

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH EQUITY

MEETING OF THE
OFFICE OF HEALTH EQUITY (OHE)
ADVISORY COMMITTEE

UC DAVIS EXTENSION - SUTTER SQUARE GALLERIA CENTER
2901 K STREET, (ROOM #200) 2ND FLOOR
SACRAMENTO, CALIFORNIA

TUESDAY, FEBRUARY 3, 2015

9:00 A.M.

Reported by: Rebecca Hudson

A P P E A R A N C E SCommittee Members

Rocco Cheng, PhD, Co-Chair

Sandi Gálvez, MSW, Co-Chair

Paula Braveman, MD, MPH

Delphine Brody

Jeremy Cantor, MPH

Yvonna Cázares, BA

Aaron Fox, MPM

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

A P P E A R A N C E SState Officials/Staff Speakers

Katie Belmonte, California Department of Public Health
(CDPH) Office of Legal Services (OLS) Staff Counsel

Karen Ben-Moshe, MPP, MPH, Project Coordinator, Health in
All Policies (HiAP) Public Health Institute (PHI), OHE

Julia Caplan, MPP, MPH, Program Director, HiAP, PHI, OHE

Marina Castillo-Augusto, MS, Staff Services Manager I, CDEU,
OHE

Lianne Dillon (MPH), Policy Associate, HiAP, OHE

Timothy Ford, JD, Office of Legal Services, CDPH

Eugenio Garcia, Health Program Specialist I, CDEU, OHE

Carol Gomez, AGPA, Special Assistant to the Deputy Director

Michelle Grant, Intern

Daniel Kim, Chief Deputy Director of Operations, CDPH

Debbie King, Associate Governmental Program Analyst, CDEU,
OHE

Kimberly Knifong, Associate Governmental Program Analyst,
CDEU, OHE

Meredith Lee, Health Program Specialist I, Policy Unit, OHE

Kelsey Lyles, Program Associate I, HiAP, OHE

Thi Mai, Research Scientist I, OHE

Neil Maizlish, PhD, Research Scientist IV, OHE, CDPH

Jahmal Miller, MHA, OHE Deputy Director

Leah Myers, Associate Governmental Policy Analyst, OHE

Tamu Nolfo, PhD, OHE Special Consultant

William Porter, Health Program Specialist I, OHE

Mallika Rajapaksa, Research Scientist IV, OHE

Siek Run, Staff Services Analyst, CDEU, OHE

Aimee Sisson, MD, MPH, Public Health Medical Officer, OHE

Edward Soto, Health Program Specialist I, OHE

Also Present

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, UC Davis, African
American Strategic Plan Workgroup

Pete Lafollette

Steve Leoni, consumer and advocate

Raja Mitry (teleconference)
California MHSA Multicultural Coalition (CMMC), REMHDCO

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P R O C E E D I N G S

9:10 a.m.

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AC CO-CHAIR GÁLVEZ: Good morning, everyone. I'd like to welcome you all to our February 3rd meeting of our Office of Health Equity Advisory Committee. It's been quite a while since we've seen each other in person, so it's very nice to see everyone. I hope everyone had safe travels and that the few remaining folks who aren't here yet will be here soon without any troubles.

A few housekeeping things, especially for the public. If you'd -- there are many -- there are many points throughout the agenda where there's opportunities to give comment on the item of the agenda and, if you would like to speak, please fill out a speaker's card. I don't know where they're at.

MS. RUN: I have them.

AC CO-CHAIR GÁLVEZ: Okay. Siek has the speaker's cards and she will be passing them out that way somewhere. So, please fill out a speaker's card.

DR. NOLFO: And just that -- because the meeting is being recorded for transcription purposes, we're going to ask that you always speak into the microphone, which would be great.

AC CO-CHAIR GÁLVEZ: All right. Thank you.

1 So, why don't we go around the room and introduce
2 ourselves? Remind ourselves of who's here and then -- and
3 the public and for those on the phone.

4 I'm Sandi Gálvez. I'm the Director of BARHII and
5 the chair of the Committee.

6 OHE DEPUTY DIRECTOR MILLER: I'm Jahmal Miller,
7 the Deputy Director for the Office of Health Equity.

8 AC MEMBER JOHNSON: Good morning. Carrie Johnson,
9 United American Indian Involvement.

10 AC MEMBER GÓMEZ: Cynthia Gomez, Professor of
11 Health Education and Director of the Health Equity Institute
12 at San Francisco State University.

13 AC MEMBER PARKS: Good morning. Hermia Parks,
14 Director of Public Health Nursing, Riverside County, and
15 Maternal Child Adolescent Health, representing the Directors
16 of Public Health at the state level. Thank you.

17 AC MEMBER LOUIE: Dexter Louie. I'm with the
18 California Medical Association Foundation and the National
19 Council of Asian/Pacific Islander Physicians.

20 AC MEMBER OGAN: Teresa Ogan. I supervise the
21 Multipurpose Senior Services Program for Sacramento, Placer,
22 and Yolo Counties.

23 AC MEMBER RYAN: Pat Ryan, Consultant for the
24 California Behavioral Health Directors Association.

25 AC MEMBER GARZA: Good morning. Álvaro Garza,

1 Public Health Officer, San Joaquin County, and here on
2 behalf, as well, of the California Conference of Local
3 Health Officers.

4 AC MEMBER GRAHAM: Willie Graham, Pastor,
5 Christian Body Life Church, Vacaville, California.

6 AC MEMBER WU: Ellen Wu with Urban Habitat.

7 AC MEMBER KOHATSU: Hi. Neal Kohatsu. I'm the
8 Medical Director at the Department of Health -- the
9 Department of Health Care Services.

10 AC MEMBER BRAVEMAN: Good morning. Paula
11 Braveman. I'm from the Center on Social Disparities in
12 Health at the University of California, San Francisco.

13 AC MEMBER LU: Francis Lu. Professor in Cultural
14 Psychiatry Emeritus at UC Davis.

15 AC MEMBER CANTOR: Good morning. Jeremy Cantor,
16 Senior Consultant with JSI Research and Training Institute
17 in San Francisco.

18 AC MEMBER CÁZARES: Good morning Yvonna Cázares.
19 I was the Director of Next-Level Engagement with the
20 California State PTA. Now, I've transitioned to Community
21 Engagement Specialist with the Air District in the Bay Area.

22 AC MEMBER OSEGUERA: Good morning. José Oseguera,
23 with the Mental Health Oversight and Accountability
24 Commission.

25 AC MEMBER NEWEL: Gail Newel, UCSF, Fresno.

1 AC MEMBER FOX: Aaron Fox, Director of State
2 Health Equity and Policy, Los Angeles LGBT Center.

3 AC MEMBER JEFF: General Jeff, Skid Row community
4 activist in downtown Los Angeles.

5 AC MEMBER BRODY: Delphine Brody, mental health
6 client survivor advocate -- excuse me, and LGBTQ and health
7 equity advocate.

8 AC CO-CHAIR GÁLVEZ: Thank you, everyone.

9 So, just briefly to go over our -- what we're
10 covering today, we're going to take care of some business in
11 the beginning, go -- you know, review our minutes from last
12 meeting and -- and just have -- at least have a brief
13 conversation around what we learned and what we liked and
14 disliked about having our phone meeting. The last time we
15 had a phone meeting just thinking, moving forward, how do we
16 want to do future teleconference meetings?

17 And then, we have a bylaws issue that we need to
18 discuss. We thought we were done with it, but we're not.

19 (Laughter.)

20 AC CO-CHAIR GÁLVEZ: We'll have a report back from
21 the leadership of the CDPH and OHE.

22 And then, a couple of presentations: one from the
23 Department of Health Care Services and from the HiAP Task
24 Force.

25 We're going to have a brief presentation and

1 discussion about filling out our Statement of Economic
2 Interest Form, the Form 700.

3 And then, in the afternoon, we're going to have a
4 conversation around establishing Subcommittees for the
5 Advisory Committee.

6 And we had an -- and we'll talk about this in a
7 moment, but we did have on the agenda, from 4:00 to 4:30,
8 electing a new chair and vice chair, but, because we don't
9 have a -- a current director for the Office of Public -- for
10 the Department of Public Health and there are some bylaws
11 issues related to that that we need to address that -- which
12 would need to be approved by the director, we can't actually
13 have the election today. So, we'll have to move that to the
14 next meeting.

15 And then, just -- just having a small discussion
16 about planning for our -- our next meeting in May.

17 So, the first item on the agenda is the -- the
18 meeting minutes from our September 30th meeting. I don't
19 know if folks have had a chance to review them, if
20 anybody's -- has any amendments that need to be made, or if
21 there could be a motion to approve them.

22 I believe -- I believe that the 11:00 a.m.
23 Department of Public Health Care Services update did not
24 happen. So, that needs to be noted in the -- in the
25 minutes.

1 DR. NOLFO: Right.

2 AC CO-CHAIR GÁLVEZ: Any other amendments that
3 folks caught that need to be -- that need to be made to the
4 meeting minutes?

5 (No response.)

6 AC CO-CHAIR GÁLVEZ: Would anyone like to make a
7 motion about the minutes?

8 AC MEMBER GÓMEZ: On your amendment, because it
9 is -- it's stated there that it didn't happen?

10 AC CO-CHAIR GÁLVEZ: No, it's not stated that it
11 didn't happen. It's just stated like it did happen and it
12 says no public comment.

13 DR. NOLFO: It said it was postponed due to lack
14 of time.

15 AC MEMBER GÓMEZ: It says it was postponed if you
16 read them -- underneath it.

17 AC CO-CHAIR GÁLVEZ: Maybe I'm not seeing. Where
18 is that? What page?

19 MS. RUN: It's right here.

20 (Several AC Members noted it was on page 7.)

21 AC CO-CHAIR GÁLVEZ: Oh, I think I have a
22 different copy. Mine doesn't have that.

23 DR. NOLFO: That's odd.

24 AC CO-CHAIR GÁLVEZ: Yeah. I have a different
25 copy of the minutes.

1 (Laughter.)

2 DR. NOLFO: I'm sorry, Sandi. We'll get you --

3 AC CO-CHAIR GÁLVEZ: Oh, no. Sorry. I'm looking
4 at the public comments.

5 MS. RUN: Where's the minutes?

6 AC CO-CHAIR GÁLVEZ: Maybe I don't have the
7 minutes.

8 MS. RUN: You want me to go grab it?

9 AC CO-CHAIR GÁLVEZ: Sorry. I was -- I -- oh,
10 there they are. Okay. Sorry about that, Cynthia.

11 AC MEMBER GÓMEZ: That's okay.

12 AC CO-CHAIR GÁLVEZ: I was looking at the -- at
13 the wrong one. Okay. Then I guess that amendment is not
14 needed.

15 AC MEMBER GÓMEZ: So, if there are no other
16 comments, I'll make a motion to --

17 AC MEMBER LOUIE: I would like to make a comment.

18 AC MEMBER GÓMEZ: Oh. Okay.

19 AC CO-CHAIR GÁLVEZ: Yes?

20 AC MEMBER LOUIE: If I might? Dexter Louie. It's
21 in regard to the -- the motion on bylaws that was passed.
22 And, you know, we have so much detail about everything else,
23 but not much on the bylaws that we actually passed. And I
24 think that's really important because it sort of governs how
25 we operate. And yet, on page 4 of this document on the

1 minutes, we have no idea of what we voted on or if there
2 was -- it was correct or a correction. I -- I just think
3 it's important because it is the governing document of this
4 body.

5 AC CO-CHAIR GÁLVEZ: Okay. At least from what
6 I -- my recollection, we have -- we had made the comments at
7 the -- at -- the suggested changes at the previous meeting,
8 all of those comments and -- and changes had been
9 incorporated into the document we saw at this meeting in
10 September, and we approved it then.

11 DR. NOLFO: Right.

12 AC CO-CHAIR GÁLVEZ: But I guess we could say
13 that --

14 AC MEMBER LOUIE: You -- you --

15 AC CO-CHAIR GÁLVEZ: -- you know, the --

16 AC MEMBER LOUIE: -- but you don't understand my
17 point.

18 AC CO-CHAIR GÁLVEZ: -- the sections that were --
19 yeah.

20 AC MEMBER LOUIE: We're approving the minutes --

21 AC CO-CHAIR GÁLVEZ: Yeah.

22 AC MEMBER LOUIE: -- of something that we have no
23 idea what we talked about.

24 AC CO-CHAIR GÁLVEZ: I guess we could just say
25 during the -- well, I don't know. When was the meeting

1 before May?

2 DR. NOLFO: It was in May.

3 AC CO-CHAIR GÁLVEZ: In May. It was during the
4 May -- the May meeting.

5 AC MEMBER LOUIE: Okay.

6 AC CO-CHAIR GÁLVEZ: Because that would be a --
7 I'm assuming it would be reflected in the notes of the May
8 meeting. The changes that were actually suggested were in
9 the May -- were at the May meeting.

10 AC MEMBER LOUIE: Yeah, it's just a point of order
11 that we did -- there is a motion to approve the bylaws. The
12 amendments were put on the floor and then they were approved
13 at this meeting.

14 AC CO-CHAIR GÁLVEZ: Mm-hmm.

15 AC MEMBER LOUIE: But we have no idea what those
16 amendments were.

17 AC CO-CHAIR GÁLVEZ: All right. Well, I -- we'll
18 just take them from the May meeting minutes.

19 DR. NOLFO: Mm-hmm.

20 AC CO-CHAIR GÁLVEZ: All right. So, including
21 those amendments -- oh, is there some -- Álvaro, did you
22 want to say something?

23 AC MEMBER GARZA: Not at this time.

24 AC CO-CHAIR GÁLVEZ: Okay. So, is there a second,
25 including Dexter's amendment?

1 AC MEMBER FOX: Second.

2 AC CO-CHAIR GÁLVEZ: All those in favor?

3 (Ayes.)

4 AC CO-CHAIR GÁLVEZ: All those opposed?

5 (No response.)

6 AC CO-CHAIR GÁLVEZ: Any abstentions?

7 (AC Members Jeff and Brody raised their hands.)

8 THE REPORTER: I'm sorry. Who seconded, please?

9 AC CO-CHAIR GÁLVEZ: The second was Aaron Fox.

10 THE REPORTER: Thank you.

11 AC CO-CHAIR GÁLVEZ: And the abstentions were
12 General Jeff and Delphine Brody.

13 THE REPORTER: Thank you.

14 AC CO-CHAIR GÁLVEZ: All right. So, with that,
15 we -- the -- the minutes are approved and we move on to our
16 next item.

17 So, at our -- our last meeting, we had -- we had a
18 teleconference meeting that occurred in four locations. And
19 we had members of the public at, I believe, most of those
20 locations - maybe not every single one. And then, we had
21 some folks -- members of the public also call in. I wanted
22 to just have an opportunity to debrief how that went and any
23 thoughts people had about what worked or didn't work well
24 and any changes we'd like to make for future teleconference
25 meetings.

1 (AC Co-Chair Gálvez conferred with Dr. Nolfo.)

2 AC CO-CHAIR GÁLVEZ: Sorry. I'm sorry. I did not
3 ask for public comment for the approval of the minutes.
4 Are -- we'll take the motion off the table. Were there --
5 is there any public comment on the minutes -- on the
6 approval of the minutes?

7 Oh, Operator, could you please turn the line on --
8 open the line? Is there any public comment from anybody on
9 the phone regarding the minutes?

10 THE OPERATOR: If you would like to ask a
11 question, please press *1 on your touchtone phone.

12 AC CO-CHAIR GÁLVEZ: Okay. It seems we have no
13 public comment on the minutes, so the motion that just
14 passed - we'll just keep that.

15 Okay. So, the next item, then, is the -- the
16 debrief of our teleconference meeting. Would anybody like
17 to say anything about how the last meeting -- what -- your
18 thoughts about it?

19 Yes, Yvonna?

20 AC MEMBER CÁZARES: Sandi, I recall us having an
21 evaluation perhaps via email about it. Did we call any of
22 those? No, we didn't?

23 AC CO-CHAIR GÁLVEZ: Uh-huh.

24 DR. NOLFO: Uh-huh.

25 AC MEMBER CÁZARES: Okay.

1 AC CO-CHAIR GÁLVEZ: All right. Any -- oh,
2 Cynthia?

3 AC MEMBER GÓMEZ: Well, it was just -- I mean,
4 there was no presence of the public. There was no other
5 members besides us sitting in the room. So, I -- I don't
6 know (laughter) how effective it was. I mean, it's -- you
7 know, I'm the first one to say, yay, I didn't have to
8 travel, but -- but it did have -- I don't know. It needed
9 something more. Maybe video conference would make it feel
10 more like a meeting, but it felt very tedious on some
11 levels, going -- hearing group by group and not really allow
12 for much dialogue.

13 AC MEMBER PARKS: So, for me, I attended the
14 meeting in Los Angeles and the venue was appropriate. There
15 was an absence of the public, but, for me, the commute was
16 three times more than coming here to Sacramento. By the
17 time I got to L.A. --

18 (Laughter.)

19 AC MEMBER PARKS: -- it was -- it was --

20 AC MEMBER CANTOR: You can always come to
21 Sacramento.

22 (Laughter.)

23 AC MEMBER PARKS: Yeah. You know, so -- I would
24 prefer to come here rather than commute to L.A.

25 AC CO-CHAIR GÁLVEZ: Álvaro?

1 AC MEMBER GARZA: Thanks. Excuse me.

2 Overall, I thought it was -- it ran quite well.
3 It was effective and efficient, but it was a little
4 unsatisfying, if you will, because we couldn't see people's
5 faces and we communicate so much physically. So, I --
6 personally, it is my preference to have these type of
7 meetings when -- as often as we can. But, really, if we
8 have to have them, a conference call or a video conference
9 meeting could suffice.

10 (AC Co-Chair Cheng entered the meeting room.)

11 AC CO-CHAIR GÁLVEZ: Jeremy?

12 AC MEMBER CANTOR: So, I did just want to note
13 that we did have a debrief at the end of that phone call.
14 So, I think this -- that there were some comments that we
15 may be repeating and I may be repeating (laughter) myself
16 right now.

17 I -- I think there's probably different types of
18 activities that we can get done in different modes. So, you
19 know, I think phone for kind of presentations and
20 information updates can work, but I agree with Álvaro. I
21 think anything where there's sort of substantive discussion,
22 I would want to, to the extent we can, do that in person
23 where we can actually see each other and -- and talk in
24 small groups and so forth.

25 AC CO-CHAIR GÁLVEZ: Gail?

1 AC MEMBER NEWEL: Gail Newel. I agree that --
2 with the comments that have been made so far, and I think
3 that, since this is a new office in the state and
4 representing a diverse group of constituents, that I feel
5 that in-person meetings are much more effective, if we can
6 arrange that.

7 AC CO-CHAIR GÁLVEZ: Dexter?

8 AC MEMBER LOUIE: Yeah. Two comments. I agree
9 with the previous comments here. For those of you who
10 remember that book "Death by Meeting"?

11 (Laughter.)

12 AC MEMBER LOUIE: It came out about twenty years
13 ago. You know, people -- when you're face-to-face, you're
14 really -- there's more opportunity to be engaged. But when
15 you are listening, you're probably less engaged, and people
16 dislike meetings where it's not productive. And I think
17 that meeting was probably less productive than our face-to-
18 face meetings.

19 The second comment has to do with -- I have
20 belonged to organizations where the board receives a great
21 deal of work from the committees. And all the work is
22 really done in the committees - all the analysis and all
23 that, and we're going to have Subcommittees here.

24 I'm not sure how even Subcommittees can meet by
25 phone, if we're subject to the public meeting

1 requirements. Very awkward, even if it's only a small group
2 of four people. So, anyway, I put that out for later
3 consideration. Thank you.

4 AC CO-CHAIR GÁLVEZ: Any other comments? Jahmal?

5 OHE DEPUTY DIRECTOR MILLER: I just wanted to add
6 that last year was, like, really atypical for all of us
7 because of that July 1 deadline, so we just tried to squeeze
8 so many, you know, meetings in during, you know, a condensed
9 period of time.

10 So, I'm -- I'm pleased with what our staff and the
11 Advisory Committees did to pull that call together. The
12 feedback is very, very helpful, but I think, ideally --
13 moving forward, I think it's most fruitful, you know, for us
14 to get together physically.

15 But we took that into consideration when we did
16 the call, knowing that in from, like, September of 2013 up
17 until, like, that eleventh hour of trying to get that plan
18 done and we had been going with two-day meeting formats, we
19 wanted to provide some sense of -- of relief. But I'm sure
20 this year we'll kind of get back into the normal quarterly
21 routine complemented by whatever the Subcommittees look
22 like, but the feedback that you're giving is great.

23 AC CO-CHAIR GÁLVEZ: Tamu?

24 DR. NOLFO: Hi. Tamu Nolfo, with the Office of
25 Health Equity. I also wanted to say it was a bit of an

1 experiment for us with the members of the public, because we
2 know that it's a bit cumbersome for the members of the
3 public to have to travel all the way to Sacramento. And so,
4 it was a way for us to extend these meetings more into
5 places throughout California where people live. But, as we
6 saw, there wasn't a big showing of members of the public.
7 So, now that we know that, we can take that into
8 consideration in terms of moving forward with the kinds of
9 meetings that we have.

10 AC CO-CHAIR GÁLVEZ: Are there any other comments
11 from the Committee Members regarding the teleconference
12 meeting experience?

13 (No response.)

14 AC CO-CHAIR GÁLVEZ: All right. So, I'm going to
15 open it up to the public to give us feedback on what they
16 thought of the teleconference meeting for anybody that might
17 have attended. Operator, can you please open the line?

18 THE OPERATOR: Again, if you would like to make a
19 question or ask a -- ask a question or make a comment,
20 please press *1 on your touchtone phone.

21 AC CO-CHAIR GÁLVEZ: Is there anybody from the
22 public that's present that would like to make a comment?
23 Please don't forget to submit a card and state your name
24 when you -- when you come to the podium.

25 MR. LAFOLLETTE: Thank -- thank you. Pete

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

7 AC CO-CHAIR GÁLVEZ: Anybody else from the public
8 like to say anything?

9 (No response.)

10 AC CO-CHAIR GÁLVEZ: How about on the phone?
11 Would anybody on the phone like to make a comment?

12 THE OPERATOR: There are none in queue at this
13 time.

14 AC CO-CHAIR GÁLVEZ: There aren't?

15 THE OPERATOR: No.

16 AC CO-CHAIR GÁLVEZ: Okay. Thank you.

17 Okay. So, I think staff received the -- the
18 feedback?

19 DR. NOLFO: Mm-hmm.

20 AC CO-CHAIR GÁLVEZ: I don't believe we need to
21 take a vote regarding this, do we?

22 DR. NOLFO: No.

23 AC CO-CHAIR GÁLVEZ: All right. So, the -- the
24 next item is regarding the bylaws. We received feedback
25 from legal that our bylaws was not clear enough regarding

1 the terms of the offices of the chair and vice chair. It
2 kind of surprise -- it kind of just came up to -- came up
3 out of the blue for us that the vice chair and chair
4 positions were just a year and that it was time to re-elect
5 the chair and vice chair.

6 And then, that opened the question of when is --
7 when is the year? Can a chair or vice chair be reelected?
8 Is the term that we selected the term that we want? And so,
9 I wanted to open it up for discussion about if any -- how
10 do -- how do we want to further clarify our bylaws regarding
11 the terms of the chair and vice chair?

12 Would anybody -- Aaron -- like to make a comment?

13 AC MEMBER FOX: I would just say, for sort of
14 being we're a new - fairly new advisory body, I would think,
15 for continuity's sake -- and I think -- so, we currently
16 have it that both chair -- that both chair and vice chair
17 come up at the same time -- the elections come up at the
18 same time. I would probably recommend maybe staggering
19 those so that where -- some continuity for the people who
20 are facilitating the meeting and leadership, that would
21 probably make it easier on staff. And, hopefully, we might
22 have our vice chair and chair want to continue on in their
23 roles.

24 AC MEMBER PARKS: This is Hermia. I agree with
25 Aaron. I think we need to have a staggered term for the

1 chair and vice chair. And, again, because we are so new, I
2 think a one-year term is just not long enough in my
3 opinion. We've just completed our strategic plan. We are
4 now moving forward doing some of the suggestions in the
5 plan, and it's great to have the continuity and the history
6 for at least another year.

7 AC CO-CHAIR GÁLVEZ: Cynthia?

8 AC MEMBER GÓMEZ: Yes. I -- I wondered how this
9 would relate to the conversation of membership rotation,
10 because I think that they should come hand-in-hand. So, if
11 we're going to make changes on term limits, then that should
12 probably determine, within that, how the leadership of the
13 Committee is time framed.

14 So, whether that be -- you know, if it's a three-
15 year term, then they can serve for two years so that a new
16 person coming in isn't rotating off. I mean, so, all these
17 things have to be sort of related. I just wanted to mention
18 that as we consider this.

19 AC CO-CHAIR GÁLVEZ: And that is going to be part
20 of the presentation, right? That is part of the
21 presentation?

22 AC MEMBER LOUIE: Which one?

23 AC CO-CHAIR GÁLVEZ: The discussion around the
24 term --

25 AC MEMBER LOUIE: Oh, yes.

1 AC CO-CHAIR GÁLVEZ: -- term limits --

2 AC MEMBER LOUIE: Yes.

3 AC CO-CHAIR GÁLVEZ: -- for members?

4 AC MEMBER LOUIE: Mm-hmm.

5 AC CO-CHAIR GÁLVEZ: Okay, but -- so, let's --

6 let's take that in consideration.

7 Jeremy?

8 AC MEMBER CANTOR: I just want to echo Hermia's
9 point. I think that, given -- actually, as Jahmal mentioned
10 before, this has been a particularly active year, and I
11 think moving forward we'll actually probably meet less
12 frequently. So, I think having a chair serve for a longer
13 term makes a lot of sense in terms of providing that
14 guidance over a course of years.

15 I think one other thing to specify here is it's
16 not specified whether or not a chair or vice chair can be
17 reelected to the position, and I think it makes sense that
18 that's an option. That a chair could put their -- put their
19 hat in the ring for a second term and the body gets to --
20 gets to choose. But I would definitely emphasize two-
21 year -- a two-year term seems like a minimum.

22 AC CO-CHAIR GÁLVEZ: Any other comments?

23 AC MEMBER RYAN: Yeah. I have a comment.

24 AC CO-CHAIR GÁLVEZ: I'm -- oh, hi, Pat.

25 (Laughter.)

1 AC MEMBER RYAN: Have -- well, should we consider
2 maybe a progression from vice chair to chair so that there's
3 some continuity there, as well? I know a lot of
4 organizations, you know, have a president and then a
5 president-elect. And then, you know, become immediate past
6 president or chair so that there's continuity at the -- at
7 the leadership level.

8 AC CO-CHAIR GÁLVEZ: Any other comments?

9 (No response.)

10 AC CO-CHAIR GÁLVEZ: All right. So, I heard --
11 okay. Oh, Rocco?

12 AC CO-CHAIR CHENG: I have a comment about a --
13 bylaw, page three, number four, that the chair and vice
14 chair terms should commence "immediately after the
15 election." So, I wonder, if it's possible, we could revisit
16 that.

17 DR. NOLFO: The next meeting.

18 AC MEMBER CANTOR: The next meeting.

19 AC CO-CHAIR CHENG: The next meeting rather than
20 immediately after. That's something I would like to propose
21 for us to look at.

22 AC CO-CHAIR GÁLVEZ: Any other comments from the
23 Committee?

24 (No response.)

25 AC CO-CHAIR GÁLVEZ: Okay. I've jotted down the

1 different issues that have been raised. Let -- let's
2 take -- we need to get public feedback on any -- any
3 proposed -- on any proposed changes, right?

4 DR. NOLFO: You can propose changes, but you just
5 need public feedback when you're done.

6 AC CO-CHAIR GÁLVEZ: Okay. So, let's -- let's
7 take these different issues that were raised one by one.
8 So, the -- the issues that were raised were considering
9 staggering the terms of the chair and vice chair, having a
10 two-year term for each of those, having the option to
11 reelect chair and vice chair, having the chair -- the vice
12 chair be a progression for the -- the chair, so it could be,
13 like, a chair-elect, and then changing the language that --
14 of -- of when the office takes hold - that it's "immediately
15 after the election," but that it would be at the "next
16 meeting."

17 So, why don't we take each of those issues one by
18 one? So, the staggering - are there any comments that
19 people would like to make -- or thoughts about staggering --
20 about having the chair and vice chair chosen? It seems like
21 that one's tied to the progression one. So, maybe we should
22 take those two together. Some comments and thoughts about
23 the progression of the vice chair and chair being attached
24 to each other, and then staggering those terms?

25 Any -- any more thoughts about that? Aaron?

1 AC MEMBER FOX: The vice chair might not want to
2 be chair, so I don't think we should force someone into
3 progressing to chair if they really want to take on sort of
4 a vice chair role and, obviously, we know there are
5 different responsibilities for each of those. So, I don't
6 think we should force someone into doing -- into progressing
7 towards the chair if they want to be vice chair.

8 AC CO-CHAIR GÁLVEZ: Álvaro?

9 AC MEMBER GARZA: I like the idea. I do think the
10 vice chair -- whoever volunteers, a candidate for vice chair
11 should understand that they would become the chair. And
12 that -- that would obviate, I think, that -- that problem of
13 not wanting to be chair.

14 AC CO-CHAIR GÁLVEZ: Any other thoughts?

15 (No response.)

16 AC CO-CHAIR GÁLVEZ: Well, my only thoughts are
17 that the -- I mean, I've -- I've served on bodies where
18 the -- the vice chair and chair have not been progressive --
19 progressive. It's just every -- every term -- every time
20 there is a new election, you know, sometimes a vice chair is
21 chosen as a chair and sometimes it's not the case.

22 I personally don't have a preference, but it does
23 seem like that would be in conflict with the staggering
24 suggestion - that we can't have both. You either need to
25 have one be the progression of the other or it needs to be

1 staggered. Or maybe I'm not seeing it right.

2 Any additional thoughts about that? General Jeff?

3 AC MEMBER JEFF: Thank you. General Jeff. This
4 kind of goes -- ties into the next item, as well, but, in
5 terms of the overall membership on this Committee, it's
6 three years. I -- it would make sense that the chair and
7 the vice chair would sit for the entire term.

8 So, if people want -- if one year is too short and
9 Members think that two years would make -- that wouldn't
10 make sense after that second election because there's only
11 three years for an overall sitting. So, it would only make
12 sense in terms of what's already in the books for there to
13 be the chair and the vice chair to serve three years - the
14 entire membership.

15 AC CO-CHAIR GÁLVEZ: And thank you, General Jeff,
16 because you reminded me, I overlooked your -- your comment
17 that you had made, Cynthia, about the tying -- having to
18 have the tie of the vice chair and chair to the membership
19 term. That was another item we needed to talk about.

20 All right. Any other thoughts?

21 (No response.)

22 AC CO-CHAIR GÁLVEZ: All right. Regarding the
23 issue of --

24 AC MEMBER LOUIE: Madam Chair?

25 AC CO-CHAIR GÁLVEZ: Oh, yes. Dexter?

1 AC MEMBER LOUIE: My suggestion would be that you
2 give it to a Subcommittee or a governance committee to deal
3 with it in small group and put out all of the variables and
4 come -- make a recommendation, which can be amended, of
5 course, but I think a small group of four or five people who
6 have governance experience would get you where you want to
7 be sooner.

8 AC CO-CHAIR GÁLVEZ: Yeah. I was starting to
9 think the same thing or -- or staff. I wasn't sure how
10 to -- but I felt like somebody -- some group of people
11 needed to gnaw on this a little bit and think of all the
12 different variables on how it could work best.

13 I need guidance here. Could we establish a
14 Subcommittee now or do we need to wait to the end of the
15 meeting where we're talking about Subcommittees?

16 DR. NOLFO: (Off mic): I don't know why you
17 couldn't establish Subcommittees (inaudible).

18 AC CO-CHAIR GÁLVEZ: It would just -- it would
19 have to be a publicly-noticed meeting?

20 DR. NOLFO: If you have more than two --

21 AC CO-CHAIR GÁLVEZ: If we have --

22 DR. NOLFO: (Speaking off mic.)

23 AC CO-CHAIR GÁLVEZ: Any thoughts about that?
24 Anybody like to make any comments about that? Neal?

25 AC MEMBER KOHATSU: In light of Bagley-Keene

1 and -- and the requirement for -- we're trying to move it
2 along, I think staff could make a recommendation or two or
3 three recommendations saying these are three options. I
4 think that would be more expeditious.

5 AC CO-CHAIR GÁLVEZ: Any other thoughts about
6 that?

7 AC MEMBER FOX: I agree with that.

8 AC CO-CHAIR GÁLVEZ: Aaron?

9 AC MEMBER LOUIE: A point of clarification.

10 AC CO-CHAIR GÁLVEZ: Dexter?

11 AC MEMBER LOUIE: Just a point of clarification
12 that -- so, if we had staff and one or two members of this
13 group, that would be --

14 AC CO-CHAIR GÁLVEZ: That would be fine.

15 AC MEMBER LOUIE: -- possible?

16 AC CO-CHAIR GÁLVEZ: Yes.

17 DR. NOLFO: Yes.

18 AC MEMBER LOUIE: Then I would suggest that be
19 the -- the committee -- the governance committee, as it
20 were.

21 AC CO-CHAIR GÁLVEZ: Any -- okay, any more
22 thoughts about that? About that specific issue?

23 (No response.)

24 AC CO-CHAIR GÁLVEZ: Okay, so is there anybody
25 opposed to not discussing the other items that -- you know,

1 that I mentioned that were brought up related to the option
2 of -- of reelection and changing the language to "next
3 meeting" versus "immediately"? Is any -- is there any
4 problem with not discussing that any further now and giving
5 it -- that task to the -- a Subcommittee?

6 Okay. General Jeff?

7 AC MEMBER JEFF: Thank you. Just as a -- as a
8 matter of clarification -- so, the Subcommittee -- they do
9 diligence and they report back to the overall Committee and
10 what is the process? Do we just simple vote on what they
11 come up with, or --

12 AC CO-CHAIR GÁLVEZ: No. It could be discussed.
13 I mean, they would come back with one or two or three
14 recommendations. We would discuss them. We would engage
15 them. We would get public comment and then we take a vote.

16 AC MEMBER JEFF: Do we need to vote on that
17 process or is that automatic?

18 AC CO-CHAIR GÁLVEZ: Yes, we would, but, before
19 that, we need to get public comment. So, I wanted to know
20 if we were done with our discussion and could get public
21 comment now. Is there anybody else that would like to get
22 any more -- say anything else?

23 (No response.)

24 All right. So, any members of the public that
25 would like to weigh in on this?

1 (No response.)

2 AC CO-CHAIR GÁLVEZ: It seems that the
3 Committee -- the consensus seems to be reached that we table
4 this discussion and allow a Subcommittee made up of staff
5 and two members of the Committee to come back with
6 recommendations at our next meeting. Is there any public
7 comment related to that? Operator, please open the phone
8 line.

9 THE OPERATOR: If you would like to make a
10 comment, please press *1. We have none in the queue at this
11 time.

12 AC CO-CHAIR GÁLVEZ: Thank you.

13 All right. So, would anyone like to make a
14 motion? Dexter?

15 AC MEMBER LOUIE: Yeah. Move to have a
16 Subcommittee make recommendations and options to this
17 Advisory Committee as to the bylaws regarding officers --
18 the two officers and to integrate that with the terms and
19 all the other comments that were made here.

20 AC CO-CHAIR GÁLVEZ: José?

21 AC MEMBER OSEGUERA: I second that motion.

22 AC CO-CHAIR GÁLVEZ: All those in favor?

23 (Ayes.)

24 AC CO-CHAIR GÁLVEZ: I think we're supposed to do
25 elections by raise -- yeah, raise of hands.

1 (Show of hands.)

2 Is anyone opposed?

3 (No audible response.)

4 AC CO-CHAIR GÁLVEZ: Any abstentions?

5 (No audible response.)

6 AC CO-CHAIR GÁLVEZ: Okay. So, the next issue is
7 who are the two members of the Committee --

8 (Laughter.)

9 AC CO-CHAIR GÁLVEZ: -- who will be on that
10 Subcommittee?

11 (AC Co-Chair Gálvez conferred with Dr. Nolfo.)

12 AC CO-CHAIR GÁLVEZ: I was reminded we don't need
13 to second; that we had decided that.

14 Who would like to either be on the Committee or
15 recommend someone to be on that Committee?

16 AC MEMBER LOUIE: I'll volunteer. Dexter Louie.
17 I'll volunteer.

18 AC MEMBER GÓMEZ: I used to work with Dexter.
19 Sure.

20 AC CO-CHAIR GÁLVEZ: I'm sorry, Cynthia?

21 AC MEMBER GÓMEZ: I can work with Dexter.

22 AC CO-CHAIR GÁLVEZ: Okay. So, Cynthia and Dexter
23 are -- are two folks that have volunteered. Would anybody
24 else be interested or would like to recommend anybody
25 else? Hermia?

1 AC MEMBER PARKS: I'll volunteer today.

2 AC CO-CHAIR GÁLVEZ: I'm sorry?

3 AC MEMBER PARKS: I'll volunteer to work with
4 Cynthia and Dexter.

5 AC MEMBER CANTOR: Only need two.

6 AC CO-CHAIR GÁLVEZ: Well, we can only have two.

7 AC MEMBER PARKS: Oh, okay. All right, then.

8 AC CO-CHAIR GÁLVEZ: Do you want to rescind
9 your -- your volunteering?

10 AC MEMBER GÓMEZ: Are you sure you don't want to
11 volunteer instead of me?

12 AC MEMBER PARKS: No, no, no. You go ahead.

13 (Laughter.)

14 AC MEMBER GÓMEZ: Oh, okay.

15 AC CO-CHAIR GÁLVEZ: Yes? Okay, so the two names
16 on the -- on the floor are Dexter and Cynthia. And, if
17 nobody else is interested, I think we don't need a vote for
18 that, right? Okay. So, that will be our -- our plan and --
19 and they will report back to us in our next meeting.

20 Okay. So, the next item on the agenda is a report
21 back from --

22 AC MEMBER GARZA: Question?

23 AC CO-CHAIR GÁLVEZ: Oh, yes, Álvaro?

24 AC MEMBER GARZA: Thank you. Since we're on --
25 we're almost leaving the bylaws, but I have a question. In

1 the bylaws and basically on the process of agenda building,
2 because I know on page eight, number six at the top, that
3 the agenda for each meeting will be drafted and will have
4 input from Advisory Committee Members. And maybe that was
5 done, but I don't remember that it was done in terms of
6 building the agenda for this meeting. So, I would
7 request --

8 AC CO-CHAIR GÁLVEZ: Yeah. It was -- it was
9 not. It's been -- it's been Rocco and I and staff. But it
10 is on our agenda today for planning our next meeting.

11 AC MEMBER GARZA: Okay.

12 AC CO-CHAIR GÁLVEZ: Yeah.

13 AC MEMBER GARZA: Thank you.

14 AC CO-CHAIR GÁLVEZ: Any other comments?

15 (No response.)

16 AC CO-CHAIR GÁLVEZ: Okay. So, the next item on
17 our agenda is a report from staff -- from CDPH and OHE. And
18 am I passing it to Jahmal?

19 OHE DEPUTY DIRECTOR MILLER: Yes.

20 AC CO-CHAIR GÁLVEZ: Okay.

21 OHE DEPUTY DIRECTOR MILLER: I'm good. Testing.
22 I think it's on.

23 I'll just stand up here to kind of make it a
24 little bit more of an official presentation for myself. No
25 PowerPoints today, so you don't have to suffer through --

1 through that. So, I have a few updates, but happy New Year
2 to everyone. I really look forward to -- to these meetings.

3 We've made a lot of progress in a short, short
4 period of time and I really appreciate the sacrifice that
5 all of you as Advisory Committee Members have made. The
6 travel commitments - it just takes a lot, especially as we
7 have this opportunity to really build out what the culture
8 and the legacy and impact of California's Office of Health
9 Equity is going to be, and all of you have contributed in a
10 unique way to that.

