

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

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

GROUP MEMORY

Special Orientation Session (meeting packet tab #1):

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

Other Questions/Comments:

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

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

Introductions:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The Citizen Hotel
926 J Street, Sacramento, CA 95814

GROUP MEMORY

Introductions:

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

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

Three topics:

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

I. Review content and process of the strategic plan

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

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

[Continued presentation from Ruben Cantu]

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

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

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

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

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

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

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

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

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

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

Administration Committee Report (meeting packet tab #8):

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

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

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

Discussion: Nominations (Attachment B – meeting packet)

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

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

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

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

Public Comment:

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

Wrap Up:

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

Logistics:

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