

**MHSA CONSOLIDATED PLANNING & ADVISORY WORKGROUP (CPAW)  
MEETING MINUTES  
Thursday, November 4, 2010, 3:00 PM – 5:40 PM  
2425 Bisso Lane, Suite 100, Concord**

CPAW Members: Annis Pereyra, Beatrice Lee, Candace Kunz, Wayne Thurston, Courtney Cummings, John Gagnani, Lori Larks, Molly Hamaker, Sam Yoshioka, Steven Grolnic-McClurg, Susan Medlin, Susana Marshland, Teresa Pasquini, Tony Sanders

Members of the Public:

Staff: Cesar Court, Donna Wigand, Mary Roy, Sherry Bradley, Suzanne Tavano, Holly Page, David Carrillo, Zabeth Cooper, Angela Pride, Helen Kearns

Excused: John Hollender, Kathi McLaughlin, Lori Hefner, Mariana Moore, Ron Johnson, Ryan Nestman

Absent: Brenda Crawford, Cheryl Virata, Connie Steers, Dave Kahler, Peggy Harris, Ralph Hoffman, Rhonda Haney

Facilitator: Grace Boda

Grace Boda opened the meeting at 3:00 PM.

TOPIC	ISSUE/CONCLUSION	ACTION - RECOMMENDATION	PARTY RESPONSIBLE
1)Opening	The meeting was opened at 3:00 p.m. Participants introduced themselves	<b>Not applicable.</b>	Grace Boda
2) Feedback from Last Meeting	<p>Feedback from the last meeting included:</p> <ul style="list-style-type: none"> <li>• Growth in ability to manage itself;</li> <li>• Watch time allocation (adhere to time frames);</li> <li>• Put new items at the end of the meeting;</li> <li>• More help on avoiding committee work, i.e., not re-working in the CPAW meeting.</li> </ul> <p>Teresa also reported that the Mental Illness Awareness Week proclamation was presented by the Board of Supervisors to the Mental Health Director and the Interim Chair of the Mental Health Commission on 10/12/10. The meeting was well attended, and included Lt. Mark Gagan, from Richmond Police Department. The matter of mental health stigma and the incident regarding the Mayoral Candidate was brought up, and Lt. Gagan indicated that he is committed to discussion of this kind of stigma. Lt. Gagan also attended the Mental Health Commission meeting for that same purpose, and the Mental Health Commission voted to discuss a plan going forward, partnership with the Mental Health Commission and CPAW. Teresa indicated that she would provide the wording of the Mental Health Commission’s motion to the CPAW Planning Committee.</p>	<p><b>Feedback from CPAW members regarding last month’s meeting was provided.</b></p> <p><b>Teresa Pasquini, in her role acting as the Interim Chair of the Mental Health Commission, will send CPAW’s Planning Committee the wording of the Mental Health Commission motion about collaborating with CPAW regarding a plan to go forward (as to how to address the MH stigma issues during recent Richmond City Mayoral election).</b></p>	<p>ALL</p> <p>Interim Chair of the Mental Health Commission</p>
3)2009-2010 MHSA Outcomes: Improving Continuum of Care through	David Carrillo provided a report-out from the FY 2009/2010 Outcomes Event held on November 3, 2010. The event was recorded for replay on CCTV, with scheduled airdates of November 16, 2010 at 7pm and November 30, 2010 at 10am. The event was successful	<b>Report Out of FY 2009/2010 MHSA Outcomes Event</b>	Project Manager

