

# MHSOAC Advocacy Contracts Meeting | September 22, 2015

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## Advocacy Contracts Project

Tuesday, September 22, 2015

1:00 PM – 4:00 PM

MHSOAC Office

Steinberg Conference Room

1325 J Street, Suite 1700

Sacramento, CA 95814

## MEETING SUMMARY

Meeting Materials Available at: <http://www.MHSOAC.ca.gov/>

- [Agenda](#)
- [Meeting Guidelines](#)
- [Project Overview](#)
- [Themes and Ideas](#)
- [Activity # 1](#)
- [About the MHSA](#)
- [Activity # 2](#)

## Welcome, Introductions, and Meeting Structure

Toby Ewing, Ph.D., Executive Director, Mental Health Services Oversight and Accountability Commission (MHSOAC) welcomed attendees and introduced Sue Woods, facilitator, Center for Collaborative Policy (CCP). Ms. Woods led attendees in individual introductions. (See [Attendee List](#)). Ms. Woods provided an overview of the agenda and focus of the day to look at lessons learned from past MHSOAC contracts, identifying areas of need for future contracts, and next steps. Participants were reminded to fill out the yellow evaluation form to provide ideas and feedback in preparation for the October 6th meeting.

## Opening Remarks

Dr. Ewing provided an overview of the project purpose and the goals for the days. Highlights are as follows:

- MHSOAC identified a need to align contracts with the goals of the Mental Health Services Act (MHSA).
- MHSOAC seeks to ensure that resources are utilized in the most efficient manner possible.
- There is a great effort by advocates to describe California's history with mental health and the lived experiences of consumers and family members that organizations represent. The ability to tell that story helps prepare for when funding is limited and organizations must justify the need for mental health advocacy funding.
- MHSOAC and contractors must identify and share lessons learned from past contracts.
- MHSA seeks to transform the mental health system and model the improvement that is sought throughout the system.

- All of this information also helps transition from sole source contracting to competitive contracting.
- We need to change the story and move beyond conflicts to identifying shared understanding and commonalities among contractors and with MHSOAC staff.

### Questions and Comments:

- A participant thanked the MHSOAC for holding the meeting and acknowledged this as a great idea and opportunity to share knowledge and appreciated that the meeting was open to the public.
- There was a question regarding contracting mechanics. Attendees were notified that detailed discussions on the contracting process will happen at the October 6th meeting. Attendees were urged to put specific questions on the evaluation form, so that organizers can ensure those questions are answered on October 6th. It was recommended that the day's discussions focus on identifying the goals, so that contract mechanics can support those goals.

### Information: Summary of Themes and Ideas

Angela Brand, MHSOAC staff, presented a summary of the themes heard in individual interviews with contractors regarding contract implementation and lessons learned. See [Themes and Ideas](#) handout for additional details. Highlights are as follows:

- Greatest feature of the interviews was how constructive the discussions were, solutions were presented along with identified issues.
- Flexibility helps ensure effectiveness in outreach and engagement, versus proscribing who must be consulted with to perform a contract.
- Collaboration is important. This includes among organizations, MHSOAC, county, law enforcement, etc.
- Internal capacity development for organizations was discussed and the question was introduced as to how the MHSOAC could expand professional development in a team and within an organization?
- Communication is essential. Interviewees recommended regular meetings between contractors and MHSOAC to assess the status of programs and adjust as necessary.
- The metrics for evaluations need to look at meaningful participation or positive impact, not only the number of trainings held.
- Identifying what can be done on a county level, versus a local level. Scope and scale are important to effective implementation of programs.
- Contract priorities should be consistent with clear and feasible expectations.

## Activity 1

Attendees broke out into three groups to discuss lessons learned pursuant to three themes: Outreach and Engagement, Advocacy, and Training and Education. See [Activity 1 Worksheet](#) for details on the breakout process. Participants offered the following comments in preparation for Activity 1:

- The old California Network of Mental Health Clients (referred to as The Network) was advocacy oriented. One of the issues was that people were spending more time writing deliverables versus doing the work. There was a question about which theme to discuss this concern.
  - Difficulties with the contracting process can be discussed in any of the themes.
  - That is also an assessment or evaluation issue. Discussions in each theme can look at how to evaluate project/program effectiveness as well as lessons learned from the contracting process itself.
- The Network was a 28 year old group than can offer a lot of lessons learned for the consumer communities.

