

Consolidated Planning and Advisory Workgroup (CPAW)
Thursday, March 2, 2017
3pm – 6pm
Location: 2425 Bisso Lane, First Floor Conference Room, Concord, CA 94520



Members attending: Antwon Cloird, Tom Gilbert, Kimberley Krisch, Sara Marsh, Will McGarvey, Kathi McLaughlin, Lauren Rettagliata, Sheri Richards, Roberto Roman, Jennifer Tuipulotu, Matt Wilson, Sam Yoshioka

Staff attending: Stephanie Chenard, Matthew Luu, Windy Murphy, Michelle Rodriguez-Ziemer

Public Participants: Loretta Bradstreet, Carmen Spencer, Mia Jackson, James Noo, Bessie Sagaiga, Keri Banks, Melinda O’Day, Candace Collier, Will Taylor, Gigi Crowder, Jennifer Lane, Roger Daniels, Kanwarpal Dhaliwal, Allisan Lessley, Phil Mercure, James Nes, Ben Barr

Facilitator: Maria Pappas

Recorder: Grace Taormina

Staff Support: Warren Hayes

Excused from Meeting: Steve Blum, Maude DeVictor, Doug Dunn, Molly Hamaker

Absent from Meeting: Lisa Bruce, Duane Chapman, Courtney Cummings, Dave Kahler, Jackie Lerman, Ryan Nestman, Karen Smith, Connie Steers, Gina Swirsding

TOPIC	ISSUE/CONCLUSION	ACTION/ RECOMMENDATION	PARTY RESPONSIBLE
1. Welcome • Call to Order • Roll Call, Introductions • Announcements	<ul style="list-style-type: none"> • Introductions were made. • Maria Pappas reviewed the CPAW Working Agreement with the group. 	Information	Maria Pappas

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<p>2. CPAW Committee Reports</p> <ul style="list-style-type: none"> • Innovation • System of Care (SOC) 	<ul style="list-style-type: none"> • CPAW Innovation’s next meeting is March 27. Actively recruiting consumer representation. Also seeking participation in the two workgroups developing the selected innovative concepts into proposals. • SOC is focusing on the mental health first aid program and connection with community organizations once trainers are trained. Training starts first week in April. Due date for trainer applications is March 17. SOC March meeting will focus on developing the volunteer workforce Request for Applications. Particularly seeking input from Alcohol and Other Drug Services (AODS) and Children’s System of Care. 		
<p>3. Behavioral Health Services Committee Reports</p> <ul style="list-style-type: none"> • Social Inclusion • Alcohol and Other Drug Services (AODS) 	<ul style="list-style-type: none"> • Social Inclusion’s next meeting date is March 9. Time is 1:30 to 3:30 pm instead of 1 to 3 pm on calendar. Photovoice is continuing its collaboration with New Leaf Leadership Academy. PhotoVoice Subcommittee on March 15 is cancelled. WREACH Speaker’s Bureau subcommittee will meet on March 23 from 1-2:30 pm at Bisso. WREACH will be presenting a brown bag workshop at Diablo Valley College on March 30. Topic is “The Elephant on Campus, Getting Real About Mental Health”. • Discussing the name change from AODS to Substance Use Disorder Services. Frustration due lack of affordable housing in the community was discussed. Questioned why funds couldn’t be used to fix vacant housing projects. • At February CTYA meeting Jenny Robbins spoke 		

