



**Office of Health Equity Advisory Committee Meeting  
Meeting Minutes (DRAFT Staff Notes)  
February 3, 2015**

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*Staff Notes*

*These are notes of the meeting taken by staff of the California Department of Public Health, Office of Health Equity, and do not constitute formal approved minutes of the meeting.*

**Location:**

**UC Davis Extension – Sutter Square Galleria Center  
2901 K Street, 2<sup>nd</sup> Floor (Room # 200), Sacramento, CA 95816**



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**OHE-AC Members Participating:**

Paula Braveman, MD, MPH  
Delphine Brody  
Jeremy Cantor, MPH  
Yvonna Cázares, BA  
Rocco Cheng, PhD, Co-Chair  
Aaron Fox, MPM  
Sandi Gálvez, MSW, Co-Chair  
Álvaro Garza, MD, MPH  
Cynthia Gómez, PhD  
Pastor Willie Graham, M.S., M.Th.  
General Jeff  
Carrie Johnson, PhD  
Neal Kohatsu, MD, MPH  
Dexter Louie, MD, JD, MPA  
Francis Lu, MD  
Gail Newel, MD, MPH  
Teresa Ogan, MSW  
José Oseguera, MPA  
Hermia Parks, MA, RN, PHN  
Diana Ramos, MD, MPH  
Patricia Ryan, MPA  
Linda Wheaton, MURP, AICP  
Ellen Wu, MPH

**Members Absent:**

Sergio Aguilar-Gaxiola, MD, PhD

**State Officials/Staff Speakers:**

Jahmal Miller, MHA, OHE Deputy Director  
Katie Belmonte, Office of Legal Services Staff  
Counsel, CDPH  
Karen Ben-Moshe, HiAP Coordinator, PHI, OHE  
Dulce Bustamante-Zamora, Research Scientist II, OHE  
Julia Caplan, MPP, MPH, Program Director,  
HiAP, PHI, OHE  
Kathy Dervin, Health Program Specialist II, OHE  
Lianne Dillon (MPH), Policy Associate, HiAP, OHE  
Dorette English, Health Program Specialist I, OHE  
Timothy Ford, JD, Office of Legal Services, CDPH  
Carol Gomez, Associate Governmental Program  
Analyst, OHE  
Daniel Kim, Chief Deputy Director of Operations, CDPH  
Kimberly Knifong, Associate Governmental Program  
Analyst, OHE  
Meredith Lee, Health Program Specialist I, OHE  
Kelsey Lyles, HiAP Associate I, PHI, OHE  
Thi Mai, Research Scientist I, OHE  
Leah Myers, Associate Governmental Program  
Analyst, OHE  
Tamu Nolfo, PhD, Special Consultant, OHE  
William Porter, Health Program Specialist I, OHE  
Mallika Rajapaksa, Research Scientist IV, OHE  
Siek Run, Staff Services Analyst, OHE  
Brooke Sommerfeldt, Health Program Specialist I, OHE  
Aimee Sisson, MD, MPH, Public Health  
Medical Officer, OHE  
Edward Soto, Health Program Specialist I, OHE

**Speakers from the Public:**

Dalila Butler, PolicyLink  
Domenica Giovannini, Marin City Community Services District  
Stacie Hiramoto, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO)  
Nicki King, PhD, California Reducing Disparities Project (CRDP), UC Davis, African  
American Strategic Plan Workgroup  
Pete Lafollette  
Steve Leoni, consumer and advocate  
Raja Mitry, California MHS Multicultural Coalition (CMMC), REMHDCO (teleconference)



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**AC Attendees in Person:** Paula Braveman, MD, MPH; Delphine Brody; Jeremy Cantor, MPH; Rocco Cheng, PhD; Aaron Fox, MPM; Sandi Gálvez, MSW; Alvaro Garza, MD, MPH; Cynthia Gómez, PhD; Pastor Willie Graham, M.S., M.Th.; General Jeff; Carrie Johnson, PhD; Neal Kohatsu, MD, MPH; Dexter Louie, MD, JD, MPA; Francis Lu, MD; Gail Newel, MD, MPH; Teresa Ogan, MSW; José Oseguera, MPA; Hermia Parks, MA, RN, PHN; Diana Ramos, MD, MPH; Patricia Ryan, MPA; Linda Wheaton, MURP, AICP; Ellen Wu, MPH

**9:00 a.m. Convene Meeting and Welcome | Roll Call | Agenda Review | Logistics**

Sandi Gálvez, MSW, Co-Chair of the Office of Health Equity (OHE) Advisory Committee (AC), called the OHE-AC meeting to order and welcomed everyone. She asked the OHE-AC members to introduce themselves. She provided a brief overview of the OHE-AC meeting agenda.

**Motion: September 30, 2014, Meeting Minutes**

Dexter Louie, MD, JD, MPA, suggested including the changes made to the Bylaws in the Staff Notes to the May meeting in the motion.

Cynthia Gómez, PhD, made a motion to approve the September 30, 2014, Meeting Minutes as amended. **(Motion made).**

AC MEMBER FOX: Second.

AC CO-CHAIR GÁLVEZ: All those in favor? (Ayes.)

