



NAME OF COMMITTEE: CPAW Meeting
MEETING DATE & TIME: Thursday, April 11, 2013, from 3:00-6:00 PM
LOCATION OF MEETING: 2425 Bisso Lane, Suite 100, Concord, CA 94520

Members attending: Stephen Boyd Jr., Kimberly Krisch, Lori Heffner, Annis Pereyra, Dave Kahler, Ryan Nestman, Molly Hamaker, Susanna Marshland, Teresa Pasquini, Mariana Moore

Staff Attending: Dianna Collier, Sandy Rose, Kennisha Johnson, Heather Sweeten-Healy, Thomas Tighe, Erin McCarty, Stacy Tupper, Ken Gallagher, Ziba Rahimzadeh, Angela Pride, Steve Hahn-Smith, Jeanette Braker, Brenda Fields

Public Participants: Beth Williams

Excused from Meeting: Sam Yoshioka, Kathi McLaughlin

Staff Lead: Steven Grolnic-McClurg

Staff Support: Jeromy Collado, Cassie Brown

Topic	ISSUE/CONCLUSION	ACTION/RECOMMENDATION	PARTY RESPONSIBLE
3:00 PM Opening Agenda Review, Announcements: <ul style="list-style-type: none"> • MHSА Coord Update (Steve) • Audit Committee Update (Steve) • Age-Related Committees Update (Steve) • Facilitator Selection 	<ul style="list-style-type: none"> ▪ Steven: MHSА Coordinator Update: Panel agreed on 3 people to move forward to second round. Interviews have started for second round. MHSА Coordinator may be at the next meeting or the following. Thank you to everyone for the effort put in. Audit Committee Update: <ul style="list-style-type: none"> ○ Annis: Went over in the MH Commission meeting what is going to be covered and set goals and missions for this year. ▪ Steven: Deliverables for financial audit are 		

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<p>Process Update (Steve)</p> <ul style="list-style-type: none"> • Others? 	<p>close to being settled on. When they are set I will send them out to CPAW for the financial audit.</p> <ul style="list-style-type: none"> ▪ Age-Related Committees Update: For TAY and Children’s there was a robust group that met. Adult group was rather thin. Committees have started. They seem to be getting going, developing charges and moving forward. ▪ Facilitator Selection Process: There is currently only one person - Maria Pappas - who is on contract to facilitate. It will probably be June before she is here to do interim facilitation. We are going to look in the Planning group what the criteria for long-term facilitation will be. I would be looking for a reduced scope for the facilitation than we had with Grace and Leigh. The dollars that we have can be more useful for other things, housing, etc. ▪ Lori: I’ve started a glossary and would love to have input of acronyms and key phrases that we throw around in CPAW for newcomers. ▪ Kimberly: If you can identify people that you feel would be good for the Adult Committee it would be a good opportunity to become 		

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	<p>educated about the system. It may also be an opportunity as a breeding ground for future CPAW members.</p> <ul style="list-style-type: none"> ○ Steven: We are certainly looking for input and involvement. 		
<p>3:25 PM Public Comment</p>	<ul style="list-style-type: none"> ▪ None 		
<p>3:30 PM MHSA Housing ARF</p>	<ul style="list-style-type: none"> ▪ Annis: We had an action item that was passed at the last Housing Committee meeting. (Refers to lavender handout in packet). Proposal that Bonita House would provide up to 10 licensed board and bare housing beds with the understanding that with part of the rehab money improvements need to be made to the house so that they have additional bedrooms. They are asking for funding to finish the remodel job and hoping that Contra Costa would take up to 10 of their slots. Also asking that some money from the 12/13 (30% Housing allotment) could go to apartments and augmentation for more board and care beds. <ul style="list-style-type: none"> ○ Steven: Given that we have relatively little time in this fiscal year and the set number of dollars has to stay within our limit, would the Housing Committee be open to other projects that are like Bonita House that are ready to go for one-time funding? ○ Annis: Are these projects that have never come to the Housing Committee meeting before? 		

