

**Consolidated Planning and Advisory Workgroup (CPAW)**

**Thursday, August 6, 2015**

**3pm – 6pm**

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



Members attending: Matt Wilson, John Hollender, Sam Yoshioka, Ashley Baughman, Kimberly Krisch, Connie Steers, Tom Gilbert, Molly Hamaker, Karen Smith, Will McGarvey, Kathi McLaughlin, Lauren Rettagliata

Staff attending: Roberto Roman, Lisa Noriega, David Woodland, Michelle Nobori

Public Participants: Carwen Spencer, James Hurley, Dana Matteri, Glen Arnold, Tanya Arnold, DM Simms, Philip Mercure, Sheri Richards, Lori Pryor, Bessie Sagaiga, Sylvia Ortega, Ben Barr, Doug Dunn, John Schleimer, Denise Harrell, Kristin Visbal,

Facilitator: Maria Pappas

Recorder: Lisa Cabral

Staff Support: Warren Hayes

Excused from Meeting: Susan Medlin, Kimberly Martell, Ryan Nestman, Stephen Boyd, Jennifer Tuipulotu

Absent from Meeting: Courtney Cummings, Lisa Bruce, Dave Kahler, Gina Swirsding,

<b>TOPIC</b>	<b>ISSUE/CONCLUSION</b>	<b>ACTION/RECOMMENDATION</b>	<b>PARTY RESPONSIBLE</b>
1. Welcome <ul style="list-style-type: none"><li>• Call to Order</li><li>• Roll Call, Introductions</li><li>• Working Agreement</li><li>• Announcements</li><li>• Finalize Minutes</li></ul>	<ul style="list-style-type: none"><li>• Introductions made.</li><li>• Maria Pappas reviewed CPAW's Working Agreement</li><li>• Approved July 9 minutes with correction</li><li>• Social Inclusion, 3 photovoice exhibits</li><li>• AOA will be meeting in August and looking for new members and reviewing the charge of the</li></ul>	Information  Minutes approved. Will be posted to MHSAA CPAW website.	Warren Hayes  Lisa Cabral to post minutes.

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	<p>committee</p> <ul style="list-style-type: none"> <li>• Children’s – No update</li> <li>• Systems of Care – has been cancelled for August and meeting on September 9<sup>th</sup>. Discussed the MHSA 101 document.</li> <li>• Membership – No update</li> <li>• Innovation – did not meet in July due to the SPIRIT graduation. Next meeting will August 24<sup>th</sup>.</li> </ul>		
<p>2. Director’s Update</p> <ul style="list-style-type: none"> <li>• Senior Management Vacancies</li> <li>• Miller Wellness Center</li> <li>• CPAW Restructuring</li> <li>• Assisted Outpatient Treatment RFP Update</li> <li>• MHSA 14-15 Expenditures</li> </ul>	<p>Senior Management Vacancies</p> <ul style="list-style-type: none"> <li>• Victor Montoya is now working with the County Hospital System. Adult/Older Adult chief vacancy currently in the recruitment period.</li> <li>• Issues at the local level will be forwarded by the Program Managers to Matthew Luu.</li> <li>• Matthew Luu has taken over the role as chair for the Bed Review Committee</li> <li>• Utilization Review Manager – review charts to make sure clients are receiving the services they need. Actively recruiting a qualified person to ensure all Medi-Cal billing is in compliance with the State.</li> <li>• Quality Management Program</li> </ul>		Matthew Luu

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	<p>Coordinator – facilitate data collection to improve the lives of the clients to be reported to the State. Recently selected Priscilla Olivas as the new coordinator.</p> <ul style="list-style-type: none"> <li>Quality Improvement Coordinator – Tommy Tighe will be resigning from the position as of August 14<sup>th</sup>. Receives complaints with the service line, and investigates the issue and helps facilitate a resolution. Looking at data and certain trends with the date to improve service and create new programs.</li> </ul> <p>Miller Wellness Center</p> <ul style="list-style-type: none"> <li>Matthew Luu was the former program manager at the Miller Wellness Center.</li> <li>Amanda Dold is the team leader to help problem solve issues. If she is unable to solve problem, she will bring to Matthew Luu for assistance with resolution.</li> <li>Tommy Tighe will be overseeing the day to day operations at the Miller Wellness Center.</li> </ul> <p>CPAW Restructuring</p> <ul style="list-style-type: none"> <li>Draft recommendations from</li> </ul>	<p>Matthew Luu to follow up with the training aspects of staff at the Miller Wellness Center and the cultural competency of the staff. Will work with Ben Barr/Rainbow Community Center regarding training.</p> <p>Broader issues among the Adult Systems of Care. Matthew to follow up with the adult managers to create an Adult committee.</p>	<p>Warren Hayes</p>

