

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

**April 7, 2011, 3:00 PM – 5:30 PM
2425 Bisso Lane, Suite 100, Concord**

CPAW Members: Anna Lubarov, Stephen Boyd Jr., Brenda Crawford, Candace K. Tao, Courtney Cummings, Dave Kahler, John Gragnani, Tom Gilbert, Molly Hamaker, John Hollender, Kathi McLaughlin, Lori Hefner, Peggy Harris, Susan Medlin, Ryan Nestman, Teresa Pasquini, Tony Sanders, Wayne Thurston, Sam Yoshioka,

Members of the Public: Peter Bagarzzo (MHC), Lorena Huerta (Familias Unidas, Tracy Woodruff (NAMI), Lisa Bruce (CPAW Applicant), Nevia Lujan (La Clinica) Gary Christfani (for Steven Grolnic-McClurg),

Staff: Erin McCarty, Holly Page, Jennifer Tuipulotu, Jeromy Collado, Jisel Iglesias, Mary Roy, Sherry Bradley, Suzanne Tavano, Vern Wallace, Zabeth Cooper, Helen Kearns

Excused: Beatrice Lee, Lori Larks, Donna Wigand,

Absent: Connie Steers, Mariana Moore, Nayyirah Sahib, Ralph Hoffman, Cesar Court, Doreen Gaedtke, Heather Sweeten-Healy, Imo Momoh, Snady Rose, Vic Montoya, David Carillo, Kathy Guruwaya, Caroline Sison, Rhonda Haney, Ron Johnson, Susanna Marshland,

Facilitator: Grace Boda

Grace Boda opened the meeting at 3:00 PM.

AGENDA

TOPIC	DISCUSSION	ACTION/ RECOMMENDATIONS
1. Opening, Agenda Review, Announcements	Facilitator, Grace Boda, opened the meeting at 3:00 PM and went around the room having everyone introduce themselves and use one word to describe how they are feeling.	
2. Announcements	<ul style="list-style-type: none"> ● Last meeting - Feedback <ul style="list-style-type: none"> ○ Process for providing input on the PEI plan really appreciated. ○ Frustration about inappropriate comments by some members ○ Frustration about committee items being presented before they are ready ○ Some members not preparing by reading information in advance ○ Voting process needs to be re-thought by the planning committee, not building a consensus ● New Behavioral Health Homeless Division Director <ul style="list-style-type: none"> ○ Cynthia Belon named new director ○ Ms. Belon and Dr. Walker will be at next meeting ● Approval of PEI Training/TA/Capacity Building <ul style="list-style-type: none"> ○ Approved by State ● Update on Trauma Services for Sexually Exploited Minors 	<p>Feedback presented</p> <p>Cynthia Belon named</p> <p>CA Approved New RFP to be done</p>

