

CPAW – ATTENTION ITEMS

Please note the following items which require CPAW attention and/or action:

1. Review Minutes, Advise of Changes Needed.
2. Review Consensus Flowchart for 'Understanding & Improving Consensus Building' discussion.
3. Note the following recommendations from Innovation Committee that CPAW will be asked to take action on during the meeting:

➤ **RECOMMENDATION #1: Seeking Approval.**

The Committee recommends to CPAW the following that the Charge of the Innovation Committee be revised:

- **Establish a process for submission and review of innovation ideas**
 - Attend Innovation Committee meetings.
 - Recommend Committee membership and identify Committee membership gaps.
 - Come up with a process for evaluating ideas (original and ongoing).
 - Review originally submitted and new ideas.
 - Recommend priorities (original and ongoing) to CPAW.
 - Suggest implementation process (e.g., RFP/RFI/staff run).
 - Recommend innovation ideas to CPAW for submission to the Mental Health Director.
 - Review proposed plans sent to the State for approval.
- **Review Projects and Outcomes**
 - Review project outcomes and learning goals on a quarterly and annual basis.
 - Liaison with the Data Committee.
 - Liaison with Innovation Project Managers.
 - Recommend to CPAW post-project actions and sustainability options.

➤ **RECOMMENDATION #2: Seeking Approval**

The Committee recommends the category of "Fast Track" ideas be established, with the criteria that ideas must be able to be quickly implemented once approved and project budget is \$<250,000. The Committee recommends that Fast Track ideas originate from Staff or the public and that the Committee review one fast track idea per month.

➤ **RECOMMENDATION #3: Seeking Approval**

The Committee recommends to CPAW that the CalMEND Integration Process Project (FTINN-01) be approved for up to \$250,000 and up to 24 months.

- The proposed project calls for:
 - Three Wellness Coaches.
 - 0.5 Community Support Worker for evaluation.
 - Recovery Innovation Training.

- The committee recommends a short-term continuation of the program to show its ability to be replicated.

➤ **RECOMMENDATION #4: Seeking Approval**

The Committee recommends to CPAW that INN-04, Trauma Services for sexually exploited female youth, be developed into a Draft Plan and RFI

- The proposed project would have two component parts:
 - Collect Data and Recommend Model. Contra Costa County data sources should be augmented with San Francisco and Alameda County data sources. A newly won federal grant in San Francisco and California Prevention Education Project (CalPEP) may offer additional data. Implement New Model for Engaging Sexually Exploited Female Youth. Engaging this target population is the greatest challenge. A Harm Reduction Model is one possible approach.





CONTRA COSTA HEALTH SERVICES

CPAW MEETING

Date of Meeting: Thursday, September 2nd, 2010

3:00 PM to 5:30 PM

2425 Bisso Lane, Suite 100, Concord, CA 94520



Staff Lead: Sherry Bradley

Minute Taker: Kathy Guruwaya

Staff Support: Elvira Sarlis, Cindy Downing

Facilitator: Grace Boda

AGENDA

TIME	TOPIC	PRESENTER	DESIRED OUTCOMES	MINUTES
3:00 PM	1. Opening	<i>Grace</i>	On-Time Start	15"
3:15 PM	2. Feedback from last meeting and Agenda review	<i>Grace</i>	Meeting Parameters Established	5"
3:20 PM	3. Understanding and Improving Consensus Building	<i>TBD</i>	Skill Building	15"
3:35 PM	4. Structure for clarifying CPAW's role	<i>Grace</i>	Introduce working structure	5"
3:40 PM	5. Innovation Committee Action Items <ul style="list-style-type: none"> Innovation Project INN04 - Trauma Services for Sexually Exploited Female Youth Innovation Project INNFS01 - Promoting Wellness, Recovery and Self-Management in an Integration Pilot Project Revised Committee Charge Implementing "Fast Track" Innovation Theme 	<i>Innovation Committee</i>	Approval and Align on Committee Charge	45"
4:25 PM	Short Break	<i>n/a</i>	Fresh thinking and camaraderie between CPAW members	10"
4:35 PM	6. Mental Health Director's Report	<i>Donna</i>	Increased understanding of the current events on the state and county levels	10"
4:45 PM	7. PEI Developments <ul style="list-style-type: none"> PEI Project 7 PEI Project 4 	<i>Mary</i>	Increase understanding and preparation for future approval	20"



