



African American Health Institute
of San Bernardino County

Harambee

“All Pull Together”
Swahili



CRDP Project Statewide African American Workgroup

Harambee is a Kenyan tradition of community self-help events, e.g. fundraising or development activities. *Harambee* literally means **“all pull together”** in Swahili, and is also the official motto of Kenya and appears on its coat of arms.

Harambee events may range from informal affairs lasting a few hours, in which invitations are spread by word of mouth, to formal, multi-day events advertised in newspapers. These events have long been important in parts of East Africa, as ways to build and maintain communities.

Following Kenya's independence in 1963, the first Prime Minister, and later first President of Kenya, Jomo Kenyatta adopted "*Harambee*" as a concept of pulling the country together to build a new nation. He encouraged communities to work together to raise funds for all sorts of local projects, pledging that the government would provide their startup costs. Under this system, wealthy individuals wishing to get into politics could donate large amounts of money to local *Harambee* drives, thereby gaining legitimacy.

Encyclopedia, 2010

So it is with the *California Department of Mental Health Reducing Disparities in Populations (CRDP) Project*. We the people of African ancestry (including African Americans, Continental Africans, Afro-Caribbean, Afro-Latinos, and Africans any other nationality or country of birth) living in California are coming together, using the resources we have to create a system that provides culturally appropriate services for those who need it. *Join the effort!*

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A: Meeting Structure

Using a participatory process in the past has been very successful working with people of African ancestry. Due to the nature of this project, several types of meetings will be necessary, such as telephone conference calls, in-person meetings, online meetings at the *Office Meeting Center*, and the exchange of emails. The project contract and deliverables mandate **at least one** meeting per quarter. Identified quarters are:

- 1st Quarter=March, April, May 2010
- 2nd Quarter=June, July, August 2010
- 3rd Quarter=September, October, November 2010
- 4th Quarter=December 2010, Jan, February 2011
- 5th Quarter=March, April, May 2011
- 6th Quarter=June, July, August 2011
- 7th Quarter=September, October, November 2011
- 8th Quarter=December 2011, January, February 2012

All meetings must utilize the following items:

1. A written agenda
2. A start time and end time
3. Minutes summarizing discussions and actions taken
4. Minutes submitted to AAHI-SBC office in electronic format
5. Attendance record
6. Meetings scheduled based on group consensus
7. Confirmation of meeting date/time should be sent by email to all participants
8. Confirmation of email will be followed by a telephone call

Office Meeting Center is an online web-based program created for this project. Access: [http://: SharePoint.AAHI-SBC.org/default](http://SharePoint.AAHI-SBC.org/default). The preferred method for meeting and interacting with SPW members and project partners is the *Office Meeting Center*. Each workgroup member will be assigned a personal password to enter. The program will create standard forms and formats for the agenda, minutes, scheduling, and keeping data. Each person is assigned to his/her selected group and will be able to work only with that group. If there is interest in other group activities, access is granted to view activities but, not enter or manipulate any items in the group working space.

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Advantages of the *Office Meeting Center* are: available 24 hours, multiple members can be online at the same time, all conversation is documented in writing, all written information is permanently recorded and can be viewed at anytime, the flexibility of meeting times are optimal, and efficiency is high because of standard forms and record keeping. Meetings documented at the Office Meeting Center are official and reportable as a project deliverable. AAHI-SBC office staff can download minutes and meeting information for the office records.

Conference calls are also official meetings. A free conference center is available by dialing: 1-507-726-4200. A group member must be assigned to keeping the records and emailing copies to the AAHI-SBC office (CorporateOffice@AAHI-SBC.org).

In-person meetings are not the most efficient method for workgroup members to meet because members are in diverse parts of the state. Time and travel would be cost prohibited.

Email exchanges between group members are encouraged.

All decisions during group meetings will occur by consensus. Webster defines consensus by “an opinion held by all, or most; general agreement.” The final decision should be recorded in the minutes, and stated clearly.

B: Leadership Structure

We recognize that there is not one right, but rather a diversity of leadership styles. With a mixed group of people from diverse backgrounds, the leader must be accepted and respected by the group. Leadership structure deemphasizes individualism and promotes a communitarian perspective. “Communitarian perspective” values sharing what is in common; what is best for the whole, not one individual.