	<ul style="list-style-type: none"> ○ Received 3 bids, none of which were approved. ○ New RFP will be prepared and should go out in May ● Prisoner Re-entry Initiative <ul style="list-style-type: none"> ○ Plan approved by the Board of Supervisors ○ The Strategic Plan available on the Board of Supervisors Website ● Master Calendar for Monthly Program Reviews <ul style="list-style-type: none"> ○ Calendar given to CPAW Members ● CPAW Data Committee meeting next week <ul style="list-style-type: none"> ○ New Grant opportunities <ul style="list-style-type: none"> ❖ Johnson Foundation Grant – Community Health ❖ Cal Wellness Grant – Responsive Grant making Program ● Structures for context setting <ul style="list-style-type: none"> ○ Agenda Readiness Form discussed ● Lori Larks leaving CPAW <ul style="list-style-type: none"> ○ Doreen Gadtke applying to CPAW as replacement ● MHC Nominating commission – MHC out of compliance <ul style="list-style-type: none"> ○ 3 Consumer vacancies in Districts 1,3,5 ○ 1 Family member vacancy in District 3 ○ Need 4 African American and 3 Hispanic representatives ○ Interviewing on an ongoing monthly basis starting April 22nd ○ Feeling consumers are not represented on MHC and past applicants have been turned down by Board of Supervisors ○ Further discussion to be directed to Sam Yoshioka after meeting ○ All encouraged to apply 	<p>Plan Approved by Board of Supervisors</p> <p>Presented</p> <p>Presented</p> <p>Form presented and discussed</p> <p>Presented</p> <p>Presented by Sam Yoshioka</p>
<p>3. Impact of AB 100 and SB 76 on MHSA Administrative Efficiencies and Redirection of MHSA Funds for FY 11/12</p>	<p><u>Powerpoint/Discuss to Build Understanding on AB 100 and SB 76</u></p> <ul style="list-style-type: none"> ● Goal for today <ul style="list-style-type: none"> ○ Review events leading up to AB 100 ○ Understand the key statutory changes ○ Understand what statutory provisions remain unchanged ○ Explain critical issues and concerns identified as related to changes or lack of changes made ○ Possible implications to counties ● Governor’s Budget Proposal to Redirect \$862M in MHSA Funds for FY 11-12 for EPSDT, AB 3632, and Specialty Medi-Cal Mental Health Managed Care; <ul style="list-style-type: none"> ○ EPSDT is a federal mandate for children through 	<p>Presented</p>