CPAW Meeting – 9/2/10

5:05 PM	8. Update on Statewide PEI Funds and JPA	Mary		15"
5:20 PM	9. Review what MHSA/CPAW items/deadlines are coming up in the next 6 months	Sherry	Introducing new tool for tracking and planning for deadlines	5"
5:25 PM	10. Public Comment	Grace		5"

CPAW Ground Rules

1. Agendas and minutes of the previous meeting will be emailed before each meeting,
2. Meetings will start and stop on time.
3. One speaker at a time; allow the facilitator to “direct traffic.”
4. Speaker’s remarks should be brief to allow for others to speak.
5. Listen to and value other points of view, even if they differ from yours.
6. To the greatest extent possible, system interests should trump personal interests.
7. Declare potential conflicts of interest before the topic is discussed.
 - *The person(s) having a conflict with a topic being discussed will refrain from participating in any group discussion on the matter and will physically leave the room for the period of time the topic is considered.*
8. Focus on past stakeholder processes to the extent that it helps the CPAW move forward.
9. When the group makes a decision, seek consensus 1st; a simple majority is the second option.
10. Turn off cell phones, unless your job requires you to be readily available.

**MHSA CONSOLIDATED PLANNING & ADVISORY WORKGROUP (CPAW)
MEETING MINUTES**

**August 5, 2010, 3:00 PM – 6:00 PM
2425 Bisso Lane, Suite 100, Concord**

CPAW Members: Brenda Crawford, Molly Hamaker, Peggy Harris, Ralph Hoffman, Dave Kahler, Candace Kunz-Tao, Lori Hefner, Beatrice Lee, Anna Lubarov, Steven Grolnic-McClurg, Kathi McLaughlin, Susan Medlin, Ryan Nestman, Teresa Pasquini, Connie Steers, Wayne Thurston, Cheryl Virata, Sam Yoshioka

Members of the Public: Peter Bagarozzo, CCMHC

Staff: Sherry Bradley, Zabeth Cooper, Cesar Court, Cindy Downing, Kathy Guruwaya, Holly Page, Suzanne Tavano, Donna Wigand

Facilitator: Grace Boda

Excused: Courtney Cummings, John Gagnani, John Hollender, Ron Johnson, Lori Larks, Susanna Marshland, Mariana Moore, Annis Pereyra, Tony Sanders

Absent: Rhonda Haney

Grace Boda opened the meeting at 3:05 PM.

TOPIC	ISSUE/CONCLUSION	ACTION/ RECOMMENDATION	PARTY RESPONSIBLE
1)Opening	<p>Introductions were made around the room.</p> <p>Grace announced that Leigh Marz will no longer be co-facilitating CPAW meetings with her but will continue to facilitate the Planning and Data committee meetings.</p> <p>“Caught You at Your Best” cards: Grace announced that these cards are included in the Member packets, and that they are appreciation cards for fellow members or staff. You can fill one out and give it to colleague when you are appreciative of their efforts in or outside of a meeting or for going above and beyond in serving the mental health community in Contra Costa County.</p>	<p>Use the “Caught You At Your Best” Cards to show appreciation to fellow CPAW members or staff.</p>	
2)Feedback from the Last Meeting	<p>Grace reported on feedback from last CPAW received from members, about what they felt worked and didn’t work RE: the meetings and planning for them.</p> <p>What works:</p> <ul style="list-style-type: none"> • There is a lot of appreciation for the positive attitude and context the facilitators bring to the meetings, as well as the CPAW members. • Agenda planning is going well. • Having realistic expectations about what can be accomplished in a meeting. <p>What needs improvement:</p> <ul style="list-style-type: none"> • Agenda topics should be more specific. • Frustration when CPAW members bring up off-topic comments. • Suggestions and future topics cards for future 	<p>Recommendations:</p> <p>Agenda topics should be more specific;</p> <p>CPAW member discussions stay on topic;</p> <p>Get committee reports in more timely way.</p>	<p>Consultant Facilitators, Staff</p>

