

Fresno County Mental Health Plan Cultural Diversity Committee Minutes

Be Prepared, Be Present, Be Respectful, Evaluate, Share, Engage

DATE: 1. 28.15 **TIME:** 2:30-4:30p.m. **LOCATION:** Blue Sky **Note Taker:** Theresa Hughes

Present: : Elda Banuelos, MaryLou Brauti-Minkler, Connie Cha, Jessica Earley, Elizabeth Escoto, Julio Garcia, Jim Guild, Theresa Hughes, Manny Joaquin, Karen Markland, Elliot Morales, Raquel Rodriguez, Dawan Utech

Agenda Item	Discussion	Responsible Party	Action
MHSA-Cultural Competence Plan Requirements (CCP)	<p>Chair Cha called meeting to order at 2:30pm by welcoming all to the meeting. Introductions were made and she asked for announcements/public comments. Announcement(s):</p> <p>Karen stated that she attended a LGBTQ Town Hall Meeting in the Tower that was strongly attended in which an overview and recommendations were presented.</p> <p>On Monday, there will be funding made available through the Phase 2 of the California Disparity Project for innovative and prevention based programs to create and generate data. It is anticipated that Phase 2 Strategic Plan will be final with the RFAs coming out. Funds will be awarded to each disparity group; clearly for groups already providing services in order to enhance their services and for data collection and research.</p> <p>On Feb. 24-25 there will be a 1 hour FREE <i>Train the Trainer</i> a community-based suicide prevention "Safe Talk" program entirely in Spanish at West Fresno Family Center.</p> <p>Connie announced that at the end of Feb there will be made available CRDP dollars from which people may apply.</p> <p>Minutes were distributed and read.</p>	All	Approved as written.
Criterion	<p>After distributing and reviewing the CDCs 2014 Achievements, Connie distributed the following materials:</p> <ul style="list-style-type: none"> • Training Implementation • Training Schedule • 2015-2016 Work Plan <p>Rather than form more internal committees, Director Utech stated the CDC can be the voice of established committees by using a cheat sheet to bring back to the CDC that would include:</p> <ul style="list-style-type: none"> Reaching and recovery tools Recovery marker Clients Assessment of site <p>Compliance Category:</p>		Connie will draft a cheat sheet to bring to next meeting.

Agenda Item	Discussion	Responsible Party	Action
	<p>Connie distributed the top eight strategies which will comprise the 2015 goals. A review of the Criterion was presented.</p> <ul style="list-style-type: none"> • Criterion #1a: create quality assurance PPG. • Criterion #1b: review programs according to state and Medi-Cal requirements. • Criterion #1c: create LGBTQ protection PPG with protection language embedded in vendor and County contracts. • Criterion#2a: create data collection PPG. • Criterion#2b: create the Disaggregated Data Collection by supporting a Task force that will gather data to improve services locally. • Criterion#3a: goal is to establish Taskforce to identify and recommend best practice that will service clients. • Criterion#4a: cultural/linguistic community members will share updates/concerns to CDC. <ul style="list-style-type: none"> ○ Director Utecht has proposed to the MHB the need to overlay each individual member to sit on another subcommittee to insure that their expertise is brought to the table. She suggests that CDC members be assigned to these various committees to be the voice of cultural diversity on existing committees. Also develop a Cheat Sheet for the kinds of things to be listening for or to be developed. <i>Cultural diversity should be woven through everything we do not sitting outside as a separate process.</i> Also, working on the reach and recovery tools: <ul style="list-style-type: none"> ▪ Level of Needs ▪ Recovery Marker inventory ▪ Consumers perception of recovery ▪ Assessment by client of culture of the organization who is providing services • Criterion#5a: Develop trainings through Lunch/Learn, conferences and webinars. • Criterion: 6a: Increase more work force by supporting Career Mentor Programs at local colleges. <ul style="list-style-type: none"> ○ Karen informed that the WET might be another place to draw information from as they have it as an action item. CDC might want to retool this criterion using other methods to acknowledge and reach out to colleges. • Criterion#6b: Develop students/intern/veterans interaction. • Criterion #7a: Evaluate bilingual staff's language proficiency. <ul style="list-style-type: none"> ○ Manny suggested a Language Certification Seminar ○ Karen informed that Certification happens at Main Personnel 		