11 And, during my travels across the state and even
12 across the country, this office, by virtue of your
13 leadership and contribution, is already garnering a lot of
14 really, really good attention and positive interest. And
15 people are really looking forward to the results as to
16 what -- what it is that we'll do and implement, particularly
17 around the -- the Statewide Health Equity Plan, which I'll
18 talk to you briefly about today.

19 Last year -- what this -- what I think is the
20 conclusion of my fifteenth month in this role and last year
21 was really, really busy. I think, when we did kind of a
22 final tally estimate, I had maybe close to or in -- in
23 excess of four-hundred-some-odd different meet-and-greets
24 with external stakeholders, making ourselves available as
25 staff to really listen to our stakeholders across the state

1 from consumers to experts as to what they really expected,
2 you know, from the Office of Health Equity, sought as
3 opportunities to orient them to what the Office of Health
4 Equity was, to initially start branding ourselves.

5 A lot of people still don't know necessarily that
6 the Office of Health Equity exists and I'll share with you
7 how we plan to change that dynamic. The last year was a
8 great opportunity in the meet-and-greets to orient people,
9 to introduce them not just to me, but all of our great work
10 that we anticipate we will do.

11 And I saw last year really as, you know, like,
12 building a home. You know, we poured a lot of foundation,
13 you know, last year. I think some of the concrete is still
14 drying.

15 (Laughter.)

16 OHE DEPUTY DIRECTOR MILLER: But, this is the year
17 that we will build and, you know, our blueprint is not just
18 the mandate that creates the Office of Health Equity, but
19 particularly the -- the statewide plan that all of you put
20 your blood, sweat, and tears and energy --

21 (Laughter.)

22 OHE DEPUTY DIRECTOR MILLER: -- into in a tight
23 timeframe. You know, those are going to be our kind of
24 guidance documents, and we're literally going to start
25 building in a variety of ways this year when we think about

1 what the Advisory Committee will do, the guidance you'll
2 provide, the roles that you'll play respectively, and the
3 implementation phase along with staff and other partners who
4 aren't even in the building. And I'm excited about us
5 defining what the Subcommittees will do to help govern the
6 direction that we'll go in, as well.

7 So, it's roll-up-our-sleeves time. It's going to
8 be a year of a lot of good action. I wouldn't
9 necessarily -- necessarily say a lot quantitatively, but
10 very defined, focused qualitative action that we'll be able
11 to measure and demonstrate, in a methodical way, the
12 difference that we are making.

13 And the commitment that I appreciate that all of
14 you shared was that, with the health equity plan, we want to
15 do things differently -- do business differently with
16 respect to -- okay, we -- we're very familiar with the
17 downstream mental -- physical and mental health inequities
18 that we've seen for decades and even centuries.

19 But, there was a collective commitment here to,
20 like, really go upstream and get at root cause issues. And
21 the challenge with that is that's a long-term commitment and
22 sometimes people want to come back to you one year later and
23 say, okay, how many lives did you save? Or, you know,
24 how -- how much did life expectancy improve?

25 And we know that qualitatively we'll make an

1 impact there, but the commitment to go upstream and do that
2 heavy lift to get at root-cause issues and to deal with, in
3 a meaningful way, the social determinants of health, those
4 determinants of equity - that positions us in a very
5 distinct and different way from other states across --
6 across the country. And I'm excited about what we'll do
7 together in that space.

8 Let's see - Dr. Chapman. That's our -- that's
9 our -- our man right there. He -- he decided that he was
10 going to transition out. He served very, very well in the
11 first term. Many of you, I think, got the email that I sent
12 out and I still remember the day when he stepped into my
13 office and -- and shared the news with me.

14 And he's left a legacy and he's left the
15 department in a very, very positive light. I was
16 disappointed in an article I read the following day after
17 the press release of him stepping down that was in the
18 Sacramento Bee.

19 And it kind of led with a not so, you know,
20 positive parts of what's going on at the state Department of
21 Public Health, which is an opportunity area, but there's a
22 long list of -- of things that have been improved and
23 enhanced within the state Department of Public Health
24 because of Dr. Chapman.

25 And we -- we're biased, obviously. We celebrate,

1 I think, his number one accomplishment by making sure that
2 the Office of Health Equity was established and our
3 stakeholders - some of you in the room - played a critical
4 role in that.

5 But, that was one of his high points of this
6 Office of Health Equity being established, being the largest
7 state in the country to receive the public health
8 accreditation, which was a big deal, and there are just a
9 long list of the improvements that have been made with
10 respect to infant mortality.

11 Obviously, we're not where we want to be there,
12 but, when you look at where we were and where we are now as
13 a state, on average, it's improved. We drilled down and
14 acknowledged, as he would, that we definitely have
15 opportunity areas with respect -- with respect to black
16 infant health.

17 But, there is a list of accomplishments that he
18 leaves behind. His last day was last week and we wanted to
19 try and coincide this rescheduled meeting with a time that
20 he would be able to attend, but his last day was -- was last
21 week.

22 And as he always -- he reminded me before he left
23 that he's available to us. You know, he's going to take
24 some time off. He's in Utah now, skiing --

25 (Laughter.)

1 OHE DEPUTY DIRECTOR MILLER: -- and he said
2 he's -- he's going to be doing some consultation work until
3 he ultimately identifies what his next professional move is
4 going to be.

5 So, he's a friend, a supporter of ours, and I
6 really appreciate him because he walked every step of the
7 way with me from the time that I interviewed and the time in
8 March of 2013 when I was in Austin, Texas for a meeting and
9 he called me and said -- I thought it was a call, like, hey,
10 you did a great job in your interviews, but you're not the
11 one, but it wasn't. He said, you're the guy that we want.

12 And it took a few months until the appointment
13 came through but, each week, there wasn't a time where we
14 did not either correspond via text, phone call, and/or
15 lunch. And he provided that level of support from the time
16 I started in this role to the time that I left, and we look
17 forward to continuing this -- this awesome work.

18 And, at this time, there's an executive management
19 team meeting going on back at CDPH. Secretary Dooley and
20 Mike Wilkening, I believe, our Deputy Secretary there -
21 they're providing an update to our executive management team
22 as we speak with respect to what the transition process is
23 going to look like, what the interview process is going to
24 look like.

25 And Dan Kim, who is on the agenda -- he's the

1 Chief Deputy Director - he'll be attending later to provide
2 an update based on what's being shared this morning and to
3 also offer some other executive-level insights that I may
4 not particularly know about.

5 So, Dan and Kathleen Billingsley, who is Chief
6 Deputy Director for Policy and Programs - they'll be
7 providing some leadership and guidance immediately to me in
8 our office during this transition period. But, I anticipate
9 that there should be an interim announcement with respect to
10 the public health officer role, because that literally -- it
11 has to be -- you have to have an M.D. in that post, so I
12 anticipate that that announcement will be forthcoming.

13 I can't guarantee it, but we should be getting
14 some updates, and Dan Kim is going to provide that
15 information when he -- when he arrives and we'll keep you in
16 the loop beyond today as it pertains to who the successor
17 for Dr. Ron Chapman will be.

18 Just a couple of other highlights. The Statewide
19 Health and Mental Health Equity Plan. So, we're looking
20 forward to --

21 (Laughter.)

22 OHE DEPUTY DIRECTOR MILLER: We're looking forward
23 to the implementation phase of the plan. It has yet to be
24 approved. At the time, our partners at Agency as well as
25 the Department of Finance -- we have gone through multiple

1 iterations as Agency have provided very, very constructive
2 feedback since the time we submitted it in May.

3 And Tamu and Thi -- where's Thi? Yeah, Thi
4 (laughter). Thi. And let's give Thi -- this is our
5 favorite mother in the world -- expecting mother. Thi, our
6 staff member, is expecting. Let's give her a hand.

7 (Applause.)

8 OHE DEPUTY DIRECTOR MILLER: (Laughter.) Thi and
9 Tamu have been on-point as far as the iterations of edits,
10 as we've gone back and forth between Agency and with the
11 Department of Finance. And there are multiple reports and
12 plans right now at Agency that are kind of in the queue. We
13 look forward sooner than later to that plan being not only
14 approved but released. But, we are still in a waiting
15 pattern.

16 So, the plan is today, based on the latest set of
17 edits we've received from the Department of Finance -- we're
18 going to send the latest plan up to Agency, schedule a
19 meeting, hopefully to take place within the week, with
20 Agency and the Department of Finance so we can just have a,
21 you know, crucial conversation and -- and really get a
22 commitment as to when, in the near future, this plan is --
23 is underway.

24 Simultaneous to this effort that we've kind of
25 gone through around the plan, we still, within the office,

1 have been staffing up accordingly. There's a lot of work
2 that is underway that literally can be counted against what
3 that implementation plan would look like.

4 So, I say all of that to say that we're not just
5 waiting on the plan, you know, to get approved before we
6 start taking action, because there -- there's a lot that's
7 included in the mandate -- the Health and Safety Code for
8 the Office of Health Equity that we naturally need to be
9 doing anyway. It'll just make it easier for us to move in a
10 more strategic and intent fashion once the plan is approved.

11 And it's been a learning experience for us. And,
12 from time to time, key stakeholders within the
13 administration as well as within the legislative branch have
14 sent over inquiries around where is that plan? And not just
15 with respect to, oh, it's delayed. You know, where is the
16 plan? It's like, no, we -- we are really interested in you
17 all providing guidance in what you have to say.

18 So, it's been good -- good attention and we look
19 forward to any ideas that you might have and be able to
20 contribute that we can talk to after, you know, today's
21 meeting about, you know, how maybe we can advance -- advance
22 this thing forward.

23 So, I'm optimistic as to where -- where we are.
24 And, like I said, I'll just leave it that we've learned a
25 lot over the last few months.

1 New staff since our last meeting. Let's see.
2 Leah Myers, would you please stand? Leah is our new
3 Associate Governmental Policy Analyst. That's right, right?

4 MS. MYERS: That's right.

5 (Applause.)

6 OHE DEPUTY DIRECTOR MILLER: (Laughter.) And I'm
7 trying to think back during the teleconference if Edward
8 Soto and William Porter had started yet. They're our two
9 new Health Program Specialist I's. Could you please stand,
10 William Porter and Edward Soto?

11 (Applause.)

12 OHE DEPUTY DIRECTOR MILLER: Am I missing any
13 other new team members?

14 DR. NOLFO: I don't think so.

15 OHE DEPUTY DIRECTOR MILLER: No. Okay. Cool.
16 And all staff -- they're not here today. Some are back, you
17 know, getting some critical -- critical work done. So, we
18 are staffing up. We have positions that are posted right
19 now. I think we've announced, by way of our distribution
20 list, some of our postings that we've had, and we're getting
21 pretty close, I think, to having one hundred percent
22 capacity.

23 But, shortly thereafter, I'm sure we'll have to go
24 back to make the case and justify why we need additional
25 resources and bodies, particularly because there are a few

1 things that I really want us to prioritize moving forward
2 and you're going to hear about it later.

3 I'm really glad that Dr. Kohatsu is presenting.
4 You know, we have this interagency agreement in place with
5 the Department of Health Care Services. We really want to
6 optimize that relationship that we have and build that out
7 in a much real -- strong and more substantive way this
8 year. I'm looking forward to working with Dr. Kohatsu and
9 the Advisory Committee on that.

10 One of the other things that we want to do as well
11 is -- so, when you think about the Office of Health Equity,
12 we exist within the state Department of Public Health. We
13 have the interagency agreement with DHCS, and then we have
14 the relationship with our parent agency, Health and Human
15 Services Agency. And then, outside of that, when we go just
16 across the administration in general, we have the Health in
17 All Policies Task Force.

18 But, if you go back to, like, our parent agency
19 level, we've yet to -- to establish a formal relationship
20 that allows us to operationalize health equity with the
21 other members of Agency -- of Health and Human Services
22 Agency.

23 So, the way I just explained it, you can kind of
24 see the layers. And there's one layer where we're really
25 not connective officially, like, with the Department of

1 Managed Health Care Services or the Department of Social
2 Services or other, like I said, members - the Office of the
3 Patient Advocate - other members of Agency.

4 And one of the things I'd really like to do this
5 year is establish what I'm calling an interagency health
6 equity roundtable to bring those leaders from those
7 respective groups together. That way, at each layer, we
8 have this infrastructure to where we're literally
9 operationalizing and hardwiring equity into the work.

10 And the first thing that we have to do -- I see
11 Delphine -- the first thing we have to do, just like Health
12 in All Policies did, we've got -- we have to get the
13 partners to the table so that they can understand what is
14 health equity? How does that apply to my work for us to
15 assess and evaluate? What are -- you may be doing something
16 already around health disparities, health equity. And then,
17 you know, formalize that relationship so that it's -- it's
18 in lockstep with the mandate of the Office of Health Equity.

19 And, once we have those relationships established,
20 a collective, shared understanding of what health equity is,
21 then, beyond that, we start to get the commitment of how
22 you, within your respective entity in the Agency, how you're
23 going to operationalize health equity. And now, we're
24 really, at each level, achieving health equity once we're
25 able to do that.

1 And I had that idea come to me when we started
2 going through the process of sending up the statewide plan
3 to Agency for review and approval, because you think, you
4 know, where does the expertise typically reside, you know,
5 when we think about health equity?

6 A lot of that health equity expertise resides in
7 this room, in our office. And sometimes, when we're
8 dependent on another entity to review and approve an
9 important document and there may not necessarily be that
10 subject matter expertise there, it creates, you know, this
11 notion of, like, how do we, you know, manage up and make
12 sure they have the appropriate expertise available so that
13 you can literally look through that lens of health equity
14 and have an understanding and really be able to grade a
15 paper fairly?

16 So, that was a thought that we had that we want to
17 move forward on this year. The other thing that we'd like
18 to do is, within CDPH - and I've talked to Ellen Wu about
19 this and others - start to just create beyond this Health
20 Equity 101, but really operationalize health equity -
21 learning the training development opportunities within the
22 state Department of Public Health.

23 So, establishing curriculum, you know, identifying
24 where best practices and the experts are. Some of you, once
25 again, are in the room, so we can just start to roll out

1 training and implementation within the state Department of
2 Public Health.

3 This is all infrastructure building. It's how we
4 build a culturally competent workforce, create learning
5 opportunities, and create not just learning opportunities,
6 but opportunities to apply and to provide incentives of
7 applying health equity to the work that you do, whether
8 you're in the Center for Family Health, which now is led by
9 Dr. Connie Mitchell, who you all know used to be in the
10 Office of Health Equity.

11 We have a new deputy director for the Center for
12 Chronic Disease, Dr. Kevin Sharin, who comes from Florida.
13 He's a huge health equity advocate. And -- and there are
14 others that share, you know, this willingness to -- to build
15 health equity into the state Department of Public Health.

16 So, that's one thing that we want to do, but also,
17 externally, one of the things that we're looking to secure
18 recourses to do, hopefully starting this summer, is to start
19 providing technical assistance and consultation on health
20 equity to local health departments and -- and, just as
21 recently as yesterday, I talked about that idea with Julia
22 Caplan, with Meredith Lee, both serving on our Health in All
23 Policies team, to get a sense of how they, in the past, have
24 done trainings locally around Health in All Policies.

25 And that idea came out of a -- a lunch that Tamu

1 and I had recently, which we were, like, what are we
2 supposed to be doing? We looked at the mandate. These are
3 the things that we're literally supposed to be doing. The
4 goal is to -- we would ultimately engage with an expert,
5 either an internal state service or a partner in the
6 community that may have a module already established.

7 I've talked about it with Jeremy before, as well,
8 and the goal would be to get out and start training the
9 local health departments around health equity, especially
10 those departments for maybe political reasons don't have the
11 necessary support to start doing health equity.

12 And we want to start to scale an understanding and
13 working closely with the local departments -- and the second
14 part of that, though, is -- whoever that partner, that
15 expert would be, is to train us internally, you know,
16 around -- it's the train the trainer concept around building
17 capacity, assuming that this contract, if you will, would
18 expire with whoever this health equity expertise provider
19 would be so that we could assume that responsibility as the
20 Office of Health Equity, as the state Department of Public
21 Health.

22 So, we're going to start to wade ahead into that
23 direction this year as far as providing technical assistance
24 consultation around health equity to local health
25 departments, knowing that there's a spectrum, you know, of

1 maturity, if you will, for local health departments who --
2 who are engaged with health equity.

3 The last comment -- two final comments I'd like
4 to -- to make, and that's an update on the staggered
5 cohorts. I have the daunting task of identifying who are
6 our first cohort of five?

7 DR. NOLFO: Mm-hmm.

8 OHE DEPUTY DIRECTOR MILLER: Yeah -- of five
9 Advisory Committee Members would be. So, when this
10 conversation came up with the Advisory Committee months ago,
11 we understood that it's important that, from an
12 institutional perspective, we build in continuity.

13 And we also looked, you know, forward to see
14 how -- when we look around the table, we ask ourselves who
15 is not here with respect to the diverse array of vulnerable
16 communities that this office is tasked to represent pretty
17 much at any given time. And we look around this table and,
18 even for those who are absent, we have a lot of either
19 industries, public and/or private sectors, entities, or
20 people that are not represented.

21 So, as we build in our Subcommittees and we look
22 at effective and strategic ways to start to stagger, you
23 know, our cohorts of who is serving on the Advisory
24 Committee, I've been looking strategically at how do we
25 start to fill those gaps and use this first opportunity for

1 those pioneering Advisory Committee Members who are going to
2 transition off at the conclusion of September with the hope
3 and expectation that they would serve on a Subcommittee?

4 In thinking of who potentially -- with nominations
5 that are due -- not nominations, but applications of
6 potential candidates for this Advisory Committee, those
7 would be due on May 1st, but thinking who potentially, you
8 know, could be nominated or submit an application to join
9 this Advisory Committee that could help us fill gaps when we
10 think about our mandate to work with private foundations,
11 when we think about just this huge, very complex and
12 challenging mandate that we have to fulfill, and knowing
13 that we want to have the best representation for this
14 Advisory Committee as -- as possible.

15 So, going through kind of that thought process and
16 knowing that Advisory Committee Members that we've asked,
17 you know, you're going to conclude serving this first two-
18 year term, but yet, we encourage you to not only attend
19 future quarterly meetings, but participate, if you're
20 interested and I hope you are, in Subcommittees, and to also
21 know - because I'm going to announce who the names are -
22 that this is not the only venue through which we anticipate
23 working with you as an expert, as a consumer in the
24 valuable, you know, human capital that you bring to the
25 table.

1 Some of the members that I'm going to mention or
2 announce here, we have already been in discussion around
3 other projects, components of the implementation plan that
4 we will continue to do work on together outside of just this
5 Advisory Committee resource that we have here.

6 So, the five Members that are going to be serving
7 and will transition out and serve through the end of this
8 September is -- we have Pat Ryan, Ellen Wu, Teresa Ogan,
9 General Jeff, and Delphine Brody. And this will start the
10 process -- this staggered cohort process.

11 The good thing about -- because Tamu and I talked
12 about this extensively and I did this thoughtfully of
13 thinking, okay, if I look at General Jeff, I did a site
14 visit a few months ago to L.A. And, out of that site visit
15 and that tour that he provided of Skid Row, we saw some
16 immediate opportunities and ideas that we've had
17 teleconferences about with staff of how we can, you know,
18 commit to doing health and mental health equity-related
19 projects, not just for the benefit of Skid Row, but for the
20 broader state of California.

21 And we've already been in conversations around how
22 it is that we do that. And I also know about General Jeff -
23 that he's been a longstanding Member of our CRDP work as a
24 mental health advocate, as well.

25 (AC Member Ramos entered the meeting room.)

1 OHE DEPUTY DIRECTOR MILLER: And the same goes
2 with -- with Delphine, who has been a long-serving - beyond
3 the establishment of this Advisory Committee -- a long-
4 serving advocate and stakeholder to the Office of Health
5 Equity in our CRDP Project and other things that we've done
6 even before the Office of Health Equity was established.

7 The same from a mental health perspective when I
8 think of -- of Pat Ryan and as well as Teresa and Ellen.
9 Ellen and I have talked about, as I mentioned earlier, these
10 training opportunities. Either -- whether it's with local
11 health departments or internal training that we need within
12 the state Department of Public Health.

13 So, I thought about, you know, who would that five
14 be, knowing that Kathleen Derby stepped down a few months --
15 a few months back? Who would that five be? And beyond just
16 limiting ourselves to our ability to work and to serve on
17 the Advisory Committee. Our work will continue through
18 strategic partnership, through strategic alliance, and,
19 hopefully, through our Subcommittees.

20 So, that's the announcement I wanted to make on
21 the staggered cohorts, the staggered membership terms. We
22 thought about just putting names in a hat and just being
23 very random, but, based on a lot of those meet-and-greets
24 that I had last year - for instance, on one hand we know
25 that there is this need to -- to draw in private foundations

1 that are committed to health equity.

2 That would potentially be a gap that we would fill
3 on this Advisory Committee. When we think about, you know,
4 consumers, consumer advocates, when we think about the need
5 to just have this nice balance to the best of our ability of
6 who represents the vulnerable communities.

7 It will continue to be a challenge. It will never
8 be perfect, but we're trying to create the best platform
9 that's considerate, that's fair, and we didn't think that
10 just putting names in a hat would -- would really get us to
11 the best place possible as far as the composition of our
12 Advisory Committee.

13 How am I on time? Am I good?

14 DR. NOLFO: You're good.

15 OHE DEPUTY DIRECTOR MILLER: Okay, good. And
16 then, I have one other announcement and then just a brief
17 story of inspiration.

18 We are, in addition to the staff that we have
19 onboard -- we have a contract now with a marketing firm
20 called the Blanket Marketing Group. We are bringing on, as
21 well, a communications -- an executive communications
22 consultant that is really going to build the strategic
23 communications and branding plan inclusive of marketing what
24 the Office of Health Equity is.

25 Oftentimes, and I think a constructive critique I

1 can offer of state service now that I've been in for a long
2 fifteen months, is that we're very reactive and don't
3 understand how a proactive communication strategy can bring
4 to the masses and to key stakeholders across the various
5 branches of government, this message of health and mental
6 health equity.

7 You know, we can proactively manage that
8 narrative, leverage our multimedia, social media assets, to
9 do that. You know, everything from policy briefs to, you
10 know, interviews with our Advisory Committee Members that
11 will be featured on our new and improved website - different
12 communication vehicles that we aren't using -- you know,
13 and -- and typically, that's indicative of -- of state
14 service.

15 I don't want the Office of Health Equity to fall
16 into that status quo. I want us to really be creative in
17 how, you know, people know about the various assets and
18 expertise that we have within the Office of Health Equity.
19 So, with that said, we're bringing on the -- the experts.
20 For instance, I've mentioned Leah Myers. She has a Masters
21 in Communication from the University of the Pacific.

22 My colleague, who I won't specify his name yet
23 because he's not starting until next week, but I will say
24 that he is the former communications -- chief communications
25 officer that worked with Bernard Tyson, who is the CEO and

1 Chairman at Kaiser Permanente. And I and this gentleman
2 worked together during that time around national community
3 benefit work, around disparities -- elimination of
4 disparities work, and he gets it with respect to strategic
5 communications and branding.

6 And I see my friend from Marin, you know, who's a
7 stakeholder who I've -- I remember. We -- we talked
8 extensively about the importance of communication. So,
9 that's -- more information is going to be coming around our
10 strategic communications plan.

11 We want to brand ourselves so, when you Google, we
12 want that search engine optimization to come up as the
13 Office of Health Equity when you put in health equity. I
14 don't want it to be the Center of Health Equity at the New
15 York City state or New York City Health Department. When
16 you put health equity in there, I want us to come up. And
17 we have a great website now -- well, no. I'll say we have a
18 good website now, but we're going to have a great, you know,
19 web presence.

20 In this day and age and being, you know, about a
21 hundred miles from Silicon Valley, I think we can kind of
22 step up our game and -- and really model what it looks like
23 to show all people in the state of California that health
24 equity is a serious matter and we want to have engaging
25 communication assets for them to -- to take part in and to

1 learn from -- interactive data and a variety of other
2 things.

3 My last comment is I spent my vacation time during
4 Thanksgiving -- it was away from family, but it was a
5 worthwhile sacrifice. I went to Cuba on a research trip,
6 and I could fib and take credit for the announcement that
7 made, like, two -- that the President made, like, two -- two
8 weeks later --

9 (Laughter.)

10 OHE DEPUTY DIRECTOR MILLER: -- but we had nothing
11 to with that. Our -- our research delegation that went --
12 there were fifteen of us and I went on my vacation time - it
13 wasn't, you know, official business - to Cuba.

14 The Department of Treasury approved our trip. We
15 went with -- the Birthing Project USA was the organization
16 that -- that officially sponsored and organized the trip,
17 and it was just such a fascinating trip. We learned so much
18 in studying the culture of breastfeeding and maternal and
19 child health and how, with so little, a country like Cuba
20 can have such good outcomes around -- around the various
21 indicators.

22 So, we learned a lot from them and they learned a
23 lot from us. We had an array of experiences for those seven
24 days and, believe me, by the seventh day, I was ready to
25 come home.

1 (Laughter.)

2 OHE DEPUTY DIRECTOR MILLER: But one thing I'll
3 never forget is, in the Latino School of Medicine, there are
4 a lot of our students from California - medical students
5 that are training down there and getting, in my opinion,
6 some of the best training in medicine that you could -- that
7 you can get.

8 When we think about prevention, community health,
9 it was just -- from what I saw, even though the resources
10 from a technological standpoint aren't where we -- you're
11 used to here, their training that they're getting is second
12 to none. And I had the privilege to present to them and
13 provide a word of encouragement.

14 And the thing that I shared with them was, like,
15 you're exactly who we need. You know, that sacrifice for
16 that five- or six-year period while they're there -- really,
17 some of the conditions, I'm like, you all are really
18 committed to -- to medicine and serving vulnerable
19 communities - to -- to leave your families, to -- to go to
20 Cuba to get this kind of training, and it was very evident.

21 There was one specific message I got back from one
22 of the six-year students who was wrapping up, and he's going
23 to be coming back to the United States this year -- is, you
24 know, their infant -- their infant mortality rates are --
25 are really good -- are really good there. And he tossed out

1 this phrase that'll always stick with me and that was their
2 mantra when they deliver babies, when they're caring for
3 expecting mothers, was that no baby dies. He said, "no baby
4 dies."

5 And, when we think about going upstream in the
6 life course and just really committing ourselves, you know,
7 to -- to -- at each phase of life, having an equitable
8 experience around health and mental health. But, when we
9 think about where can we have the greatest impact, not only
10 going upstream in the system but going upstream in a life
11 course - this zero to five year period, early childhood
12 development.

13 That "no baby dies" just resonated with me and it
14 still resonates with me now. When we think about this
15 opportunity we have with our statewide plan, with our
16 mandate, with the guidance from this Advisory Committee to
17 really get to a place to where we're not just saying, you
18 know, the average in the state improved around infant
19 mortality, but we're looking at, you know, this unfortunate
20 reality where African American babies are dying at twice the
21 rate than the state average.

22 You know, if we think about, when we make these
23 decisions around policy, around budget allocation, around
24 doing the work that we'll do in this Committee and
25 Subcommittees, we have an opportunity to really help live

1 out and manifest what this whole "no baby dies" concept is
2 all about.

3 And, when we do that communication strategy, there
4 are a few tags -- a few hash marks, or hash tags that we're
5 going to be implementing. That's one. We're going to
6 hijack and really brand and demonstrate our commitment as an
7 Office of Health Equity, with the support of this Advisory
8 Committee, that -- that literally we have the opportunity to
9 help people live more qualitative and longer lives.

10 And that's what I'm going to leave with you today
11 in my long list of updates that I'm providing to you this
12 morning. And I'm going to have Tamu come up, because it
13 looks like she has some --

14 (Laughter.)

15 OHE DEPUTY DIRECTOR MILLER: -- some complementary
16 remarks.

17 DR. NOLFO: Thank you. I do.

18 OHE DEPUTY DIRECTOR MILLER: Do you want me to
19 stay up here? I'll sit down.

20 DR. NOLFO: You can sit down. It's all right.
21 We'll let you sit. Thank you.

22 (Laughter.)

23 DR. NOLFO: Good morning, everyone.

24 I just have a couple of remarks also. I wanted to
25 let you know that by the end of the week we will have the

1 application on our website for Advisory Committee Members.
2 And so, if there are people that you're thinking about who
3 should be applying for the Advisory Committee, it looks like
4 we'll have about six openings to be able to bring on in
5 September -- at the September meeting.

6 And, you know, as Jahmal mentioned, the Advisory
7 Committee, unfortunately, isn't large enough to be able to
8 include all of the vulnerable communities at the same time
9 that we want to include. And so, that's why we sort of have
10 to roll and make use of our Subcommittees and these other
11 ways in which we're engaging.

12 You know, some of the places that we've noticed on
13 the Advisory Committee where we're lacking representation
14 include, for example, the rural north, Pacific Islander,
15 specific gender lens -- that there are some areas where,
16 you know, we want to make sure that we're reaching out and
17 letting people know that at least this opportunity is here
18 to submit an application.

19 And essentially what the application says on it is
20 that those that are received by May 1st will have priority
21 consideration for the second cohort to be brought onboard in
22 September. But, we will be accepting applications all
23 throughout the year, because we never know when people are
24 going to resign and, you know, space is going to be left
25 vacant.

1 So, I just wanted to give you that update on the
2 Advisory Committee application, and the application is the
3 same application that you used when you applied. So,
4 hopefully, you all thought that that was a fair and a good
5 application.

6 During your discussion period, if you feel like
7 there's something that you should be taking into
8 consideration around changes to that application prior to
9 posting it later this week, you know, we're definitely open
10 to that.

11 And I also just wanted to mention by way of an
12 update as well with Office of Health Equity that some of us
13 had the opportunity to go to APHA, the American Public
14 Health Association conference. I saw some of you there,
15 which was great, in New Orleans last November, and that
16 Jahmal was able to present on our plan, which was pretty
17 exciting. And also, we had some Members who work with our
18 HiAP Task Force - Julia Caplan and Meredith Lee, who also
19 made presentations at APHA.

20 And so, I just wanted to give you that update, as
21 well, and to let you know that you may have noticed on our
22 December agenda, which we did have to cancel because of
23 weather. Wouldn't it be great to have another storm like
24 that?

25 (Laughter.)

1 DR. NOLFO: We need that so desperately. So, we
2 did cancel our December meeting because of the storm. And,
3 just to let you know, we actually put that out to the
4 Advisory Committee Members to ask you -- you know, do you
5 have a preference to cancel as a result of the storm? And
6 we heard back overwhelmingly, yes, please, as -- you know,
7 because of public safety, it's a good idea do to this.

8 But, what I was going to say about that was that,
9 on the agenda at that time, we were actually going to do
10 some kind of highlights from the APHA conference, and we
11 didn't carry that over onto this meeting just because of
12 time restrictions, because of other things that we wanted to
13 put on the agenda. But, that may be something that we want
14 to think about and consider for the May agenda is some of
15 the critical highlights from APHA.

16 And, while I have the microphone, I'm actually
17 going to give you the dates for the other meetings that
18 happen this year. We'll repeat it again later in the day in
19 case we have members of the public that are present later in
20 the day but not now.

21 We have May 13th for our next meeting. In
22 September, we have September 29th. And in December, we've
23 reserved December 8th and 9th, if we want to do a two-day
24 meeting. And it looks like, at this point, that those
25 meetings will be scheduled at the Sierra Health

1 Foundation. Okay?

2 So, look for updates, but I wanted you to be able to
3 get them on your calendars. And so, those are the updates
4 that I have. And I'm going to bring up Dr. Aimee Sisson,
5 who is going to give you some updates, as well, on the
6 California Reducing Disparities Project.

7 DR. SISSON: Thank you, Tamu.

8 DR. NOLFO: Uh-huh.

9 DR. SISSON: And thank you for the opportunity to
10 update you on the California Reducing Disparities Project.
11 We've had a lot of activity and progress since I last
12 updated you and shared our CRDP Phase 2 framework with this
13 group at the end of September.

14 First of all, I want to update you on Phase 1,
15 which is our strategic plan. After this group met in
16 September, actually in late November, we finally received
17 approval from our California Health and Human Services
18 Agency to release our draft strategic plan for public
19 review.

20 So, that was a major accomplishment. The plan --
21 the draft plan is available for review now. There's
22 actually a public comment period that extends through
23 February 17th, so it's not too late. If you haven't seen
24 that plan, you can still comment on it through the 17th.

25 CPEHN, the California Pan-Ethnic Health Network,

1 is hosting a series of town hall meetings that began last
2 week in Fresno and Oakland and there'll be three more coming
3 up this week in San Diego and Los Angeles, and then on
4 February 17th in Eureka. And these are opportunities for
5 the public to provide feedback on that draft CRDP strategic
6 plan.

7 If you have any questions, you can contact our --
8 our staff or you can go to the CPEHN website. We have the
9 draft of the plan posted there as well as information on how
10 to get comments to Ruben Cantu, who's leading the feedback
11 process.

12 In the first two forums that we had last week,
13 we've had about a hundred and thirty participants so far.
14 In general, we've been hearing support for the overall
15 direction of the plan. The changes that we've heard so far
16 have been relatively minor. What you might say "tweaking
17 around the edges," but we look forward to the three
18 additional forums that are -- that are coming up. We also
19 welcome written input from folks who aren't able to attend
20 the forums in person.

21 The plan is that, once the forums are completed in
22 the middle of February, the draft strategic plan will be
23 revised at that point, based on public feedback. And then,
24 the final plan will be released thereafter. So, that's
25 Phase 1.

1 I want to transition to an update on Phase 2,
2 which is really where my focus has been in terms of CRDP. I
3 want to share that we held a series of community forums
4 related to the Phase 2 framework. So, you'll recall, in
5 September, that I shared with you a PowerPoint going over
6 the five components and some of the background information
7 on CRDP Phase 2 and how we've divided it into our pilot
8 projects, evaluation, technical assistance, administration,
9 as well as some infrastructure or policy and systems change
10 efforts.

11 So, we, at the -- the four forums that we held in
12 December, shared that framework with the public and had an
13 opportunity to get public feedback. So, we had about a
14 hundred and ninety participants across the four forums,
15 which were in Oakland, Los Angeles, Fresno, and then a
16 virtual forum, because of that storm, that was held in
17 Redding. And those meetings were, in general, in person and
18 available by the web except for the Redding meeting, which
19 was web only.

20 We're working to capture the comments as well as
21 all the questions and answers that were provided by staff
22 during those forums on our website in our frequently asked
23 questions document. There were a lot of comments across the
24 sixteen hours of -- of forums that we held, so it's been
25 sort of a long process to get those captured, but,

1 hopefully, those will be up on our website by the end of
2 this month.

3 It's -- actually, it's hard to identify the themes
4 that we heard across the public forums. In -- in general,
5 we heard lots of constructive feedback from the public at
6 these forums, but it wasn't necessarily consistent. We
7 heard a lot of individual comments and, again, these were
8 across all of the -- the components of CRDP Phase 2.

9 I think, if I had to pick out some themes in
10 common areas that we heard at several of the forums, first
11 is that the counties are definitely looking for what their
12 role is going to be in Phase 2 moving forward and how they
13 can be involved.

14 Secondly, that it's really important for the
15 providers and the grantees that will be brought on during
16 Phase 2 of CRDP to have close ties to their community and
17 trying to figure out how, in a written application process,
18 those community ties can be demonstrated.

19 Third, we heard a lot about the need to provide
20 clarity, and this is -- this is a responsibility of CDPH
21 staff as we roll out our solicitations, on what constitutes
22 a pilot site. When we talk about community-defined evidence
23 pilot projects, what are we looking for? What types of
24 organizations? What types of programs are we hoping to
25 fund? And so, that is a level of detail that needs to get

1 added as we move forward, particularly with the pilot
2 project solicitations.

3 And then, finally, we heard a fair amount of
4 feedback from programs that are serving more than one
5 community. So, you recall that CRDP is focused on five
6 target populations. And we heard a lot of comments from
7 organizations that are providing services to more than one
8 target population and trying to figure out how do you --
9 if -- if that is the -- the standard in terms of service
10 provision, yet our program is designed on a population-by-
11 population basis, how do we make the two of those work
12 together? So, that's something that we're working on as
13 staff moving forward.

14 So, those were our forums. We also had another
15 opportunity to get public input on -- on Phase 2, and that
16 was through an online survey that we did to hear from
17 potential pilot projects that might be applying for funding
18 for their community-defined evidence program as part of
19 Phase 2.

20 So, we had an online survey during the months of
21 November and December with the purpose of learning more
22 about the potential pilot projects, in terms of what their
23 budgets are, what their staffing looks like, what
24 populations they're serving, and many other areas.

25 We received 122 responses to the survey, and we're

1 using those results to help us design our pilot as well as
2 our technical assistance solicitations. Some of the
3 important things that -- that we learned, and we're still
4 actually going through all of our -- our survey results,
5 but, again, this theme that many of community-based
6 organizations that are looking to apply for funds in Phase 2
7 aren't necessarily providing population-specific services.
8 So, that's something that we need to address as staff moving
9 forward.

10 Secondly, this confirmed something that we already
11 thought, which is that most of the organizations that are
12 considering applying for Phase 2 funds are community-based
13 organizations and they are nonprofits, primarily
14 501(c)(3)s. We also learned that they're providing a
15 variety of what they consider community-defined evidence
16 programs and that it's not limited to interventions or -- or
17 treatment programs, but that many of the programs that they
18 consider community-defined evidence actually relate to
19 outreach, education, and advocacy. So, that'll be, I think,
20 a challenge for us, again, as staff moving forward, trying
21 to determine what -- what exactly -- what types of programs
22 do we want to fund as community-defined evidence pilot
23 projects moving forward.

24 We also learned from our pilot project survey that
25 the majority of potential applicants, or at least of the

1 respondents, feel like they're ready for the implementation
2 phase. You'll recall that we -- we have planned two
3 different phases for our pilot projects.

4 We're starting with a -- a six-month capacity-
5 building phase for the organizations that have less initial
6 capacity, and then moving all of the pilots into an
7 implementation phase. And what we heard is that the
8 majority of our respondents feel like they're all ready for
9 the implementation phase. And I -- I think that's actually
10 a good thing. (Laughter.) But, there is -- so, there were
11 definitely several that are interested in capacity-building,
12 so I think that our -- our plan will stay as it is, but
13 it -- it confirmed, essentially, the direction that we're
14 heading in.

15 And then, one of the areas that I think was
16 particularly useful in the survey is we asked a lot of
17 questions about the areas where we -- where they felt like
18 they could use technical assistance moving forward. And
19 what we heard - it was really, in general, that they wanted
20 technical -- technical assistance on just about everything.

21 But, there were some themes that -- that came
22 forward where -- where more organizations were seeking
23 technical assistance regarding grant writing, evaluation,
24 and, more specifically, evaluation planning, design, as well
25 as implementation. They were also looking for technical

1 assistance on community outreach as well as staff
2 development.

3 So, there's a broad range of technical assistance
4 services and activities that the providers -- the contracted
5 technical assistance providers will need to be providing,
6 but we can take this information from the survey and put
7 that into our solicitation moving forward. So, in -- in
8 general, we have found that the pilot project survey has
9 been very useful to us in -- in planning our solicitations.

10 So, in terms of those solicitations, as you'll
11 recall, we are planning a staged rollout of our
12 solicitations, starting with our statewide evaluation team,
13 technical assistance providers, and then moving into our two
14 pilot project solicitations. And that we also plan to share
15 drafts of those solicitations before they go out as final
16 and actually are asking for submissions.

17 And so, we've been working diligently as staff
18 with our contracted solicitation writer on drafts. We have
19 drafts of both the technical assistance provider and the
20 statewide evaluation team solicitations that are almost
21 ready for public comment, so please keep your eyes open for
22 those.

23 I think that the expertise of many of the folks in
24 this room would be very valuable to us, so I invite you to
25 look at those draft solicitations when they come out and

1 provide feedback.