TOPIC	ISSUE/CONCLUSION	ACTION/ RECOMMENDATION	PARTY RESPONSIBLE
	<p>meetings.</p> <ul style="list-style-type: none"> Getting committee reports on time. 		
<p>3)Update Agreements</p>	<p><u>Agreements for CPAW:</u> Updated draft CPAW Agreements and Conflict of Interest (COI) Guidelines were handed out and added to members’ binders. It was suggested again that people’s comments be on target and within a reasonable timeframe. Three suggestions were made: 1. time limits. Kathi McLaughlin suggested a time limit for the entire topic. Beatrice Lee suggested that similar comments be “clustered” together. It was also suggested that the facilitator set time limits if there is not enough knowledge about a topic. 2. Staying on-topic. 3. Putting ideas on a suggestion card.</p> <p><u>Conflict of Interest Guidelines:</u> the COI guidelines are currently in draft form . It was noted that a CPAW Members’ organization affiliation is named on the membership roster, which also helps to identify potential COI.</p> <p><u>Highlights of the discussion:</u> Members’ perspective during discussions should be named. If a decision being made directly affects a member financially they should recuse themselves. County workers who work directly for a program being discussed should also recuse themselves. What is the definition of a stakeholder? We need to be more specific. The conversation must be had in the moment. Not only fiscal issues constitute a COI. Ralph: clarifying your level of involvement. Lori: even the appearance of a COI is enough. There are different standards/levels of COI. What’s our threshold going to be? Molly: stopping to discuss every decision of COI could be too much. We’re not a planning committee, we’re advisory only. Sometimes I myself don’t always know, it’s confusing. Steven: the biggest thing to approve is Plan Updates, everyone is involved in that. Fiscal vs. other issues. [being a stakeholder vs. having a COI.] Brenda: doesn’t feel participation constitutes a final decision, we’re advisory. The Director could choose not to take our advice. Kathi: paid or not, there can be a vested interest. We’re more than advisory. Innovation was planning (e.g.: the Mothers and Custody issues piece. Even being one step removed is enough to have a conflict. Lori: suggested that members disclose beforehand</p>	<p>It was agreed by consensus that the three suggestions made would be added to the Agreements document, as follows:</p> <ol style="list-style-type: none"> 1. Time limits be established on topic; 2. Comments remain on topic; 3. Cluster the responses about a topic. <p>If someone goes off topic, use the parking lot.</p> <p>Members were not ready to finalize the Draft Conflict of Interest Guidelines. It was agreed that Grace will put the COI question to members again individually when she sends out her follow-up email from the meeting.</p>	<p>Staff</p> <p>Grace Boda</p>

