CPAW AGENDA ITEM
READINESS WORKSHEET

CPAW Meeting Date: April 3, 2014
Name of Committee/ Individual: Membership Committee

1. Agenda Item Name: Handout

2. Desired Outcome: Update CPAW on Membership Committee decisions and activities .

3. Brief Summary: The Membership Committee met on Monday, March 17 and addressed the following :

- Reviewed the application of Connie Steers and re-instated her as a member of CPAW.
- Reviewed and analyzed CPAW membership participation in sub-committees. Ryan Nestman volunteered to individually contact those members who have not yet indicated which sub-committees they are volunteering to participate in – as of the March 17 meeting nine members have not provided this information.
- Status of Transition Age Youth Committee – Ashley Baughman from the New Leaf Program has taken the lead for planning the first TAY meeting. This will be planned, run and attended by youth who participate in the 5-7 programs throughout the County providing MHSA funded services. She is currently querying youth from these programs as to a first meeting, date and place. County staff are in place to provide staff and clerical support.
- Status of Adult Committee – County staff are in place to provide staff and clerical support. At least two CPAW members have volunteered to participate. The next step is to set the initial areas of attention and date, time and place for the first meeting.

4. Background: The committee report is in handout form in order to maximize time on the April 3d agenda for CPAW to hear and discuss the prioritized needs and suggested strategies that have arisen from the focus groups and community forums.

5. Specific Recommendation: None

6. Anticipated Time Needed on Agenda: None

7. Who will report on this item? This Agenda Readiness Form will be used as a means to inform CPAW of the above decisions and activities.

CPAW AGENDA ITEM
READINESS WORKSHEET

CPAW Meeting Date: April 3, 2014
Name of Committee: Steering Committee

1. Agenda Item Name: Report on system integration discussion

2. Desired Outcome: Better integration of stakeholder participation in the planning, service delivery and evaluation of Contra Costa Mental Health.

3. Brief Summary: The Steering Committee met on Thursday, March 20th and discussed the importance of the various ongoing and ad hoc planning and oversight committees to better communicate and coordinate their efforts.

4. Background: CPAW members have expressed concern that information and decision-making processes affecting the planning, implementation and evaluation of Contra Costa Mental Health services and supports have not been shared in a manner that enables stakeholders to participate and provide input in a timely and efficient manner. Until now the Contra Costa Mental Health Administration has been identified as the sole responsible agent for the dissemination of this communication and coordination.

5. Specific Recommendations:

- That CPAW be a role model within the stakeholder community for communicating and coordinating information and decision-making processes that pertain to CCMH. This is to be done by fostering full and active participation in all CPAW and sub-committee meetings and sharing via multiple venues information with each other. This would include Mental Health Commission committees, SPIID integration workgroups, and various committees, such as the Suicide Prevention Committee, and other ad-hoc groups, such as Laura's Law implementation.

6. Anticipated Time Needed on Agenda: 15 minutes

7. Who will report on this item? Molly Hamaker, Lori Hefner, Mariana Moore

CPAW AGENDA ITEM
READINESS WORKSHEET

CPAW Meeting Date: April 3, 2014   **Name of Committee/Individual:** Innovation Committee

1. **Agenda Item Name**: *Innovation Recommendation for the Innovation Component of the Three Year Plan*

2. **Desired Outcome** *(as you'd like it to show on the CPAW Agenda): Please select ONE.*
   ○ **Informational Update**

3. **Summary** (fill out ONE of the below sections)

   (a) If "Informational Update" or "Discussion to Build Understanding", please give brief summary of topic.

In preparation for making a recommendation to CPAW about which programs should be included in the Innovation component of the Three-Year Mental Health Services Act (MHSA) Plan, the Innovation Committee reviewed the information gathered during the Community Program Planning Process (CPP) focus groups and community forums as well as the Needs Assessment. The Committee compared the list of needs identified during the CPP to the list of current and approved Innovation programs. The Innovation Committee makes the following recommendation to CPAW:

Innovation Component of the Three-Year Mental Health Services Act Plan (FY 14/15 through FY 16/17)		
Program	Approximate Annual Cost	Link to Community Program Planning Process
Women Embracing Life and Learning (W.E.L.L. Project)	$323,000	Health integration project; creating system linkages through Public Health Nursing; colocation of services seeks to overcome mental health stigma; offers mental health services to unserved/underserved minority population
Libby Madelyn Collins Trauma Recovery Project	$125,000	Provides services to severely persistently mentally ill population; program is recovery oriented; provides transportation to group participants; includes meaningful involvement of peers
Reluctant to Rescue	$126,000	Recovery oriented; provides mental health services to underserved, primarily minority population; client-driven service model; addresses stigma
Social Supports for Lesbian, Gay, Bi-sexual, Transgender, Questioning Youth (LGBTQ)	$420,000	Addresses cultural competency; provides mental health services to underserved population; addresses stigma; provides

		system linkages; creates welcoming environment for clients
Wellness Coaches	$1,000,000	Creates system linkages; integration project; includes meaningful involvement of peers; recovery-focused
Vocational Services		Addresses employment readiness; increases capacity of county vocational services; recovery oriented
Older Adult Peer Support		Addresses social supports; addresses system linkages; addresses care coordination
Transportation		Addresses transportation issue; improves access to services

The Wellness Coaches, Vocational Services, Older Adult Peer Support and Transportation concepts have been approved by the Innovation Committee to be developed into proposals for Mental Health Oversight and Accountability Commission (MHSOAC). The Innovation Committee recommends approximately $1 million be set aside for these four concepts collectively. The Innovation Committee will continue to entertain new concepts and new proposals potentially developed if and when remaining funds became available. Thus, if the $1 million is not fully committed for the four concepts, then new concepts could be considered.

Please take the time to review this document prior to May's discussion about the Three-Year MHSA Plan. The Innovation Committee's recommendation about the Innovation component of the Three-Year Plan will discussed during the May CPAW meeting.

4. Background: What context is needed for CPAW members to understand this item? What's the history that CPAW members need to be aware of for discussion or recommendation? (eg. Is this building on a previous committee recommendation?) What else should CPAW members know about the rationale that guided the committee or individual to this point?

Five percent of Mental Health Services Act funding must be utilized for Innovation programming. All projects included in the innovative program portion of the county plan shall address one of the following purposes as its primary purpose:

(A)   Increase access to underserved groups.
(B)   Increase the quality of services, including measurable outcomes.
(C)   Promote interagency and community collaboration.
(D)   Increase access to services.

Programs should support innovative approaches by doing one of the following:

(A)   Introducing new mental health practices or approaches, including, but not limited to, prevention and early intervention.
(B)   Making a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community.
(C)   Introducing a new application to the mental health system of a promising community-driven practice or an approach that has been successful in nonmental health contexts or settings.

An innovative project may affect virtually any aspect of mental health practices or assess a new or changed application of a promising approach to solving persistent, seemingly intractable mental health challenges. If an innovative project has proven to be successful and a county chooses to continue it, the project work plan shall transition to another category of funding as appropriate. County mental health programs shall expend funds for their innovation programs upon approval by the Mental Health Services Oversight and Accountability Commission[1].

5. Funding Considerations[2]: If this item includes funding, please answer the following relevant questions-
What funding category does this item fall under? Innovation
How much would this proposal cost (with as much precision as can be offered)? Approximately $2 million a year (5 percent of total annual Mental Health Services Act budget)
What proportion of the funding category would this program represent? 100 percent

7. CPAW Role: What is the desired and appropriate level of CPAW engagement?

Choose ONE from the following[3]:
   • For Future Action- Information to prepare for a future recommendation