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	<ul style="list-style-type: none"> ○ Sandy: One example to support Steven’s suggestion is the Interfaith Coalition, who has come to the table a few times wanting to add more units to their existing property, and need help with leveraging units. ○ Steven: If the recommendation could be for the one-time funds it would help us quickly move forward with those kinds of projects. ○ Annis: This would need to be brought back to the Housing Committee. I can’t make that type of decision on my own. ○ Molly: I think we already said we didn’t want to do a blanket for anything like it, but that doesn’t mean we wouldn’t agree on that kind of thing. ○ Annis: Additionally what we had asked was not even to tie this request for one-time funding to specifically come out of the 650 from this year, but that there is other one-time money that could be spent on a project of that magnitude. ○ Steven: Why don’t we take the recommendation as written. If there are other proposals they can go back to the Housing Committee and if there are additional dollars we can do 		

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	<p>that.</p> <ul style="list-style-type: none"> ○ Annis: Bonita House Project was not strictly a board and care, it was a board and care that provided a different level of opportunity of engagement for the consumers that live there and actively doing things on a daily basis. It's a little bit different than just securing another piece of property. ○ Steven: Every project has special things about them and it's a great opportunity for us to hopefully be able to get it to work. ○ Molly: Even though it is true that the fiscal year is almost over and we can't commit money on an ongoing basis, if possible we didn't want to wait until the next fiscal year to use some of it. ○ Steven: Do people feel ready to vote on the ARF? ○ Molly: I think we should say how much money we're talking about. ○ Steven: We had a ballpark as just an initial proposal but we have to go into negotiations with them. What I'm hearing is to use one-time funding for Bonita House and I think it's a negotiation we need to enter into with Bonita House. 		

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	<ul style="list-style-type: none"> ○ Molly: Most people here don't even know the amount we have to spend. ○ Steven: 650. ○ Molly: That's after the money that's already allocated for the other project. Say it turned out to be the whole 650, that would leave no money for other things. ○ Steven: July 1st there would be the new 650 allotment. ○ Steven: We will make sure we're being fiscally responsible in looking at a contract with Bonita House and make sure we're getting the bang for the buck. I have not had an official proposal from Bonita House and we have not negotiated with them to find out ongoing budgetary needs. If this is the recommendation in terms of how you want us to spend that money, that's helpful, and will allow us to go through that process with folks. ○ Sandy: In the last Housing Committee meeting we were given dollar amounts, but told not to attach dollar amounts in recommendations since we need to have negotiations. ○ Molly: I was only trying to share what we heard at the meeting and not pin us down. 		

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	<ul style="list-style-type: none"> ○ Teresa: Bonita House submitted a proposal through capital facilities of the Mental Health Commission asking for up to \$420,000 of one-time funds. It's public record in the MHC minutes. ○ Steven: Took a vote: 10 CPAW members in favor of Housing recommendation, 0 against 		
<p>3:45 PM Innovation Project Update</p> <p>13/14 Draft Plan</p>	<p>Innovation Project Update-Yellow Handout in packet</p> <ul style="list-style-type: none"> ▪ Kennisha: Requesting a 6 month extension on Perinatal Depression Project. ▪ Erin: We are requesting that a recommendation be made to extend the project for an additional 6 months through the fiscal year 13/14. The project was a 12 month pilot. There are a couple different services that will be provided as a part of this project. In-home visits with a public health nurse, participation for mothers in a depression group, individual services provided on a limited basis as needed for mothers, psychiatry services as needed for mothers, medication services provided on site free of charge, and child watching for mothers while they're participating in the group and individual services. Target population-mothers in the county who screen positive for perinatal depression. Goals of the project were approved by CPAW. Project began in December 2012. ▪ Kennisha: The most important thing is that 	-	

