



Deliverable 1: Strategic Advocacy Plan Development

Deliverable #1 – Strategic Advocacy Plan Development

The Contractor shall conduct a Strategic Planning meeting to explore advocacy efforts at the local and state levels in regards to reducing mental health disparities for racial and ethnic communities. The Contractor shall identify cultural brokers and leaders of racial, ethnic, and cultural communities who are already working to reduce mental health disparities at the local level to participate in the meeting. The meeting shall address how to increase stakeholder participation of unserved, underserved, and inappropriately served racial and ethnic communities at public meetings, hearings, and other venues in which deliberations or decisions are being made that affect the Mental Health Services Act, the public mental health system, and those served by that system.

Work Product: B. Final Report

The Contractor shall provide a Final Report outlining all aspects of the Work Plan, report progress toward development of the Strategic Advocacy Meeting, and a final summary of the meeting.

Draft Workplan Objectives

REMHDCO Staff developed a list of objectives to help in the development of a meeting of community leaders to discuss the behavioral health needs, strengths, and weaknesses for racial, ethnic, and cultural communities. This meeting, which was held on November 2nd, facilitated a dialogue of statewide leaders from diverse racial, ethnic, and cultural communities with experience in reducing disparities. The goal of the meeting was altered from the development of a Strategic Advocacy Plan to facilitating a dialogue to further the discussion on the distinct needs of diverse racial, ethnic, and cultural communities. This continued dialogue is vital to the success of the MHSA, and it helps ensure that the Stakeholder Process on the County and Statewide level is responding to the needs of these communities. These objectives were developed to ensure a broad and inclusive process which will enable REMHDCO to develop a report which will give all mental health stakeholder organizations and state entities a roadmap to improve mental health services for all Californians. This roadmap should help improve advocacy for and by racial, ethnic, and cultural communities. Ideally, improved advocacy will help correct some historical injustices which have occurred with mental health services.

Objective 1	Identify Planning Committee Members
Objective 2	Material and Resource Collection
Objective 3	Strategic Advocacy Committee Meeting Development
Objective 4	Hold Strategic Advocacy Committee Meeting
Objective 5	Development of Final Strategic Advocacy Dialogue Meeting Report

Objective 1: Identify Planning Committee Members

REMHDCO Staff developed an initial list of leaders throughout the state. This list consisted of community leaders from throughout California with experience serving diverse communities from racial, ethnic, cultural, and religious populations. Additionally, the initial list had broad representation from individuals with experience providing services and advocating for mental health services for their respective communities. In addition to diverse racial and ethnic populations, the list was designed to have diverse geographic representation.

The list was sent to the REMHDCO Steering Committee for review, approval, and additional suggestions. Once the list was approved by the REMHDCO Steering Committee, REMHDCO Staff began sending invitations to each leader selected for the Strategic Advocacy Planning Committee. While it would be nearly impossible to invite representatives of every community of California, the Strategic Advocacy Planning Committee list consisted on representatives from many of diverse communities including:

• African American	• Armenian	• Asian and Pacific Islander
• Consumers of mental health services	• County Staff	• Deaf and Hard of Hearing
• Developmental Disabilities and Intellectual Challenges	• Ethnic Services Managers	• Faith Communities
• Family Members	• Immigrant and Refugees	• Latino
• LGBTQ	• Middle Eastern	• Muslim
• Native American	• Parents	• Russian Speaking
• State Governmental Staff	• Social Workers	• TAY

Key Activities:

- REMHDCO staff developed an initial list of community leaders and organizations which we thought, through our extensive partnerships, would provide expertise for the advocacy meeting.
- REMHDCO sent the initial list, and requested additional input from our REMHDCO Steering Committee members. REMHDCO members have extensive experience working with local communities and were able to provide some additional names and organizations for consideration.
- REMHDCO Staff then combined the lists, ensured there was diverse representation, and then extended invitations to the selected members. **(Attachment 2: Initial Email)**
-

Objective 2: Material and Resource Collection

Staff decided to not provide any of these additional materials to the meeting participants. After an initial review and discussion regarding what materials would be helpful, it was decided by staff that

providing these meeting materials to participants, although they are very interesting, would put an undue burden on participants, and potentially cause more Staff reviewed the documents, provided in the table below, internally, so that we could provide technical assistance if needed or requested. These documents were helpful to Staff to help provide background and historical context in the meeting, if needed. On several occasions Staff was able to reference these reports.

