

MHSA CONSOLIDATED PLANNING & ADVISORY WORKGROUP
November 5, 2009
4:00-6:00, 651 Pine Street #101, Martinez

Members: Brenda Crawford, Joannie Devries, John Gragnani, Steven Grolnic-McClurg, Molly Hamaker, Rhonda Haney, Peggy Harris, John Hollender, Ron Johnson, Candace Kunz-Tao, Beatrice Lee, Anna Lubarov, Kathi McLaughlin, Susan Medlin, Joanni Devries, Mariana Moore, Ryan Nestman, Teresa Pasquini, Annis Pereyra, Tony Sanders, Connie Steers, Wayne Thurston, Veronica Vale

Staff: Sherry Bradley, David Carrillo, Cesar Court, Cindy Downing, Steve Hahn-Smith, Gloria Hill, Mary Roy, Elvita Sarlis, Aida Shirazi, Karen Shuler, Suzanne Tavano, Vern Wallace, Donna Wigand

Public/Guests: Susanna Marshland [*The Sign-In Sheet for Guests was missing. The tape recorder was unable to pick up the names of others who introduced themselves.*]

Absent or Excused: Charles Brigham, Courtney Cummings, Mark Gagan, Bob Sessler, Cheryl Virata

TOPIC/AGENDA ITEM	ISSUE/CONCLUSION	ACTION/RECOMMENDATION	PARTY RESPONSIBLE
1. Introductions/ Agenda/ Outcomes/ Conflict of Interest	<ul style="list-style-type: none"> • Sherry called the meeting to order at 4:05 p.m. Introductions were made. • Wayne Thurston declared a conflict of interest. Wayne will recuse himself from discussion on the 20 Allen Street issue. • Sherry discussed the anticipated meeting outcomes. 		
2. Approval of the Minutes from 10/15/09	<ul style="list-style-type: none"> • Veronica Vale requested that a correction be made on page 13, Agenda item #5B, changing “CSS Steering Committee” to “CSS Stakeholder Workgroup.” • Molly Hamaker said that her entire report on the Housing Committee was missing from the Minutes. Other attendees said they remembered her report and that it was not reflected in the Minutes. Karen will review the tape and make the correction. <p><i>Note: Following the meeting, Molly approached Karen and said she realized she hadn’t even attended the previous meeting, but was thinking of the month before, so her report was not missing.</i></p>	<p>Recommendation: Following the requested change to Agenda item #5B, the Minutes will be posted to the MHSA website.</p> <p>There was consensus to approve the Minutes as corrected.</p>	Karen
	<p>[NOTE: In order to allow staff to leave, the Agenda was taken out of order. The numbering to the left matches the Agenda number for that item and NOT the order in which it was discussed. The ISSUE/CONCLUSION column in the Minutes reflect the order Agenda items were discussed.]</p>		
4. Plan of Action: Goal #1	<p><u>C. Innovation Component – Update on Innovation Workgroup Process, Total Submissions, Etc.</u></p>		

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<p>The MHSA Plans (continued below)</p>	<p>Ryan Nestman reported that 75 proposals were submitted, and the Workgroup divided them into three separate categories as they were reviewed:</p> <ol style="list-style-type: none"> 1) Okay to Consider 2) Potential (more information needed) 3) Parking Lot. <p>Forty ideas have been reviewed thus far. Two more meetings are scheduled to continue reviewing the ideas, and a third meeting will be set to prioritize the proposals.</p> <p>Kathi McLaughlin reported that the workgroup spent a lot of time making sure that each proposal showed what learning could be done. She added that when prioritizing, they will be looking at two things: the greatest learning and the greatest impact. Staff will develop a rubric to aid in the process. Kathi mentioned that the submitted ideas that went to the Parking Lot did not meet the criteria for funding under Innovation, but in the reviewing process it may be suggested they file for funding under PEI or CSS.</p> <p>Mariana asked about the process – when the recommendations will come to CPAW.</p> <p>Kathi explained they are using the Innovation Ideas Algorithm aka “The Cone” (included in the meeting packet) and are at Step 4 right now. They will then determine the greatest priorities, and the process to do that. The Workgroup recommendations will come to CPAW December 3rd to be vetted.</p> <p><u>A. Prevention and Early Intervention Component – Mary Roy, PEI Coordinator</u></p> <p>Mary reported that the contract Service Workplans should be finalized this week and starting next week she will be visiting programs. PEI future work will focus on the Suicide Prevention Campaign and planning for a Recovery Conference, tentatively planned for May 2010.</p> <p>The Recovery Conference will include keynote speakers addressing both adults and children in recovery. Mary outlined the proposed model for the conference, to include family members and consumers part of the whole plan. Also included will</p>	<p>Recommendations: C. Place vetting of Innovation Workgroup Recommendations on December 3rd Agenda.</p>	<p>Sherry</p>

