

# Consolidated Planning and Advisory Workgroup (CPAW)

Thursday, May 5, 2022

3:00 pm – 5:00 pm

Meeting Access via Online Zoom Video Conference and Telephone Conference:

<https://homebaseccc.zoom.us/j/84801163858?pwd=d01ZbHN0bHZ5V1NCeDdZUkh2SW1pQT09>

Call In Number: 1-669-900-6833 Meeting ID Code: 848 0116 3858 Password: 390775



**Members Attending:** Y’Anad Burrell, Douglas Dunn, Anna Lubarov, Sara Marsh, Lucy Espinosa Nelson, Amelia Wood

**Behavior Health Director:** Dr. Suzanne Tavano

**Staff Attending:** Jessica Hunt, Jaime Jenett, Ernesto Robles, Jonathan San Juan, Jamie Schecter, Ellen Shirgul, Robert Thigpen, Laura Zanzucchi, Genoveva Zesati

**Public Participants:** Claire Baffico, Deborah Callister, John Gallagher, Susan Norwick Horrocks, Jill Ray, Stephanie Stoval

**Facilitator:** Mark Mora

**Recorder:** Audrey Montana

**Staff Support:** Jennifer Bruggeman

**Excused from Meeting:** Roberto Roman, Jennifer Tuipulotu

**Absent from Meeting:** Chaplain Creekmore, Tom Gilbert, Carolyn Goldstein-Hidalgo, James Lancaster, Leslie May, Melinda O’Day, Johanna Wagner, Graham Wiseman

TOPIC	ISSUE/CONCLUSION	ACTION/ RECOMMENDATION	PARTY RESPONSIBLE
1. Welcome <ul style="list-style-type: none"> <li>• Call to Order</li> <li>• Roll Call</li> <li>• Review Working Agreement</li> <li>• Finalize Meeting Notes</li> <li>• Announcements</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Welcome, Call to Order</b></li> <li>• <b>Roll Call</b></li> <li>• <b>Reviewed Working Agreement</b></li> <li>• <b>Meeting Notes:</b> Reviewed meeting notes (<b>April 7, 2022</b>). No revisions recommended.</li> <li>• <b>Announcements</b> <ul style="list-style-type: none"> <li>○ (Jennifer Bruggeman) The MHS Program and Expenditure Plan Annual Update FY 22-23 was presented at Public Hearing during the Mental Health Commission meeting this week. Also presented was the proposal for the Innovation Psychiatric Advance Directive (PADs) program. No major</li> </ul> </li> </ul>	Information  Notes will be posted to MHS CPAW website.	Mark Mora (Facilitator)  Audrey Montana to post notes.

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	<p>concerns or questions raised. The Plan Update and PADs Proposal have been posted on the MHSA website for review and public comment. Anticipate presenting before the Board of Supervisors for approval in June 2022.</p> <ul style="list-style-type: none"> <li>○ (Genoveva Zesati) There will be a Youth Mental Health First Aid training on May 16<sup>th</sup>. On the same date, there will be a training – Strength and Resilience of Asian Americans Amid Diversity and Complexity. If would like more information, please email me at: <a href="mailto:genoveva.zesati@cchealth.org">genoveva.zesati@cchealth.org</a></li> <li>○ (Jaime Jenett) The Continuum of Care Learning Hub on Family Homelessness will meet next Monday (May 9<sup>th</sup>) from 1:00 – 3:00 pm. If working with families facing homelessness, need resources or want to be part of a community conversation, all invited to participate in the Zoom meeting. The Zoom link to register is: <a href="https://homebaseccc.zoom.us/meeting/register/tZYrdeGspjsiHtHlerHISNdJueT5-AzIzkfz">https://homebaseccc.zoom.us/meeting/register/tZYrdeGspjsiHtHlerHISNdJueT5-AzIzkfz</a></li> </ul> <ul style="list-style-type: none"> <li>● <b>Poll</b> (Not taken this meeting. To do next meeting.)</li> </ul>		
<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)</li> </ul>	<p><b>Adults:</b></p> <ul style="list-style-type: none"> <li>● The Adult Committee will resume meeting. May resume next month in June. Will be facilitated by Robert Thigpen or Betsey Orme. Will meet the fourth Tuesday of each month from 3:00 pm via Zoom. Will follow up the next CPAW meeting to finalize the meeting dates and information.</li> </ul> <p><b>Aging &amp; Older Adults Committee:</b></p> <ul style="list-style-type: none"> <li>● Suzanne Tsang of Contra Costa Health Plan Marketing Team indicated that full scope MediCal is now available to those eligible 50+ and who meet income eligibility requirements regardless of documentation status. Also discussed COVID-19 outreach.</li> <li>● Next meeting will be May 11<sup>th</sup> from 2:00 to 3:30 pm. Will have a presentation on the Elder Abuse Prevention Project and updates from Dr. Sara Levin, Deputy Health Director.</li> </ul>		<p>Committee Representatives</p>