Agenda Item	Discussion	Responsible Party	Action
	<p>however, through the DBH Personnel we are identifying specific languages with positions.</p> <ul style="list-style-type: none"> • Criterion # 8a: CDC will support administration with various programs and RFPs with screening, counseling and for groups other than the 5 common groups. <ul style="list-style-type: none"> ○ Karen recognizes the gap for the additional disparity groups. • Criterion # 8b: Goal to identify treatment modalities that work well in specific groups and how can we support them. • Manny thinks the County can offer pods for support (e.g., Punjabi) • Criterion #8c: Work with 4 African American churches to implement the 10 commitments. • Connie distributed the 10 commitments which shows what churches will do and what the county will do. It is hoped that it will be extended to other disparity groups. 		
			<p>Next step:</p> <ul style="list-style-type: none"> • Finalize this plan to move forward in execution • Remove criterion that other committees are working on in anticipation of rewriting the cultural competency plan this year. • One of our goals may be submitting a cultural competency plan in a timely manner. • EQRO report is due June 2015 and emphasize on data. • Connie will email commitment
Adjourn	Meeting adjourned at 4:30pm. Next meeting at Blue Sky scheduled for February 25, 2014, 2:30-4:30.		

Discussion

Responsible Party

Action

- however, through the DBH Personnel we are identifying specific languages with positions.
- Criterion # 8a: CDC will support administration with various programs and RFPs with screening, counseling and for groups other than the 5 common groups.
 - Karen recognizes the gap for the additional disparity groups.
 - Criterion # 8b: Goal to identify treatment modalities that work well in specific groups and how can we support them.
 - Manny thinks the County can offer pods for support (e.g., Punjabi)
 - Criterion #8c: Work with 4 African American churches to implement the 10 commitments.
 - Connie distributed the 10 commitments which shows what churches will do and what the county will do. It is hoped that it will be extended to other disparity groups.

Next step:

Adjourn

Meeting adjourned at 4:30pm. Next meeting at Blue Sky scheduled for February 25, 2014, 2:30-4:30.

Approved:

Date:

Fresno County Mental Health Plan Cultural Diversity Committee Minutes

Be Prepared, Be Present, Be Respectful, Evaluate, Share, Engage

DATE: 2.25.15 **TIME:** 2:30-4:30p.m. **LOCATION:** Blue Sky **Note Taker:** Theresa Hughes

Present: : Alton Taylor, Jessica Earley, Brenda Zarite, Raquel Rodriguez, Jim Guild, Elizabeth Escoto, Manny Joaquin, Olewatayin Mixon-Emeseh, Elliot Morales, Gabred Gomez, Mary Lou Brauti-Minkler, Frances Davis, Karen Markland

Agenda Item	Discussion	Responsible Party	Action
MHSA-Cultural Competence Plan Requirements (CCP)	<p>Chair Cha welcomed everyone and called the meeting to order at 2:30pm. Introductions were made and she asked for announcements/public comments. Announcement(s): Marylou announced a panel forming for Assistant Outreach at Trinity Lutheran Church Cedar/Dakota & Ashlan 6:30-8:30pm</p> <p>Minutes were distributed and read.</p>	All	Manny moved that minutes be approved as written, Marylou seconded. Motion passed.
Criterion	<p>Connie shared with members the Mission Statements belong to DBH and the CDC in order for members to stay aware and to understand the tasks of the Committee.</p> <p>The <i>Community Planning Process Participation</i>, Primary Areas of Need Identified and the <i>Funding Allocations by Component Based on Community Input</i>—all During Phases I and II were distributed and explained.</p> <p>Connie asked members to finalize the 2015 CDC Criterion Goals. Each Criterion was examined and both 7A and 8A stood out as needing assistance. It was explained that 7A needed to establish subject matter <i>knowledge</i> experts. Due to this being client/family centered language, the subject matter expert for this appropriate audience would need to have members and their families at the many meetings.</p> <p>Also, The <i>Subcommittee Report Criteria</i> (SRC) form was distributed and reviewed. Improvement to the form were:</p> <ul style="list-style-type: none"> • Add Facilitators' name and name of committee attending • Add CDC members' name • Place our Mission Statement under the Subcommittee Report Criteria heading. • Use special invitation to represent this committee. Invite each member of those communities. <p>CDC members will participate in various DBH meetings and use the SRC form that Connie provided to "rate/grade" whether or not cultural</p>	Connie	Members will test out the form at the many committee meetings they attend by openly evaluating their programs. Share a list of members meetings at next CDC meeting.

Agenda Item	Discussion	Responsible Party	Action
	competency is being applied. 8A is addressed in each RFP but Connie recommends further education regarding cultural competency be looked at when issuing the contract.		
			Next step: • Try out the "Subcommittee Report Criteria form and report back to the committee its effectiveness.
Adjourn	Meeting adjourned at 3:30pm. Next meeting at Blue Sky scheduled for March 25, 2014, 2:30-4:30.		

