

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



Members attending: Kimberly Krisch, Lori Hefner, Tom Gilbert, Molly Hamaker, Dave Kahler, Annis Pereyra,

Teresa Pasquini, Kathi McLaughlin, Ryan Nestman, Stephen Boyd Jr., Lisa Bruce, Courtney Cummings, John Gragnani, Susanna Marshland, Susan Medlin, Sam Yoshioka, Tony Sanders

Staff Attending: Dianna Collier, Tommy Tighe, Heather Sweeten-Healy, Jennifer Tuipulotu, Doug Halpern, Roberto Roman, Jami Delgado, Janet Wilson, Kenneth Gallagher, Charles Saldhana, Gerold Loenicker, Anna Lubarov, Imo Momoh, Sandy Marsh, Taylor Stussi

Public Participants: Peggy Harris, Devon Roberts, Eileen Brooks, Ben Barr, Lorena Harth, Kanwarpal Dhaliwd

Excused from Meeting:

Staff Lead: Steven Grolnic-McClurg

Staff Support: Cassie Brown

Topic	ISSUE/CONCLUSION	ACTION/RECOMMENDATION	PARTY RESPONSIBLE
3:00 PM Opening, Agenda Review, Announcements: <ul style="list-style-type: none"> <li>• MH Coordinator Update (Steven Grolnic-McClurg)</li> <li>• Facilitator Update MHSAs</li> </ul>	<ul style="list-style-type: none"> <li>▪ Opening Introductions</li> <li>▪ MH Coordinator Update -               <ul style="list-style-type: none"> <li>▪ Steven: Another candidate on original list went through same stakeholder process interview. Third interview scheduled with that person for the beginning of next week. Will keep everyone updated and thank you to all members of CPAW who participated.</li> </ul> </li> <li>▪ Facilitator Update -               <ul style="list-style-type: none"> <li>▪ Steven: Contract amendment went through for Maria Pappas. She will be our ongoing</li> </ul> </li> </ul>		

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<ul style="list-style-type: none"> <li>• MHSA Financial Audit</li> <li>• RFP Update</li> </ul>	<p>temporary Administrator starting in July. She will facilitate for CPAW and the Planning Committee.</p> <p>MHSA Financial Audit -</p> <ul style="list-style-type: none"> <li>▪ Steven: Deliverables are being finalized today. The audit will start next week. Deliverables will become public when they are finalized, as well as the results of the financial audit. <ul style="list-style-type: none"> <li>○ Teresa: Who all is involved in setting the financial audit?</li> <li>○ Steven: The Finance Department along with Behavioral Health Administration.</li> <li>○ Teresa: Can you explain why there is such a delay?</li> <li>○ Steven: No I can't. There are probably multiple factors.</li> <li>○ Lori: Will you send an email when they determine what these are?</li> <li>○ Steven: Yes. Teresa will you let us know where the second audit will be?</li> <li>○ Teresa: The Mental Health Commission MHSA Finance Committee has charged that committee to consider in a transparent and accountable manner, to determine the deliverables for the second audit as well as selecting the auditor based on all the input that has been gathered over the last year. Mike Geist was offered as a possible person for us to consult with. He is unavailable until</li> </ul> </li> </ul>		

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	<p>October for a consultation. We're trying to seek out expert advice on both the deliverables as well as the auditor. I'm trying to reschedule yesterday's meeting that was canceled. There are no deliverables. There is no scope for this audit as of yet, so this is not necessarily a performance audit. There is interest in both a compliance and a performance audit.</p> <p>RFP Update -</p> <ul style="list-style-type: none"> <li>▪ Steven: For the TAY and Adult FSP RFP's, they have been submitted and reviewed. By next week there will be letters sent to the organizations who had the highest scores, and then we will enter into negotiations with them. The Crisis Residential RFP that was released again this week to solicit a wider response. We are looking at all kinds of electronic ways to improve that process. Right now we are most interested in making sure it is as inclusive as possible. Not all organizations do bounce-backs so that doesn't work 100%.</li> </ul>		
3:15 PM Public Comment	<ul style="list-style-type: none"> <li>▪ Lisa: Annual Picnic will be June 21<sup>st</sup> from 10am – 2pm at the Pleasant Hill Park.</li> </ul>		
3:20 PM 13/14 MHSA Plan	<ul style="list-style-type: none"> <li>▪ Steven: (MHSA Plan Document) July 11<sup>th</sup> we are hoping to get approval for the plan. I would like to walk through the document first then answer questions that came up when reviewing the update draft. High level is</li> </ul>		

