope of populations; in our review, we need to keep that focus.
- It is not effective to rush through the strategic plan discussion.
- **DECISION: Reconvene CMMC after having plenty of time to review first, including the review tool.**

Emerging Leaders Committee Report (meeting packet tab #7):

- Our committee is the micro; the strategic plan committee is the macro.
- We completed four deliverables:
  - Description of the emerging leaders training process
  - Description of training outcomes
  - Description of strategies for support
  - A mentorship plan
- All five emerging leaders are seated; 2013 is our year to provide educational activities.
- We are creating a needs assessment for the five emerging leaders to respond to in order to identify their needs; e.g. skills, specialties shared, learning about systems of care, concerns about CMMC, etc.

- 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.

- But if I have come a long way…it feels disrespectful.
- Like Toastmasters – a good tool; it's professional, doesn't feel offensive.
- I agree and support the format for quality discussion.
- Beyond the clock, it's the quality of discussion.
- For the public – and CMMC: make sure time is allocated if the public is invited to engage.
- Use breaks, avoid duplication.

Public Comment:

1. On Track program resources on-line: special training regarding class standards; on-line training and technical assistance.
2. We don't hear about sharing resources enough; these practices have to change in order to transform the system.
3. Native American veterans have the highest suicide rate of returning combat veterans; reaching out to them and their families is critical.

Wrap Up:

- **FOLLOW-UP: Put "comfort agreement" on the next agenda, include pulling subsequent ideas from these notes.**

Logistics:

- Bobbie Zawkiewicz needs receipts; she will fill out the form. Exchange information with her to ensure reimbursements happen.
- In the case of any hardships, you can request reimbursement ahead of time.
- Dates for 2013 CMMC meetings have not been determined yet.

California MHSA Multicultural Coalition Meeting
Thursday – Friday, December 13 & 14, 2012

MEETING DECISIONS and FOLLOW-UP

Special Orientation Session:

- **FOLLOW-UP:** Stacie Hiramoto's office will email everyone with all of the sites where SPW reports are available.

Presentation - Update on CalMHSA Project on Cultural Competence:

- **FOLLOW-UP:** Presenter Anne Collentine doesn't know the answer to the following question but will get back to CMMC: What about social inclusion – are you going to the inner-city or having the inner-city residents come to the organization, which is not realistic? There is potential to miss a lot of people who do not access services. Consider a town hall meeting in those communities. *(Reference 12-13-2012 CMMC meeting notes, page 2.)*
- **FOLLOW-UP:** CalMHSA-CiMH project results will be shared with CMMC members around July 2013.

Review and Development of CMMC Procedures:

- **DECISION & FOLLOW-UP:** Consistent with the concerns and values expressed by CMMC members *(reference 12-13-2012 meeting notes, pages 4-6)*, have the Administration Committee draft a conflict resolution procedure, including a "comfort agreement" before the next meeting (March) and approve the final product at the March meeting.

MHSA Assessment and Recommendation Committee (MAC) Report:

- **FOLLOW-UP:** Invite Rusty Selix to the next meeting for the political perspectives.
- **FOLLOW-UP:** Sandra Poole, Jack Barbour and Stacie Hiramoto will provide basic information.

Strategic Plan Committee Report:

- **FOLLOW-UP:** Sergio Aguilar-Gaxiola will provide language that is missing regarding community-defined practices *(reference 12-14-2012 CMMC meeting notes, page 10)*.

- **AREA OF AGREEMENT/FOLLOW-UP:** After the initial strategic plan is released, have a discussion regarding how to address the un/under/inappropriately served populations that are not included in SPW reports *(reference 12-14-2012 CMMC meeting notes, pages 8-12)*.

- **DECISION:** After plenty of time to review the strategic plan and the review tool, reconvene CMMC to discuss and comment.

Emerging Leaders Committee Report:

- **FOLLOW-UP:** Include mentors when sending emails to mentees.

Administration Committee Report:

- **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.

- **FOLLOW-UP:** Put selection of proposed Public Affairs Committee membership on the agenda for the next CMMC meeting and convey information to the Administration Committee *(reference 12-14-2012 CMMC meeting notes, pages 13-14).*

CMMC Quarterly Meeting December 13-14, 2012
Evaluation Compilation

For each question, circle the response that best describes your perspective AND add comments at the end.
(14 responders)

The goals of this meeting were clear.

I strongly agree	*I agree*	*I am neutral about this*	*I disagree*	*I strongly disagree*
28.6% (4)	64.3% (9)	14% (1)	0%	0%

This meeting achieved the goals as I understand them.

I strongly agree	*I agree*	*I am neutral about this*	*I disagree*	*I strongly disagree*
21.4% (3)	78.6% (11)	0%	0%	0%

The meeting met my expectations.

I strongly agree	*I agree*	*I am neutral about this*	*I disagree*	*I strongly disagree*
21.4% (3)	57.1% (8)	21.4% (3)	0%	0%

The structure of this meeting allowed adequate opportunity to raise important issues and begin exploring and clarifying those issues.

I strongly agree	*I agree*	*I am neutral about this*	*I disagree*	*I strongly disagree*
14.3% (2)	71.4% (10)	7.1% (1)	0%	7.1% (1)

The structure and content of this meeting fostered a broad array of perspectives that stimulated new thinking and opportunities to ask questions.

