Sacramento’s Creating Community Solutions Network Council
July 24, 2014 — 12:15 pm – 2:30 pm
Sacramento County Office of Education, 10474 Mather Blvd, Mather, CA 95655

AGENDA

Session Goals
- Welcome Council members and provide opportunity for relationship building.
- Deepen understanding of CLAS implementation and model mental health programs.
- Discuss how the Sacramento CCS Network can enhance and strengthen cultural and linguistic competencies.
- Learn about first steps for the Sacramento CCS Network Action Teams.

12:00 Networking, Lunch and Check In

12:15 Welcome, Foundational Concepts & Introductions
Cheryl Raney, Director, Sacramento County Office of Education
Deb Marois, Facilitator, Converge CRT

12:45 Strategy 8: Ensuring Mental Health Services Meet Standards for Cultural and Linguistic Competence
Pamela Robinson, Director, Prevention & Student Services, Sacramento County Office of Education
Lilyane Glamben, Project Directors, Community Alliance for Cultural and Linguistic Standards (CLAS)
Dr. Addie Ellis, Youth Policy Initiative Director, Sacramento Steps Forward
JoAnn Johnson, Ethnic Services Manager, Sacramento County Division of Behavioral Health Services

1:30 Council Dialogue: Next Steps on Strategy 8

2:00 Action Team Updates

2:25 Next Steps, Meeting Reflection & Closing

2:30 Adjourn

Creating Community Solutions Sacramento is part of the National Dialogue on Mental Health. The Center for Health Program Management manages the project, which is funded by The California Endowment, Blue Shield of California Foundation and Sierra Health Foundation. The Sacramento County Office of Education, in partnership with Mental Health America of Northern California and Converge CRT, is facilitating implementation of the Action Plan.
Sacramento’s Creating Community Solutions Network  
COUNCIL MEETING July 24, 2014

Meeting Summary

PARTICIPANTS:
- Linda Bessire
- Heather Blessing
- Matt Cervantes
- Shirley Darling
- Suzi Dotson
- Addie Ellis
- Ann Fazil
- Lilyane Glamben
- Ben Hudson
- Diane Lampe
- Melissa Leal
- Deb Marois
- Laura McCasland
- John Merical
- Samantha Mott
- Juana Ramirez
- Cheryl Raney
- Pamela Robinson
- Tatiana Shevchenko
- Branden Sweeney
- Lee Jay Vue