1.	Office of Health Equity Portrait of Promise Report
2.	California Reducing Disparities Project Phase I Community Reports <ul style="list-style-type: none"> • African American • Asian and Pacific Islander • Latino • Native American
3.	California Mental Health Services Act Multicultural Coalition Reports <ul style="list-style-type: none"> • Armenian • Deaf and Hard of hearing • Russian Speaking • Middle Eastern and Southwest Asian • Refugees/Asylees • Developmental Disabilities and Intellectual Challenges • Women from Underserved Communities • Older Adults from Underserved Communities
4.	Federal Office of Minority Health’s Culturally and Linguistically Appropriate Services Standards (CLAS)
5.	American Psychological Association’s “Twelve Critical Issues for Mental Health Professionals Working with Ethno-Culturally Diverse Populations” http://www.apa.org/international/pi/2011/10/critical-issues.aspx

Key Activities:

- Staff did internal research on materials, reports, and standards which could be useful to participants in this dialogue meeting.
- After reviewing all the materials internally it was determined that this objective, while well intentioned would place an undue, and time consuming burden on all participants.

Objective 3: Strategic Advocacy Committee Meeting Development

REMHDCO Staff began the planning and meeting development process shortly after receiving the participant feedback from the REMHDCO Steering Committee (SC). SC members provided input on our initial list as well as additional recommendations on potential invitees. After receiving approval from the SC, Staff began the invitation process by sending an invitation email to all selected members (Please find the email attached). This email helped describe why participants were selected, the time commitments needed for participation, and the purpose for the meeting.

Staff shortly followed up with each invited member to make any needed travel arrangements and confirm attendance. Staff followed up to participants via email and phone calls. Staff, with consultation provided from the REMHDCO SC, invited additional participants to help ensure the participants were representative of the diversity of California. Staff chose 30 community leaders and began the meeting preparation process to accommodate these participants.

Staff developed an agenda and provided members with supportive documentation. Staff booked the California Primary Care Association meeting space and finalized the date of the meeting to be held on November 2, 2016. Once the date and location was selected, Staff began the travel arrangements for all participants. For several members Staff purchased flights and arranged additional travel accommodations. Flights and travel plans were covered for all participants and reimbursements were requested to cover any additional travel costs.

Key Activities:

- Staff sent an initial email invitation inviting selected members to attend this meeting. A subsequent doodle poll was sent to all invitees in order to select the most appropriate date for the meeting to be held.
- Once the date was selected by the meeting participants, Staff began the process of selecting a meeting location, lunch options, and travel arrangements.
- In order to ensure the meeting flows productively and remains on topics, Staff hired a meeting facilitator and graphic note taker.
- Lastly, Staff met with the facilitator and graphic note taker to develop an agenda which captures the goals of the meeting and engages all participants.

Objective 4: Hold Strategic Advocacy Committee Meeting

The Strategic Advocacy dialogue meeting was held on November 2nd, 2016 at the California Primary Care Association. The meeting was attended by 29 advocates throughout the state. **(Attachment 3: List of attendees)** These advocates have expertise in reducing mental health disparities for diverse racial, ethnic, and cultural communities. The meeting was facilitated by two professionals who helped ensure that all participants felt heard, the meeting flowed successfully, and statements were recorded correctly. One was a facilitator who specializes in working on equity and diversity issues, and the other was a graphic recorder who also worked extensively with diverse groups. REMHDCO staff worked to ensure that the conversation remained organic and was not influenced by their participation, and provided expertise only when appropriate. The meeting was broken into three main sections that were set up to allow for optimal participation among all attendees.

Discussion at the Strategic Advocacy Dialogue meeting was participant-driven and focused on reducing disparities on a state and local level. Specifically, this discussion centered on identifying challenges or barriers, creating relationships among participants, and strengthening the connection between the state and local stakeholders. Participants listed their goals as:

- Promoting policy and advocacy on behalf of racial, ethnic, and cultural communities.
- Educating newcomer populations such as immigrant, refugee, asylee, and other underserved communities.
- Strategies to promote mental health equity.
- Increased cultural competency among the mainstream mental health field.
 - Diversity does not always guarantee cultural competence.
- Development of leaders that can be called upon to advocate and promote reducing disparities for racial, ethnic, and cultural communities.
- Having a strong unified voice on the statewide level.

