

**Consolidated Planning Advisory Workgroup (CPAW)**  
**Thursday, December 6, 2012**  
**3:00PM to 6:00 PM**  
**2425 Bisso Lane, Ste. 100 Concord**



Members attending: Annis Pereyra, Anna Lubarov, Brenda Crawford, Doreen Gaedtke, John Gragnani, Tom Gilbert, Kathi McLaughlin, Dave Kahler, Sam Yoshioka, Steven Grolnic-McClurg, Ryan Nestman, Stephen Boyd Jr., Susan Medlin, Teresa Pasquini, Thomas Sponsler, Mariana Moore, Susanna Marshland, Molly Hamaker, Kimberly Krisch, Lori Hefner

Staff attending: Jan Cobaleda-Kegler, Jami Delgado, Angela Pride, Crystal Whitehead, Cynthia Belon, Doug Halpern, Jana Drazich, Jisel Iglesias, Leslie Ochang, Roberto Roman, Stacey Tupper, Steve Hahn-Smith, Gerold Loenicker, Ken Gallagher, Helen Kearns, Heather Sweeten-Healy, Holly Page, Mike Penkunas, Thomas Tighe

Public Participants: Brady Calma, Janet Marshall Wilson, Stan Barighan, Beth Williams, Rollie Katz, Peter Cordova, Dawn Elizondo, Abby Lubowe, Taylor Stussi, Maria Ramirez, Manolo Castaneda, Bill Schlant, Jack Feldman

Excused from Meeting: Mary Roy

TOPIC	ISSUE/CONCLUSION	ACTION/RECOMMENDATION	PARTY RESPONSIBLE
1. Opening, Agenda, Review Announcements	<ul style="list-style-type: none"><li data-bbox="464 823 1171 1295">• BH Integration Update- Steering Committee Meeting this past Friday, discussion included the beginning of moving forward involving community CBO's, stakeholders, consumers, family members into the ongoing dialogue about what integration opportunities might look like for our system of care. That has not been decided as of yet; after hearing discussion from the steering committee, we will be going back to the steering committee to have a further discussion about what a process might look like for engagement of our community partners.</li><li data-bbox="464 1338 1058 1372">• Age related committees will begin January</li></ul>		Grace Boda Cynthia Belon  Mary Roy (absent)

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	<ul style="list-style-type: none"> <li>• Beatrice Lee has resigned from CHAA and CPAW</li>   <li>• Children’s FSP Update:               <ul style="list-style-type: none"> <li>○ The first RFP for the Children’s Full Service Partnership -<i>Personal Service Coordinators</i>-was released a month ago</li> <li>○ 3 agencies submitted proposals</li> <li>○ In the process of selecting the agencies now</li> </ul> </li>   <li>• Questions and answers               <ul style="list-style-type: none"> <li>○ <b>John</b>- has CPAW seen that proposal?</li> <li>○ <b>Holly</b>- I am not sure if it came in paper form to CPAW. It is on the MHSA website along with questions and answers that were asked during the response period. It was announced, then two days after it was announced, it was posted on the website</li> <li>○ <b>Teresa</b>-Along with that comment, I know we had a conversation in Capital Facilities committee a couple months ago regarding RFP’s and reengaging the commission in terms of participating in reviewing RFP’s. I don’t know if you remember ,Cynthia, that conversation we had. I don’t know where we are at with that process or if there has been any thought put into that. I know the commission used to participate when Kathi was chair of the commission. When the Full</li> </ul> </li> </ul>		<p style="text-align: center;">Holly Page</p>

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	<p>Service Partnership contracts went out, the commission sat on the review panel. I am disappointed to hear that there weren't any actual stakeholders that participated.</p> <ul style="list-style-type: none"> <li>○ <b>Ryan</b>- I participated</li> <li>○ <b>Teresa</b>- that is what we were asking, who participated? Whatever the process is, I am happy to hear that you did participate (Ryan).</li> <li>○ <b>Brenda</b>- All RFP's used to be widely distributed. They used to be sent out to all CPAW. Was this one sent out that way?</li> </ul> <p><b>Holly</b>- Judy, Vern's secretary has a long list. I think there were 500-700 agencies that it went to.</p> <p><b>Brenda</b>- Not CPAW?</p> <p><b>Holly</b>-It may not have been cc'd to CPAW Members</p> <p><b>John</b>- Who was on the Design Team for the plan?</p> <p><b>Holly</b>-Dr. Ross Andelman, Jan, Vern, Mary, myself. We went to a couple of lead staff meetings to get input. There are a couple of people I am forgetting. Then, it came to CPAW meetings during the planning stages. Then it was part of the 12-13 Plan that was approved. Four pieces- County Wide Assessment Team for Children's Services, Personal Service Coordination, MDFT for Co-Occurring Disorders and MFT for</p>		

