

TAB 1

**CALIFORNIA MHSA MULTICULTURAL COALITION (CMMC)
IN-PERSON MEETING
MONDAY, JUNE 17TH, 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, Summary, and Evaluation from CMMC In-Person Meeting of March 25, 2013
- 10:15 III. Update on the County Cultural Competency Plan Requirements – Monika Grass of the CA Department of Health Care Services
- 10:30 IV. Update from the Office of Health Equity (OHE) Augusto/Knifong
- A. Update on the Strategic Plan and Phase II of the CRDP
- B. Update on OHE Advisory Committee, the Deputy Director of the Office of Health Equity, and other items
- 11:00 V. Report from the Strategic Plan Committee – Viviana Criado
- Review of Process for CMMC Review of the Strategic Plan
- 11:45 VI. Public Comment
- 12:00 LUNCH and Committee Convenings
- 1:00 VII. Report from the Emerging Leaders Mentorships Committee – Mari

Radzik

- A. Presentations by Emerging Leaders – Jean Melesaine Leasiolagi
- B. Approval of strategies to support emerging leaders and to foster relationships between mentors and new leaders

1:45 VIII. Report from the MHSA Assessment and Recommendations Committee (the MAC) – Gustavo Loera

- A. Year 1 State of the State – Status update
- B. Year 2 State of the State – For review and approval
- C. Year 3 Special Report – For review and possible approval
- D. Year 3 State of the State – Discussion

2:45 BREAK

3:00 IX. Report from the Administration Committee – Ahmed Ahmed

- A. Update on the Conflict of Interest Policy
- B. Update on the Conflict Resolution Process

3:30 X. Ad-Hoc Public Affairs Committee Update – Project Director

3:45 XI. Future of the CMMC and Discussion of a Retreat – Russell Vergara and Jim Gilmer

4:15 General Public Comment

4:30 ADJOURN

TAB 2

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 CMMC will provide a new platform for racial, ethnic, and cultural communities to come together to address historical system and community barriers and work collaboratively to seek solutions to eliminate barriers and mental health disparities.
- 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
1127 11th Street, Suite 925, Sacramento, CA. 95814, 916.557.1167*

CMMC

CALIFORNIA MHSA MULTICULTURAL COALITION

CONTENT SUMMARY

Meeting Calendars

Decision Making Process

Conflict Resolution Process

Member Roster

Leadership Roster

Committee Roster

Emerging Leaders

Mental Health Acronym List

CMMC

CALIFORNIA MHSA MULTICULTURAL COALITION

2013 CMMC MEETING CALENDAR

**ATTACHED IS A TENTATIVE CALENDAR
FOR THE MONTH OF JULY THROUGH SEPTEMBER OF 2013**

IN-PERSON MEETINGS

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

REMHDCO CONFERENCE CALLS

3rd Tuesday at 3pm to 4:30pm

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

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 ADMIN CALL 4:30- 5:30P | 13 | 14 | 15 |
| 16 FATHER'S DAY | 17 CMMC IN-PERSON MEETING SACRAMENTO | 18 | 19 | 20 | 21 STRATEGIC PLAN CALL 10-11:30AM MAC CALL 1:30-3PM | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | | | | | | |

July 2013

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

August 2013

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

September 2013

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

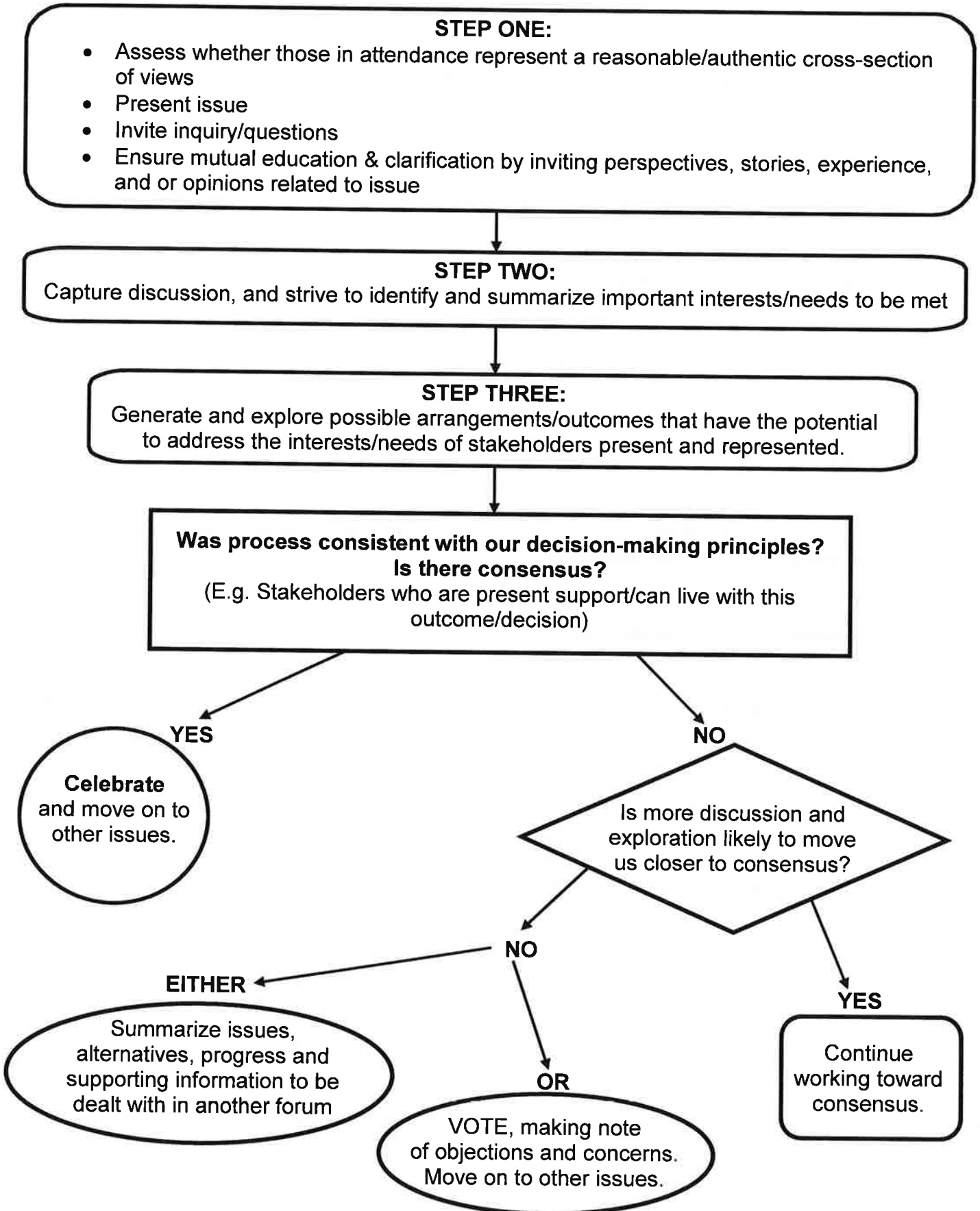
CMMC DECISION MAKING PROTOCOL
Adopted at 3-21-2012 CMMC Meeting

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:

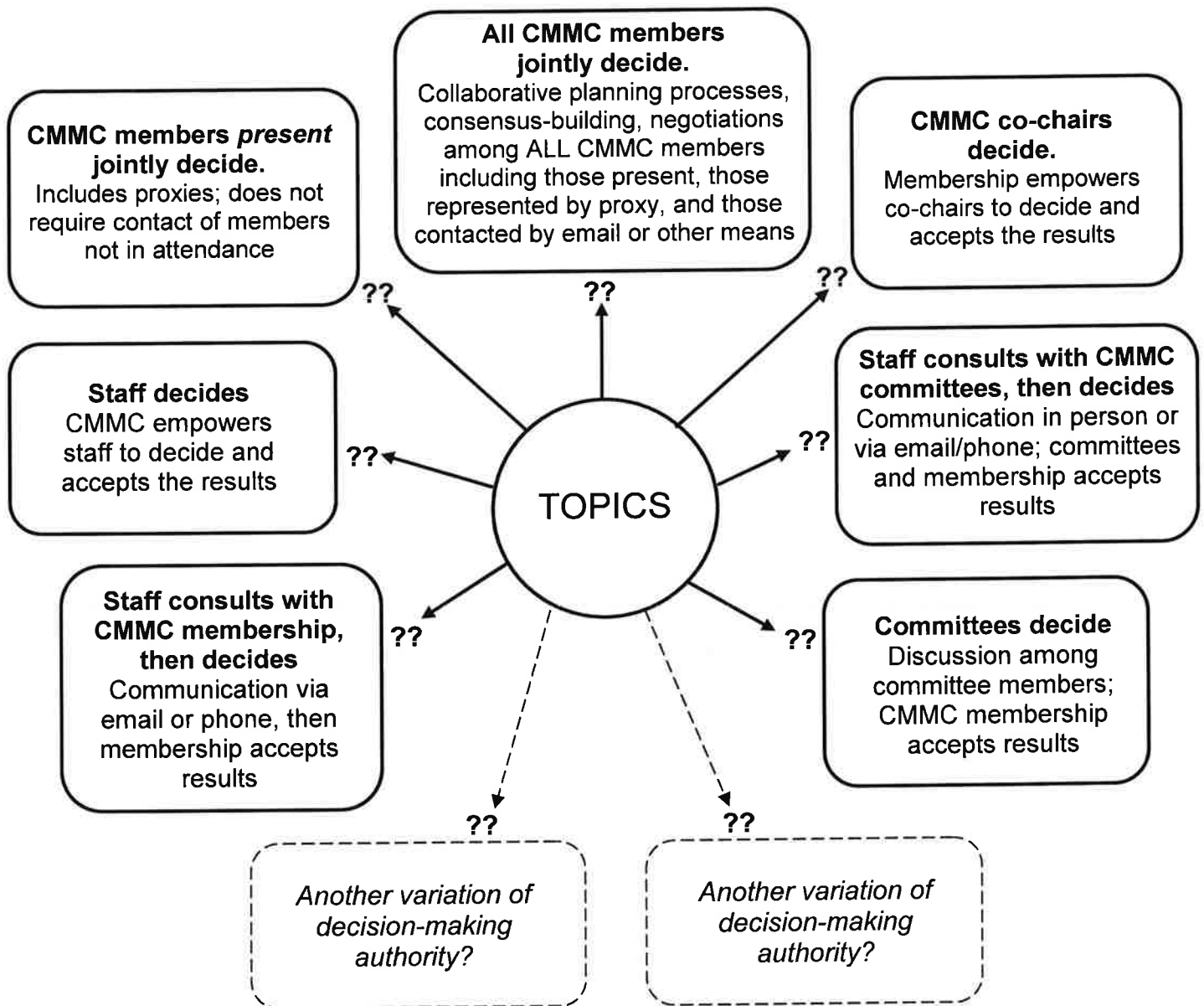
- Inclusion and transparency*
- Authentic opportunities for inquiry, expression of diverse cultural perspectives and personal stories, and clarification*
- Being heard and understand even when viewpoints differ*
- Respect for self and others, each other's strengths, and for different world views regarding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

CONFLICT RESOLUTION PROCESS

This document serves as a guide to collaboration within the California MHS/MHSA Multicultural Coalition (CMMC). It draws on the strengths and assets of those individuals from multicultural communities and/or their representatives to help eliminate health disparities and achieve expanded access for racial, ethnic, and other un-served and underserved groups. Drawing on shared experiences, the CMMC gives priority to building trust and mutual respect, relationship-nurturing and cementing personal ties guided by the themes of connecting, committing, and collaborating. Partnerships in the Coalition have the potential to serve as strong, effective change agents over time.

Tackling health disparities and expanding access to quality health care are prime advocacy issues to meet cultural and linguistic needs, including the spectrum of racial, ethnic, socio-economic, geographic, age, disability, sexual orientation, and spiritual needs. In the CMMC, persons from diverse groups that are experiencing disparities provide leadership. Members share a bond that is linked to their proud histories and common experiences in the United States. This sharing gives rise to assets for relationship- and coalition-building that are not always valued or even recognized in other kinds of networks. Thus, leadership by the CMMC has implications not only for diversity, but also for attentiveness to such dimensions as: passion and enthusiasm for the issues being addressed; focused attention on personal relations; valuable life experiences that can inform solutions; sensitivity to shared and different communication styles; and similar encounters with societal institutions.

An important factor is the recognition of diverse cultural traditions and practices as primary resources for building sustainable harmony. Core values we hold as a group, and those initiatives, or mechanisms of administration of equity based upon our collective culture and traditions may be characterized as "CMMC community justice." There are certainly many different styles and manifestations of how CMMC community justice may be exhibited among our members. However, three key mechanisms emerge: equity conciliation, peaceful resolution, and indigenous administration. CMMC core values, practices, goals, and good common sense are at the core of these mechanisms. The CMMC Conflict Resolution Policy will help to analyze those elements of equity conciliation that can contribute to the transformation of conflict among our membership towards an atmosphere of sustainable peace so we can truly reduce racial, ethnic and cultural disparities. We have an opportunity and potential to change cultural patterns of conflict mainly because of the integral vision the CMMC. The way the CMMC handles equity conciliation has the great potential to strengthen system transformation by building a culture of peace. This process is not an isolated activity of the CMMC. It can foster a group change, change in community, and can help us have a better understanding of our own reality, a more equitable life, and be more egalitarian. This emanates from a common vision which is essential to CMMC organization and CMMC community justice and peace.

Stages of conflict resolution

1. *Rhetoric* – the language of the parties' initial statements and positions (which is rarely clear and concrete)

2. *Issue definition* – defining the issues that really matter so that agreement can be reached about the crucial points in dispute
3. *Exploring positions* – offering those in conflict the chance to state their positions on the key issues being disputed
4. *Broadening the issues by exploring underlying interests* – brainstorming to look at the issues with a wider lens and discover new ways to look at the conflict
5. *Refining issues to be settled* – giving parties in the conflict the chance to decide which positions are “bottom-line” and which can be dropped or compromised
6. *Agreement* – culminating in a written agreement that is signed by all parties.

Here are steps to ensure that all participants have the opportunity to communicate equitably in CMMC meetings:

1. Set the stage for conversation by addressing the need to hear all points of view. Establish the reality that we all see facts in a variety of ways.
2. Listen actively to participants – restate participants’ comments to confirm that you have understood their point and affirm their contribution.
3. Demonstrate “hearing the speaker” by writing (using flip chart or identify note- taker) and reading the notes out loud to the group periodically.
4. If a participant is repetitious or long-winded, respectfully manage the monologue with a statement such as: “I think we’ve got your main point. I would love to hear more at the break. Now somebody else.”
5. If the behavior persists – take the participant aside and check for concerns that he/she is not being heard, and address them. Convey the consequences of dominating the conversation – that others cannot participate equally and will feel marginalized or left out.
6. If discussion goes off point, respectfully but forcefully bring the conversation back to the topic at hand.
7. If a participant interrupts another, intervene respectfully and ask that the first person complete the point he/she is making, then ask: “Now what is your perspective on this?” Open it up to others, as well as the person who interrupted initially.
8. When asking questions, frequently repeat the need for one point or example and succinct answers. As soon as a person makes his/her first point, immediately turn your attention to another participant. This cuts off multiple answers or long answers.

The following are suggested Ground Rules for CMMC members in the Conflict Resolution Process:

1. **Self-management:** Manage your level of interaction and participation within the group. You are responsible for managing the time given to you as effectively as possible and for staying within the allotted time frames. This will allow others to have the opportunity to interact and communicate equally.
2. **Confidentiality:** It is important to create an atmosphere of safety and trust within which to work.

Commit to maintain all confidences within the confines of the room. It is acceptable to share one's own experiences and issues raised, but not to share others' experiences and issues that are shared in confidence.

3. **Avoid Dumping or Blaming (no "put-downs"):** Blaming other participants for the ills of society or for negative experiences caused by others is counterproductive and diminishes trust.

4. **Be Open:** Be open to hearing the information others provide. Listen carefully to what they are saying. You don't have to accept everything you hear...just take it in and think about it.

5. **Self-Responsibility:** Take responsibility only for yourself. Squarely and honestly confront your own attitudes and behavior. You are not responsible for how others learn or change their attitudes or behavior.

6. **Participate at Your Own Comfort Level:** Feel free to interact only as much as you choose. Share only what you want to share of your thoughts, feelings, and experiences.

7. **Be Honest:** Look honestly at your own strengths, biases, and prejudices. This may be strictly internal.

8. **Take Risks:** Share bold ideas, step outside of the norm, and be willing to express openly, diplomatically, those opinions or issues that may be difficult to convey.

9. **Have Fun:** Working on multicultural issues and freeing ourselves of the emotional baggage that we may carry — prejudice, anger, frustration, guilt, feelings of helplessness — can be truly emancipating.

Grievance Process

It is encouraged that when there is disagreement between two or more individuals, that parties talk directly to each other to resolve the issue at hand. Oftentimes, this achieves amicable satisfaction. If no agreement can be reached, however, a Grievance Process provides direction whereby the CMMC co-chairs can act as intermediaries to move the issue for resolution.

A grievance is a concern shared or a complaint made by a member about an issue, Coalition or staff member, or a policy of the CMMC. A grievance must be made within 30 days after the date that the problem happened. The grievance will be handled by the Co-Chairs of the CMMC and a reply sent within five (5) working days after the date that the complaint is filed. The Co-Chairs will respond to the concern by including information from all persons involved in the complaint and work with the parties to come to satisfactory conciliation.