I strongly agree	*I agree*	*I am neutral about this*	*I disagree*	*I strongly disagree*
35.7% (5)	50% (7)	7.1% (1)	7.1% (1)	0%

This meeting offered me the opportunity to be heard and understood, even if others did not agree with me.

I strongly agree	*I agree*	*I am neutral about this*	*I disagree*	*I strongly disagree*
28.6% (4)	64.3% (9)	*0%*	0%	7.1 % (1)

This meeting set the stage for more constructive discussion in the future.

I strongly agree	*I agree*	*I am neutral about this*	*I disagree*	*I strongly disagree*
35.7% (5)	50% (7)	14.3% (2)	0%	0%

The meeting was conducted in a way that honored my involvement and helped my participation feel valuable.

I strongly agree	*I agree*	*I am neutral about this*	*I disagree*	*I strongly disagree*
28.6% (4)	57.1% (8)	7.1% (1)	0%	7.1% (1)

The meeting facilitator helped this meeting move forward and stay on track.

I strongly agree	*I agree*	*I am neutral about this*	*I disagree*	*I strongly disagree*
28.6% (4)	71.4% (10)	0%	0%	0%

The meeting facilitator captured information that is important to me.

I strongly agree	*I agree*	*I am neutral about this*	*I disagree*	*I strongly disagree*
35.7% (5)	50% (7)	14.3% (2)	0%	0%

The meeting facilitator helped keep participants engaged in the discussion.

I strongly agree	*I agree*	*I am neutral about this*	*I disagree*	*I strongly disagree*
14.3% (2)	85.7% (12)	0%	0%	0%

The set-up for this meeting (acoustics, tables and chairs, lighting, location) contributed to its success.

I strongly agree	*I agree*	*I am neutral about this*	*I disagree*	*I strongly disagree*
7.1% (1)	64.3% (9)	28.6% (4)	0%	0%

(Below is a list of comments from the 14 responders)

What aspects of this meeting worked well for you?

Structural/Procedural:
- Liked meeting at the Citizen Hotel when there for an overnight meeting.
- Location 1st day better, but 2nd OK.
- Organized by co-chairs.
- Goals for each section.
- None at this time.
- Thanks for the dinner gathering; great way to build the CMMC community.
- CalMHSA presentation.
- Ruben Cantu presentation.
- 2 day format.

Process:
- Co-chairs were great.
- Great chairing by the two co-chairs!
- Most I felt very involved.
- Honest discussion.
- Co-chairs/facilitator.

What was missing for you regarding this meeting?

Structural/Procedural:
- I have nothing in mind now.
- Please have more water at 1st site.
- We should read out the goal of each section before we start.
- More guidance about committee structures.
- 2nd day should be a full day also.
- Time!
- Friday acoustics not good.

Process:
- Need group agreement.
- Not much that was controlled by CMMC. Audience participation felt less.

What changes in how this meeting was structured or conducted would you suggest?

Structural/Procedural:
- The 2nd day was rather squished.
- Volume issues sometimes.
- If we are ahead in our agenda/the time, can we move forward instead of filling in that extra time with chatting? Because we always run late in other areas. So if we use that extra time that we saved in the beginning, it would be more efficient.
- If we do 2 days, we should do 2 full days to make the most of our traveling.
- There are too many agenda items packed into this meeting. If we have guest speakers we need to allow more time for questions/discussions of these items.
- Adjust time for presentations to allow adequate discussion time for participants and public.
- More time.
- Time. Outcome based agenda.
- Thank you so much!
- Thank you!

Process:
- Less commentary on small tasks, items and more action/decisiveness which will save time.
- Reminders of agreement and respect to others' time, opinions.

CMMC MHSA Assessment and Recommendations Committee

AGENDA

March 15, 2013

1:30 pm – 3:00 pm

Conference Call#

(217) 258-5599
Code # 788005

- Roll call/Introductions
- Review February 15th Meeting Notes
- Co-Chair's Report
- Old Business
- Year 2 State of the State Report (Discussion with Katherine Elliott)
- Special Report Score Card

New Business

- Year 3 State of the State Report
- Announcements
- Calendar Review
- CMMC Meeting March 25, 2013
- Next MAC Committee Meeting Date April 19, 2013
- Adjournment

MEETING NOTES

MAC COMMITTEE

Conference Call
February 15, 2013
1:30 pm – 3:00 pm

(217) 258-5599 - Code # 788005

In Attendance
Jamila Guerrero-Cantor, Co-Chair
Gwen Wilson, Co-Chair
Michelle Alcedo
Beatrice Lee
Gustavo Loera
Emma Oshagan
Christina Quinonez
Russell Vergara

Not in Attendance
Gulshan Yusufzai

Staff in Attendance
Sandra Poole

I. Roll Call/Introductions

Roll call conducted. Welcome to new MAC committee member Michelle Alcedo.

II. Review of January 18th Meeting Notes

The meeting notes for January 18th meeting were approved by consensus of committee members.

III. Co-Chair's Report – Monthly Activities

No report.

IV. Old Business

a. Year 2 State of the State Report

Sandra provided a status update on the Year 2 State of the State report and shared that she was able to speak with Katherine Elliot who agreed to assist the MAC as the writer for the Year 2 report. The topic outline was sent to Katherine and she indicated that she would like to speak with the committee once she has had an opportunity to review the topic outline. The committee was asked if the follow up call with Katherine should happen at the next committee meeting or if the MAC

would be willing to hold a special meeting. The committee suggested waiting until Katherine has had a chance to review and provide input in terms of the scope of the project and how long it might take to complete the report.