AC CO-CHAIR GÁLVEZ: All those opposed?

AC CO-CHAIR GÁLVEZ: Any abstentions? (AC Members General Jeff and Delfine Brody raised their hands.)

**Vote:** Motion approved, with two abstentions.

**Public Comment – Section 1.**

*(please reference attached public comment section)*

**Motion: Debrief the September 2014 Meeting: Lessons Learned and Recommendations for Future Tele-Conference Meetings**

AC Members stated in-person meetings cut down on travel expenses, but are less effective, efficient, and productive.

Tamu Nolfo, PhD, the OHE Special Consultant, noted that the multiple meeting locations throughout the state did not increase public attendance.

(No motion was made and no vote was taken.)

**Public Comment – Section 2.**

*(please reference attached public comment section)*

**Motion: Proposed Bylaws Amendments**

Sandi Gálvez stated legal counsel has advised that the bylaws lack clarity in the length of the term of office for chair and vice chair.



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AC Members suggested staggering the terms for continuity, having two-year terms, including an option for reelection, considering a progression from vice chair to chair, and changing the language that the office takes hold “immediately after the election” to the “next meeting.”

Dexter Louie and Cynthia Gómez volunteered to form a subcommittee to meet with staff to discuss this issue and make recommendations.

Dexter Louie made a motion to have a subcommittee make recommendations and options to the Office of Health Equity Advisory Committee as to the bylaws regarding the terms of office of the chair and vice chair.

**(Motion made).**

AC MEMBER OSEGUERA: I second that motion.

AC CO-CHAIR GÁLVEZ: All those in favor? (Ayes.)

AC CO-CHAIR GÁLVEZ: I think we're supposed to do elections by raise -- yeah, raise of hands. (Show of hands). Is anyone opposed? (No audible response.)

AC CO-CHAIR GÁLVEZ: Any abstentions? (No audible response.)

**Vote:** Motion approved.

**Public Comment – Section 3.**

*(please reference attached public comment section)*

**10:00 a.m. OHE CDPH and OHE Updates**

Jahmal Miller, MHA, the OHE Deputy Director, provided an overview of the California Department of Public Health (CDPH) director position transition. He stated Dr. Ron Chapman transitioned out of the OHE last week. He stated his thanks and appreciation for Dr. Chapman's friendship and support, for his long list of improvements and enhancements within the CDPH, and for establishing the Office of Health Equity.

Mr. Miller provided an overview of the Statewide Plan to Promote Health and Mental Health Equity Developments (Plan). The Plan was submitted to the CDPH and the Department of Finance in May. They have provided constructive feedback, but the implementation phase has yet to be approved.

Mr. Miller provided an overview of the major activities of the CDPH and OHE since the September 2014 OHE-AC meeting. He introduced three new staff members: Leah Myers, Associate Governmental Policy Analyst, and Edward Soto and William Porter, Health Program Specialists.

Mr. Miller provided an overview of the staggered membership terms and preparation for phasing membership. He stated the OHE-AC determined it was important from an institutional perspective to build in continuity and to allow other vulnerable communities to be represented by staggering the cohorts serving on the OHE-AC. He was burdened with the difficult task of determining the first group to transition off. He announced the AC Members who would be transitioning off at the end of September: Pat Ryan, Ellen Wu, Teresa Ogan, General Jeff, and Delphine Brody. Mr. Miller stated the hope and expectation that they would continue their service by being a part of a subcommittee.



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Tamu Nolfo gave an update on the OHE-AC application, the American Public Health Association conference in November of 2014 in New Orleans, and announced the 2015 OHE-AC meetings scheduled at the Sierra Health Foundation on May 13<sup>th</sup>, September 29<sup>th</sup>, and December 8<sup>th</sup> and 9<sup>th</sup> for a potential two-day meeting.

Aimee Sisson, MD, MPH, the OHE Public Health Medical Officer, provided an overview of the California Reducing Disparities Project Strategic Plan to Reduce Mental Health Disparities Developments. The California Health and Human Services Agency approved Phase 1 of the draft CRDP strategic plan in November for release for public review through February 17<sup>th</sup>. There have been sixteen hours of public forums statewide and an online survey for CRDP Phase 2 framework and public feedback process. The comments captured will be posted on the OHE website by the end of February.

Daniel Kim, the Chief Deputy Director of Operations of the CDPH, stated Dr. Chapman asked him, on behalf of the director's office, to be the point person with respect to OHE. He provided an update on the status of hiring a new director for the department. Mike Wilkening is the interim director and the DHCS secretary, Diana Dooley, is in the process of interviewing candidates.

Discussion – CDPH Director:

Francis Lu, MD, stated the hope that the OHE can play a role in the selection process for the new director. Mr. Kim stated the secretary is open to input as far as what to look for in a director. The secretary will make the selection, and then the Legislature has up to a year to confirm the appointment. Oftentimes, members of the public provide input through the Senate process.

Yvonna Cázares, BA, suggested writing a letter to Diana Dooley outlining the principles the OHE-AC would like to see in a director.

Delphine Brody agreed, but suggested developing principles to be embodied in candidates for director in the OHE-AC or a subcommittee, and then discussing them with Diana Dooley in person.