*Discussion Topic: Lessons learned from MHSOAC stakeholder contracts: what worked and what didn't work as well as expected; what were the challenges and opportunities?*

### Overarching themes:

- *Identifying what role MHSOAC can play in bridging communications between State, county, and localized advocacy.*
- *Networking and collaboration between contractors will facilitate greater adaptation and understanding of lessons learned, maximize resources, and develop partnership opportunities to build on organizations' strengths.*
- *Healing from within, addressing internal conflicts among advocates and advocacy groups to create collaborative solutions moving forward.*
- *Evaluation and documentation of outcomes should not infringe on the time and resources to be committed to advocacy; balance is the key.*
- *Local knowledge and partnerships with grassroots organizations are vital, especially when working in rural areas: knowing the people, having trust or contacts who are locally trusted, knowing the weather conditions, etc.*

### Training and Education Breakout Session

#### Lessons Learned:

- Documentation of outcomes is important
  - NAMI California documents the “outcome of the outcome”, e.g. replication of trainings: teachers train teachers who train teachers, etc.
- Working in rural areas:

- Weather at certain times of year can be an issue. Bad weather impacts both trainers and trainees. Trainers may not be able to reach a site due to snow storms, etc. and trainees may not attend.
- If you need web access or have planned a power point presentation, make sure the site has capability.
- Collaboration between statewide and local groups is important. When organizing training in local areas, collaborate with grassroots organizations in the area as well as local cultural brokers and cultural liaisons. The resulting effort will likely be better attended and more effective.
- The social capital people have built with one another is important to getting work done effectively.

### **Future Needs/Opportunities:**

- Technical assistance is needed, such as joining together as an internal funding collaborative; e.g. see the Zellerbach Family Foundation Z+ Collaborative.
- Provide funding to promote collaboration:
  - Contract holders need to meet at least once a year together in-person to discuss strategic goals.
  - Quarterly updates would be helpful and could be done as webinars.
- Determine where the gaps exist:
  - Assess the needs in various geographic areas.
    - Determine what is unique in each *region* (county by county would be too difficult) and what the best approach should be in each area.
- Create a statewide unified effort with partnerships among ourselves so we all know what we each are doing and where and when trainings are happening around the state. This will help us make a bigger difference.
  - Link the trainings given by our organizations. This can enable providers to assist people in finding the training they need and to know when to ‘hand the baton’ to a different organization. “Let’s break down walls!”
- Types of training needed and to whom:
  - Training is needed on *both* advocacy and general mental health content for the general public and to those with lived experience.
  - Train family members and peers to speak at mental health trainings targeted for law enforcement, teachers, first responders, and other community service providers.
  - Training to veterans and women vets in particular.
  - Improve community processes by training and educating government entities on mental health concerns, and how to engage and welcome mental health clients as well as value their input.
  - Train and assist *local* stakeholders with their *local* advocacy needs.
- Training programs/ materials:
  - Concern and dismay was expressed that client/peer developed training materials are being used by professional organizations for their profit. Peer volunteers do not profit

financially from the trainings they have created. This issue has become more important with peer certification being a hot topic currently.

- Fund contractors to *adapt* training and outreach materials and programs to different racial and ethnic communities and other populations.
  - Value the lived experience when making materials culturally appropriate, not merely the opinions of the “experts.”
  - Allocate money in the contracts for interpretive services.
  - Use a ‘cultural lens’ when creating and conducting trainings.
- Communication in the contracting process and flexibility in the contracts is important.
  - As organizations working together for the common good, can we all be a model for healing?
  - This current process (individual and group stakeholder meetings) is already solving some of the problems experienced. We need clear guidelines and a forum to converse and solve problems together.

## Advocacy Breakout Session

### Lessons Learned:

- Frustration was expressed for lack of county support, when groups are required to work within counties.
  - Respect for the hierarchy and going through the proper channels of the county is vital. Develop relationships by approaching county mental health director to build trust.
- Participants expressed difficulty understanding and navigating the balance of the dynamics of the county versus the MHSOAC.
  - There was expressed desire to better understand the role that the counties play in MHSOAC deliverables. In one project, a county did not like a curriculum being utilized; the county assumed that deliverables and projects should not be offensive to the counties.
- Misalignment of contract deliverables and organizational mission causes staff to take time from advocacy work in order to complete contract deliverables.
- Insufficient notice of meetings impacts the ability to engage groups and individuals for meeting attendance, event participation, and feedback.
  - An example was given that if there is a meeting in 2 days, it is hard for the Sacramento based groups to find and prepare a resident of Tulare on such short notice.
- It is important to identify local AND statewide advocacy needs.
  - Keep statewide money at a statewide level while still working with local networks to identify gaps.
  - It was expressed that some groups fear speaking out against county practices, that it may result in retaliation, including removal of contracts and funding.
    - Some participants felt they cannot trust county plans and officials. Participants identified this as prevalent within communities of color as they are traditionally un/underserved and have a fear and distrust of county operations.