2 And I'll be working with Tamu to keep her in the
3 loop so that she can share with you when those drafts are
4 out. And, if you have the -- the time and the opportunity
5 to, please, let us know what you think, and we'll make
6 changes based on that feedback.

7 I think that's really all I have to say. The --
8 I'll just add that two of the staff that Jahmal introduced
9 earlier, William Porter and Edward Soto, are focused on
10 CRDP, and so we welcome them to the team. And as Jahmal
11 pointed out, we will be adding additional staff as we move
12 forward because this program is rapidly expanding.

13 So, thank you.

14 (Applause.)

15 OHE DEPUTY DIRECTOR MILLER: Thank you, Aimee.
16 Dr. Sisson.

17 I wanted to introduce Dan Kim. And, before I
18 officially introduce him, just to continue from what
19 Dr. Sisson has shared on CRDP, we're really fortunate to
20 have the CRDP Project within the Office of Health Equity at
21 the state Department of Public Health. We take a great deal
22 of pride in the unique way in which we've engaged with
23 stakeholders in the process, and we have always wanted to
24 and will continue to -- to remain true to that.

25 And the way that the project has been broken out,

1 when we think about the Phase 2, the rollout of the sixty
2 million dollars that is restricted to investing in the
3 California Reducing Disparities Project, it's inclusive of
4 the rigorous evaluation. We call it rigorous.

5 It's just evaluation, but really an evaluation
6 that is really important and timely, particularly -- I don't
7 know if any of you have had an opportunity to read the
8 recent Little Hoover Report that has evaluated the Prop 63
9 funding.

10 And we're at a really good time because some of
11 the opportunity areas and the recommendations that that
12 report highlighted is something that has been intricate to
13 the CRDP. And that's ensuring that, as we invest the sixty
14 million dollars into the communities across the state, that
15 we are building in a mechanism of evaluation to demonstrate
16 the effectiveness of not only these pilot projects, but to
17 demonstrate that the money is well spent.

18 And, being a new office, as we're building up, you
19 know, the infrastructure, bringing on new staff, there has
20 been so much that we all, as a collective, have learned.
21 But, particularly for me, there's been a lot for me to
22 learn, being new to -- to state service.

23 And I'm really glad that, in absence of our
24 director of the state Department of Public Health, that we
25 have Dan Kim here today, who is our Chief Deputy Director of

1 Operations within CDPH. Because he has brought, you know, a
2 focused sense of expertise, when we think about the
3 financial, operational, administrative components of really
4 what it takes to roll out a major project like this.

5 He's been assigned to work closely with us on that
6 process, and he's really challenged us. And the
7 challenge -- we look forward to continuing to meet that,
8 because his commitment is the same as ours, as we want this
9 project to be successful, we want to move it forward sooner
10 than later, and we also want to hold ourselves accountable
11 to making sure that it's done in the right way and that we
12 don't compromise the role that our stakeholders and our
13 communities are playing.

14 So, I just think it providentially worked out
15 today to where he was able to join us after being in our
16 executive management team meeting that I referred to earlier
17 to provide an update to us and some of his insights for the
18 Office of Health Equity Advisory Committee today.

19 So, let's give it up for Dan Kim.

20 (Applause.)

21 MR. KIM: Thanks, Jahmal. That was really kind of
22 you. Hi, everyone.

23 I'm Dan Kim. I'm the Chief Deputy Director of
24 Operations for the Department of Public Health.

25 And, before Dr. Chapman left, he asked me, on

1 behalf of the director's office, to be the point person with
2 respect to OHE. So, I'm very happy to be here and to be
3 working on OHE. In fact, I helped with the formation of OHE
4 and personally wrote the Budget Change Proposal to create
5 the office.

6 So, I've been -- just by way of background, while
7 I do operational issues within our department, that kind of
8 touches upon a number of different areas. I've had fourteen
9 years working at the county level. I worked in social
10 services in Sacramento County for about nine years, where I
11 spearheaded our effort to integrate social services with
12 mental health and actually moved a lot of our CalWORKS
13 funding in mental health over to our sister department to
14 better promote more mental health when I worked there. And
15 I also worked in San Francisco County for many years. I
16 worked a lot of homeless policies.

17 So, I'm -- I'm very familiar with the -- the
18 issues as far as how to allocate funds, how do you determine
19 who gets what funding, what are the tradeoffs? So, I'm
20 looking forward to working more closely with all of you.
21 And I've been working more recently with Aimee and Jahmal on
22 the CRDP Project and how to get the funds out.

23 So, I thought you might all be interested on what
24 the status is of getting a new director for our department.

25 (Several AC Members speaking at once.)

1 MR. KIM: So -- so -- and the reason why I'm late
2 was because I was just getting updated on that, as well,
3 from our secretary. Our secretary, Diana Dooley, came to
4 our department to just give us an update about what the --
5 what's happening with the search.

6 So, we -- right now, she's in the process of
7 interviewing candidates. She has a number of very highly-
8 qualified candidates that she's looking at. And the goal is
9 to have someone onboard or at least selected by sometime
10 next month. Now, that's a -- that's a high task. And, once
11 the person is selected, it may take some time for that
12 person to come onboard.

13 But, we hope that you think we're in able hands.
14 In the meantime, we have a new acting director and that is
15 Mike Wilkening. Mike Wilkening is the undersecretary for
16 our agency. So, he will be serving in a very interim
17 capacity until we hire a new director.

18 Any questions? Yes?

19 AC MEMBER LU: Yes. I'm -- I just wanted to --
20 again, I -- I don't know how public these discussions should
21 be, but I -- I just want to say that I hope that the Office
22 of Health Equity, Jahmal, and others in the office, can play
23 a role in the selection process for the new director
24 because, obviously, this is going to be a -- such a critical
25 position for our office here and also for our Advisory

1 Committee.

2 So, I just wanted to put that out there. I mean,
3 it's very obvious to all of us, I'm sure, but I just want to
4 make sure that we -- that there is representation and a --
5 and an above-board process to make -- to make sure that we
6 have someone that's, you know, well qualified and supportive
7 of this office.

8 MR. KIM: Thank you.

9 AC CO-CHAIR GÁLVEZ: Well, actually, I -- I wanted
10 to ask a question on a similar vein - if there is any
11 opportunity for the -- for the Advisory Committee to give
12 any input on the selection process?

13 MR. KIM: I think the secretary is open to any and
14 all input as far as, you know, what you're looking for in a
15 director. So, I encourage you to contact Agency and we can
16 find a way for you to be able to do that.

17 Any other questions?

18 (No response.)

19 MR. KIM: Okay, I will be here throughout the
20 break a bit and then I'm going to have to leave. But,
21 Jahmal has my contact information. I may leave my business
22 card out here if anyone wants to contact me, as well. Thank
23 you.

24 (Applause.)

25 AC CO-CHAIR GÁLVEZ: So, we -- actually, Álvaro,

1 do you have a specific question for Daniel Kim?

2 AC MEMBER GARZA: No.

3 AC CO-CHAIR GÁLVEZ: Okay. So, what I'm going to
4 suggest, since he can only be here for a little bit of time
5 and we are supposed to be having a break, why don't we take
6 a ten-minute break now, and then come back, we'll ask any
7 additional questions we have of any of the -- the staff that
8 gave us reports, and then we'll have a discussion.

9 Daniel, how long can you stay?

10 MR. KIM: About a half an hour.

11 AC CO-CHAIR GÁLVEZ: Okay. We'll do that.

12 Okay. So, ten-minute break, folks.

13 (Off the record at 10:47 a.m.)

14 (On the record at 10:58 a.m.)

15 AC CO-CHAIR GÁLVEZ: All right, everybody. If you
16 could please take your seats? We're going to start up
17 again.

18 So, since Daniel Kim is only here for a -- can
19 only be with us for a little while, I wanted to give the
20 public an opportunity to ask any questions specifically to
21 Daniel while he's here or comments they'd like to make
22 specifically to Daniel.

23 Operator, could you please open up the phone line?

24 THE OPERATOR: At this time, if you would like to
25 make a comment or ask a question, please press *1 on your

1 touchtone phone.

2 AC CO-CHAIR GÁLVEZ: So, I do have a -- a few
3 speaker cards, but I don't think any of these were
4 specifically directed at the -- at the presentation that
5 Daniel Kim made. Are there any comments or questions from
6 members of the public related specifically to Daniel Kim?
7 And then, we'll -- we'll have more opportunity for public
8 comment in a few moments. I just wanted to give you all a
9 chance to ask him anything directly before he has to go.

10 Pete? Would you like? You wanted -- okay.
11 Please come to the podium.

12 MR. LAFOLLETTE: Thank you. Mr. Kim, we're --
13 we're glad to -- to welcome you, and I'm wondering if you
14 had a chance to look at the Little Hoover Report. It did
15 come out, for everyone's information, on January 26th, and
16 the title is "Promises Still to Keep: a Decade of the Mental
17 Health Services Act."

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

23 MR. KIM: Thank you, Pete. I haven't read the --
24 the entire report. I've -- you know, I know about the
25 report, and I know one of the challenges that -- that was

1 confronted in the report was -- I think the report
2 identified, hey, we're not necessarily using the funds in
3 the best possible way. And, at the same time, it said get
4 more money out there.

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

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

19 AC CO-CHAIR GÁLVEZ: Any other questions? Any
20 other questions or comments specifically directed at Daniel
21 Kim from the public?

22 THE OPERATOR: There are no questions in queue at
23 this time.

24 AC CO-CHAIR GÁLVEZ: From the public?

25 AC MEMBER CANTOR: No.

1 AC CO-CHAIR GÁLVEZ: Okay. Just a moment.

2 AC MEMBER CANTOR: Oh, sorry.

3 AC CO-CHAIR GÁLVEZ: Okay. All right. So, now,
4 are there any more questions or comments specifically to
5 Daniel from the Committee? Jeremy?

6 AC MEMBER CANTOR: Really quickly. Just in
7 follow-up to Francis's question -- or comment previously and
8 the -- you know, the importance of the -- the work of this
9 Committee and the office within the department and the
10 importance of the new director sort of having a -- an
11 understanding of -- of the -- this office and its goals.

12 How would you -- do you have any suggestions about
13 how we might provide input? I mean, you said that the
14 secretary would be open to the input, but would it be to
15 communicate with you and/or Jahmal, or should we communicate
16 directly with her?

17 And what do you think would be the kind of most
18 effective input given the -- where the process is right now,
19 what -- what sort of input could we give that would be
20 helpful and in providing her some context about our
21 perspective?

22 MR. KIM: Yeah. I was going to talk to Jahmal
23 offline about what -- what's the most effective means,
24 because we're not going to give you her direct line.
25 (Laughter.) But, we do want to be able to convey what

1 you're seeking in a new director.

2 So, I think there could be a number of different
3 channels. One is to find someone in Agency who you can
4 convey that to. Or else through Jahmal or else if you want
5 to kind of compile, like, as a group what you are looking
6 for. That -- that's one option. Or if you want to
7 individually contact us.

8 So, I think we're open to any and all of those and
9 we'll talk to our folks at Agency to see if they have a
10 preference. But, I wouldn't -- I wouldn't wait until we get
11 back to you, but just let us know what -- what you're
12 interested in.

13 Again, she's very committed to the Office of
14 Health Equity. And -- she created it. And this is her baby
15 as much as it is ours. And this is what we think -- we
16 think the Office of Health Equity is integral to what we're
17 doing in public health, and she -- she recognizes that.

18 AC CO-CHAIR GÁLVEZ: Any other questions for
19 Daniel? Daniel, I -- so -- I have one more following up on
20 that. Is -- is there going to be any secondary review panel
21 or any -- any group that's going to be doing selection
22 beyond -- or is Diane doing all of the interviewing? Is
23 there going to be other opportunities for giving input other
24 than just sending in some information -- some ideas we
25 have? Yeah. Is there any -- any other opportunities?

1 MR. KIM: Yes, there is, but that's a Senate
2 confirmation process (laughter). So, we all have to get
3 confirmed in our positions. So, the secretary will select
4 someone. She's looking for input and she's -- you know, so,
5 if you want to provide that input.

6 But, she'll be making the selection and then the
7 Legislature has up to a year to confirm the appointment.
8 And, oftentimes, members of the public provide input about
9 the director or acting director, whatever, through the
10 Senate process.

11 AC CO-CHAIR GÁLVEZ: Thank you.

12 Any other comments or questions? Rocco?

13 AC CO-CHAIR CHENG: I guess part of what I hear
14 from the Advisory Committee is that -- is there a built-in
15 mechanism for some stakeholders to give input or in the
16 review panel -- is there a review panel? And then, if the
17 review panel would have some representative from the
18 community?

19 MR. KIM: There -- there is no formal review
20 panel. I mean, the -- the secretary selects the -- the
21 director. But, there is always a way of having her hear
22 your voice prior to the selection and even after the
23 selection through the confirmation process.

24 AC CO-CHAIR GÁLVEZ: All right. Any other
25 comments or questions for Daniel?

1 (No response.)

2 AC CO-CHAIR GÁLVEZ: Okay. I just wanted to make
3 sure we had the opportunity to engage with you while you
4 were able to be with us.

5 I do want to take up this issue of how we want to
6 address this, because I -- I'm hearing it from several of us
7 that there are concerns. I did want to have the opportunity
8 for us to ask any clarifying questions we needed from any of
9 the other presenters that came up.

10 Were there any -- any questions for Tamu, Jahmal,
11 or Amy? Álvaro?

12 AC MEMBER GARZA: Thank you.

13 Thank you, Jahmal, for the update and all the
14 others. I do have a few questions.

15 The first, on the report and the plan, which is
16 still pending approval, which is understandable - the speed
17 of government.

18 (Laughter.)

19 AC MEMBER GARZA: But -- so, is that imminent
20 pretty much or is there -- is it useful to have some
21 advocacy from outside organizations to help prod that
22 along? Not necessarily individually, but our
23 organizations? That would be basically one question.

24 The other one, on the -- establishing curricula
25 for Health Equity 101 basically is what I heard and that

1 sounds great, that -- so I'm looking forward to that. So,
2 will there also be some opportunity for us to review and
3 input at -- at some point?

4 And a third is the technical assistance for local
5 health departments on health equity. That's very exciting,
6 as well, because, of course, you know, I'm -- a few of us
7 are from local health departments.

8 (Laughter.)

9 OHE DEPUTY DIRECTOR MILLER: Mm-hmm.

10 AC MEMBER GARZA: And -- and so -- and -- and, in
11 fact, on Thursday this week, I'll be reporting on this
12 meeting to the CCLHO.

13 OHE DEPUTY DIRECTOR MILLER: Okay.

14 AC MEMBER GARZA: So, I'm requesting basically,
15 that at some point soon, you or someone come and talk with
16 us --

17 OHE DEPUTY DIRECTOR MILLER: Mm-hmm.

18 AC MEMBER GARZA: -- at one of the CCLHO meetings
19 about that and we can, of course, have a conversation,
20 recommendations, perhaps, et cetera. But -- but, it's very
21 exciting and, if you have any small briefing document about
22 that --

23 OHE DEPUTY DIRECTOR MILLER: Mm-hmm.

24 AC MEMBER GARZA: -- that I can take with me, that
25 would also be very useful. Today or tomorrow -- before

1 Thursday. Otherwise, of course, we'll wait.

2 OHE DEPUTY DIRECTOR MILLER: Yeah.

3 AC MEMBER GARZA: But -- but thank you for all
4 that. And, finally, the -- the marketing communication
5 sounds very, very exciting. I'm really glad to hear all the
6 action that's -- that's happened over the (laughter) --

7 OHE DEPUTY DIRECTOR MILLER: Yeah.

8 AC MEMBER GARZA: -- the last time we met.

9 OHE DEPUTY DIRECTOR MILLER: Excellent. So, I'm
10 slated to present in March, I think, at CCLHO. So, right
11 now, it's a concept phase, so I don't have any document to
12 share with you as far as what that technical assistance,
13 curriculum, things of that nature would look like, but, as
14 soon as we're able to -- to provide some information, we
15 will.

16 And it's the same with the Health Equity 101
17 concept of ensuring that we tap into this Advisory Committee
18 and -- and, particularly, maybe one of the Subcommittees
19 that can help inform what that curriculum, you know, looks
20 like. Because I'm sure around the table, whether it's
21 Dr. Gómez or whoever else, there are many models that may
22 exist already that we don't have to recreate. So, we'll
23 make sure we engage with the Advisory Committee accordingly.

24 Obviously, I can't endorse, you know, advocacy
25 efforts with respect to the plan -- the status of the

1 plan. To date, as I shared earlier -- I don't know if I
2 shared that publicly, we, internally, are going to be
3 scheduling a meeting with our Agency and the Department of
4 Finance to review the latest set of edits that we apply
5 to -- to the plan.

6 As far as the -- how imminent it would be, I'm --
7 I'm hopeful, with the attention, a lot of the inquiries and
8 back-and-forth that we've had with Agency and the Department
9 of Finance, that it would be sooner -- sooner than later,
10 and -- and that's something that Dan and I have been
11 corresponding.

12 He's going to help us set up that meeting with
13 Agency and the Department of Finance and, based on
14 conversations that we've had with Agency over the months, is
15 they've even acknowledged that our office is -- is different
16 in a sense that, you know, obviously, we're not an advocacy
17 office. We never will be.

18 But, they said, when you look at what we're
19 required to do and how we are to work closely with
20 communities and things of that nature, and then you look at
21 the content of -- out of the objective data of the
22 disparities and inequities report and/or the narrative on
23 the strategic plan piece, there are some similarities and --
24 and they acknowledge that they don't often get those kinds
25 of plans that come their way.

1 So, it's been a -- a learning opportunity for
2 them, that they've acknowledged -- they've acknowledged that
3 it is to some extent challenging, and even with some of
4 the -- the disparities and some of the language -- the
5 narrative that we've included in there, which is pretty safe
6 and neutral. We've had some discussion, you know, on
7 tone -- you know, on how we want to message some of these
8 very real and stark inequities.

9 So, it's been a fruitful experience, but I'm sure
10 we'll be there sooner than later and I'm -- I'm grateful
11 that Dr. Chapman, before his absence and -- as well as
12 Kathleen Billingsley and now with Dan supporting us, we'll
13 be able to constructively engage with Agency and get that
14 done sooner than later, but the longer we wait, their
15 natural event -- you know, emails we've gotten and/or phone
16 calls of people who want the information because they want
17 to do something with it.

18 AC MEMBER GARZA: It's a little frustrating to
19 wait so long.

20 (Laughter.)

21 OHE DEPUTY DIRECTOR MILLER: Yeah, we -- yeah,
22 we -- we worked hard -- that process up through May of last
23 year -- two-day meetings. We -- we rolled up the sleeves
24 and, particularly, you all did the heavy lifting and I
25 appreciate that. So, now we're in January of 2015. It's --

1 it's a tough reality, but it very much so is -- it remains a
2 priority.

3 AC CO-CHAIR GÁLVEZ: Yvonna?

4 AC MEMBER CÁZARES: Hi. This is to your
5 presentation, Jahmal. So, the first thing is that I'm
6 really excited about the marketing and the communications
7 team coming on, as well. And, just like we are doing health
8 equity training for some of our local health departments, I
9 hope that there's a segment of recommendations on how to
10 market yourself and communicate to the public that these
11 resources are available or these new services are available,
12 because, oftentimes, I feel like there are great things
13 being done and not enough people are aware of them, right?
14 So, hopefully, that might be included in there, as well.

15 And then, I just wanted the clarification on the
16 pioneering Advisory Committee Members, that they are going
17 to be continuing to serve somewhat -- on a Subcommittee,
18 correct?

19 AC CO-CHAIR GÁLVEZ: Mm-hmm.

20 AC MEMBER CÁZARES: Okay. Great. Because I feel
21 like we wouldn't want to lose Pat, or Ellen, or Delphine, or
22 General Jeff's expertise and voice.

23 And so, I was just interested in that and I hope
24 to recommend a good friend of mine. He's the chief of
25 staff -- former chief of staff of Assemblymember Victor

1 Manuel Pérez, who termed out, and he is now with the Energy
2 Foundation and he oversees community engagement and -- you
3 know, capacity building. So, I think he would be great for
4 this Committee in the future.

5 AC MEMBER PARKS: Am I next?

6 Hermia Parks. I just want to thank everyone for
7 your updates. It was very informative.

8 A question for you, Jahmal, and I'm super
9 excited. It's so hard for me to just sit in my chair. I'm
10 so excited about the technical assistance for the local
11 health department. I know Tamu and I have spoken offline
12 and she shared some resources for me.

13 Looking at what the process would -- will entail,
14 who would be the first county to (laughter) --

15 (Several AC Members speaking at once.)

16 AC MEMBER PARKS: So, that's my question.

17 OHE DEPUTY DIRECTOR MILLER: We're -- we're going
18 to flesh that out and likely within the next thirty days we
19 should have at least a charter and a draft of just kind of
20 what it conceptually looks like and we welcome your feedback
21 on.

22 But, I was talking yesterday with one of my staff
23 members who had a really good idea, because I thought about,
24 you know, we'd identify a certain number of counties to kind
25 of initially pile it with these -- the -- the training

1 around health equity.

2 And she had suggested that, you know, we
3 necessarily didn't have to -- wouldn't have to do it one
4 county at a time. It's like, if we do a certain region, you
5 know, to where multiple counties who are interested to come
6 together at once, you know, to exchange ideas and share best
7 practices.

8 So, the good -- the reason why I'm sharing it with
9 you is so that, by the time you get something back, you may
10 have already been a part of the creative process to provide
11 any ideas, insight that you may have, and, like I said
12 earlier, if you're familiar -- you know, if your
13 organization or you're a part of something already that does
14 something similar, we don't want to recreate the wheel, so
15 share that with us after this meeting.

16 We'll allow that to inform what our charter, you
17 know, would look like and we'll -- we'll go from there. But
18 it's needed, there's a demand for what we want to supply,
19 and I think we can have fun with it, too.

20 AC CO-CHAIR GÁLVEZ: Willie?

21 AC MEMBER GRAHAM: I have a -- a question for
22 Aimee. You mentioned something about technical training, a
23 term for assisting nonprofit agencies on grant writing. Is
24 that accurate?

25 DR. SISSON: Yeah, so --

1 AC MEMBER GRAHAM: You mentioned something --

2 DR. SISSON: As part of Phase 2, we would provide
3 technical assistance to the funded pilot programs. So,
4 those are the capacity building and the implementation
5 pilots that are -- that are receiving the Phase 2 funding.
6 So, it's not broad technical assistance to the entire
7 community, but to our funded organizations, and it would
8 cover topics like grant writing.

9 AC MEMBER GRAHAM: Okay. Thank you.

10 AC CO-CHAIR GÁLVEZ: Anybody else?

11 (No response.)

12 AC CO-CHAIR GÁLVEZ: Well, I -- I actually -- I
13 still have another question in addition to some that have
14 been asked, Jahmal. Related -- just related to the new
15 staff, I just want to get some clarity on what each of them
16 is going to be doing. What does their work entail?

17 OHE DEPUTY DIRECTOR MILLER: So, most of -- most
18 of the staff right now that we're focused on staffing will
19 be committed to the CRDP Project. For instance, we have
20 three Health Program Specialist positions that we are
21 concluding interviews for, and that's -- when we think about
22 program priorities, the funding that we already have, and
23 understanding that we're already kind of behind the gun and
24 that's a delayed project, if you will.

25 That staff -- the newest staff we anticipate

1 coming onboard is going to be working on the CRDP Project.
2 We have an HPS2 position for climate change in our policy
3 unit, formerly occupied by Kathleen Derby when she
4 transitioned out.

5 In that same policy unit, Connie Mitchell's
6 position that was previously a Public Health Medical
7 Officer 3 position - we've reclassified that position to a
8 management-level position. It's currently a Health Program
9 Manager 3 position and we're contemplating changing that
10 classification, but it will likely stay the same. But, that
11 will provide leadership for our policy unit.

12 And then, we have some other, you know,
13 management-level considerations that we're making in our
14 community development and engagement unit, but the bulk of
15 the staff that we anticipate bringing on in the next few
16 weeks are going to be committed to carrying out the CRDP
17 Project.

18 And then, we'll look at our existing staff when we
19 look at our mandate, implementation phases of the -- the
20 statewide plan. And we'll -- we'll gauge moving forward on,
21 you know, if their activities and programs that we need to
22 engage in and we have the need for additional resources,
23 we'll explore, you know, that bridge once when -- once we
24 get there, but right now we don't exactly know from an
25 assessment perspective where those new staffing

1 opportunities could -- could be.

2 AC CO-CHAIR GÁLVEZ: So, the -- the three staff
3 that you introduced, all three will be working on the CRDP
4 Project?

5 OHE DEPUTY DIRECTOR MILLER: So, yes. William
6 Porter and Edward Soto. Yes, the Health Program
7 Specialist 1. Leah works directly with me as the AGPA,
8 providing cross-functional support across the office, but
9 she's not designated to CRDP.

10 AC CO-CHAIR GÁLVEZ: Got it.

11 OHE DEPUTY DIRECTOR MILLER: Yeah.

12 AC CO-CHAIR GÁLVEZ: All right. Thank you.

13 Any other questions for them specifically?

14 (No response.)

15 AC CO-CHAIR GÁLVEZ: Okay. So, there are two
16 issues that I've heard raised. One is around opportunities
17 for giving input into that replacement for Dr. Chapman, and
18 the other area of concern was around the plan - where the
19 plan stands and the fact that, you know, the plan was due
20 July 1 and here we are February and the plan has not yet
21 left to -- to be approved.

22 And so, I did want to have a discussion around
23 both of those and see what folks felt, you know, we wanted
24 to potentially do around any of those. So, I'll start with
25 the hiring of the new director. The -- the thoughts that

1 have been put out are providing -- well, one, waiting until
2 the -- you know, there's two opportunities.

3 One is now prior to the selection, giving --
4 having some mechanism to give input to Diana Dooley about
5 what we would like to see, what -- what qualifications or
6 such we'd like to see in the director.

7 And then, two, once the -- the -- a director has
8 been chosen, during the Senate confirmation process,
9 potentially giving input.

10 So, for the former, I mean, thinking
11 preventatively now -- now to the -- the original selection
12 process, what are thoughts around how we can give input
13 now? Did someone raise their hand? Oh, Yvonna?

14 AC MEMBER CÁZARES: Well, we could do a letter
15 where we all sort of sign on to some sort of principles that
16 we are seeking in this new appointment or this new person.
17 Yeah.

18 AC CO-CHAIR GÁLVEZ: So, a letter. Any -- any
19 other thoughts or disagreements with that? From anybody?
20 Delphine?

21 AC MEMBER BRODY: I -- I support the letter idea
22 and I think to develop those -- those principles that we
23 would want to see embodied in -- in candidates for the job,
24 we -- we should develop those in a face-to-face meeting, if
25 possible, with -- with Diana Dooley. Or -- yes -- or --

1 well, I think -- I think, if we first develop them as -- as
2 an Advisory Committee, then we'll have them ready to go when
3 we meet with Diana Dooley. But also -- I mean, we could
4 develop them in a Subcommittee.

5 AC CO-CHAIR GÁLVEZ: Diana?

6 AC MEMBER RAMOS: I -- I don't know what the
7 logistics are in terms of procedure, but, if there's any
8 availability to comment on the final -- on the final list, I
9 think that would be great. To be able to review who they
10 choose and then to say, you know, based upon what we're
11 seeing, this would be our recommendation, based upon the
12 letter of -- of things that we think they should have. But,
13 just to be able to give direct input into the final lists of
14 candidates.

15 AC CO-CHAIR GÁLVEZ: Cynthia?

16 AC MEMBER GÓMEZ: I -- I believe that this is a
17 political appointment, and so I want to be realistic about
18 our ability to influence a political appointment. So, I --
19 I think it -- it's fair to express our ideals, but I don't
20 think that having a formal process will really be in order
21 for these kinds of appointments.

22 AC CO-CHAIR GÁLVEZ: Did I see -- I thought I saw
23 another hand over here somewhere? No?

24 So -- Francis?

25 AC MEMBER LU: You know, I'm -- I'm just wondering

1 about the timing aspect and, you know, given the need for
2 public comment and -- you know, and the process. I mean,
3 basically, maybe we need to get this letter done today
4 (laughter) and -- and approved by this group before we leave
5 in order to -- to actually have any impact on the process.

6 Again, I don't -- I don't know how quickly this is
7 moving, but I would imagine that -- that, if -- if we could
8 do that, you know, would be useful and it might be a -- a
9 situation where having a letter that gets the big picture
10 across today would have more impact and be more meaningful
11 than if we stretched this process, you know, along, you
12 know, so it wouldn't be relevant anymore.

13 AC CO-CHAIR GÁLVEZ: Was it Jeremy or Yvonna? One
14 of you? Yeah, I was going to make the same point.

15 Willie?

16 AC MEMBER GRAHAM: One other thing that I'm quite
17 happy about is that we have Mr. Jahmal Miller here, who is
18 now a pillar in this organization, well-known. Those who
19 are in the political arena know about him, know what he
20 stands for. I think that is one of the big positive things
21 that we have.

22 Our voice is already there. It has been embedded
23 in him and they know who he is, they know what he expects,
24 they know the -- and they're not going to try to disrupt
25 something that seems to be going good already. So, we have

1 to be very cautious - it is a political area - that we don't
2 cause a problem. We've got to be very much concerned.

3 I believe Mr. Miller would be able to anchor a lot
4 of things, deal with a lot of things behind closed doors.
5 They already know him and he's going to make sure that the
6 best comes out because this is a big project. So, I'm
7 really not that worried about who they appoint. I'm just so
8 thankful that we have someone here already.

9 AC CO-CHAIR GÁLVEZ: Hermia? Oh, I'm sorry.
10 Pat? I'm sorry. I couldn't see the corner. (Laughter.)

11 AC MEMBER RYAN: That's all right. (Laughter.)

12 I just wanted to kind of agree with Cynthia
13 that -- that it's pretty unrealistic for us to think that
14 we're going to influence the choice of -- of this person and
15 it is a political appointment. But I do agree that having a
16 general letter saying you've got an Advisory Board of very
17 respected and committed people who are working in this area
18 and, you know, we -- we care about the new person that
19 you're going to hire being committed and showing commitment
20 to these issues.

21 I don't think it needs to be, you know, in a lot
22 of detail and I don't think we need to spend a lot of time
23 doing that. But, going on record saying, you know, that
24 we're here and that we care about these issues I think is a
25 good idea.

1 AC CO-CHAIR GÁLVEZ: Hermia and then Álvaro?

2 AC MEMBER PARKS: So, I agree with Cynthia and
3 with Willie, and when I look at the leaders at the top and I
4 think I heard that Diane Dooley has experience with the
5 Office of Health Equity and she's committed to that. She's
6 been involved for many, many years. And you've got
7 Jahmal. To me, personally, that's enough to feel
8 comfortable that who they select will be well aware of what
9 we're doing and will support our work.

10 AC CO-CHAIR GÁLVEZ: Álvaro?

11 AC MEMBER GARZA: Thank you. So, my thinking on
12 this is along the lines of our Committee Member roles and
13 responsibilities. And we're here to advise the CDPH Office
14 of Health Equity on health equity issues and questions. And
15 I'm having a hard time thinking that we should also advocate
16 for director. So, I'm -- I'm agreeing with these folks.

17 Now, I do think that the organizations we
18 represent definitely would have a strong role to do
19 something like that. And so, I would ask that, you know,
20 all our different organizations and other organizations to
21 perhaps send in some -- some advocacy and -- and principles
22 of leadership for the director of the CDPH and not
23 necessarily this -- this body.

24 AC CO-CHAIR GÁLVEZ: General Jeff?

25 AC MEMBER JEFF: It -- excuse me. It was

1 mentioned moments ago that, since this -- there's a sense of
2 urgency needs to happen, and that we need to even consider
3 creating some type of language and possibly a letter
4 today. And I just wanted to remind everyone that, because
5 this is not an agendized item, I don't think that we can
6 actually do that.

7 AC CO-CHAIR GÁLVEZ: I'm -- I'm not sure that's
8 the case. I think we -- I think we can because we do
9 have -- we do have it -- we have the item -- it's -- it is
10 listed on the agenda - the CDPH director position
11 transition - so I think we can take action related to that
12 item.

13 DR. NOLFO: Mm-hmm.

14 AC CO-CHAIR GÁLVEZ: So, I'm basically hearing two
15 schools of thought. One school of thought is we submit a
16 letter general -- with some general comments, general
17 thoughts about what we would like to see in a director,
18 remind them we have -- there is an Advisory Committee, and
19 it's important to us that the -- that the new director
20 support -- continue to support the work of this office.

21 The other -- the other point I'm hearing -- the --
22 kind of the opposite point is it's not necessary, it'll be
23 taken care of by the powers that be, which also would not
24 preclude our -- us from our outside organizations to take
25 action of -- however we would like.

1 In the interest of time, I would like to just --
2 kind of just get a show of hands about how we feel about
3 those two options so we can move in one way or the other.

4 So, the first -- the first option being we -- we
5 craft some kind of general statement about our -- our
6 general interest and -- and importance of why -- why we
7 think we need to have a director that will continue to
8 support this office. So, can I see a show of hands of
9 how -- how many are feeling we should do something like
10 that?

11 (Show of hands.)

12 AC CO-CHAIR GÁLVEZ: And how many feel we should
13 not do anything?

14 (Show of hands.)

15 AC CO-CHAIR GÁLVEZ: All right. Seems we're kind
16 of split down the middle, more or less.

17 (Laughter.)

18 AC CO-CHAIR GÁLVEZ: So, unless people -- well, it
19 seems like nine -- nine want to and eight don't. But I --
20 Jeremy? Did you want to --

21 AC MEMBER CANTOR: Can I just make a --

22 AC CO-CHAIR GÁLVEZ: Oh, yeah. How many would
23 abstain, I guess?

24 (Laughter.)

25 (Show of hands.)

1 AC CO-CHAIR GÁLVEZ: Three would abstain.

2 AC MEMBER CANTOR: I mean, I just want to say, I
3 don't -- I can't see us submitting something as an official
4 body if even -- if it's even close. I mean, if eight people
5 don't --

6 AC CO-CHAIR GÁLVEZ: Right.

7 AC MEMBER CANTOR: -- don't want -- this feels
8 like it's got to be a consensus.

9 AC CO-CHAIR GÁLVEZ: Yeah. I agree.

10 AC MEMBER CANTOR: I mean, one other alternative
11 is just -- would be that we -- that those who are interested
12 can write a letter for informational purposes. Not
13 representing the, you know, Committee -- as Members of the
14 Committee, but not representing. I think there's just a
15 distinction between something official and, at this point, I
16 think something official's kind of off the table.

17 So, you know, I think the alternative would be
18 some -- a few of us crafting something and saying -- is more
19 along the lines of what Álvaro is saying - is, you know,
20 representatives of organizations that also serve in this
21 capacity.

22 AC CO-CHAIR GÁLVEZ: My only -- my only thought
23 is, is there anything in Bagley-Keene that would preclude
24 that second -- that idea that Jeremy just put forth? I
25 actually have no idea.

1 DR. NOLFO: Not that I can see.

2 AC CO-CHAIR GÁLVEZ: Not that we can see? Okay.
3 So, those of us that would like to do that, I think we all
4 kind of saw who each other were. We could maybe try to pow-
5 wow at lunch.

6 The other -- so, then the other item was related
7 to the approval of the strategic plan and if we would like
8 to say or do anything related to that. I did hear some
9 folks before mention that we might want to do something, so
10 I just want to open it up to hear what -- what thoughts are
11 about that.

12 Francis?

13 AC MEMBER LU: I may have missed this, but would
14 it be helpful to just get a little bit more detail as to
15 the -- the current process? I mean, I understand that it's
16 in process and I -- (laughter) I understand about, you know,
17 bureaucracy in general.

18 You know, I understand that it takes time and --
19 but would it be helpful to us, in order to make any
20 recommendations or suggestions, to know a little bit more
21 detail as to what -- what the steps going forward for
22 approval would be so that we could be -- so we could make
23 more helpful discussion?

24 AC CO-CHAIR GÁLVEZ: You want to answer that?

25 OHE DEPUTY DIRECTOR MILLER: Yeah. I think, you

1 know, the exercise we've just gone through for the first --
2 because you're talking about the plan, right?

3 AC MEMBER LU: Yes.

4 OHE DEPUTY DIRECTOR MILLER: It would be very
5 similar, you know, though I'm neutral, but, at the end of
6 the day, we really want to release a plan, you know, so that
7 we can share it broadly with our key stakeholders and scale
8 it in a way to where we have the impact that we're mandated
9 to have.

10 And -- and I think, in your respective roles as
11 Advisory Committee Members -- I mean, it's -- it's -- yeah,
12 it's a different piece with respect to kind of -- this is
13 kind of -- this is in our wheelhouse because it's something
14 that we - and particularly you - created and now we're just
15 waiting to move forward on it.

16 So, I mean, I will defer to you ultimately on how
17 you want to arrive at how you, you know, bring it to the
18 attention of key stakeholders. But, we're already getting,
19 you know, inquiries from -- out of the legislative branch or
20 even within the administration, from the governor's office
21 about where's -- where is the plan?

22 So, I'd -- I'd ultimately defer, you know, back --
23 back to you all, but I think, when key stakeholders express
24 interest in a document and a plan, that general awareness
25 always helps, it never -- it never hurts. And I know you

1 all would do it in a constructive light anyway, but -- I
2 mean, it's -- it's -- we've got to do our mandate and the
3 longer, you know, this -- this process takes, you know, we
4 literally get into a place to where, you know, we
5 potentially may have antiquated data, we bump into the next
6 cycle, you know, of creating or updating, you know, our next
7 plan.

8 So, I'd have to defer back to the Committee, but
9 this is in our wheelhouse, something that we can, I think,
10 influence a bit more and I think it would be meaningful to
11 hear from the Advisory Committee in some way, shape, or
12 form. Even if it's, like, what's up with the plan?

13 (Laughter.)

14 AC CO-CHAIR GÁLVEZ: Dexter?

15 AC MEMBER LOUIE: Dexter Louie. Just a point of
16 information, Jahmal. You know, that was submitted per
17 deadline by legislation -- on legislation. And so, where is
18 it now? Is it in Committee? Because it's either in health
19 or it's in budget. Or both. (Laughter.) Then we have
20 specific people to -- we can ask.

21 OHE DEPUTY DIRECTOR MILLER: Yeah, it's not
22 required. It will go ultimately to the Legislature, but not
23 for any action. It's not even released there yet. And
24 it's -- in that -- and we don't have to release it as far as
25 to the Legislature, then get another approval. Once they

1 get it, it's the final product.

2 It's at our parent agency right now, and the
3 Department of Finance - we've had, I think, over five
4 hundred comments, was it?

5 DR. NOLFO: Oh, I think we're at about two
6 thousand.

7 OHE DEPUTY DIRECTOR MILLER: Oh, yeah, we're at
8 about two thousand comments --

9 (Several AC Members speaking at once.)

10 OHE DEPUTY DIRECTOR MILLER: -- from, you know,
11 the iterative process that we've gone through. And to be
12 very transparent, it gets back to, you know, the priorities
13 that I talked about around there's a real need within the
14 infrastructure to have a much broader and deeper
15 understanding of health equity. The work that we're doing
16 is really, really important and, to some extent, it's
17 esoteric in that, when people that aren't engaged in this
18 work daily within state service see these disparities and
19 inequities, I mean, this is what we do. We're familiar with
20 this work.

21 You know, not only does it make people step back
22 but, from a culturally competent perspective, it really
23 challenges people's understanding and their -- their
24 background and, if it's not handled constructively, it can
25 potentially be a barrier that delays our ability to move

1 forward, which is why we want to start to implement learning
2 opportunities to tear down some of these barriers.

