



CONTRA COSTA HEALTH SERVICES

Consolidated Planning and Advisory Workgroup
November 7, 2013

A G E N D A
3:00pm - 6:00pm
Large Conference Room
2425 Bisso Lane, Concord, CA



TOPIC	PRESENTER	DESIRED OUTCOMES	TIME
1. Welcome <ul style="list-style-type: none">• Call to Order• Introductions• Announcements• Finalize Minutes	Maria Pappas	Called to Order	15
2. Membership Committee Recommendation – Revised Membership Application	Kathi McLaughlin	CPAW Approval	15
3. Mental Health Director's Report	Steve Grolnic-McClurg	Information and Discussion	30
4. Transportation Challenges	Karen Smith Roberto Roman	Information and Discussion	20
5. Break			10
6. Steering Committee Recommendation – Proposed CPAW Working Agreement	Molly Hamaker	CPAW Approval	30
7. Three Year Plan Update	Warren Hayes	Information and Discussion	15



CONTRA COSTA HEALTH SERVICES

Consolidated Planning and Advisory Workgroup November 7, 2013

8. Committee Reports <ul style="list-style-type: none">• Children's• TAY• Adult• Older Adults• Housing• Social Inclusion• Innovation	Committee Representatives	Information	2 min each
9. Public Comment, Announcements		Information	15
10. Review of Meeting	Maria Pappas	Better meetings in the future	10
11. Next CPAW, Steering, Membership Meetings	Maria Pappas	Set meeting date, time, place	5

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 Schmdier, Bessie Sagaiga

Excused from Meeting: Molly Hamaker

Staff Support: Cassie Brown, Jeremy Collado

Facilitator: Maria Pappas

TOPIC	ISSUE/CONCLUSION	ACTION/RECOMMENDATION	PARTY RESPONSIBLE
1. Welcome <ul style="list-style-type: none"> • Call to Order • Introductions • Announcements • Public Comment 	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. b. Crestwood is in need of on-call staff. c. SPIRIT applications are being accepted until October 11 th . d. Revised CPAW applications will be posted on the County website before the next meeting. We will also have hard copies at	a. Please follow the meeting guidelines. b. If anyone is interested in the open positions at Crestwood, please apply. c. Please submit any SPIRIT applications by 10/11. d. None	All Anyone interested Anyone interested

TOPIC	ISSUE/CONCLUSION	ACTION/RECOMMENDATION	PARTY RESPONSIBLE
	<p>e. the meetings for people to take home. 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.</p> <p>f. Native American Health Center Richmond holding event October 4th from 5:30-6:30 that will give a description of Urban Native American life.</p>	<p>e. None</p> <p>f. All who are interested are welcome.</p>	<p>Anyone interested</p>
<p>2. Finalize Minutes</p>	<p>Minutes corrections to be made to September's minutes:</p> <ul style="list-style-type: none"> o Name spelling corrections: Carwen Spencer and Linnea Stanley o Item 7: Mental Health Local 1 is not in support of hiring additional consultants. o Item 8: The committee made a recommendation to the Mental Health Commission (Not the finance committee). o List Courtney Cummings as excused. 	<p>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.</p>	<p>CPAW, Warren, Cassie</p>
<p>3. Steering Committee Recommendations</p>	<p>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.</p>	<p>Permission granted. Please submit any suggestions regarding behavioral rules and regulations to Warren for Steering Committee consideration.</p>	<p>CPAW, Warren</p>

TOPIC	ISSUE/CONCLUSION	ACTION/RECOMMENDATION	PARTY RESPONSIBLE
4. Membership Committee Recommendation	<p>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.</p> <p>b. We processed an application and made a recommendation to Steven to add Karen Smith as a member.</p>	<p>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.</p> <p>b. If you have any input to provide to Steven about the recommendation, please provide it to Steven within ten business days.</p>	CPAW Members
5. Mental Health Director's Report	<p>a. The Emerging Plan Element handout was reviewed and discussed.</p> <p>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.</p>	<p>a. CPAW recommends CCMH form a committee to provide input on the Assessment and Recovery Center and the Crisis Residential Facility.</p> <p>b. None</p>	Steven, Vic Montoya

TOPIC	ISSUE/CONCLUSION	ACTION/RECOMMENDATION	PARTY RESPONSIBLE
	<p>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.</p>	<p>c. None</p>	
<p>6. Recommendation for Use for Public Comment Period</p>	<p>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.</p>	<p>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.</p>	<p>Warren</p>
<p>7. Three Year Plan Update</p>	<p>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.</p>	<p>a. Warren will send out October site visit schedule to all members. b. None</p>	<p>Warren, CPAW</p>
<p>8. Audit #2 Update</p>	<p>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.</p>	<p>Recommendation to be presented at the next Mental Health Commission meeting.</p>	<p>Finance Committee</p>