Approved: H. Angher Date: 2.25.15

Fresno County Mental Health Plan Cultural Diversity Committee Minutes

Be Prepared, Be Present, Be Respectful, Evaluate, Share, Engage

DATE: 3.25.15 TIME: 2:30-4:30p.m. LOCATION: Blue Sky Note Taker: Theresa Hughes

Present: : Connie Cha, Francisco Escobedo, Gabriel Gomez, Mary Lou Branti-Minkler, Alton B. Taylor II, Raquel Rodriguez, Sandra Nelson, Elizabeth Escoto, Jessica Earley, Karen Markland, James Ritchie

Agenda Item	Discussion	Responsible Party	Action
MHSA-Cultural Competence Plan Requirements (CCP)	<p>Chair Cha welcomed everyone and introductions were made at 2:30pm. She asked for announcements/public comments.</p> <ul style="list-style-type: none"> • Mary Lou announced the upcoming May 23rd NAMI Walk at Woodward Park and will have booths whereby agencies can provide information regarding their organization. Booths are still available. • Karen announced and described the CSUF Tunnel of Oppression exhibit in which DBH/PP&SS participated and invited the public's attendance. Also there will be a Disability Awareness Day on Friday at FCC. DBH will celebrate with an Each Mind Matters Selfie Booth where each person can photograph themselves then post to their social media. <p>Minutes were distributed and read. Correction made to Outreach in the first paragraph to read Outpatient and Gabe Gomez's name is now corrected.</p> <p>As CDC Ambassadors, Connie asked members to choose between three (3) versions of the CDC Invites that will be used as hand out somewhat like business cards. The wording will be the same but the picture different according to members' likes and interests and will be printed on thick gloss paper.</p>	All	<p>Jessica moved that minutes be approved with minor corrections, Elizabeth seconded. Motion passed.</p> <p>Each member will have a copy of a CDC Invite to hand out. An email version will be available.</p>
Criterion	<p>Connie provided the FINAL Goals (CY 2015 Work Plan) and discussions ensued regard the implications of each Criterion:</p> <p>#1. It was noted that the provided Quarterly Penetration Rate report (2013-2014) was too old. Karen suggested a dual presentation with Francisco leading a Penetration Rate Presentation Overview 101 with Connie's input on <i>Why would we care as far as cultural diversity stands? What are the questions we want to ask? What are other States' standards?</i> Basically, what is and isn't working while looking at the negatives and</p>	Francisco Karen M.	<p>#1. Francisco will bring a current Penetration Rate Report next month. Members are asked to sit on these committees (QI, Penetration Rates, Data Collecting teams). Francisco will present an Overview (Penetration Rate 101) with Connie as co-</p>

Agenda Item	Discussion	Responsible Party	Action
	<p>positives that we can remodel.</p> <p>#2A. Need a Disaggregated Data Collection Task Committee. A Department Policy and Procedure Guidelines (PPG) are needed.</p> <p>#2B. There are a lot of disparities that the State does not recognize. CDC has the opportunity to make recommendations about Outcomes and Data Collections that are not mandated by the State, e.g., Jim considered collecting information based on languages. Francisco will look into that aspect. Mary Lou commented that the Deaf & Hard-of-Hearing community is not always represented in terms of their needs. Karen pinpointed that rather than data collection, this group may be more concerned about accessibility of services barriers being removed. The County does have an ASL contract but learning about this is a good reinforcement reminder. Need to be mindful when issues are presented to lessen the gap.</p> <p>#3. Connie mentioned that volunteers are needed to define evidence-based practices/programs from various ethnicities. Karen explained Phase One of the California Reducing Disparity Report for the five (5) populations. She acknowledged that Phase Two is the funding aspect for planning and provision of services. RFP's are opened for comments and will be released in May/June that will clearly be for counties and community based providers that represent the 5 communities. She enthusiastically encourages Fresno to take a part in this. Butch (Alton) questioned whether or not benefits would be received for a continued cultural sensitivity program vs there being an evidence-based program.</p> <p>#4. Connie emailed a draft of the Subcommittee Report Form to everyone and asked for feedback on its uses. Members will use this Form within the various committees that they attend. She shared her sample Report. Everyone is encouraged to develop a "Habit to listen" in their various meeting with regard to using the form. Sandra wondered what is the end result of all this. Francisco stated the result is in CDC member being present, the issue is addressed.</p> <p>#5. Looking for speakers for cultural diversity training at the newly</p>	<p>Connie</p>	<p>presenter.</p> <p>#2A. Volunteers needed. PPG currently in the works.</p> <p>#2B. Francisco will look into whether or not various "other" information is collected.</p> <p>Any interested volunteers needs to contact Connie.</p> <p>#3A. Interested volunteers need to contact Connie.</p> <p>Continue to use the form for at least the next few months. After introductions, members will talk about meeting attended and became our own peer group. Going forward with form as represent. Print out form or email to Theri for next month. Send Connie an email with name of topics. Jim can do a training on linguistics.</p>

