

NAME OF COMMITTEE: Consolidated Planning Advisory Workgroup (CPAW)
MEETING DATE & TIME: Thursday, December 1st from 3:00-5:40 PM
LOCATION OF MEETING: 2425 Bisso Lane, Suite 100, Concord, CA 94520



Members attending: Anna Lubarov, Annis Pereya, Beatrice Lee, Brenda Crawford, Dave Kahler, John Gragnani, Kathi McLaughlin, Laurie Hefner, Lisa Bruce, Mariana Moore, Molly Hamaker, Peggy Harris, Ralph Hoffman, Sam Yoshioka, Stephen Boyd, Jr., Steven Grolnic-McClurg, Susan Medlin, Susanna Marshland, Teresa Pasquini, Tony Sanders

Staff attending: Cynthia Belon, Dianna Collier, Helen Kearns, Holly Page, Imo Momoh, Jami Tussing, Jennifer Tuipulotu, Jeromy Collado, Jisel Iglesias, Kennisha Johnson, Leigh Marz, Mary Roy, Roberto Roman, Sandy Rose

Public Participants: Aleta Van Hee, Brendan Freeman,

Excused: Courtney Cummings, Ryan Nestman

Absent from Meeting: Connie Steers, Doreen Gaedtke, John Hollender, Thomas Sponsler, Wayne Thurston

TOPIC	ISSUE/CONCLUSION	ACTION/RECOMMENDATION	PARTY RESPONSIBLE
1. Opening, Agenda Review Announcements: ○ Public Comment ○ Planning Committee Election	Public Comment: No public comment <ul style="list-style-type: none"> ● Planning Committee Election: <ul style="list-style-type: none"> ○ Absentee voting begins Friday, December 2nd for the January 5th Meeting ○ Select up to 8 candidates, currently 9 candidates ○ Votes are anonymous ● PEI Suicide Prevention, Program 4 	ACTION: <ul style="list-style-type: none"> ➤ Planning Committee meets on the 3rd Thursday of every month from 3:00-6:00 PM at Mental Health Administration ➤ Current members will stay in place with the addition of Susan Medlin as a new planning committee member other CPAW Members are able to attend ➤ Postpone the election while 	Leigh

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	<ul style="list-style-type: none"> ○ Informational update and a recommendation ● MHCC Disneyland Fundraiser <ul style="list-style-type: none"> ○ MHCC Christmas handmade wreaths cost \$20 each ○ Christmas earrings cost \$5 each 	<p>planning for Behavioral Health Integration</p> <p>➤ Contact Brenda to place orders</p>	
2. Public Comments	<ul style="list-style-type: none"> ● No public comment 		
3. Housing Report	<p>The following issues were noted:</p> <ul style="list-style-type: none"> ● <u>ANKA submitted application to State Department of Mental Health CAL HFA as of Dec. 1st using the MHSAA Housing\$</u> <ul style="list-style-type: none"> ○ Two new locations in Concord and Antioch ○ Once addresses are received for the two locations, information will be forwarded to the Capital Facilities Committee for feedback ○ All three houses 4 bedrooms, two bath (shared housing but not shared bedrooms) ● <u>Robin Lane Project in Concord Collaboration with Affordable Housing Associations Collaboration</u> <ul style="list-style-type: none"> ○ Acquired 16 units at 1890 Robin Lane for CPAW to fund 5 of the units for rehab Can you check this with Sandy Rose for accuracy. M ○ One bedroom units ○ Member of Capital Facilities viewed site and 	<p>ACTION TAKEN:</p> <p>➤ An application will be put together</p>	Sandy

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	<p>gave feedback to committee</p> <ul style="list-style-type: none"> • <u>Housing Committee</u> <ul style="list-style-type: none"> ○ 1st of the year, will be a more goal oriented committee ○ Information emailing will update members for real goals that committee wants to work through ○ Agenda will be limited to 2 to 3 items to be discussed and worked through ○ In January a housing consortium with AODS, Homeless Program and Mental Health 	<p>➤ Please join the Housing Committee which meets every third Wednesday of the month from 9:00-10:30 am at 1340 Arnold Drive, Suite 112</p>	
<p>4. Acting Mental Health Director's Report</p>	<p>The following issues were noted:</p> <ul style="list-style-type: none"> • <u>Affordable Care Act (ACA)- 2010:</u> <ul style="list-style-type: none"> ○ California is working towards being an early implementer ○ Implementation by 2014 ○ 1115B waiver- Includes the creation of the low-income Health Plan (Predominately a physical health benefit) state talked to the feds and we were able to make a case for Mental Health being included in the initiative ○ Expansion of Medi-Cal services to folks that previously didn't qualify for Medi-Cal and were uninsured ○ All LIHP Programs (50% county, 50% feds) state not involved. 	<p>ACTION TAKEN:</p>	<p>Suzanne Tavano</p>