The first section focused on barriers that our communities encounter in receiving, providing, and

advocating for mental health services for our communities. One overarching issue was that representatives from our communities must have a seat at the table so that there is assurance that our needs are met, or at the very least heard and understood. The group self-selected five main topic areas of greatest need to our communities. The five groups include funding, engagement, access, stigma/discrimination/marginalization, and racial/ethnic/cultural lens.

Funding

- Funds for advocacy
 - Advocacy needs to be adequately funded with increased focus on identifying funding streams. There needs to be a mechanism available to local advocates which enables them to be knowledgeable on available funding streams and requirements.
 - Organizations should be willing and prioritize collaboration to ensure funds are distributed equitably.
 - Focus and training needs to be put on alternative avenues for funds to be made available to organizations that represent racial, ethnic, and cultural communities.

Engagement

- Stakeholder involvement
 - Linguistically appropriate services need to be available at county/state level meetings including translators and interpreters when available.
 - Educating stakeholders on how the system works
 - Quantifying complex ideas into accessible concepts.
 - Engage and utilize community leaders who are accepted by the community.
 - Start young. Inspiring young leaders creates advocacy continuity.

Access

- Broaden the “front door”
 - Eliminate barriers to access.
 - Go to where the community feels comfortable.
- Increase culturally competent workforce
 - Community Health Workers are trained and successful paraprofessionals that can be utilized to increase cultural competence.
 - Linguistically appropriate providers.
- Understanding disparaged populations specific to certain areas.
 - They should guide the policies and practices for their community.
 - Make Counties more welcoming and relevant to all populations.
 - Planning and organizing is vital for this to be successful.
- Coalition building
 - Including Ethnic CBOs, County staff, cross-sectoral populations, etc.
- Identify and replicate successful practices.

Discrimination/Stigma/Marginalization

- Eliminate the myth that racism does not occur.
 - Even though we are in California it is still prevalent.
 - We need to begin to do the work or healing for many of our communities.
- Collaboration and sharing of knowledge and information among all our populations/groups.
- Acknowledge that cultures have their own complex needs, values, strengths, and weaknesses.
- We need to translate our Mental Health jargon into a language that is understood by our communities.

Racial/Ethnic/Cultural Lens

- Stakeholder processes need to be made with understanding of different cultures at the table.
 - Meeting should be in culturally appropriate spaces to ensure they are welcoming.
 - Timing, food, transportation, etc. need to be considered.
 - Our groups must resist being combined in a way that reduces our unique cultural identities and needs.
- Our communities can't be siloed or separated
- Protection for advocates is vital
 - Too many cases of retribution at the County and State level advocacy.

Reflections from Section 1

- We as a group cannot become adversaries.
 - We must look in the mirror and work together to fix a broken system.
- We need to educate other statewide groups to the truth about disparities.
 - Explain that it is not about fixing our communities, but the system.
- Common themes:
 - Racial, ethnic, and cultural communities are often left out of the conversations that guide the mental health services.
 - There is often a misunderstanding of our communities. What do we lack? How do we like to be engaged? Who should you engage to reach the community?

The second section was focused on how we can move forward as a group, community, and system to strengthen mental health advocacy. There was vast discussion on the opportunities, issues, and ideas that we, as advocate, face in the mental health community. During this discussion, we broke out into four separate groups to further engage and break down the discussion.

Group 1 "Winter"

- Relationships are important
 - State to local.
 - Local community to local community.
 - Leverage this collaboration and support to build a base.
- Education
 - Knowledge of local processes, including budget process, Community Planning Process, local allies, and successful models/best practices.
 - Create learning collaboratives to increase the knowledge and usage of successful practices.
 - Educate state level decision makers.
 - Sell decision makers on cost savings.
- Befriend local funders
 - Relationship building is key.
 - Identify leaders in strategic positions.
- Communication between local and state
 - Communication strategies.
 - Use one another when needed.
 - Connect with the California Reducing Disparities Project Phase II.
 - REMHDCO can help connect local people to statewide initiatives and projects.
 - MHSOAC