	<p>Medicaid to improve the health of low-income children, by financing appropriate and necessary pediatric services.</p> <ul style="list-style-type: none"> ○ AB 3632 ensures that children with disabilities are entitled to a free, appropriate public education in the least restrictive environment. Special education pupils may require mental health services in any of the 13 disability categories. ● Governor’s Realignment Budget Proposal which included realignment of the above community mental health programs; and ● Legislative proposal, supported by the Administration, to reduce allowable MHSA state administrative expenditures from up to 5% of total annual funds to 3.5% ● AB 100 is the Budget Trailer Bill that amends the MHSA statute to implement the MHSA redirection and makes some significant MHSA administrative changes. <ul style="list-style-type: none"> ○ It is an urgency statute that became effective upon the Governor’s signature on 3/24/11. ● AB 100 Clarifications <ul style="list-style-type: none"> ○ It is NOT a loan to the State General Fund and will NOT be repaid ○ Includes sequential steps for taking funds from the MHS Fund and distributing to counties for the realigned programs and MHSA component allocations for FY 2011-12 ○ It does not address flexibility on prudent reserve (PEI) policies or direct State to provide administrative relief to the counties ● \$862M MHSA Redirection <ul style="list-style-type: none"> ○ July 1 2012 - \$183.6 M for Specialty MH Medi-Cal Managed Care will flow to the county ○ Soon after \$98.5 M for Educationally-Related Mental Health Services will flow out the door to Mental Health Plans ○ Approximately half of FY 11-12 CSS, PEI, INN (not to exceed \$488M) beginning in August with the remainder to be paid no later than April 30, 2012 ○ Quarterly distributions totaling \$579 M for EPSDT ○ July 1 2012 MHS Fund distributions will be “pay as you go” accrual approach, rather than cash 	
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	<p style="text-align: center;">basis.</p> <ul style="list-style-type: none"> • Legislative Budget Committee reduced 5% cap to 3.5% and MHSOAC is held Harmless • Administration responded with a proposal consistent with the budget proposal to realign mental health services to counties <ul style="list-style-type: none"> ○ Money should flow directly to the counties • Key Goals <ul style="list-style-type: none"> ○ Streamline and improve efficiency ○ Significantly reduce state administrative support (by \$30M including 143 personnel) for local implementation and direct more MHSA funding to county mental health programs ○ Clarify state roles in evaluation and program monitoring • Budget Conference Committee Compromise <ul style="list-style-type: none"> ○ Eliminate DMH and MHSOAC county plan review and approval ○ MHSOAC will take the lead on evaluation efforts ○ State admin funding: totals \$22M with \$10M more now available for local MHSA services ○ 67 state personnel remain ○ Few MOUs with other state agencies remain including those for the Veterans Affairs, DDS, CDE and Community Colleges ○ Elimination or reduction of some contracts • Goals of Legislative Language in AB 100 to Implement MHSA Redirection and State Administrative Changes: <ul style="list-style-type: none"> ○ Changes to the state role are “surgical” or very “minimal” in order to implement budget conference committee compromise ○ Support MHSA cash flow to counties tied to accountability through the contractual relationship counties have with DMH ○ Act is an urgency statute and will take immediately upon signature of the Governor ○ Note: AB 100 went into effective March 24 2011 • Key Changes – Administrative <ul style="list-style-type: none"> ○ Legislative Intent - In eliminating state approval of county mental health programs, the Legislature expects the state, in consultation with the Mental Health Services Oversight and Accountability Commission, to establish a more effective means of ensuring that county performance complies with the Mental Health Services Act. ○ Eliminates State DMH and the MHSOAC from reviewing and approving county plans and expenditures 	
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	<ul style="list-style-type: none"> ○ Replaces the Department of Mental Health with the State in the distribution of funds from the MHS fund ○ Changes the amount available from revenues deposited in the MHS fund for state administration from up to 5% to 3.5% ○ Plans will not longer be evaluated by DMH regarding capacity to meet unmet needs with expenditures ○ Replaces DMH with the MHSOAC (or Commission) as having a possible role of providing TA to county mental health plans for improvement of their “plans” ○ Replaces DMH with the state in developing regulations necessary for the State Department of Mental Health, the MHSOAC, or designated state and local agencies to implement the act. ● Key Changes – MHS Fund <ul style="list-style-type: none"> ○ The statutory changes in this act are consistent with, and further the intent of, the Mental Health Services Act. These specified changes are necessary to adequately fund essential mental health services that would otherwise be significantly reduced or eliminated absent this temporary funding support. ○ Suspends the non-supplant requirement for FY2011-12 due to the <i>state’s fiscal crisis</i>, allowing the MHS fund, rather than State General Fund, to pay for non-MHSA funded programs. ○ Retains CMHDA’s role in the formula for the 20% PEI fund distribution – unclear what CMHDA role is as of 2012 for non-PEI. ○ Specifies a continuous appropriation commencing July 1, 2012, that the Controller shall distribute to each Local Mental Health Services Fund all unexpended and unreserved funds on deposit in the State MHS fund as of the last day of the prior month for services for CSS, INN and PEI. It retains language stating that funding distributions shall be based on the amount specified in the county mental health program’s three-year plan or update. ○ Outlines the MHSA Redirection for FY 2011-12 ○ The State Office of the Controller (SCO) shall distribute to counties 50% of their 2011-12 MHSA component allocations consistent with WIC Sec. 5847 and 5891 (plan contents and section that includes new continuously monthly 	
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	<p>distribution language) and not to exceed \$488M shall be distributed beginning August 1, 2011, and</p> <ul style="list-style-type: none"> ○ The Controller shall distribute to counties the remaining 2011-12 MHSA component allocations, beginning no later than April 30, 2012 on a monthly basis. ● Statutory provisions that remain unchanged. <ul style="list-style-type: none"> ○ Plan content for allowable expenditures is completely untouched ○ All requirements for the local planning process are unchanged ○ Direction on content of expenditure plans and updates is primarily unchanged, but there are changes that describe promoting approval and payment which are no longer needed due to the fund distribution changes made. ○ DMH retains the authority to “establish” the requirements for plans while MHSOAC retains its authority to issue guidelines for PEI and INN expenditures. ○ Counties are still to prepare and “submit” a 3-year plan, but in areas this does not have to be annually. The intent on whether or not this must be done annually is unclear. ○ WIC Sec. 5847 (f) [note this was (h)], was not amended to specify that prudent reserve funds can be used for PEI, which conflicts with direction given in Sec. 5847(b)(7), in which one of the functions of the prudent reserve is described as supporting PEI expenditures in years in which revenues are too low to serve the same number of people as the previous year ● MHS Fund and Distribution <ul style="list-style-type: none"> ○ Much on the language in WIC Section 5890, 5891 and 5892 remains unchanged other than the redirection in FY 2011-12 and move to continuous appropriation July 1, 2012 ○ The SCO retains borrowing authority ○ Allowable expenditures by PEI, System of Care (CSS) and 5% of each for Innovation remain ○ Counties can annually dedicate up to 20% of the average of their 5-year total of MHSA funds to the PR, Cap/IT, or WET programs/projects ○ Counties may still use up to 5% of their total annual MHSA revenues for planning and supporting consumers, family members, stakeholder and contractors in local planning processes ○ Each county shall continue to have a local Mental 	
