CONTRA COSTA
HEALTH SERVICES

30 Douglas Drive, Suite 240
Martinez, California 94553
Ph (925) 372-4439
Fax (925) 372-4438

CONTRA COSTA COUNTY
MENTAL HEALTH
COMMISSION

The Contra Costa County Mental Health Commission has a dual mission: 1) To influence the County's Mental Health System to ensure the delivery of quality services which are effective, efficient, culturally relevant and responsive to the needs and desires of the clients it serves with dignity and respect; and 2) to be the advocate with the Board of Supervisors, the Mental Health Division, and the community on behalf of all Contra Costa County residents who are in need of mental health services.

CONTRA COSTA COUNTY MENTAL HEALTH COMMISSION

Thursday • February 11, 2010 • 4:30-6:30 p.m.

Concord Police Department Community Room • 1350 Galindo Street • Concord

The Commission will provide reasonable accommodations for persons with disabilities planning to participate in Commission meetings who contact the Executive Assistant at least 48 hrs. prior to the meeting at 925-957-5140.

AGENDA

Public Comment on items listed on the Agenda will be taken when the item is discussed.

1. 4:30 **CALL TO ORDER / INTRODUCTIONS**

2. 4:40 **PUBLIC COMMENT.**
The public may comment on any item of public interest within the jurisdiction of the Mental Health Commission. In the interest of time and equal opportunity, speakers are requested to observe a 3-minute maximum time limit (subject to change at the discretion of the Chair). In accordance with the Brown Act, if a member of the public addresses an item not on the posted agenda, no response, discussion, or action on the item may occur. Time will be provided for Public Comment on items on the posted Agenda as they occur during the meeting. Public Comment Cards are available on the table at the back of the room. Please turn them in to the Executive Assistant.

3. 4:50 **PRESENTATION ON BEHAVIORAL HEALTH UNIT – Dr. Johanna Ferman**

4. 5:20 **ANNOUNCEMENTS**
   A. CCRMC Kaizen Event focusing on improving Psychiatric Care
   B. Putnam Clubhouse 2nd Anniversary Open House
   C. Resignation of Commissioner Bielle Moore, Dist. III

5. 5:30 **APPROVAL OF THE MINUTES**
ACTION January 14, 2010 MHC Monthly Meeting
ACTION January 14, 2010 MHC Public Hearing

6. 5:40 **REPORT: MENTAL HEALTH DIRECTOR – Donna Wigand**

7. 5:50 **CHAIRPERSON'S COMMENTS – Peter Mantas**
   A. Meetings by Workgroups
ACTION B. Presentation
      i. Local 1 Survey by John Gragnani
      ii. Local 21 Response

8. 6:10 **MHC COMMITTEE / WORKGROUP REPORTS**

A. MHC/CPAW Capital Facilities and Projects/IT Workgroup –Annis Pereyra

9. 6:20 **REPORTS: ANCILLARY BOARDS/COMMISSIONS**

A. Mental Health Coalition – Teresa Pasquini
B. Human Services Alliance – Mariana Moore
C. Local 1 – John Gragnani
D. Mental Health Consumer Concerns (MHCC) - Brenda J. Crawford
E. National Alliance on Mental Illness (NAMI) – Al Farmer
F. MHSA CPAW – Annis Pereyra

10. 6:25 **FUTURE AGENDA ITEMS**

Any Commissioner or member of the public may suggest items to be placed on future agendas.

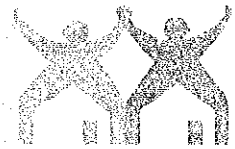
A. Suggestions for March Agenda ***[CONSENT]***
   1. Presentation from the Behavorial Health Court.

B. List of Future Agenda Items:
   1. Case Study
   2. Discussion of County Mental Health Performance Contract & Service Provider Contract Review.
   3. Presentation from The Clubhouse
   4. Discuss MHC Fact Book
   5. Review Meetings with Appointing Supervisor
   6. Creative ways of utilizing MHSA funds
   7. TAY and Adult's Workgroup
   8. Conservatorship Issue
   10. Presentation from Victor Montoya, Adult/Older Adult Program Chief
   11. Presentation from Crestwood Pleasant Hill
   12. Presentation from Health Services Department on the policies and procedures surrounding sentinel events using Vic Montoya's suggestions on the different reporting structures – David Cassell
   13. Presentation on Healthcare Partnership and CCRMC Psych Leadership

11. 6:30 **ADJOURN MEETING**

The next scheduled meeting will be Thursday, Mar. 11, 2010 from 4:30- 6:30 pm at the Concord Police Department

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the staff to a majority of the members of the Mental Health Commission less than 96 hours prior to that meeting are available for public inspection at 1340 Arnold Drive, Ste. 200, Martinez during normal business hours



PUTNAM CLUBHOUSE TURNS TWO!

Thursday, February 18th

3024 Willow Pass Road • Suite 230 • Concord, CA • 94519

3:30pm - Festivities Begin

5:00 - Keynote Address

Jack Yatsko, ICCD Associate Executive Director for Programs

(look below for more about Jack)

6:30pm - Event Concludes

> Stop by for a Clubhouse tour and see what we've accomplished in two very exciting years.

> View the first Clubhouse video of many to come, "First day at the Clubhouse," produced by members in our new multimedia lab and funded by MHSA in partnership with Contra Costa Mental Health.

> Listen in as members share their stories.

> Help us celebrate with cake and punch.

> Give the Clubhouse a present! Our growing Clubhouse still needs lots of items. If you would like to buy something for the Clubhouse, check out our wish list at Amazon.com or you can donate online by credit card using PayPal here.

Contact Tamara Hunter, Clubhouse Program Director for more information at 925-691-4276.

Jack Yatsko is Associate Executive Director of Programs for the international Center for Clubhouse Development (ICCD). Jack Yatsko began his career in mental health in the mid 1980's in Ohio as a case manager of a mental health agency. After moving to Hawaii in 1989, he started working at Friendship House, the first Clubhouse program on Kauai. Jack subsequently developed many Transitional Employment placements, becoming the Vocational Coordinator and eventually Clubhouse Director at Friendship House. In 1997, he joined the ICCD faculty. In 2002, Jack left Friendship House to become ICCD'S Director of Training. He holds a master's degree in social work and is a licensed social worker in Hawaii. Jack has been married for 21 years and has two girls, ages 10 and 13. The family lives on Kauai.

Contra Costa Mental Health Commission
Monthly Meeting
1/14/10
Minutes – Draft

1. CALL TO ORDER/INTRODUCTIONS

The meeting was called to order at 4:35 pm by Chair Mantas.

Commissioners Present:
Dave Kahler, District IV
Peter Mantas, District III, Chair
Bielle Moore, District III
Scott Nelson, District III
Colette O'Keeffe, MD, District
Floyd Overby, MD, District II
Annis Pereyra, District II
Teresa Pasquini, District I
Sam Yoshioka, District IV

Commissioners Absent:
Carole McKindley-Alvarez, District I-Excused
Anne Reed, District II - Excused
Supv. Gayle Uilkema, Dist. II - Excused

Attendees:
Ben Barr, Rainbow Community Center
Brenda Crawford, MHCC
Al Farmer, NAMI
Judith Gaillard, Public Defender/Conservatorship
John Gragnini, Local 1
Anne Heavey, Nat'l Alliance on Mental Health
Ralph Hoffman, NAMI
Mariana Moore, Human Services Alliance
Janet Marshall Wilson, JD, MHCC
Connie Steers, MHCC

Staff:
Laura Balon-Keleti, MHA
Sherry Bradley, MHA
Susan Medlin, MHA
Erin McCarty, MHA
Holly Page, MHA
Mary Roy, MHA
Dorothy Sansoe, CAO
Caroline Sison, MHA
Donna Wigand, MHA

Chair Mantas welcomed everyone and went around the room for introductions. He explained the abbreviated MHC monthly meeting will be held followed by the Public Hearing.

2. PUBLIC COMMENT.

Al Farmer: He understands CPAW is in favor of reopening the original entrance to CSU for mental health consumers and their visitors and NAMI strongly supports this. Currently consumers must go through the Emergency Department along with all medical and physical patients. This is a very inefficient approach and can result in delays in the ER of up to 6 hours. This results in many consumers simply walking away. The NAMI Board of Directors voted unanimously to reopen these doors as soon as possible. NAMI has been serving the mentally ill in CC County for 30 years. It is an organization made up of 290 families, all of which have loves ones who suffers from serious or chronic mental illness. They have had the occasion to need the services of CSU on many occasions. Consumers have an urgent need for the CSU doors to reopen.

Connie Steers: Deferred to Janet Marshall Wilson.

Janet Marshall Wilson: She sent an email sent to Vice Chair Pasquini, who passed it on to Chair Mantas, regarding allegedly serious unlicensed residential conditions in East County (see handout). She would like the Commission and the County to be aware of the extremely serious conditions which have been reported to Community Care Licensing. The facilities are providing care and supervision, therefore they should be licensed. It's also been reported to Disability Rights California and Supervisor Glover. These conditions are outlined in the email and include the deprivation of medication, forcing one resident to sleep outside without blankets due to missing curfew by 10 minutes, verbal abuse, bullying, corporal abuse including grabbing a resident by the neck, eviction which resulted in a suicide on 12/27/09, and other conditions. This issue was brought up at the MHC Planning Meeting on 1/8/10. She hopes the MHC will look into this and it falls under the purview of the MHC under Section 5604.2.A.1 that the local mental health board shall review and evaluate the community's mental health needs, services, facilities and special problems. She hopes for the Commission's attention to these serious allegations. Her Residential Advocate, Connie Steers, has been working on these issues as well as the Coordinator of the East County Wellness Recovery Center, but these issues are huge. Vice Chair Pasquini acknowledged receipt of the email yesterday. *(See email attached to the minutes.)*

Ralph Hoffman: He believes the term mental illness should be changed to creative maladjustment, in the way that manic depression has been changed to bi-polar disorder. Martin Luther King, Jr. believed the fate of the world lies in the hands of creatively maladjusted. The term "mental Illness" is responsible for the stigma of mental illness.

3. ANNOUNCEMENTS

A. Family Support Group in West County: There is a new family support group offered in West County and supported by NAMI Family to Family and funded by NAMI Contra Costa. Dr. Sum Chai has partnered with Kaiser Richmond to hold group meetings once a month, second Wed. of each month at (she believes) 7:00 pm. Anyone interested in further details is welcome to email her.

B. Commissioner Art Honegger tendered his resignation effective 1/10/10. He cited family medical issues requiring more of his time. He has done a great deal of work for the MHC and the community at large; he will be missed.

4. APPROVAL OF THE MINUTES

- **ACTION: December 10, 2009 MHC Monthly Minutes – Motion made to approve the minutes as amended: p. 10 "staff" should replaced with survey and remove the second "ask" from the first paragraph. (M-Mantas/ S-Yoshioka /Passed 7-0; Y- Pasquini, Pereyra, O'Keeffe, Overby, Kahler, Yoshioka, Mantas; A-Moore and Nelson as they were not present at the meeting.)**

5. CHAIRPERSON'S COMMENTS – Peter Mantas

Vice Chair Pasquini and Chair Mantas met with Dr. Walker regarding the Local 1 survey of CCHMA senior staff, MHA policies and procedures and several other issues. They were interested how Dr. Walker would be addressing the survey results. John Gragnani of Local 1 will be coming back to the MHC at the Feb. meeting to lead the discussion of the assessment. Approx. 1 year ago, Dr. Walker made the decision to participate as the lead for MHA as he assessed the relationship between

MHA and the MHC. Effective immediately, Mental Health Director Donna Wigand and MHA staff will participate in the MHC meetings and planning, hopefully resulting in more inclusive planning efforts.

6. **APPROVE 2010 WORKPLAN**

- **ACTION: Motion made to adopt the 2010 MHC Focus Area Action Plan as presented (M-Nelson/S-Overby/Passed 6-2-1; Y-Mantas, Pereyra, O'Keeffe, Nelson, Kahler, Overby, N-Pasquini, A-Yoshioka and Moore)**

Discussion:
Commissioners were sent the Workplan via email and it will be posted online. Chair Mantas noted there is a huge amount of work shown on the workplan; not all of it will be accomplished.

Vice Chair Pasquini would like to recommend when the Quality of Care and Assurance Workgroup meets, they consider the issues raised by Janet Marshall Wilson's public comments. Prioritization can include the site visits the MHC makes. Will the workgroups prioritize their own issues?

Chair Mantas said each workgroup will meet and select a chair at their first meeting as well as the different issues brought up to the MHC at large. They will look at the prioritization of the full MHC issues list, but also digging into the subjects on their own and determining what's attainable and critical. Then their priority list will be brought back to the MHC for approval.

Vice Chair Pasquini asked when the MHC receives urgent and immediate information, how will the issues be addressed in this Workplan?

Chair Mantas said issues may need to be brought back to the MHC to address in advance of the workgroups. We need to approve the plan then move forward with specific issues.

Commissioner Yoshioka asked how many Workgroups are there. Chair Mantas said 4 for now. Governance is the only Focus Area listed that is not a workgroup yet. Need to determine how to deal with the Governance issues.

Vice Chair Pasquini said she's not sure if the MHC approved the Workgroups at the Planning Meeting? She knows we brainstormed and plugged in ideas to the Workgroups, but were the Workgroups approved? She thought Governance was a Workgroup. Does the Commission agree these are the Workgroups we should use going forward?

Chair Mantas: We had the discussion at the Planning Meeting and plugged the action items into the Workgroups that were approved last year. If we want to make changes to the Workgroups, that will have to be brought up and discussed at a future meeting. Was everything brainstormed at the Planning Meeting incorporated into the Workplan? Julie Freestone wrote all the brainstorming ideas on the flipcharts and they were incorporated into the Workplan.

Commissioner Moore said although she was not at the Planning Meeting, she would like to clarify if these workgroups were approved.

Commissioner Nelson thought we approved categories, rather than workgroups.

Chair Mantas said the ideas were brought up as Workgroups and no one brought up that they didn't like the Workgroups.

Vice Chair Pasquini said she did try to address the Workgroup issues at the Planning Meeting.

Commissioner Pereyra said she came away from the Planning Meeting feeling they were Workgroups, but some of the workgroups had overwhelming amounts of work (Quality of Care and Quality of Life Assurance) considering there were some Commissioners who were a bit reluctant to fully participate in the Workgroups. She wondered how were those Commissioners who did choose to participate going to accomplish all of the work; some Workgroups may fall by the wayside.

Chair Mantas agreed some of them might. Are we ok with these workgroups as presented? After the Bylaws are amended and approved, the MHC may have to change how it does business, but for now let's move forward based on these Workgroups.

7. **APPROVE ANNUAL REPORT**

- **<u>ACTION:</u> Motion made to approve the 2009 Annual Report as amended:**

-Attendance: Vacancy is Dist. 4 not 5
-Commissioner Yoshioka is a Dist 4. Family Member
-Commissioner Reed is Dist. 2 Member at Large
-Changes to Workplan for 2010 Section V: Item 2 -Participate in the planning of efforts that address service, quality of care, Items 3a and 3c were deleted, and add 3a as "reopen CSU admissions", add 4 Improve Mental Health Commission's recruiting process to improve its cultural, racial and ethnic diversity, Item 6 is renumbered to 5 and delete presided to make preside. (M-Pasquini/S-O'Keeffe/Passed 9-0, Pasquini, Mantas, O'Keeffe, Nelson, Overby, Moore, Yoshioka, Kahler)

Discussion:

Commissioner Yoshioka would like to recognize those commissioners who attended each of the 11 meetings: Pasquini, Kahler, O'Keeffe, and Pereyra. They are the models the rest of the commissioners should emulate.

8. **MHC COMMITTEE / WORKGROUP REPORTS**

A. MHC/CPAW Capital Facilities and Projects Workgroup –Anis Pereyra

1. Accept Needs Assessment Survey Results and Workgroup member's informational Summaries presented in the packet: Vice Chair Pasquini read the following statement into the record as written by Commissioner Reed and agreed to by the MHC Capital Facilities Workgroup to be delivered to the full Commission on 1/14/10:
We believe this Workgroup served a valuable purpose in ensuring that the open, public process of gathering relevant information from all stakeholders has been honored. This Commission by a vote of 8-1 voted the Workgroup into existence and created its mandate. If any Commissioner who was present on 9/3/09 thought that this process was going to be a waste of time, she or he could have voted against the proposal. In 3 short months, the Workgroup was able to survey an underrepresented stakeholder group namely County staff, and create a valuable information resource to ensure that their opinions are heard. While we may have come to the same conclusion as previous Workgroups, we have answered the concerns of those

who were opposed to continuing without this part of the process. The Workgroup encountered many of the same stumbling blocks at the Commission in its pursuit of information. As responsible Commissioners we felt it would be irresponsible and rash to make specific recommendations without a clear financial picture for the project. Unfortunately the specific needs, budget, sources of financing and the like remain as ill defined today as they did in September. As one example, the cost of the IT portion of this project continues to escalate. Despite its best efforts, the Workgroup was not able to make significant headway to having the following questions answered: 1) What is the final cost of the project, 2) How much of the MHSA funds will be dedicated to this project, How much will be left over for the Capital Facilities portion? 3) What other sources of funds are available for IT? 4) Who makes the final determination how much, if any, MHSA funds are dedicated to the project? Do we have the opportunity to redirect all of the funds to Capital Facilities? We hope the groundwork which the Workgroup has done will allow the Mental Health Commission more leverage to obtain answers to these and other questions as well as participate in open discussions with all key stakeholders and not just Mental Health Administration. *(See handout presented at the meeting at the end of these minutes)*

No motion was made regarding accepting the Needs Assessment Survey Results and Informational Summaries in the packet.

2. Hear Workgroup report and recommendation on Capital Facilities and IT:
Commissioner Pereyra read the MHC/CPAW Cap Fac/IT Recommendation Statement:
The Capital Facilities/IT Workgroup understands that with any facility within Contra Costa County there are benefits and challenges to any location. We have received various information, surveys, in-person testimonies and recommended that the Mental Health Commission support a multi-disciplinary facility located in Central County, specifically at 20 Allen. That being said the Workgroup does not support the facility and programs currently proposed by Mental Health Administration as the process excluded key stakeholders from receiving important information to make a recommendation. Specifically the Mental Health Commission did not receive clarification in writing on the program design and financial information on proposed changes around a Children's Assessment and Recovery Center. We further recommend that the Mental Health Commission receives a seat at all tables where there are discussions on the facility and its programs. This would include Mental Health Administration, Health Services, Hospital Administration and the Finance Department at a minimum.

The Workgroup is unable to made a recommendation regarding allocation of the funds to IT at this time because there is insufficient information on which to base any recommendation. Specifically, despite our requests, Mental Health Administration has not informed the Workgroup of a final cost estimate for the facilities budget and how any potential allocation might affect any proposed capital facilities plan. It should be noted however, that the results of the Workgroup survey recommends an even apportionment between IT and the Capital Facilities. For your reference attached is a summary dated 12/17/09 which shows various California counties current anticipated apportionment. Note that for Contra Costa County the split remains at 80% for Capital Facilities and 20% for IT even though the Mental Health Commission has received information at previous meetings that this split may be insufficient for IT needs. We believe that we have met the goals set forth by the Commission for the Capital Facilities portion of this Workgroup and would therefore recommend that the charge be

reconsidered. Additionally we request that the Mental Health Commission authorize a member of the Workgroup to present the recommendation at the Board of Supervisors meeting on the 19th. *(See handout on p. 43 in the agenda packet.)*

- **ACTION: Motion made to accept the recommendations of the MHC Capital Facilities and Projects/IT Workgroup dated 1/7/10 as amended to include support to reopen the door to CSU as soon as new policies and procedures communicated to staff and public. Also amend the last sentence to remove the date "1/19/10" to allow presentation of recommendations to the BOS at any time. (M-Nelson/S-O'Keeffe/Passed 6-2-1;Y-Mantas, Pasquini, Pereyra, O'Keeffe, Nelson, Overby; N-Kahler, Yoshioka; A-Moore)**

Discussion:
Chair Mantas stated the Workgroup as it was formed was Capital Facilities and Projects Workgroup.

Commissioner Pereyra said the IT was added after it was discovered that Capital Facilities and IT funds were to be considered together as a onetime set of funds. A motion was made and approved by the MHC.

Dorothy Sansoe said the BOS item for 1/19/10 BOS meeting is only for purchase of 20 Allen. Programming issues will be brought up on 2/1/10 at the Family and Human Services meeting.

Commissioner Kahler asked if the recommendation spoke specifically against 20 Allen Street.

Commissioner Pereyra said the recommendation specifically requested Dr. Walker reserve 20 Allen for Mental Health.

Commissioner O'Keeffe requested "once the legal issues are resolved" be included in the motion.

Vice Chair Pasquini said speaking as a member of the pubic, not a member of the committee, she does not want to add the "legal issues are resolved" language. It's up to Health Services to let us know any legal issues.

Commissioner O'Keeffe withdrew her request.

Chair Mantas summarized the recommendation of the Workgroup: They want the MHC to send a clear message to Dr. Walker and Mental Health Administration that the MHC would like to see 20 Allen Street used for mental health services. However, the group still doesn't have enough information to make a determination on what services should be included.

Commissioner Yoshioka clarified the recommendation is for the site without being specific to the proposal for the pavilion.

Vice Chair Pasquini said this is still an ongoing issue at CPAW; they haven't taken a vote. This is still a fluid issue in the community; she and Commissioner Pereyra are participating in CPAW and will report back to the MHC what CPAW discusses and considers.

Dorothy Sansoe said the way the recommendation is written, the only time the recommendation can be presented is at the 1/19/09 BOS meeting; she suggests removing the date to allow presentation to the BOS at any time and in any forum.

Chair Mantas asked what Commissioners Kahler and Yoshioka would have liked to see in order to approve the motion.

Commissioner Kahler feels the MHC abdicated power to another body and made the process very complicated.

Commissioner Yoshioka feels they should have voted yes or no on Dr. Walker's proposal for the Pavilion. He's unclear what the MHC is really voting for and is unsure if the BOS will know either.

Chair Mantas said the MHC voted 8-1 giving the Workgroup the authority to make a recommendation. The Workgroup worked very diligently to get information on a moving target. The frustration with not getting information from MHA was brought up with Dr. Walker when Chair Mantas and Vice Chair Pasquini met with him yesterday. If the Workgroup doesn't get the information they need, they can't make recommendations to the MHC.

Vice Chair Pasquini said she appreciates the support, but would have appreciated if people had read the documents.

Commissioner Pereyra asked Commissioner Kahler what group did they abdicate power to? The Workgroup is not finished yet because there is a portion of the charge not yet finished because of a lack of information.

Commissioner Kahler said it wasn't going to work from the start, sending it down to this other group.

Chair Mantas requested the conversation stop. The Workgroup will continue to work based on the charge and bring items back to the MHC.

3. Reconsider Workgroup's charge and authorize Workgroup representative to present MCH recommendation to BOS on 1/19/10.

- **<u>ACTION:</u> Motion made to reconsider the Capital Facilities Workgroup's charge and terminate the joint MHC/CPAW Workgroup. We recommend the Workgroup reconvene as a Commission Workgroup only and with the charge to focus on Capital Facilities programming and services and the IT system. We further recommend that the charge include working to obtain answers to the following questions: 1) What is the final cost of the project? 2) How much of the MHSA funds will be dedicated to this project? 3) How much will be left over for the Capital Facilities portion? 4) What other sources of funds are available for IT? 5) Who makes the final determination of how much, if any, MHSA funds are dedicated to the project? 6) Do we have the opportunity to direct all of the funds to Capital Facilities? (M-Pasquini/S-O'Keeffe/Passed 7-2;Y-Pasquini, Mantas, Pereyra, O'Keeffe, Nelson, Moore, Overby, N-Yoshioka, Kahler)**

Discussion:

Commissioner Yoshioka attended one of the Workgroup's meetings and heard someone discuss the flawed process and that a consumer survey was being developed, but it never came out. Then a provider survey was proposed and done. He has questions about the survey and wonders if the MHC is really charged with doing its own surveys. In his previous work experiences they either hired an outside company to develop and administer the survey or developed their own with the aid of consultants. He wondered if our group was qualified to develop our own survey.

Chair Mantas asked who developed the survey.

Commissioner Pereyra said it was developed by Susan Medlin and Sherry Bradley with input from the entire Workgroup. Then it was run through Dr. Steve Hahn-Smith and the research department. He agreed the survey as originally written would be difficult for consumers. The Workgroup then found out consumer research had been conducted with Brenda Crawford/MHCC that the Workgroup was comfortable with. The one group that had not had any input was the County line staff that dealt with county patients on a daily basis and the Workgroup and developed a survey for the staff instead. There had never been a survey done in the county to assess where the gaps in service were and how to fill them.

Commissioner Yoshioka said one of the biggest problems is sampling; the population parameters not defined....

Chair Mantas called for order. A person cannot understand the charge of a Workgroup by attending one meeting. We don't have a budget to conduct a survey. Although it may not be perfect, it's more information than we had before. Instead of assuming something, we should be asking questions of each other.

9. **FUTURE AGENDA ITEMS**

Any Commissioner or member of the public may suggest items to be placed on future agendas.