- DHCS
- OHE
- Legislative process

Group 2- "Spring"

- Organizing strategy
 - Regionally based.
 - Unifying and educating communities.
 - Social media platform.
 - Connect and be part of local and state chapters of mental health organizations.
- Become part of the Power Structure.
 - Ensure that our ideals are included in the conversations.
 - Boards of Supervisors
 - Legislature
 - State governmental organizations
 - Criminal Justice system

Group 3- "Summer"

- Be willing to engage with those who disagree.
 - Engage in friendly manner.
 - Bridge communication gap between communities
 - Have a strategy and solutions.
 - Use the language of the organizing body.
- Reduce stigma
 - Have an open dialog.
 - Effects of stigma
 - Costs.
 - Data
 - Find innovative engagement strategies.
- Policy change
 - Hold local leaders accountable.
 - Top down or bottom up approach.
 - Anything that works.

Group 4- "Fall"

- Information is gold.
 - Story banking our communities' to build greater understanding.
 - Use this information to influence media and social media.
 - Data is key to funding and acceptance.
- Networking
 - Organize and partnerships.
 - Creative partnerships.
 - State level advocacy can support local advocates.
 - Digest state information for local level to easily understand.

Reflections from Section 2

- Relationships are so important. Community members
 - Community members have trust that has been developed over time.
 - Our organizations need to create relationships with funders and other political leaders.

The third section was focused on allowing all participants an opportunity to express their thoughts. It was expressed by most participants that they appreciated REMHDCO gathering all the advocates for this meeting. Many advocates expressed the wish for these types of meetings to continue, so that we can continue to build on this meeting. Additionally, several attendees asked that REMHDCO host smaller, local level meetings to improve the understanding and needs of both state and local advocates. In the short term REMHDCO has shared this information with all participants so that they can use the information and contacts gathered to further the local advocacy efforts. In the longer term, REMHDCO hopes to continue this work by hosting another gathering of state advocates to continue the dialogue around the needs of these communities. This future meeting would be focused on several of the overarching themes and work to develop a strategic plan for correcting these issues.

Attachment 1

The notes below were developed by the meeting's graphic designer, so as to ensure that all participants, and their comments, were captured and incorporated.



State/Local MH Advisory Dialogue

NOVEMBER 2, 2016

State/Local MH Advisory Dialogue Session
Nov 2, 2016

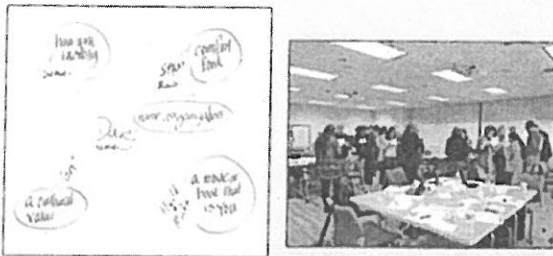
AGENDA

- 10:00 Words of Welcome/Opening
- 10:30 Dialogue I: Mental Health Challenges - Barriers
- Report Card
- LUNCH -
- 1:00 Dialogue II: Strengthening MH Advisory
- Report Card
- BREAK -
- 2:00 Dialogue III: Coordination
- 2 reports
- 3:00 Changing Model Steps
- 4:00 Adjourn

Working Guidelines/Group Agreements

- seek clarity - ask questions
- honor different perspectives/opinions
- practice inquiry vs. advocacy
- hear all voices - WAIT
- take lessons have, leave specifics here
- we are all teachers and learners

REMHDCO hosted a group of 30+ community advocates from state and local levels to gather input on how to strengthen mental health advocacy across the state. The gathering was facilitated by Dave Nacasimo and graciously facilitated by Karen Ijani-Petina. The agenda and working guidelines are shown above.



The opening activity incorporated individual and group work. Each person was asked to write on a card:

- Name and organization
- A word that identifies you
- A comfort food
- A movie or book that is "you"
- A cultural value you hold sacred

We then met one another in pairs and shared our cards.

WELCOME!

