

**CALIFORNIA MENTAL HEALTH PLANNING COUNCIL
MEETING HIGHLIGHTS**

April 17 & 18, 2008

**Crowne Plaza Anaheim Resort
12021 Harbor Boulevard
Garden Grove, CA 92840
(714) 867-5555**

CMHPC Members Present

Celeste Hunter, Chair	Carmen Lee	Jorin Bukosky
Walter Shwe, Past-Chair	Patrick Henning	Adrienne Cedro-Hament
Stephanie Thal, MA, MFT	Gail Nickerson	Shebuah Burke
Joseph Mortz	Shebuah Burke	Karen Hart
Shama Chaiken, PhD	George Fry, Jr.	Barbara Mitchell
Beverly Abbott	James Bellotti	Lin Benjamin
Luis Garcia	Joanne Loritz, MD	Lynn Gurko
Daphne Shaw	Curtis Boewer	Renee Becker
Jonathan Nibbio	Linne Stout	John Ryan
Michael Borunda	Jim Alves	Susan Mandel, PhD

Staff Present

Ann Arneill-Py, PhD
Michael Gardner, M.S.
Brian Keefer, M.A.
Tracy Thompson, M.A.
Lisa Williams
Linda Brophy
Narkesia Swanigan
Charles Anders
Karen Hudson

Review and Approve Education and Training Five-Year Plan

Since the October 2007 California Mental Health Planning Council (CMHPC) meeting, the Human Resources Committee (HRC) has worked closely with the Department of Mental Health (DMH) to expedite the production of a draft Five-Year Workforce Education and Training Development Plan for the CMHPC to consider for approval.

At the January 2008 meeting, the DMH produced a draft Five-Year Plan for the Planning Council's review that included a clear description of the following:

- Vision, Mission, and Values of the DMH.
- Goals, Objectives and Actions for the development of Statewide Workforce Education and Training (WET) initiatives.

- Evaluation of the Goals using a minimum set of performance indicators and corresponding measures.

The Planning Council's System of Care and Functional Committees provided the DMH with recommendations on the draft Five-Year Plan at the January meeting. The DMH incorporated the recommendations of the CMHPC and produced a draft of the Five-Year Plan entitled, "Five-Year Workforce Education and Training Development Plan."

Questions/Comments

- John Ryan: As the state contracts with various schools to provide stipends, it is important that the Request for Proposals (RFP) indicate very clearly that the state will only contract with schools that have developed curriculum competencies to reflect the values and priorities of the Mental Health Services Act (MHSA). This is not reflected in the draft Five-Year Workforce Education and Training Development Plan, but will this be reflected in the RFP's? Answer: Brian Keefer advised this will be achieved primarily through how the contracts and programs are administered and how the contract entity reports back data on students, curriculum, and programs. The HRC will be very involved in this process.
- Adrienne Cedro-Hament: The Cultural Competency Committee is eager to observe the development of the plan and would like to see a growth in the number of non-white and LGBTQ people within the workforce. Answer: Brian Keefer advised that as the HRC works with the DMH to put forth the plan and evaluate it, as well as evaluate local reported objectives and workforce plans, the HRC will look at how to best capture that type of data. It is important to increase diversity in real life pathways for people with lived experience and their families.

Motion: The CMHPC approved the draft Five-Year Plan with no additional changes. The Five-year Plan will be submitted as approved to the DMH Director for signature.

Department of Mental Health Update on Education and Training Planning

Warren Hayes, Chief, Education and Training, Department of Mental Health, provided an update on the status of the Five-Year Plan and Statewide Programs.

Status of Five-Year Plan and Statewide Programs

Five-Year Plan

- Input from January CMHPC meeting has been incorporated into final draft.
- The draft Five-Year Plan has been submitted to the California Mental Health CMHPC for approval and will be published upon approval.

Statewide Programs

- There is a pending agreement on estimated funding use of the \$450 million Education and Training Fund for the next ten years. There is \$210 million through local planning estimates to counties, \$210 Million for state administered statewide programs, and \$30 million for county administered regional partnerships.