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	<p>we've created a referral process among all 3 divisions. Clinician training has been completed. Assessments have begun on patients. Data collection has been going on for over a year and the participants are continuously being identified. There is a weekly planning implementation group to create the road for this project and trying to figure out exactly what we're doing as we go. We've also listed various barriers we've run into. We've finally placed the clinician that we hired in December of 2012.</p> <ul style="list-style-type: none"> ▪ Erin: Refers to screening process for patients. We will be initially targeting the women that have a score of 4 or greater. There were a total of 1,480 women screened, and of them 170 met the initial criteria to be a part of the project. ▪ Kennisha: If we end in December it would result in groups shutting down from October. The first few months really went in to a lot of planning. There has been a lot of logistical planning and we're finally ready to start the group. We've been working on a lot as we go and have a lot in place and are finally ready to get going. ▪ Erin: To extend for the extra 6 months it would approximately be a little less than \$154,000. There have been a lot of other in-costs that Public Health has donated. <ul style="list-style-type: none"> ○ Annis: Why are the psychiatrist's hours less than a public health nurse? ○ Erin: That is a typo. It is the second number listed. 		

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	<ul style="list-style-type: none"> ○ Mariana: Looking at the barriers and challenges, I was wondering whether CPAW as a body and the system should be thoughtful about the expectations that we have going into approving fast-track projects. ○ Susanna: I want to request that perhaps we consider in making sure that the delay is that the barriers become part of the lessons learned. ○ Mariana: What is the opportunity cost if we approve this extension? If we say yes to this, what might we be saying no to? ○ Steven: This amount of funding would not affect the proposals in the pipeline. ○ Lori: I don't feel good about the additional funding. We have to keep the category pretty pure. ○ Teresa: I agree that it is concerning. It is obviously a learning opportunity and it does beg to the fact that we spent time creating a fast-track process and created parameters and we are creeping. ○ Erin: The state errs on the side of taking enough time to make sure the proper amount of time is dedicated to learning enough things. ○ Susana: I thought the fast-track was our construction, not the state's. If we stop now we waste the time and money and learning opportunity. 		

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	<ul style="list-style-type: none"> ▪ Teresa: Do we have a priority list of what we need to learn about in other parts of our system? <ul style="list-style-type: none"> ○ Steven: No. My understanding was that the funding was based on need. ○ Teresa: Will we as a body have a process in place as we go forward, maybe as we do the deep-dive? Will there be a process for re-evaluating the use of funds? ○ Steven: Innovation should be about learning, not about ongoing need. For future projects that we have not approved I think we need to take a pause and look at that. ▪ Molly: There is a need to figure out what we want to do at another time and place for Innovation. <ul style="list-style-type: none"> ○ Steven: If the county chooses to fund an Innovation as an ongoing project, there's no obligation to fund it out of MHSA. ○ Molly: If we're not under obligation to fund on a continuing basis, then what does happen with Innovation projects as far as money to continue extensions? ○ Steven: The strategy this county took was to fund services out of need. There are projects that are coming to an end and if they're successful, we will be proposing that we utilize more funding. We need to look at what kind of Innovation projects we want to set up in the future. ▪ Lori: We are waiting for a couple Innovation 		

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	<p>projects to happen that are in the pipeline. I think this warrants further investigation. What guarantees do we have as a group that we won't be asked for another extension?</p> <ul style="list-style-type: none"> ○ Kennisha: Delays have happened that were out of our control, and the project is finally ready to get going, so as far as I can see there are no further projected delays. ○ Lori: Why are there so few women that meet the criteria? ○ Erin: The PHQ for a couple different factors for the mother at the time she was screened didn't meet the criteria. A lot of women go to WIC that don't just have new babies, but older babies as well. ○ Lori: It does concern me as a little that for this price tag we're not serving that many clients. ○ Steven: I read this as quite a need. There are a lot of people scoring high for depression that are new mothers. It would be fairly inexpensive early intervention to prevent trauma to the family in the future. It does seem like a cost-effective intervention. ○ Lori: For those that score higher than or equal to 4, we have 92 eligible. ○ Erin: This is an ongoing screening and referral process. ○ Kennisha: We can't serve all these people 		

