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
PUBLIC HEARING-DRAFT INNOVATION PLAN

Thursday • March 11, 2010 • 5:00-6:30 p.m.

651 Pine Street •Martinez •Room 101

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. 5:00 **CALL TO ORDER / INTRODUCTIONS**

2. 5:05 **OPENING COMMENTS BY MENTAL HEALTH COMMISSION (MHC) CHAIR**

3. 5:15 **MHSA DRAFT PROPOSED INNOVATION PLAN PRESENTATION BY MENTAL HEALTH DIRECTOR DONNA WIGAND AND MENTAL HEALTH SERVICES ACT (MHSA) PROGRAM MANAGER SHERRY BRADLEY.** Update available for review at: http://www.cchealth.org/services/mental_health/prop63/pdf/draft_innovation_plan.pdf

4. 5:45 **PUBLIC COMMENT ON PLAN**
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.

5. 6:00 **CLOSE PUBLIC COMMENT ON PLAN**

6. 6:00 **MHC COMMENT ON THE PLAN**

7. 6:20 **MHC ACTION – DEVELOP LIST OF SUBSTANTIVE COMMENTS AND RECOMMENDATIONS TO THE COUNTY MENTAL HEALTH ADMINISTRATION (MHA) AND TO THE BOARD OF SUPERVISORS (BOS)**
NOTE: The MHA does not have to follow the MHC's recommendations. However, the MHA must incorporate MHC recommendations as part of the adopted plan along with appropriate analysis.

10. 6:30 **CLOSE PUBLIC HEARING**

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, 200, Martinez during normal business hours

The Contra Costa County Mental Health Commission is appointed by the Board of Supervisors to advise them on all matters related to the county's mental health system, in accordance with mandates set forth in the California State Welfare & Institutions Code, Sections 5604 (a)(1)-5605.5. Any comments ore recommendations made by the Mental Health Commission or its individual members do not represent the official position of the county or any of its officers.

CONTRA COSTA HEALTH SERVICES - MENTAL HEALTH DIVISION

Seeking public comment on the Mental Health Services Act (M.H.S.A.) Innovation Plan

February 2, 2010

30-day Public Comment Period Begins

Contra Costa Health Services - Mental Health Division (hereinafter "CCMH") is seeking public comment regarding its draft proposed MHSA Innovation Plan.

The CCMH draft proposed Innovation plan begins on the next page.

If you would like to provide input to the document, please use the attached Public Comment Form and mail to:

Sherry Bradley, MPH, MHSA Program Manager

CCMH Administration

1340 Arnold Drive, Suite 200

Martinez, CA 94553

Email: mhsa@hsd.cccounty.us

925-957-5150

The required 30-day comment period begins on Tuesday, February 02, 2010 and will end on Thursday, March 4, 2010.

A public hearing on the CCMH draft/proposed Innovation Plan will be held by the Contra Costa County Mental Health Commission after March 4, 2010 – exact date, time and location will be determined.

The public is welcome to attend and participate.

Contra Costa Health Services

Contra Costa Mental Health Division

Mental Health Services Act

Draft/Proposed Innovation Plan

DRAFT INNOVATION PLAN FOR PUBLIC REVIEW

Please note that this version includes program descriptions with details that are subject to change based on the expertise brought by the providing agencies. Providing agencies will be determined through a Request for Proposal or Request for Information Process.

EXHIBIT A

INNOVATION WORK PLAN
COUNTY CERTIFICATION

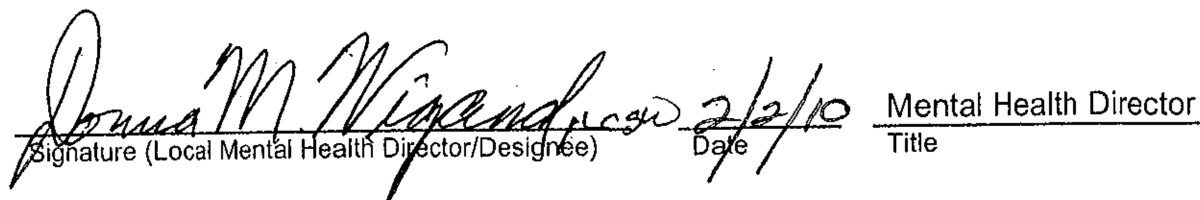
County Name: Contra Costa County

County Mental Health Director	Project Lead
Name: Donna Wigand, LCSW Telephone Number: 925-957-5111 E-mail: dwigand@hsd.cccounty.us	Name: Sherry Bradley, MPH Telephone Number: 925-957-5114 E-mail: sbradley@hsd.cccounty.us
Mailing Address: 1340 Arnold Drive Suite 200 Martinez, Ca 94553	Mailing Address: 1340 Arnold Drive Suite 200 Martinez, Ca 94553

I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws and statutes for this Innovation Work Plan. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and Title 9, California Code of Regulations (CCR), Section 3410, Non-Supplant.

This Work Plan has been developed with the participation of stakeholders, in accordance with Title 9, CCR Sections 3300, 3310(d) and 3315(a). The draft Work Plan was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate. Any Work Plan requiring participation from individuals has been designed for voluntary participation therefore all participation by individuals in the proposed Work Plan is voluntary, pursuant to Title 9, CCR, Section 3400 (b)(2).

All documents in the attached Work Plan are true and correct.



Signature (Local Mental Health Director/Designee) Date 2/2/10

Mental Health Director
Title

EXHIBIT B

INNOVATION WORK PLAN
Description of Community Program Planning and Local Review Processes

County Name:	Contra Costa County
Work Plan Name:	Social Supports for Lesbian, Gay, Bi-Sexual, Transgender Queer, Questioning, Intersex, 2-Spirit (LGBTQQI2-S) Youth.

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this Annual Update.

1. Briefly describe the Community Program Planning Process for development of the Innovation Work Plan. It shall include the methods for obtaining stakeholder input. (suggested length – one-half page)

The Innovation Work group began meeting in June of 2009, initially reviewing the State Department of Mental Health Information Notices and Guidelines (as well as other state documents) to learn more about the Innovation component of MHSA. The group also began by reviewing findings from all previous planning processes from 2005 to 2009 related to MHSA which were broad and inclusive. These previous planning processes [for Community Supports and Services (CSS), Workforce Education and Training (WET) and Prevention and Early Intervention (PEI)] gathered stakeholder input through Community Forums & Surveys, Focus Groups & Key Informant Interviews. Stakeholders included consumers, family members, Contracted Providers, Community Based Organizations, educators, public mental health staff, and subject-matter experts. Initially, the Innovation Work group met to brainstorm potential ideas for Innovative projects that would address the needs identified in previous planning processes and contribute to learning. They surveyed data from the CSS, PEI, WET processes and compiled a list of local priority need area. Crisis Care & First Break, Early Intervention, Ongoing Recovery & Support & Prevention were included in the list as having been repeatedly articulated as a significant need in the community.
After several meetings, the group designed a launch process to encourage broad community engagement and participation. The group then developed a timeline for the Innovation Planning Process.