The African American Strategic Planning Workgroup is organized into three levels of participation. All three levels make up the workgroup; **statewide workgroup members = 42.**

Level 1: The African American Health Institute of San Bernardino County (AAHI-SBC) staff

Level 2: The AAHI-SBC project consultants

Level 3: The Workgroup volunteer statewide members

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Level 1: Workgroup participants in Level 1 are the administrative team. AAHI-SBC has the day-to-day management of the project, must make sure the contract deliverables are on time, and the project is successful.

Level 2: The AAHI-SBC consultants (Level 2 participants) provide input regarding project development and implementation according to mental health best practice models. The AAHI-SBC staff and consultants worked together to submit the application to the DMH, and will work on the project according to identified and approved roles as stated in the executed contract from the DMH.

Level 3: Strategic Planning Workgroup statewide members are volunteers. There are 26 individuals who signed a Workgroup Agreement to voluntarily serve on the CRDP Report project. Each member identified personal priority areas for working on the CRDP Report. AAHI-SBC staff and consultants will work with workgroup volunteer statewide members to produce the final product of this project, a *CRDP Report for African Americans* based on an African-centered framework.

AAHI-SBC staff will interact in every aspect of the project. Office staff, expert consultants and select representatives of the workgroup membership will refine the CRDP Report before it is submitted to the DMH. Participation in refining the final product is based on what is “efficient” and “effective” utilization of project resources to meet deliverable deadlines.

Title	Staff
President & CEO	V. Diane Woods, DrPH, MSN, RN
Program Coordinator	Nacole Smith, MPH
Prevention Specialist	Denise Hinds, DrPH
Office Assistant	Linda Williams

AAHI-SBC consultants have specific assignments, namely:

Regional Consultants: Responsible for project recruitment and to identify the best project input from each region within the state. See project regional map of identified counties in each region. Regional consultants are:

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Region	Consultants
Northern California	Valerie Edwards, LCSW
Southern California	Stephanie Edwards, MPA
Central California	Edwards T. Lewis, MSW
Inland Empire	Wilma L. Shepard, LCSW
Los Angeles	Reverend James C. Gilmer, MA

Subject Matter Expert Consultants: Level 2-AAHI-SBC Project Consultants provide specific input related to expertise. Each consultant will work with workgroup members on specific assignments to successfully create and produce the CRDP Report. Subject matter expert consultants are:

Expertise	Consultants
Utilization & Cultural Competency	Daramöla Cabral, DrPH, PA
Adolescent & Adult Mental Health	Suzanne Hanna, PhD, MFT
Psychiatric Medicine	Richard Kotomori, MD
African Immigrant Health Services	Walter Lam
Behavioral Health Provider Services	Temetry Lindsey, DrPA
Psychological Anthropology	Erylene Piper-Mandy, PhD
African-Centered Psychology	Carolyn B. Murray, PhD

Workgroup Statewide Members: All 26 members bring together the diversity of expertise from the mental and behavioral health arena. The role of the workgroup members is to create the CRDP Report. Each member will have specific assignments and products to deliver according to pre-established times and due dates.

Expertise	Member
Consumer/Stakeholder Transitional Aged Youth	Maceo Barber, MFT Intern
Mental Illness in African People	Yewoubdar Beyene, PhD
Marriage and Family Therapy	Marva M. Bourne, DMFT
Consumer/Stakeholder	Gregory C. Canady
Stakeholder/Provider, Mental Illness Services	Nancy Carter
Stakeholder/Provider, Behavioral Health Care Services	Gigi Crowder
Ethiopian Consumer/Provider, African Assist Services	Alemi Daba

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Counseling Psychology	Terri Davis, PhD
Consumer	Don Edmondson
Psychiatry & Neurology	C Freeman, MD
Nurse Psychotherapy	Sabrina L. Friedman, EdD, NP-C
African-Centered Sociology	Lawford L. Goddard, PhD
Clinical Social Work	Tracie Hall-Burks, LCSW
Stakeholder/ Provider, Forensic MH Clinical Services	Melvora (Mickie) Jackson, MPA
Stakeholder/ Social Support	Phyllis Jackson
Consumer	Luvenia Jones
Consumer	R. B. Jones
Stakeholder/ Ministerial Council	Bishop Ikenna Kokayi, MA
Social Work	Lana McGuire, ACSW
Clinical Psychology	Gloria Morrow, PhD
Consumer	Musa Ramen
Consumer	Linda Redford, LVN
African-Centered Psychology	Daryl M. Rowe, PhD
Provider/ Mental Illness & HIV/ AIDS	Madalynn Rucker, MA
Clinical Social Work	Essence Webb, ACSW
Provider/ California Institute of Mental Health	Doretha Williams-Flournoy, MS

CRDP Report Section Development

There are five sections of the final CRDP Report. Each person is assigned to a specific section based on personal preference, ability to provide constructive input toward the deliverable, diversity of perspective, category of workgroup members, and regional representation.