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	<p>their COI so it can be assessed.</p> <p>Brenda: what are other counties doing? We played important planning role for Innovation but the final decision lay with Donna. She didn't agree with us and said no. She's still the ultimate decision maker.</p> <p>Teresa, speaking as a family member: the 'P' in CPAW stands for planning. Donna has never made a decision without CPAW's recommendation. CPAW is the stakeholder for approval. Feels this is a good conversation, goes beyond the financial. Equity between what's happening in and outside of the room.</p> <p>Ryan: is part of the MHSA spirit program, a County volunteer, and he and son receive County services. He feels members should state their role and let the group decide.</p> <p>Molly: Susanna Marshland has said that having an interest doesn't mean you have a COI. When does it become a conflict? When do you recuse yourself?</p> <p>Brenda: agrees with Molly. What are the clear roles and responsibilities of the members?</p> <p>Sherry: pointed to a copy of the CPAW charter in the binder, which states the purpose and role of CPAW. Members were asked to take a look at it. The purpose and role were read aloud. It includes the planning of Innovation, developing Annual Updates and an integrated transformative vision for Mental Health. Reviewing the findings from the Transition Age Youth and Community Services and Supports programs. Serving as ambassadors to the Board of Supervisors (BOS) and other groups. Developing goals.</p> <p>Grace: the more planning you do the more challenging COI will be; the more advisory, the less challenging.</p> <p>Sherry: emphasized the importance of the Mental Health Commission's (MHC) role regarding COI – they are a “check and balance” for MHSA plans, plan updates, etc. That's the purpose, too, of a 30-day review and public comment period, and then the MH Commission conducts a public hearing. This is mandated in Welfare and Institutions Code.</p> <p>Members were not ready to finalize the COI Guidelines.</p>		
4)Approve July Minutes	No changes were made to the minutes.	Minutes approved.	CPAW
5)Mental Health Director Donna Wigand's	From Sacramento, the State Department of Mental Health (DMH): there was a financial services discussion RE: MHSA funding: it's good that Contra	Donna asked Sherry to look into making sure our 25% release of 2009-10	Sherry Bradley

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<p>Report</p>	<p>Costa County Mental Health has spent significantly under its allocation because, if broken out by year, the 2009-10 allocation statewide is down \$144 million. Donna thinks the County should be fine. The County's 2009-10 percentage of \$144 million is approximately \$3 million. Sherry: if we haven't spent everything we've been approved for it carries over to the next year. Donna: there's been drop in revenue because the rich's income has been affected.</p> <p>For every county's annual funding allocation, there is 75% released up front and 25% is withheld. The DMH announced today that they have released the 25% from Fiscal Year (FY) 2009-10. Riunda (sp?) says we already have it. There is a caveat: for FY 2010-11 the trend will probably continue. For FYs 2010-11 and 2011-12 County Mental Health should budget for at least another \$3 million shortfall and strategize around that. A rise should begin in FY 2012-13. The FMAP increase will not happen in 2011-12. Our prudent reserve is doing well compared to other counties, however.</p> <p>Sherry reminded CPAW members that they recommended to the Mental Health Director the most fiscally conservative Plan Update in 2008-09, and 2009-2010.</p>	<p>funds and other monies are being tracked correctly.</p>	
<p>6) Reports from the Family and Human Services (FHS) and Internal Operations Committees (IOC) Meetings</p>	<p>Sherry: three to four months ago the Board of Supervisors (BOS) Internal Operations Committee (IOC) referred CPAW to the (BOS) Family and Human Services Committee (FHSC) so they could hear about the successes of MHSA. There had been no formal report on MHSA outcomes or an overview for the last five years. The report provided to them on August 2nd allowed the BOS to see what's been accomplished under the MHSA. They enjoyed the report and stated what they'd like to see next year. They want the big picture: how much was given, spent, and left over. Gaps in services. Items identified for next year. The composition and attendance of CPAW-like groups around state was also covered, as well as COI guidelines. Twenty nine counties were contacted. Most are similar to Contra Costa's structure (CPAW-like committees), and the smaller counties use their Mental Health Commission (MHC). Sub-committees were formed so all stakeholders were included. Ethnic and cultural groups were targeted, also. A video highlighting the Contra Costa Clubhouses was shown, which gave Mental Health consumers a face. Qualitative info was also given. A Powerpoint outlining the role of CPAW and its successes was</p>		

