



**NAME OF COMMITTEE: CPAW Meeting**  
**MEETING DATE & TIME: Thursday, July 11th, 2013, from 3:00-6:00 PM**  
**LOCATION OF MEETING: 2425 Bisso Lane, Suite 100, Concord, CA 94520**

Members attending : Kathi McLaughlin, Lori Hefner, Molly Hamaker, Kimberly Krish, Dave Kahler, Stephen Boyd Jr., Courtney Cummings, Tom Gilbert, John Gragnani, Dave Kahler, Susanna Marshland, Susan Medlin, Teresa Pasquini, Tony Sanders

Staff Attending: Steven Grolnic-McClurg, Erin McCarty, Jami Delgado, Jennifer Tuipulotu, Roberto Roman, Heather Sweeten-Healy, Tommy Tighe, Dianna Collier, Hillary Bowers, Janet Wilson, Beth Williams, Gerold Loenicker, Ken Gallagher, Roberto Roman

Public Participants: Douglas Dunn, Sharon Madison, Charles Madison, Anne Cevallos, Ben Barr, Tina Lindsey

Excused from Meeting: Warren Hayes

Facilitator: Maria Pappas

Staff Support: Miriam Rosa, Cassie Brown

Topic	ISSUE/CONCLUSION	ACTION/RECOMMENDATION	PARTY RESPONSIBLE
1. Welcome <ul style="list-style-type: none"> <li>• Call to Order by Maria Pappas</li> <li>• Introductions</li> <li>• Declare Conflict of Interest</li> <li>• Announcements</li> <li>• Public Comment</li> </ul>	<ul style="list-style-type: none"> <li>• Maria reviewed agenda</li> <li>• Introductions</li> <li>• TAY Subcommittee needs members – Let Steven know if interested</li> <li>• 2013 SPIRIT class graduation July 31<sup>st</sup> 3-7pm, at Contra Costa College</li> <li>• Warren will be pulling together group to make RFI for consultant – email Steven if interested</li> <li>Public Comment:               <ul style="list-style-type: none"> <li>• There is a support group for family members of loved ones with mental illness at John Muir</li> <li>• Doug and his wife will be teaching a</li> </ul> </li> </ul>		

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	<p>family-to-family class in Antioch</p> <ul style="list-style-type: none"> <li>• There is a large group not being served – those who cannot comprehend they are ill.</li> </ul>		
<p>2. Structured Conversation-Family Members in the Mental Health System</p>	<ul style="list-style-type: none"> <li>• Not enough time hearing input – will look for this from now on.</li> <li>• Will be making meetings more inclusive.</li> <li>• What was your experience entering our system? <ul style="list-style-type: none"> <li>○ Member of the public believes family member was misdiagnosed due to lack of communication.</li> <li>○ Part of the issue with family members of people in the system is that they don't know anything due to confidentiality laws – it's hard because family ends up being the caregiver.</li> <li>○ Members feel they can't get enough attention or help for their loved ones.</li> <li>○ Medications unstable</li> <li>○ Outpatient care wonderful with case management</li> <li>○ Multiple hospitalizations in one year</li> <li>○ Conservatorship difficulties when son left for So Cal.</li> <li>○ Didn't know what to do – NAMI is an answer for guidance and direction</li> <li>○ Little communication with mother – she asked for help from family member</li> <li>○ Native American consumer's well-being pushed aside</li> <li>○ Taught myself how to advocate –</li> </ul> </li> </ul>		

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	<p>nothing coordinated through school. Terrifying time for the family. Having him qualify also terrifying. No linkages.</p> <ul style="list-style-type: none"> <li>○ Continuation school really helped</li> <li>○ People were kind but nothing went right</li> <li>○ After 18, we had no power unless he wanted it.</li> <li>○ No continuity of care</li> <li>○ No choice but to have him on public care</li> <li>○ Had to find NAMI – East Bay, none close to me</li> <li>○ Couldn't get into system as daughter was young adult. Lived in my home, and completely psychotic, yet I couldn't get help. County hospital released her: "Don't worry, when she says the right things we'll take her back." – due to "Patients' rights". Nobody would help us get her in the system. We need a mobile crisis unit to come to our house. She would not go somewhere for help. Person at County expressed she didn't need meds. Willow Pass: "We don't have anything for her." I didn't know to call Children's MH Services – I was isolated. "What did I do wrong?" No help from counselors at school. I should have written a letter.</li> <li>○ As adults, older sons are refusing services; taken to jail.</li> </ul>		

