MENTAL HEALTH COMMISSION
FINANCE COMMITTEE MEETING MINUTES
February 16th, 2023 - FINAL

Agenda Item / Discussion	Action /Follow-Up
I. Call to Order / Introductions Chair, Cmsr. Douglas Dunn, District III called the meeting to order at 1:34 pm. <u>Members Present:</u> Chair, Cmsr. Douglas Dunn, District III Cmsr. Leslie May, District V Cmsr. Rhiannon Shires, District II <u>Guest Speakers</u> Lynda Kaufmann, Director of Govt and Public Affairs and Admissions, Psynergy Programs, Inc. Cathy Botello, Executive Director/CFO of COPE (Counseling Options and Parent Education) Family Support Center Rebeca Lopez (1:44pm) <u>Other Attendees:</u> Cmsr. Laura Griffin (MHC Chair), District V (as alternate) Christian Aguirre Angela Beck Jennifer Bruggeman Adam Down Jen Quallick (Supv. Candace Andersen's ofc) Jill Ray (Supv. Candace Andersen's ' ofc) Lauren Rettagliata	Meeting was held via Zoom platform
II. PUBLIC COMMENTS: • (Lauren Rettagliata) The property at 3301 Clayton Road was taken under lease by Turn Behavioral Health, which was MHS, Inc. (Mental Health Services). It will be used in their full service partnership (FSP) and their assisted outpatient treatment (AOT) program. I think this is an excellent opportunity because it gives both the opportunity for people receiving treatment and care to either step up or step down and not have to change their housing situations. Also, especially for those with Anosognosia (or 'lack of insight' into their treatment), it has them at a place where they are known and people do not have to go out to the street or to scattered sight housing in order to deliver the valuable treatment and care they need. This was through the efforts of Tom Gilbert who has a been a long and faithful member of CPAW (Consolidated Planning Advisory Workgroup) that found this property and really pushed it forward.	
III. COMMISSIONERS COMMENTS: • (Cmsr. May) I just wanted to congratulate Angela Beck on her wedding. It was a beautiful affair, I attended it was really beautiful. (Thank you)	
IV. COMMITTEE CHAIR COMMENTS: • (Cmsr. Dunn) The commission has written a very strong letter to the Board of Supervisors (BOS) asking if they possibly can let us to continue to meet virtual. If they don't, it was made clear there will be a lot of	

mental health commissioners handing in their resignation; very possibly including yours truly, as of March 1st because we just can't go back to the way things were pre-COVID, back and forth with gas being $5.00/gallon, fighting traffic, etc. I'm sorry, but the state legislature (in my view) absolutely blew it when they refused to consider AB 1944 and instead, went with 2449, which requires in person meetings, especially for commission and other member committees. The state could have just as easily handled this going forward as they tried to do so. As I have let Governor Newsom and his deputy chief of staff know, the state is probably going to suffer a massive 'brain drain' of people no longer willing to serve because the cat's out of the bag—ZOOM, Microsoft Teams, Google Meetings, and other such competitive applications to meet virtually. I don't see why this cannot be done going forward.