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	<p>shown. The FHSC also asked a lot of questions re: Full Service Partners (FSPs). It was explained that a data-driven process informs decision-making, including what to fund and re-fund, or not.</p> <p>Suzanne: a special appreciation to the Contra Costa Clubhouses, their video is fantastic. It is a great reminder of why we do the work we do.</p>		
<p>7)Planning Committee Action Item</p>	<p>Kathi McLaughlin presented the committee’s action item. The committee recommends creating an ad hoc committee to look at to develop a process for nominating and accepting new members. It feels a larger group is needed to look at representation, recommend a process, and look at gaps. <u>Discussion and Comments:</u></p> <p>Brenda: there is a lack of youth and meaningful stakeholder involvement. Susan: the gaps in membership are not listed in the recommendations of how to orient people.</p> <p>Kathi: it was intentionally kept brief so as not to give specific guidelines, purposely broad-based.</p> <p>Molly: it’s important to charge the ad hoc committee with something specific and help new members be successful, consumers or not, as well as bringing people up to speed efficiently. A process for nominating new members and vehicle for success is needed.</p> <p>Susan: recruitment.</p> <p>Ralph: things are getting more and more bureaucratic. Consumers are getting left out.</p> <p>Grace: should we vote on whether or not to form ad hoc committee for recruiting, nominating, and accepting new members? The committee should be diverse, but it’s voluntary.</p> <p>Sherry: committee members can bring in others.</p> <p>Two members voted no: Ralph: it takes too much time to have another committee extremely inefficient.</p> <p>Dave: it’s getting too institutionalized, there’s endless infrastructure.</p> <p>Grace: Ad hoc means “for a defined period of time.”</p> <p>Dave: feels members should identify the goal and move forward.</p> <p>Molly: we’re looking for a brief, simple charge. Grace: Donna requested this input so she wouldn’t make membership decisions unilaterally.</p> <p>Kathi: the Planning Committee doesn’t want to be charged with this because they want a broader perspective.</p> <p>Steve: when a committee makes a decision we need to go forward. We should want to support them</p>	<p>Recommendation:</p> <p>By consensus, form an Ad Hoc Committee for Nominating and Accepting new CPAW members. It was also agreed that staff would do the research for the committee, distribute the information, and endeavor to hold one meeting to discuss and make recommendations to CPAW. Sherry will send out an email to CPAW asking members to sign up.</p> <p>Kathi: the planning committee will work with the facilitator to set up the first mtg.</p>	<p>Sherry Bradley and Staff</p> <p>The Planning Committee and Leigh Marz</p>

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	<p>because they have already spent a lot of time on it. Molly: have them come back to the next meeting with feedback. Brenda: wants to be at the ad hoc committee meeting. Is there a way to do this within the structure that already exists within the regularly scheduled Planning meeting? Kathi: we can't fit it all into one committee. Sherry: other counties have done this, staff can bring CPAW the research. Agrees with Dave. It's expensive to staff another meeting, the preparation, minutes-taking, etc. The MHC has done a lot of this work too. Teresa: agrees with Dave in that it's critical to look in terms of not adding another layer. Likes Sherry's idea.</p>		
<p>8)Data Committee Action Items</p>	<p>The first Data Committee action item was presented by Holly Page: Approval of the CSS Dashboard content: A detailed outcomes report will be produced every six months. Kathi: Not usable data when looking at the kids' piece; no kids FSP. Ryan: Family partners exist on all teams, is there a way to track how long wraparound is supposed to last? Holly: yes. The data covers direct services, not outreach, as defined by Medi-Cal. Steve: the data doesn't exist. Lori: are adults and older adults broken out? Holly: yes, it's captured in Item #4. Brenda: would like to see the items she and Holly talked about reflected here. Content areas will change each quarter also. Brenda: acknowledged Holly for her work in designing the service plans. Molly: can we change the name to something more generic since the public will be viewing it. Holly: she will probably change the names on the dashboard, anyway. Steve: don't fixate on wording. Sherry: staff will be producing a Prevention and Early Intervention (PEI) and a general MHSA dashboard, also.</p> <p>Approve Key Financial Indicators: Sherry went over the MHSA Financial Report handout. Teresa: are administrative costs being split out? Sherry: yes, it includes the work of Fiscal, Contracts & Grants, County Counsel, etc., and tops out at 15% of the actual County expense.</p>	<p>The CSS Dashboard content was approved by consensus.</p> <p>The Key Financial Indicators were approved by consensus.</p>	<p>CPAW</p> <p>CPAW</p>
<p>9)Closing</p>	<p>Sherry announced the 20 Allen Project planning meeting on August 31st. Transportation arrangements are being made for people. Mental Health Consumer Concerns and the Contra Costa Clubhouses are going to help out with transportation. Brenda: there will be a consumer pizza party and</p>		

