

**CPAW
 May 1, 2014
 3:00-6:00 PM
 2425 Bisso Ln.
 Concord, CA**

Members attending: Tom Gilbert, Lauren Rettagliata, Connie Steers, Karen Smith, Courtney Cummings, Susan Medlin, Stephen Boyd, Lori Hefner, Molly Hamaker, Kathi McLaughlin, Mariana Moore, Kimberly Krisch, Dave Kahler, Sam Yoshioka, Laurie Schnider, Lisa Bruce, Ryan Nestman

Staff attending: Linda Alves, Tommy Tighe, Roberto Roman, Erin McCarty, Jennifer Tuipulotu, Gerold Loenicker

Members of the Public: Sheri Richards, Anne Cevallos, Tess Paoli, Douglas Dunn, Hillary Bowers, Teresa Pasquini, Ben Barr, Kanwarpal Dhahwal, Eileen Brooks, Maude DeVictor

Facilitator: Maria Pappas

Excused from Meeting:

Staff Support: Warren Hayes, Jeromy Collado, Cassie Brown, Lisa Cabral

TOPIC	Information/Conclusions	ACTION/RECOMMENDATION	PARTY RESPONSIBLE
1. Welcome <ul style="list-style-type: none"> ▪ Call to Order ▪ Introductions ▪ Working Agreements • Handouts Reviewed 	Welcome and introductions. Correction to April minutes: Spelling Correction for Mariana Moore		
2. Outline of Draft Three Year Plan	<ul style="list-style-type: none"> • The first draft of the Three Year Plan was sent out electronically to everyone 4/18/14. • 5/9/14, Warren will take the information back from input given and write the second draft of the Three Year Plan. The 		

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	<p>second draft will then get posted on the mental health website as Draft 2.</p> <ul style="list-style-type: none"> • Warren presented the PowerPoint on the Three Year Plan summary (handout in packet). • Funding for Laura’s Law is a significant issue that has come up, and that is reflected in the plan. 		
<p>3. Plan Introduction</p> <ul style="list-style-type: none"> • Introduction • Values • Community Program Planning Process 	<p>Introduction:</p> <ul style="list-style-type: none"> • Lauren: How do we as stakeholders find out what happens to unspent money due to positions going unfilled? How do we know how much money that is? <ul style="list-style-type: none"> ○ Warren: If there is a position that isn’t filled, that money goes into the unspent funds of whichever component that position falls under. Each month that the position is unfilled, it reduces the projected costs, so that it gets closer and closer to what we actually spent. ○ Lauren: I’m very concerned about county positions, because it’s very hard to hire county staff. Many of these positions have been vacant for years. We have them written into this budget, which can total into the millions. We need to keep track of and monitor this so that we know 		

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	<p>exactly how much money we're dealing with.</p> <ul style="list-style-type: none"> ○ Warren: When I first got here I did a tally and the vacancy for county positions was around 30%. The vacancy for the county positions is around 20% and dropping, as we have positions that are now being filled. We did a program review of positions in the Adult Clinics with MHSA funding and those positions are starting to get filled, but there are still positions that are not. If they aren't filled, then we want to take that out so that we have a more realistic pot of money with which to do planning. ● Sam: Will you have the prototype for the monthly program budget report after the end of the fiscal year for each program? <ul style="list-style-type: none"> ○ Warren: Yes. What you see on the tables throughout the plan will be in the format for the budget, where the name of the program will link directly to the big thick document and the numbers will be the same. Then we can track each month what is actually being spent. Then we can have a discussion on projection. That 		

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	<p>will start in July. It's one of those essential tools that we need to use.</p> <p>Vision:</p> <ul style="list-style-type: none"> • Lauren: I thought that the vision was really well written. It was easy to follow and very clear. I do hope that we are committed to the first line. I was very happy to see that this is in our vision statement. <p>Community Program Planning Process:</p> <ul style="list-style-type: none"> • Mariana: Several years ago there were many CBO's that came up with the idea of seeking Innovation funding to help implement intentional, deliberate, skilled system collaboration, and how to do that culturally and systemically. I'm grateful to see it written here. I'm frustrated that the Innovation process came to a halt right around that time. The opportunity is still there and I want to make sure that stays alive. This very eloquently described the importance of the collaboration. What can we prioritize and support innovatively; not only through dollars? I think that needs to be supported as a priority. I think it's important that that remains part of our larger vision. <ul style="list-style-type: none"> ○ Kathi: We stopped meeting 		