3 So, our process with Agency has been very
4 constructive. You know, a lot of the feedback we -- we got
5 from them ultimately was pretty good feedback. It started
6 to be not so -- so much constructive in my opinion when it
7 got to the Department of Finance because it wasn't
8 limited. And we've talked about this with Agency. It
9 wasn't limited to just budget or resources as far as the
10 lens though which they were looking. It got into very,
11 like, editorial comments around -- I'll give you an example,
12 like "stark disparities," like, can you take that word
13 "stark" out when, like, "stark" is the appropriate adjective
14 for what we're talking about in the narrative to really
15 impress upon people what it is.

16 And in -- yeah, so we're dealing with that
17 dynamic. You know, so there's a cultural, you know, dynamic
18 here, and that's not a negative criticism, but it has been a
19 challenge for us to just want to move forward full steam
20 ahead with this effort. But I believe, from an imminent
21 perspective, we're -- we're close. And, yeah, that's my
22 comment there.

23 AC CO-CHAIR GÁLVEZ: Thank you. Álvaro?

24 AC MEMBER GARZA: I do urge that we do write a
25 letter. I think it's very clear -- a role and

1 responsibility that we have. It's in the bylaws that we
2 advocate for these communities that we're representing and
3 we want basically equity, health, and social equity ASAP.

4 And the longer we wait on getting a report, the
5 longer that will happen. I mean -- so, anyway, if we can
6 get a letter in concept to push, to urge -- however it's
7 worded, that we need this plan and we need the
8 implementation ASAP. I support that.

9 AC CO-CHAIR GÁLVEZ: Any other comments? Dexter?

10 AC MEMBER LOUIE: Again, just a question as a
11 point of information. To whom do we sent this (laughter)
12 letter to urge somebody to do something?

13 OHE DEPUTY DIRECTOR MILLER: Right.

14 AC MEMBER LOUIE: Or take this strategic plan out
15 the deep dark hole?

16 (Laughter.)

17 (Several AC Members speaking at once.)

18 AC CO-CHAIR GÁLVEZ: I mean, it's -- it's -- right
19 now, it's at -- it's being held at the agency level.
20 Inevitably, it's supposed to go to the Legislature and the
21 governor is supposed to get a copy. I don't see why we
22 couldn't send a letter to the secretary and copy someone in
23 the governor's office or vice versa.

24 Cynthia?

25 AC MEMBER GÓMEZ: I mean, I agree. I think we

1 have to make it -- make everyone aware that we met the
2 legislated deadline and that that deadline we assume was
3 spirited by a sense of urgency, and that someone needs to be
4 asked to respond. So, I think -- you know, I think both --
5 both of those should be made aware of that - both the
6 legislative bodies and, obviously, the head of the agency.

7 AC CO-CHAIR GÁLVEZ: Any other comments? Oh, Pat?
8 (Laughter.)

9 AC CO-CHAIR GÁLVEZ: Pat, you're sitting in the
10 totally worst --

11 AC MEMBER RYAN: Yeah, I know.

12 AC CO-CHAIR GÁLVEZ: -- place for me today.

13 AC MEMBER RYAN: I'm in the dead zone over here.

14 Yeah, I just wanted to support what -- who was it
15 that just said that? Cynthia just said -- and I do think
16 it's a good idea to copy at least key legislators who would
17 be getting this report, because, even though the
18 administration often doesn't like it when the Legislature
19 gets something and -- which in turn, puts pressure on them
20 to -- to do something about that if it actually works.

21 So, you know, we're -- we're part of a
22 legislative -- or, a three branch of government here --
23 process, and I think that they all need to know what the
24 other is doing and we need them all to hold each other
25 accountable. So, I -- I would support us doing the letter.

1 AC CO-CHAIR GÁLVEZ: Any other comments?

2 (No response.)

3 AC CO-CHAIR GÁLVEZ: Let me ask this: is anybody
4 opposed to us doing something like this? Just -- just to
5 get the -- the pulse of the room again. (Laughter.) Is
6 there any opposition to us doing this that anyone would like
7 to voice?

8 AC MEMBER GRAHAM: I have a voice and I'm kind of
9 confused. I want to go back to what Mr. Miller said
10 earlier. I want to just quite understand where it's at
11 now. It's in the financial department? They're the one
12 that's reviewing everything as of right now for the
13 department?

14 OHE DEPUTY DIRECTOR MILLER: Yeah, it's a control
15 agency.

16 AC MEMBER GRAHAM: Oh, okay.

17 AC CO-CHAIR GÁLVEZ: For the whole state or for
18 the agency?

19 OHE DEPUTY DIRECTOR MILLER: It's -- it's for the
20 whole state and then they have different assignments within
21 that control agency. So, this one section of Department of
22 Finance -- these staff members - they represent the Health
23 and Human Services financial aspects of things.

24 So, when a report like ours, which is
25 legislatively mandated and requires approval, really they

1 get the report in addition to our parent agency to really
2 evaluate whether the fiscal or our prospectus has co-
3 implications of -- of the plan.

4 And we did the best that we could as an entire
5 group staff and the Advisory Committee to really not anchor,
6 you know, a lot of, if any, you know, official outright
7 commitments to, you know, budget implications. Things
8 that -- I mean, we know generally -- we may vary general
9 statements around, you know, needing resources to do the
10 work providing the latitude that that could come from
11 private, it could come from public, but nothing that just
12 specifically anchors us to, like, the state government will
13 do x, y, and z.

14 But, through the process, the control agency
15 reviews and through that lens of finance, you know, they
16 give their feedback and it's not, like I said, been limited
17 to finance. It's been on some other things. I think
18 generally just kind of speculating, there may be a concern
19 that, you know, given some of the very real disparities and
20 inequities that exist, just this inevitability that we will
21 need, you know, staff, we will need resources to do this
22 work right.

23 But, I -- this is speculation, I don't know
24 specifically. We'll know that better in the meeting and
25 just really get a better sense of, you know, kind of each

1 entity respectively staying in our lane and also mutually
2 understanding just what are -- what are roles are.

3 And also, just trying to do better at respecting,
4 you know, the expectations of our stakeholders, especially
5 when, you know, the job was done, we met certain date --
6 deadlines, and then we submit, you know, a plan and we're
7 ready and jazzed to do the work and it just kind of gets
8 caught up in the process.

9 So, that's the role. You always had that control,
10 you know, agency serving as a critical function and I saw
11 José nodding. He might want to comment even from his
12 perspective on kind of what he's seeing as a control agency,
13 what the -- the Department of Finance, you know,
14 contributes.

15 And even Dr. Kohatsu - I know they did a medical
16 disparities plan that he's going to talk about this
17 afternoon, but I don't think it was, you know, subject to
18 the same process that we went through. It -- it may have
19 been. I don't know, but I would love to maybe hear from --
20 hear some comments from either one.

21 AC CO-CHAIR GÁLVEZ: Would either of you like to
22 comment? José?

23 AC MEMBER OSEGUERA: I certainly agree with what
24 Jahmal has just stated. It's currently in a control agency
25 and basically in a cabinet-level position, so they have to

1 provide that approval and review. So, I think that
2 definitely what the discussion has centered around and that
3 is who else can you basically lobby and advocate to so that
4 this can -- can be taken notice of? And that is that you
5 would alert the various different other bodies, such as the
6 Legislature and also the executive branch.

7 AC CO-CHAIR GÁLVEZ: Neal, would you like to
8 comment on anything?

9 AC MEMBER KOHATSU: I -- I can go into probably
10 more detail when I present this afternoon, but as -- just to
11 give you a preview, our emphasis has really been trying to
12 understand more the epidemiology, building on the Let's Get
13 Healthy California framework.

14 And, unfortunately, as I'll highlight and we've
15 discussed many times in meetings, is gaps -- major data gaps
16 are a limitation. But, I will talk about trying to, even
17 with that in mind, you know, where we're trying to move
18 forward. So, our overall quality strategy - that's a piece
19 of addressing disparities and inequities - but it is kind of
20 a different -- different kind of plan.

21 AC CO-CHAIR GÁLVEZ: All right. So, once again, I
22 wanted to ask if there's any -- any -- you know, any sector
23 of the Committee that would be opposed to us shouting out
24 about what's going on with the plan (laughter) to other --
25 to the executive and legislative branch in some form?

1 Rocco?

2 AC CO-CHAIR CHENG: I just wanted to share the
3 CRDP strategic plan experience.

4 (Laughter.)

5 AC CO-CHAIR CHENG: The plan got stuck for two
6 years. So, if we really want the state plan to move
7 forward, we probably need -- want to -- to consider
8 something early on rather than being patient.

9 AC CO-CHAIR GÁLVEZ: And I -- I would concur. I
10 feel that we met our -- we met many, many times last year to
11 make sure that this plan was released in time to meet the
12 statutory deadline. When we requested an extension, we were
13 told it wasn't necessary because we were assured that it
14 would move through and still make -- make the statutory
15 deadline.

16 And here we are months later and it's -- hasn't
17 remotely left. And, frankly, I'm not sure if the -- Office
18 of Finance is looking just at the -- the budgetary
19 implications. They're looking at things like whether or --
20 are they the ones that want "stark" removed? Words like
21 that that I don't really think is in the purview of the
22 Department of Finance. And it's becoming more of a
23 political issue and I think therefore we need to -- we need
24 to take action, as well.

25 We have -- we have about twelve minutes before

1 we're supposed to break for lunch and we still need to take
2 public comment. We do have some time after -- later in the
3 afternoon that -- when we were going to be having the
4 election -- election for chair. We have half an hour slated
5 that we didn't -- that we're no longer going to be using.

6 So, we could go early. Is that what you just
7 said? Well, but it seems like the -- the will of the -- the
8 group is to actually do something around this. I would
9 suggest -- we do need to get public comment now and I would
10 suggest that we get some preliminary ideas for what a letter
11 could look like and see if maybe I could try drafting
12 something, like, at lunch, based on those that then -- maybe
13 that we could entertain later in the afternoon and see if
14 we'd be okay with putting that forward. Would that sound
15 like a plan?

16 Jeremy, did you want to say something?

17 AC MEMBER CANTOR: I don't have a specific
18 alternate idea, just a caution about wordsmithing and
19 drafting something collectively. I personally would be
20 happy to have a very short conversation about sort of the
21 principles in the letter and then -- and then endow someone
22 else of the -- the glorious task of putting it together.

23 AC CO-CHAIR GÁLVEZ: I just don't remember if we
24 need to get -- like, do we need to get the approval of the
25 body for the exact wording of something? We've never --

1 we've never submitted a letter before.

2 AC MEMBER CANTOR: Yeah, I know. So, that the
3 question is exactly how much -- how much of the detail do we
4 have to all agree on and have public oversight of that?

5 Yes --

6 AC CO-CHAIR GÁLVEZ: Or do we need to have just
7 the --

8 AC MEMBER CANTOR: -- but for every word?

9 AC CO-CHAIR GÁLVEZ: -- the key statements we're
10 going to put in it and then the fluff language around it
11 can --

12 AC MEMBER CANTOR: Yes. If that's possible.

13 AC CO-CHAIR GÁLVEZ: I think we could do that,
14 yes. As long as we agree on all -- that the key statements
15 we're going to make and then the fluff language around it
16 can be left to -- to be devised.

17 Operator, will you please open the phone -- the
18 phone line. I do have four cards. They're not related to
19 this issue specifically. So, I will call these speakers
20 up. If you -- if anyone else wants to also address this
21 issue of whether or not the Advisory Committee should send
22 forth a letter, please do.

23 So, the first speaker I have is Jane Adcock.

24 MR. PORTER: She had to step out for a while.

25 AC CO-CHAIR GÁLVEZ: Like a long while? Okay.

1 Stacie Hiramoto. And you have two minutes.

2 MS. HIRAMOTO: Thank you. Stacie Hiramoto, the
3 Director of REMHDCO, the Racial and Ethnic Mental Health
4 Disparities Coalition. And I just wanted to congratulate
5 and commend the Office of Health Equity in regards to the
6 rollout of -- the continued rollout of the CRDP.

7 I've been involved with the CRDP probably from
8 inception, and I really want to compliment you and your
9 staff. The way the RFPs, the way the public comment, the
10 way the communication is, I seriously feel that -- I know
11 you have way too much on your plate, but I wish that you
12 could do some kind of -- what's that called -- a toolkit as
13 an example of how government entities can work
14 collaboratively with communities and with stakeholders.

15 And I don't speak just for underserved
16 communities, but also from other stakeholders that, when
17 they would attend the public comment periods or sessions,
18 they were really amazed that you were taking public comment
19 on the RFPs so early that everyone had a lot of notice, that
20 you did it around the state.

21 And also just the attitude of your staff and the
22 knowledge they have of what it takes to work with the
23 community -- that it's not always clean and neat and polite
24 and pretty and it -- you know, if you were just going to
25 pick the people -- listen to the people that agree with

1 everything you say, then it's not really, you know, robust
2 public comment.

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

5 AC CO-CHAIR GÁLVEZ: Thank you, Stacie.

6 I'll next call up Nicki King.

7 DR. KING: Hi. I'm Nicki King and I'm the -- I'm
8 with the CRDP Program. I'm the African American Project
9 lead. My remarks are directed to Dr. Sisson's description
10 of the status phase to the CRDP. And, first, I want to
11 absolutely endorse everything Stacie said. I think it's
12 amazing and I've been around looking at government how --
13 and how they do things for many, many years.

14 The Little Hoover Commission Report reflects the
15 disappointment with the accomplishments of the MHSA in
16 general, but I think it really -- after really looking at
17 it, it really reflects two things. First, that current
18 evaluations of the MHSA programs have not reported
19 effectiveness and second, and this is maybe more critical,
20 that expectations of the MHSA were perhaps not realistic and
21 not well enough defined to begin with. If you say you're
22 going to deliver everything and then you don't, you've
23 fallen short.

24 We all know how much scrutiny the process and
25 outcomes of Phase 2 of the CRDP will receive and we all want

1 it to be successful and well-documented. This situation
2 brings us to a potentially dangerous position as you prepare
3 to roll out Phase 2 of the CRDP.

4 Ten million dollars sounds like an awful lot of
5 money, and it is, but the individual projects funded by the
6 CRDP will be small, pilot-type projects and it is unlikely
7 that those individual projects will yield the kind of data
8 that will prove efficacy in a way that seems conclusive to
9 groups like the Little Hoover Commission and, therefore, to
10 the public at large.

11 The fact that local grassroots or community-based
12 nonprofits don't usually have high capacity for evaluation
13 or maybe even enough knowledge of the evaluation process and
14 what it yields to make good selection decisions on their
15 individual evaluators makes the situation even more
16 critical.

17 I urge OHE to provide both ample technical
18 assistance to bring the Phase 2 contractors up to speed on
19 the importance of sound evaluations and a list of potential
20 resources to help them indentify qualified evaluators.

21 I know the hook's out, but I prepared my -- my
22 remarks and I want to get finished.

23 The American Evaluation Association maintains such
24 resource lists, and the association's minority issues in
25 evaluation, health, and LGBTQ topical interest groups also

1 have specific lists of evaluators from diverse groups with
2 the appropriate experience and cultural sensitivity to do
3 these kinds of evaluations.

4 Thank you for the opportunity to address this
5 point.

6 AC CO-CHAIR GÁLVEZ: Thank you, Nicki.

7 The last card I have is from Pete. Pete, I don't
8 know if you already addressed --

9 MR. LAFOLLETTE: No, I -- no, I haven't.

10 AC CO-CHAIR GÁLVEZ: So, you do want to go up
11 again? You don't?

12 MR. LAFOLLETTE: My back hurts. I'm just going to
13 sit down. I don't want to stand over you.

14 AC CO-CHAIR GÁLVEZ: Okay.

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

22 And I thought, considering the source, that was a
23 very revealing comment and contained a Freudian slip.
24 The -- on the -- the report from the Little Hoover that
25 we've talked about and -- and overview of the editorial

1 comment, the astonishing thing about the report is its focus
2 on what a poor job the Mental Health Services Oversight and
3 Accountability Commission has done, then concludes they
4 should be given more authority.

5 This makes absolutely no sense. Really, it is
6 mindboggling that thirteen billion dollars has been
7 effectively laundered through the mental health spin
8 cycle. Now, to what degree that is -- is an exaggeration,
9 that can be up to you. We all know a lot of good has been
10 done from the services act; however, it has gone to about
11 ten percent of the target population.

12 So, there are problems -- ongoing problems with
13 data collections, with baselines being met - this, at a
14 broad state level. No central governing authorities at
15 fifty-eight county, fifty-eight different spending plans.
16 And when the prevention and early intervention -- early
17 intervention contracts are not followed as they're designed,
18 the -- the retrospect -- retroactive results are increased
19 institutionalization, hospitalization, incarceration.

20 These are the things that -- that the tax-paying
21 public is supposed to avoid through the correct
22 implementation -- implementation of the services act. So,
23 as the title says, promises still to keep with the services
24 act. Thanks a lot.

25 AC CO-CHAIR GÁLVEZ: Any other comments from the

1 public?

2 (No response.)

3 AC CO-CHAIR GÁLVEZ: Any comments on the phone?

4 THE OPERATOR: There are no comments from the
5 phone at this time.

6 AC CO-CHAIR GÁLVEZ: Okay. So, coming back to the
7 Committee and the -- the previous conversation we were
8 having, I'm going to propose some language for this letter,
9 based on what I heard. And these are the general
10 statements, not the flowery language. Cynthia can write
11 that. She's -- I think she's very eloquent.

12 (Laughter.)

13 AC CO-CHAIR GÁLVEZ: And just putting it out there
14 for the feedback. So, one, we're the OHE Advisory Committee
15 that was established by statute.

16 Two, we met and developed the plan to meet -- to
17 meet the statutory deadline.

18 Three, we're concerned the plan has not yet been
19 released.

20 And four, we urge the speedy release of the plan.

21 So, I -- to me, those are the key points. If
22 there are other points that people think we need to have,
23 I -- please feel free to -- to share.

24 Álvaro?

25 AC MEMBER GARZA: Just thinking that -- that we

1 really emphasize that we're concerned about the communities
2 that we're here to represent, if you will. And -- and that
3 they're kind of being ignored. And so, there's really much
4 more urgency to all of this the more we -- the longer we go.

5 AC CO-CHAIR GÁLVEZ: Hermia?

6 AC MEMBER PARKS: I think also to let them know
7 that, if there's anything else that we need to do to
8 expedite the plan.

9 AC CO-CHAIR GÁLVEZ: So, anything else that we
10 could do to help expedite the plan.

11 AC MEMBER PARKS: Right.

12 AC CO-CHAIR GÁLVEZ: Cynthia?

13 AC MEMBER GÓMEZ: I guess I would emphasize the
14 point about our data becomes obsolete to the plan and so
15 there is a time-sensitive nature to this work or we're going
16 to have to start all over.

17 AC CO-CHAIR GÁLVEZ: Delphine?

18 AC MEMBER BRODY: I concur with Álvaro and Cynthia
19 on those two points plus I think -- I think we should say
20 something about calling on each -- each agency that weighs
21 in on the plan to please limit their -- their comments to
22 the purview of their agency.

23 I mean, I know, maybe that sounds like we're
24 overstepping our boundaries, but, honestly, I mean, it -- it
25 really boils down to respecting the -- the needs of the

1 communities that -- that this plan will serve and -- and the
2 communities that have already created the plan.

3 AC CO-CHAIR GÁLVEZ: Any other thoughts? Or
4 anyone not agree with any of the statements just made?

5 (No response.)

6 AC CO-CHAIR GÁLVEZ: Okay. So, I added what I
7 heard. To add language around that we are concerned about
8 the communities and the health disparities, health
9 inequities continue to exist, this is urgent, we need to
10 respect the needs of the community.

11 Two, that, you know, offer is there anything else
12 that we can do to help expedite the plan?

13 And three, that -- that it's important that this
14 plan get out in a speedy fashion because data can become
15 obsolete. So, this is time-sensitive. We -- you know, that
16 this plan was created with data that was relevant at the
17 time and we want to make sure that it's still relevant when
18 we're done.

19 Oh, and -- how can we say that nicely?

20 (Laughter.)

21 AC CO-CHAIR GÁLVEZ: I-- I'm not sure how to say
22 that nicely, what you -- what Delphine put out. To limit
23 that -- that respective agencies limit their comments to
24 their (laughter) -- to their purview? How -- how do we say
25 that?

1 Pat? Is there someone over here?

2 AC MEMBER RYAN: I don't mean to disagree with
3 Delphine, but I'm not sure that would help our cause
4 (laughter), because it -- it kind of is asking us to call
5 out the interagency issues that -- that those two agencies
6 have.

7 I think, if we just sort of stick to the -- to the
8 point that we're trying to make, which is we care about
9 these communities and the administration, in general, needs
10 to get off their duff (laughter) and do something about this
11 without pointing the finger at either --

12 AC CO-CHAIR GÁLVEZ: It's kind of unspoken --

13 AC MEMBER RYAN: -- either agency.

14 AC CO-CHAIR GÁLVEZ: -- you're saying?

15 AC MEMBER RYAN: Yeah.

16 AC CO-CHAIR GÁLVEZ: And saying what's going on?
17 Something needs to be done.

18 AC MEMBER GÓMEZ: How they do it, we don't really
19 care.

20 AC CO-CHAIR GÁLVEZ: We're saying however you do
21 it --

22 Willie?

23 AC MEMBER GRAHAM: I want to make sure I remember
24 our purpose. I believe our purpose is stakeholders were to
25 come here and represent our community. We have done that.

1 We have been a voice. Mr. Miller traveled throughout the
2 United States and we have put together a voice for my
3 community.

4 I think the biggest thing that gets people's
5 attention when they sense the community, they send a
6 message. And we are the community. We are stakeholders.
7 So, some way that has to be conveyed in that letter. We
8 were chosen as stakeholders in the community. We have gone
9 back to our community and asked questions and we have come
10 back as a voice collectively to put in this to send to you
11 what's the voice of our community.

12 So, we are asking you to look at this from that
13 point, from that perspective, and see that this is an
14 urgency to deal with these situations before they get
15 worse. Something about like that. That normally --

16 AC CO-CHAIR GÁLVEZ: Mm-hmm.

17 AC MEMBER GRAHAM: -- brief, very small normally,
18 because if you read so much, you lose the first part of what
19 you're trying to get.

20 AC CO-CHAIR GÁLVEZ: Any other?

21 (No response.)

22 AC CO-CHAIR GÁLVEZ: How about maybe something to
23 kind of -- to kind of reflect Delphine's point about maybe
24 relying on the expertise of the Office of Health Equity to
25 help? So, I don't know. I'm trying -- trying to figure out

1 how to say it, but that --

2 AC MEMBER BRODY: Address any issues of content?

3 AC CO-CHAIR GÁLVEZ: Yeah. Yeah. Leaving the
4 expertise to the Office of Health Equity to -- to address
5 the issues of -- no?

6 AC MEMBER GÓMEZ: We're getting into the "we's."

7 AC CO-CHAIR GÁLVEZ: Okay.

8 AC MEMBER CANTOR: Same issue.

9 AC CO-CHAIR GÁLVEZ: Same issue. All right.

10 General Jeff?

11 AC MEMBER JEFF: Thank you. It -- it sounds like
12 this letter is basically an urging of the releasing of the
13 strategic plan. I think there also needs to be
14 encouragement for action attached to the plan, because it's
15 not just about throwing out a document. It's more
16 importantly to have action.

17 AC MEMBER GRAHAM: It's implementation.

18 AC CO-CHAIR GÁLVEZ: Okay. Dexter?

19 AC MEMBER LOUIE: I guess I'm not exactly
20 certain. When you send a letter like this into an agency,
21 who's going to -- at the agency will take responsibility for
22 this? And I'd rather have Jahmal kind of find out who can
23 say go or no go on it. I mean, it's one person, usually.
24 It's not an agency. It's a person who has responsibility,
25 generally. And that's why the face-to-face by Jahmal - we

1 give him more work to do - is important.

2 AC CO-CHAIR GÁLVEZ: I mean, with all due respect,
3 oftentimes staff, internally, are limited in what they can
4 say and do --

5 OHE DEPUTY DIRECTOR MILLER: Yes.

6 AC CO-CHAIR GÁLVEZ: -- within the same branch.
7 And I think that that's why it's important that we reach out
8 to the other branches and just put out, like, what's going
9 on? We did this. We're waiting. What's going on?

10 OHE DEPUTY DIRECTOR MILLER: Yes.

11 AC CO-CHAIR GÁLVEZ: We urge this to get
12 through. That, I think, then puts the pressure back to say
13 what's -- from the other branches just to then inquire
14 with -- with Health Care Services Agency about what's going
15 on? And that's where -- I'm assuming. Is this correct?

16 OHE DEPUTY DIRECTOR MILLER: Yes. And just
17 generally, I think, moving forward, because what I'm
18 hearing -- because I won't comment on the letter -- what I'm
19 hearing is an opportunity, like, in the future for -- I
20 think literally it will be beneficial for -- and not
21 specific to the plan or future plans that we'll release, but
22 for our edification of understanding what these entities
23 do. Like, to -- to have Agency come and share, okay, what's
24 the oversight responsibility? What do they do?

25 And the same with the control agency like the

1 Department of Finance, because now you have that engagement
2 opportunity. There's a lot that I don't know - and us
3 around the table - that we don't know about what these
4 entities do, other than, say, for instance, health equity.

5 So, I think, with that information, can we engage
6 them as we create future reports and plans and such? That
7 can inform our creative process, too, to kind of
8 anticipate -- be proactive about certain things. So,
9 there's a learning -- a mutual learning opportunity moving
10 forward for us to learn even more about what those
11 respective entities do.

12 AC CO-CHAIR GÁLVEZ: Any other comments about what
13 should be in the letter? So, I'm going review what has been
14 said and then I'm going to ask for a show of hands of --
15 that we're all okay with this.

16 So, one is that we're the Office of Health Equity
17 Advisory Committee. We represent the communities most
18 impacted by health inequities. We were chosen to be their
19 collective voice. We met and developed this plan to meet
20 the statutory deadline.

21 I'm trying just to put in order the -- the
22 things. We're concerned that the plan has not yet -- yet
23 been released. We're concerned about the communities that
24 are continuing on a daily basis to experience health
25 inequities. You know, there's urgency and we need to

1 respect the needs of the communities.

2 Also, data can become obsolete and data was
3 created to this plan and now it's -- you know, time is
4 passing and so we need to make sure that -- that this gets
5 through.

6 And then, lastly, that we urge the speedy release
7 of the plan so that we can get onto the important step of
8 implementation.

9 AC MEMBER PARKS: And if there's anything else
10 that we --

11 AC CO-CHAIR GÁLVEZ: And if there's anything else
12 that we can do, please let us know, is the last thing.

13 Pat?

14 AC MEMBER RYAN: Did you reflect in there that --
15 that we worked hard to comply --

16 AC CO-CHAIR GÁLVEZ: Yeah.

17 AC MEMBER RYAN: -- with the --

18 AC CO-CHAIR GÁLVEZ: Sorry.

19 AC MEMBER RYAN: -- deadline.

20 AC CO-CHAIR GÁLVEZ: That would be -- yes -- and
21 the --

22 AC MEMBER RYAN: Yeah.

23 AC CO-CHAIR GÁLVEZ: Yeah. It was in there that
24 we met --

25 AC MEMBER RYAN: Okay.

1 AC CO-CHAIR GÁLVEZ: -- the deadline.

2 AC MEMBER RYAN: All right.

3 AC CO-CHAIR GÁLVEZ: Cynthia?

4 AC MEMBER GÓMEZ: The only other thing that stood
5 out for me is that do we imply that we know why it
6 stalled? Or that simply it's a delay, which seems to be
7 based on reviews? Or, I mean, do we say more than it's
8 delayed? I guess that's a question that I didn't -- I
9 wasn't --

10 AC CO-CHAIR GÁLVEZ: And, oh -- no, we
11 currently --

12 AC MEMBER GÓMEZ: It sounded like --

13 AC CO-CHAIR GÁLVEZ: -- are saying we're --

14 AC MEMBER GÓMEZ: -- a lack of information.

15 AC CO-CHAIR GÁLVEZ: -- concerned that it is
16 delayed and we don't know why --

17 AC MEMBER GÓMEZ: We don't know why.

18 AC CO-CHAIR GÁLVEZ: -- and we're concerned.

19 AC MEMBER GÓMEZ: So, we would say that?

20 AC CO-CHAIR GÁLVEZ: Yeah.

21 AC MEMBER GÓMEZ: Okay.

22 AC CO-CHAIR GÁLVEZ: Diana?

23 AC MEMBER RAMOS: Just a minor suggestion.

24 Instead of just saying that we were chosen to be the
25 collective voice, just maybe to make it more powerful, to

1 say we were selected as the stewards of their collective
2 voice because it just -- it seems more powerful.

3 AC CO-CHAIR GÁLVEZ: Anything else?

4 AC MEMBER GARZA: It sounds good to me.

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

9 (Show of hands.)

10 AC CO-CHAIR GÁLVEZ: Anybody opposed to us sending
11 this in?

12 (No response.)

13 AC CO-CHAIR GÁLVEZ: Any abstentions?

14 AC MEMBER KOHATSU: (Raised hand.)

15 AC CO-CHAIR GÁLVEZ: Neal? One.

16 And also -- I -- well, let me -- let me
17 backtrack. I did put out before to the general public to
18 give comments on this specific thing. I want to make sure
19 that there aren't any. I didn't hear any before. I want to
20 make sure there aren't any.

21 All right. Okay. So, we're going to break for
22 lunch. It's 12:10. We're -- we're running a little bit
23 behind. We do have thirty minutes that we can make up
24 later. I'm going to say that we can reconvene for lunch at
25 1:30. We give -- we'll have an hour and twenty minutes for

1 lunch, since I think we might have to wander a little bit.

2 So, we need to return at 1:30.

3 (Off the record at 12:11 p.m.)

4 (On the record at 1:33 p.m.)

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1 A F T E R N O O N S E S S I O N

2 AC CO-CHAIR GÁLVEZ: Hi, everyone. If you could
3 please take your seats? We'll be starting up again in a
4 moment.

5 (AC Member Wheaton entered the meeting room.)

6 AC CO-CHAIR GÁLVEZ: Well, I hope everybody had an
7 enjoyable lunch. I know -- I know I did.

8 So, our first presentation after lunch is from
9 Dr. Neal Kohatsu, who will be giving us an update on -- on
10 the Department of Health Care Services. Neal, are you
11 ready?

12 AC MEMBER KOHATSU: Sure.

13 MS. RUN: You can step up to the podium.

14 AC MEMBER KOHATSU: Yeah. I was going to say it
15 would probably be easier if I flipped the slides up there --
16 clicked advance.

17 MS. RUN: There's a clicker.

18 AC MEMBER KOHATSU: Oh, there is? Oh, right
19 there. Thanks.

20 Sandi, thanks. So, I'm going to try and move
21 rapidly through the slides. They were -- they're
22 distributed on the website, of course, to allow more time
23 for questions and discussion. There are several individuals
24 on the Committee that can weigh in.

25 They actually have helped prepare some of the data

1 and also are involved -- I know Rocco mentioned am I going
2 to talk about a particular area that he's knowledgeable
3 about in the mental health area, and I don't have a whole
4 lot to cover on that, so I'd like Rocco and others to join
5 in.

6 What I'd like to do is just to provide an overview
7 starting to give some framing to the discussion. For those
8 of you who are unfamiliar, I'm going to touch upon the
9 National Quality Strategy, which was created by the
10 Affordable Care Act and is not a governmental health plan
11 but it meant to be a blueprint for the U.S., both public and
12 private sectors, in driving quality.

13 And then, I'll move to the Department's quality
14 strategy, which is based on the National Quality Strategy;
15 move into the Let's Get Healthy California Task Force work,
16 which started in 2012 at the governor's -- through the
17 governor's leadership; and then, talk -- get down to what we
18 know -- what we've been able to uncover so far in terms of
19 descriptive epidemiology on just some of the health
20 disparities in the Med-Cal population; and then, begin a
21 discussion of some of the interventions.

22 So, first -- I won't go into great detail, but a
23 little bit on the National Quality Strategy, the long title
24 from the Affordable Care Act - National Strategy for Quality
25 Improvement in Health Care - and it's in its third or fourth

1 iteration.

2 I'm not going to go through all of these, but
3 you'll see the parallel. It starts with the triple aim or
4 three linked aims: better care, healthy communities, and
5 affordable care. You'll see, when I get to the DHCS Quality
6 Strategy, we've reordered it and it's a little bit
7 different.

8 The priorities that I'm going to cover in the DHCS
9 Quality Strategy are similar here. The first one being
10 patient safety; second, engaging members, patients, and
11 families and their health; number three, improving
12 communication; four, advancing prevention; five, supporting
13 communities to be healthier; and six, working on
14 affordability.

15 As I said, I'm not going to go into detail because
16 I'm going to spend more time on the Department's Quality
17 Strategy.

18 So, the three linked goals, while similar, are
19 ordered differently and worded slightly differently by
20 design. The first being improve the health of all
21 Californians, which is, in some ways, a restatement of the
22 Department's mission. Secondly, enhance quality, including
23 the patient care experience, in programs, Medi-Cal being, of
24 course, the largest but not the only program. And third,
25 also dealing with finance, provide the care and improved

1 health in as efficient a manner as possible.

2 I highlighted the six priorities in the National
3 Quality Strategy and, in bold, you'll see that we added a
4 seventh, which is eliminating health disparities. That's a
5 principle in the National Quality Strategy. There is
6 attention to health disparities and inequity.

7 We chose to bring it out as a priority. These
8 aren't in priority order; these are all critical priorities
9 for the Department. And we thought, just because of the
10 nature of the Medi-Cal Program, that it made sense to -- to
11 bring it out as -- as a priority versus a cross-cutting
12 principle. Obviously, issues across the board - patient
13 safety that are disparities. So, there are different ways
14 of doing it. That's just how we chose to.

15 Really, we want to emphasize the -- the member-
16 focused nature of care that's often a throw-away line, and
17 we're really trying to make that part of the culture - to
18 think about all the different programs, all the different
19 ages, all the different individuals and families that are
20 served by the program.

21 So, again, I mentioned Let's Get Healthy
22 California, which was started in 2012 by executive order --
23 by the governor's executive order. A great vision statement
24 to develop a ten-year plan -- it's not highlighted here, but
25 basically the charge under Secretary Dooley was to help

1 California become the healthiest state in the nation through
2 this ten-year plan. So, it is a bold vision.

3 So, we're going to start to drill down. This is
4 just a screen -- a pull screenshot of the Department's --
5 from the Department's website focusing on -- I guess there's
6 a laser here -- *Health Disparities in the Medi-Cal*
7 *Population*, so you can find it in your handout, but, from
8 the home page, *Data and Statistics Reports to Health*
9 *Disparities* - that's how you can navigate there.

10 The way we've set it up - and, really, it's
11 somewhat, as I said, building on the work of Let's Get
12 Healthy, which is why I -- I started there - is to create a
13 set of fact sheets, which allows policymakers and community
14 leaders to focus in on particular areas where we have data.

15 As I mentioned earlier this morning, a challenge
16 of our work as a task force is that there are many areas
17 that we want to explore for which there are data gaps. So,
18 here, for example, currently, of the thirty-nine indicators
19 highlighted in the Let's Get Healthy California Task Force
20 Report, we can address twenty-four of them. We're working
21 on others - these are just some of them: adverse childhood
22 experience, diabetes prevalence, and others. And so, that
23 is a continuing work in progress.

24 I'm not going to spend a lot of time talking about
25 the strengths and weaknesses, but this is just to give you a

1 flavor of the data sources, including the California Health
2 Interview Survey, the CDC-funded Behavioral Risk Factor
3 Surveillance Survey, the Maternal and Infant Health
4 Assessment, which is conducted by the Department of Public
5 Health, and other sources. So, we really have to pull from
6 a number of areas.

7 Now, I'm not going to highlight, obviously, all
8 the disparities that we are really trying to understand and
9 address, but this will give you a flavor of different
10 areas - some of them more public health oriented, some of
11 them very clinical in nature. I really wanted to pull from
12 different areas.

13 This is one that is well-known, I think, to
14 everyone around the room and it's been well-known for
15 actually decades - the disparity in infant mortality,
16 African American being considerably higher than other
17 groups. And whether it's Medi-Cal or non-Medi-Cal, the
18 pattern is very similar. That's one of the most well-known
19 disparities and it's been, unfortunately, the same for a
20 number of years nationally and in California.

21 Here's a -- a more -- here's a clinical fact --
22 from our clinical fact sheet area - Emergency Department --
23 (comments regarding presentation remote) The Emergency
24 Department Visits due to Asthma. Many emergency department
25 visits due to asthma can be avoided with high-quality

1 primary care. Not all of them, but many of them. Again, a
2 striking disparity across race/ethnicity groups with the
3 African American rate being considerably higher than in
4 comparison, the API, Asian/Pacific Islander rate for ED
5 visits due to asthma. And really, for all groups, in large
6 measure, are preventable.

7 One of the areas that we've addressed in several
8 of our meetings - social determinants of health, and part of
9 that is education. Education being important to access
10 jobs -- jobs, helping eliminate or reduce the income
11 disparities.

12 So, this is - and this is from Let's Get Healthy
13 California - percentage of third-graders advanced or
14 proficient in reading. I think what is striking here,
15 rather than necessarily yes, there are differences by
16 race/ethnicity, but I think what is really striking in each
17 group is by income - economically disadvantaged in the
18 purple versus the maize bars, not economically
19 disadvantaged. In each group, a striking economic
20 disparity.

21 As I said, some of these measures are very
22 clinical in nature. We won't spend a whole lot of time.
23 These are different anti-hypertension drugs. Perhaps less
24 of a difference than other factors that we will be looking
25 at, but this is adherence in these different medication

1 classifications.

2 There are differences, but they're not as
3 striking, as I said, as in some other health areas, although
4 hypertension overall is, of course, a critical risk factor
5 for several chronic diseases.

6 This is -- we all know the importance of the
7 obesity epidemic. This happens to be adults, but there are
8 similar patterns in pediatric obesity. And, again, within
9 groups, you see striking differences by race/ethnicity and
10 this has implications for our program planning, which we
11 will get to and -- and, hopefully, that will be part of our
12 discussion.

13 Not all disparities are related to
14 race/ethnicity. There are many important ones. This
15 just -- is -- features differences on access to palliative
16 care, which is part of the Let's Get Healthy California --
17 one of the target areas is palliative and end of life
18 care. If you look at Medi-Cal discharges per year, this is
19 by the number of hospitals. The high volume Medi-Cal
20 hospitals -- there's hardly any palliative care. When you
21 get to low volume Medi-Cal, there's a lot more hospitals
22 with palliative care in the purple bar. So, again,
23 highlighting some of the possible socioeconomic disparities
24 in health.

25 There's a big focus on prevention as I highlight

1 in quality strategy. These are preventable
2 hospitalizations, looking at OSHPD data and using an
3 approach called the Prevention Quality Indicators, or
4 PQIs. And, once again, striking differences.

5 This is rate of hospitalization -- preventable
6 hospitalizations and it's pretty obvious that there are huge
7 differences by race/ethnicity and, really these should be --
8 we should take all of these bars down to the lowest
9 reference level or lower. All of these are at least
10 potentially preventable.

11 As I said, we'll look at some public health
12 measures. So, active communities, active individuals,
13 active families are an important part of prevention. So,
14 this shows the percent of children and adolescents who walk,
15 bike, or skated to school by race/ethnicity. The data --
16 the data is somewhat dated - five years ago, but, again,
17 differences by race/ethnicity in various prevention risk
18 factors - in this case, physical activity.

19 There's clearly limitations in the data. This -- these
20 are the best data that we can obtain. They are cross-
21 sectional. Because of the time it takes to clean up data,
22 they're often from several years ago. We have small ends
23 not only for certain race/ethnicity groups but other groups
24 that we would like to have a lot more information about.
25 And that's a regrettable limitation of some of these large

1 population surveys, that the numbers fall off when you want
2 to look at specific communities.