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	<p>Juvenile Offenders. Those last three are going to be RFP'd out.</p> <ul style="list-style-type: none"> <li>○ <b>Kathi</b>-Part of the confusion here is that we have not have had committee meetings for so long. Things that used to happen at committee meetings aren't happening anywhere that we know at CPAW. It makes it hard for us to know what is going on. It feels like it is a staff driven process rather than a stakeholder driven process. I am hoping that will change with the Age Related Committees but I think because of us not meeting it was incumbent upon everyone to try to as be open and transparent as possible. It does feel like "well, you could go to the website to look at it" vs. getting something that you do not have to do a two to three step process to go find this. I personally find that in the limited time that I have as a volunteer it's a little cumbersome and little time consuming to do that. The more voices you have in a situation like that the more likely you are to see all the ramifications of whatever program is being proposed. The same with reviewing the RFP document itself. I would hope that going forward we can fix that and have a more broadly participatory process. I think what you are hearing from me is a level of distress that has been growing over</li> </ul>		

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	<p>a couple of years. It feels to me that stakeholders and consumers and their families in particular are being left out of the process. It is antithetical to what we have been doing for so long. It is really upsetting and depressing to have us moving so far backwards so quickly.</p> <ul style="list-style-type: none"> <li>○ <b>Sam</b>- Could I get an approximate date of when the proposal came to CPAW? I think we need a written documentation of the process being used. I don't think anyone really knows what is going on. Every time I listen to what happened, it doesn't seem to have any similarities. So what we really need is written documentation to give us the dates of what's going and who's involved in those actions. That would be very helpful.</li> </ul>	<ul style="list-style-type: none"> <li>➤ <b>Sam requested written documentation with dates of what's going and who is involved in the actions for proposals</b></li> </ul>	

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2. Public Comment	<ul style="list-style-type: none"> <li>• The Voices of Recovery-performed “Marching Up to Freedom Land”               <ul style="list-style-type: none"> <li>○ Recruiting members for the MHCC Choir</li> </ul> </li>   <li>• <b>Janet Wilson (Director of Patients Rights with Mental Health Consumer Concerns)</b> -MHSA passed in 2004 was directed at Seriously Mentally ill people. In and of itself, it was not intended for homeless people or people with substance abuse problems in and of themselves, only in connection with serious mental illness. There are findings and declarations of the act and purpose and intent. There is no legislative intent because it did not go to the legislature, it went to the people. Mental Illnesses are extremely common; they affect almost every family. Failure to provide timely treatment can destroy individuals and families. For too many Californians with mental illness, the mental health services and supports they need remain fragmented, disconnected and often inadequate, frustrating the opportunity for recovery. Untreated mental illness is the leading cause of disability and suicide and imposes high costs on state and local governments, including frequent hospitalizations or jail. In a cost cutting move, now 38 years ago, under Governor Ronald Reagan, California drastically cut back its services in state hospitals for people with severe mental illness. Thousands ended up on the streets,</li> </ul>		Brenda Crawford

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	<p>homeless and incapable of caring for themselves. Today, thousands of suffering people remain on our streets because they are afflicted with untreated severe mental illness. We can and should offer these people the care they need to lead more productive lives. Cutting mental health services wastes lives and costs more. California can do a better job saving lives and saving money by making a firm commitment to providing timely, adequate mental health services. The last thing that is mentioned under Purpose and Intent: <i>The people of the state of California hereby declare to ensure that all funds are expended in the most cost effective manner and services are provided in accordance with recommended best practices subject to local and state oversight to ensure accountability to tax payers and the public.</i></p>		
<p>3. Annual Plan Update &amp; New Information from MHSOAC</p>	<p>Deferred due to Mary's absence</p>		<p>Mary Roy</p>
<p>4. Dialogue with Behavioral Health Director &amp; Finance Manager</p>	<p>Reviewed Questions for Behavioral Health Leadership (gray color sheet in packet)</p> <ul style="list-style-type: none"> <li>• <b>Brenda Crawford</b> asked, What is the scope of CPAW's influence? Are the plans just a process or do the plans have weight? Will they be</li> </ul>		