REMHDCO VALUES

- provide policy advocacy
- education for nonmember pop
- health equity strategies
- cultural competency
- leadership development
- voice as a statewide body

diversity ≠ cultural competence

THIS MEETING

- we want input from you re. MESA proposal
- for policies that support you at the local level
- stakeholder involvement is critical

unstructured

total client care

Beatrice Lee, President of REMHDCO, welcomed the group and Grace Williams provided context and background for the dialogue.

OUR ULTIMATE GOAL IS ACHIEVED and WE HAVE...

love

unemployment change equality

equity no wrong door justice

fulfillment access just heal

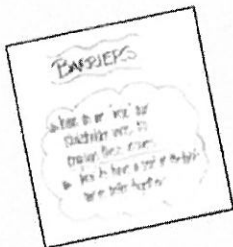
understanding humility peace

access healing liberation honoring

justice parity vision true love wellness

partnership futures dignity

Dave led the group in a visioning exercise to imagine that we have achieved our ultimate goal and share show what we would be feeling.



The first dialogue session focused on barriers we face in raising the voice of stakeholders and making sure we have a seat at the table as we advocate.

The process was as follows:

- Brainstorm barriers we face as advocates
- Cluster the ideas into groups
- Agreement on groups: Funding, Engagement, Access, Discrimination/Marginalization/Stigma and Social/Ethnic/Cultural Lens
- Form self-selected groups to discuss each of the issues more deeply
- Share highlights from our group discussions to the whole group
- Reflection on what we heard

The clustered brainstorm ideas and group discussion notes are shown on the next five pages.



Funding

- training on funding streams b4 can advocate
- database on funds available
- training on local budget process
- State Dept to support advocacy (our issue)
- training on specific funding & requirements
- How do we ensure funds are used on communities that are harder to reach
- collaboration not competition when advocating especially racial, ethnic, cultural communities
- how to create funds when funds are not available (linking to other local advocacy efforts)
- how to secure govt/foundation dollars
- how to leverage funds for M+ from mining, private, corporate - local process
- training on how to advocate @ boards, councils, public meetings (ie: union) and how to address in "the" system

TRAINING how to make this happen



Engagement

create stakeholder in rights non-system world

find their language approach create education committee to help groups have regular communication

Regular input/output w/ stakeholders

Engagement by community leaders

Regular meeting advocates

Research that is translated into understandable language

Use community benefits stories to connect

Produce strategies to community

Transparency/integrity/ethical conduct to community

Quantify some things (e.g. number of people, number of meetings, number of people) - e.g. number of meetings, number of people, number of meetings, number of people

Use the numbers/signature

Identify the activities done

Develop annual/quarterly data - number of people, number of meetings, number of meetings, number of meetings

Develop strategies to help groups have regular communication

Regular input/output w/ stakeholders

Engagement by community leaders

Regular meeting advocates

Research that is translated into understandable language

Use community benefits stories to connect

Produce strategies to community

Transparency/integrity/ethical conduct to community

Quantify some things (e.g. number of people, number of meetings, number of people) - e.g. number of meetings, number of people, number of meetings, number of people

Use the numbers/signature

ACCESS

Addressing barriers

1. address budget barriers (computers)
2. address understanding/awareness of existing programs in the area
to guide them and provide
3. Build coalitions with existing agencies (including existing from large (local, national, etc.) organizations)
4. get history or planning information to make sure that whatever it is to be relevant to all groups
5. Build network of support what is supportive among the "leads" example: "Factor in our" (transport)
6. Identify successful efforts, especially in documentation

Addressing the "hard" side

- what is the point of having program but do not participate
- to ensure that program is relevant to the community
- to ensure that program is relevant to the community

Access

Addressing barriers

- what is the point of having program but do not participate
- to ensure that program is relevant to the community
- to ensure that program is relevant to the community

Discrimination/Stigma

Key words: fear, shame, lack of control

Discrimination: unfair treatment based on race, ethnicity, etc.

Stigma: negative attitudes and beliefs towards a group of people.

Impact: mental health issues, social isolation, etc.

DISCRIMINATION/STIGMA

LACK OF CULTURAL UNDERSTANDING

- Create safe spaces for people to share their stories
- Collaboration & sharing resources: Knowledge, info, etc across ALL racial/ethnic groups.
- Acknowledge and understand that each culture/religion has various individual practices and values
- A respected voice that is heard at this table.
- Our community's commitment is needed to do the work to end discrimination
- We need to come up with shared language and guiding principles
- don't wish to complete oppression

Racial Lens Cultural Lens

Racial Lens: Focus on race and ethnicity.