- The Education and Training Office is developing a Memorandum of Understanding (MOU) with the Office of Statewide Health Planning and Development (OSHPD) for staffing and funding for a Loan Assumption Program, a Physician Assistant Program, and a Mental Health Professional Shortage Area (MHPSA) Program.
- The California Social Work Education Center (CalSWEC) stipend program is in force this year through the Los Angeles Department of Mental Health. One hundred and eight-three students enrolled in seventeen schools of social work; 56% self-reported a race/ethnicity other than white, 51% reported proficiency in a language other than English, and 82% reported as female.
- A draft Request for Proposal (RFP) is being developed for Marriage and Family Therapists (MFT), Psychiatric Nurses, Clinical Psychiatric stipend programs, and psychiatric residency programs.
- The Office of Education and Training is working on converting curricula to a distance learning format.
- An MOU is being developed with the Board of Behavioral Sciences for the utilization of an MHSA funded Staff Manager to facilitate MHSA principles into exam and licensing requirements for MFT and Licensed Clinical Social Workers (LCSW).
- A funding mechanism is being developed to dedicate \$3 million annually to selected counties to provide staffing support to Regional Partnerships.

Measuring the Local and Statewide Performance of Workforce Initiatives

Workforce Programs and Activities Database

- Beta testing is being done on a DMH constructed database to enter data on all state and county administered workforce education and training programs and activities. This database will be able to construct tailored reports as well as receive standard reports over time; can be reported by county, region and/or state, by Five-Year Plan Goal, Objective, Action, and Funding Category. It will also list program/activity, provider, and funding amount.

Needs Assessment Database

- Allen, Shea, and Associates are constructing a database of the workforce by county, region, and state. This database will depict positions filled versus needed, will include Community Based Organizations (CBO), small counties, hard to fill and retain positions, workers proficient in non-English languages, and the race and ethnicity of the workforce versus target population.
- Allen, Shea, and Associates are developing an evaluation methodology based upon the Five-Year Plan performance measures to determine the impact of workforce programs and activities on workforce measures.

Update on Local Plan Review Process

Planning Requests

- Forty-Five counties approved planning funds for \$10 Million.

Workforce Proposals

- Eight counties have submitted proposals. Mono County and Monterey County have been approved for funding.
- Stanislaus, Merced, Plumas, Colusa, and Kern counties have completed the review process.
- Santa Cruz County is currently in the review process.
- Review team feedback to counties has added to process.

Augmentation Funds

- Provides rules for administering a loan assumption program and encourages use of funds for Mental Health Career Pathway Programs, Client and Family Member employment and employment support programs, and programs to develop leaders and build trainer/consultant capacity.

Questions/Comments

- Barbara Mitchell: Can you speak to how local plans will be monitored to ensure that they are meeting outcomes and to ensure that what they are funding is what is noted in the plan? Answer: Hayes advised that the WET components will be integrated into the MHSA agreement and one of the key issues will be how the counties will report on the use of its MHSA funds.
- Joseph Mortz: Will you solicit voluntary or required information regarding sexual orientation or spirituality orientation? Answer: Hayes advised that this is on the list of recommended data to record in a voluntary capacity.
- Cedro-Hament suggested a certain percentage of CalSWEC stipend program funding be designated just for the older adult track.
- Karen Hart: How is the shortage of children's psychiatrists being addressed? Answer: Hayes stated that the draft Five-Year Plan specifically addresses the specialization of the Psychiatric Residency Programs. This is for Children, Older Adult, Multidisciplinary approaches, and specific outreach to unserved and underserved communities.

CalMEND Update

Karin Kalk, Project Manager, California Institute for Mental Health, provided an update on the California Mental Health Care Management Program (CalMEND). CalMEND was established in 2005 as a quality improvement project to promote wellness and recovery for individuals with mental illness. Supported by funds from the Mental Health Services Act (MHSA), CalMEND operates under the sponsorship of the California Department of Health Care Services (DHCS) in collaboration with the DMH. Kalk's Power Point Presentation entitled "CalMEND: A Quality Improvement Project to Wellness and Recovery for Individuals with Mental Illness," is included as attachment A.