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	<p>because we were told to stop meeting; we didn't go away. We're probably the most long-lasting subcommittee. We veered off because we weren't given staff support to continue the meeting.</p> <ul style="list-style-type: none"> ○ Mariana: Again, I think just beyond the planning piece there is a system awareness and we need to push for that integration. ● Maude: How are the dual diagnosis elements captured in terms of budgetary alignments? <ul style="list-style-type: none"> ○ Warren: This county is in the process of integrating our AOD services and homeless services with CCMH. There is a stakeholder process that's attached to that to integrate a better service delivery for those who are experiencing dual diagnosis. I'm going to have to go back and look to see if that process is articulated here. I appreciate the comment. ● Maude: Will the school district have some kind of interface with the providers? Especially K-8th, non-English speaking? <ul style="list-style-type: none"> ○ Warren: You might want to look 		

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	<p>at the chapter on Prevention and Early Intervention on outreach. There is a number of programs that speak to that.</p> <ul style="list-style-type: none"> ○ Kathi: On page 11 where it talks about children's visits. The numbers have more than quadrupled since last time we visited the plan. There are around 190 unduplicated children going into PES a month. That is a significant change. ○ Warren: Erin and Gerold and I recently visited PES and they pointed out the corner where the kids are, and it's unbelievable. ○ Kathi: Now we're having a fair number of children who are staying beyond the 23 hours which is the legal limit. I think some of them are staying almost two weeks. ○ Lauren: I understand that MHSA funds cannot be used for inpatient psychiatric hospitalization, but can they be used to provide community based housing options for children who after hospitalization may not be able to live with their own families? We're sending so many children 		

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	<p>outside of our county. The reason we've been given is that it's too expensive in Contra Costa County, but when I looked deeper into this I found out that we were sending them to Orange County, so that doesn't wash, and that was one thing that if it's not done in this Three Year Plan, I hope that we at least put it on our radar.</p> <ul style="list-style-type: none"> ○ Warren: That's one of the values that today doesn't fit in MHSA funding. That Community Program Planning Process was really useful for getting these key issues on the radar. ○ Lauren: If we don't hold their feet to the fire it won't happen. ○ Lori: This comes up in housing a lot. We are trying to create housing for multi-generational families and it's critical to think about shipping kids out the county when they need their families the most. ○ Kathi: One of the things funded under Capital Facilities is the ARC, but at the moment it is only scheduled to be open a minimal number of hours a day, rather than 24 hours. Having it open as a 		

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	<p>diversion for PES seems to be something we can do. Since it was funded by MHSA we should be taking a look at that and how it meets the needs that have been identified.</p> <ul style="list-style-type: none"> ○ Lisa: Wouldn't PEI assist with this kind of thing? ○ Kathi: The way that PEI funds are assigned is to prevent entry to. It's a definition issue. ○ Teresa: I was just at a meeting at the hospital and the George and Cynthia Miller Wellness Center will have a grand opening May 12th. It won't be open 24 hours, however it will be open until 9pm. It will be tracked in terms of the flow. It may be different, but that's what I heard. ● Sam: You have a column called number to be served yearly, and you have a column called Yearly Funds Allocation. How appropriate are the numbers to arrive at the cost of treating services for a person per year, in terms of the funds allotted. <ul style="list-style-type: none"> ○ Warren: In general the numbers are accurate, but for anything specific you may want to check in as there are qualifiers, I would 		