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	<p>Health Services fund in which interest earned remains in the fund to be used for MHSA expenditures.</p> <ul style="list-style-type: none">• Contractual Relationships & Existing Oversight Capacities<ul style="list-style-type: none">○ WIC Sec. 5897 remains completely intact. This section describes key provisions in how DMH shall implement services funded by the MHS fund for services through contracts with county mental health programs, or counties acting jointly.○ This is conducted through the performance contract as described in Sec. 5897(c). When a county is not in compliance with its performance contract, the department may request a plan of correction with a specific timeline to achieve improvements.○ WIC Sec. 5845 remains completely intact and describes the composition, role and oversight capacity of the MHSOAC, including authority to refer critical issues of county mental health performance to the State Department of Mental Health.○ WIC Sec. 5848 remains and the CA Mental Health Planning and local Mental Health Boards and Commissions retain their role in reviewing and commenting on county performance data.• Critical Issues and Concerns<ul style="list-style-type: none">○ What happens if these three general fund programs are not “realigned”?○ There is no mention of “realignment” in the legislative intent language; therefore, how can the argument be made that the 2/3 vote was allowable to redirect \$861M in MHSA funds because it was “consistent with the intent and purpose of the MHSA?”○ The bill retains that plans are “submitted” and “approved, but does not specify where and by whom. This would be for expenditures for any year.○ Since the bill takes effect immediately upon the Governor’s signature, what is the process at the state to release funds for component allocations prior to FY 2011-12? This includes unrequested (unapproved) funds primarily for Innovation, Capital Facilities and IT, and PEI.○ Why can’t counties receive their full allocations? Do DMH and the MHSOAC have the authority to withhold funds that complete	
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	<p>processes described in WIC Sections 5847 and 5848? Doesn't AB 100 supersede CA Code of Regulation (CCR) Tittle 9 Section 3510(c) which states that DMH may with hold funds if a county does not submit the annual revenue and expenditure report?</p> <ul style="list-style-type: none"> ○ There are a few inconsistencies - while there is a continuous appropriation, there is still language describing a process to determine amounts to be distributed to counties and language that states that counties will be given funds according to amounts specified in plans. ○ If amendments were made to WIC Section 5813.5 identifying that the "state" rather than "DMH" shall distribute funds for the provisions of services to county mental health programs for MHSA programs, is DMH releasing funds? If not, who is? ○ DMH and the MHSOAC retain guideline authority. It is assumed that all guidelines for plans are still in effect. ○ Current regulations, proposed regulations and guidelines are the leading cause of a administrative burdens to counties and their contract providers. Extraction of plan approval authority at the state level does not fully address and reduce this burden. ○ The statute and current regulations describe specific exclusions for expenditures, including involuntary services. While the MHS fund is being used to supplant services for FY 2011-12, is it presumed that these funds (\$862M statewide) are not subject to these provisions and restrictions? ○ The changes in AB100 include that the MHSOAC may provide technical assistance to county programs to implement recommendations to plans. It's not yet clear what that technical assistance will include. Does that mean they will be reviewing the plans? <ul style="list-style-type: none"> ● Ensuring County Performance Complies with the MHSA Statute <ul style="list-style-type: none"> ○ Legislative intent language states that the legislature expects the state, in consultation with MHSOAC, to establish a more effective means of ensuring that county performance complies with the MHSA. ○ Is there a need to further amend the statute, or can this be established by building upon the 	
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	<p>existing structures identified in the statute?</p> <ul style="list-style-type: none"> • What Can You Do? <ul style="list-style-type: none"> ○ Make sure that any stakeholder groups you participate in have a thorough understanding of AB100 and the impact on MHSA. ○ Advocate for a thorough and full analysis of the changes already included before any further changes to the W&I Code. ○ Stay abreast of any upcoming changes which can impact MHSA funding. ○ Support and advocate for administrative efficiencies and flexibility on prudent reserve policies, providing needed discretion to sustain service obligations. ○ Be aware that Contra Costa County will be 10% short of <u>expected</u> MHSA FY 2011-12 allocations, and it may be necessary to access the Prudent Reserve during FY 2011-12. • What's Being Done Now <ul style="list-style-type: none"> ○ CMHDA keeps Counties apprised of any late breaking news on this legislation, and continues to evaluate what processes need to be identified (for example, principles for fund distribution). They are participating in MHSOAC's process with DMH, CA Mental Health Planning Council, and other Advocacy Organizations. ○ Many other advocacy organizations are discussing this legislation, and posing questions which will require resolution. 	
<p>4. State MHSA funding</p>	<ul style="list-style-type: none"> • MHSA funds come from the "Millionaires tax" <ul style="list-style-type: none"> ○ Estimating 824 Million ○ We will be short 24 Million ○ 20% drop in 11/12 as a result of an extremely conservative budget • Estimated FY 11/12 MHSA Funding <ul style="list-style-type: none"> ○ \$1,004.1 million estimated to be in State MHS Fund on 6/30/11 ○ \$282.2 million distributed for Managed Care and Special Education Pupils on 7/1/11 ○ \$64.5 million most likely withheld from July and August 2011 deposits ○ \$488.0 million available for distribution for MHSA on 8/1/11 ○ Amounts identified in three-year plan or update ○ \$579.0 million distributed quarterly for EPSDT 	