- (Cmsr. Griffin) Just briefly, I just firmly believe there are a lot things that can't or shouldn't be rushed back into place. Things have changed, situations have changed after COVID. We can't just snap back to the way it was. I am concerned because we are a volunteer group, mainly seniors and we have several younger folks, as well. It 's a hardship. We are not county employees, we don't get stipends for mileage and at this point, we don't really have a room that would enable us to meet comfortably and possibly meet the ADA requirements and all that. A lot of things need to be addressed; maybe with time, but right now to be rushed through to March 1st, to me, is really not fair. Hopefully, the supervisors will consider it and grant us an extension or excuse. I have already received word for almost four (4) of our commission that will not be continuing after March 1st. That is a big loss. With Zoom we had high volume participation and now, I don't know what is going to happen and I just hope they take that into consideration.
- (Jill Ray) Given that this change is out of the county's hands and is a state mandate, we have heard this across a variety of our advisory boards and there is a lot of trepidation and anxiety about it. So I totally understand. I have two questions (1) I appreciate the reaching out to the BOS with the concern and there is activity and legislation pending (being considered) in Sacramento, but what happens if the county can't do anything? As you are stating there are people who will just absolutely resign, this is being the county's jurisdiction to be able to do anything about this, it wasn't our decision. Just understanding that, I'm pondering how do we respond? If people need to resign, I understand. The other question was that I thought part of your bylaws was to get mileage paid. (Cmsr. Dunn) We have never gotten it, Jill. (Jill Ray) Never gotten or never submitted requests and it is something to be explored. (Angela Beck) I do have one comment on this, I have only been supporting the commission for just over two years and all of the previous files that I have, the only mileage request reimbursements I have are from Cmsr. May and those were submitted but never approved.
- (Cmsr. May) They were never approved and I was told we were not going to be reimbursed for mileage and that was back in 2017 and we would never get that stipend. I understand what you are saying, Jill Ray, I know it is not the county's fault. We have to follow the steps. We have to go through our protocol, which is contacting the county hoping they can advocate for us, as well. In terms of myself, just as Cmsr. Dunn

stated, I am immuno-compromised. I didn't realize how bad until recently. We both have been fully vaccinated and boosted and still contracted covid multiple times. I developed COPD. I also work as a senior, I work as a therapist and have clients I need to reschedule for all these meetings, and it has been manageable for the most part (I attend the commission and three committees), but to add commute time, it is just not feasible. It is just not possible. I have already contacted my supervisor but have not heard back. • (Cmsr. Dunn) To add on and answer you question, I am pushing my legislator (Tim Grayson, Senator Glazer, Governor Newsom, and his deputy chief of staff, Jason Elliott) very hard on this point and I am not being very diplomatic about it and I don't apologize for it. As far as I'm concerned, the state folks are 11-stories removed from reality here in the counties. I'm basically saying we need to boycott. I hear what you are saying, Jill, it isn't the county, I'm very sympathetic, but I'm pushing very hard on the state level. • (Cmsr. Griffin) I just want to say, Jill, I totally understand, it isn't the county's fault and it's not our supervisors fault at all. We are just reaching out to them to see if there is any type of loophole, anything they can do for us, even if it's an extension so we can get our act in order. COVID is still out there, and it is affecting seniors. When they get it, the morbidity rate is lower now but it takes longer for them to recover and it is not nice. I have a few friends experiencing the long terms affects. Again, the meeting room. We don't have one available that are large enough for people to feel comfortable to come with a mask or what have you. I think the only meeting room we have right now is possibly the conference room at 1340 Arnold in Suite 126. And it is small. It could never accommodate the public, not even the full commission. (Jill Ray) Just to clarify, we do have meeting spaces available in our entire county that do this. Our county administration building has three separate conference rooms that can be made larger and, Angela, have you spoken to Lauren? I don't want to get into a huge things, this is just commissioner comments but I want to make sure that the accurate information is getting out there. (Cmsr. Griffin) I was in one of those rooms yesterday at the Admin building. They are really nice, it is set up for hybrid, but can we use it? That is on the plate. I just wanted mention (like everyone else) this is sudden and we haven't been able to organize and secure a meeting place. • (Angela Beck) Jennifer Bruggeman and I have been looking into this and have had back and forth conversations with Lauren (Hull) and we are working securing meeting space but we do need the time to do so. This is too sudden. <INT Jill Ray> I do believe this is one of the commissions that gets reimbursement. (Angela Beck) I do believe my predecessors put these mileage reimbursement in through proper channels and it was denied. It initially went through BHS but should go through Admin office and it was denied. (Jill Ray) This should be submitted through the Auditor/Controller's office.	
V. APPROVE minutes from January 19th, 2023, Joint Finance/Justice Systems Committee meeting • Cmsr. May moved to approve the minutes as written . • Seconded by Cmsr. L. Griffin	**Agendas/minutes can be found at:** http://cchealth.org/mentalhealth/mhc/agendas-minutes.php