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	<p>continuing to fund what we've approved in the past, with the addition of a couple new things:  Crisis Res  ARC  Sign the contract then pay license fees for the EMR, which will be an ongoing cost  Requested and approved funding for the Innovation project  Requested and approved funding for Essential Learning  Innovation Process which will be discarded if not approved today.</p> <ul style="list-style-type: none"> <li>○ Annis: In the future could the financial data be presented so that the digits are lined up like a true financial document would be?</li> <li>○ Steven: Sure.</li> <li>○ Steven: (Green Handout)  The important thing to know about expenditures is that they are all-cost - everything fully operating as of July 1<sup>st</sup> for the entire year. The number under "B" is clearly an enormous percentage of our total available funding in CSS, and far more than our estimated 2013/14 funding. The estimation is that 13/14 is going to be the base for the next couple years, so that should be about what we're expecting to get. If we were to spend this much money in the coming year, we would clearly be in a dire situation for</li> </ul>		

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	<p>the following year. Two factors to understand about that:</p> <ol style="list-style-type: none"> <li>1. We are going to have to have a robust conversation this coming year about our priorities, what we can afford to do, and what is sustainable in this program.</li> <li>2. We won't spend \$36 million in the coming year. We will generate FFP. We don't know what that number is, but we know it will be at least several million dollars. There will be several million dollars of just delayed spending.</li> <li>3. For county staff, we never have all of our positions filled. We have a process of hiring people, so typically our budgeted expenses are a bit higher than our actual expenses. We won't know our actuals until the end of the year, but it is realistic to expect that we will spend between \$26 and \$28 million in the coming year. That is still way too much ongoing, but it is not as dire as looking at \$36 million would be. We are still going to need to have a robust conversation in the next year. CSS is the area where this is most concerning. PEI is not in a long-term sustainable path, assuming that we spend all of those dollars. For PEI, many of those programs are CBO programs. They tend to spend their dollars better than the county. One of the programs is First</li> </ol>		

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	<p>Hope. That is a large program. It's budget next year is projected to be almost \$2 million. We tend not to spend everything that we budget to spend. People should be paying attention to our projected expenditures, as opposed to our available allotment. We built in all the costs, because I don't want people to not understand what they're approving.</p> <ul style="list-style-type: none"> <li>○ Lisa: Can we get a breakdown on the paper of what CSS, etc. stand for?</li> <li>○ Steven: Yes.</li> <li>○ Molly: I thought the last time we talked about this we thought we had plenty of money, then we thought we didn't, then we thought we did, etc. Now I'm confused.</li> <li>○ Steven: What I said was based on actual spending, we could go and implement the approved plan, as it was set. I still think immediately that is probably correct, but the new elements are the ARC is much more expensive than we thought it was going to be, and that's a lot of money that we hadn't projected in terms of expenses. I didn't know there was going to be an ongoing fee for</li> </ul>		

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	<p>licenses in terms of implementation of EMR. Third, we are proposing a rather large new program that we're rolling out of Innovation. Until we have actual funding, it's hard to know exactly how dire the situation is. My ballpark guess would be that we would have to change things in three years.</p> <ul style="list-style-type: none"> <li>○ Molly: Is there an updated projection on future funding from the state?</li> <li>○ Steven: This is the updated projection in terms of next year. I think the biggest thing that I took away from last year is that we cannot be sure how much we're going to get from MHSА. It is highly dependent on where the California economy is.</li> <li>○ Annis: How can they have worked on this project for as long as it's been worked on, and then not be informed that there was a licensing fee that is ongoing?</li> <li>○ Steven: Part of the decision to move forward with an EMR was based on the fact that there would be MHSА funding at that point, and then deciding in terms of that.</li> </ul>		

