**AGENDA**
3:00pm - 6:00pm
Large Conference Room
2425 Bisso Lane, Concord, CA

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>PRESENTER</th>
<th>DESIRED OUTCOMES</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Welcome</td>
<td>Maria Pappas</td>
<td>Called to Order</td>
<td>15</td>
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<tr>
<td>• Call to Order</td>
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<tr>
<td>• Introductions</td>
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<td>• Announcements</td>
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<td>• Finalize Minutes</td>
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<tr>
<td>2. Membership Committee Recommendation – Revised Membership Application</td>
<td>Kathi McLaughlin</td>
<td>CPAW Approval</td>
<td>15</td>
</tr>
<tr>
<td>3. Mental Health Director’s Report</td>
<td>Steve Grolnic-McClurg</td>
<td>Information and Discussion</td>
<td>30</td>
</tr>
<tr>
<td>4. Transportation Challenges</td>
<td>Karen Smith Roberto Roman</td>
<td>Information and Discussion</td>
<td>20</td>
</tr>
<tr>
<td>5. Break</td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>7. Three Year Plan Update</td>
<td>Warren Hayes</td>
<td>Information and Discussion</td>
<td>15</td>
</tr>
</tbody>
</table>
## Consolidated Planning and Advisory Workgroup
**November 7, 2013**

<table>
<thead>
<tr>
<th>8. Committee Reports</th>
<th>Committee Representatives</th>
<th>Information</th>
<th>2 min each</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Children’s</td>
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<td>- TAY</td>
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<td>- Adult</td>
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<td>- Older Adults</td>
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<td>- Housing</td>
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<td>- Social Inclusion</td>
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<td>- Innovation</td>
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<table>
<thead>
<tr>
<th>9. Public Comment, Announcements</th>
<th>Information</th>
<th>15</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>10. Review of Meeting</th>
<th>Maria Pappas</th>
<th>Better meetings in the future</th>
<th>10</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>11. Next CPAW, Steering, Membership Meetings</th>
<th>Maria Pappas</th>
<th>Set meeting date, time, place</th>
<th>5</th>
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</thead>
</table>

**Facilitator:** Maria Pappas  
**Recorder:** Cassie Brown  
**Staff Support:** Warren Hayes
CPAW MEETING  
Date of Meeting: Thursday October 3rd, 2013  
3:00 PM to 6:00 PM  
Location: 2425 Bisso Lane, Suite 100, Concord, CA 94520

Members attending: John Gragnani, Sam Yoshioka, Tony Sanders, Courtney Cummings, Stephen Boyd Jr., Kathi McLaughlin, Lori Hefner, Dave Kahler, Lisa Bruce, Susan Medlin, Ryan Nestman, Mariana Moore, Teresa Pasquini, Kimberly Krisch, Tom Gilbert, Gina Swirsding, Karen Smith

Staff attending: Warren Hayes, Hillary Bowers, Roberto Roman, Linda Alves, Priscilla Olivas, Mike Penkunas, Helen Kearns, Erin McCarty, Tommy Tighe

Public Participants: Karen Smith, Devon Roberts, Glen Arnold, Anne Cevallos, Laurie Schnider, Bessie Sagaiga