Vote: 4-0-0 **Ayes:** D. Dunn, L. May, R. Shires, L. Griffin Abstain: none	
VI. RECEIVE and DISCUSS the Psynergy Programs Contra Costa (CC) contract with Lynda Kaufmann, Director of Government and Public Affairs and Admissions, Psynergy Programs, Inc. Lynda Kaufman, 13 years with Psynergy and with the organization when they started in 2005. Starting with client profiles and numbers, at the moment, we serve 242 clients and have 249 placements and changes with admissions a discharges frequently but at this moment, which is how many clients we serve. Clients are primarily coming from secured IMDs (Institution for Mental Disease). Predominantly for the last 13 years, they have come from MHRCs (Mental Health Rehabilitation Centers), which are in the IMD category (7th Avenue Center, Kenyon Manor, Creekside, all the Crestwood's) that mix has changed a little bit since COVID began for a lot of different reasons. We designed our program to support individuals coming from higher levels of care, as well as state hospitals and sometimes county jail. For the most part, coming from higher levels of care at the IMD level and then transitioning to us with the goal of transitioning to a lower board and care. Some do, some don't, and it is hard to gauge the average length of stay (a question I receive frequently). There are some clients that have been in our program for 12-14 years and need this level of support. One individual who is a registered sex offender, insulin dependent diabetic and has as colostomy bag. He does very well, wonderful guy but that is a lot to manage and a lot of medications and medical issues that come up with all that. Although he is doing well, it is finding that next placement for him that is proving to be challenging that can support those challenges in the community. Every client is different. ***<share screen enabled, shared slied showing Level of service agreement-included at end of minutes>*** NOTE: We did not receive presentation to forward to meeting participants (Sharing a form with various criteria listed, using checkboxes to calculate all the various needs per client). This has seen multiple changes over the years. I (Lynda) created this approximately five or six years ago, as a way for us on the residential side to capture what our residential team is going to be accepting when someone walks in the door. This shows how we assess level one or level two, diagnosis has no points associated with who Psynergy serves, it is not points oriented on what their illness is. The slide shows restricted healthcare plans, and the different health conditions the contract can support. There are many medical conditions that are side effects of medications and cost a lot of money to managed for various reasons. Our average client score is 35-50 but have had as high as 60-65 and low as 9 or 11. The admission for the last six month—what has been seen in the last 6 months in order for our team to be prepared. Various symptoms, behavioral supports, special diets. We don't really have "ground, pureed and chopped" special diets too much. I suspect this will be used more when we have our older adult program that should be opening in a few months.	Documentation on this agenda item were shared to the Mental Health Commission and included as handouts in the meeting packet and is available on the MHC website under meeting agenda and minutes: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php

Right now, we do support vegan, vegetarian and heart healthy diet. Sometimes we have clients on weight management behavioral support.

These are the various things we look for that we need to be aware to really support our clients when they are coming in, medication management. We take our clients to get labs done for some medications. Usually one to three weeks (depending on the facility and staff), but we have two full time staff that are constantly taking clients to appointments in one or more of our facilities. Medical specialty (Eye, Dental) we are very enthusiastic about our dental care in our program. I added the Care Act as it is coming down the pike, AOT referrals, probation, LPS conservatorship (maybe 92% of our clients are LPS conserved). Many, just by the nature where they are coming from (a secured setting). Part of our admission criteria:

- Self-Harm Behavior
- Self-Injurious
- Suicide Attempts
- Physical Disability*
- Assisted Daily Living help.
- Dual Recovery Program (required Tox Screens)

*All of our ARF (Adult Residential Facility) beds now are all ambulatory and when we get our RCFE (Residential Care Facility for Elderly), we will have non-ambulatory beds, as well. Something we have really needed for a while.