Agenda Item	Discussion	Responsible Party	Action
	<p>established Lunch and Learn Mini Trainings. These trainings are being held at various places to accommodate all DBH.</p> <p>#6A. This criterion speaks to drawing a pipeline in the university for students into mental health field. Goal is to find a way to work with CSUF.</p> <p>#6B. Due to a shortage in minority clinicians and CDC can be a resource and be a link for them. Goal is to groom students however Butch does not see a connect between the Mentors and Mentees due to distance and demeanor. Connie advised that Jim, the new WET coordinator, may be of more help. Sandra suggested that the CDC present a Mentor Program to the various colleges to aid the various disparity groups in connecting.</p>		
			<p>Next step: Francisco and Connie will present a dual presentation.</p> <ul style="list-style-type: none"> • Try out the "Subcommittee Report Criteria form and report back to the committee its effectiveness. • Work on Criterion # 7 & 8
Adjourn	Meeting adjourned at 3:30pm. Next meeting at Blue Sky scheduled for April 22, 2014, 2:30-4:30.		

Approved: HAughes Date: 3.25.15

Fresno County Mental Health Plan Cultural Diversity Committee Minutes

Be Prepared, Be Present, Be Respectful, Evaluate, Share, Engage

DATE: 4.22.15 TIME: 2:30-4:30p.m. LOCATION: Blue Sky Note Taker: Theresa Hughes

Present: Connie Cha, James Ritchie, Jessica Farley, Alton B Taylor, Sandra Nelson, Gabriel Gomez, Mary Lou Branti-Minkler, Karen Markland

Agenda Item	Discussion	Responsible Party	Action
MHSA-Cultural Competence Plan Requirements (CCP)	<p>Chair Cha welcomed everyone and introductions were made at 2:35pm. She offered members “invites” to share with the community. Karen thought that this tool may be used as introduction for people to come to CDC meetings. It can also be used as a postcard as client art is on the front and blank on the back.</p> <p>Connie called for announcements:</p> <ul style="list-style-type: none"> • EQRO Overview <ul style="list-style-type: none"> ○ CDC received very complementary recognition on our work from the new EQRO team. • Kevin Hines will be speaking at CART on May 2nd 4:30-5:30 with book signing 5:30-6:30. Mary Lou mentioned that NAMI will have some books for sale. <p>Minutes were distributed and read.</p>	All	MaryLou moved that minutes be approved as is, Gabe seconded. Motion passed.
Criterion	<p>Using the Agenda as a guideline, the CDC worked through the 7 of 8 Criterion. Outstanding among them were:</p> <p>#2. Gabe gave the committee a <i>Penetration Rate 101</i> presentation by distributing and sharing an <i>Overview of the Penetration Rates</i>. The Goal of this study allows Fresno County to better serve our clients in identifying what direction further services would extend. In answer to Jessica’s question of “where would we like to see the rate,” since the percentages appear higher in certain areas, Jim stated that ideally penetration rates would be similar across the board for ages, ethnicities, areas, and languages. In contrast to the <i>Location & Ethnicity Penetration Rate</i>, it is noted that <i>Age Group Penetration Rate</i> is relatively even across the board. Karen observed that by having Managed Care (Sandra) at the table we have more awareness in the exploration stages that will alleviate the shock value then we will be better able to retrain, refresh our providers.</p> <p>#3. Connie distributed the short overview of <i>California Reducing Disparities Project (CRDP)</i> strategies. She emphasized that during this</p>		Gabe will send a copy of Penetration Rates as broken down by languages to Theri who will pass it along.