Excused from Meeting: Molly Hamaker

Staff Support: Cassie Brown, Jeromy Collado

Facilitator: Maria Pappas

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>ISSUE/CONCLUSION</th>
<th>ACTION/RECOMMENDATION</th>
<th>PARTY RESPONSIBLE</th>
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</thead>
</table>
| 1. Welcome            | a. Etiquette: Conflict of interest is not necessary to declare. Take breaks as needed throughout the meeting. Please raise hands to speak. Turn cell phones off or on vibrate.  
<pre><code>                    | b. Crestwood is in need of on-call staff.                                        | a. Please follow the meeting guidelines.                                               | All                      |
</code></pre>
<p>|                       | c. SPIRIT applications are being accepted until October 11th.                     | b. If anyone is interested in the open positions at Crestwood, please apply.           | Anyone interested        |
|                       | d. Revised CPAW applications will be posted on the County website before the next meeting. We will also have hard copies at | c. Please submit any SPIRIT applications by 10/11.                                     | Anyone interested        |
|                       |                                                                                  | d. None                                                                               |                          |</p>
<table>
<thead>
<tr>
<th>TOPIC</th>
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<th>PARTY RESPONSIBLE</th>
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<tbody>
<tr>
<td></td>
<td>the meetings for people to take home.</td>
<td>e. None</td>
<td></td>
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<tr>
<td></td>
<td>e. John Gragnani shared an article editorial expressing that there is a feeling about on-call pay for county employees, and that it is used inappropriately to inflate salaries of certain employees in the system. It expresses that they would like administration to be more transparent.</td>
<td>f. All who are interested are welcome.</td>
<td>Anyone interested</td>
</tr>
<tr>
<td>f.</td>
<td>Native American Health Center Richmond holding event October 4th from 5:30-6:30 that will give a description of Urban Native American life.</td>
<td></td>
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<tr>
<td>2. Finalize Minutes</td>
<td>Minutes corrections to be made to September's minutes:</td>
<td>If anyone has any additional changes they would like made to the minutes, please submit them to Warren via email. Cassie will have the final draft of the minutes posted on the website.</td>
<td>CPAW, Warren, Cassie</td>
</tr>
<tr>
<td></td>
<td>o Name spelling corrections: Carwen Spencer and Linnea Stanley</td>
<td></td>
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<td></td>
<td>o Item 7: Mental Health Local 1 is not in support of hiring additional consultants.</td>
<td></td>
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<td></td>
<td>o Item 8: The committee made a recommendation to the Mental Health Commission (Not the finance committee).</td>
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<td></td>
<td>o List Courtney Cummings as excused.</td>
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<tr>
<td>3. Steering Committee</td>
<td>The CPAW Steering Committee requests the permission of CPAW to move forward in standardizing rules and regulations regarding appropriate behavior and conduct at all meetings.</td>
<td>Permission granted. Please submit any suggestions regarding behavioral rules and regulations to Warren for Steering Committee consideration.</td>
<td>CPAW, Warren</td>
</tr>
<tr>
<td>Recommendations</td>
<td></td>
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<tr>
<td>TOPIC</td>
<td>ISSUE/CONCLUSION</td>
<td>ACTION/RECOMMENDATION</td>
<td>PARTY RESPONSIBLE</td>
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<td>4. Membership Committee</td>
<td>a. We are working on the application and are going to pilot its use. It will go out to current members as the beta test. Please feel free to include comments about the application and how it works or doesn’t work and we will include input into the next draft. Recommendation made that if someone is no longer a member, that they be removed from the list so that we know which roles we have and which are needed.</td>
<td>a. CPAW members please complete sections 1-3 so that we can get a baseline. Please submit it back to Warren for Membership Committee consideration.</td>
<td>CPAW Members</td>
</tr>
<tr>
<td>Recommendation</td>
<td>b. We processed an application and made a recommendation to Steven to add Karen Smith as a member.</td>
<td>b. If you have any input to provide to Steven about the recommendation, please provide it to Steven within ten business days.</td>
<td>CPAW Members</td>
</tr>
<tr>
<td>5. Mental Health Director’s</td>
<td>a. The Emerging Plan Element handout was reviewed and discussed.</td>