Most (85%-90%) of the clients are Level 1 which is about a score of 20. All the CCC clients are at Level 1. They are complex, either because of multiple diagnoses, dual recovery, medical conditions and very few are at Level 2. This evaluation is always done in partnership with the case manager who is evaluating with us, so we don't miss anything.

<Screenshared spreadsheet: Projected budget analysis explaining contract and included at end of minutes>

We are a modified therapeutic community, not an evidence-based practice, it is a 'promising' practice. I work with client development and build that relationship with our clients. We contract with 26 counties and they understand what we are trying to accomplish (not a perfect system, especially right now with the changes but we are working through it).

<u>Budget Analysis and Contract explained</u>
Our contract amount is $813k for FY 2022-23. Divided by professional services as we have an ARF, Board and Care and adjacent (next door), we have a specialty mental health outpatient clinic, with psychiatrists, LMFTs (Licensed marriage and family therapist), LCFWs (licensed clinical social worker), Rehab support and nurses all to support the people living next door. I think that is one of the things that makes us unique. This model just makes sense—because there is a separate address and building, we are able to bill MediCAL for that, we have a residential contract with the county and one for professional specialty mental health services. ***<Ms. Kaufmann walks through the spreadsheet while on screen>***

Some clients are in the program for 3 months, some for 9 months. List of client services provided at the clinic include professional and residential. Percentages of the following services were broken down for the contract by the following:

<u>Professional Services:</u>

- Case Management
- Collateral Services
- Mental Health Services
- Medication Support
- Crisis Intervention

Residential Supplemental Services:

- Complexity Level 1

Contracts are being reviewed all the time to continue to remain competitive. Lynda ran through a few scenarios to explain the variations in contract billing percentages and budget projections. (i.e., sometimes a client doesn't want to speak to a therapist, etc.). If we get close to our max budget, then we are prepared to have a conversation with Kenisha Johnson to adjust payment if need be. We keep pretty close track to ensure we are on track.
<Fielding question / went through a scenario as an example in answering. Refer to attachment(s) on these minutes for the scenarios>

In the beginning, we had a contract of $381K, we used 34%. It went down to $285K and used 32%. It went up to $765K and the two year period, we were supposed to open up a new 54 bed program and would have been on track to use more of those funds in the last fiscal year, but we weren't able to because we didn't open those extra beds. This year's budget is $818K and we have used approx. 25% halfway through the year. We have 7 clients that have been referred right now, we have one that will be admitting in the next 30 days and there is a client that we were in the process of taking, but has to wait another 90 days. Then there is five other clients we are processing / client development. I expect, by the end of the year, we will likely have 10 or 11 clients that have gone through the program for different periods of time.

Comments and Questions:

- (Lauren Rettagliata) I just wanted to point out that one of the things I learned about Psynergy that I feel is very important is when someone is in an IMD or MHRC, you try to get there as many months ahead and be working with that person before they come to you. I think that is something our public guardian or conservatorship department needs to be well educated on. I think many times they may put in requests and there may not be the overlap that you need to have, where you cement the relationship and you are sure they are ready to come, it's a very important part of your program and thank you for doing so.
- (Lauren Rettagliata) Chime in about the cost. We were at the Care Court workgroup yesterday. Stephanie Welch and Corrine Buchanan from the Department of Health Care Services (DHCS) spoke about the real cost of how much it is to have someone living on the street/unhoused in an encampment and the real cost now the state has figured is about $120,000/year per person. When you do the math for eight (8) people, that's $960,000/year, so our county as seeing this as being expensive, they are really (as a county) this is a savings of almost $280,000/year per person and getting them the treatment and care they need. I was astounded at the real numbers and the work the state had done to really look at how much it takes to care for someone who is unhoused/untreated. (RESPONSE: Lynda Kaufmann) I appreciate that and those are some numbers, I only use rates I can go to an actual contract and look up. For example, state hospitals, I am pretty sure is

