



**Joint Client and Family Leadership Committee (CFLC)
&
Cultural and Linguistic Competency Committee (CLCC)
Teleconference Meeting Summary**

Date: May 8, 2024 | Time: 3:00 p.m. – 5:00 p.m.

**MHSOAC
1812 9th Street
Sacramento, CA 95811**

Committee Members:

Staff:

Other Attendees:

Mayra Alvarez, CLCC Chair Rayshell Chambers, CFLC Chair Eugene Durrah, CLCC Robyn Gantsweg, CFLC Richard Krzyzanowski, CFLC Susan Wynd Novotny, CFLC Larisa Owen, CFLC Yia Xiong, CLCC Sharon R. Yates, CFLC Other Commissioner Present: Alfred Rowlett	Evonna McIntosh Tom Orrock Lester Robancho Claire Sallee	Stacie Hiramoto Steve Leoni Steve McNally Josefina Alvarado Mena
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*All Committee Members participated remotely.

Committee Members absent: Gladys Mitchell, CLCC Vice Chair, Senait Admassu, CLCC, Hufsa Ahmad, CFLC, Estrella Amaro-Jeppesen, CLCC, Claire Buckley, CLCC, Donella Hyrkas Cecrle, CFLC, Veronica Chavez, CLCC, Emery Cowan, CFLC, Claribette Del Rosario, CFLC, Luis Garcia, CLCC, Jim Gilmer, CLCC, Kylene Hashimoto, CFLC, Kellie Jack, CFLC, Nahla Kayali, CLCC, Jonathan Lee, CLCC, Lee Lo, CLCC, Rose Lopez, CFLC, Kontrena McPheter, CFLC, Beajae North, CFLC, Vanessa Ramos, CFLC, Yolanda Randles, Corinita Reyes, CLCC, Jason Robison, CFLC, Etsegenet Teodros, CLCC, and Richard Zaldivar, CLCC.

Agenda Item 1: Welcome, Announcements, and Roll Call

Myra Alvarez, Commission Vice Chair and Chair of the CLCC, called the joint meeting of the CFLC and the CLCC to order at approximately 3:00 p.m. and welcomed everyone.

Rayshell Chambers, Commissioner and Chair of the CFLC, stated the CFLC and CLCC are the Commission's longest standing Committees. They have been fundamental in ensuring that community voices and perspectives are reflected in the Commission's work. She stated the Committees will have an enhanced role beginning this year of supporting implementation of the Commission's Strategic Plan goals and objectives. The purpose of this meeting is to provide an opportunity for Committee Members to jointly discuss the Commission's Strategic Plan and identify areas where the Committees can provide the best feedback and support for its implementation.

CLCC Chair Alvarez asked everyone to introduce themselves by responding to an icebreaker question.

Claire Sallee, Commission Staff, reviewed the meeting protocols, called the roll, and confirmed the presence of a quorum.

Agenda Item 2: General Public Comment

Steve McNally, family member and Member, Orange County Behavioral Health Advisory Board, speaking as an individual, stated they looked forward to community planning in California and the transformation that will come from it. The speaker asked Committee Members to include their organizations after their name on the screen. The speaker suggested including an opt-in eList for all participants to help build community that works together.

Steve McNally stated they are watching peer certification and how federal fund participation will roll out. The speaker stated concern about hearing from the community about restrictions being imposed on Community-Defined Evidence Practices (CDEPs). It is important to watch over CalAIM, county behavioral health, and schools having their own funding to ensure it is as seamless as possible. Forcing silos to work together will not be easy. The speaker stated the hope that this Committee will discuss what families need - how many peers, how quickly, and where family and consumer voices can be heard. The speaker stated the need for these Committees to not just inform but empower the community to take action with them.

CFLC Chair Chambers stated the need to align the work with what is happening in the community real-time by having a focused conversation on the Strategic Plan. She stated the need to balance planning with input on the Strategic Plan and actionable tasks for the Committees that align with community voice. She stated the need to challenge the Committees to keep the conversation focused and productive so that work is accomplished.

Agenda Item 3: Information – Strategic Plan Goals and Objectives

CFLC Chair Chambers stated the Committees will hear a presentation on the Commission's Strategic Plan goals and objectives. This presentation will be the basis for the next agenda item with discussion on the Committees' role in the implementation of the Strategic Plan. She asked staff to present this agenda item.

Norma Pate, Deputy Director, stated the Commission adopted its 2024-27 Strategic Plan at the January Commission meeting and directed staff to develop a process for

tracking and reporting progress against its strategic goals and objectives. Staff identified specific metrics and tasks to accomplish the strategic goals and objectives. She provided an overview, with a slide presentation, of the draft metrics, including aspirational metrics, in support of the Commission's goals. She stated the plan is to present a scorecard at each Commission meeting to show the progress being made on the goals and objectives.

Agenda Item 4: Information – Committee Areas of Focus

CLCC Chair Alvarez asked meeting participants to discuss the potential areas of Strategic Plan focus for each Committee, based on the information heard in the above presentation, and discuss opportunities for Committee Members to support implementation of the Strategic Plan, from now through June 30, 2025. One important area to consider is how to measure progress toward the Strategic Plan goals. She asked about focus areas and metrics to use to demonstrate progress toward these goals, and what it looks like to measure progress in these areas.

