

Consolidated Planning and Advisory Workgroup (CPAW)

Thursday, June 4, 2015

3pm – 6pm

Location: 2425 Bisso Lane, First Floor Conference Room, Concord, CA 94520



Members attending: Dave Kahler, Matt Wilson, Molly Hamaker, John Hollender, Kathi McLaughlin, Tom Gilbert, Karen Smith, Stephen Boyd, Sam Yoshioka, Ryan Nestman, Ashley Baughman, Lisa Bruce

Staff attending: Matthew Luu, Roberto Roman, Michelle Nobori, Quincy Slatten, David Woodland, Ann Isbell, Rose Philipps, Jennifer Tuipulotu, Phyllis Mace

Public Participants: Carwen Spencer, Doug Dunn, James Hurley, Dana Matteri, Glen Arnold, Tanya Arnold, DM Simms, Philip Mercure, Sheri Richards, Maude DeVictor, Sylvia Ortega, Tori Buckles, Jill Ray, Ben Barr

Facilitator: Maria Pappas

Recorder: Lisa Cabral

Staff Support: Warren Hayes

Excused from Meeting: Susan Medlin,

Absent from Meeting: Courtney Cummings, Kimberly Krisch, Susanna Marshland, Tony Sanders, Laurie Schnider, Connie Steers, Gina Swirsding, Kimberly Martell, Will McGarvey

TOPIC	ISSUE/CONCLUSION	ACTION/RECOMMENDATION	PARTY RESPONSIBLE
1. Welcome <ul style="list-style-type: none">• Call to Order• Roll Call, Introductions• Working Agreement• Announcements• Finalize Minutes	<ul style="list-style-type: none">• Introductions made.• Maria Pappas reviewed CPAW's Working Agreement• Approved May 7th minutes• Namiwalk on May 30. Contact Lisa Bruce or Dave Kahler	Information	Warren Hayes

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	<ul style="list-style-type: none"> CPAW Orientation and Training is held one hour before each CPAW meeting. Everyone is invited to attend the orientation and next month's topic will be: What is MHSA and the five components of MHSA. 	Minutes approved. Will be posted to MHSA CPAW website.	Lisa Cabral to post minutes.
<p>2. Director's Update</p> <ul style="list-style-type: none"> Introduce newly appointed Deputy Director Rubicon Programs Assisted Outpatient Treatment FY 15-16 MHSA Plan Update 	<p>Newly Appointed Deputy Director of Mental Health, Matthew Luu.</p> <ul style="list-style-type: none"> Matthew has worked in Contra Costa County for over 15 years. Graduate of UC Berkeley from School of Welfare in Social Work. Recruited by the county to work in Vietnamese clinic in West County due to Vietnamese clients who were suffering from Post-Traumatic Stress Disorder. Started as a Case Manager and became Clinic Manager at the West County Adult Clinic, then moved to CCRMC to help oversee the Miller Wellness Center, before becoming the Deputy Director. Have worked on numerous projects such Performance Improvement Projects to improve the care that is delivered to consumers. <p>Rubicon Programs</p> <ul style="list-style-type: none"> Letter to community from Jane Fischberg, Executive Director of Rubicon Programs. Rubicon will be 	Information and discussion.	

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	<p>narrowing their focus to the Economic Enterprise Program and will no longer be providing Mental Health services beginning the first quarter of 2016. CCC will be putting a request for proposal for a new Full Service Partnership this summer. Rubicon will maintain the current patient load and new patients will be referred to West County Adult Mental Health. Clinic Manager, Anita DeVera, is working to have a joint effort for new clients to receive services.</p> <ul style="list-style-type: none"> • This may be a topic to bring to the Adult Committee when created and should be part of the decision regarding the implementation of a new FSP program. There be a potential to have current clinicians move to new Full Service Partnership. • Rubicon’s contract payment limit is over \$900,000 for the year and they serve 75 clients. MHSA only covers the FSP program and the rest of the funding is provided through the county realignment fund. • Rubicon will transition clients to the new FSP program to prevent interruptions in service. <p>Assisted Outpatient Treatment</p> <ul style="list-style-type: none"> • Met for three workgroup meetings. The 		