Stephen Garrett

stephenGarrett@victor.org

(760) 245-4695

Racial or ethnic communities: African American

Provider of mental health services

Jim Gilmer+

gilmerj@roadrunner.com

(805) 228-2386

Racial or ethnic communities: African American,

Latino, Filipino, Samoan Faith-based Veterans/veteran

Jamila Guerrero-Cantor

guerrej2@lattc.edu

(310) 447-4145

Racial or ethnic communities:

Chicano/Latino

Representative of another system:

Community College

Representative of system: Deaf and Hard of Hearing

Janet King+

janetk@nativehealth.org

(510) 381-2684

Racial or ethnic communities: Native American

Family member of a senior

Provider of mental health services

Nga Le*

ngale08@gmail.com

(916) 261-1123

Racial or ethnic communities:

Representative of system: education

Immigrant/refugee community

Jean Melesaine Leasiolagi*

gmelesaine@gmail.com

(408) 854-2975

Racial or ethnic communities:

Samoan, Tongan, Pacific Islander

Immigrant/refugee community: Pacific Islander

LGBTQ Communities

Beatrice Lee**

beatricemlee@gmail.com

(925) 323-2489

Racial or ethnic communities:

Asian Pacific Islanders (Chinese)

Provider of mental health services

Immigrant/refugee community:

Asian Pacific Islanders

Jessica LePak

jessica.lepak@gmail.com

(415) 823-9920

Racial or ethnic communities:

American Indians and Alaska Natives

Client/consumer

Representative of another system: Child Welfare

Gustavo Loera

gloera@mhala.org

(213) 447-5591 Cell

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

yvettemcshan@yahoo.com

(510) 921-1250

CMMMC

CALIFORNIA MHSA MULTICULTURAL COALITION

Member Roster

Sergio Aguilar-Gaxiola+

sergio.aguilar-gaxiola@ucdmc.ucdavis.edu

(916) 703-9211

Racial or ethnic communities: Latinos

Provider of mental health services

Representative of another system:

Education

John Aguirre

jpaguirre@sbcglobal.net

(559) 280-3864

Client/consumer Family member of a TAY

LGBTQ Communities

Ahmed Ahmed**

aahmed@cbhi.net

(916)712-4764

Racial or ethnic communities:

Arab/Muslim

Client/consumer Family member of a TAY

Michelle Alcedo

(415) 728-0195 or C (415) 994-3485

michelle@openhouse-sf.org

Racial or ethnic communities: Filipino

LGBTQ Communities: Older adults 60+

Jack Barbour

jmbarbour@earthlink.net

(310) 631-8004

Racial or ethnic communities: African-American

Provider of mental health services

LGBTQ Communities

Rocco Cheng+

RCheng@PacificClinics.org

(626) 962-6168 Ext.168

Racial or ethnic communities: Asian and Asian American

Provider of mental health services

Immigrant/refugee community

Crystal Crawford**

ccrawfordesq@usa.net

(323) 428-7951

Racial or ethnic communities:

Black/African-American

Family member of a TAY

Provider of mental health services

Viviana Criado**

viviana.criado@gmail.com

(760) 450-8609

Racial or ethnic communities:

Family member of a senior

Other underserved community: Older Adult

Poshi Mikalson+
LGBTQmentalhealth@att.net
(530) 908-9755
Provider of mental health services
LGBTQ Communities
Representative of system: Education

Raja Mitry
rmitry@sbcglobal.net
(415) 420-1289 Cell
Racial or ethnic communities: Arab-
American
Provider of mental health services: TAY,
Adults, Older

Masa Nakama*
mbnakama@gmail.com
(909) 389-8311 text only (Deaf)
Racial or ethnic communities:
Latino/ Hispanics community
LGBTQ Communities: Youth
Other disability community or system:
Deaf/ Hard of Hearing/ Deaf-Blind
communities

Emma Oshagan
eoshagan@pacificclinics.org
(626) 840-9957
Racial or ethnic communities/ Armenian
Provider of mental health services

Christina Quiñonez*
cquinonez@chla.usc.edu
(323) 378- 8334
Racial or ethnic communities: Latino
Client/consumer/survivor: ex-patient
community
LGBTQ Communities: Transgender
services

Mari Radzik
Mradzik@chla.usc.edu
(323) 361-4770
Provider of mental health services
LGBTQ Communities
Representative of another system:
Adolescent Health Care

Two Feathers (Perry) Tripp
tripp707@gmail.com
(707) 408-2244
Racial or ethnic communities:
California Indians/Native Americans
LGBTQ Communities

Russell Vergara
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(714) 914-0305
Racial or ethnic communities/
Asian Pacific Islanders
Family member of an adult
Educator on mental health issues

John Viet
john@ourfamily.org
(408) 203-5926
Racial or ethnic communities/ Vietnamese
LGBTQ Communities

Gulshan Yusufzai
gyusufzai@gmail.com
(916) 202-0707
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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Eva Slover

Program Assistant
REMHDCO
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CMMC

CALIFORNIA MHSA MULTICULTURAL COALITION

MEMBERS

Sergio Aguilar-Gaxiola

John Aguirre

Ahmed Ahmed

Michelle Alcedo

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

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

Gustavo Loera, 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

CMMMC

CALIFORNIA MHSA MULTICULTURAL COALITION

Committee Roster

Administration Committee

1. Ahmed Ahmed – Co-Chair
2. Crystal Crawford
3. Jim Gilmer
4. John Aguirre – Co-Chair
5. Raja Mitry
6. Yvette McShan

Emerging Leaders Mentorship Committee

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

MHSA Assessment & Recommendation Committee (MAC)

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

Strategic Plan (CRDP) Committee

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

CMMMC

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 MHSAs 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

REMHDCCO: 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

TAB 3

CALIFORNIA MHSA MULTICULTURAL COALITION (CMMC)

Monday, March 25, 2013

9:30 A.M. – 4:30 P.M.

California Primary Care Offices

1231 I Street, Suite 400, Sacramento, CA 95814

Jim Gilmer & Russell Vergara, Co-Chairs

GROUP MEMORY

Introductions

- **CMMC Members in Attendance:** John Aguirre; Michelle Alcedo; Rocco Cheng; Crystal Crawford; Viviana Criado; Jim Gilmer; Nga Le; Beatrice Lee; Jessica LePak; Gustavo Loera; Yvette McShan; Poshi Mikalson; Raja Mitry; Emma Oshagan; Christina Quiñonez; Mari Radzik; Perry Two Feathers Tripp; Russell Vergara; Gwen Wilson.
- **CMMC Members on Conference Call:** Jamila Guerrero-Cantor.
- **CMMC Members not in Attendance:** Sergio Aguilar-Gaxiola (Lina Mendez attended); Ahmed Ahmed; Leticia Alejandrez; Jack Barbour; Janet King (Kurt Schweigman attended); Jean Melesaine Leasiolagi; Masa Nakama; Gulshan Yusufzai.
- **Introduction and welcome:** New CMMC member Stephen Garrett.
- **Staff:** Stacie Hiramoto; Sandra Poole; Monique Pernell.
- **Visitors:** Sally Douglas Arce; Marina Augusto; Kimberly Knifong; Ricardo Moncrief; Alberto Erikson; Peter Best; Ruben Cantu; Vanessa Saavedra; Chris P.

Staff Updates/Announcements [Tab #1]

- From Stacie Hiramoto: Note content of meeting packet, which includes meeting calendars, decision-making process and conflict resolution materials, and rosters for leadership, committees, members and emerging leaders.
- From Sandra Poole: Request for members' bio information from whom she hasn't already received information.

Dec. 13-14, 2012 CMMC Group Memory & Summary and Evaluation Review [Tab #2]

- No changes or comments.
- Narrative evaluation report (deliverable) regarding December meeting handed out.

Update on the California Reducing Disparities Project (CRDP) [Tab #3]

[Report from Marina Augusto and Kimberly Knifong, Office of Health Equity (OHE)]

- Thank you for the opportunity; a lot has happened. We will provide you with much of the talking points and links that are on the web, including the six month report.

Status of consolidation:

- In July 2012, three offices consolidated into the Office of Health Equity (OHE): the Office of Multicultural Services (OMS), the Office of Multicultural Health and the Office of Women's Health.
- These encompass large constituencies and stakeholder groups with concerns about health. Also included is responsibility for the Health for All Task Force and the Healthy Places Team. The California Department of Public Health (DPH) has over 200 programs.

- The functions related to county cultural competency plans moved to the Department of Health Care Services (DHCS).
- Although not responsible for that function, we are committed to that work and ensuring that plans remain intact.
- Monica Grass and John Leslie met with OHE in a technical advisory capacity.
- Mandates for OHE call for an interagency agreement with DHCS.
- What is the goal/role for OHE? What changes are there?
 - There are challenges related to the broadness of scope (noting that the statute that defines vulnerable populations includes the language, “not limited to...”);
 - There will be strategizing and promotion;
 - A goal of the highest level of health and especially mental health for those who are socially/economically disadvantaged and geographically isolated;
 - Encompasses the Health for All lens and recommendations;
 - To serve as technical advisors to other departments and look at disparities, which is a huge task for a small staff.
- Mental health is new to DPH – we are having to remind them of mental health and whole health; we are continually being advocates.
- There is a money and resources budget of \$19 million with seven different funding sources; the majority is MHSa (\$15-17 million) for CRDP; minimal funds to serve via DPH; we are restricted in what we can do.
- OHE has three units:
 1. Community Development and Engagement Unit – where OMS went, which is involved in a lot of work related to engaging constituent groups, stakeholders and many organizations, all of whom have high concern that priorities will fall through the cracks; it is involved in high level meetings with DPH; we don’t have our advisory committee formed yet so this work is helpful to us in broadening our perspectives, too;
 2. Policy Unit – Health for All Task Force and climate change policy work; climate change and adaptation – air quality focus;
 3. Health Research and Statistics Unit – this is exciting because of concerns regarding data; we are looking forward to looking at what is out there and influencing how data is obtained (questions, etc.).
- A deputy director will be hired.
- We are at a 50% vacancy rate so our emphasis is on building infrastructure and hiring.
- There was some attrition with the consolidation and there are some difficult classifications to fill; our focus is on background in mental health and cultural competency.
- Recruitment (started in August 2012) for the deputy director included a stakeholder process, previously part of advisory committees; all candidates are screened and then go before panelists that include community-based organizations. We are down to the top two candidates; the process then goes to DPH leadership. We anticipate a decision by April and then the recommendation goes to the governor’s office.
- Why so many levels of review? It is a governor or state health director appointed position (the fourth appointed position).
- There is another layer of interviews at the governor’s office (to be determined) and the position must be confirmed by the senate, which could be a year; the appointee would come on board but just not be confirmed.

- Another OHE mandate is the development of a strategic plan – data, efforts, priorities, etc., with development guided by the advisory committee.
- Regarding the advisory committee – 108 applications are being reviewed and 20-25 members will be selected; the final selection is up to DPH leadership.
- OHE is still responsible for CRDP, the translation contract and cultural competence consultant contracts, and some other contracts with allocated funds but not RFPs (requests for proposals).
- The California Health for All Task Force works with more than 18 state departments on social determinants to health: affordable housing, environmental design, access to healthy food, safe streets, etc.
- There is a lot of policy work.
- We are also looking at ways to address issues through RFPs and RFAs (Request for Applications) and how to determine them.
- We are working closely with University of California-Berkeley.

CRDP:

- Discussion later today about the status of the CRCP Strategic Plan.
- Background:
 - CRDP was developed by DMH to elevate community best practices from a grassroots perspective;
 - Five SPWs (strategic plan workgroups) were formed to function for two years at the grassroots level and get input on community-defined practices;
 - The work of these groups resulted in five population reports, which are mostly complete and posted on the OHE website (all except the final, final Asian/Pacific Islander report);
 - The stand alone reports go into the broader statewide CRDP strategic plan as a roadmap/blueprint to reduce disparities.
- We are not well resourced for such a complex effort; we realize the shortcomings but also it is one of the largest investments for racial, ethnic, multicultural communities in the nation.
- The counties would have liked to have worked hand-in-hand more, as well.
- Many deliverables depend on others, which was intended but causes challenges.
- This new model – bringing community voices in and linking partners – occurred with the DMH/OMS transition in the midst of it all.
- All contracts except CMMC were to be done December 2012. The SPWs and facilitator/writer (of the plan) wanted to continue with more time to complete deliverables, so we have done a no-cost extension and we are looking at other resources to pull forward to completion.
- We went to DPH with requests, including more dissemination of reports to other arenas. We are currently working on attaching funding to do so once the CRDP strategic plan is fully complete and vetted.
- We also brought on a public health medical officer for about three months, who reviewed everything and conducted key informant interviews, and gathered additional information for Phase 2 roll out.
- We developed schema for what the roll out would look like – a framework for moving forward and to take to the communities for input.
- There is a team of nine – the department, legal, a contracts person, 2-3 cultural competency consultants – for writing RFPs for the next phase.

- Timeline? Can't go out with the framework until the CRDP strategic plan is done, after the thirty-day public comment period and any necessary changes.

Questions/Comments:

- Regarding health as the focus, isn't there an intersection between concern about health and mental health and where LGBTQ fits? I have a problem with California Multicultural Training. Answer: We are working with the research section's Healthy People 2020 regarding disparities and prevention of chronic disease; we are concerned about data that is not collected for the LGBTQ and other populations, and influencing data collection, gaps, and surveillancing.
- The Intertribal Council of California and California Rural Indian Health Board: the federal Office of Mental Health came out and did a training/briefing on proposed changes to class standards (15); this was put out directly to lots of state and Tribal agencies regarding what we're trying to achieve.
- Regarding CRDP's need for funding and how it is dispersed, there is very little time to consider and give input regarding future RFPs; is there a direct contact to improve communication? Answer: Regarding the quick turnaround, there is another opportunity to provide feedback during the thirty-day public comment period; comments go directly to Ruben; Ruben will present to DPH, walk through the feedback and seek clarification.
- Two questions: 1) regarding the advisory committee, will it be established in time to influence the strategic plan? And 2) will the strategic plan be out in time for CMMC to review it before the public comment period? Answers: 1) The advisory committee is not established; we are reviewing applications and then the recommendations go to DPH leadership. We anticipate invitations to go out in April. Other groups ask about the role of other groups with the advisory committee and that is in the queue for input from Legal. We don't know the parameters; the chair will be a non-state person and it will meet quarterly. A clarification regarding the formation of the advisory committee: it is not a prerequisite to finalizing the CRDP strategic plan; it is necessary for OHE strategic planning (two different strategic plans). 2) Regarding getting the CRDP strategic plan to CMMC before the public comment period: this is a hot button; DPH is much more stringent – it may need to go to agencies, not first but maybe now; there is no guarantee because of the political nature of CRDP and the \$60 million.
- Who is the legal counsel to OHE? **FOLLOW-UP: Marina Augusto will get that information.**
- Feedback regarding the advisory committee, its formation and the role of CMMC: Is there consideration of all the work done and carryover into populations being served – in lieu of set standards already in place? Is this creating another committee that will offset CMMC's role? Is the advisory committee diverse and inclusive and what is the application process? Answer: The advisory committee is in statute as a result of the push of many constituent groups; I agree with duplication of effort relative to mental health and communities and organizations; this advisory committee will have an inclusive health lens. I meet with leadership weekly; I do not know what interface there will be with other groups.
- Regarding the question related to CBMCS, training is already in existence; that is what is laid out in the budget authority. If you wanted to convene a group to influence the curriculum, maybe use the funding to do so.
- Regarding CMMC's opportunity to give input on the CRDP strategic plan: comments first, then comments to Ruben and then the strategic plan is changed, which is more desirable.

- Regarding the RFP framework, will the public have an opportunity to influence/comment on it? Answer: There will be public vetting of the framework through community forums – that is your time; once it goes back to DPH, the RFPs are theirs.
- CMMC advocates not doing business as usual; had OMG reaction to RFPs in the past. I advocate one more step – allow opportunity to make comments and clarifications to help organizations responding to RFPs for the first time.
- CMMC will get a presentation from OHE regarding the framework.

Discussion on the future of the CRDP: Phase I unfolded with the groundbreaking work of CRDP – the amazing energy and effort that made CMMC accomplishments to date possible. Phase I opened doors, yet is not a magic bullet – there is much more work ahead. In Phase II and beyond, CMMC continues contributing to the boundless potential of CRDP. Phase II offers the opportunity to walk through those opened doors authoritatively as advocates carrying the voices of many communities.

Question for discussion: *Imagining the future in concrete terms, how will CMMC collectively ensure that the work of all CRDP partners continues to coalesce on behalf of all un/underserved/inappropriately served communities?*

- Regarding contractors that have done previous work: does being included in the process pose a conflict of interest?
- Issues regarding California tribes and rural communities include disrespect, not being inclusive, and information being left out related to California Native people.
- Addressing unserved/underserved – there are no legal underpinnings, no definition.
- Using cultural brokers with key relationships with Tribal governments – government to government.
- Very excited about the wonderful work of the five population groups and the opening for other groups.
- I want us to look at other historically underserved communities in the same way.
- Have the same thing in place for emerging populations; there are a lot of Asian/Pacific Islander communities emerging; don't lose structure and responsiveness.
- Look at funding systems and how they perpetuate disparities; specific models.
- I would like to learn about the different groups around the table – history, historical trauma, beliefs, values and practices; it is the best way to ensure coalescence in the future. I want to learn from everyone and contribute to others' education. Emphasize historical trauma and the past; break the intergenerational transfer of trauma and experiences.
- More conversation about social determinants.
- We need to work on the data problem, not just with the Native population but also smaller populations, like Pacific Islanders.
- Emphasis on distinct differences between rural and urban Native populations – rural are without the same resources and urban Natives are invisible.
- Advocate a look at life span issues – specific trauma-related populations we are all serving and the intersection of trauma.
- Understand limited resources; come up with solutions to support DPH and OHE to continue.
- Continue focus on adequate service, not just general evidence-based practices; on culturally competent, community-defined services and treatment.

- We have been in existence for two years – it is time to assess the progress we have made; also have OHE share how they see CMMC within the CRDP context post strategic plan – role and responsibilities in order to ensure strategic goals.
- I appreciate prior comments; LGBTQ is new at the table and inclusive in language; it is important to continue LGBTQ language not subsumed under multicultural category; sexual orientation is different from sexual identity. I would like to see CMMC support more of Phase 1 into other groups – allow more intersection of LGBTQ and other communities; not just look at promising practices – more information gathering and engagement.
- Doors will close without continued community engagement; assess our strategies – make sure they are responsive still as communities evolve. The intersection of identities, including age diversity as well – older adults, LGBTQ populations within ethnic and racial communities, and not just the responsibility of the LGBTQ community.
- Want to look at people who are homeless and parolees; the voice in the community is not their voice – it's the voice of service providers. It is okay to bring voices in that won't access services – they need their own voice.
- I would like CMMC to be an advocate for contract structures for small groups that are culturally competent in providing for their communities; I don't want that to be a barrier. Also, it helps us to think of ourselves as role models – articulate our challenges of advocating for our communities; to role model how to talk about different advocacy issues among our communities; we need to articulate how.
- Also, how do we deal with our own ways we communicate with each other in our advocacy approaches? Nikki King talked in general terms about how to help small ethnic-oriented culturally competent providers without some of the barriers within the state contracting process – an incubator system to support them and get through the difficulties of the start-up process. Public comment came in through the CRDP process; the biggest concern is that we never heard anyone address community infrastructure – eliminating duplication, simplifying the RFP process; we need collective impact to unify activities, create access, etc.
- Who are the CRDP partners in the future? CMMC, SPWs – clarifying roles; how can these ideas be integrated?
- At this juncture, it is important to have a very clear idea of structure, roles and responsibilities in place. There has been underutilization of CMMC that hindered our development; we need to use this group appropriately – how to interact with OAC (MHSA Oversight and Accountability Commission), etc.
- On the macro level, three years is not enough time for CRDP; it leads to marginalization and horizontal hostilities; I want this to stay statewide and avoid competition in communities. There is lots more work; get beyond 1%.
- There is an opportunity to restructure ourselves; opportunity to be part of the population focus as plans get implemented.
- Regarding CMMC being underutilized and focus on SPWs: I hope the SPWs haven't gotten in the way; our work was very different. As we move forward, it's another place for advocacy and to make sure the SPW work and cultural competency doesn't get dusty on the shelf. Identify distinct needs; SPWs add to CMMC and CMMC has to identify important work it can do.
- I like the idea of clarifying the future role. I understand one role of CMMC to determine, by evaluation, how the CRDP strategic plan rolls out and stays true to the vision and the plan. That is still our role.

- Embrace the cultural competency aspect in the work we will do and the importance of embracing different cultures into our meetings.
- Inclusion of teeth in the strategic plan – such as systems to respond. How to integrate guidelines into community master plans?
- There is a lot in the strategic plan that speaks to policy and systems change; CMMC can have a role with transitions and structures. Example: gender lens recommendation from 25 women's groups to OHE – a very effective document that asked, "Can you do this?" This was good because it gets memorialized and there is follow-up.
- Capacity building – CiMH does it from the county perspective; what role could CMMC do? For community based organizations, support, training, recommendations to help build resources.
- Data components – ideas are welcome from the field.
- Community-defined practices – input, a white paper to inform the state; workforce issues; where are the points of entry for CMMC?
- Building infrastructure – what are different models for RFPs, RFAs that reflect doing business differently? CMMC can be a resource for models.
- What community-based organizations are using to grow community-based practices and what is used for community involvement?
- How can you replicate and sustain models?
- It can't just be more consultation; provide beyond us; deliberate, concrete steps resourced by CRDP and others can benefit from what we're extracting from this effort to see how changes are occurring at all levels. Envisioning.
- Who we are and what we are doing; structure of CMMC and public affairs/policy papers. Any possibility of taking CMMC on the road to become more visible and to partner and expand potential for reciprocal information exchange?
- Not quitting until plans are in place.

[Find summary of emerging themes and areas of convergence in meeting summary accompanying these notes.]

Strategic Plan Committee Report [Tab #5]

Strategic Plan status – Kimberly Knifong, OHE:

- Steps and timing: nothing is certain. This is the third review by DPH – more stringent, because of review and desire to be able to stand by the product; working closely with Ruben Cantu. Some revisions just went to the contract monitor.
- The package goes to leadership and may have to go to the California Department of Health and Human Services (thirteen departments).
- There are a few formatting items, probably until this Friday, and edits to DPH; then to DPH leadership with one-day turn around, and then it will be ready to either go to agencies or public comment. There will be an additional 2-3 weeks if there is agency review and edits.

Strategic Plan Committee:

- There has been a committee meeting every week regarding deliverables, the review tool for the strategic plan and developing a review of the strategic plan process for CMMC meeting to include discussing and providing input. Ruben Cantu's job description in the packet (Tab #5) explains what the plan is supposed to have in it.