A. Suggestions for February Agenda ***[CONSENT]***
   1. Report on Behavioral Health Unit – Dr. Johanna Ferman

B. List of Future Agenda Items:
   1. Case Study
   2. Discussion of County Mental Health Performance Contract & Service Provider Contract Review.
   3. Presentation from The Clubhouse
   4. Presentation from the Behavioral Health Court.
   5. Discuss MHC Fact Book
   6. Review Meetings with Appointing Supervisor
   7. Creative ways of utilizing MHSA funds
   8. TAY and Adult's Workgroup
   9. Conservatorship Issue
   10. Presentation from Victor Montoya, Adult/Older Adult Program Chief
   11. Presentation from Crestwood Pleasant Hill
   12. Presentation from Health Services Department on the policies and procedures surrounding sentinel events using Vic Montoya's suggestions on the different reporting structures.

10. **ADJOURN MEETING**

- **Motion made to adjourn the meeting at 5:55 pm. (M-Kahler/S-Yoshioka/Passed-unanimously 9-0)**

The next scheduled meeting will be Thursday, February 11, 2010 at Concord Police Department, Community Room; 4:30 – 6:30 pm.

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the staff to a majority of the members of the Mental Health Commission less than 72 hours prior to that meeting are available for public inspection at 1340 Arnold Drive, Ste. 200, Martinez during normal business hours.

Janet Wilson

From: Janet Wilson [jmwilson@mhccnet.org]
Sent: Wednesday, January 13, 2010 6:03 PM
To: 'Janet Wilson'; 'Teresa Pasquini'; 'Victor Montoya'; Suzanne Tavano (stavano@hsd.co.contra-costa.ca.us); 'DCassell@hsd.cccounty.us'; 'stupper@hsd.cccounty.us'; 'bcrawford@mhccnet.org'
Cc: 'conste925@astound.net'
Subject: RE: CORRECTION!

PLEASE CHANGE THE FIRST SENTENCE OF THE SECOND PARAGRAPH TO ADD "ALLEGATIONS OF" BEFORE ABUSES.
Thanks/done in a rush/Janet Marshall Wilson

From: Janet Wilson [mailto:jmwilson@mhccnet.org]
Sent: Wednesday, January 13, 2010 5:47 PM
To: 'Teresa Pasquini'; 'Victor Montoya'; Suzanne Tavano (stavano@hsd.co.contra-costa.ca.us); 'DCassell@hsd.cccounty.us'; 'stupper@hsd.cccounty.us'; 'bcrawford@mhccnet.org'
Cc: 'conste925@astound.net'
Subject: for the Commission

Please forward this e-mail to the full Commission. We do not have the group listing.

The purpose of this e-mail is to bring to the attention of the Commission, and the Mental Health Division, serious abuses at the unlicensed board and care homes in East County run by Jackie Brown. One of these homes is on Matthewson Court and the other is on Union Mine Court. Most of the 8 residents we know of [who attend the East County Wellness & Recovery Center] are open to East County Mental Health; two are court-mandated to live there. All of the residents we know of greatly fear retaliation from Jackie Brown and have been told not to say anything to anyone about the homes.

Reports have already been made to Linda Anderson of Community Care Licensing [because the homes are providing "care and supervision" as defined by regulation, they must be licensed and are not]; to Leslie Morrison, Director of Investigations with Disability Rights California; and to Adult Protective Services; and to Supervisor Federal Glover.

Serious allegations include verbal abuse, bullying, corporal abuse [including grabbing a resident by the neck], summary eviction [which resulted in a suicide on 12/27/2009]; lack of provision of food; forcing one resident to sleep outside without blankets because of missing curfew by 10 minutes, and refusing to give this client his medication; depriving another resident of her medication for several days. She is in charge of residents' money which the case managers give her, and she reduced one resident's payment from $60 to $10 on her own motion. On New Year's Eve her own staff person was drunk and was/had been buying alcohol for several residents. He was so drunk that he broke down one of the doors in the Matthewson Court home, and the residents were so afraid that they tried to get Jackie Brown to come out of her room but she refused, so they called the police.

In the past, whenever complaints were made to the police or to County case managers, Jackie Brown was believed because of the stigma against mental health clients.

Welfare & Institutions Code section 5604.2(a)(1) states that the local mental health board shall: "Review and evaluate the community's mental health needs, services, facilities, and special problems," which gives the Commission jurisdiction over Jackie Brown's homes. We suggest site visits to the homes as well as confidential interviews with affected members of the East County Wellness and Recovery Center, which is located at 2400 Sycamore Drive, Suite 30, Antioch, 95209.

Thank you for your prompt attention to this serious issue.

Janet Marshall Wilson, J.D.
Director of Patients' Rights
Mental Health Consumer Concerns

NAMI Contra Costa

Nation Alliance on Mental Illness

P.O. Box 21247, Concord, CA., 94518, (925) 676 5771 xnamicc@aol.com, Fax: (925) 476 1444
www.namicontracosta.org

January 14, 2010

Peter Mantas, Chair
Teresa Pasquini, Vice Chair
Contra Costa Mental Health Commission
1340 Arnold Drive Room 200
Martinez, California

To the Commission:

NAMI Contra Costa would like to express strong support for the effort to reopen the original entrance to the CSU (Crisis Stabilization Unit) for consumers and visitors.

Currently consumers must go through the Emergency Department along with all of the medical and physical patients. This is very inefficient and can result in delays in the ER for up to six hours. This results in many consumers walking away!!

The NAMI Board of directors voted unanimously to reopen those doors as soon as possible.

NAMI has been serving the mentally ill in Contra Costa for 30 years. It is an organization made up of 290 families all of which have a loved one that suffers from a serious and chronic mental illness. They have had the occasion to need the services of the CSU on many occasions. Consumers have an urgent need for the CSU doors to reopen.

Cordially,

Al Farmer

Al Farmer, President
NAMI Contra Costa

CC: Dr William Walker
Director, Health Services Department
Anna Roth,
Director, CCRMC
Dr. Charles Saldana,
Chief Psychiatrist

The following statement has been written by Commissioner Anne Reed and agreed to by the MHC Capital Facilities/IT Workgroup, and delivered to the full Commission on 1-14-10 for their information and consideration.

We believe that this Workgroup served a valuable purpose in ensuring that the open, public process of gathering relevant information from all stakeholders has been honored. It should be noted that this commission, by a vote of 8-1, voted the Workgroup into existence and created its mandate. If any commissioner who was present on September 3rd thought that this process was going to be a waste of time, she or he could have voted against the proposal. In three short months, the workgroup was able to survey an underrepresented stakeholder group, namely County staff, and create a valuable information resource to ensure that their opinions are heard. While we may have come to the same conclusion as previous workgroups, we have answered the concerns of those who were opposed to continuing without this part of the process.

The workgroup encountered many of the same stumbling blocks at the Commission in its pursuit of information. As responsible Commissioners, we felt that it would be irresponsible and rash to make specific recommendations without a clear financial picture for the project. Unfortunately, the specific needs, budget, sources of financing and the like remain as ill-defined today as they did in September. As one example, the cost of the IT portion of this project continues to escalate. Despite its best efforts, the workgroup was not able to make significant headway to having the following questions answered:

1. *What is the final cost of the project?*
2. *How much of the MHSA funds will be dedicated to this project? Ie. How much will be left over for the Capital Facilities portion?*
3. *What other sources of funds are available for IT? And*
4. *Who makes the final determination on how much, if any, MHSA funds are dedicated to the project? Do we have the opportunity to redirect all of the funds to Cap Facilities?*

We hope that the groundwork which the workgroup has done will allow the MHC more leverage to obtain answers to these and other questions, as well as to participate in open discussions of the 20 Allen project with all key stakeholders, not just MHA.

MHC/CPAW Joint Workgroup

In the Workgroup recommendation, we state that the "MHC did not receive clarification in writing on program design and financial information for proposed changes around a Children's Assessment and Recovery Center".

Please note the following:

On September 3, 2009, Dr. Walker, Donna Wigand and Sherry Bradley presented very detailed alternatives and presented a "Chart of Capital Facilities Alternatives". The approved meeting minutes and the supporting documentation, including the above-referenced chart, never propose any separate facility for children. In fact, there was no substantive discussion of children in the presentation at all.

There are only two mentions of children in the chart:

> Under proposal to "Construct 16-bed Crisis Residential Facility (and support facility for administration, dietary, storage, receiving, medical records) as part of a new Mental health Recovery Services Program to include continuum of care to address needs of clients from a wellness and recovery perspective", one of the CONS listed under "Two CRF's in County" and "Three CRF's in County" is "No access to services for children".[1]
>
> Under proposal to "Construct an Assessment and Recovery Center to meet the needs of mental health clients needing urgent and outpatient mental health care 24/7 - to include voluntary and involuntary access separately. To be part of a continuum of care campus", one of the pros listed is "Access to services for Children, TAY, Adults and Older Adults".[2]

In the approved minutes, there is one note "In a month, there are 14-15 beds being contracted out - 2 children per day on average)."[3]

The Workgroup was concerned about representation of children's needs and invited MHA to address these concerns. At its November 2, 2009, the Workgroup welcomed Vern Wallace, who made a fairly detailed presentation. He presented statistics which show that from 01/01/2009 to 10/23/2009, Age 0-12 clients (assumed to be children) into Assessment and CSU averaged 15.3 per month.[4] Based on this data, as well as his experience, Mr. Wallace suggested that he would be amenable to a separate quiet space away from the adult section of any 23 hour hold ("a separate, self-contained unit), but that a separate facility was not required so long as there were specialized services for the age group.[5] He envisioned "different staging areas based on different needs."[6] There was a specific discussion of how this option allows underutilized childrens' resources to be temporarily reallocated on an as-needed basis to other age groups.

At this same meeting Suzanne Tavano indicated that "there are approximately 2-3 children seen per day and the original feasibility study from a year ago factored in separate component areas for children and adolescents".[7] Note that both Mr. Wallace and Ms. Tavano spoke of a separate area with specialized services, not a separate facility.

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[1] See p. 5 of chart
[2] See p. 7 of chart
[3] See p. 2 of approved meeting minutes
[4] See "Unique Clients Count per Month by Age Group"
[5] See MHC/CPAW workgroup approved meeting minutes, p. 2.
[6] id.
[7] id.

On December 10, 2009, Ms. Wigand updated the MHC on the status of the 20 Allen project and presented a revised proposal for services at that site. As reflected in the draft minutes "The only programs to be considered at this time are .... 5150 receiving center for children".[8] In response to a question posed regarding a new RPP process, Ms. Wigand replied that this "may be necessary given the **new** focus on the ARC for children". [9] (emphasis added)

Finally, at a Psychiatric Leadership/Healthcare Partnership meeting held on January 13, 2010, there was different and new information provided on the census and acuity of children seen at CSU. It was suggested that the numbers provided by MHA's Vern Wallace may not have included all children seen on the unit, but only those open to county mental health. It is the intent of the Hospital Mental Health Management to perform a two week tracking of children on the Crisis Stabilization Unit.

The issue of childrens' services has ebbed and flowed throughout the discussion on 20 Allen. The Workgroup is concerned that after a detailed proposal on September 3rd and subsequent discussions by MHA to review and revise the proposal, the decision was made to include a separate 5150 facility - is premature, given that some of the most basic underlying data is being questioned.

Childrens' services are an important component of our on-going effort to enhance mental health services in Contra Costa County. However, it is apparent that the basic information upon which some of the assumptions are founded have not yet been verified. These services, along with all other proposed facilities, resources, and programs must be discussed in an open forum which includes key stakeholders including Health Services, Hospital Administration, Finance Department, consumers, family members, the community and, of course, the Mental Health Commission.

[8] See MHC draft meeting minutes, unnumbered page.
[9] id

Contra Costa Mental Health Commission
Public Hearing
1/14/10
Minutes – Draft

1. CALL TO ORDER/INTRODUCTIONS

The meeting was called to order at 6:05 pm by Chair Mantas.

Commissioners Present:
Dave Kahler, District IV
Peter Mantas, District III, Chair
Bielle Moore, District III
Scott Nelson, District III
Colette O'Keeffe, MD, District
Floyd Overby, MD, District II
Annis Pereyra, District II
Teresa Pasquini, District I
Sam Yoshioka, District IV

Commissioners Absent:
Carole McKindley-Alvarez, District I-Excused
Anne Reed, District II-Excused
Supv. Gayle Uilkema, Dist. II-Excused

Attendees:
Ben Barr, Rainbow Center
Brenda Crawford, Mental Hlth Consumer Cons.
Al Farmer, NAMI
Tom Gilbert, Shelter, Inc.
John Gragnini, Local 1
Anne Heavy, Nat'l Alliance on Mental Health
Mariana Moore, Human Services Alliance
Janet Marshall Wilson, JD, MHCC
Connie Steers, MHCC

Staff:
Donna Wigand, MHA
Suzanne Tavano, MHA
Sherry Bradley, MHA
Laura Balon-Keleti, MHA
Holly Page, MHA
Susan Medlin, MHA
Erin McCarty, MHA
Mary Roy, MHA
Vern Wallace, MHA
Dorothy Sansoe, CAO

Sherry Bradley had the translators from IEC introduce themselves: Mai Tran-Vietnamese, Chrystain Rozotto-Spanish and Barry Barlow-American Sign Language. If no one identifies or arrives to use their services within the first 10 minutes, they are free to leave. As no one identified as requiring services, they left.

1. **WELCOME** – Peter Mantas, Chair

2. **OPENING COMMENTS** – Peter Mantas, Chair

Chair Mantas provided an overview of the process to be used at this public hearing. MHA will present the MHSA Plan update, then the meeting will be opened for public comment. After public comment is finished, the meeting will be closed to public comment and MHC will have discussion. During the discussion the MHC will determine an action plan (what the MHC would like to see from CC Mental Health Services regarding any revisions or improvements) and finally make recommendations to the BOS and MHA.

Chair Mantas introduced Mental Health Director, Donna Wigand.

Donna Wigand - Presented a handout *(handout follows the minutes)* showing a briefing from the California Mental Health Director's Association (CMHDA) on budget issues. The part that most effects CCMH governor's proposal is to take approx. $450 Million from MHSA over the next 2 years (almost a billion over the next 24 months). There is no language on where the money will be taken from. The governor attempted the same thing last year during the special election in June 2009 with Proposal 1E, along with several other initiatives which failed. A ballot initiative will again be required in June 2010 saying for the next 2 years state is allowed to take MHSA funds and transfer them to the state general fund, to backfill the state's match. The state has to match the state general fund to pull down EPSDT and do Mental Health Medi-Cal Managed Care. This money will be taken from MHSA and given to the state general fund to match. They will take the state general fund money they have to use each year to match those 2 categories to fill in other budget areas. She is uncertain if a ballot measure would be voted down or not; this year the political climate is very different than last year when the measure was voted down. The message from Sacramento is "do not come whining and crying and asking us not to do this." The cuts are coming so the state wants to know from Mental Health from where the $900 million the cuts will come.

MHA would advocate taking the money from unexpended pots of funds only; it would affect Innovation. Although some counties have have submitted Innovation plans, no county has implemented their plans. Also the state DMH withheld part of the Prevention and Early Intervention (PEI) funds for 3 statewide programs. Two of them have gone nowhere after 3 years: statewide suicide prevention and statewide stigma and discrimination. Chair Mantas asked what "the program didn't get done" means? Donna Wigand said instead of each county doing own program, the state would do a statewide program (allowing uniformity of programs statewide such as the purchase of media) using the withheld funds. Those funds have not been expended. This is a moving target. Vice-Chair Pasquini asked what the CMHDA's position is. Donna Wigand said the briefing paper she handed out outlines the various reductions as well as their positions on them. The state would also like to divert Prop. 10 money through a ballot initiative. They met with the state DMH today around these issues, but received nothing in writing.

Vice-Chair Pasquini asked if there was any talk of canceling the very expensive 5 year MHSA celebration party? Donna Wigand said it was the strong recommendation of CMHDA governing board to cancel the party. The party is being planned by the California Contractors Association, who still would like to move forward with it. Vice-Chair Pasquini: The public should know there is big chunk of MHSA money budgeted for party when people need housing and food. Donna Wigand agreed it is inappropriate.

Chair Mantas turned the meeting over to Sherry Bradley, MHSA Program Manager.

3. **MHSA FISCAL YEAR (FY) 2009/2010 ANNUAL UPDATE (PLAN) PRESENTATION BY MENTAL HEALTH DIRECTOR** – Donna Wigand, Mental Health Director and Sherry Bradley, MHSA Program Manager. (See PowerPoint presentation handout)

This Public Hearing is the culmination of a 30 day public review and comment period on the proposed draft of the 09/10 Update to the 3 Year Plan. Annual updates each year are supposed to build on the initial 3 year plan (the initial plan was for 05/06, 06/07 and 07/08). For 08-09 only an annual update was requested, including an activities report, but not a full 3 year plan. This is 09/10 Update. There will not be a full 3 year planning process until hopefully next fiscal year for years10/11, 11/12 and 12/13.

The Community Program Planning Process includes the MHC conducting a public hearing to gather public comment on the proposed plan and also includes ongoing engagement of stakeholder processes. The MCH Commissioners received a copy of the plan update and the plan was available to the public online as well for 30 days.
The planning process is supposed to build on the previous and ongoing engagement of stakeholders. Information Notice 08-28 tells Contra Costa County what must be provided to the state and what is required regarding stakeholders to get the Annual Update approved. They are asking for money almost retroactive to 7/09 – 6/10. The package is broken down into Exhibits:

Exhibit A: Certification that the submitted Update is from CCC.
Exhibit B: Describes the Community Program Planning Process for CCC.
Exhibit C: Report on CSS 07/08 Activities and abbreviated per guidelines. The data included in the package is only for a 6month period. The state DMH used to require an annual update on the CSS completed on a calendar year basis; then it switched to a fiscal year basis. CCC has already prepared an activities report for calendar year 2007 and so the update is for 1/1/08 – 6/30/08.
Exhibit D: Workplan description. The state has decided to use a broad definition of Workplans for all projects across the different components.
Exhibit E: Funding Requests for Community Services and Support (CSS) and Prevention & Early Intervention (PEI).
Exhibit F: N/A; shown if CCC was to submit a new workplan, which it is not.
Also required per the guidelines, to provide a plan to the state to set aside a prudent reserve for CSS.

Details:
Exhibit E: Request for Funding - in the Annual 09/10 Update, funds are being requested for previously approved CSS Workplans, previously approved PEI Workplans, Administration costs associated with those programs and Prudent Reserve funding requests. (see PowerPoint presentation handout for details)

A. CSS Funding Requests: Workplan 1(Children's FSP's), Workplan 2 (TAY FSP's), Workplan 3 (Adult FSP's) and Workplan 4 (Older Adult Program-not FSP), Workplan 5 (Housing) and Workplan 6 (Systems Development-consists of 6 separate pieces).

B. PEI Funding Requests: Project 1-Building Connections in Underserved Cultural Communities, Project 2-Coping with Trauma Related to Community Violence, Project 3-Stigma Reduction, Project 4-Suicide Prevention Project, Project 5-Supporting Older Adults, Project 6-Parenting Education and Support, Project 7-Supporting Families Experiencing Juvenile Justice System, Project 8-Support for Families Experiencing Mental Illness, and Project 9-Youth Development.

Most of the PEI workplan/project contracts didn't begin until 7/09 and the first quarterly reports were not due until 10/09; so very few or no enrollees yet.

CSS: Based on the published estimated from the state, the '09/10 CSS allocation for CCC is $20,347,000. CCC will request the full amount broken down as follows: CSS (all 6 Workplans) - $14,054,000, County Administration Costs – $2,100,00 and fund the prudent

reserve with the balance of $4,096,000. MHA held expenditures to '08-09 level as they will experience declining MHSA revenues during the next 3 years.

PEI: Based on the published estimate from the state, the '09/10 PEI allocation for CCC is $7,600,000. CCC is asking for $6,800,000 broken down as follows: PEI (all 9 Projects) – $5,900,000, County Administration Costs - $310,000, and a 10% operating reserve of $595,000 that CCC is required to do. 66% of the funds are being directed to those under the age of 25, per the guidelines at least 51% of PEI funds must be allocated to those under 25.

Prudent Reserve: Each County must set aside 50% of the most recently approved CSS and PEI plans. If there is a shortfall, CC must tell the state how they will make it up. CCC must tell the state how it will fund the prudent reserve requirement of $10,173,000 by 7/1/10. CCC has previously committed $3,800,000 and would like to commit $4,096,000 from the CSS funding request. CCC has unspent CSS funds (based on a Cost Report) from '07/08 of $2,900,00. CCC will take the unspent CSS funds and apply to prudent reserve; the prudent reserve total will be over the 50% requirement. CCC is being very conservative/aggressive on the prudent reserve because they want to attempt to preserve the programs in their current state while to do annual updates or achieve the next 3 year planning process.

Highlights of 09-10 Plan Update:
CSS – hold expenditures to '08/09 spending levels
PEI – increase expenditures from $5.5 million to %6.9 million
Laying out the plan to achieve the 50% prudent reserve requirement by 7/1/10
Provide required CSS Activities Update for 1/1/08 – 6/30/08 as required by DMH.

In the Plan Update booklet, the Appendix shows Full Service Partners (FSP) Performance Outcome Report: a 12 month report, the data was presented to the Family Steering Committee, CPAW and CPAW Data Committee. Based on data shown to them, the CPAW Data Committee made some recommendations to the MHA Planning and Evaluation Unit to make some modifications in the FSP Outcomes Report. The updated report was presented to the CPAW Data Committee 1/13/10 and will be made available to the public. Commissioner Pasquini asked if the revised report was accepted by the CPAW Data Committee yesterday. Sherry Bradley responded no and confirmed that it would be going back to CPAW.

CCC is not required to do an annual plan for PEI, but Mary Roy, the PEI Coordinator, provided an update on what they hope the '10/11 Plan Update for PEI will include. All the Workplans are in place with measurable outcomes. She believes most programs will come up to speed in the next 6 months. She's worked to devise monthly reporting forms to capture all the various components of each program. They are conducting site visits to all the programs funded under PEI; the first round of visits will be complete by the end of February.

Erin McCarty and Mary Roy recorded public and MHC Commissioner comments.

4. **PUBLIC COMMENT ON PLAN**

Ralph Hoffman submitted a comment, but already left the meeting.

Brenda Crawford: Although there was no requirement for an update on the Workforce Education & Training (WET) component, she would like to recommend revisiting the plan for ways to increase programs to provide jobs and training for consumers and consider using WET Funds to fund the SPIRIT program.

Connie Steers: Housing: she would like MHC to consider other housing options rather than just shared only shared housing options as a cost effective option. She would recommend a design such as Kirker Court. Kirker Court is community based 18 apartments around a courtyard with a community room and onsite manager. Residents felt it was most successful when County Mental Health had a residential support worker on site. The property manager, Eden Housing, also had an onsite services manager there part-time. Many activities were available for the residents during the day; a vibrant environment for an assisted living facility. Visit the site in Clayton and duplicate it elsewhere.

Janet Marshall Wilson: She supported what Brenda Crawford and Connie Steers said. On page 12, Exhibit C on CSS, it is noted that MHA has contracted with an experienced provider for housing for the FSP's. She read a handout "There have been serious problems with the contractor which has the master leasing program for CCC MHSA. The criminal background screening has been inadequate both over time and recently, which has caused serious damage to mental health consumers. Contra Costa County should impose performance measures on this contractor and open up the bidding for master leasing to other vendors." *(handout follows these minutes.)*

Chair Mantas asked if there were any other public comments on the Plan; there were none.

5. **CLOSE PUBLIC COMMENT ON PLAN**

- **ACTION: Motion made to close public comment on the plan. (M-Kahler/S-Nelson/P-unanimous, 9-0, Kahler, Mantas, McKindley-Alvarez, Nelson, O'Keeffe, Overby, Pasquini, Pereyra, Yoshioka; Commissioner Moore had left the meeting prior to the vote)**

Discussion: None.

6. **MHC COMMENT ON THE PLAN**

Commissioner Pereyra: The Commission has heard public comment from CBO's that there was new CSS money being rolled out without MHA ever asking those who provide over 70% of the programming for the mentally ill in this county if the services they were providing were working well, if the goals and objectives needed to be addressed and if the money spent was being well directed. She would specifically like to know if those CBO's receiving MHSA funds are being asked if the programs are working well, if they need "tweaking" to work better, essentially, what works and what doesn't. Are we, as a county, putting MHSA funds to the best use possible? Secondly, what are the performance outcome measurements being used by MHA to assure that programming is productive? Who is monitoring the programming, what assessment tool is being used to gauge effectiveness, is the targeted population correct, does it need broadening, redefining or elimination? During this current economic crisis, every dollar spent needs close scrutiny to maximize benefit. Lastly, I have heard multiple figures relating to the amount of CSS funds that will be taken away from the total CSS funding for current programs to apply to the programming that will be implemented if a Pavilion is built. What will the effect be on the reduced funding to other CSS programs if money is diverted to Pavilion programs? How will the reductions in revenue collected from Prop. 63 taxes, estimated to be between 40 – 45% by Sherry Bradley as presented to CPAW, further affect the amounts of CSS money available to existing services when topped with the diversion of funding to the new Pavilion?