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	<p>check in and I would be happy to tell you some of the outliers that would affect the numbers.</p> <p>○</p>		
<p>4. Plan Discussion</p> <ul style="list-style-type: none"> • Community Services and Supports • Prevention and Early Intervention • Innovation • Workforce Education and Training • Capital Facilities and Information Technology 	<p>Community Services and Supports:</p> <ul style="list-style-type: none"> • Lori: On p. 12 there is a reference to “frail elders.” With the meetings that I attended, I would like to play with that language. From my understanding, we’re not so much concerned about home-bound elders, though we’d like our elders to be able to stay home first. With isolation we’d like to give our supportive services. It’s really just a matter of language. <ul style="list-style-type: none"> ○ Warren: Would you play with the language and send me an email on that? I’d really appreciate it. ○ Lori: Yes. • Mariana: When I looked through this section, it was really county staff and county systems-focused. I really want to remind everyone that CBO’s are just as important as the county-based systems and it seems myopic and I want to make an observation for everyone in the room that I’m concerned that after all these years we still aren’t really a part of that system. I want to bring the CBO’s more into that circle. 		

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	<ul style="list-style-type: none"> • Kathi: Because the ARC is so new, I see the allocation for funds but that's a minimal program description. <ul style="list-style-type: none"> ○ Warren: A work in progress. It's accredited as an FQHC which enables potential funding outside of MHSA, so the funding stream is different. The 2.75 million is an up-to amount, but can be mitigated by federal participation of certain clinical specialties that are deemed hard to fill. HRSA has a list of possible ways to assist FQHC's that are standing up due to the fact that they are considered to be in a medically underserved area. It's a complicated issue. The description of the ARC is going to get a lot fuller as they think through the funding pots and what they're going to do there. ○ Kathi: CPAW may want to have an ad hoc group that looks at this since it covers all ages. ○ Warren: I think that's a great idea. • Anne: Certain partnerships are no longer moving forward in July. I'll send you whatever information I know to be true. • Lauren: The Liaison staff funding – is that going to be used for hiring? How do 		

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	<p>I read that?</p> <ul style="list-style-type: none"> ○ Warren: There are two CSW's and 2 clinicians – they liaison between the medical center and the CCMH system. ○ Lauren: Is there any way this can be put into the actual Three Year Plan so we know what this money will hire one? I think that detail is needed so that we can go back and track the money during evaluation. I would like to see the detail bulleted out. ○ Warren: I can do that, yes. ○ Susan: I thought there was always going to be a family member and a consumer liaison attached to the ARC? ○ Warren: The full ARC staffing has not yet been determined. ○ Kathi: Does that appear anywhere in the appendices? ○ Warren: You don't want to get mired in detail on the plan itself, but in the program and plan element files that are in the appendices. That might be the place to get a lot more specific. I can put that in there. ○ Sam: Page 28 may answer Lauren's question. 		

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	<ul style="list-style-type: none"> ○ Warren: When there is a position that is fairly unique, especially in administrative support, it's listed. If it is a different function, that's when you probably want to stay more toward the dollar amount. ● Sam: If you calculate Crestwood having 16 beds, and their yearly funds allocated are a little over \$14,000, that amounts to about \$25,160 per bed. Modesto Residential is allotted about \$17,000 per bed. Is it appropriate for me to say that it's a lot cheaper to go to Modesto? <ul style="list-style-type: none"> ○ Warren: You bring up a good example of what we were talking about earlier. It may be as we go along and bore into this we may come up with a separate category as the price tag and program is different. ● Susan: For the family service coordinator, is that position the one that's vacant or the one that's filled? <ul style="list-style-type: none"> ○ Warren: The one that's vacant. ○ Susan: There are also two more community support positions who are supposed to be hired when that one is hired. Where do those show up? Are those MHSA or are they not MHSA? ○ Warren: They could be either. 		