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	<p>implemented and the process followed through?</p> <ul style="list-style-type: none"> <li>• <b>Cynthia Belon</b> replied the board did approve the '12-'13 annual plan on consent. The purpose of today is to guide the discussion around some decisions we have to make to move forward in the implementation in terms of where we are with the particular annual plan</li> <li>• <b>Kathi McLaughlin</b> asked when items are approved, how do we know if the plan is being implemented or not without any updates or knowing problems that result in the plan not being updated? It is important to us we don't have unnecessary delays. It is really important for us to not have any delays (it has been 6 months) what we thought was going to happen, isn't happening.</li> <li>• <b>Rollie Katz</b> from Local 1 asked What is CPAW's authority? The Board of Supervisors has to approve any contract the county enters into. Under the Act, is the body supposed to develop a plan and the Board of Supervisors are supposed to accept the plan <ul style="list-style-type: none"> <li>○ In response, Annis Pereyra clarified there are two bodies that review MHSA. One of them is CPAW. CPAW is the advisory body to the MH director, who has not been in the room. The MH commission is the advisory body to the Board of Supervisors. There are two distinct</li> </ul> </li> </ul>		



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	<p>reporting levels regarding MHSA funding.</p> <ul style="list-style-type: none"> <li>• <b>Sam Yoshioka</b> recommended we need some specific dates and clarity about what is going to happen on those specific dates What I see as the final action or date of approval for the BOS is at the end. Before the BOS approves the plan, we are mandated as the mental health commission to have a public hearing. I want to know when this event of a public hearing conducted by the mental health commission happens before it goes to the board. I know there is some other event that happens because we expected to come here as CPAW. I want to know that date also and whatever other dates of action that needs to be completed before it comes to CPAW, before it comes to MH Commission and before it goes to the board of supervisors. We need some specific planning dates and clarity about the process that leads up to it. I really think it is a disservice that we don't have clarity and specificity about the process, I want to know what happens in 2013 monthly. It comes to the BOS somewhere in June We ought to know what the plan is and when these things will happen</li> <li>• <b>John-Gragnani</b>- This year was supposed to be a celebration of MHSA. We went through a process in the springtime assuming revenues 20% over our</li> </ul>		

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	<p>allocation of funding. Went through an intensive stakeholder process and approved expansion of county, contract programs, vehicles, counseling. Now it is Dec 6 almost halfway into the fiscal year. When are those programs going to arrive based on the process and financial projections?</p> <ul style="list-style-type: none"> <li>• <b>Jana Drazich</b> explained the flow of the money, that this year is different than prior years. Prior years when we got an allocation we got all the money at once so we knew exactly how much money we were going to get. When we sent the plan to Sacramento and they sent the dollars in one lump sum. This year we are getting money on a monthly basis in small bits. We don't know whether we will see that 20%. The state says they think they have it but we haven't seen it and it hasn't been issued to us.</li> <li>• <b>Cynthia Belon</b> added <b>that</b> the state took all their admin fess off the top of the last allocation we received before they distributed to the counties .That was \$70,000,000 statewide. We can anticipate that we know what we are going to get. That sets the tone of what we are going to be talking about.</li> <li>• <b>Steven Grolnic-McClurg</b> shared we need to be clear on how the funding of MHSA has changed. There was a lag that when money was collected it</li> </ul>		

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	<p>sat in a bank account for a year. By the time you got to the allocation process you were sure what the tax return had been so you could guess further how much money there was going to be. The year's worth of money disappeared when money was taken out for realignment and went into "refunding" children services. Now there is no lag, tax returns are not in so it is guesstimates of where the money is going to be the following year. To move forward we need to understand how do we operate in a situation where we aren't 100% sure how much money we are going to have and how the changes in the state's economy will impact the amount of money coming in to MHSA.</p> <ul style="list-style-type: none"> <li>• <b>Sam Yoshioka</b> asked what is our county doing in terms of strategic planning for the use of the funds that are trickling in? There is also a reason why we have a prudent reserve to cover whatever is lacking in your strategic planning.</li> <li>• In response Cynthia stated the prudent reserve can be used to sustain existing services The issue in the room today is around the plan that included a lot of new services and positions because of the proposed 20 % bump that was anticipated.</li> <li>• <b>Kathi</b> expressed confusion about the 20% increase allocation being based on the previous year's tax returns, not saying a year from now. They said</li> </ul>		

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	<p>those tax returns were going to be higher so it feels like double talk. When you run a program or hire people for positions you assume the funds are available. If those funds aren't there then you suspend or you do other things to deal with it. Things like AB3632 didn't get paid back because we felt the services were necessary. I haven't seen that change at the BOS level. The change is in the implementation process. We approved these programs 6 months ago. Nothing has been done to put them into place. That is why I am angry</p> <ul style="list-style-type: none"> <li>• <b>Teresa</b> explained in July 2012 at the MH commission meeting she requested information, looking for clarity of the process and wanting to know how AB1467 was going to be implemented. AB1467 was a law that massively changed MHSA as of June 30. Once the law passed it was incumbent for the leaders of this county to know what the process was going to be starting July 1, not asking the stakeholders in December. What is troubling about what Steven said that sounds like double talk is the counties were told the reason for AB 1467 was to get the money down here faster because there was a backlog in Sacramento. If we were going to get the money to you on a monthly basis you were going to be able to use the money and get the plans implemented. The MH Capital Facilities committee yesterday did make a motion based on concerns heard to request the MH</li> </ul>	<p>➤ <b>Mental Health Commission Capital Facilities made a to request an independent audit of MHSA funds in Contra Costa County</b></p>	

