

Consolidated Planning and Advisory Workgroup (CPAW)

Thursday, August 1, 2019

3:00 pm – 5:00 pm

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



Members attending: Candace Collier, Doug Dunn, David Kahler, Kimberly Krisch, Sara Marsh, Will McGarvey Kathi McLaughlin, Melinda O’Day, Roberto Roman, Jennifer Tuipulotu, Amelia Wood

Staff attending: Jennifer Bruggeman, Janet Costa, Monique Harts-Washington, Kirsten Heher, Sarah Kennard, Jill Ray, Ernesto Robles, Windy Taylor, Robert Thigpen, Kristin Visbal, Genoveva Zesati

Public Participants: Keri Banks, Loretta Bradstreet, Jo Bruno, Y’Anad Burrell, Pete Caldwell, Guadalupe Cazares, Lucy Espinoza Nelson, Mia Jackson, Sean Kearns, Marili Lima, Lori Pryor, James Ross, Carwen Spencer, Bessie Sangaria, Laura Zepeda

Facilitator: Warren Hayes

Recorder: Audrey Montana

Staff Support: Warren Hayes

Excused from Meeting: None

Absent from Meeting: Steve Blum Stephen Boyd, Lisa Bruce, Courtney Cummings, Tom Gilbert, James Lancaster, Jackie Lerman, Leslie May, Mariposa McCall, Ryan Nestman, Chelise Stroud, Matthew Wilson, Sam Yoshioka

TOPIC	ISSUE/CONCLUSION	ACTION/ RECOMMENDATION	PARTY RESPONSIBLE
1. Welcome <ul style="list-style-type: none"> • Call to Order • Roll Call, Introductions • Review Working Agreement • Announcements • Finalize Meeting Notes 	<ul style="list-style-type: none"> • Introductions made • Review Working Agreement • Announcements – <ul style="list-style-type: none"> ○ Status of CPAW Facilitator Position <ul style="list-style-type: none"> ▪ Maria Pappas did a stellar job as a Facilitator ▪ Request for Qualifications (RFQ) announced ▪ We have not received an application as yet ▪ Final filing date is Monday, August 5th at 5:00 pm ▪ Until then, MHSa staff will help facilitate 	Information Notes approved. Will be posted to MHSa CPAW website.	Warren Hayes (Mental Health Program Chief) Audrey Montana to post notes.

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	<ul style="list-style-type: none"> ○ No CPAW Meeting Next Month <ul style="list-style-type: none"> ▪ As the MHSA Community Forum will be held on September 12th ○ Congressman Mark DeSaulnier is having a town hall meeting on Immigration <ul style="list-style-type: none"> ▪ At St. Marks at 6:30 pm in Richmond ▪ Suggest we send to him the results of the MHSA Community Forum that was held on Serving the Immigration Community ▪ He used to be a Supervisor and has been committed to Mental Health Services and especially services for children ▪ (Warren Hayes) We did great things at that Forum and we will share that information ○ Last Saturday was a Mental Health 101 for African American Communities in Richmond ○ NAMI will be hosting a Mental Health and Spirituality Conference with the Interfaith Council on October 10th and 11th at Walnut Creek Presbyterian Church ○ Delta Peers is having its second meeting in Antioch at the River View Lodge on September 13th from 11:00 am to 1:00 pm. Attendees will be able to network. ● Meeting Notes <ul style="list-style-type: none"> ○ Approved with minor revisions 		
<p>2. Dialogue with Contra Costa Behavioral Health Services (CCBHS) Executive Staff</p> <ul style="list-style-type: none"> ● Psychiatric Emergency Services (PES) Update ● Update on Willow Rock Center Visit ● Response to Grand Jury 	<p>Dialogue With Contra Costa Behavioral Health Services (CCBHS) Executive Staff</p> <p>Suzanne Tavano, PhD (Behavioral Health Director):</p> <ul style="list-style-type: none"> ● Introduced Samir Shah MD (Chief Medical Officer for hospital and clinics) <ul style="list-style-type: none"> ○ Dr. Shah will speak about Psychiatric Emergency Services (PES) today ○ Would like for all to see the progress at PES from the hospital perspective 		<p>Suzanne Tavano PhD (Behavioral Health Director)</p> <p>Samir Shah MD (Chief Medical Officer)</p>