Sherry Bradley: Regarding formatting: the service workplans were developed and distributed to the CPAW data committee and MHC commission members. Workplans now include performance measures, 3-5 outcomes expected from the program and individual participants. Those established percentages and thresholds were agreed upon. Vern Wallace/Helen Kearns monitor children's programs; Vic Montoya /Stacey Tupper monitor adult contacts. Focused reviews are being conducted for each of the FSP programs, beginning with the Transition Age Youth program. Data will be made available once the reviews are completed. Regarding measurement tools: according to the state, a Key Event Tracking form must be used to collect the data. Data is collected by the Personal Service Coordinator and sent to the state system. The state is supposed to turn around and give us the performance outcomes data back, but that hasn't worked very well so CCC has been taking the data ourselves (data entry, analysis and reports). That is how the FSP Outcomes report was generated for the '09-10 Update. Regarding Target Populations: The CPAW Data Committee has raised the question of whether the target population for the Children's FSP program, that has been transitioning for the last 5-7 years (per anecdotal evidence), should be expanded to include the African-American population. Their intention is to review the demographic data to see if the program should be expanded for the '10/11 program. Initially the target population was non- English speaking, Latino – Hispanic population in far East County and the program was to begin there; all FSP programs were supposed to begin in one area of the County then expand to other areas. It will probably not be possible to expand due to capacity issues and the fact that funding will be reduced. She doesn't believe there have been any reviews of target populations in West County. Regarding funds being taken away from current CSS programs for Pavilion Programs: if the funding for the capital facilities comes out of MHSA funds, the program does have to benefit FSP's' and the operational funds must come out of CSS funds. (For services not reimbursable by Medi-Cal.)
Commissioner Pereyra: The figures we have heard about are for FSP's coming to the Pavilion, not extra funding that would come out of CSS to fund new programming developed at the Pavilion? Sherry Bradley said it would be used to fund FSP's.

Chair Mantas: More explanation on quality measurements? He's seen major milestones such as arrest rate before and after, but what about quality measures?

Sherry Bradley: The Performance Outcomes and Quality Improvement (POQI) survey administered twice a year to consumers or to family members/guardians of children. There are quality of life measures (25 – 30 questions) included on the survey. They found out yesterday the May 2009 results do not include the quality of life questions. Dr. Hahn-Smith will be in touch with the state regarding the missing quality of life data; the data is being captured, but not reported. Other than the POQI Survey that goes out to FSP's, there are individual interviews and some of the programs conduct interviews; once the information is de-identified for privacy issues, the data is sent to MHA.

(The May 2009 POQI Report follows these minutes.)

Chair Mantas: What are the quality measures for a program?

Sherry Bradley: PEI Outcome Measurements, 5 per program, have just been established for the Quality Measures. She emailed it to the Commissioners. It was a Service Workplan that shows specific outcomes delineated for each program.

Vice-Chair Pasquini: Is the Background and Scoring of 30 Items Mental Health Recovery Measure the document?

Sherry Bradley: That document was a separate one reviewing additional ways to look at recovery measures.

Chair Mantas: Could Mary Roy discuss an example of an Outcome Measurement Workplan? We have quantitative data, but what does the qualitative data look like? If we want to review how effective our spending is, we should have qualitative data.

Vice-Chair Pasquini: Could they discuss the Clubhouse FSP Workplan as an example? How is that program qualitatively improving family's lives?

Mary Roy: Regarding program development, they have expanded their services to include Friday Night Live, Saturday programming, additional meals, some evening arts/music programs and through a PEI grant, funded a multi-media room/hired someone to teach how to create multi-media projects and capturing the lives of people who are mentally ill: their experiences and challenges. They just started outreach into family homes trying to make a connection and invite the consumer to the Clubhouse. Caregiver respite services are provided as well by having so many programs available onsite. On their visit, it was difficult to tell who was client vs. staff; a very integrated program.

Commissioner O'Keeffe: In funding support, any consideration for consumers who don't have enough financial or transportation resources to access the activities and meal services, consumers who have the least resources?

Mary Roy: They are investigating if PEI funds can be used for transportation vouchers.

Commissioner O'Keeffe: The problem isn't with vouchers, it's that public transportation is absent in the evenings and weekends.

Mary Roy: A van has been funded and purchased that brings consumers to selected events, but not every single meeting. They also have meetings in East and West County for better access.

Commissioner O'Keeffe: What about the cost for meals? For someone on SSI and with the recent SSI cuts, the cost (1.00 for breakfast, 1.50 for lunch x 20 days per month) is probably prohibitive.

Mary Roy: She wasn't aware consumers had to pay for meals. She will talk to the Clubhouse. Maybe the left over start up costs from contracts this year can be spent on meals and providing transportation.

Vice-Chair Pasquini: Are these comments being captured as substantive comments?

Chair Mantas: Any other qualitative measures available can discuss for a specific program?

Laura Balon-Kelati: She prepared the Draft PEI Outcome Measuremes document with 3 different sections for each provider/agency: Project Outcome Statements (i.e. increased engagement in the community), Measures of Success (% of increase, activity, timeframe) and Measurement/Evaluation Tools (i.e. pre/post test or other recognized tool). It is not shown in the plan update. MHA is developing tools as we go; for instance, how do we measure social isolation, especially for the LGBT

community? There isn't a standardized tool available. They are working with agencies to develop tools that will work for them. The Outcome Measurements are incorporated into the contractor's Workplans.

Chair Mantas: Could the Commissioners have a copy of that document?

Sherry Bradley: If there is a link, she will send it to the MHC. The state didn't want the document referenced included on the Plan Update as it was included in the PEI 2 year plan.

(The 2009-2010 Draft PEI Outcome Measures document was sent to the MHC via email on 1/19/10. Subsequent to that a Final PEI Outcome Measures document was made available on 1/27/10 and follows these minutes.)

Laura Balon-Kelati: On 12/31/09 the MHSOAC came out with a PEI trends analysis report. There are 223 PEI projects featured in California submitted by 7 counties; CC had 2 projects on the list.

Sherry Bradley: In terms of measurements, with the 6 CSS Workplans, there is now an FSP Steering Committee for the Adult, Transition Age Youth and Children's programs. It consists of providers and county staff involved in the Workplan. It will meet quarterly to review any outcome results that have come forward to see if modifications are in order.

Vice-Chair Pasquini: Are there any family members on the Steering Committee? She strongly objects that family members are not allowed on the Steering Committee.

Sherry Bradley: She has communicated to the two Program Chiefs that lack of family andconsumer representation can be an issue as well.

Vice-Chair Pasquini said and Brenda Crawford agreed that consumers/consumer organizations are well represented.

Vice-Chair Pasquini: She respects, appreciates and admires the effort and dedication of MHA staff and Sherry in rolling out this Program. The state has mishandled the implementation and rollout of Services very poorly. She supports the Rose King whistleblower complaint, filed at the state level, that she brought up to the Commission (and provided support material). Rose King discussed waste, conflicts of interest, special interests, etc. and in Rose King's opinion, the state has implemented MHSA illegally. Although Vice-Chair Pasquini is disappointed in the state red tape, she appreciates all the successes as well. She has served on CPAW for year, representing the community planning process, and is honored to do so. Although it's been challenging at times, CPAW is trying to honor the process. She feels CPAW is the only example she is aware of a community partnership that is working. She is concerned about the "rubber stamping" by the MHC. She wondered how many Commissioners read the Plan Update and is disappointed commissioners may not have read the plan. She is not sure how the MHC is qualified to approve the plan when everyone hasn't read it. We have statutorial responsibilities to uphold when we agree to sit on this Commission and she strongly objects to being part of a process where those responsibilities are not respected and valued. People are counting on us to help get money here. She reluctantly raised her hand at the CPAW meeting to support the plan since it brings approx. $20 million to CCC. She would like to encourage the Commission to approve the plan in the hopes we can serve more people. The Mental Health Services Oversight and Accountability (MHSOAC) issued an evaluation of our MHSA Three Year Expenditure Plan in 2006 when it was first approved with recommendations. Have we gone back and reviewed the

comments and incorporated them into the plans? For example, law enforcement? The Evaluation said "Relationship with law enforcement seems atrophied. Counties should move to strengthen and embed the recovery model with their other treatment system-health, law enforcement, housing, medical treatment, substance abuse treatment." Have we improved relationship to law enforcement?

Donna Wigand: In terms of the planning process, they tried to get law enforcement more involved.

Vice-Chair Pasquini: She agreed, but he only came to one meeting. It's a strong concern. Another comment from the Evaluation was "The committee would like to request updates regarding how the county will navigate the bureaucratic infrastructure to fully implement joint CBO/county teams and utilization of mobile intervention and crisis intervention." What is that?

Donna Wigand: Are we talking CBO's or crisis intervention?

Vice-Chair Pasquini: They were talking about mobile intervention...

Donna Wigand: The pilot we did in Central County with law enforcement? That's the mobile response team we have. She said she would call Kimberly.

Sherry Bradley: She was not familiar with the MHSOAC Evaluation and they would research it.
Donna Wigand: She agreed they should review it.

Chair Mantas: Confirmed with Vice-Chair Pasquini she is requesting the Evaluation of CC's MHSA 3 year expenditure Plan 3/7/2006 by the MHSOAC Committee be reviewed and confirm that comments were addressed.

(The 3/7/06 MHSOAC Evaluation follows these minutes.)

Vice-Chair Pasquini: She thinks it would be good to know. Regarding the Quality of Life Discussion, she concurs with Janet Wilson on the housing situation and Shelter, Inc. Is Shelter, Inc. the only game in town and the best we can do? She has some concerns about where our consumers are living. She has a relationship with a FSP with a dual diagnosis who was improperly placed and relapsed immediately. She met with Rubicon treatment team; she found them very positive, but better success for consumers with family to advocate. She would like to see families honored more in the process.

Chair Mantas: Funding question regarding the County administration cost; why is it separated from the rest of the funding?

Sherry Bradley: The County is required to state the total amount separately; there is a maximum percentage allowed.

Chair Mantas: What does that include?

Sherry Bradley: Positions include the MHSA program manager, analyst, evaluators, utilization review nurse, financial counseling and overhead to house those employees.

Donna Wigand: There is a breakdown on how much time per week is spent by MHA staff administrating MHSA and it is costed out.

Tom Gilbert: He hasn't heard these concerns. When there have been issues, consumers have been moved. He is more than happy to discuss specific issues. When they ramped up there were mostly 1 bedroom units, so inventory was low. Have made some changes.

Commissioner Pereyra: Regarding the PEI Stigma Reduction and Suicide Prevention, those are funds left over separate from those being withheld by the state. CCC is still conducting its own program but money has been set aside for a community?

Sherry Bradley: Yes, the funds shown in the Plan are part of our own, County available PEI funds that could not be swept. There are statewide initiatives that Donna Wigand was referencing, then the DMH has other guidelines that are separate. CCC has funds allocated for statewide PEI programs.

Commissioner Yoshioka: This is 4th meeting and he has just gotten the report. It's difficult to absorb this material his 4th meeting. Is there any way to parallel some of these materials in our meetings during the year? As a newcomer, it's difficult to be an objective and supportive participant and he needs training and education.

Ann Heavy: She appreciates the report; a bit overwhelming. Report seems very final. She would like to have some specific information about funding within each category. Not everyone is able to attend CPAW.

Chair Mantas: It does take a great deal of time to educate ourselves. He's been involved as a commissioner for a little over a year now, attending MHC meetings and other meetings and it is a lot to absorb. As a commissioner, to understand the issues, a great deal of time must be put in. If we receive reports and links, we need to take the time to educate ourselves. If we have suggestions for Donna Wigand and MHA for presenting materials with greater continuity, we can give those to her.

Vice-Chair Pasquini: It is a lot to absorb, but Sherry Bradley comes to meetings and reports, Vice-Chair Pasquini and Commissioner Pereyra repot from CPAW meetings, but we have had the document for 30 days. We to ask the questions since we're charged with proposing 26 million worth of funding.

Sherry Bradley: She appreciated the idea of issuing material in increments. She is considering a MHSA 101 type of program to try to develop ways to incrementally put out information. Possible do a rollout similar what was done for Innovation.

Susan Medlin: The same issues exist in CPAW; people are not familiar with the materials. IT would be helpful if there were someone to call if consumers or anyone not working in mental health services. Her number can be given out to answer any questions

- **<u>Motion:</u> Approve the Plan Update with minor conditions that all substantive comments brought up need to be addressed by MHA. (M-Pasquini/S-Pereya/P-Unanimous, 9-0, Kahler, Mantas, McKindley-Alvarez, Nelson, O'Keeffe, Overby, Pasquini, Pereyra, Yoshioka; Commissioner Moore had left the meeting prior to the vote)**

<u>Discussion:</u>
Vice-Chair Pasquini: What does "addressed" mean?

Sherry Bradley said if a comment requires a substantive program change in the Plan, the comment is included, the substantive change is made and the plan is re-circulated back to the public for public commentf

Chair Mantas: Is anything we discussed today substantive enough to make a Plan change? MHA can review the comments and see if any result in program changes.

Donna Wigand: Comments can be reviewed with MHA without revising the Plan.

Brenda Crawford: She would like to revisit the WET plan to see if we can increase the consumer employment and training programs, including SPIRIT.

Sherry Bradley: WET plan not included in Update because '09/10 funding in was included in the original plan.

[PAM1]

7. **CLOSE PUBLIC HEARING**
   - **ACTION: Motion made to close the public hearing (M-Nelson/S-Pereya/ P- Unanimous, 9-0, Kahler, Mantas, McKindley-Alvarez, Nelson, O'Keeffe, Overby, Pasquini, Pereyra, Yoshioka; Commissioner Moore had left the meeting prior to the vote)**

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the staff to a majority of the members of the Mental Health Commission less than 72 hours prior to that meeting are available for public inspection at 1340 Arnold Drive, Ste. 200, Martinez during normal business hours.

Handout from Donna Wiyand

January 11, 2010

TO: CMHDA Members

FROM: Patricia Ryan
Executive Director;
Kirsten Barlow,
Associate Director, Legislation and Public Policy

SUBJECT: **Governor's 2010-11 January State Budget**

On Friday, Governor Schwarzenegger released his January State Budget proposal for fiscal year (FY) 2010 -11. Described below is our preliminary analysis of provisions that will impact community mental health programs. ***We still have significant questions regarding parts of the budget proposal, and will provide you with additional details as they become available.*** As always, if you have any questions about the budget as it relates to mental health programs, please feel free to contact us at pryan@cmhda.org, or kbarlow@cmhda.org.

Overall Budget Picture

The budget addresses a $19.9 billion shortfall through July 1, 2011 ($6.6 billion in 2009-10 and $13.3 in 2010-11), and establishes a $1 billion reserve. The budget proposes to address this gap through $8.5 billion in reductions, $4.5 billion in fund shifts or new revenues, and $6.9 billion in additional federal funding. The budget excludes tax increases, and "fully" funds education. The budget indicates an increase of $175.3 million in the State-Local Revenue Fund attributable to revenue increases in Realignment. The Governor's budget envisions that the Legislature would adopt both a Special Session package that would be enacted by March 1, 2010, and an annual budget package that would need to be enacted before July 30, 2010. The Legislature is required to take action to address the problem within 45 days of the special session being called (by Monday February 22nd), and may not take action on any other legislation during that time period.

The budget estimates that, absent corrective action, the state will face substantial cash flow problems beginning in July, 2010. In addition to budget solutions, the state will need to obtain external financing early in the fiscal year. Additionally, the budget states that it is likely that payment deferrals will still be required to align receipts and disbursements and to reduce the need for external borrowing. The Governor has directed the Department of Finance to work with the State Controller's Office and the State Treasurer's Office to develop additional cash solutions to be submitted to the Legislature in the Special Session.

increase due to increased service costs and the payment of 2006-07 cost settlement claims that were deferred in the 2009 Budget Act. DMH has indicated that the share of SGF and federal funds could change over time as the Administration incorporates new estimates that take into account California's FMAP rate.

AB 3632

It is our understanding that the DMH budget provides $52 million for AB 3632. According to DMH, the same provisional language as last year would apply: the funds would be used first to satisfy outstanding FY 2006-07 claims and then following years if there are any remaining funds. It is also our assumption that the California Department of Education budget continues to include $69 million of federal IDEA funds to reimburse counties for their costs in complying with the requirements of this mandate, but are seeking confirmation on this item.

Extends Enhanced FMAP and Increases the FMAP Base

The budget assumes extending the enhanced FMAP through 2010-11, generating $86.53 million in SGF savings in the mental health budget. It also assumes the federal government will provide a permanent increase to California's base FMAP rate, from 50% to 57%. If the base rate were increased, the budget assumes statewide SGF savings of $1.8 billion in 2010-11.

Early Childhood Mental Health Initiative

The budget provides $15 million for this school-based (Prop. 98) mental health program, which is allocated to schools, not counties. This is a decrease from the $27.25 million provided in 2009-10. DMH has indicated that it will achieve the savings through attrition as existing programs expire.

MHSA

The budget estimates MHSA revenue of $1 billion in FY 2010-11, an increase from $872.89 million projected in FY 2009-10. The budget estimates MHSA expenditures in FY 2010-11 to total $1.58 billion ($1.55 billion in local assistance; $30.73 million for state DMH operations; $10.46 million in state administration funds provided to other state departments; and $4.1 million for operation of the MHSOAC). Additionally, DMH has indicated that the annual adjustment amount for FYs 2009-10 and 2010-11 is $172 million. The budget also indicates an MHSA Local Assistance reduction of $405.9 million to reflect a "technical adjustment for updated county resource plans". It is unclear to us what this means, and this is another item on which we are seeking clarification from the department. The budget estimates MHSA "reserves for economic uncertainties" in the amount of $1.1 billion in 2010-11.

Healthy Families – SED Benefit

The budget provides $39.29 million, an increase from $34.18 provided in 2009-10.

Eliminates the Substance Abuse Offender Treatment Program

The budget eliminates the Substance Abuse Offender Treatment Program, for state budget savings of $18 million.

Nursing Homes

The budget expresses intent to achieve reauthorization of the Quality Assurance Fee assessed on nursing homes, which currently sunsets on July 31, 2011.

Corrections Reductions

The budget includes a number of budget reductions in the area of corrections and rehabilitation, including but not limited to:

- Reducing $811 million of support for the Receiver's Medical Services Program to reduce per-inmate medical costs to a level comparable to other states' correctional health care programs;
- Reduces $879.7 million by assuming California will be successful in obtaining full reimbursement from the federal government for the cost of incarcerating undocumented immigrants who commit crimes;
- Reduces $291.6 million by proposing statutory changes to modify sentences for specific non-serious, non-violent, non-sex offenses (including drug possession) to be punishable by one year imprisonment in local jails; and
- Reduces $41.3 million and $6.7 million Proposition 98 General Fund due to proposed statutory changes to reduce the juvenile offender population by restricting the age of jurisdiction to 21, transferring offenders to adult institutions, and limiting time-adds.

Legislative Democratic Leadership Response

Shortly after the Governor concluded his budget presentation, Senate Pro Tem Darrell Steinberg, Assembly Speaker Karen Bass, Senate Budget Chair Denise Ducheny and Assembly Budget Chair Noreen Evans held a press conference to respond to Governor Schwarzenegger's FY 2010-11 budget. Both Senator Steinberg and Speaker Bass praised the Governor's intention to seek increased federal funding, but Senator Steinberg stated that his first response was "*You've got to be kidding.*" Legislative Democrats were extremely critical of the Governor's significant cuts to the safety net.

Senator Steinberg also remarked that the Governor's 2010-11 budget proposal showed a "*lack of creativity*" -- particularly his proposal to again ask the voters to sweep the Proposition 63 and Proposition 10 accounts. He further remarked that the voters had resoundingly rejected proposals to solve the state's budget dilemma via ballot initiatives, and that it was the responsibility of the Governor and the Legislature to solve these problems. Legislative Democrats also made clear that they were under less pressure to quickly resolve the budget gap since the state was in a much better cash situation than last year at this time. Both Senator Steinberg and Speaker Bass said that they intend to sit down at the negotiating table with the Governor, but they would be "*taking a different approach*" this year.

MHSA FY 2009/2010 Annual Update to the Plan

Mental Health Commission Public Hearing
January 14, 2010

DMH Information Notice 08-28

- Annual Updates Build Upon Initial 3-Year Plan
- Community Program Planning Process should build on previous and ongoing engagement of stakeholders
- Draft Plan Update to be circulated for public review and comment for 30 days
- Public Hearing to be conducted by Mental Health Commission

DMH Info Notice 08-28 (continued)

- Annual Update Includes Exhibits A-G
  - A – County Certification
  - B – Community Program Planning and Local Review Process
  - C – Report on CSS 07/08 Activities (abbreviated as per guidelines)
  - D – Work Plan Descriptions
  - E – Funding Request
  - F (for new Work Plan – not applicable)
  - G – CSS Prudent Reserve Plan

CSS Work Plans Continued

- Work Plan 5 - Housing
  - Total Requested: $4,781,234
  - Program Capacity = 125
  - Actual Enrollment *(1/1/08-6/30/08) = 94*
- Work Plan 6 – Systems Development
  - Total Requested: $2,462,447
  - Program Capacity = 800
  - Actual Participants = 488

Prevention and Early Intervention – Work Plans (Projects)

- Project 1 – Building Connections in Underserved Cultural Communities
  - Total Requested: $1,215,215
  - Number to be Served: 700
  - Participants: First Quarterly Report: 10/2009
- Project 2 – Coping with Trauma Related to Community Violence
  - Total Requested: $607,134
  - Number to be Served: 100

Prevention and Early Intervention Work Plans (Projects) - Continued

- Project 3 – Stigma Reduction
  - Total Requested: $175,137
  - Number to be Served: 10,300
- Project 4 – Suicide Prevention
  - Total Requested: $375,405
  - Number to be Served: 10,100
- Project 5 – Supporting Older Adults
  - Total Requested: $490,320
  - Number to be served: 400

FY 2009/2010 MHSA Summary Funding Request – P&EI

- Published Estimate for P&EI: $7,656,400
- Funding Request: $6,860,110
- Funding Request Includes:
  - Project Funding: $5,954,619
  - PEI County Administration: $310,112
  - 10% Operating Reserve: $595,379
- 66% of Funds Directed to those Under 25 Years of Age

Community Services & Supports Prudent Reserve Plan

- Requested 09/10 CSS Funding: $20,347,300
- 1. Maximum Prudent Reserve 50%: $10,173,650
- 2. PR Balance Prior Approvals: $3,812,150
- 3. Amount Requested to Dedicate: $4,069,600
- 4. Prudent Reserve Balance (2+3): $7,908,750
- 5. Prudent Reserve Shortfall to 50%: $2,264,900
- Plan to Achieve 50%:
  - From Unspent 2007/2008 CSS: $2,949,072
  - When applied, CCC achieves the 50% by 7/1/2010

Highlights of 09/10 Plan Update

- CSS 09/10 – Holds Expenditures at 08/09 Spending Level;
- PEI 09/10 – Increases Expenditures from $5.5 million (07/08 & 08/09 total) to $6.9 million for 09/10;
- Lays out Plan to Achieve Required 50% Prudent Reserve by 7/1/2010;
- Provides required CSS Activities Update for period 1/1/08-6/30/08 as required by DMH Information Notice 08-25.

MHCC

MENTAL HEALTH CONSUMER CONCERNS, INC.

Empowerment, Confidence, Success

January 14, 2010

TO: CCC MHSA Open Hearing
FROM: Janet Marshall Wilson, JD, Director, Patients' Rights/MHCC
RE: Master Leasing Program Vendor Issue

There have been serious problems with the contractor which has the master leasing program for CCC MHSA. The criminal background screening has been inadequate both over time and recently, which has caused serious damage to mental health consumers.

Contra Costa County should impose performance measures on this contractor and open up the bidding for master leasing to other vendors.