- While working within the county it is also necessary to understand the population that the work is designed for – building authentic relationships with specific populations and working as a bridge to county programs. Some populations can see county staff and programs as “government” and be wary/distrustful/unwilling to engage.
  - Recognize the difference between policy advocacy and program advocacy. With policy advocacy it is important to not “bite the hand that feeds you” when looking at effectively advocating for a group or population.

**Future Needs/Opportunities:**

- Establish a better working relationship with counties so that contractors, Community-Based Organizations (CBOs) and advocacy groups can conduct work in partnership with counties, utilizing networks, list serves, and other outlets for communication and dissemination of materials and announcements.
  - MHSOAC can provide training to groups that are funded by the MHSOAC as well as their county to avoid conflict.
  - Understanding and sharing knowledge about how to best establish relationships.
  - As the MHSOAC consistently provides a venue for participating, groups may bring issues to the MHSOAC that may not be in their purview. Explore ways in which the MHSOAC can build a bridge to other agencies and/or create a venue for groups to access other agencies and offices such as Department of Public Health or Health Care Services.
- Develop healing from within. There are tensions from past issues and to move past them everyone must work together and create a space for collaboration, recognition and healing to occur.
- Alignment of Contracts and Deliverables:
  - Ensure deliverables are complementary to current work, expertise and knowledge of the organization and their strategic plans and goals.
  - Explore possible mix of service based and deliverable based contracts.
  - Explore ideas around technical assistance and support by the MHSOAC to the organizations to build capacity of contractors. This includes options for startup funding to help organizations that are working on small budgets.
- Develop a year calendar of events, focus, or possible topics that the Commission will be addressing. This will allow groups to conduct adequate outreach to find individuals and better prepare local affiliates to participate in state level work.
  - Clarify type of feedback and/or participation that is needed from groups at these meetings.
- MHSOAC role in Statewide/local advocacy:
  - Explore how the MHSOAC can provide statewide guidance and “protection” to local advocates through oversight of the county process and procedures.
  - Explore how the MHSOAC can be a voice/venue for all at the statewide level.
- Establish a collective statewide voice around particular issues including juvenile justice, homelessness, etc. Groups can utilize networks to identify gaps in services and address what areas need what supports.

- Evaluate county programs and best practices to improve communication about program successes within other counties, so others can build on those successes.

## Outreach and Engagement Breakout Session

### Lessons Learned:

- Divisions arose within the client community when old network configurations collapsed. These divisions infringe on collaborative outreach and engagement efforts.
- Outreach and engagement needs to expand to a broader pool, not the same people, and focus on the “global community” not just “our community.”
- Recognize available skills and capacity on the local level, and utilize partnerships to fill gaps. Not everyone or every region has the requisite skill sets for activities, but neighboring counties may.
- Outreach and engagement need to be about helping individuals find their own voice.
- Trust and relationships are key to effective outreach and engagement, particularly in rural communities.
  - Timelines in contracts are too short to develop the requisite trust and relationships, sacrificing depth for representation.
  - Shortened timelines only work if there is an ability to partner with local grassroots organizations.
- Local leaders, advocates and groups are essential to outreach and education, but they are often unfunded to assist in this work.
- Outreach and education cannot be only about meetings; focus on bringing people to events that are worthy of their time and provide advocacy through those opportunities.
  - For example, movie nights and other fun and rewarding activities that incorporate outreach information, motivate local attendance and build essential relationships.
- Collaboration is important, but not to the detriment of culturally important or geographically unique events. There needs to be balance. For example, there was a popular event that was reframed to incorporate partners and no longer resembled the original event.
  - Coordinated outreach can become complicated due to differences in messaging standards and the willingness of groups to stand behind a message shared.
- Funding for statewide coordination and opportunities to bring people together is an effective collaboration and relationship building tool. One example was the Youth Summit on transitioning youth to adult services.
- Smaller local events are easier to coordinate and provide more impactful engagement, but are not as efficient for achieving statewide outreach goals.
  - An effective, larger meeting format was regional meetings of local groups where family advocates come together and speak with the county representatives. This format could be adapted to incorporate meetings of organizations.
- Attendees expressed concern for California’s strategic plan to reduce disparity; they felt it was too focused on urban communities. Not all counties have the same resources and capacity.