8. Who will report on this item? Innovation Committee will report on this item during the May CPAW meeting.

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[1] Mental Health Services Act. "Section 4". *Mental Health Services Act: As Amended in 2012.* 2012. Available at: http://www.mhsoac.ca.gov/docs/MHSA_AsAmendedIn2012_AB1467AndOthers_010813.pdf .
[2] Please offer visual representations when possible.
[3] Please note that the levels of engagement are in ascending order- from lesser to greater levels -of engagement. The greater the level of engagement, the more background and context should be provided by the committee.
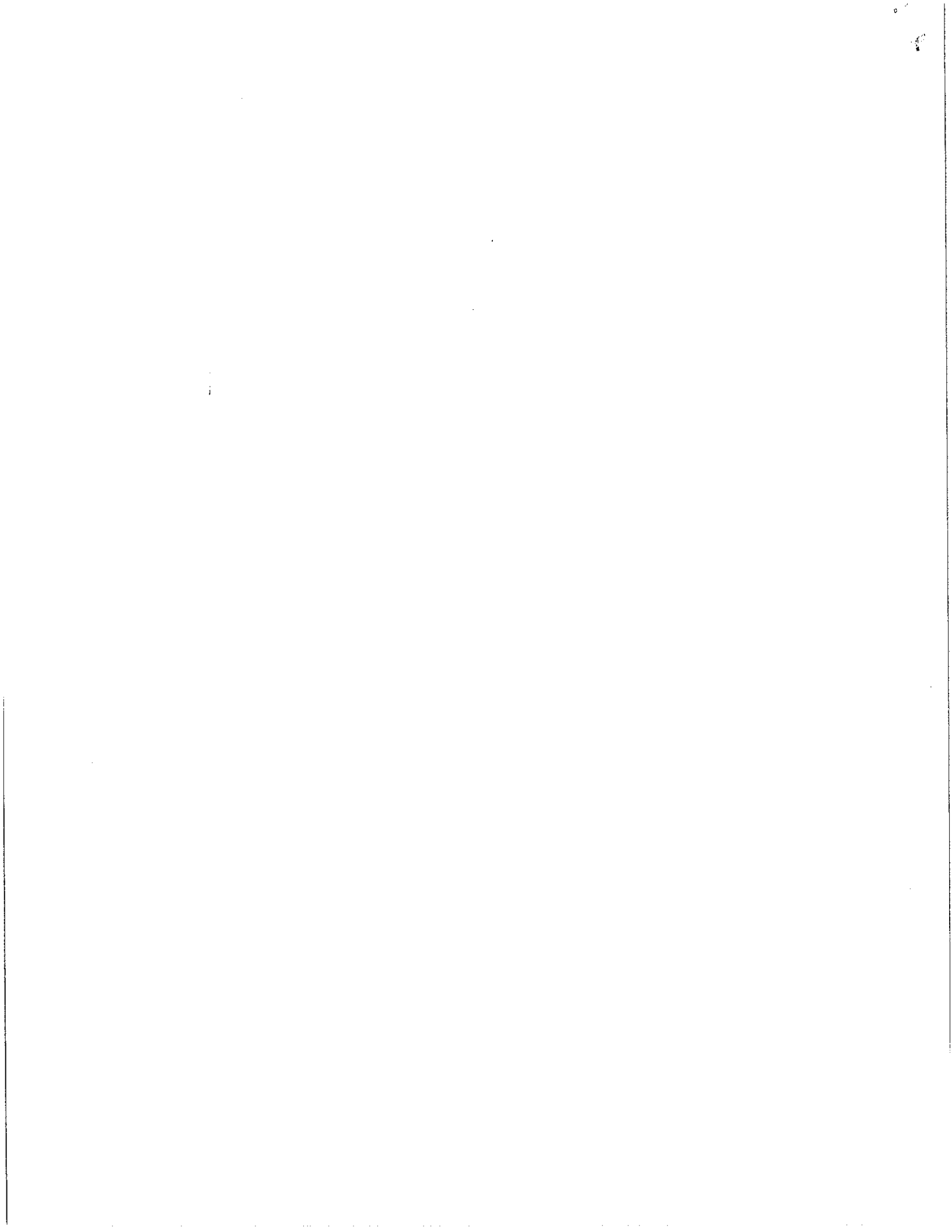
CONTRA COSTA COUNTY:
MHSA COMMUNITY PROGRAM PLANNING
COMMUNITY FORUM PRESENTATION

March 19-26, 2014
Roberta Chambers, PsyD, RDA
Kelechi Ubozoh, PEERS

Agenda

- Provide overview of Community Program Planning process
- Review Community Engagement process
- Present results from Community Engagement
- Receive additional input or feedback from the community

Overview of the CPP Process

- Needs Assessment
- Community Engagement
- Plan Development
- Public Posting and Public Hearing
- Board of Supervisors Review

Community Engagement Methods

- Purpose: Collect information about people's perceptions of priority mental health needs and ideas to address those mental health needs.
- Methods:
  - Conducted 18 consumer/family member focus groups with 232 consumers and family members
  - Conducted 5 Provider Focus Groups with 50 providers
  - Conducted 3 Community Forums with 108+ people

R D A

Unmet Needs

R D A

Wellness and Recovery

- While some programs or sites are recovery oriented, there is an inconsistent experience of wellness and recovery.
  - In underrepresented cultural groups, lack of a "whole person" approach was a barrier to service participation.
  - The inconsistent experience of recovery may result in mixed messages and contradictory/confusing recovery goals.
- Stakeholders noted the benefits of being "ill" and that recovery was de-incentivized.
  - Services are less available as someone begins to achieve recovery, placing them at risk of relapse.

R D A

Consumer/Family Driven

- Services are most available to those who are able to advocate for themselves. Services are less available to those who don't/can't advocate for themselves.
- Family members are not regularly included in services but relied upon as a critical resource during hospital and jail discharge.