Gwen raised a concern that the topic outlined seemed to be going in the same direction as the last report. Gwen agreed to send Sandra a paragraph to include in the topic outline to provide direction for the Year 2 report.

Action Item: Sandra will follow up with Katherine and contact the committee by email regarding a potential conference call prior to our next meeting.

b. Special Report – Score Cards

Some committee members were unclear of the intent and purpose of the score cards. Sandra provided an explanation that the intent discussed at the last conference call was to use a score card format to evaluate MHSA related topics or documents. Suggestions of potential topics were a cultural competency evaluation of the recent MHSOAC newspaper insert, DHCS Business Plan development process, etc. Committee members stressed that this tool would need to have criteria and a design that is valid. Gustavo suggested that the committee might want to focus on developing an instrument that community based organizations can use to evaluate certain systems for cultural competency and then pilot the instrument in five or six organizations. Gustavo agreed to look at literature that discusses development of the instrument. The MAC agreed that for the Year 3 special report this would be a viable approach.

Action Item: Gustavo and Sandra will work on a sample score card instrument to share with the MAC for discussion.

V. New Business

a. Update on Deliverables Status

We continue to have the same deliverables due as reported last month.

b. Year Three State of the State Report (This agenda item was added at the request of Co-Chair Gwen Wilson and Russell Vergara).

Potential topics discussed were the 1) Use of Sole Source contracts for special populations/underserved communities, 2) MHSA funding structure and how underserved communities compare to others (i.e.

level three funding versus high end funding); and 3) Equitable funding opportunities for all communities.

Action Item: Include the Year Three State of the State report as an agenda item for the next meeting.

VI. Announcements

- Gwen announced she will be giving an interview with Mental Health Oversight and Accountability Commission and will send out the information to the committee.
- Sandra announced that Bobbie is no longer employed by REMHDCO.
- Jamila announced a Mental Health Symposium on February 28th on her campus. She will send out an announcement to the CMMC.

VII. Calendar Review - Next MAC Conference call is March 15, 2013.

VIII. Adjournment

Call adjourned at 2:59 p.m.

MHSA Assessment and Recommendations Committee (MAC) Scorecard

	Consciousness *(Demonstrates knowledge about interactions between self and others)*			**Efficacy** *(Believes in and values the promise and complexity of diversity)*			**Flexibility** *(Engages in diverse thinking and learning styles, and inclusive of communities)*			**Interdependence** *(Demonstrates value of diversity within cultures and groups)*		
	MHSA Principles for Consciousness			**MHSA Principles for Efficacy**			**MHSA Principles for Flexibility**			**MHSA Principles for Interdependence**		
Mental Health Providers and Staff	Aware of the various culture groups to which he/she serves	Aware of the impact that his/her culture or ethnicity might have on a consumer	Aware of personal prejudices and biases when interacting with a consumer	Confident with his/her ability to coach a consumer from a different culture on their recovery	Confident using language that reflects consumer's values	Confident designing a treatment plan for consumers from different cultures	Adopts behavior to the cultural needs of the consumer	Open to new strategies to improve intercultural communication	Open to explore opportunities to learn from various groups	Differentiate between group identity and group identity	Use knowledge of cultural differences to strengthen relationships	Values the culture and groups with whom consumers identify
Allen	R	R	R	--	--	--	R	R	R	P	P	P
Atkins	M	M	M	--	--	--	R	R	R	R	R	R
Block	M	M	M	--	--	--	R	R	R	R	R	R
Bonilla	P	P	P	P	P	P	P	P	P	P	P	P
Butler	P	P	P	P	P	P	P	P	P	P	P	P
Campos	--	--	--	--	--	--	--	--	--	--	--	--
Castro	M	M	M	--	--	--	R	R	R	R	R	R
Cook	M	M	M	--	--	--	R	R	R	R	R	R
Davis	--	--	--	--	--	--	--	--	--	--	--	--
Dominguez	R	R	R	--	--	--	R	R	R	R	R	R
Dons	M	M	M	--	--	--	R	R	R	R	R	R
Ellis	M	M	M	--	--	--	P	P	P	P	P	P
Eng	--	--	--	--	--	--	--	--	--	--	--	--
Fernandez	M	M	M	--	--	--	M	M	M	M	M	M
Garcia	M	M	M	--	--	--	R	R	R	R	R	R
Gomez	M	M	M	--	--	--	R	R	R	P	P	P

Scale

M = mention – Individual simple talks about the topic, but does not apply it in a real work situations.

R = reinforce – Individual applies the cultural standard, but not consistently over time.

P = practice – Individual puts to practice the knowledge and skill, and is able to change organizational and peoples' behaviors.

-- = not sure

OVERALL INTERPRETATION: Based on the data from this example, we can conclude that the administration is not sure whether or not their staff is confident (efficacious) in their ability to work with consumers from a different culture. Or, it can also mean that they (administration) do not measure their staff's efficacy in working with individuals or groups from different cultures or backgrounds. Another gap that was evident is the staff's lack of awareness of their own biases. It is possible that they talk about being knowledgeable about other cultures, but during interactions with various groups, they seem disconnected to the consumer or group. On the other hand, the results indicated that the staff was strong in their capacity to change and in acquiring the necessary skills to work with consumers in a way that is more interconnected.