Agenda Item	Discussion	Responsible Party	Action
	<p>current Phase II, funds will be allotted. Goal is to create a FACT SHEET to a) Support established small programs (to help grow current program not necessarily a community-based program or service); and, b) Small CBO's need to be ready to help create those programs. Look at website for culturally-based programs http://www.cdph.ca.gov/programs/Pages/OHECaliforniaReducingDisparitiesProjectPhaseII.aspx or MHSa can put you in contact with state leaders. Completion of forms will probably be within a 60-day period and may be available in May-June.</p> <p>#4. With regard to the Subcommittee Representative Report Form, Jessica wanted to use the form but felt a little uneasiness in using it (e.g., spying on committee). Connie stated that you can either bring back your notes or be thoughtful in stating cultural diversity sensitivities while in the meeting. Make sure you tell committee that you are there from the CDC to ensure that the underserved, unserved issues are being addressed.</p> <p>#5. Seeking Customer Service Trainers; Jim doing a presentation on Outreach & Engagement. Any suggestions, contact Connie.</p> <p>#6. As of April 27th, five Spanish-speaking and two Hmong speaking clinical students are coming aboard. Jim stated that regrettably 2 of 4 Latinos being interviewed do not speak Spanish. Interviewing three more students and fortunately we have places for them as a "pipe-line" from the university to the County.</p> <p>#7. Gabe presented on <i>Subject Matter Experts</i>. Goal to see how well we are documenting treatment in clients' language whether Hmong or Spanish. He randomly selected 20 treatment plans to review. According to the document distributed, the findings are not as well as should be. His recommendations included: a) documenting in clients' language; and, b) translate treatment plans in the clients' language in timely manner.</p>		<p>Continue to use the form for at least the next few months. After introductions, members will talk about meeting attended and became our own peer group. Going forward with form as represent.</p> <p>Need volunteers. Contact Connie.</p>
			<p>Next step:</p> <ul style="list-style-type: none"> • Gabe updates on implementation of documenting treatment analysis. • Work on Criterion # 8
Adjourn	Meeting adjourned at 3:30pm. Next meeting at Blue Sky scheduled for May 27, 2014, 2:30-4:30.		

Approved: _____

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Date: _____

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Fresno County Mental Health Plan Cultural Diversity Committee Minutes
Be Prepared, Be Present, Be Respectful, Evaluate, Share, Engage

DATE: 5.27.15 TIME: 2:30-4:30p.m. LOCATION: Blue Sky Note Taker: Theresa Hughes

Present: Richard Brown, Connie Cha, Elizabeth Escoto, Jessica Farley, Gabriel Gomez, Manny Joaquin, Kao Lee, James Ritchie, Alton B Taylor, Elisabeth Vasquez,

Agenda Item	Discussion	Responsible Party	Action
<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> MHSA-Cultural Competence Plan Requirements (CCP) </div>	<p>Welcome and introductions made at 2:35pm. Minutes were distributed and read. Connie explained that today's Agenda continues the work on CDC's mandated eight (8) Criterion.</p> <p>#1. Self-Assessment Connie encouraged those who have not completed the Self-Assessment Survey to do so as soon as possible as it ends on the 30th of this month. Jim questioned the <i>targeted</i> for the survey. Connie explained that <i>everyone</i> is targeted. There are two specific surveys each aiming toward either the provider or the DBH. They will be used to compare how well each are doing in terms of being culturally responsible within three domains:</p> <ol style="list-style-type: none"> 1) Organization's service to the community; 2) Program's competence in delivery of services; 3) Personnel's knowledge and use of learned cultural competent behavior applied on the job. <p>Through the surveys' findings, we will direct future trainings and services toward being more culturally responsive and to feed information to Medi-Cal and EQRO outcomes when needed.</p>	All	<p>Jim moved that minutes be approved as is, Gabe seconded. Motion passed.</p> <p>Connie will send out another request to complete survey.</p>
	<p>#2. Penetration Reports/Rates—Overview101 Gabe continued to direct the CDC's understanding of Penetration Rates (PR) and distributed the Penetration Reports for last quarter included Languages – missing from prior report. He brought highlights from last month's discussion to our attention and asked <i>what do we want to do from here</i> to target our efforts? Connie explained that as a public entity, we ensure our services are widely available and the PR is balanced to the population. Butch questioned what happens to the identified French-speaking client when there isn't anyone to give him/her therapy. After some discussion, he agreed that it will always be a problematic question. Gabe noted that we are only looking at social services' data of our current <i>self-identified</i> population who are eligible to access services. The ensuing discussion centered on the various ethnicities, threshold languages and disparities between populations. Jim showed that there is a 2% spread where ideally it should be relatively even. Further discussion pinpointed the different</p>		