R D A

Collaboration and Integration

- The MH system has a lot of valuable components, but the experience of the system is disjointed. This creates opportunity for people to "fall through the cracks."
  - There is a pervasive lack of knowledge about service availability across the system and frustration amongst stakeholders with trying to obtain needed services for themselves or a loved one.
- The mental health system could improve its partnership with non-mental health providers, specifically criminal and juvenile justice, schools, and social service agencies.

R D A

Cultural Competency

- Every discussion acknowledged the stigma of mental health and underrepresented cultural groups. This stigma gets in the way of people seeking services and negatively impacts individual and community mental health.
  - The LGBTQ community acknowledged institutionalized stigma and lack of trained professionals as a significant barrier to accessing service.
  - Bullying and physical harassment was a specific concern of young people, especially in the trans community, as a result of stigma.
- While there are cultural-specific services available, core mental health services are not always available in these settings.
  - Cultural barriers to the access line and reliance on telephone translation prevent access and engagement by underrepresented cultural groups.

R D A

Access to Basic Resources

- Despite the County's intensive efforts to improve access and availability of housing, benefits, transportation, and other basic resources, there remains a significant need for additional resources.
  - The shelter environment is difficult for those who are engaging in dual recovery.
  - There appears to be greater stock of shared housing than single occupancy units.
  - Transportation is a barrier to service participation.
  - Clothing, food, childcare, and income were all cited as significant needs.

Crisis Specific Services

- Stakeholders discussed challenges and issues related to services before, during, and following a crisis.
  - There is minimal service, specifically outside of business hours, to avoid crisis as well as a lack of discharge planning and follow-up support.
  - There is a group of adults who have frequent crisis events and experience difficulty engaging in services pre and post crisis.
  - There are few crisis-specific resources specifically for minors and young people.

Accountability

- The stakeholder community requested information and increased transparency to support data-driven decision making, including:
  - Number and demographics of persons served by MHSA programs
  - Funding amounts for each program and how funds were spent
  - Program outcomes and evaluation
    - Input/evaluation from peers who have utilized services was specifically requested.

Potential Solutions

R D A

Wellness and Recovery Oriented Services

- □ Develop a continuum of service that provides support at all levels of recovery.
  - ▫ Consider workforce development opportunities for people with lived experience.
  - ▫ Maximize the use of wellness, community, and multi-service centers to support engagement, recovery, and meaningful activity.

R D A

Inclusion of Consumers and Family

- □ Consider ways to promote the meaningful inclusion of peers and family members in the mental health system.
  - ▫ Develop a Consumer Self-Advocacy Training Program.
  - ▫ Promote Speaker's Bureau-type activities (e.g. OCE, *In our own voice*).
  - ▫ Consider expanding the number and role of peer and family providers in outreach and engagement, systems navigation, and crisis response and follow-up.
  - ▫ Develop/expand services to collaborate with and support families who serve as a primary resource for their loved ones in recovery.

R D A

Collaboration and Integration

- Strengthen the collaboration between CCMH, CBOs, and other public agencies.
  - Create formal mechanisms for collaboration. Consider using MOUs/contracts as leverage.
  - Create a comprehensive resource/referral guide for consumers and providers that includes service description, referral process, and eligibility criteria.
- Support the development of mental health awareness for non-mental health providers (i.e. schools, criminal and juvenile justice).
  - Mental Health First Aid, ASIST, Safe Talk, Youth Mental Health First Aid.
  - Crisis Intervention Training or alternative.
  - Faith-based communities.
- Consider ways to strengthen the integration of primary care and substance use services for all ages, and specifically older adults.
- Consider ways to partner more closely with law enforcement, specifically around AB109.

R D A

Cultural Competency

- Promote access and engagement in underrepresented cultural groups.
  - Address institutionalized stigma (e.g. forms should be culturally relevant).
  - Consider non-traditional ways to access core mental health services. This could include offering more clinical services available in cultural-specific programs or creating alternative methods for access.
- Promote awareness of mental health in Contra Costa's diverse communities.
  - Consider developing public awareness campaigns and targeted outreach to reduce stigma.

R D A

Increase Access to Basic Resources

- Increase availability of housing options from transitional through permanent supportive housing.
  - Consider creating "sober shelter" space.
  - Prioritize development of single occupancy housing.
- Increase access to transportation resources.
  - Consumers reported the type of transportation assistance is less important than its availability.
- Strengthen collaboration with social service agencies that facilitate access to entitlement benefits.