### **Future Needs/Opportunities:**

- Identify and train outreach and engagement ambassadors and include these ambassadors in group trainings. They can take lessons learned and information back to areas that are underserved or harder to reach.
- Focus outreach on those that are uninvolved or under involved.
- Seek to bridge the divisions between the client community and old network configurations.
  - Provide support to individual advocates and not solely organizations, in order to address lived experience perspectives.
- Assess the needs in various geographic areas.
  - Determine what is unique in each *region* (county by county would be too difficult) and what the best approach should be in each area.
  - Support local and state level stakeholder advocacy leadership and strengthen local capacity by identifying strengths and weaknesses in capacity and assessing where partnerships between local areas can fill gaps.
  - Raise recognition at local stakeholder level of the value of state level advocacy, and provide venues to advance and share state and local level advocacy.
- Engage in mental health as a whole and find common ground among various groups.
- Beware of advocacy silos; outreach and engagement should not be too focused on racial or ethnic distinctions. Californians are multi-faceted.
- The relationship between consumers and providers should be part of the trainings versus just treatment.
  - Outreach and engagement shows families and consumers the opportunities for becoming engaged.
- Focus on building upon existing relationships by extending timelines and focus on meaningful engagement versus an outreach quota (i.e. a specified number of people notified).
  - Provide mechanisms to fund and funding to local groups that have existing local relationships and knowledge and can facilitate outreach and engagement.
  - MHSOAC conducted an extensive process of cultural perspectives bringing together a variety of groups and mapping those organizations. This mapping should be utilized to provide opportunities for networking and subcontracting.
- Embracing technology can help in strategically coordinating events and increase meaningful participation.

## Discussion/Activity: Best Use of MHSA Advocacy Funds in the Next 3 Years

Participants were asked to identify areas of need that could be addressed by advocacy contracts in the following categories:

**Advocacy Efforts**

**Training & Education**

**Outreach and Engagement**

**Other**

*Note: comments below were written by the participants on chart paper and have been transcribed verbatim. Stars \* indicate agreement of the statement by other parties.*

### Advocacy Efforts

ADVOCACY	
WHAT IS NEEDED AND WHY?	WHO NEEDS THIS WHEN AND WHERE?
Breakdown of silos - structure of advocacy acknowledge through finding the overlap of communities while (illegible) specific experiences.	People with lived experience, caregivers, providers of law enforcement, policymakers.
Bridging gap between children & adult systems of care—focusing on youths & young adults in developmentally & culturally appropriate manner. MH bill of rights.	Youth: young adults with lived experience, caregivers, providers
Collaboration and coordination of MH advocacy efforts at state legislature. *	All MH organizations
Consumers at decision making positions. Family members in decision making positions	All levels of mental health decision making
Legislative advocacy to influence policy	Policy makers, educate peers/ throughout year hearings, meetings
Expose peers—get them involved in policy, program planning revenues and get customer perspective and expertise at the table.	Consumers policy makers/ all year throughout state
Educate consumers re. policy issues—so are informed and can influence decision making	Consumers, policy makers, throughout CA all year

The right mental health services at the right time. Meet people where they are on their journey. *	Everyone- at any & all times when service is needed. Not just during crisis ( by strategy)
PEI Education and promotion	Everyone, especially TAY- all times schools, home, internet, workplaces, and churches/spiritual centers.
Advocacy for unserved, poorly served, comm. of color. (For great MH services). *	Who is here/all of the time/ all over CA
Link state policy to local advocacy *	Policymakers, community
Increase collaboration between contract holders! *	
Convene government agencies to hear stakeholder input/engage *	
Local level engagement to un-involved & under-involved. Engage at local & state level decision making activities, forum, etc.	Parents, caregivers, family members the state ongoing process, faith based communities
Parent café involvement statewide. Local parent cafes activity engaged in their local communities	Parents, caregivers family members statewide, community based, faith based communities
Develop mechanism for local parent cafes to participate in statewide/ state level activities	Parents, caregivers family members statewide, community based, faith based communities
Combining policy & implementation processes. Ensuring intention and actual outcomes align	Evaluating programs on the ground within every contract
Access to people within systems — (locked facilities, incarceration, foster care) to influence policy & evaluate implementation of MH services.	Culturally powered groups. People with lived experience, caregivers
Educate policymakers on how to engage with people with lived experience, caregivers, and providers.	Decision makers, funders, legislators, etc.

