

# Consolidated Planning and Advisory Workgroup (CPAW)

Thursday, December 6, 2018

3:00 pm – 5:00 pm

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



**Members attending:** Stephen Boyd, Candace Collier, Doug Dunn, Dave Kahler, Sara Marsh, Kathi McLaughlin, Melinda O’Day, Roberto Roman, Jennifer Tuipulotu, Sam Yoshioka

**Staff attending:** Jennifer Bruggeman, Janet Costa, Kirsten Heher, Sarah Kennard, April Loveland, Jill Ray, Windy Taylor, Robert Thigpen, Matthew White, Genoveva Zesati

**Public Participants:** Sidney Armstrong, Keri Banks, Loretta Bradstreet, Cheryl Hall, Mia Jackson, Shelly Ji, Sun Karnsouvong, Wendy Lopez, Cheryl Maxie, James Ross, Carwen Spencer, Meredith Schultz, Anna Torres, Amy Weiss, Amelia Wood

**Facilitator:** Maria Pappas

**Recorder:** Audrey Montana

**Staff Support:** Warren Hayes

**Excused from Meeting:** Steve Blum, Lisa Bruce, Karen Smith

**Absent from Meeting:** David Bergesen, Courtney Cummings, Maude DeVictor, Tom Gilbert, James Lancaster, Jackie Lerman, Will McGarvey, Lucy Nelson, Ryan Nestman, Lauren Rettagliata, Sheri Richards, Connie Steers, Chelise Stroud, Matthew Wilson

TOPIC	ISSUE/CONCLUSION	ACTION/ RECOMMENDATION	PARTY RESPONSIBLE
1. Welcome <ul style="list-style-type: none"> <li>• Call to Order</li> <li>• Roll Call, Introductions</li> <li>• Review Working Agreement</li> <li>• Announcements</li> <li>• Finalize Meeting Notes</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Introductions made</b></li> <li>• <b>Review Working Agreement</b></li> <li>• <b>Announcements</b> <ul style="list-style-type: none"> <li>○ Social Inclusion Committee Pot Luck                             <ul style="list-style-type: none"> <li>▪ December 13<sup>th</sup>, 1:30 to 3:30 pm at 2425 Bisso Lane, Concord (please RSVP)</li> </ul> </li> <li>○ Community Partners’ Party                             <ul style="list-style-type: none"> <li>▪ December 20<sup>th</sup>, 11:00 am to 4:00 pm, Center Concord, Concord (Please RSVP)</li> </ul> </li> </ul> </li> </ul>	Information	Maria Pappas

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	<ul style="list-style-type: none"> <li>○ Jennifer Tiupulotu <ul style="list-style-type: none"> <li>▪ Dr. White asked that Jennifer help establish an Advisory Council</li> <li>▪ Will be able to provide input on improving mental health services</li> <li>▪ Looking for people to join and participate</li> <li>▪ Distributed flyers</li> </ul> </li> <li>● <b>Meeting Notes from October 4th</b> <ul style="list-style-type: none"> <li>○ Approved with no revisions</li> </ul> </li> </ul>	Notes approved. Will be posted to MHSA CPAW website	Audrey Montana to post notes
<p>2. Dialogue with Contra Costa Behavioral Health Services (CCBHS) Executive Staff</p> <ul style="list-style-type: none"> <li>● Update on General Items, Changing Culture of System of Care &amp; Services</li> </ul>	<p><b>Dialogue With Contra Costa Behavioral Health Services (CCBHS) Executive Staff</b></p> <p><b>Dr. Matthew White:</b></p> <ul style="list-style-type: none"> <li>● Update on Rapid Improvement Events <ul style="list-style-type: none"> <li>○ Event of Last week focused on obtaining services <ul style="list-style-type: none"> <li>▪ Focused on screening and scheduling</li> <li>▪ How can we streamline the screening process?</li> <li>▪ Have Mental Health Clinical Specialists (CSW's) in various locations (hospitals, jail, shelters, Crisis Team, Community Connect, clinics, etc.) to provide screening so people could bypass the Access line (multiple points of referral)</li> <li>▪ Then empower CSW's to do the scheduling</li> </ul> </li> <li>○ Psychiatry staffing <ul style="list-style-type: none"> <li>▪ Ongoing effort to have a sufficient number of psychiatrists in the County</li> <li>▪ Continue to have a significant Child Psychiatrist shortage in the Central County Child clinics</li> <li>▪ Now employ a Child Tele-psychiatrist in the Central Children's Clinic (part-time)</li> <li>▪ This clinic needs three or more psychiatrists and currently has 1.6 on staff (full time, part time)</li> <li>▪ Another Child Tele-psychiatrist will be hired making the equivalent of two full time psychiatrists</li> </ul> </li> </ul> </li> </ul>		Dr. Matthew White, Acting Director of Mental Health Services

