

Organization	Committee	Chairperson(s)	Meeting Frequency	Mission Statement	Functions/Roles
California Mental Health Planning Council (CMHPC)	N/A	N/A	N/A	N/A	The CMHPC no longer has a Cultural Competence Committee. The CMHPC has a commitment to inclusive stakeholder processes, cultural competency, the addressing of priority issues across the life span and emphasizing advocacy for the underserved and unserved communities. The Council upholds the transformative vision of the MHSAs and works to promote the essential values and elements that are the foundation for the Act. The Council will infuse the work of the Cultural Competence Committee and enable the strategies and perspective of the members to apply throughout all of the Council committees. The work of the committees will have the lens of cultural competence, recovery and wellness, community integration, and consumer and family driven services in all that they do through the members and their collective expertise.
Mental Health Services Oversight and Accountability Commission (MHSOAC)	Cultural and Linguistic Competence Committee (CLCC)	Dr. Victor Carrion	Bi-Monthly	To ensure that the perspective and participation of individuals and families who are members of racial, ethnic, and cultural communities is a significant factor in all of the Commission's decisions and recommendations <i>(MHSOAC Cultural and Linguistic Competence 2012 Charter)</i>	The CLCC is charged with ensuring that the MHSOAC has an ongoing focus on reducing and eliminating disparities in the area of access, quality, and outcomes in mental health service provision to unserved, underserved and inappropriately served communities. Historical disparities are found and consistently continue to exist among California's racial-ethnic populations including African-Americans, Latinos, Asian Pacific Islanders (API), and Native Americans as these groups have demonstrated evidence of historical disparities in access and appropriateness of care in mental health systems. Therefore, any other population group(s) that may be targeted by a county must be clearly defined with demonstrated evidence and supporting data to target them as having documented disparities in mental health services. See Appendix for other frameworks discussed.

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<p>California Mental Health Directors Association (CMHDA)</p>	<p>Cultural Competency, Equity and Social Justice Committee (CCESJC)</p>	<p>Alfredo Aguirre, Chair and Jo Ann Johnson, Co-Chair</p>	<p>During both California Mental Health and Substance Use Policy Forums and the Cultural Competence and Mental Health Regional Summits.</p>	<p>On April 12 2012, the CMHDA Ethnic Services Committee and the CMHDA Social Justice Advisory Committee merged to form the Cultural Competency, Equity and Social Justice Committee (CCESJC). CCESJC will continue to address the issue of reducing disparities for underserved communities. The committee will focus on key social justice-related public policy and advocacy priorities of relevance to community mental health including continued work on reducing/eliminating disparities.</p>	<p>Takes lead responsibility for the development and implementation of cultural competence planning within the organization. Identifies local and regional cultural mental health needs of ethnically and culturally diverse populations as they impact county systems of care and make recommendations to local mental health directors, California Mental Health Director's Association (CMHDA), California Department of Public Health, Office of Multicultural Services, and Department of Health Care Services. Participates and advises on planning, policy, compliance, and evaluation components of the county system of care and make recommendations to county directors that assure access to services for ethnically and culturally diverse groups. Promotes the development of appropriate mental health services that will meet the diverse needs of the county's racial and ethnic populations. Participates in the development and implementation of local policies and procedures that would potentially impact services to racially and ethnically diverse consumers.</p>
<p>California Institute for Mental Health (CIMH)</p>	<p>Center for Multicultural Development (CMD)</p>	<p>Doretha Williams-Flourney</p>	<p>Unknown</p>	<p>Promote cultural inclusion and competence and the elimination of disparities within the public mental and behavioral health systems (CMD 3 Year Strategic Priorities)</p>	<p>The Center for Multicultural Development (CMD) was established with the enthusiastic support of California's County Mental Health Directors. The Center is designed to promote the cultural competence of publicly funded behavioral health systems and ensure the integration of cultural competence into policy development, research, training, technical assistance, and other activities and products of CiMH. Programs, trainings and materials have been developed to assist California provide culturally appropriate services to meet the needs of diverse populations. An Advisory Committee consisting of committed consumer and professional experts experienced in the development of culturally competent mental health services supports the CMD.</p>