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<ul style="list-style-type: none"> <li>• Innovation (INN) Committee</li> <li>• Membership Committee</li> <li>• Mental Health Commission (MHC)</li> <li>• Reducing Health Disparities (RHD)</li> <li>• Social Inclusion Committee</li> <li>• Suicide Prevention Committee</li> <li>• System of Care Committee</li> </ul>	<p><b>Alcohol and Other Drug Services (AOD) Advisory Board -</b> No additional comments.</p> <p><b>Behavioral Health Care Partnership (BHCP):</b> No additional comments.</p> <p><b>Children, Teens and Young Adults (CTYA) Committee:</b> No additional comments.</p> <p><b>Health, Housing and Homeless Services (H3):</b></p> <ul style="list-style-type: none"> <li>• The Continuum of Care Newsletter will be available. Please contact us if you would like to sign up to receive the Newsletter at <a href="https://cchealth.org/h3/sign-up.php">https://cchealth.org/h3/sign-up.php</a>.</li> <li>• The Point in Time data will be released end of May</li> <li>• The Annual Report on the Homeless System of Care data will be released in May or June</li> <li>• If you have any questions, please contact us at <a href="mailto:contracostacoc@cchealth.org">contracostacoc@cchealth.org</a></li> </ul> <p><b>Innovation (INN) Committee:</b> No additional comments.</p> <p><b>Membership Committee:</b> No additional comments.</p> <p><b>Mental Health Commission (MHC):</b></p> <ul style="list-style-type: none"> <li>• At the Mental Health Commission meeting yesterday, reviewed the Mental Health Services Act (MHSA) Expenditure Update Plan for FY 22-23 and Innovation Psychiatric Advanced Directive (PADs). Both will be presented before the Board of Supervisors before June 30<sup>th</sup>.</li> </ul> <p><b>Mental Health Commission (MHC) – Quality of Care:</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> No additional comments.</p> <p><b>System of Care Committee:</b> No additional comments.</p>		

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	<p><b>Comments and Response to Questions:</b></p> <ul style="list-style-type: none"> <li>• (Y’Anad Burrell) The Children’s Committee has not been meeting. What will it take to get it active again? That is a committee of prime importance for me. I am now in my fifth year on CPAW. Do you know what will it take for this Committee to start up again? <b>Response:</b> (Jennifer Bruggeman) I will reach out to Gerold Loenicker, Chief of Children’s Services, to find out the status of the Committee. I will provide a full update. (Lucy Espinosa Nelson) I spoke with Gerold Loenicker. He put the Committee on hold.</li> </ul>		
<p>3. Dialogue and Update from Contra Costa Behavioral Health Services (BHS) Executive Leadership</p> <ul style="list-style-type: none"> <li>• Care Court</li> <li>• PES Remodel update</li> <li>• Standing Updates – A3, Youth CSU, Housing Grants (BHCIP)</li> <li>• Q&amp;A</li> </ul>	<p><b>Dialogue with Contra Costa County Behavioral Health Services (BHS) Executive Leadership</b></p> <p><b>Dr. Suzanne Tavano:</b></p> <ul style="list-style-type: none"> <li>• Care Court <ul style="list-style-type: none"> <li>○ In Sacramento, the Chairs moved the legislation forward. There is a large political component to this. A lot of details still to be worked out. For example, where funding will come from.</li> </ul> </li> <li>• Youth Crisis Stabilization Unit (CSU) <ul style="list-style-type: none"> <li>○ Construction set to start at the end of August or beginning of September. Should be completed by January.</li> </ul> </li> <li>• A3 Program (Anyone, Anywhere, Anytime) <ul style="list-style-type: none"> <li>○ Is moving forward. Working on telecommunications/dispatch system</li> <li>○ Dr. Chad Pierce is hiring staff <ul style="list-style-type: none"> <li>▪ Mental Health Clinical Specialists – application on the County website. Actively recruiting, interviewing and hiring. Also looking for trained Peer Providers.</li> </ul> </li> </ul> </li> <li>• Oak Grove <ul style="list-style-type: none"> <li>○ Congressman Mark DeSaulnier on Tuesday, May 3<sup>rd</sup>, visited. Took him to the Oak Grove campus. Talked about the conceptual plan.</li> <li>○ Thanked him as he sponsored two appropriations that we</li> </ul> </li> </ul>		<p>Dr. Suzanne Tavano (Director, Behavioral Health Services)</p>