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	<ul style="list-style-type: none"> <li>○ East County Adult Clinic <ul style="list-style-type: none"> <li>▪ No longer will the first visit to the clinic be just an assessment visit</li> <li>▪ First visits will now be co-visits – quality visits with a psychiatrist and therapist</li> <li>▪ Present will be psychiatrists and therapist on the first visit</li> <li>▪ Co-visits will occur thereafter at 30, 60, 90 days</li> <li>▪ Will then move this procedure to the other adult clinic</li> <li>▪ Last week rapid improvement event focused on how people obtain services</li> <li>▪ Found that access to services bottleneck at the Access line</li> </ul> </li> <li>○ Screening Tool <ul style="list-style-type: none"> <li>▪ Looking at streamlining the screening process</li> <li>▪ We have streamlined the process but revisiting the process to further to streamline</li> <li>▪ Brought an Access line Clinician into the field</li> <li>▪ This Clinician is now not on the phones but in the field meeting personally with clients</li> <li>▪ This Clinician can screen, verify coverages, schedule for clinics</li> <li>▪ Intend to continue with this process at different sites</li> </ul> </li> <li>○ Scheduling <ul style="list-style-type: none"> <li>▪ Give more staff the ability to schedule services</li> <li>▪ Many clerks to not have access to scheduling</li> <li>▪ Have developed procedures to permit a limited group of people schedule appointments in clinics (previously required multiple phone calls with clinics)</li> <li>▪ Discharge Specialists can now schedule appointments</li> </ul> </li> </ul>		

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	<ul style="list-style-type: none"> <li>▪ Mental Health Clinical Specialists in the jail can now do an insurance check for Medi-Cal eligibility and (if eligible or can apply) can schedule clinic appointments at release</li> <li>▪ Later will broaden the staff who have authority to schedule appointments</li> <li>▪ Eliminate paper rescheduling process and notations are now made in the EPIC system</li> <li>○ Alcohol and other Drugs <ul style="list-style-type: none"> <li>▪ Substance Abuse Counselors are in four of the six Child and Adult clinics</li> <li>▪ These counselors are underutilized in the clinics</li> <li>▪ Referrals to Substance Abuse Counselors can now be made in EPIC</li> <li>▪ Need these counselors at other locations and sites to have immediate, direct contact with clients</li> </ul> </li> <li>○ Education <ul style="list-style-type: none"> <li>▪ People do not know what services are available or how to navigate the system to obtain services</li> <li>▪ Made a short video re what happens when a person calls the Access line and developed information for the public</li> <li>▪ Will later make shorter videos with question and answer formats</li> <li>▪ These will be posted on the Mental Health webpage</li> </ul> </li> <li>○ Current Challenges <ul style="list-style-type: none"> <li>▪ People will choose therapy if given the option so will need sufficient Mental Health Clinical Specialists as well</li> <li>▪ Many people also want more family support services</li> </ul> </li> </ul>		

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	<ul style="list-style-type: none"> <li>▪ Community Support Workers (CSWs) should be the contact person for many people so now we need more CSW's in clinics               <ul style="list-style-type: none"> <li>◊ Have a problem with Human Resources hiring CSW's although there are open positions</li> <li>◊ Have County wide bureaucratic barriers</li> <li>◊ Having meetings to end these barriers</li> <li>◊ Also need office space for CSWs to work</li> </ul> </li> </ul> <p><b>Questions and Comments:</b></p> <p><b>Q:</b> Do these changes mean people will receive initial services sooner?</p> <p><b>A:</b> As of two weeks ago, there has been a significant reduction in wait time. We have gone from a wait time to see a psychiatrist of over 250 days to one week. But since more appointments have recently been made, the wait time has gone up to four or five weeks. Also, the first visit process is more efficient as people are actually receiving services on the first visit</p> <p><b>Q:</b> Will you put the videos and information on local cable news or have in public service announcements?</p> <p><b>A:</b> The videos are currently structured as frequently asked questions. Yes. We are also looking at social media (i.e. Facebook page, etc.). Will provide the videos and information to public libraries for viewing as well.</p> <p><b>Comment:</b> CCTV could also be contacted to help make additional videos and provide access for people to view the videos.</p> <p><b>Q:</b> What about people out of County (i.e. mental health rehabilitation, conservatorships, etc.) that will later need services in this County?</p> <p><b>A:</b> A large number of our clients are in locked facilities. The County has the Assisted Outpatient Treatment Program (AOT). This program uses the Assertive Community</p>		