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<tr>
<th>Discussion/Agenda Item</th>
<th>Action/Agreements</th>
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<tr>
<td>Welcome, Foundational Concepts &amp; Introductions</td>
<td>✓ Brief review of group structure/role</td>
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<tr>
<td>✓ Cheryl Raney, Director, Sacramento County Office of Education</td>
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<td>✓ Deb Marois, Facilitator, Converge CRT</td>
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<tr>
<td>Strategy 8: Ensuring Mental Health Services Meet Standards for Cultural and Linguistic Competence</td>
<td>✓ CLAS Purpose: Achieve health equity; reduce health disparities</td>
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<td>- Pamela Robinson, Director, Prevention &amp; Student Services, Sacramento County Office of Education</td>
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<td>- Lilyane Glamben, Project Manager, Community Alliance for Cultural and Linguistic Standards (CLAS)</td>
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<td>- Dr. Addie Ellis, Youth Policy Initiative Director, Sacramento</td>
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<tr>
<td>CLAS and TAY Presentation Highlights</td>
<td>✓ Enhanced CLAS Standards: changes emphasize behavioral health; broader definition of culture</td>
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<td>✓ CA – Requires by law that training be available; training – not a one-time event</td>
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<td>✓ In Sacramento County: TAY population has high level of poverty (2007-2011)</td>
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<td>✓ We need to know more – break down Native American (not shown); API includes many groups</td>
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<td>✓ Always consider, Who is Missing?</td>
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<td>✓ The most vulnerable people are found at the intersection of Race/Ethnicity/Age/Gender/Sexual Orientation/Socio- Economic</td>
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<td><strong>Steps Forward</strong></td>
<td><strong>Status/Language</strong></td>
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| - JoAnn Johnson, Ethnic Services Manager, Sacramento County Division of Behavioral Health Services | ✓ Youth don’t understand where the opportunities for health exist; they say, “only old people go” for health care  
✓ Involve youth in 2 levels of planning – on their own and with adults; meaningful participation  
✓ Lived experience is crucial  
✓ Connected by 25 – best practice |
| **Cultural Competency in Sacramento County Presentation Highlights** |  
✓ Inclusion/Cultural Competency goes beyond ethnicity  
✓ MH system changes over time – Affordable Care Act most recent impact  
✓ MHSA –requires client/family-driven system, includes TAY  
✓ County Plan update beginning; CLAS embedded in plan (600 pages!)  
✓ How to focus the work? Objectives 4,5,6 disaggregate data – age, ethnicity, gender  
✓ Cultural Competence Committee at DBHS helps inform implementation  
✓ Inter-sectionality/“multiple identities” key considerations in working with youth; Multi-ethnic (multi and bi-racial) youth populations increasing; race not always top identifier  
✓ DBHS provides MH training for law enforcement, includes cultural competency; partner with youth-serving agencies/juvenile justice |
| **Council Dialogue: Next Steps on Strategy 8** | **Engaging Youth/Get more youth involved** |
| *How can we work together to enhance/strengthen cultural and linguistic competence, especially for youth? What/where is the “low-hanging fruit?”* | ✓ Confront belief systems, patterns and address systemic issues  
✓ Provide leadership; Council can provide voice/advocacy for county as a whole  
✓ Work through youth-serving agencies; Consider diverse populations: youth with serious MH issues  
✓ Make accessible: Provide Incentives; Change time – evening, pizza; Provide transportation; Create comfortable environment; Awkward to be in a room full of adults, Can be intimidating – roles, titles, etc. Fewer adults than youth; Meetings can be virtual  
✓ Clear purpose for youth participation; young people need to get something out of it. Ex: La Familia Youth Voice; Youth Listening Circles – facilitated fishbowl model  
✓ Takes a long time to understand concepts, build trust and confidence – need a designated “safe” person at meetings  
✓ Remember: this is a multi-faceted project; multiple ways to engage youth voice; go to youth  
✓ 3rd Phase of MHSA Planning : Innovation  
✓ How to get ready to bring diverse groups on?  
✓ People don’t care what you know until they know you care |
| **Action Team Reports** | **Action Team A** |
| ✓ ID interested parties, existing YMHFA training/trainers  
✓ Increase awareness of/exposure to available YMHFA and/or trauma-informed care training  
✓ Consider changing policy/practices |  
<p>| <strong>Action Team B</strong> | ✓ Half the group were youth |</p>
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| ✓ ID current social media campaigns – youth were not aware  
✓ Idea: create social media kit – distribute to schools, churches, etc.  
✓ Ensure “real people” are involved who reflect diverse communities |
| Questions/Asks for Council: |
| ▪ How do incarcerated youth get access to social media campaign?  
  Need policy help.  
▪ Access sexually exploited youth – how to get information to them  
  Develop survey – need help disseminating  
▪ Want to stay in loop with other ATs – can promote activities |
| Action Team C |
| ✓ Combined/refined action steps; anticipate addressing all in some way  
✓ Discussed strategies to engage youth  
✓ ID policy recommendations  
✓ Want to stay in loop with other ATs – to avoid duplication of efforts |
| Action Team D |
| ✓ ID best practices for TAY-serving agencies (Health Shack, EHR)  
✓ Engage youth in conversation  
✓ Questions/Asks for Council: Bring to MHSA Steering Committee |
| Next Steps |
| ✓ Hash tag for project  
✓ Vegetarian food  
(\textit{Note: Two vegetarian options were provided at today’s meeting. Staff will continue these options at each regularly scheduled meeting.})  
✓ Action Team reports first on agenda |
| Other Items of Note |
| ✓ Barrier to adoption for foster youth: parents must give up custody to child welfare services to access appropriate mental health services  
✓ Cultural Competency skills enhancement needed in County Welfare Services; need to institutionalize training |