	<ul style="list-style-type: none"> ○ Probably fully funded by end of February 2012 ○ Monthly MHSA payments beginning no later than 4/1/12 ○ Analysis does not include PEI funds set aside for statewide programs not published in component allocations ○ Analysis does not include WET funds not published in component allocations ○ Analysis does not include additional funds that revert ○ Not expended based on MHSA Revenue and Expenditure Report ○ Not released within three year period ○ FY08/09 PEI ● MHSA Fiscal Planning <ul style="list-style-type: none"> ○ Approximately \$100 million (10%) estimated shortfall in FY11/12 component funding based on FY11/12 Governor’s Proposed Budget ○ January and February revenues approximately 5% higher than estimated ○ Amount of component funding is not guaranteed ○ Estimated funding needs to be tracked ○ More risk to counties ○ Similar to existing realignment funding ○ Use tools provided in MHSA to manage funding ○ Local prudent reserve ○ Three year reversion period for unspent funds 	
<p>5. Innovation Fiscal Report</p>	<p><u>Powerpoint</u></p> <ul style="list-style-type: none"> ● INN-01 – Social Supports for LGBTQQI2S Youth <ul style="list-style-type: none"> ○ Approved by DMH and MHSOAC in 2010 ○ Three year project ○ First Year Budget: <u>\$1,164,910</u> ○ Second Year Budget: <u>\$960,512</u> ○ Third Year Budget: <u>\$740,228</u> ○ Total for Three Years: <u>\$2,865,650</u> ● INNFT-01 – Promoting Wellness, Recovery & Self Mgmt Thru Peers <ul style="list-style-type: none"> ○ Submitted to State DMH & MHSOAC for 10/11 Update on 3/8/11 ○ Scheduled for MHSOAC Agenda April 25, 2011 ○ Two Year Project ○ First Year Budget: <u>\$140,890.50</u> ○ Second Year Budget: <u>\$140,890.50</u> ○ Budget Total: <u>\$281,781</u> ● INNFT-02 – Interagency Perinatal Depression Treatment Program <ul style="list-style-type: none"> ○ Included in MHSA FY 11/12 Annual Update ○ One Year Project 	<p>Discussed to Build Understanding</p>