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	<p>submitted one year ago. One was to remodel the Oak Grove campus. The other was to add positions to the Mobile Crisis Response Team. Working on incorporating substance use treatment counselors into the Team so that there will be more co-occurring capacity.</p> <ul style="list-style-type: none"> <li>• Behavioral Health Continuum Infrastructure Plan (BHCIP) <ul style="list-style-type: none"> <li>○ Regarding housing grants.</li> <li>○ For infrastructure – buildings not for staff or programs.</li> <li>○ Now have a stakeholder process and participation</li> <li>○ Steering Committee recently met and looked at data re the Needs Assessment. Identified areas that need more data. Next meeting will be May 16</li> <li>○ Will finalize the Needs Assessment within the next week or so. Will then be available. Gives a great overview of what facilities we have now, how they are used and what is needed to build out the system.</li> <li>○ Next funding round is this summer and will focus on facilities that serve youth</li> <li>○ Last two rounds are more open and general (5h and 6<sup>th</sup> rounds). Assume will allow proposals for a variety of therapeutic programs.</li> </ul> </li> <li>• <b>Comments and Response to Questions:</b> None</li> </ul>		

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<p>4. May is Mental Health Awareness Month</p> <ul style="list-style-type: none"> <li>• BOS Presentation 5/17/22</li> <li>• Mental Health Matters Toolkit &amp; Resources</li> </ul>	<p>Presenter: <b>Jessica Hunt</b></p> <ul style="list-style-type: none"> <li>• May is Mental Health Matters Month</li> <li>• MHSA is in partnership with our Team at CalMHSA and many materials (physical and digital) are available <ul style="list-style-type: none"> <li>○ Received physical and digital materials for the digital mental health toolkit</li> <li>○ Have materials in English and Spanish</li> <li>○ Have resources such as check-in chats, information on understanding the spectrum of mental health</li> <li>○ Please feel free to share and with your networks</li> <li>○ The Toolkit has social media assets, e-blasts, logos, video conferencing backgrounds</li> <li>○ Items on the Directing Change project</li> <li>○ The storefront link has pens, highlighters, novellas, and other materials to give out</li> <li>○ If interested regarding the Toolkit or in receiving materials, please email us at <a href="mailto:jessica.hunt@cchealth.org">jessica.hunt@cchealth.org</a>. We can arrange a pickup or drop off of materials.</li> </ul> </li> </ul> <p><b>Comments and Response to Questions:</b> None</p>		<p>Jessica Hunt, (Program Supervisor, Mental Health Services Act - MHSA)</p>
<p>5. Housing Overview</p> <ul style="list-style-type: none"> <li>• Homeless System of Care Presentation</li> <li>• Types of Housing and Related Services</li> </ul>	<p>Presenter: <b>Jaime Jenett</b></p> <p>PowerPoint Presentation – “<b>Homeless System of Care</b>”</p> <ul style="list-style-type: none"> <li>• The Homeless Point In Time count data will be available soon</li> <li>• The Annual Service Data Report (Homeless Management Information System – HMIS) for 2020 <ul style="list-style-type: none"> <li>○ 9,767 people sought some type of homeless service (not all of these were actual homeless)</li> <li>○ Since 2020, seen an increase in older adults</li> <li>○ Many have a history of domestic violence</li> <li>○ Once someone becomes homeless, typically remain homeless for a very long time (average 546 days from contact with System of Care to entry into stable housing)</li> </ul> </li> </ul>		<p>Jaime Jenett (Community Engagement Specialist, Health Housing and Homeless Services – H3)</p>