$1050/day now. Lauren, if you have anything in writing about that, I would love to plug that into my spreadsheets, as well. • (Cmsr. May) We are looking at numbers per person, correct? (RESPONSE: Lynda Kaufmann) No, this is our whole entire contract. Maximum Financial Obligation (MFO). • (Cmsr. May) So the referrals and client development is 7, so how many beds are here? (RESPONSE: Lynda Kaufmann) Right now we have 6 or 7 clients and a couple will be graduating and we will move in more. If I anticipate that I might be going over, we check on a monthly basis to see where we are at and I do anticipate having more discharges and more admissions, I will come as close as I can to that $818K (not going under or over). • (Lauren Rettagliata) I received a phone call, from Teresa's son. He wanted to make sure that you knew how much he loved living at Psynergy and it warms my heart because anyone that knows his story knows that being able to live in a community, even though it is not his own community, it is close enough and not being in a jail cell or being at the state hospital or on the street. Thank you very much for providing the excellent care. For the commissioners that might not understand, the work around that you do, it is not a secured facility but you're not an unsecured facility either. The ability to pull down the excellent treatment, there is no other facility I have been at where there is a psychiatrist on site, a psychologist on site, there are master clinicians on site and people are not just sitting around in a day room, people are always actively involved in an activity either in the community or in the smaller Psynergy community itself. Thank you very much.	
VII. REVIEW and DISCUSS the Program & Fiscal Review of the COPE (Counseling Options and Parent Education, Inc.) Family Support Center with Cathy Botello, Executive Director/CFO and Founder, COPE Family Support Center Cathy Botello, Executive Director of the COPE (Counseling Options and Parent Education) Center. Cmsr. Dunn asked me to present our program and answer some questions. I have a list of questions I received in advance and will try to include as we go. I want to give you all a bit of background on our program. I am actually the founder of the COPE family support center. I founded this 12 years ago and did so because of personal and professional reasons. I adopted a daughter and I walked into a non-profit to take a parenting class and I found there was a lack in parenting classes that really dealt with individual needs and specific needs. I am so grateful to hear Lynda's presentation because prevention is so important as intervention later, is just so hard. Our mission is to Strengthen Families Relationships through Counseling & Parent Educational services. Many of the families we serve are struggling with behavior, emotional and development issues and caring for children with special health care needs. We strive to strengthen families. We empower parents, encourage healthy relationships and cultivate nurturing families. Twelve years ago, I was a county worker, social worker, adoption worker and I found that parent education; while it's available, it didn't really support the specific and unique situations of each individual. Additionally,	Documentation on this agenda item were shared to the Mental Health Commission and included as handouts in the meeting packet and is available on the MHC website under meeting agenda and minutes: https://cchealth.org/mentalhealth/mhc/agendas-minutes.php

now with COVID and post-COVID issues and related fears, students not attending schools, isolation…there is just so much more parents have to deal with. We are so aware of it that we just really pride ourselves as it is our flagship program. Our Vision Statement is to provide a safe space and supportive environment that nurture families and encourage healthy relationships

Values: We Listen, We Care, We Act

- We listen with impartial expertise and meet families where they are in their journeys
- We care about all families, and serve everyone with honesty, dignity, and integrity.
- We act together with parents and the community to support strategies that work best for each family.
- We need to respect the dynamics and cultural difference in each family

Family Support Services and Educational Opportunities offered to:

- Parents, Single Moms, Fathers, Youth, Grandparents, Foster Parents, etc.
- Anyone who is parenting will eventually need parenting support at one point or another
- Parents with children up to 16 years can access the full Triple P system of programs.

C.O.P.E. Family Support Center opened its doors in 2011, thanks to the generous support of Contra Costa County Mental Health Services and First 5 Contra Costa. Why? "We recognized the critical need for evidence-based parent education programs that effectively dealt with the ever changing and challenging unique needs of families, One size of parent education doesn't fit everyone's situation."

All we really offered (our flagship) was our parent education program, we call Triple P (Positive Parenting Program) and it is an absolutely amazing program. I have been trained in 10-12 different parenting programs. They are all good, but Triple P is a different program. It is not a one size fits all.