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	<p>be small breakout groups.</p> <p>Steven asked if providers can be involved in the planning of this conference, and Mary said she will learn how to do that on a broader basis and will contact them.</p> <p>At the request of Joani, Brenda Crawford answered her question about what is meant by recovery. Brenda replied that recovery-based services are a set of systematic steps that people who suffer from chronic and persistent mental illness go through. These steps are designed to help folks regain their lives and learn how to live with whatever their diagnosis is. Joani asked “specifically not crisis?”, and Brenda responded “not crisis”, but rather recovery speaks to triggers, and about how one manages; it’s like any debilitating disease. It’s maintaining a healthy state of being and living with your mental health issues. Veronica added that it’s also different for different people. First and foremost they somehow have to get hope from somewhere in order to have the resiliency to make those steps. Anna added that recovery in mental illness wasn’t just to recover to the point of where you were before, it means to change your life so that you have the quality of life that you want – to go beyond your diagnosis. She said there are four recovery principles distilled in Contra Costa County:</p> <ol style="list-style-type: none"> 1) Hope 2) Empowerment 3) Self-determination 4) Meaningful life. <p>Tony asked that some reading materials on recovery be distributed.</p> <p>Donna mentioned that neither Vidya nor Susan Medlin were present at today’s meeting, but that they have started to work on the Recovery Conference. She said the county has attempted to focus on recovery as being valuable.</p> <p>Donna also announced that Vidya is leaving Contra Costa to work elsewhere. While at the County, Vidaya has been the Training Coordinator, the Diversity Services Manager, the Internship</p>	<p>A. Recommendations: Distribute information on recovery.</p>	<p>Staff</p>

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	<p>Coordinator, and involved in Reducing Health Disparities. Her duties will temporarily be reassigned to other staff members.</p> <p>Providers interested in being involved with the Recovery Conference were encouraged to call Mary Roy at 959-5169.</p>		
3. CPAW Facilitation Committee Update	<p>Sherry Bradley reported: A total of 21 responses to the RFQ (Request for Qualifications) have been received from individual consultants and consultant groups. There is a range of experience, including a lot of community and mental health experience. While on vacation, Sherry stated that Julie Freestone has agreed to work with the Facilitation Committee. Binders containing the responses to the RFQ were distributed to Facilitation Committee members Brenda Crawford, John Gagnani, Kathi McLaughlin, Mariana Moore and Teresa Pasquini. They were asked to keep the information confidential.</p>	<p>Place Report/Update from the CPAW Facilitation Committee on the December Agenda.</p>	Sherry
4. Plan of Action: Goal #1 The MHSA Plans (continued)	<p><u>B. Capital Facilities and Technology Needs Component</u></p> <p><u>1) Report from MHC-CPAW Joint Capital Facility Workgroup – Brenda Crawford</u></p> <p>Brenda reported they have been meeting 3-4 weeks, and are looking at ways to get additional information around the kinds of services they would like to see in CCC, and also to make sure the process was as inclusive as possible. She said they have been working on a survey, but after seeing the survey, Steve Hahn-Smith told them the survey as it was currently configured would not render them the information they were looking for. Brenda said there's been some conflict in the workgroup and a lack of clarity in terms of what was the charge. At their last meeting, it was decided she would come to CPAW and ask CPAW: what was the intention of having a representative in that workgroup, what was the charge and what was CPAW's expectations about what the outcome would be? She said they had also talked about not having the survey, but using the survey as a tool to convene some additional focus groups. She said they are at an impasse as to where to go from here. She said some on the workgroup would like to continue to meet. The focus on 20 Allen</p>	<p>Recommendations: 4.B.1) and 2) Due to the changing circumstances surrounding the 20 Allen proposal, it was decided that CPAW members need to think more about how they would like to proceed.</p> <p>It was recommended that any CPAW member could attend the November 16th joint MHC-CPAW Capital Facilities/IT meeting as non-voters and bring a report back to CPAW.</p>	<p>All</p> <p>All</p>