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	<ul style="list-style-type: none"> <li>○ Want to focus on the beginning period when people first are in contact with the Homeless System of Care – to prevent homelessness and divert people to supports/services</li> <li>○ See inequities – disproportionate number of Black/African Americans seeking homeless services (37%)</li> <li>● Causes from 2020 Point In Time Count <ul style="list-style-type: none"> <li>○ Number one reason – cost of living/loss of job (25%)</li> <li>○ Integrating the Homeless System of Care with Workforce Development</li> </ul> </li> <li>● Contra Costa County Homeless System of Care <ul style="list-style-type: none"> <li>○ Three key access points to connect to Homeless Services <ul style="list-style-type: none"> <li>▪ Call 211 (24/7, triage for best next steps)</li> <li>▪ Engaging a CORE Mobile Outreach Team <ul style="list-style-type: none"> <li>◇ Now 14 Teams, 7 days a week (not 24 hours)</li> <li>◇ Set up appointment to meet wherever person is (in car, library, County office, etc.,)</li> <li>◇ Menu of homeless services</li> <li>◇ Not mental health crisis response</li> </ul> </li> <li>▪ Walk into a CARE Center <ul style="list-style-type: none"> <li>◇ Connect with case management, shower, laundry</li> <li>◇ GRIP in Richmond and Trinity Center in Walnut Creek</li> </ul> </li> </ul> </li> </ul> </li> <li>● Access Point Services <ul style="list-style-type: none"> <li>○ CORE <ul style="list-style-type: none"> <li>▪ Provide basic resources in the community (i.e., water, blankets). Do housing assessments (VI-SPDAT)</li> </ul> </li> </ul> </li> <li>● At Risk (within two weeks of losing housing) <ul style="list-style-type: none"> <li>○ Call 211 and will triage <ul style="list-style-type: none"> <li>▪ Prevention and Diversion</li> <li>▪ Mediation, rental assistance, utilities assistance</li> <li>▪ No access to shelter or supportive housing at this level (must be literally homeless to receive)</li> </ul> </li> </ul> </li> </ul>		

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	<ul style="list-style-type: none"> <li>▪ For Housing and Urban Development (HUD) housing, people couch surfing are not considered homeless</li> <li>• Unsheltered Homelessness <ul style="list-style-type: none"> <li>○ Living in their car, living outside</li> <li>○ Provide safe parking area, restroom access</li> <li>○ All three access points can connect services</li> <li>○ For shelters, call 211 or contact the CORE Team as best options</li> </ul> </li> <li>• Shelters <ul style="list-style-type: none"> <li>○ Chart – Name of shelter, location, Agency that runs each shelter, population of shelter and access point to obtain placement in shelter</li> <li>○ Shelters listed <ul style="list-style-type: none"> <li>▪ Bay Area Rescue Mission (Richmond)</li> <li>▪ Brookside (Richmond)</li> <li>▪ Concord Shelter (Concord)</li> <li>▪ Calli House (Richmond)</li> <li>▪ Delta Landing (Pittsburg)</li> <li>▪ Greater Richmond Interfaith Program (Richmond)</li> <li>▪ Mountain View (Pleasant Hill)</li> <li>▪ Northern California Family Center (Varies)</li> <li>▪ Phillip Dorn Respite Center (Concord)</li> <li>▪ STAND! For Families Free of Violence (undisclosed)</li> <li>▪ Winter Evening Program (Walnut Creek)</li> <li>▪ Winter Nights Family Shelter (Rotating)</li> </ul> </li> <li>○ Access <ul style="list-style-type: none"> <li>▪ Some shelters can self-refer (call or show up) but best to first call 211 for information re shelters</li> <li>▪ Other shelters require first contact with CORE and CORE will do an assessment (priority for most vulnerable)</li> <li>▪ Hospital direct referral – Phillip Dorn Respite Center is the medical respite shelter</li> </ul> </li> </ul> </li> </ul>		