Francis Lu suggested crafting and approving the letter today in order to have an impact in the process, since the next OHE-AC meeting is in May.

Cynthia Gómez cautioned against a formal process because the director is a political appointment. Pastor Willie Graham, M.S., M.Th., agreed and stated the voice of the OHE is embedded in Jahmal Miller. Those who are in the political arena know about him and what he stands for.

Hermia Parks, MA, RN, PHN, agreed with Ms. Gómez and Pastor Graham. She stated Diana Dooley has experience with the OHE and is committed to its work.

Patricia Ryan, MPA, agreed that it is unrealistic to think of having influence in the choice of a political appointment. She suggested writing a general letter saying the OHE-AC is working in this area and cares that the person that will be hired is committed to these issues.



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Álvaro Garza, MD, MPH, stated the OHE-AC's role is to advise the CDPH OHE on health equity issues, not advocate for director. He suggested that the organizations represented on the OHE-AC advocate on principles of leadership for the director of the CDPH.

Jeremy Cantor, MPH, suggested AC Members who are interested can write a letter for informational purposes and not as representatives of the OHE-AC.

Discussion – OHE Strategic Plan:

Dexter Louie stated the OHE submitted the Plan in May of 2014 and the approval was due on July 1, 2014. He asked where the plan is.

Mr. Miller stated it is at the control agency, the Department of Finance (DOF). The CDPH and the DOF have provided two thousand comments during the iterative process that the plan has gone through. The process with Agency has been helpful and they have provided constructive feedback. The DOF feedback is not limited to budget or resource comments, but also includes editorial changes that have delayed the approval of the plan.

Álvaro Garza stated the OHE-AC has the responsibility to advocate for equity, health, and social equity for vulnerable communities. He suggested writing a letter urging the expeditious implementation of the Plan.

Sandi Gálvez suggested sending a letter to Secretary Dooley with a copy to the governor's office.

Cynthia Gómez agreed that the legislative bodies and the head of the agency should be made aware that the OHE met the legislated deadline spirited by a sense of urgency, and that someone needs to be asked to respond.

Sandi Gálvez summarized the feedback received from AC Members on the key statements to be put into the letter about the delayed approval of the Plan:

- The OHE-AC was established by statute, represents the communities most impacted by health inequities, and was chosen to be the steward of their collective voice. The OHE-AC met and developed this plan to meet the statutory deadline.
- The OHE-AC is concerned about the communities that are continuing on a daily basis to experience health inequities and the CRDP Strategic Plan has not yet been released. There is urgency and a need to respect the needs of the communities.
- Data can become obsolete. The data was created to this plan and is time-sensitive.
- The OHE-AC urges the speedy release of the Plan for implementation and asks if there is anything the OHE-AC can do to help expedite the process.

Álvaro Garza made a motion to write a letter urging the expeditious implementation of the CRDP Strategic Plan.



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**(Motion made).**

AC CO-CHAIR GÁLVEZ: All right. So, based on all that, can I see a show of hands of who would support this -- these be in the comments that we make in some -- a little bit nicer fashion? (Show of hands.)

AC CO-CHAIR GÁLVEZ: Anybody opposed to us sending this in? (No response.)

AC CO-CHAIR GÁLVEZ: Any abstentions?

AC MEMBER KOHATSU: (Raised hand.)

AC CO-CHAIR GÁLVEZ: Neal? One.

**Vote:** Motion approved, with one abstention.

**Public Comment – Section 4.**

*(please reference attached public comment section)*

**1:00 p.m. California Department of Health Care Services (DHCS) Update**

Neal D. Kohatsu, MD, MPH, DHCS Medical Director and OHE-AC Member provided an update of the National and DHCS Quality Strategy, the *Let's Get Healthy California* Task Force final report, the Health Disparities in Medi-Cal Population Fact Sheets data, and DHCS Health Disparities Interventions.

Discussion:

Paula Braveman, MD, MPH, asked to what Dr. Kohatsu attributes his slide showing that African American and Latino kids are more likely to bike to school. Dr. Kohatsu stated it may be a reflection of geographic distribution by race and ethnicity. Walking, biking, and skateboarding are more prevalent in urban neighborhoods.

General Jeff stated two contributing factors may be that there are many poor families in poor communities that cannot afford to own vehicles, and that only recently have some Latinos been issued driver's licenses in the state of California.

Aaron Fox, MPM, stated it is important to identify health disparities for the LGBT community because surveys are inconsistent and there are data gaps. The Affordable Care Act provides an opportunity to ask the questions to fill the data gaps. Without the data, there is no way to know how deep the disparities go. Dr. Kohatsu agreed and stated the DHCS supports the CHIS. Some of the scientists who oversee the CHIS are advocating asking the right questions in the CHIS.

Jahmal Miller stated the OHE has power as a convener to bring entities together that would typically compete with each other, not share best practices, or not share toolkits around health equity commitments that they have made. Because it feeds into the *Let's Get Healthy California* model, which is so important to the secretary and to the governor's office, if the OHE-AC would spearhead that conversation and make it happen within the context of the communication plan, it could make some headway in some of these indicators.

