



CONTRA COSTA HEALTH SERVICES



CPAW MEETING MINUTES

Date of Meeting: Thursday, December 2nd, 2010

3:00 PM to 5:30 PM

2425 Bisso Lane, Suite 100, Concord, CA 94520

ATTENDANCE

CPAW Members: Courtney Cummings, John Gragnani, Molly Hamaker, Lori Hefner, Ralph Hoffmann, Dave Kahler, Lori Larks, Beatrice Lee, Mariana Moore, Teresa Pasquini, Annis Pereyra, Sam Yoshioka

Absent: Candace Kunz, Connie Steers, John Hollender, Ron Johnson, Ryan Nestman

Excused: Brenda Crawford, Peggy Harris, Kathi McLaughlin, Susan Medlin, Steven Gronlic-McClurg, Tony Sanders, Wayne Thurston

Members of Public: Steven Boyd, Anna Lubarov

Facilitator: Grace Boda

Staff: Sherry Bradley, Zabeth Cooper, Cindy Downing, Helen Kearns, Imo Momoh, Marsha McInnis, Holly Page, Priscilla Olivas, Mary Roy, Suzanne Tavano, Bob Thigpen

TOPIC	DISCUSSION	ACTION/ RECOMMENDATION	PARTY RESPONSIBLE
1. Opening, Accept Minutes from Previous Meeting 11/4/10	Facilitator, Grace Boda, opened the meeting at 3:03pm and introductions were made.		
Feedback from last meeting and Agenda review, let them know about upcoming CPAW survey	Facilitator shared that there were no responses to the survey sent out after the November CPAW meeting, therefore there was no feedback she could share about the meeting. She announced that it had been 6 months since the facilitators began their work with CPAW, and a survey would be sent to members asking for their reflections on the CPAW's strengths, challenges and opportunities.	CPAW members to complete meeting evaluation/6-month reflection surveys and provide input.	CPAW
2. Planning Committee Recommendations -Committee Composition -Nomination Process -Selection Process (over turn of previous decision)	(See <i>CPAW Planning Committee Report</i>) <u>Recommendation #1: "Committee Composition"</u> One Planning Committee member said that this recommendation to not designate seats on the Planning Committee reflects some transformation and trust built within the Planning group that she hopes will extend into the larger CPAW body. As a result of the intense work done by the planning group, the members unanimously agreed to the recommendation to trust one another to advocate for all consumers and family members	ACTION: Consensus to Approve Recommendation #1: No designated seats on the Planning Committee.	Planning Committee

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	<p>perspectives (as stated in Recommendation #3). While there will be no designated seats, it was asked that participants on the Planning Committee keep in the back of their minds, the need for older adult services and the fact that there is prejudice against the aging.</p> <p><u>Recommendation #2:</u> “Nomination” to the Planning Committee is now and is proposed to continue in the future, to be done in three ways:</p> <ul style="list-style-type: none"> • Self-nomination • Nominated by CPAW member • Current CPAW Planning Committee member outreach. <p><u>Recommendation #3:</u> Selection Process Require no limit on the number of Planning Committee members, instead require that CPAW Planning Committee participants be: committed to attending all meetings, fit the desired characteristics of Planning Committee members, possess the following desired characteristics (Collaborative, system thinker, put their own interests aside for the benefit of the whole, have a sense of humor, a spirit of camaraderie, perseverance, open to learning and growth, good listener, and have demonstrated commitment to CPAW.)</p>	<p><u>ACTION:</u> Consensus to approve Recommendation #2 and adopt a three pronged approach to nomination: self-nomination, nomination by CPAW member, and current CPAW Planning Committee member outreach.</p> <p><u>ACTION:</u> Consensus to approve Recommendation #3 the elimination of cap on the number of people on the Committee. Additionally, require: one year term, commitment to attending all meetings (CPAW & Planning), possess desired characteristics.</p>	<p>Planning Committee</p> <p>Planning Committee</p>
<p>3. Board of Supervisors’ Internal Operations Committee (IOC) Update</p>	<p><i>This agenda topic was moved to Item#2.</i></p> <p>Contra Costa Mental Health (CCMH) presented to IOC on 11/22/10 regarding County/Community Based Organizations (CBO) employees’ participation on CPAW. While the IOC made no formal action, CCMH acknowledges the need for increased consumer/family member participation and will move forward with efforts to meet a minimum of 51% of CPAW membership to be family members/consumers who are not County or CBO employees. Currently, CPAW is at 61% family member/consumer membership. The issue of consumer/family member participation on stakeholder bodies is an issue that is coming up all around the state.</p> <p>CPAW applications have been emailed out providers, NAMI, and various other MHSAs supporters as well as delivered to the county clinics.</p>	<p>CCMH will report back to IOC in 2 months.</p> <p>CPAW Evaluation Committee has asked to review applications at once. Once pending applications are received, the Committee will convene.</p>	<p>CCMH</p> <p>CPAW Evaluation Committee</p>