On Wednesday, October 7, 2009, Contra Costa County Mental Health held an Innovation Launch Event in the County Board of Supervisors Chambers to kick-off our Request for Innovative Ideas to potentially develop into projects. The County advertized the Launch event through distribution of the Launch Event Flyer via email to over 1,300 MHSA Supporters, as well as hard-copies of the flyer distributed to our Clinics and mailed to Contract Providers. The event included an overview of the Innovation Component of the Mental Health Services Act, emphasizing contributions to learning by introducing new mental health practices/approaches, changing the existing ones, or introducing new applications or practices/approaches that have been successful in other

settings. The event also included instructions for how to complete the "Innovative Ideas Form," and questions and answers. Mental Health Services Act staff recorded the Innovation Launch, had it replayed on Contra Costa Television on October 20, 2009, October 21, 2009 and October 27, 2009 as well as posted it to the Innovation webpage for on-line viewing. Interpretation was provided in Spanish, Vietnamese and American Sign Language, as well as written materials in Spanish and Vietnamese available on-line and during the Launch Event. Approximately 65 individuals, representing 25 various agencies, attended the Launch event.

Following the Launch, MHSA Administration staff continued outreach by distributing the Innovative Idea Forms in English, Spanish and Vietnamese to our County Clinics, contract agencies and local community-based organizations. The forms were also available on-line. The Innovation Team leader, by making presentations during staff meetings at our Children's and Adults' Clinics, ensured Core-services staff was engaged and participating in our Innovative process.

On October 21, 2009 Contra Costa County Mental Health Division hosted an Innovation Brown Bag Lunch as an opportunity for those who were seeking further guidance to ask questions and get assistance in completing their Innovative Idea Forms. Twelve consumers and/or members of the public, as well as nine provider agencies, attended the Brown Bag Lunch.

Contra Costa County received a total of 74 Innovation Idea Forms. The County received Ideas from consumers, family members, members of the public, community-based organizations, providers, county staff, and members of academia.

The Innovation Work group played a leading role in the Innovation Planning process.. The Innovation Work group is comprised of members appointed from the stakeholder advisory group called Consolidated Planning Advisory Work group (CPAW), and represent mental health consumers, family members, providers, as well as county staff. Members of the Innovation Work group gave due diligence to the process by attending nine two-to-four-hour self-led meetings in two and a half months, and evaluating all of the Idea Forms submitted with attention given to the list of local priority needs areas the group created in June. The Innovation work group determined whether each idea met the state requirements for Innovation Projects, clustered them, and measured them by their potential contribution to learning; impact on the core-system; wellness, recovery and resilience focus; and greatest impact. The MHSA administration staff aided this process by developing evaluation tools for the work group to use in their Innovative Idea review process.

The Work group gave feedback to the MHSA staff, and decided upon an algorithm to use, consisting of five general levels for which to evaluate each Innovative Idea submission. The Innovation Work group evaluated the importance of each algorithm element based on the members' expert knowledge of the Innovative Idea submissions and the mental health field. The five levels consisted of: State Focus Area, Local needs areas (identified in CSS, WET & PEI Planning processes), Clustering

common/complementary ideas, Contribution to Learning, and Prioritize Greatest Learning Opportunity.

During these self-led meetings, the Innovation Work group created a process for selecting ideas to serve in creating overarching themes for potential Innovative Projects using their analysis from the Innovation Idea review sessions, the group acknowledged 10 theme areas that organically emerged around the clustered ideas submitted, corresponding to the local priority needs areas which were derived from all previous community planning processes for each MHSA Component. After further examination of each of the overarching themes' potential contribution to learning, the Innovation Work group decided on five theme areas and an order in which they would recommend request for funding (based on previous planning processes and estimated work plan development and implementation timeframes). The Innovation Work group recommended these 5 theme areas to the Consolidated Planning Advisory Work group (CPAW) on January 7, 2010 as possible Innovative work plans for MHSA Administration staff to develop.

During the work plan development, the MHSA Innovation staff conducted many key informant interviews with subject matter experts recommended to them by Innovation Work group members and Mental Health Senior Staff. The insight provided from these interviews greatly shaped and refined the work plans developed, and continued community & stakeholder input throughout the lifespan of the Innovation planning process.

2. Identify the stakeholder entities involved in the Community Program Planning Process.

The Consolidated Planning Advisory Work group (CPAW) replaced previous Mental Health Services Act (MHSA) stakeholder work groups advising the Innovation Project. The current work group participants are stakeholders from previous stakeholder Work groups, including Adult, Children, Transition Age Youth, Older Adult, Community Supports & Services [CSS], Prevention & Early Intervention [PEI 0-25, PEI 26+], Workforce Education & Training [WET], Capital Facilities, Information Technology. All Previous stakeholder work groups consisted of mental health consumers, their family members, service providers, Family advocates & Parent Partner representative, Representatives from Education/Schools, Law Enforcement, Social Services, and others. Over time, the Work group added new members to broaden stakeholder representation to include some specific target populations, such as LGBTQQI2-S and Native American/Asian Pacific Islanders.

The Consolidated Planning Advisory Work group (CPAW) undertakes Innovation Component Planning through its Innovation Work group (subcommittee of CPAW).

The Innovation Work group membership includes: Consumers, Family Members, Physical Health Care Providers, Vocational Services, Child & Adolescent Mental Health

Service Providers, County Program Managers, local School Board Members, National Alliance on Mental Illness (NAMI) members, Adult Mental Health Service Providers, and Contract Providers.

Members of the Work group also provide representation from the African-American community, Russian community, Farsi-speaking community, Latino community, the Older-Adult community, and LGBTQQI2-S community.

Community subject matter experts provided interviews as key informants; they represent academic community, LGBTQQI2-S Community, government agencies, medical community, consumers & family members.

3. List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.

Public Comment Period begins on February 2, 2010 and will end on March 5, 2010.

Innovation Work Plan Narrative
DRAFT 1/22/2010

Date: March 12, 2010

County: Contra Costa

Work Plan #: INN-01

Work Plan Name: Social Supports for Lesbian, Gay, Bisexual, Transgender, Questioning, Queer, Intersexed, 2-Spirit, Asexual (LGBTQQI2-S) Youth.