- The CRDP strategic plan will be sent with the review tool and a request to return input before CMMC meets face-to-face to discuss the plan. We will send out a meeting wizard to get a meeting scheduled. If you cannot attend, a call-in number will be provided.
- At the review, we will not go over the same questions; new questions will be discussed to achieve consensus. Individual responses will be confidential but the collective response will be from CMMC. It will be critical to review the plan and be ready to discuss.
- **ACTION ITEM: Approve deliverables.**
 - Feedback – deliverable #3e: add community-based organizations.
 - Page 2 – more details desired by the state – networks, list serves, websites.
 - **FOLLOW UP: How will it happen? Viviana will send a follow-up email request by April 12th to all CMMC members; Jim Gilmer will help.**
 - Indigenous avenues – word of mouth, faith-based organizations.
 - **QUESTION:** I am wondering about summaries to community folks that are user-friendly; related to deliverables and the strategic plan. How?
 - Dissemination versus promotion – need to differentiate.
 - Put language in there related to county and state website links; require county website links.
 - A kick-off by CMMC – locally responsive; local SPWs who worked on it.
 - Need to leverage resources – dovetail with taking CMMC on the road.
 - RFP needs to allow flexibility and parameters.
 - I like the kick-off idea and internal communicator – for stakeholders here; add intermediate levels of communication; have to check with Ruben.
 - These details are enough; no exact organization but specific media/avenues.
 - Schools and universities to incorporate into curricula.
 - Public comment: submit comments; please be mindful.
 - Deliverable – definitions/distinctions between mental health and psychological health/well-being.
 - What constitutes primary prevention has to be flushed out before entering the medical model.
- **DECISION: Deliverables approved.**

Emerging Leaders Committee Report [Tab #6]

- We have been meeting monthly by phone.
- We are working toward two deliverables:
 1. Arranging a meeting with Rusty Selix about the history of the MHSA act for the Emerging Leaders who are the next generation of influence;
 2. Two components – a module of training either interactive or scholarly (training/shadowing) with funding for travel by car, train or bus; accommodating and helping Emerging Leaders learn about your agency and what you do.
- At the June 2013 CMMC meeting, there will be an overview presentation by Emerging Leaders.
- We are trying to start with a needs assessment; one question will be to get feedback on their experience and needs.
- **QUESTION:** How will you evaluate the mentor/mentee relationship? Answer: That is coming; mentee self-evaluation is best.
- Need clear focus on what is expected and what is offered.

- It is hard as a mentor without objective goals. Develop the needs assessment, have goals, define a process of what it involves. It is a beginning and the committee has done great.
- Are mentees learning anything?
- Basic: mentors teach how to be an effective CMMC member – prepared, doing follow-up, etc.
- **FOLLOW-UP: Stacie Hiramoto volunteered to pull information together about roles of mentors and convey it in a variety of ways.**
- We don't talk to each other enough – it's a process on both sides.
- There is accountability all ways – mentees to mentor and to CMMC; personal, social and organizational level.
 - We need to ensure that Emerging Leader mentee input is included.
 - Think about what you want as an Emerging Leader – you shape CMMC.
 - Rules and procedures – group decisions about how things are conducted.
 - Focus on what we've done and what we want in the future.
- Initially, meetings were confusing. In the mentor/mentee relationship, I looked to other CMMC members that can help also.

MHSA Assessment & Recommendations Committee (MAC) Report

Report/discussion:

- We are working on our deliverables – State of the State (2) and a special report.
- We decided we needed a writer.
- We did a draft outline of State of the State (2) as a follow-up to State of the State (1) and the writer pulled us back to look at qualitative interviews and to make a list of who to interview.
- We developed categories of populations not brought in.
- Disaggregating data is crucial; I am very hopeful regarding the research unit of the Department of Public Health.
- Regarding the scope of State of the State (2), the goal is to do it by June this year. We hope to provide a model for further communities.
- Some SPW reports flesh out bi-racial, multi-racial communities, some do not.
- We need to decide categories.
- The third category jumps out – and overlaid with the groups listed after the categories.
- We have heard an outcry from CMMC members and their communities.
- Look at risk factors that affect communities and the population growth.
- QUESTION: Are resources available? Answer: We have a contract with the writer.
- QUESTION: What are we doing with the interview information? Answer: Convey the information; it might launch the next phase of CRDP.
- Regarding the special report:
 - A score card for populations we serve
 - Talk about a year three report – at the June meeting
 - Also talk about the dissemination of this material.

MAC Recommendations for the special report: [Non-prioritized]

First page:

- Un/underserved populations not in the first CRDP phase BUT are current CMMC members

- Un/underserved populations not in the first CRDP phase AND are not current CMMC members
- Un/underserved populations from the first CRDP phase (5) BUT could benefit from additional planning resources
- Special “needs”

Second page:

- Russian community
- Armenian community
- Arab community

- Deaf/hard of hearing
- Disabled – developmental and cognitive disabilities, autism spectrum
- Blind

- Rural/isolated urban
- Refugees/immigrants
- Women
- Older adults – aging who do not identify as “older”; aging single; aging single males

Administration Committee Report [Tab #7]

Discussion about deliverables:

- Helpful to have a graphic organizational structure to clarify roles and responsibilities regarding CRDP (dovetail with earlier conversation) and our future vision; evaluate whether we need to clarify.
- **DECISION: Deliverables approved.**

Discussion about forming an ad hoc Public Affairs Committee:

- Ad hoc because no deliverables, no money.
- We request that people on the committee develop policies and procedures for the committee and then bring back recommendations for approval by CMMC members.
- **DECISION: Agreed.**
- There is a lack of clarity regarding what MHSA covers – would the Public Affairs Committee deal with this? More dialogue related to the intent of the act.
- A large part of CRDP is getting branding down; the more we become an orchestra, the more transformational.

Conflict of interest policy:

- **FOLLOW-UP:** Two Feathers Tripp will send information/sample to Stacie by Wednesday, April 17, 2013.

Conflict resolution process:

- **FOLLOW-UP:** Jim Gilmer, Raja Mitry and Betsy Kosier will work on this. Betsy Kosier will initiate with an email to Jim and Raja.

Committee attendance policy:

- **FOLLOW-UP:**

Public Comment

- I recently visited an Oakland school mental health department; they told us that kids now ask for mental health services – a sign of diminishing stigma.

- At a Public Health Association meeting, one facility called The Village talked about raised self-esteem of kids.
- As a federal money recipient, this comes under Title VI protected classes; there may be some synergy there for community-based organizations (how monies can be used/are used).
- From CMMC member: Start thinking about the agenda for the next CMMC meeting:
 - Branding
 - Visioning.

California MHSA Multicultural Coalition Meeting
Monday, March 25, 2013

MEETING DECISIONS and FOLLOW-UP

OHE and CRDP Presentation:

- **FOLLOW-UP:** Marina Augusto will provide information regarding who the legal counsel is to OHE.

Strategic Plan Committee:

- **FOLLOW UP:** Regarding Year 2 Deliverable – Program Component 3.d. *“Collaboration and Support of the Strategic Planning Workgroups”* – provision to the state more details on networks, list serves, websites, etc., for dissemination of the CRDP strategic plan: Viviana will send a follow-up email request by April 12th to all CMMC members; Jim Gilmer will help.
- **DECISION:** Deliverables approved.

Emerging Leaders Committee:

- **FOLLOW-UP:** Stacie Hiramoto volunteered to pull information together about roles of mentors and convey it in a variety of ways.

Administration Committee:

- **DECISION:** Deliverables approved.
- **DECISION:** Agreed that the CMMC members who comprise the ad hoc Public Affairs Committee develop committee policies and procedures and then bring back recommendations for approval by all CMMC members.
- **FOLLOW-UP:** Two Feathers Tripp will send information/sample to Stacie by Wednesday, April 17, 2013.
- **FOLLOW-UP:** Jim Gilmer, Raja Mitry and Betsy Kosier will work on drafting a CMMC conflict resolution process. Betsy Kosier will initiate with an email to Jim and Raja.
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[See following page for a summary of emerging themes and areas of convergence in CMMC members' vision for the future in CRDP's Phase 2.]

Question for discussion: Imagining the future in concrete terms, how will CMMC collectively ensure that the work of all CRDP partners continues to coalesce on behalf of all un/underserved/inappropriately served communities?

Expanded inclusion and structural integrity:

- Reach other smaller historically un-/under-/inappropriately-served, particularly the voices of under-resourced and isolated rural Native Americans, invisible urban Native Americans, the intersection of the LGBTQ community with ethnic and racial communities, emerging Asian and Pacific Islander populations, the life span of specific trauma-related populations, persons who are homeless, and parolees.
- Strengthen the influence and sustain the responsiveness developed in Phase 1, particularly in terms of information gathering, engagement, utilization of cultural brokers, cultural competency and community-defined practices.

Rethinking and restructuring funding systems:

- Dismantle processes and systems that perpetuate disparities.
- Make the best use of, expand and sustain resources needed to achieve CRDP goals.
- Reduce start-up barriers and infrastructure/contracting complexities faced by smaller, culturally competent community-based organizations.

Reciprocal learning opportunities:

- Broaden collective understanding through mutual, regular exchange of information about community histories, social determinants, historical trauma, beliefs, values, practices, and language that includes or excludes.

Data fidelity:

- Tackle issues of data collection, disaggregation (e.g. sexual orientation and sexual identity), inclusion (e.g. intersection of LGBTQ with ethnic and racial communities) and exclusion, and distinct differences (e.g. rural versus urban Native populations).

Enhanced clarity and productivity:

- Assess and define roles, relationships, responsibilities, priorities, strategic direction and organizational structure to ensure optimal CRDP partner interaction, functions and output.

Building capacity and advocacy:

- Cultivate CMMC visibility and value with branding.
- Reach out with support, training and resources.
- Put the power of advocacy into practice through how-to role modeling, integrating goals with community-wide plans, policy-influencing actions and memorializing concrete systems change recommendations.

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**CMMC Quarterly Meeting
March 25, 2013
Evaluation Form**

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

The goals of this meeting were clear.

| | | | | |
|------------------------------------|---------------------------|--------------------------------------|-------------------------|----------------------------------|
| <i>I strongly agree</i> 44% (4) | <i>I agree</i> 56% (5) | <i>I am neutral about this</i> 0% | <i>I disagree</i> 0% | <i>I strongly disagree</i> 0% |
|------------------------------------|---------------------------|--------------------------------------|-------------------------|----------------------------------|

This meeting achieved the goals as I understand them.

| | | | | |
|------------------------------------|---------------------------|--------------------------------------|-------------------------|----------------------------------|
| <i>I strongly agree</i> 56% (5) | <i>I agree</i> 44% (4) | <i>I am neutral about this</i> 0% | <i>I disagree</i> 0% | <i>I strongly disagree</i> 0% |
|------------------------------------|---------------------------|--------------------------------------|-------------------------|----------------------------------|

The meeting met my expectations.

| | | | | |
|------------------------------------|---------------------------|--------------------------------------|-------------------------|----------------------------------|
| <i>I strongly agree</i> 67% (6) | <i>I agree</i> 33% (3) | <i>I am neutral about this</i> 0% | <i>I disagree</i> 0% | <i>I strongly disagree</i> 0% |
|------------------------------------|---------------------------|--------------------------------------|-------------------------|----------------------------------|

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

| | | | | |
|--------------------------------------|-----------------------------|---|-------------------------|----------------------------------|
| <i>I strongly agree</i> 44.5% (4) | <i>I agree</i> 44.5% (4) | <i>I am neutral about this</i> 11% (1) | <i>I disagree</i> 0% | <i>I strongly disagree</i> 0% |
|--------------------------------------|-----------------------------|---|-------------------------|----------------------------------|

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

| | | | | |
|------------------------------------|---------------------------|--------------------------------------|-------------------------|----------------------------------|
| <i>I strongly agree</i> 56% (5) | <i>I agree</i> 44% (4) | <i>I am neutral about this</i> 0% | <i>I disagree</i> 0% | <i>I strongly disagree</i> 0% |
|------------------------------------|---------------------------|--------------------------------------|-------------------------|----------------------------------|

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

| | | | | |
|------------------------------------|---------------------------|--------------------------------------|-------------------------|----------------------------------|
| <i>I strongly agree</i> 67% (6) | <i>I agree</i> 33% (3) | <i>I am neutral about this</i> 0% | <i>I disagree</i> 0% | <i>I strongly disagree</i> 0% |
|------------------------------------|---------------------------|--------------------------------------|-------------------------|----------------------------------|

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

| | | | | |
|------------------------------------|---------------------------|--------------------------------------|-------------------------|----------------------------------|
| <i>I strongly agree</i> 44% (4) | <i>I agree</i> 56% (5) | <i>I am neutral about this</i> 0% | <i>I disagree</i> 0% | <i>I strongly disagree</i> 0% |
|------------------------------------|---------------------------|--------------------------------------|-------------------------|----------------------------------|

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

| | | | | |
|------------------------------------|---------------------------|--------------------------------------|-------------------------|----------------------------------|
| <i>I strongly agree</i> 44% (4) | <i>I agree</i> 56% (5) | <i>I am neutral about this</i> 0% | <i>I disagree</i> 0% | <i>I strongly disagree</i> 0% |
|------------------------------------|---------------------------|--------------------------------------|-------------------------|----------------------------------|

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

| | | | | |
|------------------------------------|---------------------------|--------------------------------------|-------------------------|----------------------------------|
| <i>I strongly agree</i> 78% (7) | <i>I agree</i> 22% (2) | <i>I am neutral about this</i> 0% | <i>I disagree</i> 0% | <i>I strongly disagree</i> 0% |
|------------------------------------|---------------------------|--------------------------------------|-------------------------|----------------------------------|

The meeting facilitator captured information that is important to me.

| | | | | |
|------------------------------------|---------------------------|--------------------------------------|-------------------------|----------------------------------|
| <i>I strongly agree</i> 67% (6) | <i>I agree</i> 33% (3) | <i>I am neutral about this</i> 0% | <i>I disagree</i> 0% | <i>I strongly disagree</i> 0% |
|------------------------------------|---------------------------|--------------------------------------|-------------------------|----------------------------------|

The meeting facilitator helped keep participants engaged in the discussion.

| | | | | |
|------------------------------------|---------------------------|--------------------------------------|-------------------------|----------------------------------|
| <i>I strongly agree</i> 50% (4) | <i>I agree</i> 50% (4) | <i>I am neutral about this</i> 0% | <i>I disagree</i> 0% | <i>I strongly disagree</i> 0% |
|------------------------------------|---------------------------|--------------------------------------|-------------------------|----------------------------------|

(No response – 1)

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

| | | | | |
|--------------------------------------|-----------------------------|--------------------------------------|-------------------------|----------------------------------|
| <i>I strongly agree</i> 62.5% (5) | <i>I agree</i> 37.5% (3) | <i>I am neutral about this</i> 0% | <i>I disagree</i> 0% | <i>I strongly disagree</i> 0% |
|--------------------------------------|-----------------------------|--------------------------------------|-------------------------|----------------------------------|

(No response – 1)

What aspects of this meeting worked well for you?

- Staying on point. I like the electronic time keeper. Co-facilitators are great!
- Longer meeting time during lunch which allowed for committee work.
- Flow of meeting/agenda was good.
- Networking. Updates.

What was missing for you regarding this meeting?

- Per morning comments about committee work, it would be great to have content, emerging issues presentation either by CMMC member(s) or a guest speaker on topics of interest and important to CMMC members. Balance process with education, perhaps every other meeting have presentations?
- Please add more water.

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

- Water in the morning. ☺
- Quick ice breaker, getting-to-know-you exercise during intro?
- This meeting was one of the best so far. I think we are finally finding our groove!

Monday, March 25, 2013 CMMC Quarterly Meeting Facilitator Evaluation Report

OVERVIEW

The number of completed evaluations from the March 25, 2013 meeting is lower than past meetings (nine, down from fourteen). However, the overall results indicate that CMMC (with credit to its co-chairs and staff) continues to find its stride as an effective vehicle for discussion and decision-making. Comments focus primarily on how well the meeting flowed and stayed on point, as well as appreciation for integrating more member and committee interaction. There are no "I disagree" or "I strongly disagree" comments regarding this meeting, and only one person responded once with "I am neutral about this." Beyond that one rating, all other responses land in the "I strongly agree" or "I agree" categories. (See quantitative results following this narrative.)

STRENGTHS, CHALLENGES AND POTENTIAL ADJUSTMENTS

Evaluation responses identify many strong elements: clarity of goals; fulfillment of expectations; and responsiveness of structure, facilitation, process and set-up. Even for new CMMC members, who would not have reference points from earlier meetings, the format seems to be operating in a way that allows healthy and inclusive participation, sufficient review of topics in light of a full agenda, concrete decisions where appropriate, and appreciation for timely presentations covering critical matters. The factors contributing to clarity and flow include the annotated agenda and a newly instituted time keeping mechanism. Agenda annotation helps to define topic scope and purpose at the onset of each item. This structured practice, in tandem with time keeping, encourages efficiency and enables more voices and perspectives to be heard within established parameters.

One challenge worthy of some exploration may be to ascertain reasons that former members dropped out of CMMC as well as the causes for frequent absences by current members at committee meetings and or quarterly meetings. It is important to recognize the reality of competing demands on CMMC members' time and energy, and that, in spite of their value, collaborative meetings may hold less appeal some people. However, gathering anonymous information may yield insight into ways that meetings can be made more compelling to ensure fuller participation, particularly at the committee level.

Another challenge – that of diminishing meeting assessments – that will be effortless to overcome is to ask CMMC members *prior* to adjournment to complete evaluations. In their understandable haste to leave – or network – at the close of a long, intense meeting, it is unreasonable to impose a "pause." The task of asking earlier falls on the facilitator.

Suggestions from some members center on implementing more opportunities for deepening members' knowledge regarding both topics of interest and each other. Presentations have been well received in the past and their continuing presence on the agenda is recommended. The practice of personal narratives from members at the beginning of each quarterly meeting has been inconsistent, yet seems to be valued as one means to learn more about each other and the important work being accomplished throughout California and beyond. Considering the integration of creative strategies for more personal interaction (beyond task accomplishment) may be another innovative way to move outside of the "business as usual" box.

Respectfully submitted,



Elizabeth (Betsy) R. Kosier MA JD, Facilitator

What aspects of this meeting worked well for you?

- Staying on point. I like the electronic time keeper. Co-facilitators are great!
- Longer meeting time during lunch which allowed for committee work.
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- Please add more water.

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

- Water in the morning. ☺
- Quick ice breaker, getting-to-know-you exercise during intro?
- This meeting was one of the best so far. I think we are finally finding our groove!

TAB 4

Cultural Competence Plan Requirements Update (CCPR)

- Cultural Competence Plan Requirements are codified in CCR 9 Section 1810.410 and requires the Mental Health Plans to submit CCPs to the department
- More specific guidelines are outlined in the DMH Information Notice 10-2 and 10-17: 2010 Cultural Competence Plan Requirements (CCPR)

- Criterion 1:** Commitment to Cultural Competence
Criterion 2: Updated Assessment of Service Needs
Criterion 3: Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities
Criterion 4: Client/Family Member/Community Committee: Integration of the Committee Within The County Mental Health System
Criterion 5: Culturally Competent Training Activities
Criterion 6: County's Commitment To Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff
Criterion 7: Language Capacity
Criterion 8: Adaptation of Services

1. Survey Questions CMHDA Mental Health Directors March 2013

- **Options Discussed at : February CMHDA Cultural Competency, Equity and Social Justice Committee**

a. Full Review and Score: DHCS staff should complete the process of reviewing and scoring all of the CCP updates received in 2010, using the same process that DMH – Office of Multicultural Services had used in reviewing and scoring the 27 counties they had completed prior to DMH elimination. All reviews and scores of the 2010 CCP updates should be provided to the counties.

b. Summarize Strengths and Challenges: DHCS staff should provide general feedback to counties on their 2010 CCP updates, summarizing the strengths and challenges of the plan. However, DHCS staff should not perform a full review and scoring of the 2010 CCP updates using the process formerly used by DMH – Office of Multicultural Services.

c. Focus on New CCP Update: DHCS staff should not review or score CCP updates received by DMH in 2010. Instead, DHCS should begin the process of providing counties with direction on updating their CCPs to reflect current information.