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	<p>Treatment (ACT) model of care. The program helps those with serious mental challenges who are coming out of locked facilities (i.e. jail). We currently have a pilot program with Synergy (an enhanced, high level, outpatient board and care). This could result in getting people out of locked facilities, provide people with better treatment and would be a cost savings as well.</p> <p><b>Comment:</b> The first visit information is very helpful. Thank you.</p> <p><b>Q:</b> You mentioned a disproportionate number of people are in our IMDs. What does that mean?</p> <p><b>A:</b> We have had a number of clients from locked facilities over the last several years. There has been a leveling or decrease in the use of board and cares. We need to evaluate how we offer our services. The issue is when is it time for people to step down in the level of services, what can they step down to? We may not have enough appealing options for stepping down.</p> <p><b>A:</b> (Warren Hayes) When we received our annual external quality review, it was noted that this County, in relation to other Counties of the same size, has a higher cost per client for those clients who have a serious mental health illness. This high cost is a result of the client being in a locked facility. So we are looking at and evaluating available levels of care.</p> <p><b>Comment:</b> Synergy has a work around. There is a nearby clinic that they use. Very close to where the clients live so no issues with transportation coordination. Is a sensible model that is working well.</p>		

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	<p><b>Comment:</b> Worked closely with Synergy in the past. They are invested in taking people out of locked facility and have them step down to the next level. This is the key to the program.</p>		
<p>3. Dialogue with Stakeholder Committee Representatives</p> <ul style="list-style-type: none"> <li>• Adults</li> <li>• Alcohol and Other Drug Services</li> <li>• Children, Teens and Young Adults</li> <li>• Housing Committee (Health, Housing &amp; Homeless Services) (H3)</li> <li>• Innovation</li> <li>• Membership</li> <li>• Mental Health Commission</li> <li>• Older Adults</li> <li>• Quality of Care (Mental Health Commission)</li> <li>• Social Inclusion</li> <li>• Suicide Prevention</li> <li>• System of Care</li> </ul>	<p>Committee Updates (Stakeholder Sharing sheets) were distributed</p> <p><b>Adults</b> – There is new legislation (Senate Bill 215). Mental Health Diversion allows individuals with serious mental illness who are awaiting trial for felonies or misdemeanors to engage in treatment instead of serving jail sentences. There will be no Adult Committee meeting this month.</p> <p><b>Alcohol and Other Drug Services</b> - Representative was not present.</p> <p><b>Children, Teens and Young Adults</b> – Currently interviewing a psychiatrist. Oak Grove is a topic of discussion and topics are budget and timing of the project. Will be starting interviews for the Children and Family Services Coordinator. The CORE project facility will be expanding into a neighboring suite soon.</p> <p><b>Housing Committee (H3)</b>– No additional comments and no questions.</p> <p><b>Innovation</b> – There was no Committee meeting last month. The upcoming meeting will be December 17<sup>th</sup>. Will discuss various Innovation programs. Discuss how to start new programs within two years from the time the programs are funded. Issue - The funds are approved from the State but when we begin to work on the County level with County Human Resources, we are given several new requirements by the County. This will be topic of discussion. All are welcome to attend and provide input and comments.</p>		<p>Committee Representatives</p>

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	<p><b>Membership</b> – Encourage all who are interested to come to the committee meetings and participate. We need to talk about recruiting and finding new members and participants.</p> <p><b>Mental Health Commission</b> – Dr. White gave a presentation similar to the presentation provided to CPAW today. Seneca provided a presentation on their Mobile Response Team. Expanded their hours - 7:30 am to 11:30 pm Monday through Friday. Expansion to the East and West regions of the County is needed. The San Pablo West County Adult and Children’s Behavioral Health Clinics provided a presentation.</p> <p><b>Older Adults</b> – Representative was not present.</p> <p><b>Quality of Care (Mental Health Commission)</b> – No additional comments and no questions</p> <p><b>Social Inclusion</b> – No additional comments and no questions</p> <p><b>Suicide Prevention</b> – No additional comments and no questions</p> <p><b>System of Care</b> – This month talking about funds and building housing. Funding is available from No Place Like Home. The No Place Like Home Notice of Funding Availability (NOFA) has competitive funding available. The deadline to submit applications is January 31<sup>st</sup>.</p> <p>Three County organizations are working to respond to the NOFA - MHSA, Health, Housing and Homeless Services (H3) and Department of Conservation and Development (DCD). This is an opportunity for more permanent supportive housing units.</p> <p>We are looking for appropriate projects to include in our applications. H3 and DCD have ongoing relationships with development sponsors (prospective projects). Currently evaluating to determine if a project could be</p>		



