

Members attending: Ralph Hoffman, Kimberly Krisch, Dave Kahler, Steven Grolnic-McClurg, Kathi McLaughlin, Sam Yoshioka, Thomas Sponsler, Beatrice Lee, Brenda Crawford, Lori Hefner, Annis Pereyra, Stephen Boyd Jr., Tom Gilbert, Susan Medlin, Teresa Pasquini, Ryan Nestman

Staff attending: Leslie Ocang, Jeromy Collado, Brianne Green, Lavonna Martin, Mary Roy, Cynthia Belon, Jana Drazich, Caroline Sison, Ken Gallagher, Gerold Loenicker, Priscilla Olivas, Angela Pride, Grace Boda (Facilitator), Leigh Marz (Facilitator), Mike Penkunas, Erin McCarty, Jami Tussing, Holly Page, Kennisha Johnson

Public Participants: Diana Kurlander, Doug Halpern, Evelyn Centeno

Excused from Meeting: Lisa Bruce , John Hollender

TOPIC / PRESENTER	ISSUE/CONCLUSION	ACTION/RECOMMENDATION	PARTY
			RESPONSIBLE
1. Opening, Agenda Review / Grace Boda & Leigh Marz	 Agenda Reviewed, Introductions made Cynthia Belon shared update on recruitment for MH Director reopened two weeks ago, closing tomorrow. Goal was to get wider, statewide. Announcement was also made on some national websites Ralph Hoffman announced WC City council meeting- WC City Council killed affordable housing project. Need to find a way to push for needed affordable housing project Ralph Hoffman also announced Town Hall Meeting August 9, 2012 with George Miller and Mark DeSaulnier - "Getting Big Money out of Politics". Allies of MH and Health Mary Roy updated on Early Intervention and Psychosis Program – Dr. McFarlane will be here week of September 10 for training. Hope to create opportunity for community partners to get more 		
	opportunity for community partitions to get more		



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 information on learning about process and learning to identify people for treatment Kimberly Krisch announced NAMI Walk raised over \$400,000 in the bay area- \$40,000 will come to Contra Costa Susan Medlin announced Social Inclusion committee is working on social inclusion conference in March. Survey will be sent to providers, consumers and family members. Training for facilitators for projects underway. Educational material created to hand out which is geared to all age groups and is aimed at reducing stigma for those with mental Illness. Teresa Pasquini announced Capital Facilities of MH Commission meeting Monday, August 1, 3-5PM 1340 Arnold 	> Notify CPAW members of Social Inclusion meetings and sub committee meetings. All notices to be sent to CPAW members (request from Teresa Paquini)	Susan/ Social Inclusion committee
No public comments		
 Review Handout Suicide Prevention Strategic Plan Committee has been meeting for over 2 years, a lot of research into our own system of care was done to see how many people in our system died by suicide. Looked at best practice models for addressing suicidality and this resulted in the pilot project in Central County. The committee has created a draft suicide plan for our county. Holly Page presented a Powerpoint overview of the Suicide Prevention Strategic Plan In addition to plan a written executive summary and call to action will be included to recommend 	Look into the mismatch of dates from data sources and need to clarify how the different ethnicities are counted (request from Sam Yoshioka)	Holly
	 Kimberly Krisch announced NAMI Walk raised over \$400,000 in the bay area- \$40,000 will come to Contra Costa Susan Medlin announced Social Inclusion committee is working on social inclusion conference in March. Survey will be sent to providers, consumers and family members. Training for facilitators for projects underway. Educational material created to hand out which is geared to all age groups and is aimed at reducing stigma for those with mental Illness. Teresa Pasquini announced Capital Facilities of MH Commission meeting Monday, August 1, 3-5PM 1340 Arnold No public comments Review Handout Suicide Prevention Strategic Plan Committee has been meeting for over 2 years, a lot of research into our own system of care was done to see how many people in our system died by suicide. Looked at best practice models for addressing suicidality and this resulted in the pilot project in Central County. The committee has created a draft suicide plan for our county. Holly Page presented a Powerpoint overview of the Suicide Prevention Strategic Plan In addition to plan a written executive summary and 	 Kimberly Krisch announced NAMI Walk raised over \$400,000 in the bay area-\$40,000 will come to Contra Costa Susan Medlin announced Social Inclusion committee is working on social inclusion conference in March. Survey will be sent to providers, consumers and family members. Training for facilitators for projects underway. Educational material created to hand out which is geared to all age groups and is aimed at reducing stigma for those with mental Illness. Teresa Pasquini announced Capital Facilities of MH Commission meeting Monday, August 1, 3-5PM 1340 Arnold No public comments Review Handout Suicide Prevention Strategic Plan Committee has been meeting for over 2 years, a lot of research into our own system of care was done to see how many people in our system died by suicide. Looked at best practice models for addressing suicidality and this resulted in the pilot project in Central County. The committee has created a draft suicide plan for our county. Holly Page presented a Powerpoint overview of the Suicide Prevention Strategic Plan In addition to plan a written executive summary and