Agenda Item	Discussion	Responsible Party	Action
	<p>county divisions, ages, sub-catalogues of languages, migratory transportation issues, all related to meager services.</p> <p>Connie queried about this 2015 fiscal year information and wondered if CDC wanted annual or most up-to-date information. Jim suggested we look at the disparities in populations from the four areas (North, East South, and West) and discuss their reasons (e.g., transportation problems in the West) and figuring out what we can be done that would result in a meaningful conclusion with this data. Goal to desegregate data per population groups to see a trend or idea of how people are being served or using services. Next step: to see a trend of how people are obtaining services.</p> <p>Connie would like Gabe to printout 2nd and 3rd quarter and a year-to-date PR if possible in a graphic format. Manny reminded the committee to adjust information for rural winter months which may be worse than other months.</p> <p>#3.CRDP Phase II Implementation-Fact Sheet The RFP is coming June 1st from State for 5 population groups (Native American, LGBTQ, African American, Asia/Pacific Islander, and Latino). There are 3 major components to be granted: <i>Valuation; Technical Assistances; and, Implementation</i>. Of the 35 programs we must get some of them.</p> <p>Butch mentioned that the State website has problems and noted the African American group's contact is in Ventura. Connie assured him that we will look into the website and the contact person is really diligent in returning inquiries even in a faraway county. Also the Fresno County in the position to assist with stats/data.</p> <p>#4. Subcommittee Representation Reports When at another meeting, please complete the Subcommittee Representation Reports cheat sheet to bring forward to the committee. Director Dawan Utecht suggested its propose is to expand CDC's expertise and to be able to share knowledge/information/ideas/ with one another from various subcommittees within the department.</p> <p>Quick note: NAMI is reaching out to Hmong families.</p> <p>#5. Mini-Training Series First training completed; They are informal trainings that share information on the 4th Wed from 12-1 at different County facilities.</p>		<p>Gabe will run something that will be easier to look at for the 1st, 2nd, 3rd, and annual timelines of population, geographical, language, age.</p> <p>Connie to send/email eversion</p>

Agenda Item	Discussion	Responsible Party	Action
Adjourn	<p>Intro to MH & Spirituality Training Everyone is encouraged to attend</p> <p>#6. Cultural Competence Plan Connie distributed Chapter 6, Criterion 6 to review. Questions regarding the lack of diversity, particularly Black social workers/clinician within departments arose. Manny stated that with this tool we are trying to correct those problems. He noted that the CDC is here to identify the shortcomings, ask for outside guidance when needed, and to make this County a stronger in meeting the criteria of its population.</p> <p>#7. Subject Matter Experts Connie learned that the language translations must be at 6th grade level according to Medi-Cal. She questioned the fact that there are certain groups of people that do not have a written form of language and asked the CDC recommendation. Jim suggested a book on how to draft language for a 12 year old. Connie mentioned a need for balance as, for example, in Hmong language people either understand or reject it. Keep things very simple for both policies and all the translations.</p> <p>#8. 10 commitments planning Sandra not in attendance today to give her report. Connie needs assistance in reaching out to more Black churches.</p> <p>Announcements</p> <ul style="list-style-type: none"> • LBGTQ annual parade on June 6th; DBH will have a booth in the Tower District • SOS hotline reminder for those in need • Juneteenth –an annual celebration of Black freedom; DBH will have a booth at Gaston school. • Native American Open House • Eric Hipple Conversation • Psycho Social Rehabilitation Program (County Staff only) • Midyear Potluck Cultural party- bring something to share. 		<p>Please review and dissect recommendations for WET plan.</p> <p>Jim R will research the title on writing for a 12 year old and bring to committee</p> <p>Connie to send Butch list of churches for his recommendation.</p>
	Meeting adjourned at 4:30pm. Next meeting at Blue Sky scheduled for July23, 2014, 2:30-4:30.		

Approved: _____

Angela

Date: _____

5.27.15

Cultural Diversity Committee Minutes

Be Prepared, Be Present, Be Respectful, Evaluate, Share, Engage

DATE: 8.26.15

TIME: 2:30-4:30p.m.

LOCATION: Blue Sky Wellness Center

Note Taker: Theresa Hughes

Present: Alton B. Taylor, James Ritchie, Jill Shepherd, Manny Joaquin, Kristi Williams, Okie Lewis, Kathy Anderson, Brenda Johnson Hill, Francisco Escobedo, Connie Cha, Theresa, Hughes, Les Lucas, Ruben Garcia, Christina Roup, Valerie Elwett, Frances Davis.