	<ul style="list-style-type: none"> ○ Budgeted: <u>\$316,250</u> ● INNFT-03 – Trauma Services for MH Consumers <ul style="list-style-type: none"> ○ Being submitted today for review, recommendation for approval ○ Two Year Project ○ First Year Budget: <u>\$156,250</u> ○ Second Year Budget: <u>\$156,250</u> ○ Total Budget: <u>\$312,500</u> ● INN-02 – Addressing Child Custody Issues <ul style="list-style-type: none"> ○ Project still being fully developed into a workplan ○ Three Year Project Expected ○ First Year Budget: <u>\$208,334.</u> ○ Second Year Budget: <u>\$208,333</u> ○ Third Year Budget: <u>\$208,333</u> ○ Total Budget: <u>\$625,000</u> ● INN-03 – Cultural Competence <ul style="list-style-type: none"> ○ Nothing has been developed for this project. ○ No funds have been budgeted for this project ● INN-04 – Trauma Services for Sexually Exploited Minors <ul style="list-style-type: none"> ○ Project approved for development by CPAW and Mental Health Director ○ RFI issued, but no responders met criteria for Innovation learning ○ RFP under development at this time ○ Three Year Project ○ First Year Budget: <u>\$208,334</u> ○ Second Year Budget: <u>\$208,333</u> ○ Third Year Budget: <u>\$208,333</u> ○ Total Budget: <u>\$625,000</u> ● INN-05 – Information Technology <ul style="list-style-type: none"> ○ No Workplan has been developed for this project ○ No funds have been budgeted for this project ● Administrative Budget for All Innovation Projects/Plans <ul style="list-style-type: none"> ○ Administration, Planner/Evaluator, Project Manager for Innovation ○ Budgeted for FY 08/09: <u>\$289,318</u> ○ Budgeted for FY 09/10: <u>\$200,000</u> ○ Budgeted for FY 10/11: <u>\$200,000</u> ○ Budgeted for FY 11/12: <u>\$200,000</u> ○ Total Budgeted through 6/30/2012 is <u>\$889,318</u> ● Total Budgeted – Allocations <ul style="list-style-type: none"> ○ FY 08/09 Allocation - \$1,616,400 ○ FY 09/10 Allocation - \$1,616,400 ○ FY 10/11 Allocation - \$2,719,300 ○ FY 11/12 Allocation - \$1,106,800 ○ Allocations through 6/30/12 - \$7,058,900 	
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	<ul style="list-style-type: none"> • Total Budgeted Expenditures <ul style="list-style-type: none"> ○ INN-01 - \$2,865,650 ○ INNFT-01 - \$281,781 ○ INNFT-02 - \$316,250 ○ INNFT-03 - \$312,500 ○ INN-02 - \$625,000 ○ INN-03 - \$0 ○ INN-04 - \$625,000 ○ INN-05 - \$0 ○ Administration - \$889,318 ○ TOTAL EXPECTED EXPENDITURES - \$5,226,181 • COMPARISONS <ul style="list-style-type: none"> ○ TOTAL EXPENDITURES EXPECTED THRU 6/30/2012 - \$5,226,181 ○ ALLOCATED THRU 6/30/2012 - \$7,058,900 ○ REMAINING BALANCE - \$1,832,719 • How do we get notified of any updates or changes <ul style="list-style-type: none"> ○ Sherry will send updates when she receives them • We do believe there will be challenges to this new bill • Legislation to take the money from redevelopment is still pending <p><u>ANNOUNCEMENT – Suzanne Tavano</u></p> <ul style="list-style-type: none"> • State DMH System Review <ul style="list-style-type: none"> ○ Full system review ○ Reviewers gave glowing reviews on processes and services and providers ○ All participants were wonderful ○ We scored a 98% ○ Contra Costa MH has a great reputation in the state ○ Loved the Clubhouse and did not want to leave ○ Why didn't they come to a consumer run location ○ How did they come to decide to visit clubhouse 	
<p>6. Innovation Committee Recommendation: Trauma Services for MH Consumers</p>	<ul style="list-style-type: none"> • Being presented by the Innovation Group because at the last meeting there was a lot of "Unpacking" when one person presented it how can we make it better <ul style="list-style-type: none"> ○ Separate the decision process from the project set aside funding concerns ○ Read the Agenda Readiness Form before the meeting • This project was initiated by Steve Blum, Mental Health Clinical Specialist from Central County Adult Mental Health Clinic, and discussed at length at two of Innovation Committee meetings. The Committee focused on clearly defining the specific learning objectives and how these 	<p>Approved by vote</p>