Results 5/29/2013

CMHDA had extended the deadline to obtain additional responses, and were able to receive a good response rate (48 counties responded). The results are as follows below:

- **58.3% (28)** of the counties selected: "Focus on New CCP Update: DHCS staff should **not** review or score CCP updates received by DMH in 2010. **Instead**, DHCS should begin the

process of providing counties with direction on updating their CCPs to reflect current information.”

- **37.5% (18) of the counties selected: “Summarize Strengths and Challenges: DHCS staff should provide general feedback to counties on their 2010 CCP updates, summarizing the strengths and challenges of the plan. However, DHCS staff should not perform a full review and scoring of the 2010 CCP updates using the process formerly used by DMH – Office of Multicultural Services.”**
- **4.2% (2) of the counties selected: “Full Review and Score: DHCS staff should complete the process of reviewing and scoring all of the county CCP updates received in 2010, using the same process that DMH – Office of Multicultural Services had used in reviewing and scoring the 27 counties they had completed prior to DMH elimination. All reviews and scores of the 2010 CCP updates should be provided to the counties.”**

CMHDA Comment:

While the majority of CMHDA members prefer that DHCS focus on the new CCP update, we also recognize that over one-third (18) of the counties would be interested in receiving general feedback that summarizes the strengths and challenges of their 2010 CCP updates. We would like to request this information to be provided to the 18 counties who have requested it, staff and resources permitting, and would be happy to provide DHCS with a list of these 18 counties.

DHCS Comment:

Decision has not been made yet and the department will consider additional feedback from stakeholders.

2. MHA Partners Forum: Wednesday, June 5th, 2013

- Discussion on Cultural Competence Plan Requirements (DHCS)

Questions and comments:

1. Request for DHCS to hold a teleconference and face to face meetings with stakeholders; sequence does not matter.
2. The stakeholders proposed their need to have 45-60 days to submit their input on the CCPs.
3. How will the counties communicate with the public regarding the CCPR and CCPs? (The public not aware of the plans)
4. Please do not discard information from 2010 CCPs

Possible Next Steps:

- Collaboration with the Office of Health Equity (OHE) on resources needed to review and score the CCPs; the contracts with SME consultants went to OHE
- Interagency Agreement between DHCS and CDPH-OHE in progress
- Plan stakeholder process/meetings
- Use 2010 CCPs possibly as baseline and provide counties with appropriate feedback

1810.410. Cultural and Linguistic Requirements.

(a) Definitions:

(1) "Key points of contact" means common points of access to specialty mental health services from the MHP, including but not limited to the MHP's beneficiary problem resolution process, county owned or operated or contract hospitals, and any other central access locations established by the MHP.

(2) "Primary language" means that language, including sign language, which must be used by the beneficiary to communicate effectively and which is so identified by the beneficiary.

(3) "Threshold Language" means a language that has been identified as the primary language, as indicated on the MEDS, of 3,000 beneficiaries or five percent of the beneficiary population, whichever is lower, in an identified geographic area.

(b) Each MHP shall comply with the cultural competence and linguistic requirements included in this Section, the terms of the contract between the MHP and the Department, and the MHP's Cultural Competence Plan established pursuant to Subsection (c). The terms of the contract between the MHP and the Department may provide additional requirements for the Cultural Competence Plan, including a description of the acceptable data sources and requirements for arraying data for the components of the Cultural Competence Plan.

(c) Each MHP shall develop and implement a Cultural Competence Plan that includes the following components:

(1) Objectives and strategies for improving the MHP's cultural competence based on the assessments required in Subsection (c)(2) and the MHP's performance on the standards in Subsection (d).

(2) A population assessment and an organizational and service provider assessment focusing on issues of cultural competence and linguistic capability.

(3) A listing of specialty mental health services and other MHP services available for beneficiaries in their primary language by location of the services, pursuant to Section 1810.360 (f)(1).

(4) A plan for cultural competency training for the administrative and management staff of the MHP, the persons providing specialty mental health services employed by or contracting with the MHP or with contractors of the MHP, and the persons employed by or contracting with the MHP or with contractors of the MHP to provide interpreter or other support services to beneficiaries.

(d) The Department shall establish timelines for the submission and review of the Cultural Competence Plan described in Subsection (b) either as a component of the Implementation Plan process described in Section 1810.310 or as a term of the contract between the MHP and the Department. The MHP shall submit the Cultural Competence Plan to the Department for review and approval in accordance with these timelines. The MHP shall update the Cultural Competence Plan and submit these updates to the Department for review and approval annually.

(e) Each MHP shall have:

(1) A statewide, toll-free telephone number as required by Section 1810.405(d).

(2) Oral interpreter services in threshold languages at key points of contact available to assist beneficiaries whose primary language is a threshold language to access the specialty mental health services or related services available through that key point of contact. The threshold languages shall be determined on a countywide basis. MHPs may limit the key points of contact at which interpreter services in a threshold language are available to a specific geographic area within the county when:

(A) The MHP has determined, for a language that is a threshold language on a countywide basis, that there are geographic areas of the county where that language is a threshold language, and other areas where it is not; and

(B) The MHP provides referrals for beneficiaries who prefer to receive services in that threshold language, but who initially access services outside the specified geographic area, to a key point of contact that does have interpreter services in that threshold language.

(3) Policies and procedures to assist beneficiaries who need oral interpreter services in languages other than threshold languages to access the specialty mental health services or related services available through that key point of contact.

(4) General program literature used by the MHP to assist beneficiaries in accessing services including, but not limited to, the beneficiary brochure required by Section 1810.360(c), materials explaining the beneficiary problem resolution and fair hearing processes required by Section 1850.205(c)(1), and mental health education materials used by the MHP, in threshold languages, based on the threshold languages in the county as a whole.

NOTE: Authority: Section 14680, Welfare and Institutions Code.

Reference: Section 5777, 5778, 14684, Welfare and Institutions Code.



RON. CHAPMAN, MD, MPH
Director

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

May 29, 2013

Greetings Office of Health Equity Stakeholders:

The Office of Health Equity (OHE) has exciting news to share!

Since the creation of the OHE in June 2012, pursuant to Section 131019.5 of the California Health and Safety Code, the California Department of Public Health (CDPH) OHE has been established to provide a key leadership role to reduce health and mental health disparities to vulnerable¹ communities. The statute requires OHE to establish an advisory committee by October 1, 2013, comprised of representatives from applicable state agencies and departments, local health departments, community-based organizations, and service providers working to advance health and mental health equity for vulnerable communities. Additionally, the advisory committee is required to meet (at minimum) four times per year and is to be chaired by a representative from a non-state entity.

The OHE actively recruited for a diverse pool of advisory committee applicants starting in November of 2012 and ended in January 2013. Recruitment was conducted via social media (Twitter/Facebook), OHE eblast announcement, and the OHE website at <http://www.cdph.ca.gov/programs/Pages/AdvisoryCommittee.aspx>. Over 100 applications were submitted and reviewed. Using the statute lens relative to vulnerable communities and key partners to include on the committee, the CDPH recently invited 26 members to establish the OHE Advisory Committee (OHE-AC).

It is anticipated the first OHE-AC meeting will commence in August 2013; however, logistics are being confirmed and an announcement will be forthcoming via the OHE eblast announcements and the OHE website. All meetings are subject to Bagley-Keene Open Meeting Act requirements (i.e. materials must be posted no later than 10 days prior to the meeting).

At this time, OHE staff is confirming membership with the invited members. Once confirmation is complete, the CDPH will release a press release to share the roster of

¹ Vulnerable populations are defined as women; racial or ethnic groups; low-income individuals and families; individuals who are incarcerated and those who have been incarcerated; individuals with disabilities, individuals with mental health conditions; children, youth and young adults; seniors, immigrants and refugees; individuals who are limited-English proficient (LEP); and lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQQ) communities; or combinations of these populations.

members including member-submitted biographical information. Additionally, the OHE is further developing the OHE-AC website so the public and members can find information easily, such as:

- Location/time of the first meeting and future meeting schedule;
- Agendas;
- Meeting materials;
- Roster of members;
- Bagley-Keene Open Meeting Act Requirements; and
- Contact information for OHE-AC staff.

Please share in our excitement as we approach this huge milestone for the Office of Health Equity!

Sincerely,



Ron Chapman, MD, MPH
Director & State Health Officer

TAB 5

Process for Review of the Draft Strategic Plan

by

The CMMC

6/2/13

1. The Draft Strategic Plan is released by Ruben Cantu of the California Pan Ethnic Health Network (CPEHN) upon approval by the Office of Health Equity (OHE) and the California Health and Human Services Agency. There will be various ways to access the Draft Strategic Plan
 - A. The CMMC will have a unique process for review of the Draft Strategic Plan. (The forms, etc., are designed for use by the CMMC members.)
 - B. There are proposed to be three Public Forums sponsored by CPEHN around the state that the CMMC members are welcomed and encouraged to attend as individuals.
 - C. There will also be a way to submit individual comments to CPEHN on the Draft Strategic Plan via telephone or email, even if a person does not participate on the CMMC processes or attend a Public Forum.
2. The general public will have **30 days** to review and submit comments on the Draft Strategic Plan back to CPEHN. The 30 days will start when the Plan is sent to stakeholders via an eblast from CPEHN. The CMMC members may receive a copy before the eblast and an in-person meeting of the CMMC will be set up immediately after receipt of the Strategic Plan.
3. The CMMC will review the Draft Strategic Plan in **Two Ways**
 - A. **By individual review tool.** A review tool was designed by the CMMC Draft Strategic Plan Committee and approved by the CMMC. This tool is similar to the tool used for review of the Special Population Reports (but NOT identical). This review will focus on the goals and strategies to reduce disparities identified in the strategic plan, or Phase 1 of the CRDP.

- B. **By group process at an in-person meeting of the CMMC.** The CMMC members will break into small facilitated groups. A set of questions *different from the questions on the individual review tool* will be discussed. The group will try to come to consensus on answers to these questions. This review will focus on the recommendations for funding and evaluating promising practices identified by the SPWs for a four-year pilot program, or Phase 2 of the CRDP.

See detail on A. Individual Review and B. Group Review below:

4. **Detail on the Individual Review**

- A. The CMMC members will receive by email: a copy of the Draft Strategic Plan, the review tool, and instructions within (at most) 24 hours of the release of the Draft Strategic Plan.
- B. A brief, ***optional*** conference call will be scheduled for CMMC members who wish to briefly go over: the history and background of the Draft Strategic Plan (including the role of the CMMC), how the document is organized, and what is in the Draft Strategic Plan.
- C. The CMMC members will review the Draft Strategic Plan individually and fill out the review tool.
- D. **The completed review tool must be turned in electronically to CMMC staff 3 days before the CMMC In-Person Review Meeting.**
- i. The CMMC staff will accept the review tools NO LATER THAN 3 days before the In-Person Review Meeting – however, the individual may still submit individual comment directly to CPEHN through the public comment process.
 - ii. CMMC staff will gather the individual review tools turned in by the members and submit them as a package to CPEHN. The review tools will be submitted “as is” – the individual answers on the tools will not be cut and pasted, summarized, sorted, etc. or changed in any way.

5. **Detail on the In-Person CMMC Group Process**

- A. Time will not be taken up at the CMMC in-person meeting to review or “walk through” the document before beginning the group process. It is the responsibility of the CMMC members to review the Draft Strategic Plan before the meeting or participate in the optional pre-meeting call (see 4.B. above.)
- B. Questions to be discussed at the in-person review meeting will be different from the questions on the individual review tool.
- C. The CMMC members will break into five (5) groups of no more than 6-8 CMMC participants per group.
 - i. One of the following five CMMC members will facilitate each group: Viviana Criado, Rocco Cheng, Jim Gilmer, Gustavo Loera, and Russell Vergara.
 - ii. Each group will ask for a CMMC member (only) to serve as a recorder to capture the discussion. Flip charts/markers will be provided for each group.
 - iii. Both facilitators and recorders will have guidelines for group process that will ensure consistency.
 - iv. Members of the public will be invited to join groups to listen and observe. Similar to CMMC’s large group process, members of the public will be given the opportunity to offer comments within the small groups following CMMC member discussion.
- D. *This is neither brainstorming nor merely a review of the Draft Strategic Plan.*
 - i. Each group will be asked to address the same questions, which are different from the individual review tool questions
 - ii. Questions are designed to encourage CMMC members to identify and reach consensus, where possible, about critical issues.

- E. The discussion results will be distilled and summarized on-site, and then reported back when the full CMMC meeting resumes.
- F. These findings will be turned over officially to CPEHN.

DRAFT

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

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

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

This review will focus on the strategic plan’s goals and strategies to reduce disparities (pages 1-28). You will be asked to participate in a group review of the strategic plan’s recommendations for Phase 2 (pages 29-34) at the in-person CMMC meeting on June 17th.

Recommended form of feedback:

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

| | Comments |
|--|----------|
| Development and finalization of a Reducing Disparities Strategic Plan that considers the audience’s accessibility needs | |

| | |
|--|--|
| <p>1. The final Strategic Plan is easily accessible and “readable” for the general public in terms of its literacy level. If not, please provide feedback on ways to improve the plan.</p> | |
| <p>2. Were there any sections of the plan (as small as a paragraph or as large as a section) that you felt were especially powerful, insightful, or contained information particularly relevant to reducing disparities for underserved communities?</p> | |
| <p>Development and finalization of a Strategic Plan regarding the content and language of the plan</p> | |
| <p>3. Are any key pieces of information missing? Are there issues or groups of people not being addressed in this draft that you believe need to be included in the plan? If you have it, please send any documentation you can (articles, key informant names, etc.).</p> | |
| <p>4. Please identify any information that you believe is incorrect, misleading, outdated, or unclear. If you can, please provide us with the correct or more current information. Please tell us where this information is from (book, article, website, your personal experience).</p> | |

5. Are there any sections of the plan (as small as a paragraph or as large as a section) that might prove controversial or that might spark a negative response from a particular community. [This is not whether the section is factually correct. We are trying to assist the Facilitator/Writer in being prepared for criticism, and to help them know which sections they need to be ready to defend, or perhaps may want to word in a different way.]

CMMC STRATEGIC PLAN COMMITTEE

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

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

Call Chaired by Viviana Criado

AGENDA

- I. Introductions – Review of Agenda
- II. Review of Meeting Notes from the March 15th Conference Call
Follow-up on decisions/agreements made on the conference call.
- III. Selection of a Member to Serve on the CMMC Ad-Hoc Public Affairs Committee

Viviana has indicated interest in serving on this committee. There was no one else from the Strategic Plan Committee who was also interested in serving, so there is no need for an election to take place.

Staff sent an email to the Committee members requesting whether some one else was interested. If someone else was interested, there would have been an election process discussed and put in place during this April 19th conference call. But because no one else responded, there is no need.

- IV. Adding to the deliverables discussed at the March 25th CMMC meeting.

Viviana recalled that when the Strategic Plan Committee Deliverables were presented for CMMC discussion and approval at the last meeting, Kimberly Knifong, the contract liaison with the Office of Health Equity request that

some additional information or recommendations be added to some of these. Staff just received DRAFT meeting notes from that March 25th meeting.

- Please see pages 7-8 of the draft meeting notes of March CMMC meeting (Strategic Plan Committee report in grey)
- Also see the Deliverable 3e which is the one which must be added to

ACTION: Finalize plan on how to proceed to add to and complete Deliverable 3e

- V. Review of Instructions to CMMC Members for the Review of the Strategic Plan
 - A. Development of Questions for the CMMC when they Review the Strategic Plan in Person
 - B. Review of initial email to CMMC members giving background and instruction
- VI. Possible Activities to Further the Strategic Plan and the California Reducing Disparities Project (CRDP) in the future

Staff is proposing a change in deliverables that will emphasize educating the community regarding the Strategic Plan and forwarding input from the community to Office of Health Equity (OHE).

- VII. Upcoming Dates of Importance
 - A. Next CMMC Strategic Plan Committee Conference Call
Friday, May 17th, 2013
10:00 a.m. – 11:30 a.m.
 - B. Next CMMC In-Person Meetings:
 1. TBD After the Strategic Plan is Released to the Public
(At this point, likely some time in May?)
 2. Monday, June 17th, 2013

10:00 a.m. – 4:30 p.m.
Sacramento, CA

CMMC STRATEGIC PLAN COMMITTEE

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

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

Call Chaired by Viviana Criado

MEETING NOTES

Members Present:

Nga Le
Rocco Cheng
Viviana Criado

Members Not Present

Sergio Aguilar-Gaxiola
Jack Barbour
Janet King
Masa Nakama

Guests:

Kimberly Knifong (OHE)
Ruben Cantu

Staff:

Monique Pernell

- I. Introductions – Review of Agenda

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IV. Adding to the deliverables discussed at the March 25th CMMC meeting.

Viviana recalled that when the Strategic Plan Committee Deliverables were presented for CMMC discussion and approval at the last meeting, Kimberly Knifong, the contract liaison with the Office of Health Equity request that some additional information or recommendations be added to some of these. Staff just received DRAFT meeting notes from that March 25th meeting.

- Please see pages 7-8 of the draft meeting notes of March CMMC meeting (Strategic Plan Committee report in grey)
- Also see the Deliverable 3e which is the one which must be added to

ACTION: Finalize plan on how to proceed to add to and complete Deliverable 3e

Purpose: Content needs improvement to make it more meaningful and less broad.

Ideas for improvement of dissemination strategy - what is more effective than email communication?

Ruben recommends looking at how the SPWs do their dissemination.

Ruben's concern is that CMMC is not funded for a lot of the methods that have already been brainstormed, such as media events, so soliciting help from partner/network organizations and the Department of Health may be necessary.

- 1. Start by doing an introduction of the dissemination plan, best approaches, and description of the need to identify appropriate funding/lack of resources that would make the plan effective.*
- 2. Utilize assisting networks*

Action Item: Ruben will gather dissemination cost estimates

V. Review of Instructions to CMMC Members for the Review of the Strategic Plan

A. Development of Questions for the CMMC when they Review the Strategic Plan in Person

Viviana's suggestions:

- 1. Is the proposed plan advancing the political vision, mission, and objectives of the MHSA and (49:15) while laying down the foundation for the building of an institution to support healthcare reform, a national initiative? (Rocco suggests this be broken down into smaller questions)*
- 2. What are some things the CMMC would like to see in the future?*
- 3. Are any populations missing?*
- 4. Is there adequate support for the proposed Strategic Plan from CMMC? Or, if the CMMC does not support the plan, what can be done to improve it?*
- 5. How many personnel are needed to move this forward/what are the financial implications?*
- 6. What is the timeline for implementation?*

Ruben would like the purpose of and venue for these questions needs to be clarified - the questions need to identify areas that will provide helpful information.

B. Review of initial email to CMMC members giving background and instruction

VI. Possible Activities to Further the Strategic Plan and the California Reducing Disparities Project (CRDP) in the future

Staff is proposing a change in deliverables that will emphasize educating the community regarding the Strategic Plan and forwarding input from the community to Office of Health Equity (OHE).

This is an informational item. Rocco feels this will be controversial and it is important not change the CRDP design. Support from the CRDP Partners is needed.

VII. Strategic Plan Public Comment Period – OHE – not on agenda?

Kimberly from OHE reported she has the green light to move forward with a 30-day public comment period. Minor editorial changes have been made to the format of the Strategic Plan document to help the public navigate it easily.

Preparations are being made to have the contractor post the document to the California Pan-Ethnic Health Network website (<http://cpehn.org/>) - target is May 1, 2013. OHE hopes to get organizations such as CMMC advanced copies between now and May 1st.

CMMC will have a face-to-face meeting soon to provide feedback, and a website is being set up to collect feedback as well.

OHE is exploring hosting state-wide community forums to gather feedback following the 30-day comment period. Request for proposals is targeted for fall of 2013.

Kimberly will talk offline with CMMC staff regarding the advanced copy distribution guidelines.

Committee recommends allowing the CMMC members two weeks to review the document after its May 1st release with a note that while the document is 58 pages long, the actual content is a little over 30 pages.

VIII. Upcoming Dates of Importance

A. Next CMMC Strategic Plan Committee Conference Call
Friday, May 17th, 2013
10:00 a.m. – 11:30 a.m.

B. Next CMMC In-Person Meetings:

1. TBD After the Strategic Plan is released to the Public
(At this point, likely sometime in May?)

2. Monday, June 17th, 2013 (*potential to be a 2-day meeting*)
10:00 a.m. – 4:30 p.m.
Sacramento, CA

CMMC STRATEGIC PLAN COMMITTEE

Conference Call
Friday, May 24th, 2013
10:00 a.m. – 11:30 a.m.

