

DRAFT



**Client and Family Leadership Committee  
Meeting Minutes  
Best Western Bayshore Inn  
3500 Broadway Street  
Eureka, CA  
July 8, 2010  
8:30 AM to 2:30 PM**

<b>CFLC Members</b>	<b>Staff</b>	<b>Other Attendees</b>
Commissioner Vega Darlene Prettyman Khatera Aslami Tracy Love Jorge Wong  Phone: Jamy Garcia Richard Krzyzanowski	Jose Oseguera	Thomas W. Dewey Jerome Simone Rochelle Trochtenberg Lara Weis Michael Weiss Asha George Jude Koski Susan Hoffman Phillip Crandall Joclyn Culleton Abby Lubowe Barbara Latlaie Karolyn Stein Helen Weaver Trish Cotrell Kris Huschle Blanca Bautista Karen Doers Rob Chittenden Ruth Needham Dawn Dickinson Randall Burnoskie Cedric Fotso Tia Richardson Cody Hoyt Jeri Scardina Susan Hoffman Miriam Peunekamp Steve D'Agati Karen Oeth

<b>CFLC Members</b>	<b>Staff</b>	<b>Other Attendees</b>
		Lucas Kibbee Kellie Jack Josey Manette Pankin Pamela Firmell Bonnie Barbara Howe Tim Ash Deborah Hart Moyan Doilas Roberta Clark Mona Chaper Kathy Fenn Michael Clancy Joyce Ott Arandn Suncecto Shawndi Severson Mario Jimenez Pat McFarland David Mako Lady Hawk Harrison

**I. Welcome/Introductions**

Eduardo Vega, Committee Chair, convened the meeting at 8:42 a.m.

- Introductions were made.

**II. Adoption of Minutes**

Modifications were suggested for April 14, 2010 meeting minutes. April 14, 2010 minutes were approved with modifications (Prettyman moved –Aslami seconded)

- May 28, 2010 meeting minutes approved as amended.

**III. Presentation of Public Participation PowerPoint**

- Khatera Aslami presented the Public Participation PowerPoint. She thanked Richard Krzyzanowski for his great help. Krzyzanowski also acknowledged Delphine Brody and the California Network of Mental Health Clients for having provided materials, parts of which were adapted into the Public Participation PowerPoint. Committee members

then made several suggestions for revisions to the presentation, and Krzyzanowski said that he would update the PowerPoint to reflect the suggestions by the next Committee meeting. The committee approved the Public Participation Training.

#### **IV. Humboldt County Community Presentations**

Presentations by Humboldt County Presenters Included:

- Phillip Crandall, Director, Humboldt County Department of Health and Human Services, started the introductions and gave a welcome to Humboldt County and their programs. He described the MHSA from a small county perspective. He said, despite tremendous fiscal pressure, MHSA offers hope towards transformation. Small counties need to work closely together. At the last Commission meeting, there was good information on outcomes and whether we're reaching populations. He commented that we need to look at qualitative – softer outcomes, but tell us if we're reaching our goals. We need to have a holistic approach. Humboldt is looking at how MHSA can be used to engage the community and public mental health department. Looking at what is being done with at-risk groups. Make sure that we're not wasting any dollars. MHSA rolling out in smaller counties – locally driven to identify problems that are local to their needs. Small county carve outs are deadly. How do we look at inclusion. Engage outlying communities with mobile units to get to pockets of populations.
- Karolyn Stein, Humboldt County Mental Health Director. Stein is very pleased to see the participation of many individuals. Most of the DHHS building has been completed. Humboldt County has 130,000 population. Most residents live in Eureka, Arcata, and Mckinleyville – this is most of the population with 100,000 residents. Department of Health and Human Services has integrated services with mobile units – prevention, outreach and health services through these mobile vehicles. Prevention, education and treatment – through community-wide activity (universal, inherent, holistic).

Humboldt DHHS is asking:

- What are our stakeholders telling us?
- How do we validate information through the data?
- What is the new, evidenced-base, best practices?

DHHS has CIMH and Trilogy learning services – desktop education. DHHS is interested in impressions and thoughts of stakeholders and working on recognizing their needs.

Rochelle Trochtenberg, Humboldt County Transition Age Youth Collaboration (HCTAYC) stated that until recently, Health and Human Services was not giving TAY all the services that they needed, especially, for those experiencing homelessness. HCTAYC has several goals:

- Engage the youth to get system transformation.
- Develop understanding with staff so that they understand the needs of TAY.
- Engage youth to not make them feel like you're patronizing their views.
- Allow for youth to commence healing by understanding their situation and how homelessness can be tackled.
- Reduce hospitalization; increase social engagement and citizenship.
- Positive outcomes of HCTAYC activity: Youth leadership; professional development and awareness; policy recommendations.
- HCTAYC has also been responsible for creating digital stories.