Hermia Parks asked about the Postpartum Care Project as a quality improvement program. Dr Kohatsu stated the Adult Medicaid Quality Grant was a two-year, \$2 million grant addressing the fact that, across race/ethnicity categories, postpartum care is underutilized. The grant is almost over, but will continue on through a CMS national initiative on improving postpartum care.



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**Public Comment – Section 5.**

*(please reference attached public comment section)*

**1:35 p.m. Health in All Policies (HiAP) Task Force Update**

Julia Caplan, MPP, MPH, the Program Director of the Public Health Institute, HiAP Task Force, provided an update on HiAP Task Force activities.

Karen Ben-Moshe, MPP, MPH, Senior Policy Associate of the Public Health Institute, HiAP Task Force, provided an update on prioritizing community safety and violence prevention.

AC Members broke up into groups to answer questions on a handout, and then came back together and shared what was discussed in their groups.

**Public Comment – Section 6.**

*(please reference attached public comment section)*

**2:35 p.m. Annual Statement of Economic Interests (SEI) Form 700**

Timothy Ford, JD, Office of Legal Services, CDPH, provided an overview of the Annual SEI Form 700. He asked AC Members to fill out the form and return it to him. Questions were asked and answered specific to the form.

**3:00 p.m. OHE Advisory Committee Sub-Committees**

José Oseguera, MPA, OHE Advisory Committee Member, provided an overview of the Mental Health Services Oversight and Accountability Commission Committee structure and gave some highlights of the Bagley-Keene Open Meeting Act.

Discussion:

Aaron Fox asked if a roll call vote must be taken on every vote. Mr. Oseguera responded in the affirmative.

Linda Wheaton, MURP, AICP, asked if a public viewing document of materials submitted by members of the public was sufficient. Mr. Oseguera stated copies must be made available to the public; if duplicating equipment is not available, they must be made available after the meeting.

Tamu Nolfo discussed the possibility of creating OHE-AC subcommittees to coincide with the overarching themes of the strategic plan - assessment, communication, and infrastructure. She included a fourth subcommittee on capacity building for implementation of the strategic plan. She offered several options on the structure and operation of the subcommittees: subcommittees that meet via telephone in multiple locations; subcommittee meetings included as a portion of the quarterly meetings; or, in lieu of subcommittees, webinars that are open to the public.



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Jeremy Cantor suggested communicating through emails. Rocco Cheng, PhD, stated a series of emails would be in violation of Bagley-Keene. He added that staff may communicate with all AC Members as long as each AC Member does not “reply to all,” but only responds to staff.

Dr. Nolfo agreed that staff email communication with AC Members is a possibility, although the synergy of the discussion will be lost.

Francis Lu stated his support of subcommittees as a way to drill down to a deeper level to do more detailed work to bring back to the larger group. Subcommittees can be efficient and focused, but he suggested face-to-face interaction as the best way to generate ideas and build a sense of momentum. He suggested utilizing the lunch break for subcommittee meetings or to increase the duration of the meeting from one day to two days.

Dexter Louie stated staff has used the non-subcommittee route all along that has worked well - of engaging AC Members known to have an interest or have expertise. He agreed that face-to-face meetings are optimal; they are efficient and productive.

Dr. Louie stated Dr. Nolfo is in touch with all AC Members and knows their interests and expertise. She can sift through and identify larger issues that require a subcommittee, but it should be issue-oriented. Dr. Nolfo agreed to continue contacting AC Members as required and according to their interests and expertise.

Jeremy Cantor agreed with working in small groups to discuss implementation and important issues as a way to figure out the key issues to deal with in the larger group. He suggested looking at the four potential subcommittees and collectively agreeing on the immediate challenges for each of them and the big issues that require expertise.

Dr. Nolfo agreed that precedents were set while working on the strategic plan of breaking into small groups during OHE-AC meetings where members of the public went from room to room as they wanted to.

Aaron Fox stated large issues are not conducive to discussion in a large group. A smaller group can get the issues out there and bring recommendations back to the larger group for discussion with an already-established foundation. Also, large groups hinder creativity – sometimes people feel more comfortable talking in smaller groups.

Sandi Gálvez stated the Committee will meet as a large group, break up into small groups, work on things, and then do the decision-making in the large group around the things that the small groups worked on. She suggested fleshing out what needs to be done as a group before thinking about breaking into smaller groups.

**Motion: OHE Advisory Committee Sub-Committees**  
(No motion was made and no vote was taken.)



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**Public Comment – Section 7.**

*(please reference attached public comment section)*

**4:00 p.m. Elect OHE Advisory Committee Chair and Vice Chair**

Sandi Gálvez postponed this agenda item for further discussion.

**Public Comment – Section 8.**

*(please reference attached public comment section)*

**4:30 p.m. Planning for the May Advisory Committee Meeting**

Sandi Gálvez stated the next meeting agenda will include getting more in-depth conversations around each of the parts of the strategic plan and thinking through the implementation for each of those parts and what the tasks would be of this Committee related to those implementation steps. The May agenda will also include the election of officers.

Álvaro Garza suggested submitting ideas for the May agenda to staff. He suggested getting the agenda information ahead of the meetings and not necessarily having many presentations during the meetings. Dr. Nolfo suggested providing written updates on the DHCS and HiAP Task Force as opposed to verbal ones.