## Training and Education

TRAINING AND EDUCATION	
WHAT IS NEEDED AND WHY?	WHO NEEDS THIS WHEN AND WHERE?
Veteran cultural competency training at local government level	Local agencies
Veteran PTSD	Local services agencies law enforcement/ now local level training.
Basic organizational structure support for local peer-run programs	Local programs seeking to be independent 501(c)3 but may be (illegible) sponsored/immediately-statewide & local
Training for parents who have experienced trauma— breaking cycles. Especially focusing on system involved youth & young adults.	
Train/present to commissioner on perspective of contractors.	County agencies to better understand value of non-medical funded programs – investment lens
Sensitivity/cultural competency training fort government agencies. *	State and local mental health decision makers. They need to learn how to collaborate, listen, and be inclusive.
Train stakeholder on effective advocacy to provide meaningful stakeholder involvement	Peers ultimately policy makers. Across state all year.
More infrastructural support for young and new organizations, especially those in rural unserved areas.	
Training for TAY youth (Advocacy Training)	Training for youth TAY ongoing- in their local areas
Training for parents & caregivers	Parents, caregivers, family members, faith based community.
Training for general community member i.e. Teachers, first responders, faith based groups, etc.	Public professionals—teachers, first responders, etc. Statewide and community level.
Shared calendar & resources from partner agencies/ all MH stakeholder organizations	Statewide and community level. All partners statewide
Warm hand-off of training participants to other organizations (i.e. Parent & consumer trainee).	Statewide and community level. All partners statewide

How to work (first identify) with ethnic/racial CBO's in order to reach these underserved communities and reduce disparities. *	All
Cultural competence training utilizing local ECBO;s and people from those communities as trainers	Local and state mainstream MH CBO's and local all state government entities.
Training of trainers (state) in order to have the greatest local impact. *	Local leaders, broader community
Funding to tailor and adapt effective programs. *	Underserved communities

## Outreach & Engagement

OUTREACH & ENGAGEMENT	
WHAT IS NEEDED AND WHY?	WHO NEEDS THIS WHEN AND WHERE?
Heal the recent divisions in the client community resulting from the "Civil War" that happened as the old network collapsed.	
Develop a broad-based organization for clients with individual membership to effectively address issues from the perspective of lived experience, how this would be done deserves discussion.	
Recognition at local stakeholder level of the value of need for state level advocacy/leadership & provide venues for advancement	
Engage board of supervisors —ensure MHSA \$\$ are not used to fill gaps unrelated to MHSA intentions/goals or for reserve funds.	
Need Better relationships *	Contractors and contract holders
More relevant information	State with local government and associations
Clearer expectation/intentions *	Consumers and family members CBO's
State conference- unify constituency	All stakeholders/Peers- once a year rotate across state

Go to areas in which peers are uninvolved or under-involved. Empower more peers to speak up	Peers- areas of minimal stakeholder involvement
Community based cafes statewide	Caregivers, family members. Parents ongoing statewide, statewide ongoing
Funding for partnerships with local CBO's	
Outreach: coordinated approach between contractors, stakeholders, & MHSOAC	Community MH comm. & Board comm.
Engagement: place for family and consumer voice	Local MH Boards
Using the information from F & C to move MH engagement into action	All impacted by MH, MHSOAC, engagement of stakeholder leg. Advocacy
Large numbers to activate as needed	All advocacy contracts. ASAP all of CA
Outreach and engagement in languages other than English and other than mainstream organizations *	Underserved racial/ethnic communities at the local level
Veteran outreach on and access to prop 43 MH services funding	Less than honorable discharge

## Other

<b>OTHER</b>	
<b>WHAT IS NEEDED AND WHY?</b>	<b>WHO NEEDS THIS WHEN AND WHERE?</b>
Organizational capacity building (members, boards, etc.) *	
Social media training – how to advocate, build relationships, train & educate using social media. *	
Requirements for outcomes—MHSA funded programs— for funding/ hiring family/consumer/culturally representative providers	
Contract managers with experience providing services.	
Collaboration between grantees/ contractors YES!	Immediately/ASAP —grantees, staff, commissioners, etc.