TOPIC	ISSUE/CONCLUSION	ACTION/ RECOMMENDATION	PARTY RESPONSIBLE
	<p>training beforehand, hopefully.</p> <p>Sherry: staff member David Carrillo's role will be changing: for the last nine to ten months he's been working on Innovation but will now be phasing out of that. He will now be, through PEI, working on the Mental Health Perspectives cable TV show. He and Sherry have been meeting with Chris Verdugo at CCTV. David knows how to write up production material and will be involved behind the scenes. Staff is hoping to get a local news anchor to host/facilitate the show. David will also be working on transportation issues for consumers, as well as a community meeting with Donna Wigand.</p>		
10) Next Meeting	<p>Thursday, September 2, 2010 2425 Bisso Lane, First Floor Concord, CA 94520</p>		

DRAFT

Consensus Flowchart

<http://seedsforchange.org.uk/free/consflow>



Step 1: Introduce and clarify the issue(s) to be decided
Share relevant info. What are the key questions?

Step 2: Explore the issue and look for ideas.
1. Gather initial thoughts and reactions. What are the **issues** and people's **concerns**?
2. Collect **ideas** for solving the problem – write them down.
3. Have a **broad ranging discussion** and debate the ideas. What are the pros and cons?
Start thinking about solutions to people's concerns. Eliminate some ideas, short list others.

Step 3: Look for emerging proposals
Look for a proposal that weaves together the best elements of the ideas discussed. Look for a solution that addresses people's key concerns.

Step 4: Discuss, clarify and amend your proposal
Ensure that any remaining concerns are heard and that everyone has a chance to contribute.
Look for **amendments** that make the proposal even more acceptable to the group.

Step 5: Test for agreement
Do you have agreement? Check for the following:
Blocks: I have a fundamental disagreement with the core of the proposal that has not been resolved. We need to look for a new proposal.
Stand asides: I can't support this proposal because ... But I don't want to stop the group, so I'll let the decision happen without me.
Reservations: I have some reservations but am willing to let the proposal pass.
Agreement: I support the proposal and am willing to implement it.
Consensus: *No blocks, not too many stand asides or reservations? Active agreement?*

Then we have a decision!



Step 6: Implement the decision
Who, when, how? Action point the tasks and set deadlines.



DATE OF REPORT: September 2, 2010

SUBJECT: Report to Consolidated Planning Advisory Workgroup

FROM: Innovation Committee of CPAW



Approved Charge of Committee (Approved/Revised by CPAW - 5/21/09):

1. Establish process for submission of ideas
 - a) Come up with what to do
 - b) Determine priorities
 - c) Solicit (RFP/RFI) for projects
 - d) Package and send to state as a proposed plan
2. Review materials
 - a) Look at previously submitted ideas
 - b) Attend community meeting
 - c) Bring recommendations to CPAW
3. Review projects/outcomes
 - a) Continue to monitor projects and outcomes

Reported from the **August 10, 2010** Meeting of the Innovation Committee:

Participants of Meeting: (list names/affiliation)