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	<p>played a role in this. Some are now requesting that CPAW support this process, but to support it not with 20 Allen as the focus, but to support it with how to combine the kinds of services that really work toward transforming the mental health system, and work toward meeting the needs of all the constituency groups – like how do we combine services that meet the needs of older adults, adults and children – and what models are out there that we might look at that clearly would meet those needs.</p> <p>Sherry responded by saying that when the Mental Health Commission took action on forming the Capital Facility Workgroup, part of the motion was including in a collaborative or joint effort CPAW members and some Mental Health Commission members. CPAW designated volunteers Brenda Crawford, Tony Sanders and Kathi McLaughlin. Ryan Nestman later volunteered, but CPAW hasn't officially designated Ryan as one of the representatives from CPAW. There are four Mental Health Commissioners who are designated as participants on the workgroup: Teresa Pasquini, Annis Pereyra, Anne Reed and Colette O'Keeffe. Sherry said that something that needs to be considered is that Kathi McLaughlin has resigned as one of the CPAW representatives, so at least two CPAW members would need to volunteer to continue participating in this collaborative effort so there can be equal representation. Teresa has resigned as chair of the workgroup but will remain on as a member. Annis Pereyra will be chairing. In terms of the original charge, Sherry explained it was to evaluate alternatives and different options to the proposal that had been put forward, which is known as "20 Allen." The Mental Health Commission had a three-hour Public Hearing on September 3rd, the outcome of which was to create this collaborative workgroup to look at alternatives and options. She asked if Teresa had anything to add.</p> <p>Teresa said that was basically it – to work collaboratively in a partnership manner with other stakeholders to develop analysis of needs and look at alternatives.</p>	<p>Place a report on children and older adult services on the next CPAW Agenda.</p>	<p>Sherry</p>

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	<p>Before going on, Sherry clarified the Capital Facilities/IT component, saying the state allocated us a total of \$10.2 million to be used for Capital Facilities and Technological Needs. Contra Costa’s CapFacilities/IT Component Proposal was approved by the State, for \$8.2 million for Capital Facilities and \$2 million for IT. That was in January 2009, and the \$2 million requested for IT was based upon estimates at that time.</p> <p>Because Donna had some information she felt needed to be heard before further discussion regarding the report from the workgroup continued, she asked to go ahead and give her report now, which was to have followed the workgroup report. [See immediately below.]</p> <p><u>2) Presentation on 20 Allen Proposal as Currently Configured – With Space for Specific Children and Older Adult Services in the Assessment and Recovery Center – Donna Wigand, Mental Health Director and Kathi McLaughlin</u></p> <p>Donna stated that it had been 18 months since the county had originally been approved by the Board of Supervisors to seek a lease/option on the 20 Allen property (located next to the CCRMC). The property is owned by three local businessmen as an affiliation. The lease/option was extended for six months and expires December 31, 2009. About a month ago the county decided that the original figure they offered the owners was no longer valid because the market has significantly decreased, so they had the property reassessed. Based on that reassessment, the county went back to the owners and offered one-half million dollars less than the original figure. To this point the owners have not agreed to that, and the owners have been given until the close of the business day tomorrow (Friday the 6th) to give an answer. If the owners do not accept the county’s offer, they could take it off the market and we won’t be going forward with anything. Donna said that because this may no longer be an option as of tomorrow, an extensive discussion of the use of that property would not be a good use of CPAW’s time. Donna explained that if</p>		

