

# Consolidated Planning and Advisory Workgroup (CPAW)

Thursday, February 4, 2021

3:00 pm – 5:00 pm

Meeting Access via Online Zoom Video Conference and Telephone Conference:

<https://homebaseccc.zoom.us/j/724180505?pwd=ayswSINGeU02MTMrRkIzSkY1OFYyQT09>

Call In Number: 1-669-900-6833 Meeting ID Code: 724 180 505 Password: 6472



- Members Attending:** Stephen Boyd, Y’Anad Burrell, Chaplain Creekmore, Candace Collier, Douglas Dunn, Carolyn Goldstein-Hidalgo, Anna Lubarov, Sara Marsh, Roberto Roman, Jennifer Tuipulotu, Amelia Wood
- Staff Attending:** Dr. Suzanne Tavano, Janet Costa, Jessica Domingez, Jessica Hunt, Jaime Jenett, Ellie Shirgul, Genoveva Zesati
- Public Participants:** Tanya Addison, Ben, Bree Brytus, Pete Caldwell, Ali Michael Cannon, Ashley Ciullo, Jeff Clair, Wanda Davis, Deborah, Diana, Jenna Dymes, Antonia Fernandez, Kevin Hall, Haley King, Margaret Netherby, Jessica Osborne, Marina Ramos, Angie Sison, Kristine Suchan, Tanya, Robert Zunter
- Facilitator:** Amanda Wehrman
- Recorder:** Audrey Montana
- Staff Support:** Jennifer Bruggeman
- Excused from Meeting:** Kathi McLaughlin
- Absent from Meeting:** Lisa Bruce, Steve Blum, Jo Bruno, Courtney Cummings, Tom Gilbert, Dave Kahler, Kimberly Krisch, James Lancaster, Jackie Lerman, Leslie May, Mariposa McCall, Ryan Nestman, Melinda O’Day, Chelise Stroud, Lauren Rettagliata, Gina Swirsding, Johanna Wagner, Matthew Wilson, Graham Wiseman

TOPIC	ISSUE/CONCLUSION	ACTION/ RECOMMENDATION	PARTY RESPONSIBLE
1. Welcome – Roll Call, Call to Order, Review Working Agreement • Announcements • Finalize Meeting Notes	<ul style="list-style-type: none"> <li>• <b>Roll Call, Call to Order, Review Working Agreement</b></li> <li>• <b>Announcements –</b> <ul style="list-style-type: none"> <li>○ (Jennifer Bruggeman) Introduced and welcomed the newly appointed CPAW member – Carolyn Goldstein-Hidalgo.</li> </ul> </li> </ul> (Meeting Notes (December 3, 2020) – Approved with a minor revision	Information  Notes approved. Will be posted to MHS CPAW website.	Amanda Wehrman, Facilitator  Audrey Montana to post notes.