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	<p>Work Group provided input on the preliminary draft which was then included into the final draft. The final draft was sent to the Board of Supervisors today to be added to the BOS Agenda for June 16th. Final draft for program design will be added to BOS Agenda for final approval. Once the BOS approve, the county will need to focus on the AOT implementation.</p> <ul style="list-style-type: none"> • Program design is designed for up to 75 persons who meet eligibility, voluntary or court ordered. The program design does not give a percentage for voluntary and court ordered individuals. Concern may be that the program may have a higher percentage of voluntary individuals. Flex funds are needed to provide housing services. • How much is budgeted to provide housing services? The program design has a budgeted amount of up to \$450,000. What will happen if housing is not available for new individuals? • Currently have not picked a contract provider. Will need to distribute an RFP out to contract providers. <p>FY 15-16 MHSA Plan Update</p> <ul style="list-style-type: none"> • There was a 30 day public comment period which ended on May 14 and the 		

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	<p>Mental Health Commission held the public hearing on May 14.</p> <ul style="list-style-type: none"> The draft of the FY 15-16 Plan Update was submitted to the BOS to have added to their agenda for approval. 		
<p>3. CPAW's Role and Structure – DRAFT Recommendations</p>	<ul style="list-style-type: none"> Internal Operations group requested BH Director to review the scope and structure of CPAW. IOC meets on July 27th and recommendations are due on July 21st by BH Director. CPAW was created back in 2009 to combine stakeholder entities that provided input to the county. Original scope of CPAW was not just MHSA, but now assists with the community program planning process. CPAW to meet monthly and conduct business under the provisions of the Brown Act. It is to be a separate group from the MH Commission to advise the BH Director. An attendance policy may be constructed and appointments might also include term limits. CPAW may propose to identify seats and match to statute and regulation requirements. Committees such as Housing, Children's, Older Adult, TAY, and Social Inclusion to be moved out from 	<p>Two weeks for comments for the inclusion of CPAW's Role and Structure.</p>	<p>Warren Hayes</p>

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	<p>under CPAW and be supported by CCBHS staff who work in age related services or OCE or Housing.</p> <p>CPAW member input:</p> <ul style="list-style-type: none"> • CPAW may decrease the number of members participating but should have the flexibility to increase/decrease the number of members if needed. • Need to increase the number people on Membership committee. • Concern there is no perspective for the TAY group if moved out of CPAW. • Should include outreach to the community and combine outreach with opportunities for community input. Maybe CPAW could go out to community and recommendations are decided as a group, no matter the size of the group. • Should contact all current CPAW members regarding continuing being a part of CPAW. • Maybe have a phone call reminder to CPAW members and move the time of the CPAW meeting. This is a self-governance issue for the Steering Committee. • Maybe the possibility of rotating the meetings to other locations. This is a self-governance issue for the Steering Committee. 		

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	<ul style="list-style-type: none"> • Have an outreach committee and make presentations to CBO's in the same manner of the WREACH committee. • New Leaf has conducted public service announcements and may be able to help to create public service announcement to show to the community. • Taking committees out of CPAW may have unintentional consequences such as losing the membership to the committees. • CPAW members need to attend one meeting and the meeting does not need to be a CPAW meeting. 		
4. Break (flexibly applied)			
5. Committee Reports <ul style="list-style-type: none"> • Membership • Innovation • Systems of Care • Children's • Older Adults • Housing • Social Inclusion 	Membership <ul style="list-style-type: none"> • Next meeting on June 15. • Will be having conversations with potential members. Innovation <ul style="list-style-type: none"> • Revised the charge of the Innovation Committee. • Need more members to join the Innovation Committee and make a commitment to attend the meeting. The committee is now open from June thru September. • Innovation Project such as Rainbow Community Center was able to have 		Warren Hayes