2975 Treat Blvd., Bldg. C | Concord, CA 94520 | (925) 521-1230 ph. | (925) 521-1235 fax.
www.mhccnet.org

Performance Outcomes & Quality Improvement (POQI)
Report of Survey Responses

County Profile

MHSIP Consumer Survey - May 2009

MHSIP Consumer Survey – May 2009

TABLE OF CONTENTS

Youth Satisfaction Survey (YSS) & Youth Satisfaction Survey for Families (YSS-F)

YSS / YSS-F Domains and Scoring Instructions

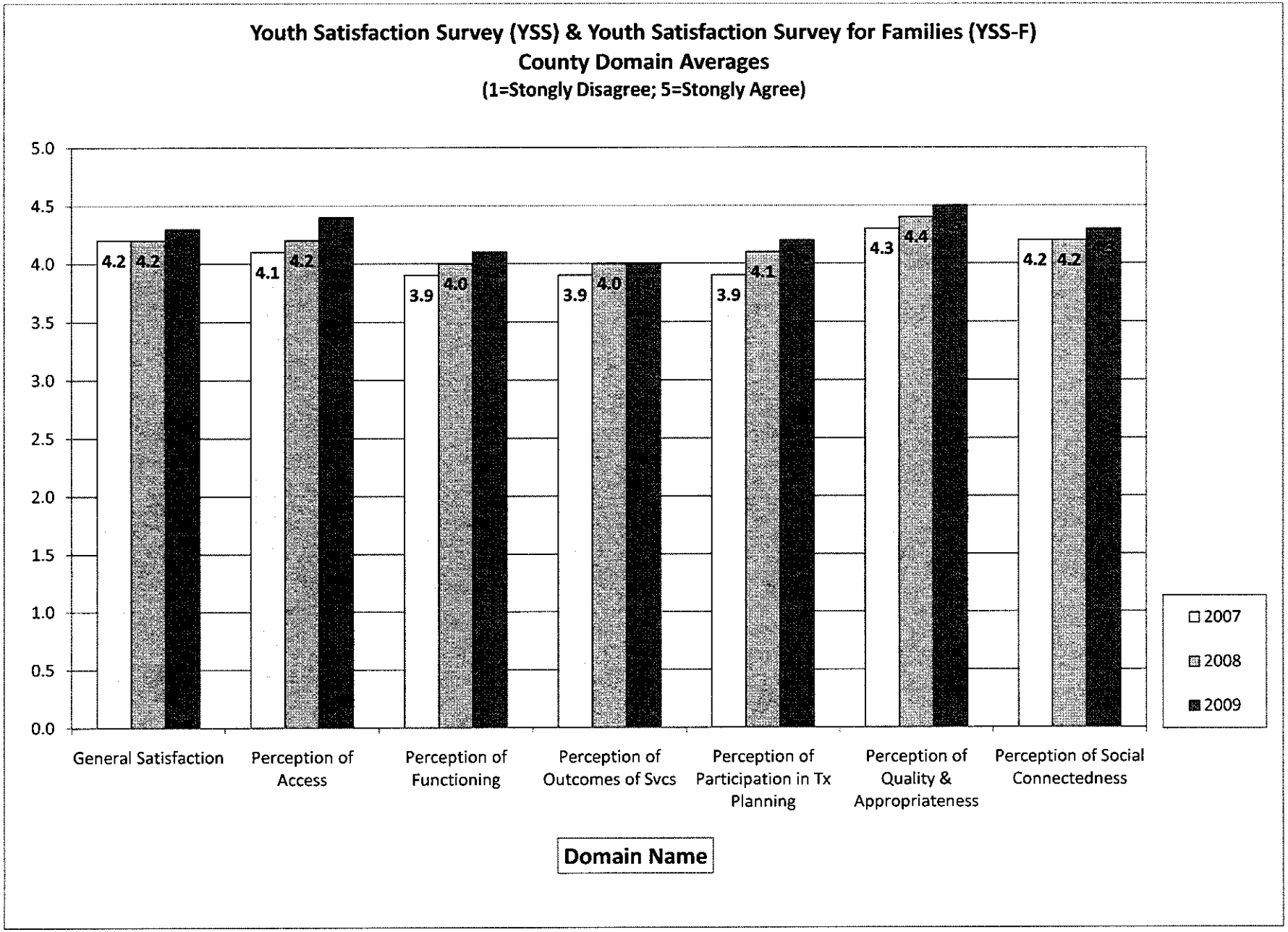
Domain	Survey Items	Scoring
General Satisfaction	1. Overall, I am satisfied with the services my child received 4. The people helping my child stuck with us no matter what. 5. I felt my child had someone to talk to when he/she was troubled. 7. The services my child and/or family received were right for us. 10. My family got the help we wanted for my child. 11. My family got as much help as we needed for my child.	mean
Perception of Access	8. The location of services was convenient for us. 9. Services were available at times that were convenient for us.	mean
Perception of Cultural Sensitivity	12. Staff treated me with respect. 13. Staff respected my family's religious/spiritual beliefs. 14. Staff spoke with me in a way that I understood. 15. Staff were sensitive to my cultural/ethnic background.	mean
Perception of Participation in Treatment Planning	2. I helped to choose my child's services. 3. I helped to choose my child's treatment goals. 6. I participated in my child's treatment.	mean
Perception of Outcomes of Services	16. My child is better at handling daily life. 17. My child gets along better with family members. 18. My child gets along better with friends and other people. 19. My child is doing better in school and/or work. 20. My child is better able to cope when things go wrong. 21. I am satisfied with our family life right now. *Note: The YSS-F Outcomes domain relies on 4 items (#16, 17, 18, 20) that are also used in calculating the YSS-F "Functioning Domain".*	mean
Perception of Functioning*	22. My child is better able to do things he or she wants to do. 16. My child is better at handling daily life. (existing YSS-F Survey item) 17. My child gets along better with family members. (existing YSS-F Survey item) 18. My child gets along better with friends and other people. (existing YSS-F Survey item) 20. My child is better able to cope when things go wrong. (existing YSS-F Survey item) *Note: The YSS-F Functioning domain relies on 4 items (#16, 17, 18, 20) that are also used in calculating the YSS-F "Outcomes Domain".*	mean
Perception of Social Connectedness*	23. I know people who will listen and understand me when I need to talk. 24. I have people that I am comfortable talking with about my child's problems. 25. In a crisis, I would have the support I need from family or friends. 26. I have people with whom I can do enjoyable things.	mean

* Domain first introduced on the May 2007 YSS / YSS-F Surveys

Scoring:

Step 1. Recode ratings of "not applicable" as missing values.
Step 2. Exclude respondents with more than 1/3rd of the items **in that domain missing.**
Step 3. Calculate the mean of the items for each respondent.
Note: SAMHSA's Center for Mental Health Services (CMHS) also recommends calculating the percent of scores greater than 3.5. (percent agree and strongly agree).

Numerator: Total number of respondents with an average scale score > 3.5.
Denominator: Total number of respondents.


Youth Satisfaction Survey (YSS) & Youth Satisfaction Survey for Families (YSS-F)
County Domain Averages
(1=Stongly Disagree; 5=Stongly Agree)
5.0
4.5
4.0
3.5
3.0
2.5
2.0
1.5
1.0
0.5
0.0
4.2 4.2
4.1 4.2
3.9 4.0
3.9 4.0
3.9 4.1
4.3 4.4
4.2 4.2
General Satisfaction
Perception of Access
Perception of Functioning
Perception of Outcomes of Svcs
Perception of Participation in Tx Planning
Perception of Quality & Appropriateness
Perception of Social Connectedness
2007
2008
2009
Domain Name

Youth Satisfaction Survey (YSS) and Youth Satisfaction Survey for Families (YSS-F)
County-wide (n=483)
Average Scores for Specific Questions

Youth Rating Scale (1 = Stongly Disagree; 2 = Disagree; 3 = Undecided; 4 = Agree; 5 = Strongly Agree)

Question	CDS Provider Name	Ave Score
		4.3
Overall, I am satisfied with the services my child received.	County-Wide	4.4
I helped to choose my childs services.	County-Wide	4.1
I helped to choose my childs treatment goals.	County-Wide	4.2
The people helping my child stuck with us no matter what.	County-Wide	4.4
I felt my child had someone to talk to when he / she was troubled.	County-Wide	4.4
I participated in my childs treatment.	County-Wide	4.3
The services my child and / or family received were right for us.	County-Wide	4.3
The location of services was convenient for us.	County-Wide	4.3
Services were available at times that were convenient for us.	County-Wide	4.4

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My family got the help we wanted for my child.	County-Wide	4.3
My family got as much help as we needed for my child.	County-Wide	4.2
Staff treated me with respect.	County-Wide	4.5
Staff respected my familys religious / spiritual beliefs.	County-Wide	4.5
Staff spoke with me in a way that I understood.	County-Wide	4.5
Staff were sensitive to my cultural / ethnic background.	County-Wide	4.4
As a result of services my child received, my child is better at handling daily life.	County-Wide	4.1
As a result of services my child received, my child gets along better with family members.	County-Wide	4.0
As a result of services my child received, my child gets along better with friends and other people.	County-Wide	4.1
As a result of services my child received, my child is doing better in school and / or work.	County-Wide	4.1
As a result of services my child received, my child is better able to cope when things go wrong.	County-Wide	4.0

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As a result of the services I received, I am satisfied with our family life right now.	County-Wide	3.9
As a result of services my child received, my child is better able to do things he or she wants to do.	County-Wide	4.1
As a result of services I received, I know people who will listen and understand me when I need to talk.	County-Wide	4.3
As a result of services my child received, I have people that I am comfortable talking with about my childs problem(s).	County-Wide	4.3
As a result of services I received, iIn a crisis I would have the support I need from family or friends.	County-Wide	4.3
As a result of service I received, I have people with whom I can do enjoyable things.	County-Wide	4.3

Youth Satisfaction Survey (YSS) and Youth Satisfaction Survey for Families (YSS-F)
Additional Survey Comments – Explanation of Themes

"What has been the most helpful thing about the services you received over the last 6 months?"

A total of 483 consumers or parents of consumers completed the Youth Satisfaction Survey or the Youth Satisfaction Survey for Families. Of those 483 consumers who completed the survey, almost every person wrote comments in response to the question "What has been the most helpful thing about the services you received over the last 6 months?". From the responses, 601 coded comments emerged and were grouped into similar themes. The explanation of each theme is outlined below. The themes are not mutually exclusive meaning that some consumers expressed interest in more than one theme and thus were categorized more than one time.

Quality of Staff

The most frequently cited comment was about the quality of staff. Approximately 32 percent of respondents commented that they were satisfied with the staff they interact with. The staff members were noted as being trustworthy, easily approachable, non-judgmental, and patient. Additionally, some respondents found the ability of staff to translate in their native language and the consistency in treatment (i.e. consumers seeing the same therapist) to be helpful.

Skill Building

Approximately 25 percent of responses mentioned skill building as one of the most helpful aspects of the programs. A number of respondents stated that learning problem resolution skills with family members and peers and techniques to manage their anger such as removing themselves from a potentially compromising situations (e.g. walking away from a fight or using exercise as a release) was a valuable part of their experience with their program. Consumers' responses also included the appreciation of setting goals and the encouragement related to school, specifically graduation and visualizing goals on the 'level system'. Survey respondents mentioned help with homework; providing job assistance; improved grades in school; smoother transition into other schools; and graduating from high school/GED as valuable program aspects.

Therapy & Services

Many survey respondents (21%) commented that the specific services they received were the most helpful. Some common themes included the appreciation of the professional input and support from therapists. Consistent follow-up and prompt responsiveness of the staff were also mentioned by some respondents. Some respondents found the information about and access to their medication to be helpful. In addition, consumers commented on the program services available. Responses include appreciation of wrap-around services and other activities, such as games and art. Offering services onsite and during school hours was expressed by some consumers as helpful. Suggestions for therapists were to include home and family visits to their services.

Family Communication & Support

The support provided to the families of consumers is also identified as a helpful aspect of the program. Several survey respondents (8%) noted an increase in communication within their family, with some respondents stating improved family relationships.

Outcomes of Services
While participating in the program, 5 percent of consumers reported an improvement in social skills, such as an increase in the number of friends and a higher respect level for their peers and teachers. A number of consumers reported having more confidence, an increased awareness of self and being happier overall as a result of the program.

All Services: Generally Helpful
Several respondents (3%) commented positively on the overall program. The support given by the staff, the services provided to them and their families and accessibility were main themes that were expressed by the survey respondents.

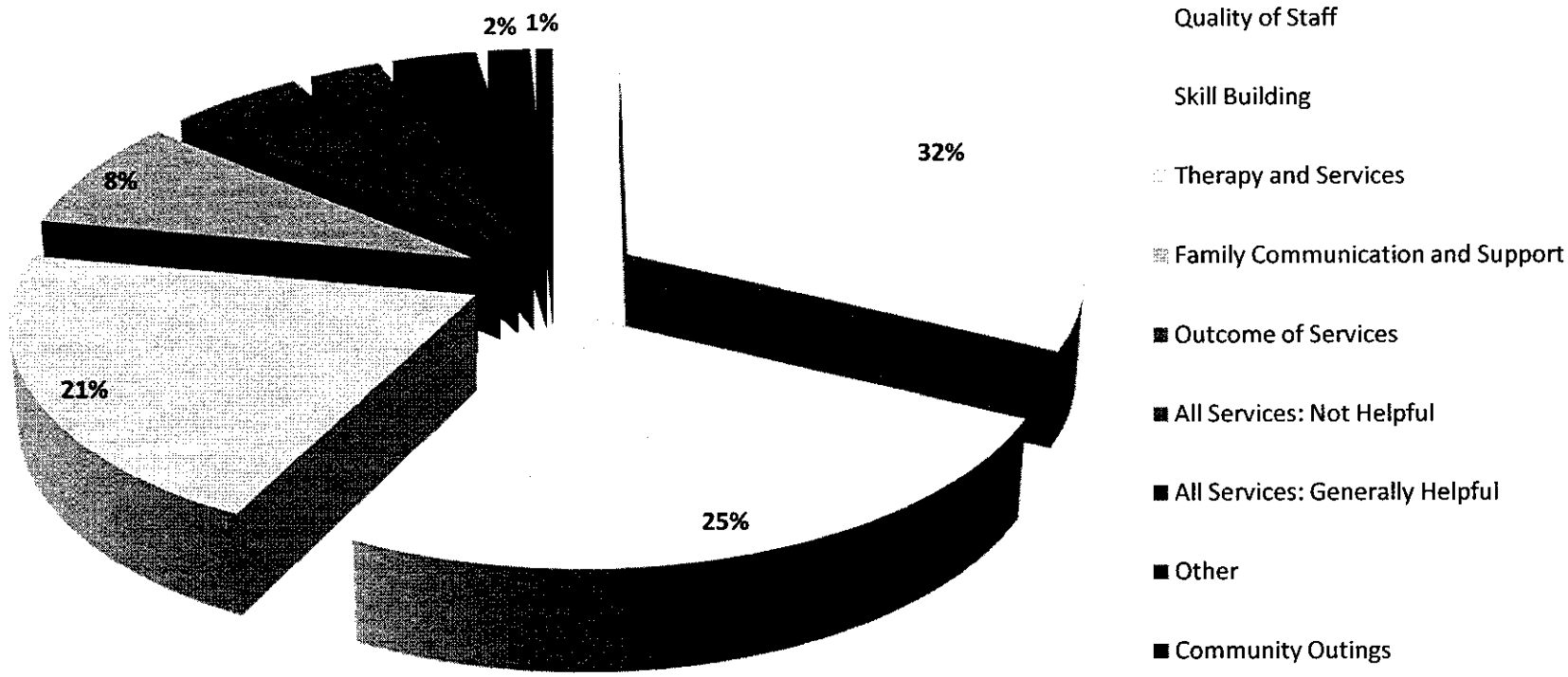
All Services: Not Helpful
An equal amount of survey responses stated that there is nothing helpful about the services they received. Yet, there were no offered suggestions on how to improve the services to make them more helpful.

Community outings
A few survey respondents appreciated the activities outside of the facility arranged by their program and found them to be helpful. Some families for whom travel may be otherwise difficult (e.g. older parents who are not able to travel as freely due to distance) benefit from the outings.

Other
Approximately 2 percent of responses were coded as "Other". The "other" comments were either untranslatable from Spanish to English; incoherent responses or responses unrelated to the survey question.

Youth Satisfaction Survey (YSS) and Youth Satisfaction Survey for Families (YSS-F)
Survey Comments (n=601)

"What has been the most helpful thing about the services you received over the last 6 months?"



Youth Satisfaction Survey (YSS) and Youth Satisfaction Survey for Families (YSS-F)
Additional Survey Comments – Explanation of Themes

"What would improve the services here?"

A total of 483 consumers or parents of consumers completed the Youth Satisfaction Survey for the Youth Satisfaction Survey for Families. Of those 483 consumers who completed the survey 341 people wrote comments in response to the question "What would improve the services here?". From the 341 responses, 451 coded comments emerged and were grouped into similar themes. The explanation of each theme is outlined below. The themes are not mutually exclusive meaning that some consumers expressed interest in more than one theme and thus were categorized more than one time.

Services do not Need Improvement
The most frequently cited comment, approximately 47 percent of responses, stated that the services do not need improvement. A majority of consumers answered this open-ended question by stating that all the services are great and they could not think of anything the program could do differently.

Need More Services
Approximately 10 percent of survey responses commented on the need for more services. Many consumers wrote comments stating the desire for additional services for either themselves or their children. Additional services suggested were homework help; therapy; job opportunities; more one-on-one time with counselors; increase frequency of existing services; transportation and support over the summer.

Logistical Aspects
Approximately 8 percent of respondents wrote comments suggesting that changes be made to the logistical aspects of the program. Consumers would like to see a decrease in paperwork; an increase in food and snack availability; addition of televisions, couches and room decorations; computer and email access; and an increase in program funding.

More Contact with Children, Staff and Clinicians
Approximately 7 percent of respondents wrote comments to suggest an increase in the amount of communication and contact with their children, the staff and clinician/psychiatrists. Some suggested ways to increase the communication would be to have monthly parent/child meetings; child progress reports; a direct phone line to the office; and interaction with other parents. Overall, the general theme was that the amount of communication should be increased at all points of service.

Quality of Staff
Approximately 7 percent of respondents wrote comments regarding staff improvements. Generally the responses were about increasing the amount of support, assistance and time that staff members have for consumers. Also, respondents believe that the staff should have more patience with children and overall that there should be more staff members.

Personal Growth
Approximately 6 percent of the respondents wrote about their own personal improvements since participating in the program. Instead of stating what would improve the services, the consumers explained the improvements they have seen in themselves. Examples include: improvement with anger issues; increase of patience; achievement of goals; and improved attitude and social skills.

Activities

Approximately 6 percent of respondents stated that increasing the number and types of activities offered would improve the services. Consumers suggested the following activities: boxing; field trips; games; outings; reading time; video games; and weekend getaways. Additionally, several people stated that increasing the amount of physical activity would be beneficial and would improve the overall program.

Disciplinary Actions

Approximately 3 percent of respondents wrote comments regarding disciplinary procedures. While some of the responses suggested eliminating timeouts; decreasing the severity of consequences and eliminating the use of restraints, others comments suggested the opposite. Suggestions were made to have more structure; be harder on the consumers; less tolerant of bad behaviors and increase enforcement of consequences.

Extension of Services

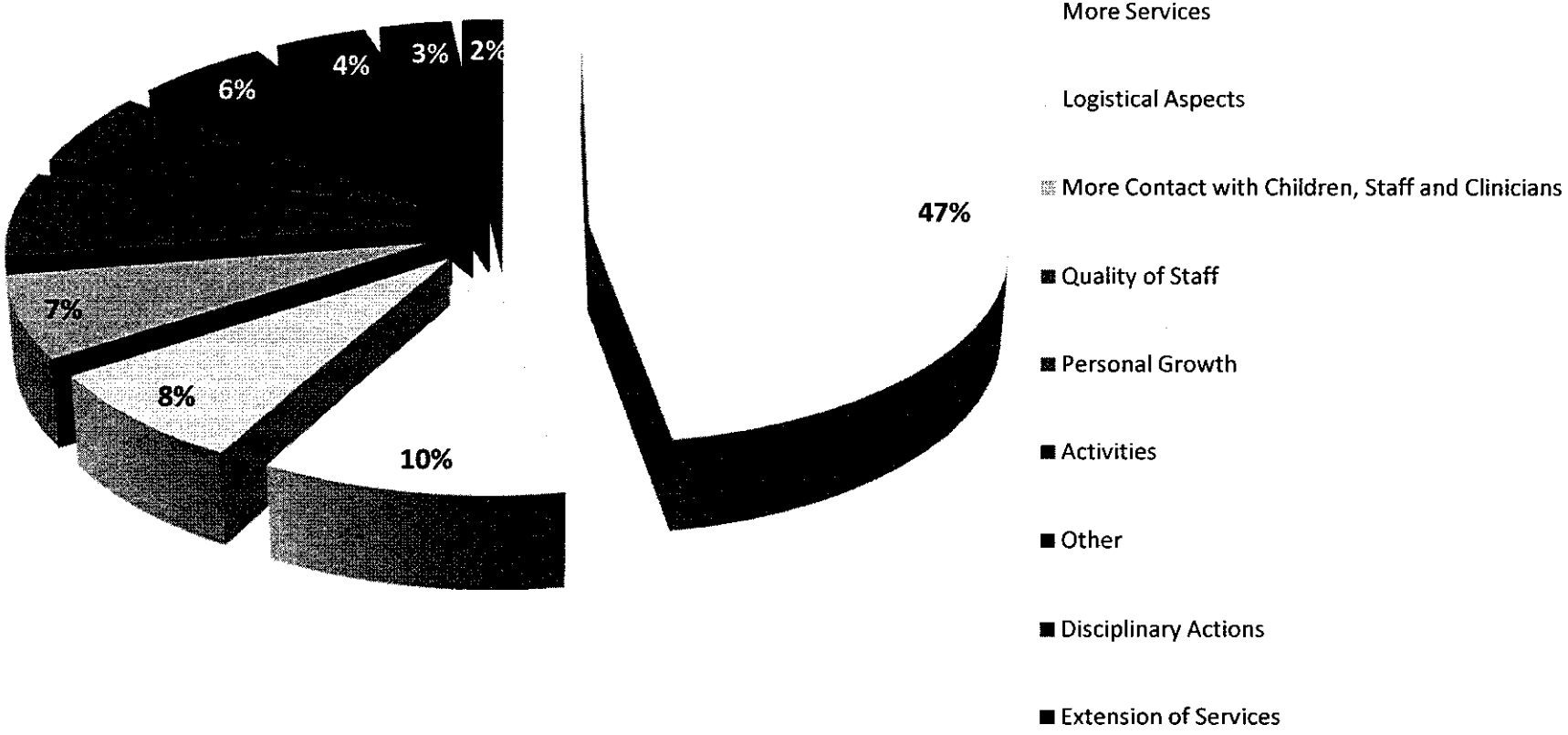
Approximately 2 percent of respondents requested an extension of services. Consumers wish to continue the services past six months or 18 years of age. All responses within this theme stated that they would like more time in the program, if possible.

Other

Approximately 4 percent of responses to the open-ended question were placed into the "other" category. This category encompasses all comments that did not fall under the prominent categories previously explained. Additionally, comments that were incoherent or untranslatable, from Spanish to English, were placed into the "other" category.

Youth Satisfaction Survey (YSS) and Youth Satisfaction Survey for Families (YSS-F)
Survey Comments (n=451)

"What would improve the services here?"



Youth Satisfaction Survey (YSS) and Youth Satisfaction Survey for Families (YSS-F)
Additional Survey Comments - Explanation of Themes

"Please provide comments - We are interested in both positive and negative feedback."

A total of 483 consumers or parents of consumers completed the Youth Satisfaction Survey for the Youth Satisfaction Survey for Families. Of those 483 consumers who completed the survey 254 people wrote comments in response to the statement "Please provide comments - We are interested in both positive and negative comments". From the 254 responses, 292 coded comments emerged and were grouped into similar themes. The explanation of each theme is outlined below. The themes are not mutually exclusive meaning that some consumers expressed interest in more than one theme and thus were categorized more than one time.

Positive Program Comments
Overall, most consumers and their families found the program to be positive. The most frequently cited comment (34%) was about the positive aspects of the program. Consumers found their experience with their program to be comfortable and valued the trustworthiness of providers. Additionally, clients enjoyed talking and playing with program staff, noting their experience to be fun. Some consumers and family members who answered this question mentioned they would recommend the program to others.

Quality of Services
Approximately 23 percent of consumers wrote comments to express that they were pleased with the quality of services they received through the program. Services were perceived to be comprehensive, effective and structured. The services were also perceived to be very helpful for families in allowing their children to express themselves more freely. However, consumers expressed some issues for service improvements. Several consumers expressed wanting more types of services. The level or frequency of communication between parent and provider was also an issue for some respondents. Suggestions included more meetings with families to increase communication regarding program specifics and their child's treatment.

Quality of Staff
Approximately 22 percent of consumers provided additional feedback specific to program staff. Several of the positive comments made about different types of staff members (therapists, counselors, mentors) included being attentive listeners, non-judgmental, patient during therapy sessions or helpful with school work and accommodating to consumers and families schedules. However, the attitude of staff members and the use of restraints on patients were mentioned as areas for improvement.

Personal Growth & Skills Attained
Approximately 9 percent of consumers commented on the personal growth and the skills they have developed as a result of their participation in the program. A distinct personal change that respondents mentioned was a positive change in attitude; many consumers felt happier, safer and respected. In addition, consumers commented positively regarding the skills they have attained, such as setting goals and learning to be more emotionally expressive. Conversely, there were some family respondents who had issues with the degree of change they observed in their own homes, noting the level of improvement was not as rapid or to the degree they expected.

Suggested Program Improvements/Dissatisfaction

A few survey respondents (5%), when answering the open-ended questions, stated dissatisfaction with the program as a whole. While they expressed not being happy with the program, only a few mentioned specific areas for improvement. Some of the consumers expressed frustration with staff attitude, the use of restraints and suggested to model their program reflecting a real-life school setting to better prepare consumers for transition.

