African American Utilization Study Advisory Committee Meeting
333 Hegenberger Rd., 6th Floor, Monterey Room
Oakland, CA
March 27, 2009

Attendees: Eldridge Tolefree, Jr (“Junior”); Jaleah Winn; Gwen Wilson; Dynell Garron-Lewis; Freddie Smith; Shelley Hamilton; D.J. Mustafa; Gigi Crowder; Steven Buckholtz; Quinta Seward; Pastor Jerry Blackmon; Rudy Smith; Dayvell Rose; Jerome Knox; Katrina Killian; Rachel Bryant; Rev Dr Jasper Lowery; Wendi Wright; Barbara McClung; Kirkland Smith; Marveta Allen; Robert Lewis; Travis Mozeke and Sheila McWilliams.

Handouts: African American Utilization Study Advisory Committee binders

Committee convened at 10:15

INTRODUCTIONS & WELCOME/ KIRKLAND A. SMITH:
There was one new team member to introduce at this meeting. The group did recognize the presence of Barbara McClung. Barbara works for the Oakland Unified School District as the Integrated Support Services Coordinator. Her major responsibility is to oversee the mental health services.

ICEBREAKER/KIRKLAND A. SMITH: Establishing connections: Kirkland asked for 5 people to take the shoes from their feet wallet for this icebreaker. As the shoes were removed, all were asked to pass them to Kirkland who put them in a pile and asked that “no one to look down” and whoever could match the most pairs of shoes to the participants would win a gift card. As we left it, all the participants were promised “something special” for their participation in the exercise based on a technicality.

A second icebreaker from Rachel Bryant was presented to the group. This was an exercise in “I have NEVER”. This icebreaker was to show interesting things that people have never done and how our experiences and things we value as important differ. As each individual shared something they’d never done, the group would transition to (or stay on) the far side of the room.

Some of the “I NEVER” that were brought forth were: I have never licked snow; I have never had red beans and rice; never went to sleep in church; I never discharged a firearm; I have never played Bid Whist (card game), and I have never lost any money gambling.

REVIEW FEEDBACK OF DR BELL 3/13/09 AT DMC:

Dayvel – It seemed like he had to condense a lot of material in a short period of time. Dayvel got more out of the cartoon he showed at the end of his presentation wherein the little boy found his voice to speak about and to the kinds of things that had welled up inside of him. The woman that prompted him to speak did so non-judgmentally. She softly said “something is inside of you.” This approach is easier to wrap yourself around and openly share as opposed to finger pointing and demanding that you say what is bothering you - when you’re ready – not forced.

Freddie - He was prompted to say these things when he was prompted by a person simply asking him “how do you feel?” The little boy replied “I’m scared” helped Freddie to further evaluate when we go to see doctors, are we asked “How do we feel?” People can really start telling you what’s on their mind.
The statement “It takes a village, with all of us contributing as a whole” reinforced some values; trauma how you really have to identify with people and let them explain the trauma that they’ve gone or are going through. Few of us have this opportunity in our live, regardless as to what level – it may seem big to me, but small to you. How do we deal with that and how to process has a lot to do with wellness.

Also when Dr. Bell goes into his therapy sessions, he stated he ask them what are their strengths. This could be a positive therapeutic model. What have you been successful in and what has interfered with this success - your problems? As African Americans, we can say “yeah I did this well”. We may be able to draw on that. Freddie wished we could have explored this component more.

**Travis** – The cartoon resonated best with him, it was noteworthy that the child didn’t open up with his parents, but rather with someone outside the family. This was interesting. It seems we sometimes need other outlets in order to bring things out.

**Stephen** – A couple of things kind of bothered him. 1) He felt like he “trashed” Dr. Leary. Because Steven stated, he didn’t get to see Dr. Leary, he was worried about what people would think about Dr. Leary based on what Dr. Bell said. Steven’s impression, according to Dr. Bell, was the Dr. Leary left people in their victimhood. That wasn’t the impression he had heard when speaking to others on this topic, but rather she helps people see what the trauma is and the legacy of Jim Crow and slavery. Based on that, Steven doesn’t think that for those that hadn’t heard her, her views maybe discounted; 2) the heavy emphasis on research that it’s really scientific. As a consumer who’s been the victim of medication and science he really worried about that. As Dr. Bell is a person with a PhD, some will not look at the data presented critically enough and assume that he is right.