TOPIC	ISSUE/CONCLUSION	ACTION/ RECOMMENDATION	PARTY RESPONSIBLE
<p>2. Stakeholder Sharing by Meeting Groups</p> <ul style="list-style-type: none"> <li>• Adults Committee</li> <li>• Aging &amp; Older Adults Committee</li> <li>• Alcohol and Other Drug Services (AOD) Advisory Board</li> <li>• Behavioral Health Care Partnership (BHCP) Meeting</li> <li>• Children, Teens and Young Adults (CTYA) Committee</li> <li>• Health, Housing &amp; Homeless Services (H3) – Continuum of Care</li> <li>• Innovation (INN) Committee</li> <li>• Membership Committee</li> <li>• Mental Health Commission (MHC)</li> <li>• Mental Health Commission – Quality of Care</li> <li>• Reducing Health Disparities (RHD)</li> <li>• Social Inclusion Committee</li> <li>• Suicide Prevention Committee</li> <li>• System of Care Committee</li> <li>• Training Advisory Workgroup (TAW)</li> </ul>	<p><b>Adults Committee:</b> No additional comments.</p> <p><b>Aging &amp; Older Adults Committee:</b> The next workgroup will meet on February 10<sup>th</sup> from 1:00 pm to 3:30 pm. Gilbert Salinas, Health Equity Officer, will speak on the COVID-19 Vaccine. If you would like more info on our meetings please send an email to Brianne Green at <a href="mailto:bgreen@cchealth.org">bgreen@cchealth.org</a>.</p> <p><b>Alcohol and Other Drug Services (AOD) Advisory Board:</b> No additional comments.</p> <p><b>Behavioral Health Care Partnership (BHCP):</b> Met on December 15<sup>th</sup>. Special meeting soliciting input from community partners re areas of improvement resulting from the Health Services Value Stream Mapping Event re Behavioral Health Community Crisis Response efforts in Contra Costa County. Discussed: (1) Identify a single telephone number to call, (2) Provide mobile crisis 24/7 response, (3) Evaluate non-police mobile crisis team compositions, (4) Identify alternative destinations for those experiencing mental health crisis and (5) services for Youth and Children. Had discussions then formed breakout groups. Thereafter, shared information and also with rapid improvement design teams. In agreement all are on the right track. Received information from a family member of an adult, an update on psychiatric Units 4C and 4D re COVID-19, updates on vaccinations re staff and clients and also those on Units 4C and 4D. Received updates for a possible separate psychiatric unit for children and youth. Behavioral Health is applying for a grant. Updated on four improvement ideas. Focus will extend beyond Psychiatric Emergency Services (PES) to pre-crisis, crisis and post-crisis services and supports. The next meeting will be Tuesday, February 16 from 1:30 pm to 3:00 pm via Zoom (online and telephone).</p>		<p>Committee Representatives</p>

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	<p><b>Children, Teens and Young Adults (CTYA) Committee:</b> No meeting held in January. Met with Children’s Behavioral Health leadership re this committee last week. Plan to revamp the meetings back up. Children’s leadership, Gerold Loenicker, is touch base with other Children’s staff to determine the next step. Will provide an update next month.</p> <p><b>Health, Housing and Homeless Services (H3):</b> All existing projects had their funding renewed. All housing funded through HUD will continued with funding. Have additional funding from different sources related to COVID. Will soon update the H3 website with information. Just issued a Request for Qualifications (RFQ) for rapid housing providers. If you want to get information about homelessness and events/meetings/funding opportunities, etc., you can sign up: <a href="https://visitor.r20.constantcontact.com/manage/optin?v=001zpQMaVU8vAygGSKiQQAmHz_QvSMID0ShGg_UfEGz8Fw2oyhhOhpPQh4Scmvsv9L6-3wLwduaoMFPbiiNUnbiEe0LOS5tVfBx16Z8EGIJAI%">https://visitor.r20.constantcontact.com/manage/optin?v=001zpQMaVU8vAygGSKiQQAmHz_QvSMID0ShGg_UfEGz8Fw2oyhhOhpPQh4Scmvsv9L6-3wLwduaoMFPbiiNUnbiEe0LOS5tVfBx16Z8EGIJAI%</a> This year due to COVID, there will be no Point In Time count of the homeless population. No unsheltered count. Will count those in shelter. Monday will be a community stakeholder meeting for input on issues relating to homelessness. Encourage consumer engagement and all welcome to participate and provide input. Open to professionals, those with lived experience with homelessness, and those who have accessed the mental health system. Want to hear from everyone as to how our system can work better. Meeting will be Monday from 1:00 to 3:00 pm. If you have people who are experiencing homelessness, they can call 211, go to a CARE center or call 211 to connect to CORE or see: <a href="https://cchealth.org/h3/coc/help.php">https://cchealth.org/h3/coc/help.php</a>. Regarding the state eviction moratorium, here is the link for information: <a href="https://www.gov.ca.gov/2021/01/29/governor-newsom-signs-legislation-to-extend-eviction-moratorium-and-assist-tenants-and-small-property-owners-impacted-by-covid-19/">https://www.gov.ca.gov/2021/01/29/governor-newsom-signs-legislation-to-extend-eviction-moratorium-and-assist-tenants-and-small-property-owners-impacted-by-covid-19/</a></p>		