CRDP Section Leaders

Leaders for each section will be identified based on standardized criteria, such as (1) previous experience with the subject matter, (2) demonstrated ability to lead the group to success, and (3) demonstrated time and availability commitment to meet pre-established deadlines. The Section Leader is responsible for moving the group forward to developing three drafts of the CRDP Report. The drafts must be developed and submitted according to standard criteria identified by the project and the established project work plan.

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CRDP Sections	Assigned Individuals
<p>Section 1: Reducing Disparities (documenting & making recommendations; removing barrier to accessing programs and services)</p>	Richard Kotomori, MD Edward Lewis, MSW Linda Redford, LVN Lawford Goddard, PhD Madalynn Rucker, MA Yewoubdar Beyene, PhD Mickie Jackson, MPA
<p>Section 2: Accessing Programs and Services (recommendations)</p>	Stephanie Edwards, MPA Nancy Carter Walter Lam Musa Ramen Essence Webb, ACSW C. Freeman, MD Marva Bourne, DMFT Terri Davis, PhD
<p>Section 3: Identify Focus Areas for Improved Mental Health Outcomes</p>	Suzanne Hanna, PhD Temetry Lindsey, DrPA Luvenia Jones Phyllis Jackson Georgy C. Canady Don Edmondson Tracie Hall-Burks, LCSW
<p>Section 4: Promoting Effective Relevant Approaches and Solutions (identification & inventory specific community-defined promising practices with strength-based, culturally competent approaches that support improved services, identify effective mental health service models which contribute to the overall health and mental wellness of individuals in the population)</p>	Wilma Shepard, LCSW Reverend Jim Gilmer, MA Maceo Barber, MFT Intern Sabrina Friedman, EdD, NP-C Gigi Crowder Daryl Rowe, PhD Alemi Daba Gloria Morrow, PhD
<p>Section 5: Supporting Community Participatory Evaluation Approaches (recommendations for appropriate methodologies and metrics)</p>	Valarie Edwards, LCSW Carolyn Murray, PhD Bishop Ikenna Kokayi, MA Erylene Piper-Mandy, PhD Daramöla Cabral, DrPH Lana McGuire, ACSW Mr. R. B. Jones Doretha Williams-Flournoy, MS

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C: Strategies for Inclusive Participation

This first convening will allow members to get to know each other, orient them to the project, and determine their **governance structure for developing the project work plan to complete the CRDP Report.**

Strategy 1: Pre-meeting package. Pre-meeting packages will allow all project participants to have starting point with the same information, and the opportunity to become familiar with project requirements. The pre-meeting package includes: (1) preliminary literature with articles from each of the CRDP Report sections, (2) three overarching articles from leading authors on mental health disparities, measures of unnatural causes of poor outcomes, and racism, (3) pre-assigned sections, (4) data on people of African ancestry, and (5) focus group data collection information.

Strategy 2: Engaging workgroup members in project planning. Each person is given pre-meeting opportunity to decide what section they would like to participate in based on interest and expertise. Engaging individuals and giving them the opportunity to utilize their strengths will hopefully increase productivity and work quality. Each person has individual freedom of expression to include what is valued and important based on perspective and scientific merit. Each person can obtain information, contact individuals, or secure input to ensure project success. Each person will then write their specific assignment and submit for inclusion in the CRDP Report.

Strategy 3: Regional consultants identified and recommended workgroup participants. Each consultant talked to potential members to encourage participation and decision-making regarding project and how project should proceed.

Strategy 4: Inclusion of target specific students. All project participants who have access to students have been encouraged to create opportunities for students to work on the project and receive academic credit. Project development has included seven student interns from local universities in undergraduate and graduate schools. Students are receiving academic credit. All students have projects associated with a specific deliverable. Inclusion of students strengthens the future workforce.