Some other stuff that he talked about was very powerful, but Steven wanted people to be more careful in receiving some of the stuff he was saying.

**Comment/Freddie** – Interpreted Dr. Bell didn’t agree with Dr. Leary’s approach. There is slavery, but at the same time there is a newness in today and let’s deal with today. We may have perceptions of things that are occurring, but research and evidence shows this. A lot of us including the media give off perceptions, but this is what stats and research shows. We need to do more research, instead of talking about the impact of this past legacy.

Freddie really felt that Dr. Bell needed to spend time with the group regarding how to change treatment services so they are better utilized based on research. Dr. Bell not having the time was a disservice to those present that serve on the Committee here today.

**Marveta** – Thought Dr. Bell was very transparent and he did state that he was Dr. Leary’s mentor. Maybe this is why he felt comfortable in making these statements as they may have that kind of relationship. She would have liked to have more time for the questions of others as opposed to the one person that appeared to monopolize the time for Q&A.
Wendi - One of the things Wendy took away from his discussion of Dr. Leary was based on some of his experiences. A lot of his message was on hope. For this group here, when we are working together it would be high-quality to keep in mind this message of hope alive in the community.

Rachel – Overall there were some good pieces to it and with regard to research, I can research anything in support of my belief. Does anyone know who supports his research or who’s paying – where does he get his funding? There were things that Dr. Bell said that seemed pretty pointed - like there was some back agenda. This is only suspicion, but this is the feeling she was left with. Rachel would not be surprised if drug companies were funding his research.

Gigi – Stated she’d personally spent quite a bit of time with Dr. Bell on his visit to the Bay Area. She stated that some of his research that he shared was not his own personal research and that it was findings from other groups. She felt that he generalized, but she took what applied to her and left the rest. We won’t get to where we need to be if everything is done from science and research as it makes our efforts less personal (feelings). She is open to calling in to a meeting with us as our group was initially slated to spend the 1st 45 minutes and then open it up to other participants, but when Dr. Bell opened it up to all, we were left without any time to get our questions answered.

Gigi states she feels like she learned a lot from him coming out here especially the way he broke down the classes and class values – again this were generalized classifications. By Dr. Bell’s definition, Gigi stated she doesn’t know any middle-class African American people. Dr. Bell’s credentials are impeccable. In the future, when we bring anyone out we will have feedback and frame it with disclaimers. Our group will decide which approach will be taken. No one side has to be right, we can take or accept points from each view and put our final document together. She also asked for names of local individuals that the Committee would like to invite to speak in this venue.

The names brought forth were: Dr. Brenda Wade; Dr. Nathan Hare; Julia Hare; Harry Edwards; Rudy Smith; and Dr. Nobel.

Robert – Dr. Bell stated it’s easier to raise healthy boys than to fix a broken man. This showed to him Dr. Bell’s heart for helping people.

Summary – While Dr. Bell may have come across as a bit unorthodox, some of the things that make him unique were his statement “It’s not what you call me, but it’s what I answer to”; not allowing the little stuff to get to him. Overall he was a very personable and knowledgeable person. His views certainly were thought provoking and some of his data can be used in this venue or in our personal lives.

TAY LISTENING WEEL RETREAT - FEMALE/ BURLINGAME – Paula Comunelli
Jamie was a participant in this retreat. It wasn’t what she expected initially, it was religious at a convent in Burlingame. This retreat (being in a quiet place) helped her to figure out what was going on with her. It was a Friday – Sunday. Saturday was when the meat of the experience came through. It entailed writing your own personal story. This has been challenging for her, as well as with the other young women present.
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The things that these young ladies shared ranged from concerns around family, being able to afford to go to college, and even reviewing past relationships. Jaime felt good afterwards and looked for ways to challenge her positively going forward. These young ladies were also encouraged to go home and expand on their stories and experiences through continued writing. There was a lot of writing exercise, which helped Jaime figure out what was going on. One concern about the experience was the lack of team building exercises for the youth as many of the girls in attendance didn’t know anyone so it was hard to transition to a place of trust within the group.

Rachel reported that one of the young girls from the youth advisory board has the same issues around trust at this retreat. She didn’t want to do videotape as she wasn’t sure what would happen with the tape especially since they youth were asked to sign a release for use of the videotape.