Gaps. Two main gaps were evident from this scorecard. First, the inability to acknowledge the associations between ones' own thoughts and values with the consumers' thoughts and values and the impact of this interaction. Second, lack of knowledge about staffs' beliefs about their abilities to succeed in helping a consumer from different cultures achieve their recovery goals.

Strengths. The staff is open to listen and learn strategies to be culturally sensitive and improve their service delivery. In addition, the staff appears to value differences and recognize that cultural differences require them to modify their service delivery.

Recommended actions. Invest in training opportunities for improving the staff's beliefs about their ability to succeed and make a difference in the lives of consumers and their families. Empower the staff by offering professional development workshops that will help them become aware of their thoughts, feelings, points of view, and intentions when working with consumers.

CMMC MHSA Assessment and Recommendations Committee

DRAFT AGENDA

February 15, 2013

1:30 pm – 3:00 pm

Conference Call#

(217) 258-5599
Code # 788005

- Roll call/Introductions
- Review January 18, 2013 Meeting Notes
- Co-Chair's Report
  - Monthly Activities
- Old Business
  - Year 2 State of the State Report
  - Special Report – Score Cards
- New Business
  - Update on Deliverables Status
- Announcements
- Calendar Review
  - Next MAC Committee Meeting Date March 15, 2013
- Adjournment

MEETING NOTES

MAC COMMITTEE

Conference Call
January 18, 2013
1:30 pm – 3:00 pm

(217) 258-5599 - Code # 788005

In Attendance
Beatrice Lee
Emma Oshagan
Gulshan Yusufzai
Gustavo Loera
Jamila Guerrero-Cantor, Co-Chair

Not in Attendance
Christina Quinonez
Gwen Wilson, Co-Chair
Michelle Alcedo
Russell Vergara

Staff in Attendance
Bobbie Zawkiewicz
Sandra Poole

I. Introductions

All participants introduced themselves for the record. Co-Chair Jamila Guerro-Cantor welcomed new MAC member Gustavo Loera.

II. Co-Chair's Report – Monthly Activities

Co-Chair Jamila Guerrero-Cantor discussed the Year 2 State of the State report and the difficulty that MAC members have finding the time to research and write the report because of their jobs and other commitments. Given these constraints, the committee discussed the potential of the CMMC contracting with someone else to draft the report with guidance and input from the committee. The Co-Chair also indicated that the MAC may discuss reevaluating our deliverables in a future meeting.

III. Old Business

a. Debrief MAC meeting at December 2012 CMMC Meeting

The MAC met during the lunch break on the first day of the December CMMC meeting (December 13, 2012). Members in attendance were Jamila Guerrero-Cantor, Beatrice Lee, Gulshan Yusufzai, Gwen Wilson, Emma Oshagan, Russell Vergara and Sandra Poole (staff). One topic of discussion was the concern that some of the cultural groups are not being considered in the CalMHSA Cultural Competency project. A suggestion was made that one way to complete our special

report deliverable and to provide timely input on these types of issues would be to develop a "score card' mechanism to evaluate various MHSA reports/projects . The scorecard evaluation would be completed by the MAC committee and forwarded to the full CMMC as information or to inform a policy position of the CMMC.

Using the score card process would be less time consuming and allow the MAC to be more succinct and provide a much quicker format for input on some of the MHSA reports or projects. Members suggested it would be best to find an existing score card that has already been tested, which can be modified to fit the CMMC needs. Recommendations can also be included on the score card.

There were questions as to how the score card would be disseminated and used. It was stated that determining how the score card would be used should be based on the subject matter of the scorecard. Staff provided an example of how the scorecard might be used. Members stated that the evaluation criteria would be the most important aspect of developing the scorecard. In the narrative we would need to provide the rationale for the score and recommendations. It was also suggested that the MAC develop a list of upcoming MHSA reports and provide a recommendation to the CMMC on reports we might want to weigh in on. The MAC agreed to move forward with this idea in concept and ask staff to provide samples of score cards used by other organizations. This item will be included as an agenda item for the next meeting.

> **<u>Action</u>: Staff will identify samples of score cards and potential topics for evaluation. The use of Score Cards for the Special Report deliverable will be included as an agenda item for the next CMMC meeting.**

b. Year 2 State of the State Report

The Year 2 State of the State Report topics has been distributed to the MAC Committee. It was previously agreed that the Year 2 State of the State report would delve further into some of the issues that were identified in the Year 1 State of the State report.

At the CMMC meeting in December, the MAC Committee Co-Chair Gwen Wilson introduced the topic of sole source contracts as a potential topic for a future State of the State report. The MAC reiterated the desire to continue with the Year 2 State of the State report based on issues raised in the first report and to consider the sole source contract issue as a potential topic for Year 3.

Based on concerns raised earlier about the conflicting time commitments of the MAC to draft the State of the State report, the committee requested that staff pursue obtaining someone on contract to write the report. Three names were suggested as potential writers: Kathleen Elliott, Rachael Guerrero and Debra Lee.