<td>a. CPAW recommends CCMH form a committee to provide input on the Assessment and Recovery Center and the Crisis Residential Facility.</td>
<td>Steven, Vic Montoya</td>
</tr>
<tr>
<td>Report</td>
<td>b. Contra Costa Behavioral Health Services integration efforts include a stakeholder process with a forum currently being formed. The work groups are going to reform with community involvement to come up with a final set of recommendations. We are also going to pilot services. One portion of the various plans that is highlighted is how to do a universal assessment.</td>
<td>b. None</td>
<td></td>
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<tr>
<td>TOPIC</td>
<td>ISSUE/CONCLUSION</td>
<td>ACTION/RECOMMENDATION</td>
<td>PARTY RESPONSIBLE</td>
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<td>c. The full service partnership program for transitional age youth in West County has been underutilized. This has been addressed by coordination meetings and referral barriers removed. The program is now on track to be at full enrollment by the end of this calendar year.</td>
<td>c. None</td>
<td></td>
<td></td>
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<tr>
<td>6. Recommendation for Use for Public Comment Period</td>
<td>Translation and transportation barriers were discussed as topics for consumers and their service providers to bring to the Mental Health Director during the Public Comment Period.</td>
<td>CPAW recommended that transportation barriers be the first topic brought to the Mental Health Director. Warren to arrange for individuals to speak to the subject at the next CPAW meeting.</td>
<td>Warren</td>
</tr>
<tr>
<td>7. Three Year Plan Update</td>
<td>a. Currently engaging in site visits. Each site will have a needs assessment report, with a system assessment of need to be written in November. Members are invited to participate in the site visits. b. Request for Proposals for consultant to assist with the stakeholder process in January and February is now posted on the web.</td>
<td>a. Warren will send out October site visit schedule to all members. b. None</td>
<td>Warren, CPAW</td>
</tr>
<tr>
<td>8. Audit #2 Update</td>
<td>The Mental Health Commission Finance Committee is recommending to the Commission a set of deliverables for Audit #2, and for Contra Costa Mental Health to seek an outside consultant to assist in developing and implementing a methodology for a retrospective fiscal, program and administrative review of all MHSA programs over a three year period.</td>
<td>Recommendation to be presented at the next Mental Health Commission meeting.</td>
<td>Finance Committee</td>
</tr>
<tr>
<td>TOPIC</td>
<td>ISSUE/CONCLUSION</td>
<td>ACTION/RECOMMENDATION</td>
<td>PARTY RESPONSIBLE</td>
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<tr>
<td>9. Children’s Committee Report</td>
<td>Ryan Nestman provided a report on the Children’s Committee’s issues that have been discussed, as well as their need for updates on the emerging plan elements provided by Seneca, Lincoln Child Center, and Community Options for Families and Youth.</td>
<td>CPAW recommends that they receive updates from Contra Costa Mental Health leadership on these programs as well as updates on children being placed out of the county.</td>
<td>Vern Wallace</td>
</tr>
</tbody>
</table>
| 10. Review of Meeting                     | - Would like committee reports from all committees.  
- Room set-up to go back to the old way.  
- Schedule a break in the middle of the meeting.  
- Discussion with the Mental Health Director is helpful and should be longer.  
- Door and bathroom should be unlocked past 5:00 o’clock.  
- Include a hard copy committee and sub-committee meeting calendar for the month ahead in the handout packet. |                                                                                                                                                                                                                          | Cassie, Warren Steering Committee |
| 11. Next CPAW, Steering, Membership Meetings | - Membership - Monday October 14\textsuperscript{th}, 2013 3-5 pm at Mental Health Administration  
- Steering - Thursday October 17\textsuperscript{th}, 2013 3-5 pm at Bisso Lane, Concord  
- CPAW – Thursday, November 7\textsuperscript{th}, 2013 3 – 6 pm at Bisso Lane, Concord | None                                                                                                                                                                                                                   |                                |
| 12. Adjournment                            | Meeting adjourned                                                                                                                                                                                                    |                                                                                                                                                                                                                          |                                |
CPAW AGENDA ITEM
READINESS WORKSHEET