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	<p>the property if no longer available, we have to go back to the drawing board with the \$10.2 million dollar figure, remembering that the money is for both – for any capital facilities things we want to do which involves mental health treatment programs or for IT – and can be carved up any way we want to. We don't have to do both and there is no set percentage.</p> <p>Donna added that she believes that if the county is able to purchase the property, the original proposal of four levels of care on that campus will be reduced by one or two levels, which is not what the mental health division is in favor of. There are now conflicting needs from the health department. The hospital desperately needs more parking and storage room for their records.</p> <p>Sherry asked if there were questions.</p> <p>Annis said she had heard the IT portion regarding medical records was a federal mandate and there will be penalties if the mandate is not met. She asked who in the county is responsible for making decisions as to how the county follows this mandate – is it something that just applies to mental health or is it every patient in the county?</p> <p>Donna replied that in this county IT, Information Services, is a separate division within the Health Department. She said they have been meeting with IT to impress upon them our desperation in terms of the need for a new system long before MHSA monies came into play. Discussions with IT seemed to be moving along well until about 6 months ago when there was a budget reduction. There is an understanding that something needs to change; they know about the mandate. Some people in this county do not perceive mental health to be a health care provider, so they think we do not fall under that mandate. We believe we do fall under the mandate.</p> <p>Annis asked now that it appears the IT portion would cost \$5 million instead of \$2 million, if another county entity would come along in the future and be responsible to pick up the tab if the mandate deadline comes up and it is forced on you?</p> <p>Donna replied that she hopes we will begin to transition from one system to another.</p>		

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	<p>Annis asked if it made a difference if a bigger chunk of that \$10 million was used and implementing sooner?</p> <p>Donna replied that Finance would be happy to have someone help to finance the IT change. She added that she sees the need for mental health treatment programs and doesn't feel it's a good idea to spend it all on IT when we're so desperate in this county for mental health services.</p> <p>Annis asked if in the future the IT costs would be tagged to the mental health budget if we have to implement more at a later date.</p> <p>Donna replied that we have to change this IT system. She added that her goal was to protect some of this money.</p> <p>Steven commented regarding the process, saying that a committee had been formed to look at this and should continue to do so. He added that in a letter that was sent out concerns had been raised about the impartiality of the committee. He said he doesn't know about that, but is fine with the committee moving along and looking at what the options are, which may or may not include this original proposal. Regarding IT, Steven said that when the county changes IT systems, all the providers are going to have a financial burden in terms of trying to match up to the systems. He said he hopes some of the IT money will support providers in implementing compatible systems.</p> <p>Teresa asked if it's a mandate, and the community planning process supports putting 100% into capital facilities, who would pay for the IT system?</p> <p>Donna said the Health Department has authorized the system for the hospital. She added that she didn't know where the funds would come from.</p> <p>Teresa said that it might make sense to recommend that 100% of the money go to capital facilities if there's going to be a mandate.</p> <p><i>[This continues discussion from #1 above plus issues dealing with #2.]</i></p> <p>Veronica said she was clear on CPAW's authority to recommend, but was not clear on subcommittees' power versus the Mental Health Commission's power</p>		