Questions/Comments

- Hart: Will there be a parallel piece for children and Transition Age Youth ? Answer: The materials in the guide are adult oriented but CalMEND is in the process of creating a similar model for children and older adults.
- Cedro-Hament: It is difficult to see how this model will be marketed to CBO's with high case loads. The model does not include charting or documentation. If a model does not reduce the large workload of providers, it will not be marketable. Answer: Part of the operational approaches will include documentation recommendations. The CalMEND implementation process will require an individual study of each site to customize the model.
- Jonathan Nibbio advised that there are many similar essential elements, processes, and team building on the National Wraparound Institutes website. It is important that we have one unified system and one assessment that are very simple and outcome based.
- Susan Mandel: Many CBO's would like to be involved in piloting and testing the CalMEND model but taking staff offline for training is not an option. Answer: One way to address this issue, though it may not be applicable to CBO's, is to utilize the Performance Improvement Project that counties are required to do. This an important issue to strategize about.

Public Comment Period

No public comments to report.

Report from the Department of Mental Health

Michael Borunda, Department of Mental Health, provided a report on the activities of the DMH.

- The payment process to counties is improving.
- Some counties are beginning to express that the challenges of maintaining the managed care mental health Medi-Cal program are too great and funding shortages are too severe. This is a major priority for the DMH in moving forward to work with the California Mental Health Directors Association (CMHDA) to assist counties with information and strategic planning to address this issue.
- The DMH has conducted meetings with statewide veteran's organizations and the Department of Veterans Affairs. It has been determined that the DMH will seek federal funding to address mental health services for veterans. There is a competitive grant that SAMHSA is sponsoring called the Jail Diversion and Trauma Recovery Program-Priority to Veterans grant. The purpose of this program is to support local implementation and statewide expansion of trauma-integrated jail diversion programs to reach the growing number of individuals with post traumatic stress disorder (PTSD) and trauma related disorders involved in the justice system.

- Within the MHSA, funding was provided for the Department of Alcohol and Drug to staff three positions for a co-occurring office.
- A subcommittee is being developed to work on the development of a complaint investigation process. This subcommittee will explore the appropriate process for investigating complaints at the county and local level.
- The DMH has created an accountability workgroup that will explore strategies on ways to address accountability within the MHSA.

Questions/Comments

- Mitchell: When Full Service Partnerships were opened under the MHSA, counties were permitted to use the Caminar Data Entry System originally created for AB 2034. Is this data entry system still relevant? Answer: Borunda advised that he will look into this issue.
- Hart expressed a concern that there is not enough client, family of adult, and family of youth representation on the Government Partners subcommittee being developed to work on the complaint investigation process.
- Mandel: Is there an update on the State Maximum Allowance (SMA) and Early Periodic Screening, Diagnosis, and Treatment (EPSDT) reductions? Answer: Borunda will provide information to the CMHPC if there are any changes.
- Cedro-Hament: Diane Koditek is no longer the Mental Health Director of Kern County and will relinquish the provider/professional slot for the CMHPC. The Executive Committee has endorsed Koditek moving into a Consumer-Related Advocate position. Cedro-Hament reiterated this endorsement.
- Ryan: 20% of the population in California is classified as older adult and 1% of services are provided for older adults. How does this compare with other target groups in terms of the percent of the population in California and what percent of the services they receive? Ryan also asked if there is data that tracks how many people are being served post MHSA. Answer: Borunda advised that this data is available and he will provide the information to the CMHPC.
- Ryan: What is the overall health of the mental health system? What is the need for mental health services in California, what percent of that need are we addressing, and are people getting the help that they need? These are important vital signs of the mental health system. Is it possible to get this information? Answer: There are two very important pieces to this question: the overall data and the anecdotal evidence. Borunda will present this request to Dr. Mayberg.