> **<u>Action</u>: Sandra will initiate contact with the recommended writers for the State of the State report to ascertain their interest/availability.**

IV. New Business

a. Update on Deliverables Status

Staff gave an update and review on the deliverables, which is attached.
Year 1 State of the State report has been submitted to the CDPH and is undergoing department review. CDPH indicated that they may have to also send the report to the Health and Human Services Agency for review before the report can be released.

Year 2 State of the State report is past due as of June 30, 2012. As previously discussed, efforts will be made to secure a writer for this report based on the topic outline developed by the MAC.

Year 3 State of the State report is due on June 30, 2013, and has not been started yet. Gustavo volunteered to help frame the Year 3 State of the State report in terms of content and preparing it for discussion with a contracted writer once the topic is determined.

Year 1 Special Report is completed. The topic is "*CMMC Response to the Passage of AB 100 and the AB 100 Workgroup*".

Year 2 Special Report is completed. The topic is "*Response of the CMMC to the Proposed Restructure of the DMH in FY 2011-12*".

Year 3 Special Report is due on June 30, 2013. There was a concern raised about the potential overlap in roles of the MAC and Policy committee being formed as a new CMMC sub-committee. It was discussed that documents developed by the Policy Committee might be able to be used as a MAC special report deliverable if not submitted for any other CMMC deliverable.

Action: Sandra will resend the Year 2 State of the State topic outline to the MAC.

b. Election of Policy Committee Representative

The co-chair inquired if any member of the MAC Committee has an interest in becoming a member of the Policy Committee. Gulshan expressed an interest in becoming a member. Gustavo expressed an interest in being an alternate member of the Policy committee. By consensus, the MAC agree to name Gulshan as the MAC representative to the Policy Committee and Gustavo as the alternate.

V. Announcements

Members were reminded to please forward their short biographies to Bobbie if they haven't done so already. Beatrice has a new email for the distribution database list.

Action: Bobbie will resend the email requesting the bios.

VI. Calendar Review - Next Meeting Date February 15, 2013

Call adjourned at 2:42pm.

State of the State Year Two Report – Table of Contents/Topic Outline

I. Executive Summary

II. Introduction

The reduction of disparities in health and mental health for underserved racial, ethnic and cultural population groups is a recognized goal of the MHSA. To directly address this goal, the former Department of Mental Health (DMH) Office of Multicultural Services (OMS) created the California Reducing Disparities Project (CRDP). The CRDP has several components, one of which is the development of the California Mental Health Services Act Multicultural Coalition (CMMC), a collaboration of community based providers, leaders, and advocates, which helps guide efforts to reduce disparities on a state level. The CMMC has been charged to produce this second State of the State as part II of the first State of the State report on the status of reducing disparities since the start of the MHSA.

The first CMMC "State of the State" report examined Penetration Rate Data and the lack of adequate and reliable data regarding disparities. Further there was evidence suggesting that disparities in access to care, quality of care, and social determinants of mental health persist, since the implementation of the MHSA.

This report seeks to delve further into the ongoing barriers to access and the resulting harmful effect to racial, ethnic and cultural communities.

III. History and Background

a. Recap of Penetration rate data from the Year 1 State of the State report and the important takeaways that informs the Year 2 State of the State report.

The first State of the State Report released in _____ discussed the matter of penetration rates in order to establish a starting point in the broader conversation on mental health disparities. By looking at different conventional approaches to define penetration measurement, the report showed the limitations of current penetration rate data. Some of these limitations included the lack of reliability of current penetration data, the overrepresentation of ethnic minorities in coercive and restrictive settings, the use of broad group categories that mask within group heterogeneity, and the non-representation of other vulnerable populations such as LGBTQ, refugees, veterans, and foster youth.

The first State of the State report concluded that in order to more accurately describe mental health disparity, penetration rates data should be complemented by other data measurement approaches, including qualitative methods that address issues of access

and quality to care, and the social determinants to mental health. The report discussed the role of the CMMC in advocating more accurate measurement of mental health disparity and assessment of community mental health needs.

This second State of the State Report builds on the findings of the first. It does this by discussing the larger issue of access to care from a community perspective in order to more accurately assess community mental health needs.

IV. Definition of Disparities and Access or Quality of Care

a. Differences after Access: Who gets to define them for racial, ethnic and cultural communities?

It is well known that the mental health system in California has relied on penetration rate data for years to assess various measures of service use and describe impact in "reducing disparities." In our previous "Introduction Section" of the report, we stressed how existing data should be supplemented by other data to tell the true story of penetration rates and what they represent. In this section we continue along that same line but first by urging the need for racial, ethnic and cultural communities to "have access to timely and accurate data" in order to verify to calculations data used. " Moreover, we urge communities getting access in a timely and consistent manner.

The Importance of Culture & Cultural Competence in Assessing Impact in Reducing Disparities

In this State of the State Report, we will explore the importance of culture and cultural competence in assessing impact in reducing disparities. The MHSOAC has invested considerable dollars in Evaluation of MHSA services and their impact. Recently, UCLA was contracted to conduct evaluation of MHSA. Feedback thus far has been mixed as to whether the evaluation is going to be valid for all populations covered under the act.

