



CLIENT AND FAMILY LEADERSHIP COMMITTEE

Minutes

May 2, 2011

10:00 am to 12:00 pm

1300 17th Street, Suite 1000

Conference Room

Sacramento, CA 95811

Committee Members:

Staff:

Other Attendees:

Eduardo Vega, Chair* Ralph Nelson, Jr., M.D., Vice-Chair* Khatera Aslami* Kathleen Casela* Richard Krzyzanowski* Steve Leoni* Abby Lubowe* Ruth Tiscareno* Gregory Wright* Sally Zinman* Jennifer Jones*	Matt Lieberman Dee Lemonds Sherri Gauger Aaron Carruthers Kevin Hoffman	Stacie Hiramoto Delphine Brody* Kathleen Derby* Maxine Hayden* Mark Clements* Vicki Mendoza*
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*Participated via telephone

Committee members absent: Donna Barry, Carmen Diaz, Shannon Jaccard, Darlene Prettyman and Jorge Wong.

Welcome/Introductions

Eduardo Vega, Committee Chair, convened the meeting at 10:05 am.

- All meeting participants introduced themselves.

Review and Possible Adoption of Client and Family Driven Transformation Policy Paper for MHSOAC Second Read on May 26, 2011

The following are the discussion highlights:

- Chair Vega deleted some language since the last distribution of the draft Transformation Paper in order to avoid a major revision at the end of the review process.
- Chair Vega expressed satisfaction with the document and commented that he understands that it is disorienting to comment on a document that is three quarters complete—referring to the 2011 CFLC coming into the drafting of the Transformation Paper in the middle of the process.

- Discussion took place regarding the possibility of revising or appending the Transformation Paper next year. Chair Vega commented that it is possible that a revision could be put in the CFLC Charter next year or that appendices could be added. Also, there could be further documents in the future. Upon request, Chair Vega agreed to list review of the Transformation Paper as possible for the 2012 CFLC Charter.
- The next steps in the process for the Transformation Paper were mentioned. The MHSOAC will receive a second read of the paper on May 26 and the paper will be subject to MHSOAC approval. If approved, the final approved paper will be posted on the MHSOAC website.
- For the benefit of the CFLC, staff reiterated the changes in the paper since April 29th.
- The CFLC then made final suggestions for changes to the paper as follows:
 - On page 7, suggest first sentence changed to “In the end this paper presents a vision of how things would look in a transformed mental health system in the following key areas relevant to mental health:”
 - On page 9, under Goals for Mental Health Program and Service Delivery, suggest second bullet changed to “Services are always delivered with dignity and respect for the individual being served, are voluntary in nature, promote self-determination, and employ respectful and effective intervention modes.”
 - On page 11, under Goals for Prevention and Early Intervention, suggest second bullet, number 2, changed to “individuals with early symptoms, families, friends, employers, primary care health providers, school personnel and other community members are more likely to recognize the early signs of mental health challenges and seek and get assistance.”
 - On page 11, under Goals for Reduction in Stigma, Abuse and Discrimination, suggest a new first bullet be added, “People with mental health issues are included and supported in living full and meaningful lives within the communities of their choice and stigma does not lead to social exclusion or isolation for anyone.” Fourth bullet added, “Through empowerment and strength-based programs the internalized stigma (i.e., shame, guilt, low self-esteem and low self-efficacy) of persons with mental health issues and their families is reduced.
 - On page 9, under Goals for Mental Health Program and Service Delivery, suggest fifth bullet changed to “Clients and family members are provided with what they need to recover in an integrated and supportive network of care that addresses their comprehensive needs, such as housing, physical health, or presence of co-occurring conditions such as mental illness and substance use and/or physical disability.” Eighth bullet changed to “Programs designed and run by clients and family members are an integral part of the mental health system.” Ninth bullet

- added/changed as “Services for children and youth are strength-based, wellness/recovery/resiliency focused, family-centered, and needs driven.”
- On page 13, suggest bullet number two changed to “Clients and family members involved in community planning processes, including representatives of underserved and/or inappropriately served racial, ethnic or cultural groups, are able to revisit earlier discussions and input before any prospective use or non-use of their input is finalized and are engaged in all phases of planning, implementation and evaluation.” Further discussion did not support adding language about revisiting earlier discussion and input before any prospective use or non-use of input is finalized.
 - On page 17, suggest change to second paragraph, last sentence, to read “Consistent with engaging individuals with dignity and respect, restraint and involuntary seclusion must be eliminated and replaced with more respectful and effective intervention modes.”
 - On page 18, number 3, suggest change to “Programs and services are “integrated” at the level of the service experience for clients and family members, with an identified single point of responsibility for individual service planning and commitment to outcomes.” Number 8 changed to “Services foster self-determination.”
 - On page 22, suggest first full paragraph changed to “With this said it must be noted that the intent is not to externally impose the goal of employment as a mandate or condition of service, but to establish a service or program atmosphere that identifies and promotes the goals, possibilities and capacity of clients and supports their efforts to become meaningfully employed.
 - On page 10, last bullet, suggest striking the word “serious” so bullet will read “Outcomes document that persons with lived mental health experience or at risk of mental illness are able to meet their educational goals.”
- An executive summary was requested and Chair Vega agreed to have an executive summary which could be added after the MHSOAC approval of the Transformation Paper.
 - A motion to adopt the Transformation Paper, as amended, was made and seconded.

Public Comment

- The United Advocates for Children and Families representative expressed appreciation for all of the effort that went into the Transformation Paper.
- The California Network of Mental Health Clients representative expressed appreciation for the CFLC’s Transformation Paper efforts and acknowledged a fair editing process. Also commented in support of an executive summary.

- The Racial Ethnic Mental Health Disparities Coalition (REMHDCO) representative asked for some additions to the document. On page 8, number 1, in “Goals for Cultural competence and Effectiveness”, request to add, “The mental health community has an understanding how racial, ethnic, and cultural groups view mental health issues and services.” This request was accepted. On page 9, bullet 4, request to add “including those who have not been served by the mental health system previously.” This request was accepted. On page 13, request to revise bullet 2 to read, “Clients and family members and representatives of underserved racial and ethnic communities...” This request was accepted.
- The NAMI California representative asked to change the eighth bullet on page 9 to read “...the mental health system.” The CFLC agreed to this change. The CFLC agreed to new language for the last bullet on page 9. On page 10, request to put bullet number 2 first and, in the second bullet, after “cultural groups...” add “are recognized for the value of their lived experience and are...” This request was accepted.
- Suggestion that the word “untreated” be removed from the 2nd paragraph of the Conclusion of the paper. This was agreed to.

A voice vote was taken to approve the paper, as amended, and all members voted aye except the Vice Chair who abstained. The Vice Chair stated that he felt the paper is great, as far as it goes, but does not emphasize enough the people in the lower levels of recovery and that the paper did not discuss Full Services Partnerships to the degree of their prominence in the MHSA.

Adjournment

Meeting adjourned at 12:31 pm.