As I mentioned before, it's time to invest in prevention services. For every $1 spent on prevention services, at least $4 in treatment costs are avoided. A prevention approach benefits both taxpayers and populations at risk in Contra Costa County. Today, C.O.P.E. Family Support Center provides critical services to over 2,000 families annually in Contra Costa.

Triple P has what is referred to as a population approach. It was tested in Santa Cruz County. They used this program specifically, entirely throughout the county. Children and Family services it. There was a five-year study and they found that after the first year of using Triple P, they had a decrease in the number of foster homes needed for that county.

This is when you provide all of Triple P Programs, there are several levels (and I can send out that summary report).

The program is available to anyone that feels the need for a parenting program, or not. At COPE we offer Triple P, clinical services and youth achievement. MHSA just covers Triple P, but we wanted to have a holistic approach to helping and supporting families so we offer clinical services now and we have a youth achievement class. One of the reasons is that we had some parents mandated to take parenting classes and one parent

asked, 'why do I have to take the class, when it's my kid that isn't going to school or my kid that is doing this?' I agreed. We should have the parent and child(ren) here at the same time and we can provide services for both of you.

Triple P at a Glance:

- One of the few evidence-based parenting programs in the world. Triple P treats behavioral and emotional problems by giving parents a proven tool kit and skills to build stronger families.
- On-going research for 30 years (230 evaluations)
  - Ranked by the United Nations as the world's most extensively researched parenting program.
  - Used in 20 + countries and in 27 states in the US.
  - Translated into 18 languages
  - In California funded through County Mental Health and FIRST 5
- Triple P is one of only two parenting programs identified by the World Health Organization (WHO) as being supported by the strongest evidence for a parenting program's ability to prevent child maltreatment.
- Santa Cruz Study, as mentioned, showed significant results in a decrease of child out-of-home placements, hospital-treated child maltreatment injuries, and rates of child maltreatment cases
- Flexible Delivery - not a "one size fits all" program
- Focused on raising awareness of the importance of positive parenting,
- Destigmatizes the idea of asking for parenting help.
- Tailored to the individual and teaches self-regulation in parenting which can be generalized to all kinds of challenges.
- Self-regulatory approach parenting
  - Teach participants skills that allow them to become independent problem solvers.
  - Self- Management: participants are responsible for the way they choose to parent their children, they can select the aspects of behavior they want to work on (their own and the child's), set goals, and choose specific parenting strategies to use
  - Self-Efficacy: participant's belief that they can overcome or solve a behavior or parenting problem. They have more confidence and positive expectations about the possibility of change.
  - Self-Sufficiency - Participants become independent problem solvers so they trust their own judgment and become less dependent on others to carry out basic parenting responsibilities. They have the resilience, resourcefulness, knowledge, and skills to parent confidently.
  - Personal agency: Participants increasingly attribute changes or improvements in their situation to their own efforts or the efforts of their children rather than chance, age, or other uncontrollable events (for example, genetic makeup)
  - Problem solving: the participant's ability to flexibly adapt or generalize what he has learned to new problems. Example: look at the reason behind the behavior, don't react