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	<ul style="list-style-type: none"> <li>○ Teresa: CPAW made a decision to use our capital facilities and IT funding to put a big chunk of that funding into EMR, which we still don't have and won't have for a few more years. So we obligated \$6.2 million to go to IT. Why would that be ongoing from MHSA?</li> <li>○ Steven: Our Behavioral Health sub-account is not getting larger. Those dollars are obligated. This is the revenue source that has increase in it, and that we can plan for being able to do things like this.</li> <li>○ Kathi: If there is money saved as a result of things such as an EMR system, we want to be sure that those cost savings come back to the primary funding source, rather than be redistributed to the other departments that may not have paid their fair share.</li> <li>○ Steven: Those dollars may not go back into MHSA, but there would be cost savings out of our realignment dollars, because we were not spending those realignment dollars on those costs, we would have money to</li> </ul>		



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	<p>spend on realignment. There may not be cost increase or cost savings. It will be better care in the end.</p> <ul style="list-style-type: none"> <li>○ Kathi: It seems as though MHSA funding is going to things that we had not anticipated in terms of the level of expense, and I would want to be reassured that we didn't end up losing our MHSA programs if there were any cost savings. If there are cost-savings, it feels like we should be able to look at the programs that are successful, and be able to provide them ongoing funding.</li> <li>○ Steven: The goal is to have an integrated system that provides the right care for everybody. From my perspective, we want to expand our overall system.</li> <li>○ Kathi: I don't want to see us put money into prevention, and then find out that we had to cut prevention programs because of an issue around funding. We need to look at how to maintain the whole system.</li> <li>○ Steven: What I'd like to focus this conversation on is this particular plan update. We haven't funded</li> </ul>		

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	<p>some things that we should be doing. We have some parts of our system that are really failing right now.</p> <ul style="list-style-type: none"> <li>○ Tony: As I recall, there were 2 or 3 years where the licensing would be included in the upfront money, but I think since there's been a delay, there was money that is now lost.</li> <li>○ Steven: My understanding is this was vetted before, but it is a sizeable amount of money, and it's important for people to know that we're vetting it in terms of that piece.</li> <li>○ Teresa: I want to agree with everything Molly said. Even though we agreed, in concept, to roll over the 12/13 plan, we also agreed that there would be audits performed, and budget and financials provided that would allow us to make an informed decision. I am very uncomfortable with the lack of detail that we're getting here, on the Crisis Res, on the ARC, etc. I didn't see detail in the plan.</li> <li>○ Steven: The detail will be in the conversation today. We're just</li> </ul>		

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	<p>having a discussion today, there will be no decision. Let's walk through the plan.  (Copy of plan in packet is gone over)</p> <p>Sixteen-bed facility which will allow for a 30-day stay. This program can prevent a hospital stay. It can also allow for a decrease in hospital stays, since it has a discharge program which is very structured. We're going to be requiring that whoever gets this contract has peer services, co-occurring capable services, and is working really strongly on discharge plans. It will be a licensed facility that we will be billing Medi-Cal.</p> <ul style="list-style-type: none"> <li>○ Teresa: CSS funds are to be spent on 5600.3 target pop, correct?</li> <li>○ Steven: Yes. Since it is a 30-day stay it is not intended for individuals that are not our target population. I could see where you would want to use a crisis residential facility for someone who is not currently getting some of our higher level FSP services. So yes, it's the target population that you're describing.</li> </ul>		

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	<ul style="list-style-type: none"> <li>○ Susan: Is there a way that we can help family members who want to know how to help the individual being discharged?</li> <li>○ Steven: It's something that would be important here, I think it's a good comment for our contractor and general system. The estimation is that the Crisis Res building will be done in July, then licensed and signed off on. We're looking at programming there beginning in 3-6 months. It is located at 20 Allen in Martinez. The ARC is not estimated to be finished until January. We built in for a full year. The ARC is a new kind of programming for us. Part of what we will be doing this year is testing how it will actually be used in our system. One way will be a step-down from PES. This will be a place for people to go to enter into our system. This will be a more supportive environment for those individuals. Another purpose is to serve as a place for people to get meds who are out of compliance and don't have an appointment. A third potential use is urgent care, same-day</li> </ul>		