Cultural Lens: Focus on culture and traditions.

Intersectionality: Understanding how race and culture intersect.

Racial Ethnic Cultural Lens

- Stakeholder process always done in fixed agendas that don't create space
- meetings not held in culturally appropriate spaces
- meetings aren't welcoming (we should be good) none
- were silent and not able to tell our stories and were given limited time to share
- we have ways we can be brought together - community food, street, historical trauma
- we need person to advocate - advocates get the message - share but wanted in presence to make a change
- sometimes our narratives and communities they do control and aren't welcome to participate in history & change spaces
- Cultural groups get grounded together and we are unique cultural practices within our cultural group

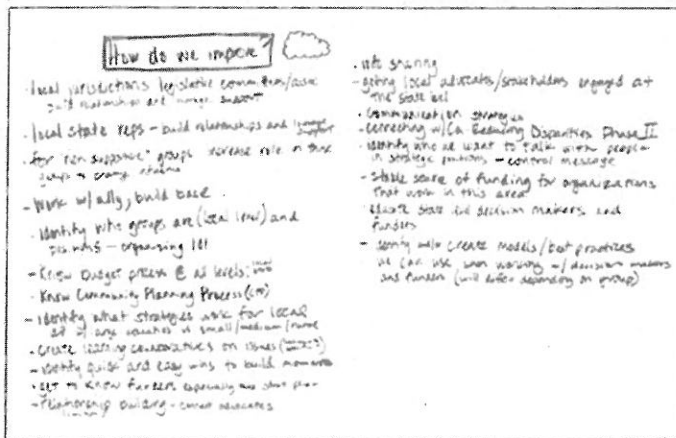


following each presentation we reflected on what we heard.



We then held a very rich discussion on the opportunities, issues, and ideas facing advocates of FHM and how REMHDCO could move forward.

The concepts of multivocality, interconnectedness and collaboration were highlighted throughout the discussion. To carry the discussion further, four groups (Winter, Spring, Summer and Fall) were formed. The discussion notes are on the next four pages.



Strengthen & Improve
 Personality organization strategy for REMHDCO

Local advocates are connected to legislators at local level

- Organize diverse, racial/ethnic groups/prop/advocates
- Critical Coalitions of Power - letters & become part of power structures
- Letters to press about disparities: MENTAL HEALTH wellness & holistic
 - Board of supervisors (Waters as assembly member)
 - State rep (Waters equal to tribal orgs (connection))
- Social Media Platform to advocate & push out
- Connect & be part of local, state chapters of RHT Organization
- Community Organizing - flow of critical coalitions
- Universities support w/ research
- NOT Rely on them dont

"Summer"

- Endure discomfort - talk to your enemies
- Have a strategy
- Have a dialog about data: what's there or not there important - including ratings of RHT organizations
- Hold local leaders accountable to report up
- Policy change/process that includes - Board of Education, criminal justice, legislators, etc
- Top down approach and grass roots/bottom up - what ever works - together
- Find innovative ways to engage & address social determinants of health
- Use the language of the organizing tool

Engage friends
 Strategic relationship
 Bridging communication gap between states

FALL

- INDIAN ENTITIES (Pawnee, Kiowa)
- FIGURE OUT WHERE TO NETWORK (communities, etc)
- ORGANIZING OR LEANING (w/ RHT, various partnerships, working)
- BUILDING PARTNERSHIPS (w/ RHT, COMMUNITY GROUPS, RURAL AREA, etc)
- TRAINING, RESOURCES, DEMAND
- SMALL COMMUNITARIAN COLLABORATION
- INCREASING COMMUNITY ENGAGEMENT