Gigi shared that the thought process around the videotape (Paula does not keep these) was for the use of the individuals to share in the circle to, for instance, build up leadership skills, mock interviews – speaking in public venues. Also, this retreat is typically held for 5 to 7 days. In getting to the meat of the retreat, some of the team building components had to be redacted – relationship building takes time.

Gigi agreed to talk to Paula about the video component – where does the video go?

REVIEW FEEDBACK OF THE HOMELESS FOCUS GROUP ON 3/26/09 AT THE HENRY ROBINSON CENTER:

Kirkland – One of the things that were done was a visit Dr. Lowery’s shelter (Kirkland/Travis). Dr. Lowery has an incredible ministry, operation and service in West Oakland. He hires a lot of those that they’ve taken off the street. Testimonies from UROJAS staff and constituents from all ethnicities, ages, and background were often shared in relation to how UROJAS met them where they were and how blessed and thankful they are for the Lowerys and the hearts of those that have helped them. They love and respect Dr. Lowery very much.

UROJAS is collaborating with Healthy Oakland to ensure those in need receive services other than health screening, but taxes, job placement, barbershop. These two organizations synergy in working together was incredible. They certainly complement each other.

With regard to the Homeless Focus Group Meeting on 3/26, a very distinctive group of individuals were present. However, they made it very clear that they didn’t trust Alameda County and KASA. They wanted to know what were we looking for and how that was different that everyone else? Kirkland acknowledged their concerns and asked that we, in this setting, be given a chance to communicate who we are and what we would like to do with their participation. He also introduced the Committee members that were present.

There were unique circumstances that brought them (homeless) to the place where they were today, but most of them were intelligent and some were college graduates, worked for years and still working. Again unique circumstances brought them to this place, but they were a wealth of information and very helpful to our charge in this study. The only difference thing that may keep us from being homeless
could be the matter of one check or one choice. This was repeatedly brought to our minds as we met and dialoged with these individuals.

In the meeting today, he encouraged those that couldn’t make it to participate in the upcoming focus meetings scheduled.

**Dayvel** – When they came in, we needed to realize that we were on their time. From 10:30 to 1:00 the other places feed and there is only a short window to get there to get showers at these locations. They had to get there from the meeting at the Henry Robinson Center. Sometimes transportation issues are factors. It was great to be able to meet them where they were, but there was a lot of distrust. A lot of the people lied when asked how long they had been homeless - again trust issues and some were embarrassed. You have to respect this, because at some agencies, if you tell the truth, not knowing what you are eligible for, you’ll miss it or be denied it.

We should be out there a little more often to build this trust. At the beginning no one wanted to say much, but was interested in what Alameda County and KASA had to bring to the table. They were cautious and often asked Dayvel “Are these people for real?” He assured them he wouldn’t be connected to anything that wasn’t and encouraged them to come to see for themselves.

After a while the participation grew and people started asking question. One question came from a gentle man that didn’t always get services because he wouldn’t sign the documents stating he had a mental health condition. It was perceived that stating this would affect your housing, your future employment etc. These were concerns about participating in programs because everything you do in these programs follows you around forever. People look at you differently. For instance, you may have a criminal record – may not get the job. We need to get out there with them more to build this trust where they are not afraid or skeptical in providing true and honest sharing’s. Dayvel stated that most people had given up on the County and on hope as well.

Another thing that stood out on a positive note was someone made the comment about immigrants working at lower wages and began to try to go in the direction of racial bashing. This man was told that this kind of interaction and conversation had no place in the meeting and would not be tolerated. We are not fighting for one race, but for the human race.

**Mustafa** – People have misguided perceptions about why people don’t speak. Some tend to want to hurt people or malign people when they don’t get the response they want or if they don’t get an answer. Mustafa stated he speaks when he wants to speak, don’t get mad if he doesn’t and perhaps there were some people there that felt the same way.

**Barbara** – Can you talk about some of the circumstances that led up to homelessness? Was there a reoccurring theme?
Marveta – lack of job or losing their job; not being able to provide for their families, alcohol and drug abuse, divorce, high rent/low income. Another thing that melted her heart was when the homeless were being asked to pay ($3.00) to stay the night in some shelters.

Gigi – When asked about the MSHA dollars, not one person present had heard of this with the exception of Dayvel.