Facility

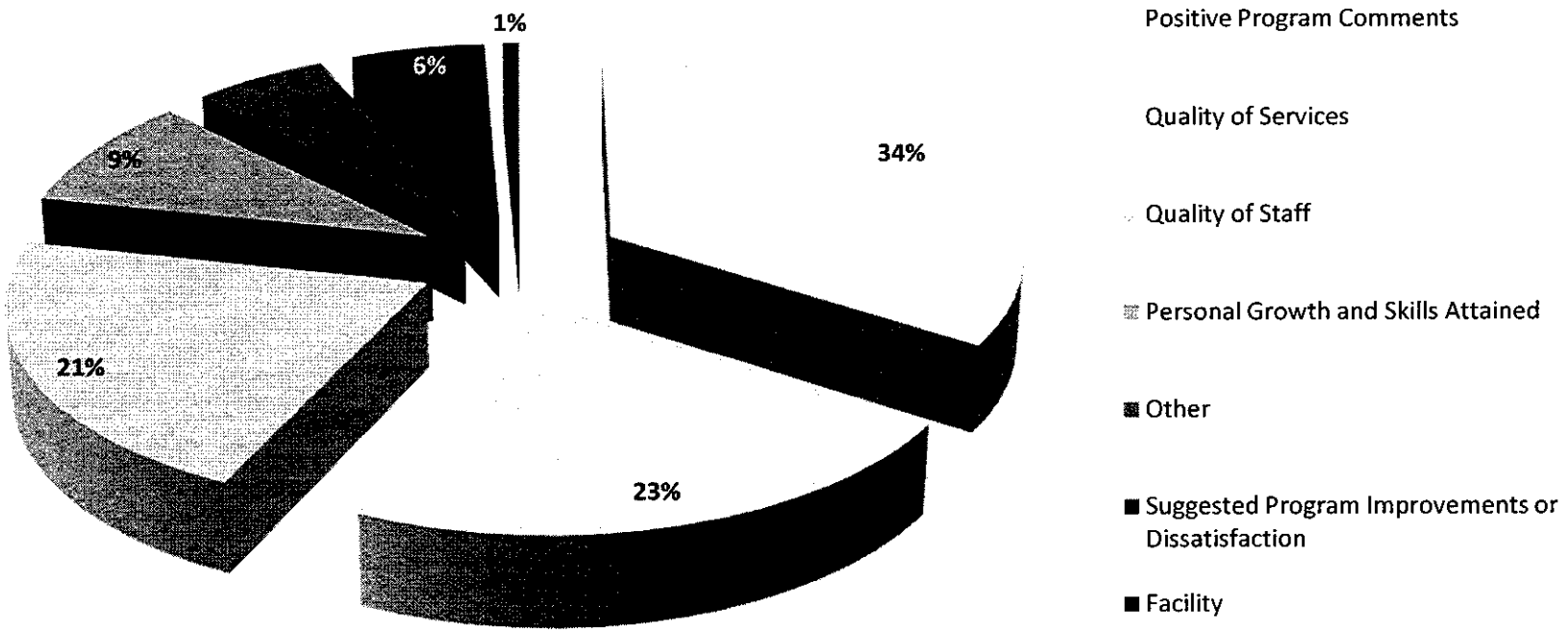
A few consumers (1%) suggested improvements related to the program facility, suggesting facility updates and less change in teachers in their classrooms.

Other

Approximately 6 percent of comments were placed into the "other" category. This category encompasses all comments that did not fall under the prominent categories previously explained. Additionally, comments that were untranslatable from Spanish to English, incoherent, or unrelated to the survey question were placed in the "other" category.

Youth Satisfaction Survey (YSS) and Youth Satisfaction Survey for Families (YSS-F)
Survey Comments (n=292)

"Additional comments - Provide positive and negative feedback"



CONTRA COSTA
HEALTH SERVICES

Youth (YSS)
Satisfaction Survey
Ages 13-17

For Office Use Only

Date 2009/05/

RU

Please help our agency improve services by answering the questions below.
The answers you provide are confidential and will not influence current or future services you receive.

MHSIP Consumer Survey

Please answer the following questions based on the services that have been received so far over the last 6 months.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services I received.	☐	☐	☐	☐	☐	☐
2. I helped to choose my services.	☐	☐	☐	☐	☐	☐
3. I helped to choose my treatment goals.	☐	☐	☐	☐	☐	☐
4. The people helping me stuck with me no matter what.	☐	☐	☐	☐	☐	☐
5. I felt I had someone to talk to when I was troubled.	☐	☐	☐	☐	☐	☐
6. I participated in my own treatment.	☐	☐	☐	☐	☐	☐
7. I received services that were right for me.	☐	☐	☐	☐	☐	☐
8. The location of services was convenient for me.	☐	☐	☐	☐	☐	☐
9. Services were available at times that were convenient for me.	☐	☐	☐	☐	☐	☐
10. I got the help I wanted.	☐	☐	☐	☐	☐	☐
11. I got as much help as I needed.	☐	☐	☐	☐	☐	☐
12. Staff treated me with respect.	☐	☐	☐	☐	☐	☐
13. Staff respected my religious / spiritual beliefs.	☐	☐	☐	☐	☐	☐
14. Staff spoke with me in a way that I understood.	☐	☐	☐	☐	☐	☐
15. Staff were sensitive to my cultural / ethnic background.	☐	☐	☐	☐	☐	☐
As a result of the services I received:						
16. I am better at handling daily life.	☐	☐	☐	☐	☐	☐
17. I get along better with family members.	☐	☐	☐	☐	☐	☐
18. I get along better with friends and other people.	☐	☐	☐	☐	☐	☐
19. I am doing better in school and/or work.	☐	☐	☐	☐	☐	☐
20. I am better able to cope when things go wrong.	☐	☐	☐	☐	☐	☐
21. I am satisfied with my family life right now.	☐	☐	☐	☐	☐	☐
22. I am better able to do things I want to do.	☐	☐	☐	☐	☐	☐

For questions #23-26, please answer for relationships with persons other than your mental health provider(s).

As a result of the services I received:	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
23. I know people who will listen and understand me when I need to talk.	☐	☐	☐	☐	☐	☐
24. I have people that I am comfortable talking with about my problems(s).	☐	☐	☐	☐	☐	☐
25. In a crisis, I would have the support I need from family or friends.	☐	☐	☐	☐	☐	☐
26. I have people with whom I can do enjoyable things.	☐	☐	☐	☐	☐	☐

Please answer the following questions to let us know how you are doing.

1. Have you lived in any of the following places in the last 6 months? (Mark all that apply.)

☐ With one or both parents
☐ With another family member
☐ Foster home
☐ Therapeutic foster home
☐ Crisis shelter
☐ Homeless Shelter
☐ Group home
☐ Residential treatment center
☐ Hospital
☐ Local jail or detention facility
☐ State correctional facility
☐ Runaway/homeless/on the streets
☐ Other:

2. In the last year, did you see a medical doctor or nurse for a health check-up or because you were sick? Check one.

☐ Yes, in a clinic or office ☐Yes, but only in a hospital or emergency room ☐ No ☐ Do not remember

3. Are you on medication for emotional / behavioral problems? ☐ Yes ☐ No

3a. If yes, did the doctor or nurse tell you what side effects to watch for? ☐ Yes ☐ No

4. Approximately, how long have you been receiving services here?

☐ This is my First Visit ☐ I have had more than one visit, but have received services for less than one month.

☐ 1 to 2 Months ☐ 3 to 5 Months ☐ 6 Months to 1 Year ☐ More than one year

NOTE: If you have been receiving mental health services for MORE THAN ONE YEAR, please SKIP to question #11.)

If you have been receiving services for ONE YEAR OR LESS, please answer questions #5-10.

5. Were you arrested since beginning to receive mental health services? ☐ Yes ☐ No

6. Were you arrested during the 12 months prior to that? ☐ Yes ☐ No

7. Since you began to receive mental health services, have your encounters with the police…

☐ been reduced (for example, you have not been arrested, hassled by police, taken by police to a shelter or crisis program)

☐ stayed the same ☐ increased

☐ not applicable (I had no police encounters this year or last year)

8. Were you expelled or suspended since beginning services? ☐ Yes ☐ No

9. Were you expelled or suspended during the 12 months prior to that? ☐ Yes ☐ No

10. Since starting to receive services, the number of days you were in school is:

☐ greater ☐ about the same ☐ less ☐ does not apply (please select why this does not apply):

☐ I did not have a problem with attendance before starting services

☐ I was expelled from school ☐ I am home schooled

☐ I dropped out of school ☐ Other:

SKIP to Question #17 on the next page.→ → →

Please answer Questions #11-16 only if you have been receiving mental health services for "MORE THAN ONE YEAR".

11. Were you arrested during the last 12 months? ☐ Yes ☐ No

12. Were you arrested during the 12 months prior to that? ☐ Yes ☐ No

13. Over the last year, have your encounters with the police…

☐ been reduced (for example, I have not been arrested, hassled by police or taken by police to a shelter or crisis program)

☐ stayed the same ☐ increased

☐ not applicable (I had no police encounters this year or last)

14. Were you expelled or suspended during the last 12 months? ☐ Yes ☐ No

15. Were you expelled or suspended during the 12 months prior to that? ☐ Yes ☐ No

16. Since starting to receive services, the number of days you were in school is:

☐ greater ☐ about the same ☐ less ☐ does not apply (please select why this does not apply):

☐ I did not have a problem with attendance before starting services

☐ I was expelled from school ☐ I am home schooled

☐ I dropped out of school ☐ Other:

Please answer the following questions to let us know a little about you.

17. What is your gender? ☐ Male ☐ Female ☐ Other

18. Are you of Mexican/Hispanic/Latino origin? ☐ Yes ☐ No ☐ Unknown

19. What is your race? (Mark all that apply)

☐ American Indian/Alaskan Native ☐ Caucasian/White ☐ Other ☐ Unknown

☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander

20. What is your Date of Birth? (mm/dd/yyyy) _____/_____/_____

21. Do you have Medi-Cal (Medicaid) insurance? ☐ Yes ☐ No

22. Were the services you received provided in the language you prefer? ☐ Yes ☐ No

23. Was written information available to you in the language you prefer? ☐ Yes ☐ No

24. Please identify who helped you complete any part of this survey. (Please check all that apply)

☐ I did not need any help ☐ A Mental Health advocate/Volunteer ☐ Another Mental Health consumer

☐ A member of my family ☐ A professional interviewer ☐ My clinician/case manager

☐ A staff member (other than my clinician/case manager) helped me ☐ Someone else helped me

25. What has been the most helpful thing about the services you received over the last 6 months?

26. What would improve the services here?

27. Please provide comments here and/or on the back of this form, if needed. We are interested in both positive and negative feedback.

Thank you for completing this survey!!

CONTRA COSTA
HEALTH SERVICES

For Office Use Only

Date 2009/05/

RU

PARENT OR CAREGIVER OF YOUTH
Satisfaction Survey (YSS-F)

Please help our agency improve services by answering the following questions.
The answers you provide are confidential and will not influence current or future services you receive.

MHSIP Consumer Survey

Please answer the following questions based on the services that have been received so far the last 6 months.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
1. Overall, I am satisfied with the services my child received.	☐	☐	☐	☐	☐	☐
2. I helped to choose my child's services.	☐	☐	☐	☐	☐	☐
3. I helped to choose my child's treatment goals.	☐	☐	☐	☐	☐	☐
4. The people helping my child stuck with us no matter what.	☐	☐	☐	☐	☐	☐
5. I felt my child had someone to talk to when he / she was troubled.	☐	☐	☐	☐	☐	☐
6. I participated in my child's treatment.	☐	☐	☐	☐	☐	☐
7. The services my child and / or family received were right for us.	☐	☐	☐	☐	☐	☐
8. The location of services was convenient for us.	☐	☐	☐	☐	☐	☐
9. Services were available at times that were convenient for us.	☐	☐	☐	☐	☐	☐
10. My family got the help we wanted for my child.	☐	☐	☐	☐	☐	☐
11. My family got as much help as we needed for our child.	☐	☐	☐	☐	☐	☐
12. Staff treated me with respect.	☐	☐	☐	☐	☐	☐
13. Staff respected my family's religious / spiritual beliefs.	☐	☐	☐	☐	☐	☐
14. Staff spoke with me in a way that I understood.	☐	☐	☐	☐	☐	☐
15. Staff were sensitive to my cultural / ethnic background.	☐	☐	☐	☐	☐	☐
As a result of the services my child and /or family received:						
16. My child is better at handling daily life.	☐	☐	☐	☐	☐	☐
17. My child gets along better with family members.	☐	☐	☐	☐	☐	☐
18. My child gets along better with friends and other people.	☐	☐	☐	☐	☐	☐
19. My child is doing better in school and / or work.	☐	☐	☐	☐	☐	☐
20. My child is better able to cope when things go wrong.	☐	☐	☐	☐	☐	☐
21. I am satisfied with our family life right now.	☐	☐	☐	☐	☐	☐
22.My child is better able to do things he / she wants to do.	☐	☐	☐	☐	☐	☐

For questions #23-26, please answer for relationships with persons other than your mental health provider(s).

As a result of the services my child and /or family received:	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Not Applicable
23. I know people who will listen and understand me when I need to talk.	☐	☐	☐	☐	☐	☐
24. I have people that I am comfortable talking with about my child's problems(s).	☐	☐	☐	☐	☐	☐
25. In a crisis, I would have the support I need from family or friends.	☐	☐	☐	☐	☐	☐
26. I have people with whom I can do enjoyable things.	☐	☐	☐	☐	☐	☐

Please answer the following questions to let us know how your child is doing.

1. Is your child currently living with you? ☐ Yes ☐ No

2. Has your child lived in any of the following places in the last 6 months? (Mark all that apply.)

☐ With one or both parents
☐ With another family member
☐ Foster home
☐ Therapeutic foster home
☐ Crisis shelter
☐ Homeless Shelter
☐ Group home
☐ Residential treatment center
☐ Hospital
☐ Local jail or detention facility
☐ State correctional facility
☐ Runaway/homeless/on the streets
☐ Other:

3. In the last year, did your child see a medical doctor (or nurse) for a health check-up or because he/she was sick? Check one.

☐ Yes, in a clinic or office ☐ Yes, but only in a hospital or emergency room ☐ No ☐ Don't remember

4. Is your child on medication for emotional/behavioral problems? ☐ Yes ☐ No

4a. If yes, did the doctor or nurse tell you and/or your child what side effects to watch for? ☐ Yes ☐ No

5. Approximately, how long has your child received services here?

☐ This is my child's First Visit ☐ My child has had more than one visit, but has received services for less than one month.

☐ 1 to 2 Months ☐ 3 to 5 Months ☐ 6 Months to 1 Year ☐ More than one year

If you have been receiving services for MORE THAN ONE YEAR, please SKIP to question #12.

If you have been receiving services for ONE YEAR OR LESS. please answer questions #6-11.

6. Was your child arrested since beginning to receive mental health services? ☐ Yes ☐ No

7. Was your child arrested during the 12 months prior to that? ☐ Yes ☐ No

8. Since your child began to receive mental health services, have their encounters with the police...

☐ been reduced (for example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program)

☐ stayed the same ☐ increased

☐ not applicable (they had no police encounters this year or last)

☐ stayed the same ☐ increased

☐ not applicable (I had no police encounters this year or last)

9. Was your child expelled or suspended since beginning services? ☐ Yes ☐ No

10. Was your child expelled or suspended during the 12 months prior to that? ☐ Yes ☐ No

11. Since starting to receive services, the number of days my child was in school is:

☐ greater | ☐ about the same | ☐ less | ☐ does not apply (please select why this does not apply):

☐ child did not have a problem with attendance before starting services

☐ child is too young to be in school ☐ child is home schooled

☐ child was expelled from school ☐ child dropped out of school

☐ Other:

SKIP to Question #18, next page

If you have been receiving mental health services for "MORE THAN ONE YEAR", please answer Questions #12-17.

12. Was your child arrested during the last 12 months? ☐ Yes ☐ No

13. Was your child arrested during the 12 months prior to that? ☐ Yes ☐ No

14. Over the last year, have your child's encounters with the police...

☐ been reduced (for example, they have not been arrested, hassled by police or taken by police to a shelter or crisis program)

☐ stayed the same ☐ increased

☐ not applicable they had no police encounters this year or last)

15. Was your child expelled or suspended during the last 12 months? ☐ Yes ☐ No

16. Was your child expelled or suspended during the 12 months prior to that? ☐ Yes ☐ No

17. Over the last year, the number of days my child was in school is:

☐ greater ☐ about the same ☐ less ☐ does not apply (please select why this does not apply from below):

☐ child did not have a problem with attendance before starting services

☐ child is too young to be in school ☐ child is home schooled

☐ child was expelled from school ☐ child dropped out of school

☐ Other:

Please answer the following questions to let us know a little about you.

18. What is your child's gender? ☐ Male ☐ Female ☐ Other

19 Are either of the child's parents of Mexican/Hispanic/Latino origin? ☐ Yes ☐ No ☐ Unknown

20. What is your child's race? (Mark all that apply)

☐ American Indian/Alaskan Native ☐ Caucasian/White ☐Other ☐Unknown

☐ Asian ☐ Black/African American ☐Native Hawaii/Other Pacific Islander

21. What is your child's Date of Birth? (mm/dd/yyyy) _____/_____/_____

22. Does your child have Medi-Cal (Medicaid) insurance? ☐ Yes ☐ No

23. Were the services your child received provided in the language he / she preferred? ☐ Yes ☐ No

24. Was written information available to you in the language you prefer? ☐ Yes ☐ No

25. Please identify who helped you complete any part of this survey. (Mark all that apply)

☐ I did not need any help ☐ A Mental Health advocate/Volunteer ☐ Another Mental Health consumer

☐ A member of my family ☐ A professional interviewer ☐ My clinician/case manager

☐ A staff member (other than my clinician/case manager) helped me ☐ Someone else helped me

26. What has been most helpful about the services you and your child have received over the last 6 months?

27. What would improve the services here?

28. Please provide comments here and/or on the back of this form, if needed. We are interested in both positive and negative feedback.

Thank you for completing this survey!!

Adult Satisfaction Survey

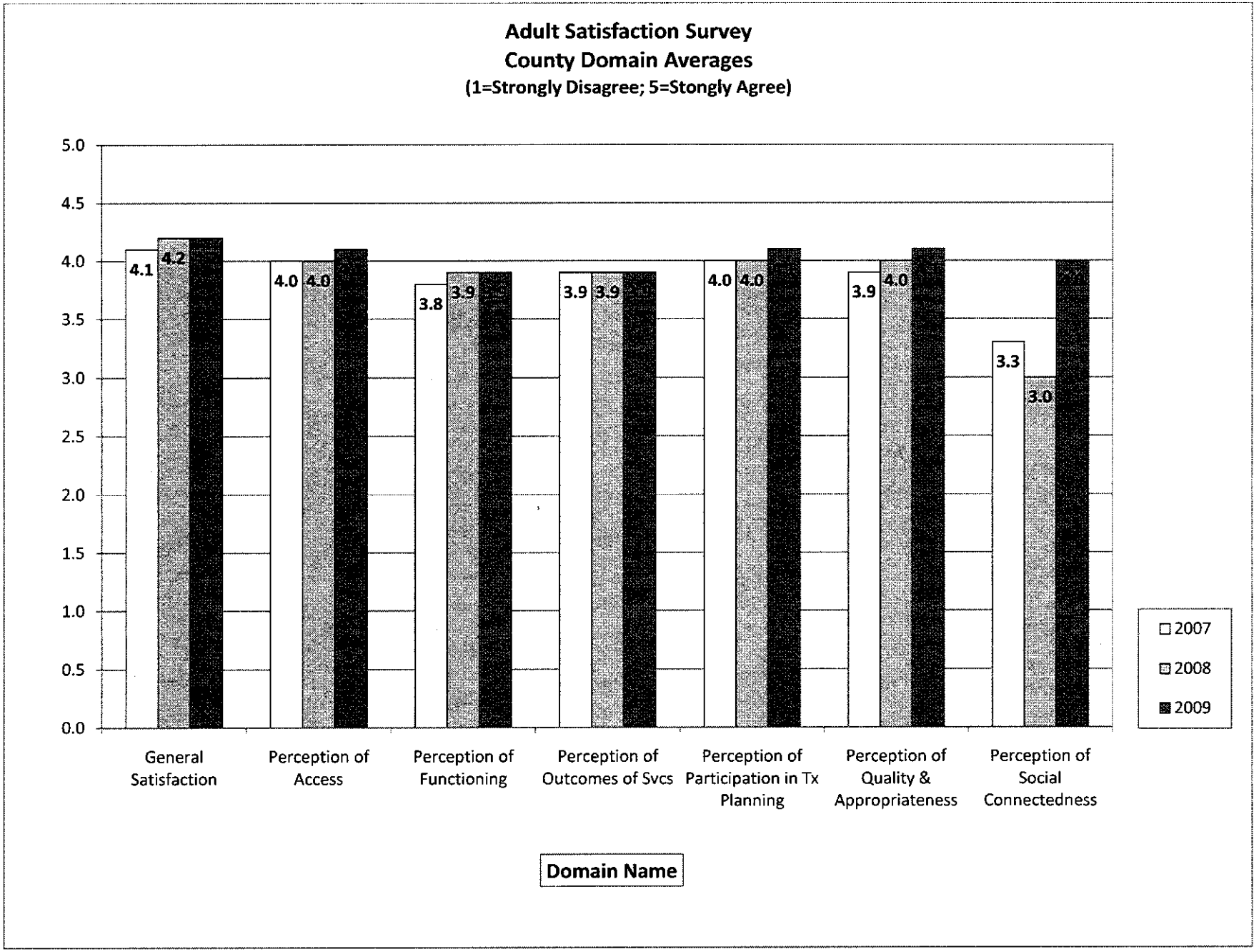
MHSIP Domains and Scoring Instructions

Domain	Survey Items	Scoring
General Satisfaction	1. I like the services that I received here. 2. If I had other choices, I would still get services from this agency. 3. I would recommend this agency to a friend or family member.	mean
Perception of Access	4. The location of services was convenient. 5. Staff were willing to see me as often as I felt it was necessary. 6. Staff returned my calls within 24 hours. 7. Services were available at times that were good for me. 8. I was able to get all the services I thought I needed. 9. I was able to see a psychiatrist when I wanted to.	mean
Perception of Quality and Appropriateness	10. Staff here believe that I can grow, change and recover. 12. I felt free to complain. 13. I was given information about my rights. 14. Staff encouraged me to take responsibility for how I live my life. 15. Staff told what side effects to watch for. 16. Staff respected my wishes about who is, and is not to be given information about my treatment. 18. Staff were sensitive to my cultural/ethnic background. 19. Staff helped me obtain the information needed so that I could take charge of managing my illness. 20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	mean
Perception of Participation in Treatment Planning	11. I felt comfortable asking questions about my treatment and medication. 17. I, not staff, decided my treatment goals.	mean
Perception of Outcomes of Services	21. I deal more effectively with daily problems. 22. I am better able to control my life. 23. I am better able to deal with crisis. 24. I am getting along better with my family. 25. I do better in social situations. 26. I do better in school and/or work. 27. My housing situation has improved. 28. My symptoms are not bothering me as much. *Note: The MHSIP Outcomes domain relies on 1 item (#28) that is also used in calculating the MHSIP "Functioning Domain".*	mean
Perception of Functioning*	29. I do things that are more meaningful to me. 30. I am better able to take care of my needs. 31. I am better able to handle things when they go wrong. 32. I am better able to do things that I want to do. 28. My symptoms are not bothering me as much. (*existing MHSIP Survey item*) *Note: The MHSIP Functioning domain relies on 1 item (#28) that is also used in calculating the MHSIP "Outcomes Domain".*	mean
Perception of Social Connectedness*	33. I am happy with the friendships I have. 34. I have people with whom I can do enjoyable things. 35. I feel I belong in my community. 36. In a crisis, I would have the support I need from family or friends.	mean

* Domain first introduced on the May 2007 Adult and Older Adult Consumer Perception Surveys

Scoring:
Step 1. Recode ratings of "not applicable" as missing values.
Step 2. Exclude respondents with more than 1/3rd of the items **in that domain missing**.
Step 3. Calculate the mean of the items for each respondent.
Note: SAMHSA's Center for Mental Health Services (CMHS) also recommends calculating the percent of scores greater than 3.5. (percent agree and strongly agree).

Numerator: Total number of respondents with an average scale score > 3.5.
Denominator: Total number of valid respondents.


Adult Satisfaction Survey
County Domain Averages
(1=Strongly Disagree; 5=Stongly Agree)
5.0
4.5
4.0
3.5
3.0
2.5
2.0
1.5
1.0
0.5
0.0
4.1
4.2
4.0
4.0
3.8
3.9
3.9
3.9
4.0
4.0
3.9
4.0
3.3
3.0
General Satisfaction
Perception of Access
Perception of Functioning
Perception of Outcomes of Svcs
Perception of Participation in Tx Planning
Perception of Quality & Appropriateness
Perception of Social Connectedness
2007
2008
2009
Domain Name

Adult Satisfaction Survey (MHSIP)
County-wide (n=406)
Average Scores for Specific Questions

Adult Rating Scale (1 = Stongly Disagree; 2 = Disagree; 3 = Undecided; 4 = Agree; 5 = Strongly Agree)

Question	CDS Provider Name	Ave Score
I like the services that I received here.	*County-Wide*	4.3
If I had other choices, I would still get services from this agency.	*County-Wide*	4.1
I would recommend this agency to a friend or family member.	*County-Wide*	4.2
The location of services was convenient.	*County-Wide*	4.2
Staff were willing to see me as often as I needed.	*County-Wide*	4.1
Staff returned my calls within 24 hours.	*County-Wide*	4.0
Services were available at times that were good for me.	*County-Wide*	4.2
I was able to get all the services I thought I needed.	*County-Wide*	4.1
I was able to see a psychiatrist when I wanted to.	*County-Wide*	3.9

C.3

Staff here believe that I can grow, change, and recover.		
	County-Wide	4.2
I felt free to complain.		
	County-Wide	4.0
I was given information about my rights.		
	County-Wide	4.2
Staff encouraged me to take responsibility for how I live my life.		
	County-Wide	4.1
Staff told me what side effects to watch out for.		
	County-Wide	3.9
Staff respected my wishes about who gets information about my treatment.		
	County-Wide	4.2
Staff were sensitive to my cultural background		
	County-Wide	4.1
Staff helped me obtain the information I needed		
	County-Wide	4.1
I was encouraged to use consumer-run programs		
	County-Wide	3.8
I felt comfortable asking questions about my treatment		
	County-Wide	4.2
I, not staff, decided my treatment goals.		
	County-Wide	3.9

I deal more effectively with daily problems.		
	County-Wide	4.1
I am better able to control my life.		
	County-Wide	4.1
I am better able to deal with crisis.		
	County-Wide	4.0
I am getting along better with my family.		
	County-Wide	4.0
I do better in social situations.		
	County-Wide	3.9
I do better in school and/or work.		
	County-Wide	3.8
My housing situation has improved.		
	County-Wide	3.7
My symptoms are not bothering me as much.		
	County-Wide	3.8
I do things that are more meaningful to me.		
	County-Wide	4.0
I am better able to take care of my needs.		
	County-Wide	4.0
I am better able to handle things when they go wrong.		
	County-Wide	3.8

I am better able to do things that I want to do.		
	County-Wide	4.0
I am happy with the friendships I have.		
	County-Wide	4.0
I have people with whom I can do enjoyable things.		
	County-Wide	4.0
I feel I belong in my community.		
	County-Wide	3.9
In a crisis, I would have the support I need		
	County-Wide	4.0

Adult Satisfaction Survey (MHSIP)
Additional Survey Comments – Explanation of Themes

"Please provide comments – We are interested in both positive and negative feedback."