STILL ENJOYING THE RHT COMMUNITY
 W/ AN RHT, DIVERSITY LEADERSHIP

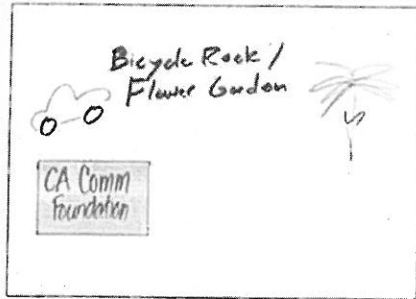
THE MULTI-GENERATIONAL COLLABORATION
 IMPROVE RHTO MEDIA PRESENCE
 SOCIAL MEDIA

DISSENT, RFTO FOR LOCAL LEVEL

STAKE HOLDERS FIND OUT WHAT
 THE LOCAL LEVEL ISSUES ARE

DISSENT LOCAL ADVOCACY BY
 STATE LEVEL ADVOCACY

ON STATE LEVEL CAN PRESSURE
 (LEGISLATION, POLICY, DEMAND)
 TO INCREASE LOCAL LEVEL
 ENGAGEMENT WITH LOCAL



A single follow-up item was placed on the Bike Rock/Flower Garden.

Stacie expressed gratitude and appreciation for the group's time, thoughtfulness, and commitment and the group expressed its gratitude to Stacie and REMHDCO. We closed the day, feeling hopeful for the future.

Attachment 2: Initial Invitation Email

To Respected Advocates:

We are pleased to extend this special invitation for you to participate in an exciting project for REMHDCO in conjunction with the MHSOAC regarding mental health advocacy. You are being invited because you are a respected and knowledgeable advocate on behalf of racial, ethnic, and/or cultural communities. Please save this date:

Wednesday, November 2nd, 2016

10:00 a.m. – 4:00 p.m.

California Primary Care Association

Classrooms A & B

1231 I Street, Suite 400

Sacramento, CA 95814

We apologize for the short notice, but please **RSVP by Monday, October 17th** whether you can participate so that we can finalize the participants list and begin any travel arrangements. REMHDCO will either purchase or reimburse you for your travel expenses. **Please respond to REMHDCO Program Assistant, Simon Vue at: svue@remhdco.org or (916) 557-0907, ext. 113.**

**Please note: if we do not hear from you by Monday, October 17th, we will assume you are not able to participate and we may ask someone else to fill your space.*

Purpose of the Meeting:

To have a Strategic Advocacy Dialogue with a focus on how to **increase stakeholder participation** of unserved, underserved, and inappropriately served racial, ethnic, and cultural communities at public meetings, hearings and other venues in which deliberations or decisions are being made that affect the MHSA, the public mental health system and those served by that system.

How long is this commitment?

This is a one-day commitment only, as far as meeting and travel. The meeting notes will be transcribed and sent to you for your approval before the end of the year. If you cannot attend the meeting, we will send you a form to fill out with your suggestions and recommendations if you wish.

More information will be coming very soon!

Attachment 3

Michelle White	Affordable Housing Services
Andres Magana	The Wall Las Memorias Project
Mari Radzik	Keck School of Medicine of USC
Mark Spencer	Hip Hop Collective Group
Nancy Carter	Mental Health American of California
Daphyne Watson	Mental Health American of San Diego
Becca Gonzales	National Association of Social Workers – CA
Janet King	Native American Health Center
Aiona Teu	South Pacific Currents
Beatrice Lee	REMHDCO (President)
Jamila Guerrero-Cantor	CSU East Bay (Counselor for DHH Students)
Elizabeth Oseguera	California Health+ Advocates
Najeeb Kamil	Santa Cruz County Human Services Department
Raja Mitry	Member – CA Mental Health Planning Council
Rebecca DeLaRosa	Latino Coalition for a Healthy California
Roman Romaso	Slavic Assistance Center
Allie Budenz	California Health+ Advocates (Native American)
Tho Vinh Banh	Disability Rights of California (Vietnamese)
Brandon Ha	Break Yo Stigma
Bonnie Lockhart	Native American Health Center
Vanessa Cuevas-Romero	Sacramento Native American Health Center, Inc.
Jennifer Harms	Student Intern - Natl. Assn. of Social Workers - CA
Melvin H.	Student Intern - Natl. Assn. of Social Workers - CA
Eleonore De Watteville	South Pacific Currents

Katherine Elliott	Consultant for MHSOAC
Jeremy Wilson	Butte County Behavioral Health (ESM)
Gina Warren	Member - Healthy Sacramento Coalition
Dorinda Wiseman	CA Mental Health Planning Council (Staff)
Maricela Cervantes	Student Intern @ Office of Health Equity