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	<ul style="list-style-type: none"> <li>○ Many IEP's, expulsions to get to MH system.</li> <li>○ Took NAMI's Family-to-Family course which helped.</li> <li>○ Painful to not be able to know info about children.</li> <li>○ Medications sometimes taken sometimes not</li> <li>○ Nothing I can do – he hasn't committed a crime. Law enforcement not able to do anything</li> <li>○ Doesn't want to be in supportive schools</li> <li>○ "I'm waiting for the call"; he's still struggling</li> <li>○ Inadequate county housing support</li> <li>○ Inadequate support services while in licensed Board and Care</li> </ul> <ul style="list-style-type: none"> <li>● What things have worked in your journey? <ul style="list-style-type: none"> <li>○ Family members persistence</li> <li>○ Having a psychiatrist that led people in and was flexible to their needs.</li> <li>○ Kindness and respect for patients and family members alike.</li> <li>○ Advocacy who can relate to system and consumer</li> <li>○ Persistence to become educated</li> <li>○ Having peer-to-peer support</li> <li>○ County outpatient psychiatrist helpful who got consumer to sign form to allow family to be involved with care</li> <li>○ Having my pain acknowledged</li> </ul> </li> </ul>		

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	<ul style="list-style-type: none"> <li>○ Having contact with psychiatrist, social workers, etc. at state hospital. I was fortunate to know something about MH system</li> <li>● How can we increase our membership here? How can we outreach to, and engage our communities more effectively? We will continue to seek information at future meetings as there is more we need to know.</li> </ul>		
<p>3. Innovation – Rainbow Community Center Proposal</p>	<ul style="list-style-type: none"> <li>● Erin presented on Innovation request and took questions <ul style="list-style-type: none"> <li>○ At the moment no one in this program is privately insured. This particular proposal is for those with MediCal.</li> <li>○ This particular program serves all ages.</li> <li>○ Almost no one has insurance; 2014 criteria will cover some</li> <li>○ Bing funded out of CSS wg code 5600.3 population – severe impairment in life functioning as a result of MI</li> <li>○ These are county MH clients</li> <li>○ Similar program to Las Familias</li> <li>○ NAMI has supportive literature</li> <li>○ Spending money and not serving many consumers</li> <li>○ SF Innovation projects serve everyone, not just LGBTQ</li> </ul> </li> </ul>		

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	<ul style="list-style-type: none"> <li>○ In Contra Costa County this is a targeted population</li> <li>○ This is in support of our system of care</li> <li>○ This will help our entire system become more culturally competent</li> <li>○ We believe this is a good value for MHPSA funds</li> <li>○ Orange County had Innovation projects</li> <li>○ This is funding a CSS component</li> <li>○ Ages served – 20% last year</li> <li>○ 125 treatment slots projected ongoing</li> <li>○ Estimated 168 people (85 billing for)</li> <li>○ School-based – not paid my MediCal</li> <li>○ CSS funding is the match</li> <li>○ This is a vulnerable population</li> <li>○ We are trying something that hasn't been tried before</li> <li>○ I have concerns about prioritizing</li> <li>○ Disappointed that groups don't feel welcomed at clinics. This program stands on its own merits</li> <li>○ Looking forward to this program</li> <li>○ This model has been tweaked for success</li> <li>○ Many of these folks don't have advocates</li> </ul>		