Committee Action Items

Adult Subcommittee

Shebuah Burke advised that the Adult Subcommittee requests that the issue of anti-stigma be addressed at the June 2008 meeting.

Older Adult Subcommittee

Stephanie Thal reported that the Older Adult Subcommittee has been working to bring mental health and those who work with older adults in county mental, together with their partners in their community. The following motion carried:

- The Older Adult Subcommittee will write a letter to all the counties strongly suggesting that as they do their Prevention and Early Intervention (PEI) planning that they seek out their partners, especially area agencies on aging, and form collaborations with those agencies and all the agencies in their counties that work with older adults.

Thal advised that this letter should perhaps come from the CMHPC and not just the Older Adult Subcommittee.

- Hart: Some of the counties are deep into and beyond the PEI planning stage and are now into implementation. The letter should advise beyond just the planning process and into implementation.
- Beverly Abbott: In addition to the CMHPC chair, the Older Adult Subcommittee Chair should co-sign the letter.

Motion: The CMHPC will send a letter to all the counties strongly suggesting that as they do their Prevention and Early Intervention (PEI) planning and implementation that they seek out their partners, especially area agencies on aging, and form collaborations with those agencies and all the agencies in their counties that work with older adults. The Older Adult Subcommittee Chairperson will co-sign the letter.

Approval of the Minutes of the January 2008 Meeting

The minutes were approved as written with the following change:

- Shebuah Burke would like her statement on page 8 that reads, “More attention needs to be paid to issues around part-time *versus* full time employment,” to be changed to, “More attention needs to be paid to issues around part-time *in addition to* full time employment.”

Approval of Executive Committee Report

The Planning Council approved the Executive Committee report as presented. Please refer to the Executive Committee minutes for further details.

- Ryan asked that the Mental Health Services Oversight and Accountability Commission (MHSOAC) ex officio member appointed to the CMHPC provide an update at each meeting on the activities of the MHSOAC.

Report from the California Association of Local Mental Health Boards and Commissions

James Fuller, Vice-President, provided the following report on the activities of the CALMHBC:

- Perry Communications is creating a book which outlines the duties and expectations of a Mental Health board member. The book will include a history of mental health in California.
- Two CALMHBC members, Susan Wilson and Kimberly Canard, will serve on the CMHPC Technical Advisory Committee.

Report from the California Mental Health Directors Association

Adrienne Shilton, MMPA, Workforce Development Program Director, California Mental Health Directors Association, provided a report on the California Mental Health Directors Association (CMHDA) key Mental Health Services Act (MHSA) implementation issues in April 2008.

Prevention and Early Intervention (PEI)

- Thirty-Six counties have submitted and have been approved for their Community Program Planning funds. In order to receive these resources, counties must have a signed MHSA agreement and have submitted their cash flow and expenditure and revenue reports.
- Most counties are in the midst of the planning process with expected late summer and early fall plan submissions. One plan has been submitted, one has been posted, and more are expected to be submitted by June.
- The CMHDA is working with the DMH and the Mental Health Services Oversight and Accountability Commission (MHSOAC) staff to resolve concerns about the resource guide to ensure that there are no disincentives to selecting alternative programs to include in PEI plans. The CMHDA believes that all programs proposed should be held to the same standard.
- The CMHDA is in the initial stages of developing regional trainings for counties staff and their stakeholders to support plan submission and to assess additional technical assistance needs.
- Exploring strategies to implement PEI statewide programs continues to be a focus of staff attention and collaboration with the MHSOAC and the DMH. The CMHDA remains committed to implementation and working towards achieving the aims of such programs envisioned by stakeholders.

Workforce, Education, and Training (WET)

- Forty-Five counties have submitted requests for early implementation dollars; all have been approved.
- Eight counties have submitted their three-year WET program and expenditure plans to the DMH. Those counties include: Mono, Monterey, Stanislaus, Kern, Plumas, Merced, Colusa, and Santa Cruz. Mono and Monterey County have been approved for funding.