> According to the ***American Evaluator's Association:***
>
> "....Evaluations cannot be culture free. Those who engage in evaluation do so from perspectives that reflect their values, their ways of viewing the world, and their culture. *Culture shapes the ways in which evaluation questions are conceptualized, which in turn influences what data are collected, how the data will be collected and analyzed*, and how data are interpreted. The universal influence of cultural values and perspectives underscores the importance of evaluations that are culturally competent. To draw valid conclusions, the evaluation must consider important contributors to human behavior, including those related to culture, personal habit, situational limitations, assimilation and acculturation, or the effect of the evaluation.[1] Without attention to the

complexity and multiple determinants of behavior, evaluations can arrive at flawed findings with potentially devastating consequences."

b. Disparities in access and quality for the Deaf and Hard of Hearing (DHH) community.

The National Association for the Deaf reports that the status of mental health services for deaf and hard of hearing people in the United States is woefully inadequate. Mental health service providers may mistake cultural, language and communication issues for developmental delays, mental illness or mental retardation. Similarly, without mental health services using cultural and linguistic affirmative approaches, the DHH community in California also suffer from inadequate access to mental health services.

V. Statewide Penetration Rates – Part II

a. Two Data Sources Highlighted in the Year 1 State of the State Report

The Year 1 State of the State report focused on available data sources to provide insight into the current state of disparities in California, focusing specifically on access to mental health services. Two sources of data were used to evaluate access to care for racial, ethnic and cultural populations:

1) DMH Data Management and Analysis Section and

2) Medi-Cal data reported by the California External Quality Review Organization (CAEQRO).

These two databases provide information on mental health services utilization by ethnicity. While this statewide data is often used to estimate access to care, significant concerns regarding the validity and reliability of this data limited the interpretation of the findings were highlighted in the first State of the State report. The Year 1 State of the State report concluded that the data do not provide an accurate picture of mental health service utilization. Instead, the reported reductions in penetration rates reflect vagaries in the reporting process.

Limitations to Penetration Rate Data

Information regarding both CSI and Medi-Cal data suggests that significant challenges to reporting and processing of data limit the interpretation of findings based on this data. In addition to these concerns regarding the reliability of the data, the Year 1 State of the State report highlighted several limitations to the validity of penetration rate data for Racial, Ethnic and Cultural Populations including:

1. **Overrepresentation of racial, ethnic and cultural populations in coercive and restrictive settings.**

2. **Race and ethnicity categories used by counties to summarize utilization rates are broad and mask significant heterogeneity within ethnic groups.**

3. **Other vulnerable groups that experience significant disparities in mental health may not be represented in racial and ethnic categories currently used in DMH penetration rates and CAEQRO data.**

4. **Inaccurate or missing information on forms.**

The findings of the studies cited in the Year 1 State of the State Report suggest that 1) despite countless efforts to improve data collection, state and county information systems lack the resources and capacity to provide accurate, timely, and useful information regarding client access and utilization of services, 2) the data that is available does not suggest significant improvements in mental health for racial, ethnic and cultural communities.

In the Year 1 "State of the State" report, the evaluation of statewide progress in reducing disparities was hampered by the lack of access to county cultural competence plans and inadequate statewide data sources. To provide an accurate evaluation of these efforts, a comprehensive and multifaceted approach must be taken.

b. Description of other available Data Sources

In addition to the data systems used in the Year 1 State of the State report the pros and cons of utilizing eight other data systems should be explored including:

- Client Services Information (CSI)
- County CSI Reporting Systems
- Data Collection and Reporting (DCR) (Full Service Partnership Outcomes)
- Web-based Data and Reporting System (Consumer Perception Survey Data)
- Short-Doyle Medi-Cal Approved Claims Files
- Medi-Cal Eligibility File
- MHSA Revenue and Expenditure Reporting
- MHSA Exhibit 6 Quarterly Reporting

c. What other limitations exist in using penetration rate data to assess disparities reduction?

i. The other culturally invisible communities. Problem with applying the threshold languages as gateways to understanding the disparities that exist in these communities beyond language.

The use of penetration rate data to evaluate disparities in mental health services to different cultural and ethnic populations is an unrealistic approach that may

result in false perceptions of a problem deeply rooted in the lifestyle of many cultures.

First, assumptions based solely on those who seek mental health treatment may exclude a large number of seriously mentally ill individuals who avoid treatment because of several culturally motivated misconceptions.

Secondly, the five racial populations from which the penetration rate data is calculated ignore the ethnic and cultural differences that exist within each of these racial groups. This is, especially, true for the "white" category which includes several ethnic populations with distinct cultural backgrounds and a variety of languages whose perceptions and use of mental health services a spectrum of wide variations. Besides, these within group variations raise issues of statistical validity which makes generalizations or characterizations of the group unreliable and false.

As the creation and maintenance of mental health services are primarily based on demand, to overcome the major problems identified and to have a more realistic picture of the existing disparities, it would be more advisable to base data collection on the populations of the threshold languages identified by the former Department of Mental Health a couple of years ago.

It is also highly recommended that careful consideration be given to within group cultural and ethnic barriers that prevent individuals and families from seeking help for their mental health problems. It is also highly desirable to use more traditional culturally relevant methods such as interviews with experienced representatives of ethnic groups, focus groups, etc., to gather data on existing needs and ways to outreach these ethnic groups with the goal of reducing disparities.

ii. Inter cultural community challenges and internal values and beliefs barriers calling for a need for resources to be provided to those communities to work out their own solutions internally.

VI. Conclusions

VII. Recommendations

1) On-going training and professional development for qualified ASL interpreters in Mental Health terminology and concepts.