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<p>4. Break</p>	<p>Facilitator announced that the meeting was running ahead of schedule, and asked the group if they wanted to take a break or continue with the meeting. The group decided to skip break and continue on.</p>		
<p>5. MHSA Outcomes: Improving Continuum of Care through Integrated Outcomes-Informed Practices and Services Event Findings</p>	<p><u>MHSA Outcome Event, Summary of Results of Event Evaluation</u></p> <p>A Summary of Results from Event Evaluations completed for the MHSA Outcomes event was presented by MHSA Program Mgr., Sherry Bradley. The participant demographics and general categories of open-responses were shared. Sixty-nine participants completed the Event Evaluation, of which 59% identified themselves as consumers.</p> <p>A question was raised about how many consumers who responded were currently receiving mental health services, and how many were full-services partners.</p> <p>The Workgroup discussed ways to increase the number of participants who complete event evaluations. In the future, a way to capture more input could be to contact the individuals who leave their information on attendance sheets.</p> <p>A suggestion was made to hold a raffle at future events, as an incentive to fill out contact information and evaluations. Raffle tickets would be towards winning a gift basket, or movie tickets, or other prize. It was also suggested that having events on the weekend could increase participation.</p> <p>CCMH was cautioned by a CPAW member to not use the data from the fourth question on the MHSA Outcomes Event Evaluation (“<i>What mental health services in the community do you think the Mental Health Services Act can help address in the future?</i>”) as a data collection point, from which future policy/programs would be shaped. It was clarified that this feedback with be combined with several other sources of input when in decision-making, and would be assigned no particular weight.</p> <p><u>Community Services & Supports (CSS) Outcome Measures Results and Recommendations:</u> (See <i>MHSA Community Supports & Services (FY09-10) Program Updates, Summary of Outcomes & Recommendations</i> document)</p> <p>Holly Page reviewed Program updates, Summary of Outcomes and Recommendations for CSS. In reviewing Senior Staff’s Recommendations, a few issues were brought up:</p> <ul style="list-style-type: none"> • <u>Housing questions:</u> When MHSA CSS was first rolling out in Contra Costa, the adult FSP was the first up and running, so the majority of those housing beds available went to adults, (beds are permanent supportive housing). It was pointed out that in previous planning 	<p>ACTION: Refer questions following question to Data Committee meeting on 12/8/10: Were the consumers who responded to the MHSA Outcomes Event Evaluation receiving services from the County? Are they enrolled in a Full Service Partnerships? Also discuss the concern about whether or not families have been educated about MHSA).</p> <p>ACTION: CPAW requested to receive a Housing Committee report at the January 2011 CPAW meeting, and invite</p>	<p>Data Committee</p> <p>Housing Committee/ Sandy Rose/ Victor</p>

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	<p>processes, housing was identified as the number one problem in our system. CPAW hasn't paid enough attention, or received enough information on progress in regards to Housing.</p> <ul style="list-style-type: none"> • <u>Transportation:</u> There was discussion around the recommendation to hire 3 FTE Driver Clerks and purchase vans to institute a peer-run dispatch transportation center, and whether these positions and this activity could be RFPed, or given to an existing services provider to run. • <u>Hiring MH Clinical Specialist</u> to work with CCMH and VA services: CPAW felt they had little to no background on this recommendation and needed more framing in order to prioritize. • <u>Third Adult Family Partner:</u> It was asked what specific efforts were being made to hire the third family partner. 	<p>Sandy Rose and Vic Montoya to come and present. They asked to allow Housing Coordinator, Sandy Rose, 20 minutes to present.</p> <p>ACTION: Refer discussion of CSS Recommendations regarding Housing, Transportation to the Data Committee for further analysis.</p> <p>ACTION: Request discussion regarding CCMH and VA Services is put on future agenda, and MH Director be invited to present on this CSS recommendation.</p> <p>ACTION: CPAW requested a report back at the January 2011 CPAW meeting in order to receive more information on the progress of adult family partner recruitment.</p>	<p>Montoya</p> <p>Data Committee</p> <p>Planning Committee/ MH Director</p> <p>CCMH Staff</p>
<p>6. Multi-Family Group Therapy Targeted at Early Intervention in the Treatment of Psychosis</p>	<p><u>Multi Family Group Therapy Targeted at Early Intervention in the Treatment of Psychosis:</u></p> <p>PEI Project Manger reported on a conference call she hosted. Proposed project to include: Community education, family/client psycho-education, and ongoing multi-family therapy. Also there is discussion for CBT for psychosis training to be included in the project. Project budget is estimated to be in the \$700-800,000 range. It will be most costly in its first year, and will begin to build capacity. Project will begin as pilot for the first year, and measured for effectiveness & utilization before expanding. Pilot project is being considered for central county. There was discussion about whether the Program would be county run, contract run or involve elements of both. Multi-family therapy groups would happen every other week, so there is some possibility of moving around and serving more than one region in the first year. Location of pilot may not determine where people would be served; further discussion will need to be had.</p>	<p>Recommendation: Postpone workplan development until Ad Hoc Committee is able to discuss further. There will be dialogue for program, location, details to be decided later.</p> <p>ACTION: Convene an Ad Hoc Multi-family Group therapy committee.</p> <p><u>Volunteers to Participate:</u> John Gagnani, Lori Hefner, Molly Hamaker, Courtney Cummings, Dave Kahler, Teresa Pasquini, Steven Grolnic-McClurg, Susanna Marshland, John</p>	<p>Mary Roy</p> <p>Mary Roy/Ad Hoc Multi-Family Group Therapy Committee participants</p>