Purpose of Proposed Innovation Project (check all that apply)

☒ INCREASE ACCESS TO UNDERSERVED GROUPS
☐ INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
☐ PROMOTE INTERAGENCY COLLABORATION
☐ INCREASE ACCESS TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

After reviewing the purpose of Innovation and mental health services currently available in Contra Costa County, a workgroup comprised of stakeholders from groups throughout the county decided the primary focus of the work plan should be to increase access to an underserved group. Focus groups and forums comprised of members of the Lesbian, Gay, Bisexual, Transgender, Questioning, Queer, Intersexed, 2-Spirit, Asexual (LGBTQQI2-S) community and their providers revealed few services exist for LGBTQQI2-S youth and transition-age youth (TAY)[*],[‡] nor for their families or peers. In most cases, individuals must travel outside of the county for specific supports. The county recognizes the need to reach the often invisible population of LGBTQQI2-S youth and , in order to better serve this population, intends to increase access to the existing family and peer network influencing the health of these youth by using the proposed innovation work plan to have community-based organizations create and implement a Social Support (term used to describe the degree of emotional support afforded an individual by friends, family and others) Model for LGBTQQI2-S youth focusing on issues of sexual orientation and gender identification. This work plan will target the diverse ethnic, cultural, and faith-based populations throughout the County.

Across the entire county there is only one community organization, located in the central region of the county, providing health and wellness services specifically targeting LGBTQQI2-S youth. Some of the county's middle and high schools have clubs for LGBTQQI2-S youth and their friends but these are transient due to fluctuations in student leadership. As part of an Mental Health Services Act Early Intervention Prevention Program, one high school in the western region of the county developed a permanent "positive group of queer youth of color that talk about real situations of queer

[*] For the purposes of this proposal, youth will encompass Transition Age Youth (TAY) so TAY will not be mentioned as a separate age category.
[‡] Please see vocabulary list at the end of Exhibit C for definitions of gender identities and sexual orientations.

youth" to provide students social support, education, advocacy, outreach, and links to school-based mental health services. Like with the other school-based student groups in the county, the group's activities change from year to year depending on the interests of the students involved. A community center in the western region of the county sponsored a pride month, holding educational and community-building events focusing on LGBTQQI2-S recognition and awareness; currently the center does not have any programs or groups specifically targeting LGBTQQI2-S youth. However, these isolated programs and organizations do not access a majority of the underserved population. Nor do they have adequate resources or programming to meet all the mental health needs of the target population. In addition, the current services lack prevention and early intervention components which would target the elements of the social environment influencing the health and wellness of LGBTQQI2-S youth.

Lack of trust between the target population and their families, peers, communities, and providers inhibits access to the underserved population. When an individual does not trust their provider he or she will not seek needed care. Youth need social support to actively participate in a community; lack of trust prevents youth from forming support networks, potentially leading to isolation. In order to be effective, programs and services must overcome this barrier to accessing the target population. Nonetheless, current services do not adequately address the causes of distrust and isolation from services and social support.

By accessing the underserved population of existing families, peers, and/or community members and organizations, such as religious groups, affecting the mental health of LGBTQQI2-S youth, Contra Costa County will create a sustainable model for prevention and early intervention against feelings of isolation and poor health outcomes. The work plan is innovative because it takes the concept of the ecological model, which illustrates how spheres of social influences interact and affect an individual's health, then applies the knowledge of this relationship to an intervention designed to indirectly target a population with poor health outcomes by directly targeting the social groups with which the population interacts. The Innovation work plan will determine if the Social Support Model can facilitate accessing the existing social supports influencing the health of LGBTQQI2-S youth population. It will do this by first engaging, educating, and increasing the participation of families, peers, and communities then promoting positive health outcomes for LGBTQQI2-S youth through a reduction in family, peer, and/ or community rejecting behaviors.

The main learning goal of this innovation work plan is to:

- determine whether improving access to the underserved population of individuals and groups whose actions influence the mental health of LGBTQQI2-S youth, including existing families, peers, and/or community members or organizations such as religious groups, through the use of education, counseling, group activities, and outreach programs increases the positive participation of the targeted social groups all cultural and ethnic groups in Contra Costa County

The secondary learning goals of the innovation work plan are to determine:

- what constitutes a social support model in Contra Costa County
- who comprises the key components of this model, for example, existing families, peers, and/or community members and groups
- does this model change family, peer, and/or community attitudes about and behaviors affecting LGBTQQI2-S youth, leading to a decrease in the number of rejecting behaviors experienced by LGBTQQIS-2 youth
- does one component, or social group, of the model improve participate and promote behavior change more than another
- is this model useful to consumers, families, peers, communities, and/or providers
- is it possible to validate the model
- does framing LGBTQQIS-2 youth services around a social support model targeting the social groups influencing health improve the health outcomes of the youth

Innovation Work Plan Narrative

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (suggested length - one page)

Defining the Issue

LGBTQQI2-S youth often experience stigma and stress related to their communities and families negative reaction to their sexual orientation and/or gender identity. This can lead to poor mental health outcomes, such as suicide, alcohol and substance abuse, mental health symptoms such as depression and anxiety, feelings of isolation, and/or risk-taking behaviors.

Discrimination, real and perceived, within an LGBTQQI2-S youth's social environment, including the home, school, and community, can lead to a lack of social support as well as feelings of isolation and rejection[1,2]. One measurement of isolation among youth is school connectedness. According to the California Healthy Kids Survey, in Contra Costa County, many students have feelings of sadness, hopelessness, or low connectedness to the school: 27 percent of 7th grade students, 30 percent of 9th grade students, and 31 percent of 11th grade students had feelings of sadness or hopelessness sometime during the 12 months prior to the survey; and 12 percent of 7th grade students, 14 percent of 9th grade students, and 13 percent of 11th grade students felt low school connectedness[3]. In addition, the survey measures rejection by assessing harassment due to sexual orientation: 7 percent of 7th grade students, 6 percent of 9th grade students, and 5 percent of 11th grade students experienced harassment at school because of their sexual orientation; 11 percent of 7th grade females, 14 percent of 7th grade males, 8 percent of 9th grade females, 12 percent of 9th grade males, 7 percent of 11th grade females, and 9 percent of 11th grade males' experienced harassment or bullying because they were gay, lesbian, or thought to be gay or lesbian[3]. To address the issue of harassment due to sexual orientation, in 2002, Contra Costa County started a Safe Schools Coalition to advocate for the enforcement of California's State Laws protecting student's safety[4]. The Coalition achieved

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[1] CMHDA. "Chapter V: Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning Youth". *California Mental Health Directors Association*. October 14, 2008. Accessed on December 24, 2009. Available at: http://cmhda.org/go/Portals/0/CMHDA%20Files/Committees/TAY%20Subcommittee/Meeting%20Reports/FINAL_LGBTQQI2-S_%20Chapter_(10-14-08).pdf .

