

NAME OF COMMITTEE: CPAW Meeting
MEETING DATE & TIME: Thursday, November 1, 2012 from 3:00-6:15 PM
LOCATION OF MEETING: 2425 Bisso Lane, Suite 100, Concord, CA 94520



Members attending: Ana Lubarov, Annis Pereyra, Brenda Crawford, Dave Kahler, John Gragnani, John Hollender, Kathi McLaughlin, Kimberly Krisch, Lori Hefner, Mariana Moore, Molly Hamaker, Ryan Nestman, Sam Yoshioka, Steven Grolnic McClurg, Susan Medlin, Teresa Pasquini, Thomas Sponsler, Tom Gilbert, Tony Sanders

Staff attending: Arturo Castillo, Erin McCarty, Evelyn Mendez, Gerold Loenicker, Heather Sweeten- Healy, Helen Kearns, Holly Page, Jan Cobaleda-Kegler, Jennifer Newfield, Jeromy Collado, Jeromy Collado, Lavonna Martin, Leslie Ochang, Mary Roy, Richard Hanzy, Roberto Roman, Steve Blum, Tommy Tighe, Victoria Howard

Public Participants: Aziza (Rainbow Community Center), Ben David Barr (Rainbow Community Center), Beth Williams (Shelter, Inc.), Chelsea (Wellness and Recovery Coordinator for MHCC) Dale Hendrickson (MHCC), Dawn (MHCC), Diana Kurlander (Fred Finch), Jack Feldman, Jennifer Newfield (Mental Health Commission for First Hope) Janet Wilson (MHCC), Jerry Peterson (Rainbow Community Center) Marvin Edwards (MHCC), Peggy Harris (Behavioral Health Partnership and MHCC), Randy, Stan Baraghin (MHCC), Taylor (MHCC)

Excused from Meeting: Courtney Cummings, Lisa Bruce (Leave of Absence)

Absent from Meeting: Beatrice Lee, Nayyirah Sahib, Ralph Hoffman, Susanna Marshland, Doreen Gaedtke, Stephen Boyd Jr.

TOPIC	ISSUE/CONCLUSION	ACTION/RECOMMENDATION	PARTY RESPONSIBLE
1. Opening, Agenda Review, Announcements	<p>BH Integration Update</p> <ul style="list-style-type: none"> • Cynthia is on vacation, Lavonna, sitting in on her behalf • Integration continues, we are taking a look at how we can get the community involved in the process before it gets too far ahead of us • Working with consultants “Home Base” to develop a process • Figuring out how we can support full participation 		Grace Boda Leigh Marz

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	<p>in the service and program integration design team process</p> <ul style="list-style-type: none"> • Everyone in the community, consumers, family members, and other stakeholders has had real solid valuable input into the process • Ultimately, out of that process is a new recovery system for individuals that we are all trying to serve. Stay tuned for more updates <p>Announcement regarding Behavioral Health Integration Coordinator</p> <ul style="list-style-type: none"> • Interviews will be held on Wednesday, November 14th <p>MH Director Search Update</p> <ul style="list-style-type: none"> • Lavonna introduced Steven Grolnic-McClurg as the new Mental Health Director • Steven expressed excitement about continuing to partner with everyone in the room and the opportunities that are available as we look to integrate services. It is a blessing that we have such a strong, vibrant, stakeholder process and a group of stakeholders to really give input into so many of the decisions that we need to make • Grace-When Steven's role is official we will create a space here in CPAW for a dialogue to begin to forge a relationship with him in the role of Mental Health Director <p>Age-Related Committee Start-Up</p> <ul style="list-style-type: none"> • Mary Roy announced there is a lot of interest in 		