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

Call Chaired by Viviana Criado

AGENDA

- I. Introductions – Review of Agenda
- II. Review of Meeting Notes from the April 19th Conference Call

Please review the Meeting Notes – these were given to you last week.
- III. Finishing Up Deliverable 3e

See notes from the last call. Is this accurate? Also see the Deliverable 3e which is the where the language needs to be added.

ACTION: Finalize plan on how to proceed to add to and complete Deliverable 3e
- IV. Review of Instructions to CMMC Members for the Review of the Strategic Plan
 - A. Review of Draft Process to be given to CMMC members

[Instructions to CMMC members still need to be drafted.]

Please see Meeting Notes from the March and February Strategic Plan Committee calls if you want to know where the information for this process came from.

B. Development of Questions for the CMMC when they Review the Strategic Plan in Person

Please review the meeting notes from the April 19th meeting so that we can finalize the questions OR assign to a subcommittee right away.

V. Date of the Strategic Plan Review by the CMMC

The last communication that the CMMC members have received is an email telling them that they should “save” Tuesday, June 18th also. However, the Strategic Plan is still not out and still needs to be approved at both Department and Agency level when I spoke to Kimberly last. (CRDP Partners have seen the last version and are now allowed to begin making comments.)

Booking approximately 20 rooms at a hotel has not been done yet. Flights need to be booked soon.

2 Questions:

A. What is the last day that the Strategic Plan could come out that allows a reasonable amount of time for the CMMC members to review it?

B. When is the last day for logistics (hotel rooms, flights, etc.) to be reserved?

VI. Possible Activities to Further the Strategic Plan and the California Reducing Disparities Project (CRDP) in the future

Staff is proposing a change in deliverables that will emphasize educating the community regarding the Strategic Plan and forwarding input from the community to Office of Health Equity (OHE).

We are not trying to change the CRDP “design”. We are trying to lessen the paperwork by combining some deliverables. We are also trying to get the deliverables to match the purpose of the CMMC.

VII. Upcoming Dates of Importance

A. Cancel Next CMMC Strategic Plan Committee Conference Call?

Friday, June 21st, 2013 is the “regular” date for our call. However, this is the same week as the CMMC In-Person meeting.

B. Next CMMC In-Person Meetings:

1. Monday, June 17th, 2013
9:30 a.m. – 4:30 p.m.
Sacramento, CA

2. An In-Person Meeting for Review of the Strategic Plan?

See V. above

MEETING NOTES - DRAFT

CMMC STRATEGIC PLAN

CONFERENCE CALL

WEDNESDAY, MAY 24TH, 2013

10:00AM -11:30AM

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

Members in Attendance:

Viviana Criado

Rocco Cheng

Guests:

Ruben Cantu- Facilitator

Betsy Kosier- CMMC facilitator

Kimberley Knifong—

Office of Health Equity

Members Not In Attendance:

Sergio Aguilar-Gaxiola

Jack Barbour

Janet King

Nga Le

Masa Nakama

Staff:

Stacie Hiramoto

- I. Introductions – Review of Agenda
 - a. Stacie wants to discuss deliverable 3E.
 - i. Needed to tighten up the process involved with deliverables .
 - ii. Ruben suggests reviewing specific recommendations provided by the SPW and follow it line-by-line.
 - iii. One way to disseminate the CRDP Strategic Plan, while also be more active in community, is to hold a forum in the fall or winter 2014.
 1. Can add the forum to the recommendation and see how the rest of the committee feels about it.
 2. Ruben questions if it is possible from a fiscal perspective
 - a. Kimberly referred to draft a proposal to the CMMC in order to leverage alternate sources of funds to make it a possible.
 - b. Viviana raised the point of the practicality with conducting only one community forum.
- II. Review of Meeting Notes from the April 19th Conference Call
 - a. Stacie asked to review the document “Process for Review of the Strategic Plan by the CMMC.”
 - i. Created document from notes from March and February Strategic Plan Call.
- III. Finishing Up Deliverable 3e

See notes from the last call. Is this accurate? Also see the Deliverable 3e which is the where the language needs to be added.

ACTION: Finalize plan on how to proceed to add to and complete Deliverable 3e

IV. Review of Instructions to CMMC Members for the Review of the Strategic Plan

A. Review of Draft Process to be given to CMMC members

[Instructions to CMMC members still need to be drafted.]

Please see Meeting Notes from the March and February Strategic Plan Committee calls if you want to know where the information for this process came from.

- i. Kimberly noted a couple errors that needed to be corrected – The strategic plan released upon approval by OHE, but also requiring Agency approval (Health and human services).
- j. Initially the strategic plan was thought to go through the Dept. of Public Health, but ultimately up to agency review.
- k. Stacie wanted agency to know that there would be 3 public forums sponsored by CPEN or OHE.
- l. Kimberly is trying to build a contract and execute a 30 day public comment period, which would be the responsibility of CPEN.
 - a. Ruben suggested to state in drafted proposal, “sponsored by CPEN”.
 - b. Kimberly suggested creating a website for CPEN to post the plan and to submit individual comments.
 - i. CPEN website already created, though not live yet.
 - ii. Once CPEN announces the 2600 stakeholders list and develop a page to submit comments, the Office of Health Equity will be able to e-blast the information and bring visitors to the CPEN’s site.
 - iii. There will be various ways to access the drafted plan publically.
 - c. Betsy suggests a second sentence about the strategic plan release statement, stating there are many will be numerous ways to access and review the plan.
 - d. Kimberly suggests using the word, “draft” when referring to the Strategic Plan.
- m. When will the 30 day open forum start?
 - a. Once Ruben sends e-blast to the 2600 stakeholders, then the 30 days will begin.
 - b. Kimberly suggested adding a statement to notify community when the 30 days will begin.
 - c. It’s Kimberley’s and Ruben’ responsibility to communicate with Stacie on latest updates and link information together.
- n. Protocol is to wait for CPEN to communicate when the email blast has gone out, then Kimberly will send out e-blasts on her end.

B. Development of Questions for the CMMC when they Review the Strategic Plan in Person

Please review the meeting notes from the April 19th meeting so that we can finalize the questions OR assign to a subcommittee right away.

1. Create a 30 minute conference call to CMMC members to review the plan.

V. Date of the Strategic Plan Review by the CMMC

The last communication that the CMMC members have received is an email telling them that they should "save" Tuesday, June 18th also. However, the Strategic Plan is still not out and still needs to be approved at both Department and Agency level when I spoke to Kimberly last. (CRDP Partners have seen the last version and are now allowed to begin making comments.)

Booking approximately 20 rooms at a hotel has not been done yet. Flights need to be booked soon.

2 Questions:

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VI. Possible Activities to Further the Strategic Plan and the California Reducing Disparities Project (CRDP) in the future

Staff is proposing a change in deliverables that will emphasize educating the community regarding the Strategic Plan and forwarding input from the community to Office of Health Equity (OHE).

We are not trying to change the CRDP "design". We are trying to lessen the paperwork by combining some deliverables. We are also trying to get the deliverables to match the purpose of the CMMC.

VII. Upcoming Dates of Importance

A. Cancel Next CMMC Strategic Plan Committee Conference Call?

Friday, June 21st, 2013 is the "regular" date for our call. However, this is the same week as the CMMC In-Person meeting.

B. Next CMMC In-Person Meetings:

1. Monday, June 17th, 2013
9:30 a.m. – 4:30 p.m.

Sacramento, CA

2. An In-Person Meeting for Review of the Strategic Plan?

See V. above

TAB 6

CMMC Deliverable

Program Component 2: Establish Community Leaders Mentorships

a.vii. Strategies to support emerging leaders and to foster relationships between mentors and new leaders

Please find a summary of recent Emerging Leaders Committee activities and current plan for future activities. Strategies to support the emerging leaders are evident throughout, but there is an actual list of strategies at the end of this document.

1. Current activities:

The Emerging Leaders have recruited five Emerging Leaders (EL). They and their mentors include the following:

- a. **Christina Quinonez** (representing the LGBTQ community) - mentor is Mari Radzik
- b. **Nga Le** (representing the South East Asian and Immigrant communities) - mentor is John Viet
- c. **Jean Melesaine Leasiolagi** (representing the South East Asian and LGBTQ communities) - mentors are Jessica LaPak and Janet King
- d. **Masa Nakama** (representing the hard of hearing community, LGBTQ, youth, Latino communities) - mentor is Jamila Guerrero-Cantor
- e. **Yvette McShan** (representing the African American community) - mentor is Two Feathers Tripp

Shadowing activity: We had the Emerging Leaders select members of the CMMC to shadow in order to foster additional relationships that could become additions to their current mentors.

So far, two ELs, Jean Melesaine Leasiolagi and Nga Le, have shadowed a CMMC member. In May, Jean drove down from Oakland to shadow Mari Radzik at the Division of Adolescent Medicine, Children's Hospital Los Angeles. There she was given a tour of the many service programs that offer comprehensive care to a wide range of adolescents and young adults including DMH funded and free mental health services, outreach, medical, case management, and other ancillary services to HIV+/-, LGBTQ, medically compromised, homeless/runaway, and underserved youth.

Nga Le shadowed Stacie Hiramoto, MSW, in the REMHDCO office and accompanied Stacie to a Financial Oversight Committee of the Mental Health Services Act Oversight and Accountability Commission (MHSOAC)

Lunch with Rusty Selix: On March 25, Yvette McShan, Christina Quinonez, Ng Le and Mari Radzik shared lunch with Mr. Selix who reviewed the history of the MHSA and his role in the development of culturally sensitive mental health services.

Needs Assessment: Perry Two Feathers Tripp and Mari Radzik are creating a Needs Assessment to determine what expectations will be gathered from the participants regarding their needs. This was undertaken as this strategy would certainly serve to support Emerging Leaders.

2. Future Activities

- a. Presentations** - The two ELs will present their shadowing experiences to the next CMMC meeting on 6/17/13. They are giving the opportunity to present in any style that fits their personality and cultural background. The purpose of the presentation is to help the EL learn to present to a larger group of people, to help foster leadership skills and to share what they've learned about the CMMC person they shadowed in the time honored process of 'story telling' or narrative processing.
- b. Strategies to support and to foster relationships between mentors and the ELs include the following -**
 - i. Plans are in place to create a mentor/mentee dinner after an upcoming CMMC meeting to help facilitate close collaboration and team building.
 - ii. In addition to the one hour meeting prior to the quarterly CMMC meeting, phone call contact will be established between all mentors and mentees.
 - iii. The 3 EL's will schedule their shadowing experience
 - iv. The 5 ELs will review the materials offered as educational resources
 - v. Monthly contact with each mentee will emphasize their increased fund of knowledge or current mental health issues.
 - vi. Chair of the ELC will have phone call contact with mentors and mentee to assess needs and to provide ongoing support.
 - vii. Once Emerging Leaders join a committee, one CMMC member on that committee will be designated as the EL's go-to person for committee related mentoring.
 - viii. Training and standards for mentors also need to be developed. The attached documents are a few of the gathered materials used.
(1) This can include what is expected of mentors, how mentors need to model good participation and set examples, ethics and conflict of interest knowledge, etc.

How to Obtain the Mentoring You Need

Strategies

- [A guide for students](#)
- [Building your mentor team](#)
- [What a good mentor does](#)
- [Understanding common concerns](#)
- [What influences your mentoring needs](#)
- [International Students](#)
- [Age and experience](#)
- [Balancing work and lifestyle](#)
- [Disadvantaged socioeconomic background](#)
- [Finding good mentors](#)
- [Getting started](#)
- [Learn about what mentors can offer](#)
- [The mentoring experience](#)
- [Changing mentors or advisers](#)

A mentor is more than an adviser. A mentor provides you with wisdom, technical knowledge, assistance, support, empathy and respect throughout, and often beyond, your graduate career. Mentoring helps students understand how their ambitions fit into graduate education, department life and career choices.

An effective mentoring relationship develops over time. The student benefits from the mentor's support, skills, wisdom and coaching. Later, both people deepen their working relationship, perhaps collaborating on projects in which the student develops into a junior colleague.

After a while, the mentee may need some separation from the mentor to test his or her own ideas. This distancing is a sign that the mentoring relationship is maturing and providing the mentee with the skills needed to function independently. Finally, both mentee and mentor may redefine their relationship as one of equals, characterized over time by informal contact and mutual assistance, thus becoming true professional colleagues.

Benefits of mentoring

As an undergraduate, your objective was to obtain knowledge; in graduate school your objective is to contribute knowledge to a field of study and begin to function as a member of a profession. Even though you may be passionate about a particular subject, your ultimate goal for pursuing an advanced degree may still be evolving. This is an opportunity for your mentors to assist you with that evolution.

Studies indicate that graduate students who receive effective mentoring demonstrate greater

- productivity in research activity, conference presentations, pre-doctoral publications, instructional development and grant writing
- academic success in persisting in graduate school, achieving shorter time to degree and performing better in academic coursework
- professional success with greater chances of securing a tenure-track position if seeking employment in academe, or greater career advancement potential if seeking leadership positions in administration or sectors outside the University.

Mentoring enables graduate students to

- acquire a body of knowledge and skills
- learn techniques for collaborating and networking
- gain perspective on how a discipline operates academically, socially, and politically
- develop a sense of scholarly citizenship by grasping their role in a larger educational enterprise
- deal more confidently with the challenges of intellectual work.

Mentoring enables faculty members to

- engage the curiosities and energies of fresh minds
- keep abreast of new research questions, knowledge, paradigms, and techniques
- cultivate collaborators for current or future projects
- identify and train graduate assistants whose work is critical to the completion of a research project or successful course offering
- prepare the next generation of intellectual leaders in the disciplines and in society
- enjoy the personal and professional satisfaction inherent in mentoring relationships.



Core Programs
Cultivating Capacities for Success

Mentors are essential in guiding and supporting us into becoming the best people we can be—academically, professionally and personally. At the Graduate School, we hear from students that they're hungry for effective mentoring. It's a process of discovery and takes effort from both mentor and mentee. We've gathered some tips on cultivating effective mentoring relationships, and on being an effective mentor yourself, and will grow these resources over the next year. We welcome input from you on what really works and mentors who have made a difference in your life!

The Mentoring Relationship

- Mentoring relationships develop over time—**they're an investment!**
- A mentor is different than an advisor or a personal hero. A mentor is genuinely interested and **invested in you**.
- Being invested in you, and your long-term professional development and success, means the mentor can guide you toward **the path that makes sense for you** (not create a “mini-me”).
- Studies show that graduate students who receive effective mentoring are more **set up to succeed** and demonstrate greater productivity in the areas of research activity, conference presentations, grant writing and professional success.
- Different mentors may play different roles in your life. They may act as one or all of the following: a guide, counselor, advisor, consultant, tutor, teacher, role model. **Gathering together a team of mentors is**

- an effective strategy to getting a variety of your needs met.
- Every student is different. **The more you know about your goals, needs and passions**, and the more openly you can share these with your mentor, the better they can support you.
 - **How do you know if you have found a great mentor?** A good place to begin is to ask yourself: Are they open, approachable and caring? Do they engage with you in ongoing conversation? Demystify graduate school for you? Provide constructive and supportive feedback? Provide encouragement? Foster networking and seeking out multiple mentors? Look out for your interests? Treat you with respect?
 - Just getting started? Or haven't found the right fit yet? (See point number one above!) **Don't give up, it's worth it.** Have "informational interviews" with faculty to find out more about their work and their approach to research, teaching and learning. These conversations will create a spark (or not) and you'll know which relationships to invest more time in.
 - **Mentors can come from all directions.** Peers can be great mentors for each other, as can some amazing staff here at UW, or family and people in circles outside of academia.
 - You, too, can be a mentor to others. **Being able to give in both directions** is the best way to learn and grow.

For further details on the points above, please refer to the following online resources on the Graduate School website:

[**How to Obtain the Mentoring you Need – A Guide for Graduate Students**](#)

[**Building your Network: Finding Mentors – Mentor Memo**](#)

2013 Graduate School Mentoring Award for Postdoctoral Trainees

And on the subject of effective mentoring... the Graduate School and the Office of Postdoctoral Affairs are thrilled to feature this year's recipients of the Mentoring Award for Postdoctoral Trainees. In this first year of the award, we received many compelling nominations from more than 25 departments. The stories we heard reinforced why postdocs are such an essential part of our education and research ecosystem here at UW.

Postdocs are the ones who undergraduate and graduate students alike look

up to, learn from, confide in, and strive to emulate. The patience postdocs demonstrate in spending time investing in students, even while advancing their own research and careers, is a model of what we would hope to see among mentors. As we heard over and over again in the letters, postdocs serve as mentors who guide, push and inspire students to become their best selves. We are very pleased to announce two award recipients and three postdocs we could not let go without an honorable mention. The two Mentoring Award recipients will receive an honorarium of \$2,000 each.

*The UW Graduate School's **Core Programs** sends out relevant events, resources and opportunities directly to current graduate students and postdoctoral fellows bi-weekly. (GPA/GPCs: No need to re-post to your students, unless you want to emphasize a particular item!)*

CMMC Emerging Leaders Committee
Conference Call
April 10th, 2013
1pm – 2:30pm

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

Facilitator: Mari Radzik

DRAFT AGENDA

I. Introductions and Review of the Agenda

Please welcome Stephen Garrett as a new member of this committee.

II. Review of March 13th, 2013 Meeting Notes

III. Supporting Emerging Leaders Training Activity (for this Fiscal Year)

A. Review of plan and status of Training Opportunities for Emerging Leaders

See attachments

B. Planning on how to support and prepare Emerging Leaders for their Presentations at the June 17th CMMC In-Person Meeting

IV. Update on Needs Assessment Being Developed by Two Feathers and Mari

V. Upcoming Meetings/Calls

A. Next Emerging Leaders Committee Conference Call

Wednesday, May 8th, 2013
1:00 – 2:30 p.m.

B. Next CMMC In-Person Meetings:

1. TBD After the Strategic Plan is Released to the Public
(At this point, likely some time in May)
2. Monday, June 17th, 2013
10:00 a.m. – 4:30 p.m.
Sacramento, CA

CMMC Emerging Leaders Committee

Conference Call

May 8th, 2013

1pm – 2:30pm

Conference Line: (217) 258-5599

Guest Code: 788005#

Facilitator: Mari Radzik

DRAFT AGENDA

- I. Introductions and Review of the Agenda
- II. Review of April 10th, 2013 Meeting Notes
- III. Supporting Emerging Leaders Training Activity (for this Fiscal Year)
 - A. Update on Emerging Leaders Plans for Fulfilling Training Exercise
 1. Christina Quinonez
 2. Nga Le
 3. Jean Melesaine Leasiolagi
 4. Yvette McShan
 5. Masa Nakama
 - B. Planning on how to support and prepare Emerging Leaders for their Presentations at the June 17th CMMC In-Person Meeting
- IV. Strategies to support emerging leaders and to foster relationships between mentors and new leaders
- V. Update on Needs Assessment Being Developed by Two Feathers and Mari

VI. Upcoming Meetings/Calls

A. Next Emerging Leaders Committee Conference Call
Wednesday, June 12th, 2013
1:00 – 2:30 p.m.

B. Next CMMC In-Person Meetings:

1. TBD After the Strategic Plan is Released to the Public
Please see email from Stacie sent: Fri 4/26/2013 10:15 AM
2. Monday, June 17th, 2013
10:00 a.m. – 4:30 p.m.
Sacramento, CA

EMERGING LEADERS MENTORSHIPS COMMITTEE

MAY 8TH, 2013

1-2:30PM

MEETING NOTES

CONFERENCE LINE: (217)258-5599

GUEST CODE: 788005#

FACILITATOR: MARI RADZIK

Present:

Mari Radzik – Chair

Two Feathers (Perry Tripp)

Jean Melesaine Leasiolagi

Stephen Garrett

Jessica LePak

Not Present:

Poshi Mikalson

John Viet

Guest:

Yvette McShan

Staff:

Stacie Hiramoto – Project Director

I. Introductions and Review of the Agenda

Currently looking for support staff to provide meeting notes

II. Review of April 10th 2013 Notes

These have not been typed up yet.