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	<ul style="list-style-type: none"> <li>• Types of Housing <ul style="list-style-type: none"> <li>○ Market Rate <ul style="list-style-type: none"> <li>▪ Individual pays rent, no services attached</li> <li>▪ Not in system of care</li> </ul> </li> <li>○ Public Housing/Vouchers <ul style="list-style-type: none"> <li>▪ Low income – criteria re income, get voucher, pay 30% of income</li> <li>▪ Housing Authority runs this housing</li> <li>▪ Not in system of care, no services attached</li> </ul> </li> <li>○ Rapid Rehousing (RRH) <ul style="list-style-type: none"> <li>▪ Offer rental support, supportive services</li> <li>▪ Is time limited</li> <li>▪ Need to go through the Coordinated Entry process and housing assessment</li> <li>▪ Need to be literally homeless</li> </ul> </li> <li>○ Permanent Supportive Housing (PSH) <ul style="list-style-type: none"> <li>▪ Offer rental support, supportive services</li> <li>▪ Long term support financially and supportive services</li> <li>▪ Needs to be disabled as well as homeless</li> </ul> </li> </ul> </li> <li>• Access to Supportive Housing <ul style="list-style-type: none"> <li>○ Need housing assessment by CORE or Care Center</li> </ul> </li> <li>• How Decisions Get Made for Rapid Rehousing and Permanent Supportive Housing <ul style="list-style-type: none"> <li>○ Prioritize the most vulnerable</li> <li>○ high VI-SPDAT score</li> <li>○ Length of time the person has been homeless</li> </ul> </li> <li>• Who is seeking supportive housing? <ul style="list-style-type: none"> <li>○ 1,828 people in line for RRh and PSH (as of 6/11/2021)</li> <li>○ 77% score/eligible for PSH (most vulnerable)</li> <li>○ One third are chronically homeless</li> </ul> </li> <li>• Percentage getting into supportive housing programs (Non-Behavioral Health Housing – data for one year period) <ul style="list-style-type: none"> <li>○ Adults (2%), Families (7%), Youth (2%)</li> <li>○ Homeless system of care cannot support all who need housing through our existing supportive housing</li> </ul> </li> </ul>		

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	<p>programs</p> <ul style="list-style-type: none"> <li>○ Takes partnership with Behavioral health</li> <li>● Join the Continuum of Care (COC) Mailing List <ul style="list-style-type: none"> <li>○ Have a lot of information can provide by email</li> <li>○ Can be added to our email list and tailor which information you wish to receive</li> <li>○ Have a monthly newsletter “COC Updates” and can sign up to receive (i.e., housing openings, funding opportunities, new programs, etc.).</li> <li>○ For more information can contact Jaime Jenett at <a href="mailto:Jaime.jenett@cchealth.org">Jaime.jenett@cchealth.org</a></li> <li>○ For information as to how to connect to homeless services: <a href="https://cchealth.org/h3">https://cchealth.org/h3</a></li> <li>○ Homeless Services Flyer: <a href="https://cchealth.org/h3/coc/help.php">https://cchealth.org/h3/coc/help.php</a></li> </ul> </li> </ul> <p><b>Comments and Response to Questions:</b></p> <ul style="list-style-type: none"> <li>● (Lucy Espinosa Nelson) For someone who is homeless now, would you recommend to submit an application? <b>Response:</b> I will speak in a minute as to how that process works. Don’t do housing assessment when person first walks thru the door. Best to wait at least a month. Give chance to explore other options and self-resolve.</li> <li>● (Jennifer Bruggeman) What is the average length of time people can stay in a shelter? <b>Response:</b> Currently varies by shelter. Working on encouraging no limit to time people can stay in shelters. Hoping to have in next six months for County shelters. Moving toward all programs in the County to have similar expectations. But most shelters do not get funding from the County. Hope can implement.</li> <li>● (Jonathan San Juan) Are homeless asked if they are dealing with mental health issues or substance abuse issues? What supportive services available? <b>Response:</b> Yes. People indicate the main reason for their homelessness and these are listed. For mental health issues (6%) and substance abuse (14%) for 2020.</li> </ul>		