2) Service Providers (Therapists, Counselors, Trainers, etc.) who are DHH and proficient in ASL should be available to effectively serve the mental health needs of the DHH community. Recruitment and consultation with

professionals in the field who serve this community is needed. Some resources include: Deaf Counseling, Advocacy & Referral Agency (DCARA): http://www.dcara.org , Gallaudet University www.gallaudet.edu, Deaf Community Services of San Diego: http://www.dcsofsd.org)

3) A survey accessible through American Sign Language (ASL) in DVD/CD-ROM/link format is more effective means to attain responses from the Deaf and Hard of Hearing community.

A SAMPLE OF GRC BEST PRACTICES SCORECARD

Components	Non- existant	Partially implemented	Effectively implemented
Integrated GRC departments		✹	
Executive Level Chief Risk Officer			✹
Risk Oversight Committee			✹
Risk Management Strategy		✹	
Strategic Risk Assessment	✹		
Risk Culture		✹	
Risk Appetite Model	✹		
Business Partner Relationship			✹
Risk Reporting & Communication		✹	
Tools & Technology			✹

MHALA Village/LB TAY
Outcomes Report Card

	Fast Track		TAY		East		North		West		Total	
	#	%	#	%	#	%	#	%	#	%	#	%
Enrollment End of Period	24	100%	64	100%	106	100%	118	100%	120	100%	432	100%
Group Living Home	0	0.00%	0	0.00%	3	2.83%	0	0.00%	0	0.00%	3	0.69%
Institution for Mental Disease (IMD)	0	0.00%	0	0.00%	1	0.94%	1	0.85%	0	0.00%	2	0.46%
Long Term Residential Program	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Mental Health Rehabilitation Center	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Skilled Nursing- Physical	0	0.00%	0	0.00%	3	2.83%	3	2.54%	0	0.00%	6	1.39%
Skilled Nuring -Psychiatric	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	0.83%	1	0.23%
Transitional Residential Program	0	0.00%	3	4.69%	1	0.94%	2	1.69%	2	1.67%	8	1.85%
Supervised Placement	1	4.17%	11	17.19%	12	11.32%	23	19.49%	27	22.50%	74	17.13%
Assisted Living Facility	0	0.00%	0	0.00%	2	1.89%	1	0.85%	1	0.83%	4	0.93%
Licensed Comm.Care Facility (Board & Care)	0	0.00%	4	6.25%	8	7.55%	15	12.71%	19	15.83%	46	10.65%
Sober Living Home	1	4.17%	7	10.94%	2	1.89%	5	4.24%	7	5.83%	22	5.09%
Unlicensed but Supervised individual placement	0	0.00%	0	0.00%	0	0.00%	2	1.69%	0	0.00%	2	0.46%
Incarcerated	0	0.00%	0	0.00%	1	0.94%	2	1.69%	1	0.83%	4	0.93%
Calif Youth Authority/ Div. of Juvenile Justice	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Jail	0	0.00%	0	0.00%	1	0.94%	2	1.69%	1	0.83%	4	0.93%
Prison	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Juvenile Hall	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Juvenile Probation Camp/Ranch	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Unknown	0	0.00%	1	1.56%	0	0.00%	0	0.00%	0	0.00%	1	0.23%
Other	0	0.00%	1	1.56%	3	2.83%	0	0.00%	0	0.00%	4	0.93%
Education												
In School	4	16.67%	10	15.63%	10	9.43%	9	7.63%	7	5.83%	40	9.26%
High School/ Adult Education	0	0.00%	3	4.69%	1	0.94%	0	0.00%	2	1.67%	6	1.39%
Technical/Vocational School	0	0.00%	0	0.00%	1	0.94%	0	0.00%	0	0.00%	1	0.23%
Community College/ 4 Year College	4	16.67%	3	4.69%	4	3.77%	2	1.69%	3	2.50%	16	3.70%
Graduate School	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Not in school of any kind	20	83.33%	53	82.81%	96	90.57%	109	92.37%	113	94.17%	391	90.51%
Other	0	0.00%	4	6.25%	4	3.77%	7	5.93%	2	1.67%	17	3.94%
Employment												
Paid Employment	5	20.83%	7	10.94%	20	18.87%	15	12.71%	15	12.50%	62	14.35%
Competitive Employment	1	4.17%	1	1.56%	5	4.72%	5	4.24%	3	2.50%	15	3.47%
Supported Employment	0	0.00%	0	0.00%	0	0.00%	1	0.85%	2	1.67%	3	0.69%
Paid In-House Work	4	16.67%	6	9.38%	15	14.15%	9	7.63%	10	8.33%	44	10.19%
Transitional Employment/Enclave	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
(Volunteer) Work Experience	1	4.17%	2	3.13%	0	0.00%	0	0.00%	0	0.00%	3	0.69%
Other Gainful/Employment Activity	2	8.33%	0	0.00%	1	0.94%	5	4.24%	3	2.50%	11	2.55%
Unemployed	16	66.67%	54	84.38%	85	80.19%	98	83.05%	102	85.00%	355	82.18%

Potential Topics for the CMMC MAC Committee Scorecard

- **Department of Health Care Services Business Plan Development Process - Stakeholder Engagement**

- **CalMHSA Cultural Competence Project Presentation (December 13, 2012 Presentation at the CMMC)**