Trochtenberg showed a digital story of individual from a reservation and a homeless child.

Susan Hoffman, staff facilitator, spoke from the Hope Center. The Hope Center seeks to facilitate change for consumers. The Hope Center has been in existence for over three years. 18 to 84 is the center's age group. A diverse group of individuals come to the center.

- A center participant who used to say – “excuse me ma'am” – is now making her own decisions and not asking for permission.
- Hope Center has been growing with the number of individuals using services.
- The Center has a Mental Health Walk and a Mental Health Picnic. The Hope Center is providing opportunity in the minds of individuals to effect change – planting the seed that will allow them to do something else.

Rob Chittenden – Psychiatric survivor. Chittenden is involved in Community Services and Supports planning. He helped with PEI guidelines. Chittenden stated it is time for everyone to be involved with mental health. Get involved and have a consumer voice – bring something new and exciting.

Slide presentation (slides handed out) by Mark-- Creating a System for Suicide Prevention. Mark then spoke about the transgender community

Jerome Simone, United Indian Health Center (UIHC)– Native American Community – spoke about all the programs that are going on. Not getting funding under MHSA. Facing lots of cuts in adult and mental health under Medi-Cal. UIHC is funded by third party income. Randy Barnowski, United Indian Health Center also spoke. He said there is a misunderstanding that they're funding through federal sources – not the case. Have to use third party monies.

Methamphetamine is a problem in the North State. Suicide rate is very high. There is a need to reach out to tribal populations using the MHSA.

Thom Dewey – Chief of Police at Humboldt State University. Dewey spoke about a need for resources and about the programs that they manage. He teaches in the police academy at the College of the Redwoods. The police academy training is not adequate for what the consumers need. Cannot soak it all up in regards to spotting individuals. CIT is what is needed. What to do with someone in psychiatric distress – police with adequate training would know how to deal with this situation. Help to troubleshoot from CIT training. Training and continued relationship with mental health is critical to success. Persistent mental health problems that the FMDT's (Forensic Multidisciplinary Teams) to understand how to handle these situations. County has done a good job of connecting mental health and police in dealing with these situations (blue vest person for county mental health) -- to view the situation from a consumer perspective. Include mental health professionals in negotiation teams. CIT meetings are needed to put everyone on the same music sheet. Police are better prepared and trained for mental health situations.

Commissioner Vega commented that due to a time shortage, everyone can use the Community Forum question sheets to give input.

#### **V. Open forum comments from the public.**

Karolyn Stein commented change and support of MHSA has made families strong. Noted that Humboldt County has used roundtables to plan for the Hope Center. Comprehensive Community Treatment (CCT) Program has resulted in reunification of many family members and clients. Commissioner Prettyman said we do keep working and we don't give up.

Natasha George, an individual from one of the local Native American (Hoopa Tribe) tribes was reunited with his tribe with help from DHHS. MHSA CCT (FSP) helped fund this activity.

Jude Koski – California Youth Connections chapters are all over the state. Seeing concrete and tangible outcomes. Young adults have been empowered to advocate for selves. Clients are able to advocate for themselves to get housing, employment and other services.

Don Dickinson – local council that represents project health. He was invited to participate in training session by county health for transgender awareness. This is a very vulnerable population.

The Committee broke for lunch.

At 1:04 pm, Commissioner Vega reconvened the meeting. Commissioner Vega commented that the goal of the CFLC is to ensure that the Commission is empowered with the knowledge of those individuals with lived experience as family members and clients. Commissioner Vega commented on MHSOAC Plan Approval authority and other authority for CSS, PEI, INN, WET; CFTN. CFLC is bringing the experience of Client and family members to be part of this thinking. CFLC responsible for ensuring the MHSOAC is staying true to those values. Commissioner Vega commented that he serves as a consultant to National Suicide Prevention Lifeline and other consulting positions. He is the Director of Empowerment and Advocacy for LA County. Other Committee members stated their backgrounds.

Commissioner Prettyman commented on how Consumer and Family members are involved in the CFLC. Prettyman described her experience with her son who is a consumer.

Commissioner Vega asked for feedback on certain questions. Commissioner Vega asked for feedback on MHSA values.

