

Consolidated Planning and Advisory Workgroup (CPAW)

Thursday, October 1, 2020

3:00 pm – 5:00 pm

Meeting Access via Online Zoom Video Conference and Telephone Conference:

<https://homebaseccc.zoom.us/j/724180505?pwd=ayswSINGeU02MTMrRkIzSkY1OFYyQT09>

Call In Number: 1-669-900-6833 Meeting ID Code: 724 180 505 Password: 6472



Members Attending: Stephen Boyd, Y’Anad Burrell, Candace Collier, Doug Dunn, Anna Lubarov, Sara Marsh, Kathi McLaughlin, Roberto Roman, Jennifer Tuipulotu, Graham Wiseman, Amelia Wood

Staff Attending: Dr. Suzanne Tavano, Janet Costa, Kimberly Krisch, Jonathan San Juan, Ellie Shirgul, Windy Taylor, Robert Thigpen, Genoveva Zesati

Public Participants: Ben Anderson, Pete Caldwell, Chaplain Creekmore, Lisa Finch, John Gallagher, Lola Galvez, Kerry Inserra, Kevin, Christine Leismester, Diane McCart, Susan Norwick-Horrocks, Cynthia Osterholt-James, Maria Ramos, Angie Sison, Jimi Vicencio, Sandy Young

Facilitator: Amanda Wehrman

Recorder: Audrey Montana

Staff Support: Jennifer Bruggeman

Excused from Meeting: Leslie May

Absent from Meeting: Lisa Bruce, Steve Blum, Jo Bruno, Courtney Cummings, Tom Gilbert, Dave Kahler, James Lancaster, Jackie Lerman, Mariposa McCall, Ryan Nestman, Melinda O’Day, Lauren Rettagliata, Chelise Stroud, Gina Swirsding, Johanna Wagner, Matthew Wilson,

TOPIC	ISSUE/CONCLUSION	ACTION/ RECOMMENDATION	PARTY RESPONSIBLE
1. Welcome – Roll Call, Call to Order • Announcements • Finalize Meeting Notes	<ul style="list-style-type: none"> • Roll Call, Call to Order • Announcements – None. • Meeting Notes (August 6, 2020) – Approved no revisions 	<p>Information</p> <p>Notes approved. Will be posted to MHS CPAW website.</p>	<p>Amanda Wehrman, Facilitator</p> <p>Audrey Montana to post notes.</p>

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<p>2. Stakeholder Sharing by Committee or Meeting Representatives on Key Topics</p> <ul style="list-style-type: none"> • Adults Committee • Aging & Older Adults Committee • Alcohol and Other Drug Services (AOD) Advisory Board • Behavioral Health Care Partnership (BHCP) Meeting • Children, Teens and Young Adults (CTYA) Committee • Health, Housing & Homeless Services (H3) – Continuum of Care • Innovation (INN) Committee • Membership Committee • Mental Health Commission (MHC) • Mental Health Commission – Quality of Care • Reducing Health Disparities (RHD) • Social Inclusion Committee • Suicide Prevention Committee • System of Care Committee • Training Advisory Workgroup (TAW) 	<p>Adults: No additional comments.</p> <p>Aging & Older Adults Committee: No additional comments.</p> <p>Adults Committee: No additional comments.</p> <p>Alcohol and Other Drug Services (AOD) Advisory Board: No additional comments.</p> <p>Behavioral Health Care Partnership (BHCP): No additional comments.</p> <p>Children, Teens and Young Adults (CTYA) Committee: No additional comments.</p> <p>Health, Housing and Homeless Services (H3): No additional comments.</p> <p>Innovation (INN) Committee: Concerned about an Innovation project, the Center for Recovery and Empowerment (CORE Program) This program helps kids with both substance use and mental health issues. Some of our most fragile kids. Funds already earmarked and not reduced. Cannot get staff replaced. Down by three staff. Hard to continue with the program when half the staff is gone. They are still meeting in person on a daily basis. This is a very intensive program. They meet outdoors. We are not fully funding this existing program. I completed a memo and sent it to the Board of Supervisors. Also sent this memo to the Oversight and Accountability Commission at the State level. Will provide an update when receive a response.</p> <p>Mental Health Commission (MHC): No additional comments.</p> <p>Mental Health Commission (MHC) – Quality of Care Committee: Committee meeting now and working on the Site Visit Program documents.</p> <p>Reducing Health Disparities (RHD): Currently, meetings will be held every other month.</p>		<p>Committee Representatives</p>