III. Supporting Emerging Leaders Training Activity (for this Fiscal Year)

A. Update on Emerging Leaders Plans for Fulfilling Training Exercise

- i. Christina Quinonez has made contact with Poshi and is trying to arrange a shadowing experience with Poshi. Hasn't scheduled an actual time yet.
- ii. Nga Le will be shadowing Stacie the 15th of May on the fiscal accountability meeting.
- iii. Jean Melesaine will be driving down Thursday night to shadow Mari Radzik at the hospital and will provide email address and directions.
- iv. Yvette would like to shadow Jim Gilmer.
- v. Masa Nakama will shadow Jamila at LA trade Tech college or a (colleague somewhere else).

- B. Planning on how to support and prepare Emerging Leaders for their Presentations at June 17th CMMC In-Person Meeting.
 - i. Jean said she will be doing a video of Mari on a projector. Make sure to have a PowerPoint projector screen and audio at the conference Monday.
 - ii. Discussed having each presentation around roughly 5 minutes for each presenter.
 - iii. Suggestions for presenters may include a photo montage and PowerPoint for a total of 5 minutes.
 - iv. If cannot accommodate every leader in training, might be able to push back to the September meeting. Goal is to be able to get 3 of the 5 young leaders to present on the June 17th CMMC meeting.

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

- A. This is a deliverable the team has been working on and Stacie wants to write down more concrete plans for the next 6 months.
- B. Go over the general description and specific expectations of the role of mentors.
- C. Will go over all materials, including new materials on the 12th of June.
- D. Wants to provide a level of responsibility to other committee members and mentees to foster a welcoming approach.
- E. Jessica LePak volunteered to send some material
- F. Stacie is to send out all material a couple weeks before the June 12th phone call, including phone call contacts for members and mentees.
- G. Update on Needs Assessment, Developed by Two Feathers and Mari.
 - i. Two Feathers forwarded a drafted outline to Stacie to go over training needs and assessment for the committee members and mentees.
 - ii. Two Feathers will be working with Mari on the assessment tool final copy by the end of May and will forward to Stacie.
- H. Upcoming Meetings and Calls
 - i. Next emerging leaders meeting will be June 12th.
 - ii. Next CMMC In-Person meeting
 - a. TBD After the Strategic Plan is released to the Public. Please see email from Stacie sent: Fri 4/26/2013 10:15am.
 - i. The Office of Health Equity does not have the documents ready yet for the Strategic Plan.

- ii. Dept. of Mental Health was broken up by the legislature through the Bill AB100. Dept. of Mental Health therefore gave some responsibilities to Dept. of Healthcare Services.
 - iii. Responsibilities under the CMMC were shared with the Office of Health Equity (a new office). The strategic plan drafted by Rubin Cantu has been delayed by the oversight of Diana Duly, who is the head of the Health and Welfare agency of California.
- b. June 17th and 18th are blocked off for the CMMC meeting and Strategy meeting.
 - c. SAMSA will be overseeing the progress of the strategic plan.

CMMC Emerging Leaders Committee

Conference Call

June 12th, 2013

1pm – 2:30pm

Conference Line: (217) 258-5599

Guest Code: 788005#

Facilitator: Mari Radzik

DRAFT AGENDA

- I. Introductions and Review of the Agenda
- II. Review of May 8th, 2013 Meeting Notes
- III. Preparing for the CMMC 17th In-Person Meeting
 - A. Who will be presenting this time
 1. Christina Quinonez – not yet – needs to find someone to shadow?
 2. Nga Le – will not be attending this meeting due to conflict (but did complete shadowing exercise)
 3. Jean Melesaine Leasiolagi – YES?
 4. Yvette McShan – Maybe?
 5. Masa Nakama – YES?
 - B. Strategies to support emerging leaders and to foster relationships between mentors and new leaders (See all attachments for this section)

Stacie was supposed to gather materials and send to committee members. She is asking for a volunteer from the committee (not Mari) to work on this deliverable with her.
- IV. Update on Needs Assessment Being Developed by Two Feathers and Mari

This could be part of the “Strategies” deliverable.

C. Upcoming Meetings/Calls

A. Next Emerging Leaders Committee Conference Call
Wednesday, June 12th, 2013
1:00 – 2:30 p.m.

B. Next CMMC In-Person Meetings:

1. Monday, June 17th, 2013
10:00 a.m. – 4:30 p.m.
California Primary Care Association
1231 I Street, Suite 400
Sacramento, CA 95814
2. Special In-person meeting likely in July or early August
For Review of the Strategic Plan
3. Friday, September 27th, 2013
This meeting MAY be held in Long Beach as the MHSOAC is holding their in-person meeting on Thursday, September 26th in that town.

CMMC EMERGING LEADERS COMMITTEE

Conference Call

June 12th, 2013

1pm – 2:30pm

Conference Line: (217) 258-5599

Guest Code: 788005#

Facilitator: Mari Radzik

Attendance:

Stacie Hiramoto – Director

Mari Radzik

Eva Slover- Program Assistant

MEETING NOTES - DRAFT

I. Introductions and Review of the Agenda

II. Review of May 8th, 2013 Meeting Notes

- a. Nga Le shadowed exercise with Stacie.

III. Preparing for the CMMC 17th In-Person Meeting

A. Who will be presenting this time?

1. Christina Quinonez – not yet – needs to find someone to shadow?
 - a. Stacie emailed Christina to find out if she's interested in policy. Waiting to hear back.
2. Nga Le – will not be attending this meeting due to conflict in schedule (but did complete shadowing exercise)
3. Jean Melesaine Leasiolagi – YES?
4. Yvette McShan – Maybe? Might shadow Jim on the June 19th
5. Masa Nakama – YES? – Will need to confirm if he will be presenting shadowing experience.

- B. Strategies to support emerging leaders and to foster relationships between mentors and new leaders (See all attachments for this section)
 - a. Looking at structure to support mentor/mentored bi-weekly check-in.
 - i. Mentor has to be more assertive to get ahold of mentorees.
 - b. Stacie wants a work plan to be provided to all mentorees.
 - i. Summarize Two Feathers' needs assessment.
 - ii. Provide a theory behind the presentations.
 - c. Stacie suggested a conference call to set aside time to touch base on what is working/not working.
 - i. Wants to include gathering materials i.e. University of Washington.
 - ii. Due date Sunday Evening, 6/16 to have printed out before CMMC meeting.
 - iii. Will Edit by July 24th and await approval.

Stacie was supposed to gather materials and send to committee members. She is asking for a volunteer from the committee (not Mari) to work on this deliverable with her.

IV. Update on Needs Assessment Being Developed by Two Feathers and Mari

This could be part of the "Strategies" deliverable.

C. Upcoming Meetings/Calls

A. Next Emerging Leaders Committee Conference Call

Wednesday, July 10th, 2013

1:00 – 2:30 p.m.

B. Next CMMC In-Person Meetings:

1. Monday, June 17th, 2013

10:00 a.m. – 4:30 p.m.

California Primary Care Association

1231 I Street, Suite 400

Sacramento, CA 95814

2. Special In-person meeting likely in July or early August
For Review of the Strategic Plan
Want CMMC Meeting in July and September.
3. Friday, September 27th, 2013
This meeting MAY be held in Long Beach as the MHSOAC is holding
their in-person meeting on Thursday, September 26th in that town.

TAB 7

Report from the MHSA Assessment and Recommendations Committee (MAC)

Gustavo Loera – Chair
Beatrice Lee
Emma Oshagan
Jamila Guerrero-Cantor
Christina Quiñonez
Gulshan Yusufzai
Michelle Alcedo

- A. Year 1 State of the State** – This report is currently under review and needs approval from the Office of Health Equity.
- B. Year 2 State of the State** – MAC is pleased to report continued progress in completing this report, which has the purpose to examine the Armenian and Deaf and Hard of Hearing communities. Two MAC members familiar with the two communities completed a series of interviews. Analyses of interview transcripts have also been completed. Katherine Elliot, PhD, MPH, UC Davis, is the lead writer and is moving ahead on the write-up of the report. A final report will be submitted on June 30th.
- C. Year 3 Special Report** – For this special report, MAC is please to report significant progress over the past three months. First, MAC was successful in designing a scorecard to assess cultural and linguistic competence. The scorecard consists of four key domains: Knowledge, Confidence, Flexibility, and Interdependence (see scorecard example). Second, the instrument was piloted (tested) with four mental health professionals who supervise staff and who agreed to complete a scorecard. Overall, the instrument was well received and seems promising (see example). Finally, even though this project to still in progress, MAC is making progress in the write-up and should complete the report by June 30th.
- D. Year 3 State of the State** – During the work of Year 2 State of the State Report, MAC identified 10 un/underserved communities, as the main subjects of the remaining State of the State reports. These 10 communities were presented to the CMMC and approved during the March 25th meeting. A key accomplishment for this reporting period is that MAC has recently selected its next three communities, from the approved list of 10, to be featured in the Year 3 State of the State report. MAC is also pleased to report that the committee is in line in meeting all the objectives related to this report.

MHSA Assessment and Recommendations Committee (MAC) Scorecard
 Agency: Star (pseudo name) County: Los Angeles

| Behavioral Health Agency Staff | Cultural and Linguistic Competence Domains | | | | | | | | | | | |
|--------------------------------|---|--|--|---|--|--|---|---|--|--|---|---|
| | Knowledge <i>(Demonstrates knowledge about interactions between self and others)</i> | | | Confidence <i>(Believes in and values the promise and complexity of diversity)</i> | | | Flexibility <i>(Engages in diverse thinking and learning styles, and inclusive of communities)</i> | | | Interdependence <i>(Demonstrates value of diversity with cultures and groups)</i> | | |
| | MHSA Principles for Conscience | MHSA Principles for Conscience | MHSA Principles for Conscience | MHSA Principles for Efficacy | MHSA Principles for Efficacy | MHSA Principles for Efficacy | MHSA Principles for Flexibility | MHSA Principles for Flexibility | MHSA Principles for Interdependence | MHSA Principles for Interdependence | | |
| | Knowledgeable of the various culture groups to which he/she serves | Knowledgeable of the impact that his/her culture or ethnicity might have on a consumer | Knowledgeable 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 individual identity | Use knowledge of cultural differences to strengthen relationships | Values culture groups whom consumers identify |
| | Knowledge and Skills | | | Confidence/Motivation | | | Culture and Context | | | | | |
| HIPP100 | 4 | 4 | 2 | 4 | 3 | 4 | 3 | 3 | 4 | 3 | 4 | 3 |
| HIPP101 | 3 | 3 | 3 | 4 | 2 | 4 | 2 | 4 | 4 | 2 | 4 | 4 |
| HIPP102 | 3 | 3 | 3 | 4 | 2 | 3 | 3 | 4 | 4 | 3 | 3 | 4 |
| HIPP103 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| HIPP104 | 4 | 4 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| HIPP105 | 4 | 4 | 3 | 4 | 3 | 3 | 4 | 3 | 4 | 3 | 2 | 3 |
| HIPP106 | 2 | 3 | 2 | 4 | 2 | 3 | 2 | 3 | 4 | 2 | 2 | 2 |
| Means | 3.43 | 3.57 | 2.71 | 3.86 | 2.71 | 3.43 | 3.00 | 3.43 | 3.86 | 2.86 | 3.14 | 3.25 |
| | Composite Mean = 3.24 | | | Composite Mean = 3.33 | | | Composite Mean = 3.26 | | | | | |
| | | | | | | | | | | | | |
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Rating Scale

- 4 = Perform (Individual puts to practice knowledge and skill and demonstrates culturally and linguistically appropriate behavior).
- 3 = Support (Individual emphasizes cultural and linguistic competency practices, but puts into practice sometimes).
- 2 = State (Individual declares to be culturally and linguistically competent, but rarely demonstrates it in real-life/work situations).
- 1 = Lack (Individual lacks in knowledge and skill about cultural and linguistic competency).

State of the State II
Exploring Mental Health Disparities with New and Emerging Communities
Selecting Groups

Introduction:

The CMMC was charged with the task of producing a yearly State of the State report on disparities. The first report focused on summarizing statewide data on disparities. The second report will build awareness about groups that have not been surveyed in previous reports and provide information on the history, culture, and mental health needs of these communities.

While the State of the State II report will focus on a few communities, the CMMC recognizes that there are several communities that could be a focus of these efforts. Many groups are historically underserved, are marginalized or vulnerable, and experience social and civic exclusion due to their race, ethnicity, sexual orientation, or culture. The current report will not survey all groups, instead the intent of this report is to conduct a qualitative study that may be replicated in future reports with other communities. These efforts are part of an ongoing process of connecting and building relationships with new communities throughout the state of California.

Group Selection:

The first task in this process is to select 4 -5 groups to be the focus of this report. The CMMC MAC conducted a brainstorming process which resulted in a list of communities. The CMMC may consider the following factors in selecting the groups to be the focus for the first report:

- 1 Un/underserved populations (and historically marginalized or vulnerable groups) not in the first CRDP phase BUT are current CMMC members
- 2 Un/underserved populations (and historically marginalized or vulnerable groups) not in the first CRDP phase AND are not current CMMC members
- 3 Un/underserved populations (and historically marginalized or vulnerable groups) from the first CRDP phase (5) BUT could benefit from additional planning resources
- 4 Special "needs"

In addition, the committee may consider the following factors:

- 5 Does the group experience high levels of risk (exposure to trauma or war, exposure to violence, discrimination, high rates of homicide, suicide, or out of home placement for children)
- 6 Does the community experience high rates of uninsurance, underinsurance and poverty?
- 7 Does the community lack access to services?
- 8 Does the community experience significant barriers to care?

Preliminary list of groups:

CMMC MAC committee members conducted a brainstorming process in which they proposed the following groups. The MAC committee recognizes that this list is not comprehensive, and hopes that it will be viewed as a “living document” and that CMMC members will add to this list as they identify new and emerging groups.

- 1 Deaf and hard of hearing
- 2 Armenian
- 3 Mixteco
- 4 Eastern European
- 5 Eritrean/Ethiopian
- 6 Somali
- 7 Afghani
- 8 Iraqi
- 9 Hmong
- 10 Cuban/Haitian
- 11 Bhutanese
- 12 Burmese
- 13 Mongolian
- 14 Thai
- 15 Tibetan
- 16 Tongan
- 17 Russian community
- 18 Arab community
- 19 Disabled – developmental and cognitive disabilities, autism spectrum
- 20 Blind
- 21 Rural/isolated urban
- 22 Refugees/immigrants
- 23 Women
- 24 Older adults – aging that do not identify as “older”; aging single; aging single males

CMMC MHSA Assessment and Recommendations Committee

AGENDA

April 19, 2013

1:30 pm – 3:00 pm

Conference Call#

(217) 258-5599

Code # 788005

- Roll Call/Introductions
- Review March 15th Meeting Notes
- Co-Chair's Report
- Old Business
 - Year 2 State of the State Report
(Discussion with Katherine Elliott)
 - Special Report Score Card
 - Year 3 State of the State Report
- New Business
- Announcements
- Calendar Review
 - Next MAC Committee Meeting Date
May 17, 2013
- Adjournment

CMMC MHSA Assessment and Recommendations Committee

AGENDA

May 17th , 2013

1:30 pm – 3:00 pm

Conference Call#

(217) 258-5599

Code # 788005

- Roll Call/Introductions
- Review April 19th Meeting Notes
- REMHDCO Director's Report
- Election of New Chair or Co-Chair
- Year 2 State of the State Report
(Discussion with Katherine Elliott)
- Special Report Score Card
- Year 3 State of the State Report
- Old Business/New Business
- Announcements
- Calendar Review
- Next MAC Committee Meeting Date
July 19th, 2013
- Adjournment

MEETING NOTES

MAC COMMITTEE

CONFERENCE CALL

FRIDAY MAY 17th, 2013

1:30 – 3:00pm

(217)258-5599 Code # 788005

Members Present:

Gustavo Loera
Jamila Guerrero
Beatrice Lee

Members Not Present:

Emma Oshagan
Christina Quinonez
Gulshan Yusufzai
Michelle Alcedo

Katherine Elliot – Independent Consultant
Stacie Hiramoto – Staff

- I. **Roll Call/Introductions**
 - a. Elect a Chair or Co-Chair.
 - b. Katherine Elliot to answer questions and to clarify decisions made.
- II. **Review April 19th Meeting Notes**
 - a. Meeting Notes were not completed.
- III. **REMHDCO Director's Report**
 - a. Sandra Pool and Monique Pernell Resigned.
 - b. Review upcoming June 17th CMMC (in person) meeting and tentative half day for strategic planning on the 18th.
 - c. In process of launching website before CMMC meeting which provides meeting information.
 - d. Want to acknowledge the work Gwen Wilson has put into the CMMC prior to her resignation.
- IV. **Elections of New Chair or Co-Chair**
 - a. Gustavo volunteered to be the Chair, Gustavo was elected Chair by group consensus.
- V. **Year 2 State of the State Report**
 - a. MAC Committee members, in collaboration with Katherine, decided to focus on two communities: Deaf and hard of hearing as well as Armenian Community leaders.
 - b. Group to determine who will interview leaders of each community.
 - c. Any costs associated with interviews, the CMMC will reimburse including translators or transportation.
 - d. Six community members will be interviewed -- three from the Armenian community and three from the DHH community. The report will be due in June.
 - i. Jamila agreed to recruit and conduct interviews for Deaf and Hard of Hearing (DHH) due to her sign language abilities.
 - ii. Jamila suggested conducting three interviews for the DHH. She wants to include Masa in the interviews. Gustavo, Katherine and Jamila will work out the plan for the DHH interviews.
 - iii. Beatrice will contact RAMS about outreaching to the Armenian community in the San Francisco Area.

- e. Everyone to CC each other on the progress of their work.
- f. Gustavo suggested taping the phone conversation to transcribe later.
- g. Katherine suggested younger leaders present the report information at the annual cultural summit.
- h. Discussing days and times of interviews.
 - i. Jamila can commit to 2 to 3 interviews for the project.
 - ii. One hour interviews with DHH participants will involve Masa and Jamila.
 - iii. Gustavo agreed to help Jamila and Masa with interviews. Interviews will be transcribed and sent to Katherine.
 - iv. Katherine's role will be read through transcripts, extract themes and prepare a draft for the group to review on June 17th.
 - v. Gustavo and Katherine to come up with themes separately and then get on conference call to decide on themes together through consensus.
 - vi. Will conduct follow-up phone call before the 17th of June.

VI. Special Report Score Card

- a. Special Report due June 30th
 - i. Gustavo to do a write up on a scorecard tool focusing on systems and organizations. Topic is cultural competency, using information that reflects the Mental Health Services Act.
 - ii. Begin to look at five organizations to pilot and provide feedback and suggestions to improve the scorecard tool.
 - iii. Conduct an empirical research using the report card and look at systems change and policy implications that may come about. Conduct a gap analysis for five counties on their cultural plan.
- b. Getting the project finished within timeline.
 - i. Gustavo to get a couple organizations to review draft instrument and receive feedback before a final copy is made.

VII. Year 3 State of the State Report.

- a. Due June 30th, 2013 – will be filing an extension for the first quarter of 2014.
 - i. Use year 3 a continuation of Year 2 Report.

VIII. Old Business/New Business

- a. None.

IX. Announcements

- a. The LA community college district is putting a meeting together on MHA and the mental health crisis.

X. Calendar Review

- a. Next CMMC meeting will be Monday, June 17th and June 18th (pending) to review the strategic plan.
- b. Fridays will continue to be CMMC conference call dates.

CMMC MHSA Assessment and Recommendations Committee

AGENDA

June 7th, 2013

1:30 pm – 3:00 pm

Conference Call#

**(217) 258-5599
Code # 788005**

- Roll Call/Introductions
- REMHDCO Director's Report
 - Year 2 State of the State Report
 - Special Report Score Card
 - Year 3 State of the State Report
- Old Business/New Business
- Announcements
- Calendar Review
- Next MAC Committee Meeting Date
July 19th, 2013
- Adjournment

TAB 8

SAMPLE DRAFT CONFLICT OF INTEREST POLICY FOR CMMC

It is in the best interest of the _____ to be aware of and properly manage all conflicts of interest. This **Conflict of Interest Policy** is designed to help board/committee members, staff and volunteers of the _____ identify situations that present possible conflicts of interest and to provide the _____ with a procedure whereby such potential conflicts may be reviewed by an appropriate party when necessary.