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	<ul style="list-style-type: none"> ○ Susan: Those are in here somewhere right? I don't want them to disappear. Those positions have been open forever. ● Lori: I want to build on what Sam was saying. Warren, Connie, Jenny, Vic, Sandy, and I, all met last Monday, and we're all agreeing to take another step up in having a 1-2 page report of all the housing options, where they are, for who and what demographic, and the price per bed. When you have an FSP vs. a room and board, the cost is so different. <ul style="list-style-type: none"> ○ Warren: I think we all recognize there is work to be done on getting clarity on the housing piece of this. ● Maude: Juveniles coming out of a juvenile detention center who may have housing needs, who may have some mental health issues, is there a program that will work in association with the juvenile justice system? <ul style="list-style-type: none"> ○ Warren: Yes, we do have a program that is specifically designed to address that population. ● Teresa: It's inexcusable that in a county this size we only have one CSW supporting families. Gloria Hill is still supporting families from Florida. I 		

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	<p>appreciate Susan calling it out, and it needs to be elevated to a position of importance. It should be a priority. It's one of the values of MHSA. Also the liaison positions, this body approved two support programs for PES two years ago that still haven't been filled. I know that it's in the process, and those positions could help tremendously the PES staff. Dr. Walker came here and requested that we support those positions, which, we did, and they have yet to be filled. There are so many things that support workers can do. The hospital staff is inundated with numbers that these positions could help. They need to be split out and we need to know what they are. We're losing track of what's going on with our family support.</p> <ul style="list-style-type: none"> ○ Molly: Given how hard it is to hire certain positions, there might be some positions it could work for to contract out for certain positions. We could almost make it a requirement that if a position hasn't been filled in six month, we put it out in an RFP that an agency can then work with. There are positions that have been open since I've been coming to these meetings, and there are people 		

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	<p>who are suffering. I am not against these being county positions, but we need to fix the broken system by getting around this some way.</p> <ul style="list-style-type: none"> ○ Susan: Can we make a recommendation to the mental health director again that they send a letter from us to human resources about how we feel? ○ Teresa: It's been elevated at the Mental Health Commission as well, so it's not that this hasn't been discussed. The Mental Health Director has actually been supportive, but I agree with you Molly. It's really beyond being acceptable. ○ Lisa: I think one of the problems with these positions is that maybe the requirements are too strict. I think sometimes it's the wording and the requirements that limit us. ○ Lori: This hiring issue is such a crisis because this county only has one Patients' Rights advocate. That is totally insufficient. Look at the number of people suffering for that duration. That's just not acceptable. ○ Susan: CSW's are easier to hire 		

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	<p>than anyone else. The reason for the vacancy is that they were not to be hired until the Family Service Coordinator was hired, and could support their own staff. The CSW's in essence are pretty easy to hire. We probably won't hire another Patients' Rights Advocate until we get a description made up and approved by the county. That's going to take a while, but we'll at least have people on the ground. It's all we can do with county constraints at the moment.</p> <ul style="list-style-type: none"> ○ Lori: That's when I come back to Molly's comment. If the county system is so, whatever, then let's contract it until we can build it. ○ Lauren: I think that your solution is very sound and well thought out idea. I don't think that we should just let this moment go. I think as CPAW we should actually draft a document and let the Commission know that we consider this very important and that it needs further investigation, and urge Cynthia Belon to take it to BOS and let them know that this is how we as stakeholders 		

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	<p>feel about this.</p> <ul style="list-style-type: none"> ○ Kathi: This sounds like a system transformation issue which is what MHSA is for. It's not just that people can't get hired. I know from experience that people are turned down for not having qualifications, who are clearly qualified. HR is the issue, and it needs to be addressed. We could address it as a system transformation and what MHSA is designed to do. ○ Lori: I want to make sure that Lauren's recommendation is not lost; that we actually pen the letter and that it goes out, because I just think we're doing way too much damage. ● Warren: This sounds like a good agenda item for the Steering Committee meeting. Cynthia does have on her calendar to visit with CPAW at the June meeting. That might be a good way for Steering to sort out some of the topics for dialogue. <p>Prevention and Early Intervention:</p> <ul style="list-style-type: none"> ● Lori: I'm really impressed with the CBO's and the County and what we have been working on for a number of years. 		

