



CONTRA COSTA HEALTH SERVICES

Consolidated Planning Advisory Workgroup (CPAW)

CPAW MEETING

Date of Meeting: Thursday, March 3, 2011

3:00 PM to 6:00 PM

2425 Bisso Lane, Suite 100, Concord, CA 94520



Attended: Annis Pereyra, Beatrice Lee, Brenda Crawford, Candace Kunz Tao, Connie Steers, Courtney Cummings, Dave Kahler, Kathi McLaughlin, Lori Larks, Mariana Moore, Molly Hamaker, Nayyirah Sahib, Peggy Harris, Ralph Hoffmann, Rhonda Haney, Ron Johnson, Ryan Nestman, Sam Yoshioka, Stephen Boyd, Jr., Susan Medlin, Susanna Marshland, Teresa Pasquini, Tony Sanders, Tom Gilbert

Excused: John Gagnani, Lori Hefner

Absent: Anna Lubarov, John Hollender, Stephen Grolnic-McClurg

Staff: Cesar Court, Donna Wigand, Doreen Gaedtke, Erin McCarty, Heather Sweeten Healy, Jennifer Tuipulotu, Jeromy Collado, Jisel Iglesias, Mary Roy, Sherry Bradley, Suzanne Tavano, Vern Wallace

Members of the Public: Carole McK. – Alvarez, Lisa Bruce,

Facilitators: Grace Boda, Judith MacBrine, Leigh Marz, Maria Pappas

AGENDA

TOPIC	DISCUSSION	ACTION/ RECOMMENDATIONS
1. Opening, Agenda Review, Announcements	Facilitator, Grace Boda, opened the meeting at 3:00 PM and introduced other facilitators (Judith MacBrine, Maria Pappas and Leigh Marz) assisting with the PEI Plan "Small Group Breakout Sessions" and Hand outs	
2. MH Director's Report Donna Wigand	Update/Discuss to Build Understanding <ul style="list-style-type: none"> Discussed update on State realignment and possible changes to county MHS funds and staffing for FY 2011-12 Donna announced that she will retire as of June 2011 	
3. Statewide Projects and JPA Sherry Bradley	Update/Discuss to Build Understanding <ul style="list-style-type: none"> Sherry gave an overview on the Assignment of MHS PEI Funds for PEI Statewide Projects was reviewed and included the following: <ul style="list-style-type: none"> History, Background, Current Status of Assignments of PEI Statewide Project Funds 	ACTION: Approved



<p>4. How CPAW input shaped CSS Purposed Plan Sherry</p>	<p><u>Update/Discuss to Build Understanding:</u></p> <ul style="list-style-type: none"> • A brief overview of substantial concerns and refinements for all programs was discussed • Next meeting Sherry will update staff on progress 	<p>ACTION: Updates for all programs</p>
<p>5. CPAW Input from PEI Plan “Small Group Breakout Sessions” Mary Roy</p>	<p><u>Update/Discuss to Build Understanding /Gather input:</u></p> <p><u>PROGRAM #3 – REDUCING STIGMA & AWARENESS EDUCATION</u></p> <p><u>Discussion:</u></p> <ul style="list-style-type: none"> • Skateboard park/poster campaign/Bus – (by kids) [Peggy] • School “cool” young adult to talk about stigma [Stephen] • Theatre/Music Assemblies [Molly] • Hiring media consultant on #2 [Molly] • Social Media/Chat Rooms Discussion Boards [Beatrice] • Youth Dev Content Web Based Structure [Beatrice] • Affect of Media portrayal (e.g. Australia) [Suzanne] • Donate time youth/youth programs exist [Candice/Kathi] • Media conference [molly] • Involve kids in decision making/Idea generation etc... [Kathi] • Social marketing [Kathi] • Focus on comingling, mentoring, building relationships [Peggy] • Natural Settings [Beatrice] <ul style="list-style-type: none"> ○ Martial Arts ○ Cultural events ○ Youth groups ○ Churches 	<p>ACTION: Implemented in the plan update for FY 11-12</p>



- CCC Interfaith Counsel
- Give \$ to M.H. to be there
- Health Centers/Hospitals – Media campaign [Candice]
- Piggy back/partner with other campaigns – Bullying [Mariana]
 - “Don’t laugh at me”
- All EMS and other services [CPAW]

#1 WHAT IS THE BEST WAY TO REACH CHILDREN AND YOUTH WITH STIGMA AWARENESS?

- Look at kids we are already serving, use as ambassadors. [Kathi]
- RYSE (good program to approach) [Teresa]
- Youth advisory for CPAW

#2 HOW CAN WE ENGAGE OUR COMMUNITY TO REDUCE STIGMA, SUCH AS MAYORAL RACE?