Sandi Gálvez stated the update part is not as important as having the opportunity for input and exchange. She requested that opportunities for exchange for DHCS and the HiAP Task Force be built into the agenda.

**Public Comment – Section 9.**

*(please reference attached public comment section)*

**4:50 p.m. Debrief | Public Comment Period | Public Comment for Items Not on the Agenda**

**Public Comment – Section 10.**

*(please reference attached public comment section)*

**Proposed Bylaws Amendments**

Dexter Louie stated he and Cynthia Gómez made up a subcommittee of two tasked with making recommendations for bylaws amendments, either by substitution or by addition.

The subcommittee recommended:

- Adding “at the second quarter meeting” to the end of the sentence in Section B, Elections, Item 2, on page 3.
- Adding “there shall be a two-term limit” to the end of the sentence in Section B, Item 3, on page 3.
- Substituting “at the next quarterly meeting” for “after the election” in Section B, Item 4, on page 3.

Discussion



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Dr. Nolfo stated the OHE-AC membership would automatically renew for persons elected during their transition year.

Álvaro Garza asked if the subcommittee addressed the staggering of the vice chair and chair positions. Dr. Louie stated it was determined the election would have to be held annually. Also, due to personal unforeseen issues, the subcommittee chose the flexibility and openness of not including automatic succession.

Yvonna Cázares asked if the length of the term had changed. Dr. Louie stated it remained a one-year term.

Ellen Wu, MPH, suggested a friendly amendment to change the term of the chair to two years, which means the chair can serve four years but has to be elected every two years, because one year is too short to learn the office and to develop a relationship with staff. In Item 2, "annually" would be changed to "every two years," and, in Item 3, "one year" would be changed to "two years."

Sandi Gálvez agreed that one year is not enough time to learn the post with only four meetings per year. Rocco Cheng agreed that a two-year term makes more sense.

Dr. Louie stated the subcommittee wanted to give the chair the opportunity to run for a second year, and felt it was easier to bring in the vice chair or a new person, if personal issues preclude the completion of the second year.

Álvaro Garza stated the beauty of the vice chair succeeding to the chair is that the first year is spent learning and the second year is spent doing. He stated this works well in many organizations.

Carrie Johnson, PhD, agreed with the two-year term and suggested the vice chair have an opportunity to run for chair after two years.

Pat Ryan suggested since there is no limit on the number of times the chair or vice chair can be reelected, running for reelection rather than putting an automatic progression of the vice chair to the chair in the bylaws.

Dr. Louie stated the subcommittee agreed that two-year terms are optimal, but determined that to be reelected is easier than to resign. He stated a two-year limit fosters leadership development.

Jeremy Cantor agreed with the friendly amendment because another individual can be voted in after two years. The capacity of the chair to be effective is only going to increase over time and, if the Committee decides that the best choice is to re-elect the current chair, that outweighs the potential value of leadership development.

**Motion: Bylaws Amendments**

Ellen Wu, MPH, made a motion to approve the Bylaws Amendments as amended.

**(Motion made)**



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Ac Member Jeff: Yes.  
Ac Member Fox: Yes.  
Ac Member Newel: Yes.  
Ac Member Oseguera: Yes.  
Ac Member Cázares: Yes.  
Ac Member Cantor: Yes.  
Ac Member Lu: Yes.  
Ac Member Braveman: Yes.  
Ac Member Kohatsu: Yes.  
Ac Member Wu: Yes.  
Ac Member Graham: Yes.  
Ac Member Garza: Yes.  
Ac Member Ryan: Yes.  
Ac Member Ogan: Yes.  
Ac Member Louie: No.  
Ac Member Parks: Yes.  
Ac Member Johnson: Yes.  
Ac Co-Chair Cheng: Yes.  
Ac Co-Chair Gálvez: Yes.

**Vote:** Motion approved by roll-call vote.

**Public Comment – Section 11.**

*(please reference attached public comment section)*

**5:00 p.m. Closing Comments and Adjournment**

Sandi Gálvez thanked everyone for participating and ended the proceeding.



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**Tuesday, February 3, 2015**

**Motion: September 30, 2014, Meeting Minutes**  
**Public Comment – Section 1.**  
*(No public comment)*

**Motion: Debrief the September 2014 Meeting: Lessons Learned and Recommendations for Future Tele-Conference**  
**Public Comment – Section 2.**

**PETE LAFOLLETTE**

Thank you. Pete Lafollette of Ventura County. Nothing that you haven't heard already. Humanity cannot be lost in the conversation and recovery and other general topics. And it's a lot more useful when you see that people are here in a meeting and being engaged, so that's always preferable to something that is televised.

**Motion: Proposed Bylaws Amendments**  
**Public Comment – Section 3.**  
*(No public comment)*

**10:00 a.m. CDPH and OHE Updates**  
**Public Comment – Section 4.**

**PETE LAFOLLETTE**

Thank you. Mr. Kim, we're glad to welcome you, and I'm wondering if you had a chance to look at the Little Hoover Report. It did come out, for everyone's information, on January 26<sup>th</sup>, and the title is "Promises Still to Keep: a Decade of the Mental Health Services Act."