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	<p><b>Innovation (INN) Committee:</b> No additional comments.</p> <p><b>Mental Health Commission (MHC):</b> The Mental Health Commission met yesterday. There will be four main goals for the Mental Health Commission for 2021. (1) Contribution to crisis intervention efforts, (2) Create a plan for a Value Stream Mapping event, (3) Create a plan for Smoking Cessation, (4) Create a plan for a Value Stream Mapping event for conservatorships, (5) Set the number of program site visits – perform six to eight visits in 2021. Will discuss a motion in March – Motion to implement a smoking cessation program for Contra Costa Behavioral Health services - all contracted Community Based Organizations (CBO’s) as soon as possible. Look forward to have a presentation from staff from Alameda County that already has implemented this type of program. Will provide an update next month. Dr. Tavano talked about a major grant that would establish a stand-alone crisis stabilization unit for children and youth. The County plans to apply. Would also be less costly than remodeling the existing PES facility to also service children and youth.</p> <p><b>Mental Health Commission (MHC) – Quality of Care Committee:</b> No additional comments.</p> <p><b>Reducing Health Disparities (RHD):</b> No additional comments.</p> <p><b>Social Inclusion Committee:</b> No additional comments.</p> <p><b>Suicide Prevention Committee:</b> Have a new subcommittee – will focus on youth mental health and suicide prevention. The first meeting for this Youth subcommittee will be tomorrow (Friday) at 11:30 am. If you are interested, please reach out to Jessica Hunt (<a href="mailto:Jessica.hunt@cchealth.org">Jessica.hunt@cchealth.org</a>).</p> <p><b>System of Care Committee:</b> No additional comments.</p> <p><b>Training Advisory Workgroup (TAW):</b> No additional comments.</p>		

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<p>3. Dialogue and General Update with Contra Costa County Behavioral Health Services (BHS) Executive Staff</p>	<p><b>Dialogue with Contra Costa County Behavioral Health Services (BHS) Executive Staff</b></p> <p><b>Dr. Suzanne Tavano:</b></p> <ul style="list-style-type: none"> <li>• Behavioral Health Services <ul style="list-style-type: none"> <li>○ Level of services provided has gone up. Confirmed by service providers and community based organizations</li> </ul> </li> <li>• Remote Services <ul style="list-style-type: none"> <li>○ Has proved effective</li> <li>○ But, people need more in person services. We are moving in that direction as much as we can do safely.</li> </ul> </li> <li>• Behavioral Health Services and Mental Health Services has provided housing for 500 people in hotels <ul style="list-style-type: none"> <li>○ Mental Health and substance use supports</li> <li>○ Teams provide support to these residents in each region</li> <li>○ Also includes PUI in West County</li> <li>○ Funding of the hotels <ul style="list-style-type: none"> <li>▪ Fortunately now have funding through September</li> <li>▪ Time now to look at moving some residents into permanent housing. Goal is not to send to dorm style shelters but into dwellings.</li> </ul> </li> </ul> </li> <li>• Rent Assistance <ul style="list-style-type: none"> <li>○ There is currently a moratorium on evictions that was extended but at some point will end</li> <li>○ Check if people are doing OK with their rent</li> <li>○ Possibility of federal funding for rent subsidies. Not sure if the funds will go directly to the state or to the counties</li> </ul> </li> <li>• Call Centers . <ul style="list-style-type: none"> <li>○ May ultimately collapse all three Call Centers (Contra Costa Health information line, COVID testing Call Center and Vaccination Call Center) into one Call Center</li> <li>○ Providing support to staff working in the Call Centers</li> <li>○ Understand people making calls under stress. If anyone appears particularly upset or at risk, they are referred and we reach out to them</li> </ul> </li> </ul>		<p>Dr. Suzanne Tavano (Director, Behavioral Health Services)</p>