- Roughly 30 counties have either hired a full time or part time person to manage and evaluate the Workforce Component of the MHSA.
- On April 9, 2008, the CMHDA Governing Board approved recommending to the DMH the release of an additional \$110 million in WET funds to augment local WET planning estimates after the Five-Year Education and Training Plan is approved by the California Mental Health Planning Council.

Joint Powers Authority (JPA): The CMHDA continues to explore developing a JPA and will retain a legal consultant to conduct research and develop documents for counties. The intent is the efficient implementation of the MHSA.

CSS Housing Program Moving Forward: Counties are in the process of getting approval from their Boards of Supervisors to assign back their MHSA Housing program funds to the California Housing Finance Agency (CalHFA). Four counties have completed this process and others are in the 30 day posting process. A new policy from DMH released 4/9/08 allows counties to add more CSS funds to the MHSA Housing program. Some counties are currently considering this possibility. Counties are developing program proposals for review and approval.

Stakeholder Improvement Issues and Establishing the Social Justice Advisory Committee: The CMHDA will be establishing a new advisory committee to the Governing Board within the next few months that will provide recommendations on reducing disparities within the public mental health system. Identifying strategies to improve the local stakeholder process will also be within the scope of this committee.

Questions/Comments

- Cedro-Hament commented that the Cultural Competency Committee would like to know the extent of the participation of the Ethnic Service Managers in the planning and implementation of the MHSA. The Cultural Competency Committee would also like to initiate collaboration with this group.
- Abbott: The CMHPC is interested in stigma, suicide prevention, and statewide initiatives. Would you elaborate on the Joint Powers Authority (JPA)? Answer: The expenditures for state administered MHSA initiatives require authority by the Legislature. This requirement has created unfortunate delays. As a result, the CMHDA has explored administrative alternatives such as the JPA. Counties would come together and act jointly to be the administrative alternative to the DMH for statewide Workforce and Prevention and Early Intervention Initiatives. The CMHDA has the support of the governing Board to move forward with the JPA.
- Shama Chaiken: Mental Health Directors from San Joaquin, Calaveras, and Amador Counties have been participating in re-entry planning activities. There is now an Executive Committee run by the California Department of Corrections and Rehabilitation.
- Ryan requested information from the CMHDA regarding the overall health, or vital signs, of the mental health system. What is the need for mental health services in

California, what percent of that need are we addressing, and are people getting the help that they need? Answer: Shilton will convey this request to the CMHDA.

- Abbott: The Policy and System Development Committee is developing its work plan and may focus on funding issues. Should this issue be dealt with at the committee level or should the CMHPC focus on this? Daphne Shaw suggested that the CMHPC should receive any information on this topic but any action should be taken within the Policy and System Development Committee.

Planning Council Meeting Theme: General Discussion

For the last four years, the CMHPC has organized its meetings around themes that focus on public policy issues in the mental health system. The goal is to study the theme in order to develop policy recommendations. The theme is used to select presentations of general interest for the CMHPC meeting. The Policy and System Development Committee also works on the theme with presentations and discussion of the more technical aspects of the issue.

The first theme was providing mental health clients with affordable housing. The second theme examined the structure of funding for the public mental health system and major public policy issues related to that topic. Our most recent theme has been monitoring the implementation of the MHSA.

To date, most of the guidelines that required review and comment have been completed. The Innovative Program component is the only one for which guidelines still need to be developed. The CMHPC has commented on the principles that the MHSAOAC has adopted for that component. The CMHPC has made a commitment to have an Education and Training presentation at each meeting to fulfill our oversight for that component of the MHSA.

The Executive Committee has generated the following suggestions:

- The criminal justice system, the drug and alcohol treatment system, and how they interface and affect the mental health system
- Ryan's recommendation that we study who are we supposed to serve, what is the need, and are the services effective. Overall vital signs of the mental health system.
- Whether there has been a drop in homelessness related to mental illness and what communities have done
- In lieu of a theme, it may be helpful to have each committee contribute to an agenda and bring presentations to the Council that expand the overall understanding of what each committee is currently working on

The CMHPC is tasked with selecting a new theme or focus for the CMHPC meetings.