- CPAW Members: Brenda Crawford, Kathi McLaughlin, Ryan Nestman, Susan Medlin, Tony Sanders
- Staff: Sherry Bradley, Eileen Brooks, David Carrillo, Cindy Downing, Erin McCarty
- Facilitator: Judith Macbrine
- Absent: John Hollender, Anna Lubarov,
- Excused: Elvira Sarlis (staff)

RECOMMENDATIONS TO CPAW: (Indicate type: inform/approve/clarify/input needed)

➤ **RECOMMENDATION #1: Seeking Approval.**

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- **Establish a process for submission and review of innovation ideas**
 - Attend Innovation Committee meetings.
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 - Suggest implementation process (e.g., RFP/RFI/staff run).
 - Recommend innovation ideas to CPAW for submission to the Mental Health Director.



DATE OF REPORT: September 2, 2010

- Review proposed plans sent to the State for approval.
- **Review Projects and Outcomes**
 - Review project outcomes and learning goals on a quarterly and annual basis.
 - Liaison with the Data Committee.
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 - Recommend to CPAW post-project actions and sustainability options.

➤ **RECOMMENDATION #2: Seeking Approval**

The Committee recommends the category of "Fast Track" ideas be established, with the criteria that ideas must be able to be quickly implemented once approved and project budget is \$<250,000. The Committee recommends that Fast Track ideas originate from Staff or the public and that the Committee review one fast track idea per month.

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- The proposed project would have two component parts:
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 - Implement New Model for Engaging Sexually Exploited Female Youth. Engaging this target population is the greatest challenge. A Harm Reduction Model is one possible approach.

Topics of Discussion

- ✓ **Item #1: Get Alignment on What the Committee is supposed to deliver:**
(See Recommendation #1)



DATE OF REPORT: September 2, 2010

- ✓ **Item #2: Align on Process of Delivery:** The Committee aligned on the process for moving Innovation Themes and projects forward. The Committee discussed process for accepting and review new ideas, including 'fast track' ideas; removing and changing ideas, while keeping in mind guiding principles of openness, transparency, and previously identified local stakeholder needs areas. The Committee also discussed the danger of Innovation moneys beginning to revert on 6/30/11. Assuming that it takes six months for State approval of Work Plans, projects need to be submitted by 12/31/10.
- ✓ **Item #3: Fast Track Ideas:**
(See Recommendation #2)
- ✓ **Item#3: Current Definition and Status Each of Current Ten Themes:** The Committee was not able to discuss the status of all 10 project themes, due to a lack of time.

INN02-Mother's Custody was discusses, and barriers to the plan, as drafted were discussed. The Committee recommended that the current approach to INN-02: Addressing Child Custody Issues for Mothers Experiencing Episodes of Mental Illness be changed.
- ✓ **Item #4: CalMEND Integration Process Project**
(See Recommendation #3)
- ✓ **Item #5: INN-04 - Trauma Services for Sexually Exploited Female Youth**
(See Recommendation #4)

DATE OF NEXT MEETING: **September 14, 2010, 10 AM – Noon**

1340 Arnold Drive, Ste. 112 Martinez, Ca 94553

August 25, 2010

MEMO TO: Consolidated Planning Advisory Workgroup

FROM: Innovation Committee

SUBJECT: Draft Summary of Innovative Work Plan for INNFT01: Promoting Wellness, Recovery and Self-Management in an Integration Pilot Project

The following is recommended for development of Innovation Work Plan for Innovation Fast Track, as per the defined Fast Track Theme.