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Integrated Outcomes-Informed Practice and Services	in that there were approximately 270 attendees. The purpose of the event was to present progress of the first five years of implementation and program outcomes, since inception of MHSA in 2004.		
4)Update on Gap Analysis Process	<p>A memorandum was distributed to CPAW from Mental Health Administration’s Senior Leadership Team regarding the plan for conducting “Gap Analysis” on mental health services and needs. The memorandum explained how Senior Leadership plans to go forward with an initial strategic planning team to initiate and agree on the planning process, i.e., to plan the planning for it.</p> <p>Suzanne Tavano, Deputy Mental Health Director, also reported that Senior Leadership will first survey “internally” regarding service needs/gap analysis, and will start with county staff, to hear more about their concerns and what needs they believe exist (for additional services to clients, which aren’t already provided).</p>	<b>UPDATE ON PROGRESS TO DATE BY MH SENIOR LEADERSHIP</b>	Senior Leadership
5)Multi-Family Group Therapy Targeted at Early Intervention in the Treatment of Psychosis	<p>Mary Roy, the PEI Coordinator, presented a proposal for funding under the Prevention and Early Intervention Component. She explained that Intensive Early Psychosis Intervention was one of the target populations identified in this county’s stakeholder process under the “Fostering Resilience in Communities Initiative”. The initiative was not developed in this county’s initial three year Prevention and Early Intervention Workplan, but it was included in the approved workplan as an initiative which the county would later develop.</p> <p>The purpose of today’s presentation was to provide much more detailed information about a draft proposal for Multi-Family Group Therapy, so that CPAW would have enough information to be able to recommend to the Mental Health Director that Staff continue development of this <u>new</u> PEI Program as an update to the FY 10/11 Plan Update.</p> <p>CPAW members were provided written materials on the proposal. Subsequent Mary’s presentation, discussion ensued regarding moving forward with a recommendation.</p> <p>CPAW members were overwhelmingly supportive of the proposal for Multi-Family Therapy as an intensive early psychosis intervention, and urged staff to move forward with developing the workplan as quickly as</p>	<b>ACTION: PEI Coordinator will set up a conference call for additional questions. Subsequent those questions being answered, consensus was to recommend to the Mental Health Director that County Staff Continue Development of this new PEI Program as an Update to the FY 10-11 Plan Update.</b>	Mary Roy, PEI Coordinator

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	<p>possible. The following suggestions were also provided by CPAW:</p> <ul style="list-style-type: none"> <li>• The definition of family should be broadly interpreted;</li> <li>• Training of county staff and agencies should be a priority;</li> <li>• Be sure to include a psycho-educational aspect to the program;</li> <li>• Be sure to implement the model in it's entirety to maintain model fidelity;</li> <li>• Expand the age group, i.e., there is a later onset for aging/older adults</li> <li>• Tie it to first break;</li> <li>• Also think of CBT for psychosis;</li> <li>• While there is an argument for a "new program", also build CBT for psychosis into existing mental health provider programs;</li> <li>• Pay a lot of attention to, and think through, "assessment";</li> <li>• Be sure to follow the ideals of MHSA and see clients where they are;</li> <li>• While it is known that we are seeing greater disturbance earlier in life, recognize resiliency in children, but also recognize that services are needed ongoing into adult-hood.</li> <li>• Remember that leveraging is important.</li> </ul> <p>All of the above comments will be utilized by staff in developing the workplan, but in addition, CPAW recommended staff (PEI Coordinator) set up a conference call to field any additional questions, and then go forward with developing a new workplan as an update to the FY 10-11 Plan Update.</p>		
<p>6) CPAW Planning Committee Action Items</p>	<p>Grace recapped the presentation by CPAW Planning Committee regarding the continuation of the CPAW Planning Committee (membership, recruitment, selection) at last month's meeting, and re-stated the agreements made in October:</p> <ol style="list-style-type: none"> <li>1) Individuals serving on CPAW's Planning Committee would be asked to make a one-year commitment to work on the committee;</li> <li>2) A reality check-in of how the CPAW Planning Committee is "doing" would be done in six-month's time (i.e., six months into the one year period).</li> </ol> <p>However, there are still some questions that needed resolution, as follows:</p>	<p>RECAP OF LAST MONTH'S AGREEMENTS:</p> <ol style="list-style-type: none"> <li>1) A one year commitment to CPAW Planning Committee for members;</li> <li>2) A six month review of progress (into the one year).</li> </ol> <p><b>ACTION: Regarding "Designated Seats", Given the many perspectives on this</b></p>	<p>CPAW Planning Committee Members and Staff</p>