CPAW Meeting Date: November 7, 2013
Name of Committee/Individual: Membership Committee

1. Agenda Item Name: Revised Membership Application

2. Desired Outcome: Approval of revised membership application.

3. Brief Summary: The Membership Committee met on Monday, October 14 to review and revise the application for membership.

4. Background: At the September 5th meeting the CPAW authorized the Membership Committee to revise the application for membership. A first draft was submitted for consideration at the October 3rd CPAW meeting. A number of format and content revisions were subsequently made. The resultant draft application was then converted into a PDF, electronic WORD, and hard copy WORD version. The attached drafts represent the results of that input. CPAW members are requested to complete one of the formats in order to construct a current accounting of the breadth of membership affiliations.

5. Specific Recommendation:
   - The attached application formats be adopted and posted to the CPAW web page.

6. Anticipated Time Needed on Agenda: 15 minutes

7. Who will report on this item? Kathi McLaughlin
APPLICATION FOR MENTAL HEALTH SERVICES ACT
CONSOLIDATED PLANNING ADVISORY WORK GROUP

NAME:

CONTACT INFORMATION

ADDRESS:

CITY: ZIP:

PHONE: FAX:

EMAIL:

THANK YOU VERY MUCH FOR YOUR INTEREST!
NAME:

Please check all characteristics or affiliations that apply to you:

a. I live in:  West County □  Central County □  East County □

b. I work in:  West County □  Central County □  East County □

c. I am:  A current consumer of: Contra Costa Mental Health Services □

                        Another County’s Mental Health Services □

                        Other Mental Health Services (Please describe):
                        □

                        A past consumer of: Contra Costa Mental Health Services □

                        Another County’s Mental Health Services □

                        Other Mental Health Services (Please describe):
                        □

A family member of a child or transition age youth:

               currently receiving services from Contra Costa Mental Health □

               currently receiving services from another county □
who received services in the past from Contra Costa Mental Health
who received services in the past from another county
other (please describe):

A family member of an adult consumer:
currently receiving services from Contra Costa Mental Health
currently receiving services from another county
who received services in the past from Contra Costa Mental Health
who received services in the past from another county
other (please describe):

A member of an underserved cultural community (please identify):

d. **I have paid or volunteer experience in:**

Education ☐ Peer or Family Support Services ☐

Public Health/Healthcare ☐ Mental Health ☐

Substance Abuse Services ☐ Homeless Services ☐

Law Enforcement ☐ Social Services ☐

Military Service

Social Justice Advocacy Organization (specify):
Community Based or Non-profit Organization (specify): □
Other (specify): □

e. I am affiliated with or representing:
Contra Costa County Mental Health Commission □
NAMI or other family member organization □
An elected or appointed body (specify): □

A faith-based community (specify): □

A disability rights organization (specify): □

Other community organization (specify) □

f. OPTIONAL: With what racial, ethnic or cultural group(s) do you identify? (Check all that apply):
Caucasian □
Native American □
African American □
Latino □
Asian/Pacific Islander □
Multi-racial □
Youth □
Older Adult □
LGBTQQI2-S □
Socioeconomically disadvantaged □
Other (specify): □

1. a. After reviewing all of the above characteristics and/or affiliations that may apply to you, which is the primary perspective or viewpoint that you feel you represent?

b. Which would be the secondary perspective or viewpoint that you feel you represent?

c. With which part(s) of the county do you mostly identify?
West □ Central □ East □

2. Why are you interested in participating in the Consolidated Planning Advisory Workgroup?

3. Please describe the knowledge and/or experience that you have providing or receiving mental health services that you could bring to the Consolidated Planning Advisory Workgroup.
4. Please describe the knowledge and expertise that you could bring in the area of the needs and resources of the diverse cultures that comprise Contra Costa County.

5. Please describe any other knowledge or expertise that you could bring to this process.

6. Can you commit to attending monthly meetings on the first Thursday of each month from 3:00 P.M. to 6:00 P.M.?
   Yes ☐  No ☐

7. Can you commit to participating in at least one additional Contra Costa Mental Health sub-committee, such as Children’s, Transition Age Youth, Adult, Aging and Older Adult, Innovation, Housing, Social Inclusion, Membership or Steering?
   Yes ☐  No ☐
8. Is there anything else that you feel want to share?

9. Do you have any special needs or require reasonable accommodation in order to participate?

*NOTE: IF YOU ARE SELECTED, YOUR AGENCY AFFILIATION AND/OR SELECTED CHARACTERISTICS MAY BECOME PUBLIC INFORMATION.

*I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT. THIS ACKNOWLEDGEMENT IS ADVISORY ONLY, AND IS NOT A CONSENT TO RELEASE INFORMATION.

Electronic Signature

Date (Click here to enter the date)
APPLICATION FOR MENTAL HEALTH SERVICES ACT
CONSOLIDATED PLANNING ADVISORY WORK GROUP

NAME: ________________________________________________

CONTACT INFORMATION:
ADDRESS: __________________________ CITY: ____________ ZIP: ______
PHONE: ____________________________ FAX: ________________
EMAIL: ____________________________

THANK YOU VERY MUCH FOR YOUR INTEREST!
NAME: ____________________________

1. Please check all characteristics or affiliations that apply to you:
   a. I live in: West County ___ Central County ___
      East County ___
   b. I work in: West County ___ Central County ___
      East County ___
   c. I am: A current consumer of: Contra Costa Mental Health Services ___
      Another County's Mental Health Services ___
      Other Mental Health Services ___ Please Describe: ____________________________