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	<p>Behavioral Health Director went to Internal Operations Committee, a sub-committee of the Board of Supervisors, on July 27<sup>th</sup>. Barbara Serwin (Mental Health Commission), Will McGarvey (CPAW), and Doug Dunn (NAMI) were in attendance for the discussion. Recommendations are being considered for the Board of Supervisors agenda.</p> <ul style="list-style-type: none"> <li>• By the next CPAW meeting in September, should have an update.</li> <li>• Board of Supervisors has not set an exact date to be added as an agenda item.</li> </ul> <p>Assertive Community Treatment RFP Update</p> <ul style="list-style-type: none"> <li>• RFP was published and held a mandatory bidder's conference on July 29<sup>th</sup>. Eight organizations attended the Bidder's conference for Questions and Answers.</li> <li>• The final filing date for proposals is August 18<sup>th</sup> at 5:00 PM.</li> <li>• ACT RFP Award notice will be on August 28<sup>th</sup>.</li> <li>• RFP for AOT Evaluator was sent out on August 5<sup>th</sup>. There will not be a bidder's conference, but each organization is requested to send a</li> </ul>	<p>Lisa Cabral will email to CPAW members once the recommendations have been added to the Board of Supervisors Agenda</p>	<p>Lisa Cabral</p>

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	<p>statement of interest.</p> <ul style="list-style-type: none"> <li>• AOT Evaluator will implement research design for AOT.</li> </ul> <p>MHSA 14-15 Expenditures</p> <ul style="list-style-type: none"> <li>• Finalized FY 14-15 budget will be in a few weeks.</li> <li>• Preliminary estimate is for \$4 million in revenue to exceed expenditures.</li> </ul>		
<p>3. Children and Transition Age Youth (TAY) Issues</p>	<p>CPAW discussion with Matthew Luu:</p> <ul style="list-style-type: none"> <li>• Would to have a way to gather information of how consumers are treated in our programs. Would like to see this as an on-going process.</li> <li>• There is a need for inpatient beds for children. Children are staying more than 23 hours at PES. Currently looking at vacant Ward 4D for possible use.</li> <li>• Behavioral Health is required to complete the Consumer Perception survey and submit a report to the State.</li> <li>• Putnam Clubhouse helps with the completion of the consumer surveys.</li> <li>• Family partners worked closely with the Office for Consumer Empowerment and Putnam Clubhouse for bilingual services.</li> </ul>		<p>Matthew Luu</p>

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	<ul style="list-style-type: none"> <li>• Would like to see a larger consumer survey sent out, similar to the Kaiser surveys.</li> <li>• Create a consumer satisfaction component into the contracts with CBO's.</li> <li>• Miller Wellness Center is not licensed under Behavioral Health.</li> <li>• Working to have Adult and Children's systems of care to communicate with regards to the transition of a client in respect to the TAY population.</li> <li>• Priscilla Olivas is the new Quality Management Program Coordinator - is in charge of looking of data collection and looking at trends and understanding where the service gaps are at. She will be conducting a data analysis for TAY and see where the service needs are, such as housing, do they utilize PES frequently, employment training support, or needing a drop-in center to hang out. When the report has been completed it will be shared with CPAW.</li> </ul>		
<p>4. FY 16/17 Community Program Planning Process (CPPP) and Prevention and Early Intervention (PEI)</p>	<p>Reviewed the power point presentation concerning the FY 16-17 Community Program Planning Process and Prevention and Early Intervention. Highlights:</p> <ul style="list-style-type: none"> <li>• Input will be taken and brought</li> </ul>		Warren Hayes

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	<p>back to the September CPAW meeting for further discussion.</p> <ul style="list-style-type: none"> <li>• Stakeholders must actively participate per the Welfare &amp; Institutions code.</li> <li>• Timeline for the completion of CPPP - planning to have CPPP event in November or December.</li> <li>• Will bring a draft of planning to the September CPAW meeting.</li> <li>• One time Capital Facilities projects do not need to contain MHSA funded services.</li> <li>• Emerging issues are that Workforce Education and Training and Capital Facilities funding will be running out of money unless the CPPP puts this as a high priority and advocates for use of unspent funds from previous years.</li> <li>• Currently there are draft regulations for Innovation and Prevention and Early Intervention.</li> </ul>		
<p>5. Coordinating instructions for obtaining input on planning the FY 16/17 CPPP:</p> <ul style="list-style-type: none"> <li>• How do we engage current PEI resources to participate in the</li> </ul>	<p>Framing questions to be discussed within the small breakout groups.</p> <p>Attendees were divided into three smaller discussion groups that focused on Children and Adolescents, Adults, and Older Adults issues.</p>		<p>CPAW members and public attendees</p>