Community provided reflections on MHSA values:

- Pat, an Irish American that lives on his own. He likes to make choices on his own. He wants less in-patient care and more out-patient care. There is a shortage of psychologists in Humboldt County. He would rather sleep in his own bed than any other place.
- Hope Center has been a hub to assist individuals with mental health issues. Recovery and resilience has been the aim of the Hope Center – could not have happened without MHSA.
- CCT patient is very happy with the services that have been provided.
- Individual has been assisted by the MHSA program. Policing the patient is not a good practice. He would rather go to the hospital to receive rehabilitation rather than punishment.
- CCT case manager – would like to commend the work and progress that has occurred from the in-patient to the outpatient. He has seen transformation.
- Tim Ash – Ash is a family member. Family involvement has been positive. Good to have the MHSA mandate of family involvement. This is reflected in stakeholder meetings; the MHSA planning is client and family centered. The perspective has been there. The planning process has identified the services that need to be provided. He would like to see evaluation of progress. Aslami asked for an example for priority service. Ash responded

about the need to educate law enforcement. Humboldt state has embraced this process. Humboldt is getting more client and stakeholder involvement at the higher decision level.

- Mental Health Board Member. MHSA has been a big incentive to overcome hopelessness in mental health. It is a huge shift in potential, hope and trust – rebuilding partnerships and the identification of barriers. Voices are being heard at the administrative and front line levels. Same issues that confront mental health issues are starting to share a language to describe the services that are needed. This activity could not have happened without the MHSA.
- Peer with the Hope Center ---individual has been part of PEI team and involved in efforts to decrease stigma and discrimination. They have been creating an advisory board. Much work is being done to empower individuals and provide a speakers bureau to raise mental health awareness. He sees lots of collaboration to make good things happen. MHSA was a job creator for this individual.
- Commissioner Prettyman commented that philosophy at the top, such as Phil Crandall has, allows programs such as the Hope Center to happen.
- Commissioner Vega: The Commission wanted to see peer run programs and their success such as the Hope Center.
- Maryann – need to be partners of top and bottom to make some of the work in mental health happen.
- Steve Tagachi. Retired from probation department – collaboration with mental health partners is working very nicely. Moving from mental illness to community wellness – getting the community involved to solve mental health issues. Mental health intervention in juvenile hall has made a difference. Humboldt started a regional treatment facility so they did not have to ship patients out of the county.
- Joyce Ott -- wanted to thank us for coming. Consumers, families, parents of consumers – we're seeing this reflected in the plans. Lacking is the input at the higher level – at the implementation level. Client network has done a study of involvement of consumers and family members. Where does the money go? Are staff making decisions and then reporting out. No one knows where to file a grievance. The grievance first goes to the center and then the county. Many times the center is the source of the grievance. Joyce has seen retaliation. The issue doesn't get resolved because there is no place to take the issue.

- Ruth Nadem – family member and volunteer at Hope Center. Nadem thanked the MHSA for the Hope Center. Very little personal counseling – the protocol is see the psychiatrists and get meds. Some people have real trauma that needs to be dealt with. There needs to be some training in anger management. Local hospital had restraints and seclusions going on – does not help to achieve recovery, especially when individuals are being restrained.
- Tier Ericson – glad to have someone help with housing, food and SSI. She did not see other youths in her program. She hasn't heard from other youth with the same positive experience. Ericson has joined the youth advisory organization.
- Coty Oid – She has been attending meetings and giving presentations. ACTC – provides youth with a stipend. Created two positions for youth. Family has dealt with schizophrenia. MHSA has created a new consciousness – the recovery of the client and the family. There is a process in place – better than the current plan.
- Trish Catrell – consumer and is involved in the help center. Had originally chosen a neighborhood where the neighbors kicked them out. Catrell said a 24 year old woman said: my God, you can't move there because there are children. MHSA is being used to move to another location. NIMBYism is a problem in the Humboldt County area. Hope Center is Vital to the Community.
- Nancy Harrison –She is a CCT participant. She feels so blessed. She lost her whole family when she got sick. She has been taken care of.
- MaryEtt – embodies the MHSA – care to the whole person. The entire being should be taken care of; the involvement of the families makes it special.
- Joyce – Something to be proud of is collaboration of cross communities – this has been very beneficial.
- David Mako – he has received great services and lets his clients know what appointments he must abide by. A cross-community exchange was very helpful.
- Rochelle Trochtenberg– She said she had a stigma and discrimination comment. She said Humboldt changes perspectives. Individuals with mental health issues should not be marginalized. Manuals are being changed to include more inclusive language. Health and wellness is being used versus mental illness.

Commissioner Vega adjourned the meeting at 2:40 pm.