



NAME OF COMMITTEE: CPAW Meeting
MEETING DATE & TIME: Thursday, March 7, 2013, from 3:00-6:00 PM
LOCATION OF MEETING: 2425 Bisso Lane, Suite 100, Concord, CA 94520

Members attending: Stephen Boyd Jr., Lisa Bruce, Brenda Crawford, Courtney Cummings, Tom Gilbert, John Gragnani, Molly Hamaker, Lori Hefner, John Hollender, Dave Kahler, Kimberly Krisch, Anna Lubarov, Susanna Marshland, Kathi McLaughlin, Mariana Moore, Ryan Nestman, Teresa Pasquini, Annis Pereyra, Sam Yoshioka, Jennifer Tuipulotu, Jami Delgado, Holly Page, Jan Cobaleda-Kegler, Helen Kearns

Staff Attending: Todd Paler, Jennifer Tuipulotu, Jan Cobaleda-Kegler, Jeromy Collado, Ken Gallagher, Steven Grolnic-McClurg, Helen Kearns, Gerold Loenicker, Leslie Ochang, Holly Page, Heather Sweeten-Healy, Thomas Tighe, Jami Delgado, Cassie Brown

Public Participants: Lorena Huerta, Glen Arnold, Suzan Imani, Linnea Stanley, Devon Roberts, Bessie Sagaige, Stan Baraghin, Beth Williams, Maria Ramirez,

Excused from Meeting:

Staff Support: Jeromy Collado, Leslie Ochang, Cassie Brown

Topic	ISSUE/CONCLUSION	ACTION/RECOMMENDATION	PARTY RESPONSIBLE
1. Opening Agenda Review, Announcements: <ul style="list-style-type: none"> • Audit Committee Update • Age-related Committees Update (Staff) • Children’s FSP Update • Update on Family Service Coordinator 	<ul style="list-style-type: none"> • Introductions • Steven Grolnic-McClurg provided an update to the two audits. First audit is money-in / money-out audit. In six weeks there will be a report back on that audit. When the deliverables are finalized they will be made public. For the second audit the Mental Health Commission voted on having this audit sent to an MHSAs subcommittee to set deliverables for it <ul style="list-style-type: none"> ○ Teresa Pasquini explained the Commission voted to dissolve the Capital Facilities Committee and separate its goals and activities between MHSAs Finance and Quality of Care Committee. Programs and 		

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<ul style="list-style-type: none"> • Triple P Update • Others? 	<p>services will go to Quality of Care Committee, and all others will go to MHSA Finance Committee, along with housing. The MHSA Finance Committee has been meeting on the first Wednesday from 3-5</p> <ul style="list-style-type: none"> • The age related committees of CPAW will meet as follows <ul style="list-style-type: none"> ○ Children’s meeting - fourth Wednesday at 4:00 ○ TAY Committee - fourth Thursday at 10:00 ○ AOA Meeting – third Thursday from 2-3:30 • Kathi: Are Capital Facilities and Innovation going to be meeting again? • In response to the reconvening the Innovation and Capital Facilities sub committees, Steven explained the hope is to discuss this in Planning meeting to formulate what committees need to reconvene. Having functioning committees back in place makes sense and this topic needs to be discussed further another day. • Steven announced the Family Services Coordinator is Dianna Collier. • There is a list of qualified candidates for the MHSA Coordinator position. We are looking for a group consisting of Mary Roy, one member from OCE, and two members of CPAW to interview the list of candidates. The goal is to have the group provide the MH director a ranked top two, then a final interview will be conducted. <ul style="list-style-type: none"> ○ Annis asked to consider the magnitude of the selection of an MHSA Coordinator, there is 	<p>➤ Everyone email desired skill sets and qualities for a candidate for an MHSA Coordinator to Leslie by next Friday</p>	<p>Committee</p>

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	<p>no rushing to get something done if we don't do it right. We need to take the time to get this done in a thoughtful process instead of having time restraints again.</p> <ul style="list-style-type: none"> • Gerold Loenicker and Cathy Botello gave a short presentation On Triple P <ul style="list-style-type: none"> ○ Part of the MHSA process to foster resiliency in children. Nurturing Parenting Program, run by the Child Abuse Prevention Council, etc. ○ Triple P is one of several parenting programs sponsored through MHSA. ○ Kathy: Triple P is a flexible system of parenting that teaches families how to parent. It is an evidence-based program so it is always ongoing study. Has a principle of minimum sufficiency. <ul style="list-style-type: none"> ▪ Level 1 – Media-based level: To de-stigmatize the fact that you're going to take a parenting class ▪ Level 2 – Selected seminar Triple P: Three meetings for larger groups that include specific topics ▪ Level 3 – Primary Care: Conducted in a clinic. Anywhere from 1-4 sessions ▪ Level 4 – Individual group: More intensive intervention – 9 weeks 		