	<p>resulted in innovation. Efforts were made to ensure consumer involvement and ethnic, cultural and age diversity. The Innovation Committee was pleased that a Fast Track proposal was generated by clinical staff.</p> <ul style="list-style-type: none"> • Agenda Item Name: <ul style="list-style-type: none"> ▶ INNFT-03: Trauma Services for Mental Health Consumers • Target Population: People diagnosed with Schizophrenia, Schizoaffective Disorder, Bipolar Disorder and cluster B personality disorders with co-occurring Posttraumatic Stress Disorder (PTSD). Studies suggest, at any given time in their life, 14 to 43 percent of individuals with serious and persistent mental illness (SMI) have co-occurring PTSD. Whereas, only 8 percent of individuals not diagnosed with a co-occurring SMI have a diagnosis of PTSD over the course of their entire life. • Innovation: The original TRG protocol was based on the successful work of Kim Mueser, Ph.D. The target populations of the original studies were predominately non-Hispanic white individuals diagnosed with co-occurring PTSD and Major Depression. The interventions used in this Innovation Project will apply the protocol to a racially and ethnically diverse consumer population with diagnoses of Schizophrenia, Schizoaffective Disorder, Bipolar Disorder and cluster B personality disorders. In addition to the co-occurring SMI and PTSD diagnostic requirement, pilot participants will have a history of at least one involuntary hospitalization during the previous 24 months and at least 50 percent will have current substance abuse issues. Some of the TRGs will target TAY and Spanish speaking populations. Finally, a peer support component will be formally developed and added to the program <p><u>Innovation Learning Goals:</u></p> <ul style="list-style-type: none"> • Is the Trauma Recovery Group Model appropriate for diverse ethnic and/or age populations? What elements need to be changed and/or added? • Is the Model appropriate for consumers with co-occurring SMI and PTSD? What elements needs to be changed and/or added? • Will the Model lead to a improved recovery outcomes (such as increased employment, utilization of community resources, Wellness Recovery Action Plan development, etc)? Will the model lead to a reduction in symptoms, involuntary hospitalizations and substance abuse? • Is the Model replicable? • How do case managers, psychiatrists, peer providers and pilot participants qualitatively evaluate the pilot participants progress? 	
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	<ul style="list-style-type: none"> • Does adding peer support to TRG improve program outcomes? <ul style="list-style-type: none"> ○ Hire half time provider to provide group and individual peer support and cognitive restructuring • What funding category does this item fall under? <ul style="list-style-type: none"> ▶ Innovation. • In that category, how much money has already been spent? How much remains? <ul style="list-style-type: none"> ▶ As of 03/15/11: Total-\$7.059M. Remaining-\$1.833M. Allocated-\$5.226M. • How much would this proposal cost (with as much precision as can be offered)? <ul style="list-style-type: none"> ▶ Total of \$250,000 over two years. • What other proposals are pending in this category and what are their associated costs? <ul style="list-style-type: none"> ▶ All Fast Track Innovation Projects are ≤\$250,000. • What proportion of the funding category would this program represent? <ul style="list-style-type: none"> ▶ 3.5% of Innovation Funding. <p>Is there any other important funding context needed (e.g. Reversion deadlines)?</p> <ul style="list-style-type: none"> ▶ Unapproved FY 09/10 Innovation funds revert on 6/30/2012. Unapproved FY 10/11 funds revert on 6/30/2013. <p><u>QUESTIONS</u></p> <ul style="list-style-type: none"> • Group therapy for PTSD? <ul style="list-style-type: none"> ○ Group is established to build skills to overcome issues related to the trauma 	
<p>7. Planning Committee Update: Structure and Governance Tensions</p>	<ul style="list-style-type: none"> • Agenda Item Name (<i>as you'd like it to show on the CPAW Agenda</i>): Structure and Governance Tensions • Brief Summary: Update on discussions occurring in the Planning Committee to make improvements in CPAW governance, structure and process to address current tensions. • After the last two CPAW meetings to gather input on the draft Annual Plan Update, the Planning Committee considered the governance, structure and process issues that are emerging or persist in the group's work. We used a Locus of Control process to assess what items CPAW can influence or directly control. These topics were discussed as "tensions", which important values, like inclusion, transparency, integrity, and efficiency that can sometimes conflict with one another. Examples of these tensions include unpacking committee work, our decision-making process, and conflict of interest scenarios. The Planning Committee will be addressing these challenges and bringing recommendations for improvement to our governance, structure and processes. 	<p>Informational to increase understanding</p>