Kirkland - Overriding theme was that the County let them down. The programs that are in place to provide for them have not been successful. They felt that when they go into these programs for services for medical, job placement, training, they felt demeaned and looked down upon. Some stated they felt this way because of their race, some because of their housing situation, and some because of their external appearance. They weren’t happy about that. If they can’t get mad at the system, then they saw us as representing the system so they are going to give it to us. I left out of there with the heart to really do something different to help these people – not saying every other group isn’t important, but if you can’t provide housing, there’s no stability.

Barbara – What were some of the things that wasn’t getting done?

Kirkland – They didn’t feel they had an advocate. They felt they had no one to let them know about what’s out there. For example, when asked about Healthy Oakland, no one present knew anything about it. It seemed that a lot were filled with hopelessness. They talked about Obama a little bit and how differently they had been treated since he’s been in office. Some spoke about police harassment. There is no go between to listen to them, to direct them to resources, to help them – referral services – a HUB. If they call somebody, they are told to call someone else, it’s a vicious loop.

Freddie – Alameda County collects millions of dollars for the homeless and the contract it out and they collect data. Yet, nothing is changing. It designates to payroll 80% of the program, the rest goes to supplies and contracts to friends that don’t deliver. So the answer is not another referral system that gives out pamphlets. They get sent somewhere but nothing ever happens. People are getting paid for directing them in circles. The system is not effective. The breach is that there is nobody following up to gauge compliance.

Robert - There has to be a change of people in leadership position that won’t keep these individuals running through a “maze”. There also needs to be some oversight of these programs and people that are supposed to be providing these services.

Gigi – it should not be a surprise if we are looking at disparity for African American community and that is across the board. What services are in place for the disenfranchised in African Americans in mental health? Dayvel and Gigi met last July through a complaint that he had around an agency running a facility. He was at his boiling point because he had been victimized and no one was giving him any answers. There is another case pending with the same organization wherein something is now being done. There have been other complaints filed and there have been notifications that the ones that filed the complaints are now banned from the center. Gigi and Alameda County have a commitment to see this through. Now calls are coming from employees that are not getting paid.
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**Quinta** – one of the unique things about being black in American is if she goes outside in sweatpants and without make up, people treat you differently. We are all vulnerable and have been vulnerable. We don’t have to be homeless, but we can relate to people treating you in demeaning ways daily. Also, it’s a cottage industry of addressing poor people and we don’t benefit in terms of having the jobs or positions of authority often and we don’t benefit from the services. Where there are poor people, there’s corruption, everybody comes out for a piece of this. If there is 30 million dollars allocated for Alameda County’s homeless – what are the services, who are they hiring and what are the outcomes? Those are the kinds of things that don’t get monitored so the cycle continues to repeat itself. There is a sense that at any moment (temporarily) that can be disrupted. It doesn’t matter how much education I have or who my parents are it could be me.

**Katrina** – Services that are provided are inadequate, there is another side. There are good workers out there and there aren’t enough workers. We know that 80% of the money goes right to staffing, it’s still not enough. She is transitioning into another job within the same field, but wanted the group to know that she has never felt valued for her contribution to the job that she does. But now that she has decided to move on and is very happy with this decision, now all the accolades are coming. It feels good, but it is also hurtful. The message sent as we are working constantly is we are never validated - we work hard, no one ever says thank you. I hear we don’t know what we are going to do when you’re gone. Well no one ever made an attempt to keep her. No one came to say what can we do to keep you? Some people that she worked with had a mindset was you’re valuable as long as you stay in this position (we don’t care how much you’re making), because there is a worth in you being here but there isn’t a value being used in other areas.

There are people that are working hard that don’t feel the value sometimes from the very people we are serving. In serving the people she is charged to help, Katrina has crossed disciplinary lines (i.e. helping those needing housing) to provide services in her arena. She doesn’t give numbers to people to call… she makes those calls on behalf of the client/consumer.

**Kirkland** – This was a wakeup call and as the facilitator of the meeting, he wanted to assure the group that their participation is greatly appreciated and a “thank you” is certainly heartfelt. The adjusting of schedules, bringing a wealth of information even though you may not get recognized for your efforts, but know that all you do is needed, wanted and appreciated.