TOPIC	ISSUE/CONCLUSION	ACTION/RECOMMENDATION	PARTY RESPONSIBLE
9. Children's Committee Report	<p>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.</p>	<p>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.</p>	Vern Wallace
10. Review of Meeting	<ul style="list-style-type: none"> o Would like committee reports from all committees. o Room set-up to go back to the old way. o Schedule a break in the middle of the meeting. o Discussion with the Mental Health Director is helpful and should be longer. o Door and bathroom should be unlocked past 5:00 o'clock. o 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	<ul style="list-style-type: none"> o Membership - Monday October 14th, 2013 3-5 pm at Mental Health Administration o Steering - Thursday October 17th, 2013 3-5 pm at Bisso Lane, Concord o CPAW – Thursday, November 7th, 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 3d 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 a 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 _____

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?

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Signature _____

Date _____

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CONSOLIDATED PLANNING ADVISORY WORK GROUP**

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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): _____

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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) _____			

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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) _____

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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 ___

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Yes ___

No ___

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

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***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

Plan Element	Status
1. Crisis Residential Program	Telecare selected through competitive bid process. Will start upon completion of building and negotiating contract. Amount up to \$2 million. Estimated start March 2014.
2. Assessment and Recovery Center	Construction of building being completed. Staffing positions being determined. Estimated start Spring 2014.
3. Master Leasing Program to establish estimated 25 subsidized housing units for mental health clients	Request for Proposal posted with final filing date of October 14 for estimated \$325,000 in funding.
4. Rapid Access – One Clinical Specialist and one half-time Registered Nurse added to each regional adult clinic to support same day urgent appointments.	All three Clinical Specialist positions are filled and plan element initiated. Filling the three Registered Nurse positions are pending.
5. Transitional Age Youth Full Service Partner Program in East County	Youth Homes selected through a competitive bid process; negotiating contract – estimated \$620,000. Estimated start December 2013.
6. Adult Full Service Partner Program in East County	Hume Center selected through a competitive bid process; negotiating contract - estimated \$959,000. Estimated start December 2013.
7. Transitional Residential Program for Transitional Age Youth in Central County	\$500,000 allotted for programming; \$150,000 allotted for facility renovation. County General Services developing plans and cost estimate for facility renovation.
8. Personal Service Coordinators for Children's Services – Full Service Partner Program (START)	Seneca awarded \$562,915 contract through a competitive bid process and plan element initiated August 2013..
9. Purchase vans and hire three Community Support Workers to provide transportation for consumers served at each regional clinic.	Vans purchased and candidates being interviewed for Community Support Worker positions.

Plan Element	Status
10. House two clinical specialists in county primary care clinics	Position duties and role being developed. Primary care clinic in Central County started October 2013.
11. Three Clinical Specialists to expand the capacity of the Older Adult Care Management teams – one per region	Positions are filled and expanded capacity initiated.
12. Multi-Dimensional Family Therapy (MDFT) for Children with Co-occurring Disorders	Lincoln Child Center awarded \$873,543 contract through a competitive bid process and program initiated September 2013.
13. Multi-Systemic Family Therapy (MST) for Juvenile Offenders	Community Options for Families and Youth awarded \$650,000 contract through a competitive bid process program initiated October 2013.
14. Three Clinical Specialists to provide financial management services for consumers – one per adult clinic.	Positions are in the County's hiring process for being filled.
15. Two Clinical Specialists and one clerk to provide utilization review of MHSA funded services to ensure appropriate level of care and appropriate documentation	One Clinical Specialist and the Clerk have started; the second Clinical Specialist position is in the County's hiring process for being filled.
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 MHSA funded plan elements	Positions are in the County's hiring process for being filled.
17. County staff to train and monitor fidelity to evidence based practices throughout the system	Three staff (one for each region) appointed and plan element initiated.
18. Vocational Services Innovation Proposal	To be addressed during upcoming three year planning process.
19. Older Adult Peer Project Innovation Proposal	To be addressed during upcoming three year planning process.
20. Transportation Innovation Proposal	To be addressed during upcoming three year planning process..

**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.


MHSA Three Year Plan Milestones and Timeline

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

As of: 11/1/13

CPAW Meeting Calendar

November 2013

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7 CPAW 3-6pm 2425 Bisso Ln., Concord	8	9
10	11	12	13 CPAW Housing Committee 9-10:30am 1340 Arnold Dr. Ste. 112, Martinez	14	15	16
17	18	19	20	21 CPAW Steering Committee 3- 5pm 2425 Bisso Ln., Concord	22	23
24	25 CPAW Innovations Committee 2- 4pm 1340 Arnold Dr. Ste. 112, Martinez	26 CPAW Children's Committee 3:30-5pm 1340 Arnold Dr. Ste. 200, Martinez	27 CPAW Aging and Older Adult Committee 2-3:30 pm 2425 Bisso Ln., Concord	28 	29	30