A past consumer of: Contra Costa Mental Health Services ___

Another County's Mental Health Services ___

Other Mental Health Services ___ Please Describe: ____________________________

A family member of a child or transition age youth:
   currently receiving services from Contra Costa Mental Health ___
   currently receiving services from another county ___
   who received services in the past from Contra Costa Mental Health ___
   who received services in the past from another county ___
   other (please describe): ____________________________________________________

A family member of an adult consumer:
   currently receiving services from Contra Costa Mental Health ___
   currently receiving services from another county ___
   who received services in the past from Contra Costa Mental Health ___
   who received services in the past from another county ___
   other (please describe): ____________________________________________________

A member of an underserved cultural community ___ please identify ____________________
d. I have paid or volunteer experience in:

<table>
<thead>
<tr>
<th>Category</th>
<th>Experience</th>
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<tbody>
<tr>
<td>Education</td>
<td>___</td>
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<tr>
<td>Peer or Family Support Services</td>
<td>___</td>
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<tr>
<td>Public Health/Healthcare</td>
<td>___</td>
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<tr>
<td>Mental Health</td>
<td>___</td>
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<tr>
<td>Substance Abuse Services</td>
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<td>Social Justice Advocacy Organization</td>
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<td>Community Based or Non-profit Organization</td>
<td>__________</td>
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<tr>
<td>Other (specify)</td>
<td>__________</td>
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</tbody>
</table>


e. I am affiliated with or representing:

Contra Costa County Mental Health Commission __

NAMI or other family member organization __

An elected or appointed body (specify) __

A faith-based community (specify) __

A disability rights organization (specify) __

Other community organization (specify) __

f. OPTIONAL: With what racial, ethnic or cultural group(s) do you identify? (Check all that apply):

Caucasian
Native American
African American
Latino
Asian/Pacific Islander
Multi-racial
Youth
Older Adult
LGBTQQI2-S
Socioeconomically disadvantaged
Other (specify) ____________________________

2. a. After reviewing all of the above characteristics and/or affiliations that may apply to you, which is the primary perspective or viewpoint that you feel you represent? ____________________________

b. Which would be the secondary perspective or viewpoint that you feel you represent? ____________________________

c. With which part(s) of the county do you mostly identify?
West ___ Central ___ East ___
3. Why are you interested in participating in the Consolidated Planning Advisory Workgroup?

4. Please describe the knowledge and/or experience that you have providing or receiving mental health services that you could bring to the Consolidated Planning Advisory Workgroup.

5. Please describe the knowledge and expertise that you could bring in the area of the needs and resources of the diverse cultures that comprise Contra Costa County.

6. Please describe any other knowledge or expertise that you could bring to this process.

7. Can you commit to attending monthly meetings on the first Thursday of each month from 3:00 P.M. to 6:00 P.M.?
   Yes ___   No ___

8. Can you commit to participating in at least one additional Contra Costa Mental Health sub-committee, such as Children’s, Transition Age Youth, Adult, Aging and Older Adult, Innovation, Housing, Social Inclusion, Membership or Steering?
   Yes ___   No ___
9. Is there anything else that you feel want to share?

10. Do you have any special needs or require reasonable accommodation in order to participate?

*NOTE: IF YOU ARE SELECTED, YOUR AGENCY AFFILIATION AND/OR SELECTED CHARACTERISTICS MAY BECOME PUBLIC INFORMATION.

*I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT. THIS ACKNOWLEDGEMENT IS ADVISORY ONLY, AND IS NOT A CONSENT TO RELEASE INFORMATION.

Signature

Date
APPLICATION FOR MENTAL HEALTH SERVICES ACT
CONSOLIDATED PLANNING ADVISORY WORK GROUP

NAME: ________________________________

CONTACT INFORMATION:
ADDRESS: ________________ CITY: ________________ ZIP: ________________
PHONE: ________________ FAX: ________________
EMAIL: ________________________________

THANK YOU VERY MUCH FOR YOUR INTEREST!
NAME:

1. Please check all characteristics or affiliations that apply to you:
   a. I live in: West County ___  Central County ___  East County ___
   b. I work in: West County ___  Central County ___  East County ___
   c. I am: A current consumer of: Contra Costa Mental Health Services ___
       Another County’s Mental Health Services ___
       Other Mental Health Services ___ Please Describe: _________________________