**Freddie** – this study counts and will make a difference in people’s lives. The people that actually make results happen at the end of the road are never acknowledged. This is why we have to frame the treatment services differently so that people like Katrina get the acknowledgement due her. Some could say “If it wasn’t for Katrina, if it wasn’t for Dayvel, I wouldn’t have made it.” Right now people out there can’t say that because they don’t know whose helping to get the help they really need. We’ve got to set up something in the system of care that people’s lives are really coming out different than what’s happening now. This is why this study is so very important not only for African American, but for all people. The final words of wisdom to Katrina, “Always document what you do”.

**REQUEST FOR SILENCE FOR THE FALLEN POLICE OFFICERS AND**
MODALITY SUBTEAMS PRELIMINARY REPORTS/WHERE WE ARE.

Team 1/Team Lead – Shelly Hamilton: for children services ages 16 and under. Over the last 3 words correspondence has been done via email and we don’t leave with assignments from this meeting – which would be helpful. There have been a lot of information sharing back and forth; looking at systems across the 0 to 16 population. There are so many systems involved. Over the last three weeks they’ve developed two different tools to be used for systems interviews. Ideally when everyone divvies out their homework assignments we’ll have consistent information that they are gathering and compiling data afterwards in a more consistent fashion. Also have looked into meeting and have dialoged with some of the higher ups within the County system. The group is looking in utilizing similar studies previously done by other groups more specifically one from last year around Latino children. Not looking to reinvent the wheel, but use proven existing tools that are already out there. Also looking at the Alameda County strategic plan and Wendy and Gigi have been instrumental in sending information over to help to connect all of this together. Again, divvying up the assignments today and coming back in two weeks to analyze the data is the plan.

Team 2/ Team Lead- Eldridge (Junior) Tolefree, Jr: Transitional group with ages. 17 – 30. The focus is on seeing which service has in common if anything and asked and received a list from Rachel of providers in Alameda County. They are looking to first compare, find out what works and then address the concerns and make recommendations for solutions. Katrina and Junior in an earlier meeting decided to co-chair. Katrina reported that since he is the only person in this room that represents this population, some of the largest issues that stand out are education, job placement and housing. That will be the focus of this group. Rachel has more access to statistical data and wanted to ask her to support the group in that area. They are in the process of setting up more meetings and assign homework to get this project going.

Team 3/ Team Leads - Collette/Freddie: ages 31-59: One meeting was held at Quinn’s Lighthouse where the members got together to try to get focus for the work group and one of the things that came up was to invite Keith Parsons and Nate Neely to this meeting as it is very important to not only show their support, but to see the commitment behind the group in terms of seeking treatment outcomes for those receiving behavioral health services.

Also, a area to explore was to do more research around best practices in literature. Rudy is working on collecting additional information that are available but have shown up in social work in terms of studies that are going on. We want to build on what speakers and lecturers have said to us. Would like to look at what services are in place leading up to recovery. Travis will contact one of the County representatives about obtaining some additional data that the group may need. At the same time find out what’s missing, and why services still aren’t effective as they should be for this age group. Another meeting is tentative very soon.
A handout was given with regard The Baltimore Men’s Health Center, a black health clinic for black men living in Baltimore MD area. Some of the health concerns addressed at this facility were prostate checks, vision/eye care, dental, mental health problems. This facility is staffed with clinicians and outreach workers. Most men that utilize this system are re-entry. As more and more of the California system does early releases, programs like this would certainly be beneficial. The public health department of Baltimore and the State of Health Department of Baltimore is funding this project.

**Team 4/Team Lead – Lisa Gifford: ages 60+.** Lisa was out this meeting and Jaleah reported that the goal for the group is to make recommendation that impact the age demographic of our group through mental health hospitals, mental health educational programs with the co-occurring initiatives in substance abuse and mental health issues. Lisa is also interested in exploring co-occurring conditions where there is physical condition and mental health issues. Gigi and Wendy’s support has been instrumental in pointing them to the older adult system of care for a key informant interview. This hasn’t happened yet but is high on the “to do” list. Prior to this meeting the subcommittee will come together to brainstorm some questions to ask.

Data has been gathered from those that were hospitalized in ACBHC system, but the group still needs to retrieve some residential program on vocational and co-occurring conditions.

Focus groups – There was strong interest in conducting focus groups of AA in the community that are currently or have received mental health services. Instead, this may be used as a recommendation that comes out of this study group to present in the final document as a way to gather information. Some focus group questions have been brainstormed, such possible questions that could be added were: “do you have a diagnosis”; “Where are you in your treatment”; and “What treatment services have you used?”