A total of 406 Consumers Completed the Adult MHSIP Satisfaction Survey. Of those 406 Consumers who completed the survey 127 wrote comments in the area on the survey prompting for both positive and negative feedback. Those 127 comments were coded 160 times and were grouped into similar themes. The explanation of each theme is outlined below. The themes are not mutually exclusive meaning that some Consumers expressed interest in more than one theme and thus were categorized more than one time.

Positive Program Comments

The most frequently cited comment was regarding the positive aspects of the program with approximately 38 percent of the responses mentioning the program services. Consumers wrote comments to express great gratitude for the psychiatrists, staff and the program, in general. They believe that the services offered changed the trajectory of their life; with some consumers specifically stating that it prevented them from committing suicide. Consumers stated that the program services gave them the skills and hope necessary to lead a productive life.

Modify Service Options

The second most frequently cited comment was regarding the service options. Approximately 14 percent of the respondents stated the need to change or modify the services. A number of Consumers offered recommendations on how to revise the existing services. Recommendations were to improve the phone system; increase availability of appointments; introduce creativity into activities; increase frequency of program/residential inspections; perform background checks on program participants and modify the dining times and food options.

Psychiatrist-specific Comments

When answering the open-ended question, approximately 14 percent of respondents specifically mentioned their assigned psychiatrist. Most people wrote positive remarks pertaining to their personal psychiatrist praising them for the services provided. However, some specifically stated that they would prefer to be assigned to a regular doctor; to increase the frequency of appointments and to increase the time allocated per visit.

Quality of Staff

Approximately 11 percent of the comments, either positively or negatively, mentioned the Office Staff. In general, they feel that the staff is friendly and helpful. However, there are issues that the Consumers felt needed to be addressed. They believe that the staff should be more respectful of privacy; be less condescending; have an open-mind; and be more patient.

Personal Growth

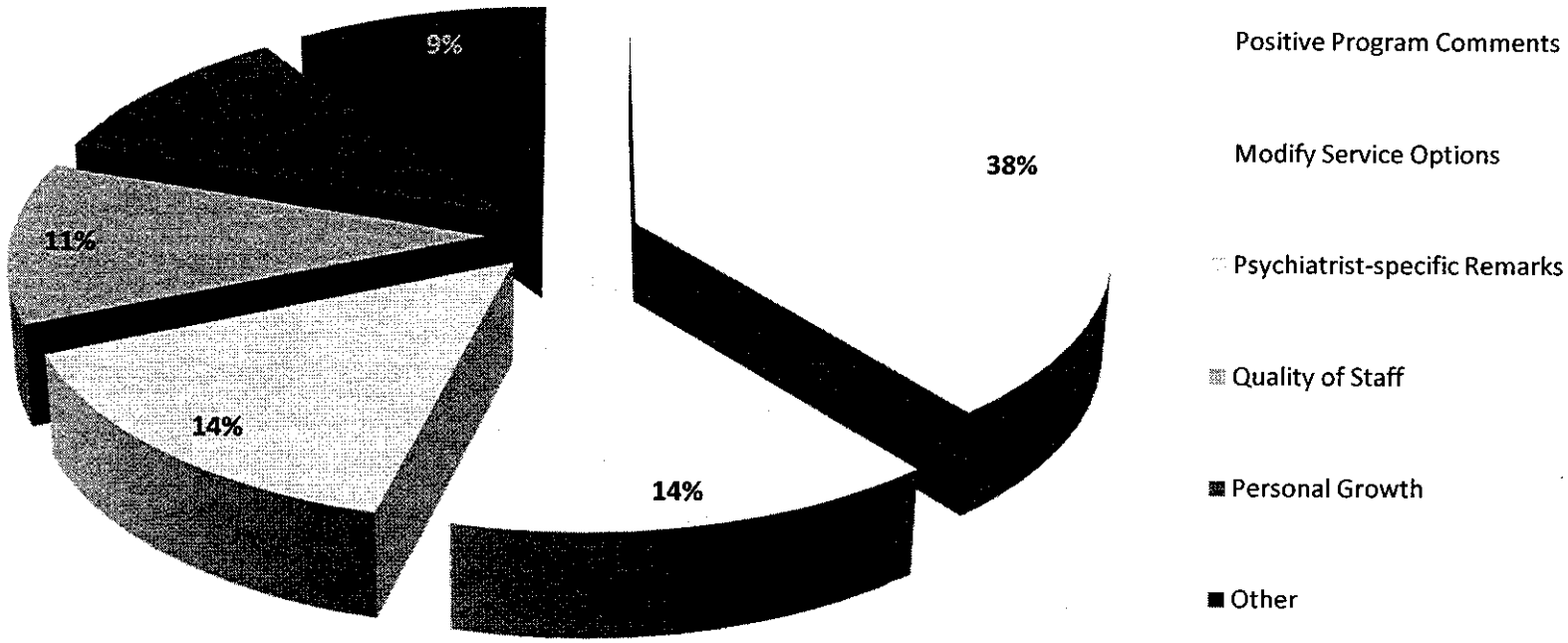
Partner's personal improvements were mentioned in approximately 10 percent of the responses. Many of the respondents reflected on how participating in the program improved their life. Many stated that they have learned to control their anger, respect others and they realize the importance of having a positive attitude. However, while some acknowledge they are feeling better, they also realize they still have improvements they would like to see and are not yet at the point of complete recovery.

Other

Approximately 9 percent of the responses fell into the "Other" category. The "other" category is comprised of comments that were not coherent, untranslatable from Spanish to English or did not belong in any of the other major themes. Some Consumers stated they were new to the program which prevented them from having any additional feedback.

Adult Satisfaction Survey (MHSIP)
Survey Comments (n=160)

"Additional comments - Provide negative and positive feedback"



CONTRA COSTA
HEALTH SERVICES

Adult: Ages 18-59
Satisfaction Survey

For Office Use Only

Date 2009/05/

RU

Please help our agency improve services by answering the questions below.
The answers you provide are confidential and will not influence current or future services you receive.

MHSIP Consumer Survey

Please answer questions based on the services you have received so far over the last 6 months.	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I receive here.	☐	☐	☐	☐	☐	☐
2. If I had other choices, I would still get services at this agency.	☐	☐	☐	☐	☐	☐
3. I would recommend this agency to a friend or family member.	☐	☐	☐	☐	☐	☐
4. The location of services was convenient.	☐	☐	☐	☐	☐	☐
5. Staff were willing to see me as often as I thought necessary.	☐	☐	☐	☐	☐	☐
6. Staff returned my calls within 24 hours.	☐	☐	☐	☐	☐	☐
7. Services were available at times that were good for me.	☐	☐	☐	☐	☐	☐
8. I was able to get all the services I thought I needed.	☐	☐	☐	☐	☐	☐
9. I was able to see a psychiatrist when I wanted to.	☐	☐	☐	☐	☐	☐
10. Staff here believe that I can grow, change & recover.	☐	☐	☐	☐	☐	☐
11. I felt comfortable asking questions about my treatment and medication.	☐	☐	☐	☐	☐	☐
12. I felt free to complain.	☐	☐	☐	☐	☐	☐
13. I was given information about my rights.	☐	☐	☐	☐	☐	☐
14. Staff encouraged me to take responsibility for how I live my life.	☐	☐	☐	☐	☐	☐
15. Staff told me what side effects to watch out for.	☐	☐	☐	☐	☐	☐
16. Staff respected my wishes about who is, and who is not, to be given information about my treatment.	☐	☐	☐	☐	☐	☐
17. I, not staff, decide my treatment goals.	☐	☐	☐	☐	☐	☐
18. Staff were sensitive to my cultural background.	☐	☐	☐	☐	☐	☐
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	☐	☐	☐	☐	☐	☐
20. I was encouraged to use consumer-run programs.	☐	☐	☐	☐	☐	☐
As a direct result of the services I received:						
21. I deal more effectively with daily problems.	☐	☐	☐	☐	☐	☐
22. I am better able to control my life.	☐	☐	☐	☐	☐	☐
23. I am better able to deal with crisis.	☐	☐	☐	☐	☐	☐
24. I am getting along better with my family.	☐	☐	☐	☐	☐	☐
25. I do better in social situations.	☐	☐	☐	☐	☐	☐
26. I do better in school and / or work.	☐	☐	☐	☐	☐	☐
27. My housing situation has improved.	☐	☐	☐	☐	☐	☐
28. My symptoms are not bothering me as much.	☐	☐	☐	☐	☐	☐
29. I do things that are more meaningful to me.	☐	☐	☐	☐	☐	☐
30. I am better able to take care of my needs.	☐	☐	☐	☐	☐	☐
31. I am better able to handle things when they go wrong.	☐	☐	☐	☐	☐	☐
32. I am better able to do things that I want to do.	☐	☐	☐	☐	☐	☐
For questions #33-36 please answer for relationships with persons other than your mental health provider(s).						
33. I am happy with the friendships I have.	☐	☐	☐	☐	☐	☐
34. I have people with whom I can do enjoyable things.	☐	☐	☐	☐	☐	☐
35. I feel I belong in my community.	☐	☐	☐	☐	☐	☐
36. In a crisis, I would have the support I need from family or friends.	☐	☐	☐	☐	☐	☐ 33

Quality of life questions

Please answer the following questions by checking the box that best describes your experience or how you feel. Please check only one box per question.

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
1. How do you feel about your life in general?	☐	☐	☐	☐	☐	☐	☐
Think about your current living situation. How do you feel about:							
2a. The living arrangements where you live?	☐	☐	☐	☐	☐	☐	☐
2b. The privacy you have there?	☐	☐	☐	☐	☐	☐	☐
2c. The prospect of staying on where you currently live for a long time?	☐	☐	☐	☐	☐	☐	☐
3a. The way you spend your spare time?	☐	☐	☐	☐	☐	☐	☐
3b. The chances you have to enjoy pleasant or beautiful things?	☐	☐	☐	☐	☐	☐	☐
3c. The amount of fun you have?	☐	☐	☐	☐	☐	☐	☐
3d. The amount of relaxation in your life?	☐	☐	☐	☐	☐	☐	☐

4. In general, how often do you get together with a member of your family?

☐ Once a Day ☐ Once a Week ☐ Once a Month ☐ Less than Once a Month ☐ Not at all ☐ No family / N/A

How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
5a. The way you and your family act toward each other?	☐	☐	☐	☐	☐	☐	☐
5b. The way things are in general between you and your family?	☐	☐	☐	☐	☐	☐	☐

6a. About how often do you visit someone that does not live with you?

☐ Once a Day ☐ Once a Week ☐ Once a Month ☐ Less than Once a Month ☐ Not at all ☐ N/A

6b. About how often do you spend time with someone you consider more than a friend, like a spouse, a boyfriend or girlfriend?

☐ Once a Day ☐ Once a Week ☐ Once a Month ☐ Less than Once a Month ☐ Not at all ☐ N/A

How do you feel about:	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
7a. The things you do with other people?	☐	☐	☐	☐	☐	☐	☐
7b. The amount of time you spend with other people?	☐	☐	☐	☐	☐	☐	☐
7c. The people you see socially?	☐	☐	☐	☐	☐	☐	☐
7d. The amount of friendship in your life?	☐	☐	☐	☐	☐	☐	☐

During the past month, did you generally have enough money to cover the following items?	Yes	No
8a. Food?	☐	☐
8b. Clothing?	☐	☐
8c. Housing?	☐	☐
8d. Travel for shopping, medical appointments or visiting friends & relatives?	☐	☐
8e. Social activities like movies or restaurants?	☐	☐

In the past MONTH, were you a victim of:	**Yes**	**No**
9a. Any violent crimes such as assault, rape, mugging or robbery?	☐	☐
9b. Any non-violent crimes such as burglary, theft of your property or money, or being cheated?	☐	☐

10. In the past month, how many times have you been arrested for any crimes? ☐ None ☐ 1 ☐ 2 ☐ 3 ☐ 4+

How do you feel about:	**Terrible**	**Unhappy**	**Mostly Dissatisfied**	**Mixed**	**Mostly Satisfied**	**Pleased**	**Delighted**
11a. Your safety on streets in your neighborhood?	☐	☐	☐	☐	☐	☐	☐
11b. How safe you are where you live?	☐	☐	☐	☐	☐	☐	☐
11c. The protection you have against being robbed or attacked?	☐	☐	☐	☐	☐	☐	☐
12a. Your health in general?	☐	☐	☐	☐	☐	☐	☐
12b. Your physical condition?	☐	☐	☐	☐	☐	☐	☐
12c. Your emotional well-being?	☐	☐	☐	☐	☐	☐	☐

Please answer the following questions to let us know how you are doing.

1. Approximately, how long have you been receiving services here?

☐ This is my First Visit ☐ I have had more than one visit, but have received services for less than one month.
☐ 1 to 2 Months ☐ 3 to 5 Months ☐ 6 Months to 1 Year ☐ More than one year

NOTE: If you have been receiving services for MORE THAN ONE YEAR, please SKIP to question #5 below.

If you have been receiving services for ONE YEAR OR LESS, please answer questions #2-4.

2. Were you arrested since you began to receive mental health services? ☐ Yes ☐ No
3. Were you arrested during the 12 months prior to that? ☐ Yes ☐ No
4. Since you began to receive mental health services, have your encounters with the police...
   ☐ been reduced (for example, I have not been arrested, hassled by police, taken by police to a shelter or crisis program)
   ☐ stayed the same ☐ increased
   ☐ not applicable (I had no police encounters this year or last)

If not applicable, SKIP to #8, next page→

Please answer questions #5-7 only if you have been receiving services for MORE THAN ONE YEAR.

5. Were you arrested during the past 12 months? ☐ Yes ☐ No
6. Were you arrested during the 12 months prior to that? ☐ Yes ☐ No
7. Over the last year, have your encounters with the police...
   ☐ been reduced (for example, I have not been arrested, hassled by police taken by police to a shelter or crisis program)
   ☐ stayed the same ☐ increased
   ☐ not applicable (I had no police encounters this year or last)

Please continue on next page...

Please answer the following questions to let us know a little about you.

8. What is your gender? ☐ Male ☐ Female ☐ Other

9. Are you of Mexican/Hispanic/Latino origin? ☐ Yes ☐ No ☐ Unknown

10. What is your race? (Mark all that apply)

☐White/Caucasian ☐Black/African American ☐Asian ☐American Indian/Alaskan Native
☐Native Hawaiian /Other Pacific Islander ☐Other ☐Unknown

11. What is your Date of Birth? (mm/dd/yyyy) _____/_____/_____

12. Were the services you received provided in the language you prefer? ☐ Yes ☐ No

13. Was written information available to you in the language you prefer? ☐ Yes ☐ No

14. What was the primary reason you became involved with this program? (Please check all that apply)

☐ I decided to come in on my own ☐Someone else recommended that I come in ☐ I came in against my will

15. Please identify who helped you complete any part of this survey. (Mark all that apply)

☐ I did not need any help ☐ A Mental Health advocate/Volunteer ☐ Another Mental Health consumer
☐ A member of my family ☐ A professional interviewer ☐ My clinician/case manager
☐ A staff member (other than my clinican/case manager) helped me ☐ Someone else helped me

★ **Please provide comments here or on the back of this form.**

We are interested in both positive and negative feedback.

Thank you for completing this survey!

CONTRA COSTA
HEALTH SERVICES

MENTAL HEALTH SERVICES ACT
PREVENTION and EARLY INTERVENTION

PROJECT #1: BUILDING CONNECTIONS IN UNDERSERVED CULTURAL COMMUNITIES

AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
Center for Human Development	A. African Americans in Bay Point, Pittsburg, and surrounding East County communities will: 1. Increase awareness and show an understanding of mental health issues. 2. Be more open to receive and avail themselves of mental health services. 3. Indicate reduced "stigma" associated with Mental Health issues. B. Local Youth will develop caring, mutually beneficial relationships with older adults in an effort to decrease older adults' feelings of isolation and increase feelings of self-efficacy. 1. Decrease feelings of isolation for older adults. 2. Increase positive changes in mood and behavior for older adults. 3. Improve older adult and youth relationships which will be mutually beneficial.	A. 80% of 50 participants in the "Soul Model" peer health education support groups will report an increased understanding of mental health issues within fiscal year, 2009 – 2010. B. 80% of 50 participants in the "Soul Model" peer health education support groups will report an increased understanding on how to support others facing mental health issues within fiscal year, 2009 – 2010. C. 80% of 50 participants in community mental health workshops will report increased understanding of mental health issues within fiscal year, 2009 – 2010. D. 70% of 100 participants/clients will show knowledge of how to access mental health services if needed within fiscal year, 2009 – 2010.	A. Evaluation tools used by the African American Health Conductors. B. Surveymonkey.
Jewish Family & Children's Center of the East Bay	A. Training for multilingual frontline staff members will allow staff to: 1. Increase ability to recognize stress and risk factors and better understand mental health concepts. 2. Increase understanding of when to refer clients for further clinical services. 3. Increase ability to educate clients about mental health issues. B. Mental health education will allow clients to: 1. Increase ability to recognize stress and risk factors and better understand mental health	A. 90% of the 12-15 frontline staff from Jewish Family & Children's Services of the East Bay and other community agencies that participate in the training series will demonstrate a better understanding of cross cultural mental health concepts and an increased ability to recognize stress and risk factors by the end of one year. B. 95% of the 12-15 staff that participate in the training series will demonstrate an increased understanding of when to refer clients for further clinical service by the end of one year. C. The project staff will set up classes each to educate clients about mental health issues,	A. Post training session evaluation forms for staff members. B. Post education sessions oral evaluation form for clients. C. Tracking logs of: 1. Number of clients linked to Project Clinician and other mental health services.

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AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
	concepts. 2. Reduce feelings of stigma surrounding seeking services for emotional, psychological, and family problems. 3. Better understanding of when and how to seek help. 4. Decrease feelings of isolation and increase support. C. Increase ability to navigate mental health system by one or more of the following: 1. Early assessment 2. Appointment facilitation 3. Health consumer coaching 4. Benefits eligibility assistance 5. Direct patient advocacy or crisis resolution 6. Coaching in communicating with health care system 7. Cultural and linguistic brokerage	reaching 225 people by the end of one year. D. 80% of 150 people who participate in mental health education in their native language will demonstrate a better understanding of mental health concepts and an increased ability to recognize stress and risk factors in themselves or their family by the end of one year. E. 80% of 150 participants who receive mental health education about stigma will report a reduction in feelings of stigma surrounding seeking services for emotional, psychological, and family problems and an increased openness to and understanding of how to seek help by the end of one year. F. 80% of 150 participants in mental health education will demonstrate a better understanding of when and how to seek help. G. 80% of 150 participants in classes and groups that address mental health education will report feeling less isolated and more supported than before coming to the group. H. 87% of 137 clients receiving health and mental health system navigation assistance will achieve one or more of the following outcomes: 1. Clients showing early warning signs of mental illness will receive early clinical assessment and will be successfully linked to appropriate services. 2. Successful links to appropriate person within the county health care system or other community resources for resolution of health or mental health issue. 3. Better understanding of consumer rights in relation to medical care, including right to seek a second opinion. 4. Applying for and receiving health benefits for which clients are eligible.	2. Number of people linked to Project Clinician for assessment and early intervention and to community mental health services. 3. Number of participants. 4. Number of clients receiving navigation services. D. Oral surveys to measure satisfaction and learning of content. E. Native language survey(s) on people's feelings about stigma and seeking services. F. Post mental health education oral survey on knowledge of mental health community resources available to limited English speaking clients. G. Pre and Post evaluation survey. H. Focus group of consumers in their own language to evaluate the effectiveness of services, satisfaction with services, and system barriers or challenges.

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AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
		5. Progress toward resolution of specific issues. 6. Improved ability to communicate with doctors and providers about medical and mental health issues. 7. Increased understanding of health and mental health care systems in Contra Costa County. 8. Improved ability to bridge the gap between client's culture of origin and contemporary U.S. culture in reference to health and mental health prevention and early intervention.	
La Clinica de La Raza	A. Reduce disparities and increase penetration of mental health services through culturally and linguistically competent early identification, assessment and brief intervention services integrated into the medical setting. 1. Early identification of social isolation, mental distress and severe mental illness. 2. Increased access to mental health services. 3. Increased connection and linkage to community services. 4. Reduction in social isolation and distress. 5. Improved adjustment to life in the United States for immigrants. 6. Improved family communication across the generations. B. To promote wellness and to increase social support and connection. Individuals participating in cultural adjustment group will report: 1. Increased social support. 2. Decreased isolation. 3. Increased positive social Interactions. 4. Increased coping skills.	A. 3,700 Risk Factor Screenings will be completed annually by unique clients of La Clínica primary care patients. B. 1,375 clients will receive a consultation with a Behavioral Health Specialist within the fiscal year, 2009 to 2010. C. 75% of patients who have a follow up 2nd visit with a Behavioral Health Specialist will report decrease in behavioral health distress or a decrease in risk factors per client report at a 2nd visit within the fiscal year, 2009 to 2010. D. 68 individuals will participate in a cultural adjustment education/support group within the fiscal year, 2009 to 2010. E. 75% of participants who complete the education/ support group will demonstrate reduction of risk factors by a self-administered pre- and post group screening within the fiscal year, 2009 to 2010.	A. Tracking / Scantron computer software.

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AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
Native American Health Ctr.	A. Increase communication skills. B. Increase social connectedness. C. Increase the ability to navigate mental health education / system support within Contra Costa County.	A. 65% of 100 participants that are engaged in the Elder's Support Group, Youth Wellness Group, Traditional Arts Class, and Community Events will increase social connectedness within a 12-month period. B. 60% of 20 participants that are engaged in Positive Indian Parenting and Talking Circles will increase communication skills within a 12-month period. C. 50% of 20 participants that are engaged in Referrals, Leadership Training for Community Members, and Mental Health Education and System Navigation Support will increase their ability to navigate mental health education / system support within a 12-month period.	A. Prevention & Early Intervention Questionnaire. B. Community Needs & Interests Questionnaire. C. Event Log. D. Referral Log. E. Sign-In Sheet. F. Various databases, including the Bay Area Red Road and an Access database.
Rainbow Community Center	A. Reduce isolation, depression, and suicidal ideation among members of Contra Costa's LGBTQ community. 1. Expand the range of community building activities and social support groups offered by the RCC by first soliciting input from community members about their needs for additional social support services. 2. Strengthen the LGBTQ Community by providing a series of groups that are designed to promote resilience, reduce isolation and build a stronger sense of community affiliation. Groups offered will be divided into two types: Social/Outreach Groups i. Social / Outreach Groups ii. Support / Psycho-educational Groups 3. Improve communication and support among LGBTQ families. Increase family acceptance for LGBT youth with their heterosexual family members and increase social support and	A. Convene at least 5 focus group/meetings for various segments of the LGBT Community with 7 participants per group by January 30th, 2010. B. 35 people will have participated in focus groups by January 30th, 2010. C. 12 LGBTQ Youth will complete Photo Voice / needs assessment by March 30th, 2010. D. A report on information received in the community needs assessment will be completed by February 28th, 2010. E. A plan to organize new outreach and psycho-educational support group services will be completed by February 28th, 2010. Target numbers of group participants will be included in this service plan. F. Baseline data on participants' social networks and social supports will be established by February 28th, 2010. G. Follow-up data on changes in participant's social networks and social supports will be established by	A. Community Needs Assessment, including Focus Groups, Photo Voice. B. Community Service Plan. C. Social Support Assessment Tool: UCLA Loneliness Scale, Version 3 (To be used with: Outreach groups, Psychotherapy groups, Individual counseling clients.) D. Pre-Post Client Satisfaction Surveys (To be used with: Outreach groups, Psychotherapy groups, Individual counseling clients.) E. Patient Health Questionnaire (PHQ-9) (To be used with: Psychotherapy groups,

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AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
	communication among LGBT family members. 4. Improve LGBT people's access to mental health counseling services and referrals to public and private mental health services. Provide one-on-one services for fragile, vulnerable clients including brief therapy and mental health referrals.	June 30th, 2010. H. Service Numbers Social / Outreach Groups: 1. Based on information collected in the needs assessment at least 5 new outreach groups will be organized at the RCC by June 30th, 2010. The service plan for new outreach groups will be completed by February 28th, 2010. Potential New Outreach Groups and suggested outcomes: a. 20 HIV+ people will be engaged in a new social – outreach group. Evaluation instruments will be pilot tested with group participants. Instruments will evaluate sense of resiliency, reductions in feelings of isolation, and sense of community affiliation. Activities will be completed by June 30, 2010. b. 18 LGBT Seniors will be engaged in a new Senior's Discussion or Activity Group. Evaluation instruments will be pilot tested with group participants. Instruments will evaluate sense of resiliency, reductions in feelings of isolation, and sense of community affiliation. Activities will be completed by June 30, 2010. c. 14 participants will be engaged in a Crystal Meth Anonymous – LGBT Recovery Group. Evaluation instruments will be pilot tested with group participants. Instruments will evaluate sense of resiliency, reductions in feelings of isolation, and sense of community affiliation. Activities will be completed by June 30, 2010. d. 14 participants will be engaged in a Smoking Cessation Group. Evaluation instruments will be pilot tested with group	Individual counseling clients but NOT used in Outreach groups). F. Tracking Log for Number of Referrals. G. Group sign-in sheets. H. Client Intake / Assessment forms (To be used with: Psychotherapy groups, Individual counseling clients but NOT used in Outreach groups).