Mr. Kim, I wanted to ask you, to what degree do you think these recommendations and the overview will be incorporated into providing direct services, into bringing the Act up to speed in the shortfalls in some of those areas, et cetera?

MR. KIM: Thank you, Pete. I haven't read the entire report. I know about the report, and I know one of the challenges that was confronted in the report was -- I think the report identified, hey, we're not necessarily using the funds in the best possible way. And, at the same time, it said get



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more money out there. And so, it seems like -- not a conflict, but I think we have to figure out what's the right blend in making sure that the money goes out quickly but is used in the most appropriate ways. So, I think we're going to take a look at the Little Hoover Report and see which aspects do we really want and make sure that we can enforce and comply with.

But, it's very challenging. Whenever you're starting up a new governmental program -- this is really a new governmental program where you've got stakeholders that want to do a number of things with it. It becomes very hard to figure out how do you prioritize? For what types of services? What types of clients? And for what types of areas?

**STACIE HIRAMOTO**

Thank you. Stacie Hiramoto, the Director of REMHDCO, the Racial and Ethnic Mental Health Disparities Coalition. And I just wanted to congratulate and commend the Office of Health Equity in regards to the continued rollout of the CRDP. I've been involved with the CRDP probably from inception, and I really want to compliment you and your staff. The way the RFPs, the way the public comment, the way the communication is, I seriously feel that -- I know you have way too much on your plate, but I wish that you could do some kind of -- what's that called -- a toolkit as an example of how government entities can work collaboratively with communities and with stakeholders.

And I don't speak just for underserved communities, but also from other stakeholders that, when they would attend the public comment periods or sessions, they were really amazed that you were taking public comment on the RFPs so early that everyone had a lot of notice, that you did it around the state. And also just the attitude of your staff and the knowledge they have of what it takes to work with the community -- that it's not always clean and neat and polite and pretty and it -- you know, if you were just going to pick the people -- listen to the people that agree with everything you say, then it's not really, you know, robust public comment.

So, again, I know it's taken a long, long time, but I really want to commend your department.

**NICKI KING**

Hi. I'm Nicki King and I'm with the CRDP Program -- I'm the African American Project lead. My remarks are directed to Dr. Sisson's description of the status phase to the CRDP. And, first, I want to absolutely endorse everything Stacie said. I think it's amazing and I've been around looking at government and how they do things for many, many years. The Little Hoover Commission Report reflects the disappointment with the accomplishments of the MHSA in general, but I think, after really looking at it, it really reflects two things. First, that current evaluations of the MHSA programs have not reported effectiveness and second, and this is maybe more critical, that expectations of the MHSA were perhaps not realistic and not well enough defined to begin with. If you say you're going to deliver everything and then you don't, you've fallen short.

We all know how much scrutiny the process and outcomes of Phase 2 of the CRDP will receive and we all want it to be successful and well-documented. This situation brings us to a



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potentially dangerous position as you prepare to roll out Phase 2 of the CRDP. Ten million dollars sounds like an awful lot of money, and it is, but the individual projects funded by the CRDP will be small, pilot-type projects and it is unlikely that those individual projects will yield the kind of data that will prove efficacy in a way that seems conclusive to groups like the Little Hoover Commission and, therefore, to the public at large. The fact that local grassroots or community-based nonprofits don't usually have high capacity for evaluation or maybe even enough knowledge of the evaluation process and what it yields to make good selection decisions on their individual evaluators makes the situation even more critical.

I urge OHE to provide both ample technical assistance to bring the Phase 2 contractors up to speed on the importance of sound evaluations and a list of potential resources to help them identify qualified evaluators. I know the hook's out, but I prepared my remarks and I want to get finished. The American Evaluation Association maintains such resource lists, and the association's minority issues in evaluation, health, and LGBTQ topical interest groups also have specific lists of evaluators from diverse groups with the appropriate experience and cultural sensitivity to do these kinds of evaluations. Thank you for the opportunity to address this point.

**PETE LAFOLLETTE**

The remarks this morning and updates contained a lot of goodwill, and goodwill instills good outcomes. However, on what we've been talking about with the services act delivery, at a recent Mental Health Services Oversight and Accountability Commission meeting, the Commission commented to Jahmal on by what justification the CRDP funds would be reviewed.

And I thought, considering the source, that was a very revealing comment and contained a Freudian slip. On the report from the Little Hoover that we've talked about and overview of the editorial comment, the astonishing thing about the report is its focus on what a poor job the Mental Health Services Oversight and Accountability Commission has done, then concludes they should be given more authority. This makes absolutely no sense. Really, it is mindboggling that thirteen billion dollars has been effectively laundered through the mental health spin cycle. Now, to what degree that is an exaggeration, that can be up to you. We all know a lot of good has been done from the services act; however, it has gone to about ten percent of the target population.

So, there are ongoing problems with data collections, with baselines being met - this, at a broad state level. No central governing authorities at fifty-eight county, fifty-eight different spending plans. And when the prevention and early intervention contracts are not followed as they're designed, the retroactive results are increased institutionalization, hospitalization, incarceration. These are the things that the tax-paying public is supposed to avoid through the correct implementation of the services act. So, as the title says, promises still to keep with the services act. Thanks a lot.