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4. Update MHSA Plan Implementation/Mary Roy	strategies that will take top priority Have capacity to train and assist in Suicide Prevention. Could be good to provide training to Juvenile Hall Researcher at UCLA has written grant proposal to work with us locally to measure suicide strategies to be implemented in emergency and crisis rooms. Handout MHSA Annual Plan FY 12-13 progress report The CCMH Research and Evaluation team has written 3 RFP drafts. RFPs will be phased in over the next 6 months. There may be agencies wanting to apply more than one RFP. An overview of types of contracts will go out to help contract agencies make decisions on which apply to their area of expertise or interest. Brenda expressed her opinion that advocacy for improved access to PES was a community driven process and that making new positions county rather than contract provided doesn't honor work community has done. Suggestion for process (from Steve Grolnic-McClurg): Would love to give input before the RFP is designed. Have a contractors meeting so they can	Kathleen Snider (CalMHSA Local Liaison) to have suicide prevention training come to your agency contact	PARTY RESPONSIBLE
	 s designed. Have a contractors meeting so they can come and make comments but are not CPAW comments, more as a contractor Another perspective (from Annis): To stay within our open and transparent process that includes all stakeholders it is not okay for CBOs to meet outside the regular stakeholder process to influence RFPs 		



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	 they are going to bid on Proposals still to be written. FSP is laid out in legislations and peer participation is a big piece of process Concern of standardizing outcomes because it didn't work well under FSP for children. It puts everyone in same mold, we are not in same mold As stakeholder body we need to come up with a way to communicate to those making outcome decisions 		RESPONSIBLE
5. Brief Overview of AB 1467/ Mary Roy	 Review handout CMHDA State Budget 12-13 sheet Originally innovation projects were for up to 3 years. New language states funds need to be expended on innovation projects proven to be "successful" and funded on an ongoing basis Waiting for more clarification on what it means to be a "successful" innovative project Pre AB100 MHSAOC approved innovation plans. Post AB100 counties left to own county and stakeholder process to approve Innovation Projects Post AB 1467 MHSAOC will again be approving Innovation Proposals. Programs approved in interim period are grandfathered in. Programs will continue to move forward. Our own Auditor/Controller will audit to ensure that MHSA funds expended are in compliance with an approved MHSA plan. PEI services added to broaden continuum for 		



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	 MHSA and MH funds to further commitment to PEI programs Oversight and Accountability create a big move to create common measures across programs so any county program has the same standard and common measurement. New language for stakeholder process. Providers of AOD and other health services will be added to the list of stakeholders Will need to do outreach and invite people from AOD and other health services CMHDA and MHSA are struggling with creating a common understanding of what it means to demonstrate a partnership with constituents and stakeholders. We will adapt the stakeholder process as we get more information to move the system along. CA Stakeholder Process Coalition has newly developed standards. CMHDA is a part of that process. Expenditures will be in accordance with approved MHSA plans. Counties will be required to submit an Annual Revenue and Expenditure report to monitor our MHSA expenditures. MHSA 101 for Auditor/Controllers to help understand language Article written in LA Times, AP is attacking MHSA 		RESPONSIBLE



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6. Break	PEI Programs as a waste of taxpayer dollars. We should advocate for PEI funding. Locally we've worked hard to create primary, secondary intervention and early intervention. Break at 4:25 to 4:35		
7. CPAW Input to Stakeholder Redesign-Context/ Grace Boda & Leigh Marz	 Review power point slides AB 1467 increases stakeholder engagement to include influencing implementation and budgeting decisions. This will require us to be even more vigilant about managing conflict of interest issues. Meanwhile BH Integration requires CPAW to include stakeholders from AOD/Homeless Services. Both conflict of interest and composition are challenges we have struggled with for past 2.5 years MHSA Design Team was launched as a timelimited task force with charge of reviewing regulations pertaining to MHSA, recommending ways to structure client and family member driven systems, and making recommendations for designing stakeholder process inclusive of AOD, homelessness and co-occurring disorders. Across the state counties are struggling with the exact same challenges/tensions we are here. CPAW is not alone in its struggle to engage diverse stakeholders in a public planning process with funding implications. The MHSA DT's recommendations (which were 		