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AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
		participants. Instruments will evaluate abstinence rates, and participant's sense of resiliency, reductions in feelings of isolation, and sense of community affiliation. Activities will be completed by June 30, 2010. e. 12 participants will be engaged in an LGBT Parents Raising Children Group. Evaluation instruments will be pilot tested with group participants. Instruments will evaluate sense of resiliency, reductions in feelings of isolation, and sense of community affiliation. Activities will be completed by June 30, 2010. 2. The following participation and evaluation goals have been set for RCC's currently established outreach groups: a. 20 Heterosexual parents of LGBT youth will be engaged in a Social – Outreach Group. Evaluation instruments will be pilot tested with group participants by February 28th, 2010. Follow-up data will be collected by June 30th, 2010. All activities will be completed by June 30, 2010. b. 12 People with HIV/AIDS will be engaged in a Congregate Meal Outreach Program. Evaluation instruments will be pilot tested with group participants by February 28th, 2010. Follow-up data will be collected by June 30th, 2010. All activities will be completed by June 30, 2010. c. 45 Lesbian Women will be engaged in an Outreach Group. 245A/DOIT; 245B/DOIT Evaluation instruments will be pilot tested with group participants by February 28th,	

AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
		2010. Follow-up data will be collected by June 30th, 2010. All activities will be completed by June 30, 2010. d. 15 Transgender people will be engaged in a monthly Outreach Group. Evaluation instruments will be pilot tested with group participants by February 28th, 2010. Follow-up data will be collected by June 30th, 2010. All activities will be completed by June 30, 2010. e. 20 Gay/Biseuxal Men will be engaged in an Outreach Group. Evaluation instruments will be pilot tested with group participants by February 28th, 2010. Follow-up data will be collected by June 30th, 2010. All activities will be completed by June 30, 2010. f. 14 LGBT people will participate in an Alcohols Anonymous – LGBT Recovery Group. Evaluation instruments will be pilot tested with group participants by February 28th, 2010. Follow-up data will be collected by June 30th, 2010. All activities will be completed by June 30, 2010. g. 35 LGBT Seniors will participate in a Congregate Meal Outreach Program. Evaluation instruments will be pilot tested with group participants by February 28th, 2010. Follow-up data will be collected by June 30th, 2010. All activities will be completed by June 30, 2010. l. Service Numbers Support Groups /Psycho-Educational Groups: Based on information collected in the needs assessment at least 5	

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		Psycho-Educational Groups will be organized at the RCC by June 30th, 2010. Potential New Psych-Educational Groups and evaluation goals: 1. By February 28th, 2010 a plan to organize new Psycho-Educational Group services will be completed. Target numbers of group participants will be included in this service plan and times for service delivery. Potential groups that may be included in the service plan include: a. 8 clients will participate in a 10-week women's coming-out group. Group curriculum will be developed. Evaluation instruments will be pilot tested with group participants by February 28th, 2010 and follow up data collected by June 30, 2010. Instruments will evaluate suicidality and sense of social support. All activities will be completed by June 30, 2010. b. 8 clients will participate in a 10-week men's coming-out group. Group curriculum will be developed. Evaluation instruments will be pilot tested with group participants by February 28th, 2010 and follow up data collected by June 30, 2010. Instruments will evaluate suicidality and sense of social support. All activities will be completed by June 30, 2010. c. 10 clients will participate in the East County Youth Support Group. Participants will complete a Photo Voice project. Group curriculum will be developed. Evaluation instruments will be pilot tested with group participants by February 28th, 2010 and follow up data collected by June 30, 2010. Instruments will evaluate suicidality and sense of social support. All activities will be	

AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
		completed by June 30, 2010. d. 35 clients will participate in the Central County Youth Support Group. Group curriculum will be developed. Evaluation instruments will be pilot tested with group participants by February 28th, 2010 and follow up data collected by June 30, 2010. Instruments will evaluate suicidality and sense of social support. All activities will be completed by June 30, 2010. e. 15 clients will participate in a TAY Skills / Leadership Group. Group curriculum will be developed. Evaluation instruments will be pilot tested with group participants by February 28th, 2010 and follow up data collected by June 30, 2010. Instruments will evaluate suicidality and sense of social support. All activities will be completed by June 30, 2010. f. 10 clients will participate in an Older Adult Support Group. Group curriculum will be developed. Evaluation instruments will be pilot tested with group participants by February 28th, 2010 and follow up data collected by June 30, 2010. Instruments will evaluate suicidality and sense of social support. All activities will be completed by June 30, 2010. g. 15 clients will participate in an HIV+ Support Group. Group curriculum will be developed. Evaluation instruments will be pilot tested with group participants by February 28th, 2010 and follow up data collected by June 30, 2010. Instruments will evaluate suicidality and sense of social support. All activities will be completed by June 30, 2010.	

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		J. Individual Level Counseling: At least 30 program participants will receive or be referred for individual-level counseling by June 30th, 2010. Client tracking systems for 15 minute units of service will be established by December 30th, 2009. Assessment instruments will be pilot tested with group participants by February 28th, 2010 and follow up data collected by June 30, 2010.	
YMCA of the East Bay	A. Increased participation in BBK, not simply as clients or recipients of services but as planners, and architects of neighborhood-based solutions to community challenges and of the creation of networks to engage others in community transformation. B. Improved communication and increased participation in neighborhood networks such as School Site Council, Neighborhood Watch, Iron Triangle neighborhood Council and Dinner Dialogues. C. Improved access to needed services through the Family Navigator. D. Reduced incidents of crime and violence.	A. Double, from 5 to 10 residents participating in leadership positions of neighborhood groups (described in I.B.) after one year. Presently there are 5 residents who routinely take responsibility for outreach, and mobilizing neighborhood participation in BBK events. B. 50% increase, from 70 to 105 residents in BBK neighborhood groups and programs such as Dinner Dialogues, New Generation, BBKamp, and PeaceTalk, representing family participation at more than one event in the year, after one year of operation in One Family at a Time. C. 70% of the Goals outlined in the Needs Assessments and Partnership Plans will be achieved. D. The Richmond Police Department will work with BBK to measure indicators of success rather than comparative crime statistics. 1. 25% decrease in graffiti, vandalism and dumping as reported, and as perceived by residents within one fiscal year, 2009 to 2010.	A. BBK Surveys. B. Sign-in Sheets, minutes to meetings, which record community decisions and commitments, resident participation summaries. C. The Family Navigator will do a Needs Assessment and create a Partnership Plan for each family which they serve and will report the number of hours served. Achievement of the goals will be measured by reviewing treatment plans. D. City of Richmond Police Department statistics. Graffiti, vandalism and illegal dumping will be measured through resident surveys and reports involving Neighborhood Watch

AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
		2. The crime statistics which will be measured for, which BBK will develop programs to improve neighborhood safety and children's security are vehicular incidents involving pedestrians, and battery. The goal is to obtain baseline data and to achieve a 10% reduction within fiscal year, 2009 to 2010.	Groups and the Iron Triangle Neighbor-hood Council.

PROJECT #2: COPING WITH TRAUMA RELATED TO COMMUNITY VIOLENCE

AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
RYSE Center	A. Increased sense of self-efficacy among involved youth. Increased sense of agency among youth involved in planning process. B. Increased sense of self-efficacy among involved adults. Increased sense of agency among adults involved in planning process. C. Increased capacity among youth and adults to work together on youth positive policies that promote healthy communities. D. Increase awareness of the priorities, needs, supports of West Contra Costa County youth communities.	A. 75% of the total number of youth and young adults stakeholders (15) working on the Trauma Response and Resilience System (TRRS) taskforce engaging in TRSS development meetings facilitated to support healthy youth-adult relationships will report increase capacity work with adults on youth positive policies that promote healthy communities within the fiscal year, 2009-2010. B. 75% of the total number of adult stakeholders (50) working on the Trauma Response and Resilience System (TRRS) taskforce engaging in TRSS development meetings facilitated to support healthy youth-adult relationships will report increase capacity work with youth on youth positive policies that promote healthy communities within the fiscal year, 2009 to 2010. C. 75% of approximately 150 community members reached through Trauma Response and Resilience System (TRRS) development and outreach activities will report increased awareness of the	A. Post-meeting evaluation forms. B. Post-planning process youth survey (or focus group). C. Post-launch cross-sector community awareness survey.

AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
		priorities, needs, supports of West Contra Costa County youth communities within the fiscal year, 2009-2010. D. 75% of the total number of stake-holders (65) participating in initial meetings to present initial concept and need will report positively a sense of shared understanding of the Trauma Response and Resilience System (TRRS) by engaging in activities such as dialogue and recognition of the histories and root causes of trauma / community violence and through involvement in culture-building events within the fiscal year, 2009-2010.	

PROJECT #4: SUICIDE PREVENTION

AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
Contra Costa Crisis Center (CCCC)	A. Increase number of hours per week of Spanish-language counselors to answer Spanish-speaking people. B. Improve Service: 1. Faster response times. 2. Lower abandonment rates. 3. Immediate counseling, emotional support, and resource information. C. Increase number of medium to high-risk callers who will survive. D. Increase trained multilingual / multicultural crisis line volunteers.	A. Double, from 40 to 80, the number of hours per week of one Spanish-language counselor available to answer calls from Spanish-speaking people within one fiscal year. C. 10% or less – call abandonment rate and 10 second or less – average response time for answering local calls to the National Suicide Prevention Lifeline's Spanish-Language Hotline. D. 95% of 900 people who call Contra Costa County's 24-hour suicide hotline and are assessed to be at medium to high risk of suicide will still be alive one month later. E. Double, from 10 to 20, the number of trained,	A. IRis case management software. B. Tracking logs: 1. Scheduling Records. 2. Call Records 3. Follow-Up Calls 4. Coroner's Office Records. 5. Volunteer Records C. Call SWEET or other call management program.

AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
	E. Increase service to diverse populations.	multilingual / multicultural crisis line volunteers within one fiscal year, which will increase service to diverse populations.	

PROJECT #5: SUPPORTING OLDER ADULTS

AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
Center for Human Development (CHD)	A. Decrease feelings of isolation for older adults. B. Increase positive changes in mood and behavior for older adults. C. Improve older adult and youth relationships, which will be mutually beneficial.	A. 80% of the total 30 senior participants will report decreased feelings of isolation. B. 80% of the total 30 Senior Peer Counselors will report a positive change in the senior participant's mood and behavior. C. 75% of the total 90 participants (seniors, Senior Peer Counselors and youth) in the project will report opportunities to build positive and healthy relationships.	A. Multiple choice questions related to participant satisfaction and perceptions. B. Open-ended questions.
Lifelong Medical Care	A. Reduce perceived isolation. B. Increase engagement in pleasant activities. C. Strengthen social networks.	A. 50% of 115 SNAP! Participants who are engaged in on-site group and individual activities will feel less isolated by July 2010. B. 75% of 115 SNAP! Participants in on-site group and individual activities are satisfied with the engagements and activities provided by SNAP! Staff, volunteers and peers by July 2010. C. 50% of 115 SNAP! Participants in on-site group and individual activities will make friends or connections through the program that were not present in their lives prior to participating by July 2010.	A. Pre and Post-test Surveys. B. PHQ-2 screen used only for intensive engagements.

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PROJECT #6: PARENTING EDUCATION & SUPPORT

AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
Child Abuse Prevention Council (CAPC)	A. Increase in positive parenting skills in the following five areas: 1) Inappropriate expectations of children 2) Lack of empathy 3) Physical punishment 4) Role reversal 5) Power and independence B. Increase in competence and confidence in parenting for each parent in attendance.	A. 90% increase in positive parenting skills from all 60 parents attending classes over the 24-week curriculum measured through the 10-point scale of the Adult/Adolescent Parenting Inventory (AAPI). B. 100% graduation from the 15 parents in the Brentwood class in East County. C. 100% graduation from the 30 parents in the Concord class in Central County. D. 80% graduation from the 15 parents in the San Pablo class in West County.	A. Evidence-based AAPI pre- and post- test administered to parents during the first weeks of the class and again during the last weeks of the class; used to determine an increase in parenting skills. The test is comprised of 40 questions designed to measure the risk factors that have been addressed in the course of the curriculum: 1. Nurturing and attachment 2. Knowledge of parent and child development 3. Parental resilience 4. Social connections 5. Support for parents
Contra Costa Interfaith Housing, Inc.	A. Improved family functioning for 16 high-risk families including parents with mental health/substance abuse problems and their children, ages 6-16. B. Improved school functioning of the school-aged youth at Garden Park Apartments. C. Improved family functioning in the realm of self-sufficiency for families living at Garden Park Apartments. D. Improved self-esteem and progress on self-identified goals for adults living in Garden Park Apartments.	A. At least 75% of the families participating in the Strengthening Families Group program will show improvements in their functioning as measured by the post-test. We anticipate that we will have at least 8 families signed up for our first 14-week class in the fall of 2009. Using this number we anticipate 6 families will show improvement. We anticipate an additional 8 families will enroll in our second 14-week class in the winter of 2010. B. At least 75% of the youth attending homework club (approximately 12-15 youth) will attend homework club at least 75% of the time within the fiscal year, 2009 to 2010.	A. Strengthening Families Program outcome measure is a nationally recognized tool with 21 areas of evaluation utilizing a pre- and post-test format. Some of the areas of evaluation are: 1. Drug/alcohol use. 2 . Parenting skills. 3. Youth social skills. 4. Anger management. 5. Depression. 6. Peer relations.

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		C. At least 75% of the 23 families with children, in residence at Garden Park Apartments, will show improvement in at least one area of self-sufficiency as measured bi-annually on the 20 area, self-sufficiency matrix within the fiscal year, 2009 to 2010. D. Two (2) family vignettes each quarter showing the improvements positive outcomes of the work of this project will be provided within the fiscal year, 2009 to 2010.	B. Report Cards / Attendance Records reported on a quarterly basis (10/15/09, 1/15/09, 4/15/09, 7/15/09). C. Self-Sufficiency Matrix (20 category tool). D. Family/Individual Action Plan form, which captures goals and action plans generated by the adults in a family living at Garden Park Apartments. E. Vignettes of successes or challenges.
Family Stress Center	A. Improve parenting skills. B. Increase parents' sense of competence in their parenting abilities. C. Improve awareness of parenting issues. D. Reduce parenting stress. E. Improve mental health outcomes for both children and parents.	A. 80% of 100 parents/caregivers receiving telephone support with a particular parenting issue will report increased skills development, competency and confidence regarding the particular parenting issue by the end of the telephone call based on facilitator notes from the telephone support form. B. 80% of 200 parents/caregivers enrolled in Triple P Seminar Series will show increased skills development, competency and confidence with a particular parenting issue based on pre and post skill assessment of parenting skills and child/teen development and behaviors after completing three 90-minute sessions focused a particular parenting issue. C. 80% of 150 parents/caregivers enrolled in Group Triple P and Group Teen Triple P will show increased skills development, competency, and	A. Parent/caregiver information form. B. Telephone support information form. C. Seminar/class enrollment form. D. Triple P Pre and Post parent skill and child behavior assessments. E. Course evaluation form.

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AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
		confidence based on pre and post-test skills assessment of both parenting skills and child/teen development and behaviors after completing the eight to ten week intensive training session.	
La Clinica de La Raza	A. Parents of youth 0-18 will receive education and support to be strong parents and to raise healthy and emotionally healthy children: 1. Early identification of severe mental illness. 2. Identification of behavior problems and parenting issues. 3. Reduction in acuity of distress. 4. Increased access to mental health services. 5. Increased connection and linkage to community services. B. Parents involved in parenting education and support will report increased competence and confidence in their parenting: 1. Increased use of effective praise. 2. Increased use of non-violent disciplinary skill such as social disapproval and time out. 3. Improved relationship between parent and child. 4. Increased competence and confidence in parenting skills. C. Parents involved in parenting education and support will report improved behaviors in their children. 1. Increased responsiveness to parental direction. 2. Improved parent-child relationships.	A. 1,800 Behavioral Screenings of patients aged 0 – 18 will be completed during the 12-month period by parents and adolescents. B. A total of 250 Parent coaching sessions will be provided for fiscal year, 2009 to 2010. C. 75% of patients who have a follow up 2nd parent coaching visit with a Behavioral Health Specialist will report decrease in a risk factor or increase in a protective factor as measured through the risk-factor screen. D. 48 parents / caretakers will participate in a parenting education / support group "*Los Niños Bien Educados*". E. 90% of participants who complete "*Los Niños Bien Educados*" will demonstrate an increase in knowledge about positive family communication. F. 75% of parents completing "*Los Niños Bien Educados*" will report improvements in their relationships with their children.	A. Tracking / Scantron computer software. B. Pre and Post-Test Assessment of Family Relationships related to family communication using the Retrospective Assessment of Family Relationship Questionnaire. C. Pre and Post-Test Assessment of child and parent behaviors.
The Latina Center	A. Increase awareness of age appropriate disciplinary techniques (including distraction, redirection, negotiation, agreements, & consequences) among Latino parent participants in the *Primero Nuestros Niños*/Our Children First parenting education program.	A. At least 80% of 300 parents (240) who complete Primero Nuestros Niños will set 2-3 personal goals for creating change in their parenting by June 30, 2010. B. At least 50% of 300 parents (150) who complete Primero Nuestros Niños will identify 1-3	A. Written evaluation tools developed by Program Staff of *Primero Nuestros Niños* / Our Children First. B. Final Impact Evaluation. C. Pre- and post-test surveys.

AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
	B. Increase enrollment of fathers in the parenting education classes. C. Increase peer/social support among parents who complete the *Primero Nuestros Niños*/Our Children First parenting education program. D. Reduce parental stress. E. Increase parenting skills among Latino parent participants who complete the *Primero Nuestros Niños*/Our Children First parenting education program. F. Improve family communication.	individuals they can turn to for peer support by June 30, 2010. C. At least 50% of 300 parents (150) will participate in family activity nights and other family support and cultural activities organized by the Primero Nuestros Niños program by June 30, 2010. D. At least 20% of 300 parents (60) who complete Primero Nuestros Niños will be Latino fathers by June 30, 2010. E. At least 75% of 300 parents (225) who complete Primero Nuestros Niños will provide examples of increased parenting skills as measured by their responses on a final impact survey administered by class facilitators by June 30, 2010. F. A random sample of 10% of 300 parents (30) who complete Primero Nuestros Niños will demonstrate increased parent confidence 3 months after completing the program as measured by a follow up telephone interview by June 30, 2010.	D. Follow-up participant interviews.

PROJECT #7: FAMILIES EXPERIENCING THE JUVENILE JUSTICE SYSTEM

AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
Family Institute of Richmond (FIR)	A. Improve mental health function. B. Improve family function. C. Improve high school attendance. D. Reduce arrests.	A. 70% of 80 participants who are receiving Brief Strategic Family Therapy will improve mental health function within six months. B. 70% of 80 participants who are receiving Brief Strategic Family Therapy will improve family function within six months. C. 70% of 80 participants who are receiving Brief Strategic Family Therapy will improve high school attendance within six months. D. 70% of 80 participants who are receiving Brief	A. Counseling attendance records after 6 weeks and post-intervention. B. Pre- and Post-Treatment Youth Outcome Questionnaire. C. Pre- and Post-Treatment Family Assessment Measure. D. School attendance records

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AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
		Strategic Family Therapy will improve arrest rates within one fiscal year.	for unexcused absences. E. Juvenile arrest records obtained from parent / guardian report one-year follow-up post-intervention.
West Contra Costa Youth Services Bureau	A. Reduce recidivistic behaviors. B. Increase in academic performance and in individual commitment to education. C. Increase knowledge and skill sets in the areas of youth development, resiliency strategy building, and leadership education. D. Reduce school suspensions, expulsions, and the number of home/school disciplinary actions.	A. 85% of 45 program participants in Wraparound services and leadership/resiliency skill building will successfully complete probation, and reduce recidivistic behaviors within the fiscal year, 2009 to 2010. B. 80% of 45 program participants in Wraparound services and leadership/resiliency skill building will positively increase in academic performance and in individual commitment to education within the fiscal year, 2009 to 2010. C. 100% of 45 program participants in Wraparound services and leadership / resiliency skill building programming will have increased knowledge and skill sets in the areas of youth development, resiliency strategy building, and leadership education within the fiscal year, 2009 to 2010. D. 100% of 90 sibling participants receiving support services and prevention activities will have increased knowledge and skill sets in the areas of anger management, conflict resolution, and responsible citizenship in the home, community and school setting.	A. Tracking Logs / Records for: 1. Vacation of probation status. 2. Incarceration rates of participants. 3. Reduction of suspensions and expulsions. 4. Grade point average. 5. School attendance. B. Pre/Post Test by all participants.

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PROJECT #8: FAMILIES EXPERIENCING MENTAL ILLNESS

AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
The Contra Costa Clubhouses, Inc.	A. Increase program access to families in need of support. 1. Increase participation of families in need via targeted outreach and programs. 2. Increase member access to Clubhouse activities. 3. Increase participation of younger members (ages 18-25) via targeted outreach and programs. B. Increase family wellness by reducing stress related to care-giving. 1. Provide options for caregiver respite through Clubhouse programs. 2. Reduce caregiver sense of isolation. 3. Improve family well-being.	A. At least 17 outreach/media events (targeting families in need) will be held in the County within 2009-10 fiscal year. B. At least 15 in-service presentations will be delivered to medical and social service providers during 2009-10 fiscal year. C. At least 120 in-home peer-to-peer outreach visits will occur within 2009-10 fiscal year. D. At least 200 families (members & caregivers) will participate in at least one Clubhouse activity within 2009-10 fiscal year. E. At least 600 van rides will be provided within 2009-10 fiscal year. F. At least 36 young adults (ages 18-25) will participate in at least one Clubhouse activity within 2009-10 fiscal year. G. At least 10 TGIF events (targeting young adults) will be held in East/West County within 2009-10 fiscal year. H. At least 960 hours of onsite respite programming will be delivered within 2009-10 fiscal year. I. At least 100 families (members & caregivers) will complete the Follow-Up Surveys. J. At least 75% of families completing the Follow-Up Surveys will report a high level of satisfaction with Clubhouse activities and programs within 2009-10 fiscal year. K. At least 60% of caregivers completing the Follow-Up Surveys will report an increase in opportunities to network with other caregivers within 2009-10 fiscal year. L. At least 60% of caregivers will report an increase in	A. Program Data Records / Appilistic Software Program B. Member Follow-Up Surveys. C. Caregiver Follow-Up Surveys.

AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
		opportunities to access community resources within 2009-10 fiscal year. M. At least 9,000 meals will be served to members within 2009-10 fiscal year. N. At least 60% of families completing the Follow-Up Surveys will report an increase in mental, physical, and emotional well-being from baseline to follow-up within 2009-10 fiscal year. O. At least 60% of members completing the Follow-Up Surveys will report an increase in peer contacts within 2009-10 fiscal year.	

PROJECT #9: YOUTH DEVELOPMENT

AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
El Cerrito High School (ECHS)	A. Increase in well-being (diminished perceptions of stress/anxiety, improvement in family/loved-one relationships, increased self confidence, etc). B. Stronger connection to caring adults/peers (build relationships with caring adult(s), peers). C. Strengthen connection to school (more positive assessment of teacher/staff relationships, positive peer connections, ties with caring adults). D. Increase sense of a positive future (hopes about post-secondary schooling or work opportunities). E. Strengthen tools for dealing with anxiety, stress, and conflict. F. Reduce likelihood of participating youth developing mental illness or severe behavioral problems. G. Reduce likelihood of participating youth being involved in the juvenile justice system.	A. 15% of 300 youth participating in youth development programs will also cross-participate in substance abuse prevention classes and/or clinical mental health services, measured using the RDA After School Database and a locally developed database to track student services within the academic year, 2009 to 2010. B. 35 students referred for violent / disruptive behavior will be enrolled in youth development programs with formal leadership skills training and/or opportunities to make presentations to the school and larger community within the academic year, 2009 to 2010. C. 70% of 300 participating students will increase their score across a range of resiliency indicators, using a locally developed resiliency assessment tool that measures change in assets within the academic year, 2009 to 2010. D. 70% of 300 participating students will report an	A. Pre and Post Assessment based on the "Resiliency and Youth Development Module", California Healthy Kids Survey.