Agenda Item	Discussion	Facilitator(s)	Action
MHSA-Cultural Competence Plan Requirements (CCPR)	Connie called the meeting to order at 2:35pm. Introductions were made.	Connie	➤
	Minutes reviewed. Francisco questioned whether Gabe was supposed to present Penetration Rates 1, 2, and 3 at this meeting. Answered that only if he had them to present. Kristi queried about #5 the Lunch & Learn statement under #1 and received clarification. Connie mentioned that the CDC Invites are available. As CDC Ambassadors members will be able to use this instrument throughout the community as an invite for others to our meetings.	ALL	○ Manny motioned that the Minutes be approved as written; Francisco seconded. Motioned passed.
#1. County Mental Health System Commitment to Cultural Competence	Connie spoke about the “3-year Strategic Plan” and its results. She shared Part 3 which the CDC helped to formulate. Our model was selected at the State Capital as Best Model statewide as a “go to” approach.	Connie	○ 3-year Strategic Plan Part 3 was passed around. Summary previously issued at last meeting.
#2. County Mental Health System Updated Assessments of Service Needs	<p>Tabled Self-Assessments until next Meeting.</p> <p>Francisco presented DBH Penetration Rate primarily for the 4th qtr. and explained the Language Penetration Rates (English, Hmong, Spanish and Other). Rates haven’t changed much. He explained the number of individuals that the DBH serviced across the line and in answer to a question replied: though not publicized, the States’ assumes a 5% threshold; County presented at 2.21% across the board.</p> <p>Penetration Rates were explained (Jim) that everyone who is Medicare Eligible forms the population from which the Rates are derived. We’re looking at those individuals who seek MH services and the disparities among certain groups of individuals of those able to gain services.</p> <p>One of Francisco’s divisions’ Goals is to increase the Penetration Rate through committee’s like CDC and a discussion ensued on ways to reduce rates. A variety of methods were proposed: through a Subcommittee; Avatar system; combine and/or work more closely with Substance Abuse. Francisco noted that there are some discrepancies on the handout because of birthdays and geographical areas where client are served in two different areas. Overall, the 459, 000 is the correct number.</p> <p>It was suggested that we start a Subcommittee that would increase Penetration Rate toward the 5% goal across the board focusing on one population at a time e.g., provide/create a study where one would meet with the community. That created the question: Can we handle 5% once we’ve ascertained the 5%?</p> <p>Les suggested we look at the disparity reports that came out last year, and proceed from there without reinventing the wheel. Those reports will tell</p>	<p>Connie</p> <p>Francisco</p>	

	<p>where the challenges are. Discussion ensued determining “What’s the result?”</p> <p>Jim made a motion to create a subcommittee to look at what has been done (past information) with Penetration Rates. Manny seconds.</p>		
#3. County Mental Health System Strategies & Efforts for Reducing Racial, Ethnic, Cultural & Linguistic Mental Health Disparities	<p>Need to bring back information on</p> <ul style="list-style-type: none"> o Train the Trainer o RAC o Recovery 101 o Outcomes 	Connie	➤
#4. County Mental Health System Client/Family Member/Community Committee: Integration of the Committee within the County Mental Health	<p>Committee members shared the meetings they attended.</p> <ul style="list-style-type: none"> • Francisco summarized purpose of the Outcomes Committees • Kathy suggested we are in the pipeline of the CMS requirements. It’s an organized mtg. Delivery System is in Phase 3 with 9 to 12 months before we have to step with the State before more placements. We have the effects of it in approximately 1 year. • Connie presented a report to the effects of the improvement committees. • Christine discussed PAM’s to the General Reduction and Quality where she is actively recruiting providers consumers that she can train for this project. • Christine discussed NAMI with Big Kahuna Red with the Mental Health Board where she is actively recruiting OP Shandon consumers that she can train for this project. • Jill revealed she did something like that with the Mental Health Board where she spoke in a lot of Churches and she told her story 	ALL	ALL
#5. County Mental Health System Culturally Competent Training Activities	<p>➤ Connie shared the Lunch and Learn trainings which are on the 4th Wednesday (November 23rd). Different topic each month at different County facilities. Francisco asked if there is a link for someone from the outside. It’s in our Event Calendar. Les asked that this committee be added to the Event Calendar distribution for outside individuals.</p>		
#6. County Mental Health System Commitment to Growing a Multicultural Workforce: Hiring & Retaining Culturally & Linguistically Competent Staff	<p>➤ Jim advised members that the Mental Health Loan Assumption Program kicked off August 3rd and closes September 30th. The County has revised our criteria for who can apply; mainly bilingual/bicultural applicants are being sought although anyone can apply.</p> <p>➤ Also he is developing a pilot program that will look like a Master Agreement for Cultural-based clinical groups to assist unlicensed clinicals gain licenses for program cost or extra support.</p> <p>➤ He also sent out the article, <i>5 Steps to Racial Bias</i> with hope that people would read it in dealing with everyone in our lives.</p>	Jim	➤

	<ul style="list-style-type: none"> ➤ Connie passed out the revised calendar indicating WET and CDC meetings showing alternating months. ➤ Kristi mentioned that we need to be better suitors of the earth and not print so much paper. She proposed electronic versions. Connie assured her that while being cognizant of people without computers she only provides this amount of copies once a year. 	Connie	
#7. County Mental Health System Language Capacity:	➤ Tabled		➤
#8 County Mental Health System Adaptation of Services	➤ Tabled		➤
Adjournment	Meeting adjourned at 4:30pm. Next meeting (December 23, TBD) at Blue Sky Wellness Center		

Respectively submitted: _____
Theresa Hughes

Theresa Hughes

Date 8.26.15

Cultural Diversity Committee Minutes

Be Prepared, Be Present, Be Respectful, Evaluate, Share, Engage

DATE: 10.28.15 **TIME:** 2:30-4:30p.m.