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	<ul style="list-style-type: none"> <li>• Behavioral Health Service Vaccine Clinics <ul style="list-style-type: none"> <li>○ This is the last week to administer vaccines to County staff. Clinics close tomorrow.</li> <li>○ Approximately 1,200 County Behavioral Health Services providers have received the first and second doses</li> <li>○ Last week scheduled those 65 and older if we could fit them in to the clinics.</li> </ul> </li> <li>• Vaccination of those 65 or older <ul style="list-style-type: none"> <li>○ Working to help them navigate the system and get vaccinated</li> <li>○ We serve 300,000 people a year. Working to ensure they get vaccine when eligible.</li> <li>○ Currently vaccinations to those 75 years and older. Then will proceed with those 65 and older.</li> </ul> </li> <li>• Next Tier of Vaccinations <ul style="list-style-type: none"> <li>○ In discussions now. Appears essential workers may be next.</li> <li>○ Look at high risk and special needs regardless of age. For example those with disabilities. May add Behavioral Health clients.</li> <li>○ Some service providers are hesitant to take the vaccine</li> <li>○ Must engage the underrepresented and to do this, will work with Peer providers</li> </ul> </li> <li>• Chief Position <ul style="list-style-type: none"> <li>○ Just filled a Chief Position. No title yet. Will oversee all the types of roofs. Kennisha Johnson accepted this position. She currently the Manger of the Central County Adult Clinic</li> </ul> </li> <li>• Children’s Stabilization Unit <ul style="list-style-type: none"> <li>○ Submitted the County’s grant application last Friday</li> <li>○ Funds to support a youth and children’s free-standing unit separate from Psychiatric Emergency Services. An option to remodeling Psychiatric Emergency Services to provide an area for children and youth.</li> <li>○ Will be a couple of months until we hear about the grant</li> </ul> </li> </ul>		

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	<p><b>Comments and Response to Questions:</b></p> <ul style="list-style-type: none"> <li>• (Jaime Jenett) Can you describe the new Chief’s role in regards to housing? We have invested money into different kinds of roofs (i.e. supportive housing, master leases, board and cares, enhanced board and cares, etc.). Focus on all of these. Look to build out and expand. Need someone to oversee all of this. Will work in close coordination with H3 and Mental Health. Kennisha Johnson will be primarily the point person for H3.</li> <li>• (Roberto Roman) I really appreciate you coming to this meeting month after month and convey what you convey. It can’t be easy. I really appreciate you for that.</li> <li>• (Sara Marsh) Good there is just one contact person – Kennisha Johnson. CPAW does work with various kinds of housing. Would be interesting to have a presentation with all who are involved with these various types of housing. Could this be done? Yes. It would be a great idea to have a joint presentation involving Lavonna at H3 and Behavioral Health. Discuss how they are interrelated and functions that crossover. Great suggestion.</li> </ul>		
4. Presentation in relation to Early Childhood Mental Health	<p><b>Wanda Davis (First 5 Contra Costa) and Pete Caldwell (We Care Services for Children) presented:</b></p> <p>(PowerPoint presentation – “Early Childhood Mental Health”)</p> <ul style="list-style-type: none"> <li>• Early Childhood Prevention and Intervention Coalition <ul style="list-style-type: none"> <li>○ Goal is to promote child wellbeing particularly early childhood mental health</li> <li>○ Advocate for appropriate resources and supports</li> <li>○ Provided statistics</li> <li>○ Thousands of Children are not being served</li> </ul> </li> <li>• Infant and Early Childhood Mental Health <ul style="list-style-type: none"> <li>○ Ages 0 – 5 years – much of the parts of one’s personality is set by the age of 5</li> </ul> </li> </ul>		<p>Wanda Davis (Early Intervention Program Officer, First 5 Contra Costa)</p> <p>Pete Caldwell (Executive Director, We Care Services for Children)</p>