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Strategy 5: Target specific selection of workgroup members by categories:

consumers, stakeholders, mental health providers, psychologists, sociologist, anthropologist, marriage and family therapist, social workers, nurses, physicians, faith community and community-based organizations, in addition to youth, older adults, LGBTQ individuals, and individual representation of sub-target group populations (African American, Continental African, Afro-Caribbean, Afro-Latino, and African other nationalities).

Strategy 6: Population-based data collection among diverse Blacks. Focus groups will be conducted in each region of the state by specific categories. The primary goal of the focus groups is to hear from the general Black population about what needs to be included in the CRDP Report.

Focus Group (FG) Data Collection

Regional Consultants will conduct target specific recruitment for FG participants. A total of 8-10 individuals are expected for each FG with a total of approximate 320 to 400; (Low End: 8 FG x 8 participants = 64 participants/region x 5 regions = 320; High End: 8FG x 10 participants = 80 participants/region x 5 regions = 400). Standardized focus group protocol will be established by a research design group. All participants will be offered an incentive.

Recommended FG by Regions	
FG 1	African Immigrants, African Caribbean, African Latino, African Other
FG 2	Consumers, Faith Community, Grassroots Organizations
FG 3	Gang Members, Forensics, LGBTQ, Substance Abusers, Sex Workers
FG 4	Foster Care, Older Adults
FG 5	Musicians, Celebrities, Social Media, Artist/ Writers/ Dance/ Drama
FG 6	Kids/Youth (students)
FG 7	Government Officials, Mental Health Providers, Social Workers, African Mental Health Workers
FG 8	Educators, Teachers & Academics

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Strategy 7: Web-based access to project progress and opportunity for input. A designated webpage has been created to allow the general population to go online and provide input, feedback, and to complete brief surveys. The webpage has a secure access space for workgroup members to utilize 24 hours per day, and for the general public to view for communication exchange.

Strategy 8: Specific regional outreach and recruitment with flyers, posters, radio, newspaper ads, and TV coverage on the local PBS, as well as visits to community meetings, and places where Blacks frequent.

Strategy 9: Online Meeting Center that is open 24 hours to allow all project participants to read communication exchange and to document personal input.

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Each AAHI-SBC project consultants have also agreed to either help facilitate data collection, work the integration process with the other DMH Strategic Planning Workgroups, and to assist with the final completion of the CRDP Report. See consultant assignment in matrix below. This is a tentative list and subject to change after the first statewide workgroup meeting with all members.

Project Task	Project Consultant	Specific Task
Interface with other SPW: Asian/Pacific Islander Latinos LGBTQ Native American	Stephanie Edwards, Leader Dr. Richard Kotomori Valerie Edwards Edwards Lewis Reverend Jim Gilmer	<ul style="list-style-type: none"> ✓ Communicate with the other groups on regularly ✓ Develop & write strategy on how project will interface with other groups
Training Focus Group Facilitators	Dr. Carolyn Murray, Leader Edward Lewis Wilmer Shepard Stephanie Edwards Student Intern	<ul style="list-style-type: none"> ✓ Train those who need to facilitate the focus groups ✓ Identify Focus Group instrument to train the facilitators
Data Collection Design	Dr. Daramöla Cabral, Leader Valerie Edwards Dr. Suzanne Hanna Reverend Jim Gilmer Wilmer Shepard Student Intern	<ul style="list-style-type: none"> ✓ Design the Focus Group Guide and procedure ✓ Create the questions ✓ Develop recruitment plan for FG participants ✓ Provide logistics for the Focus Group training
Data Analysis	Dr. Piper-Mandy, Leader Dr. Daramöla Cabral, Co-Leader Walter Lam Dr. Suzanne Hanna Dr. Temetry Lindsey Student Intern	<ul style="list-style-type: none"> ✓ Analyze data and write data report
Final Report Writing	Dr. Piper-Mandy, Leader Dr. Carolyn Murray, Co-Leader Valerie Edwards Dr. Suzanne Hanna Dr. Daramöla Cabral Student Intern	<ul style="list-style-type: none"> ✓ Synthesize all information ✓ Write final project report ✓ Work with DMH Writer

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D: Procedures for Decision Making and Setting Priorities

The process for making decisions will differ at different phases of the project. In the beginning, the group will use a set of criteria for deciding the section group leaders. Scores will be assigned to each criterion. The person with the highest score based on the selection criteria will become the leader. Using standardized processes will help to coalesce the group and build trust.