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	<p>appointments/assessments. A fourth piece is another place to get support as a family member, etc. We will not know how this will work in our system until we get some testing of it. We will start off by staffing it, and learning and testing as we go. We budgeted for full staff, but until we're really clear on how this serves our whole system, we aren't clear on a staffing model, etc. There's not a lot of specificity on this, since we'll be learning as we go over the course of the next year. I can imagine this serving as an amazing element in our system. How much FFP will this generate? These kinds of things we don't really know yet. This is why we're budgeting super conservatively.</p> <ul style="list-style-type: none"> <li>○ John: Under the Federal Financial Participation piece, can we have some sort of range where we have some idea of FFP?</li> <li>○ Steven: Yes but we are not going to know until we're up and running. Let's not build in a number that's really built out of thin air.</li> </ul>		

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	<ul style="list-style-type: none"> <li>○ John: Urgent Care compared to First Hope doesn't have a lot of similarities. It seems like we should be able to anticipate a more realistic range for this program as opposed to First Hope.</li> <li>○ Steven: That seems reasonable John. How would that change your understanding of whether you wanted to approve it or not?</li> <li>○ John: Working in PES I know there's a need so I don't have a problem approving this, I just think there needs to be more of an idea of how much FFP we're anticipating.</li> <li>○ Steven: When it's a little more cooked, I'll bring it back with information on where this is going to be. I didn't want to make a guess.</li> <li>○ Teresa: What did we say in our capital facilities plan about the ARC?</li> <li>○ Steven: We said that it will serve children and adults, with a separate entrance and waiting room for each. I can send you the documents if you would like to take a look at them and see that</li> </ul>		

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	<p>piece.</p> <ul style="list-style-type: none"> <li>○ Teresa: Charles, how will the privately insured patients impact the ARC?</li> <li>○ Steven: I'm not sure. We haven't had that conversation yet.</li> <li>○ Teresa: I'm just curious how that works. I believed capital facilities projects were intended to be utilized by the whole system. So I'm thinking, who is going to be utilizing this?</li> <li>○ Annis: I would hope that someone does a cost analysis at some point in time.</li> <li>○ Steven: First off, I don't know the answer to that, but I think the point is well taken. If we staff this and it's not well-utilized, clearly we would want to look at whether or not there is the potential to have some other funding to serve it in that way.</li> <li>○ Kathi: I think I would be a lot more comfortable with this if either the Planning Committee could take on some of this discussion, or if we reconstitute the capital facilities group or another group to look at this.</li> <li>○ Steven: This is a process that will</li> </ul>		

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	<p>go better with robust conversation.</p> <ul style="list-style-type: none"> <li>○ John: It might say costs for the ARC are budgeted to be 2.75 a year (etc), however this may change. That may be a more reasonable way of putting it.</li> <li>○ Steven: Sure I can make that change. These are expensive programs we're working on. I don't want anyone to be misled. We're doing this because it's right. Sometimes the right thing is the expensive thing.</li> </ul> <p>What do you need between now and next month so that you're feeling like you have enough information to be able to do this? This year we are clearly saying that we're funding this for one year only.</p> <ul style="list-style-type: none"> <li>○ Kathi: I think what would help me, would be the timeline of the programs and what they're budgeted for and how well they're doing at serving.</li> <li>○ Steven: As far as I know there is only one program we're doing that with and I'm happy to report that back.</li> </ul>		



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	<ul style="list-style-type: none"> <li>○ Kathi: Also for the newer programs, to see if they're reaching their benchmarks, etc.</li> <li>○ John: As far as the Crisis Res and the ARC, I think it would be helpful to have more detail about the budget and how it was arrived at.</li> <li>○ Steven: (refers to pink handout) It was based on the maximum bed occupancy.</li> <li>○ John: If it helps the public understand the breakdown and the basis of the budgets, I think it should be included.</li> <li>○ Steven: I don't feel comfortable adding that level of detail to a public document. I can certainly think about a way to present more information.</li> <li>○ Kathi: I think a way to do that would be that on both of those to know that this is based on 12 months. It clearly says in the RFP for the Crisis Res that the stated figure is based on the max Medi-Cal reimbursement. In that regard I really am uncomfortable putting the full amount in.</li> <li>○ Steven: For all of the CBO contracts, they are all situated like</li> </ul>		