Committee Members and members of the public provided feedback and suggestions, as follows:

- Unless the Strategic Plan is fleshed out with specific concerns, it does not mean much.
- The Strategic Plan needs to be better grounded. Pay attention to what you know about, heard about, and learned about and what needs fixing. Start with those realities and then fit them into the Strategic Plan, not the other way around.
- Proposition 1 rips apart some clinical models that need to be preserved.
- Ensure that publications and models produced preserve the fidelity of the things that worked.
- Engagement sessions often reach the same people. Reach deeper to agencies with boots-on-the-ground that have broader knowledge in working with clients and families who do not get connected to information sessions. Go farther down than knowledge of head counts and units of service into county innovations that should be best practices and considering how that information can filter up.
- Directly seek out and uplift the voices of clients and family members who use services and whose lived experience those services are trying to improve.
- A key person who is trusted can reach communities such as small tribes in remote locations that do not want to attend meetings.
- Local outreach to small communities that takes the time to build trust, overcome stigma, and educate why it is important to share their experiences.
- Listen to small communities and change programs based on their feedback.
- Ensure that publications uplift real community voices and ensure that these publications are also disseminated to policy makers.

- Incentivize participation in these processes and listening sessions by providing a stipend, food, or illustrating how advocacy can be effective and can create policy changes. People are motivated when they see that the investment of their time creates systems change.
- Measure systems change. Record the number of policy changes that were made because of these efforts that reduce disparities among marginalized groups.
- Measure reductions in behavioral health disparities because of the Strategic Plan strategies related to the engagement of diverse communities.
- Community-based organizations should be utilized to help outreach to diverse communities.
- Recognize the community's valuable contributions.
- Keep the longer-term goal of reducing inequities in mind while recognizing the process goals to get there.
- Measure the interim outcomes that are being sought. Consider those interim steps.
- It is important to keep people engaged and to acknowledge and celebrate small victories. Update forms to gather demographic data and gather demographic data as part of the community engagement process. Report back on what was done with that information for diverse communities.
- Expand the state's understanding of disparities to address long-standing disparities.
- The social determinants of health should also be factored into the conversation on mental health disparities.
- Inequities cannot be addressed without first identifying people.
- The knowledge belongs to the community. Consider what the goals in the framework look like in a community. Those metrics need to stem from the community. What is being measured in communities may be slightly different from the framework. The community that is impacted needs to be involved from the beginning in developing the instruments. Report back to the community how their knowledge will be implemented or used to make things they had concerns about better in their community.
- Include the Power Threat Meaning Framework in the resource section of the Strategic Plan index.
- Inform funding models for Black and brown communities and the counties.
- Level set and confirm a shared definition, principle, example, model, framework, strategies, and best practices of community engagement and how to get there from the beginning (ideascale.com and CAYEN's Peer Ladder of Engagement).
- Track where the 3,246 peers are working in California - and where they are not.

- What is the individual and group contribution of all members of the Commission? What do they bring to the group? Do they open the door to their agencies? Or not? The Commission will soon look more like the Behavioral Planning Council - some agencies represented open their door while others are still siloed. Many people are on the same committees and they do not say a lot publicly. He stated he has one agenda: transparency and empowerment. There is more private money and more private ability to get things done quickly without restriction. The only people who attend meetings are the people who have not given up, but most people have already given up. What are Committee Member expectations? Comments are being given in an oblique, obscure area without trying to get to detail.
- MHSA regulations were based on the community services and supports (CSS) component and on the practices of the original Village in Long Beach, a 10-year state-funded pilot that led to Full-Service Partnership (FSP). The Village emphasized that medications can be helpful, but medications are not enough. They will not by themselves bring recovery.
- There are three definitions in the regulations. They are definitions involving the unserved and underserved. The unserved were services a person received for the purposes of spending MHSA dollars. If the only services they received were involuntary, then they were regarded as unserved.
 - Underserved had a two-prong definition: There was an underserved group that meant there was less than an average number of white, middleclass people, and an underserved individual was one who received less services than that which would be required for recovery.
 - Regulations will undoubtedly be re-written heavily after Proposition 1 passed; however, the specifics of how the Long Beach Village Project worked were alluded to and referenced but not written down in law. These three definitions and the goals and incentives involved with them are going to be vulnerable - perhaps even removed, but they should not be forgotten.
- **Agenda Item 5: Information – Next Steps**

Tom Orrock, Deputy Director, thanked Committee Members and members of the public for their comments and feedback. He stated staff had internal discussions about how to measure community engagement against the goals in the Strategic Plan. Staff came up with four to five measures, but Committee Members and members of the public have suggested 14 types of things today that can be measured.

CLCC Chair Alvarez stated a list of recommendations and potential outcome measurements heard today from Committee Members and members of the public will be discussed at the next Committee meeting, along with funding models and the Commission's unique role in creating spaces to build capacity to help bridge that gap.

CFLC Chair Chambers suggested a discussion at the next meeting on what is achievable and what are the small victories. The system urgently needs a leader. The Commission can be that leader to be the voice of equity advocacy in funding models. Workforce is a continuum as well. It is important that the funding models meet the

needs of all providers, and the capacity that can be used to enhance services, such as braiding funding sources, and to highlight successful models.

CLCC Chair Alvarez suggested sending additional ideas or effective methods of community engagement to staff.

CFLC Chair Chambers asked everyone to identify three areas of interest and/or actions to focus on, within the framework of the Strategic Plan.

Agenda Item 6: Adjournment

CFLC Chair Chambers and CCLC Chair Alvarez thanked everyone for their continued commitment to the Committees. The next full Commission meeting will be held on May 23, 2024, in Sacramento. Future CFLC and CLCC meeting dates have yet to be determined.

There being no further business, the meeting was adjourned at approximately 5:00 p.m.