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	<p>1) Should there be designated seats on the Planning Committee?</p> <p>Discussion ensued in the meeting regarding the pros/cons of having “designated” seats on the CPAW Planning Committee. The discussion included some members who wanted designated “seats”, but they also wanted good dialogue to occur between consumers and family members, and wanted assurance that the CPAW Planning Committee include the perspective of at least one consumer using the services offered, and a family member of someone who is using services offered. Other suggestions included: making sure that there was someone from each CPAW committee represented on the CPAW Planning Committee; assure that there is representation from different age groups; assure that there is a process of choice to assure good balance in representation.</p> <p>The consensus was that there are many different perspectives on this question, and it was agreed to take the matter back to the Planning Committee, and ask them to come back at the December meeting with some recommendations about seat designation.</p> <p>2) What about recruitment and nominating folks for the CPAW Planning Committee?</p> <p>Discussion ensued, with acknowledgement that there has been previous agreement to allow folks who are currently CPAW members to come and “check it out” (the CPAW Planning Committee), but also that:</p> <p>a) anyone can make a commitment to attend the planning committee;  b) someone could be nominated to attend the planning committee; and  c) the Planning Committee itself could reach out to others and ask them to attend.</p> <p>3) What is the Selection Process?</p> <p>The question of the selection process for CPAW Planning Committee members was discussed. For example, what if more than 5-6 CPAW members expressed interest in being on the CPAW Planning Committee? It might be possible to vote individually on a slate of possible candidates, however, members of CPAW were in agreement that in terms of all of the other CPAW committees, they have yet to see “large</p>	<p><b>item, referred back to CPAW Planning Committee to come back in December with recommendation(s).</b></p> <p><b>ACTION: Regarding “Recruitment and Nominating”, reinforced previous agreements on this item.</b></p> <p><b>ACTION: Regarding “Selection Process”, referred back to CPAW Planning Committee to come back in December with recommendations.</b></p> <p>CPAW Members were again invited to “try on” the CPAW Planning Committee by visiting on:</p> <p>11/18 4-6 pm  12/16 4-6 pm</p>	

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	<p>committees". However, the subject of mentoring was again discussed, with the possibility that someone could be in the process of being mentored prior to selection.</p> <p>However, no consensus was reached on the Selection Process, and instead, the matter was referred back to the CPAW Planning Committee to discuss further and come back with some recommendation(s) next month (December), since there is no precedent for this item.</p>		
<p>7)Leadership Development as Systems Transformation</p>	<p>A White Paper on "Leadership Development as System Transformation" was presented for the purpose of gauging the interest of stakeholders in this endeavor, and to solicit input from CPAW members on the idea. The concept was submitted by CPAW's Planning Committee.</p> <p>The idea of Leadership Development as System Transformation was discussed by the CPAW Planning Committee and presented 9/29/10. The idea evolved out of the committee's conversation about the positive impact and transformation that has occurred in CPAW with the assistance of consultative services, and the committee wondered how these changes would be sustainable and how the capacity of stakeholders could be built.</p> <p>While it had originally been proposed to fund this idea out of CSS-Systems Development Initiative, CPAW members agreed that perhaps the CSS component would not be the best source of funding for this activity, since the county mental health core services are being eroded already. There are concerns that when the FMAP increase goes away, for those MHSA funded programs which receive matching, the MHSA dollars will increase. There was concern that funding this idea under CSS would take funds away from other already funded initiatives/programs.</p> <p>CPAW members expressed the following concerns, asked that questions be considered, and provided suggestions:</p> <ul style="list-style-type: none"> <li>• How do stakeholders build upon the existing leadership, and further develop leadership for all stakeholders?</li> <li>• Could leadership development break-down existing silos?</li> <li>• What about "Youth Development" as a leadership concept? Perhaps this is a PEI</li> </ul>	<p><b>Staff to further develop this concept and come back with funding proposals.</b></p>	<p>County Staff</p>