[2] Suicide Prevention Resource Center. Suicide Risk and Prevention for Lesbian, Gay Bisexual, and Transgendered Youth. 2008. Newton, MA: Development Center, Inc.

[3] California Safe and Healthy Kids Program Office. "Technical Report Secondary 2006-07 & 2007-08: Contra Costa County". *California Healthy Kids Survey*. 2008. Accessed on December 24, 2009. Available at: http://www.wested.org/chks/pdf/rpts_dl/f06s_07_07000_ca.pdf .

[4] Korwin Consulting. "Making Schools Safe for LGBTQQI2-S and All Youth: Lessons from the Contra Costa Safe Schools Coalition". *Korwin Consulting*. 2008. Accessed on December 24, 2009. Available at: http://www.korwinconsulting.com/CCSSC.pdf .

successes under their mandate; however, their mission is not to provide direct services to LGBTQQI2-S youth, their peers, and their families[4].

According to recent research conducted in California, the degree to which a family rejects their LGBTQQI2-S youth because of his or her sexual orientation during his or her adolescence has a correlation with the adolescent's health outcomes[5]. Adolescents who experienced high rejection were 8.4 times more likely to attempt suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use of illegal drugs, and 3.4 times more likely to engage in unprotected sex as compared to those who experienced no or low rejection[5]. Both Latino men and women experienced a greater number of family rejections than non-Latino white counterparts of the same gender; however, men of both ethnicities reported a higher number of rejecting reactions to their sexual orientation than women of either ethnicity did[5]. Consequently, Latino men had the greatest number of family rejections due to sexual orientation in adolescence[5]. This last point is significant because of Contra Costa County's ethnic diversity, 17.1 percent of the population is Latino[6] and the LGBTQQI2-S youth of this population face an elevated risk of rejection.

According to the Center for Disease Control, suicide is the third leading cause of death for people ages 15 to 24 years[7]. More youth survive suicide attempts then actually die; a national survey discovered 15 percent of students in grades 9 through 12 reported seriously considering suicide and 7 percent reported attempting to take their own life in 12 months prior to the survey[6]. The overall rate of suicide among youth, ages 15 to 24 years, in California is 6.9 per 100,000[8]. While Contra Costa County's rate is the same as for the state as a whole, 6.9 per 100,000, the rate is higher than its neighbor, Alameda County's, rate of 6.4 per 100,000[8]. The Suicide Prevention Resource Center reviewed studies and reports about youth suicide and concluded LGBTQQI2-S youth are a high risk group for suicide[2]. Their research indicates LGBTQQI2-S youth are two to four times as likely to attempt to commit suicide as compared to heterosexual youth[2]. Therefore, the expected rate of suicide for LGBTQQI2-S youth in Contra Costa County is 14 to 28 per 100,000.

The Center for Substance Abuse Prevention indicates tobacco, alcohol, and illegal drug use, particularly early use, relates to personal and social problems, including school failure, crime, family violence, and abuse[9]. The 2007 National Youth Risk Behavior

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[5] Ryan, Caitlin et al. "Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults". *Pediatrics*. 2009. Vol 123; No 1: 346-352.
[6] US Census Bureau. "Profiles of General Demographic Characteristics 2000 Census of Population and Housing Contra Costa County, California". *2000 Census*. May 2001. Accesed on January 25, 2009. Available at: http://www.co.contra-costa.ca.us/depart/cd/recycle/demog/contracosta.pdf .
[7] CDC. "Youth Suicide". *Suicide Prevention*. August 4, 2008. Accessed on December 24, 2009. Available at: http://www.cdc.gov/ncipc/dvp/Suicide/youthsuicide.htm .
[8] Lucile Packard Foundation for Children's Health. "Youth Suicide Rate: 2005-2007". *kidsdata.org*. 2009. Accessed on December 24, 2009. Available at: http://www.kidsdata.org/data/topic/table.aspx?ind=213&dtm=122&loc=171&loc=2&loc=127&loc=217&loc=265&loc=4&loc=59 .
[9] Substance Abuse and Mental Health Services Administration. "The National Cross-Site Evaluation of High-Risk Youth Programs. *Center for Substance Abuse Prevention, DHHS Publication*. 2002. Accessed on December 24, 2009. Available at: http://download.ncadi.samhsa.gov/Prevline/pdfs/FO36/monograph2.pdf .

Survey found: 20 percent of students smoked cigarettes on at least one day during the thirty days before the survey; 75 percent of students had at least one drink of alcohol on a least one day of their life and 44.7 percent had at least one drink of alcohol on at least once during the thirty days before the survey; 26 percent of students had five or more drinks of alcohol in a row on at least one day during the thirty days before the survey; and 38.1 percent of students had used marijuana one or more times during their life[10]. In Contra Costa County, 7.9 percent of students used alcohol once during their life, 8.6 percent used alcohol two to three times during their life, and 24 percent used alcohol four or more times during their life[11]. In comparison, 8.1 percent of students in Alameda County, used alcohol once during their life, 9.3 percent used alcohol two to three times during their life, and 23.3 percent used alcohol four or more times during their life[11]. While a smaller percentage of students in Contra Costa County used alcohol one to three times during their life, a larger percentage used alcohol four or more times. The Contra Costa County 2006-7, 2007-8 California Healthy Kids Survey found: 3 percent of 8th grade students, 5 percent of 9th grade students, and 5 percent of 11th grade students used marijuana once in their life; and 6 percent of 8th grade students, 18 percent of 9th grade students, and 16 percent of 11th grade students used marijuana two or more times during their life[12]. LGBTQQI2-S youth, like their counterparts, are at risk of abusing substances and some studies show they have an elevated risk of using[2,13]. The National Longitudinal Study of Adolescent Health found males with an attraction to or in a relationship with other males were 1.7 times more likely to use alcohol than their heterosexual counterparts and females with an attraction to or in relationship with other females were 1.8 times more likely to use alcohol than their heterosexual counterparts[13].

The Innovation Project

As the data indicates, the LGBTQQI2-S youth population has an increased risk for poor mental health outcomes when compared to their peers. Furthermore, findings show while social support is a protective factor against poor outcomes, social rejection increases an adolescent's risk of poor mental health. Currently, it is unknown if targeting an LGBTQQI2-S youth's existing social networks, comprised of families, peers, and/or community members and organizations, with educational materials and initiatives focused on reducing rejecting behaviors will increase the latter's participation in improving the health of LGBTQQI2-S youth.