**1:00 p.m. DHCS Update**  
**Public Comment – Section 5.**



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**DOMENICA GIOVANNINI**

Hello, all. My name is Domenica, and I'm notably known in this group for working with Marin City, but I actually work with different organizations and populations in Northern California. So, I appreciate the presentation from DHCS, especially in this venue, as well as hearing about the prevention focus and the upcoming collaborations, because I feel that's absolutely necessary to actually impact these type of issues.

My one comment is I just cannot stress the importance enough of marketing and dissemination of this information to consumers. I appreciate the efforts of Branigan (phonetic) Outreach as an agency, but I encourage this group, as well as DHCS and the other departments, to take a step further and empower and enable local communities to tell their story and to tell yours, because the communities can be leveraged for this information at all. Outreach is changing because of changes in demographics to the consumer population, ease of access to information, and technological advances. So, outreach, to me, as a proud millennial on the record, is not simply convening donors, webinars for granters, or even outreach to the press - that, to me, is simply reporting donor cultivation.

So, in closing, telling your story spans really beyond marketing contracts and grant periods. So, if you really want to make change within the department of DHCS, as well as the other ones represented here, people need to know how to continue the conversation or even start this conversation in these communities and with their population. So, I just hope this is embedded in all the processes.

**RAJA MITRY**

It's Raja Mitry, a member of the California MHSA Multicultural Coalition. You know, the strategy of effective delivery of care likely recognizes that quality care includes culturally-appropriate or congruent services with a person's or family's cultural background. And it's sensitive to respect for generational values and how age is perceived by old world cultures in terms of their wisdom. Also sensitivity to their cultural history, including impacts of any historical and complex trauma.

Native Americans say culture is medicine. Well, that applies as well to other communities whose cultures span many centuries. It's one of the ways that could engage people in their own health care, as well. And please consider any possibility of ensuring language about cultural appropriateness in any strategy approach meant to attain quality outcomes. Thank you very much.

**1:35 p.m. HiAP Task Force Update  
Public Comment – Section 6.**



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**STEVE LEONI**

My name is Steve Leoni. I'm a mental health consumer and advocate of many years. And I kind of wanted to say something. I don't see it going on here, and I'm glad it's not but, as a cautionary piece, I wanted to throw it out there because, as I'm sure you're all very well aware, the mental health clients have been made scapegoats for a lot of violence recently. And, you know, any time something happens and there is any kind of mental health convicted -- involved, they say, well, a person with a history of mental health commits whatever, you know. And it goes over and is repeated over and over and again.

I simply wanted to make the point that probably many of you do know but, as a cautionary piece here, you know, a person -- first of all, clearly the stats show that people with mental illness are no more likely to be violent than anyone else. Do some people with mental illness do commit violence, sometimes extraordinary violence? Yes. So do some members of every group.

What I want to point out here, though, beyond that, is that one of the issues that happens with mental health stigma is that, once you see this is a person with a diagnosis, you sometimes fail to see anything else about them. That's just wipes out -- that becomes their identity. Think about have just one identity. And a lot of things we're saying, starting with Cynthia Gómez, talking about the need to look at reframing things. It's not a personal issue - that it's a social issue. And the upstream issues that lead to it - the antecedents. And a person with mental illness is exposed to all these antecedents, as well.

If a person's standing there and they're hearing voices and they think you, walking down the street - they've never met - they think you are the source of that voice and they're angry, so they walk up and slap you. All right. Well, that's violence. And it happened because of the mental illness. But the decision to engage in violence to solve that is not necessarily mental illness. It's part of a broader context. And so, I just hope that we have that kind of sophistication as we go. And if any of this comes up -- and somewhere out there, it's going to come up, which is why I'm saying I'm very grateful it hasn't come up here. That's just my plea. Thank you.

**DALILA BUTLER**

Hello, you all. Thank you for taking my comment. This is Dalila Butler. I'm with PolicyLink. And I just wanted to make a quick comment, first of all, just to commend the Health in All Policies Task Force for taking this one, creating -- you know, thriving, safe communities is especially important and we really appreciate that you are spending the time to do this.

One thought about who to talk to in order to develop kind of a plan that's responsive is to think about developing these actions based on input directly from the community themselves. I know that, in our work with the Alliance for Boys and Men of Color, you know, a lot of the things that have come up as solutions today from the Parks After Dark work that came up after programs like Summer Night Lights, JOBS, efforts to look at healing circles, and other things. Those all come up in conversations through the Alliance for Boys and Men of Color and many other solutions. So, I think really having an opportunity to kind of gather -- for the state to play a role in convening folks and gathering input from the community can really help to identify what actions are needed.



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And, finally, I just wanted to say that I think that the process that was modeled by the California Reducing Disparities Project and some of the work that they've done to get community input is a great process to look to as a model. Thanks again.

**PETE LAFOLLETTE**

Thank you. On the subject of school shootings and violence, there are so many that the public becomes desensitized and, researching the subject, ninety percent of shooters were prescribed SSRI medication. I recommend this article by Rob Pell, "Antidepressants and School Shootings: Doctors Write Prescriptions for Murders."