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	<p>to recommend. She said the crux of the problem lies in the power struggles that are going on in the community that's making it difficult for the subcommittee.</p> <p>Sherry clarified that CPAW, as it was originally charged, is an advisory body to the Mental Health Director. The Mental Health Commission is an advisory body to the Board of Supervisors. The Capital Facility/IT Workgroup, is a recommending body and each member would take their recommendations back to their respective bodies, and then recommendations can be formulated to send to the Mental Health Director. The idea of the workgroup, she added, was so that there could be equal voices with differing perspectives. There have been comments that we don't have the children's voice, or the older adult voice. She added that it would be great if this group were more rounded out in terms of its representation. From CPAW, the representatives are Brenda and Tony. Two more representatives are needed from CPAW to participate in the workgroup, otherwise CPAW is not getting representation to be part of the collaboration and come back.</p> <p>Molly asked if a dollar amount had been put on IT costs mental health was going to be responsible for. Donna said that level of detail has not been worked out. But her sense was that Finance was okay with the original split of the funds (\$8 million to CapFac and \$2 million for IT). That was not enough to switch all the IT systems, but was considered good seed money. There are about seven divisions in Health Services, and all but Mental Health has had their IT systems changed or upgraded, and they have not had MHSA in order to do it. There is no policy on how much we would have to contribute.</p> <p>Ryan asked for a list of county-owned properties and was told one has been made available to the workgroup.</p> <p>Beatrice commented about the composition of the committee, saying that representatives could bring back different recommendations to their groups.</p> <p>Sherry said that was something that the group</p>		

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	<p>needed to factor in.</p> <p>Kathi said it was important to realize that CPAW is the advisory group regarding the Mental Health Services Act – that’s our sole area. She added that the Mental Health Commission, on the other hand, has a much broader mandate – they’re advising the Board of Supervisors regarding all mental health matters. She said she would prefer that we have a CPAW group to address all of this, just as we have a CPAW group that addresses communication, a CPAW group that addresses PEI and CSS, etc. Kathi then asked Donna if what she had said meant that if we are able to purchase 20 Allen, it’s going to be used for parking and storage and we don’t have the option any longer – mentioning that as children’s advocates they were pretty excited about the idea of having something for kids we have never had before.</p> <p>Donna replied that she doesn’t believe the original proposal of the four levels of care will be considered at this point. Part would be carved out for mental health services and part for hospital ancillary.</p> <p>Kathi asked what would happen if at the point of purchase, CPAW hasn’t weighed in on the use of the Capital Facilities -- will we have lost our opportunity to put other things on the property? Kathi expressed her concern that if we only meet once or twice a month and keep postponing, we’re going to lose the opportunity to have some wonderful programs for the children, and possibly for older adults on that site.</p> <p>Brenda asked Donna if the thinking was still that the contribution would just be a jump start to the IT process.</p> <p>Donna replied that the contribution coming from this pot would not pay for the IT changeover. She added that she believed there is acceptance that part of this funding has to be used for mental health treatment programs.</p> <p>Mariana offered the suggestion of waiting until the new facilitator is hired and use them to help us get through this.</p> <p>Sherry explained that once a facilitator is chosen, it will probably take six to eight weeks to get the contract in place and executed.</p>		

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	<p>Tony said he was fine with the group continuing, but that the survey didn't happen quickly enough. He said he didn't think the process would stop if there wasn't a recommendation.</p> <p>Steven stated that IT in health services and mental health is actually a valuable part of treatment and would transform the system of care.</p> <p>Molly said she appreciated the fact that people were allowed to fully discuss the issue. She commented about having a parking lot as opposed to an improved data system and said she felt it was a "no brainer." She asked for clarification as to where the money for the medical storage and parking lot would come from and Donna replied that the hospital would purchase that.</p> <p>Molly said then we are starting from zero if the sale is approved because the proposal has changed.</p> <p>Donna said the original proposal will be scaled back.</p> <p>Brenda said that given what Donna said, even though she is a person who believes in process, she is "processed out." She added that if we go forward, we need to go forward with a clear charge.</p> <p>Suzanne said that mental health is not given very many moments in time to get much of anything, and personally she felt like we had lost a moment in time on some of the things we hoped to get. She added that for twelve years we've been pleading for a new IT system. Vendors have been interviewed and we were ready to go forward with the process. Health services and IT have agreed this is a need for mental health. If we wait, this moment in time will pass also.</p> <p>Donna added that we finally convinced health services and IT that we have to replace the system regardless of MHSA, and they even agreed on a vendor, who has been selected by twenty-four other county's mental health systems. We do have momentum now, and what Suzanne is saying is we just don't want to say we can't move forward because we have to go back to the drawing board.</p> <p>John Gagnani asked if there are federal funds within the stimulus package to support the IT mandate?</p> <p>Steve H-S said behavioral health is carved out of the stimulus money.</p> <p>Teresa said that she agreed with Kathi – that there</p>		