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	<p>that. They are all structured in the exact same way that this is structured. That's not unique to this.</p> <ul style="list-style-type: none"> <li>○ Kathi: Does it say that in the budgeted plan? Because I don't remember seeing that and it's very deceptive to say that it's 2.17 for the Crisis Res ongoing cost for MHSA funding, when in fact it's not.</li> <li>○ Steven: It's the rule that we use for all programs. The actuals are different than the budget.</li> <li>○ Kathi: I'm still struggling with that because it doesn't seem like what we've looked at in past budget reports.</li> <li>○ Teresa: That is the standard template that every county uses to give a piece of information that's really not useful.</li> <li>○ Steven: One of the documents that we're working on is a spreadsheet of everything that MHSA is funding and what its purpose is.</li> <li>○ Kathi: I think it's because we're looking at significantly more than we discussed as a group that it's misleading. The fact is when we</li> </ul>		

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	<p>approved the funds for other programs in the past, we approved what MHSAs were funding. That wasn't what we saw as CPAW. We're not overseeing AOD funding or any other pieces. We're just overseeing how much we're providing to various programs out of MHSAs funds.</p> <ul style="list-style-type: none"> <li>○ Steven: I heard a clear request for a little more detail in terms of funding and I will do that piece. I think ballpark it's a couple million dollars of FFP within all the programs. If there are other things that folks come up with upon reflection, please email me.</li> <li>○ John: (pink handout) Is the bed occupancy a low assumption?</li> <li>○ Steven: We want to make sure that the people going in are going to have an excellent chance of being able to get the total amount of money that they can get. We want to start off by making sure it's sustainable.</li> <li>○ John: Is this ballpark to what we give ANKA to run Nyreka (spelling?) House?</li> </ul>		

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	<ul style="list-style-type: none"> <li>○ Steven: No. It's ballpark to what the rates are and what is typical to the field.</li> </ul>		
4:20 PM Break			
4:35 PM Innovation Committee ARFs  Revisions to Committee's Charge  Process for Reviewing Innovation Projects  Sustaining INN01	<ul style="list-style-type: none"> <li>▪ Kathi: (Innovation handout)  There are 3 pieces we wanted to change: <ol style="list-style-type: none"> <li>1. We are talking about becoming an open committee from June-September in order to recruit additional members.</li> <li>2. Changing the language in our charge to "review and revise as needed." <ul style="list-style-type: none"> <li>○ Steven: A requested amendment would be to change the word to MHSOAC since it doesn't go to the state anymore.</li> </ul> </li> <li>3. Removing the liaison with the Data Committee since the Data Committee doesn't exist. On our committee we have subject matter experts to fix areas where we don't have enough CPAW members to address issues. Anyone who is interested in being on the Innovation Committee should be aware of the time commitment. It is very significant and there is a lot to read and digest and go over. <ul style="list-style-type: none"> <li>○ Anna: What does help is that we have people from the programs who provide clarity.</li> <li>○ Kathi: We meet on the 4<sup>th</sup> Monday of the month from 2-4pm at 1340 Arnold in the large conference room. We currently have 7 or 8 members.</li> </ul> </li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>➤ <b>Change term to MHSOAC</b></li> </ul>	Kathi

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	<ul style="list-style-type: none"> <li>○ Devon: I want to learn more about CPAW but I'm a little confused.</li> <li>○ Kathi: It's a very specific pot of money designed to fund innovative programs and see if you can take research and apply it to an actual program to see how it turns out.</li> <li>○ Teresa: Are there family members on the committee who have adult children in the system of care?</li> <li>○ Kathi: Not that I'm aware of.</li> <li>○ Tony: That's what we're recruiting for. It's really just open.</li> <li>○ Teresa: It's important to remember that there are significant issues for family members of adult children in the system. We need to invite those members of the community who have been suffering for a long time to be a part of this process. If you're not outreaching to people who have that perspective, then you won't be considering those kinds of programs.</li> <li>○ Sam: What is your racial/ethnic mix of that committee?</li> <li>○ Kathi: Caucasian primarily, and that's why we're recruiting for other interested members. We're opening it up on purpose so that we can get more folks to come on board.</li> <li>○ Steven: There is a period where they are soliciting new membership at which</li> </ul>		

