

**Co-Occurring Joint Action Council (COJAC)  
Meeting Hi-Lites  
July 27, 2005**

**Members Present:**

Kathryn Jett, State ADP

Stephen Mayberg, State DMH

Michael Cunningham, State ADP

Rollin Ives, State DMH

Carmen Delgado, State ADP

Michael Borunda, State DMH

Cheryl Trenwith, Placer County

Marv Southard, Los Angeles County

Terry Robinson, ADPI

Alice Washington, CiMH

Vivian Brown, Prototypes

Ben Partington, State DHS

Lily Alvaraez, Kern County

Carol Wilkins,  
Corporation for Supportive Housing

Al Senella, Tarzana Treatment Center

Jim O'Connell,  
Social Model Recovery Systems, Inc.

Elizabeth Stanley-Salazar

**Others Present:**

Joan Hirose, State ADP

Bill Holland, State DMH

## **Welcome and Introductions**

The two Association co-chairs, Marv Southard and Cheryl Trenwith, convened the meeting, and members introduced themselves.

## **Opening Remarks**

**(DMH)** Director Mayberg led off with remarks from the Department of Mental Health. He stated that the Mental Health Services Act (MHSA) will provide an opportunity to focus on the COD population. This population can be included in the planning processes. The MHSA includes an integrated, transparent system of care that can look at this population since there is a need to step up our efforts to work together.

The MHSA Community Services and Supports (CSS) final draft requirements will include three funding areas for which counties may apply:

1. **Full Service Partnerships:** Whatever it takes to get people off the streets, out of jails, in housing, in jobs, and in co-occurring disorders services. All services will be voluntary with a focus on the recovery/resiliency philosophy and model.
2. **System Capacity:** Will look at gaps in services.
3. **Outreach and Engagement:** Actively looking for hard to reach people in the community.

The priority age groups under the MHSA include children, transition-age youth, adults, and older adults.

Prevention and Early Intervention strategies will be a main component of the MHSA. While there is extensive history of this in the substance abuse area, the MHSA will lean more towards public health and behavioral health strategies.

**(ADP)** Director Jett stated that the two departments signed a MOU this week for the implementation of joint COD activities, including the implementation of the Action Plan.

Director Jett stated that the Proposition 36 report from UCLA will be released soon. The Prop 36 population has a disproportionately-high number of females, especially Asian and Pacific-Islanders. The Prop 36 population is increasingly older, with a higher occurrence of methamphetamine abuse. She asked that the Workgroup step up to the plate and focus its first efforts on developing a screening tool (Please refer to Strategy 3.1 in the Action Plan for California). Kathy encouraged counties to begin incorporating screening into their contracts. She referred to the Screening and Brief Intervention and Referral to Treatment (SBIRT) pilot program in San Diego that is using a brief screening tool for substance use, which has proved to be effective, especially with cost savings. This is a good opportunity to have mental health and substance abuse services test this tool and look at ways for costs to be reimbursed.

## **Organization Development and Alignment**

By consensus, members agreed that 1) this body would be named the Co-Occurring Joint Action Council (COJAC); 2) the frequency for the COJAC meetings would be every other month; and 3) the meeting locations would rotate between Northern and Southern California, with conference call capabilities.

The Action Plan for California will be divided into working subcommittees for the five priority areas. The Chair(s) of each subcommittee must come from COJAC.

The funding to administratively support COJAC include:

1. DMH and ADP monies (including SAMHSA Block Grants, etc.),
2. SAMHSA Training, Technical Assistance, and Conference Planning monies (COCE, CSAT, etc.), and
3. Client and Family Member scholarships.

In addition, ADP will be hiring two new MHSA positions to support COJAC's efforts (Prevention {one position} and Treatment {one position}). Members suggested that a dedicated COJAC website be established to post its activities and documents. CiMH currently has a website in place for this information.

Members then reviewed the Charter document. As part of this discussion, it was agreed that COJAC membership would remain consistent. COJAC members would be the vehicles to transmit information to their individual memberships and act as ambassadors to their memberships.

The Directors of ADP and DMH would appoint COJAC members. While attendance will be flexible, any persons substituting for or representing a sitting COJAC member will not have voting rights.

The Directors will periodically consider which persons to add to the Workgroup. At this point, gaps in membership include providers, clients and family members, as well as persons working in criminal justice, education, and physical health. There is also a need to have more diverse ethnic representation within COJAC and its subcommittees.