And just related to that, it's a lot more subtle, but it's every bit as epidemic, is "The Untold Story of Psychotropic Drugging." It's a documentary film put on by the Commission for Community Concerns. They can't measure -- the findings are it cannot be measured. The chemical in the brain - - how the drugs that are sold don't work. Even the president of the American Psychiatric Association states they don't know where chemical imbalances come from. And it's a DVD that puts -- sheds a lot of light on these interrelated subjects. Thank you for this very important topic.

**3:00 p.m. OHE-AC Subcommittees**  
**Public Comment – Section 7.**  
*(No public comment)*

**4:00 p.m. Elect OHE Committee Chair and Vice Chair**  
**Public Comment – Section 8.**  
*(No public comment)*

**4:30 p.m. Planning for the May Advisory Committee Meeting**  
**Public Comment – Section 9.**  
*(No public comment)*

**4:50 p.m. Debrief | Public Comment Period | Public Comment for Items Not on the Agenda**  
**Public Comment – Section 10.**

**STEVE LEONI**

Thank you. Steve Leoni, mental health consumer and advocate of many years. I just -- actually this comment arises out of things I that heard earlier in the meeting today. Two things occurred to me that might be kind of interesting. You were talking about how you were going to be changing the membership of this Advisory Committee. People will be leaving and you have a deliberate of policy of trying to bring in new blood because there's just no way you can represent everyone at this table. And it struck me that a problem that we'd had over in the mental health side, because I'm a member of the Planning Council and other groups, as well, many people - and



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particularly thinking now of communities, not necessarily professionals, but some of the grassroots you might want to hear from - they don't have a whole lot of experience, they don't know what these issues are. It's kind of a stretch for them to come here.

And you can't just take someone and say, oh, you're a member of this group or that group and drop them in a slot here and expect them to do well. It just doesn't happen. That setup does no one any good. And what struck me was that -- Jahmal earlier was talking about working with counties with their departments -- departments of public health there. And that one of the things you could be doing would be having sort of this kind of Committee dealing with health equity issues out in the counties - locally - where people could participate, perhaps maybe have less sophistication than are at this table.

I mean, because the only way, if you're going to have community X, I mean, not everybody can really rise to the level of policy discussion that you might have here. And the only way you're going to find those people is by recruiting enough people so that the talent rises to the top from whatever group it is. And you could have venues in the counties for doing that, and then it becomes evident who really has some really good ideas and who can represent the communities well and, eventually, they can wind up here. So, I'm just proposing this as a mechanism for your capacity building or infrastructure building that might help people this table and other efforts connected with it.

And she says five seconds. I say really quickly then, the other thing was, if I may continue just a sec, it struck me that there are a lot of disparities involved in the implementation of, like, managed care. As a senior and as a disabled person, you know, when you have substandard housing, you're poor - there are all kinds of things that cause problems the way that things are set up now, and it struck me that, whether it's on this Committee or collaboration-wise, you should be really looking at the Department of Insurance and the Department of Managed Health Care as partners for some of this effort, because you have a very, very broad effort and a lot of the health care is delivered by private sectors. There you are. Thank you.

**Proposed Bylaws Amendments**  
***Public Comment – Section 11.***

**STEVE LEONI**

Steve Leoni. I've been a member of a number of Committees and organizations over the years and this is not unfamiliar kind of conversation to me. And I think actually Rocco may have covered it just now, a bit of what I was going to say. But let me repeat it. You know, you have these three-year terms for being on this Advisory Committee and I just saw an example today of some people rotated off - and not by their choice. It was -- I don't know what the process was, but they said, well, you're not coming back. And to do a two-year term in a situation where you have a three-year existence on the Committee and you may leave, I mean, you'd have to have a rule that, if you get elected in your third year, that somehow you're immune from --

AC CO-CHAIR GÁLVEZ: Yes. That's what staff said.



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MR. LEONI: Okay. Well, because that's the only way it would make sense. And it's even worse if you talk about a vice chair for two years and then the vice chair by tradition moves up. That's four years. So, you'd better have more than a three-year term. I guess it sort of offends me a little bit and it seems kind of messy. And I know that at the Planning Council we have one-year terms and I agree with what you said that, you know, it's a lot of work to build it up, you know, and then you're gone.

AC CO-CHAIR GÁLVEZ: I thought the Planning Council met more frequently than four times a year.

MR. LEONI: No.

AC CO-CHAIR GÁLVEZ: It's four times a year?

MR. LEONI: Yes. We now have teleconference -- or actually, they're in-person meetings with phone-in capacity for our committee structures, but we only meet four times a year. Now, we meet two and a half days when we meet. It's a big long thing with Committees all built in. You know, but we meet only four times a year and it's been that way as far back as -- and I've been working with them since 1996. You know, but even there at the Planning Council, I mean, we have three-year terms and, you know, so our leadership is one year at a time because -- well, you never know if you're going to be -- I mean, there's no hard and fast rule that you can't stay on there for decades, but you do have to be reappointed every three years.

So, I'm just saying try not to muddy the waters too much. I mean, think about what's actually going on here before you do that and whether it's fair or not -- and you just, like, get yourself elected and you're guaranteed to continue on the Committee. So, anyway, it's just some thoughts.