

**NAME OF COMMITTEE: CPAW Meeting**  
**MEETING DATE & TIME: Thursday, April 5, 2012**  
**LOCATION OF MEETING: 2425 Bisso Lane, Concord, CA**



**Members attending:** Anna Lubarov, Beatrice Lee, Brena Crawford, John Gragnani, John Hollender, Lori Hefner, Mariana Moore, Molly Hamaker, Ryan Nestman, Susan Medlin, Sam Yoshioka, Stephen Boyd, Jr., Steven Grolnic-McClurg, Teresa Pasquini, Thomas Sponsler, Dave Kahler, Annis Pereyra

**Staff attending:** Dr. William Walker, Angela Pride, Caroline Sison, Cesar Court, Cynthia Belon, Erin McCarty, Grace Boda, Heather Sweeten-Healy, Helen Kearns, Holly Page, Imo Momoh, Jennifer Tuipulotu, Jeromy Collado, Jisel Iglesias, Karen Schuler, Kennisha Johnson, Lavonna Martin, Leigh Marz, Leslie Ocang, Mary Roy, Priscilla Olivas, Sandy Rose, Suzanne Tavano, Vic Montoya, Ken Gallagher, Roberto Roman, Jan Cobaleda-Kegler, Victor Montoya,

**MH Commission:** Evelyn Centeno, , Peggy Kennedy, Carole McKindley-Alvarez, Floyd Overby, , Gina Swirsding, Karen Mitchoff, Lia Bristol

**Public Participants:** Diana Kurlander, Janet Marshall Wilson, Rona Zollinger (Teacher at New Leaf), Sasha Thomas (student at New Leaf), Cassidy Sumrall (student at New Leaf), Luanna Waters

**Excused from Meeting:**

TOPIC	ISSUE/CONCLUSION	ACTION/RECOMMENDATION	PARTY RESPONSIBLE
1. Opening, Agenda Review Announcements:	<ul style="list-style-type: none"> <li>• Introductions were made</li> <li>• Review of the process for the Annual Plan and 30 Day Public Review</li> <li>• MH Commissioners attended this meeting to receive information</li> <li>• May 18<sup>th</sup> Rubicon Programs Conference- SAVE the</li> </ul>	➤ Steven Grolnic Mc-Clurg	Grace Leigh

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	<p>date invitation will be sent out the week of April 9th</p> <ul style="list-style-type: none"> <li>• <b>April 18<sup>th</sup></b> Spirit Work Study Fair- If interested in offering a Spirit Student an internship opportunity you can contact Susan Medlin about attending the work study fair.</li> <li>• <b>May 2<sup>nd</sup></b> MHCC will be hosting Mary Ellen Copeland (who invented WRAP) and in addition to the Consumer Art Show. <ul style="list-style-type: none"> <li>○ Clevan “Goodie” Goudeau (inventor of the first commercial African American greeting card company) will be present. He will have a piece in the new Smithsonian Museum</li> </ul> </li> <li>• <b>June 2<sup>nd</sup></b> NAMI Walk at Lindley Meadows, Golden Gate Park, San Francisco, CA -to promote Awareness and Stigma Busting</li> </ul> <p><b>Bids-</b> The Assessment Recovery Center and The Crisis Residential Treatment Facility have been looked at and analyzed by Health Services Finance and Health Services Administration. Both projects are feasible. The Assessment Recovery Center is part of the new health center. The Crisis Residential is a separate building and need to discuss further, once bids are received to determine if there is continued support to add additional funding for the building of the structure</p>	<ul style="list-style-type: none"> <li>➤ Call Susan Medlin</li> </ul>	<ul style="list-style-type: none"> <li>➤ Brenda</li> <li>➤ Kimberly</li> <li>➤ Suzanne</li> </ul>

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	of the Crisis Residential.		
2. Public Comment	<ul style="list-style-type: none"> <li> <b>Janet Marshall Wilson-</b> I am speaking as an individual consumer and family member of a consumer. I am not at work right now. I looked at the funding and declarations from the Mental Health Services Act. In a cost cutting move 38 years ago California drastically cut back its' services in state hospitals for people with severe mental illness. Thousands ended up on the street, homeless and incapable of caring for themselves. Today thousands of suffering people remain on our streets because they are inflicted with untreated severe mental illness. We can and should offer these people the care they need to lead more productive lives. That's a quote from the Mental Health Services Act itself. I want you to know that I, my siblings and my grandmother are people who were let out of state hospitals due to the move in the 70's ...that this refers to and we still have many long term placements in out of county locked facilities which I heard a quote from Steven Grolnic-McClurg that they should all be made Full Service Partners. The problem is the <i>housing log jam</i>. I fully support Molly Hamaker's suggestion to make people in Board and Care homes more independent so people can move out, move on. People who need more support, care and supervision in locked facilities out of county be into those beds. Finally, I support the housing committees, which I attended, request that 30% of any new funding be dedicated to housing and </li> </ul>	<b>ACTION/RECOMMENDATION</b>	All