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	<ul style="list-style-type: none"> ▪ Level 5 – Pathways enhanced: Anywhere from 1-8 weeks. Takes in a little more intervention • We have a scope of services that we provide. Part of that is training. Ongoing clinical supervision and peer supervision to keep practitioners up to date with any news in parenting. Fidelity checklists to make sure everyone out doing Triple P is doing it correctly. Trained about 18 agencies. Over 23 county-wide sites that provide Triple P. <ul style="list-style-type: none"> ○ As of December, Level 4 has trained 357 parents. Level 2 – 142 parents. 276 parents of children 6-17 y/o. ○ Reached 789 unduplicated parents and 1,044 children. Conduct assessments before and after the program to measure its success. ○ Over 80% of parents have improved their parenting skills. ○ Since 2009 Triple P has come into the United States. In California alone, 22 counties are using Triple P. Funding comes from Mental Health and First Five funding sources. ○ As of 2011 Santa Cruz found that the likelihood of substantiated maltreatment allegations were two times higher for participants who did not attend this type of evidence-based program. Less children entered CFS after Triple P • Gerold: It is our hope that with the broad 		

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	<p>implementation of Triple P, not as many children will be entering foster care in CC County.</p> <ul style="list-style-type: none"> ○ Link to a woman’s testimony from CC County who took the Triple P training through Shelter Inc.: http://youtu.be/w49/NvAHqiw ● Kathi shared: I think the important thing is that we supported this program in the past and never got into place with the funding that we had. Do we have any plans to put the other two programs (PCIT) in place given their excellent programs in other counties? <ul style="list-style-type: none"> ○ Gerold responded Currently there is no plan to put those into place. We want therapy to be provided on a mobile basis to those who have less access to mental health services. It should be explored further how to incorporate such a program into our system. ● Going back to discussion of MHSA coordinator interview the committeesubmits interview questions to the Planning Committee and the Planning Committee decides on recommendations <ul style="list-style-type: none"> ○ Susannah Marshland shared she is particularly interested qualities and characteristics, so think about those two things when emailing. ○ Kathi recommended a group of four is too small for an interview panel for this position. Recommends 15 or more. <ul style="list-style-type: none"> ▪ Steven: Feels that is way too many people for an interview process. ● Annis shared let’s not relive what happened with the 		

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	<p>Mental Health Director position, where people felt their interests were not represented.</p> <ul style="list-style-type: none"> • Steven is open and wants to incorporate CPAW involvement in this process. My concern is there's been no one in this position and I've been doing my best to act in two roles right now. I'm concerned about the lack of having someone in this role. • Brenda: This is a very different time and I think the need for participation is based on the changing environment. I'm not interested in being on the committee but I'm interested in having representation on the committee to make it as broad as possible. I think we need someone strong and of the upmost integrity. • Lori: I appreciate the urgency to get this person in, however I think a lot of people would gain a lot from having the process upfront. • John G: Since 5 people offered, why not have all 5 considered, if that's acceptable for everyone else. • Steven: is asking to defer this conversation to the Planning Committee so we can have time to have a more robust conversation. • Steven requested to delay next month's CPAW meeting by one week to Thursday April 11th. 		
3:20 PM Public Comment	<ul style="list-style-type: none"> • Stan Baraghin shared I'm mad at all of you because I have a consumer that has had a broken tooth in his mouth for four months. I took him to the hospital myself. It sounds like the County Hospital is learning to milk money like private hospitals. What is wrong with the system that this guy's tooth is not 		

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	<p>out yet? He lost 70 lbs because he can't eat.</p> <ul style="list-style-type: none"> • Anna Lubarov shared: I want to say that today's meeting is representative of what I was going to say and that is I'm hoping we can continue in this nice manner. It would be nice to move towards a system that encourages change. 		
<p>3:25 PM Ad-Hoc Planning Committee Recommendations</p>	<ul style="list-style-type: none"> • John G: shared it makes sense to have the Planning Committee open especially during this transitional period. The next meeting is Tuesday March 19th from 4 – 6pm at Bisso. <ul style="list-style-type: none"> • Brenda: I'm just wondering how much really gets accomplishment. How does the continuity of Planning remain with certain people showing up? ○ Molly: Could we send out a poll saying if you're interested in coming to Planning would certain dates work? <ul style="list-style-type: none"> • Kathi: The other option would be to have a set meeting day and time. • John G: It makes sense to consider moving back to the third Thursday slots as it was before. We talked about the need of having both interim and long-term facilitation. Interim facilitation would have to be in-house. <ul style="list-style-type: none"> • Steven: It would have to be someone already on staff or contracted. We won't be using Home Base or Zia. The Planning Committee was 	<p>➤ Next planning meeting is Tuesday March 19th, 4-6PM</p>	