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	<ul style="list-style-type: none"> ○ LIHP Programs have to have a Basic Mental Health Benefit, there could be <i>optional Mental Health Benefits and optional Alcohol and Other Drugs</i> ○ Pertains to single adults ○ LIHP Program focuses on adults ● <u>Dual Eligible Demonstration Project</u> <ul style="list-style-type: none"> ○ State put out an RFI around the state to private and county health plans programs to see who is interested in participating in the Demonstration Project ○ The State to date is only involved with Medicaid/ Medi-Cal ○ The State has not been involved with Medicare ○ Medicare has been free standing from the state system ○ Both public and private health plans around the state expressed interest ○ There was a public panel and the different health plans discussed what they were thinking about ○ For the first time the state will be involved in the Medi-Care system ○ State will select four counties ○ Included will be a 2 plan model ○ Contra Costa County will determine if we will participate 	<ul style="list-style-type: none"> ➤ In Sacramento meeting will be held on Friday, December 2nd Focus on MH and AOD benefits would fit into the Dual Eligible Demonstration ➤ Tobey Douglas will do presentation ➤ The L.A., San Mateo and Contra Costa County were asked to be on the panel to discuss integration and primary care services 	

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	<ul style="list-style-type: none"> • <u>Psychiatric Emergency Demonstration Project</u> <ul style="list-style-type: none"> ○ Sacramento county and Contra Costa County in the end remained interested ○ The state technically applies for the grant, even though the county wrote the grant ○ Since 1995 the number of closure of inpatient beds and free standing facilities has been incredible in California. Total of 42 facilities closed since 1995 ○ California is one of the most under bedded states ○ Currently the feds have an IMD exclusion ○ Adults 22 to 64 who have Medi-Cal are excluded to use benefits for IMD/MHRC (John Muir Behavioral Health, free standing and non-governmental) ○ Given the size of this county and the number of Medi-Cal Beneficiaries and the need for , hospitalization, 23 beds is not adequate for Medi-Cal Beneficiaries ○ If selected to be a part of this demonstration project, we would work in partnership in Contra Costa with John Muir Behavioral Health and be able to access the Medi-Cal benefits for adults • <u>County Health Services Dept., Rubicon, Stakeholder Group Mtg.</u> <ul style="list-style-type: none"> ○ Planning a conference in May 2012 ○ The goals of the conference to create an 		

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	<p>understanding of what is currently being done in the county and what will be moving forward and what needs to be done in the county with health care integration in the county</p> <ul style="list-style-type: none"> ○ Get input between the world of Behavioral Health Care and primary care ○ Come out of the meeting with a fully flushed out stakeholder process going forward ○ As plans towards integration develop, there is a stakeholder process to get input from communities that are developing them ○ In the planning stages, not ready for the save the date <ul style="list-style-type: none"> ● <u>Assessment Recovery Center Re-cap</u> <ul style="list-style-type: none"> ○ Reviewed all notes and documentation and went through all the necessary steps to move forward <p><u>CPAW Structure</u></p> <ul style="list-style-type: none"> ○ <i>Please review the Charter of the Consolidated Planning Workgroup handout</i> ○ <i>Please review the Welfare and Institutions Codes</i> 	<ul style="list-style-type: none"> ➤ Will post the plan on Friday, December 2nd for the 30 day Public Comment period ➤ Suggestion- Have a document MHSA 101 handed out to all new members ➤ Glossary of Terms created by Sherry Bradley, very useful ➤ Acronyms- Create a poster board 	

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<p>5. Small Group Discussion</p> <p><i>How can we better achieve the MHSAA values for a client driven, family-driven process?</i></p> <p><i>What steps will take us closer to that in 2012?</i></p> <p><i>Identify one or two steps to share with the larger group....</i></p>	<p>The following issues were noted:</p> <p><i>Groups were broken out and the following was noted</i></p> <p>As promised, here are some of the details our group captured for possible next steps:</p> <ul style="list-style-type: none"> ○ <i>Really love the small groups</i> ○ <i>More learning environment, people with lived experience</i> ○ <i>More discussion about transportation/location and specifics....</i> ○ <i>More topic driven meetings</i> ○ <i>Spend a significant chunk of the meeting with consumers, and clients</i> ○ <i>Changing time and location depending on topics this would allow parents of young children to attend whereas evening meetings are problematic</i> ○ <i>Consumers , family partners with line staff at the table for the decision making process</i> ○ <i>Clients to feel more welcomed</i> ○ <i>Levels of the committee having the principles broken down and can be conveyed to the public where it is more appreciated</i> ○ <i>Assigning people to be greeters</i> ○ <i>A lot of people working together for the</i> 		All