- **Mental Health Services Oversight Accountability Commission – Cultural and Linguistic Competence Committee Effectiveness**

- **County Outreach to Racial, Ethnic and Cultural Communities**

- **UCLA Report on Full Services Partnerships www.mhsoac.ca.gov**

- **MHSOAC Prop 63 Newspaper Insert: "Mental Illness: It Affects Everyone" www.mhsoac.ca.gov**

CMMC MHSA Assessment and Recommendations Committee

AGENDA

January 18, 2013

1:30 pm – 3:00 pm

Conference Call#

(217) 258-5599
Code # 788005

- Roll call/Introductions
- Welcome New Members
- Co-Chair's Report
  - Monthly Activities
- Old Business
  - Debrief MAC meeting at December 2012 CMMC Meeting
  - Year 2 State of the State Report
- New Business
  - Update on Deliverables Status
  - Election of Policy Committee Representative
- Announcements
- Calendar Review
  - Next MAC Committee Meeting Date February 15, 2013
- Adjournment

California MHSA Multicultural Coalition (CMMC)

MHSA Assessment and Recommendation Committee
Deliverables Update
January 18, 2013

Current MAC Deliverable Status

State of the State Report – This report is to be completed and submitted to CDPH annually for five years. In general, this report would be an assessment of MHSA implementation and identification of solution-based recommendations to reduce disparities.

Report Year	Due Date	Date Completed	Title of Report
Year 1	6/30/2011	5/14/2012	*State of the State 2010 – 2011 Reducing Disparities in Mental Health*
Year 2	6/30/2012*		
Year 3	6/30/2013		
Year 4	6/30/2014		
Year 5	6/30/2015		

Special Report – A written "Special Report" (minimum of one per year) is to be completed and submitted to CDPH at any time during the fiscal year.

Report Year	Due Date	Date Completed	Title of Report
Year 1	6/30/2011	11/29/2011	*The CMMC Response to the Passage of AB 100 and the AB 100 Workgroup*
Year 2	6/30/2012	10/25/2012	*Response of the CMMC to the Proposed Restructure of the State Department of Mental Health in FY 2011-12*
Year 3	6/30/2013		
Year 4	6/30/2014		
Year 5	6/30/2015		

Work Plan including the structure of report submissions, including number and subjects of reports to be completed annually.

Report Year	Due Date	Date Completed
Year 1	6/30/2011	5/14/2012
Year 2	6/30/2012	12/20/2012
Year 3	6/30/2013	
Year 4	6/30/2014	
Year 5	6/30/2015	

*Indicates deliverable is past due

MEETING NOTES

MHSA ASSESSMENT & RECOMMENDATION COMMITTEE
CONFERENCE CALL
Friday, November 16, 2012
2p – 3:00p

Facilitators: Jamila Guerrero-Cantor

In Attendance:
Emma Oshagan
Beatrice Lee
Jamila Guerrero-Cantor, Co-Chair
Russell Vergara

Staff in Attendance:
Sandra Poole
Bobbie Zawkiewicz

Not In Attendance:
Gwen Wilson, Co-Chair
Gulshan Yusufzai
Jim Gilmer

Approval of October 19, 2012 Meeting Notes

The October 19, 2012 conference call notes were approved without changes.

Co-Chair's Report – Monthly Activities

The co-chair did not have any new information to report since the last meeting.

Year 2 State of the State Report

Draft language for the Year 2 State of the State report was received from Jamila and Emma by the November 9th deadline. The committee agreed to extend the deadline to November 26th so the remaining drafts can be received..

It was agreed that if all drafts are forwarded to Sandra by November 26th, she will consolidate the write-ups and send out to the MAC committee by November 28th for comment. Jamila suggested a conference call to discuss the document. Bobbie will send a doodle poll to determine availability for a conference call on Friday, November 30th.

Jamila will revise her write-up to include information from the National Association of the Deaf and forward it to Sandra before the November 26th deadline.

There was an inquiry about Sergio's contract work with the OAC on disparities in underserved communities, which was mentioned at the last CMMC meeting. There was concern that this contract work may be duplicating the MAC State of the State report. Sandra agreed to forward a copy of the Scope of Work for this OAC contract and mentioned that it may be over a year before Sergio's work is completed. Therefore, she recommended that the MAC committee move forward with its plans for the Year 2 report independent of the OAC contract.

Action: Sandra will send an email to the members asking for draft write-ups on the assigned topic areas by November 26th. Once received, Sandra will edit and format the language, and distribute the draft report to all committee members..

Action: Sandra will distribute to the committee members a copy of the Scope of Work for Sergio's contract with the OAC..

Action: Bobbie will do a doodle poll for a conference call on November 30th at 1:30pm.

New Business

Sandra informed everyone that Shayn confirmed the Year 1 State of the State report must go through the DPH management for approval before disseminating the report formally.

Announcements

Beatrice extended an invitation to everyone to attend a day long Healing and Resiliency Summit in Oakland on December 8th in response to the Oikos University shooting that happened in April. This event is for a day of healing and to talk about how these communities are responding and addressing the trauma. There will be a panel, speakers from each community and workshops. The event is free and registration is online.

Calendar Review

The committee agreed to cancel the December 21st conference call because the MAC committee will be meeting during the December CMMC meeting.

Call adjourned at 2:53.