



NAME OF COMMITTEE: CPAW
MEETING DATE & TIME: Thursday, June 7, 2012
LOCATION OF MEETING: 2425 Bisso Lane, First Floor Conference Room

Members attending: Doreen Gaedtke, Sam Yoshioka, Ralph Hoffmann, Mariana Moore, John Hollender, John Gragnani, Annis Pereyra, Stephen Boyd Jr. ,Anna Lubarov, Kimberly Krisch, Dave Kahler, Lisa Bruce, Susan Medlin, Lori Hefner, Ryan Nestman, Teresa Pasquini, Tom Gilbert

Staff attending: Kennisha Johnson, Mary Roy, Suzanne Tavano, Jennifer Tuipulotu, Heather Sweeten-Healy, Tommy Tighe, Jami Tussing, Holly Page, Lavonna Martin, Helen Kearns. Ken Gallagher

Public Participant: Gina Swirsding, Briana Bellamy, Suzan Imani, Bessie(Crestwood), Glen Arnold, Karen Smith, Carwen Spencer, Daniel Hart

Facilitators: Grace Boda

Excused from Meeting:

TOPIC	ISSUE/CONCLUSION	ACTION/RECOMMENDATION	PARTY RESPONSIBLE
1. Opening, Agenda Review, Announcements	<ul style="list-style-type: none"> • Introductions made. Agenda reviewed • Mary Roy announced Annual Plan posted. Public Hearing June 14th 5:40- 7:40, 2425 Bisso Lane First Floor conference room • Permanent Mental Health Director position posted, statewide recruitment closes on June 22 • Mary Roy announced her upcoming resignation from MHSAS Manager position • Mary Roy presented the MHSAS Plan to CMHDA committee, met with wonderful response. LA 		

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	<p>County read and complimented our plan</p> <ul style="list-style-type: none"> • Kennisha Johnson resigned from PEI program Supervisor, now a program supervisor at Central County Adult • Jisel Iglesias no longer support staff with MH Administration • Ralph Hoffman expressed his opinion on the importance of voting that took place on June 5, 2012 • NAMI 24th annual summer picnic June 15th Pleasant Hill Community Park • Homeless Connect Thursday, June 14th, Willow Pass Park on Olivera Road. • Successful Older Adult Celebration. 200 participants. Wonderful collaboration between MHCC and MH Admin • NAMI Walk took place on June 2, thank you to all who participated. About 3,000 people in attendance, 25 teams from Contra Costa County. • Crestwood hiring NOC shift and maintenance shift, peer providers, 2 positions open 		

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	<ul style="list-style-type: none"> • Teresa Pasquini part of an international conference. She presented her family's personal story 		
2. Public Comment	<ul style="list-style-type: none"> • Members of the public enjoyed the NAMI walk. It was exciting and 2 participants from Crestwood walked. 		All
3. Acting Mental Health Director's Report	<ul style="list-style-type: none"> • Acting MH Director will stay involved and will keep everyone posted as things move forward • '12-'13 state budget revision, Month of May revise added trailer bill language different than what was agreed upon. • 1991 realignment gave MH steady income base came from sales tax and vehicle license fees. AB100 used MHSA act funds for EPSDT for children, managed medi-cal last FY • 1991 Realignment money stays in place and protected. No more money will be coming to the 1991 fund. • 2011 realignment account is behavioral health account to include EPSDT, managed medi-cal and drug and alcohol programs. • MHSA projected 10-20% increase still on track. State reminded us to look at all money in terms of supporting medi-cal program. Medi-cal program is an entitlement 	<ul style="list-style-type: none"> ➤ Would like Acting MH Director report/ summary in writing of all changes and budget ➤ Concern of retention of in house knowledge – Request at next meeting something in writing of who is going to be the holder of this information. Who will step in? ➤ Documents on CMHDA.org website that explains the realignment. Email of information will be forwarded 	<p>Suzanne Tavano</p> <p>Teresa Pasquini</p>