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[10] CDC. "2007 National Youth Risk Behavior Survey Overview". *Department of Health and Human Services and the Center for Disease Control.* 2007. Accessed on December 24, 2009. Available at: http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbs07_us_overview.pdf .

[11] Lucile Packard Foundation for Children's Health. "Alcohol Use Among 7th, 9th, and 11th Graders: 2006". *kidsdata.org.* 2009. Accessed on December 24, 2009. Available at: http://www.kidsdata.org/data/topic/pie.aspx?ind=135&dtm=41&loc=171&loc=127 .

[12] California Safe and Healthy Kids Program Office. "Technical Report Secondary 2006-07 & 2007-08: Contra Costa County". *California Healthy Kids Survey.* 2008. Accessed on December 24, 2009. Available at: http://www.wested.org/chks/pdf/rpts_dl/f06s_07_07000_ca.pdf .

[13] Russell, S & Joyner K. "Adolescent sexual orientation and suicide risk: Evidence from a national study". *American Journal of Public Health.* 2001. 91:8;1276-1281.

Once again, the main learning goal of this innovation work plan is to determine whether improving access to the underserved population of individuals and groups whose actions influence the mental health of LGBTQQI2-S youth, including existing families, peers, and/or community members or organizations such as religious groups, through the use of education, counseling, group activities, and outreach programs increases the positive participation of the targeted social groups of all cultural and ethnic groups in Contra Costa County. If results of the innovation work plan shows accessing the existing social supports affecting the mental health of LGBTQQI2-S youth improves the family, peer, and/or community participation in positively influencing the mental health of youth then the county anticipates incorporating outreach programs for families and peers in its future LGBTQQI2-S mental health programming. This will result in the long-term goals of decreasing rejecting behaviors, feelings of isolation, and poor mental health outcomes experienced by LGBTQQI2-S youth as well as empowering families and peers to feel capable of providing social support to LGBTQQI2-S youth. The learning provided by the innovation work plan is important for this County because it recognizes the need to develop a better system of mental health care for its LGBTQQI2-S population.

Because of her recent research and specialty in the area of family influence on the health of LGBTQQI2-S youth, the County will contract with Caitlin Ryan of San Francisco State University to develop the educational materials for the work plan. To engage the community and determine which organizations in the County will design and implement a program based on the developed educational materials that assesses the innovative learning goal and targets the providers, families, peers, and/ or communities influencing the health of LGBTQQI2-S youth, the County will send out a request for plans (RFP) to the community at large. The selected program for the innovative work plan will not be a simple education campaign. Rather, it will attempt to change behaviors by asking community organizations to design and/or adapt existing programs aimed at engaging LGBTQQI2-S youth and their families, peers, and/or other community members in activities which promote the participation of families, peers, and communities in reducing rejecting behaviors directed at the youth. The organizations will then implement and evaluate their programs to establish if the work plan achieved the primary and secondary learning goals.

It is expected the innovation work plan will primarily be implemented through existing programs, facilities, county projects, and/or organizations within the community. As stated above, community members and organizations will submit proposals for programs addressing the learning goals of the innovation work plan. The County and a board of representative stakeholders will select the proposals best suited for achieving the work plan learning goals and award the innovation work plan to these organizations. In order to be considered for the work plan, community members and organizations must address the following parameters in their proposals:

- The proposal will define the target population's need and how their proposal addresses this need, describing how the program activities will lead to achieving the learning goals of the innovation work plan.
- The proposal will be culturally competent and reflect the racial, ethnic, cultural, and/or faith-based diversity of the target population.
- In order to increase the likelihood of increasing participation and reducing rejecting behaviors, the County will require organizations include a description of the behavior change model they will use within their program and how their activities promote behavior change.
- The proposal will include a description of the research component of the program and how it will emphasize learning in emerging practices.
- The proposal will define how the program will follow a prevention and early intervention approach.
- The proposal will explain how the program will include a voluntary approach to working with potential partners (including faith-based organizations), service populations, and stakeholders.
- In order to help ensure permanent changes in support-related behaviors, the proposal will address consumer, family, peer, and/or community empowerment.
- To assess the learning goals the proposal will define the indicators it will measure, describe the measurement tools, and explain who will collect the data and how often. At a minimum, organizations will collect baseline data, process and outcome data every six months during program implementation, and outcome data at the conclusion of the project.
- Finally, the proposal will discuss how the community members or organization will make the project sustainable if the learning goals show the innovation is effective, including how it will institute a train-the-trainer program to ensure the project can train providers as needed.

There are six main short-term work plan outcomes (measured at the conclusion of the pilot innovation work plan) to the innovation work plan:

- Developed and/or adapted materials and systems for creating a Social Support Model (targeting the family, peers, and/or community). Educational materials will be available in multiple reading levels, so those who do not have English as their first language can understand the content, and translated into the threshold language of Spanish.
- Set of family and/or community service providers trained in the Social Support Model.
- Developed family, peer and/or community components and initiatives of the Social Support Model.
- Integrated and implemented Social Support Model targeting the underserved population of the existing social networks of LGBTQQI2-S youth, including families, peers, and/or communities.
- Evaluation plan which assesses the progress and outcomes of the learning goals.

- Empowered LGBTQQI2-S families and peers who support positive health and development outcomes for youth by reducing rejecting behaviors and/or increasing accepting behaviors.
- Improved health outcomes and resiliency for LGBTQQI2-S youth.

There are also several long-term outcomes to be achieved by the community organizations after the conclusion of the innovative work plan:

- The county will maintain ownership of all educational materials and curriculums, allowing community organizations to incorporate the materials into their programs and sustain the learning achieved with the innovation work plan.
- Community organizations will leverage their resources to implement the model in the future.
- Community organizations and the county will modify the materials for other target populations.
- Community partnerships will maintain the model and continue to integrate it into their services.
- The LGBTQQI2-S youth population will have improved health outcomes and resiliency.
- Stakeholders will remain involved in future design and evaluation.

The innovation project supports the General Standards as set forth in CCR, Title 9, section 3320 in the following ways:

Community Collaboration
Consumers and community members will work together to create a Social Support Model for LGBTQQI2-S youth, educating each other about the need for support and changing family, peer, and/ or community behaviors to increase support to LGBTQQI2-S youth. This will lead to the improved health and wellbeing of LGBTQQI2-S youth and the community as a whole.