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	<p>great results with the limited amount of funding.</p> <ul style="list-style-type: none"> • Members need to recuse themselves from consideration of new Innovation projects. <p>Systems of Care</p> <ul style="list-style-type: none"> • EMR – Epic Tapestry is making progress building out the referral, service reporting, and billing modules for the Care Management Unit and Access Line. This will be the foundation for what will allow CBO’s and Contract Providers to connect and enter data into the County System. • MWC – The clinic is now open 6 days a week from 9am-5pm. Currently there are now two Community Support Workers, two psychiatrists and five registered nurses. • Transportation – The Transportation Proposal document has been completed and reviewed and sent to the Innovation Committee. The project will utilize three Community Workers with one assigned to each region of the county. • Data Outcomes and Program Evaluation - The committee is beginning its in-depth discussions around data outcomes and program 		

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	<p>evaluation. The Hume Center has presented on their process for data reporting and program evaluation.</p> <ul style="list-style-type: none"> • The next week meeting will be on June 10th. <p>Children's</p> <ul style="list-style-type: none"> • Changed the meeting time to 11:00am - 1pm. <p>Older Adults</p> <ul style="list-style-type: none"> • Committee did not meet in May. • Looking for participants to the Older Adult Committee. • Reviewing the mission statement and reviewing the charge of the committee <p>Housing</p> <ul style="list-style-type: none"> • Committee did not meet in May. <p>Social Inclusion</p> <ul style="list-style-type: none"> • April meeting to discuss and developing an initial recommendation of the future committee structure. • May meeting held discussion around committee goal setting for the remainder of 2015 • Next meeting will be on June 9th. 		
6. Project First Hope Presentation – First Break	<ul style="list-style-type: none"> • Power Point presentation provided for discussion. 		Phyllis Mace

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Grant	<ul style="list-style-type: none"> • First Hope is funded under Prevention and Early Intervention. • County to look at those youth before having their first psychotic break. • Serve 12-25 year olds who are residents of Contra Costa County and they are all assessed but may not all be accepted to the program. • First Hope does not exclude for people who have been hospitalized. • First Hope has medication management and occupational therapists onsite. • Provide Intense Case Management and multi-family groups are the most the important. • Opening of the First Hope clinic in 2013. • Teach the community to know what the early signs of a psychotic break are. • First Hope conducts a phone screen for potential applicants. Do not need to contact Access Line. • Have enrolled 70 clients since the inception of the program. • Run two Multi-family programs in Spanish and three programs in English. • Main goals are to prevent psychosis - have had only two since the program started. • All clients totaled 40 hospital visits 		

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	<p>before coming to First Hope and then 2 hospital visits after entering the First Hope program.</p> <ul style="list-style-type: none"> • 18 suicide attempts prior to enrollment - during the program the clients had zero suicide attempts. • 36% of the clients were now working or involved in vocational training. • NAMI provided a small but significant amount of money to provide a tutor for students. • 21% of our young adults have gone on to enroll in community college. • Would like to have a First Break program to be modeled after PEIR program. • Are there Peer Support Mentors? Started with a temporary position and now have a Family Partner position. • Does First Hope have a WRAP program? Will make the new position create a WRAP plan. • Do you steer members into attending Social Inclusion? Two clients are attending Social Inclusion. • What happens in a Family group if maybe a parent is abusive? Family is defined very loosely. • Average length of time in program? Average time would be 2 year program. 		

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	<ul style="list-style-type: none"> • Will First Hope have alumni meetings (aftercare)? Something will be done but currently have not decided on anything. • Multi-family groups do become involved with other families and interact outside of the program. 		
7. Public Comment, Announcements	Move CPAW to another location, such as Pleasant Hill Community Center or change times of the CPAW meetings in the future.		
8. Review of Meeting			Maria Pappas
9. Next CPAW, Steering, Membership Meetings	CPAW meeting is Thursday, July 9, 2015 from 3-5pm. Steering will meet on June 18 from 3-5pm. Membership will meet on June 15 from 3-5pm.		