3 We, as I said, are committed to developing more
4 fact sheets so that we could look at more areas of potential
5 disparities. Obviously, that's why I'm here as part of the
6 Advisory Committee and -- and really, as Jahmal said, we're
7 going to redouble our efforts to work together and we're
8 going to get to the program interfaces and, as the report
9 comes out, we're going to develop a work plan together and
10 Jahmal alluded to that this morning.

11 Let's talk a little bit -- these are just some
12 interventions to start with. These aren't everything the
13 Department is doing. These are just meant to be examples.
14 So, we're working with the Department -- and, Jahmal, again,
15 you alluded to it - that we have to work with Social
16 Services and OSHPD and not only all the state departments
17 but the private sector and this part of it.

18 So, we're partnering with the Department of Social
19 Services, which oversees the CalFresh or Food Stamp program
20 on -- it's actually adult and pediatrics, really family-
21 related obesity. The Million Hearts Initiative is supported
22 through some technical assistance with Centers for Medicare
23 and Medicaid services and throughout health plans, through
24 quality improvement programs working on other areas of --
25 and I didn't show you diabetes data, but there are also

1 race/ethnicity differences with regards to diabetes.

2 So, as I said, I alluded to the USDA SNAP-Ed
3 CalFresh monies to develop a community-based obesity
4 prevention program that's actually going to be starting in
5 2015. It says fall, but there were some delays in funding.

6 The Million Hearts, as I said, related to CMS
7 providing some technical assistance that includes both
8 tobacco cessation and hypertension control. I showed you
9 that slide on hypertension medication adherence.

10 And this really just summarizes our approach. As
11 I said, there -- there are really frustrating data gaps, but
12 we're not going to let that stop us. We're going to work on
13 filling in the data gaps. And, more importantly, taking the
14 data and then planning interventions not only with CDPH, but
15 with the other partners that Jahmal alluded to -
16 foundations, private sector, health care sectors, and
17 communities, to really address some of these unfortunately
18 intractable problems that have been around, sadly, for
19 decades.

20 But, working together, I think we're going to make
21 some important progress. And the first step is to really
22 get a handle on the information and the underlying
23 descriptive epidemiology, and then design programs in
24 collaboration with communities that address the problem.

25 So, that's a very quick overview, but I wanted to

1 leave time for questions and discussion. So, Sandi, I'll
2 let you moderate that part.

3 AC CO-CHAIR GÁLVEZ: Thank you, Neal. Are there
4 any --

5 (Applause.)

6 AC CO-CHAIR GÁLVEZ: Pat? I see your hand up.
7 We'll start with Pat.

8 AC MEMBER CANTOR: Paula.

9 AC CO-CHAIR GÁLVEZ: Sorry. Paula.

10 (Laughter.)

11 AC MEMBER BRAVEMAN: That's okay, Sandi.

12 AC MEMBER CANTOR: You can't see Pat.

13 AC MEMBER BRAVEMAN: Thank you, Neal. That was --
14 that was -- very, very interesting. I was particularly
15 interested in the slide that showed kids' physical activity
16 or --

17 AC MEMBER KOHATSU: Right.

18 AC MEMBER BRAVEMAN: -- getting --

19 AC MEMBER KOHATSU: I'll go to that.

20 AC MEMBER BRAVEMAN: -- getting to school. And it
21 looked like, if I read it correctly, the African American
22 and Latino kids actually were more --

23 AC MEMBER KOHATSU: Right.

24 AC MEMBER BRAVEMAN: -- likely to. Is that --

25 AC MEMBER KOHATSU: Right.

1 AC MEMBER BRAVEMAN: What do you attribute that
2 to? I mean, that's kind of promising, unless it's a mistake
3 (laughter) around this.

4 AC MEMBER KOHATSU: It was striking and -- and I
5 haven't worked with my colleagues from CDPH. That's from
6 the California Health Interviews Survey, so I think that's a
7 very strong data source. I don't think it's reporting
8 lies. There's no reason for suspecting that.

9 And it could be some reflection of, you know, if
10 we looked at the geographic distribution by
11 race/ethnicity --

12 AC CO-CHAIR GÁLVEZ: Microphone.

13 AC MEMBER KOHATSU: Sorry about that. If we
14 looked at distribution, I'm suspecting, by geography, that
15 if you're in an urban neighborhood, there is more walk-in
16 and, you know, if you go to the suburbs, you see less of
17 that, to be honest. But if, when you're in an urban
18 neighborhood, you do see more walk-in and bike-in, and I
19 believe this lumps it together and -- but I see a lot of
20 skating, actually. Skateboarding, I mean by skating.

21 (Laughter.)

22 So, people do skate to school. So, it could be a
23 geographic distribution, but I -- you know, others may have
24 some insights.

25 AC CO-CHAIR GÁLVEZ: Aaron?

1 AC MEMBER FOX: So, you mentioned data gaps and I
2 think that that's one thing that's extremely important in
3 identifying health disparities for the LGBT community,
4 because on some of, I think, CHIS, there will be sexual
5 orientation and gender identity data on the new survey. I
6 think the behavioral --

7 AC MEMBER KOHATSU: BRFSS.

8 AC MEMBER FOX: -- the CDC-sponsored one has asked
9 prior, but it's not consistent. And then, I know, sort of
10 overall, Covered California has expressed interest in adding
11 sexual orientation and gender identity optional questions to
12 the streamlined application, but I think, from what I've --
13 from what I've heard, DHCS has not been as willing to make
14 those changes.

15 So, I think that, moving forward, we have this
16 really great opportunity through the -- through the
17 Affordable Care Act to get a lot of this information that we
18 haven't been able to get because we haven't asked the
19 questions. So, you know, if we have a really significant
20 population that we know there are significant health
21 disparities, if we're not counting them, we're never really
22 going to know how deep the disparities go.

23 AC MEMBER KOHATSU: So, if I -- if I could just
24 comment, Aaron. I totally agree. And DHCS supports CHIS,
25 so, in fact, it's probably the biggest support through the

1 federal match, so -- at least the folks that I know in DHCS
2 would certainly -- in fact, some of the scientists who
3 oversee that definitely are going to be advocating to have
4 that in CHIS.

5 More of our data, as you know, comes from clinical
6 sources, but we will be certainly working with health
7 plans. It's -- it's really part of understanding how to
8 best care for individual patients and families is to have
9 all of the relevant information.

10 So, it may not be reported publicly but, in terms
11 of care provision, we will certainly be working with plans
12 to ensure that they gather that data and on a clinical level
13 are using that. But then, from the population level, to
14 understand these large policies, absolutely, through CHIS.
15 So, DHCS is a strong supporter of -- of getting that
16 information.

17 AC CO-CHAIR GÁLVEZ: Jahmal?

18 OHE DEPUTY DIRECTOR MILLER: Thank you. Thank
19 you, Dr. Kohatsu, for the presentation. I had a meeting
20 last week -- or, well, first, I'll say that I was invited a
21 couple of months ago to sit on the CHIS Advisory Board and
22 we have a seat at the table, if you will, to be able to
23 inform future developments as the CHIS survey, which is
24 really important and we're heavily dependent on -- on a lot
25 of that data as it continues to progress.

1 I had a meeting last week about Let's Get Healthy
2 California, as the state Department of Public Health is
3 going to start to take on a more formal role to -- to
4 execute on that policy agenda. And we talked specifically
5 about -- so, the notion of us being the healthiest state in
6 the United States - that's definitely a great and lofty, you
7 know, goal that I believe is attainable.

8 But one comment that I made was we've got to
9 demonstrate at least in one indicator or a handful of
10 indicators that we're even in the best. And that -- in that
11 indicator, sometimes it's good to just focus initially on
12 that one, two, or three indicators to say, okay, as a state,
13 between public and private entities, this -- this is what
14 we're going to commit ourselves to doing so we can scale it
15 appropriately.

16 And the example that I referenced was a couple of
17 years ago when Kaiser Permanente committed, based on their
18 HEDIS measures, you know, they looked at their -- their
19 worst performing indicators, which were the colorectal
20 screening for Latinos and hypertension control for African
21 Americans.

22 And they went directly at that and committed from
23 a national, regional, and local level, from a cascading
24 perspective, like, this is what we're going to commit
25 ourselves to doing. They started to measure that on their

1 quality dashboard and, quarter by quarter, you started to
2 see the gaps closing by racial and -- and various ethnic
3 groups.

4 But you look at that and that's Kaiser data.

5 AC MEMBER KOHATSU: Mm-hmm.

6 OHE DEPUTY DIRECTOR MILLER: You know, where the
7 margin's closing, but you look across the state across
8 various public or private entities, those gaps persist. So,
9 I'm hopeful that, as we work together, that we can narrow
10 down on maybe a handful, and then use the -- the influence
11 that we have as government to kind of bring influential
12 systems, both public and private, together to kind of
13 collectively endorse and say, hey, these are the one, two,
14 three indicators we want to focus in on as a state, so we
15 can start at least saying, okay, we at least are the
16 healthiest state in the United States in this indicator,
17 this indicator, and that indicator.

18 And that's something that I don't think we
19 leverage a lot - this power that we have as a convener to
20 bring these entities together that would typically either
21 compete with each other, not share best practices, not share
22 toolkits around health equity commitments that they've made
23 and -- and because it feeds into the Let's Get Healthy
24 California model, which is so important to the secretary and
25 to the governor's office, I think, if we're able to do that

1 and spearhead that conversation and make it happen within
2 the context of the communication plan, as well, I think we
3 could make some headway in some of these indicators.

4 AC MEMBER KOHATSU: Yeah. Thank you, Jahmal. I
5 mean, I agree. As I said, I presented -- there are twenty-
6 four fact sheets of thirty-nine areas and, within that,
7 there are multiple areas to target. So, you can imagine
8 that really kind of goes up exponentially, and so, providing
9 some focus.

10 Some of the areas you highlighted have, as I said,
11 regrettably been intractable. The disparity and
12 hypertension control goes back to the late 60s at least, and
13 the stroke belt patterns are still there in the southern --
14 at the national level. So, there are some problems that are
15 just huge and have been around for decades.

16 And, you're right, that there'll have to be some
17 focus and this Committee, your office, other groups that
18 you -- your time in bringing together, we need to see if we
19 can't come to a consensus on how to, you know, figure out
20 where do we start and then keep moving. We -- we, you
21 know --

22 AC CO-CHAIR GÁLVEZ: Thank you. Hermia? You're
23 next.

24 AC MEMBER PARKS: Neal, thank you so much for
25 presenting the information. I'm really interested in your

1 slide that's titled "Potential Interventions."

2 AC MEMBER KOHATSU: Mm-hmm.

3 AC MEMBER PARKS: And, at the bottom, you have
4 listed the Adult Medicaid Quality Grant as a quality
5 improvement program.

6 AC MEMBER KOHATSU: Yes.

7 AC MEMBER PARKS: And underneath that you've got
8 Postpartum Care Project. Could you expand a little bit on
9 that?

10 AC MEMBER KOHATSU: We -- it -- it emanated from
11 there, but actually now is a CMS National Quality Initiative
12 that my colleague, Julia Logan, who's a family physician and
13 also a preventive medicine specialist, is taking a lead.

14 So, this Adult Medicaid Quality Grant was a two-
15 year -- I think it was a two million dollar grant that was
16 headed by Linette Scott, who is our chief medical
17 information officer.

18 And it's addressing the fact that both are
19 disparities but, really, across race/ethnicity categories,
20 postpartum care is underutilized and it -- it's really the
21 idea of getting the baby off to a -- a better start in terms
22 of prevention. And so, I can connect you up with Dr. Logan,
23 who is working on that.

24 This grant is almost over. It had a no-cost
25 extension, but it's going to be -- continue on through a CMS

1 national initiative on improving postpartum care. So,
2 I'd -- I'd be happy to make some connections because we'd
3 love to work with counties or communities who are also
4 focused on that.

5 AC MEMBER PARKS: Right. So, was postpartum
6 depression a part of that?

7 AC MEMBER KOHATSU: It's funny you mention that
8 because I was talking to Dr. Ramos -- to Diana, my colleague,
9 also interested in maternal quality. And so, the answer is
10 yes. (Laughter.) We have to do more. We realize that
11 springing two systems that are often separated - the mental
12 health system -- or behavioral health system and the
13 physical health system. But it's one of the things that
14 I've already sent Diana an email that we do want to work on
15 the postpartum here. I don't know that it's been targeted
16 in a big way. I may be speaking -- I may be wrong in Medi-
17 Cal, but it's something that I think we have to bring more
18 attention to. So, we were literally discussing that over
19 lunch.

20 AC MEMBER PARKS: Okay, thanks.

21 AC MEMBER KOHATSU: Thank you.

22 AC CO-CHAIR GÁLVEZ: Álvaro?

23 AC MEMBER GARZA: Thank you. So, you alluded
24 earlier to the walk, bike, skate in terms of the urban,
25 suburban, and rural --

1 AC MEMBER KOHATSU: Yeah.

2 AC MEMBER GARZA: And I think I agree with you.
3 And my question basically is, are you able to analyze this
4 data in that way - urban -- basically, density, right? The
5 urban, suburban, and rural -- and maybe on a macroscale
6 similar to a lot of studies of looking at ZIP Codes. Where
7 you live is -- determines --

8 AC MEMBER KOHATSU: Mm-hmm.

9 AC MEMBER GARZA: -- is the macroscale -- meaning,
10 like, the coastal communities and the -- the valley
11 communities --

12 AC MEMBER KOHATSU: Right.

13 AC MEMBER GARZA: -- because I see -- and some
14 studies have shown that quite well. For example, the Bay
15 Area is very well resourced and very -- fairly good health
16 status versus the San Joaquin Valley, very bad. So, this --
17 that question about --

18 AC MEMBER KOHATSU: Yeah. And I was probably
19 thinking about it -- you can look at it different ways, but
20 the suburban design, the winding streets where you -- you
21 can't -- there's no way to -- you know, as opposed to the
22 blocks in -- in the older neighborhoods in Sacramento.
23 You -- it discourages walking.

24 So, it may be that the suburban is kind of a toxic
25 design. But I -- I think we definitely can look at that and

1 I'm looking over at my colleagues in CDPH because they have
2 a larger crew of epidemiologists in that area to help us
3 with it.

4 We're definitely interested in intervention and
5 finding out kind of the hot spots and figuring out what we
6 can do. Our levers are more with the twenty-three health
7 plans we contract with, who, in turn, work with local health
8 departments and communities.

9 So, again, this is an area that -- Jahmal, in
10 partnership, that we can identify those community risk
11 factors or where there are factors -- environmental factors
12 conducive to health, as Álvaro is suggesting.

13 OHE DEPUTY DIRECTOR MILLER: Mm-hmm.

14 AC MEMBER KOHATSU: And then, we can do our part
15 to, you know, use our levers through the health care system.

16 Sandi, how are we doing on time?

17 AC CO-CHAIR GÁLVEZ: We -- we have two hands up
18 and I still have to take public comment and we have five
19 minutes. So, General Jeff?

20 AC MEMBER JEFF: I -- I want to respond to -
21 quickly to Paula's comment a moment ago in reference to this
22 slide in regards to walking -- kids walking, biking, and
23 skating -- skateboarding, if you will, to school. As far as
24 the contributing factors to why the Latino and African
25 American numbers are high, there's a lot of -- a lot of

1 factors, but just quickly, there's a lot of poor families in
2 poor communities that simply can't afford to own vehicles.

3 And, in regards to the Latino families, they
4 didn't have a lot of licensed drivers, and so that slide was
5 specifically referenced to 2009. So, they just recently
6 were able to become licensed in the state of California.
7 So, those are just quickly two contributing factors.

8 AC MEMBER BRAVEMAN: Thank you, Jeff.

9 AC CO-CHAIR GÁLVEZ: Thank you. Jeremy?

10 AC MEMBER CANTOR: Thanks. And thanks,
11 Dr. Kohatsu, for the presentation. So, just to -- to
12 piggyback on Álvaro's comment. I think it -- it's a really
13 important data gap and opportunity is to geocode all this
14 data, right? Not just the -- not just the physical activity
15 data, but, you know, preventable hospitalizations being
16 incredibly helpful to understand where there are those hot
17 spots. So, it -- and that seems like a perfect opportunity
18 potentially for some partnership.

19 And my other comment - I wanted to see if you
20 could just talk for a second about it. I mean, some of --
21 some of the response can be these kind of programmatic
22 responses, finding grant funding to do specific projects. I
23 think there's another opportunity, which is how do you bake
24 this into departmental decision-making and some you just,
25 you know, mentioned - those relationships of the twenty-

1 three health plans, the 1115 Waiver process, and so forth.

2 AC MEMBER KOHATSU: Mm-hmm.

3 AC MEMBER CANTOR: So, I'm wondering if you see
4 some opportunities there to kind of embed equity,
5 disparities -- and this is a big question, but if you had a
6 few initial thoughts about how -- where there may be some
7 levers or points for that.

8 AC MEMBER KOHATSU: I totally agree with you. It
9 has to be both - that -- that the resources, whether they be
10 foundations or CMS grants or CDC grants that can help with
11 some of these problems. Some have very deep roots and
12 require intensive commitment of resources.

13 On the other hand, we're never going to tackle the
14 disparities unless it is part and parcel of what we do. So,
15 I'll just give you an example. Although we are the
16 Department of Health Care Services, people say, you know,
17 we're thinking about hemoglobin A1cs and blood pressure
18 levels.

19 Well, it turns out that, in the area of so-called
20 super-utilizers, which are more or less the top one percent
21 of people who -- they might have been in the emergency
22 department twenty times a year, hospitalized twelve times a
23 year or more, and also have a substance use issue, typically
24 alcohol - that group, which have been dubbed super-
25 utilizers, are almost uniformly homeless.

1 And it turns out that the first step isn't to get
2 their hemoglobin Alc under control or their blood pressure
3 or even their substance use. What the -- the first thing is
4 to get them into safe housing. And so, we are actually --
5 we have a Robert Wood Johnson grant - a small grant for
6 technical assistance to figure out how to do that, and
7 when -- once you do that, then you can work on the other
8 aspects.

9 And that's been demonstrated. There's an
10 interesting project called Project 25 that actually has the
11 top thirty-one highest utilizers in San Diego County, the
12 Camden Coalition, out in New -- Camden, New Jersey, and many
13 other programs in California around the country have
14 demonstrated that.

15 So, we are literally immersed. You wouldn't think
16 that we're working on housing, but, in fact, we are figuring
17 out how can we access that? Who do we prioritize? How do
18 we get health care to kind of push public policy? So, I
19 totally agree it has to be embedded.

20 You know, I think, ten years ago, it would have
21 been, well, that's not our job - housing, poverty, and --
22 but we have no hope of getting to those hemoglobin Alcs and,
23 frankly, the alcohol or any of the other things unless we,
24 you know, deal with the housing and these other
25 determinants, which is why I'm from Health Care Services and

1 we're, you know, showing education -- you know, the point of
2 Let's Get Healthy is to understand things from root
3 causes. And health care needs to help push society and
4 communities to pay attention to that because, as I said,
5 it's really not about just the hemoglobin A1cs. That's --
6 that's a result way downstream - even the obesity,
7 obviously, so.

8 I'm preaching to the choir. Sorry.

9 (Laughter.)

10 AC MEMBER KOHATSU: This is the choir. We all
11 know that.

12 AC CO-CHAIR GÁLVEZ: Okay. I want to give a
13 chance to the public to weigh in on this, if anyone would
14 like to. We have a few more minutes. Operator, if you
15 could open the phone line, as well. Would anybody --

16 THE OPERATOR: Thank you. If you would like to
17 ask a question, please press *1 on your touchtone phone.

18 AC CO-CHAIR GÁLVEZ: Are there any cards for this
19 topic? Yes?

20 Domenica Giovannini?

21 MS. GIOVANNINI: Hello, all. My name is
22 Domenica, and I'm notably known in this group for working
23 with Marin City, but I actually work with different
24 organizations and populations in Northern California.

25 So, I appreciate the presentation from DHCS,

1 especially in this venue, as well as hearing about the
2 prevention focus and the upcoming collaborations, because I
3 feel that's absolutely necessary to actually impact these
4 type of issues.

5 My one comment is I just cannot stress the
6 importance enough of marketing and dissemination of this
7 information to consumers. I appreciate the efforts of
8 Branigan (phonetic) Outreach as an agency, but I encourage
9 this group, as well as DHCS and the other departments, to
10 take a step further and empower and enable local communities
11 to tell their story and to tell yours, because the
12 communities can be leveraged for this information at all.

13 Outreach is changing because of changes in
14 demographics to the consumer population, ease of access to
15 information, and technological advances. So, outreach, to
16 me, as a proud millennial on the record, is not simply
17 convening donors, webinars for granters, or even outreach to
18 the press - that, to me, is simply reporting donor
19 cultivation.

20 So, in closing, telling your story spans really
21 beyond marketing contracts and grant periods. So, if you
22 really want to make change in -- within the department of
23 DHCS, as well as the other ones represented here, people
24 need to know how to continue the conversation or even start
25 this conversation in these communities and with their

1 population. So, I just hope this is embedded in all the
2 processes.

3 AC CO-CHAIR GÁLVEZ: Thank you. Anybody else from
4 the public like to comment?

5 (No response.)

6 AC CO-CHAIR GÁLVEZ: How about on the phone?
7 Operator, do we have anyone in queue?

8 THE OPERATOR: We do have one from the phone. Let
9 me grab their name.

10 AC CO-CHAIR GÁLVEZ: Okay.

11 THE OPERATOR: They did not leave a name, but if
12 you pressed *1, your line is now open.

13 MR. MITRY: Hello?

14 AC CO-CHAIR GÁLVEZ: Hello.

15 MR. MITRY: Yes. You can hear me?

16 AC CO-CHAIR GÁLVEZ: Yes.

17 MR. MITRY: I did leave my name, but I'll repeat
18 it again. It's Raja Mitry, a member of the California MHSA
19 Multicultural Coalition.

20 AC MEMBER GARZA: Raja, can you speak louder? Or
21 can we adjust the volume?

22 AC CO-CHAIR GÁLVEZ: Raja? Go ahead.

23 MR. MITRY: This is Raja Mitry. Is that any
24 better?

25 (Several AC Members speaking at once.)

1 MR. MITRY: Thank you.

2 You know, the strategy of effective delivery of
3 care likely recognizes that quality care includes
4 culturally-appropriate or congruent services with a person's
5 or family's -- family's cultural background. And it's
6 sensitive to respect for generational values and how age is
7 perceived by old world cultures in terms of their wisdom.
8 Also sensitivity to their cultural history, including
9 impacts of any historical and complex trauma.

10 Native Americans say culture is medicine. Well,
11 that applies as well to other communities whose cultures
12 span many centuries. It's one of the ways that could engage
13 people in their own health care, as well.

14 And please consider any possibility of ensuring
15 language about cultural appropriateness in any strategy
16 approach meant to attain quality outcomes.

17 Thank you very much.

18 AC CO-CHAIR GÁLVEZ: Thank you.

19 Anybody else on the -- that was the only person,
20 Operator, right?

21 (No response.)

22 AC CO-CHAIR GÁLVEZ: Okay. So, we're going to end
23 this part of the agenda and we're going to actually switch
24 up -- Tim Ford, from the Office of Legal Services, is here
25 and he had a short presentation with us. We're going to

1 move that up before the Health in All Policies Task Force
2 update.

3 So, Tim, if you could come to the front?

4 AC MEMBER KOHATSU: Sandi?

5 AC CO-CHAIR GÁLVEZ: Yes, Neal?

6 AC MEMBER KOHATSU: While Tim is coming up,
7 just -- I appreciate the comment from the audience about
8 engaging individuals and communities directly and I'll just
9 put a little plug for our site call Welltopia, which is on
10 Facebook and it's going to be launched as a website.

11 So, DHCS Welltopia has -- hosts resources -
12 interim jobs, education physical health - and it's our kind
13 of first foray to try to reach out directly to individuals
14 and communities. So, thank you for that comment.

15 AC CO-CHAIR GÁLVEZ: Thanks, Neal. So, I believe
16 we have the form -- do we have the form?

17 MS. RUN: The forms are with me.

18 AC CO-CHAIR GÁLVEZ: Oh, so, Siek, can you -- are
19 you going to pass them out? Okay. So, Siek will be passing
20 out the forms while Tim's getting ready.

21 MR. FORD: Okay, so we do have the forms or can we
22 pass them out? Or do you want to do that?

23 AC CO-CHAIR GÁLVEZ: Siek is passing them out
24 right now.

25 MR. FORD: Okay. Great. So, let me know when --

1 I can make a couple of comments.

2 This Committee had the opportunity to file an
3 Assuming Office Statement a year ago when you were first
4 created. This is your first Annual Statement, Form 700, and
5 the definition of what you had -- would be required to
6 disclose is actually narrowed.

7 It will be adopted in the CDPH code that went into
8 effect in August. So, we took off real property at the
9 suggestion of the FPPC. So, it's disclosing -- full
10 disclosure but without real property. So, if you had real
11 property on last year's form, you don't have to worry about
12 the attachment this year.

13 The annual filing differs -- (Microphone
14 difficulty.) Okay. Sorry about that.

15 (Laughter.)

16 MR. FORD: So, the annual filing differs only in
17 the look-back period. Your Assuming Office Statement
18 covered the twelve months prior to August 20th, which is the
19 date that the code went into effect. The Annual statement
20 covers the last calendar year, so all of 2014. So, a
21 difference of only, you know, what? Four and a half
22 months? Something like that.

23 Otherwise, it would be the same coverage on that
24 and, if you have any questions, you know, that are of a
25 general nature, I can handle that for the benefit of

1 everyone. If you have something that you think is very
2 specific to just your filing situation, then we can talk
3 about that later. My email is easy. It's -- it's on the
4 department system at tim.ford, and then I can reply back and
5 probably set up a time just to have a short phone
6 conversation.

7 On the form, the -- you know, we're hoping to --
8 you know, if you can fill them out today before you leave,
9 that'll be great. That's the preferred method because then
10 you're over and done with. If you do end up having to take
11 it home and look up some things, we do need back mailed-in,
12 hardcopy, the original signature.

13 It's an old, old statute that's never been changed
14 and was before fax machines were even -- became part of a --
15 of a standard office. So, you can't email it back with a
16 PDF scan. It's got to be that actual hardcopy in an
17 envelope with a stamp. Somebody will have one somewhere,
18 I'm sure, but -- I know, they're pretty rare.

19 So, any general kind of questions at this point?
20 This does take you up to next spring, so you won't have to
21 do this again until a year from now.

22 AC MEMBER GÓMEZ: This comes up every year for
23 those of us that are state employees and have to submit this
24 already. We are typically asked to submit a single form and
25 note the different groups it applies to, but I know that

1 last year it was requested that I somehow duplicate. So, I
2 just want to make sure, again, since we're on the
3 revision -- we're on the, you know, annual cycle now, that I
4 don't have to submit two separate 700s.

5 MR. FORD: The answer is yes and no. You do --
6 you can just make a single filing that lists both your
7 department office or job class and this advisory group.
8 However, the department does need to have a separate signed
9 original for both groups, so you would need to provide them
10 with two signed -- signed originals, in that case. But,
11 otherwise, it works fine.

12 Or you can just do one that lists each one.
13 That's probably -- probably the cleaner one, because your
14 attachments -- you don't have to refill them out, you can
15 just photocopy those. So, the only difference would be what
16 the cover page says.

17 Let's see, on the cover page, the common omissions
18 are, you know, not signing it. You know, not providing the
19 original signature, not dating it, and then filling in name
20 and contact information. In Section 4, it's important to
21 note the total number of pages. If you have nothing to
22 disclose and you checked the box for that in Section 4, then
23 put a one in the page count box. But, otherwise, it's the
24 same as last year.

25 Again, if you put real property down, though, we

1 narrowed the definition with the -- at the recommendation of
2 the FPPC and so it is narrower, and so anything to do with
3 real property is just no longer something you have to be
4 concerned about for this.

5 AC CO-CHAIR GÁLVEZ: Tim?

6 MR. FORD: Yes?

7 AC CO-CHAIR GÁLVEZ: Just for -- so, for
8 clarification, so the statement always just -- it always
9 covers the year that just passed? In January, it's always
10 the reporting period for the year that just passed. Is that
11 how this works?

12 MR. FORD: That's correct. And then, at some
13 point, if you leave the Committee, within thirty days of
14 that, you would file a statement that's a Leaving Office
15 Statement and, on that one, you put the date that you
16 resigned and the period would then be twelve months prior to
17 that.

18 So, again, there would obviously be some overlap
19 with the previous one and it's probably the same
20 information. For most of us, that information is just not
21 going to change very frequently.

22 AC CO-CHAIR GÁLVEZ: All right. Thank you.

23 MR. FORD: Anyone else?

24 (No response.)

25 AC CO-CHAIR GÁLVEZ: Everyone, there -- if you'll

1 notice in your packet, you'll have -- you have the first, I
2 guess, in the front of the forms that you just filled out
3 and then there are blank forms to fill out again for the
4 period of January 1 to December 31, 2014, after that.

5 José, did you have a question?

6 AC MEMBER OSEGUERA: Yes, Tim. I have a quick
7 question for you and that is in regards to signing it. Do
8 we have to sign it in blue ink or does it matter?

9 MR. FORD: No.

10 AC MEMBER OSEGUERA: Okay.

11 MR. FORD: Okay. Thank you very much.

12 AC MEMBER GARZA: Do we turn these in to staff or
13 what's the instructions?

14 DR. NOLFO: We'll go around and collect them up.

15 THE OPERATOR: Hi, this is the operator. I just
16 wanted to verify. Has the call concluded?

17 AC CO-CHAIR GÁLVEZ: No. We're filling out forms.

18 THE OPERATOR: Okay. No problem. Thank you.

19 DR. NOLFO: Some Members are asking whether they
20 can get copies. And so, what we can do is we can make
21 copies and mail you back a copy, if that works for you.
22 Okay?

23 AC CO-CHAIR GÁLVEZ: All right. We're going to --
24 we're going to go ahead and get started. We have a lot of
25 conversations, so I'm assuming most people are done with

1 their forms. So, are folks feeling like they need a break
2 now, or should we -- could we wait until after? Keep going?

3 (No response.)

4 AC CO-CHAIR GÁLVEZ: All right. So, our next
5 presentation is from Julia. It's an update from the Health
6 in All Policies Task Force. Julia and Karen. Or is it just
7 Julia?

8 MS. CAPLAN: Both of us.

9 AC CO-CHAIR GÁLVEZ: Both of you, Julia and Karen.

10 MS. CAPLAN: Thank you.

11 (Applause.)

12 MS. CAPLAN: Great. Thank you. Hi, everybody.

13 (Greetings in unison.)

14 MS. CAPLAN: All right. I don't think our
15 presentation will be as exciting as the 700 forms, but we'll
16 see.

17 (Laughter.)

18 MS. CAPLAN: Give us a chance.

19 So, I'm going to give a general update on Health
20 in All Policies that will be quite brief. And then, I'm
21 going to turn things over to Karen Ben-Moshe to talk about
22 the violence prevention work that the Health in All Policies
23 Task Force is taking on.

24 And it says discussion, because the point of this
25 is really to get input, and we structured this to give you

1 all -- after the presentation, to give you all some time to
2 talk amongst yourselves and then we'll have a full group
3 discussion to get your feedback.

4 In your packets, the very last section -- tab of
5 your packets has slides as well as a couple of handouts
6 related to our presentation.

7 So -- and this is just a -- this slide is just a
8 quick reminder -- I think you -- many of you -- most of you
9 have heard kind of the overview of the task force before.
10 But we bring together twenty-two state agencies,
11 departments, and offices to look at the links between health
12 equity and sustainability and are working on the varied
13 kinds of things like Dr. Kohatsu was talking about around
14 housing. And, you know, kind of housing first is definitely
15 a Health in All Policies kind of concept - really looking at
16 the broad range of features of our communities and of
17 society that impact our health but go beyond what's in the
18 health care systems and public health services.

19 The task force was created by -- by our governor
20 in 2010. It reports to the Strategic Growth Council, which
21 is a Cabinet-level body that's charged with environmental
22 sustainability. So, we have a very clear climate change
23 link in our mandate through the task force, which is a
24 little bit different from the Office of Health Equity
25 Advisory Committee, but there are a lot of areas of

1 alignment around that.

2 And then, our funding comes from various sources,
3 some from CDPH, but also quite a bit from outside sources.

4 And I also wanted to point out that -- that members of the
5 task force contribute their time. So, they're not receiving
6 funding to participate. It's a big deal. It means that any
7 actions taken by the task force have to be things that our
8 member departments sign onto and generally that are helping
9 them achieve their own goals. They are the ultimate
10 decision-makers around what the task force takes on.

11 We really focus on gathering input from the public
12 and from key policy experts to make sure that the work of
13 the task force reflects what's actually happening and needed
14 in communities.

15 And just a few highlights of our work. So, at the
16 last meeting of this body, the phone meeting, I gave an
17 update on the Active Transportation Action Plan, which the
18 task force had just released. We've had some great work
19 coming out of that and I wanted to just highlight from that.

20 So, we have over fifteen agencies that are now
21 committing to supporting walking, biking, and public
22 transportation with a particular focus on safety. And I
23 know that earlier, when Dr. Kohatsu was -- was -- there was
24 quite a lot of conversation about his slide showing the high
25 rates of Latinos and African Americans who are children who

1 are walking, biking, and rolling to school. Those
2 populations are also more likely to face injury and death
3 from collisions. So, when we're talking about safety, we're
4 really talking about equity and health equity and that's
5 been a key focus of the task force's work around active
6 transportation.

7 Last week, I had -- last month -- I guess it was a
8 couple weeks ago, I had the opportunity to present about the
9 task force's active transportation work to the California
10 Transportation Commission, which is a major body made up of
11 a lot of folks from the transportation and development
12 industry who make big decisions about billions of dollars of
13 infrastructure spending. It was a great opportunity to
14 connect with them and we're also working with their staff on
15 ways to bring this health and equity lens into some of their
16 decision-making.

17 Tamu already talked about the American Public
18 Health Association annual meeting. One of the exciting
19 things at this past meeting was that we organized a panel
20 featuring rural communities in California telling their
21 Health in All Policies stories. So, we had stories from
22 Tulare County, Merced County, and Monterey County. And the
23 theme for the 2015 annual meeting is Health in All Policies,
24 so it will be -- I think California will be very well
25 represented there.

1 Also, on the theme of the spread of Health in All
2 Policies, the Ventura County Board of Supervisors just
3 passed a Health in All Policies resolution last week. And
4 Santa Cruz County just got a grant to start a Health in All
5 Policies Task Force, so we're seeing a lot of uptake.

6 And then, the last thing on here is about action
7 reports. So, over the next few months, one of the
8 priorities for the task force is going to be developing
9 reports basically to let -- from a place of accountability
10 to let you all -- to let the public know what the task force
11 has achieved - what we've been doing. And we'll be
12 developing reports related to our housing work, violence
13 prevention work, greening, and health food and those will
14 be -- we'll make sure that those get out to you once they
15 are released.

16 Before I turn things over to Karen, I -- Linda, I
17 just wanted to see if there's anything that you want to add,
18 since you are here also representing the task force.

19 AC MEMBER WHEATON: No. I just wanted to say --

20 AC MEMBER JEFF: Microphone.

21 AC MEMBER WHEATON: Oh, thank you. I just wanted
22 to say, again, I was struck recently -- I was -- I was
23 telling Cynthia, I was visiting the Hope VI projects and
24 sites in -- in San Francisco recently and struck again by
25 the lack of access to food, to supermarkets, and other

1 services amenities.

2 And it -- and it just struck me, the importance of
3 active transportation, especially of youth, of us
4 supporting, you know, bike-sharing programs and a lot of
5 things that are talked about on a municipal level, getting
6 them going at -- at -- in housing and -- and different
7 coalitions.

8 I think there's lots of opportunity. There's lots
9 of crossover, I think, between the strong support of -- of
10 the active transportation within the transportation realm,
11 where, in the cap and trade program, for example, we're
12 trying to put renewed emphasis on that for -- for leveraging
13 greater access to transit and connectivity to which in turn
14 relates to reducing vehicle miles traveled and greenhouse
15 gas reductions and climate change. So, I think we have
16 important cross-cutting work across many departments and
17 stakeholder communities such as you represent.

18 Any questions?

19 (No response.)

20 MS. CAPLAN: Thanks, Linda.

21 So, I'm going to turn the mic over to Karen in
22 just a second and I wanted to acknowledge Karen Ben-Moshe
23 and also Kelsey Lyles, who have been spearheading our work
24 around exploring what do we do around violence prevention?
25 What is it that we actually have jurisdiction over through

1 the task force? Where can we actually make a difference?
2 And, I have to say, I think this is probably, as far as --
3 as I can tell, perhaps the most complicated topic that we
4 could take on as a task force and -- but also, possibly the
5 most important.

6 So, Karen's going to give more of an overview
7 about that work, and then we're going to facilitate a
8 process to engage you in helping us think about it.

9 MS. BEN-MOSHE: Thanks, Julia.

10 So, I'm just going to talk for a couple of minutes
11 and then, as Julia said, we'll get to -- to some
12 discussion. Excuse me.

13 So, violence prevention is something that's been a
14 part of the Health in All Policies Task Force since the
15 beginning. One of our aspirational goals is around safe
16 communities. It's something that really touches all of the
17 member agencies of the Health in All Policies, whether it's
18 those who want to increase access to healthy food or those
19 interested in transportation or housing.

20 Our work to date on -- with the task force on
21 violence prevention has been fairly limited, however. We
22 are working on a small project related to land use and crime
23 prevention. But, we know that violence prevention is
24 important. It's something the task force wants to do more
25 work in and we know that it's something important in

1 communities.

2 In a series of workshops in 2010 and 2011,
3 violence prevention and community safety came up over and
4 over and over, and so we're now really going through an
5 exploratory process. As part of that process, we're meeting
6 with stakeholders, one-on-one meetings, we're excited about
7 the opportunity here with you today, we're meeting with task
8 force members, we're meeting internally at the Department of
9 Public Health. So, we've met with the Center for Family
10 Health, we've met with others in the Office of Health
11 Equity, our Safe and Active Communities branch - so, we're
12 really thinking broadly at this point.

13 Our work might lead to a new action plan on
14 violence prevention. I think that's ultimately where we're
15 hoping to go. As Julia mentioned and I know you've heard
16 about the Active Transportation Action Plan, but these are
17 really voluntary commitments that the task force makes but
18 that are public documents. The goal is really to identify a
19 few concrete and influential objectives and that's what
20 we're hoping the action plan would contain.

21 I want to give a little note about terminology.
22 (Laughter.) As we've been doing this work, and Kelsey and I
23 have been learning a lot and reading a lot and meeting with
24 people, we are really finding that topics like violence and
25 crime, policing, incarceration policies, recidivism, and

1 more -- there's a lot of linkages, sometimes not linkages,
2 but things that are related. And we're finding it really
3 hard to kind of put things into buckets right now. And so,
4 we really are thinking broadly across the spectrum. So, I
5 just wanted to note that.

6 This is a model - we're in public health, so we
7 like our -- we like our models - that we've been using that
8 based on a World Health Organization model. It's really
9 been helping us think through where there are possibilities
10 for intervention and how to -- how to create healthier
11 communities.

12 I think that, ultimately, we're hoping to -- to
13 focus the task force's work as much as possible on the
14 prevention before occurrence, but also acknowledge that
15 there are opportunities across -- across the spectrum that
16 you see here.

17 So, as -- as Julia said, one of the -- the key
18 challenges for the task force is really figuring out what is
19 the task force's role? What can state agencies do? So, we
20 know there are roles for many partners. There are things
21 that many of you likely do within the -- the realm of
22 violence prevention.

23 But what we are really interested in is what can
24 this set of state agencies do? And that's kind of what
25 we're going to be asking you in a couple of minutes. To

1 that end, we've provided a handout -- I think it's the last
2 page of your packet, and it says "The Role of State
3 Agencies: Examples."

4 And you'll have some time to look through that,
5 but what the state does is specific and it's not the same as
6 what foundations do or nonprofits or local agencies. For
7 example, you know, we're really thinking kind of at that --
8 at that level.