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	<p>funding opportunity.</p> <ul style="list-style-type: none"> <li>• Transformation has occurred in the CPAW Planning Committee, and how can that be extended to other stakeholders?</li> <li>• Can Workforce Education and Training funds be used for this purpose?</li> <li>• Leadership development should be available for all levels of the system, folks who could make a difference;</li> <li>• Think “Innovation” – think “BIG”, what about a leadership campaign with a philosophy/mission that no matter where you are in the system, you can come together;</li> <li>• Whatever “Leadership Development” process is arrived at, be consistent with it and deliver it;</li> <li>• Be sure to think “anti-stigma” leadership gifts and share them with everyone.</li> </ul> <p>It was agreed that staff will further develop this concept, and present other possibilities for funding (i.e., Innovation, PEI).</p>		
<p>8)Mental Health Director Report</p>	<p>The Mental Health Director, Donna M. Wigand, LCSW, provided the following report:</p> <ul style="list-style-type: none"> <li>• AB3632 update – October 8, 2010, veto of of all state funding to reimburse AB3632 clients (IEP children). For this county, that represented a total of 250 kids. In addition, SB90 Claims were disallowed, which translates into an overall total of \$22 million for this county (this is claiming that goes 5-6 years back). Contra Costa is 1 of 20 counties filing a legal action tomorrow, for declaratory relief of counties having to provide those services, i.e., the mandate truly ends. Children haven’t been dropped from care (in this county). AB3632 services are a federal mandate to education, not to mental health. Some counties, however, are no longer providing care to those children who are privately insured. Many counties are being asked by parents to “plug the hole” with MHSA funding. This is not possible (supplantation). At the state level, the LAO (Legislative Analyst’s Office) 18 months ago reported that a one to two year transition would be required to assure continuity of care for children who have been receiving AB3632 services. Due to this loss of being reimbursed for the services, this could represent to this county a total of \$7.4 million cut for uncompensated care.</li> <li>• Contra Costa County became official members of</li> </ul>	<p><b>The Mental Health Director’s Report provided increased understanding of the current events on the state and county levels.</b></p>	<p>Mental Health Director</p>

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	<p>the Cal-MHSA JPA (Joint Powers Authority) on November 12, 2010. The Mental Health Director is the designated representative from Contra Costa County, and the alternate designee is the Deputy Director of Mental Health.</p> <p>John Gragnani commented that the Children’s Mental Health System is a system in crisis. There is an underserved population of children (Medi-Cal children who don’t get services because of displacement by AB3632 services, i.e., there are only so many staff that can see children, and they have been serving children receiving AB3632).</p>		
9)JPA Update	The JPA Update was presented to CPAW members for the purpose of increasing their understanding of the current status of the JPA. (See the Mental Health Director report, Above).	<b>See Mental Health Director Report, Above</b>	Mental Health Director
10) Update on Health Care Reform Legislation	<p>The Mental Health Director reported that, given the results of the recent election, there are questions about Health Care Reform. Is it (still) going to happen?</p> <p>Ms. Wigand reported that she had intended to form a strategic working group on Health Care Reform, but will be holding off on this action in order to wait and see what “shakes out”. She did clarify that if it goes forward (Health Care Reform), it will affect the way that mental health does business.</p>	<b>Update provided to increase CPAW’s understanding of Health Care Reform legislation.</b>	Mental Health Director
11) CPAW Evaluation/No mination Committee Report	<p>The CPAW Evaluation/Nominating Committee conducted its first meeting just prior to today’s CPAW meeting. The committee agreed to interview all candidates, with the exception of one.</p> <p>Subsequent discussion of the above action, CPAW recommended opening up the application process for existing CPAW applicants first. Staff was requested to initiate recruitment by distributing CPAW Applications widely. Once that has been accomplished, the CPAW Evaluation/Nomination Committee will then meet again, develop interview questions, review applications, and then schedule interviews.</p>	<b>Open up CPAW Application Process Now, and after Additional Applications Received, the CPAW Evaluation Committee will meet to evaluate the applications and organize the interviews.</b>	CPAW Evaluation Committee, and County Staff
12) CPAW Referral to IOC	Staff reported that, at the request of the Board of Supervisors Internal Operations Committee (IOC), the Health Services Department/Mental Health Division, has submitted a report of the CPAW Member Nomination/Selection Process. The BOS Internal Operations Committee will be meeting on Monday, November 22, 2010. The CPAW Referral is one of the items on the agenda for that day.	<b>Information Report Regarding CPAW Member Nomination and Selection Process Referral to BOS- Internal Operations Committee on 11/22/10</b>	County Staff

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	The Mental Health Director clarified that, at that meeting of 11/22/10, the information provided (about CPAW's Nomination/Selection Process) may trigger a review of <u>all</u> county advisory boards and commissions, and the CAO staff may be directed to do that.		
13) Public Comment	There were no public comments.		Public Attendees
12) Next Meeting	The next meeting of the Consolidated Planning Advisory Workgroup will be Thursday, December 2, 2010		
14) Adjournment	The meeting ended at 5:40 p.m.		