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	<p>Social Inclusion Committee: No additional comments.</p> <p>Suicide Prevention Committee: No additional comments.</p> <p>System of Care Committee: No additional comments.</p> <p>Training Advisory Workgroup (TAW): No additional comments.</p> <p>Questions and Comments:</p> <ul style="list-style-type: none"> • (Kathi McLaughlin) Noticed that the Children’s Committee has not met. Will they be meeting again? We do have some concerns for our kids. Especially adolescents. Response: (Candace Collier) I will check as to when the Children’s Committee will be meeting again. Will update you soon. 		
<p>3. Dialogue with Contra Costa Behavioral Health Services (BHS) Executive Staff</p> <ul style="list-style-type: none"> • Update on any MHSA State level or pertinent discussions • Update on Public Hearing 	<p>Dialogue with Contra Costa County Behavioral Health Services (BHS) Executive Staff</p> <p>Dr. Suzanne Tavano:</p> <ul style="list-style-type: none"> ○ Much to celebrate today ○ MHSA Community Forum (Evolution of the Peer Movement) <ul style="list-style-type: none"> ○ The Forum last week was simply amazing ○ So well done. So much important information. Very inspirational. Personally thought it was great and want to celebrate it ○ SPIRIT 2020 <ul style="list-style-type: none"> ○ Let’s celebrate the SPIRIT 2020 class ○ Good work to all of you • Certification for Peer Specialists <ul style="list-style-type: none"> ○ Let’s celebrate as finally after many, many years a certification of Peer Specialists Bill was passed and signed by the Governor. ○ We in Contra Costa have had Peer partners and family support workers in our system since the 1990’s. This is a real milestone. ○ We had been sponsoring bills at least for the past ten years. But the State was concerned about costs. So the 		<p>Dr. Suzanne Tavano, (Director, Contra Costa Behavioral Health Services)</p>

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	<p>State asked that if counties had to pay part of the costs, would the counties you still support this? Most of the counties said they definitely would support this Bill.</p> <ul style="list-style-type: none"> ○ We are already prepared. We have amazing people with lived experience already in our system. And our SPIRIT training program is exemplary. ● State External Quality Review Organization Audit <ul style="list-style-type: none"> ○ Another cause to celebrate ○ Last week was our drug MediCal organized delivery system was reviewed. Fatima Mata Sol is our Chief of Substance Use Services (designated AOD Administrator for the County). ○ We got excellent reviews. So positive. Due to our excellent team. The State acknowledged that Contra Costa was able to sustain services during COVID in ways that some other counties have not been able to. ○ We are very impressed with the collaborative work that goes on and all the effort put in to ensure that congregate care settings are safe. ● Department of Health Care Services (DHCS) Review <ul style="list-style-type: none"> ○ Next week the DHCS will conduct the triannual review of our mental health delivery system ○ Is a very intensive review and audit - involving the mental health care process, medical records, etc. ● Support for people living in Hotels <ul style="list-style-type: none"> ○ 500 rooms initially. Now have close to 600 rooms hotels with 98% occupancy. ○ We maxed our hotel rooms. What are the next steps to ensure people are housed? Still working on that. ○ Working with the goal to open the Don Brown Center in Antioch. Would provide beds for people leaving higher levels of care. ● Hiring of new Psychiatrists <ul style="list-style-type: none"> ○ One dually certified – Psychiatry and Addiction Medicine. She will be the designated Medical Director 		

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	<p>for Discovery and will also be working with the West County Adult clinic. She will also be an internal resource for the County.</p> <ul style="list-style-type: none"> ○ A Child Psychiatrist will begin in November. Has a lot of experience in treating eating disorders. ● Clinics and Crisis Response <ul style="list-style-type: none"> ○ Assessing how much they can do remotely and how much can open ○ The first step to that was with the Mobile Crisis Response Teams (MCRT). There we realized we needed to provide more than remote support for people in crisis. The MCRT and Mental Health Emergency Team (MHRT) are back to providing more in-person interventions. And also increasingly providing in-person supports for those individuals in the hotels ● Evaluating remote and in-person services <ul style="list-style-type: none"> ○ At this point we are in a transitional state and are assessing how much we can continue to work remotely and adequately continue to serve the people we are here to serve. Initially we worked quickly to get to almost all remote services. ○ We completed a staff survey. Many said they could do for an extended period. Some said there were challenges. Ten percent said more in-person services were needed. Next we will ask clients. ○ We are in an evaluative phase right now. We will look at specific service areas. As for psychiatry, find people can make more appointments if remote. No challenges with public transportation. We are also evaluating this. ○ (Ellen Shirgul) As for older adult supports, work by phone or Zoom. A lot of our clients are more comfortable speaking by phone. Still see some clients in person. ○ We have worked extensively with Risk Management assessing all of our sites, advising as to distancing requirements, etc. Worked to ensure had personal 		