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Report and Timeline	<ul style="list-style-type: none"> • Dr. Samir Shah <ul style="list-style-type: none"> ○ Dr. Shah is the Chief Medical Officer and helps to manage the physician services for the hospital and clinics ○ We have looked through the years as to how we can provide those clinical services better ○ One of the issues is the physical space at PES ○ Have received community input and comments as to improving the space ○ Drafted three preliminary architectural designs <ul style="list-style-type: none"> ▪ One design is keeping space basically as is and separating youth from adults – separate space to enter and receive treatment and care ▪ Second design enlarges the space a bit, is designed as above but permits a waiting area and treatment area in the front ▪ Final option would be more extensive renovations – take out front of space, have a new roof line, have larger space for youth and adults, more treatment area, more clinical space for staff ○ State regulatory agency becomes involved with the building permit process but is a deliberate and slow moving in ensuring regulations are followed <ul style="list-style-type: none"> ▪ Example – to move a couple of outlets in an operating room took nine months ○ We would like to have input on the designs. The designs are still in the draft stage. Will share when the designs are more final. ○ Will then have to determine how to finance – cost estimates are from three million dollars to six million dollars ○ Most likely will not happen within the next year • Many entities are interested (CPAW, Mental Health Commission) <ul style="list-style-type: none"> ○ A couple of months ago was a large community 		

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	<p>meeting hosted by NAMI and we received a lot of good recommendations</p> <ul style="list-style-type: none"> ○ This is a slow process but we will provide opportunity for community involvement <p>Comment: If the community is not involved in the beginning, will end up with a plan no one likes. Something needs to be done soon so no one is turned away from PES. Maybe can use MHSA unspent funds for renovations.</p> <p>Response: (Dr. Shah) Dr. Shah provided his update as to the long term goals for the space. More immediate things are being done as well – i.e. waiting area, more welcoming environment, workload change for staff, reviewing intake process, etc.)</p> <p>Comment: Issue of people being triaged at the call box in front of other people in the immediate area. Children and adults on gurneys in the same area. Incidents in the waiting area. Need signs. These type of plans brought up three years ago.</p> <p>Response: (Dr. Shah) These have been issues for several years. Having signs being designed now. These issues are being looked at now.</p> <p>Response: (Suzanne Tavano) Now have focused attention on these issues. Most counties in this state do not have a crisis stabilization unit because of the complexities of operating one. Once a patient limit is reached, people are taken to other hospital emergency rooms. That is problematic. Contra Costa has decided to have an open-door policy. This results in volume. Thirty percent of patients have insurance. They are not just MediCal patients. So we are committed to keeping the doors open and also serving the community. PES is a crisis stabilization unit. We have been working with Anna Roth, Health Services Director, as well on moving forward.</p> <p>Comment: Community based organizations and members of the community can also help. We can work to push for the changes.</p>		

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	<p>Comment: In regards to the space, what is needed? There should also be a space for people to rest there. Suggest looking into Peer Respite in Contra Costa County for space and beds.</p> <p>Response: (Suzanne Tavano) We must think how to use funds to invest so that people do not have to go to PES so frequently. Peer Respite is a wonderful program and we are hoping to introduce more Peer Respite in the future.</p> <p>Comment: Speaking for someone present who speaks Spanish. She was in the hospital when she was a child. She was taken to PES with adults there. It was a traumatic experience for a child. She is now an adult. Still traumatized. We also need to separate people by diagnosis. People there are in different levels of crisis. Need to separate people.</p> <p>Response: (Dr. Shah) Recently I spent an hour with Suzanne Tavano and Dr. Matthew White observing what happens from the time a patient comes to PES, what happens to them, interactions, where they go in the space, where physicians and staff interact with the patient. This made a tremendous impact on me as to how dysfunctional the space and the service is. As a parent, I think about going to PES and having to speak over the phone and treated in a way that was very uncomfortable. Not being able to communicate with the team that is caring for the family member or child. It has a very significant impact on the way I currently see that space. I think the process is broken. Things do not work well there. People get the help they need. But this does not happen in a way that is comforting or supportive or interactive in a very healthy way. I asked if there is a PES that functions differently. Is there a way to provide the service in a more interactive, compassionate way. I am committed to seeing things change. I have been involved in the last couple of months. I will continue to work with Suzanne Tavano and Dr. White.</p> <p>Response: (Suzanne Tavano) Thank you for being here and sharing your perspective as a young person. It is very</p>		