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	<p>requesting that CPAW charge it with making a recommendation for an interim facilitator, and a process for selecting a long-term facilitator.</p> <ul style="list-style-type: none"> • Lisa: I think for me the priority would be the MHSA Director and to find someone that would get along with the facilitators. • Kathi: Picking out a group of facilitators requires a set group that is committed to stay the course through the whole selection process. • Molly: If we wait until the next meeting to make a recommendation based on the suggestion that the Planning Committee makes, we won't have a facilitator at the next CPAW meeting. • Brenda: If we're going to pick someone I don't think it should be an interim-interim, but an interim until a permanent is hired on. 		
3:35 PM MHSA Coordinator Selection Process	<ul style="list-style-type: none"> • Deferred 	-	
3:45 PM Update 12/13 Plan	<ul style="list-style-type: none"> • Steven: Part 1: At the place of approving a plan update. The proposal would be that for the 13/14 		

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	<p>plan that we look at a process that is similar to what we've done in the last years which is admittedly less satisfactory. I'm going to present today a review of where we are with implementing the 12/13 plan. As opposed to just having unspent dollars accrue, for the 13/14 plan we set a process internal and external for applying for one-time use of funds with the surplus. We do not want to obligate those dollars on an ongoing process.</p> <p>Part 2: As soon as this plan is approved we start a very thorough review of what we are trying to accomplish with our MHSA dollars. We need to spend the next year doing the kind of work that is necessary to make ongoing decisions. We haven't set in place a clear road map. We want to make sure that we obligate the new dollars into the right places in our system. Before starting with the pieces I wanted to get the reaction from the larger group of that as a process moving forward.</p> <ul style="list-style-type: none"> ○ Kathi: How are we going to know what to put in the 13/14 plan of the 12/13 plan that wasn't implemented? ● Steven: Things get implemented at certain points during the year. Everything would get re-funded at the level that it had been funded before. ● Kathi: If money never got let out, there is no plan on how to replicate the program. <ul style="list-style-type: none"> ○ Steven: If we didn't use it that year it would be used the next year. The proposal is that there would be a way for people to apply for the use of one-time funds. I don't want to obligate ongoing 		

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	<p>funds until we do a deep dive and are clear on our priorities.</p> <ul style="list-style-type: none"> • Brenda: In the last year’s plan it was mostly system funding. It seems to me like you’re rolling it over again and funding system type programs. <ul style="list-style-type: none"> ○ Steven: The one-time funding would allow us to make improvements. We present an update plan in April, obtain feedback, present it again in May for approval, and submit to Board of Supervisors in June. In July we start doing the work that we really want to do. I agree and in the end we have a finite number of dollars and have to figure out how to obligate those dollars. There’s no way to do that in this abbreviated time period in order to make the right decision. We have an incredibly overburdened system and need to do the best we can to utilize the limited number of dollars we have to get the plans rolled out that we’ve agreed upon. How do we not keep dollars in the bank account, while allowing us the time to really do that? • Teresa: I have very strong ethical concerns about all of it. I believe there should have been a 3 year planning process. That’s what we were told last year. We’re not going to answer legal questions in 2 months. Every time we’ve made thoughtful pleas, no one knows what any county’s doing right. The state audit results will come out in June from four counties. That will set some precedence. In the Capital Facilities Committee meeting yesterday we set up a process to provide some flexibility. 		

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	<ul style="list-style-type: none"> • Steven: If we had designated MHSA dollars toward something, it won't get used for something else. • Molly: We want to spend the money to help people, but we don't want to commit it until we have a more thoughtful planning process. I like the idea of taking time to think through things more carefully, rather than committing ourselves over the long run to things without having a more thoughtful planning process and really find out what we're trying to do here. • Steven: If a program in Innovation is successful, then it should be continued. We have two programs that are in Innovation that are coming out this year. We're going through a process with the contractor to figure out how to extend the programs and that would probably be a part of the plan update. We need to have a robust conversation about that. We need to have a conversation about our strategy using Innovation dollars. There are elements of the program that are successful that we do need to continue. • LGBTQ at the end of July and Perinatal Depression in December • John G: I think there are integrity and trust issues that we are trying to work on as a body. We didn't know when we approved the fiscal year plan about the pension reform at the state level. We have 9 months of MHSA budget money that has accrued interest. These are things that need to come through CPAW for evaluation. In going forward financially, we need to look at the details and have accurate 		