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	<ul style="list-style-type: none"> <li>○ In this County, have 10,000 children under 5 years who may have some form of mental health issues. Community partners may be seeing only 500 – 600 children a year. With all, seeing maybe only 1,500 children. Thousands not being served.</li> <li>● 90% of a child’s brain develops before the age of 5 <ul style="list-style-type: none"> <li>○ Described portions of the brain and areas involved in a child’s development</li> <li>○ Children need adults to help make sense of the world, regulate emotions, understand experiences and feel safe</li> </ul> </li> <li>● Long term effects on a child’s brain from toxic stress <ul style="list-style-type: none"> <li>▪ Greatly multiplies later occurrences of suicide, lower respiratory disorders, stroke, cancer, heart disease and diabetes</li> </ul> </li> <li>● Stress can be transferred to children – intergenerational</li> <li>● Investment in Early Childhood Mental Health results in greater rewards <ul style="list-style-type: none"> <li>○ Improves not only mental health but future general health of the child. Results in no achievement gap. Best to invest early.</li> </ul> </li> <li>● Racial and Ethnic Disparities <ul style="list-style-type: none"> <li>○ Black and Brown children are not receiving the same access to services and programs. Up to three times more unmet mental health needs.</li> <li>○ Cultural barriers re the perception of mental health</li> </ul> </li> <li>● COVID-19 amplifies the Mental Health needs <ul style="list-style-type: none"> <li>○ Change in routines, four year olds have no kindergarten when their brains are ready to learn to socialize, missed life events, undiagnosed mental health needs</li> <li>○ Financial insecurity, isolation, compromised early learning</li> <li>○ Racial disparities amplified from system failures</li> <li>○ Break in the continuum of health care. Do not go to the doctor. Miss signs of mental health and health issues</li> <li>○ Miss significant life events – birthdays, Christmas</li> </ul> </li> </ul>		



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	<ul style="list-style-type: none"> <li>○ Loss of finances has dire consequences (i.e. domestic violence)</li> <li>○ If not help now with young children, youth can be problematic later. Need to invest in the children early. <ul style="list-style-type: none"> <li>▪ Need to devote more energy to solve these issues</li> </ul> </li> </ul> <p><b>Comments and Response to Questions:</b></p> <ul style="list-style-type: none"> <li>• (Dr. Suzanne Tavano) Great presentation. I started with 0-3 year olds. Of those children, how many be would Medical and how many commercially insured? (Pete Caldwell) n poverty. Undertrained pediatricians in the private sector. Contracted programs do not have the capacity. (Wanda Davis) Not only issues of access, but need the coordination piece – to be able to navigate the system.</li> <li>• (Stephen Boyd) How involved are the parents in the families you help? Are there services for parents/families? (Wanda Davis) Yes. We have a multigenerational approach. Includes the family. These are preventative measures. With parental education supports, will result in positive parenting. This education and support will be culturally relevant for the families. Families also have access to therapy.</li> </ul>		
<p>5. Community Program Planning Process</p> <ul style="list-style-type: none"> <li>• Report out on Hope &amp; Wellness Community Forum</li> </ul>	<ul style="list-style-type: none"> <li>• Jennifer Bruggeman (Mental Health Services Act Program Manager) <ul style="list-style-type: none"> <li>○ Updates will be provided by Genoveva Zesati and Jessica Hunt</li> </ul> </li> <li>• Genoveva Zesati provided the report out on the Community Forum Survey and Polling <ul style="list-style-type: none"> <li>○ There were 70 participants at this Community Forum. 55 responded to the polling questions. <ul style="list-style-type: none"> <li>▪ 32 participants had participated in Forums previously, 18 had not</li> <li>▪ Most participants agreed the form was effective and achieved goals</li> <li>▪ Most participants agreed talking circles were effective</li> </ul> </li> </ul> </li> </ul>		<p>Jennifer Bruggeman (Mental Health Services Act (MHSA) Program Manager)</p> <p>Genoveva Zesati. (Workforce, Education and Training (WET)/Ethnic Services Coordinator,</p>