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	<p>point they will then close it.</p> <ul style="list-style-type: none"> <li>○ Kathi: We're asking CPAW members to come, and once we see who comes from CPAW with a particular expertise, then those people may not stay.</li> <li>○ Susanna: Are we ever able to offer stipends for consumers attending?</li> <li>○ Kathi: We offer \$15 gift cards to attending consumers.</li> <li>○ Steven: VOTE No one strongly opposed. All but one in approval. APPROVED</li> <li>○ Ryan: (Refers to Innovation handout in the section after the Appendix) Review of the charge of the committee. Asking for approval that we can add this to our charge.</li> <li>○ Tony: Innovation doesn't usually address sustainability.</li> <li>○ Kathi: It's important to realize that Innovation money cannot be used for sustained funding.</li> <li>○ Sam: What percentage of your target population would be considered seriously mentally ill?</li> <li>○ Kathi: We're not targeting a specific percentage, but rather who we are catering to.</li> <li>○ Steven: VOTE No one strongly opposed.</li> </ul>		

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	<p>Majority approves. APPROVED</p> <ul style="list-style-type: none"> <li>○ Tony: Introduces partners of LGBTQ Collaborative. (Reviews LGBTQ section of Innovation handout)</li> </ul> <p>The Innovation is based on a new idea- not just working with the youth specifically, but with those that surround them – peers, family members, faith leaders, etc. The four areas that these materials have focused on are:</p> <ol style="list-style-type: none"> <li>1. The actual projects</li> <li>2. Goals from each tier</li> <li>3. Lessons learned from each of these activities</li> <li>4. A proposal based on lessons learned about sustaining some funding for targeted pieces of the project.</li> </ol> <p>The \$586,00 requested does not include the FFP.</p> <ul style="list-style-type: none"> <li>○ Steven: What is the match for the FFP?</li> <li>○ Tony: The match is 95%.</li> <li>○ Steven: It's not that way anymore. It's 50/50.</li> <li>○ Kathi: There are leverage funds in there of \$92,000.</li> <li>○ Ben: What we've displayed is the PEI funding, which is \$164,000. We're asking for money to sustain those components that are the strongest and</li> </ul>		

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	<p>should be sustained and continued. There is a second proposal, the majority of which we will be asking for FFP funding, with CSS and MHSA matched to maintain it. It sounds to me like we do need to go back and look at the numbers.</p> <ul style="list-style-type: none"> <li>○ Steven: Yes we do. The Medi-Cal billing dollar amount requested – half of that would have to come from MHSA and half from FFP.</li> <li>○ Ben: We need to have more conversation because when we did our budget and proposal, that’s the guidance we got from your staff.</li> <li>○ Steven: We get our total allotment from the state. That’s all we get. We are now responsible for that and any new match comes from MHSA. We no longer get 45% from the state. I want to make sure that people understand what we’re approving. We need accurate information to know how much we’re approving for that piece. What we need to change is the funding split – what’s MHSA and what’s FFP?</li> <li>○ Molly: What is the total cost?</li> <li>○ Tony: On page 5 - \$678,830 minus the leverage.</li> <li>○ Steven: This needs to go back just to get the dollar figures correct.</li> <li>○ Molly: It’s \$293,140.</li> </ul>	<p>➤ <b>Go back and review</b></p>	<p>Partners of LGBTQ Collaborative</p>



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	<ul style="list-style-type: none"> <li>○ Steven: We could potentially approve the PEI section. Let's take the counseling part back and try to move forward with the PEI conversation.</li> <li>○ Courtney: As a community member, I support this program. As a member of the Native American community, we refer to our LGBTQ community as Two Spirits. Can we add that verbage? It's important to reach out community in the schools as well and be culturally sensitive and appropriate.</li> <li>○ Ben: I think one of the ongoing challenges is that the youth programs have begun starting to call their groups the alphabet groups. It's the challenge of being inclusive. How we identify ourselves will be an ongoing discussion.</li> <li>○ : How do we move the work and meter on reducing stigma for people in the system?</li> <li>○ Teresa: I'd like to know what percentage of membership of these programs is coming from the county? How many people from our county programs are utilizing these services?</li> <li>○ Tony: There is a project at the West County Children's Mental Health Project I would like to talk about.</li> <li>○ Ben: The programs we are talking about are youth programs. We need to identify</li> </ul>	<p><b>funding figures</b></p>	