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	<p>housing support. Finally, I fully support our friends from ANKA and Shelter Inc. and I support the Kaizen Model Housing Integrated Services Network and Harm Reduction. The Mental Health Services Act specifically addresses the mentally ill not just dual diagnosis. This is a picture of my family which I would like to entrust to Mary Roy, as the Program Manager for the Mental Health Services Act to make sure that the mentally ill are not forgotten. Thank you.</p> <ul style="list-style-type: none"> <li>• <b>Ralph Hoffman-</b> I am coming out today as being two-spirited. Please refer to me by my new temporary first name “Rose”</li> <li>• <b>Caroline Sison-</b> results from the priority survey to be extended for another week for contract providers to distribute to staff to increase response rate</li> <li>• <b>Teresa Pasquini-</b>Capital Facilities Committee- By a unanimous vote, the Capital Facilities recommends support of the CPAW Housing Committee Funding Proposal</li> </ul> <p>Discussion: A suggestion was made to build in the kind of supports that encourage people to stay in the board and care business—making it more of a positive experience for consumers to stay in board and cares, and to look at new models in housing like some in Canada (Brenda’s input)</p> <p>By a unanimous vote, the Capital Facilities Committee recommends supporting the Increased Allocation Funding Ideas by MHSA Components pertaining to housing (page 3, item C) of the items Mary sent out in an email but reflecting the desire</p>		

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	<p>of consumers for single-occupancy units with support. The discussion included a disappointment... while a survey showed that shared housing is the least desirable of any setting for consumers, shared housing seems to be the focus.</p> <p>By a unanimous vote, the Capital Facilities Committee respectfully requests that the Mental Health Commission staff be provided with copies of all matters going to the CPAW Housing Committee, and all other pertinent housing information and housing applications in a timely manner for distribution to the Mental Health Commissions Capital Facilities Committee.</p> <p>Dr. William Walker- discussed the implementation of our electronic medical records system.</p> <p><b><u>Suggestion for the future-</u></b> Brenda proposing ANKA, Rubicon, Contra Costa Clubhouse to get together and discuss what is priority for these folks. Priorities have not changed.</p>		
3. Increased Allocation Introduction	<p><i>Points of Agreement Identified in Source Documents</i></p> <ul style="list-style-type: none"> <li>• <b>Increased Allocation Introduction-</b> On March 15<sup>th</sup> we were informed that we could anticipate a</li> </ul>	<b>ACTION/RECOMMENDATION</b>	Mary

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	<p>20% increase in our ongoing allocation. We worked hard to look at what data we already have, knowing we would not be able to do a huge lengthy planning process, in order to have an approved plan by June 30<sup>th</sup>, which is required for us to continue to receive funding. Fortunately, we had done a lot of work in a variety of settings in preparing for our <i>External Quality Review Organization (EQRO)</i>. There was a <i>Client Satisfaction Survey</i> which Mental Health Consumers Concerns and Office of Consumer Empowerment, participated in reaching out to people who have come to our clinics and various contract sites to get input about our system. Those recommendations that were found in the process were part of our planning to create these priorities that you'll see here today. In addition, we had a <i>Staff Priority Needs Assessment</i> that was sent out to the <i>Mental Health Staff</i>, then to our Behavioral Health Partners, and to our Community Based Organizations. As Caroline said, we will extend the assessment to get a better response rate because it seemed that the messaging wasn't clear and we want to have as much input as possible. We also included ideas approved in our initial plan which have not yet funded as well as ideas solicited in the last week for consideration today. We will be doing a deeper analysis of all this input and we will have plenty of opportunity to include that into the planning process.</p> <p><b><u>Funding break down</u></b></p>		

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	<ul style="list-style-type: none"> <li>○ 5% Innovation</li> <li>○ 20% Prevention and Early Intervention Programs</li> </ul> <p>The remaining allocation will go to Community Support and Services (CSS).</p> <p>In that construct those remaining funds, are for chronically and persistently mentally ill and seriously emotionally disturbed children. 51% of CSS funding is allocated for Full Service Partnerships</p> <p>Those are all part of the construct that we need to live within.</p> <ul style="list-style-type: none"> <li>○ We looked at the strategies that were in the original 3 year MHSA plan (approved, not funded, not developed) ex: The Full Service Partnership Programs were launched in one region or another, they were planned to be extended to all regions of the county</li> <li>○ This will be an opportunity to learn from this process and to refine a model for future planning.</li> </ul>		
4. Overview of Strategies for Increased Allocation	<p><b><i>Overview of Services FY 10-11</i></b></p> <ul style="list-style-type: none"> <li>● Evaluators reviewed strategies (power point) for Increased Allocation with the group</li> </ul>	<p><b>ACTION/RECOMMENDATION:</b></p> <ul style="list-style-type: none"> <li>➤ Create a sub category for the TAY population (age category)</li> <li>➤ (Sam) Include numbers #'s vs. percentage %</li> </ul>	Holly Erin