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	<p>commission consider the process for an independent audit of MHSA in Contra Costa County. It will be an item on the MH Commission's meeting in December requesting a process discussion and consideration of requesting an independent audit of MHSA and Contra Costa County. That was done for clarity to reduce tension, not to increase it or point fingers. I don't understand why it is difficult to figure out what is going in and out.</p> <ul style="list-style-type: none"> <li>• <b>Jana</b> reviewed handout <u><i>MHSA 2011-2012 Actuals</i></u> to explain where we were in the process and where we were currently with what we were spending. Put together is last year's actual compared to the projections received from the MH staffing. Included in the projection for '12-'13 is the PEI First Hope Program <ul style="list-style-type: none"> <li>○ To simplify the document, Capital Facilities and Information technology was left out because that is an encapsulated program. There was a one time allocation so there is no more money coming for Capital Facilities and IT.</li> <li>○ In terms of when the money would be received, this is a 12 month projection</li> <li>○ The projection does not include new programs or new positions, all existing programs and services only.</li> <li>○ The '12-'13 projections is equivalent to a maintenance of effort of current funded contract</li> </ul> </li> </ul>		

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	<p>programs and internal positions and does not include the components in the new approved plan.</p> <ul style="list-style-type: none"> <li>○ Because there are vacancies that weren't filled and money unspent if they are a part of plants that had been approved once those vacancies are filled the expenditures go up</li> <li>● Jana reviewed handout <u><b>Contra Costa County Behavioral Health Services Mental Health Services Act Fund Balance</b></u> <ul style="list-style-type: none"> <li>○ Was CPAW informed of the CSS plans that were not approved? Is the money lost that sat with the state and didn't come to us? <ul style="list-style-type: none"> <li>● The money is not lost, it will be coming to us. I am trying to balance the numbers and trying to get people to understand how the dollars flow and what is happening</li> </ul> </li> </ul> </li> <li>● <b>Teresa</b> explained we were told the Capital Facilities project would cost \$4 million: \$2 million to the Assessment Recovery Center and \$2 million to the Crisis Residential. When the plans were submitted to bid last April they came in high. There was discussion at the Commission about the need to go into prudent reserve. The Board was ready to go forward. We needed 3 million. \$10.2 million was the original allotment for Capital Facilities The \$2.5 million is bricks and mortar. That is an additional \$500,000.</li> </ul>	<ul style="list-style-type: none"> <li>➤ <b>Please refer any finance clarification/questions to Jana Drazich via email <u><a href="mailto:Jana.Drazich@hsd.cccounty.us">Jana.Drazich@hsd.cccounty.us</a></u></b></li> </ul>	

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	<ul style="list-style-type: none"> <li>○ In the approved plan the \$3 million came out of the prudent reserve. We reflected that to match the plan. The \$3 million comes off the top of the capital to pay for the building.</li> <li>● <b>Holly Page</b> explained the only time a county can go into its prudent reserve is when there is a decrease in allocation. Last year, 11-12, was the last FY that there was a projected decrease for MHSA allocation. As a result the stakeholders agreed to access 3 million from the prudent reserve as it would be the last opportunity to do so for several years.</li> <li>● <b>John Gragnani</b> added it was agreed to use the prudent reserve because it was in our county's strategic best interest There was never any mention about anyone having any veto power</li> <li>● <b>Kathi</b> added there was no mention about making the prudent reserve whole again</li> <li>● <b>Annis</b> asked if that money was restored back to the prudent reserve and, if we are in a different fiscal set up this year with extra funds coming in does that mean that those funds that have been set aside previously are no longer accessible because we have this windfall coming in so the money is tied up and not usable anymore?</li> <li>○ We cannot access the prudent reserve until we</li> </ul>	<ul style="list-style-type: none"> <li>➤ <b>Request to reserve time in the Jan 2013 CPAW meeting to discuss financial handouts further so people have time to digest the information</b></li>   <li>➤ <b>Need clarification on the \$2.5 million expended funds transferred out for Capital. As approved in the plan it was agreed it would be 3 million coming from the prudent</b></li> </ul>	<p style="text-align: center;">Jana and Cynthia</p>