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	<p>Thank you to all of those places who are providing these services.</p> <ul style="list-style-type: none"> • Maude: In this county we have a significant Islamic and Arabic population. We have an inordinate amount of people who are not claiming an ethnicity, but claiming other. I think we need to be sensitive about incorporating cities and income levels, as well as the unincorporated areas. <p>Innovation:</p> <ul style="list-style-type: none"> • Susan: Are we trying to increase the Wellness Coaches to three year positions? <ul style="list-style-type: none"> ○ Warren: There is nothing in the statute that limits the time that an Innovation program can be in play. However, it might be appropriate to set a time frame for implementation. If you look at what the intent of Innovation is, it's really to have a new and different pattern of service address a prioritized need, and if it's successful, then you want to put a research element on it, and inform the system in terms of replicability. To me that's a much larger time frame than three years. ○ Susan: We've had a position to do 		

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	<p>outreach lately. I'd hate to see that go away.</p> <ul style="list-style-type: none"> ○ Warren: The point where Erin, Gerold, and I tackle getting the proposal up to OAC, that specificity needs to be recreated. We're looking at Innovation and what's here over the next three years. ○ Kathi: I think there are two pieces going on on p. 43: Those are the already approved programs by the state, so they are in various stages of implementation. The Wellness Coaches, etc. need additional work not by us, but by the state. ○ Susan: The Wellness Coaches were approved by the state. The county just can't do anything in a year. ○ Kathi: We also have put into place a plan to address each of these in order. We will do what we can to get these moving and approved. Overcoming transportation barriers is probably our least fleshed out idea. ● Mariana: Is there anything that came up in the RDA process that is a glaring omission that isn't covered by CSS or PEI or even in Innovation? 		

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	<ul style="list-style-type: none"> ○ Warren: The service gap is the need for inpatient children;'s beds. If we're going to solve that it's going to have to be an innovative approach. One piece of Innovation is getting new stuff on the table, which is where we look to the subcommittees to develop something to get to the Innovation Committee, and that's a good example of one. ○ Mariana: I'd like to suggest we develop a more conscious and intentional process. I think the ongoing Innovation process should be more transparent and connected to the work that is ongoing. ○ Warren: One of the biggest service gaps is the folks who recycle in a high cost manner. That's why the energy is mobilizing around Laura's Law. AOT by definition is not an innovative practice, so it can't be funded under Innovation. ● Lauren: The Women Embracing Life and Wellness program is being held out of Central County. That facility also has primary care downstairs. Since women participating in WIC also qualify for 		

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	<p>MediCal, could this position now be covered through federally funded dollars? (clarify)</p> <ul style="list-style-type: none"> ○ Erin: The services aren't provided in our clinic, they are provided at WIC. ○ Lauren: Is there any way they can be provided at the clinic and then billed through MediCal? ○ Erin: A lot of the women who qualify for the program were already at WIC, so to reduce stigma around mental health that was an easy access point. The other piece is that a lot of women are undocumented, and therefore not eligible for MediCal. This particular WIC is a stand-alone clinic. ● Maude: I think there's a confusion in the definition of transportation. Knowledge of prosthetic devices, specifically wheelchairs is needed. It has to be all encompassing. If there are universities that have a transportation management curriculum, they should be a part of this so they can get their feet wet at an early age in their academic and professional careers so they'll know the power of effective transportation. ● Susan: One of the things that came up in 		

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	<p>RDA was support for family partners. How are we getting peers and family members into services? The state is saying we need to increase the number of peer and family providers in the state by over 30,000 in the next several years. People want services by peers to do certain things such as peer counseling, independent living skills, etc.</p> <p>Transportation has become a big black hole, so it not only uses the money we have for transportation, but the money that we have for peer and family providers to drive them around. We thought of having a shuttle that runs and piloting it in West County. We have the position for that, but we don't have a van. We need to pay attention to really solve the issue of transportation, because we're never going to have these peer and family positions doing anything other than driving, until we put attention and money into teaching people how to utilize transportation, and independent living skills, etc.</p> <ul style="list-style-type: none"> ○ Molly: We actually do all of those things at the clubhouse. ○ Warren: Susan the CSW at the East County Clinic does do that. ○ Susan: Yes my one pilot person has her own caseload. 		