Understanding how our work contributes to the spirit of the act (back to basics purpose of act.)	
Strategically representing MH voices and perspectives that may be marginalized from larger powers that impact access and priorities for mental health.	
Identify collaborations that may be viewed as non-traditional but necessary for overall wellness of our communities- specifically addressing disproportionate criminalization of people with experiences identified by MH diagnosis.	
	Parent cafes- (workforce cafes, consumer cafes, etc.). The café model is a method for creating a living network of collaborative dialogue around real life situations. Educated and trained in current MH topics relevant to their communities. Building local leadership.
Recognition of the values in 1991 realignment that strongly overlap with MHSA and are still law alongside MHSA these ideas are part of the change in the system pushed by MHSA.	
Funding for existing services or add services?	

## Closing Discussion

Dr. Ewing reminded participants that the MHSOAC's goal is to be explicit and intentional in this process and to align contract deliverables with the goals of the MHSA. Highlights from his closing remarks are as follows:

- Recurring themes included: community collaboration, cultural competency, reporting outcomes, family-driven and consumer-driven outcomes.
- Look to MHSA to identify goals and desired outcomes.
- All of us seek to improve awareness and respect for lived experience (consumers, family members, and those around us).
- Focus engagement on those not customarily identified for outreach.
- It is important to help people understand the investment and benefits for mental health of lived experiences and awareness. We need to get better at telling the story of mental health.
- Do not stop organization/mission related work to meet contract requirements. MHSA goals are broad enough to identify good work that is consistent with your organization's mission and activities.
  - Connecting the dots between organizational mission and MHSA goals is not always explicit, but essential. If an organization cannot connect those dots, rethink the project; MHSOAC can help in that process.

## Questions and Comments

### County Relationships

- There was a comment that Boards of Supervisors require education on how they influence local provider activities.
- Participants discussed MHSOAC's role in contractor interactions with counties.
  - MHSOAC recommended focusing on efforts that motivate counties to change behavior and policies.
  - MHSOAC can make decisions state-wide to influence county behavior, but counties make decisions that impact providers on a daily basis.
  - Participants were asked to consider ways that MHSOAC can facilitate desired county responses.
    - What conversations need to happen amongst contractors, with the county, etc.?
- Collaboration between contractors and with MHSOAC is key to improving operational goals.
- Participants expressed concern that counties do not understand the value of MHSA and do not prioritize funding for transforming the system.
  - MHSOAC recommended looking at innovation money within county budgets as a possible source of funding.
  - MHSOAC also recommended focusing outreach on elected officials to help them understand the dynamics of mental health in their county.

- A participant expressed frustration with realignment and felt that solutions lie in local innovation and local control with guidance from the center (i.e. state level guidance or MHSOAC).
- Participants discussed the role of MHSOAC to clarify their role in terms of oversight and accountability.
  - MHSOAC recommended that participants provide MHSOAC guidance on what they need in order to make changes locally.
    - Would a coordinated meeting with political leaders be effective? What would get a faster response and clearer direction?
  - Consider what effective evaluation looks like. How do you document political reform?
    - Consider that the impact is seen in the story of the organization's effectiveness.

#### Other

- There was a reference to statements made by Commissioner Van Horn regarding focusing on goals of the MHSA versus safeguarding Proposition 63 dollars. MHSA goals are exceptionally broad.
  - MHSOAC clarified that Commissioner Van Horn's comments refer to oversight of funding versus the meaning of the MHSA. Align projects and deliverables with the MHSA, not the funding.
- Participants acknowledged the demonstrated connection between the outreach, training and education and advocacy themes.
  - They are all connected; one cannot be done without another.
  - There are more commonalities among us than differences.
- One participant expressed frustration with the time allotted for Activity 2 and recommended more time to think through responses and review what others wrote.

## Meeting Wrap up

Participants were reminded to fill out the evaluation packets to assist organizers in planning the next meeting.

**Next Meeting: Tuesday, October 6, 2015**

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## **Meeting Attendees:**

Cindy Claflin, UACF  
Zima Creason, MHAC  
Jessica Cruz, NAMI CA  
Haydée Cuza, PEERS  
Tando Goduka, CAMHPRO  
Chuck Helget, CAVSA  
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Jackie Jimenez, REMHDCO  
Steven Kite, NAMI CA  
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## **MHSOAC Staff**

Angela Brand  
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## **Center for Collaborative Policy (CCP) Staff**

Stephanie Lucero, CCP  
Sue Woods, CCP