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	<p>with only one clinician.</p> <ul style="list-style-type: none"> ○ Steven: We want to be doing this in our system of care. The idea of screening at a WIC site is a great idea. I will speak in favor of it as a concept and Innovation proposal. If this intervention is effective, this is a fantastic program. I want to defend the project as a concept. ○ Lori: One of the things I feel like I need to learn as a CPAW member, is when I see the legislation and it's for the most serious and persistently mentally ill, is it advisable for me as a CPAW member to put my blinders on? ○ Steven: It really goes back to educating ourselves. There are different pots of dollars that are meant to do different things. Prevention/Early Intervention is not strictly about treating people with persistent mental illness. Right now we're catching it when tragedy has already occurred in a family. Let's get upstream and catch this before it happens. That is different from CSS, people with serious mental illness and emotional disturbances. What is so progressive about the legislation is to get upstream and to stop this from actually happening so much in our community. ○ Mariana: Is it too soon to know how many of the women of the women 		

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	<p>screened wound up in enrollment?</p> <ul style="list-style-type: none"> ○ Kennisha: All of the women eligible will receive a screening and a phone call. We're trying to lessen the barriers for them to actually be able to participate. Some of the things that we've incorporated are the lessons that Public Health has already learned. ○ Mariana: If we are to choose to fund this going forward, I would suggest that there be a quarterly update. ○ Steven: We're funding several Innovation programs, I don't think quarterly updates would be the best use of CPAW dollars. The goal is at the end to learn whether or not this worked. ○ Mariana: I'm sensitive to the time allocation. I feel like we sometimes sit here as a body and throw money out the door and things result in confusion. ○ Molly: I think it would be important as a body to look at what we've already done with Innovation and to implement a process of Innovation going forward. We could really utilize a way to evaluate Innovation projects when they end. ○ Steven: Vote on Innovation Project: 8 in favor of extension on Perinatal Depression project, 2 opposed. ▪ Ryan: How many more innovations do we have in the pipeline? 		

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	<ul style="list-style-type: none"> ○ Steven: One is coming to completion this fiscal year that we will be making a recommendation on for future funding. ○ Lori: I agree that we evaluate these quarterly or semi-annually. ○ Steven: I hear the idea I would just like to think about it for a minute. ▪ Susanna: Is there a way we can capture these ideas in a parking lot section of the minutes? <ul style="list-style-type: none"> ○ Teresa: What would we do with the parking lot section of the minutes? ○ Molly: Why don't we bring that question to the Planning Committee? ▪ Steven: We are not ready to put out a 13/14 update. Given that we're meeting in late April, I am not 100% sure that we'll have a plan update before the May meeting. We need at least a 2 month process with a plan update that is ready. It seems likely that we are not going to be able to meet this fiscal year's deadline. <ul style="list-style-type: none"> ○ Molly: What can we do in the meantime to start thinking about how we're going to do the deep dive? ○ Steven: At the next Planning Committee meeting we could spend some time doing that. Two large items that will be in the plan update are our new Hope House (CRF) that is being built out of approved MHSAs dollars. It is a level below hospitalization where we can care for individuals. The second piece is going to 		

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	<p>be the ARC that is being built. It will be a diversion from PES for individuals that are utilizing PES but are not at the level where they need to be hospitalized. It's a sort of urgent care for mental health. We are in the very rapid planning process of getting that program into the place. A third piece in the budget is where we will finally be implementing an EMR system. When we put aside funds for the purchase it is likely that there are going to be additional funds needed.</p> <ul style="list-style-type: none"> ▪ Steve Hahn-Smith: Short history is the capital facilities and IT budgets were together. There are four main parts: electronic health record, e-prescribing, personal health record, and making computers available for consumers to use. Goals: We want to make sure that we have an integrated care delivery system. Epic is a hospital-based system but they would like Mental Health to use the same system so we're under the same umbrella. After analysis, our billing is way different and a lot of issues would have come up had we used Epic. We want to have a system where consumers can communicate with providers securely. We also have a lot of contracting agencies that do services on behalf of the county. A lot of contract agencies have adopted their own EMR systems already. Our intent is to make the system as available as possible to all the CBO's in order to offer a 		