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	<p>But reasons interrelated with other reasons for homelessness. Supportive services listed on the chart for the Homeless System of Care. Connect individuals with treatment.</p> <ul style="list-style-type: none"> <li>• (Jennifer Bruggeman) Is this primarily due to lack of inventory or are there other reasons the percentage of people accepted into supportive housing is low? <b>Response:</b> A person can receive a voucher or get accepted, but must then find a housing unit. So, the percentage listed may include persons who have vouchers but cannot find a landlord to rent to them. Programs do not have capacity to house the 1,828 who apply and also rental units are not available.</li> <li>• (Stephanie Stoval) Also unaddressed are those families who are undocumented. Need to mention families with children, transitional age youth (TAY population) and those who are transitioning. We have so far to go and so little to give. We give our best, but it is really difficult. <b>Response:</b> One challenge is for undocumented families. But if it is federally funding housing, undocumented families cannot access services. Hard to document the true number of documented families.</li> <li>• (Robert Thigpen) What is being done to address the horrible situation of two percent placement in supportive housing? <b>Response:</b> We have a Council on Homelessness which is our continuum of care advisory board. They are working on this. There is a lot of funding coming in from the state. Will take a while for the money to actually get into the programs. Homelessness is broader than just this system of care. Requires deep partnerships across sectors (i.e., Behavioral Health, Employment and Human Services, etc.). We are now building collaborations and partnerships. Make sure the systems are working together and people are not falling through the cracks.</li> <li>• (Stephanie Stoval) Also rents are increasing. The money easily can be eaten up quickly.</li> </ul>		

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<p>6. SB 803 (Peer Certification) – Update</p> <ul style="list-style-type: none"> <li>• Will certification be mandated?</li> </ul>	<ul style="list-style-type: none"> <li>• Jennifer Bruggeman indicated Roberto Roman could not be present at the CPAW meeting today. Jennifer Tuipulotu was going to provide the update but is now unavailable due to being at another event. Will provide an update at the next CPAW meeting.</li> <li>• Jennifer Tuipulotu did provide some information for the update: <ul style="list-style-type: none"> <li>○ Question – Will Peer certification be mandated for existing Community Support Workers (CSW) working throughout our system? The answer may be no. Appears may ultimately be optional.</li> <li>○ The grandfathering process has started. The following is the related website: <a href="https://www.capeercertification.org/">https://www.capeercertification.org/</a></li> </ul> </li> </ul> <p><b>Comments and Response to Questions:</b></p> <ul style="list-style-type: none"> <li>• (Jonathan San Juan) I will go through the certification process. To prepare for the future.</li> <li>• (Dr. Suzanne Tavano) Contra Costa Behavioral Health has had Peers, people with lived experience since the 1990’s. We are a leader in that way. Many of our Community Support Workers who are Peer Providers provide a variety of services and supports. Some are already MediCal reimbursable. Can continue to do the work they have been doing or can choose to become certified Peer providers (will have their own MediCal codes). There is lots of flexibility.</li> <li>• (Jonathan San Juan) If I do the training and become a Certified Community Support Worker and don’t have an increase in pay, why would I want to do so? <b>Response:</b> (Dr. Suzanne Tavano) And working on getting classifications to provide career opportunities. Once in the door, will have opportunities. Hopefully we can build a career ladder.</li> <li>• (Anna Lubarov) for the certifications, I hear about only CSW’s. Also, folks who don’t work for the County are not paid the same. Is expensive. Should award scholarships to help.</li> </ul>		<p>Roberto Roman (Community Support Worker II, Office for Consumer Empowerment</p>

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<p>7. Public Comment &amp; Suggestions for Future Agenda Items</p> <ul style="list-style-type: none"> <li>• Overview Cultural Humility Plan</li> <li>• NAMI FVSN Presentation</li> <li>• Showcase Peer-Run Programs – as alternative to Care Court</li> </ul>	<ul style="list-style-type: none"> <li>• (Susan Norwick Horrocks) I am teaching a NAMI Basics class. The class is for parents of children or adolescents under the age of 22. Also available to therapists, counselors or others who work with that age group. NAMI Basics Zoom class is on the next five Saturday’s from 3:00 – 5:00 pm. If you know of parents of a child who has suicide dealation, is having problems in school or has behavioral concerns, please invite them to this class. There is no need for a diagnosis. Our class is free, all materials provided. If interested, please contact <a href="mailto:susanh@namicontracosta.org">susanh@namicontracosta.org</a>.</li> <li>• (Lucy Espinosa Nelson) There is now a housing crisis for families. We need to come together to find solutions. I really appreciate Jaime Jenett for this information. Want to come together as a group and find solutions especially in view of the two percent. Should be at least ten percent. It is very serious and sad. Everyday we see more homeless people. Wish there is something that we can do.</li> <li>• (Douglas Dunn) The overall purpose of the Care Court is to keep persons out of (1) conservatorship or a locked facility situation (2) the criminal justice system. I you would like, I can provide a community member’s perspective of the Care Court process. I listened to a NAMI California presentation before this meeting. There is a lot going on re this issue. Would be happy to provide updates as well.</li> <li>• (Anna Lubarov) If you should present, I would like to be your co-presenter. (Doug Dunn) Of course. Thank you.</li> <li>• (Dr. Suzanne Tavano) There will be many perspectives. It is important that everybody has their voice. Anything new like this may be a little bumpy along the way. But I think having people participate, express their thinking, indicate who they represent will be a very important part. Thank you.</li> <li>• (Anna Lubarov) Heard our legislators in the State say this program is voluntary. Senators are using recovery and peer support language and terms in trying to present an involuntary program as voluntary. Housing is not mandated by this</li> </ul>		Mark Mora