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	<p>protective equipment (PPE). As opening up a bit more externally, want to ensure we keep the clients and workforce safe.</p> <ul style="list-style-type: none"> • COVID-19 Testing <ul style="list-style-type: none"> ○ Now have drive thru testing. Easy to make an appointment. Drive up. Now just a shorter interior swab of inside of nose. ○ Encourage all to get tested. Recommend to get tested once a month. • Flu Season <ul style="list-style-type: none"> ○ Is now starting. Please get your flu shots. ○ Last year and this year will ensure those in congregate living settings receive flu immunizations • Legislation – Bills passed <ul style="list-style-type: none"> • Another bill that passed will permit ambulances to transport people on 5150 holds to alternative care sites. Now do not necessarily need to be brought to an emergency department before they go to a crisis stabilization unit. We have a new director who comes from Emergency Medical Services who comes from Alameda County. He is now analyzing all the bills relating to ambulance services and alternative care sites. Will provide an update at the next meeting. • Another Bill related to parody rules which we have been abiding by for a number of years. That has been extended to commercial plans as well. Commercial plans must now make services more readily available to people with commercial insurance. <p>Comments and Response to Questions:</p> <ul style="list-style-type: none"> • (Anna Lubarov) Thank you for the updates. Congratulations to all of us on this victory. How is it going with the hiring of the Adult Chief? Response: We have talked to CPAW and the Mental Health Commission. That position was open. Right now investing in buildings and housing. Preferred someone internal who would have an oversight of all of that 		

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	<p>and intensive services. Depends on the applicants and skill set. We have a pool of candidates. Not as many as we had hoped. Will review the applications.</p> <ul style="list-style-type: none"> • (Douglas Dunn) Is the County moving into the red? Response: I do not have the latest update at this time. Everything had been working for moving into red. Two weeks ago opened a bit more. I will updated information and let you know. • (Kathi McLaughlin) I am with a school board. We are getting pressure from our community to reopen our schools. Has the county opened groups or other activities for the kids who are using County mental health services? Response: When the County was in the purple tier, schools could apply to reopen via waiver. Those waivers had primarily been submitted by private schools. As to children’s mental health services, we left all our clinics open. Looking at how much we can continue to do remotely. How much we can move into in-person services. In terms of opening more the children’s’ services, Gerold Loenicker would have the most up to date information. I know they have been services in outdoor settings. Some youth and families are requesting to come in person. • (Graham Wiseman) Mental Health bills have been passed and signed in the past week. One provided for the ability to do 5150’s through TeleHealth. Do you think that is helpful? Response: Since the pandemic, we have been able to initiate 5150 holds. Though not done often. But once a person is put on a hold and is determined to need inpatient care, then is required to have an in person interview. Have also the ability to discharge if prior to admission to a hospital. • (Douglas Dunn) One of the bills you mentioned was Senate Bill 855. An attorney in southern California did a good analysis of the bill. Rules and regulations will need to be made. May go into litigation. The insurers are pushing back. Will take a lot of work to implement. Response: it is so 		

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	<p>important. People can then access their Behavioral Health benefits early. Will prevent so much from happening. Also over the years, people have relinquished their commercial insurance and go on MediCal because with commercial insurance they could not access the same level of care as provided by Behavioral Health Services. People should not be forced to make that decision. I am hopeful.</p>		
<p>4. Overview of Updated Mental Health Services Act (MHSA) Three Year program and Expenditures Plan and MHSA Budget Update</p>	<p>Windy Taylor (Project Manager, Behavioral Health Administration)</p> <p>(Document Presentation – “MHSA – Finance Committee – Wednesday, September 16, 2020, pages 16 – 18 – Authored by Patrick Godley, Chief Operating Officer and Chief Financial Officer, Contra Cosa Health Services)</p> <ul style="list-style-type: none"> • Jennifer Bruggeman (MHSA Program Manager) <ul style="list-style-type: none"> ○ Windy Taylor will provide a summary of the Mental Health Commission – MHSA Finance Committee meeting of September 16th • Background Information <ul style="list-style-type: none"> ○ Recently the Health Services Chief Financial Officer (Patrick Godley) presented three options for the MHSA budget moving forward based on the effects of COVID. He talked about how realignment affected the MHSA funded programs. • Option One <ul style="list-style-type: none"> ○ Original posted budget in February 2020 with an anticipated budget of 67.8 million dollars. ○ Each of the Fiscal Years are detailed. Each includes the Fund Balance, Projected Funds to be received from the State, Trust Drawdown and resulting balance for each Fiscal Year. ○ Reviewed Chart for Option One <ul style="list-style-type: none"> ▪ Fiscal Year 2022/2023 would result in a deficit (from chart – 24 million dollars) 		<p>Windy Taylor (Program Manager, Behavioral Health Administration) and Jennifer Bruggeman. (MHSA Program Manager)</p>