A past consumer of: Contra Costa Mental Health Services ___

Another County’s Mental Health Services ___

Other Mental Health Services ___ Please Describe: _________________________

A family member of a child or transition age youth:
   currently receiving services from Contra Costa Mental Health ___
   currently receiving services from another county ___
   who received services in the past from Contra Costa Mental Health ___
   who received services in the past from another county ___
   other (please describe): ________________________________

A family member of an adult consumer:
   currently receiving services from Contra Costa Mental Health ___
   currently receiving services from another county ___
   who received services in the past from Contra Costa Mental Health ___
   who received services in the past from another county ___
   other (please describe): ________________________________

A member of an underserved cultural community ___ please identify ____________
d. I have paid or volunteer experience in:

Education ___ Peer or Family Support Services ___

Public Health/Healthcare ___ Mental Health ___
Substance Abuse Services ___ Homeless Services ___
Law Enforcement ___ Social Services ___
Military Service ___

Social Justice Advocacy Organization (specify) ________________________________

Community Based or Non-profit Organization (specify) ________________________

Other (specify) ____________________________________________________________________


e. I am affiliated with or representing:

Contra Costa County Mental Health Commission ___

NAMI or other family member organization ___

An elected or appointed body (specify) _________________________________

A faith-based community (specify) _________________________________

A disability rights organization (specify) ____________________________

Other community organization (specify) ______________________________
f. OPTIONAL: With what racial, ethnic or cultural group(s) do you identify?  
(Check all that apply):

Caucasian ___
Native American ___
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Asian/Pacific Islander ___
Multi-racial ___
Youth ___
Older Adult ___
LGBTQQI2-S ___
Socioeconomically disadvantaged ___
Other (specify) ____________________________

2. a. After reviewing all of the above characteristics and/or affiliations that may apply to you, which is the primary perspective or viewpoint that you feel you represent?

_________________________________________________________________

b. Which would be the secondary perspective or viewpoint that you feel you represent?

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________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________

4. Please describe the knowledge and/or experience that you have providing or receiving mental health services that you could bring to the Consolidated Planning Advisory Workgroup.

________________________________________________________________________
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6. Please describe any other knowledge or expertise that you could bring to this process.

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

7. Can you commit to attending monthly meetings on the first Thursday of each month from 3:00 P.M. to 6:00 P.M.?

Yes ___  No ___

8. Can you commit to participating in at least one additional Contra Costa Mental Health sub-committee, such as Children’s, Transition Age Youth, Adult, Aging and Older Adult, Innovation, Housing, Social Inclusion, Membership or Steering?

Yes ___  No ___

9. Is there anything else that you feel want to share?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

10. Do you have any special needs or require reasonable accommodation in order to participate?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
*NOTE: IF YOU ARE SELECTED, YOUR AGENCY AFFILIATION AND/OR SELECTED CHARACTERISTICS MAY BECOME PUBLIC INFORMATION.

*I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT. THIS ACKNOWLEDGEMENT IS ADVISORY ONLY, AND IS NOT A CONSENT TO RELEASE INFORMATION.