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	<p>used for our application for funding.</p> <p>We are currently discussing supportive services to be provided to people in these permanent housing units. We must submit a supportive services plan with the application for funds. Currently discussing and drafting a supportive services plan. The goal is to have more appropriate level of care and services. Permit people to get the appropriate supportive services that will enable them to be more self-sufficient and permanently reside in their housing. All are welcome to attend the committee meetings as we encourage stakeholder input as to what this housing and services plan should look like.</p>		
<p>4. MHSA Community Forum</p> <ul style="list-style-type: none"> <li>• Summary of November 13<sup>th</sup> Forum &amp; After Action</li> <li>• Planning and Input in small group discussions for January 16<sup>th</sup> Forum focused on immigrant population, identify topics and volunteer facilitators and scribes</li> </ul>	<p><b>Summary of MHSA Community Forum</b> (Antioch Community Center, Antioch, November 13<sup>th</sup>)</p> <p><b>Warren Hayes Summary:</b></p> <ul style="list-style-type: none"> <li>• Genoveva Zesati organized and presented the forum – the focus was Youth</li> <li>• There were 73 attendees</li> <li>• Twenty-two percent of attendees were under 25 <ul style="list-style-type: none"> <li>▪ The young attendees preferred to intermingle with adults in the discussion groups</li> <li>▪ The youth spoke and the adults listened</li> <li>▪ This was the goal of the forum and we were successful in achieving this goal</li> </ul> </li> <li>• Over half of the attendees had not been to a community forum before. I commend Genoveva for her efforts in reaching out to the community and youth in East County</li> <li>• Had small group discussions (7 to 11 persons). Since we had a spacious facility, there were no issues with sound/speaking</li> <li>• Contra Costa TV (CCTV) filmed the forum and broadcast live. The video will be available for viewing on line</li> </ul>		<p>Warren Hayes, MHSA Program Manager</p>

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	<ul style="list-style-type: none"> <li>• Survey – Identification (more than 100 percent as several identified in more than one category) <ul style="list-style-type: none"> <li>○ 22 percent – Consumers</li> <li>○ 25 percent – Family Members</li> <li>○ 45 percent – Service Providers</li> <li>○ 23 percent - Other</li> </ul> </li> <li>• Survey – Ethnicity <ul style="list-style-type: none"> <li>○ 30 percent – Hispanic</li> <li>○ 20 percent – African American</li> <li>○ 7 percent – Asian Pacific</li> </ul> </li> <li>• Evaluation (Higher percentages than normal) <ul style="list-style-type: none"> <li>○ 93 percent – Forum Met Objectives</li> <li>○ 87 percent – Small Group Discussion for obtaining information was effective</li> <li>○ 87 percent – Right Topics were chosen</li> <li>○ 100 percent Overall were satisfied with the experience</li> </ul> </li> <li>• Priority Dot Exercise – Youth Topics <ul style="list-style-type: none"> <li>○ Prior to the Forum, completed a Survey Monkey that was specific to Youth</li> <li>○ Resulted in 15 topics relating to youth <ul style="list-style-type: none"> <li>▪ These 15 topics were put on the wall as 15 separate posters</li> <li>▪ Attendees would put an adhesive dot (each person had five dots) on the poster for each topic they felt was a high priority</li> </ul> </li> <li>○ Top Three Topics deemed Priority Needs for Youth <ul style="list-style-type: none"> <li>▪ Number One - Suicide</li> <li>▪ Number Two –Understanding Mental Health and Illness</li> <li>▪ Number Three-Resources in East County to support Mental Health and Youth</li> </ul> </li> </ul> </li> </ul>		