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	<p>seeing the age group(Children TAY, Adult and Older Adult) committees move forward. In consultation with the Behavioral Health Administration and Children's and Adult Chief, those committees will begin to move forward as of January, so work can begin. We hope that some of the work we are doing here in CPAW process will help to create a definition for the role of sub-committees going forward..</p> <p>Committee for Social Inclusion Potluck & Presentation Susan-</p> <ul style="list-style-type: none"> On Wednesday, November 14 from 11:30 am -1:30 pm at 2425 Bisso Lane (large conference room), Concord, CA a potluck and presentation for the things that we have accomplished and are thankful for 		
2. Public Comment	<p>MHCC- (8 public comments)</p> <ul style="list-style-type: none"> I would like to see podiatry, dentistry and vision back I am here to ask for some cash from the \$20,000,000 sitting in the disabled bank account. We ask for this little tiny minivan. I would like you guys to deliver before Christmas, that's what Christmas is all about...and get a nice, little present. The weather changes and it is going to be cold and raining. Consumers will be sitting at the bus stop with no umbrella. Instead you guys don't want to buy this minivan for MHCC, I don't know why; you 		

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	<p>are not paying out of your own pocket. The money is just sitting there collecting interest probably in a Swiss account. You guys are interfering with the people's recovery. These people have no way to get to the center. They are just sitting at home eating more sugar, getting fat, drinking more, smoking cigarettes or other chemicals. Contra Costa County is interfering with people's recovery. I don't understand that. We are preaching democracy all over the world but we can't handle our own democracy right here in Contra Costa, what's going on? Educate me please!</p> <ul style="list-style-type: none"> • Hi I am Generae, I am from the Mental Health Consumer Concerns in Antioch. We would really like a van so that we could have more people and be able to go to more places. We have two drivers and only one van. The other thing I wanted to bring to the table is Apartments for low income people. There are millionaires out there that could put their signatures down and get a house and get the keys right then and there but two women that want to be roommates and both are low income, they can't get a place. My friend she has bad credit and something went wrong with PG&E and they will not rent to us now. We just really want to get out of the situation we are in. I am in a board and care, the place is so filthy I don't even want to leave my room. I am on the top floor and I don't even want to leave the house. We just got rid of the bed bugs but still. To have housing for people that are low 		

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	<p>income, you could charge \$400, \$200 depending how many people are in the apartment and the other thing I wanted to bring is dental, we really need dental</p> <ul style="list-style-type: none"> • I am going to speak as a member of the public, even though I am on the Mental Health Commission. I don't see why Mental Health Consumer Concerns cannot receive some of the money from the Mental Health Services Act because we deserve it. We are all client run and have been since our inception. If we are not in compliance with the letter of the Mental Health Services Act we are certainly in the spirit of it. • I am from Mental Health Consumer Concerns in Antioch, I would like to see people have transportation, not only speaking for Antioch, I am speaking for Concord and West County too. There is money that can be spent on transportation for these people. I have no problem taking a bus because I am used to it, but I see people that come to these centers and don't have transportation, they don't have things that they need. The money is just sitting there. I have been a consumer of Antioch for almost 3years now. I have seen people go and people stay. It has deceased... I don't know who is in charge of it; whoever is.... needs to do something about it. There's these consumers that can't even go to the centers and get the help that they need because there is too much chaos. 		

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	<ul style="list-style-type: none"> <li data-bbox="489 302 1199 906">• Janet Wilson- I am with Mental Health Consumer Concerns which is the oldest client run agency in the country. I am the director of Patient's Rights. I just want to say, it has all been said before the letters have been written, we need transportation, dental care, Native Americans at the <i>Cliff Dwellings</i>, I asked, they died of dental problems. Transportation is so serious in this county with its three distinct regions; most mental health clients do not have autos. They need a system of transportation that can get them to the services they need for their recovery. I am talking about services for Mental Health Consumer Concerns, so that they can be client run. Finally, it's a Mental Health Services Act for seriously and persistently mentally ill. It wasn't named the <i>Mental Health Consultant Act</i>. <li data-bbox="489 954 1199 1377">• My name is Dawn and I am with the Mental Health Consumer Concerns in Richmond, I also see the need for transportation. In Richmond we need a bigger center because we are turning people away. We can't give services to people in a center that can't hold all the people. We need eye care, we can get exams but we can't get glasses, we can't afford glasses. When people get \$800 a month and the rent is \$700 a month, how can you afford \$200 for glasses? We need housing, we need advocates, we need exercise and therapy, and we need transportation for outings to get exercise. Sit to be 		