Parent Education--Different levels of support

- Level 1: Mass marketing, destigmatizing effort "Why you have to take a parenting class" and normalizing parenting classes (like you would take a yoga class.
- Level 2: **Seminars** focused on specific topics designed to promote a child or teen's development. Brief intervention (1.5 hrs.) for parents with specific concerns
- Level 3: **Primary care** (Individual coaching) - For a specific issue; four 30-minute sessions to strategize and then incorporate active skills training with the selective use of parenting tips sheets covering common developmental and behavioral problems.
- Level 4: **Stepping Stones** (parents of children with special needs) This ten-week class offers suggestions and ideas on positive parenting to help you promote child's development and the challenges of raising a child with a disability.
  Group - five to nine weeks of group sessions help parents acquire new knowledge and skills through observation, discussion, practice and feedback. The benefits of a group class include support, friendship and constructive feedback from other parents.
- Level 5: **Family Transitions** (Co-Parenting) - Divorced, separated, or with different parenting styles.
  5 week session aims to:
  - Increase parents' competence in raising children
  - Reduce parent's use of coercive punitive methods of discipline
  - Improve personal coping skills in managing the transition through separation or divorce
  - Improve parent communication about co-parent issues
- **Enhanced Triple P** is for parents with high levels of anxiety, depression or other personal adjustment issues. It is designed for families who have been involved in the child protection system and considered at risk of abusing their children (aged 0-16), but is helpful for any family in conflict.
- **Pathways Triple P** is for parents with regulation/anger management issues
- **Lifestyles** is for parents with overweight children and includes practical information on positive parenting strategies as well as activities and between-session tasks for parents of overweight children aged 5 to 10 years. It offers suggestions and ideas for encouraging healthy eating and increasing physical activity in the family.
- **Active Games Booklet** is used with Lifestyle Triple P. It provides suggestions and ideas for encouraging physical activity in the family and how to keep children active.
- **Discussion Groups** for parents and tip sheets with a variety of topics. Any parenting situation, we have a tip sheet for it.
  For example, I have an adopted daughter and two other children (by birth). Am I going to parent them the same? No. Everyone has families that are unique to them, different cultures, dynamics. Advice for one family isn't always the right advice for the dynamics in another family. This also falls under the coaching and developing strategies tailored to your specific family dynamics.

<u>COPE Partners:</u>

- Central, East, West Child and Adolescent Mental Health
- We Care Service
- First 5 Contra Costa
- Contra Costa Child Care Council
- Pittsburg Unified School District
- Contra Costa County Probation Department
- Family Justice Center
- Juvenile Hall
- Shelter, Inc.
- Diablo Valley College
- Los Medanos College
- Contra Costa College
- Lincoln Families

➢ Positive Parenting Awareness Month (PPAM): Contra Costa County Board of Supervisors proclaimed PPAM for the 5th year.

➢ California Assembly passed ACR 4 declaring January as Positive Parenting Awareness Month across the state for the 4th year

➢ Triple P was named as program worthy of funding in the Governor Newsom's Budget Revision and part of the CYBHI GRANT

➢ Our staff is our cornerstone. The diversity of our staff is reflected in different, yet complementary, features:
- Education (PhDs, Masters and Bachelor level practitioners)
- Professional backgrounds and skill set
- Social workers
- Licensed therapists
- Volunteers with advocacy experience
- Psychologists
- Professional parenting practitioners
- Educators
- Experience levels (interns, practitioners, licensed practitioners)
- Cultural/ ethnic/ linguistic diversity
- Services offered in English, Spanish, Portuguese, Arabic

Every year, COPE trains personnel and external practitioners in Triple P.

Comments and Questions:

- (Cmsr. May) I think this is a very good program. I have three children and I raised them in the same home but had to speak to them differently. I have one child with a severe mental illness diagnosis, it is under control now, but not always. I am going to mention to my agency because it would be good to present to therapists as it is something that is important for them to relay when we are working with individuals and collaborate with parents to teach them these skills. I can say as a therapist, It is a very much needed program. The counselors from your organization are taking a different approach. I would like to get your brochure and any printouts to pass on to my agency and beyond.
- (RESPONSE: Cathy Botello) You are welcome, that's a really good point, and I think that is one of the best things about Triple P, aside from the fact that its use throughout the world, it has been studied in various

different countries, including the US. It has a great following and it is very tailored to the individual needs. As you said, one child is different from the other, one family is different from the other.
I can't say, in all the parenting trainings I had, it was a one size fits all. What about my personality? What do I bring to the table? How have I been parented? How are my family dynamic? How can I use the strengths of my parenting and be more positive with my child? Example: being raised in a very strict family and not allowed to cry or speak to your feelings. You had to pull yourself up by your bootstraps and do what you hac to do, but you have a really sensitive kid. They need that sensitive. You will have to parent that child a bit differently and that is one of the things that Triple P really encourages. That is why there are so many different levels of this program. It can't be just one general parenting class, it has to be adapted to the individual and their needs. We have tip sheets for truancy, biting, using drugs or how to talk to my child about drugs or sex or just anything you can think of, we have tip sheets. We provide those as a coaching tool to help our clients. We do classes, we can do a seminar class (one time seminar) but what that usually does is it brings the back because they want to hear more and see more topics. There are coaching sessions and classes. Classes vary in length.