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	<ul style="list-style-type: none"> ▪ (Dr. Tavano) This would be the outcome if we moved forward with the Three Year Plan that was posted in February. • Option Two <ul style="list-style-type: none"> ○ The budget is kept at the actual dollar amount spent for the Fiscal Year 2019/2020. No anticipated change depicted. Loss in realignment funds not included. ○ Budgeted amount for each Fiscal Year at 50.6 million dollars ○ This budget option still anticipates funds from the State ○ Reviewed Chart for Option Two and ending balance of 30 million dollars • Option Three <ul style="list-style-type: none"> ○ This option includes budgeted amounts to protect current programs. MHSA funds (7 million dollars) would be spent to preserve programs. Realignment was heavily affected by COVID. ○ Reviewed chart and each fiscal year ○ With this option, can continue programs as is. We would still have MHSA funds at the end of the fiscal year. The ending balance of unspent MHSA funds would be 10 million dollars. • Jennifer Bruggeman Comment <ul style="list-style-type: none"> ○ Option Three is required in order to maintain our vital programs and services. <p>Jennifer Bruggeman (MHSA Program Manager)</p> <p>(PowerPoint Presentation – “MHSA Three Year Program and Expenditure Plan – Revised Proposed Programming and Budget Summary for FY 2020-2023)</p> <ul style="list-style-type: none"> • COVID-19 Timeline <ul style="list-style-type: none"> ○ Provided summary of events from March 1, 2020 (from the posting of the Three Year Plan Draft for 30 days for Public Comment), through the onset of COVID-19, 		

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	<p>Shelter in Place to the present (October 2020)</p> <ul style="list-style-type: none"> ○ The planned April 2020 Public Hearing on the 3 Year Plan was postponed in order to reassess the financial impact of COVID and revise the MHSA budget. The State provided Counties the flexibility to postpone the Public Hearings due to the unprecedented public health emergency of COVID, as a result, the Public Hearing on the Plan could be postponed. ○ In September we received the new budget options by Patrick Godley during the MHSA Finance Committee meeting. The Mental Health Commission was in favor of the Third Option. ○ Next step is to hold the rescheduled MHSA Three Year Plan Public Hearing at the Mental Health Commission October 7th meeting. Then ultimately will go before the Board of Supervisors for approval. ● March 2020 Proposed Changes (Pre-COVID) <ul style="list-style-type: none"> ○ \$14 million dollar increase in proposed increased fund and listed purposes for increased funding ○ This was the proposed MHSA budget prior to COVID ● Fiscal Impact of COVID-19 on Contra Costa Behavioral Health Services <ul style="list-style-type: none"> ○ Tax based revenues down (MHSA dollars), Realignment dollars down ○ Option Three – Use MHSA unspent funds. Result: allow limited expansion in specific areas, maintain all programs and not have to make any cuts. Also maintains the MHSA Prudent Reserve at the current level. ● September 2020 Revised Proposal - Highlights <ul style="list-style-type: none"> ○ New increased funding for Mobile Crisis Response Team and community crisis response programming ○ Maintain some increased funding for housing supports, early childhood mental health and suicide prevention (priorities identified by stakeholders at MHSA Community Forums) 		