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	<p>are different focuses for the groups and it does make a difference. For the Commission it's not just MHSA, it is the whole mental health system. She also said there is validation about the workgroups insisting on exploring the IT question and added that she wished she had had some of this information that she was just hearing today. She said she felt there had been some communication problems. She added that the Commission was attempting to honor the process that they didn't believe had occurred because the community wasn't involved in the beginning.</p> <p>Sherry responded that when the component proposal went out for Public Comment last November, December, January, the public was involved in terms of some of the IT planning. There were consumer and family member focus groups. MHSA funding for IT didn't enter the picture until March 2008, but the county had this other process it had started between three and five years ago that was in concert with many other counties because they were looking ahead to say that our systems were old and breaking down. She added that there were probably some things that hadn't been communicated as well as they could have.</p> <p>Tony proposed that the four CPAW members assigned to the CapFac/IT Workgroup be given a charge of going back and looking at the IT needs and provide feedback to CPAW.</p> <p>Kathi said she had participated in the Community Services and Supports process, and the PEI planning process over several years from the children's side. She said that capital facilities and the need for certain programs and services was discussed at length, and IT was also discussed as a critical piece. She added that there was a lot of community input into what were the unmet needs, and that information was carried forward. She said she believed this has been an open process. Kathi said she didn't want to miss an opportunity because we want to add more layers of planning. She suggested we have a report at the next meeting regarding the children's and older adult piece. She stated that the Child and Adolescent Task Force has had two meetings on this and has voted to provide preliminary support for the idea that we</p>		

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	<p>would have services for kids that we have never had before. She said she didn't want to lose that by waiting too long. She felt the lack of apparent support may have caused the county to react as they did in setting the deadline rather than fighting for these services.</p> <p>Joannie said it seems that the CapFac/IT Workgroup needs more basic information. She added that the meeting Suzanne and Donna were talking about where IT was discussed was separate from MHSA and there is no relationship to the \$2 million. How the money is assigned seems vague.</p> <p>Molly said our delay would not have impacted the value of the property. It sounds like there are changes that will impact what this body wants. She asked for clarification regarding whether or not the \$2 million MHSA money was a part of the IT discussion that took place yesterday.</p> <p>Donna said there are decisions made at higher levels that we can try to influence but we don't have the final decision. Suzanne was explaining that the two critical decision makers, Health Services Finance and Health Services IT, were meeting with us yesterday and those two important decision makers said they were okay with moving forward using this new vendor. Dividing up the money was not discussed by Finance. Right now Finance knows about the component proposal – the \$2 million that was already approved by the state. The system they're looking at is at least three times that much, so they are not saying mental health has to give them all the money from this one pot. Right now we are trying to influence the decision to move forward with a partial payment from MHSA, if needed.</p> <p>Joanni asked for clarification as to whether or not the \$2 million had been committed to IT no matter what this group decided.</p> <p>Donna replied that this group can make recommendations, and she can make recommendations to the powers above her, but it doesn't mean it will be accepted. Donna said she will bring the bottom line decision back to the group and they can weigh in on it.</p> <p>Donna announced that tomorrow Solano County will</p>		