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<ul style="list-style-type: none"> • Children, Teens and Young Adults (CTYA) • Adults • Older Adults 	<p>about the new Health, Housing and Homeless Division (H3), which is now a separate division from Behavioral Health Services. Had a conversation about the Coordinated Entry System and how people access housing services.</p> <ul style="list-style-type: none"> • Received an update on the Center for Recovery and Empowerment (CORE) Innovation Project, which will be an intensive outpatient program for dually diagnosed West County youth. A question was raised as to what are the plans for Transitional Age Youth in the Three Year plan. • Next meeting is March 9, 11am to 1pm, at 1340 Arnold Dr., Suite 200, Martinez, open to the public. • Adult – The meetings are the 4th Tuesday of every month from 3-4:30pm at 1340 Arnold Dr., Martinez, and are open to the public. The committee is developing the Cognitive Behavioral Social Skills Training (CBSST) Innovation project and public input is welcome. • Older Adults – Next meeting is 4th Wednesday of every month, 2-3:30pm. February meeting discussion included lack of housing, transitional movement and transportation. Because of housing scarcity, older folks are housed in the wrong category with either too much supervision or not enough. More transition step down and transportation are needed so they can attend support groups/social improvement treatments. Announced that May is Mental Health Month. 		

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<p>4. Report from:</p> <ul style="list-style-type: none"> • Health, Housing and Homeless Services (H3) • Mental Health Commission (MHC) 	<ul style="list-style-type: none"> • H3 – At February meeting Lavonna Martin gave update on No Place Like Home, which is \$2 billion in bond money from the state to build and rehab places for permanent supportive housing. Our county has \$1.72M to be used for special needs housing. A discussion ensued regarding using these funds for expanding the housing inventory versus using it for PG&E or rents. • MHC – Meeting was at the San Pablo Community Center because of the community’s interest in Senate Bill 844. This is the sheriff’s grant to improve conditions at our detention facilities and to build out a module at West County detention facility so the Martinez jail population would be reduced. This grant has provisions that it must provide mental health treatment and care. The commission voted to support this because of terrible conditions at M Module at the Martinez jail. • The community reiterated the lack of mental health services in West County and questioned the need to be criminalized in order to receive mental health services. • Will’s McGarvey’s conversation with the faith communities is that the sheriff is profiting off the incarceration of ICE holdees. One unit in West County is being sold for \$3M to raise funds from the federal government and will not be used for Contra Costa residents. The sheriff is holding onto AB109 money to expand the jail, instead of using it for services for the community. 		

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	<ul style="list-style-type: none"> Jennifer Lane (guest) gave an account of the mistreatment she received in M Module by officials and psychiatrist. Lauren Rattagliata confirmed current conditions are unacceptable. Further discussion included lack of services and housing for consumers transitioning from a locked facility back to the community. A structured program and housing is needed. <p>Warren clarified that CPAW is focused on funding from the MHSA which by law is voluntary services in the community, and not locked facilities. This is a hot topic for the MHC as they have a wider scope for all mental health care that goes on in the County, locked or not.</p>		
<p>5. Preliminary DRAFT-MHSA FY 17-20 Three Year Plan and Issues (see attached power point presentation)</p>	<p>Warren gave a PowerPoint presentation to the group on proposed changes for the MHSA Three Year Plan, and stressed that input, questions and concerns are welcome prior to starting the formal process on March 20. The draft plan will be posted online, which then starts the formal process of public comment, public hearing and Mental Health Commission input, followed by County response.</p> <p>We are proposing an annual budget increase from \$41.3 million to \$51.6 million.</p> <p>Plan Outline Summary – no changes</p> <p>Introduction – lists the changes to the current Three Year Plan.</p> <p>Vision – is the same because we are not there yet.</p> <p>Needs Assessment – an extensive, rigorous quantitative needs assessment was conducted to learn if we were equitably resourcing mental health services. Findings were that service delivery and</p>		

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	<p>resources were equitably provided across region (West, Central, East County), race/ethnicity, age group and gender. Asian/Pacific Islanders, Latina/os, children ages 0-5 and the elderly were slightly underrepresented across the County.</p> <ul style="list-style-type: none"> • All our service rates exceed state averages. • A higher percentage of our funds are going to locked facilities (skilled nursing facilities, psychiatric hospitals, state hospitals) instead of voluntary services in the community. • In an analysis of data provided to the MHSA/Finance Committee, there was a slight but significant shift in the last three years of more dollars going to community mental health services. • A workforce analysis showed we are severely understaffed in psychiatry time. There is also an underrepresentation in our Latina/os workforce in comparison to the population. <p>Community Program Planning Process – This was covered in previous CPAW meetings. A key point to note is that each of these prioritized needs is linked to MHSA funded programs. All prioritized needs are addressed in the plan.</p> <p>The Plan – consists of 5 components.</p> <ul style="list-style-type: none"> • Community Services and Supports – The bulk of our dollars are spent here. Our biggest increase in MHSA funding went to housing. • Prevention and Early Intervention – by formula this needs to be 20% of our budget. This supports 25 programs in 7 categories. These programs are our 		