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	<p>have another decrease in our allocation, which is not expected</p> <ul style="list-style-type: none"> <li>• <b>Jana</b> explained the money was never physically moved. The money is all still sitting here. That is how we account for it. Cynthia added there is more information being asked for about exactly what has happened. We didn't think to ask this question but we will be happy to get back to you with that information</li> <li>• The \$2.5 million was transferred over was because that was a deposit on the building. That was where that dollar amount came from.</li> <li>• <b>Brenda-</b> is it possible to get an accurate estimate in terms of how much additional money will be coming in? At one point we heard 20%. At another meeting Mary said it could be as much as 35% increase coming in. That was based on taxes that have already been collected. I am still wondering where the money is? <ul style="list-style-type: none"> <li>○ <b>Cynthia</b> replied we also heard 35% in Sacramento We don't know until we actually get the allocation. They said this is what they believe maybe the case. They did not say it will be the case and were not able to tell us when we would be receiving the money. No confirmation of what, when and if we will get that amount</li> </ul> </li> <li>• <b>Steven</b> clarified if you take out for all the stuff that</li> </ul>	<p><b>reserve</b></p> <p>➤ <b>Report for clarification on the prudent reserve and the funds ASAP</b></p>	



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	<p>is being saved for the Capital Facility, WET funds, &amp; tech funds there is an existing lump sum of almost \$14 million that is unspent but is not repeating money. It is a lump sum of money that could go to provide more services for folks with SMI but it can't go towards things that then would have costs that would go on for the following year. It is just an accumulated amount of money that is here.</p> <ul style="list-style-type: none"> <li>○ <b>Cynthia</b> added that the question becomes, With this money and the list of planned RFPS, programs and positions, what do we do with these unspent funds- taking into consideration that we always have to think about sustainability of programs that we implement.</li> <li>● The allocation is based on the available funds in the account. For example if there is \$1,000,000 in the account, each county gets a bit.</li> <li>● There is a baseline for which we can hope for year to year at \$22 million. No one has said we are going to go below our base, they just can't say how far above we are going to be.</li> <li>● I thought the 20% was based on tax returns received last January or March. We have \$10 million into the prudent reserve. We have \$10 million operating reserve per capital facilities and tech projects in addition to almost \$7 million left in the Capital Facilities and Tech funds. I didn't</li> </ul>		

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	<p>think we had done any approval of operating funds for any of these facilities. My recollection was that they would be cost neutral based on Medi-Cal reimbursement. We agreed to take \$10 million out of MHSA money with no discussion at this body and no public anything on this. I don't remember seeing this in any plan anywhere. I get the Tech and Capital Facilities bricks and mortar piece. I don't get the operating piece because we did not approve that. That is a lot of money on top of the \$13 million we were going to take out of the prudent reserve. We are looking at \$13 million over and above \$13 million here that I have questions about- how is this being spent, why, where and on what?</p> <p>It is a reserve in anticipation of building a new building and getting a new program up and running. We don't know how much the building is going to cost. We don't know how much the program is going to run. We don't have an RFI ready to go out on the crisis res. This is not a hold that you will never see again. This is a period of time until we can get those building built and a program running that we need to be very cautious. If we do not need the money for those issues the money will be put back. That is just a period of time. It is a not a permanent decision .</p> <ul style="list-style-type: none"> <li>• <b>Molly</b> asked if we will know by April how much</li> </ul>		

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	<p>money we are going to be getting. The 20% being built in means we are willing to spend up to 20% based on a guesstimate but if we don't spend it come April, is it too late?</p> <ul style="list-style-type: none"> <li>○ Jana explained the state feels confident we will see a 20% increase so it was built in. We get monthly funding and once the money comes to us, it is ours for the future. There is no more reversion. We are on a cash flow system now.</li> </ul> <ul style="list-style-type: none"> <li>● <b>Lori</b> asked where in the process is the RFP for aging and older adult?</li> <li>● <b>Brenda</b> asked why we don't know how much money was collected over the last couple of years if the increase is based on last year's tax collection? <ul style="list-style-type: none"> <li>○ Cynthia explained annual adjustments are incredibly volatile. There is a two year lag and it is known by March 15<sup>th</sup>. Annual adjustments are based on annual tax returns. The funds are distributed to counties monthly based on unspent and unreserved monies in the state MHSA fund at the end of the prior month. The cash transfers are largest during the months where there are quarterly tax payments being made.</li> </ul> </li> <li>● The projected expenditures include the RFP for children's FSP. The funding was kept the same as</li> </ul>	<ul style="list-style-type: none"> <li>➤ <b>Clarify a projection date when the RFP for aging and older adult will go out</b></li> </ul>	