Signature

Date
# Approved MHSA Program and Expenditure Plan

## Emerging Plan Elements – as of November 1, 2013

<table>
<thead>
<tr>
<th>Plan Element</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Master Leasing Program to establish estimated 25 subsidized housing units for mental health clients</td>
<td>Request for Proposal posted with final filing date of October 14 for estimated $325,000 in funding.</td>
</tr>
<tr>
<td>4. Rapid Access – One Clinical Specialist and one half-time Registered Nurse added to each regional adult clinic to support same day urgent appointments.</td>
<td>All three Clinical Specialist positions are filled and plan element initiated. Filling the three Registered Nurse positions are pending.</td>
</tr>
<tr>
<td>5. Transitional Age Youth Full Service Partner Program in East County</td>
<td>Youth Homes selected through a competitive bid process; negotiating contract – estimated $620,000. Estimated start December 2013.</td>
</tr>
<tr>
<td>6. Adult Full Service Partner Program in East County</td>
<td>Hume Center selected through a competitive bid process; negotiating contract - estimated $959,000. Estimated start December 2013.</td>
</tr>
<tr>
<td>7. Transitional Residential Program for Transitional Age Youth in Central County</td>
<td>$500,000 allotted for programming; $150,000 allotted for facility renovation. County General Services developing plans and cost estimate for facility renovation.</td>
</tr>
<tr>
<td>8. Personal Service Coordinators for Children’s Services – Full Service Partner Program (START)</td>
<td>Seneca awarded $562,915 contract through a competitive bid process and plan element initiated August 2013.</td>
</tr>
<tr>
<td>9. Purchase vans and hire three Community Support Workers to provide transportation for consumers served at each regional clinic.</td>
<td>Vans purchased and candidates being interviewed for Community Support Worker positions.</td>
</tr>
<tr>
<td>Plan Element</td>
<td>Status</td>
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</tr>
<tr>
<td>10. House two clinical specialists in county primary care clinics</td>
<td>Position duties and role being developed. Primary care clinic in Central County started October 2013.</td>
</tr>
<tr>
<td>11. Three Clinical Specialists to expand the capacity of the Older Adult Care Management teams – one per region</td>
<td>Positions are filled and expanded capacity initiated.</td>
</tr>
<tr>
<td>12. Multi-Dimensional Family Therapy (MDFT) for Children with Co-occurring Disorders</td>
<td>Lincoln Child Center awarded $873,543 contract through a competitive bid process and program initiated September 2013.</td>
</tr>
<tr>
<td>13. Multi-Systemic Family Therapy (MST) for Juvenile Offenders</td>
<td>Community Options for Families and Youth awarded $650,000 contract through a competitive bid process program initiated October 2013.</td>
</tr>
<tr>
<td>14. Three Clinical Specialists to provide financial management services for consumers – one per adult clinic.</td>
<td>Positions are in the County's hiring process for being filled.</td>
</tr>
<tr>
<td>15. Two Clinical Specialists and one clerk to provide utilization review of MSHA funded services to ensure appropriate level of care and appropriate documentation</td>
<td>One Clinical Specialist and the Clerk have started; the second Clinical Specialist position is in the County's hiring process for being filled.</td>
</tr>
<tr>
<td>16. Three Clinical Specialists, one for network providers, one for Adult Services, and one for Children's Services to perform various quality assurance functions for MSHA funded plan elements</td>
<td>Positions are in the County's hiring process for being filled.</td>
</tr>
<tr>
<td>17. County staff to train and monitor fidelity to evidence based practices throughout the system</td>
<td>Three staff (one for each region) appointed and plan element initiated.</td>
</tr>
<tr>
<td>18. Vocational Services Innovation Proposal</td>
<td>To be addressed during upcoming three year planning process.</td>
</tr>
<tr>
<td>19. Older Adult Peer Project Innovation Proposal</td>
<td>To be addressed during upcoming three year planning process.</td>
</tr>
<tr>
<td>20. Transportation Innovation Proposal</td>
<td>To be addressed during upcoming three year planning process.</td>
</tr>
</tbody>
</table>
CPAW AGENDA ITEM
READINESS WORKSHEET

CPAW Meeting Date: November 7, 2013
Name of Committee: Steering Committee

1. Agenda Item Name: Recommendation for a standardized working agreement.

2. Desired Outcome: CPAW approval of recommendation

3. Brief Summary: The Steering Committee met on Thursday, October 17th and drafted a working agreement, or set of “ground rules”, that would govern participation in all CPAW and related sub-committees.

4. Background: CPAW members have expressed a need to re-visit and publish rules for appropriate behavior at workgroup and committee meetings. The Steering Committee reviewed rules of conduct that governed CPAW meetings in the past, Social Inclusion meetings, as well as rules developed by other entities.

5. Specific Recommendation:
   - That the CPAW adopt the attached working agreement for CPAW and related sub-committee meeting.