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	<p>main vehicle for outreach and engagement to our underserved population. These community based organizations have missions that aren't necessarily mental health services but with our funding, one can link participants to our mental health service delivery when needed. A key element added was to track how well we are linking people to mental health services when needed.</p> <ul style="list-style-type: none"> • Innovation – By law 5% of our budget. 4 projects are approved and will be in operation for FY 17-18, with 2 projects in development with expectations to be in operation during the 3 year plan. • Workforce Education and Training – We propose to take \$2.6M annually from our unspent funds and put into WET to support these 5 categories. Each one had active stakeholder participation to make sure they are supported. • Workforce Staffing Support – This is new. Instead of county staffing, we are seeing competitive bids from contract operated family support volunteer programs. This is to pay staff to recruit, train and support volunteers to support families of individuals who are receiving services from us. This does not supplant our family partners. <p><u>Training and Technical Assistance</u> – We increased funds recognizing the need to do a better job training our first responders and community organizations that aren't mental health providers but struggle with folks that have mental health issues.</p> <p><u>Mental Health Career Pathway Programs</u> – We put our SPIRIT program into the WET component to</p>		

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	<p>ensure we have ongoing sustainability to support this program. This is our talent pool with lived experience to become peer providers and family partners for the county and contract organizations.</p> <p><u>Internship Program</u> – We want to do a better job of connecting our graduate interns with selected community programs who are providing outreach and engagement to underserved populations.</p> <p><u>Financial Incentive Programs</u> – This locally administered loan forgiveness program gives our head psychiatrist the flexibility to recruit new graduates with huge school loan debt. One of the leading complaints we get from consumers/family members is difficulty in getting an appointment with a psychiatrist. This is because we are understaffed.</p> <p><u>Capital Facilities and Information Technology</u> – Matthew will give an update on the status of the electronic health record system.</p> <p><u>Program Component Changes</u> – A few programs were moved from one component to another in order to be in better alignment with component definitions.</p> <p>The Budget – The numbers depicted in the power point might slightly change as noted in the budget because Finance is in the process of finalizing the Funding Summaries (Appendix E), and the plan numbers need to match.</p> <p>The appendices and timeline were reviewed.</p> <p>Issues – The uncertainty of our economy and federal funding.</p>		
5. Director’s Report – Matthew	Affordable Care Act		

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<p>Luu</p> <ul style="list-style-type: none"> • Affordable Care Act • Electronic Health Records • Behavioral Health Division Five Year Strategic Plan • Drug MediCal Waiver • Department of Health Care Services (DHCS) Audit 	<p>Although there is uncertainty about the Affordable Care Act, Dr. Walker advised our health services budget and Medi-Cal funding projections will not be impacted for 2017-18. We will share further updates as we receive them.</p> <p>Electronic Health Record Project</p> <p>Megan Rice was hired as project manager to head this project. She will be invited to CPAW and the Mental Health Commission to further describe how the project will be implemented. A charter has been written in collaboration with IT and Behavioral Health Administration. They are currently soliciting subject matter experts ranging from doctors to consumers for feedback on the project. An internal subject matter expert kickoff meeting will be March 20. The goal is to complete this phase by Dec. 31.</p> <p>Behavioral Health Services Division Five Year Strategic Plan</p> <p>Matthew provided a copy of the plan for distribution to CPAW via email. This Plan is the culmination of merging Mental Health and Alcohol and Other Drug Services into one division. This plan goes into detail about our guiding goals and objectives.</p> <p>Drug Medi-Cal Waiver</p> <p>The implementation and fiscal plans have been approved. The contract with the State is being reviewed and once approved, target date for implementation is July 1.</p> <p>DHCS Audit</p> <p>Contra Costa's triennial review is from April 10 to 13. The audit consists of two parts, a systems review and</p>	<p>Distribute to CPAW in follow-up email</p>	<p>Warren Hayes</p>