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	<ul style="list-style-type: none"> <li>○ Vote: 1 neutral, Rest in agreement to pass</li> </ul>		
<p>4. Housing Committee Items:</p> <ul style="list-style-type: none"> <li>a. Destination Home</li> <li>b. Funding Increase</li> </ul>	<ul style="list-style-type: none"> <li>● Tom Gilbert presented Destination Home Housing recommendation <ul style="list-style-type: none"> <li>○ Committee in support of funding \$12k for 8 units</li> <li>○ Supports provided? Depends</li> <li>○ Vote: All in support</li> </ul> </li> <li>● Molly presented on Funding Increase portion of Housing recommendation <ul style="list-style-type: none"> <li>○ Guess from last year was low – year coming up should be somewhat level</li> <li>○ With housing, amount cannot fluctuate</li> <li>○ Subsidy must be fixed and on-going (\$650k)</li> <li>○ Other \$150k not on-going</li> <li>○ We need to have conversation about where housing issues fall in priorities with other programs to fund. This is volatile on rich folks tax returns – must budget conservatively</li> <li>○ No unallocated money at this time</li> <li>○ Housing Committee questions this 30%</li> <li>○ Appreciates that this explanation is written</li> <li>○ 51% of CSS need to serve MHSA; 30% of CSS new housing money</li> </ul> </li> </ul>		

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	<ul style="list-style-type: none"> <li>○ Could we set aside money in high years? Why we have Prudent Reserve</li> </ul>		
5. Break			
6. Draft Plan Approval	<ul style="list-style-type: none"> <li>● Steven opened by asking if anyone had questions about the plan draft <ul style="list-style-type: none"> <li>○ Last four months some rollover projects</li> <li>○ Some new projects</li> <li>○ Unexpended money – none this year</li> <li>○ CPAW agreed to save for deep dive attempts to look at how we're spending our money</li> <li>○ This is the same plan update from one month ago mostly (clarifications requested were made)</li> <li>○ Questions:</li> <li>○ Anything de-funded? All existing programs are continuing.</li> <li>○ What is the additional money in the Crisis Res? Standard bed rate. Nyreka's funding at a different level – don't know why. We were pleased by the organization's looking to become providers.</li> <li>○ This is the rate that most crisis residential facilities are funded at</li> <li>○ Peer-to-peer component important</li> </ul> </li> </ul>		



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	<ul style="list-style-type: none"> <li>○ CalMHSA investment: suicide-specific included? Stigma-discrimination reduction?</li> <li>○ How much is CalMHSA investing?</li> <li>○ What are we getting for the investment?</li> <li>○ We benefit from what they do on a state-wide level.</li> <li>○ Those monies are already paid.</li> <li>○ Recovery Center to break ground in 6 mos. On back burner – programming for it</li> <li>○ Our estimated expenditures of #36 million and estimated funding of \$21 million coming in don't allow for more money to be obligated. We know we won't expend all this money. County budgets were figures can be significantly higher.</li> <li>• Comments: <ul style="list-style-type: none"> <li>○ I don't think the county has made its obligations</li> <li>○ Concerns around MHCC allegations who are still receiving funding</li> <li>○ Just because the info is in the Plan Update doesn't mean it will be spent</li> <li>○ Concern about so many PEI plans</li> <li>○ Don't want to wait another year for mobile crisis unit</li> </ul> </li> </ul>		

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	<ul style="list-style-type: none"> <li>○ During deep dive, distribute agendas for age group meetings where I can lend my input</li> <li>○ Make replacements with organizations doing “peer-family-services-based”</li> <li>○ Chance of revisiting review/approval process of the plan update? Must have 30-day review, public comment, Board of Supervisors approval. Next year’s process will be different.</li> <li>○ Acknowledge the positive in the plan</li> <li>○ MHSA 12/13 update: appreciate seeing this</li> <li>○ Vote: Opposed – 1 Abstain – 0 All the rest – Support</li> <li>○ Will post for 30-day comment, then it goes to the MH Commission and BOS</li> <li>○ If allegation true, don’t want client to suffer</li> </ul>		
7. Meeting Check-In	<ul style="list-style-type: none"> <li>● Reviewed likes and dislikes of this meeting</li> </ul>		
8. Next Meeting Date	<ul style="list-style-type: none"> <li>● August 1<sup>st</sup>, 3pm – 6pm, Bisso Ln., Concord</li> </ul>		
9. Meeting Adjourned	<ul style="list-style-type: none"> <li>● Meeting Adjourned</li> </ul>		