LOCATION: Blue Sky Wellness Center

Note Taker: Karen Markland

Present: Connie Cha, Gabriel Gomez, Carla Fitak, Jill Shepherd, Alton Taylor, Sandra Nelson, James Ritchie, L'Tresha Ashley, Karen Markland, Valerie Elwell, Lee Ann O'Neal, Tucker Russell, Francisco Escobedo

Agenda Item	Discussion	Facilitator(s)	Action
Welcoming and Introductions Minutes and Agenda	Meeting started at 2:32 pm with welcome and introductions completed by all in attendance. CDC Invites – reminder that all members can invite people to the open meeting, hard copy invites were distributed. Minutes provided, only change is the spelling of Elwett to Elwell for attendee. No changes to agenda. Additional announcements included the welcome of new DBH QI Coordinator and overview of the Lunch and Learn series.	Connie	Manny motioned that the Minutes be approved as written; Francisco seconded. Motioned passed.
#1. County Mental Health System Commitment to Cultural Competence	OAC Forum Karen M provided overview of the MHOAC Forum to include review of all handouts and encouragement for any and all stakeholders to attend. RAC Cultural Focus – Brief overview that RAC was talking about expanding into a cultural focus, not specific to language only. No further details at this time. Requested CDC be included in the future consideration/expansions.	Karen Karen	3-year Strategic Plan Part 3 was passed around. Summary previously issued at last meeting.
#2. County Mental Health System Updated Assessments of Service Needs	2014 Self –Assessment Reports and Upcoming 2015 Self-Assessment Handouts of graphs were provided to attendees. Dialogue was initiated about the graphs and reviewing the comparisons from year to year to hear in that there has been little change in the overall ratings. Group discussed possible reasons. The next survey is taking place in December 2015, the same survey will be used and data collected/analyzed. Group recommended consideration of reviewing the assessment questions early 2016 for possible revisions to questions. POQI Results – Cultural Sensitivity and POQI Upcoming – Opportunity Francisco shared handout of the most recent POQI summary, focusing on the Cultural Sensitivity questions. This document sharing and dialogue encouraged the group to review views from staff (self-assessment) and clients (POQI). No action taken, but a dialogue about considering how we can align the data to gauge for improvement needed in areas of real and perceived cultural sensitivity and needs. POQI history was shared; results will be brought back to CDC.		
#3. County Mental Health	Understanding Penetration Rates Assessment Report	Francisco and	

System Strategies & Efforts for Reducing Racial, Ethnic, Cultural & Linguistic Mental Health Disparities	Group was engaged in dialogue and handouts on penetration rates. Group spoke of seeking data reporting on age/region to uncover more information and potentially target strategies. Revised or new data points could bring 'shine the light' on needs and structure going into different communities. No action at this time.	Jim	
#4. County Mental Health System Client/Family Member/Community Committee: Integration of the Committee within the County Mental Health	Sub Committee Representative Report Reminded committee as to history of this specific to Directors interest in ensuring cultural/linguistic dialogue does not happen solely at CDC but is to be part of our conversations in all meetings. A form was created, is underutilized. Consideration for future, during introductions share other committees attended in which cultural/linguistic dialogue was present. This can then be logged on one form for group as individually, it is not used.		
#5. County Mental Health System Culturally Competent Training Activities	Lunch and Learn Training Series Updated committee on the DBH Lunch and Learn series. Target audience has been DBH staff, primarily related to the locations and access for staff on different campuses. Area of growth is: December - share with the group a PowerPoint (not handout) of the Lunch and Learn trainings, sharing flyers, pictures, evals. Determine if there are Lunch and Learns that have taken place that could be arranged at other agencies. <u>Action Item: Lunch and Learn Presentation to CDC</u> Central Valley Latino Conference Feedback and Recommendations Feedback on conference shared, conversation identified this is a powerful event and should be supported by DBH and contracted agencies to attend.		
#6. County Mental Health System Commitment to Growing a Multicultural Workforce: Hiring & Retaining Culturally & Linguistically Competent Staff	African American Cultural Competence Triaging Call for presenters that are local that may be willing to present on this topic. Member B. Taylor has recommendations and connections to share with Connie/Jim for further review/consideration Action Item: Receive information from B.Taylor		
#7. County Mental Health System Language Capacity	Subject Matter Experts – Update and Recruitment Tabled due to time Mental Health Terminology Workgroup Tabled due to time		
#8 County Mental Health System Adaptation of Services	10 Commitments Planning		
Adjournment	Meeting adjourned at 4:30pm. Next meeting (December 23 or TBD) please clarify this ASAP at Blue Sky Wellness Center		

Respectively submitted: Karen Markland

Date 10.28.15