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	<ul style="list-style-type: none"> • Molly: I want to be sure that we don't get so structured about our Innovation process that we don't make it possible for anything innovative to truly emerge. For example there was a project that a group of people that I worked with in housing worked on for a long time, and then the process closed. We want to be able to not squash innovative ideas. • Connie: When I first became a CSW in 1995 at the Pittsburg Clinic there was a pilot project for intensive case management in the community. I don't know what happened with that information because we had peers who had caseloads, and we were doing much more than just driving people around, we were teaching transportation and life skills. I don't know where that failed to translate into other clinic systems but it was very successful back then. • Maude: There might be something that we can do to help children or family members who have separation anxieties who have family members in the Marsh Creek Detention Center. There is no transportation from here to Marsh Creek Detention Facility for those who have family members there. • Susan: The bus company was planning on changing the bus line that comes here, 		

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	<p>which will be a problem since we do most of our stakeholder activity here.</p> <ul style="list-style-type: none"> • Kathi: Innovation is something that has to have never been done before. It can't be an evidence-based practice, etc. The problem about talking about transportation only in Innovation is that it is way bigger than we have the allocated funding for. This discussion should be for every other component of the program, not just Innovation. <p>WET:</p> <ul style="list-style-type: none"> • Lauren: I understand these internships and scholarships. Wouldn't some of this money be better served for people who are paying off student loans, etc. If you give someone a scholarship they may or may not be with you for very long, but if you help pay off student loans you already have these people in your work force. <ul style="list-style-type: none"> ○ Warren: All of the statewide WET programs have strings attached which means the individual needs to make a commitment to public mental health. What we determined at the statewide level was that we wanted to supplement that with local scholarship programs. None 		

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	<p>of the local folks get into loan assumption programs, because there is one statewide specifically for that. You use this as a means of investment to have a workforce reflect the culture of the folks that you serve. I think it's working.</p> <ul style="list-style-type: none"> ○ Ben: We have hired two of our former interns. This is really a great opportunity to spot talent. We've helped two other people who represented underserved communities apply for county jobs. I don't think they would have done that had they not been in an internship program. I think it's a great opportunity for very minimal dollars. ● Mariana: I'm just trying to understand the math on p. 49. <ul style="list-style-type: none"> ○ Warren: That's a Caroline question. I'm going to review my notes and go back to Caroline and ask her to explain why that is. ○ Mariana: I felt really disconnected from all the WET decision-making, etc. when the WET task force went away. I would ask that this body be more engaged in that. Where is the CBO interest and voice? Maybe we could 		

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	<p>delineate in the plan which pieces apply to and benefit CBO's.</p> <p>Capital Facilities and Information Technology:</p> <ul style="list-style-type: none"> • Kathi: We had a very robust conversation when we had Cap Facilities/IT group here at CPAW. I'm concerned that we don't have a vendor signed for EMR after spending so much money. It feels like it went into a black hole. If all we paid for was almost a million for administrative support over a period of time, then that's wasted money. We're the only county that doesn't have EMR. Is there anything we can do about it? <ul style="list-style-type: none"> ○ Warren: The first step that's happened is that we have visibility. I would hope that in the very near future we don't let this fall off the discussion about where those costs are going. My suggestion is that might be a good agenda item that the Steering Committee may want to put in place and have the person responsible for that program to come in and dialogue. ○ Kathi: In our first meetings we talked about the fact that it looked like MHSA funds would be used to pay for the entire EMR system 		

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	<p>and all the IT support. Are the other divisions putting money in and if so, how much? Is the roadblock the other divisions?</p> <ul style="list-style-type: none"> ○ Warren: The whole county health system has already been made electronic through the Epic system. Where they're having a problem is where they're trying to bring the mental health piece into the electronic world. Mental Health has a billing demand that Epic does not address. As of January, there is a penalty for mental health not being in compliance with the requirement to have an EMR with DHCS, so now they have to. The issue is they haven't yet gotten the contract with NetPro. We haven't worked out what the scope of work and price tag is. When that's visible everyone needs to be aware what the scope of work and price tag is. ○ Kathi: I agree we should have someone in here to talk. ○ Doug: Can we put into the contract if the vendor doesn't deliver within a certain time frame there are consequences. 		