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	<p>if the program had continued. In the projection for children’s services we spent \$2.4 million in the prior year. That funding was left in CSS because it is a continuing program. It is not a new program.</p> <ul style="list-style-type: none"> <li>• <b>Susanna</b> asked for brief overview of what is included in the information presented. What is in and what is out <ul style="list-style-type: none"> <li>○ <b>Jana</b> explained looking at CSS when you compare the expenditures side by side you can see that the only increase is in systems development, where the vacancies sit. There are new programs that will probably happen once vacancies are filled. Change will happen, the staffing is there. PEI program has the largest increase with the addition of First Hope. There were prior year innovation programs that had been approved and are now being implemented, there is an increase there.</li> </ul> </li> <li>• <b>Molly</b> shared it is hard when months go by and then we learn about things after the fact. That maybe perfectly reasonable, if we only knew how we got from here to there.</li> <li>• <b>Teresa</b> raised concerns of contracts for consultants that have gone over budget while we are asked to be prudent, responsible stakeholders. It is irrelevant what pot the money for the consultant contract is coming from I know that we have had</li> </ul>		

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	<p>contracts approved. We have a very finite amount.</p> <ul style="list-style-type: none"> <li>• <b>Cynthia</b> clarified there was an amendment to an initial contract for one of the consultants. Some of it was for services rendered as part of the integration effort and some of it was for a grant that was written.</li> <li>• <b>Teresa</b> requested Behavioral Health leadership's (Cynthia's) input in what she would like this stakeholder body to consider. <ul style="list-style-type: none"> <li>○ What is your vision, other than the Zia Partners' and HomeBase's SPID vision.?</li> <li>○ Are we going to take the \$14 million and fund the SPID recommendations?</li> <li>○ How are you going to remedy the fracture we are feeling in the community?</li> <li>○ We as the stakeholders need to take our responsibility more seriously.</li> <li>○ We really do deserve a process that is clear.</li> <li>○ We have not had a Board of Supervisors budget hearing since the original passage of the original MHSA plan.</li> <li>○ We haven't had a Board of Supervisors public hearing on the integration of the BH division.</li> <li>○ We haven't had a Board of Supervisors public hearing on the hiring of the BH director or MH director.</li> <li>○ When does the public get to hear from our</li> </ul> </li> </ul>		<p style="text-align: center;">Mariana and Jana</p>

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	<p>governing body and our leaders about what their plan is from our children?</p> <ul style="list-style-type: none"> <li>• <b>Cynthia</b> responded, I believe it is much bigger than anything I can do. It does come back to what the community wants to do about some of these issues. There needs to be some discussion about how we move forward with the dollars and cents you see before you in light of the plan that is currently in place for implementation. We need to figure out how we can all get to a place of comfort around whatever the numbers are going to look like, whatever they are. I believe the numbers are correct but there are a lot of questions that go back a couple of years I can't answer.</li> <li>• <b>Teresa</b> requested funding for the county front line staff</li> <li>• <b>Brenda</b> added we have done the prioritization so if you want to follow what we have done that is good but I don't want you changing it. We have a stakeholder process that outlines what the priorities are <ul style="list-style-type: none"> <li>○ <b>Cynthia</b> responded there are \$14 million and we have to consider sustainability and where we do draw the line for right now and have a balance between those prioritized new programs, and the county positions that are</li> </ul> </li> </ul>		<p>Teresa</p>

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	<p>needed and asked for. I am asking for input. If there is no willingness to do that and you just want us to draw a line across the page, I am concerned about that. The whole point of coming here today is to have the type of process you have been asking for which is to have the stakeholders provide the input. I am leery of saying I am going to take my red pen and draw it across the page because I don't believe that is what you consider an effective process or the right way to make decisions around this. I need clarity because I am hearing two different messages. We are here to be responsive and make a decision that works for the majority.</p> <ul style="list-style-type: none"> <li>• <b>Steven</b> said that to be consistent with CPAW and the values of MHSA decisions should be made by the stakeholder body representing the families and consumers. Because the amount of money is not what we planned for, hard decisions need to be made around prioritizing but those decisions should not be coming from the Behavioral Health Division or Mental Health department.</li> <li>• <b>Kathi</b> observed that looking in 2010 and 2011 financial reports, nowhere in the information presented is a \$10 million Capital Facilities operating reserve. It doesn't show up until June 2012. That is a concern. Until we have some</li> </ul>	<ul style="list-style-type: none"> <li>➤ <b>Steven asked to table this question to next meeting when he has a more clear understanding as the MH director</b></li> </ul>	