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	<p>important and you make it very real. Thank you.</p> <ul style="list-style-type: none"> • Willow Rock - (Suzanne Tavano) Dr. White and I went to San Leandro <ul style="list-style-type: none"> ○ Visited two diametrically opposed crisis stabilization units – Willow Rock (Operated by Seneca for youth) and John George (adults) <ul style="list-style-type: none"> ▪ Willow Rock <ul style="list-style-type: none"> ◇ The crisis stabilization units is operated by TeleCare ◇ Low staff to client ratio ◇ A lot of treatment focused intervention and deep stabilization services while youth are at the premises – assessed and rerouted ◇ Is an expensive model and has limited number of patients can see ◇ A wonderful model and impressive ▪ John George <ul style="list-style-type: none"> ◇ Very different – a large facility ◇ Separate entrance and space for voluntary patients ◇ Was completely crowded ◇ In the involuntary entrance area, there were five deputies ◇ Waiting area has deputized staff not regular staff ◇ Not a model we want to pursue ○ We will also be going out to look at other crisis stabilization units <p>Comment: It is urgent to get children out of the adult PES area. We have received good feedback about patients who go to John Muir. No glass wall there.</p> <p>Response: (Suzanne Tavano) John Muir has an emergency department. Thank you for that feedback.</p>		

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	<p>Comment: At John George, there is family advocate support staff who meet with families coming into John George.</p> <p>Response: (Suzanne Tavano) The more peer providers and family support staff that can be part of the process is all the better. Thank you.</p> <ul style="list-style-type: none"> • Grand Jury Report - (Suzanne Tavano) <ul style="list-style-type: none"> ○ The response will be published soon. When the CAO releases the response, we will provide it to the public. 		
<p>3. Stakeholder Committee Representatives Sharing Key Topics from Committee Meetings</p> <ul style="list-style-type: none"> • Adults • Alcohol and Other Drug Services • Children, Teens and Young Adults • Housing Committee (Health, Housing & Homeless Services) (H3) • Innovation • Membership • Mental Health Commission • Older Adults • Quality of Care (Mental Health Commission) • Social Inclusion • Suicide Prevention • System of Care 	<p>(Committee Updates (Stakeholder Sharing sheets) distributed):</p> <p>Adults – Next meeting will be August 27th.</p> <p>Alcohol and Other Drug Services - No additional comments.</p> <p>Children, Teens and Young Adults – Planning and discussions for the Short Term Residential Treatment Program (STRTP). Mount Diablo Unified School District presented on the Mental Health continuum. Nancy O’Brien presented on the Center for Recovery and Empowerment (CORE) program. Gerold Loeniker provided an update on Willow Rock and John George. Discussed MHSA Community Forum. Discussed PES community meeting that was held at NAMI. Next meeting is August 8th.</p> <p>Housing Committee (H3) – No additional comments.</p> <p>Innovation – Will discuss the Agenda Readiness Form (ARF).</p> <p>Membership – We have an application. We may have a Membership Committee meeting scheduled.</p> <p>Mental Health Commission – No additional comments.</p> <p>Older Adults – No additional comments and no questions.</p> <p>Quality of Care (Mental Health Commission) – No additional comments</p> <p>Social Inclusion – The meetings for the next three months will be</p>		Committee Representatives

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	<p>held in Antioch at RI International. The date for the September meeting has changed because of the scheduled MHSA Community Forum. Next meeting will be September 5th.</p> <p>Suicide Prevention – No additional comments.</p> <p>System of Care – No additional comments.</p>		
<p>4. Report Out of Supportive Housing Forum in July</p>	<p>Report Provided by Warren Hayes (Document distributed: Summary of Forum participant feedback)</p> <ul style="list-style-type: none"> • MHSA Community Forum (Topic – Supportive Housing) - held on July 18th at Contra Costa College • Summary presented by Genoveva Zesati (MHSA Administrative Analyst III) <ul style="list-style-type: none"> ○ 110 people attended ○ 101 completed demographic forms <ul style="list-style-type: none"> ▪ Gender – 66% female, 29% male, 5% other ▪ Age – 1% under 16, 9% 16-25, 67% 26-59, 20% over 60 ▪ Identity – 10% consumers, 22% family, 26% service providers, 16% CCBHS staff, 15% other ○ 29 completed evaluation forms <ul style="list-style-type: none"> ▪ Score 1–5 (5= strongly agree, 1 = strongly disagree) ▪ 4.3 - Objectives of the forum were clearly stated ▪ 4.16- Forum met objectives ▪ 4.41- Group discussions effective ▪ 4.04- Community input, right topics chosen ▪ 4.44- Felt comfortable sharing ▪ 4.41- Overall satisfaction with experience ▪ 4.44- Overall satisfaction with method of obtaining input ▪ 3.79- Overall satisfaction with location ▪ 4.21- Overall satisfaction with availability of accommodations 		<p>Warren Hayes</p> <p>Genoveva Zesati (MHSA)</p>