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	<p>program. This program is marketed as helping solve homelessness. If we are creating another involuntary program, let's call it what it is.</p>		
<p>8. Plus / Delta – Review of Meeting</p>	<ul style="list-style-type: none"> <li>• (Lucy Espinosa Nelson) Thank you Jaime Jenett for the great presentation and answering questions. Thank you Dr. Tavano for giving more specific information on whether the certification is mandatory or optional.</li> <li>• (Anna Lubarov) Thank you for all the information that was provided today. I am exhausted as a noncounty peer advocate. I don't hear anyone raising the same issues. There are sixty-four peer providers working in different agencies. I don't work for the County. I am a volunteer. I cannot believe I am the only one. Feels isolating. Need support from the peer community.</li> <li>• (Dr. Suzanne Tavano) Thank you for speaking up. I think it is important that everyone have a voice. Appreciate you presenting your experience and perspective. Hope our community collectively can move forward. Thank you.</li> <li>• (Sara Marsh) Also appreciate you, Anna, and your comments. Seems like participation at the CPAW meetings have diminished. Those who used to attend when we met in person (for example those from the Crestwood program) do not attend. Nice to have a few more voices. Nice to have folks come back. Any possibility we might be meeting in person in the near future?</li> <li>• (Jennifer Bruggeman) We have not discussed that yet. The Putnam Peer Connection Center was here today.</li> <li>• (Dr. Suzanne Tavano). I miss those from Crestwood as well. To be optimistic and positive, recovery is real. There was a wonderful reopening on Monday of the San Pablo Peer Connection Center. Many community participants were there. We all worked together. The head of the library contacted me about those with mental health challenges who stay in the library all day for lack of other places to be. I connected the</li> </ul>	<p>CPAW members and attendees</p>	<p>Mark Mora</p>

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	<p>Peer Connection Center with the libraries in San Pablo and Concord. At the Peer Centers, you see people doing well and supporting each other on their recovery journey.</p> <ul style="list-style-type: none"> <li>• (Anna Lubarov) Thank you. The Peer Connection Centers are wonderful. There is no peer run organization in this County. Voice of folks on the outside is not represented. We would be much stronger together.</li> <li>• (Susan Norwick Horrocks) Will have a NAMI in Motion outdoor event at Todo Los Santos Plaza in Concord. It is a resource fair with fun events for children and families. There is a wonderful playground for kids. Is right by the NAMI office where you can come visit. Will be held Saturday, May 21 from 9:30 am to Noon.</li> <li>• (Jonathan San Juan) Wellness Recovery Action Plan (WRAP) services were down during the pandemic. Will once again be in person. In person is the strength of that model. Our connection with the Copeland Center will be strengthened this year. Will have more WRAP facilitators across the county. WRAP is a peer service. People get together and listen to each other. Thanks to Dr. Suzanne Tavano for working on WRAP starting so many years ago. I hope to fulfill the goals of that work that you started so long ago. Thank you.</li> </ul>		
<p>9. Adjournment &amp; Next CPAW Meeting</p>	<ul style="list-style-type: none"> <li>• <b>CPAW Steering Committee</b> meeting will be <b>May 19, 2022 from 11:00 am to 12:00 pm.</b></li> <li>• The next <b>CPAW meeting</b> will be <b>June 2, 2022 from 3:00 pm to 5:00 pm.</b></li> </ul>		<p>Mark Mora</p>