9 As examples of things the state does, the state
10 can create a sugar-sweetened beverage tax, though that would
11 require legislative action. The state gathers and
12 disseminates data, such as the presentation you heard before
13 about Medi-Cal data, and there are opportunities to think
14 about how we can gather and share data more effectively and
15 efficiently. And the state can provide technical assistance
16 and training. So, just a couple of examples, and there are
17 more in that handout.

18 So, as we're thinking about what the task force
19 could do around violence prevention, we've gone back to a
20 set of recommendations developed in 2010. The four
21 recommendations you see here were part of that report that
22 had thirty-four recommendations broadly, but these are
23 the -- the four on violence prevention. And it's something
24 we've been thinking about whether these recommendations
25 are -- are worth going back to or whether there are new

1 recommendations.

2 The second one, which is the one on crime
3 prevention through environmental design, is the one that
4 we've been working on and we're working on a guidebook that
5 should be released early this summer. And I'm happy to
6 share more information about those recommendations and
7 there's more information available about them in our report
8 that we have.

9 So, as we think about new work, Kelsey and I are
10 putting together a long, long list. I think we've already
11 gotten about fifty ideas or so just from reports and
12 meetings that we've had. But we really are gathering any
13 ideas.

14 Just to give you a sense of what those could be,
15 one would be to collaborate across agencies, to bolster dual
16 enrollment in critical health services, such as CalFresh and
17 Medi-Cal, for reentry populations, or to provide
18 recommendations for creating a positive school climate and
19 reducing bullying and student altercations. So, that's just
20 an example of the kinds of things that we're thinking about,
21 but that's -- they're just examples.

22 And then, as I mentioned, we're doing a lot to
23 talk to stakeholders. So, these are traditional state
24 partners, non-traditional state partners, and then lot of
25 other folks. And one of the questions we'll be asking you

1 is whether you have ideas of organizations that we should be
2 meeting with.

3 So, I want to stop here and take any clarifying
4 questions rather than kind of broader comments, which
5 there'll be time for after.

6 AC CO-CHAIR GÁLVEZ: On the model?

7 MS. BEN-MOSHE: Yeah.

8 AC CO-CHAIR GÁLVEZ: On the model, that last
9 bullet - prevention of impairment --

10 MS. BEN-MOSHE: Mm-hmm.

11 AC CO-CHAIR GÁLVEZ: Could you expand on that? I
12 wasn't clear on what that meant.

13 MS. BEN-MOSHE: Yes. I think that was, you know,
14 things like disability and injury - things like that. And
15 we have an expanded version of this model that we've been
16 filling in that I'm happy to share. That is just something
17 we're using kind of for ourselves to focus the work and
18 think about it, but I'm happy to share that.

19 AC MEMBER GÓMEZ: Thanks so much for your
20 presentation. You know, we've been working -- again, Linda
21 and I were speaking because we're working specifically in
22 public housing very in-depth, and we recently released a
23 white paper on trauma-informed community building.

24 And I just wanted to bring that language in here
25 because I think that we think of violence in a particular

1 way --

2 MS. BEN-MOSHE: Mm-hmm.

3 AC MEMBER GÓMEZ: -- but, really, for some folks,
4 prevention before occurrence has to be looked at in the
5 context of individuals who live in a chronically traumatic
6 environment. And their distinction of violence might be
7 very different than others' distinction of violence. So, I
8 just wanted to throw that in there because I think that it's
9 not quite reflected in your model. It may be in there --

10 MS. BEN-MOSHE: Mm-hmm.

11 AC MEMBER GÓMEZ: -- but just -- you may want to
12 consider how the context may drive some of this differently.

13 MS. BEN-MOSHE: Thanks.

14 Okay. Great. So, what we want to do is have a
15 little bit of kind of small discussion. So, you've got in
16 your packets - I think it's the second-to-last page - is a
17 handout. We're going to give you about ten minutes to
18 prepare for some group discussion. We've got -- oh, yeah,
19 thanks.

20 So, we're going to ask you to get into groups of
21 two to three, and the idea is really just to be able to
22 bounce some ideas off of each other. We're not going to
23 facilitate you. This isn't a formal process. You can use
24 the worksheet as reference, and we're actually going to
25 invite you to turn those in at the end, if you would like.

1 If not, that is also fine.

2 I think what we'll do with folks on the phone is
3 maybe, if possible, just mute them for ten minutes, and then
4 we'll come back.

5 So, the four questions, which are on your sheet
6 and also up here -- what activities are you currently
7 engaged with that relate to violence prevention? What
8 barriers to supporting violence prevention in your work?
9 What can the state do to promote safety and reduce
10 violence? And who else should we engage in this input
11 process?

12 So, we're going to take about ten minutes. Get
13 into groups of two to three and just have some discussion
14 and then we'll come back for some larger group discussion.
15 Sound good?

16 MS. BEN-MOSHE: Sorry. Just one other quick
17 announcement. Members of the public are invited to
18 participate, including those on the phone.

19 DR. NOLFO: So, you're going to debrief with them,
20 as well?

21 MS. BEN-MOSHE: Yeah, we'll debrief with them, as
22 well.

23 (Off the record at 2:49 p.m.)

24 (On the record at 3:00 p.m.)

25 MS. BEN-MOSHE: Hello. Okay. We're going to wrap

1 up the -- the small groups and come back for some larger
2 group discussion. I know that ten minutes probably wasn't
3 enough.

4 So, we'll have about twenty minutes for
5 discussion. What I'm going to do is start with the Advisory
6 Committee and then we'll go to -- go to the public and folks
7 on the phone.

8 And as -- you know, we won't have time for
9 everyone to make every comment, likely. Maybe we can in
10 twenty minutes, but, if there are things you really want to
11 get across to us, please make sure to write them down.
12 We'll also skip to this, but feel free to get in touch with
13 me or Kelsey or Julia if you want to talk further about any
14 of this, want to meet one-on-one with us, we're -- we're
15 happy to do that.

16 So, why don't we -- I want to hear specifically
17 kind of around questions three and four as you were talking
18 in your small groups, are there things that you would like
19 to see state government agencies do? And who else should we
20 be engaging in this work? Or other questions or comments?

21 AC MEMBER CÁZARES: I could talk -- speak to four
22 but -- so, I was telling Jeremy and José that I've worked --
23 in my time with Gay-Straight Alliance Network, I was part of
24 a lot of the policy advocacy work. And we did school
25 discipline -- we worked with the School Discipline

1 Coalition, which you should know about if you don't already.

2 And a lot of them, like the Restorative Schools
3 Vision Project, RSVP - so many have made these
4 recommendations, have passed legislation. There's -- so, I
5 have a list, is what I'm saying, that I could offer to you
6 to -- to reach out. And I've even asked a few of them to
7 come to our meeting today knowing that this was coming up.

8 So, there's that whole group. And then, again, in
9 my work with PTA, there's the LCFF and LCAP --

10 MS. BEN-MOSHE: Mm-hmm.

11 AC MEMBER CÁZARES: So, there's funding that has
12 been going to these priority areas that were recently
13 identified in this new legislation. Two areas that come to
14 mind are school climate and student engagement where they
15 actually take a look at the attendance records. And, of
16 course, we know that violence -- if -- if a student feels
17 unsafe, they're not going to want to come to school, maybe
18 they're experiencing violence at homes -- at home, and now
19 they're going from home to home.

20 MS. BEN-MOSHE: Mm-hmm.

21 AC MEMBER CÁZARES: So, there -- there are ways
22 that we can work with CSBA, the California School Boards
23 Association, or access the superintendents -- you know,
24 school administrators --

25 MS. BEN-MOSHE: Mm-hmm.

1 AC MEMBER CÁZARES: -- and -- and see where have
2 certain districts put funding towards those priority areas
3 and work with -- and, you know, HiAP could work with them on
4 that.

5 MS. BEN-MOSHE: Thanks.

6 I saw, I think, Pat, and then Paula. Did you have
7 a --

8 AC MEMBER RYAN: Yeah. I -- we -- we talked
9 briefly about -- about the importance of early intervention
10 with children, zero to five, and, particularly with regard
11 to what state government could do to promote safety and --
12 and reduce violence, putting more funding into early
13 childhood education, particularly preschool -- universal
14 preschool. I think the evidence has shown that -- that
15 funding those programs helps to reduce violence and the --
16 or the impact of violence on children.

17 MS. BEN-MOSHE: Thanks. Paula?

18 AC MEMBER BRAVEMAN: Yeah, what -- we talked about
19 the -- the need to go really upstream if you want to prevent
20 violence and, you know, whether that's politically viable
21 or -- or not is (laughter) -- is the big -- big question.
22 But issues like poverty and jobs and -- it's important to
23 keep that on the agenda --

24 MS. BEN-MOSHE: Mm-hmm.

25 AC MEMBER BRAVEMAN: -- if you don't think that

1 you're going to conquer it in a year.

2 MS. BEN-MOSHE: Thanks.

3 AC MEMBER GRAHAM: One -- one thing I think the
4 state should be more involved with is -- a lot of you might
5 not have heard of, is the Family Resource Center --

6 MS. BEN-MOSHE: Mm-hmm.

7 AC MEMBER GRAHAM: And the reason why I know so
8 much about it is because we have that in Vacaville in the
9 back of the police department where I work. And, within
10 that resource center alone, it deals with a lot of
11 intervention and prevention.

12 What I mean by that is most of the time, when
13 there's a domestic violence situation, the victim will
14 recant over and over and over again. And the reason why is
15 because they rather stay in this situation and make sure
16 their children have a place to stay rather than go to the
17 law and go all the way through and then the guy that have a
18 thing on the lease kicks them out.

19 So, our resource center, what it does -- it does
20 several things. It does home visiting. The other thing is
21 they immediately contact the victim of domestic violence,
22 educate her, help her to get connected to social service,
23 help her to get in counseling, help the kids get in
24 counseling, help her get in a support group, make sure that
25 she goes to court, that an advocate be provided all the way

1 through the court process, and then help her to learn more
2 about the honeymoon stages and all the stages of domestic
3 violence.

4 There's also -- assist her in helping to find a
5 place to live and a job to have. As a matter of fact, what
6 it does, it just kind of makes sure they know they have a
7 partner in the room. And most of the people that come to
8 the Family Resource Center -- why? Because it's local and
9 it's right there in the community.

10 And a lot of people that you'd say are down on the
11 lower totem pole that don't want to go no place else, they
12 feel very comfortable coming there in the Family Resource
13 Center because they've got all kinds of people that are
14 there to help.

15 So, I believe, if you've got something already
16 working in the community, then you want to invest more money
17 into the community. So, that's one thing the state can do
18 as you kind of saw looking at the Family Resource Center.
19 It's kind of starving now for finance to help those in the
20 community.

21 MS. BEN-MOSHE: Thanks.

22 Other comments or questions from folks on the
23 Advisory Committee? Jeremy?

24 AC MEMBER CANTOR: A couple of things on three and
25 four - so, I mean, on three, and this is, I think, sort of

1 where you guys are going, but it seems like the two things
2 are, one, to -- to, you know, use the state's data
3 collection capacity and kind of, you know, an ability to
4 elevate an issue to -- to really make it clear the -- the
5 sort of impact of violence and trauma.

6 And I really liked Cynthia's comment before,
7 really, you know, and -- and accumulative trauma, adverse
8 childhood experiences --

9 MS. BEN-MOSHE: Mm-hmm.

10 AC MEMBER CANTOR: -- that data that is emerging
11 and growing. I want to really make that clear. And the
12 other piece is to help governmental decision-makers
13 understand the impact of their decisions --

14 MS. BEN-MOSHE: Mm-hmm.

15 AC MEMBER CANTOR: -- on violence and trauma
16 and -- you know, and some of it gets to that is it a
17 political reality, but I think that -- that there probably
18 aren't a whole lot of tools, or at least I haven't seen
19 around sort of how you -- how you actually analyze decision-
20 making around, you know, impact on violence and trauma.

21 MS. BEN-MOSHE: Mm-hmm.

22 AC MEMBER CANTOR: Even, you know, for instance,
23 the Department of Education funding -- you know, the link
24 between funding for specific programs and violence is -- is
25 pretty strong, whether it's universal preschool or

1 otherwise.

2 And, in terms of who to engage, one other thought
3 is -- is public hospitals, who I think share a lot of the
4 financial risk around trauma and violence. Kind of that
5 immediate -- but, also have longer-term -- have a longer-
6 term interest in kind of the -- the impacts of violence on a
7 community and kind of see that in terms of -- from a
8 budgetary perspective at a local level.

9 MS. BEN-MOSHE: Thanks. Cynthia?

10 AC MEMBER GÓMEZ: Yeah, we had a little more
11 discussion in the beginning about what was the definition of
12 violence, but also distinguishing, I think, where we often
13 go, which is sort of how do we stop that person from being
14 violent.

15 MS. BEN-MOSHE: Mm-hmm.

16 AC MEMBER GÓMEZ: So, we see it as an individual
17 issue rather than a social issue. And so, one of the
18 things, you know, that I feel is important is that we see it
19 as a community issue, not individuals we need to stop from
20 being violent, because I think that ideologies --

21 MS. BEN-MOSHE: Mm-hmm.

22 AC MEMBER GÓMEZ: -- as Paula is saying, has many
23 upstream factors, but, if we're not allowing for a community
24 to actually heal and find alternatives, then we'll never
25 really get those changes. So, you know, some -- some

1 examples of -- of who to engage -- I mean, I mentioned, you
2 know the recent issues with police departments --

3 MS. BEN-MOSHE: Mm-hmm.

4 AC MEMBER GÓMEZ: -- the enforcers of safety, I
5 think, really needs to be dealt with head-on in terms of
6 community policing and what we think that looks like and how
7 do we actually develop different relationships between
8 communities and folks that work on behalf of those
9 communities, no matter what their role.

10 So, I think that some of it is to move it out of
11 the individual realm into a social realm, because it will
12 change both the questions and the potential interventions.

13 MS. BEN-MOSHE: Thanks.

14 AC MEMBER WU: I -- I just wanted to -- this is
15 Ellen. Sorry.

16 I just wanted to follow up with -- on Cynthia's
17 two comments, because she's brilliant.

18 (Laughter.)

19 AC MEMBER WU: But, one is that -- just -- I don't
20 know if there's a different terminology, but we -- just be
21 careful when we -- when we use the term "violence
22 prevention," because it can -- it can definitely lead to the
23 criminalization of populations rather than, I think, the
24 approach that we're trying to take.

25 And I think we -- we -- you know, there's some

1 policies that we can start with. When we talked here about
2 income inequality and jobs, and so then there -- you go to
3 band the box.

4 MS. BEN-MOSHE: Uh-huh.

5 AC MEMBER WU: You know? There's a lot of local
6 policies that are going on now to -- to -- do I need to
7 explain "band the box"? Getting rid of the question on the
8 application form that asks whether or not you've ever been
9 convicted of a crime, which is a policy that's really wide-
10 spreading.

11 MS. BEN-MOSHE: Mm-hmm.

12 AC MEMBER WU: So, I think the framing, like
13 Cynthia said, I think needs to be shifted a little bit to
14 make sure that we don't -- you know, unwittingly create the
15 same kind of conditions we're actually trying to prevent.

16 MS. BEN-MOSHE: General Jeff?

17 AC MEMBER JEFF: Thank you. Me being born and
18 raised in South-Central Los Angeles and now currently
19 working with -- in Skid Row with -- with what could be
20 considered violent populations, all my life, the first thing
21 that jumps out to me when discussing violence prevention is
22 the culture in which -- the society that we live in.

23 And so, the first thing that jumps out there is
24 Hollywood - where we look at the violence in the movies and
25 TV shows. So -- you know, so, when we have dysfunctional

1 families in -- in dysfunctional communities, maybe
2 something's getting lost in translation and the message is
3 becoming distorted, but it's a lot of subconscious
4 programming --

5 MS. BEN-MOSHE: Mm-hmm.

6 AC MEMBER JEFF: -- when these shows are
7 constantly being -- you know, if Hollywood wants a summer
8 blockbuster, I guarantee it's going to have some -- some
9 violence involved. And so, they're looking at a bottom-line
10 profit. How is the state of California going to offset
11 that, when Hollywood is the entertainment capital of America
12 and that's inside of the state of California?

13 So -- you know, so let's start there. You know,
14 then, you know, it's -- it expands out to the actual
15 communities where, again, the climate is in the air.
16 There's a lot of lack of cooperation from law enforcement
17 officials and agencies up and down across the state, not
18 only on the streets, but also in the jails and the prisons.

19 MS. BEN-MOSHE: Mm-hmm.

20 AC MEMBER JEFF: And so, you know, that -- that
21 creates a -- a culture of -- of violence. And so, when you
22 talk about prevention, it's not just the little kids in the
23 streets, you know. To break the categories down, it's --
24 violence prevention for adults is separate from violence
25 prevention for kids.

1 And here in Skid Row, we have a lot of gang
2 members and drug dealers there. What we did is we started a
3 basketball league. You know, try to find that common
4 denominator and, you know, try to extend as -- as much as we
5 can play.

6 And, you know, that helped -- you know, where we
7 have Bloods and Crips playing on the same basketball
8 teams. So, now they have something positive to talk
9 about. So, now, when they're not playing basketball and
10 they see each other on the streets, there's a -- hey,
11 there's my teammate. And hey man that was a nice shot you
12 made or we won that game together.

13 So, now, we -- we broke down a lot of barriers.
14 So, in the city of Los Angeles, what we try to do is take
15 that model and spread it around all across our city. That
16 actually influenced -- because, at that same time, then
17 mayor Antonio Villaraigosa, that created the -- the Gang
18 Reduction and --

19 MS. BEN-MOSHE: MM-hmm.

20 AC MEMBER JEFF: -- Youth Development program
21 grid. And so -- and now, it's -- it's led to the Summer
22 Night Lights programs. So, they go into -- into the gang-
23 infested areas across the city of Los Angeles and they keep
24 the parks open later, you know, get some positive
25 programming, positive activities, and it keeps them out of

1 trouble.

2 So, positive programming, giving them some
3 positive things to do offsets, you know, the violence. So,
4 there's a lot of solutions. I can talk to this subject all
5 day --

6 (Laughter.)

7 AC MEMBER JEFF: -- but I'll stop there.

8 MS. BEN-MOSHE: Thanks. Yes? Over here?

9 AC CO-CHAIR CHENG: We talked about some of the
10 policy issues that may be including venues. Can we have
11 more positive venues? So, make sure there's a recreational
12 center and make sure there's safe parks for young people to
13 go to. And then, also the -- create some positive outlook
14 for their community.

15 Culturally speaking, for young people, how do they
16 identify -- develop their identity, whether it's a self-
17 identity, a racial-identity, a bicultural, a biracial
18 identity - that they have a positive identity? And also,
19 some sort of program that, whether it's coaching, whether
20 it's mentoring to introduce positive modeling that General
21 was talking about.

22 Also, the -- similar to the counterpart of the
23 violent movie, we have the violent games.

24 MS. BEN-MOSHE: Mm-hmm.

25 AC CO-CHAIR CHENG: And so, that is some -- I

1 don't know how we can tackle that issue, but young people
2 live in that day in and day out. So, that is one source
3 to -- to - a place to look at.

4 And -- and what General was saying about the
5 basketball game, that's an excellent example of alternative
6 high. When we do the substance abuse prevention, we call it
7 alternative high - something turns something potentially
8 negative into positive and creates something positive young
9 people will be attracted to. Yeah.

10 MS. BEN-MOSHE: Good. Thanks.

11 It looks like we got some comment cards? Yeah.
12 Any other Advisory Committee Members? Yeah. Okay.

13 AC MEMBER PARKS: We had quite a lengthy
14 discussion regarding how do we define violence.

15 MS. BEN-MOSHE: Mm-hmm.

16 AC MEMBER PARKS: And, in looking at our various
17 programs that we -- we shared in our small group, it was
18 really violence from a population standpoint across all age
19 spans, beginning with pregnant women through our -- through
20 our seniors. So then -- you know, how do you then define
21 violence? Is it going to be defined throughout our entire
22 population? Or are you focusing just on teens and young
23 adults?

24 MS. BEN-MOSHE: Let's see. We have four minutes,
25 so should we take the public comment and then we'll see if

1 there's any time after that? Is that okay?

2 AC MEMBER GARZA: Do I get a turn?

3 AC CO-CHAIR GÁLVEZ: Go ahead. Just make it
4 brief, please.

5 AC MEMBER GARZA: Make it brief?

6 (Laughter.)

7 AC MEMBER GARZA: Are you kidding? Okay. I'll
8 hurry.

9 Anyway, so a lot of us, I think, have been
10 thinking about violence as physical violence. And then, of
11 course, in -- in what we're involved in is -- is mental
12 health violence, as well - meaning bullying, for example, or
13 at home, and the rankism that we have. You know, I'm --
14 this happens not just at home but at work in a lot of
15 ways. And what I'd also like to put forward is thinking,
16 particularly for the state government agencies, is economic
17 violence.

18 MS. BEN-MOSHE: Mm-hmm.

19 AC MEMBER GARZA: And that's, of course, all the
20 policies that keep people and communities poor and make them
21 poorer and -- and going through the court system, for
22 example, and more fines and go to jail because you're poor,
23 you can't pay. And so on.

24 So, it's -- we got to think of all these different
25 levels of violence. You know, the physical, the mental,

1 the -- the economic, and we can consider others, but it's
2 along the lines of defining violence and really approaching
3 it in different ways. That's just my -- my two bits there.

4 (Applause.)

5 AC CO-CHAIR GÁLVEZ: Thank you. Thank you,
6 Álvaro.

7 So, our first speaker is Steve Leoni.

8 MR. LEONI: I'll just stay right here.

9 AC CO-CHAIR GÁLVEZ: Please try to limit it to no
10 more than two minutes, Steve.

11 MR. LEONI: Yeah. My name is Steve Leoni. I'm a
12 mental health consumer and advocate of many years.

13 And I kind of wanted to say something. I don't
14 see it going on here, and I'm glad it's not but, as a
15 cautionary piece, I wanted to throw it out there because, as
16 I'm sure you're all very well aware, the mental health
17 clients have been made scapegoats for a lot of violence
18 recently.

19 MS. BEN-MOSHE: Mm-hmm.

20 MR. LEONI: And, you know, any time something
21 happens and there is any kind of mental health convicted --
22 involved, they say, well, mental -- a person with mental
23 health -- a history of mental health commits whatever, you
24 know. And -- and it goes over and is repeated over and over
25 and again.

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

8 What I want to point out here, though, is --
9 beyond that, is that one of the issues that happens with
10 mental health stigma is that, once you see this is a person
11 with a diagnosis, you sometimes fail to see anything else
12 about them. That's just wipes out -- that becomes their
13 identity. Think about have just one identity.

14 And a lot of things we're saying, starting with
15 Cynthia Gómez, talking about the need to look at reframing
16 things. It's not a personal issue - that it's a social
17 issue. And the upstream issues that lead to it - the
18 antecedents. And a person with mental illness is exposed to
19 all these antecedents, as well.

20 If a person's standing there and they're hearing
21 voices and they think you, walking down the street - they've
22 never met - they think you are the source of that voice and
23 they're angry, so they walk up and slap you. All right.
24 Well, that's violence. And it happened because of the
25 mental illness. But the decision to engage in violence to

1 solve that is not necessarily mental illness. It's part of
2 a broader context.

3 And so, I just hope that we have that kind of
4 sophistication as we go. And if any of this comes up -- and
5 somewhere out there, it's going to come up, which is why I'm
6 saying I'm very grateful it hasn't come up here. That's
7 just my plea. Thank you.

8 AC CO-CHAIR GÁLVEZ: Thank you, Steve.

9 Dalila Butler?

10 MS. BUTLER: Hello, you all. Thank you for taking
11 my comment. This is Dalila Butler. I'm with PolicyLink.

12 And I just wanted to make a quick comment, first
13 of all, just to commend the Health in All Policies Task
14 Force for taking this one, creating -- you know, thriving,
15 safe communities is especially important and we really
16 appreciate that you are spending the time to do this.

17 One thought about who to talk to in order to
18 develop kind of a -- a plan that's responsive is to think
19 about developing these actions based on input directly from
20 the community themselves. I know that, in our work with the
21 Alliance for Boys and Men of Color, you know, a lot of the
22 things that have come up as solutions today from the -- the
23 Parks After Dark work that came up after programs like
24 Summer Night Lights, JOBS, efforts to look at healing
25 circles, and other things.

1 Those are -- all come up in conversations through
2 the Alliance for Boys and Men of Color and many other
3 solutions. So, I think really having an opportunity to kind
4 of gather -- for the state to play a role in convening folks
5 and gathering input from the community can really help to
6 identify what actions are needed.

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

12 AC CO-CHAIR GÁLVEZ: Thanks, Dalila.

13 And then, lastly, Pete. You're up.

14 MR. LAFOLLETTE: Thank you. On the subject of
15 school shootings and violence, there's -- there are so many
16 that the public becomes desensitized and it -- researching
17 the subject, ninety percent of shooters were prescribed SSRI
18 medication - I'm sorry, my thing -- my thing went out - and
19 recommended this article by Rob Pell, "Antidepressants and
20 School Shootings: Doctors Write Prescriptions for Murders."

21 And just related to that, it's a lot more subtle,
22 but it's every bit as epidemic, is "The Untold Story of
23 Psychotropic Drugging." It's a documentary film put on by
24 the Commission for Community Concerns. They can't
25 measure -- the -- the findings are it cannot be measured.

1 The chemical in the brain -- how the drugs that are sold
2 don't work. Even the president of the American Psychiatric
3 Association states they don't know where chemical imbalances
4 come from. And it's a DVD that puts -- sheds a lot of light
5 on these interrelated subjects. Thank you for this very
6 important topic.

7 AC CO-CHAIR GÁLVEZ: Thank you, Pete.

8 MS. BEN-MOSHE: Thanks. So, just a reminder. If
9 you have filled out those forms, please feel free to give
10 them to us either with or without your name. Definitely
11 feel free to -- my email address is there. I have business
12 cards I can give you, if you want to follow up. And I hope
13 that we'll have the opportunity to bring this work back to
14 you as we move forward with it. And just thank you so much
15 for -- for taking the time to talk about this.

16 AC CO-CHAIR GÁLVEZ: Thank you, Karen and Julia
17 for this.

18 (Applause.)

19 AC CO-CHAIR GÁLVEZ: I overlooked checking to see
20 if anybody on the phone wanted to give public comment.
21 Operator, can you please open the line?

22 THE OPERATOR: One moment while I open the lines.

23 AC CO-CHAIR GÁLVEZ: While we're doing that, I
24 just wanted to thank both of you for the presentation.

25 THE OPERATOR: All lines are now open.

1 AC CO-CHAIR GÁLVEZ: Would any -- did anybody want
2 to give any comment related to this last presentation and
3 discussion?

4 (No response.)

5 Okay. I guess there's nobody on the phone?

6 (No response.)

7 Okay. Pat, did you -- did you want to say
8 something related to this?

9 AC MEMBER RYAN: I just want something just real
10 quick.

11 AC CO-CHAIR GÁLVEZ: Yeah. Really quickly,
12 please.

13 AC MEMBER RYAN: I was just -- the reason I was
14 even talking about early childhood initiatives is because we
15 started talking about the impact of trauma on all of these
16 things. And it starts early and it's -- it's almost always
17 related to poverty. So, you know, we were talking about
18 impacting kids early on so that they break the pattern of
19 violence -- domestic violence, trauma, bullying, blah, blah,
20 blah. So, I just wanted to say that.

21 AC CO-CHAIR GÁLVEZ: Thank you, Pat.

22 AC MEMBER GÓMEZ: You need the phone to be muted
23 again?

24 AC CO-CHAIR GÁLVEZ: Yeah. Operator, can you
25 please mute the phone?

1 THE OPERATOR: No problem.

2 AC CO-CHAIR GÁLVEZ: Okay. So, we're going to
3 take a very short break. It's scheduled for ten minutes.
4 Please be back no later than ten minutes, because we're
5 already -- we're getting behind now. So, please be back by
6 3:35 at the latest.

7 (Off the record at 3:25 p.m.)

8 (On the record at 3:36 p.m.)

9 AC CO-CHAIR GÁLVEZ: Hi, everyone. Let's take our
10 seats and get started on the next part of the agenda.

11 So, the next part of our agenda is to talk about a
12 Subcommittee -- what a Subcommittee structure for the
13 Committee should look like. And, to start us off, I
14 actually would like to have José do his presentation first,
15 and then I think that would help inform the rest of our
16 discussion. So, let's welcome José, who's going to talk to
17 us about his experience with --

18 AC MEMBER OSEGUERA: The Committee structure of
19 the --

20 AC CO-CHAIR GÁLVEZ: -- with the --

21 AC MEMBER OSEGUERA: -- Mental Health Oversight
22 and Accountability Commission.

23 AC CO-CHAIR GÁLVEZ: The Mental Health Oversight
24 and Advisory Commission.

25 AC MEMBER OSEGUERA: But, first, I need a mic.

1 All right. Thank you. And thank you for inviting me to
2 give this presentation. I am not going to be able to make
3 it as sexy as the Form 700 presentation --

4 (Laughter.)

5 AC MEMBER OSEGUERA: -- but I hope to inject some
6 levity so that you will be enticed and not fall asleep since
7 it's later in the afternoon. So, I'll cover the material
8 somewhat quickly so that you get most of the information
9 that I have to share with you today.

10 As part of the Commission, the Commission
11 typically, every year at the end of the year - and typically
12 this happens in November - they actually get together and
13 they form what is known as their Work Plan. And that Work
14 Plan basically contains all of the information that will be
15 part of the various different activities, projects,
16 deliverables, and different policy papers that the
17 Commission actually will be entertaining for that particular
18 year.

19 And, out of that charter and information that is
20 crafted, the Commission puts forward their various different
21 priorities in regards to what are they going to
22 accomplish. What is the most meaningful to them? And how
23 does it relate to the Act?

24 And, through those various different work
25 activities, then the charters are populated and basically

1 those charters then are used as the constitution, the
2 blueprint, if you will, for the various Committees to carry
3 over their work for that particular year.

4 So, the Committees have a charge and their charge
5 is basically to advise, recommend, craft policy papers, and
6 provide feedback to the Commission to meet their 2015 Work
7 Plan goals and priorities.

8 We have five Committees that are part of the
9 Mental Health Services Oversight and Accountability
10 Commission. And what I am going to do, not to bore you, is
11 just cover them very quickly in terms of what they are and
12 just tell you who is the leader of each of those Committees
13 and how they are staffed.

14 So, basically, the first Committee is the Client
15 and Family Leadership Committee. The Commissioner in charge
16 of that is Ralph E. Nelson, Jr., and he is the chair.

17 The next Committee is the Cultural and Linguistic
18 Competency Committee, and that is chaired by Khatera
19 Aslami - she is the chair. And Tina Wooton, who is the vice
20 chair.

21 Our third Committee is the Evaluation Committee,
22 and that is chaired -- and this has a unique -- different
23 setup than the other Committees because they have two
24 co-chairs and then one vice chair. So, one of the co-chairs
25 is Richard Van Horn. The other is Larry Poaster. And then,

1 finally, Paul Keith is the vice chair.

2 The fourth Committee is the Financial Oversight
3 Committee, and that is chaired by John Boyd, who is the
4 chair, and then John Buck, who is the vice chair.

5 And, finally, the last Committee that we have in
6 regards to the Mental Health Services Oversight and
7 Accountability Commission is the Services Committee, and
8 that is chaired by two co-chairs in this instance:
9 Christopher Miller-Cole, who is the co-chair, Tina Wooton,
10 being another, and then, finally, Dave Gordon, who is the
11 vice chair.

12 So, what are the roles of the various different
13 Committee Members? Committee Members provide knowledge and
14 expertise to guide the Committee in making recommendations
15 to the MHSOAC. However, there is a caveat to that and that
16 is that Committee Members do not represent the MHSOAC or the
17 Committee on -- only if they are officially requested to do
18 so.

19 So, that is something that we always have to
20 clarify, because sometimes we do have Committee Members that
21 will go off and attend, for example, the Planning Council
22 and say, I'm here on behalf of the Commission and this is
23 the agenda item that I would like to put forward or that I
24 would like for you to introduce in your particular
25 Committee. And that is something that is not acceptable and

1 we are restrained by the various different restrictions put
2 forward in Bagley-Keene, but I am going to cover that in a
3 little bit more depth in the next couple of slides.

4 The membership of our Committees is confirmed
5 every other year by the MHSOAC and, like your bylaws, we
6 have what are called the Rules of Procedure. And those
7 Rules of Procedure ultimately govern the makeup of our
8 Committees.

9 In the intervening time, the Committee chair has
10 the discretion to modify the Committee membership based upon
11 the needs of the Committee, and that is also part of the
12 Rules of Procedure.

13 Also, in regards to attendance - and this is
14 something very important and that is something that this
15 Committee might want to consider, as well. And that is that
16 Committee Members must notify the Committee chair and staff
17 member if you cannot attend a Committee meeting. And also,
18 the Committee chair has the discretion to decide whether it
19 is in the best interest of the Committee to have a Committee
20 Member replaced if that Member misses one meeting without
21 notice or three meetings in a calendar year without the
22 notice being provided.

23 How do the Committees make decisions? That is
24 very easy and I would like to go over some of the highlights
25 of that, and that is Committee Members clearly state a

1 motion, another Committee Member will then second the
2 motion. There will be public comment, discussion by the
3 Committee members and then, finally, the Committee Members
4 will have a roll call.

5 And this is a very interesting area for me to stop
6 and then introduce to you the Bagley-Keene Act, because the
7 Bagley-Keene Act is basically that document that provides
8 for how the state operates in these public settings. And it
9 basically governs all state bodies created by law. So, it
10 applies to Committees, it applies to Subcommittees, work
11 groups, and others. Also, any group that is created by a
12 formal action of the Committee and that consists of three or
13 more persons.

14 And, at this time, I would like to talk a little
15 about something that is exciting about Bagley-Keene, if
16 there can be something exciting about it --

17 (Laughter.)

18 AC MEMBER OSEGUERA: -- since it's been in effect
19 for quite a few many years, and that is there have been some
20 changes to Bagley-Keene. And those changes went into effect
21 January 1st of 2015. And one of those first important
22 changes that I would like to discuss with you -- and I'm
23 going to read it because this document that I'm having
24 passed out to everyone -- is basically a document that was
25 sent out by the Department of Consumer Affairs.

1 And Consumer Affairs has lots of boards,
2 commissions, advisory boards, work groups, and so on - these
3 licensing entities that are part of the state. But the
4 first change that they would like us to be incorporated in
5 many of their committee structures and, subsequently, that
6 the Commission is also going to be adopting and I would
7 suggest that maybe you should consider it, as well, is the
8 following: For all action items at board meetings and
9 meetings of committees of three or more, the law now
10 requires boards to record the vote or abstention of each
11 member present for that action item. This means that the
12 board's minutes must include each board member's name under
13 the appropriate vote category (i.e., yes, no, or
14 abstention).

15 So, in other words, what it means is, that when we
16 voted earlier, we were supposed to actually go down the roll
17 of individuals, ask how they were voting, documented -- and
18 document who voted what, whether it was a yes, whether it
19 was a no, or whether they were abstaining. So, that is
20 something that the Committee structure in regards to the
21 MHSOAC is going to be taking into consideration this year
22 and following through in all of its actions and
23 deliberations.

24 So, what are the foundations of the Bagley-
25 Keene? The Bagley-Keene basically is an act that calls for

1 meetings to be open. And the three foundations of it are,
2 basically, very succinctly contained in that a meeting must
3 be -- must be an open session, it must give adequate notice
4 of the session, and provide an opportunity for public to
5 comment at the meetings.

6 What is a meeting? A meeting is any gathering of
7 a majority of Members of the Committee to hear, to discuss,
8 or deliberate any item that is within the scope of the
9 Committee.

10 What are some of the things that are considered
11 not to be a meeting? Those are a conference open to the
12 public, an open and noticed meeting of another state or
13 local agency body, or a purely social occasion.

14 What are the agenda notice requirements? The
15 agenda notice requirements basically entail that at least
16 ten calendar days written notice posted on the Internet, and
17 an agenda has to have a brief description of the items with
18 enough detail - and here, the emphasis is on "enough
19 detail" - so that you can inform the public of the subject
20 that will be being entertained in that particular agenda
21 item.

22 So, what happens if you don't have this type of
23 information on your agenda or if you have an agenda item
24 that you wish to cover that was not part of the agenda?
25 Committees cannot take action on -- on any item that is not

1 on the agenda. And, in addition to that, Committees cannot
2 discuss items that are not on the agenda.

3 And, finally, what are the disclosure
4 requirements? The disclosure requirements basically entail
5 that documents given to all or a majority of the members
6 must be made available for public inspections at the
7 meetings.

8 I want to now just briefly go back to the document
9 that I handed out to you. There are three items that are
10 new in the Bagley-Keene. You, at your leisure, can
11 basically read the last three. I don't think that those are
12 the ones that we're going to be basically focusing on. Our,
13 I think, concern will be mostly on the fact that we do have
14 to take a roll call when we vote on any action that this
15 particular Advisory Committee is taking.

16 So, that is the end of my presentation. I would
17 like to turn it over to you, Sandi.

18 AC CO-CHAIR GÁLVEZ: Thanks, José.

19 Are there any questions of José while he's still
20 up? Well, I guess you could take them at your seat, if
21 you'd like, as well.

22 AC MEMBER OSEGUERA: Sure. Not a problem
23 whatsoever. I'll actually sit myself down.

24 AC MEMBER LOUIE: Yeah. José, thank you. That
25 was very entertaining.

1 (Laughter.)

2 AC MEMBER LOUIE: Okay. I'm -- I'm looking at
3 your Slide 13.

4 AC MEMBER OSEGUERA: Mm-hmm?

5 AC MEMBER LOUIE: Decision Making by Voting. I
6 assume that this -- is discussion -- Bullet 4: discussion by
7 Committee Members. Not just the maker of the motion?

8 AC MEMBER OSEGUERA: It is by -- by the Committee
9 Members themselves.

10 AC MEMBER LOUIE: Of all Members. So, it's plural
11 Members.

12 AC MEMBER OSEGUERA: Yes. Yes, it is.

13 AC MEMBER LOUIE: Okay. And then, at the same
14 time, I guess the Committees vary in size, so is there a
15 quorum number?

16 AC MEMBER OSEGUERA: Yeah, it depends on -- on the
17 size. Well, it -- it ultimately will be the majority plus
18 one in regards to the quorum that you're establishing. So,
19 it's -- it's typically half plus one.

20 Yes?

21 AC MEMBER FOX: So then, do we now have to take a
22 roll call vote on every vote that we take?

23 AC MEMBER OSEGUERA: Yes.

24 AC MEMBER FOX: Okay.

25 AC MEMBER OSEGUERA: That's correct.

1 Yes? Go ahead, Linda.

2 AC MEMBER WHEATON: So, on the disclosure
3 document - so, if you get public comments, is it -- we --
4 public comments and something -- regarding the disclosure
5 documents, if we get public comments on something, we -- we
6 have to make them available, but not until after the
7 meeting?

8 AC MEMBER OSEGUERA: Well, typically, what happens
9 is, and particularly with the Commission, we have
10 individuals that are coming into the Commission and
11 providing information to us during public comment. And they
12 will be carrying forward some documents that they would like
13 to distribute with the Commissioners, they -- then, they
14 make that available to us and then we make copies so that
15 they become available to the rest of the public.

16 AC MEMBER WHEATON: You can't just have a viewing
17 copy.

18 AC MEMBER OSEGUERA: Typically --

19 AC MEMBER WHEATON: You have to actually --

20 AC MEMBER OSEGUERA: -- what we do is we make
21 copies so that the members of the public have access to
22 them.

23 AC CO-CHAIR GÁLVEZ: So, José, you're saying, at
24 the actual meeting, you take the materials that someone has
25 brought and make copies at that time?