This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations and its committees

1. Conflicts of Interest Defined. In this Policy, a person with a conflict of interest is referred to as an "Interested Person." For purposes of this Policy, the following circumstances shall be deemed to create a Conflict of Interest:

- a. A director, officer, staff or volunteer, including a board member (or family member of any of the foregoing) is a party to a contract, or involved in a transaction with the _____ for goods or services.
- b. A director, officer, staff or volunteer, (or a family member of any of the foregoing) has a material financial interest in a transaction between the _____ and an entity in which the director, officer, staff or volunteer, or a family member of the foregoing, is a director, officer, agent, partner, associate, contractor, employee, trustee, personal representative, receiver, guardian, custodian, or other legal representative.
- c. A director, officer, employee or volunteer, (or a family member of the foregoing) is engaged in some capacity or has a material financial interest in a business or enterprise that competes with the _____.

Other situations may create the appearance of a conflict, or present a duality of interests in connection with a person who has influence over the activities or finances of the _____. All such circumstances should be disclosed to the board or staff, as appropriate, and a decision made as to what course of action the organization or individuals should take so that the best interests of the _____.

Association are not compromised by the personal interests of stakeholders in the organization. Gifts, Gratuities and Entertainment. Accepting gifts, entertainment or other favors from individuals or entities can also result in a conflict or duality of interest when the party providing the gift/entertainment/favor does so under circumstances where it might be inferred that such action was intended to influence or possibly would influence the interested person in the performance of his or her duties. This does not preclude the acceptance of items of nominal or insignificant value or entertainment of nominal or insignificant value which are not related to any particular transaction or activity of the _____.

2. Definitions.

- a. A "Conflict of Interest" is any circumstance described in Part 1 of this Policy.
- b. An "Interested Person" is any person serving as an officer, member of the Board/Committee of Directors/Members, staff or volunteer of the _____ or a major donor to the _____ or anyone else who is in a position of control over the _____ who has a personal interest that is in conflict with the interests of the _____.
- c. A "Family Member" is a spouse, parent, child or spouse of a child, brother, sister, or spouse of a brother or sister, of an Interested Person.
- d. A "Material Financial Interest" in an entity is a financial interest of any kind, which, in view of all the circumstances, is substantial enough that it would, or reasonably could, affect an Interested Person's or Family Member's judgment with respect to transactions to which the entity is a party.
- e. A "Contract or Transaction" is any agreement or relationship involving the sale or purchase of goods or

SAMPLE DRAFT CONFLICT OF INTEREST POLICY FOR CMMC

services, the providing or receipt of a loan or grant, the establishment of any other type of financial relationship, or the exercise of control over another organization. The making of a gift to the _____ is not a Contract or Transaction.

3. Procedures.

a. Prior to board or committee action on a Contract or Transaction involving a Conflict of Interest, a director or committee member having a Conflict of Interest and who is in attendance at the meeting shall disclose all facts material to the Conflict of Interest. Such disclosure shall be reflected in the minutes of the meeting. If board members are aware that staff or other volunteers have a conflict of interest, relevant facts should be disclosed by the board/committee member or by the interested person him/herself if invited to the board meeting as a guest for purposes of disclosure.

b. A director or committee member who plans not to attend a meeting at which he or she has reason to believe that the board or committee will act on a matter in which the person has a Conflict of Interest shall disclose to the chair of the meeting all facts material to the Conflict of Interest. The chair shall report the disclosure at the meeting and the disclosure shall be reflected in the minutes of the meeting.

c. A person who has a Conflict of Interest shall not participate in or be permitted to hear the board's or committee's discussion of the matter except to disclose material facts and to respond to questions. Such person shall not attempt to exert his or her personal influence with respect to the matter, either at or outside the meeting.

d. A person who has a Conflict of Interest with respect to a Contract or Transaction that will be voted on at a meeting shall not be counted in determining the presence of a quorum for purposes of the vote.

e. The person having a conflict of interest may not vote on the Contract or Transaction and shall not be present in the meeting room when the vote is taken, unless the vote is by secret ballot. Such person's ineligibility to vote shall be reflected in the minutes of the meeting. For purposes of this paragraph, a member of the Board/Committee of Directors/Members or committee of the _____

has a Conflict of Interest when he or she stands for election as an officer or for re-election as a member of the Board of Directors or committee

f. Interested Persons who are not members of the _____, or who have a Conflict of Interest with respect to a Contract or Transaction that is not the subject of Board or committee action, shall disclose to the Chair, or the Chair's designee, any Conflict of Interest that such Interested Person has with respect to a Contract or Transaction. Such disclosure shall be made as soon as the Conflict of Interest is known to the Interested Person. The Interested Person shall refrain from any action that may affect the _____'s participation in such Contract or Transaction.

In the event it is not entirely clear that a Conflict of Interest exists, the individual with the potential conflict shall disclose the circumstances to the Chair or the Chair's designee, who shall determine whether full board/committee discussion is warranted or whether there exists a Conflict of Interest that is subject to this policy.

4. Confidentiality. Each director/member, officer, employee and volunteer shall exercise care not to disclose confidential information acquired in connection with disclosures of conflicts of interest or potential conflicts, which might be adverse to the interests of _____. Furthermore, directors/members, officers, employees and volunteers shall not disclose or use information relating to the business of _____ for their personal profit or advantage or the personal profit or advantage of their Family Member(s).

5. Administration of Policy. Each board/committee member, staff and volunteer shall be provided with and asked to review a copy of this Policy and to acknowledge in writing that he or she has done so.

a. Annually each director, officer, employee and volunteer shall complete a disclosure form identifying any relationships, positions or circumstances in which he or she is involved that he or she believes could contribute to a Conflict of Interest.

b. This policy shall be reviewed annually by each member of the Board/Committee of Directors/Members. Any changes to the policy shall be communicated to all staff and volunteers.

SAMPLE DRAFT CONFLICT OF INTEREST POLICY FOR CMMC

Acknowledgement of Conflict of Interest Policy.

The undersigned hereby acknowledges that he or she has received a copy and has read the _____ Conflict of Interest Policy, has had an opportunity to ask any questions that he or she may have about the policy, and understands and agrees to comply with the policy.

Signature: _____

Print Name: _____

Position: _____

Date: _____

PLEASE SIGN AND RETURN THIS PORTION

This Proposed Policy on Membership of the CMMC was rejected At the June 2012 Meeting. It is included for background. See comments that follow.

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

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

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

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

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

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

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

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

HERE ARE Notes from the June 2012 CMMC meeting: (In response to the draft of a policy that was in the meeting packet)

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

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

- Referencing the handout in tab #4, we wrestled with this issue in the initial selection, vetting and deliberation process for original CMMC membership.
- We want to honor the pillars and legacy of the original formation of CMMC.
- Most of us are familiar with conflicts of interest; we want to allow for a grandfather clause for original members but avoid future conflicts; mental and behavioral health department employees will always be welcome to attend.
- Question: Regarding the last paragraph, do you have an example of local mental health department? A county agency or state department/agency.
- Question: I need clarification; family advocates in our county work at the county; in reality, they are our employees and they help people navigate the system. Are peer/family advocates not precluded? They are not included within this policy because they are not county employees. The policy is clear on "employees" of the county.
- Don't include this; there are too many exceptions.
- My concern relates to our work with "Working Well Together" promoting consumers and family members as agents for change.
- What if we add "full time employee" to the last paragraph?
- What about removing "contract" (in front of employee) from the fifth paragraph?
- I don't know how all 58 counties work – in some counties, peer/family/consumer positions *are* county positions; even an ESM (Ethnic Service Manager) may be part time.
- I have concern about paragraph five.
- Question: Who will decide about perceived conflict regarding a contract in place - someone in my agency, for example?
- I agree with Jim Gilmer but I don't want to roadblock people.
- I have concern as a contractor because there are shifting percentages of time as contracts change.
- We should revise this or draft a conflict of interest policy because it will be hard to verify or monitor.
- The problem with ESMs is that they are direct county employees.
- CMMC originated with a specific philosophy and we need to be true to the MHSA mission.
- We need to really think through the organizational structure. Since MHSA came, organizations have been marginalized and co-opted; I am very passionate about this; power and structure mean a lot in policy.
- I am confused; my salary is paid by the Department of Mental Health but I am employed by the hospital. That's OK? When would I recuse myself? How would I know?
- When it affects your contract.
- We need an honor system, not a legal boundary; we should govern ourselves.
- I am conscious of our time and how we can honor the committee's work.
- I respect what has been said about advocates; we need to ensure the principle of community-driven work.
- Do we approve with changes and have the Administration Committee tackle questions as they arise?
- Make a decision; time our discussion.

- We are still collecting input; keep it simple; this is not new; the reasons are obvious.
- A conflict of interest policy instead – a hybrid.
- Agree – county/state employees are not appropriate – it's a conflict.
- Do away with the fifth paragraph; any time those who are consumers or advocates employed by the state or county we consider their membership through a vote on a person by person basis.
- Public Health employees – where mental health and behavioral health are subsumed – we may want to scratch.
- **DECISION**: Given the committee comments, the committee drafts a conflict of interest statement that incorporates discussion.
 - A simple conflict of interest document to sign;
 - Affirm in principle the presented policy with language tweaks of words and paragraphs discussed.
- Don't treat this in a perfunctory way; this is serious because it defines who sits here.
- I am concerned about the back and forth – I approve in principle and the committee work.
- Simple – draft in the spirit of what is here.

**CONFLICT
RESOLUTION
PROCESS**

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

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

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

- Inclusion and transparency*

- Authentic opportunities for inquiry, expression of diverse cultural perspectives and personal stories, and clarification*

- Being heard and understand even when viewpoints differ*

- Respect for self and others, each other's strengths, and for different world views regarding time and communication*

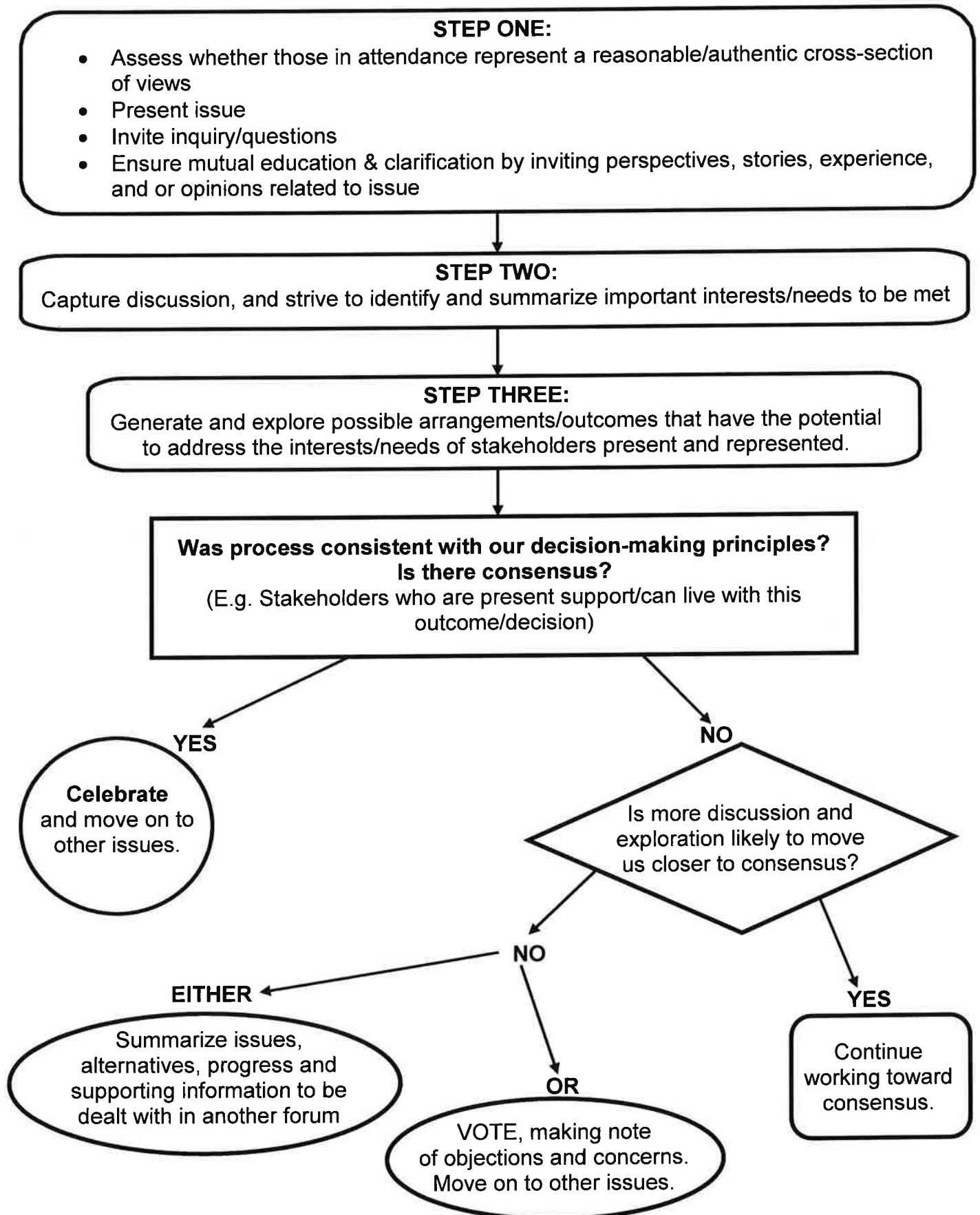
- Honoring CMMC committee efforts*

- Focus on our common goal to transform cultural competency within the larger context in which CMMC operates*

- Insight regarding the impact of decisions*

- Action, implementation and closure*

I. CMMC Collaborative Consensus Based Decision-making Model



CMMC DRAFT CONFLICT RESOLUTION PROTOCOL

Consistent with the principles CMMC adopted for collaborative consensus based decision-making, it is the intent of CMMC members to approach conflict and its resolution with strategies that draw from members' strengths and assets, and recognize both shared experiences and diverse cultural traditions and practices as primary resources for building sustainable harmony. CMMC gives priority to building trust and mutual respect, relationship-nurturing and cementing personal ties guided by the themes of connecting, committing and collaborating. Partnerships forged through CMMC have the potential to serve as strong, effective change agents over time and a wellspring for community peace and justice.

CMMC recognizes that unmanaged conflict may result in disruption, harmful assumptions, inertia and escalating discord, all of which will impede CMMC's role and effectiveness in reducing disparities for unserved, underserved and inappropriately served communities. By adopting a conflict resolution protocol, CMMC members acknowledge that differences may arise from either internal or external sources and that conflict is best utilized as a starting place for clarification, information exchange, gaining new perspectives and even innovation.

Regardless of the context of conflict resolution, CMMC encourages qualities that foster constructive interaction:

- **Self-management:** Personal accountability to the principles and procedures adopted by the full CMMC membership
- **Confidentiality:** Commitment to maintain all confidences arises from interaction to ensure an atmosphere of safety and trust
- **Openness:** Willingness to hear and consider the information others provide; assuming good intentions
- **Future orientation:** Learning from the past, attacking the problem not the person, and looking forward toward what is possible
- **Knowing your comfort level:** Clarity about boundaries
- **Taking risks:** Willingness to share bold ideas, step outside of the norm, and risk vulnerability by openly expressing what may be difficult to convey
- **Collaborative problem solving:** Similar to CMMC's decision-making protocol, addressing concerns through a collaborative model (see next page)

Collaborative Conflict Resolution/Negotiation

INFORMATION EXCHANGE/MUTUAL EDUCATION

Sharing and clarifying concerns and issues, perspectives, opinions, experiences, expectations, personal stories and needs

THROUGH

Active listening

Open-ended questions

Summarizing and acknowledging to convey understanding

LEADING TO



ISSUE & INTEREST (NEED) IDENTIFICATION

Identifying the issues (topics) in question and the underlying needs (what is important about each issue to each person)

TO ESTABLISH PRINCIPLES

A template/litmus test, or evaluation criteria, for deciding which ideas or solutions are the most satisfactory and sustainable in view of the identified needs

LEADING TO



OPTION GENERATING

Mutually brainstorming ideas and potential solutions/outcomes that will meet the identified needs (principles)

REALITY TESTING

Analyzing what it will take make a chosen option work, what is realistic, and what is sustainable and mutually beneficial

LEADING TO



AREAS OF AGREEMENT/IMPLEMENTATION/CLOSURE

Establishing what the next steps are, who is responsible, by when, etc.

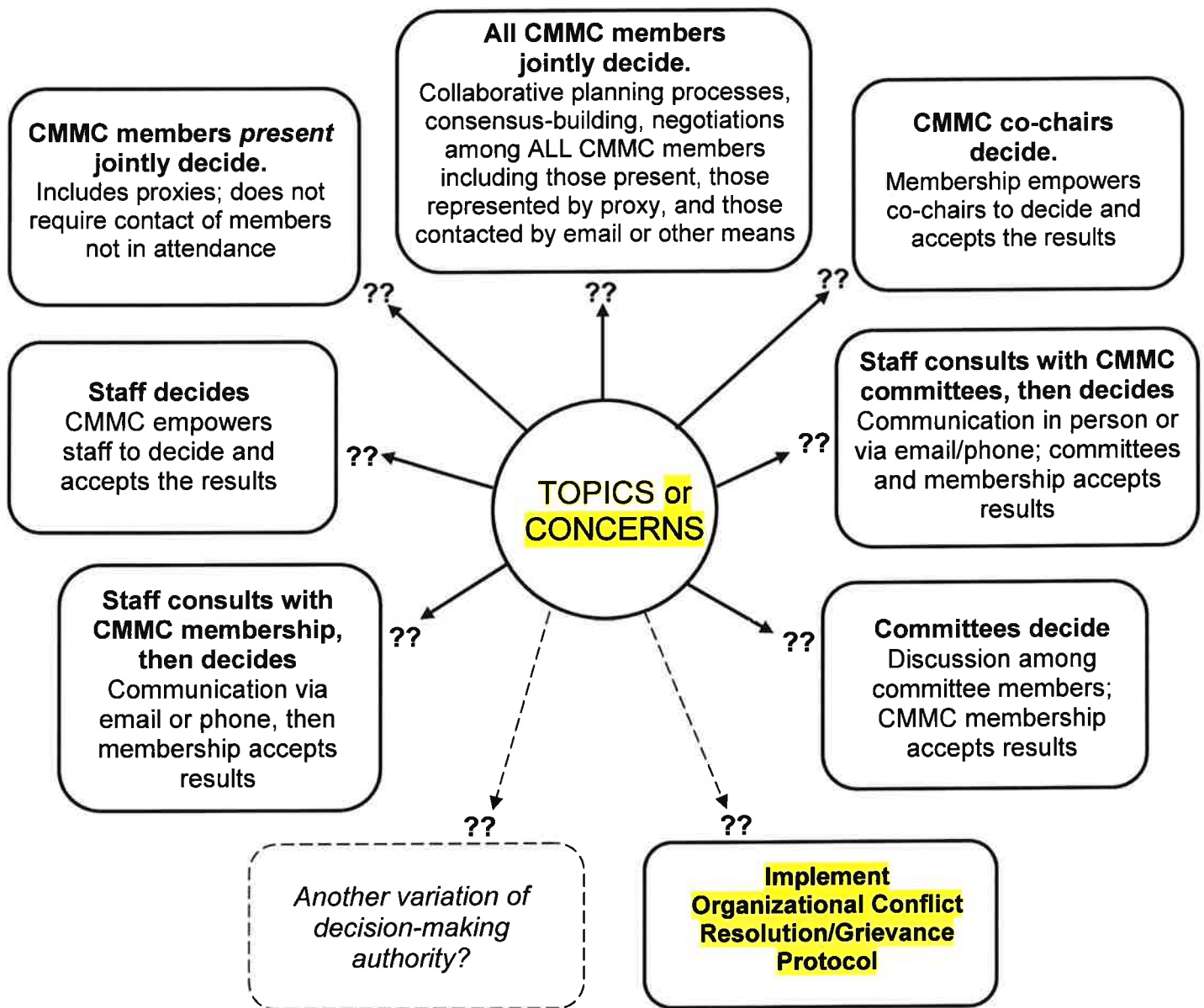
Walking through a day in the life of what was decided.