R D A

Crisis Specific Services

- Develop programs that address the "revolving door" of PES and the jails.
  - Intensive outreach to engage people that are less able to advocate for themselves or are "difficult to engage."
  - Mobile crisis services to reduce inappropriate use of jails/PES and increase recovery supports.
  - High-end services for people who are cycling in and out of crisis and jail services.
  - Discharge and post crisis follow-up services to facilitate engagement with the mental health system.
- Evaluate the availability of children's crisis system and consider expansion of *in-county* children's crisis and residential services.

RDA

Workforce Development

- Improve staff and provider training and expectations around:
  - Wellness and recovery-focused services
  - Engagement and a welcoming environment (e.g. customer service orientation)
  - Cultural competence/relevance
  - Collaboration and integration
  - Trauma informed care
  - HIPAA
- Prioritize hiring and recruitment of bicultural/bilingual staff and invest in a workforce that is reflective of persons served.

RDA

Accountability

- Provide data to inform decision-making and continuous quality improvement.
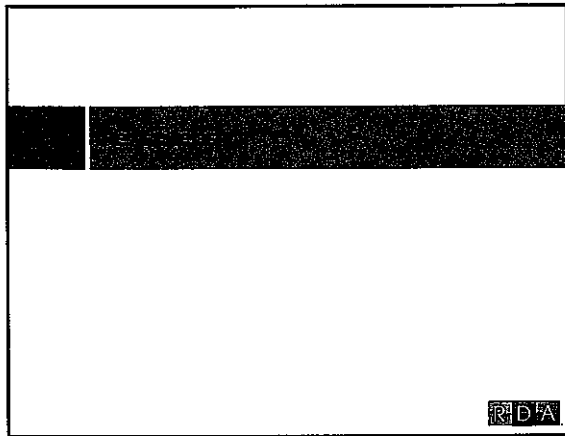- Consider program evaluation in ongoing monitoring and funding decisions.

RDA

MHSA Planning Next Steps

| Community Engagement/Planning Event	Date & Agency
Development of the draft MHSA Three-Year Program & Expenditure Plan	March 2014 – May 2014 Consolidated Planning & Advisory Workgroup (CPAW)/CCMH
Present Community Engagement Findings to CPAW & Mental Health Commission (MHC)	April 3, 2014, 3:00 – 5:00 pm Resource Development Associates (RDA)
Consolidated Community Engagement Report to CCMH	April 18, 2014 RDA
Public posting & comment period of the MHSA Three-Year Program & Expenditure Plan	May 2014 (prior to May 13, 2014) CCMH
Public hearing for the MHSA Three-Year Program & Expenditure Plan	June 12, 2014 MHC
Board of Supervisors Review	June 2014 (tentative)
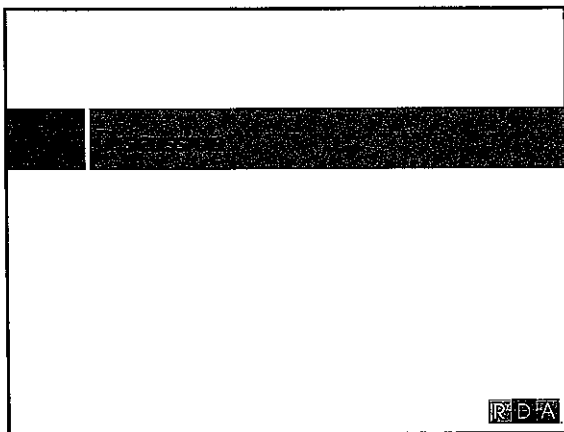
Evaluation and Closing

Give us your feedback!
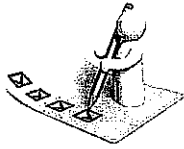
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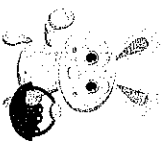
CPAW Meeting Calendar

April 2014

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	**3** CPAW 3-6:00pm: 2425 Bisso Ln., Concord	4	5
6	7	**8** Social Inclusion 10am-12pm: 2425 Bisso Ln., Concord	9	**10** CPAW Children's Committee 12- 1:30pm: 1340 Arnold Dr. Ste. 200, Martinez	11	12
13	14	15	**16** CPAW Housing Committee 9- 10:30am: 1340 Arnold Dr. Ste. 112, Martinez	**17** CPAW Steering Committee 3- 5:00pm: 2425 Bisso Ln., Concord	18	19
20	**21** CPAW Membership Committee 3- 5:00pm: 1340 Arnold Dr. Ste. 200, Martinez	22	23	24	25	26
27	**28** CPAW Innovation Committee 2- 4:00pm: 1340 Arnold Dr. Martinez (Ste TBD)	29	**30** CPAW Aging and Older Adult Committee 2- 3:30pm: 2425 Bisso Ln. Ste. 100, Concord			