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	<p>clarity about what kind of money we are talking about, the planning process is futile. We had a planning process based on what we thought were accurate figures from April of 2012 based on what would be going forward for 2012-2013, not on estimates of next April, but of last April. The \$10 million should be out there saving lives not sitting in a reserve because we think we may run into this problem in the future. That was never part of any discussion that we've had here. Detail showing in 2012 is lost in the previous years</p> <ul style="list-style-type: none"> <li>• <b>Stephen Boyd</b> expressed, I may not know the language that well but it seems like expectations lead to disappointment. Sometimes situations happen. I feel nobody in this room has any control over what the money situation might be but it is what it is. It would be better if we could work towards a solution rather than fighting about what the problem is.</li> <li>• <b>Brenda</b> feels there is a lack of clarity about the numbers. It is not that we don't trust these numbers. We want accurate numbers before any planning process can occur.</li> <li>• <b>Susan</b> shared if we don't understand the material it is not good enough because it has to be good enough for consumers to understand.</li> </ul>	<p>➤ <b>Annis recommended going forward there needs to be more clarity in what is presented to us and that the new MHSA coordinator presents information at a higher caliber to CPAW</b></p>	<p>Mariana, Jana and Grace</p> <p>Jana/Cynthia</p>



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	<ul style="list-style-type: none"> <li>• <b>Molly</b> I am unclear. It is my understanding is we were basing our plan on the 20% increase. The numbers for the projection show the 20% increase. Why don't we have all the money for everything we said we were going to do if we based it on the 20% increase, which is in the projection. I heard some things were in there but other things weren't. I am wondering why everything isn't in there that was approved if this is based on 20% increase, which is what we based our plan on.</li>   <li>• <b>Jana</b> response- I don't have new programs. All of your new programs still haven't been costed out so they are not in the 20% You will still get new programs</li>   <li>• <b>Molly</b> asked, When we approved those new programs they were linked to dollar amounts. We couldn't approve them otherwise because we were basing it on what we had before plus an increase of 20%. Even if we didn't know the specific numbers for individual programs. In the projections for 2012-2013, does it include the amounts of money for those programs? We are talking about which programs are we going to cut and which are we going to prioritize, but I don't understand why they aren't all there if all we did was assume 20% more which is in this number in the projection. Is there a problem, or are we talking about a problem that doesn't exist?</li> </ul>	<p>➤ <b>Molly recommended mapping the process between the decisions we make and the state. We need to build some kind of back and forth between what we agreed would happen and what is actually happening so we can find the discrepancy.</b></p>	

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	<ul style="list-style-type: none"> <li>• <b>Lori</b> asked for a short paragraph on the vision for the technology project. What are we going to do with \$7 million?               <ul style="list-style-type: none"> <li>○ Cynthia replied that it goes towards the electronic health records</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>➤ <b>Mariana volunteered between now and the January meeting to act as a liaison to categorize and sort out key questions and issues to prepare for January CPAW meeting, so we are not getting just stats. Jana and Mariana will work together to bring clarity from a stakeholder perspective for part B of the finance talk</b></li> <li>• <b>Send any finance questions to Grace, who will relay them to Jana. Jana will record the answers for distribution so everyone gets same information.</b></li> <li>➤ <b>Annis requested more detail be put into the minutes and for them to come back ASAP so we have it all fresh in our memory and we can</b></li> </ul> <p><b>Teresa is willing to push for an audit on every MHSA dollar</b></p>	

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		spent.	
5. Results of Client/Consumer Survey	Review handout <i>Client/Consumer Representation Survey</i>		
6. Planning Committee Process Recommendation #1-Quorum	<p>Review handout <i>Fist to Five-</i></p> <ul style="list-style-type: none"> <li>• Review handout <i>ARF Defining CPAW Quorum</i></li> <li>• Planning Committee proposes to define a quorum as 50% of active members of CPAW. Active members have attended at least 50% of meetings in the prior year or have been excused. Need 50% of members present to vote</li> <li>• We have up to date attendance. If the vote passes we have 21 active members with voting privileges, 1 active member on leave, 4 people who would lose their voting privileges until they have attendd 50% of the past year’s meetings or of the meetings since they were appointed.</li> </ul> <p>Reasons for no support</p> <ul style="list-style-type: none"> <li>• Seeking more answers to the stakeholder process in general</li> <li>• Attending 50% of time doesn’t justify someone being an active member</li> <li>• Suggestion would be when we committed to CPAW we committed to 12 meetings, not six</li> </ul>	<ul style="list-style-type: none"> <li>➤ <b>Modified recommendation for a standard of at least 75% attendance, regardless of excuse, to be retain voting privileges.</b></li> <li>➤ <b>Propose to use this decision going forward, not dropping people off before standard was applied.</b></li> <li>➤ <b>Grace &amp; Leigh will analyze the implications of the proposed 75% standard and bring back that information next time, keeping in mind the August meeting was changed from the original date to a week later. Vote will be reconsidered.</b></li> </ul>	Grace and Leigh