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	<ul style="list-style-type: none"> ○ Attendee feedback – Most Pressing Issues <ul style="list-style-type: none"> ▪ More funding for housing of all kinds, including housing with on-site services ▪ Cultural Humility/Awareness ▪ Navigation/case management services available and offered by people with lived experience/peers ▪ Transportation ▪ Life skills training/meaningful activity options for people living with serious mental illness ● We welcome all comments on this Forum <p>Comment: Community planning for event continues to get better. Genoveva did a great job. She gave heads up on how expected to go, what needed from volunteers. There was a lot of upfront work. People knew what they were doing and there were fewer questions to focus on. We saw how comfortable the groups felt. This allowed discussions to go further.</p> <p>Comment: I got there early to volunteer and help. I saw the behind the scenes. It all worked really well. No issues. It felt good and moved pretty smoothly. I am grateful to have the opportunity to speak and to network with people who were there. It felt really good to sit down, enjoy a meal and network with them.</p> <p>Comment: One question has the term case management in it. Would be better described as care management.</p> <p>Response: (Suzanne Tavano) I have tried for twenty years to do that. I will give it another try. Getting people to change language is hard but it is worth doing.</p> <ul style="list-style-type: none"> ● (Warren Hayes) I would like to give a shout to the stars – Contra Costa Interfaith Housing. To Sara Marsh and her crew. The gentleman who spoke at the Forum was just fabulous. Thank you. (applause) 		
5. Update on Suicide Prevention Forum in	Report Provided by Genoveva Zesati		Genoveva Zesati

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<p>September</p> <ul style="list-style-type: none"> • Venue, date, time, flyer • Identify possible discussion points, forum helpers and agencies that will table 	<p>(Document distributed: Flyer for MHSA Community Forum)</p> <ul style="list-style-type: none"> • MHSA Community Forum (Topic – Suicide Prevention) • Will be held on September 12th at San Ramon Community Center in San Ramon, 9:30 am to 2:30 pm • Will Partner with the Contra Costa Crisis Center • People can Register on the MHSA website at the link for Eventbrite registration and can also call the MHSA office to register • Due to the topic, people may need to take a break from the forum. We have established a wellness room where people can go if needed • Seeking volunteers to assist at this Forum • Registration at 9:30 am • Forum from 10:00 am to 2:30 pm • Before lunch will introduce the service providers many of whom have resource tables in the conference room • Will have a lunch in the middle of the schedule to permit time for lunch and networking with people at the several resource tables at the Forum • Please let us know if interpreters are needed • All welcome to meet with us to discuss topics for this Forum • Contra Costa Television will be at the Forum and the Forum will be filmed and live streamed for viewing <p>Question: How are the flyers being distributed to the community?</p> <p>Response: (Genoveva Zesati) We mail them to different agencies and County clinics. Also have flyers here so please take and distribute. Will also do an email blast in the next week and another email two weeks prior to the Forum.</p> <p>Question: What is the reasoning for the time of the Forum? Just</p>		

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	<p>thinking of the traffic at those times.</p> <p>Response: (Suzanne Tavano) We should alert people to allow for the commute traffic.</p> <p>Comment: We suggested San Ramon because need to invite parents from that area for this important topic. Maybe see if teachers and students be permitted by the school district to attend.</p> <p>Response: (Warren Hayes) Thei participation is more than welcome.</p> <p>Comment: Would we have a van available to take people to the Forum?</p> <p>Response: (Warren Hayes) In a past Forum, one of the community-based organizations provided a van for those wanting to attend.</p>		
<p>6. Innovation Project Implementation and Process – Agenda Readiness Form (ARF)</p>	<p>Summary by Kathi McLaughlin (CPAW Member) (Document distributed: Agenda Readiness Form)</p> <ul style="list-style-type: none"> • The Center for Recovery and Empowerment (CORE) and Cognitive Behavioral Social Skills Training (CBSST) are not funded as a community based organization (CBO) • MHSA funding instead is provided 100 percent to the County • As a result, it is taking a very long time getting these programs implemented • These programs are funded only for five years • We have come up with a potential recommendation that might alleviate these problems • Innovation programs – 5% of MHSA funds given for Innovation programs – specifically new programs that have not been tried before • The CORE program – substance abuse/mental health out patient intensive treatment program for youth • Unique components in this program do not fit into the 		<p>Kathi McLaughlin (CPAW Member)</p>