1 AC MEMBER OSEGUERA: Yes. That's correct.

2 AC CO-CHAIR GÁLVEZ: And if you can't do that? I
3 mean, is it fine as long as you make it available after?

4 AC MEMBER OSEGUERA: That's correct. Yes.

5 AC CO-CHAIR GÁLVEZ: Okay. Any other questions of
6 José?

7 (No response.)

8 AC CO-CHAIR GÁLVEZ: All right. Thank you.

9 When Tamu spoke with most of the Committee Members
10 by phone earlier, I mean at the end of last year, kind of
11 just getting your thoughts about -- your initial thoughts
12 about what Subcommittees might look like for us. And so, we
13 wanted to have an opportunity to -- to discuss that today.
14 How the -- what kind -- what our Subcommittees should be.
15 How we might staff them. When we should hold those
16 meetings? What topics they should cover. And so, I did --
17 Tamu, do you want to just take this -- this part over?
18 Yeah. Because you have a -- you have a lot more information
19 about -- yeah.

20 DR. NOLFO: Hi, everyone. So, when I spoke with
21 you -- with most of you last year, like in the fall or late
22 summer, and I asked if you would want to be a part of
23 Subcommittees -- if you would want to sit on Subcommittees,
24 and most of you said yes, that seems reasonable - that we
25 could be a part of Subcommittees. And we threw out some

1 ideas that Jahmal had had at the time about potential
2 Subcommittees. And, you know, I kind of gauged your
3 interest and gave you back that information when I reported
4 out at the September meeting.

5 And there were kind of two schools of thought at
6 that point, and one was we leap right in, we roll up our
7 sleeves, and start doing Subcommittee work in December. We
8 were planning on having our next meeting in December, which,
9 as you know, got cancelled because of the storm. Or that we
10 take the December meeting and we have this more thoughtful
11 kind of conversation about what it would look like to have
12 Subcommittees.

13 And so, at the September meeting, you all said,
14 no, let's take the time to have a bit of a thoughtful
15 conversation, rather just -- than just leaping right into
16 having Subcommittees.

17 And so, that's what this here. This is your
18 opportunity to have some thoughtful conversation about it.
19 So, in preparation for this, I spoke with José and with
20 Sandi, because we wanted José to give a little bit of
21 overview because he works with the Commission -- with the
22 MHSOAC Commission.

23 And they use these Committees -- in our case, we
24 call them Subcommittees because we're a Committee. And so,
25 to get some kind of understanding about what that structure

1 is and why and, you know, how it helps the overall work of
2 the Commission just so that we can kind of see some
3 parallels.

4 So, where we're at with this Committee is, as you
5 all know, we're trying to get the strategic plan off the
6 ground. And, when I spoke with all of you, most of you said
7 that you really see your role as ensuring that that happens.

8 You know, you want to be updated on what's going
9 on with the implementation around the strategic plan, you
10 want to be a sounding board around challenges with that
11 implementation, you want to be able to offer up connections
12 or partnerships or resources perspective from your -- you
13 know, your various communities in terms of how to move that
14 forward.

15 And so, where we're at is really looking at
16 fleshing out implementation, although we don't have an
17 approved strategic plan. We're sort of proceeding as if.
18 You know, we're proceeding that, you know, there aren't
19 going to be a whole lot more changes to it. How many more
20 can there really be before it is eventually approved and
21 released?

22 And so, the overarching themes or strategies
23 within the plan are assessment and communication and
24 infrastructure. And so, what we did was we made copies of
25 the latest draft of just the strategic plan - not the

1 demographic report - but just the strategic plan, and put
2 that in your packets so you have it to reference. There
3 will be more changes to that document that you have. I know
4 that. But, more or less, that's where we're at.

5 So, when we were kind of thinking about what would
6 be most useful to us and the Office of Health Equity in
7 terms of tapping you in Subcommittees, it seemed like those
8 are the areas that we could really use some brain power
9 on. So, if we had Subcommittees that were focused on these
10 major tenets of the strategic plan, as well as the fourth
11 tenets, which is -- as far as the fourth tenet, which is
12 capacity building for implementation, then we could come to
13 those Subcommittees and say, this is what we're thinking
14 about around implementation in these particular areas. Can
15 you give us some feedback on this? Can you help us think
16 this through a little bit more?

17 So, what we've done in terms of an implementation
18 plan up to this point is we've essentially gotten -- we've
19 put together a bare-bones implementation plan, based on the
20 resources that we currently have within CDPH, the California
21 Department of Public Health, that we can commit to.

22 So, we can't commit anyone else's resources or
23 partnerships or anything like that at this time, but we
24 could commit internally - this is what we have and these are
25 the activities that we can do to move the strategic plan

1 forward. Okay? And we just did it for Phase 1 of the
2 strategic plan.

3 So, to kind of refresh your memories, there's two
4 phases of the strategic plan. We thought that it was going
5 to be released last July - July 2014 - and we thought that
6 Phase 1 would go for three years and that Phase 2 would go
7 for an additional two years.

8 And what that allowed us to do was to capture some
9 really good thinking that happened during the strategic
10 planning process so that we didn't lose ideas that people
11 had in terms of the vision of where we really wanted to take
12 this but that we thought were a little bit premature to
13 commit to within the first few years - that we needed to do
14 some groundwork before we got to them.

15 So, that's why we put it in these two phases,
16 looking out with the recognition that this is a plan that
17 gets updated every two years anyway per our statute. So,
18 we'll be revisiting it every two years to see whether or not
19 we're on course and what kind of revisions we need to make
20 to it.

21 But, in a nutshell, we have these areas of
22 assessment, which is really looking at what are the
23 problems, right? I mean, where are the areas where we're
24 kind of falling short around health equity and mental health
25 equity that need to be addressed? So, getting out arms

1 around those and whether they're at the level of state
2 government or local communities, but what are the problems
3 that we really need to be addressing vis-à-vis health equity
4 and mental health equity? And also, what are the solutions?

5 So, whether there are solutions that are
6 percolating up within California or outside of California,
7 what are some of those solutions? They may be policy
8 solutions. They may be programmatic solutions. But so that
9 we can begin to connect the dots between what our problems
10 are and what our possibilities are. All right?

11 So, that's really the first thrust of -- of our
12 strategy around assessment. And that's going to be a big
13 part of the first kind of rollout of our implementation is
14 getting a lay of the land, right?

15 And then, the next part, as I mentioned, is
16 communication. And that really has to do with communicating
17 what it is that we've learned in this first phase so that we
18 can get on the same page. You know, and that has to do with
19 having a state-of-the-art website, doing issue briefs,
20 making sure that, as a field - and I mean that really
21 broadly. I mean that from everything from those working at
22 the grassroots community level to those in health care,
23 which is one of our target audiences, to our potential
24 health partners - that we are getting on the same page
25 together.

1 And then, the third area is looking at our
2 infrastructure. So, how is it that we're building the kind
3 of infrastructure that can really put these pieces
4 together - that can make that link between what the problems
5 are and what the possibilities are? So, that needs to
6 happen, once again, within these targeted areas that we
7 have - with communities, the health field, and our potential
8 health partners.

9 That's really the vision of the strategic plan.
10 How do we do that? How do we accomplish that? Well, there
11 needs to be a level of capacity building that cuts across
12 all of that. And by capacity building I mean where are the
13 partnerships coming from and where are the resources coming
14 from to make sure that we can do this work and do it right?

15 So, what I'm proposing is that we have these four
16 Subcommittees - one focused on each of those three key areas
17 of assessment, communication, and infrastructure, and one
18 focused on capacity building - that would be like mini
19 think-tanks for us that we could throw out this is what
20 we're trying to accomplish within the Office of Health
21 Equity, but we really need to kind of tease this out some
22 more.

23 Now, given where we stand with Bagley-Keene, there
24 are some limitations just around what's practical and what's
25 not practical. So, let me throw out a few options, if we

1 want to continue to go down this road of having Advisory
2 Committee meetings. And, actually, two of them will keep
3 the thrust of having Advisory Committee meetings and the
4 third one won't, but it will kind of get at the same aim.

5 So, one of them is to have telephone Advisory
6 Committee meetings, but it's a little bit cumbersome because
7 of the way that you guys saw how we had to do the telephone
8 Advisory Committee meetings in September, which means that
9 either -- that means that, wherever you are, you essentially
10 have to have that location publicly noticed and have it open
11 to the public for them to join you. So, if you want to stay
12 in your office to take a -- to be a part of this telephone
13 call, that's great, but you need to open up your office to
14 the public and we need to put it on the agenda. All
15 right? So, that's one option.

16 Another option is that we do a portion of the
17 Advisory Committee meetings as Subcommittee meetings. So,
18 let's say that we decide that the Advisory Committees want
19 to meet for a couple of hours, right? As a part of our next
20 meeting in May. Well, then we break out into rooms and we
21 just actually would have those Subcommittee meetings put out
22 in all of the same ways that we put out the documentation
23 for the larger Advisory Committee meeting.

24 So, essentially, we would be having concurrent
25 Subcommittee meetings all held at the same location. The

1 public could decide which ones they wanted to attend. We
2 could, I'm assuming, work out the technology. This is
3 probably one of those, like - I'm really jinxing myself by
4 saying it - where, you know, in each of the rooms where
5 we're having the Subcommittee meetings, that the public
6 could actually phone in and be a part of that. I really
7 hope I'm not jinxing myself with that one.

8 But, that way, it wouldn't require any additional
9 travel on folks' part. You'd already be coming for the
10 Advisory Committee meeting, but you could use a portion of
11 the time to actually meet in your Subcommittees, and it
12 would just kind of be more work on our part to make sure
13 that everything was Bagley-Keene compliant in terms posting
14 agendas ahead of time and all of that.

15 And a third option would actually be to not have
16 Subcommittees but to essentially host webinars that would be
17 open to the public and that anyone could provide
18 information. And so, we could put out this is what we're
19 thinking about around implementation in this particular area
20 and anyone who is a member of the public, as well as members
21 of the Advisory Committee, could equally kind of participate
22 in that exchange that we would have.

23 I think that there as -- well, and this hasn't
24 been decided so this is also something to consider - whether
25 or not any voting would happen within your Subcommittees.

1 If I recall correctly, in previous discussions that we had
2 about Subcommittees, it wasn't that there was going to be
3 voting and decisions made within the Subcommittees, but
4 simply that there were going to be recommendations that
5 would be generated and they would be brought back to the
6 larger Committee. Right?

7 And so, that could continue to happen in the first
8 two scenarios. In the third scenario, which is really staff
9 running webinars in which any of you could participate and
10 any members of the public could participate. It's really
11 just staff kind of collecting recommendations that come out
12 through those exchanges that we would have.

13 So, those are the ideas that I wanted to put
14 forth, and maybe now we can facilitate some discussion or
15 conversation around that.

16 AC CO-CHAIR GÁLVEZ: Okay. So, to try to have a
17 coordinated conversation, first, let's discuss the issues --
18 the issue of -- the -- the second issue that she raised. I
19 think more -- you know, if we don't end up having
20 Subcommittees talking about which Subcommittees to have
21 seems to make no sense.

22 So, let's have the second conversation first
23 (laughter) about the structure of potential Committees.
24 Tamu shared three different ideas. There might be a fourth
25 or fifth saying out here in the group that -- that Tamu

1 hasn't raised. One being Subcommittees that meet via phone
2 in multiple locations. And those could happen as frequently
3 as needed. And I think I have some questions related to
4 that.

5 Two, we have Subcommittees that meet in -- in
6 addition to our regular quarterly meetings. And so, those
7 would happen concurrently. We'd have four Committees or
8 more meeting all at the same time in the same location about
9 four times a year. And then, the fifth would be webinars as
10 needed in which any of us could participate as a member of
11 the public.

12 DR. NOLFO: I'm sorry. Could I add one more?

13 AC CO-CHAIR GÁLVEZ: Mm-hmm.

14 DR. NOLFO: There is -- there is one more option,
15 actually, which is that, if we did telephone meetings with
16 the Subcommittees, that those Members that were onsite --
17 so, let's say that we had these Subcommittee meetings in
18 Sacramento, right?

19 And so, if -- so those Members that were able to
20 come to Sacramento to be a part of those meetings would be
21 officially on the -- on the roster that day as Committee
22 Members -- as Advisory Committee Members. If there were
23 other Members who did not want to travel to Sacramento to be
24 a part of the Subcommittee meeting and they phoned in, they
25 would actually be considered members of the public that

1 day. So, they could weigh in during the public comment, but
2 they would not be considered Advisory Committee members that
3 day, which may or may not matter, if you're not voting on
4 anything. If you're just discussing, then maybe it doesn't
5 matter.

6 AC CO-CHAIR GÁLVEZ: Aaron?

7 AC MEMBER FOX: If -- so, if the fourth option --
8 would that include, then, travel for -- would you -- would
9 the Department pay for travel for people to come to
10 Sacramento for that Committee meeting? Or would that be on
11 us?

12 (Laughter.)

13 AC MEMBER FOX: I work nonprofit. I gotta think
14 about that, right? Yeah.

15 OHE DEPUTY DIRECTOR MILLER: Say it again.

16 DR. NOLFO: If they're coming here for --

17 AC MEMBER FOX: If we're coming here for a --

18 AC CO-CHAIR GÁLVEZ: Would travel for

19 Subcommittee --

20 AC MEMBER FOX: -- Committee meeting --

21 AC CO-CHAIR GÁLVEZ: -- meetings be covered if
22 they're --

23 AC MEMBER FOX: -- for a Subcommittee meeting?

24 AC CO-CHAIR GÁLVEZ: -- they're separate?

25 OHE DEPUTY DIRECTOR MILLER: If it's reasonable.

1 I mean, I think we have funding --

2 THE REPORTER: Can you use a microphone, please?

3 OHE DEPUTY DIRECTOR MILLER: Oh, I'm sorry.

4 Correct me if I'm wrong. I'm glad Carol came back. I think
5 we should have some funding to -- to support that?

6 AC MEMBER GÓMEZ: Sure.

7 (Laughter.)

8 AC MEMBER FOX: Okay. Because, if it was a no,
9 then I'm thinking the option four is probably off the table.

10 (Laughter.)

11 AC CO-CHAIR GÁLVEZ: So -- so, in order to -- to
12 make -- to try to make this work, I'm thinking we should
13 discuss one option at a time and get out any other options
14 that you see.

15 Cynthia?

16 AC MEMBER GÓMEZ: I just have a clarifying
17 question, because I need to understand in order to consider
18 the best modality, is whether our work is cross-sectional or
19 longitudinal. And so, I'll explain that. Can we get
20 together and do the work of the Subcommittee in a two-day
21 marathon, for example? Or do I need months to get the work
22 done?

23 Because those really impact what choices we
24 actually consider. So, I think we need to be clear about
25 whether our work will require time modality in order to

1 think about frequency and -- because, otherwise, we should
2 just say a Subcommittee will meet four times a year with our
3 general Committee, because that's most efficient. But, can
4 we get our work done, I guess, is the question.

5 AC CO-CHAIR GÁLVEZ: Yeah. And I -- I was also
6 somewhat related to that, thinking would each of those
7 topics require the same frequency --

8 DR. NOLFO: Mm-hmm.

9 AC CO-CHAIR GÁLVEZ: -- and depth and quality and
10 what have you of -- of Subcommittee meetings versus another
11 topic?

12 DR. NOLFO: And it's really hard to say at this
13 point because we haven't gotten into it. And so, really,
14 the -- the most amount of work that we need to start
15 thinking about is around assessment, because it's a little
16 bit hard to think about moving too far ahead in these other
17 areas until we've started to roll up our sleeves and really
18 get into this assessment piece.

19 My thought was that, if we were having -- if we
20 were able to get feedback from you in between the quarterly
21 meetings, then we could kind of report on that at the
22 quarterly meetings when you're coming together anyway to
23 then talk about the progress that we're making or some of
24 the stumbling blocks that we're running into or that kind of
25 thing.

1 So, in some ways, for me, in thinking it through,
2 it's more helpful if I can tap into you in between when you
3 normally meet. But, in terms of the -- the depth and the
4 amount that we need, I don't know if we know that -- that
5 yet, unfortunately.

6 AC CO-CHAIR GÁLVEZ: So, let me ask you this
7 question. Is it -- is it premature to think about the
8 Subcommittees for the other two areas where we may not --
9 not actually know what we need for those yet? Because then
10 we would -- I mean, this conversation may be unnecessary and
11 we could just fold in assessment into every meeting, if
12 that's where --

13 DR. NOLFO: Possibly.

14 AC CO-CHAIR GÁLVEZ: -- you need feedback now.

15 DR. NOLFO: Possibly, but we are starting to move
16 forward in this area of communication, as well. We should
17 be bringing on a communication specialist very shortly, and
18 so it would seem to make sense that the communication
19 specialist would want to tap into this group, as well, and
20 to utilize the brain power of this group.

21 In terms of the -- the infrastructure piece, I
22 mean, possibly we could hold off on that. I see that
23 infrastructure piece as part of that technical assistance
24 and training that Jahmal was talking about today, but that's
25 also really linked to the assessment, which is where are

1 folks currently and what do they really need, right? So --

2 AC CO-CHAIR GÁLVEZ: Okay. I saw people with
3 hands over here. Jeremy?

4 AC MEMBER CANTOR: So, a couple of things. One, I
5 just wanted to clarify. It sounded like your response to
6 Cynthia was longitudinal. That -- that you'd rather have
7 kind of the work group, you know, contributing, providing
8 feedback on an ongoing basis?

9 DR. NOLFO: Mm-hmm.

10 AC MEMBER CANTOR: Okay. And, I mean, I sort of
11 had the same thought as you, Sandi, but then my experience
12 is that, you know, the work of subgroups is, you know, sort
13 of a gas. It'll take up the space that it's given, and so,
14 if we kind of define a space that we're all comfortable
15 with, we'll find -- there's going to be -- I mean, looking
16 at the strategic plan, there's enough there to dig into
17 that -- on those four topics, that we'll find, you know,
18 meaningful work to do. And, in some cases, may need -- some
19 of the Committees may need a little extra time.

20 The one -- the one question I had -- I just can't
21 remember. On the -- sort of the terms of Bagley-Keene, can
22 we -- can we have email traffic? I mean, because one of the
23 ways I can see getting around this is that there may be --
24 there's documents that we're looking at.

25 I mean, everything doesn't have to be -- or does

1 it? If we're doing something like that, where, you know,
2 let's say five of us are working on a document together, can
3 we then post it for public review? Like, can we use
4 electronic methods basically to get some of that interim
5 input and not have to all be on the phone?

6 AC CO-CHAIR GÁLVEZ: I don't think so.

7 DR. NOLFO: José, can you answer that? I don't
8 know if I have an -- I don't know if I know Bagley-Keene
9 well enough to be able to answer that, and Katie's not here
10 to -- I'm -- I know --

11 AC MEMBER OSEGUERA: Well, unfortunately --

12 DR. NOLFO: I know you're --

13 AC MEMBER OSEGUERA: I was -- I was having --

14 DR. NOLFO: I know. (Laughter.)

15 AC CO-CHAIR CHENG: José, the question --

16 AC MEMBER OSEGUERA: -- a conversation with --
17 with Steve, who was -- who was asking me about, you know,
18 why is there a discrepancy between the way that you are --

19 THE REPORTER: Could you use the microphone,
20 please?

21 AC MEMBER OSEGUERA: Oh, the microphone, yeah.

22 THE REPORTER: Thank you.

23 AC MEMBER OSEGUERA: Why is there a discrepancy
24 between what we're proposing to do in terms of this
25 Committee, and what the Planning Council, as well as the

1 Mental Health Services Oversight and Accountability
2 Commission, do with their --

3 DR. NOLFO: Right.

4 AC MEMBER OSEGUERA: -- particular Committee and
5 Subcommittees --

6 DR. NOLFO: Right.

7 AC MEMBER OSEGUERA: -- where they -- when they
8 have an in-person meeting that is noticed as such, they can
9 have members calling in from an outside location - from a
10 remote location - and vote without there having to be any
11 type of Bagley-Keene concerns.

12 The only time that the Commission has to have the
13 notifications in terms of noticing the public when -- when
14 they're having a meeting that is called a conference call,
15 that's when they have to fall into all of the requirements
16 where they actually have to notify everyone of the different
17 individual -- where they're calling from, their address, and
18 what have you.

19 So, I didn't catch what he was asking at that point.
20 So, I'm -- I'm sorry because that was a conversation I was
21 having with Steve.

22 DR. NOLFO: Let me answer this real quick and then
23 maybe we can have you repeat your question, Jeremy. Which
24 is, I've been going back and forth with our legal department
25 for the past week trying to understand this, and I just keep

1 getting back the answer --

2 AC CO-CHAIR GÁLVEZ: No.

3 (Laughter.)

4 DR. NOLFO: -- no, you can't do it that way. You
5 know, that you're going to run into a big headache and a lot
6 of problems if you do it that way and we can't really say
7 why the MHSOAC is doing it that way.

8 AC CO-CHAIR GÁLVEZ: It seems like there's
9 different interpretations.

10 DR. NOLFO: Right.

11 AC MEMBER OSEGUERA: Right. Mm-hmm.

12 AC CO-CHAIR CHENG: I was in part of the -- the
13 training by the OAC -- MHSOAC last week and then,
14 theoretically, the spirit of the law is that's not
15 advisable.

16 DR. NOLFO: Okay.

17 AC CO-CHAIR CHENG: And, even through a series of
18 emails, it's not -- it -- it would be in violation of
19 Bagley-Keene. So, what the OAC counsel recommended was
20 don't reply to all. Don't forward, but reply -- respond to
21 staff.

22 DR. NOLFO: To staff.

23 AC CO-CHAIR CHENG: So, we are not communicating
24 with each other because you will go over more than two
25 people.

1 DR. NOLFO: And so, I mean, that is also a
2 possibility. As a staff member, you know, I can communicate
3 with any and all of you. And so, that's also a possibility
4 is that, if I know which areas -- you know, which strategic
5 areas you're more interested in providing feedback on, then
6 I can just tap you individually and kind of ask these
7 questions.

8 What we miss from that, of course, is kind of
9 synergy of the discussion that you guys have among each
10 other. But, you know, maybe that's part of what falls off,
11 you know, during this first six months or year, whatever it
12 is, while we're trying to figure this out.

13 AC CO-CHAIR GÁLVEZ: Álvaro?

14 AC MEMBER GARZA: Okay. Yeah, I think
15 Subcommittees are -- can be useful and helpful in moving
16 everything forward and so on, so I'm in support. But I do
17 want some consideration, and maybe you've thought about it,
18 is how much -- of the time commitment? How much additional
19 time commitment for all of us?

20 DR. NOLFO: Mm-hmm.

21 AC MEMBER GARZA: Or some of us?

22 DR. NOLFO: Mm-hmm.

23 AC MEMBER GARZA: Because it's -- it's appearing
24 to -- and it's all in kind. And we -- and it's on our
25 employers' --

1 DR. NOLFO: Yes.

2 AC MEMBER GARZA: -- time and so on. So, can you
3 talk to that?

4 DR. NOLFO: Sure. And actually --

5 AC MEMBER GARZA: Or will that be worked out later
6 or what?

7 DR. NOLFO: No. And, actually, I think the way in
8 which I'm thinking about the Advisory Committees is fairly
9 respectful of your time, because it isn't really asking you
10 to do a bunch of work in between the Committee meetings. It
11 may be responding to potentially, like, a document or
12 something like that, but it's really just being a sounding
13 board.

14 And so, maybe it's a few hours or something like
15 that each quarter that you would be reached out to. But it
16 isn't -- I'm not envisioning it as you guys having to do a
17 bunch of work in between, because that's part of what I
18 heard, also, when I interviewed you is that a lot of you
19 don't have time to do all of that in between. And I can
20 respect that. (Laughter.)

21 AC MEMBER LU: Yeah. I'm in support of the
22 Subcommittees. I -- I do think that's a way that we can
23 drill down at -- at a deeper level and do more detailed work
24 and bring -- bring things back to the larger Committee. I
25 think that it's -- it's -- maybe we could be more efficient

1 in that way and we can focus on different areas.

2 So, I'm in support of that and I guess I -- I'm
3 old-fashioned. (Laughter.) I'm in support of face-to-face
4 meetings because there's nothing like that to generate ideas
5 and have, you know, some sense of momentum. So, I'm --
6 I'm -- I would -- I'd be in favor of incorporating the
7 Subcommittee meetings within our face-to-face meetings. And
8 I'm just -- how to do that -- so, I'm wondering, for
9 example, maybe the lunchtime could be used as part of the
10 meeting and we could -- you know, that could maybe be ramped
11 up, you know, to be a Subcommittee meeting.

12 The other idea, which probably would be a problem,
13 would be to increase the duration of the meeting from one
14 day to two days, but I -- I know that that would be a
15 problem for people.

16 AC CO-CHAIR GÁLVEZ: Dexter?

17 AC MEMBER LOUIE: Tamu, you know, I think you've
18 used the non-Subcommittee route all along - of tapping
19 people who you know have an interest or have expertise. And
20 so, that works really well. Now, Cynthia and I were just on
21 a -- sort of a Subcommittee, non-Bagley-Keene --

22 (Laughter.)

23 AC MEMBER LOUIE: -- Committee of two, and the
24 reason for that was to focus on an issue, come up with some
25 recommendations that didn't drag twenty people into the

1 discussion for an hour, but just to kind of focus on it and
2 then come with a recommendation, which you can either accept
3 or modify, but it's to be efficient and to be focused.

4 So, even though you have Subcommittee time set
5 aside at this quarterly meeting, not every Committee may
6 need to meet. It's when you've got a problem, an issue that
7 you want to have expertise discuss face-to-face -- I'm old-
8 fashioned, too. I like the body language part so I know
9 exactly when you're kidding and when you're not.

10 (Laughter.)

11 AC MEMBER LOUIE: But I -- I think you can have
12 both, because you do get a great deal of information just by
13 picking up your phone. And there's no Bagley-Keene issue
14 there.

15 DR. NOLFO: Right.

16 AC MEMBER LOUIE: But sometimes you do have things
17 that you can't decide with twenty people what the best
18 options are. And so it just makes you more efficient, more
19 productive, and then you don't "die by meeting," as in the
20 book I cited earlier.

21 AC CO-CHAIR GÁLVEZ: So, just building off of what
22 Dexter just said. If -- if we have subcommittee meetings
23 that are by phone and it's like a focused conversation on --
24 on a specific task, and the group isn't making a decision -
25 it's just making recommendations - but there is some back

1 and forth between people versus one-on-one conversations
2 with you, would that --

3 DR. NOLFO: It turns into exactly the forum that
4 we had in September.

5 AC CO-CHAIR GÁLVEZ: Right.

6 DR. NOLFO: If it's more than two people.

7 AC CO-CHAIR GÁLVEZ: Right. I don't -- because, I
8 mean, I see pros and cons with -- because I -- I honestly
9 don't think it's feasible to have one-day meetings and
10 accomplish everything we need to accomplish as a whole group
11 and have four subcommittees, which are going to then come
12 back and make recommendations about each of their individual
13 things that the whole group, once again, needs to entertain
14 and decide on.

15 I don't think it's possible to do that in a one-
16 day meeting. I -- we can hardly fit in -- we're already,
17 you know, not going to fit in everything we have on our
18 meeting today without any Subcommittee meetings. So, I
19 just -- I just don't think that's feasible in a one-day
20 thing and if there is opposition to having two-day meetings,
21 I'm not -- I don't see how it could work to have both of
22 those things happen at the same time. I mean, that's my --
23 my observation as kind of thinking about all the meetings
24 we've had.

25 I also think having concurrent Subcommittee

1 meetings limits the ability of the public participating.
2 They can - they can only participate in one Subcommittee
3 topic, as well as any of us. We can only participate in one
4 Subcommittee topic at a time.

5 So, I mean, at least for me, I feel like we either
6 need to have two -- you know, two-day meetings, which still
7 has its limitations on what I just said. Or have
8 Subcommittees that meet either at multiple locations,
9 because we have telephone options, or in Sacramento on other
10 times that aren't during our -- our quarterly meeting.

11 And, if we have meetings that are part of our one-
12 time -- one-time-a-quarter meeting, I don't know if that's
13 frequent enough for the kind of feedback that you would
14 need, if it's the only time the Committee would meet would
15 be once every three months. So, I don't know. I'm kind of
16 stuck.

17 Álvaro?

18 AC MEMBER GARZA: Yeah, I would differ with you
19 on -- on that. I think, in -- it depends on how the agenda
20 is -- is set up. And so, with really a lot of input from --
21 from the whole Committee, we could set up a one-day meeting
22 to review that.

23 Now, the example I would -- I would put forward is
24 CCLHO, the California Conference of Local Health
25 Officials. We have a monthly board meeting and there are

1 four or five Committees and they put forward resolutions or
2 statements or action items. And it's discussed in the whole
3 group - it's often -- often more than what we have here
4 today - and it's done. It's efficient. It's -- but it's on
5 the agenda, if you will. So, I think --

6 AC CO-CHAIR GÁLVEZ: Can I ask? Are those
7 publicly-noticed meetings that have to have opportunities
8 for public -- public input?

9 AC MEMBER GARZA: No, that's true.

10 AC CO-CHAIR GÁLVEZ: Because I think also --

11 AC MEMBER GARZA: That -- that adds a little bit.

12 AC CO-CHAIR GÁLVEZ: -- adds to it.

13 AC MEMBER GARZA: I don't know that it would add
14 a -- a whole heck of a lot. Maybe. But -- but I think it's
15 doable. So, I just put that forward.

16 AC CO-CHAIR GÁLVEZ: There was another hand. Was
17 it Dexter that -- you had your hand up?

18 AC MEMBER LOUIE: You know, I think what Álvaro
19 said is -- is correct. I -- now, Tamu, you're in touch with
20 everybody. You know what their interests are and where
21 their expertise is.

22 DR. NOLFO: Mm-hmm.

23 AC MEMBER LOUIE: You can sift through that and
24 identify big issues - things that you need a Subcommittee
25 to -- to discuss. And that can be posted or noticed. But

1 you're -- not every Subcommittee is going to have work to
2 do. It should be issue-oriented.

3 DR. NOLFO: Mm-hmm.

4 AC MEMBER LOUIE: A problem. Something you need
5 to really flesh out and settle, and then that's the
6 recommendation. But it is posted, so you can -- you can
7 bring it to the whole body later in the -- that same day.
8 But, to use our time efficiently, and that's sort of -- the
9 people who set the agenda have to be sure that we use our
10 time efficiently.

11 DR. NOLFO: Well, if you guys are okay with it,
12 given, like I said, all of the limitations around the
13 various options that we have, I will continue to just tap
14 you individually and see how well that continues to work.
15 And, if that keeps working, then you don't need to be on
16 Subcommittees that, you know, in the way in which I put them
17 forward.

18 Maybe at some point down the road, it makes sense
19 to have other Subcommittees for other reasons, but we could
20 just proceed kind of the way that -- that we've been and
21 with you guys knowing that I may be in contact a little bit
22 more frequently than I have been.

23 AC CO-CHAIR GÁLVEZ: Jeremy?

24 AC MEMBER CANTOR: I'm not all that tied to this,
25 but I want to make the counter-argument.

1 (Laughter.)

2 DR. NOLFO: Just because it's 4:23? Thanks,
3 Jeremy.

4 AC MEMBER CANTOR: I know. No. I know. What am
5 I doing? What am I doing? How close are we to done?

6 Which is that I like the idea of us working in
7 small groups. I like the idea of us using this time as a
8 group to talk about implementation --

9 DR. NOLFO: Mm-hmm.

10 AC MEMBER CANTOR: -- and the really important
11 issues that are at play. And I see this as potentially a
12 way to get us there. And, although I agree, I think, Sandi,
13 you know, that's a real challenge to do it in the timeframe,
14 I also think it's a -- it would be a -- we would have to
15 take a completely different approach to these meetings. You
16 know, it would have to be much less of that and, hopefully,
17 we're kind of done with the bylaws and done with all that
18 stuff --

19 (Laughter.)

20 AC MEMBER CANTOR: -- and there's no -- you know,
21 we can do Form 700 offline. You know, all of that, and that
22 this becomes the real work of this Committee is about what's
23 in the plan and getting down to -- you know, to making this
24 real and operationalizing it. So, if we're going to do that
25 anyway and -- you know, and --

1 DR. NOLFO: Mm-hmm.

2 AC MEMBER CANTOR: -- and -- you know, and the
3 other pieces that you're going to tap us also individually,
4 that's great, but, you know, that would be my push for
5 actually doing it this way and using the time to -- in the
6 Subcommittees. And it would force us to figure out, like,
7 what are the key issues here that we as a group want to --
8 want to deal with? So, you know, I -- so, I --

9 AC CO-CHAIR GÁLVEZ: So, Jeremy, are you proposing
10 we have small group meetings at our next meet -- or maybe
11 not at the next meeting, but soon? Or -- or are you saying
12 maybe start delving into the issues of implementation, and
13 then kind of start figuring out where we need Subcommittee
14 work?

15 AC MEMBER CANTOR: I -- I think it could be
16 either. I mean, I -- I just -- I think that, if what I was
17 hearing was right, was that we were sort of -- you know, we
18 didn't want to mess with the -- the way we're doing the
19 meetings now, where Tamu was going to be responsible sort of
20 for figuring out where she needed our help. That doesn't
21 totally make sense to me.

22 AC CO-CHAIR GÁLVEZ: Mm-hmm.

23 AC MEMBER CANTOR: I -- I mean, if -- if what
24 we're going to do next meeting is figure out, let's look at
25 the four different Subcommittees and collectively agree here

1 are the things -- here are kind of immediate challenges for
2 each --

3 DR. NOLFO: Mm-hmm.

4 AC MEMBER CANTOR: -- of them - those big things
5 that you need expertise. And then, let's structure our
6 meetings around -- you know, let's -- that -- this is --
7 here's the charge to the Subcommittees. These are the
8 things. We all agree this is what you're going to do.

9 DR. NOLFO: Mm-hmm.

10 AC MEMBER CANTOR: And if it -- if we can't come
11 up with good things for the Subcommittee to do, then,
12 there's no Subcommittee. But, I just would really like -- I
13 like the idea of smaller groups and really focused on
14 tapping the expertise in the room. There's some expertise
15 around -- you know, around bylaws, but that's not why we're
16 all here.

17 (Laughter.)

18 AC MEMBER CANTOR: So, let's get to -- you know,
19 to the plan. So --

20 DR. NOLFO: And, you know, as I'm thinking, it is
21 quite possible that, during the Advisory Committee meetings,
22 that if you guys break into small groups, they don't have to
23 be formal Subcommittees with all of the same kinds of
24 Bagley-Keene, like, noticed agenda and all of that, because
25 we actually set precedent with how we put together our

1 strategic plan where we had you guys break into small groups
2 at the Advisory Committee meeting and -- you know, and the
3 members of the public were able to go from room to room as
4 they wanted to and what not. So, you know, we could
5 certainly make that work without it having the same -- the
6 kind -- the level of kind of cumbersomeness that it would
7 otherwise have.

8 AC MEMBER FOX: I think, just from my experiences
9 working with sort of larger groups that then have
10 Subcommittees, lots of times, if you're going to get into an
11 issue, it's just not conducive for a -- a really large group
12 to have a discussion about.

13 DR. NOLFO: Mm-hmm.

14 AC MEMBER FOX: Sometimes it's better to get a
15 smaller group to talk about it, sort of, like, get all the
16 issues out there, bring it back to the larger group, and
17 then have that discussion with some already-established
18 foundation, rather than just, like, throwing it out there
19 and it's kind of free-for-all.

20 DR. NOLFO: Mm-hmm.

21 AC MEMBER FOX: And I think sometimes people feel
22 much more comfortable talking in smaller groups and you get
23 more out of them, where some people don't feel as
24 comfortable in a -- you know, a big room, a big group of
25 people, and so that can kind of hinder creativity.

1 DR. NOLFO: Correct. Yes.

2 AC CO-CHAIR GÁLVEZ: Willie?

3 AC MEMBER GRAHAM: As I look back, most of the
4 decisions that we've made, and I think we brought back, was
5 accumulated on small groups. Do you remember? And we wrote
6 them down, wrote them down, and wrote them down. So, I
7 think that'd be a plus that we're here, break up into small
8 groups, deal with it, and come back. That's so much easier
9 to do it that way, I think. We have had success already.
10 It's how we did a lot of the work --

11 DR. NOLFO: Mm-hmm.

12 AC MEMBER GRAHAM: -- and breaking up and then
13 coming back. Why not try something that works?

14 DR. NOLFO: Mm-hmm. So, we could move into kind
15 of the next agenda item. And it could just be that we're
16 doing small groups and not formal Subcommittees.

17 AC CO-CHAIR GÁLVEZ: All right. So, I think, to
18 coalesce what we're hearing, I think, at least for the next
19 meeting or two, we're going to try going back to just the --
20 what we had done to -- to develop the strategic plan, which
21 was, as the large group meets, break up into small groups,
22 work on things, and then -- and then, I guess, decision-
23 making in the large group around the things that the small
24 groups worked on and try that out for a little bit.

25 I really like the idea of -- of really -- I think

1 it would help us a lot if we fleshed out what would these
2 Committees actually -- I mean, or -- you know, what are the
3 things that we need to do? What are the tasks at hand? And
4 flesh those out better as a -- as a group before we even
5 start thinking about breaking into smaller groups. So, that
6 kind of just tell us -- so, that -- so, we'll just -- and
7 I'm just deciding, we're going to do it that way. We're not
8 going to vote on it.

9 (Laughter.)

10 AC CO-CHAIR GÁLVEZ: And --

11 DR. NOLFO: But you probably want to take public
12 comment.

13 AC CO-CHAIR GÁLVEZ: Oh, yes. Public comment.

14 (Laughter.) Any thoughts?

15 AC MEMBER CÁZARES: All of our public is gone.

16 (Laughter.)

17 AC CO-CHAIR GÁLVEZ: Is there any public left?

18 DR. NOLFO: We have some public.

19 AC CO-CHAIR GÁLVEZ: Any public care to share any
20 thoughts about this -- this topic?

21 (No response.)

22 AC CO-CHAIR GÁLVEZ: All right. And on the phone?

23 THE OPERATOR: There are no questions on the
24 phone.

25 AC CO-CHAIR GÁLVEZ: Okay. Thank you.

1 So, let's -- let's move into the next topic in the
2 agenda, which is planning our next meeting. One of the
3 things we know already we're -- we're going to discuss is
4 the -- the recommendation that the Subcommittee -- our first
5 little Subcommittee -- in May -- came up with regarding
6 changes to the bylaws relating to chair and co-chair. So
7 that's one item.

8 Dexter, how long do you think that --

9 AC MEMBER LOUIE: Five minutes.

10 AC CO-CHAIR GÁLVEZ: The -- the -- it would take
11 five minutes to do the presentation?

12 AC MEMBER LOUIE: Less then -- probably less than
13 that. The discussion might be longer.

14 (Laughter.)

15 AC CO-CHAIR GÁLVEZ: Yeah. Yeah. I -- I always
16 think about how long the discussion takes in this group and
17 the public comment that we need to have as part of every --
18 of every item. So, I think we would need to plan for at
19 least thirty minutes?

20 AC MEMBER LOUIE: I don't think you need that. I
21 do -- it would probably --

22 AC CO-CHAIR GÁLVEZ: I would love it if we
23 wouldn't need that. I just -- I'm just going based on
24 experience --

25 (Laughter.)

1 AC CO-CHAIR GÁLVEZ: -- with this group -- that we
2 don't -- we don't seem to get through decision-making in
3 anything shorter than thirty minutes about anything. So,
4 that seems like that's one of the items we'll -- we're going
5 to have on the agenda.

6 What are -- Jeremy's -- Jeremy's proposed that we
7 go through -- get much more in-depth conversations around
8 each of the parts of the strategic plan and start thinking
9 through what implementation for each of those would look
10 like, and what -- what the tasks would be of this Committee
11 related to those implementation steps. So, that's a --
12 another item.

13 Are there other items that -- so, we would -- we
14 would first need to approve the bylaws, then they would need
15 to be approved by the director -- the acting director, and
16 then we could take steps at the following meeting. Correct?