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	<p>better care delivery. In cases where that is not possible we are offering integration. We also have language in the contract about exchanging clinical data. We also have built-in functionality to communicate with the Epic system. The focus that we have is client-focused. There are a lot of inefficiencies that are built-in. We are delayed and are one of the last counties to do the EMR. We are in the contract negotiation process right now so we have very active dialogue with the vendor that's been selected. The plan is to get this done by June 30th, the end of the fiscal year. I can't state the vendor since we're in contract negotiation.</p> <ul style="list-style-type: none"> ○ Stephen Boyd: Does this make it possible for the primary care provider and mental health provider to communicate? ○ Steve Hahn-Smith: Yes ○ -: What happens with the agency if half the clients are MediCal and half are not? ○ Steve HS: Eligibility is a billing issue, so if they're not MediCal eligible it just doesn't bill. ○ Steven: It may be the case for many CBO's that if they choose to use different software, they are going to have to work with us. ○ Molly: Will the providers (primary and mental health) be able to see records from both sides? ○ Steve HS: Yes. There will be able to be 		

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	<p>an exchange of high level content that goes from one system to another. It is feasible to see lab results, prescriptions, etc. Progress notes are not something that's been standardized on.</p>		
<p>4:45 PM Break</p>			
<p>5:20 PM 12/13 Plan Update</p>	<ul style="list-style-type: none"> ▪ Steven: (Referring to MHSA Plan Update handout in packet) Staff has been working furiously to get proposals out the door so that we can get things in place. My plan is to bring this update each month in consistent form. I don't think there's any way to move this stuff along more rapidly. - Members agree that document is extremely helpful. ▪ Steven: In the county process there are some things that will move more slowly than others. <ul style="list-style-type: none"> ○ Molly: The vehicles for programs-where are they going? ○ Steven: Internal mostly to clinics. I will include the update as to where they are all going to on the next update. ▪ Annis: I was told that there were going to be three money managers for consumers, one for each region of the county. <ul style="list-style-type: none"> ○ Steven: Yes, that was approved. 		
<p>5:35 PM (Time Permitting) Items for the Future</p>	<ul style="list-style-type: none"> ▪ Teresa: What does political gain mean (referring to email that went out yesterday)? <ul style="list-style-type: none"> ○ Steven: I'm trying to figure out where the 		

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	<p>language came from because I don't know what that would mean. I'll ask Priscilla where that came from.</p> <ul style="list-style-type: none"> ▪ Ryan: Why can we only serve on one RFP? <ul style="list-style-type: none"> ○ Steven: I don't have a good answer. I can check with Priscilla. ○ Erin: I think a part of it is to be conscious of your time since there is so much that goes into it, so that you don't create a burden for yourself. ○ Teresa: Did you think of asking the commission? ○ Steve: I did. I emailed it to Carol. We're asking for one representative from the commission to be on each of the RFP's. ▪ Steve: I did not get a lot of response back about the RFP's so I will put another prompt out. ▪ Steven: Grace and Leigh's report went out and there are several items to look out for the future: We do need to start planning for the future and restart the process that has occurred for the deep dive. Until we have a MHSA Coordinator in place, this process is slow going. We did the first interviews and there will be no one that will be walking in at a level that knows this position backwards and forwards. We need to have a public process that works. We need to have stakeholder involvement and a stakeholder body that is functioning. ▪ Mariana: Is the Innovation framing going to happen in the deep dive conversation or is that a 		

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	<p>separate thing that is going to be on the list?</p> <ul style="list-style-type: none"> ○ Steven: I think I need to think on that for a minute. Perhaps there needs to be a subcommittee to do some of the deeper dive. ○ Mariana: I'm fine with us deciding right now I just don't want it to interrupt anything. ○ Steven: We're not going to go forward with new Innovation projects until we're clear what we want to be doing with Innovation dollars. ○ Erin: The Social Support for LGBTQ Youth that happened a few years ago is coming to an end. <ul style="list-style-type: none"> ▪ Lori: Someone needs to wrestle with how we're going to do the deep dive. I'd like to see it on the Planning Committee Agenda early and often. 		
<p>5:55 PM Public Comment</p>	<ul style="list-style-type: none"> ▪ Teresa: If this is how our money is being spent, I oppose. I don't need pretty pictures. (referring to MHSa plan update booklet) ▪ Lori: As a member of the interviewing panel, thank you again for letting us have that structure and all of those participants. 		
<p>6:00 PM Close</p>			