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	<p>the youth that need to be served by the county that aren't. It's important to really recognize the youth that are starting to have serious mental health problems and get them the services that they need. It's taken a couple years to get the caseworkers and the system to a place where they are understanding the needs. We are trying to prevent these youth from committing suicide and trying to identify the risk.</p> <ul style="list-style-type: none"> <li>○ : There are youth at West County who are LGBTQ or allies, and we have provided stipends to them to be involved in an art project. One of the issues we have identified throughout the mental health system in the county is that many LGBTQ/IS2 youth aren't feeling safe fully identifying as such. We also had a project with MHCC.</li> <li>○ Ben: What we know is when you stop bullying and harassment, you create a safe environment for everyone.</li> <li>○ Steven: I would like to draw attention to the PEI projects (LGBTQ handout). I want to be clear that we're talking about prevention here, and that's what this funding is about.</li> <li>○ Kathi: One of the requirements of the state is that it be used to serve underserved populations.</li> </ul>		

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	<ul style="list-style-type: none"> <li>○ John: It is very important for us as a county and contract providers to work together to serve the population. Conversations and partnerships do have to increase.</li> <li>○ Tony: TAY started a weekly poetry slam in Central, East, and West County.</li> <li>○ Anna: PEI funding was specifically to have projects in the community to prevent people from entering into the system.</li> <li>○ Teresa: I want to make it really clear that I've read the law, and was a PEI stakeholder, and I just asked a legitimate question. I wasn't trying to be disrespectful to anyone.</li> <li>○ Steven: Discussing strictly the \$164,000 that would be funding the two PEI components – VOTE: None strongly opposed Majority approved One abstained APPROVED</li> </ul>		All

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		<p>➤ <b>Please submit any questions and concerns regarding plan update to Steven ASAP before next CPAW meeting</b></p>	
<p>5:20 PM Discussion about CPAW membership</p>	<ul style="list-style-type: none"> <li>▪ John: Three hour meeting for June 13<sup>th</sup> in Planning that will be focused on membership. We wanted to get a baseline of currently active members of CPAW, as well as talk about bringing on new members.</li> <li>▪ Steven: My recollection was that this went a little broader and that there were a number of</li> </ul>		

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	<p>pieces that had gone forward regarding a number of different issues, such as what membership should look like, etc., and that the Planning Council was going to ask CPAW for specific permission to continue that work.</p> <ul style="list-style-type: none"> <li>▪ Kathi: There was also a conversation about if we were still asking about attendance and participation in committees.</li> <li>▪ Molly: A number of small meetings were held that lots of people participated in where we discussed a variety of issues. We brought a lot of proposals back to the larger group and had a lot of things that we were still trying to resolve. The idea that we talked about this last Planning meeting was rather than starting from scratch, see how many of those things still make sense and do a synopsis to bring back to CPAW to see how to proceed from there.</li> <li>▪ Lori: I would like for us to meet prior to Thursday's meeting to bring in a scribe on Thursday so that we have a document. I'd be interested in seeing the document from Grace and Leigh.</li> <li>▪ Stephen: I think that the smaller groups should meet and hash those things out. Several questions that should be asked should be: How long should membership last? Is there a time limit? Who should the stakeholders be? Is there a certain level of participation that should be required?</li> </ul>		

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	What if someone's role changes?		
<p>5:35 PM Discussion of MHSA Subcommittees</p> <p>How and when will subcommittees report out to the Mental Health Director and CPAW? Should monthly report outs be made standing items on CPAW's agenda?</p> <p>Subcommittee Updates</p>	Deferred due to time constraint		
5:55 PM Public Comment	<ul style="list-style-type: none"> <li>▪ None</li> </ul>		
Next Meeting Date	<ul style="list-style-type: none"> <li>▪ Thursday, July 11<sup>th</sup>, 3pm – 6pm</li> </ul>		
6:00 PM Close	<ul style="list-style-type: none"> <li>▪ Meeting adjourned</li> </ul>		