Cultural Competence
The innovation work plan will increase access to culturally competent mental health educational materials and services targeting the underserved population of LGBTQQI2-S youth's families, peers and communities. The innovation staff in each region of the county will reflect the unique cultural, ethnic, faith, and/or language needs of the population it serves. The long-term goal of the learning provided by the work plan is to decrease the health disparities experienced by the LGBTQQI2-S youth population.

Client and Family Driven Mental Health System
The work plan will involve LGBTQQI2-S youth and their families in its needs assessment, design, implementation, resource development, and evaluation.

Wellness, Recovery and Resilience Focus

The work plan is designed to achieve learning which the county will use to promote the wellness and recovery of LGBTQQI2-S youth and strives to create a new social environment which enhances resiliency.

Integrated Service Experience

The work plan will include a range of educational and program initiatives which will be integrated into existing programs and service providers, preferably in the three regions of the county. Potential partners in the projects include: different ethnic groups; racial groups; schools; after-school programs; county-run programs and core services; faith-based organizations; community-based organizations; physical health providers; mental health providers; social services, juvenile justice Parents, Families and Friends of Lesbians and Gays (PFLAG); and the Gay-Straight Alliance Network (GSA).

Innovation Work Plan Narrative

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

Recent research reveals the greater the degree of family rejection due to sexual orientation the poorer the health outcomes for adolescents experiencing the rejecting behaviors[14*]. Social Supports of LGBTQQI2-S Youth will seek to test this research in a community setting by determining whether accessing and engaging existing social networks influencing the health of LGBTQQI2-S youth will increase family, peer, and community participation and response to the needs of LGBTQQI2-S youth. In turn, it will measure whether this increased participation and response leads to fewer rejecting behaviors experienced by LGBTQQI2-S youth. The work plan will attempt to validate whether it is possible to globalize the Social Support Model in order to produce desired changes in outcome indicators across population groups in the community, including various ethnic, racial, and faith-based populations.

Most research focuses on LGBTQQI2-S individuals, neglecting the impact of empowering family, peers, and community members to change the social climate of a community. The innovative work plan will determine if it is possible to empower family members and peers to support LGBTQQI2-S youth; thereby improving not only the health outcomes of the youth, but their resiliency as well. Empowerment will potentially lead to youth and their communities changing their behaviors and creating a sustainable culture of support and acceptance.

As part of its learning goals, the work plan will determine if educating providers about the importance of family, peer, and community support, then having them incorporate this knowledge into the care they provide, leads to an increased feeling of support and acceptance for LGBTQQI2-S youth. Again, the work plan will measure if this leads, first to the increased participation of LGBTQQI2-S youth's existing social networks in the youth's health care, then to improved health outcomes and resiliency for the youth.

Finally, the work plan will discover if it is possible to adapt, expand, and integrate existing models of social support to meet the needs of Contra Costa County's diverse ethnic, racial, and faith-based LGBTQQI2-S youth populations as well as their existing social support networks.

[11*] Ryan, Caitlin et al. "Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults". *Pediatrics*. 2009. Vol 123; No 1: 346-352.

Innovation Work Plan Narrative

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length - one page)

Implementation/Completion Dates: 07/10-06/13
MM/YY – MM/YY

EXHIBIT C

Time Line

	July 2009 through June 2010	July 2010 through October 2010	November 2010 through March 2011	April 2011	May 2011 through September 2011	October 2011	November 2011 through March 2012	April 2012	May 2012 through September 2012	October 2012	November 2012 through April 2013	May 2013 through June 2013
Innovation Process Planning/Work Plan Development//State Approval/County Approval/RFP/ Program Selection												
Program Set-Up (Building Partnerships, Developing Program and Materials, Designing Evaluation, and Collecting Baseline Data)												
Program Implementation												
Evaluation												
Learning		Baseline data for all outcomes		-# community organization partners -# participants -#trainings effective -# providers trained and engaging families, peers, communities		-Did the number of families, peers, and community organizations participating increase? Why? or why not? -Can the trainers effectively train new volunteers to use materials? Why or why not? -Are there more providers trained and engaging more families, peers, and community members and organizations? Why or why not? -Trust built? -Educational materials user-friendly and effective?		-Did the number of families, peers, and community organizations participating increase? Why? or why not? -Can the trainers effectively train new volunteers to use materials? Why or why not? -Are there more providers trained and engaging more families, peers, and community members and organizations? Why or why not? -Trust built? -Educational materials user-friendly and effective? -Are there fewer rejecting behaviors?		-Did the number of families, peers, and community organizations participating increase? Why? or why not? -Can the trainers effectively train new volunteers to use materials? Why or why not? -Are there more providers trained and engaging more families, peers, and community members and organizations? Why or why not? -Trust built? -Educational materials user-friendly and effective? -Are there fewer rejecting Behaviors? -Are health outcomes improved?		-Were primary and secondary learning goals met? -What were results of the learning goals? -What were the work plan outcomes? -Communicate what is learned
Reporting												

The County anticipates Social Supports for LGBTQQI2-S Youth will be able to start in July of 2010. During spring of 2010, after receiving approval from the state, community members and organizations will submit proposals for prospective programs. By the end of June 2010 the County and a representative board of stakeholders will select the programs for implementation. The first four months of the project, July 2010 through October 2011, will entail building partnerships within the community, hiring staff, confirming facilities, developing and/or adapting the programs and materials, printing materials, training trainers and staff, designing the evaluation, and collecting baseline data. Program implementation will take thirty months, November 2010 through April 2013. Note: program implementation occurring past fiscal year 2011 will be dependent on whether the State will provide additional funding. Work plan evaluation will occur throughout the program: first during the first four months with baseline data collection, then subsequently every six months to ensure the work plan is running as planned and to make any needed adjustments, and finally after work plan implementation is complete. The reports of the evaluation findings will be written, tailored for various stakeholder groups, and distributed during May and June of 2013. Please see the timeline above for when learning will be measured.

Because the work plan will likely use and provide supplemental funds as appropriate to existing resources in the community, such as community centers, there will be no need to build facilities. However, as a Social Support Model for LGBTQQI2-S youth does not exist and will have to be developed, the county expects it will take three years to implement the work plan and achieve its learning goals. It will take four months to set-up the project. Because implementation consists of both education and behavior change, the program requires thirty months to implement. Because Caitlin Ryan is developing educational materials for various reading levels, two reading levels will be available in year one and three in year two. All materials will be minimally available in English and Spanish. After the organizations implementing the work plan design their train-the trainer program, training of providers will occur on an ongoing basis as needed; this is because, as participation increases, new service providers will join throughout the course of the work plan. It will take two months to collect final outcome data, analyze the work plan results, determine if the work plan met the primary and secondary learning goals, and write final reports for various stakeholder groups.