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	<ul style="list-style-type: none"> • Low Income Health Plan – enrolled over 1000 previously uninsured people. Low income physical and mental health care is covered • MH staff has been working to fill all vacancies of program manager positions. Most program supervisors moved up to become managers 		
4. Update to MHSA Design Team	<p><u>Background of Design Team:</u> Each Design Team will help move toward end goal of integration. Team consisted of a group of individuals who have knowledge and expertise in particular areas that come together to create ideas to come up with enhanced ways of doing things and determine what systems need to be in place to make system work</p> <ul style="list-style-type: none"> • 8 Administrative DTs (workforce development, purchasing and facilities, contracts, data evaluation , MHSA, fiscal and funding, UR review and management, safety and preparedness) • Each team had representatives from MH, AOD, Homeless • 2 Types of Design Teams <ul style="list-style-type: none"> ○ Administrative- develop internal infrastructure process has already started ○ Service – will work on service delivery, not yet begun 	➤ Provide copies of Design Team background	Lavonna Martin

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	<ul style="list-style-type: none"> • MHSA Design team- scope of work assigned looked at regulations and ways to structure client and family member driven systems. (<i>see recommendation</i>) • Executive team will meet to consider each Design Team’s recommendations, then provide feedback to individual design teams • Expressed opinion of design team process and how it was communicated being disrespectful of already developed stakeholder process • Opposition toward any internal process regarding MHSA without it being an open process • Not reflective of guiding principles of MHSA, lacks efficiency and protection of public funds • Feels like MHSA Design team is recommending changes to CPAW to improve the stakeholder process • Asked where are the recommendations from homeless and AOD divisions, not just mental health. We should be inclusive <ul style="list-style-type: none"> ○ AOD and homeless were apart of the team. There is representation from across the systems in every administrative design team 	<p>➤ Recommended that at least one more consumer be on MHSA design team, specifically only wearing a consumer hat, process should be all inclusive</p>	

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	<p>There isn't anything that can't be shared. These recommendations are for administrative structures for behavioral health that will be presented to the executive team for our infrastructure</p> <ul style="list-style-type: none"> • Member of the public and new contractor to system commented doesn't see the MHSA principles embodied in this process, particularly prevention and early intervention and systems transformation. Those principles are what drew his organization in. A lot can be learned about systems transformation and prevention. Doing a lot of work with youth he expressed his opinion of supporting youth council and it takes a lot of work. • Need recognition we are all evolving into Behavioral Health • All of these comments will be taken back to the executive team 		
4. Break	<ul style="list-style-type: none"> • 10 minute break 		
5. Continue discussion on Update to MHSA Design Team	<ul style="list-style-type: none"> • Peer provider positions are regarded as different. Need for peer provider perspective represented in provider council or service system teams • Ideas and recommendation seem premature. Time should have been spent in seeing what is already going on in CPAW, recognize us and 	<p>➤ Would like to see revised version of recommendations come back to the CPAW</p>	

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	<p>collaboratively we could move forward.</p> <ul style="list-style-type: none"> • Appreciates the draft focuses on family members and consumers. • Lack of transparency needs to be fixed. Offensive that information presented is only information, not seeking feedback. Stakeholders for years have worked to create a culture and shared understanding to build trust. Don't want to see this pushed aside for sake of efficiency or shoved into a process. • County executive team has a conflict of interest that when money comes into the county and the executive team decides how it is invested. • Provider council can be useful and productive • Need for parents of children receiving services sharing their voice in addition to children of aging parents • Need to stand up and fight for our values in mental health, for those who don't know our history, what we accomplished <ul style="list-style-type: none"> ○ Cross education can happen between partners, change agent groups, executive team 	<p>planning committee for feedback and input</p> <ul style="list-style-type: none"> ➤ Final draft come back to CPAW and listen to input where changes need to be made ➤ Consider Consumer council and family council. New members don't know what is going on, need to learn. ➤ Consider leadership training or technical assistance person that can provide more information ➤ MHSA 101 more education/ orientation (continuing education). Consider hosting 	

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	<ul style="list-style-type: none"> Last MHSA 101 class was poorly attended. Need to figure out a different way to get information to the people we are trying to attract 	<p>meeting at a different location (i.e. Crestwood)</p>	
6. Public Comment	<ul style="list-style-type: none"> 2 people from Crestwood interested in joining After public comment for MHSA '12-'13 plan, have approval to move forward for Crisis Residential Center and Assessment Recovery Center 		
7. Close	<ul style="list-style-type: none"> Meeting adjourned 5:45 		Grace

Future Discussion

- Create a document to pass along sharing what we learned, what works and doesn't.

Summer CPAW meeting dates

- July 5, 2012 meeting still stands
- August meeting date changed from August 2 to August 9, 2012 due to SPIRIT graduation scheduling conflict