Determining any unresolved concerns and where to go from there.

Deciding how decisions will be described or shared with others
(including privacy/confidentiality concerns)

II. Procedures and Delegation of Authority for Making Decisions & Conflict Resolution

(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.

Organizational Conflict Resolution/Grievance Protocol

When there is disagreement between two or more individuals, CMMC encourages parties to talk directly to each other informally to resolve their differences. If no agreement can be reached, CMMC offers a continuum of processes for assistance.

FIRST STEP: Interpersonal negotiation [SPECIFICS NEED WORK]

Internal: One person (staff, member, co-chair 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 CMMC, e.g. co-chair/leadership, staff, member, 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).

A grievance must be made within 30 days after the date that the problem happened.

NEXT STEP, IF UNRESOLVED: Seek assistance from leadership or the next most immediate person with authority [SPECIFICS NEED WORK]

Participant(s) requests assistance from appropriate leadership/authority figure to address the issue. When the difference/conflict involves leadership or staff, seek help from a person who has recognized authority over an individual. 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 an executive committee).

NEXT STEP, IF UNRESOLVED: Encourage or seek external assistance

A person with a grievance, both internal and external, are offered the opportunity to seek help externally such as neutral mediation (decisions developed by participants), arbitration (binding decision imposed by third party), legal recourse (litigated decision imposed by a judge), etc.

NOTES about conflict resolution processes:

What is important when involving an internal 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

- 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 should be informed of the remaining array of choices: external mediation/group facilitation, legal resources, community resources, etc.

What is required when utilizing an external resource?

- For people within CMMC, 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*
- Participation is generally voluntary; organizational consequences/impact of unresolved concerns should be carefully considered
- 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 and harmony

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.

CMMC ADMINISTRATION COMMITTEE

**Conference Call
Wednesday, April 17th, 2013
4:00p – 5:30p**

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

AGENDA

Co-Chairs Ahmed Ahmed and John Aguirre

- I. Introductions and Review of Today's Agenda

Welcome Raja Mitry – new Administration Committee member
- II. Review of Meeting Notes from the March 20th Conference Call and informal report on the Committee Convening of March 25th (during the CMMC In-person meeting lunch break)
- III. Assignments the Admin Committee needs to complete
 - A. Conflict of Interest Policy (Jim and Crystal originally working on this)
See sample submitted by Two Feathers Tripp
 - B. Conflict Resolution Process
See two documents developed previously for the CMMC by facilitator, Betsy Kosier and additional information from Jim Gilmer
 - C. Committee Attendance Policy
 - D. Organization of all operating policies adopted so far
- III. Other Committee Business
 - A. Election of a representative to the Ad-Hoc Public Affairs Committee

Who from the Administration Committee would like to be on the CMMC Ad-Hoc Public Affairs Committee? How should the selection be made?

B. Leticia Alejandrez is dropping off the CMMC

We will move the next appointment, Adam, Gettinger-Brizuela selected by the Ad-Hoc Nominations Committee in October 2012. (This was approved at the last Committee conference call but is being brought up again as a courtesy.)

V. Upcoming Meetings:

A. Next CMMC Administration Committee Conference Call
Wednesday, May 15th, 2013
4:00 p.m. – 5:30 p.m.

B. Next CMMC In-Person Meetings:

1. TBD After the Strategic Plan is Released to the Public
(At this point, likely some time in May?)
2. Monday, June 17th, 2013
10:00 a.m. – 4:30 p.m.
Sacramento, CA

CMMC ADMINISTRATION COMMITTEE

Conference Call
Wednesday, April 17th, 2013
4:00p – 5:30p

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

MEETING NOTES

Co-Chairs Ahmed Ahmed and John Aguirre

Members Present:

John Aguirre
Raja Mitry
Jim Gilmer
Chrystal Crawford
Ahmed Ahmed

Members Not Present

Yvette McShan

Staff Present:

Stacie Hiramoto

I. Introductions and Review of Today's Agenda

Agenda was approved by Committee.

Welcome Raja Mitry – new Administration Committee member

II. Review of Meeting Notes from the March 20th Conference Call and informal report on the Committee Convening of March 25th (during the CMMC In-person meeting lunch break)

Only Jim and Stacie were in attendance on the March 20th call; no decisions were made other than what was already on the agenda.

At the March 25th in-person meeting, John, Raja, and Jim were in

attendance. Jim volunteered to move forward with the Conflict of Interest Policy. Raja volunteered to research information regarding Conflict Resolution.

III. Assignments the Admin Committee needs to complete

- A. Conflict of Interest Policy (Jim and Chrystal originally working on this)
See sample submitted by Two Feathers Tripp

Jim reviewed the Two Feathers sample and feels it better fits a traditional non-profit board rather than a coalition - the document's language has heavy administrative and contractual responsibilities which CMMC does not traditionally deal with.

Do we allow people that do not fit the criteria of the original philosophy and objectives of the CCMC to be voting members? Jim's take is that it would be a conflict of interest to allow the criteria to be compromised.

At this point, CMMC needs to address real, potential, or perceived conflicts relative to the original selection criteria.

Stacie stressed the importance of developing a stronger working relationship with the counties, and that the objective is to provide the CMMC members a more simplistic Conflict of Interest document.

Next step should be to go back to a one-page, simply-worded document that states the purpose of the Conflict of Interest Policy and builds trust among the members and public via transparency.

Action Item: Jim will send his draft language to Crystal for review.

- B. Conflict Resolution Process
See two documents developed previously for the CMMC by facilitator, Betsy Kosier and additional information from Jim Gilmer

The CCMC sent the language back to this Committee to formulate a draft document.

ACTION ITEM: Raja will review the language and develop and outline for the document by the next conference call. Jim will assist with

feedback and suggests culturally-congruent language is incorporated to make it unique to the CMMC.

After the draft document is agreed upon, will be presented at the June meeting for approval.

C. Committee Attendance Policy

Members missing more than 50% of the committee meetings has been an ongoing issue and causes an unfair distribution of work as well as lengthens conference calls due to a need to debrief them on what has taken place in their absence. The Contract Monitor has been questioning Stacie about low attendance rates.

Ahmed recalled that conference call attendance language has already been drafted, so the real issue is how to enforce the policy. ACTION ITEM: Stacie will send the language to Russell for his feedback on having co-chairs follow up with absent committee members and also look at attendance records.

D. Organization of all operating policies adopted so far

Draft #2, November 2012: Items within the document need to be logically organized. John volunteered to develop an organizational method. Raja suggested using MS Word formatting features for each policy (date adopted, etc.).

III. Other Committee Business

A. Election of a representative to the Ad-Hoc Public Affairs Committee

Who from the Administration Committee would like to be on the CMMC Ad-Hoc Public Affairs Committee? How should the selection be made?

Selections are being made differently on other committees depending upon how many individuals are interested. Jim Gilmer has a default seat on the Public Affairs Committee. Raja volunteered to serve on the Public Affairs Committee. Action Item: Add Public Affairs report from Raja to future conference call agendas.

B. Leticia Alejandrez is dropping off the CMMC

We will move the next appointment, Adam Gettinger-Brizuela selected by the Ad-Hoc Nominations Committee in October 2012. (This was approved at the last Committee conference call but is being brought up again as a courtesy.)

V. Upcoming Meetings:

A. Next CMMC Administration Committee Conference Call

Wednesday, May 15th, 2013

4:00 p.m. – 5:30 p.m.

B. Next CMMC In-Person Meetings:

1. TBD After the Strategic Plan is released to the Public

(At this point, likely sometime in May?)

2. Monday, June 17th, 2013 (*potential to become a two-day meeting*)

10:00 a.m. – 4:30 p.m.

Sacramento, CA

CMMC ADMINISTRATION COMMITTEE

**Conference Call
Wednesday, May 15th, 2013
4:00p – 5:30p**

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

AGENDA

Co-Chairs Ahmed Ahmed and John Aguirre

- I. Introductions and Review of Today's Agenda
- II. Review of Meeting Notes for April 17th, 2013 Conference Call
- III. Director's Update
 - A. REMHDCO staff positions
 - B. Release of the Strategic Plan and In-Person Meeting for Review
 - C. Proposed Change of Deliverables
- IV. Conflict of Interest Policy
- V. Conflict Resolution Process
- VI. Organization of operating policies adopted so far
- VII. Update on old business
 - A. Committee Attendance Issue
 - B. Adam Gettinger-Brizuela as a New Member
- VIII. Upcoming Meetings:
 - A. Next CMMC Administration Committee Conference Call
Wednesday, July 17th, 2013

4:00 p.m. – 5:30 p.m.

B. Next CMMC In-Person Meeting

Monday, June 17th, 2013*

10:00 a.m. – 4:30 p.m.

*At this time, there are tentative plans to make this a 2-day meeting,

Monday, June 17th – Tuesday, June 18th, 2013

This will be to incorporate the in-person review of the Strategic Plan within the 30-day public review window.

MEETING NOTES - Draft

CMMC ADMINISTRATION COMMITTEE

CONFERENCE CALL
WEDNESDAY, MAY 15TH, 2013
4:00PM -5:30PM
DIAL: (217)258-5599 ACCESS CODE: 788005#

Present:

Ahmed Ahmed– Co-Chair
Raja Mitri
Jim Gilmer
Crystal Crawford

Not Present:

John Aguirre – Co-Chair

Staff:

Stacie Hiramoto

- I. Introductions and Review of Today's Agenda
 - a. Raja drafted both Conflict of Interest and Conflict Resolution. Conducted research in Conflict Resolution as promised. Wanted to make sure responsibilities and expectations are clear and easy to understand.
- II. Review of Meeting Notes for April 17th, 2013 Conference Call
 - a. Minutes were not thoroughly completed due to short staff.
- III. Director's Update
 - a. REMHDCO staff positions
 - i. Due to Sandra's resignation, Stacie has been working on website to ensure all information and announcements are available from meetings.
 - ii. Will be sending job announcements for open positions as Program Assistant and REMHDCO Assistant Director.
 - b. Release of the Strategic Plan and In-Person Meeting for Review.
 - i. One of the most important roles of the CMMC is to weigh in on the strategic plan.
 1. Was told that the plan was supposed to be released May 1st, but was pushed back.
 2. The meeting may be a one and a half day meeting (pending on when the strategic plan is released).

3. May do the strategic review plan on the 17th.
 4. Will pay for people to stay overnight the 17th to save on flight costs.
 5. If the plan isn't released until June 10th, it may not be enough time to review the 80-100 page document.
- c. Proposed Change of Deliverables
- i. Plan on striking a balance between vision/purpose of the CMMC vs. concrete outcomes.
 - ii. The Office of Health Equity has oversight of the deliverables.
- IV. Conflict of Interest Policy
- a. The issue came up between government participation and community participation.
 - b. Participation of CMMC is contingent upon the recruitment and nomination input.
 - i. **Committee to revise and provide feedback on the Conflict of Interest policy.**
 1. Look for redundancy because the shorter the document, the easier for people to comprehend and abide by it.
 2. Should the document length be condensed to one page or left alone?
 3. What's most important is being able to cover the purpose of the Conflict of Interest.
 - ii. Deadline for comments and feedback is two weeks (May 31st).
 - iii. **Stacie to email the Conflict of Interest Policy to CMMC members.**
- V. Conflict Resolution Process
- a. General Comments
 - i. Jim thinks it's a good beginning. Suggests submitting it to the team for feedback.
 - ii. Wants to make sure that any terms in the document are very clear to each member of the coalition.
 1. A suggestion might be to add a vocabulary key attached to document to make it more comprehensible to the laymen.
 - iii. Stacie loves the content, though feels it's a little long. A suggestion could be to involve the grievance process in the document.
- VI. Organization of operating policies adopted so far.

- a. Stacie forwarded Jon's email to Ahmed's Hotmail account.
- b. Ahmed will go over Jon's email and will discuss it with him next call.

VII. Update on old business

- a. Committee Attendance Issue
- b. Adam Gettinger-Brizuela as a New Member
 - i. Stacie has not contacted yet, but will be calling to see if he wants to make the meeting on the 17th.
 - ii. Adam needs an orientation.

VIII. Upcoming Meetings:

- a. Next CMMC Administration Committee Conference Call Wednesday, July 17th, 2013 4pm – 5:30pm
 - i. Ahmed suggested to present attendance policy at the start of the meeting.
 - ii. Before the In-Person meeting, Ahmed recommended conducting a one hour meeting from 4:30 to 5:30pm on the 12th of June to finalize agenda.

- b. Next CMMC In-Person Meeting Monday, June 17th, 2013 10am-4:30pm

*At this time, there are tentative plans to make this a 2-day meeting.

Monday, June 17th – Tuesday, June 18th, 2013

This will be to incorporate the in-person review of the Strategic Plan within the 30-day public review window.

1. Meeting may be a half day on June 18th from 9a to 1pm.
2. Will be providing status updates as to the confirmation of meeting times.

*Raja was wondering if the CMMC was interested in providing input into the 5 year plan conducted through community forums.

- Stacie will send out a memo for CMMC members (if they have time) to attend community forums to discuss workforce education and training.

- All the information was presented in an email by Sergio Aguilar.

CMMC ADMINISTRATION COMMITTEE

Conference Call
Wednesday, June 12th, 2013
4:30p – 5:30p

**** PLEASE NOTE LATER START TIME THAN USUAL ****

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

AGENDA

Co-Chairs Ahmed Ahmed and John Aguirre

I. Introductions and Review of Today's Agenda

II. Review of Meeting Notes for May 15th, 2013 Conference Call

These meeting notes were unfortunately not completed until recently due to REMHDCO being down two staff.

III. Preparing for the Monday, June 17th CMMC meeting

Ahmed Ahmed and/or John Aguirre need to give the "Administration Committee report" at the upcoming CMMC meeting. This includes an update on:

A. The Conflict of Interest Policy

Originally, Jim and Crystal were going to work on this. Two Feathers Trip provided a sample document that was provided for the April Administration Committee conference call. (Attached) After the May Conference Call, staff was supposed to email this draft again to the

Administration committee for further refinement. Unfortunately, this was not done.

Question: What should be sent to the full CMMC for discussion on June 17th? We can send the attached document or wait and refine before discussing at the CMMC meeting.

B. The Conflict Resolution Process [The last four documents attached are for this section.]

1. For the last Administration Conference call, Raja put forth a document (See attached).
2. The CMMC has adopted some principles but has not put a process in place. Betsy Kosier (our CMMC facilitator) volunteered to join this call and the Co-chairs agreed that it would be a good idea for her to join us so that something could be developed to move forward.

There were two documents that Betsy prepared for us that were sent out for the April 17th Administration Committee conference call. These documents had been prepared for the CMMC in the past. (See attached.)

3. Jim Gilmer also wrote up some thoughts about the conflict resolution process. These were also sent out for the April 17th call and are attached.

Next steps: Decide how to proceed. The Administration Committee has 30 minutes to give an update on both the Conflict of Interest Policy and the Conflict Resolution Process.

IV. Next CMMC In-Person Meetings

- A. The meeting to review the Draft Strategic Plan will now likely be in July or August.

- B. The September 27th, meeting MAY be held in Long Beach as the MHSOAC is holding their in-person meeting on Thursday, September 26th in that town.

- C. The Co-chairs and the Project Director believe that an in-person retreat for the CMMC may be beneficial to conduct this year.

CMMC ADMINISTRATION COMMITTEE

**Conference Call
Wednesday, June 12th, 2013
4:30p – 5:30p**

**** PLEASE NOTE LATER START TIME THAN USUAL ****

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

AGENDA

Co-Chairs Ahmed Ahmed and John Aguirre

Members Present:

Stacie Hiramoto – Director
Ahmed Ahmed – Co-Chair
Raja Mitri –
Crystal Crawford –
Betsy

- I. Introductions and Review of Today's Agenda
 - a. Raja Mitri – Been involved with
 - b. Ahmed lives in Sacramento works with adults with mental illness.
 - c. Crystal member of CMMC is CEO of Emeritus
 - d. Betsy is a consultant to CMMC providing organizational support.

- II. Review of Meeting Notes for May 15th, 2013 Conference Call

These meeting notes were unfortunately not completed until recently due to REMHDCO being down two staff.

- a. Discuss how we are going to go over the technicalities of reviewing the report.
- b. No suggested changes in minutes.

III. Preparing for the Monday, June 17th CMMC meeting

Ahmed Ahmed and/or John Aguirre need to give the “Administration Committee report” at the upcoming CMMC meeting. This includes an update on:

A. The Conflict of Interest Policy

Originally, Jim and Crystal were going to work on this. Two Feathers Tripp provided a sample document that was provided for the April Administration Committee conference call. (Attached) After the May Conference Call, staff was supposed to email this draft again to the Administration committee for further refinement. Unfortunately, this was not done.

Question: What should be sent to the full CMMC for discussion on June 17th? We can send the attached document or wait and refine before discussing at the CMMC meeting.

1. Send it out prior to 17th so that members can review it and comment.
 - a. Stacie said can get it out 6/13/2013
 - b. Betsy said there are records in CMMC Meeting notes and a record of discussion about a conflict of interest.
 - i. Draw out bullet points of comments made so there is a reference in the meeting.
 - ii. Admin will have an hour to go over conflict of interest and policy during the CMMC meeting.
 - iii. Many counties felt that the conflict of interest policy was too complicated.
2. Raja made both conflict resolution and conflict of interest documents and wants to know whether to use those or Two Feathers’ at the meeting?
 - a. There were two drafts sent along with a grievance process and will re-forward them to the Committee.
 - b. Jim sent language, but not process.
 - c. For the 17th, the Committee will review Two Feathers’ conflict of Interest and combine into one document.
3. Betsy volunteered to send documents to the group.

4. By next in person meeting, will have draft ready but will explain it's a work in progress.

B. The Conflict Resolution Process [The last four documents attached are for this section.]

1. For the last Administration Conference call, Raja put forth a document (See attached).
 - a. Documents go over the issues that arise along with a delegation of authority & how to interact with each other.
 - b. An outline of procedures is a requirement for a deliverable in the event there is a conflict.
 - c. Include the collaboration, mediation and consensus building process outlined in steps.
 - d. The only part missing is outlining procedures.
 - e. Need to provide materials at the CMMC meeting that goes to a delegation of authority along with a conflict of interest process.
 - f. Make sure the discuss options instead of strategies in the process material.
2. Would it be helpful to have a deadline to have the materials finalized?
 - a. The deadline was June 17th, but it won't be ready by then.
 - b. **Betsy volunteered to email with Raja to integrate the current CMMC policy and Raja's drafted copies of conflict resolution to present to the group in the next in-person meeting.**
3. The CMMC has adopted some principles but has not put a process in place. Betsy Kosier (our CMMC facilitator) volunteered to join this call and the Co-Chairs agreed that it would be a good idea for her to join us so that something could be developed to move forward.

There were two documents that Betsy prepared for us that were sent out for the April 17th Administration Committee conference call. These documents had been prepared for the CMMC in the past. (See attached.)

4. Jim Gilmer also wrote up some thoughts about the conflict resolution process. These were also sent out for the April 17th call and are attached.

Next steps: Decide how to proceed. The Administration Committee has 30 minutes to give an update on both the Conflict of Interest Policy and the Conflict Resolution Process.

Betsy will have document to be provided by time of the meeting.
Realistically, should receive feedback on document, but not ready to adopt.

IV. Next CMMC In-Person Meetings

- A. The meeting to review the Draft Strategic Plan will now likely be in July or August. Is there a way to involve diverse constituencies in the meeting forums?
- B. The September 27th, meeting MAY be held in Long Beach as the MHSOAC is holding their in-person meeting on Thursday, September 26th in that town.
 - a. OAC has some interest in the CRDP of which the CMMC is apart.
 - b. The CRDP update was brought up by Dept. of Public Health.
 - c. Selected 8 counties about health equity.
- C. The Co-chairs and the Project Director believe that an in-person retreat for the CMMC may be beneficial to conduct this year.
 - a. Will be bringing up in the next meeting and will be open for discussion.
 - i. No representatives in the OHE from CMMC.
 - ii. Competing with Women's groups.
 - iii. Women's health groups are also advocates for mental health issues.