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	<ul style="list-style-type: none"> ○ MHSA funds will be used to replace five - seven million dollars of lost realignment funds to preserve programs ○ Program contracts remain at 2019-2020 funding levels - renew all contracts without having to cut programs ● Supportive Housing (Expansion) <ul style="list-style-type: none"> ○ Support Full Service Partnership programs to expand capacity & housing ○ No Place Like Home – increase permanent supportive housing units ○ Increase permanent supportive housing services and supports ○ Increase Board and Care inventory ● Suicide Prevention Training & Education (Expansion) <ul style="list-style-type: none"> ○ Last year in September we had a full day MHSA Community Forum event focused on Suicide Prevention. The community wanted more access to training and outreach efforts, to decrease stigma and spread awareness about mental health. Some are groups more high risk especially now during these challenging times. ○ Field staff to provide countywide suicide prevention education & training ● Early Childhood Mental Health (Expansion) <ul style="list-style-type: none"> ○ In response to a Community Forum on Early Childhood Mental Health that we had last November ○ Provide outreach, education and linkage to treatment for families with very young children (0-5 years) experiencing serious emotional disorders ○ Needs Assessment indicated this to be an underserved population ○ Response from feedback received during an MHSA Early Childhood Mental Health Community Forum held last November ● Workforce, Education and Training (WET) Financial Incentive Programs (Expansion) <ul style="list-style-type: none"> ○ Expand Loan Repayment Program to address critical staff 		

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	<p>shortages</p> <ul style="list-style-type: none"> ○ Extend the Loan Repayment Program to additional positions as peers and clinicians. Has no significant impact on the budget. ● Proposed Fiscal Year 2020-2023 Budget <ul style="list-style-type: none"> ○ The 2020-2021 proposed budget has an increase from \$54 million to \$61.6 million dollars. ○ Budget increase to address priority services, Community Crisis Response and address realignment shortfalls. Prevents program cuts. ○ Will retain the MHSA Prudent Reserve at the current level of \$7.5 million ○ Welcomed additional comments, questions, input and guidance and provided contact information ○ All welcome to attend and participate in the MHSA Three Year Plan Public Hearing next week. <p>Comments and Response to Questions:</p> <ul style="list-style-type: none"> ● (Douglas Dunn) Just some background information. Patrick Godley at the Mental Health Commission MHSA Finance Committee stated these projections were provided for the Budget. We will get past the next eight months. Have unparalleled financial hits. Never seen such a loss of realignment funds. The Governor will provide \$750 million in State funds for counties statewide. Hope to receive federal stimulus funds of \$250 million for counties. That one is uncertain at this time. The County is facing unprecedented financial pressures. The Committee accepted MHSA budget Option 3 and agreed to proceed with the MHSA Three Year Plan Public Hearing at the Mental Health Commission meeting on October 7th. ● (Anna Lubarov) Will there be an expansion of Peer positions, services or programs? Response: (Dr. Tavano) Yes. We want to continue to expand the role of people with lived experience. Want to also build in a career ladder. Services 		

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	<p>will be matched with federal dollars. We need to contribute as the County in order to receive the federal matching dollars. As for the MHSA Three Year Plan budget, it is a living document. As revenues go up, the budget will go up. If revenues go down, will have to make adjustments. It is a living document and the budget will be adjusted through the annual review process.</p> <ul style="list-style-type: none"> • (Kathy McLaughlin) Did the State indicate that we can use the MHSA funds to backfill the lost realignment dollars for programs that receive both MHSA funds and realignment funds? Would that be supplantation? Response: (Dr. Tavano) We consulted with an attorney who is a subject matter expert in the MHSA. Supplementation was meant to discourage counties from taking money from things they were already funding. However when there is a loss of revenue for a program, that money is lost. Is not being taken from one program and placed elsewhere. We are very clear this is not supplantation. Putting into the same programs we had already in the MHSA Plan. These MHSA funds replace lost realignment dollars and helps to keep the programs MHSA already had whole. We encourage future growth of the programs and services. Need to maintain the matching federal dollars to help pay for programs and services. • (Doug Dunn) As soon as the economy begins to improve, will not need to use additional MHSA dollars to maintain programs and services in the future. Federal and realignment dollars will be used when the economy gets better. 		
<p>5. Update on Service provider Individualized Recovery Institute Training (SPIRIT) 2021 Course – Student Recruitment Presentation</p> <ul style="list-style-type: none"> • Applications through Behavioral Health Services due October 9th 	<p>Presentation by Office for Consumer Empowerment - The SPIRIT Program</p> <p>(Video Presentation - “SPIRIT – Service Provider Individualized Recovery Intensive Training”)</p> <p>(Presenters – Janet Costa (SPIRIT Instructor), Candace Collier (Peer Vocational Specialist, Office for Consumer Empowerment))</p>		<p>Office for Consumer Empowerment (OCE) Staff</p>