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California Department of Public Health (CDPH)	Office of Health Equity (OHE)	Marina Augusto	Every day functionality, not a committee	Align state resources, decision making, and programs to address health and mental health issues across the many diverse communities of California.	<p>(1) Achieve the highest level of health and mental health for all people, with special attention focused on those who have experienced socioeconomic disadvantage and historical injustice, including, but not limited to, vulnerable communities and culturally, linguistically, and geographically isolated communities.</p> <p>(2) Work collaboratively with the Health in All Policies Task Force to promote work to prevent injury and illness through improved social and environmental factors that promote health</p>
California Department of Public Health (CDPH)	CALIFORNIA REDUCING DISPARITIES PROJECT (CRDP)	Marina Augusto	Contract	The CRDP seeks to reduce racial, ethnic, and cultural mental health disparities by bringing forward community defined solutions and recommendations developed by workgroups comprised of community representatives.	<ul style="list-style-type: none"> • DMH funded five entities representing targeted populations (Latino, African American, Asian Pacific Islander, Native American and LGBTQ) to develop Strategic Planning Workgroups (SPWs) to identify population-focused, culturally competent recommendations to improve access and quality of care for unserved and underserved racial, ethnic and multicultural communities. • Each of these five SPWs is currently in the process of developing specific Reducing Disparities Population Reports (RDPR). The final RDPRs will contain an inventory of community-defined strength based promising practices, models, and/or other resources. • The RDPRs will form the foundation of the CA Reducing Disparities Statewide Strategic Plan (CRDSSP)

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California Department of Public Health (CDPH)	California MHSA Multicultural Coalition (CMMC)	Stacie Hiramoto	Quarterly	The CMMC serves a unique role in the mental health system by giving voice to those who have not had many opportunities to impact the system, or who have not been able to speak from the perspective of a racial, ethnic, or cultural group that has been unserved, underserved, or inappropriately served.	The California MHSA Multicultural Coalition (CMMC) was formed to address a variety of mental health issues and provide state level recommendations on all of the MHSA components and related activities. The CMMC's primary goal is to work toward the integration of cultural and linguistic competence into the public mental health system. The CMMC provides a new platform for racial, ethnic, and cultural communities to come together to address historical system & community barriers, and work collaboratively to seek solutions to eliminate barriers and mental health disparities. By creating and funding this coalition, the former Department of Mental Health developed 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. The CMMC's role is pivotal in providing critical insights and assessments of systems, e.g., policies, procedures, and service plans, in moving toward a more culturally and linguistically competent system. Individuals who have expertise in areas concerning

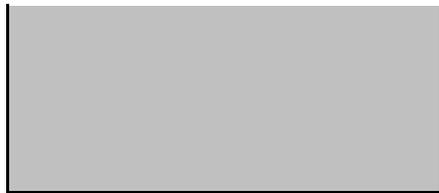
Mental Health Services Oversight and Accountability Commission Cultural and Linguistic Competence Committee

2012 Goals/Priorities	2012 Objectives	2012 Activities
<p>To ensure that the perspective and participation of individuals and families across the lifespan, who are members of racial, ethnic, and cultural communities, is a significant factor in all MHSOAC decisions and recommendations.</p>	<p>Review MHSOAC processes and recommend how the Commission can achieve meaningful participation from individuals from racial, ethnic and cultural communities as a significant factor in all of the Commission's decisions and recommendations. - Organize and participate in activities and tasks that will produce learning related to cultural and linguistic competence and provide information to the Commission about how the MHSA is impacting members of racial, ethnic and cultural communities across the state, including reducing disparities and improving outcomes.</p>	<p>Research, produce and conduct the annual cultural and linguistic competence presentation for the MHSOAC and staff.</p>
		<p>Obtain updated utilization data from the Department of Mental Health (DMH) for 2008-09 and 2009 10 to compare to baseline data for 2003-04. Additionally, there will be comparisons with data from 2007-08 to determine progress of reducing disparities in the Mental Health System. Share data with the Evaluation Committee.</p>
		<p>In partnership with the CFLC, develop, organize and conduct quarterly community outreach forums.</p>
		<p>Provide update to Commission about collaborative efforts focused on reducing disparities that are being pursued by various agencies including the California Mental Health Planning Council (CMHPC), the California Mental Health Directors Association's (CMHDA's) Ethnic Services and Social Justice Advisory Committees, CiMH's Center for Multicultural Development, DMH's Office of Multicultural Services and the MHSOAC's CLCC. Provide recommendations related to collaboration as appropriate.</p>
		<p>Identify training resources with demonstrated effectiveness in reducing mental health disparities (access, quality of services, outcomes) to contribute to T/TA.</p>
		<p>Participate on work group convened by Services Committee to develop PEI Statewide Reducing Disparities Project guidelines and present Strategic Plan summary findings to the Commission.</p>
		<p>Review and discuss CLAS Standards and determine applicability to MHSA activities.</p> <ol style="list-style-type: none"> a. Determine whether the CLAS Standards can serve as a model for implementation of Oversight and Accountability Strategies b. Discuss recommendations regarding inclusion in the Logic Model ("Relevant Statute" Column) c. Determine whether the CLAS Standards can serve as a model to augment existing standards