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AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
		increase in well-being through self-report on a locally developed qualitative evaluation tool within the academic year, 2009 to 2010.	
Martinez Unified School District (MUSD)	A. Improve attendance rates of students identified to have attendance issues. B. Reduce the number of discipline entries into AERIES for students identified to have had discipline issues. C. Improve students: 1. Rate of credit accrual 2. Grade Point Average 3. CST scores 4. Passing CAHSEE D. 4 out 6 Individualized Success and Achievement Plan (ISAP) goals achieved.	A. 70% of the 48 New Leaf students identified to have attendance issues will improve their attendance rate by 20% by the end of the first semester. Identified students will have a 95% attendance rate by the end of the school year. B. 70% of 48 New Leaf students identified to have had discipline issues will reduce the number of discipline entries into AERIES by 50% in comparison to the previous school year as measured at the end of the school year. C. 70% of the 48 New Leaf students will earn 100% of the expected grade level credits as measured at the end of the school year. D. 70% of 48 New Leaf students will improve their California Standardized Test (CST) scores will improve their scores by 5% as measured by end of the school year. E. 70% of 48 New Leaf students that need to pass the California High School Exit Exam (CAHSEE) scores will improve their scores by 5% as measured by end of the school year. F. 70% of the 48 New Leaf students will achieve 4 out 6 Individual Success and Achieve Plan (ISAP) goals by the end of school year. The data from this goal will be analyzed in an end of year report at the 1st quarter of the next school year.	A. Developmental Asset Profile (assessment instrument from the Search Institute) B. Individual Success and Achievement Plan (developed by teacher, internship coordinator and mental health counselor) C. Data Director (data analysis software) D. AERIES (school database) E. EXCEL spreadsheets
People Who Care (PWC)	A. Enhance the Quality of and Access to Resources. B. Reduce recidivism. Develop a safer environment for at-risk youth who are chronically truant or on probation. C. Create a culture of career success among at-risk youth, which will:	A. 25% of the 100 program participants will increase their knowledge of entrepreneurial and computer technological and engineering skills according to program curricula in order to achieve goals within one fiscal year, 2009 to 2010. B. 75% of 100 youth program participants will not re-	A. Program planning and progress report templates / logs. B. Pittsburg Unified School District (PUSD) Academic Databases. C. California Healthy Kids

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AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
	1. Increase school day attendance. 2. Reduce school tardiness.	offend within one fiscal year, 2009 to 2010. C. 60% of 100 youth participants will report that they have a caring relationship with an adult in the community or at school within one fiscal year, 2009 to 2010. D. 25% increase in school day attendance among 100 youth participants within one fiscal year, 2009 to 2010. E. 25% decrease in the number of school tardiness among 100 youth participants within one fiscal year, 2009 to 2010.	Survey. D. Contra Costa County School Health Services Evaluation. E. Participant Pre/Post Surveys. F. Contra Costa County Juvenile (Probation Database). G. Referral Logs. H. Satisfaction Surveys. I. Curriculum Attendance Logs. J. Observations. K. Fidelity Checklists. L. Focus Groups. M. Referrals to Services. N. Interviews.
RYSE Center	A. Increased sense of self-efficacy among RYSE members. B. Improved sense of positive peer-to-peer and youth-adult relationships. C. Improved sense of self-efficacy among RYSE members in impacting change in the community.	A. 75% of 300 RYSE members engaged in programs and activities that support and facilitate healthy peer relationships, and opportunities for community engagement and leadership will report increased sense of self-efficacy within the fiscal year, 2009-2010. B. 60% of 300 RYSE members will have completed a wellness plan within the fiscal year, 2009-2010. C. 60% of 300 RYSE members who have completed a wellness plan participate in at least 3 activities that align with goals outlined in their plan within fiscal year, 2009-2010. D. 75% of 300 RYSE members engaged in programs and activities that support and facilitate healthy peer relationships, and opportunities for community engagement and leadership will report positively their experience of healthy relationships with adults at RYSE	A. RYSE partner survey. B. RYSE youth survey. C. Program and Virtual Center utilization reports. D. Documented attendance of youth focus groups.

AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
		within the fiscal year, 2009-2010. E. 75% of 300 RYSE members engaged in programs and activities that support and facilitate healthy peer relationships, and opportunities for community engagement and leadership will report positively their experience of healthy relationships with peers at RYSE within the fiscal year, 2009-2010. F. 75% of 300 RYSE members engaged in programs and activities that support and facilitate healthy peer relationships, and opportunities for community engagement and leadership will report positively their sense of community during RYSE activities within the fiscal year, 2009-2010.	
STAND!	A. Reduce the incidence of teen-dating violence by educating and engaging youth. B. Increase mental health outcomes for youth experiencing or at-risk for, teen dating violence and help them speak out against teen dating violence through positive peer group interactions; ensuring boys are provided with enhanced opportunities to get involved as change-makers.	A. 80% of 1500 students participating in the "*You Never Win With Violence*" two-day curriculum will demonstrate increased knowledge about the difference between healthy and unhealthy teen dating relationships, as evidenced by pre- and post-surveys. B. 80% of 1500 students participating in the "*You Never Win With Violence*" two-day curriculum will demonstrate increased confidence to seek help for self or others experiencing teen dating or domestic violence, as evidenced by pre- and post-test surveys and increased referrals/calls to the crisis line. C. 100% of 20 target schools and community based organizations will create an established method of referrals for teens experiencing teen dating violence, domestic violence, or who experiencing high levels of mental health issues including anxiety, depression and suicidal thoughts as evidenced by referral protocols at each site.	A. Pre-and post-test surveys. B. Referrals / calls to the crisis line. C. Referral protocols at each school site. D. Curriculum evaluation tools. E. Self-reports.

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PREVENTION and EARLY INTERVENTION

AGENCY	OUTCOME STATEMENTS	MEASURES OF SUCCESS	MEASUREMENT / EVALUATION TOOLS
		D. 80% of 250 participants in *Expect Respect* support groups will demonstrate one or more of the following: knowledge about the difference between healthy and unhealthy teen dating relationships; an increased sense of belonging to positive peer groups; an enhanced understanding that violence doesn't have to be "normal"; and increased knowledge of their rights and responsibilities in a dating relationship by June 30, 2010. E. 80% of 250 participants in *Expect Respect* support groups will demonstrate one or more of the following: increased self-esteem resulting in youth establishing relationship that are healthy, increased communication skills that identify needs in a relationships and use of conflict resolution skills by June 30, 2010. F. 75% of 75 boys engaged in *Expect Respect* support groups will demonstrate alternative ways to think about stereotypical gender-roles and ways they can be advocates for change within their schools by June 30, 2010. G. 75% of 250 participants in *Expect Respect* support groups will demonstrate an increase in self-esteem, reporting lower levels of anxiety, depression, or stress by June 30, 2010. H. 100% of 150 adults participating in project trainings will increase their knowledge of teen dating violence and be better able to identify it, how to be an advocate for youth experiencing any type of violence, how to refer youth experiencing violence and/or mental health problems (including suicide contemplation) to appropriate supportive services by June 30, 2010.	

MHSOAC
MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION
1600 – 9th Street
Sacramento, CA 95814
(916) 654-5585

Evaluation of Contra Costa County's MHSA Three Year Expenditure Plan

CSS Review Committee Members: Jerry Doyle, Catherine Camp, Paul Geggie
March 7, 2006

INTRODUCTION:

The following identifies issues for future oversight by the Commission, provides comments intended to inform the continuing work of the Commission, Contra Costa County, and the Department of Mental Health, and raises questions appropriate to the review process by the Department of Mental Health.

The plan includes three full service partnerships and three system development projects. The children, transition age youth and adult programs are targeted to initially provide service to 15, 20 and 30 consumers, respectively, and expand to service levels of 100, 135 and 150 by year three. The county notes that the program for older adults is placed under system development as the county currently lacks the infrastructure to support a full service partnership for this population at this time. Outreach and Engagement costs and activities are included in the FSP programs, and the Older Adult System Development program.

Consumer and Family Involvement

Contra Costa had an extensive and formally developed planning process (1100 persons participated and provided input). Outreach was coordinated through a Consumer Involvement Steering Committee that was formed by the Office of Consumer Empowerment of the CCMH. Four Stakeholder Planning Groups developed the recommendations and more than one-quarter of the participants identified themselves as consumers/family members.

CCMH will maintain ongoing consumer and family member involvement by working with Stakeholders through the plan review process. A subgroup of each age-specific Stakeholder Planning Group forms an ongoing Stakeholders Advisory Committee. Consumers and family members will comprise at least one-quarter of these members.

Concerns: Although the planning process appears to be comprehensive and inclusive of consumers and family members, there was no identification of ethnic and cultural diversity among consumer and family member participants in the planning process.

Although the plan cites a Reducing Health Disparities Initiative undertaken by the County Health Department (and it appears that this effort is strong), the plan itself did not fully describe whether and how participants match the demographics of the county.

Fully Served, Underserved/Inappropriately Served, And Unserved:
The Plan candidly provides an analyses of the problems with the estimates they provide: they note the variable growth rate in sub-populations; and the likely undercount of homeless and institutionalized populations. Further, given the cost of living in the county, they believe that the appropriate cutoff level for those needing public mental health services would be 300% of poverty (not 200% of poverty).

Concerns: The county did not explain its definition of service levels (fully served, inappropriately served, underserved) in the Plan. In the discussion with DMH, they indicated that they counted children and youth enrolled in their wraparound program, and adults with a case manager (their case managers have a 1:20 ratio) as fully served. The CSS Committee anticipates adjusted estimates of these populations in subsequent updates.

The plan includes an analysis of racial and ethnic disparities in its discussion of community issue selection. Asian Pacific Islanders and Latinos are least well served. Future plan development should include more refined analysis of the population, and a focus on gender disparities.

The committee requests to be informed regarding the progress of the rebuilding of the service system for Older Adults.

The committee requests that the county provide the number of residents who are receiving treatment outside of Contra Costa County and information regarding the county's strategy to return them to Contra Costa.

Wellness/Recovery/Resilience:
Overall, the programs show a good grasp of wellness and recovery, the use of proven models, and client/staff ratios that are consistent with recovery. The concentration of resources on housing reflects overwhelming local input and support. The CSS Committee is encouraged to see that the Children, TAY, Adults and Older Adult programs all involve the development of a multidisciplinary team and that the team construction for Older Adults is strong. New elements include integration of CBO and county staff in teams; increased family supports and peer supports for each team, and includes teen peer mentors in the children's program. The FSP programs demonstrate a single point of responsibility for clients. The older adult program will not be an FSP until year 4 or 5, but will be integrated with health services, developed with community partnerships, and will use a client specific care plan.

Concerns: The county appears to be contracting out a lot of their services, but keeping psychiatric services in-house. The Committee encourages the county to enhance the ability of their community providers to sustain their own psychiatric staff. The Committee is concerned that the proposed structure may hamper the county's ability to meet the needs of their culturally diverse population and requests additional information.

There did not appear to be a juvenile justice representative on the children's committee. This should be remedied with a stronger collaborative tie to juvenile justice in implementation. Additionally, although the community process included numerous school representatives the Committee believes that schools should be more specifically involved in outreach and implementation of the children's program.

Although the county has had federal funding for some time for a wraparound project, and currently serves 15 children in the SB 163 program, the plan did not specify how its current and planned children's program fit with the SB 163 program. Additionally, it is unclear what the county is doing to bring out-of-county children home or if the county will aggressively seek eligibility for enrolled children in Medi-Cal. The committee requests clarification on these issues.

The committee concurs with the Board of Supervisors plan for the expansion of eligibility of adults to include those at imminent risk of homelessness. However, there is a concern that this level of investment is very likely not sustainable.

The plan does not specify how the county will do aggressive prescreening and early identification of mental illness. The committee suggests that the county target identification pre-criminal justice involvement and use 911 calls to identify. There is the need to track the extent to which prescreening and early identification prevents criminal justice involvement. The plan also does not specify how it will track the prevention of homelessness through aggressive identification. Subsequent reporting should include this.

The Plan does not articulate transformational training required or put specifics into this component. Information regarding gender-specific services is lacking, although the need is acknowledged. Future specifics about these components are requested.

Education and Training and Workforce Development

The plan anticipates that the majority of new positions will be contracted and they have substantial need for bilingual expertise, especially for Asian and Pacific Islander languages. CCMH is part of the Bay Area Workforce Development Collaborative, and they anticipate that this collaborative will assist both themselves and their contractors.

The plan includes objectives for cultural competency hiring and outreach and engagement. The objectives are not specific, however, it is noted that the county's cultural competency plan is more specific.

Concerns: Although the plan includes specific minimum hiring goals for each workplan, the plan does not specify how clients and family members will be identified and trained. The committee is concerned at the apparent discrepancy between the pay for employees and consumer-employees and would appreciate clarification on this issue.

Collaboration:

The plan shows evidence of a broad range of collaborators in the development of the plan, and its implementation. They plan specific county/CBO integration on multidisciplinary service teams in their FSPs. In the DMH meeting, they indicated a Bay Area collaborative effort to meet the needs of victims of torture, hearing impaired, and

Native Americans. Specific plans to retain stakeholders through the planning into implementation are included and specific inclusion of natural community groups in outreach and engagement and locally based CBOs to implement programs are planned.

The Committee appreciates the utilization of CBO's in Outreach and Engagement and program development. The committee would like to request updates regarding how the county will navigate the bureaucratic infrastructure to fully implement joint CBO/county teams and utilization of mobile intervention and crisis intervention.

The Plan includes an expansive list of current collaborative relationships, and potential new collaborative partners in the Far East County area. If they reach out to this broad range, they will have expanded their collaborative relationships substantially (p. 52)

Concerns: The relationship with law enforcement seems atrophied. County should move to strengthen and embed the recovery model with their other treatment systems – health, law enforcement, housing, medical treatment, substance abuse treatment. These linkages will be especially important for the 60% of persons contacted by the Full Service Partnership programs who will not be enrolled.

The leveraging of dollars is very limited in the Plan discussion. This is especially important regarding the county's commendable housing effort.

CONCLUSION

The overarching question for the Oversight and Accountability Commission is: "How will the three-year CSS plan move your county system forward to meet the standard of comprehensive, timely, appropriate services in the Mental Health Services Act?" **The Commission asks that the county prepare to answer this question as the first year of CSS plans are implemented.**

The Commission recognizes the need to build a more reliable baseline of information available to everyone, so that answers can be understood within a context. To do so, the Commission is seeking to develop a description of the mental health system in your county, and in all counties, including an explanation of the structure of the service delivery system, access policies for all children and adults, and range of services received by those not in a categorical funded program.

The Commission is working to develop a baseline to assess the gaps between existing standards of care in mental health and the comprehensive, integrated services envisioned by the Mental Health Services Act. Statewide and national reports tell us that services have been limited and effectively rationed because funding is not tied to caseloads. The Commission believes it will be advantageous to all of the individuals and the private and public organizations involved in change, and beneficial to the public, to have a realistic understanding of the challenges to transforming the mental health system.

In the coming year, the Commission will seek information such as the average caseloads for personal service coordinators and/or case managers and for psychiatrists for the largest percentage of people served. We would like to know what percentage of all mental health consumers are receiving or have access to comprehensive, appropriate, and integrated services, such as individual or group therapy, family counseling, routine

medical and dental care, educational or vocational training, substance abuse treatment, supportive housing, and other recovery-oriented services.

To begin with, the Commission will compile available data from traditional sources, and utilize the information you have provided in the CSS plan. In this first year of implementation, we will be enlisting your assistance in measuring the magnitude of changes taking place now and the prospective changes for many years to come. The Commission also will be asking you to determine and report on what resources are lacking in your county. The CSS Committee recognizes the tremendous effort involved in the planning process and commends the county on its many successes.

Statement read by Annis Pereyra to BOS Family and Human Services Committee Meeting 2-1-10

MHC Cap Fac / IT Recommendation

At the January Meeting of the Mental Health Commission, the Commission's Cap Fac / IT workgroup reported the following and the Commission supported its motion:

We understand that with any facility within Contra Costa County, there are benefits and challenges to any location. We have reviewed various information sources including in person testimonies and a survey from an under represented stakeholder group, namely county and contract line staff. We recommend that the MHC support a multi-disciplinary facility, located in Central County, specifically at 20 Allen. That being said, the workgroup does not support the facility and programs currently proposed by MHA, as the process excluded key stakeholders from receiving important information to make recommendations. Specifically the MHC did not receive clarification in writing on program design and financial information on proposed changes around a Children's Assessment and Recovery Center.

Please note the following:

On September 3, 2009, Dr. Walker, Donna Wigand and Sherry Bradley presented very detailed alternatives and presented a "Chart of Capital Facilities Alternatives". The approved meeting minutes and the supporting documentation never propose a separate facility for children. In fact, there was no substantive discussion of children in the presentation at all. In the approved minutes, there is one note "In a month, there are 14-15 beds being contracted out - 2 children per day on average)."[1]

The Mental Health Commission's Workgroup was concerned about representation of children's needs and invited a key children's advocate, Ms. McLaughlin, and MHA to address these concerns. At its November 2, 2009, the Workgroup welcomed Vern Wallace, Children's Program Chief, who made a fairly detailed presentation. He presented statistics which showed that from 01/01/2009 to 10/23/2009, an average of 15.3 children per month, ages 0-12, were brought into Assessment and CSU [2] Based on this data, as well as his experience, Mr. Wallace suggested that he would be amenable to a separate quiet space away from the adult section of any 23 hour hold ("a separate, self-contained unit), but that a separate facility was not required so long as there were specialized services for the age group.[3] He envisioned "different staging areas based on different needs."[4] There was a specific discussion of how this option allows underutilized children's resources to be temporarily reallocated on an as-needed basis to other age groups.

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[1] See p. 2 of approved meeting minutes
[2] See "Unique Clients Count per Month by Age Group"
[3] See MHC/CPAW workgroup approved meeting minutes, p. 2.
[4] id.

At this same meeting Suzanne Tavano indicated that "there are approximately 2-3 children seen per day and the original feasibility study from a year ago factored in a separate component area for children and adolescents".[5] Note that both Mr. Wallace and Ms. Tavano spoke of a separate area with specialized services, not a separate facility.

On December 10, 2009, Ms. Wigand updated the MHC on the status of the 20 Allen project and verbally presented a revised proposal for services at that site. As reflected in the draft minutes "The only programs to be considered at this time are ....5150 receiving center for children".[6] In response to a question posed regarding a new RFP process, Ms. Wigand replied that this "may be necessary given the **new** focus on the ARC for children".[7]

Finally, at a Psychiatric Leadership/Healthcare Partnership meeting held on January 13, 2010, there was different and new information provided on the census and acuity of children seen at CSU. It was suggested that the numbers provided by MHA's Vern Wallace may not have included all children seen on the unit, but only those open to county mental health. It is the intent of the Hospital to conduct a Kaizen quality improvement process for Psychiatric Services in the upcoming weeks. This will provide solid, factual data to use in making program and re-design decisions.

The issue of children's services has ebbed and flowed throughout the discussion on 20 Allen. The Mental Health Commission Workgroup is concerned that after a detailed proposal on September 3rd, and subsequent discussions by MHA to review and revise the proposal, the decision was made to include a separate 5150 facility. The Commission feels the separated proposal for an ARC dedicated to only children is premature, given that some of the most basic underlying data is being questioned.

Children's' services are an important component of our on-going effort to enhance mental health services in Contra Costa County. However, it is apparent that the basic information upon which some of the assumptions are founded has not yet been verified. These services, along with all other proposed facilities, resources, and programs must be discussed in an open forum. We further recommend that the Mental Health Commission receives a seat at all tables where there are discussions regarding the proposed facility and its programs. This would include MHA, Health Services, Hospital Administration, and Finance Department discussions, at a minimum. The invitation only policy of the Child and Adolescent Task Force is ethically suspect. It is unknown if it is representative of all regions. It should not be supported, or hosted, by MHA, CPAW or the BOS as it does not conform to MHSA principles of inclusion and transparency.

The Mental Health Commission has continued to reach out in partnership and collaboration with other community stakeholders. We will continue to monitor the stakeholder process to ensure that all gaps are considered and all voices represented. Special Interests must be discouraged from overlooking those groups with less vocal proponents.

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[5] id.
[6] See MHC draft meeting minutes, unnumbered page.
[7] id

My name is Teresa Pasquini, I am a Mental Health Commissioner for District 1, a CPAW member, and a member of the newly formed Healthcare Partnership at CCRMC. Today, I am speaking for myself. I have been involved in the public planning process for the MHSA Capital Facilities Component since it was first proposed, in 2008. I opposed this project, originally, because I did not have enough information on the process used to make the decision. It was my hope to learn how the county makes decisions for capital facilities and how we use tax payer dollars to create and plan for needed services.

It was also my hope to be part of an inclusive, transparent public planning process. Unfortunately, the planning process has been flawed and all attempts to course correct were met with adversarial posturing from special interest groups, including county staff. I found the process to be less than transparent, disrespectful of the public's good faith and time, and often ethically questionable.

As a CPAW member, I voted to recommend the separate Children's ARC based on the information that was provided to me at last week's meeting. I was conflicted by my vote because it went contrary to the process that I am urging. However, I felt bullied and battered by the special interest driven process and conceded to the Workgroup's recommendation. To do otherwise would imply that I don't care about Children and their families receiving supported, therapeutic care. As a mother who has watched her child suffer for over 15 years, I would never support anything less than the best care possible for any child.

I came today to listen and learn about the current proposal as I do not have enough specific information on the design, data and financial basis of the Mental Health Director's current proposal. I have urged all stakeholders to balance the subjective emotional rhetoric with the law and data provided in public forums. I have also urged stakeholders to not mistake data with fact.

The CCRMC Healthcare Partnership will be conducting a Kaizen event on Psychiatric Services. Data will be collected and verified. There will be stakeholders embedded in the ER, CSU, and wherever it is necessary to consider what is required to improve psychiatric patient care. Out of this effort will come scientific data based on fact. With the dire fiscal climate facing all health and human services, I hope the Board will proceed cautiously with all programs until this Kaizen process can be completed.

Prepared by Commissioner Pasquini
Report on BOS FHS Committee
2-1-10

Commissioners O'Keefe, Kahler, Pereyra, Pasquini and Mantas were all present for the meeting. Only Commissioners Mantas, Pasquini, and Pereyra spoke. Commissioner Pasquini read a statement, as a community member (included in packet).

Donna Wigand started the meeting with a short historical report of the stakeholder process and timeline of the Capital Facilities/20 Allen project. She provided a drawing of the original proposal which was to be 3 discreet buildings to house 4 levels of care. She explained that the project was intended to compliment hospital services.

Ms. Wigand explained that the project morphed over the last two years due to the economy, stakeholder process, and hospital administration's desire to maintain the Crisis Stabilization Unit at CCRMC for involuntary assessments (5150). She stated that the key Stakeholder groups were CPAW and CATF, in addition to the MHC. She then drew a rendition of the current proposal. This consisted of the Assessment and Recovery Center which will provide voluntary assessment and involuntary assessment of Children and Youth, voluntary assessment of adults and older adults.

In addition to the Assessment Recovery Center (ARC), the current proposal also includes a 16 Bed Crisis Residential Facility which will allow for transitional care from inpatient to outpatient services. It was stated that this would likely require a new RFP process. It was not stated if the RFP would be for both the ARC and CRF.

Following Ms. Wigand's presentation Supervisor Ulkima asked a variety of questions before turning to public comment and input. Finance Director, Pat Godley explained that the Board had approved the purchase of 20 Allen and the county now owns this property. He explained that they will be waiting for program recommendations to be part of a "Master Plan" similar to what is done at CCRMC. He stated that the programming finaces would not be finalized until it was known which services would be provided. He initially indicated that now that the property had been purchased, there was no rush.

When asked if all stakeholders now agree on this proposal, Ms. Wigand referred to the MHC Capital Facilities Workgroup members for response. Commissioner Pereyra read a report expressing the Commission's position of 1-14-10 and additional comments from the MHC Capital Facilities/IT Workgroup.

Once it was clear that community consensus had not been reached on the programs, Supervisor Ulkima urged the groups to mediate their differences. However, following additional discussion, Mr. Godley urged forward movement on the proposal due to the looming budget issues and the fear of losing the MHSA Capital Facility Funding to the Governor's Budget proposal to raid Prop 63 funds on hand. Based on Mr. Godley's recommendation, and apparent disapproval with the Commission, Supervisor Glover moved to accept MHA's proposal and send the order to the full Board of Supervisors.

Chair Mantas requested clarification on the Committee's position and urged them to consider the statutory requirements of the Mental Health Commission, as the oversight advisory body to the Board of Supervisors, on the mental health system. When he explained that this Board's Committee was approving a proposal that the Mental Health Commission had not formally received, Supervisor Uilkema urged the Mental Health Director to dialog with the Chair of the Commission on what the commission still required, immediately following the meeting. However, the meeting did not take place.

Recommendation:
The Commission will now have to decide whether to support or oppose this proposal which will be presented to the full Board of Supervisors in the coming weeks. We should request an approximate timeline from Dorothy Sansoe on when this action will be heard by the BOS. I would recommend that the Mental Health Commission continue to reach out to all parties to reach agreement on the Mental Health Pavilion at 20 Allen. I suggest that the Commission's Capital Facilities Workgroup immediately schedule a public meeting and invite all interested stakeholders to meet and seek resolution of differences.