The next phase of decision-making will be related to developing the work plan for the completion of the CRDP Report. There is a high possibility that we expect to continuously manage challenges due to diversity of participants that despite many similarities and common interest, have different perspectives. The group has decided to agree by consensus. A critical decision will be what is critical to include in each section. Small group brain storming will occur to allow everyone to be heard. To ensure all participants of the group are heard and that the working group together set the priorities, we will use a facilitation tool by the Institute for Cultural Affairs (ICA) called *practical visioning (PV)*. PV involves the whole group in setting priorities by conducting a visioning, followed by small and then large groups organizing and prioritizing the information. The process provides not only the diversity of priorities to surface but the thinking behind them as well. This process ensures that all participants are heard and respected. The group will be expected to keep the vision of where the Black population will be in the next year, three years, five years and beyond.

Another phase of decision-making will relate to the content of each of the three drafts of the CRDP Report submitted to the project director for approval before the honorarium is issued. The AAHI-SBC staff in conjunction with the project expert consultants will review each draft for content approval and guidance for further draft development. Issues of contention are to be supported by documented scientific evidence.

The final report will be reviewed by representatives of the AAHI-SBC staff, expert consultants, workgroup members, and a group of special advisors. The special advisors will be selected at the first statewide workgroup meeting. Special advisors are representatives of the workgroup profile that have not participated in the process and should provide a non-bias review of the final document.

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E: Communication Plan

A comprehensive communication plan has been developed that details internal and external communications. This is a separate document. The main objectives of the communication plan are for the stakeholders and constituency to engage in information sharing, to track the movement of the strategic planning process and development, and to decrease confusion and promote transparency. Components of the plan will include the creation of a dedicated page on the AAHI-SBC community website, to include Q & A, opportunities for input, tracking of activities, meeting dates and locations, and other information of interest about the development of the mental health plan for African Americans. Also, information will be released in each region through the California Black Media.

F: Procedure for Addressing Members' Questions/Concerns

We will maintain a group process. Individuals must be acknowledged while in the group meeting before questions or concerns expressed. We will encourage individuals to write questions and share confidentially, or to have a one-on-one discussion with one of the staff. Many people of African ancestry prefer individual time to get their questions answered without embracement. Expressed concerns will remain confidential and not share outside of immediate staff.

G: Procedure for Approaching Conflict Resolution

The group will operate under principles that are respectful of and supportive of an African-centered perspective, such as:

- Shared decision-making
- Diversity of leadership styles, but all are respected
- Participatory, restorative practices
- Seek win/win solutions; this is a collaborative effort. Establishing respectful long-lasting relationships to accomplish the desired objective is the most important issue. Participants will agree to disagree, and disagree respectfully. Both sides of the situation will be discussed, and the group process will define the end results. Time limits will be established on how long participants have to present their position. Afterwards a group vote will decide the outcome. In this strategic planning process, the strength is in the collective effort. People of African ancestry desire their opinions to be heard. This is viewed as respectful of another person and is highly valued.

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- At the start of our work the participants will draft for themselves a “code of conduct” a set of agreements of what constitutes respectful behavior, what limits we put on time together, what the group expects of leadership in these circumstances, and other aspects of working well together. Additionally, ground rules for participating in the group process will be established by the workgroup at the first meeting. We will also discuss how we hold each other accountable in honoring the agreements we have made to each other. In this strategic planning process, the strength is in the collective effort and wisdom.

H: Quarterly Meetings

Deliverables include: Agenda, Minutes, Attendees & Materials for Meeting

Tentative Schedule

Quarter 1	April 27, 2010	<i>San Bernardino</i> – Planning Meeting
Quarter 2	June 1, 2010	<i>Sacramento</i> – Statewide Workgroup Convening Meeting
	August 13-15	<i>Oakland</i> – Statewide Retreat/Planning Meeting
	August 13-30	Start Statewide Focus Group Meetings
Quarter 3	Ongoing	SharePoint Online Meeting Center & Conference Calls
	September 25	<i>Riverside</i> – “Applying African-Centered Concepts” Workgroup Training Meeting
	September 1- November 15	Statewide Focus Group Meetings
	Ongoing	SharePoint Online Meeting Center & Conference Calls
Quarter 4	TBD	San Diego or Los Angeles - Jan or Feb 2011
Quarter 5	TBD	
Quarter 6	TBD	
Quarter 7	TBD	
Quarter 8	TBD	