California Institute for Mental Health (CIMH)

2010 Goals	2010 Objectives	2010 Activities
	Building the Next Generation	Engage Transitional Age Youth in the identification of and strategies to increase potential leaders in Mental Health
		Recruit TAY to CMD advisory committee
		Develop leadership training opportunities for community leaders, ethnic services managers, and existing mental health employees
		Increase support to the Mental Health Leadership Institute to ensure inclusion of ethnic and cultural community and to improve cultural competency training to up coming leaders
		Increase visibility and opportunities for ethnic and cultural leaders within prominent venues and activities.
		Provide mentoring and support to ethnic and cultural leaders
		Develop a succession and sustainability plan to promote and increase ethnic and cultural leadership
	Building Capacity and Partnerships	Develop partnerships and collaborations with Faith based entities, Juvenile Justice and Corrections, Full Service Partnerships, and Academia
		Develop capacity building activities to support ethnic and cultural community based organizations and persons with lived experience
		Participate in the statewide reducing disparities workgroup
		Increase collaborative efforts with CiMH projects and activities to improve cultural competency and cultural inclusion within CiMH
		Increase TA support to counties and other entities interested in engaging ethnic and cultural stakeholders
	Outreach, Education and Promotion	Develop opportunities to promote prevention and early intervention strategies through the development of collaborations and activities with ethnic and cultural media resources
		Disseminate best practices for outreach and public communication strategies to counties and stakeholders
		Provide access to repositories of information promoting cultural competency, community building, and the reduction of disparities (i.e. website, clearing house, and newsletter)
		Disseminate information regarding public policies and advocacy actions that have the potential to impact cultural competency and reduction of disparities within ethnic and cultural communities.

California Institute for Mental Health (CIMH)



Increase efforts to provide technical assistance and training in theories, standards, and practices that increase competency in improving quality of care and reducing disparities (i.e. Evidence Based Practices, Cultural Competency, Community Defined Practice, Promising Practices, Community Development and Engagement) utilizing effective and culturally relevant learning strategies (i.e. transformative learning collaboratives)

2012 Goals	2012 Objectives	2012 Activities
<p>Select OHE Deputy Director</p>		<p>Develop duty statement, post announcement for position recruitment and distribute statewide and nationally.</p>
		<p>Conduct two tiered interview process that includes both internal and external stakeholders.</p>
		<p>Obtain Director approval and Senate confirmation.</p>
<p>Create OHE Advisory Committee</p>		<p>Develop membership application, criterion and selection process.</p>
		<p>Initiate and distribute process and application for member recruitment.</p>
		<p>Finalize selection of advisory committee membership and make recommendation to Director for approval.</p>
<p>Establish and build OHE infrastructure</p>		<p>Recruit and fill OHE vacant positions.</p>
		<p>Initiate creation of OHE Advisory Committee to guide the work of the OHE.</p>
		<p>Create OHE informational materials for stakeholders and State.</p>
<p>Establish an Interagency Agreement or Memorandum of Understanding between CDPH and DHCS</p>		<p>Initiate meeting(s) between CDPH and DHCS to discuss roles and responsibilities for future collaboration.</p>
		<p>Outline process for agencies to work collaboratively on mutual projects.</p>
		<p>Draft an interagency agreement/memorandum of understanding for review and approval by Directorship.</p>
<p>Achieve the highest level of health and mental health for all people</p>		<p>Address eliminating health and mental health disparities and inequities.</p>
		<p>Take into account the needs of vulnerable communities to ensure strategies are developed throughout the state to eliminate health and mental health disparities and inequities.</p>
		<p>Work in collaboration with the Health in All Policies Task Force.</p>
		<p>Establish goals and benchmarks for specific strategies in order to measure and track disparities and the effectiveness of these strategies.</p>
		<p>Include input from the public through an inclusive stakeholder process.</p>
		<p>Conduct demographic analyses on health and mental health disparities and inequities.</p>
		<p>Include available valid data that address key factors related to health and mental health disparities and inequities.</p>