Research – Lisa has located article that relate to old African Americans. She’s found information/comparative data on substance abuse among different ethnic groups, articles on depressions and JALEAH has information on recovery and older African American peer support. Wendy has suggested to us as a group to help figure out their recommendations that the go through an internal focus group process wherein you ask yourself, what’s going to help the system in providing mental health services and what could be done differently.

**CLOSING**

**Gigi** – The suggestion that recommendations be included in the final document to the County speaks directly to what Dayvel stated the homeless participants shared in wanting us to come back – we should consider being able to go back and ask if anything has changed since we last came out. This would show commitment. So not everything has to happen before, but it might be okay for you to go and talk to some people about the study. We should probably be thinking about that.
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Gigi stated there was some feedback around the questions that we were asking with regard to the study and asked us to be mindful that we know what’s not working, but when we frame our questions, it would be a good approach to have some buy in from them by framing it in such a way as:

“We already have an acknowledgement we have a problem, we don’t see you as the problem, but …”

OR

“Based on what you’ve seen with your level of expertise…. “

First, we are going to want them to identify other individuals we can talk to; and also from their perspective what needs to change for that particular age group for us to have a better outcome for African Americans in the community. Gigi stated that perhaps some of the hesitancy in participating in this project (Dr. Leary spoke of this – in slavery) might be “I didn’t do it.” We have to recognize that these individuals in place did not create this problem, but they do have a role in helping us fix it. So we want to acknowledge that they do have a role to play in this process for success. If we make them feel like they are a part of the solution by the way the questions are framed we may enjoy greater success.

The bottom line is all counties have the same problem – for instance they may have a population of 1% in their counties, but they are serving 13%. So the disparity is across the state and that’s why it would benefit Alameda County as well as other counties. We’ll have a product and have an idea how other counties can then go forward if they are really serious about addressing this issue. We have to keep in mind that no matter who sits in the position in Alameda County, they’ve inherited a problem that is global. The way we frame the questions will determine whether we get return phone calls or not.

Freddie – we all have a part that we can do to change the negativity around the services. We are not trying to put people on the offense; we are just saying we need your help to fix this.

Wendi – in addition to collecting information, this is a great place to build relationships within the system of care directors and stakeholders as we do want them to be partners in the process. Keep in mind this is a very grassroots process. When you’re talk about solutions, there are going to be some things that are easy to implement as well as things that may be a little bit harder. That gives them more of an opportunity to feel more successful too and kind of have somewhere to start and not feel so overwhelmed.

Barbara – Wondering whether the questions for key informant interview been drafted?

Gigi- Each group is responsible for drafting their own and some have gone forth, there was feedback on these questions.

MISCELENEOUS
Gigi has attended several meetings around cultural competencies. She shared with the group that in these meetings there is always the need to ask the tough questions and to remind them of the lack of African American male presence and representation. She feels her voice may fall on deaf ears or they may tune her out, but she is committed in continuing to bring these concerns forward. She also stated that there was a utilization study perform regarding services to Native Americans and the end result is
that the Native Americans now want results (money to put programs in place) as they’ve participated in these studies and haven’t seen any fruits. They are tired of these studies and want implementation. Gigi recommitted to sharing the findings from this group with the participants of the focus groups, as well as perhaps having representatives from each of these groups in attendance at the presentation of this material.

Freddie - Training of behavioral health professionals, we are extremely underrepresented as providers. In our first meeting we talked about recruiting social workers from black colleges. Perhaps do internships to get training to pass exams. This would help getting more blacks in the field.

Gigi – there is a WET (Workers Education & Training) plan that is written in for recruitment for underserved communities. A desire for this committee would be to have a legacy of having a Scholarship (creative ways), named after someone working in this field. There is strong inclination toward naming this proposed scholarship after Dr. Marye Thomas as she is the first African American and only woman to be the director of the behavior health care system. It must be difficult in her role in picking and choosing her battles. As a committee she would like the opportunity to present this as an idea.

UPCOMING EVENTS
- Dr. Iton (disparity study in public health/primary care) to meet with Advisory Committee is rescheduled to Tuesday, April 21st.
- Santa Rita visit rescheduled to April 17, 2009 or May 1, 2009 (Marveta will send update).