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	<p>accounting and budgeting.</p> <ul style="list-style-type: none"> • Teresa: So are these the three items? Are we consolidating the three items? <ul style="list-style-type: none"> ○ Steven: This is a preface to the three edits. The next piece would be to update you on the 12/13 Plan spending. • Steven: We could potentially ask the Board of Supervisors with CPAW's recommendation that they continue funding for another month in order to give us more time. We could have another CPAW meeting in mid-March so as not to rush through the rest of the meeting and rush Grace and Leigh. • Teresa: I don't like getting things handed out at meetings. I think it should come to us in advance. • It was decided to have a second CPAW meeting in April. • There will be budget information at the next meeting. • Steven will be handing out the 12/13 plan elements and update at the conclusion of the meeting. <ul style="list-style-type: none"> ○ Component 1: Plan elements ○ Component 2: Large set of positions internal to the county that were to be hired ○ Component 3: Four Innovation proposals in pipeline 		
<p>3:55 PM 13/14 Planning Process</p>	<ul style="list-style-type: none"> • Deferred 		

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4:20 PM Preview of 3-Year Planning Process	<ul style="list-style-type: none"> Deferred 		
4:40 PM BREAK			
4:55 PM Leverage Points and Strategies for the Future	<ul style="list-style-type: none"> N/A – Meeting reconfigured due to time constraints 		
5:55 PM Public Comment	<ul style="list-style-type: none"> N/A – Meeting reconfigured due to time constraints 		
6:00 PM Close	<ul style="list-style-type: none"> Grace and Leigh opened the floor to hear what’s on people’s minds about the last three years in order to have a dialogue about what people care about and what everyone’s learned. Teresa: Who is the customer in this process? There needs to be a centralizing force in the room. Who’s in charge in this room? Lori: There was a sense that we as CPAW were the client, but as leadership and directives changed, the client became the new management. Brenda: The thing that has and still concerns me is the structure of CPAW. There are a lot of customers out there who aren’t in this room and our customer service hasn’t been wonderful. I continue to be bothered by the lack of current users in our system not being involved and around these tables. Lisa: I turned in an application for someone who wants to be involved a long time ago, and now she’s already moved out. It doesn’t seem to be consumer accessible. It needs to be easier for the consumers to 		

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	<p>know and understand what's happening.</p> <ul style="list-style-type: none"> • Kathi: As a group many of us have developed a lot of trust in each other and that's been a real positive, but over the last two years a lot of trust has been lost. I feel our participation and opinions aren't welcome because they are considered disruptive and rude. This level of anger and frustration isn't native to me, and is not a part of my core. This group over the last year has been very detrimental to my personal mental health. • Anna: Maybe before we start we can have something that makes the verbage more understandable to all participants. • Teresa: My mental health is more affected by the failure for all stakeholders to consider the systemic crisis that exists for the users of this system. There are rules and criteria that we all agreed to that are in the binder. All stakeholders have identified what we as stakeholders should be asking for. It's really important to be aware of the work that we've all done, rather than lashing out and going back and recreating the wheel. • Steven: I think we should consider who the stakeholders should be. Consumers should be a large portion of the stakeholder body because they know better what the needs of fellow consumers are. • Anna: Can we use the orientation that we had already built and discussed? • Lisa: For me, I think that there has been a lot of good that has come out, Photovoice, Social Inclusion, etc. We do need to recognize what we've 		

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	<p>done and not only focus on the negative.</p> <ul style="list-style-type: none"> • Molly: I believe that the work that we're doing is really important. To try to have such large agendas with so many strong and interesting people is a real challenge. The more people we bring to the table, the more voices are involved in the process, means the more likely we have diverging opinions. Does it always have to be a consensus or can it be okay to have a process for passing opinions on to the Admin level and having them assessed? • Brenda: One of the things MHSA is tasked to do is to transform the mental health system. How do we translate that? Transformation from my standpoint maybe doesn't mean more programs. We need to look at what the system would look like if it were transformed. • Steven B: How do we work toward a common or same vision even though there may be disagreements? • Lisa: Can you give us an idea of how you feel our structure is and is not working and what we can do to improve it? • Ryan: We accomplish things when we have one common vision. Since the transition, we're just kind of going around in circles. • Stan: It's okay to fail, that's how you learn in life. Without failure there is no success. • Lisa: Thank you to Grace and Leigh. 		
Next Meeting Date	<ul style="list-style-type: none"> • April 11th 3:00 PM – 6:00 PM 		
Adjournment	<ul style="list-style-type: none"> • Adjourned 		