Innovation Work Plan Narrative

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

The short-term work plan outcomes will be measured by the following indicators:

Developed and/or adapted educational materials and systems for Social Support Model, including family, peer, and/or community components

- # materials developed and/or adapted
- # of community partnerships and organizations using the educational materials
- Types of community organizations using the materials
- # times stakeholders involved in designing, implementing, and evaluating the model and defined specific roles

Trained youth and family service providers

- # family service providers trained and retained

Integrated and implemented Social Support Model targeting LGBTQQI2-S youth and their families

- # providers
- # materials distributed
- # classes taught or activities completed
- # LGBTQQI2-S youth served
- # of families, peers, and/or community members served
- # of community partnerships maintained

Improved social support and empowerment of LGBTQQI2-S families and peers which will result in positive health and developmental outcomes for youth

- Increase in positive health outcomes
- Reduction of poor health outcomes (reduction of suicide rates, HIV incidence, depression rates, isolation)
- Reduction of high risk behaviors (decreased substance abuse and other risky behaviors)
- Changes in LGBTQQI2-S youth, family, peer, community, provider perceptions of discrimination and support (shown by increased outreach and an increase in the methods of outreach)
- Changes in LGBTQQI2-S youth trust with family, peers, communities, providers
- # times community discrimination observed (defined by # of decreased community rejecting behaviors and increased accepting behaviors)

- # family support behaviors (defined by # rejecting behaviors versus accepting behaviors)
- # peer support behaviors (defined the same as family support)
- # times stakeholders involved in designing, implementing, and evaluating the model and documented defined specific roles

The community members and organizations selected to implement their programs will decide which measurement tools to use, what to measure, who collects the data, and how frequently to collect the data.

The county will report all collected data and information with stakeholders and the community. Stakeholders will review the program results and will make recommendations about how to improve the program and increase positive outcomes.

Innovation Work Plan Narrative

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

The following are potential resources to leverage:

- Community partnerships, both within and outside the mental health system (such as community-based organizations, MHSA programs, public health programs, physical health providers, mental health providers)
- Community resources (such as faith-based organizations, PFLAG, GSA)
- Integration within existing provider channels (different ethnic groups, racial groups, schools, after-school programs, faith-based organizations, community-based organizations, physical health providers, mental health providers, social services, juvenile justice, PFLAG, and GSA)
- Using interns from existing MHSA-funded programs
- Building upon proposed models of increasing Family & Social Supports in existing literature

LGBTQQI2-S Vocabulary and Definitions

Sex: A person's biological and anatomical identity.

Gender: Gender covers a wide range of issues relevant to all people. It relates to femininity and masculinity and it includes the following pieces:

Gender identity - one's understanding or feeling about whether one is emotionally or spiritually female or male or both or neither, regardless of one's biological sex.

Gender characteristics - characteristics such as facial hair and vocal pitch.

Gender expression - the way a person expresses her or his gender, through gestures, movement, dress and grooming.

Gender nonconformity - means not expressing gender or not having gender characteristics or a gender identity that conforms to others' expectations. Much, perhaps most, of the harassment of LGBTQQI2-S students experience is related to gender and gender nonconformity.

Transgender: Transgender is an umbrella term used to describe people whose gender identity, gender characteristics, or gender expressions cross traditionally accepted gender roles, and includes transsexuals, transvestites, intersex people, and other gender nonconformists.

Sexual Orientation: Sexual orientation is the term that describes whether a person is attracted to members of the same sex (**gay or lesbian**), to members of the opposite sex (**heterosexual**), or to members of both sexes (**bisexual**).

Lesbian: Females who are emotionally and sexually attracted to, and may partner with, females only.

Gay: Males who are emotionally and sexually attracted to, and may partner with, males only. "Gay" is also an overarching term used to refer to a broad array of sexual orientation identities other than heterosexual.

Bisexual: Individuals who are emotionally and sexually attracted to, and may partner with, both males and females.

Heterosexual: Heterosexual is the clinical synonym for straight.

Homosexual: Homosexual is the clinical synonym for gay. This term is to be avoided; as it is archaic and distancing. Though sometimes used to describe behavior, the term **same-sex** is preferable. When referring to people, the use of the term homosexual is considered derogatory.

Sexual Minority: The term "sexual minority" is inclusive, comprehensive, and sometimes used to describe those who are LGBTQQI2-S. However, it may have a negative connotation because minority suggests inferiority to others.

LGBTQQI2-S: LGBTQQI2-S is the string of letters that stands for lesbian, gay, bisexual transgender, questioning (sometimes questioning youth), queer, intersex and 2-Spirit.

Queer: Queer is an umbrella term used to describe LGBTQQI2-S people; it has been reclaimed by some LGBTQQI2-S people from its derogatory use by others and is used to express pride in being LGBTQQI2-S.

Questioning: Individuals who are uncertain about their sexual orientation and/or gender identity.

Intersexed: Intersexed is an adjective that describes a person who is born with genitals or chromosomes that are not clearly male or female. At least 1 in 2,000 babies are born with genitals that make it difficult to determine their sex. Individuals are frequently "assigned" a gender at birth, which may differ from their gender identity later in life. The archaic term is hermaphrodite.

(2-S) Two-Spirit: A culture-specific general identity for Native Americans (America Indians and Alaska Natives) with gay or transgendered identities. Traditionally a role-based definition, two-spirit individuals are perceived to bridge different sectors of society (e.g., the male-female dichotomy, and the Spirit and natural worlds).

Other Terms: You also may use other terms to describe their (commonly youth) sexual orientation and gender identity, such as **queer, gender queer, non-gendered,** and **asexual.** Some may not identify a word that describes their sexual orientation, and others may view their gender as fluid and even changing over time. Some may avoid gender specific pronouns.

EXHIBIT D

Innovation Work Plan Description
(For Posting on DMH Website)

County Name: Contra Costa

Annual Number of Clients to Be Served (If Applicable)
Approximately 21,000

Work Plan Name:

INN-01: Social Supports for Lesbian, Gay, Bisexual, Transgender, Questioning, Queer, Intersex, 2-Spirit, Asexual (LGBTQQI2-S) Youth.

Population to Be Served (if applicable):

The innovation work plan will serve the racially, ethnically, linguistically, and culturally diverse existing social networks of LGBTQQI2-S youth and transitional-age youth, including their families, peers, community members, and community organizations, as well as the youth themselves, across all three regions of the county.

Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.