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	<p>fit just doesn't make it. We found out that a gym down the block will be built, it will be \$10 a month, who can afford \$10 a month? We need help with that. We need paid advocates for housing and paid support for our coordinator and our assistant because they are overwhelmed with the clients. We do outreach in the community, even with the small center that we have. We need case managers for our people. We need help out in Richmond because we are overwhelmed.</p> <ul style="list-style-type: none"> • I am Taylor; I am a patient rights advocate with Mental Health Consumer Concerns. I think the biggest concern and upset for us is we have been speaking at these meetings we came since June to the Mental Health Commission. We have these letters that we have been writingno response, no answer from anyone, from this community input that we've heard about earlier. This is it right here, the input from your community and we don't have an answer. There are these things we need transportation and dental care. We are really curious about what the process to get these funds released is. It seems like they are not coming to us and the people of California wanted to make things right by passing prop 63 so I really urge you to make this happen. • The board and care I live in is owned by <i>SecondChance Independent Living</i>. Our landlord is so lazy, she comes in and she drops off the food. 		

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	<p>We still do not have a house manager and it is so dirty. I am wondering how you guys can handle that?</p> <ul style="list-style-type: none"> <li data-bbox="491 407 1213 1049">• Mary Roy replied I am really glad that all of you are here today you really make the process real, your voices are so important.. We went through a planning process to create our 12-13 MHSA Plan. Many of you were here at the time to provide input. Not everything that you are asking for is included in the plan. It is a little bit complicated because some of the things that you are asking for would be easy to include in the plan ostensibly , if there were enough resources for it, like Transportation . Other things are little bit trickier because they are in categorical funding boxes that are not as easy to move around. I think there is a way for plan revisions to happen midstream. I think that you're voices should be heard and what you are talking about is really important and so we will give it due consideration and figure out how to move these issues forward. <li data-bbox="491 1094 1213 1373">• Teresa- I have been hearing from you all since June and I have been paying attention and I was privileged to hear some of you speak to our board in a recent meeting and I really encourage you to continue to speak up and speak out. I am representing the Mental Health Commission here I am also the chair considering what the process will look like for MHSA in partnership with the 		

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	<p>stakeholder body, I invite you all to that meeting. I will get it to Brenda and Brenda will get it to you</p> <ul style="list-style-type: none"> • Dawn- it is a room and board. I reported to them (Tenant's Right Agency) 3 different times and they have been on her. This is my personal feeling; I wish they would just torch the place and start all over again because that is how dirty it is. I have talked to Taylor and he talked to the landlord and she doesn't want to do anything about it. • Susan- I want to make a public comment. I never liked that we separate out clinical services from peer and family run services. We should give out just as many bus passes to people so that they can get their peer support. • Brenda- I want to thank the consumers from MHCC, you guys are some incredibly brave people and you are the best! This isn't just about MHCC; transportation is a huge problem all around this county. Bus passes will not do it when the buses only run every 3 hours. That will not do. Transportation has been talked about over and over; it not only affects MHCC, it affects every CBO and every clinic that we have here, if people cannot get to the services they need in order to live a full quality life. <i>Room and Boards</i> are a critical problem here. We know that <i>Community Care Licensing</i> has no influence on them. We have folks who recommend our people to these dirty bed bug 		