- Look at who we are already serving – Ambassadors [Kathi]
- Make sure to include serious and Persisting M.H. Consumers [Teresa]
- Use existing campaigns/What’s already there (e.g. Glen Close)
- Build community capacity (Hunger, Health) [Beatrice]

NEXT STEPS:

- Email recipients for CPAW members
- Consider whether CPAW can house committee make it community wide
- Make sure KIDS are focus, separate committee [Kathi]

Look to Kaizen Richmond vol. to be part of whatever on anti-stigma [Teresa]

PROGRAM #5 – SUPPORTING OLDER ADULTS

Discussion:

- Transportation needed/access



- Isolation
- Elder Abuse
- Creating Socialization opportunities
- “Open house” model
- Training for SNIF staff on T of LGBTQ
- Recovery model included in training
- Training for wellness & recovery center
 - Staff to be more competent with isolated seniors
- Mental illness in seniors sneaks up and then is severe
- Diagnosis tools
- Board & Care cross cultural of staff – client
- Being trauma exposed in public housing
 - Violence around
 - Threats
 - Murder
- Denial of Mental Illness
 - Hurry up process

IDEAS FOR EMERGING SERIOUS MENTAL ILLNESS

- Trauma is too narrow a box
 - Expand to isolation, poverty
 - Revisit priority population
- Volunteers can’t diagnose trauma
- Move money and leverage for seniors

IDEAS FOR API/LATINO



- Can include LGBTQ

OLDER ADULTS

- Provide training for wellness and recovery center staff to be more competent with isolated seniors
- Expand the Trauma box
 - Isolation
 - Poverty
- Expand underserved cultural population to include LGBTQ
- Move money and leverage for seniors

PROGRAM #7 – SUPPORTING FAMILIES EXPERIENCING THE JUVENILE JUSTICE SYSTEM

TO OPERATE WITHIN PEI GUIDELINES

- Parent education/psycho-education groups
- Help family members function as case managers
- Increase ability to parent effectively with children and with system (as advocates)
- Pair mentor parents (been through system) with newer parents
- Mentors for kids leaving JJ system (partner with others who have had same experience)
- Staff who's job is to identify kids interests and match to resources
- Identify/Serve kids at imminent risk of entering JJ system
- Groups for kids and families together
- Find ways to bring kids back into families/communities
 - Help make families more relevant (16-21 year olds)
- Coffee house run by consumers
 - Place for kids to gather with support
- Juvenile version of M.H. Court



	<p><u>NEXT STEP TO DEVELOP PROGRAMS FOR TARGET POPULATION</u></p> <ul style="list-style-type: none">• Identify existing structures• Pose needs and questions to NAMI’s 1200 affiliates<ul style="list-style-type: none">○ Do they have anything like this going on?○ Mary & Vern to craft letter, perhaps thru NAMI National• Research best practices• Ask JJ system what they think would be helpful	
<p>6. Innovation Committee Recommendation Tony Sanders</p>	<p><u>Recommendation to CPAW :</u></p> <ul style="list-style-type: none">• Request Approval for Recommending INNFT02, Interagency Perinatal Depression Treatment Program to the Mental Health Director for Funding <p>Request Approval for Recommending INNFT03, Trauma Recovery Group for Mental Health Consumers to the Mental Health Director for Funding.</p>	<p><u>ACTION:</u> Approved by majority vote</p> <p><u>ACTION:</u> Tabled for next meeting</p>
<p>7. Public Comment- Charles Maddison Vice President of NAMI</p>	<p>Charles shared his son’s story of being diagnosed with Pschizo Effective at the age of 21, which was 25 years ago. Charles and his wife joined NAMI then. Charles spoke - NAMI today has a very fine organization that provides family to family training and a whole host of other information that provides support to families and consumers and the public at large. My wife and David Kahler are both currently family to family instructors. They were able to assess and get information from people to find out what was needed and what else we could do to get help for families. Families, when they first get involved with this, just don’t know what to do. It was extremely important that we provide NAMI family members with the tools to bring them with a helpful knowledge of the consumer, their loved one, and also the community at large. It was deemed absolutely paramount that we find a way to help people, their families on a now basis and not later. We developed a program to help families and it is called Family Innovation and Resource Guide. They have three locations at this point in time and they are constantly assisting other NAMI affiliates in their area and they provide tremendous help to all the families. Our program would be somewhat similar. We would start our center in Concord and would be open from Monday – Friday 8:00-5:00 PM and would be available 24 -7 through website, Face book, answering services and so forth. Our program will serve all groups in Contra Costa County and that’s the objective of it. As well as receiving not only concerned citizens and families during the day. Helping the family become a more effective advocate for</p>	



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	<p>their loved one by providing prompt information on a now basis. By doing that we would provide 2-3 hour courses each week that would give the basic tools to everybody that's necessary. The aim of the program is to bring all participants together in the spirit of cooperation, so we can have mutual respectful information sharing and making sure we are sensitive to any information that anybody has. The program is a win win to the county, families and our loved ones the "Consumers."</p>	
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<ul style="list-style-type: none">• Closing	Facilitator closed the meeting at 6:10pm	
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<p>Next Meeting: Wednesday, April 6, 2011 – 3:00 – 5:30 PM Location: 2425 Bisso Lane, First Floor Conference Room, Concord, Ca 94520</p>		
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