Background:

Contra Costa Mental Health proposes:

- Training Community Support Workers (CSW) in advanced peer support, including wellness, recovery and self-management coaching
- Using CSWs to link consumers using El Portal Mental Health Clinic who are participating in West County primary-mental health care integration pilot to locally available wellness resources
- Using CSWs to provide wellness, recovery and chronic disease self-management coaching to consumers in pilot

Work Plan:

The Work Plan is innovative because it:

- Is a substantial change of an existing mental health practice because it is integrating primary health care into mental health services in order to improve wellness and health outcomes
- Changes an existing approach to use peers (Community Support Workers) as Wellness Coaches to provide wellness activities and self-management skills as well as link mental health consumers to existing wellness resources in the community

Innovation Learning Goal:

The following is the main learning goal:

- To determine if adding peer Wellness Coaches to a primary health care-mental health care integration pilot project team: 1) increase the number of mental health consumers with wellness and/or recovery goals; 2) increase the number of consumers with self-management skills; 3) improves wellness and primary health outcomes for mental health consumers; and 4) increases



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primary health providers knowledge about mental health consumer culture and mental health recovery.

Possible Indicators:

- Utilization of primary care and wellness services
- # wellness and recovery goals
- # self-management plans
- # recovery plans
- # primary care providers trained on mental health consumer culture and recovery
- # providers with knowledge of mental health consumer culture and recovery
- Consumers' wellness-related behaviors
- # consumer interactions with Wellness Coaches
- # and type of services provided by Wellness Coaches
- # linkages to community-based wellness services
- Consumer perceptions of stigma
- Overall health outcomes

Timeline:

- 24 months total
- 1st 12 months are done in conjunction with integration pilot
- 2nd 12 months will test the replicability of the adapted CSW model in other mental health and/or community settings

Budget:

- \$250,000 over 24 months

Leveraging:

- Utilize Existing Primary and Mental Health Care Staffing
- Medi-Cal Billing
- Utilizing Existing Community-Based Wellness, Recovery and Self-Management Resources





August 25, 2010

TO: Consolidated Planning Advisory Committee

FROM: Innovation Staff Team (Sherry, Erin, Cindy)

SUBJECT: Draft Summary of Innovative Work Plan for INN04: Trauma Services for Sexually Exploited Female Youth

The Innovation Committee, at its meeting of August 10, 2010, is recommending to CPAW at the meeting of September 2, 2010, that it concur with, and approve, the following recommendation to the Mental Health Director:

Go forward with developing a Work Plan and an RFI for Innovation Theme #4, Trauma Services for Sexually Exploited Female Youth.

That would include the following:

- Send out Request for Expression of Interest (RFI) and if needed Request for Proposal (RFP)
- Goal of RFI/RFP: To contract with County Agencies/CBO (s) to
 - 1) collect data about the service needs of commercially sexually exploited children (CSECs);
 - 2) develop/adapt an out-patient, harm-reduction model to provide holistic trauma services to female CSECs and
 - 3) test the effectiveness of this model in engaging female CSECs youth in services as well as to determine if it should be expanded
- If service approach/model is effective, CCMH *may* use the data collected about CSEC population to expand use of service approach to all CSECs

The Work Plan is innovative because it:

- Is a substantial change of an existing mental health practice to collect data about CSECs and use it to inform service needs
- Is a new application to the mental health system of a promising community approach because it uses an out-patient, harm reduction model to provide trauma services to female CSECs

The following is the main learning goal:

- What strategies are effective in engaging female CSECs in mental health services? What trauma services are needed by female CSECs? Does the new service adapted/developed by the County and/or CBO chosen by the RFI/RFP increase the ability of female CSECs to access healthy choices and increase the number of female youth who recognize they can make choices about their risk behaviors?



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Possible Indicators:

- Risk Behaviors
- Number of resources available
- Number of services/resources accessed
- Feelings of isolation and lack of support
- Enhanced coping skills
- Change in attitude about ability to make choices

Timeline:

- 18 Month Work Plan
- Months 1-6 collect data about CSECS and design service approach
- Months 7-18 implement and evaluate approach

Budget:

- \$300,000 over 18 months

Leveraging:

- Depending on RFI/RFP selected--potentially use existing County space, staffing, etc
- As part of the RFI/RFP process, the County or Contract Agency awarded the RFI/RFP will submit a recommendation for how to sustain effective program(s)/model(s) after the conclusion of the Innovation Work Plan