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	<p>infested places. We have people in our systems that refer folks there. That can't be acceptable, there needs to be a new order here. We need to have standards that we will not accept any consumer going to any place that we wouldn't have our dogs in. I wouldn't have my dog at this place as filthy that this young woman is talking about because I know the place. If she wasn't there she would be on the streets. We don't need to sit around and talk about ...we can get bus passes and look into <i>Community Care Licensing</i>. We have the intuitive knowledge in this room to solve this problem if we wanted to. We could probably solve this problem if a couple of those consultant groups that are hired donated their fees. We could probably buy 2 or 3 vans and have this solved. I am not talking about the present consultants in the room. We have to develop the will to do this. It doesn't take rocket science, let's just do it. I know that MHSA has a planning process and there is a process to that we can modify the plan. It really is about having the will and having the belief that folks deserve better than they are getting in this county. People deserve better and if we commit ourselves to it we can do better.</p> <ul style="list-style-type: none"> <li data-bbox="491 1166 1213 1369">• Annis- While we are still on the topic of transportation, I would like to remind everybody in this room that there are consumers that we serve... where public transportation is not an option for them because they are simply too symptomatic to be able to use public transportation. I think Stan and 		

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	<p>his ideas about vans, where people can actually do outreach to isolated consumers is an option and a spectrum of options that we need to include. Like Brenda said, transfer a little of that high paid consultant money elsewhere and it could do a world of good.</p> <ul style="list-style-type: none"> • I would like to say to Mary Roy, we had a spokesperson in the Mental Health Services Act process, it was Connie Steers and illness took her out of the process. We were in on the planning process. • Mary's Reply- I was speaking about this year's planning process, you are right, I think Connie was a great stakeholder 		
<p>3. Innovation Program Update</p>	<p>Please review the MHSA 2012-13 Annual Update Innovation handout</p> <ul style="list-style-type: none"> • <i>Improving Mental Health Outcomes for LGBTQ Youth (photo voice project)</i> • Program Overviews <ul style="list-style-type: none"> ○ INN01: Social Supports for Lesbian, Gay Bisexual, Transgender, Questioning, Queer, Intersex and Two-Spirit (LGBTQQ12-S) Youth and Transitional Age Youth (TAY) ○ INNFT01: Promoting Wellness, Recovery and Self-Management through Peers ○ INNFT02: Interagency Perinatal 	<p>➤ Request- Mariana Moore- Information really inspiring, would love to send out the power point slides to share with alliance members.</p>	<p>Erin McCarty Steve Blum Tony Sanders Jan Cobaleda-Kegler</p>

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	<p>Depression Treatment Program</p> <ul style="list-style-type: none"> ○ INNFT03: Libby Madelyn Collins Trauma Recovery Project ○ INN04: Trauma Services for Sexually Exploited Youth (up to 25 years of age) <p><i>Community Violence Solutions-Project-Reluctant to Rescue</i></p> <p>Upcoming projects</p> <ul style="list-style-type: none"> ● <i>INNFT04 increasing peer and interagency collaboration to develop</i> ● <i>INNFT05-partners in aging</i> 		
<p>4. PEI Program Update: First Hope PIER Model (Portland Identification and Early Referral)</p>	<ul style="list-style-type: none"> ● Dr. Nancy Ebbert presented information on the First Hope Program <ul style="list-style-type: none"> ○ <i>Our Mission</i> – to reduce the incidence of mental illness in Contra Costa County through community outreach, education, identification and early intensive intervention with young people at risk for psychosis and their families. We aim to stop mental illness before it starts! ● Teresa Pasquini expressed her gratitude to Dr. Ebbert, First Hope and all involved in program, as well as Gloria Hill and Diane Furman. She shared her personal story, being a part of a family who struggled and wishes that her son’s pediatrician would have been able to refer her family to the PIER program. She feels that MHSA, specifically PEI monies should go to a program like First Hope. ● The program is cost neutral in dollars. Over the 3 	<p>➤ Steven Grolnic-McClurg recommended that the presentation focus more on why people with prodromal symptoms will develop psychosis without the program. In addition, present what the engagement strategies with doctors and in schools would be</p>	<p>Dr. Nancy Ebbert, Mary Roy</p>