- (Cathy Botello) I have some questions to answer: We offer classes in English and Spanish and we do have an Arabic facilitator. In the past we have had Farsi facilitators and practitioners, as well. We are always looking for different languages. Pre-COVID, we did do a lot of Arabic classes, but one thing we found is that we need more outreach. Since I started this agency, I have hardly done any outreach because there is a need for parent education. What we are finding now is if it accessible to everybody? Is it equally accessible to everyone? It may not be. We have other communities we aren't outreaching to because we need to develop that, different languages and we may not have someone doing outreach in the Persian community or another community. We are working a lot in developing culturally sensitive programming to Black, Hispanic and Asian families. If you want to offer parenting classes to a Black family, you better have someone who is African American and understands the culture.
- (Cmsr. Shires) Something I am cognizant of is while I was an intern at the consultation and assessment team of CCC Children's Mental Health System back in the 90s for my doctorate. At that time, I was responsible administering psychological batteries to individuals who had their children removed from their care due to abuse or neglect and I would have to go into the court and make recommendations. This would be an excellent program for these parents. Something in adjunct to some of the other considerations. What I also did was case consultation to CPS workers regarding diagnostic considerations and treatment needs of clients, who didn't require a full evaluation. I think we need to get these services into the system, which is already established in the county and here is an excellent resource for these parents when we are trying to negotiate how to get the kids back to them and assuring the kids will be returned to a safe place where the parents have the tools they didn't have before. The second thing I wanted to bring up, I hear a lot about cultural difference which we all know exist, but also, in different areas of

the country we parent different. I think we also have to look at that because California has a lot of transplants from not only all over the world but all over the country. I do think this is an excellent program. • (RESPONSE: Cathy Botello) Thank you, I appreciate that. And you are so right and we do have to think about different styles. We don't want people to feel there is a stigma to the way they are parenting and we can't change someone's culture. One of the things I wanted to mention, one of the questions was how do we plan to change with the COVID requirements changing? Prior to COVID we would offer Triple P at a different location and I would go to other CBOs and say "do you want to have a parenting program? I can bring a parenting program and I will train your staff and we will do it together." We worked with a lot of other CBOs. During COVID, everything was zoom. We tried to zoom, there were more expenses to zoom, more technology issues and we found it worked well with certain communities and populations and it didn't work well with others. Example: it didn't work well with the Hispanic community because they didn't have access to internet and devices and you have a lot of people living in one home and even privacy or ability to pay attention. We had people coming on and sitting in front of the television eating and not taking the class and actively listening. There were issues with accessibility, with devices, hotspots, internet. Then there were others that it really helped because they didn't have to spend money and could do it from their home, there was no travel, it was more convenient and could still be at work or attend at different hours. We have to, now with the post COVID regulations, we have to have a hybrid of folks. Maybe we have some zoom classes and some in person classes and then maybe a combination of both. There is expense and planning. We will have to offer food, incentives and we do a lot of creative thinking with our budget to see how we can actually offer the best program and reach a higher number of people. There was a question regarding the budget and reflecting all funding sources. I didn't quite understand the question. I just wanted to make mention that 100% of our budget is around $1.4mil and about 46% is government contracts and 19% is the PEI contract. When I started this program all those years ago, all I had was $350K from MHSA. Now we are at $1.4Mil and it is because I'm getting schools, other CBOs and agencies saying, 'we need Triple P, can you help us, can you train us?'	
VIII. Adjourned meeting at 3:02 pm	