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	<ul style="list-style-type: none"> <li>▪ Everyone enjoyed the speakers</li> <li>▪ Agreed time worked well for this forum and most strongly agreed the length of forum was adequate</li> <li>▪ Most enjoyed the experience</li> <li>▪ Most responded to the question that if they were unwell, they would first confer with family, then their medical doctor and third to their spiritual/community leader.</li> <li>▪ In general, the responses were positive. Especially in response to the Food presentation and indicated they learned a lot of new information. Agreed self-care was important. Many indicated they enjoyed the Forum topics and discussions and had a positive experience. Enjoyed the mindful experiences.</li> <li>▪ Indicated would have liked more time for networking and the talking circles discussion.</li> <li>▪ Received public comment – all positive feedback</li> <li>○ Demographics <ul style="list-style-type: none"> <li>▪ Participants generally were middle aged, service providers, Caucasian and female</li> <li>▪ One half of those participating were service providers</li> <li>▪ Will reach out in the future with goal of more diversity of forum participants</li> </ul> </li> <li>• Jessica Hunt provided the report out on the Community Forum talking circles <ul style="list-style-type: none"> <li>○ Participants had twenty minutes for discussions in the talking circles</li> <li>○ There were four questions as to health and wellness</li> <li>○ What does mental health and wellness look like in your community? <ul style="list-style-type: none"> <li>▪ Responses were self-care, reading, journaling, exercise, practicing mindfulness</li> <li>▪ During COVID, people are more open to discussing mental health needs which has reduced the stigma</li> <li>▪ As for virtual services – commented via zoom could</li> </ul> </li> </ul> </li> </ul>		<p>ASAIH - Mental Health Services Act )</p> <p>Jessica Hunt (Prevention, Education and Intervention Program Supervisor, Mental Health Services Act)</p>

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	<p>reach more people, some could not participate if in person and could do so virtually, keeps people connected. People more connected and actually reduced barriers. Service providers were praised to be able to reach everyone. Challenges would be having young children at home, long wait times before next meeting, homelessness, unemployment.</p> <ul style="list-style-type: none"> <li>○ What Community supports were helpful or are working well? <ul style="list-style-type: none"> <li>▪ Virtual meetings proved people could be adaptive and learn new technical skills. Technology increased connectivity. Demonstrated collaboration efforts. People adapted such as the White Pony Express that provides food. Shout out to first responders. Great Peer support. Appreciated people were there to step up to the plate.</li> </ul> </li> <li>○ What supportive services would you like to see? <ul style="list-style-type: none"> <li>▪ Housing and homeless services</li> <li>▪ Some people not eligible for the hotel program. Expand to include high risk groups. Increase facilities for the homeless. Offer services to those in risk of losing housing. Help with food insecurity. Offer more language assistance. Programs operate outdoors. Undocumented support.</li> </ul> </li> <li>○ What group or population is most at risk? <ul style="list-style-type: none"> <li>▪ Older adults – isolation, do not have technical skills to engage in virtual sessions/meetings</li> <li>▪ Youth-isolation, more time required to be in the home (especially if neglect or abuse), undocumented family members, some have no internet, school needs not met, no interaction with others, mental health concerns and no support (i.e. suicide)</li> <li>▪ Other previously At Risk Groups – the homeless, those with mental health issues or substance use, low income, LGBTQ, those with language barriers. Risks</li> </ul> </li> </ul>		

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	<p>exacerbated with COVID.</p> <ul style="list-style-type: none"> <li>○ Had great participation and feedback. Will use when planning future forums.</li> </ul>		
<p>6. Community Program Planning Process for 2021</p> <ul style="list-style-type: none"> <li>• Input for future Community Forums</li> </ul>	<p>Jennifer Bruggeman (Mental Health Services Act Program Manager)</p> <ul style="list-style-type: none"> <li>• MHPA Community Program Planning Process <ul style="list-style-type: none"> <li>○ Is mandated and is the process to engage with stakeholders</li> <li>○ Focus on strengths and aspirations. Leverage existing resources. Look at solutions and be transparent.</li> <li>○ Have Consolidated Planning Advisory Workgroup (CPAW) meetings every month. Have several CPAW subcommittees. Our Behavioral Health Director is willing and comes to the CPAW meeting every month. And have the MHPA Community Forums <ul style="list-style-type: none"> <li>▪ Since COVID, had two virtual MHPA Community Forums using the Zoom platform</li> <li>▪ In September 2020, had the Peer and Peer Movement Community Forum</li> <li>▪ In January, had the Hope &amp; Wellness Community Forum</li> <li>▪ Our usual Forum schedule has changed due to COVID-19. Will present the MHPA Annual Plan in June this year.</li> <li>▪ Hope to have a couple more virtual Forums in the Spring</li> <li>▪ Want to reach out to others in the community who may not be coming to these Community Forums. Would like to discuss this today</li> </ul> </li> <li>○ Possible approaches <ul style="list-style-type: none"> <li>▪ Forum in Spanish - A specific forum for the Spanish speaking community. Would be a more simple format, less presentations with speakers and provide more time to dialog with the community</li> </ul> </li> </ul> </li> </ul>		<p>Jennifer Bruggeman (Mental Health Services Act (MHPA) Program Manager)</p>