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	<p>year period of participation the program is cost neutral, however it does not measure the lifetime savings cost.</p> <ul style="list-style-type: none"> • Molly Hamaker acknowledged Mary. Mary really championed bringing this program forward • Kathi McLaughlin stated I think it is important that we get to the schools. Schools are the most important outreach. Families tend to be in denial but schools see the symptoms 		
5. Update on Annual Plan	<ul style="list-style-type: none"> • No further update 		Mary Roy
6. Planning Committee Process Recommendation #1 - Quorum	<ul style="list-style-type: none"> • Item not discussed due to time constraint 	➤ Postponed to next meeting.	Mariana Moore
7. Planning Committee Process Recommendation #2-Voting	<ul style="list-style-type: none"> • Item not discussed due to time constraint 	➤ Postponed to next meeting.	Kathi McLaughlin
8. Planning Committee Process Recommendation #2-Voting	<ul style="list-style-type: none"> • Item not discussed due to time constraint 	➤ Postponed to next meeting.	Kathi McLaughlin
9. Key Consideration in defining Client/Consumer representation on CPAW	<ul style="list-style-type: none"> • Item not discussed due to time constraint 	➤ Postponed to next meeting.	Grace Boda/Leigh Marz

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10. Public Comment	<ul style="list-style-type: none"> • No public comments made • Brenda Crawford requested public information on how MHSA dollars are being spent, specifically on Home Base and Zia Partner consultants. • Kathi McLaughlin clarified that CPAW interviewed and selected the facilitators but did not approve Zia Partners. However there was an established interview process that did not include outreach and there was a minimal number people involved in the process. ZiaPartners does not facilitate anything CPAW-related so there is concern that if they are being paid out of MHSA funds, where was the stakeholder process in the approval process. • John Gragnani shared that at the last commission meeting it was discussed; projected allocations were supposed to be less than expected, then a week later it was suggested that they might be higher. Being that we are 4 months into the fiscal year, we should be further along implementing programs that were approved in the spring. <ul style="list-style-type: none"> ○ In response Mary Roy replied we have monthly allocations and there is a reconciliation at the end of the year. If the numbers distributed by the state are correct, should be safe at planning at the 20 percent level moving forward. • Annis Pereyra shared that the whole process of Behavioral Health integration had raised concerns that the use of MHSA funds has not been an open, transparent process. People will start having concerns about issues that may not need focus, but until there is a transparent process we are creating 	<p>➤ Mary will be attending the CMHDA meeting Monday and will report back</p>	

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	<p>strife that is unnecessary.</p> <ul style="list-style-type: none"> • Lavonna replied that the BH Division would not misuse MHSA funds. The legal obligations around MHSA funds and how they are used are clear. The funds are not being used for consultants. The consultants are used for Behavioral Health Integration. Zia Partners were hired through community participation on an interview panel. Their work supports the community behavioral Health integration process. Hiring Home Base was an internal decision, supporting the internal county structure. Those funds are not MHSA funds. • Teresa expressed concern that the Board of Supervisors, which provides local accountability for MHSA spending, could not articulate a process for how MHSA funds were implemented and approved. The Mental Health Commission's Capital Facilities committee asked for the revenue end expenditure report that used to regularly be available. The SPD process of not having users of the system involved in designing a process is outrageous. It was hurtful that again, families were left out of the process. It would be a good innovation project to utilize families that know how to navigate the symptom. Families can be peers in other ways as well. 	<p>➤ Present next meeting the information of how consultants are being paid. Behavioral Health Director and fiscal officer will be present to answer any questions.</p>	
11. Close	Thursday, December 6, 2012 3:00 PM, 2425 Bisso Lane Concord		