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5. Dr. Walker	<p><i>Dr. Walker appreciated the opportunity to attend the CPAW Meeting. He gave an overview of the following:</i></p> <ul style="list-style-type: none"> <li>• Behavioral Health Integration</li> <li>• Health Care Reform</li> <li>• Stimulus funding from the Federal Government</li> <li>• Medi-Cal waiver (allowed us to have the funds to fully implement an electronic medical records) will be in effect as of July 1st</li> <li>• Epic Hyperspace-electronic medical records to be implemented for Contra Costa Health Services (<i>Kaiser, Sutter Delta, John Muir, UCSF, UC Davis all use this system</i>)</li> <li>• <b>Patient Centered Health Home-</b> Having services for our clients and patients in the outpatient setting will include (ready consultation with the primary care provider, primary care team, care coordinator, case manager, as well as access to Behavioral Health Consultation and Intervention) <ul style="list-style-type: none"> <li>○ Looking at a variety of models that are implemented around the state and country</li> <li>○ Looking at what kind of personnel that need to be on site in the Ambulatory Care Clinics vs. what kind of referral mechanisms need to be there</li> <li>○ Need different services for the various quadrants of care</li> </ul> </li> </ul>		



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	<ul style="list-style-type: none"> <li>○ Mental Health clients who are in our system of care need a different level of mental health intervention than those folks in our ambulatory care clinic who have less severe problems such as anxiety, depression, who need consultation on site</li> <li>○ We are working at what the model will look like and how that integrates with our own county system and the community based organizations in our community and what kinds of systems that are functional and affordable</li> <li>○ The fuel for our entire inpatient and outpatient system is Medi-Cal. The funding is being threatened at the Federal Level. The Medi-Cal waiver that we are implementing for those that are at 200% of poverty (Low Income Health Plan), 50% is federal dollars and 50% is county dollars. The hope continues to be as of January 1, 2014, when the <i>Affordable Care Act</i> gets implemented, that becomes 100% Federal dollars. This will take a lot of pressure from us locally. The Supreme Court will determine this. <ul style="list-style-type: none"> <li>▪ If the individual mandate is implemented under the <i>Affordable Care Act</i>, everyone in the United States will be required to have insurance.</li> <li>▪ If they cannot afford insurance, there is a federal supplement to purchase</li> </ul> </li> </ul>		

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	<p>insurance</p> <ul style="list-style-type: none"> <li>▪ If they are under a 133% of poverty, they will qualify for this expanded Medi-Cal.</li> <li>▪ Our Medi-Cal Waiver is called <i>The Bridge to Health Reform</i></li> <li>▪ Election in the Fall 2012 (Republican proposals for the budget) <i>Medi-Cal Block Granting</i>-states are given a block grant of dollars for Medi-Cal. States have to decide how to spend \$, with no other revenues coming in from the Federal Government for Medi-Cal. This is a way of reducing funding for Medi-Cal that applies to both physical health and mental health.</li> </ul> <p><u>Closing</u>  I am concerned about the Supreme Court Ruling and the election. What we can control here is to try to develop systems of care in any scenario. Bring high quality services at lower cost to our folks in an integrated system of care that makes sense. If there is any opportunity during your deliberations today or in the future, of how your prevention and early intervention dollars could be used to help figure out some of the pilot programs, that might begin to work in an ambulatory setting, that actually provides mental health, behavioral health, substance abuse consultation on site. Second, the kinds of</p>		

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	<p>pilot programs to make referrals happen well. Third, to look at the whole spectrum of care for all the folks in the system (kids, adults and seniors) who need not only mental health, behavioral health and AOD services but also physical health services. Try to think more broadly today because that's what we are all trying to do.</p>		
6. Dot-input Process	<ul style="list-style-type: none"> <li>• Maria Pappas gave direction to the group on how to properly prioritize participants input for each program and the sub-categories</li> </ul>	<b>ACTION/RECOMMENDATION:</b>	
7. Break		<b>ACTION/RECOMMENDATION:</b>	
8. Large Group Reflection on Results		Grace ➤ Results will be sent out via email ➤ <i>Results Pending</i>	
9. Small Group Discussion	<ul style="list-style-type: none"> <li>▪ TRIAD Worksheet handed out for everyone to fill out</li> </ul>	➤ <i>Results- Pending</i>	Grace /Leigh
10. CSS Program 1- Children's FSP	Power point		Holly
11. CSS Program 6 – System Development Strategies	Included in the packet.		Holly
12. Close	6:00 PM		