2012 Goals	2012 Objectives	2012 Activities
<p>Integration of Cultural and Linguistic competence into the public mental health system.</p>	<p>Sustain the California MHSA Multicultural Coalition.</p>	<p>Review the Recruitment Plan for CMMC membership.</p> <p>Review Work Plan that includes: Organizational Structure, Leadership Structure; Strategies for Inclusive Participation; Procedures for Decision Making and Setting Priorities; Communication Plan and meeting schedule.</p> <p>Maintain a resource guide/database of CMMC membership bios and coalition's expertise.</p> <p>Update the Mentorship Plan.</p>
	<p>Establish Emerging Community Leaders Mentorships.</p>	<p>Report on training outcomes for emerging community leadership mentoring program.</p> <p>Update the Emerging community leaders mentorships work plan to include: description of training opportunities that will be provided and strategies to support emerging leaders and to foster relationships between mentors and new leaders.</p>
	<p>Collaboration and Support of the Strategic Planning Workgroups.</p>	<p>Communicate with the five RD Strategic Planning Workgroups</p> <p>Provide written feedback on the drafts of the CRD Strategic Plan.</p> <p>Develop strategies to assist with the promotion of the CRD Strategic Plan.</p> <p>Develop written recommendations about the development of the dissemination plan for the CRD strategic plan.</p>
	<p>Assessment of MHSA Implementation and Identification of Solution-based recommendations to reduce disparities.</p>	<p>Provide annual "State of the State" report.</p> <p>Provide special report(s) on topics regarding MHSA implementation, including recurring themes, continued challenges, and potential solutions for the reduction and elimination of disparities for multicultural communities.</p>

2012 Goals	2012 Objectives	2012 Activities
<p>Reduce mental health disparities and seek solutions for historically underserved communities in California.</p>	<ul style="list-style-type: none"> • SPWs to identify population-focused, culturally competent recommendations to improve access and quality of care for unserved and underserved racial, ethnic, and LGBTQ communities. • Develop specific Reducing Disparities Population Reports (RDPR). The final RDPRs will contain an inventory of community-defined strength based promising practices, models, and/or other resources. • The RDPRs to form the foundation of the CA Reducing Disparities Statewide Strategic Plan (CRDSSP). • The principal deliverable of this project will be the development of the comprehensive CRDSSP. The CRDSSP will provide the public mental health system, with information of community-identified tools to integrate relevant and meaningful culturally competent PEI services and approaches to meet the unique 	<p>Continue to engage respective communities throughout the state to report back on findings and recommendations in each of the Population Reports.</p>
		<p>Hold ongoing focus groups in rural, urban, and geographic regional areas to discuss and solicit input on next steps for the CRDP implementation component.</p>
		<p>Coordinate conferences and/or regional meetings throughout the state to present and disseminate Population Reports.</p>
		<p>Maintain regular and ongoing collaboration and communication with Community Stakeholders and Government Partners.</p>
		<p>Participate on mental health committees to educate, update, and garner input/feedback or recommend strategies identified in the Population Reports.</p>
		<p>Initiate RFP development of Phase II of the CRDP (\$15 million roll out) for the implementation component.</p>

2012 Goals (CMHDA's Strategic Directions)	2012 Objectives	2012 Activities/Priorities
<p>California Mental Health Directors Association Strategic Goals Updated November, 2011</p> <p><u>Social Justice</u> Goal: CMHDA will advocate for equity and full inclusion of vulnerable populations and secure social justice as measured by access to necessary quality services that promote mental health, health and wellness, resiliency and recovery in our communities.</p> <p><u>Policy</u> Goal: CMHDA will use the strength of the association to support and develop public policy agendas that promote efficiencies that lead to reducing disparities and increasing social inclusion, self-sufficiency and independence.</p> <p><u>Partnerships</u> Goal: CMHDA will collaborate with local, state and federal organizations/groups to improve quality of life and health for persons at risk of or experiencing mental illness and related health conditions.</p> <p><u>Practice</u> Goal: CMHDA/CiMH will lead in developing and promoting culturally appropriate best practices, standards and measurable outcomes.</p>	<p>Objectives defined at the committee's first in-person meeting September 2012.</p>	<p>Activities/Priorities defined at the committee's first in-person meeting September 2012.</p>