Members made the following suggestions regarding the Charter document:

- Describe the role of the five subcommittees and emphasize how other stakeholders and systems will be included within the various subcommittees.
- Review the document for recovery/resiliency and cultural competency language.
- Discuss how to include the small county perspective.
- Outline staff support expectations.
- Discussion opportunities for quality improvement.
- State that the Chair(s) of the subcommittee must come from COJAC

## **California Action Plan Update**

Carmen stated that the Action Plan has been submitted to SAMHSA's COCE for review and approval. Members agreed to begin implementing the Action plan in the interim.

Members then assigned Chairpersons and subcommittee members to each of the five Priority Areas contained in the Action Plan. These include:

### **Priority One: On-Going Partnerships on Co-Occurring Disorders**

Chair: Terry Robinson

Subcommittee Members: Sandra Naylor Goodwin, Ph.D., Alice J. Washington, Carmen Delgado and Michael Borunda

Tasks: Identify staff support, role of policy groups, communication, website development, dissemination of the information, FAQs, surveys, master calendar, etc.

### **Priority Two: Funding Analysis, Evaluation and Recommendations for Best Use of Funds**

Chair: Lily Alvarez

Subcommittee Members: Michael Borunda, Carol Wilkins, Maureen Bauman or Troy Dean Fox, Carmen Delgado, Fed rep for TA, Social Services, Child Welfare, DHS for TA

### **Priority Three: Move Toward the Adoption of a Statewide Screening for COD**

Chair: Vivian Brown

Subcommittee Members: Sandra Naylor Goodwin, PhD, Carmen Delgado, Lily Alvarez, Terry Robinson, Rollin Ives, Carol Wilkins rep, Connie Moreno-Peraza?, Piedad Garcia?

This subcommittee has **a priority** placed on its completion of the various Action Steps. The initial work plan is to be presented at the next COJAC meeting.

### **Priority Four: Facility and Program Licensing and Certification Standards and Procedures**

Co-Chairs: Elizabeth Stanley-Salazar and Ben Partington

Subcommittee Members: CMHDA/CADPAAC rep, PAI, CASRA, Albert Senella, Al Nichols (DMH), Carol Mathews (LA PR), Jim O'Connell, Steve Fields, DSS, QIC, Licensing departments, and Carmen

### **Priority Five: Increase the Supply of Appropriate Housing to Support COD**

Chair: Carol Wilkins

Subcommittee Members: Michael Borunda, ADP MHSa staff, Governor's Task Force on Homelessness, State Californian Housing and Finance Dept., HCD, Mike Greenlaw, Institute

for Public Strategies, Michael Cunningham, Carol Goodman, LASA, Housing California, City and County Housing Development Units, NARO, Sober Living Centers

Members identified various housing resources, including the Housing Toolkit, Housing Bond Plan, and AB2034.

### **Next Steps**

- A. For the five Priority Areas subcommittees:
  1. Identify stakeholders to sit on the Council, and send final nominations to the Chairs.
  2. Develop work plans to implement each of the Action Steps.
  3. Evaluate and modify the suggested completion dates, as needed.
  4. Identify resources to enable implementation.
  5. Forward all modifications to the Action Plan to COJAC Co-Chairs.
  6. Develop a meeting schedule for the master calendar, so that other COJAC members can join at any time.
- B. Continue to identify stakeholders to sit on the Council.
- C. Revise the Charter as necessary.

### **Miscellaneous Issues**

Cheryl Trenwith presented members with the CADPAAC-sponsored paper titled *Advancing California's Continuum of Care for Person's with Co-Occurring Substance Use and Mental Health Disorders: A Statement of CADPAAC-Supported Positions*, developed in collaboration with ADPI. She stated that CADPAAC wanted to start the dialogue about the special needs of the persons with COD, and suggested that the document could be used as an educational tool for county mental health directors and county alcohol and drug program administrators.

Marv Southard stated that the inclusion of other co-morbid conditions (e.g., developmental disabilities, sensory impairments, and traumatic brain injuries) may open the door to a broader interpretation of co-morbidity, and may begin to cloud the issues between mental health and alcohol and drug programs. At the county level, there is already difficulty with paying for services for persons with COD, let alone the other co-morbid conditions. Consequently, CMHDA is recommending that this document not be used as a resource to advance MHSA implementation, but that perhaps a future joint paper on these special needs issues could be developed. (Please refer to 1.2.1 of the Action Plan for California.)

Carol Wilkins stated that this document may help everyone involved move to the next generation of issues that need to be discussed between the mental health and AOD systems.

### **Next Meetings**

- September 21, 2005: Tarzana, CA (Hosted by the Tarzana Treatment Center)
- November 2, 2005: Sacramento, CA (Location TBD by DMH)