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	<p>The other comment is that this is starting to look like a black hole situation. If certain performance criteria aren't met by a certain date, then we should tell them the money doesn't go to them.</p> <ul style="list-style-type: none"> ○ Warren: I wish I could speak knowledgeably to this, but this is outside of my purview. You want to talk to our project officer for this particular endeavor, who would be Steve Hahn-Smith. ○ Susan: One of the biggest problems was the county was insisting we use EPIC, and EPIC said they weren't going to do it. There was a piece in the IT portion that was approved by CPAW that was supposed to go toward a kiosk system in the Adult clinics. It was cut out of the budget because the medical doctor said it would take too much time. That money was then spent on something else, when it should have been saved and put back into the budget for something else. ● Teresa: I asked Cynthia about the \$849,000 for administrative support. That's a lot of money set aside without 		

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	<p>knowing what it's going to. I asked about the 6 million and was told it's there, but how do we know? It's unacceptable and the story has shifted over and over again. Someone needs to address this. I want to know what the county's doing with the 6 million.</p> <ul style="list-style-type: none"> • Jennifer: There were also supposed to be computers that were to be set up. <ul style="list-style-type: none"> ○ Susan: We ordered computers for each clinic so CSW's could teach consumers how to utilize them and they all disappeared. 		
5. Break			
6. The Budget	<ul style="list-style-type: none"> • Mariana: Staff raises and cost of living adjustments need to be built in. I'd like to make a request that there's something in the planning regarding cost of doing business adjustments for the contract agencies. I think the county's been terrible about supporting CBO's. CBO's always contribute additional millions of dollars. I think that there's an equity issue to be addressed, and I would like to see that addressed in the plan. In light of the economic recovery, is there a general expectation that the funds will start to grow again, given the increased tax revenues that are now being seen at the state level? <ul style="list-style-type: none"> ○ Warren: P 53-54 highlights 		

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	<p>estimated funding. There's no rhyme or reason that correlates to the economy. Every two or three months they send out projections of revenue that tend to be pretty close, so they do have some validity. The problem with inflated projections is that it compromises your ability to plan.</p> <ul style="list-style-type: none"> • Molly: At some point CPAW approved the notion that if there was an increase in funding from the state we would spend 30% on housing. Is what we're getting projected to be more than what we were getting in previous years? <ul style="list-style-type: none"> ○ Warren: It's projected to be less than last year. Much of these next three years are fairly consistent give or take what was projected in 11/12. ○ Molly: Did we spend in fact spend the amount that was a 30% increase that we thought we were getting for housing, such that that now gets rolled over into the oncoming years? ○ Lori: I'm tracking this too because I'm looking at the housing budget over many years, and that was one of the documents that we had on 		

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	<p>Monday when we met with Vic and Warren and Jenny and Sandy, and I want to highlight for you that we have traditionally been somewhere around that 9.1 million for housing, and this plan is showing that that's going to get cut in half.</p> <ul style="list-style-type: none"> ○ Warren: Are you referring to the permanent housing through CalHFA? ○ Lori: This will be the CSS housing. ○ Warren: Yes, but there's CalFHA. That 9 million sounds familiar, because that was what was approved and allocated for permanent supportive housing. ○ Lori: But if you look at several years it's typically been at 9.1, and we're looking at about half. ○ Warren: But the 4.8 is a different pot than the 9, so you're talking apples and oranges here. ○ Lori: I think that we in CPAW Steering need this document so we can see this over time. ● Lauren: The California Franchise Tax Board know how many millionaires are going to pay the 1% tax. This pot of money has been growing. Since it's not 		