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	presented at the June CPAW meeting) were developed specifically to address the ongoing tensions we have been talking about here over the past years (see slide list): In today's discussion we will focus on Tension #1 – 1. Engaging those knowledgeable about implementation without granting unfair advantage In the past we've attempted to manage conflict of interest by confining stakeholder input to strategic direction so that those who provide services or stand to gain financially do not participate in implementation and funding decisions. The Design Team's recommendation for this was to form a Provider Council to leverage the expertise and experience of providers without influencing contracting or funding decisions from which they might derive unfair advantage. In our small group discussions we are looking for your input on how to best to deal with conflicts of interest, then will follow this meeting with a survey to explore your thoughts about other aspects of stakeholder process design (term limits, composition, other tensions we described).		RESPONSIBLE
8. CPAW Input to	Goal: Develop written feedback to give to design team		
Stakeholder	Individual input collected so all voices weigh in		
Redesign-Context Small Group	• Kathi McLaughlin shared it is difficult to feel like it is important doing this because committees haven't		



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Discussion/ Grace Boda & Leigh Marz	met. Feels like we are in one way communication. We haven't had a reasonable amount of time to process overall design piece. By reducing overall number of people significantly we are reducing significantly the community voice in this process. Decisions are being made without community voice, mostly staff. Kathi McLaughlin also stated that it is hard to address conflict of interest without composition. Composition is single most important piece. Design Teams were formed to look at creation of infrastructure of operations for BH Division. Trying to focus on daily operations of what division does and to create an infrastructure. Change agent, headed by ZiaPartners, is anyone connected to any point in system, internal and external partners that want to get involved in advocacy and to help design system, information sharing Opinions were expressed that the MHSA design team is unaware of the struggles the stakeholders went through as a group in forging relationships. Need training of basics and leadership training for consumers new to the meetings Time to make a call on something. Maybe we can't be one stakeholder body, maybe a compilation of things Kathi McLaughlin shared that some of the Design		RESI ONSIDEE



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	Team recommendations make sense. Concern of conflict of interest recommendation in singling providers out and limiting their representation to 1 member. • We (CPAW members) are doing too much micromanaging in this meeting because subcommittees haven't met for 8 months and we're looking for how to be involved and effective. Level of frustration that this is our only chance to talk. Not a good way to get community input on the process. It feels like a staff heavy process. BH steering process feels closed and slow. Feels like Design team review was a lost period of time where we could have been doing more and weren't • CPAW members want to meet, whether county has staff to facilitate committees or not. Housing committee hasn't met. Structure needs to change; if 1 county person can't be there meeting should still take place. Change structure so no one is irreplaceable and things don't stop because of 1 person • Need to understand whether to continue with the way things were being done prior to implementing MHSA Design Team and have the rest of Design Team work around the current MHSA structure. • Consider term limits and have people roll off group; we've gotten personally attached to things as they are and that makes it hard to leave, but we need fresh perspectives. Bring new people in. Don't	Examine which committees are ready to be reinvigated	BH leadership



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	 want to roll off the history, be careful not to roll off strong voices Consider starting provider council important for providers to give input in the process and have technical knowledge Kathi McLaughlin suggested that the Planning Committee come up with the structure of what CPAW should look like. Transformation isn't possible unless we are all at the same table. Want an authentic, pure stakeholder process, reject the idea of provider council Suggest recommendations get articulated and brought to full CPAW to see if they can be supported, then move on those recommendations. Still discussing how much process is enough and what still needs to be done for a healthy process. Spend more time building relationship and trust with integration process so we are coming from a place where we want to learn and not be suspicious 	> Send out DT recommendations along with survey to CPAW members to gather input for discussion at next CPAW meeting	Facilitators, Leigh Marz & Grace Boda
9. Public Comment	No public comment made		
10. Close	Next Meeting: September 6, 2012		