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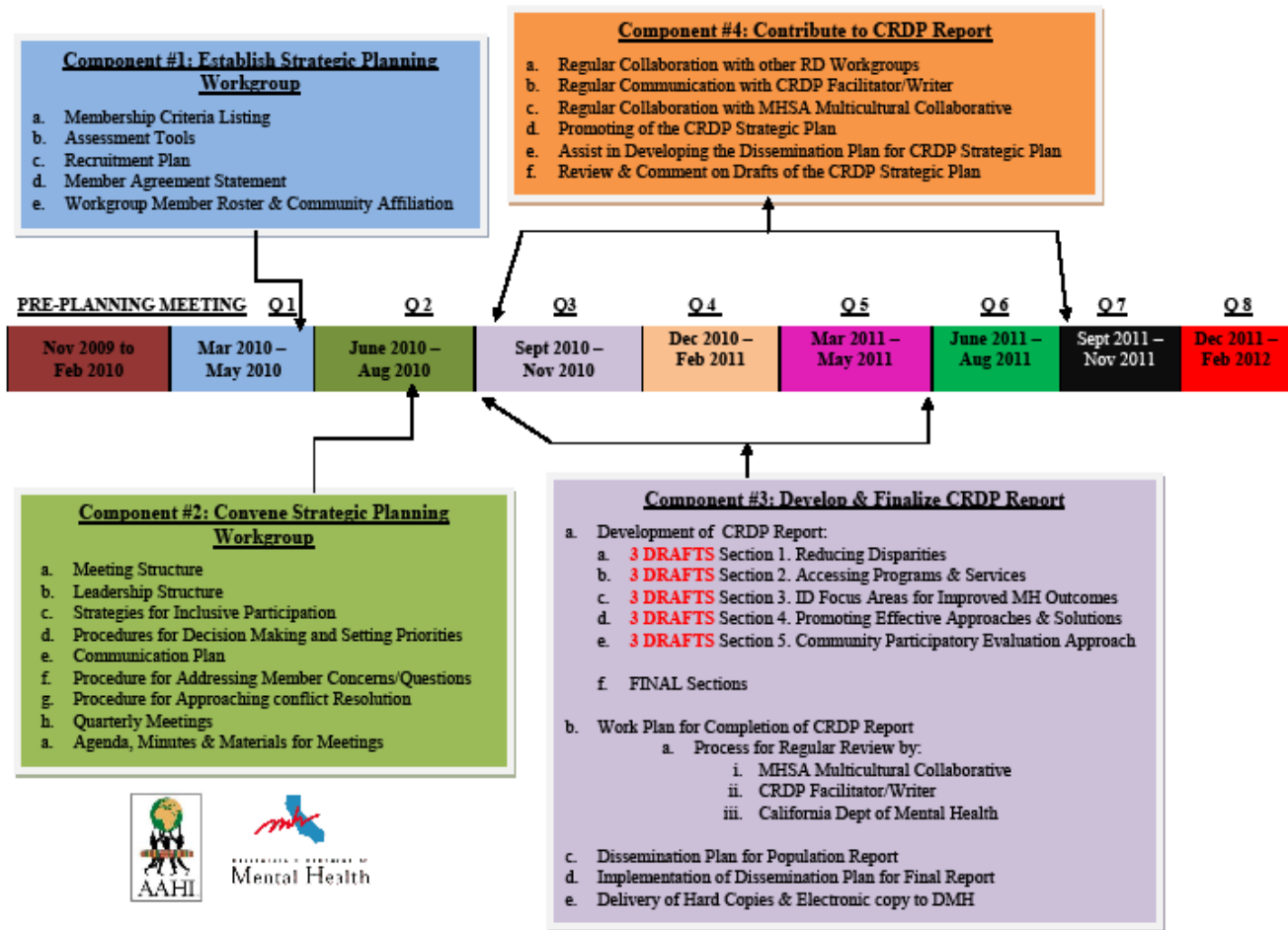
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