Questions/Comments

- Nibbio recommended that the CMHPC focus on the vital signs of the mental health system. An important piece of these vital signs would be what is happening with

counties that are losing staff and programs. There is a direct correlation to the criminal justice population and those with co-existing disorders.

- Shebua Burke requested that the CMHPC explore what can be done to expedite reimbursement to counties, especially small counties, which have been waiting for their state reimbursement and realignment funds.
- Cedro-Hament recommended that the CMHPC focus on vital signs within the mental health system. This focus could include many things, including reimbursement to counties.
- George Fry: One important vital sign is stigma. Fry requested a presentation on stigma.
- Chaiken advised that data has been collected on whether the MHSA is reducing disparities. Chaiken is involved in a discussion that explores who is responsible for citizens returning from prison terms who have high mental health needs and how the counties and the parole outpatient clinics are communicating and sharing responsibility for this high need population.
- Curtis Boewer recommended that the CMHPC focus on vital signs of the mental health system. Boewer stated that counties should report open cases by payer class so there is evidence of who is being served by what funding source.
- Hart recommended that the CMHPC focus on the needs of veterans and their families and how that responsibility will be shared with government agencies.
- Nibbio stated that Transition Age Youth from the California Youth Authority are re-entering the community as well. It is important to focus on this population in addition to the adult population.
- Renee Becker suggested that each committee contribute to an agenda and bring presentations to the CMHPC that expand the overall understanding of what each committee is currently working on.
- Carmen Lee: There will be a great emphasis on veteran's mental health over the next few years.
- Joe Mortz advised that as the CMHPC focuses on vital signs it is important to look at potential solutions or alternatives as well.
- Abbott recommended that each committee contribute to an agenda and bring presentations to the CMHPC related to overall theme of "vital signs." Abbott suggested that the CMHPC develop and strengthen its relationship with the MHSOAC. The MHSOAC is responsible for Prevention and Early Intervention and stigma reduction.
- George Fry: Housing is a challenge for small counties. Fry would like the CMHPC to explore ways in which counties can attain more housing. Fry also stated that is important to focus on diversion for clients in the criminal justice system.

- Becker stated it is important to maintain the focus on foster care and drug and alcohol treatment for youth.
- Ryan requested a refresher course on the MHSA for the CMHPC.
- Chaiken advised that it is important that the CMHPC stay in touch with people's personal stories and experiences. Chaiken suggested that there be a small amount of time at each meeting where the CMHPC could hear anecdotal evidence from clients and family members.
- May Farr, California Association of Local Mental Health Boards and Commissions, advised that integrated services, physical services, and addictive services are all an important part of the vital signs theme.
- Kymberli Kercher-Smith advised that it is important that the CMHPC hear anecdotal evidence from clients and family members. Kercher-Smith would like to see more on stigma elimination as well.

Arneill-Py advised that the vital sign theme proposal will be in place by the 2008 October CMHPC meeting.

Update on Cultural Competence Issues

Rachel Guerrero, Chief, Office of Multicultural Services, Department of Mental Health provided an update.

- Over 700 people attended the 2008 Cultural Competency Summit.
- As of March 2008, the Office of Multicultural Services has been in place for ten years.
- The Office of Multicultural Services has approved and contracted with eighteen different consultants from around the state who will review the Workforce Education and Training plans and Prevention and Early Intervention Plans to ensure that counties have shown representation within their planning process of diverse communities, and included diverse communities within their strategies.
- The Cultural Competence Plan will be included as part of a new Statewide Strategic Plan.
- The Office of Multicultural Services has a contract for \$200,000 for the translation of documents. A contract for interpreters is also in place. This will assist in improving the stakeholder process.
- There is a continued partnership with Native American communities. There is a concern with a lack of inclusion within the MHSA. The Office of Multicultural Services will do another contract to explore what needs to happen between the Native American and mental health communities to bridge this gap.
- Guerrero advised that she is part of the State Interagency Team (SIT) for Children and Youth. SIT coordinates policy, services and strategies for children, youth, and families in California. SIT is comprised of deputy directors from 10 state agencies, and provides

leadership and guidance to facilitate local system improvements. State agencies represented on the SIT include the Departments of Social Services, Education, Health Services, Mental Health, Alcohol and Drug Programs, Developmental Services, and Employment Development, as well as the Attorney General's Office, the California Children and Families Commission, and the Workforce Investment Board.