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	<p>growing on our level, is the state taking off a larger chunk? Why has the Franchise Tax Board projected that a larger number of people will be putting in to this?</p> <ul style="list-style-type: none"> ○ Warren: The percentages are constant, which means that if there's an increase it's proportionate. You may be saying that there's an increase in the number of millionaires, but there's a difference in the amount of capital gains people are going to pay. Depending on what the financial situation is, that's a variable amount. If someone from the state sends down a projection, you know it's going to be the most conservative. This is crystal ball projection stuff and that's why I focus on what is actually being spent, and what we are actually getting in. 		
7. Evaluating the Plan	<ul style="list-style-type: none"> ● Mariana: I have a gratitude for the way that this is laid out, so thank you. ● Molly: As a contractor, I hope we will know very soon what the plan is for the monthly report, so we can plan how to satisfy it. <ul style="list-style-type: none"> ○ Warren: We finish the beta testing May 12th and 13th. We will report 		

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	<p>back to the MHSA Finance Committee and do an after action in terms of what worked, what didn't work, etc. Then that will be shared with all of the programs.</p> <ul style="list-style-type: none"> ○ Molly: I meant the financial reporting. 		
<p>8. Appendices and Plan Construction</p>	<ul style="list-style-type: none"> ● Lauren: We have Nevin House being in Central County, when it's actually in West County. ● Lori: Aging and Older Adult met and Recovery Services was reported to be in Walnut Creek, when it's actually in Concord. ● Warren: As you can see there is a lot of detail in all of this, and we need a lot of hands to make sure that it's right. ● Lisa: A5 – program in different county ● Molly: When you say West, Central, and East, are you referring to where it's physically located or where it serves? <ul style="list-style-type: none"> ○ Warren: Where it serves. ○ Molly: Some places are located in one part of the county, but serve clients in more than one. ● Teresa: D1 – What is the process for the county auditor to certify the financials, and what do they use? <ul style="list-style-type: none"> ○ Warren: They start with the financial staff who put these 		

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	<p>numbers together, then their managers review it and vett it, then those managers' report to that office and say whether or not it's correct.</p> <ul style="list-style-type: none"> ○ Teresa: If someone did a public records request of the auditor, would we be able to get whatever information you're getting? ○ Warren: That I don't know. ○ Teresa: We used to get more detail so I'm just wondering how we can access more detail. ○ Warren: What I might suggest is using our new tools as a means to boring in on specific issues. ● Susan: C3 – I haven't heard family members referred to as consumers. <ul style="list-style-type: none"> ○ Warren: There are a lot of programs that serve an identified client consumer and their family. For example, Project First Hope. Send some suggested wording. ○ Doug: In this context, consumers is how I understand it. The word Behavioral Health is left out. ○ Kathi: That clarification would be confusing if they were receiving services from another agency. 		
9. Review of Meeting	<p>Announcements:</p> <ul style="list-style-type: none"> ● Roberto: This month, Social Inclusion 		

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	<p>will be meeting Thursday, 5/29 from 10-12 at 2425 Bisso.</p> <ul style="list-style-type: none"> • Lisa: Kimberly and I are working on a NAMI walk. If anyone wants to be part of our team, or donate, please contact us. • Hillary: We are having our first monthly Friends and Family Dinner. All are welcome. 5:30-6pm at all three centers. We are also having a NAMI walk team. The annual BBQ is 6/27 with Putnam Clubhouse, Crestwood, and NAMI. I can email Warren flyers. • Lisa: The WREACH Committee meets the 4th Thursday of each month from 1-2:30pm. • Kimberly: We would like to get family members and providers on the WREACH Speaker's Bureau. • Kathi: The Innovation Committee will not meet next month, but twice in June, on 6/2 and 6/23. <p>Meeting Review:</p> <ul style="list-style-type: none"> • Did an awesome job putting detail together. • Ice cream was awesome. • I liked that I could talk as much as I wanted to. 		
10. Next CPAW, Steering, Membership Meetings	<ul style="list-style-type: none"> • CPAW: 6/5/14 3-6pm • CPAW Steering: 6/19 3-5pm • CPAW Membership: 6/16 3-5pm 		