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	<p>be soliciting bids for a new psychiatric health facility and short term crisis residential treatment combination – two levels of care on a campus. She said the good thing was that if we don't open a sixteen-bed facility, we may be able to buy some of their beds.</p> <p>Sherry recapped that the purpose of the Workgroup was to come up with some alternatives and options and Teresa has said they're looking at needs. So the Workgroup can continue to evaluate what those needs are, working toward the goal of making some recommendations around capital facilities and IT. The options CPAW probably has are:</p> <ol style="list-style-type: none"> 1) Continue participating in the Capital Facilities/IT Workgroup and let that process continue – and if so two more CPAW members need to participate in that. 2) Separate from the joint MHC/CPAW group, and have your own separate group to come up with your own recommendations. <p>Sherry asked if anyone had additional options. Tony suggested that the CPAW members who had been attending and the Commission folks could meet one more time and decide if there were priorities that folks agree with. He pointed out that they had received new information today. Both groups could then decide if they are going to continue, either together or separate.</p> <p>Sherry asked for CPAW volunteers. Ryan said he was unable to attend the scheduled meetings.</p> <p>Brenda said the only way she was willing to stay involved was if we separated 20 Allen out and look at the models that are being proposed and see if we can come to some agreement around the kinds of services we need to have here in Contra Costa County -- looking at all the data and making a recommendation.</p> <p>Sherry said there were not enough people from CPAW who could participate.</p> <p>Tony asked if four people could attend just one meeting to determine priorities and report back next month.</p>		

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	<p>Molly said there seemed to be no point in meeting at all yet until everything settles down.</p> <p>Susan said she agreed with Brenda – that we need to discuss programs and models.</p> <p>Kathi said she thinks we as CPAW have the responsibility to advise regarding the Mental Health Services Act and therefore she thinks we need to separate that committee and make a committee that addresses capital facilities just like we have committees that address innovation, etc. It needs to be CPAW-driven because that’s our charge. The charge of the Mental Health Commission is different and the issues they want to meet around capital facilities/IT is broader than what we’re talking about.</p> <p>Sherry made a suggestion that since there are still a lot of factors that are unknown, if there are some CPAW folks who would like to get together to discuss the needs and priorities, can either do it separately, or with the Capital Facilities/IT Workgroup. We have to resolve this because Brenda has to take a recommendation back to the Workgroup, but there have been too many things put forth to make a decision tonight.</p> <p>The next Capital Facilities/IT Workgroup is November 16. Sherry asked who could attend. Tony said he could attend for an hour, Susan could attend, and Connie could attend to stand in for Brenda who will be gone.</p> <p>Susan mentioned that unless the representatives are designated by CPAW, they can attend but not vote at the Workgroup.</p> <p>Teresa said there would be no voting, so anyone from CPAW could attend this one meeting.</p> <p>Sherry concluded the discussion by stating that any CPAW member who wanted to could attend the November 16 meeting of the Workgroup and bring back a report to CPAW.</p>		
<p>4. Plan of Action: Goal #1 The MHSA Plans</p>	<p>D. Communications Advisory Group No report.</p> <p>E. Community Services and Supports Component No report.</p> <p>F. Workforce Education & Training Component</p>		

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	No report.		
5. Plan of Action: Goal #2 - Evaluate Outcomes	<p>A. Data Committee Report No report.</p> <p>B. Site Review Scope of Work – FSP Programs – Grace Marlar, Team Coordinator No report.</p>		
5. Plan of Action: Goal #3 Create recommendations for transforming the system	<p>A. Housing Committee – Report/Update from Molly Hamaker No report.</p> <p><u>B. Family Steering Committee – Report/Update from Gloria Hill</u> The Family Steering Committee met October 28th. They have been meeting since 2006. At the end of 2008 they decided there were a lot of questions that weren't being answered, so a workgroup was set up to do a Family Memorandum of Concerns, which was presented to the Mental Health Director in February and to the Mental Health Commission. Julie Freestone took over as facilitator. At the October meeting, mental health staff was asked to leave the room and the committee discussed whether or not they wanted to continue meeting. The group did decide they want to continue and are having a meeting on January 14 at 6:45 in the Conference Room of Building 1 at CCRMC. All are welcome to attend. She said they would be focusing on one issue: housing. Sherry asked that information be brought back to CPAW and Gloria said either she or a member of the committee would bring a report.</p>	<p>Recommendation: B. Place report from Family Steering Committee on February Agenda.</p>	Sherry
Not a Listed Agenda Item	<p><u>2009/2010 Plan Update</u> Sherry mentioned that CPAW had recommended going forward with the CSS Plan that stayed within the \$16.2 million even though we're allocated \$20.3 million. She also said CPAW recommended the PEI Plan should go forward with the modifications that were made. Sherry said she has not posted for Public Review and Comment any Plan Update because of some internal glitches. 1) There's been a problem identifying all the revenue streams, but we've got that done. The issue of the revenue stream following the cost had to be clarified.</p>	<p>Recommendation: Send draft 2009/2010 Plan to CPAW members after the 19th.</p>	Sherry