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	<ul style="list-style-type: none"> <li>• Priority Dot Exercise – General Topics for Forums               <ul style="list-style-type: none"> <li>○ Topics were put on the wall as separate posters</li> <li>○ Top Five Topics deemed Priority Needs                   <ul style="list-style-type: none"> <li>▪ Number One – More Support for Family Members</li> <li>▪ Number Two – Improved Response to Crisis and Trauma</li> <li>▪ Number Three- More Housing and homeless Services for the Mentally Ill</li> <li>▪ Number Four – Finding the Right Services When You Need It</li> <li>▪ Number Five – Getting Care in My Community, My Culture, My Language</li> </ul> </li> </ul> </li> </ul> <p><b>Questions and Comments:</b></p> <p><b>Comment:</b> Genoveva Zesati did a nice job in regards to the technical details of the forum. Contra Costa TV should film the forums.</p> <p><b>Q:</b> How many attendees were Caucasian?  <b>A:</b> 42 percent of attendees. A little less than the percentage for the population of Contra Costa County (48 percent).</p> <p><b>Comment:</b> Thought the forum was wonderful. The snacks were really good. Our small group was really good. Young people were speaking about their experiences. We also had some teachers who talked about the needs in the schools. They were interested in the Crisis Response Team being utilized by the schools. Seneca has been doing the youth crisis response. Our group talked about young people’s needs, school needs and then family. They talked about schools being and community hub for families. The majority of our group was young people and they did the majority of the talking.</p> <p><b>Q:</b> Is Seneca also a group home?  <b>A:</b> Yes it is.</p>		

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	<p><b>Comment:</b> These young people were amazing. They warmed up to the conversation. They opened up and talked about school and what their concerns were. They talked about their family situations. It was amazing. It was really great.</p> <p><b>Comment:</b> Yes our small group was amazing. It was an incredible experience. I was in the older group. Everyone had amazing input and there were incredible ideas. I felt we were really coming up with really intelligent ideas.</p> <p><b>Comment:</b> People were assigned different discussion groups by color codes. I noticed that some people wanted to stick together rather than to go their designated color coded group.</p> <p><b>Comment:</b> It was my first experience attending a forum. I was able to participate not just as a NAMI member, but as a family member. We discussed that perhaps we can address the issue of suicide prevention at an earlier age. When is too early, when is too late? A lot of younger kids are dying by suicide. Mental Health and schools can join together. As a mom, I do not think elementary school is too early. Kids are worried about poverty and even politics. We have to start addressing it sooner than later. It was very eye opening.</p> <p><b>Comment:</b> (Dr. Matthew White) Actually mood disorders occur not only in adolescence but can happen before that age.</p> <p><b>Comment:</b> I was so moved by the teachers. One teacher realized that a particular issue was not just one kid's issue. She ended up talking to the class about the issue. Schools would welcome information.</p> <p><b>Comment:</b> I was encouraged by seeing such involved and engaged young people. I tried to encourage them. I told them they were leaders and "You are the best ones to advocate for yourselves." They expressed thoughtful, legitimate concerns. They hit it out of the park that day.</p>		

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	<p><b>MHSA Community Forum</b> (Richmond Memorial Auditorium, Richmond - January 16th, 3:00 pm – 6:00 pm)</p> <p><b>Jennifer Bruggeman:</b></p> <ul style="list-style-type: none"> <li>• This community forum will focus on serving the Immigrant community and undocumented persons</li> <li>• Flyer announcements (English and Spanish) were available for distribution</li> <li>• Shelly Ji volunteered to translate the flyer into Chinese as well</li> <li>• Jewish Family Services, Asian Family Services and the Latina Center will participate in this upcoming community forum</li> <li>• We will break into four groups for discussion to develop unique questions specific to serving the Immigrant community <ul style="list-style-type: none"> <li>○ Would like input from everyone</li> <li>○ Especially those who work with the Immigrant community</li> <li>○ Will take detailed notes from group discussion for later review in finalizing the final questions to be presented for small group discussions at the upcoming forum</li> </ul> </li> <li>• Committee members and participants broke into four groups for discussion</li> <li>• Thereafter, a representative from each group presented a summary of the topics/questions determined to be important relating to serving the Immigrant community</li> <li>• Each group’s notes were given to Jennifer Bruggeman for review and to prepare the topics/questions for the upcoming forum</li> </ul>		<p>Jennifer Bruggeman (MHSA Program Supervisor)</p>

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5. Public Comment, Announcements	<p><b>Public Comment:</b> None</p> <p><b>Announcements:</b></p> <ul style="list-style-type: none"> <li>The date and time for the CPAW Steering Committee has changed due to the holidays: December 14<sup>th</sup>, from 1:00 pm to 2:00 pm</li> </ul>	CPAW members and attendees	Maria Pappas
6. Review of Meeting	<ul style="list-style-type: none"> <li>No Comments or Questions.</li> </ul>		Maria Pappas
7. Adjourn	<ul style="list-style-type: none"> <li>The next CPAW meeting will be February 7<sup>th</sup> from 3:00 pm to 5:00 pm.</li> </ul>		Warren Hayes