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	<p><i>betterment of people’s lives</i></p> <ul style="list-style-type: none"> ○ <i>CPAW itself cannot accomplish everything, there is a need to connect with others</i> ○ <i>More people included in committees)not necessarily CPAW members</i> ○ <i>Support (buddy system) start at committee level</i> ○ <i>Since personal contacts matter, providers (county and CBO) could post and promote CPAW info – make it a part of every providers’ culture</i> ○ <i>Provide van transportation to all 3 regions to pick up and drop off those without cars</i> ○ <i>Rotate between different geographic regions</i> <i>Identify an ambassador, maybe a consumer, to be the contact for anyone expressing interest – could Membership Committee work on this?</i> ○ <i>Provide cheat sheets, a “buddy” and “greeters” and follow up after a meeting to new attendees</i> ○ <i>Create a subcommittee for new members to get support</i> ○ <i>Define our purpose/focus so all have roles and stay engaged</i> ○ <i>More small groups that are interactive and allow everyone to contribute.</i> <p><u><i>Integration</i></u></p> <ul style="list-style-type: none"> ○ <i>More focus group type work ex: attend family to family classes to get opinions</i> ○ <i>Reaching out for topical issues that we can bring</i> 		

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	<p><i>in</i></p> <ul style="list-style-type: none"> ○ <i>A process to understand Behavioral Health Services, Alcohol and Other Drugs and Mental Health</i> ○ <i>There is a lot of overlap on committee meetings</i> ○ <i>Reinforcement- process to learn to understand each other better</i> <p><u><i>Orientation process for new members</i></u></p> <ul style="list-style-type: none"> ○ <i>History</i> ○ <i>No Jargon</i> ○ <i>To increase client and family participation</i> <p><u><i>Outreach</i></u></p> <ul style="list-style-type: none"> ○ <i>TAY having an advisory board</i> ○ <i>Expand the number of voices heard</i> ○ <i>Outreach to families/children (social media, SELPA) family partner program-</i> ○ <i>Family Partner Programs</i> ○ <i>More support</i> ○ <i>Recruitment tool to recruit new CPAW Members</i> ○ <i>Recruitment tool (one pager, brochure)</i> ○ <i>More proactive approach of having clients, consumers, providers and county in decision making process</i> ○ <u><i>Synthesize MHSA concepts for public</i></u> ○ 		

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	<p><u>Interactive</u></p> <ul style="list-style-type: none"> ○ Public comment after every agenda item, Stakeholders on CPAW who are representatives can retrieve information from their communities that they represent to bring back information to share (monthly, quarterly) ○ Empower each Community Based Organization for someone who is receiving services that can come to the CPAW Meeting and provide the information ○ How to get the most input from each person 		
6. Mini break	The following issues were noted:		
7. TAY FSP	<p>Please review the <i>CSS Program Presentation Template</i></p> <p>CPAW member Teresa Pasquini made the suggestion that in addition to featuring a positive case study of an individual that program features could speak to “lessons learned” and challenges that still remain</p>		Holly
8. PEI Program 4:Suicide Prevention	<p>Please review the <i>Suicide Prevention Narrative and the Henry Ford Summary</i></p> <p><u>Recommendation</u> <i>Update the PEI Plan to include the pilot program and allocate funds to hire a Mental Health Clinical Specialist to do drop in groups for those at risk of</i></p>	➤ APPROVED	Mary All

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	<p><i>suicide and fund staff to do follow up phone calls</i></p> <p><u>Questions</u></p> <ul style="list-style-type: none"> ○ How many need this level of service? ○ How many did we lose in the program and why? ○ Eligibility criteria for this program? ○ How many people are meds and how many are drop ins only? <p><u>Raised issue</u> Help the TAY Population into employment....</p>	<p>➤ This service will be available to those who visit Psychiatric Emergency Services and are at risk of suicide or are in Central County Adult Clinic or 4C and at risk. This patient population comprises 82% of the suicides which occur within our patient population</p>	
9. Public Comment (again)	No Public Comment		
10. Close	5:40 PM		