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CPPP? <ul style="list-style-type: none"> <li>• How do we assess needs in PEI, as well as the entire behavioral health system?</li> <li>• What format(s), strategies, resources are recommended for engaging the community in the CPPP?</li> </ul>			
6. Break (flexibly applied)			
7. Small group discussion of above topics	Attendees broke into groups for discussion about topics in item #5		CPAW members and public attendees
8. Report back from small groups and general discussion	Older Adult Group:  1) What are the PEI resources for Older Adults? An example is the Senior Peer Counseling program – communication and cross fertilization of different programs Suggestion: Ombudsman agencies, area agencies and other adult programs come together to focus on special needs for older population, such as medication misdiagnosis, geriatric dentistry, lack of activity, mental well-being 2) Parallel in the needs between caregiver (stress of taking care of		Sheri Richards



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	<p>elderly person with needs) and coordination with ombudsman, senior centers. Have a health fair and rotating locations each year – include doctors to participate.</p> <ol style="list-style-type: none"> <li>3) Piggyback with existing programs in partnership with neighbors and caregivers. We have disaster response with aging population.</li> <li>4) Elicit individual stories of people who are living longer, such as the individuals in their nineties with physical ailments with mental health issues.</li> <li>5) Educate on psychiatric medicines that help with mental illness, but are causing medical issues such as heart disease.</li> <li>6) Advertise through the radio. Define “community” to include LGBTQ and homeless individuals who need services. There is a need for cultural competence.</li> </ol> <p>Adult Group:</p> <ol style="list-style-type: none"> <li>1) Outreach to PEI CBO’s staff and clientele and encourage to participate. Discuss issues brought about by the new draft regulations.</li> <li>2) Do surveys of CBO’s that are funded through PEI. Outreach to leadership, line staff and clients to</li> </ol>		Roberto Roman

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	<p>bring them into the process. Form a way to prioritize the needs. How to deal with elements of Behavioral Health that are outside the scope of MHSA?</p> <p>3) Provide incentives such as bus passes, and advertise through social media, radio, and newspaper.</p> <p>4) There was a discussion regarding who the community is – does it refer to the entire community or the behavioral health stakeholder community?</p> <p>5) Caregivers and case managers tend not to promote this process (CPPP) to their clients. Individuals have been disaffected, disrespected, and want to be heard and respected and be part of the process. Many individuals in the community and family members living in the community with Mental Health/Behavioral Health challenges are not currently engaged in the system. Many people (homeless) lack the familiarity of resources. Money is limited and do their best to use the resources that are available.</p> <p>Children &amp; Transition Age Youth:</p>		

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	<ol style="list-style-type: none"> <li>1) Expand First Hope by using Medical funding – does the expansion include the Oak Grove property? Use Capital Facilities funds for the 4D unit. Rainbow Community Center has satellite locations in East County with churches.</li> <li>2) Certain ethnic groups within the community or churches do not like the wording of mental health. Speak with those communities and ask what they need or would like to see. Act as drop-in and assist with shared housing and be close to transportation. Increase staff cost or volunteer cost within these programs to write up narrative about what needs are still not met.</li> <li>3) TAY and Children should bridge the gap from Children’s Services to Adult Services for the age group 16-25 who do not currently meet serious mentally ill criteria. Children are not served after IEP is over after the age of 18.</li> <li>4) Provide funds for TAY supported employment.</li> <li>5) Expand Innovation Programs such as Community Violence Solutions. Need to discuss their sustainability.</li> <li>6) Talk with schools to identify program needs and reach out to school counselors and principals.</li> </ol>		Kathi McLaughlin

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	<p>Work with existing funded PEI programs to reach out to their constituents (ie: NAMI Family to Family program). Youth Development Programs to reach out to the older adults or ethnic communities to discuss general needs (not just Mental Health).</p> <p>7) Focus on TAY population who are graduating out and their needed services.</p> <p>8) Reach out to AOD and Homeless Programs and their clientele.</p> <p>9) Can there be a way to not have a group process for people? Can programs write individual case studies?</p> <p>10) Reach out to individuals who do not participate and are underserved.</p> <p>11) Identify mental health resources in South Contra Costa County such as Dublin, San Ramon, Lafayette; Jewish temple could be accessed.</p> <p>12) Look to have the CPPP begin towards the end of October and completed by early December.</p> <p>13) Have some sort of stipend for have individuals volunteering to help.</p> <p>14) Listen to contract agencies who know how to serve these clients.</p>		
9. Public Comment, Announcements	<ul style="list-style-type: none"> <li>MH Commission meeting next Thursday, August 13 at 4:30 – 6:30</li> </ul>		

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	PM <ul style="list-style-type: none"> <li>• Macy's has the Shop for a Cause program, see Kathi McLaughlin for information.</li> <li>• RYSE client was fatally injured in Richmond and family is in need of support for funds for the burial services.</li> </ul>		
10. Review of Meeting	Like small group discussion. Like the prep work before the small group discussion.		Maria Pappas
11. Next CPAW, Steering, Membership Meetings	<ul style="list-style-type: none"> <li>• CPAW meeting is Thursday, September 3, 2015 from 3-6pm.</li> <li>• Steering will meet on August 20 from 3-5pm.</li> <li>• Membership will meet on August 17 from 3-5pm.</li> </ul>		