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	<p>County's mold</p> <ul style="list-style-type: none"> • As a result, for example, positions had to fit into a County category that do not really match that position (i.e. CORE recreational therapist, adventure therapy and cannot even purchase drug testing kits that are vital to the program) • Windy Taylor working hard to process items even inviting County staff to Innovation Committee meetings • Concerned as to how long it is taking to implement and start this program (i.e. approve positions or purchase items) • Due to these many County delays, we may want to consider in the future whether or not we want to have a program be County run • These funds are MHPA funds waiting to be spent • Agenda Readiness Form (ARF) <ul style="list-style-type: none"> ○ Want to put MHPA program funding under the direction of Warren Hayes ○ Could then hire staff and purchase items in a timely manner ○ This would be crucial to permit Innovation programs to be implemented and started • Suzanne Tavano Comments <ul style="list-style-type: none"> ○ We had completed reorganization within Behavioral Health Services Administration ○ Warren Hayes is the Mental Health Program Chief and is Chief over the Mental Health Services Act but will now also but will now oversee contracts and operations ○ Within Operations is accounts receivable, accounts payable, etc. plus contracts and purchasing ○ We want to achieve the efficiencies you are talking about ○ Consolidating these core function under Warren Hayes would make a lot of sense in moving things along 		

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	<ul style="list-style-type: none"> • Warren Hayes comments <ul style="list-style-type: none"> ○ Anything that goes through Personnel or Finance is out of our control ○ The topic of this ARF is a timely subject now <p>Question: How are the funds available?</p> <p>Response: (Warren Hayes) Innovation is one of the five components of the MHSA budget. The budget is a three-year budget resulting from stakeholder input. We then tell the County what we will be spending for the next three years. Innovation has its own process to vet new processes.</p> <p>Comment: The process is so lengthy and burdensome. We hope you can get the power and authority to help these programs.</p> <p>Warren Hayes – Vote on the Agenda Readiness Form</p> <ul style="list-style-type: none"> • Discussion - Comments from CPAW Members <ul style="list-style-type: none"> ○ Douglas Dunn – If roadblocks can take to the Mental Health Commission or Board of Supervisors if ARF does not work ○ Warren Hayes Response – need to take what we have learned to advocate to change the County system – this is the work ahead. Good to check the progress as we proceed. Looking ahead we must take all this into consideration in the future when determining whether to make a program County based or work with a community-based organization. ○ Sara Marsh – Look for creative solutions • CPAW Member Vote <ul style="list-style-type: none"> ○ Three choices – Yes I Endorse, No I Do Not Endorse or Will Endorse If Revisions/Changes ○ CPAW Member Vote – 11 vote To Endorse 0 vote Not Endorse 0 vote To Materially Change ○ Vote – Approval of Endorsement of ARF • Non-CPAW Member Vote 		Warren Hayes

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	<ul style="list-style-type: none"> ○ Non-CPAW Member Vote – 7 vote To Endorse 0 vote Not Endorse 0 vote To Materially ○ Vote – Approval of Endorsement of ARF 		
7. Public Comment, Suggestions for Future Agenda Items	<p>Public Comment: Comment: Correction on the date of the System of Care meeting on the calendar – the date is August 14th.</p> <p>Comment: (Suzanne Tavano) A tremendous shout out for the SPIRIT graduation and celebration for twenty-five years of training. It was an amazing event. There were 45 graduates. And to those community-based organizations that will provide internships, work and opportunities for these graduates, thank you to all of you.</p> <p>Comment: (Warren Hayes) A special thanks to the Office For Consumer Empowerment. Let’s give them a hand. (Applause) The event was so professionally done.</p> <p>Suggestions for Future Agenda Items:</p> <ul style="list-style-type: none"> • Would like to see something on Peer Respites 	CPAW members and attendees	Warren Hayes
8. Review of Meeting	<ul style="list-style-type: none"> • I thought that the discussion on PES was really important. It illustrates the need for us to not give up. We can get frustrated over time. Assertive, sustained advocacy gets the best results. • The Mental Health Commission - Supervisor Burgis has asked for a comprehensive set of recommendations to act on and perhaps later forward on to the Board of Supervisors. 		Warren Hayes
9. Adjourn & Next CPAW Meeting. There will be no CPAW Meeting in September due to the Suicide Prevention Community Forum	<ul style="list-style-type: none"> • There will be no meeting in September due to the MHSA Community Forum to be held September 12th in San Ramon (Topic – Suicide Prevention). The next CPAW meeting will be Thursday, October 3rd from 3:00 pm to 5:00 pm. 		Warren Hayes