The county recognizes the need to reach the often invisible population of LGBTQQI2-S youth and , in order to better serve this population, intends to increase access to the existing family and peer network influencing the health of these youth by using the proposed innovation work plan to have community-based organizations create and implement a Social Support (term used to describe the degree of emotional support afforded an individual by friends, family and others) Model for LGBTQQI2-S youth focusing on issues of sexual orientation and gender identification. This work plan will target the diverse ethnic, cultural, and faith-based populations throughout the County.

By accessing the underserved population of existing families, peers, and/or community members and organizations, such as religious groups, affecting the mental health of LGBTQQI2-S youth, Contra Costa County will create a sustainable model for prevention and early intervention against feelings of isolation and poor health outcomes. The work plan is innovative because it takes the concept of the ecological model, which illustrates how spheres of social influences interact and affect an individual's health, then applies the knowledge of this relationship to an intervention designed to indirectly target a population with poor health outcomes by directly targeting the social groups with which the population interacts. The Innovation work plan will determine if the Social Support Model can facilitate accessing the existing social supports influencing the health of LGBTQQI2-S youth population. It will do this by first engaging, educating, and increasing the participation of families, peers, and communities then promoting positive health outcomes for LGBTQQI2-S youth through a reduction in family, peer, and/ or community rejecting behaviors.

The main learning goal of this innovation work plan is to:

- determine whether improving access to the underserved population of individuals and groups whose actions influence the mental health of LGBTQQI2-S youth, including existing families, peers, and/or community members or organizations such as religious groups, through the use of education, counseling, group activities, and outreach programs increases the positive participation of the targeted social groups all cultural and ethnic groups in Contra Costa County

The secondary learning goals of the innovation work plan are to determine:

- what constitutes a social support model in Contra Costa County
- who comprises the key components of this model, for example, existing families, peers, and/or community members and groups
- does this model change family, peer, and/or community attitudes about and behaviors affecting LGBTQQI2-S youth, leading to a decrease in the number of rejecting behaviors experienced by LGBTQQIS-2 youth
- does one component, or social group, of the model improve participate and promote behavior change more than another
- is this model useful to consumers, families, peers, communities, and/or providers
- is it possible to validate the model
- does framing LGBTQQIS-2 youth services around a social support model targeting the social groups influencing health improve the health outcomes of the youth

EXHIBIT E

Mental Health Services Act
Innovation Funding Request

County: Contra Costa

Date: 12-Mar-10

	Innovation Work Plans		FY 09/10 Required MHSA Funding	Estimated Funds by Age Group (if applicable)			
	No.	Name		Children Youth	Transition Age Youth	Adult	Older Adult
1	INN-01	Social Supports for Lesbian, Gay, Bisexual, Transgender, Questioning, Queer, Intersex, 2-Spirit, Asexual (LGBTQQI2-S) Youth.	$1,007,271	$100,727	$453,272	$453,272	
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26	Subtotal: Work Plans		$1,007,271	$100,727	$453,272	$453,272	$0
27	Plus County Administration		$346,230				
28	Plus Optional 10% Operating Reserve		100,727				
29	Total MHSA Funds Required for Innovation		$1,454,228				

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Contra Costa

Fiscal Year: 2009/10

Work Plan #: INN-01

Work Plan Name: Social Supports for Lesbian, Gay, Bi-Sexual, and Questioning Youth/Transition Aged Youth

New Work Plan ☑

Expansion ☐

Months of Operation: 07/10 - 06/11
MM/YY - MM/YY

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	175,856	14,512	383,340	$573,708
2. Operating Expenditures	55,214	15,000	257,972	$328,186
3. Non-recurring expenditures	10,000		185,000	$195,000
4. Training Consultant Contracts	25,000	22,500		$47,500
5. Work Plan Management	35,000	5,000		$40,000
6. Operating Reserve	100,727			$100,727
7. Indirect Expenses	45,160	0	123,947	$169,107
8. Total Proposed Work Plan Expenditures	**$446,957**	**$57,012**	**$950,259**	**$1,454,228**
B. Revenues				
1. Existing Revenues				$0
2. Additional Revenues				
a. (insert source of revenue)				$0
b. (insert source of revenue)				$0
c. (insert source of revenue)				$0
3. Total New Revenue	**$0**	**$0**	**$0**	**$0**
4. Total Revenues	**$0**	**$0**	**$0**	**$0**
C. Total Funding Requirements	**$446,957**	**$57,012**	**$950,259**	**$1,454,228**

Prepared by: Sherry Bradley

Telephone Number: (925) 957-5114

Date: 3/12/2010

EXHIBIT G
(Optional)

Innovation Component
Request for Funding for Community Program Planning

Date: March 12, 2010

County: Contra Costa

Total Amount Requested: $1,454,228

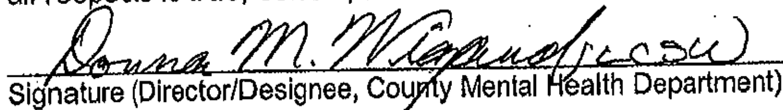
Funding Purposes

Please briefly describe the purpose and amount for which the requested funding will be used.

Work plan will determine if the Social Support Model can facilitate accessing the existing social supports influencing the health of LGBTQQI2-S youth population. It will do this by first engaging, educating, and increasing the participation of families, peers, and communities then promoting positive health outcomes for LGBTQQI2-S youth through a reduction in family, peer, and/ or community rejecting behaviors.

Certification

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County and the following statements are true. I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements listed above represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures. The proposed activities are consistent with the Mental Health Services Act, the Department's regulations governing the MHSA, and draft proposed guidelines for the Innovation component of the Three-Year Program and Expenditure Plan; and to the best of my knowledge and belief this request in all respects is true, correct, and in accordance with the law.



Signature (Director/Designee, County Mental Health Department)

Contra Costa County
Mental Health Division
Mental Health Services Act Administration
1340 Arnold Drive Suite 200
Martinez, Ca 94553

Phone: (925) 957-5150 E-mail: mhsa@hsd.cccounty.us

MHSA Draft Innovation Plan

30 Day Public Comment Form

(Posting 2/2/10 through 3/4/10)

PERSONAL INFORMATION			
Name			
Agency/Organization			
Phone number		E-mail	
Mailing address (street)			
City, State, Zip			

MY ROLE IN THE MENTAL HEALTH SYSTEM			
☐	Person in recovery	☐	Probation
☐	Family member	☐	Education
☐	Service provider	☐	Social Services
☐	Law enforecement/criminal justice	☐	Other (please state)

COMMENTS
(Please reference the secion of the Plan that your comment(s) pertain to)