6. Anticipated Time Needed on Agenda: 30 minutes

7. Who will report on this item? Molly Hamaker
Consolidated Planning Advisory Workgroup (CPAW)

Working Agreement

The counsel and advice of all participants in the CPAW process is highly valued in planning and evaluating Mental Health Services Act funded programs and services. In order for all voices to be expressed in a productive, safe and respectful environment, the CPAW body has developed and adopted the following set of self-governance agreements for all participants at all types of CPAW meetings:

1. Come prepared to discuss the published agenda items and handouts.
2. We are committed to starting and finishing on time. Please help us by arriving on time, speaking only to the topic at hand, and coming back from breaks on time.
3. Turn your cell phone ringers off, take any calls outside.
4. Avoid providing any distractions, such as side bar conversations.
5. Wait to be recognized before speaking, and keep your comments brief.
6. Please identify to the group your perspective, affiliation or potential conflict of interest if you are participating in discussions that lead to group positions or recommendations.
7. When internal group decisions need to be made, such as CPAW or sub-committee governance issues, members will attempt to reach consensus, or, if necessary, decide by a simple majority. For a group position or recommendation made through CPAW to Contra Costa Mental Health, participants may be asked if they support, do not support, or do not wish to take a position. The number of CPAW members and non-members in each response category should be reported.
8. It is OK to disagree politely and respectfully, as different perspectives are welcomed and encouraged.
9. Please refrain from criticizing in a negative manner a specific person or agency during the meeting. Outside of the meeting please speak to the staff supporting the meeting for assistance in having your concerns heard and addressed through the appropriate channels.
10. An individual may be asked to leave should he/she behave in a manner that threatens the safety of our group members, or does not honor the terms of this working agreement.

As of: November 7, 2013
## MHSA Three Year Plan Milestones and Timeline

<table>
<thead>
<tr>
<th>Event</th>
<th>Product</th>
<th>Lead</th>
<th>Complete By</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Request information for Consultant Scope of Work</td>
<td>Completed RFI Process</td>
<td>Erin</td>
<td>Completed</td>
</tr>
<tr>
<td>2. Post Request for Proposal for Consultant</td>
<td>RFP</td>
<td>Warren</td>
<td>Completed</td>
</tr>
<tr>
<td>3. Visit Service Providers and their consumers</td>
<td>Current program descriptions/Budget roadmap; service provider/receiver input</td>
<td>MHSA Staff</td>
<td>Completed</td>
</tr>
<tr>
<td>4. Draft preliminary draft plan structure</td>
<td>Needs Assessment Draft plan structure</td>
<td>Warren</td>
<td>NOV</td>
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<tr>
<td>5. MH Director provides three year plan guidance</td>
<td>Vision Statement</td>
<td>Steve</td>
<td>NOV</td>
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<tr>
<td>6. Select consultant/design stakeholder process</td>
<td>Consultant contract w/deliverables</td>
<td>Warren</td>
<td>NOV</td>
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<tr>
<td>7. Conduct stakeholder MHSA component workgroups</td>
<td>Stakeholder meetings</td>
<td>Consultant</td>
<td>FEB</td>
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<tr>
<td>8. Incorporate stakeholder input into draft plan</td>
<td>Draft three year plan</td>
<td>Warren</td>
<td>MAR</td>
</tr>
<tr>
<td>9. CPAW/MHC review, comment on draft plan</td>
<td>Revised draft three year plan</td>
<td>Warren</td>
<td>APR</td>
</tr>
<tr>
<td>10. Approve draft three year plan</td>
<td>Approval</td>
<td>Steve</td>
<td>APR</td>
</tr>
<tr>
<td>11. 30 day public comment period</td>
<td>Public Hearing/comments incorporated</td>
<td>MHSA staff</td>
<td>MAY</td>
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<tr>
<td>12. Board of Supervisor (BOS) review</td>
<td>Approval</td>
<td>BOS</td>
<td>JUN</td>
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As of: 11/1/13
CPAW Meeting Calendar

November 2013

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<thead>
<tr>
<th>Sun</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
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<td>CPAW 3-6pm 2425 Bisso Ln., Concord</td>
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<td>CPAW Housing Committee 9-10:30am 1340 Arnold Dr. Ste. 112, Martinez</td>
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<td>CPAW Housing Committee 9-10:30am 1340 Arnold Dr. Ste. 112, Martinez</td>
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<tr>
<td>CPAW Innovations Committee 2-4pm 1340 Arnold Dr. Ste. 112, Martinez</td>
<td>CPAW Children’s Committee 3:30-5pm 1340 Arnold Dr. Ste. 200, Martinez</td>
<td>CPAW Aging and Older Adult Committee 2-3:30 pm 2425 Bisso Ln., Concord</td>
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