TOPIC/AGENDA ITEM	ISSUE/CONCLUSION	ACTION/RECOMMENDATION	PARTY RESPONSIBLE
	<p>This has to do with sustainability.</p> <p>2) Recommendations had been made to make changes to the Full Service Partnership Report. Because of a changeover in staff, some of the data reports need to be redone. The report has to include a true update and documentation of what we have done, how many people we have served and what the outcomes so far has to be ready before it can be posted for Public Comment and Review. The new timeline is that she hopes to get it posted by November 19th. The Mental Health Commission's Public Hearing could then be between January 7th and January 14th, 2010.</p> <p>Steven commented that it was frustrating that CPAW was told there was a rush to approve this plan because it was desperate to get the money, and now it's been three months since anything has happened, and no updates were given. He added that it made him less likely to want to listen if told something had to be decided quickly.</p> <p>John Gragnani agreed with Steven.</p> <p>Sherry asked if they were offered the opportunity to discuss what to do with the \$16.2 million, would they do it.</p> <p>John replied that he felt they would engage in that opportunity.</p> <p>Sherry responded by asking that if we end up postponing this, how would you go about doing that? Sherry proposed that she will send out a draft Plan for CPAW to review first – it will not be posted for public consumption yet – and then there can be a dialogue about it on November 19th if CPAW would like to do that.</p> <p>Suzanne took a moment to explain that they had felt it was better to get everything done right and delay the process instead of sending it out and taking a chance on losing money for services.</p> <p>Sherry added they had found out the actual expenditures for CSS run \$19.2 million, and they have not been approved for that. She said they were trying to stay true to the \$16.2 million so additional funds can be put into the prudent reserve and sustain CSS. She explained there's a linear decline each year of 44%.</p>		

TOPIC/AGENDA ITEM	ISSUE/CONCLUSION	ACTION/RECOMMENDATION	PARTY RESPONSIBLE
	She asked if they wanted to come together again November 19 th . There was consensus not to meet on the 19 th .		
6. CPAW Recruitment-Latino Community representatives Needed, Asian/Pacific Island Community representative, Older Adult Community representative	No discussion.		
7. Public Comment	None.		
8. Wrap Up/Evaluation	The meeting adjourned at 6:15.		

Expected Outcomes:

- ✓ 1. Approve Minutes of October 15, 2009
- ✓ 2. Accept CPAW Facilitation Committee Update
- ✓ 3. Review Report from MHC/CPAW Capital Facility Workgroup, Formulate Any Recommendations
- ✓ 4. Accept Presentation on 20 Allen Street, Formulate Any Recommendations
- ✓ 5. Accept Innovation Workgroup Update, Formulate Any Recommendations
- 6. Review/Accept Housing Committee Update
- ✓ 7. Review Family Steering Committee Report

Materials Distributed:

- Agenda
- Minutes from October 15, 2009 CPAW Meeting
- Minutes from November 3, 2009 and October 30, 2009 Innovation Workgroup Review Meetings
- Innovation Ideas Algorithm (Cone)
- Minutes from October 26, 2009 MHSA Housing Committee