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	<p>There was much enthusiasm about the CBT training from those on the conference call. It was also suggested that funds be found outside of PEI to offer CBT as a form of therapy at any age, not just early stages of psychosis. There was also a consensus on the conference call in preferring that training be done by a local provider, who knows local landscape. Some of the providers had positive experiences with UCSF program training in the past. DBT (Dialectical Behavioral Therapy) can also be looked at.</p> <p>PEI Project Manager was gauging the Workgroup’s interest in recommending that a plan be put together and posted for a period of 30 day public review and comment period.</p> <p>The issue of project location was questioned, and it was asked why Central was chosen. It was shared that space was available in Central county, and no space was available in East or West.</p> <p>The group expressed that west county is hardest hit (worst transportation, reluctance to go to hospitals, least number of hospitals, etc.). There’s little family support/NAMI in west or east county.</p> <p>It was added to not just look at data, but also look at other regions, and other possible spaces. Possible resources for space mentioned were: Cheryl Merritt at Opportunity West, Hall Avenue Building (County Child Welfare). The group advocated looking into these facilities. A number of CPAW members said they really would like to see a pilot there, due to the lack of resources and prevalence of hopelessness.</p> <p>The question of how many hospitalizations occur for the TAY population per week was raised. Additionally, the Workgroup was interested in seeing how the hospitalizations were geographically distributed.</p>	<p>Hollender Ross Andelman, John Allen (from CCMH)</p> <p>ACTION: Refer to Data Committee the questions of TAY hospitalizations by region of the County</p>	<p>Staff/ Data Committee</p>
<p>7. Mental Health Director’s Report</p>	<p>Mental Health Director Report was given by the Deputy Director:</p> <ul style="list-style-type: none"> • SB 1392 - Senate Bill will require DMH to distribute MHSA funds to Counties in a single lump sum. Currently, counties receive 75% initially, and remaining 25% after submission of revenue and expenditure reports. • AB 3632 – The State remains in complete chaos on this, multiple lawsuits have been filed, involving 22 counties, of which Contra Costa is one. Findings may show we can prevail. No retroactive payments, and as of October 8, 2010, there’s no money for the program. Contra Costs has stopped accepting SED determination 		

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	<p>referrals. Contra Costa is serving those currently those in the program, but no longer accepting SED determination. Board of Supervisors told Health Services Dept. (HSD) to stop providing unfunded services on 12/31/10. Health Services is hopeful that the schools will do MOU's to continue providing the services. There should have been some advance planning, a minimum of 2 years, to enact such a change. Technically, it's an education responsibility. Privately insured and uninsured children are mostly at risk. County Counsel is guiding the process for Contra Costa County.</p> <ul style="list-style-type: none"> • Haven't been told of any budget reductions – yet. There are declines in MHSA funding, realignment funding, and Federal Medical Assistance Percentages (FMAP). Decline in FMAP will be in done in two step-downs, in January and March before the beginning of the new fiscal year in July. The federal contribution will go from 62¢ on the dollar to 50¢. Contra Costa did not build reduction in FMAP into existing contract payment limits. 		
<p>8. Public Comment</p>	<p><u>Stephen Boyd</u>: At the beginning he was asked what he was bringing to the meeting, and now he'd like to share what he's taking home, which is more information about VA benefits. He is an Army veteran and interested in getting information about non-service related injuries.</p> <p><u>Marsha McInnis</u>: She has been in working for 3 months in her job as Family Partner, is working with five families. Four out of five families are asking about housing, so she appreciated the discussion about housing needs.</p> <p><u>Lisa Bruce</u>: She would like to join in and become a CPAW member.</p> <p><u>Teresa Pasquini</u> – She was privileged to be included in activities with The Joint Commission (formerly Joint Commission on Accreditation of Healthcare Organizations – JCAHO) review of Contra Costa Regional Medical Center (CCRMC), and privy to meetings on report outs. Yesterday, the results of Lean process were reported, and the findings were exemplary. She expressed gratitude for the inpatient psych unit, and the staff, and the cultural shift that's taken place.</p>		
<p>9. Closing</p>	<p>Facilitator closed the meeting at 5:30pm</p>		
<p>Next Meeting: Thursday, January 6, 2010 – 3pm to 5:30pm. Location: 2425 Bisso Lane, First Floor Conference Room, Concord, Ca 94520</p>			