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	<ul style="list-style-type: none"> ○ SPIRIT Video Presentation <ul style="list-style-type: none"> ○ Provided personal statements of SPIRIT Program graduates and staff of the Office for Consumer Empowerment (OCE) regarding personal experiences, training and education, support received, resulting benefits and opportunities (i.e. to become Peer Support Specialists) and the ability to provide service to others and still stay connected with fellow SPIRIT program graduates ○ Described the SPIRIT Program ○ Who the SPIRIT Program is intended for ○ Goal of SPIRIT ○ Scheduling – due to COVID schedule changed <ul style="list-style-type: none"> ▪ Instead of July, graduation is this week ▪ Last Tuesday had drive though graduation ceremony and next Monday will be the Zoom full graduation ceremony ○ Described scheduling of SPIRIT and semesters/classes ○ SPIRIT coursework, presenters, vocational skills ○ SPIRIT III - Internships <ul style="list-style-type: none"> ▪ Conducted a virtual work study fair with 25 behavioral health agencies participating ▪ Students interviewed with agencies of their choice ▪ 60 hour internship program (six week program) ○ Certificates for Completion ○ Applications for the next SPIRIT Program training are being accepted through October 16th. 40 will be accepted into the program. <p>Comments and Response to Questions:</p> <ul style="list-style-type: none"> • (Chaplain Creekmore) Through SPIRIT, have made life time connections. Instructor Janet Costa goes above and beyond the call of duty. Candace Collier and April Loveland are very supportive. All of the OCE team is just mind boggingly wonderful. 		

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	<ul style="list-style-type: none"> • (Chaplain Creekmore) I could not locate the SPIRIT 2021 Application on line. Will SPIRIT 2021 be online? Response: (Janet Costa) The application is on the Contra Costa website. SPIRIT 2021, as of now, is planned to be virtual. From our experience and response to challenges due to COVID this year, we have learned really well how to manage virtual trainings and the work study program. • (Cynthia Osterholt) I am a SPIRIT 2020 graduate. It is a wonderful program. So much support and incentive to keep going. From going thru this program, I am continuing to take college courses. I would have never thought to do this two years ago. Thank you to everyone one the SPIRIT team. 		
<p>6. Planning for Virtual Community Program Planning Process</p> <ul style="list-style-type: none"> ○ Identify breakout session discussion points ○ Input for Forum Program outline 	<p>Genoveva Zesati (MHSA)</p> <ul style="list-style-type: none"> ○ We would like to hear from this group regarding the upcoming MHSA Community Forum. This will be the first Community Forum to address the Peer Movement. Will need input for the next forum. ○ Specific Community Based Organizations may also participate ○ Will also be discussing this Forum at the upcoming Reducing Health Disparities (RHD) meeting ○ We will have breakout sessions and allocate more time for discussions (i.e. 45 minutes) <p>Comments and Questions:</p> <ul style="list-style-type: none"> ○ (Douglas Dunn) Should ensure culturally responsive. Can reach out to Gigi Crowder at NAMI. She may have some good ideas for the virtual forum. I can reach out to her. ○ (Sarah Marsh) Have programs like STAND that work with young adults participate and the Justice Center re domestic violence. ○ (Graham Wiseman) We need to address the issue of Suicide Prevention. Twenty-five percent of kids have thought about killing themselves. Need to be proactive and have early intervention. Need to help these kids. Just lost an Associate 		Genoveva Zesati

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	<p>Superintendent in Livermore from Suicide. So not just the kids. Encourage a discussion and help people who are struggling.</p> <ul style="list-style-type: none"> ○ (Douglas Dunn) Recommend minimum of 45 mins to an hour for break out group discussions. In half an hour, were just getting warmed up the first twenty minutes. 		
7. Public Comment & Suggestions for Future Agenda Items	<ul style="list-style-type: none"> • (Anna Lubarov) Several groups working on social justice and the Miles Hall Bill and trying to improve the crisis response service is continuing to work very actively. Invite anyone who is interested to join us. • (Jennifer Tuipulotu) For future topic, could look at police reform/redesign. 		Amanda Wehrman
8. Plus / Delta – Review of Meeting	<ul style="list-style-type: none"> • No comments 	CPAW members and attendees	Amanda Wehrman
9. Adjournment & Next CPAW Meeting	<ul style="list-style-type: none"> • The next CPAW meeting will be November November 5th from 3:00 pm to 5:00 pm. 		Amanda Wehrman