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	<p>chart reviews. At the end of audit a verbal exit conference will consist of issues to be addressed and recommendations. Within 30 days a written report is received, with a plan of correction required for findings.</p> <p><u>Discussion with CPAW:</u></p> <ul style="list-style-type: none"> • The County’s grievance process is covered in the audit. • DHCS has access to consumer confidential information as they are the bill payer source. • Matthew indicated that Mental Health Commission representatives can attend the exit meeting, but only upon approval of DHCS. 		
<p>6. Stakeholder Input to MHSA FY 2017-20 Three Year Plan</p>	<p><u>Stakeholder Input and Discussion:</u></p> <ul style="list-style-type: none"> • Why in the needs assessment, the lack of psychiatrists was considered more important than addressing the underrepresentation of Asian/Pacific Islanders, Latina/os, children 0-5 years and the elderly. <p><u>Response:</u> the quantitative needs assessment is a companion piece to the community engagement process. The shortage of psychiatrists was statistically significant when compared with the slight underrepresentation of care and/or dollars to a certain demographic group.</p> <ul style="list-style-type: none"> • A request was made to include language that emphasizes under-representation of young children, specifically the ages 0 to 5 years. • Shelter beds should not be considered as housing but emergency care. • Since the WET budget is coming entirely out of unspent funds, how vulnerable is this since it is not 		

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	<p>state mandated?</p> <p><u>Response:</u> There is some risk, but that for the next three year period we should be fine. If the budget goes south, we will have to reprioritize.</p> <ul style="list-style-type: none"> • The Needs Assessment summary should add language that points out the new and additional programming that are relevant to the recommendations contained in the Needs Assessment, such as underserved populations, psychiatry shortage, and disparities between staff and consumer self-identified race/ethnicity designations. • The EPSDT funding increase should be more clearly linked to under-representation of services to very young children. • Richmond gets no mental health services. RYSE does not serve adults. Community members will be upset that there is no mental health outreach to Richmond communities experiencing violence and trauma. <p><u>Response.</u> The Needs Assessment shows that services are shown to be equitable across all three regions of the county. The Mental Health First Aid initiative is being specifically designed to engage on an ongoing basis with community first responder individuals and organizations. County advocate groups will be contacted for help in planning for the Mental Health First Aid trained staff to provide ongoing linkage with community members.</p> <ul style="list-style-type: none"> • Concern was expressed regarding the spend down of unspent funds during the Three Year Plan. <p><u>Response.</u> We should be fine for the next three years, barring unforeseen significant hits on the unspent fund balance. Unfortunately we do not have a crystal ball for after that.</p>		

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	<ul style="list-style-type: none"> Although MHSA funds were added to the Housing category, no new housing units have been added. <u>Response</u>. The Housing category increase enables \$1.72 million of locally administered new supportive housing efforts. The number of units from this funding is not yet known. 		
7. Agenda Readiness Form – Guest Dialogues for Upcoming CPAW Meetings	Due to meeting time constraints this agenda item was deferred to the upcoming CPAW Steering Committee for discussion and prioritization.		
8. Public Comment, Announcements	Roberto Roman commented that much of the language in these meetings/documents is difficult for the community to understand, and it is our responsibility to translate the information so they understand how we are addressing the needs of the community.		
9. Review of Meeting	Roberto also observed that strong passions were displayed today, and that we managed to stay gracefully civil.		Maria Pappas
10. Review Upcoming CPAW Meetings	The next CPAW meeting will be April 6; Systems of Care – March 8; Steering – March 16; Membership – March 20; Innovation March 27		Maria Pappas