17 DR. NOLFO: That is correct. So, there are
18 potentially two options. One is that we put it out now, and
19 that you guys decide whether or not you want to make these
20 amendments. And, if that happens, then, between now and
21 May, there will be an interim director who could approve
22 them and then you could move forward with a -- you know,
23 move forward with elections in May.

24 If you don't do that now and you have the
25 presentation on the bylaws in May, perhaps it's possible

1 that we can get that interim director to be at the meeting
2 the way that Dr. Chapman would come to the meetings. And
3 that the interim director at that time could just make the
4 approval or could do it by email or by phone that day or
5 something like that.

6 AC CO-CHAIR GÁLVEZ: Well, it's -- it's just --
7 it's 4:30 and we do need to finish this part of the agenda
8 and get public comment before we close today. So, I'm not
9 sure we would have enough time to do -- to do both.

10 DR. NOLFO: Mm-hmm.

11 AC CO-CHAIR GÁLVEZ: Okay. So, let's -- let's
12 just finish this part and see how much time we have. So, we
13 would have to have -- so, we would have the plan for at
14 least the bylaws and the -- and the implementation
15 discussion, and potentially the election of co-chair, if
16 necessary, based on -- not necessary, based on the
17 recommendation?

18 AC MEMBER LOUIE: That would be in May - the
19 second quarter meeting.

20 AC CO-CHAIR GÁLVEZ: Right. That's what I'm
21 trying --

22 AC MEMBER LOUIE: Elections are the second quarter
23 meeting.

24 AC CO-CHAIR GÁLVEZ: -- that's what I'm planning
25 for, for our next meeting.

1 AC MEMBER LOUIE: Okay. Right.

2 AC CO-CHAIR GÁLVEZ: Yeah. So -- but the -- the
3 bylaws conversation -- oh, no.

4 AC MEMBER LOUIE: If you do the bylaws
5 conversation now and do the amendments by -- they're minor
6 substitutions and minor additions --

7 AC CO-CHAIR GÁLVEZ: Okay.

8 AC MEMBER LOUIE: -- that I think we can deal with
9 today.

10 AC CO-CHAIR GÁLVEZ: All right. Are there any
11 other items people would like to see on the agenda for our
12 May meeting? Álvero?

13 AC MEMBER GARZA: So -- so, first, the meeting is
14 on the thirteenth of May and basically we have until ten or
15 fifteen days before to finalize the agenda. So, we have
16 some time to submit more suggestions. Okay, that's one and
17 that's fine.

18 And then, I would suggest we don't necessarily
19 need a lot of presentations the way we've been having. And,
20 if we are going to be having Subcommittees on the
21 assessment, infrastructure, and I forget those four, that it
22 could be useful to -- to set up, what, a half-hour, an hour,
23 for each of those.

24 So, then we might get some information ahead of
25 time, but it would be on the agenda.

1 AC CO-CHAIR GÁLVEZ: Correct me if I'm wrong. I
2 thought we did need to have the two kind of -- at least the
3 HiAP one every meeting --

4 DR. NOLFO: And, so --

5 AC CO-CHAIR GÁLVEZ: -- because of the statute
6 that says -- that says we're supposed to --

7 DR. NOLFO: We don't have --

8 AC CO-CHAIR GÁLVEZ: -- record any meeting.

9 DR. NOLFO: -- to have -- I'll stay up for a
10 second and help with this. We don't have to have the HiAP
11 Task Force update on the agenda, but there -- the HiAP Task
12 Force is a part of our statute, and so it seemed like it
13 made sense to have an update at each one of the Advisory
14 Committee meetings, as well as -- the other entity that's
15 called out in our statute is Department of Health Care
16 Services and the relationship that we have there. And so,
17 do we want to have, as kind of a standing meeting item, to
18 get updates from the HiAP Task Force and DHCS? But, it's
19 really up to you as a body whether or not you want that.

20 And the other possibility is that we can provide
21 updates in writing that, you know, rather than them being
22 verbal updates, that we provide you with some kind of
23 written updates.

24 AC CO-CHAIR GÁLVEZ: I mean, at least for me, the
25 update part isn't as important as -- like, for today, for

1 example, having the opportunity to give input around what
2 they're thinking around violence prevention was useful.

3 DR. NOLFO: Mm-hmm.

4 AC CO-CHAIR GÁLVEZ: Having just an update on what
5 they're doing isn't -- I don't see that having to take place
6 in person, but providing opportunities for exchange, I
7 think, is important. And I see some nodding.

8 (Affirmative responses.)

9 AC CO-CHAIR GÁLVEZ: Yeah. Now, whether or not
10 there are those kinds of opportunities for every three
11 months? I have no idea. I don't -- I don't understand
12 enough about -- what the HiAP Task Force does to know
13 whether that would be the case.

14 DR. NOLFO: So, the question is, if those
15 opportunities for exchange are there, do you want us to
16 build them into the agenda?

17 AC MEMBER GARZA: Yes.

18 DR. NOLFO: Okay. For both HiAP and DHCS?

19 AC MEMBER GARZA: Yes.

20 DR. NOLFO: Yeah.

21 AC CO-CHAIR GÁLVEZ: Any other ideas about the
22 agenda?

23 (No response.)

24 AC CO-CHAIR GÁLVEZ: Okay. Then, I'm going to --
25 oh, wait. Oh, so -- any public comment about the agenda?

1 Wait, do we have any public left? Yes. (Laughter.)

2 Operator, could you please open the phone line?

3 THE OPERATOR: Yes. One moment.

4 AC CO-CHAIR GÁLVEZ: Any public comment about the
5 agenda items --

6 THE OPERATOR: The lines are now open.

7 AC CO-CHAIR GÁLVEZ: -- for next meeting? Are
8 there any public comments about the agenda items for our
9 next meeting?

10 (No response.)

11 AC CO-CHAIR GÁLVEZ: Okay. Then, we'll close that
12 part of the agenda.

13 Steve, I did see that you did have a comment that
14 you wanted to give just during the general public comment,
15 so let's do that and then we'll see how much time we have
16 left.

17 MR. LEONI: Thank you. Steve Leoni, mental health
18 consumer and advocate of many years. I just -- actually
19 this -- this comment arises out of things I that heard
20 earlier in the meeting today. Two things occurred to me
21 that might be kind of interesting.

22 You were talking about how you were going to be
23 changing the membership of the -- of this Advisory
24 Committee. People will be leaving and you have a deliberate
25 of policy of trying to bring in new blood because there's

1 just no way you can represent everyone at this table.

2 And it struck me that a problem that we'd had over
3 in the mental health side, because I'm a member of the
4 Planning Council and other groups, as well, many people -
5 and particularly thinking now of communities, not
6 necessarily professionals, but some of the grassroots you
7 might want to hear from - they don't have a whole lot of
8 experience, they don't know what these issues are. It's
9 kind of a stretch for them to come here.

10 And you can't just take someone and say, oh,
11 you're a member of this group or that group and drop them in
12 a slot here and expect them to do well. It just doesn't
13 happen. That setup does no one any good. And what struck
14 me was that -- Jahmal earlier was talking about working with
15 counties with their departments -- departments of public
16 health there.

17 And that one of the things you could be doing
18 would be having sort of this kind of Committee dealing with
19 health equity issues out in the counties - locally - where
20 people could participate, perhaps maybe have less
21 sophistication than are at this table.

22 I mean, because the only way, if you're going to
23 have community X, I mean, not everybody can really rise to
24 the level of policy discussion that you might have here.
25 And the only way you're going to find those people is by

1 recruiting enough people so that the talent rises to the top
2 from whatever group it is.

3 And you could have venues in the counties for
4 doing that, and then it becomes evident who really has some
5 really good ideas and who can represent the communities well
6 and, eventually, they can wind up here. So, I'm just
7 proposing this as a -- as a mechanism for your capacity
8 building or infrastructure building that might help people
9 this table and other efforts connected with it.

10 And she says five seconds. Well, I -- the only
11 other -- I say really quickly then, the other thing was, if
12 I may continue just a sec, the -- it struck me that there
13 are a lot of disparities involved in the implementation of,
14 like, managed care.

15 As a senior and as a disabled person, you know,
16 when you have substandard housing, you're poor - there are
17 all kinds of things that cause problems the way that things
18 are set up now, and it struck me that, whether it's on this
19 Committee or collaboration-wise, you should be really
20 looking at the Department of Insurance and the Department of
21 Managed Health Care as partners for some of this effort,
22 because you have a very, very broad effort and a lot of the
23 health care is delivered by private sectors.

24 There you are. Thank you.

25 AC CO-CHAIR GÁLVEZ: Thank you, Steve.

1 Okay. So, we have twenty minutes. Dexter, do you
2 think we have -- that's enough time? Do you want to try to
3 have the --

4 AC MEMBER LOUIE: I -- it's up to the group how
5 fast they want to process this. So --

6 AC CO-CHAIR GÁLVEZ: Oh, sorry. Sorry. Is there
7 public comment on any more -- just general public comments
8 on the phone about any item?

9 THE OPERATOR: There are no questions in queue --

10 AC CO-CHAIR GÁLVEZ: Thank you.

11 THE OPERATOR: -- at this time.

12 AC CO-CHAIR GÁLVEZ: Thank you.

13 Go ahead, Dexter.

14 AC MEMBER LOUIE: Cynthia and I met. She -- we
15 agreed to be co-chairs, so our Committee of two came up with
16 these recommendations for amendments, either by substitution
17 or by addition.

18 If you look at page 3 of your bylaws under
19 Section B, Elections, Item 2 would be the Committee shall
20 elect a chair and vice chair from its membership annually,
21 comma, at the second quarter meeting.

22 AC CO-CHAIR GÁLVEZ: At the second quarter?

23 AC MEMBER LOUIE: The meeting of the second
24 quarter. We don't know that it's always going to be May.
25 And you'll see why in -- in a second.

1 Number 3, the chair and vice chair shall be
2 elected from among the appointed members by a quorum, and
3 shall serve for a period of one year, period. There shall
4 be a two-term limit.

5 Cynthia and I talked about this in terms of more
6 philosophically, we do need to have some turnover, some
7 succession planning, and we need to have some leadership
8 development. So, we didn't want to have a chair or vice
9 chair slot tied up for too long by the same people, because
10 many people here would benefit from being chair and just
11 moving on into the higher levels within the state or
12 nationally.

13 Item 4, the chair's and vice chair's terms shall
14 commence immediately - we struck "after the election," and
15 substituted "at the next quarterly meeting," which would be
16 generally September, but that's in parenthesis - at the next
17 quarterly meeting and will continue until the end of the
18 one-year term or until another chair is elected.

19 And part of this is -- and we conferred with staff
20 and that works because the first round of new people will be
21 chosen between May and be seated by September. So, everyone
22 starts in September (laughter), the new officers and the new
23 members.

24 Those are the three amendments. One thing that
25 we -- came up as an issue but we don't think it will be a

1 real issue is that, if somebody here is in -- beginning
2 his -- his or her -- is in his or her third year and decides
3 he or she wants to be vice chair or chair, they may not be
4 selected to be in the next round of their -- their -- they
5 may not be able to renew their -- their second term.

6 They -- you can re-up for one more three-year term
7 and that person may or may not be chosen by staff to do
8 that, because we -- there'll be a ---- we are chosen at the
9 (laughter) staff's pleasure.

10 DR. NOLFO: If I could speak to that?

11 AC MEMBER LOUIE: Yes. Could you, please?

12 DR. NOLFO: So --

13 AC MEMBER LOUIE: We -- that was our one --

14 DR. NOLFO: And so, I was just saying that it
15 would automatically renew for that person so that we
16 wouldn't be --

17 AC MEMBER LOUIE: Right.

18 DR. NOLFO: -- we wouldn't have that problem.

19 AC MEMBER LOUIE: So --

20 AC CO-CHAIR GÁLVEZ: I'm sorry.

21 AC MEMBER LOUIE: -- that's not --

22 AC CO-CHAIR GÁLVEZ: Could you repeat that last
23 part? I'm -- I'm --

24 AC MEMBER LOUIE: See, if -- if a person is in his
25 or her first term of three years and at the -- this being my

1 third year, I'm saying, okay, I'm going to run for chair or
2 vice chair next year, but I'm not selected because I didn't
3 get reselect -- selected for another three-year term. If
4 you elected me, I wouldn't be here next year. (Laughter.)

5 AC CO-CHAIR GÁLVEZ: Right.

6 AC MEMBER LOUIE: But staff assures me that it
7 would -- at the pleasure of the people who run this OHE, is
8 that that won't happen. So, that problem went away.

9 So, we have three amendments.

10 AC CO-CHAIR GÁLVEZ: So, to repeat those, those
11 are, for Number 2, the OHE-AC shall elect a chair and vice
12 chair from its --

13 AC MEMBER LOUIE: At the second quarterly meeting.

14 AC CO-CHAIR GÁLVEZ: At the second quarterly
15 meeting. And Number 3 --

16 AC MEMBER LOUIE: There's added --

17 AC CO-CHAIR GÁLVEZ: There shall be a two-term
18 limit.

19 AC MEMBER LOUIE: Correct.

20 AC CO-CHAIR GÁLVEZ: And then, in Number 4 --

21 AC MEMBER LOUIE: Substitution -- amendment by
22 substitution. "After the election" becomes "at the next
23 quarterly meeting."

24 AC CO-CHAIR GÁLVEZ: Okay. All right. Let's have
25 discussion. Álvaro?

1 AC MEMBER GARZA: I have a question, because
2 generally I -- I'm in agreement with those. They sound fair
3 and reasonable. But, in the earlier discussion, we were
4 talking about progression of the vice chair to chair. Did
5 you not address that one? To stagger it?

6 AC MEMBER LOUIE: We talked --

7 AC MEMBER GARZA: Staggering it.

8 AC MEMBER LOUIE: -- about that and the reason is
9 that --

10 AC CO-CHAIR GÁLVEZ: Wait. Wait for a microphone.

11 AC MEMBER LOUIE: Excuse me. Dexter Louie. We
12 did discuss that and the issue then becomes, if a vice chair
13 automatically succeeds to the chair's position, the chair
14 may, number one, run a second term and so it wouldn't be
15 automatic --

16 AC MEMBER GARZA: Mm-hmm.

17 AC MEMBER LOUIE: They'd have to be elected every
18 year. Secondly, things occur during the course of a year -
19 your work changes, you have a day job, family - and so you
20 may not be able, as vice chair, to automatically succeed.
21 So, we -- we felt that we would leave more flexible and more
22 open.

23 AC CO-CHAIR GÁLVEZ: Before we move forward -- I
24 was just asked by Siek, if anybody needs a cab for the
25 airport, please let her know.

1 And let's continue. Yvonna?

2 AC MEMBER CÁZARES: Those sound good to me. I
3 just had a question. You didn't decide on the length of the
4 term, right? You just said they could be done for two
5 terms?

6 AC MEMBER LOUIE: That remains the same - one
7 year.

8 AC MEMBER CÁZARES: Okay. Got it. Perfect.
9 Thank you.

10 AC CO-CHAIR GÁLVEZ: Any other questions or
11 thoughts? Ellen?

12 AC MEMBER WU: I think we should consider changing
13 the term of the chair and the vice chair. I mean, it feels
14 like one year is a little too short to learn the ropes and
15 develop a relationship with staff, and then, all of a
16 sudden, you're kind of in your groove and you're changing
17 over. I mean, it's the same -- if you do a one-year -- if
18 you do one term for two years, or then you could have a
19 four-year term, but then that would -- anyway. I can't do
20 the math.

21 AC CO-CHAIR GÁLVEZ: Aaron, did you have -- did
22 you have your hand up?

23 AC MEMBER FOX: No.

24 AC CO-CHAIR GÁLVEZ: You're scratching?

25 AC MEMBER LOUIE: To put you at your ease, Ellen.

1 AC CO-CHAIR GÁLVEZ: Dexter?

2 AC MEMBER LOUIE: It's because things happen to
3 busy people. We're all busy people, and things happen at
4 work or with your family where the automatic -- you're in
5 for two years? Tough it out.

6 And you know how much extra time it takes.

7 AC CO-CHAIR GÁLVEZ: Well, but I will say as
8 having served as a chair --

9 AC MEMBER LOUIE: Yeah.

10 AC CO-CHAIR GÁLVEZ: -- it does take a while to
11 figure out how to do this and with four meetings a year --

12 AC MEMBER LOUIE: Mm-hmm.

13 AC CO-CHAIR GÁLVEZ: - it seems almost -- like,
14 it's a lot of pain to go through to finally figure it out --

15 (Laughter.)

16 AC CO-CHAIR GÁLVEZ: -- and then it's -- and then
17 it's like, all right. Come on. Someone else. It's your
18 turn. I mean, it -- to me, it seems --

19 AC MEMBER LOUIE: Well --

20 AC CO-CHAIR GÁLVEZ: -- that for a -- a Committee
21 that meets this infrequently.

22 AC MEMBER LOUIE: Yeah.

23 AC CO-CHAIR GÁLVEZ: One -- a one-year term seems
24 like it's, like, too much. It's not worth the payoff.

25 (Laughter.) You know? Like, it's just --

1 AC MEMBER LOUIE: No. We wanted --

2 AC CO-CHAIR GÁLVEZ: Yeah.

3 AC MEMBER LOUIE: -- to give the chair an
4 opportunity to do the second year and, most of the time, if
5 an incumbent runs again, the incumbent is reelected.
6 However, if you had a family or work issue, it's a lot
7 easier to bring in the vice chair or a new person, than
8 force you --

9 AC CO-CHAIR GÁLVEZ: Well --

10 AC MEMBER LOUIE: -- to do your whole --

11 AC CO-CHAIR GÁLVEZ: Well, but what would --

12 AC MEMBER LOUIE: -- two-year term --

13 AC CO-CHAIR GÁLVEZ: What would preclude a -- a --
14 someone who's a chair, if they decide, you know, that within
15 the two years, they can't keep doing it from stepping down?

16 AC MEMBER LOUIE: Nothing.

17 AC CO-CHAIR GÁLVEZ: You know?

18 AC MEMBER LOUIE: But you probably would tough out
19 one year, maybe.

20 AC CO-CHAIR GÁLVEZ: You barely figure it out in a
21 year. I guess I --

22 AC MEMBER GARZA: Well, just -- just --

23 AC CO-CHAIR GÁLVEZ: -- that's just what I'm
24 saying. (Laughter.)

25 AC MEMBER GARZA: -- to add to that -- I'm

1 sorry. May I speak?

2 AC CO-CHAIR GÁLVEZ: Okay. Yes. Go ahead,
3 Álvaro.

4 AC MEMBER GARZA: Yeah. Just to and to that,
5 that's the beauty of the vice chair succeeding to the chair,
6 because in that first year you're learning all that, and
7 then the second year, you're doing it.

8 AC CO-CHAIR GÁLVEZ: Right.

9 AC MEMBER GARZA: And it works very well in a
10 whole lot of organizations.

11 AC CO-CHAIR GÁLVEZ: Right.

12 AC MEMBER GARZA: A big one is APHA, for example.

13 AC MEMBER PARKS: Just for clarification, so,
14 Dexter, the vice chair can vote in as the chair? Okay.

15 AC MEMBER LOUIE: The vice chair can run against
16 the chair. I mean, it's all very flexible. There's a
17 certain gentlemen's or gentlewomen's agreement how these
18 things work out usually, but it may be that the vice chair
19 cannot move forward due to work or family or whatever
20 else. Or it may be a person you don't even like. He's
21 not -- he runs the meeting - he doesn't facilitate the
22 meeting -- he or she. There's a big difference between
23 facilitating the meeting and running the meeting.

24 AC CO-CHAIR GÁLVEZ: Pat?

25 AC MEMBER JOHNSON: And I --

1 AC CO-CHAIR GÁLVEZ: Oh, sorry. Carrie, did you
2 have your hand up?

3 AC MEMBER JOHNSON: I think that it should be two
4 years. That sounds right. I think it should be two years
5 term, and then the vice -- you know, having an opportunity
6 after two years then to go into the chair.

7 AC CO-CHAIR GÁLVEZ: Pat? Pat, you had raised
8 your hand?

9 AC MEMBER RYAN: Yeah, I'm just trying to
10 (laughter) piece all this together, but is there anything --
11 I don't see anything in the current bylaws that precludes a
12 chair from serving for another year or another two years. I
13 mean, there's no limit on the length of time or the number
14 of times that you can be reelected, right?

15 AC CO-CHAIR GÁLVEZ: Currently, there is not.

16 AC MEMBER RYAN: Right. So, you could address it
17 that way rather than have an automatic progression of the
18 vice chair to the chair, which doesn't seem to be -- I don't
19 know, that's -- it seems like you could have to have an
20 election every term --

21 AC CO-CHAIR GÁLVEZ: Every four --

22 AC MEMBER RYAN: -- whether the term is --

23 AC CO-CHAIR GÁLVEZ: Every four meetings, we'd
24 need to have an election.

25 AC MEMBER RYAN: Yeah, whether it's two years or

1 one year. So -- but you could -- there's nothing that
2 precludes somebody who has had the experience of one year
3 and has a year under your belt and is willing to do it for
4 another year.

5 AC CO-CHAIR GÁLVEZ: There is --

6 AC MEMBER RYAN: That's the big question.

7 AC CO-CHAIR GÁLVEZ: General Jeff?

8 AC MEMBER JEFF: Seeing that this is a -- thank
9 you. Seeing that this is a -- a brand new governing entity
10 and we're hearing about how systems have worked in the past,
11 I think because you two are our first chair and vice chair,
12 I would like to hear from each of you in regards to time,
13 you know, difficulty, energies, and what it would take.

14 Do you think, you know, one year, you know, two
15 years, three years or more, or something different? I'd
16 like to hear from each of you in your respective
17 positions. Thank you.

18 AC CO-CHAIR GÁLVEZ: Well, I think I just shared
19 my thoughts. I -- I do feel like it -- it takes a while. I
20 mean, it's still -- it's -- it's hard. It's hard to -- to
21 manage these meetings. I think you guys can see that the
22 dynamics -- it's hard to, you know, manage the public
23 comment and the -- trying to keep the process, and do all
24 the things we're supposed to do, and things are changing
25 every minute.

1 So, it's -- it does -- it takes work. And it
2 takes a while to figure it out and so, if we had done it
3 when we were supposed to do it last September, we would have
4 already elected a new chair -- if we had done it annually.
5 Yeah, when I think of, like, when September was, I, you
6 know, was still figuring it out.

7 So, for me, I really do think that a one-year term
8 is too short to figure out the ropes. And it just seems
9 like I think it would be putting undue pain on just the
10 whole thing - not just the person doing it, but the whole --
11 the whole process to have to go through that -- this whole
12 learning curve again so frequently with a whole new
13 person. That's -- that's my thought on it.

14 AC CO-CHAIR CHENG: I agree, especially for the
15 chair. I think a one-year term is -- I'm not sure if it's
16 worth it, because you put in a lot of time trying to pick
17 up --

18 (Laughter.)

19 AC CO-CHAIR CHENG: -- and then, by the time
20 you're more familiar, it's time to do it. So, at least for
21 the chair, I think that one two-year term is more -- makes
22 more sense to me.

23 AC CO-CHAIR GÁLVEZ: Paula?

24 AC MEMBER BRAVEMAN: Yeah. I also -- I also favor
25 the two-year term, partly because it cuts down on the amount

1 of time spent on the process. Every year, you're going
2 through the elections.

3 AC CO-CHAIR GÁLVEZ: Dexter?

4 AC MEMBER LOUIE: Cynthia and I did think about
5 the fact that two years is -- is probably good to have, but
6 we wanted to -- we took into consideration the fact that
7 that person, in the middle of the two-year term, may say,
8 oh, my work, there are more demands, I've been promoted.
9 It's -- to be reelected is easier than to resign at one year
10 by saying that I just don't have the time or you didn't like
11 the job. It was too hard to manage all these people. And
12 one year you say I like the job.

13 Incumbents almost always get reelected. So, you
14 still get the two-year term and a two-year limit in order to
15 foster leadership development. Move it along; don't have a
16 person in there for four years or whatever it is. So, we
17 did consider the fact that two years is good -- it's
18 optimal. But that's why there is a two-year limit, too,
19 because you need leadership development - other
20 opportunities.

21 AC CO-CHAIR GÁLVEZ: Any other thoughts?

22 (No response.)

23 AC CO-CHAIR GÁLVEZ: Well, there just seems to --

24 AC MEMBER FOX: We can also vote to impeach you
25 any time we want.

1 AC CO-CHAIR GÁLVEZ: That's right.

2 (Laughter.)

3 AC CO-CHAIR GÁLVEZ: And -- yes, and I believe
4 that the chair can decide -- I mean, if we say it's a two-
5 term -- you decide it's a two-year term, you accept it with
6 a two-year assumption, and if you feel like you can't,
7 you -- you resign, you know? It -- it could be -- it's like
8 six of one, a half dozen of another. I personally would --
9 anything that would keep us from getting mired in process
10 as -- you know, less frequently. For me, it's preferable.

11 But it does seem like we have two -- two different
12 thoughts on the table. I think we should just -- I mean, it
13 seems like that's the only issue that is -- is -- that
14 there's a difference on. I think we should just have a
15 motion and see where it goes, but we need to get public
16 comment prior.

17 Pat, you have some more ideas?

18 AC MEMBER RYAN: I just -- what -- I just have one
19 more question. If we went to two years, which I do think is
20 a good idea, would there be a limit of one two-year term or
21 should -- you know, should we specify in the bylaws that
22 it's one two-year term or that at least, you know, if it's
23 not going to be one two-year term, that -- be clear that the
24 chair may be elected to an additional term?

25 AC CO-CHAIR GÁLVEZ: Tamu said the more

1 specificity, the better. I think it's really -- it's the
2 will of the group. I mean, the -- the idea that Dexter and
3 Cynthia had was that limiting the -- the amount of time
4 period that someone could serve as chair to two years is --
5 is better, is preferable.

6 I probably would agree with that in general. I --
7 I don't know. I suppose I could see a -- a potential where
8 the group could feel that there's nobody that they would
9 want to -- to elect and whatever the -- the current grouping
10 that exists and, because the -- the bylaws said you cannot
11 absolutely choose a second term, then you're -- you have
12 to -- I don't know. So, it's just -- just an option.

13 General Jeff?

14 AC MEMBER JEFF: Is it possible for, say, a
15 sitting chair, such as yourself, to sit out the next
16 election and then come back again, if you were -- if you
17 served for two terms, which would be six years, could you
18 serve as chair for two, sit out two and, then, return for
19 two again?

20 AC CO-CHAIR GÁLVEZ: That's -- I mean, I think
21 it's whatever the group decides. I mean, I think what I'm
22 hearing, other than Dexter -- I mean, everybody seems to
23 think two years is better. The -- what I'm not -- haven't
24 heard any real discussion about is this, whether we would
25 want to limit the amount of time to two years that someone

1 could serve as chair at one time, whether they can't do it
2 again later or they can't -- or they can do it again later
3 after two years.

4 AC MEMBER WU: Well, I'm just trying to close
5 this --

6 (Laughter.)

7 AC MEMBER WU: Dexter with Cynthia proposed some
8 bylaws changes that actually are okay, even if we change the
9 term of the chair to two years. Like, it still stands. It
10 means the chair can serve four years, but has to be elected
11 every two years, right?

12 AC CO-CHAIR GÁLVEZ: Yeah.

13 AC MEMBER WU: So, it seems like we could just
14 take their amendments and I'll add my friendly amendment and
15 we can move to a vote. I move to -- for a vote.

16 (Laughter.)

17 AC MEMBER WU: That's what I'm wondering.

18 (Laughter.)

19 AC CO-CHAIR GÁLVEZ: Okay. We need to --

20 AC MEMBER WU: That's what --

21 AC CO-CHAIR GÁLVEZ: Okay. So, we need to take
22 public comment before we can take a vote. And so, Ellen,
23 I'm assume -- your -- your motion is -- the only change
24 would be -- it would be everything that they said except
25 that they would add -- that you would add -- you would take

1 away the "annually" and you would say "every two years" in
2 Number 2?

3 AC MEMBER WU: Yes.

4 AC CO-CHAIR GÁLVEZ: And the -- in Number 3, it
5 would not say "one year," it would say "two years."

6 AC MEMBER WU: Yes.

7 AC CO-CHAIR GÁLVEZ: Rocco, do you have a
8 question?

9 AC CO-CHAIR CHENG: Yeah. Ellen, I think our term
10 as an Advisory Committee Member is three years. So, if you
11 could reelect -- if each term is two years and you would do
12 the reelection, that exceeds three years. So, that runs
13 into the similar issue that Dexter mentioned. What if you
14 got elected in year three? So, it's all --

15 AC CO-CHAIR GÁLVEZ: And that's what staff said
16 they would just respect that, right?

17 DR. NOLFO: Right. You would just have an extra
18 term --

19 AC CO-CHAIR CHENG: Yeah. Okay. I thought that
20 one of the opinions is that there would be some change of
21 leadership and everyone would have an opportunity to -- to
22 do it, right?

23 AC MEMBER LOUIE: More people would have an
24 opportunity --

25 AC CO-CHAIR CHENG: Yes. Yes.

1 AC MEMBER LOUIE: -- as opposed to two people.

2 AC CO-CHAIR GÁLVEZ: Okay. We have a -- we have a
3 motion. I think we should just, given the -- given the --
4 later just vote on that, but first we need to get public
5 comment. Steve, did you want to say anything about this
6 issue?

7 MR. LEONI: Steve Leoni. I've been a member of a
8 number of Committees and organizations over the years and
9 this is not unfamiliar kind of conversation to me. And I
10 think actually Rocco may have covered it just now, a bit of
11 what I was going to say. But let me repeat it.

12 You know, you have these three-year terms for --
13 for being on this Advisory Committee and I just saw an
14 example today of some people rotated off - and not by their
15 choice. It was -- I don't know what the process was, but
16 they were -- said, well, you're not coming back. And -- and
17 to do a two-year term in a -- in a situation where you have
18 a three-year existence on the Committee and you may leave, I
19 mean, you'd have to have a rule that, if you get elected in
20 your third year, that somehow you're immune from -- from
21 (laughter) --

22 AC CO-CHAIR GÁLVEZ: Yeah. That's what staff
23 said.

24 DR. NOLFO: Mm-hmm.

25 MR. LEONI: Okay.

1 AC CO-CHAIR GÁLVEZ: That that person would be
2 immune from --

3 MR. LEONI: Okay.

4 AC CO-CHAIR GÁLVEZ: -- being --

5 MR. LEONI: Okay. Well, because the -- that's the
6 only way it would make sense. And it's even worse if you
7 talk about a vice chair for two years and then the vice
8 chair by tradition moves up. That's four years. So, you'd
9 better have more than a three-year term.

10 I guess it -- it sort of offends me a little bit
11 and it seems kind of messy. And I know that at the Planning
12 Council we have one-year terms and I agree with what you
13 said that, you know, it's a lot of work to build it up, you
14 know, and then -- then you're gone.

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

17 MR. LEONI: No.

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

19 MR. LEONI: We -- we have -- we now have
20 teleconference -- or actually, they're in-person meetings
21 with phone-in capacity for our Committee structures, but we
22 only meet four times a year. Now, we meet three -- two and
23 a half days when we meet. It's a big long thing with
24 Committees all built in. You know, but -- and we -- we meet
25 only four times a year and it's been that way as far back

1 as -- and I've been working with them since 1996.

2 You know, so -- but even there at the Planning
3 Council, I mean, we have three-year terms and, you know, so
4 our leadership is one year at a time because -- well, you
5 never know if you're going to be -- I mean, there's no hard
6 and fast rule that you can't stay on there for decades, but
7 you do have to be reappointed every three years.

8 So, I'm just saying try not to muddy the waters
9 too much. I mean, think about what's actually going on here
10 before you do that and whether it's fair or not --

11 AC CO-CHAIR GÁLVEZ: Mm-hmm.

12 MR. LEONI: -- and how -- and you just, like, get
13 yourself elected and you're guaranteed to continue on the --
14 on the Committee. So, anyway, it's just some -- it's just
15 some thoughts.

16 AC CO-CHAIR GÁLVEZ: Thank you, Steve.

17 So, there is a motion. It's five o'clock. I
18 think we could choose to take a vote, see where it goes, or
19 table it until our next meeting. Those are the two choices.

20 Oh, sorry. Is there anyone on the phone that
21 could like to give public input for this last item?

22 THE OPERATOR: It looks like all lines on the
23 phone have disconnected.

24 (Laughter.)

25 AC CO-CHAIR GÁLVEZ: Thank you.

1 (AC Co-Chair Gálvez conferred with Dr. Nolfo.)

2 AC CO-CHAIR GÁLVEZ: The motion right now says
3 there would be a second. There could be. There could be.
4 Yeah, the motion, the way you said it, currently says there
5 could be a second term.

6 AC MEMBER WU: Yes.

7 AC CO-CHAIR GÁLVEZ: Yes. That's what you said.
8 I mean, the only change you wanted to make to theirs was
9 that the original term --

10 AC MEMBER WU: Yes.

11 AC CO-CHAIR GÁLVEZ: -- would be two years.

12 AC MEMBER WU: Yes.

13 AC CO-CHAIR GÁLVEZ: Yeah. And everything else
14 would stay the same. Dexter?

15 AC MEMBER LOUIE: I'm not sure. I think Ellen's
16 amendment, if passed, would then change the next one about a
17 two-term limit. But that would be -- then it would be a
18 total of four years --

19 AC MEMBER WU: Right.

20 AC MEMBER LOUIE: -- which then works against the
21 idea of other people should have an opportunity to provide
22 leadership to this group and to be influential at the state
23 or national level. Whereas, a four-year -- four years -- if
24 you -- if you, for instance, were there for four years and
25 then Rocco moved in for two years, nobody else on the

1 current Advisory Committee would ever be able to move into a
2 position of leadership.

3 AC MEMBER WU: Can I -- can --

4 AC MEMBER LOUIE: And so, I suggest that we take
5 Ellen's amendment, we have to vote on it, but we divide the
6 question because it changes the other two amendments. So,
7 you take each amendment separately, then.

8 AC CO-CHAIR GÁLVEZ: Are you okay with that?

9 AC MEMBER WU: Yeah. That -- I mean, that's
10 fine. I just want to add a little -- not to belabor this,
11 but there are other ways of be -- being a leader -- like,
12 showing leadership. Like, if we have Committees, there are
13 Committee chairs. So, I just want to put that out there.
14 And we're -- we're all leaders here.

15 (Laughter.)

16 AC CO-CHAIR GÁLVEZ: Jeremy?

17 AC MEMBER CANTOR: So, I -- I mean, I would
18 actually support Ellen's amendment and that there be that
19 option. There's still the option for the group, after two
20 years, to vote somebody else in. I would feel differently
21 if I felt like this was sort of a high honor and symbolic
22 position -- but it's really --

23 (Laughter.)

24 AC MEMBER WU: Sorry, Sandi.

25 AC MEMBER CANTOR: -- as much as we appreciate and

1 honor your work -- I -- I mean, I think it's -- it's
2 largely -- it's a functional position, you know, unlike some
3 chairmanships, which -- chairpersonships, which are really
4 very much, you know, getting your name on the -- the website
5 or the document.

6 And in that -- the interest of that, I do think
7 that the -- the capacity of the chair to be effective is
8 only going to increase over time and if, as a group, we
9 decide that the best person, you know, is you to continue
10 after two years to do four, that, to me, outweighs the
11 potential value of making sure that everybody has that
12 chance.

13 AC CO-CHAIR GÁLVEZ: And you'd have to assume that
14 the chair would want to serve another two years.

15 AC MEMBER CANTOR: Yes. Right.

16 AC CO-CHAIR GÁLVEZ: Which is not likely, but
17 (laughter).

18 AC MEMBER CANTOR: That's a very big assumption,
19 yeah.

20 AC CO-CHAIR CHENG: Very big assumption. Yes.
21 (Laughter.)

22 AC CO-CHAIR GÁLVEZ: Yeah. All right. So, we
23 have basically a motion and a second. I think we should
24 just vote on it and then --

25 AC MEMBER WU: Who seconded?

1 AC CO-CHAIR GÁLVEZ: Well, Jeremy basically just
2 did -- or we don't need to.

3 AC CO-CHAIR CHENG: We don't need a second.

4 AC CO-CHAIR GÁLVEZ: Okay. All those in favor --
5 oh no.

6 AC MEMBER LOUIE: We have to do a roll call.

7 AC CO-CHAIR CHENG: Roll call.

8 AC CO-CHAIR GÁLVEZ: General Jeff? What is your
9 vote on this?

10 AC MEMBER CANTOR: The Ellen proposal.

11 AC MEMBER JEFF: Yes.

12 AC MEMBER JEFF: General Jeff, yes.

13 AC MEMBER JEFF: Yes.

14 AC CO-CHAIR GÁLVEZ: Aaron?

15 AC MEMBER FOX: Yes.

16 AC CO-CHAIR GÁLVEZ: Gail?

17 AC MEMBER NEWEL: Yes.

18 AC CO-CHAIR GÁLVEZ: José?

19 AC MEMBER OSEGUERA: Yes.

20 AC CO-CHAIR GÁLVEZ: Yvonna?

21 AC MEMBER CÁZARES: Yes.

22 AC CO-CHAIR GÁLVEZ: Jeremy?

23 AC MEMBER CANTOR: Yes.

24 AC CO-CHAIR GÁLVEZ: Francis?

25 AC MEMBER LU: Yes.

1 AC CO-CHAIR GÁLVEZ: Paula?
2 AC MEMBER BRAVEMAN: Yes, I'm worn down.
3 (Laughter.)
4 AC MEMBER KOHATSU: Yes.
5 AC CO-CHAIR GÁLVEZ: Neal?
6 AC MEMBER KOHATSU: Yes.
7 AC CO-CHAIR GÁLVEZ: Ellen?
8 AC MEMBER WU: Yes.
9 AC CO-CHAIR GÁLVEZ: Willie?
10 AC MEMBER GRAHAM: Yes.
11 AC MEMBER GARZA: Álvaro?
12 AC MEMBER GARZA: Aye.
13 AC CO-CHAIR GÁLVEZ: Yes. Pat?
14 AC MEMBER RYAN: Yes.
15 AC CO-CHAIR GÁLVEZ: Carrie -- or Teresa?
16 AC MEMBER OGAN: Yes.
17 AC CO-CHAIR GÁLVEZ: Dexter?
18 AC MEMBER LOUIE: No.
19 AC MEMBER LOUIE: Dexter, no. Hermia?
20 AC MEMBER PARKS: Yes.
21 AC CO-CHAIR GÁLVEZ: Carrie?
22 AC MEMBER JOHNSON: Yes.
23 AC CO-CHAIR CHENG: Yes - Rocco.
24 AC CO-CHAIR GÁLVEZ: Sandi - yes.
25 Okay. We -- we got through it.

1 UNIDENTIFIED AC MEMBER: That was just the first
2 part.

3 AC MEMBER CANTOR: No. That was everything.

4 AC CO-CHAIR GÁLVEZ: No. I thought it was -- it
5 was the whole thing. Did anyone vote thinking that it was
6 not the whole thing?

7 AC MEMBER LOUIE: No. It was the whole thing.

8 AC CO-CHAIR GÁLVEZ: Okay. Everybody knew it was
9 the whole thing. Okay.

10 All right. We've had public comment on items not
11 on the agenda and my closing comments are safe travels. See
12 you next time.

13 (Applause.)

14 (Thereupon, the meeting adjourned at 5:07 p.m.)

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CERTIFICATE OF REPORTER

I, Rebecca Hudson, an Electronic Reporter and Transcriber, do hereby certify that I am a disinterested person herein; that I recorded the foregoing Mental Health Oversight and Accountability Commission meeting; that I thereafter transcribed it.

I further certify that I am not of counsel or attorney for any of the parties to said meeting, nor in any way interested in the outcome of said matter.

IN WITNESS WHEREOF, I have hereunto set my hand this 15th day of February, 2015.

/s/ Rebecca Hudson

REBECCA HUDSON