- On February 14, 2008, with the support of Rusty Selix and his staff, a multicultural forum was called that included family members, clients, multicultural providers, and advocates from across the state. Discussion included ways in which to improve the stakeholder process. One the recommendation gleaned from this forum was that the DMH fund a multicultural coalition and have their voice be included in the stakeholder process. This recommendation was presented to Dr. Mayberg and received his full support. The Office of Multicultural Services is in the process of creating this coalition.

Questions/Comments

- Cedro-Hament asked that Guerrero provide a written report of the Office of Multicultural Services activities if either she or one of her staff is unable to attend the CMHPC meeting. Cedro-Hament inquired about the status of the Cultural Competency Guidelines. Answer: Guerrero reported that the guidelines are nearly finished. She will keep the CMHPC updated.
- Shama: If you had to pick one new program out of the MHSA that is exemplary in reducing disparities what would it be? Answer: There are many planning processes that are inclusive, but this point it would only be the Community Services and Supports (CSS). There is not enough Workforce, Education and Training plans as yet to make a decision regarding those. This is something to think about certainly.
- Mortz: Are the LGBTQ communities included in the culturally competency and strategic plan? Mortz requests that the Office of Multicultural Services focus on outreach to the identified gay and lesbian health resource communities. Answer: This community is included, but the Office of Multicultural Services has also asked counties to collect data regarding this population and provide to the DMH. Mortz will provide contact information to the Office of Multicultural Services for outreach to this population.
- Cedro-Hament: Will the translation of documents include the thirteen threshold languages? Answer: Three of the threshold languages have been targeted based on specific data.
- Abbott: The DMH is contracted for a seven county study of the early implementers. There are specific service models that the CMHPC could examine.

Project Implicit Small Group Discussion

At the June 2007 Cultural Competence Committee meeting, Shama Chaiken, PhD, described a web-based testing site that was designed to measure participants' hidden biases. The site was designed to allow web visitors to experience the manner in which human minds display

the effects of stereotypic and prejudicial associations acquired from their socio-cultural environment.

The Implicit Association Test (IAT) research tool was originally developed for exploring the unconscious roots of thinking and feeling. The website was constructed to offer the IAT to interested individuals as a tool to gain greater awareness about their own unconscious preferences and beliefs. The website presents a method that demonstrates the conscious-unconscious divergences much more convincingly than has been possible with previous methods.

During the October, 2007 meeting, the Cultural Competence Committee decided that the Project Implicit tool could prove beneficial to all members of the Planning Council. It was decided that Chaiken would facilitate an explanation of the intent and purpose of the exercise at the January 2008 CMHPC General Session.

CMHPC members were asked to visit the website, engage in at least one online test, and report on their impressions and thoughts of the exercise during breakout workgroups at the April 2008 CMHPC meeting.

Breakout groups were facilitated by members of the Cultural Competence Committee.

New Business

- Shaw requested that when the Executive Committee report on a legislative bill during the Executive Committee report, and the position has changed from the original staff recommendation, that an explanation be given as to why the position was changed.
- Abbott: There are many active youth groups dealing with policies, information, and making recommendations. Abbott suggested that the CMHPC connect with these groups and invite them to come and talk about issues that are important to them.
- Burke: Many counties have Transition Age Youth Full-Service Partnerships that may be a good resource as well.

Meeting Adjourned at 12:05 p.m

Respectfully Submitted,

Tracy Thompson