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	<ul style="list-style-type: none"> <li>• Requires those governing the meeting to keep track.</li> <li>• It is not enough if someone comes to something and they don't understand what is going on. They should be trained.</li> <li>• 50% of the time does not mean you are actively participating</li> <li>• If you commit to 12 and if you have 2 unexcused you should be out</li> <li>• Once we get training sessions going, new members should have to attend 1 or 2 of those to be an active member</li> <li>• I also understood there was a commitment to the CPAW subcommittee. There haven't been subcommittees to attend, although decisions have come out of those committees. There hasn't been a training as a new member</li> <li>• We should go back to what the standard was when we applied. The amount of people that have to be present. If we raise the standard, we may never vote on anything</li> </ul>		
<p>7. Planning Committee Process Recommendation #2- Voting</p>	<ul style="list-style-type: none"> <li>• Review handout ARF <b><i>Procedures for Voting</i></b></li> <li>• No proxy votes, all votes in person and in meetings, not via email etc. Although surveys are used to gather input when we talk about voting you have to be physically present to do so to hear any further discussion</li> <li>• NAY – 0</li> <li>• Don't like it-0</li> </ul>		

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	<ul style="list-style-type: none"> <li>• Neutral-0</li> <li>• Like idea -0</li> <li>• Love idea -8</li> <li>• Vote passed</li> </ul>		
<p>8. Planning Committee Process Recommendation #2- Voting</p>	<ul style="list-style-type: none"> <li>• Review handout “<i>Floor Support for Decision Making</i>”</li> <li>• More people in the 1,2, 3 area would require additional discussion. 4,5.6 area we don’t need a lot of discussion</li> <li>• In the past with close votes it keeps coming back in another way, shape or form. You need to have a sense of what is going on and talk about it before coming to a vote. Follow fist to five process and then go to majority 50% +1</li> <li>• NAY -0</li> <li>• Don’t like it – 0</li> <li>• Neutral-0</li> <li>• Like it -6</li> <li>• Love it -2</li> <li>• Vote passed</li> </ul>		
<p>9. Public Comment</p>	<ul style="list-style-type: none"> <li>• <b>Stan Baraghin</b> commented, Two Sundays ago I was at a meeting with a young lady-18 years old. I am not sure if she had any problems. She could speak well and represent herself well. Last Sunday she hung herself. We are sitting in this room counting numbers, There is nothing going out of this room. We are going home with these numbers. If I go home it doesn’t add up to what is here. We</li> </ul>		

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	<p>don't need numbers. We needs facts. I would like the surprise they call Dodge minivan. Surprise me please. I love surprises</p> <ul style="list-style-type: none"> <li>• <b>Jami Tussing</b> said I have been coming to these meetings for a while and I know I am not a member of CPAW. From the perspective of a consumer and family member, there is a lot of exclusionary behavior that goes on amongst everybody in this room that participates. We are supposed to be serving the people. We are supposed to be making things better. The bickering about all this stuff doesn't create the solution. I don't understand a whole lot but am trying to. I come to these meetings because I want to learn. From the outside perspective, you make it scary to even want to participate. Whether or not I am an employee now I went thought a lot to get to where I am at. We are supposed to be helping the people. That is what I am here for .</li> <li>• <b>Maria Ramirez</b> shared, This is my first meeting. I am deeply saddened by what I am seeing. I am a family member of a young child in this county. From that perspective and all the horrifying system problems getting her help, I am appalled. I am embarrassed. I am saddened. I have lived in that system that is dysfunctional where my child almost died 3 times. This is embarrassing and shouldn't be. I am also wondering where is the consultant for the</li> </ul>		

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	<p>parent, family member and consumers. Where is the consultant for them so that our voice can get heard? I want to know where is the \$400 an hour consultant for that? I have sat in a lot of meetings because I have been in a non-profit for over 25 years, and I have never seen a lack of leadership like I saw today. My child is going to die if this doesn't get together.</p> <ul style="list-style-type: none"> <li>• <b>Dawn Elizondo</b> shared I have been coming to these meetings too. I can understand some of what was said. I am also disappointed and upset at the decisions that have been made. There are a lot of things that have to be done for these consumers. Vans are needed and dental work. You say we have lots of money. Well, why don't you do something about it and quit talking about it? Consumers have things they need too.</li> <li>• <b>Brenda</b> clarified that CPAW's consultants are not making \$400 an hour</li> </ul>		
10. Close	Next meeting Thursday, January 3, 2013 2425 Bisso Lane Concord		