<p>8. CPAW Evaluation Committee Recommendation of CPAW Applicant</p>	<p>We were charged with reviewing applications for potential CPAW members. We took to heart the MHSA priority of comprising our stakeholder group with representation from the consumer community and from underrepresented communities or those who had a special qualification/skill set that the group felt would be in the best interest of moving CPAW forward.</p> <p>With that, we reviewed new applications submitted from 2/15 to 3/10/11. Three candidates were selected for interviews, as those candidates most closely met the above criteria.</p> <p>Unfortunately, only one of the candidates was available for interview. One candidate, upon hearing more about the involvement that is required, requested that her application to CPAW be withdrawn. The other candidate will be re-scheduled for an interview on a day/time that she is available.</p> <p>The candidate interviewed was: Lisa Bruce</p> <p>Lisa brings to CPAW the voice of the consumer. She is a class of 2000 S.P.I.R.I.T. Graduate. She has experience as a mental health client, and also working in the field of mental health. She is a peer advocate, and a voice for mental health consumers. She believes she can add to the work of MHSA stakeholders by being an outlet for ideas. Lisa has worked with the Cambridge Center, the homeless, managed a thrift store, helped to teach peer to peer, helped with Wellness Recovery Action Planning. She is a part of the California Network of Mental Health Clients, she has served on several non-profit Boards, and has been involved in the mental health community since she was a child. She also participated in the early stages of MHSA planning, specifically on the Older Adult MHSA stakeholder committee.</p> <p>While Lisa is a member of the Crestwood staff, she wants to participate as a voice of consumers, and not who she works for. Lisa enjoys the process of people working together for the benefit of mental health consumers, and is very interested in being a part of change.</p> <p>With that, the evaluation committee humbly presents this most remarkable individual for your approval.</p>	<p>Lisa Bruce Appointed to CPAW</p>
<p>9. Public Comment</p>	<ul style="list-style-type: none"> • Housing – Annis Pereya <ul style="list-style-type: none"> ❖ CPAW Housing Committee is seeking to address housing and stigma issues in this county. ❖ MHC hit 4 goals this year including housing and stigma ❖ Bonita Housing project address both housing and 	<p>Presented</p>

	<p>stigma trying to get approval – needs 10 residents to make it financially feasible</p> <ul style="list-style-type: none">❖ MHC to take the project to the Board of Supervisors for concerns in response to the Contra Costa Times Article❖ Mary Peipo to host meeting with neighbors in order to mediate any possible problems❖ Asking for support	
10. Close		