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	<ul style="list-style-type: none"> <li>▪ Partner with Community Groups within the County – representing underrepresented population</li> <li>○ Participant engagement <ul style="list-style-type: none"> <li>▪ Our principal participants have been service providers</li> <li>▪ Goal is to engage more people from the community. Opportunity at this time to provide input as to ideas for community engagement</li> </ul> </li> <li>• Discussion: <ul style="list-style-type: none"> <li>○ (Roberto Roman) Think idea of all Spanish forum is excellent. Their population and needs are growing. It was a privilege for me to be a part of this recent Forum. Grateful I could share my lived experience of recovery and how my spirituality and my singing helps me to maintain my wellness. I was grateful for that.</li> <li>○ (Jennifer Tuipulotu) Completely agree to a Spanish language forum. At the Wellness Forum, I counted several SPIRIT graduates, current SPIRIT students and Community Service Workers (CSW). These would qualify as Peers and they were at least a third of the participants. Not sure how they identified on the demographics form. Just wanted to clarify.</li> <li>○ (Douglas Dunn) I agree. There should be one in Spanish. Also Mandarin/Chinese. Also focus on people coming out of state prisons or hospitals or civil conservatorship. They need a step down program and wrap around services. This will take funding. We have unspent MHSA funds. There are many ethnic populations to focus on.</li> <li>○ (Jennifer Bruggeman) Housing is high on our list. We have a new Housing Chief who will be working with Behavioral Health and H3. Need to fill in the gaps.</li> <li>○ (Robert Roman) For the Spanish language Forum, we can reach out to every Spanish language media outlet.</li> <li>○ (Jessica Hunt) If wish to address issues as to Suicide Prevention, can reach out to me – <a href="mailto:Jessica.hunt@cchealth.org">Jessica.hunt@cchealth.org</a></li> </ul> </li> </ul>		

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7. Public Comment & Suggestions for Future Agenda Items	<ul style="list-style-type: none"> <li>• (Douglas Dunn) Step down issue for System of Care Committee.</li> <li>• (Deborah) Agree there is a step down issue. Look for those who are not being served and who needs services. Do not want people to fall through the cracks.</li> <li>• (Sara Marsh) Focus on step-down and step-up services in the continuum of care. Need to be able to adjust to provide more supports when needed and less when appropriate. Also issues relating to vaccines – who gets it, how to get, and transportation to sites, location and equity issues. Housing presentation as discussed.</li> <li>• (Genoveva Zesati) There will be a presentation on February 10<sup>th</sup> by Gilbert Salinas on the vaccine roll out. If wish to participate in the COVID outreach committee, please reach out to me – <a href="mailto:genoveva.zesati@cchealth.org">genoveva.zesati@cchealth.org</a></li> <li>• (Roberto Roman) In view of COVID-19, need to look down the road to year two and three. What are the challenges? Need to see what we can do better beyond three years.</li> </ul>		Amanda Wehrman
8. Plus / Delta – Review of Meeting	<ul style="list-style-type: none"> <li>• (Douglas Dunn) Appreciated the input and freedom we could give feedback. Good presentations. Good flowing meeting and monitored well.</li> <li>• (Sara Marsh) Appreciated the Early Childhood Mental Health presentation.</li> </ul>	CPAW members and attendees	Amanda Wehrman
9. Adjournment & Next CPAW Meeting Information	<ul style="list-style-type: none"> <li>• The next CPAW meeting will be <b>Thursday, March 4<sup>th</sup>, 2021</b> from 3:00 pm to 5:00 pm.</li> </ul>		Amanda Wehrman