



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 • April 8, 2010 • 4:30-6:30 p.m.

LOCATION CHANGE ♦♦♦♦651 Pine Street ♦ Room 101 ♦ Martinez♦♦♦♦ LOCATION CHANGE

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 **ANNOUNCEMENTS**

A. Report on Value Stream Mapping Event at CCRMC-Vice Chair Pasquini,
Commissioners Kahler and O'Keeffe

B. Raising the Roof -- April 12, 2009 6:00 -- 8:15 pm, BOS Chambers.

4. 5:00 **APPROVAL OF THE MINUTES**

ACTION March 11, 2010 MHC Monthly Meeting

ACTION March 11, 2010 MHC Innovation Public Hearing

ACTION March 11, 2010 MHC Technologies Project Proposal Public Hearing

5. 5:10 **REPORT: MENTAL HEALTH DIRECTOR -- Donna Wigand**

6. 5:20 **CHAIRPERSON'S COMMENTS -- Peter Mantas**

ACTION A. Update on line staff's assessment of Mental Health Division Administrators

ACTION B. Regular monthly meeting location: Recommend that we hold our regular monthly meetings at 651 Pine Street Martinez, Room 101

ACTION C. Appoint Taskforce to research and propose MHSA plan process changes. This will include MHC involvement prior to the development and posting of plan for review.
Also recommend CPAW member makeup and member voting rights.



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 or 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.

7. 5:50 **MHC COMMITTEE / WORKGROUP REPORTS**
ACTION A. MHC Capital Facilities and Projects/IT Workgroup --Annis Pereyra
ACTION B. Quality of Care Workgroup -- Peter Mantas
ACTION C. Diversity and Recruitment Workgroup -- Anne Reed
D. Bylaws Workgroup Update -- Peter Mantas
8. 6:10 **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
9. 6:25 **FUTURE AGENDA ITEMS**
Any Commissioner or member of the public may suggest items to be placed on future agendas.
A. Suggestions for May Agenda [CONSENT]
1. Rose King (MHSA... The Law) or Anna Roth (CEO CCRMC -- Update)
B. List of Future Agenda Items:
1. Behavioral Court Presentation
2. Case Study
3. Discussion of County Mental Health Performance Contract & Service Provider Contract Review.
4. Presentation from The Clubhouse
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 -- David Cassell
13. Presentation on Healthcare Partnership and CCRMC Psych Leadership
14. Presentation on non-traditional mental health services under the current PEI MHSA programs
10. 6:30 **ADJOURN MEETING**
The next scheduled meeting will be Thursday, May. 13, 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



Presentations from:

- *Corporation for Supportive Housing*
- *Health Services Homeless Program*
- *Mental Health Administration*
- *MHSA Consolidated Planning Advisory Work Group*
- *Contra Costa Department of Conservation & Development*

Learn about housing options and opportunities from a variety of specialists during this focused presentation. Find out how we can improve and expand housing in our community for mental health consumers and their families.

Monday, April 12, 2010

6pm—8:15pm

**Board of Supervisor's
Chambers—651 Pine Street
Martinez, Ca 94553**

**See Agenda
on
Reverse Side!**

Raising the Roof: Meeting the Housing Needs of Mental Health Consumers & their Families in Contra Costa County

AGENDA

Presenters

Anne Cory & Lisa Blakely – Corporation for Supportive Housing,
Victor Montoya & Sherry Bradley – Mental Health Administration,
MHSA Consolidated Planning Advisory Workgroup (CPAW)
Housing Committee Members,
Kara Douglas—Department of Conservation & Development,
Lavonna Martin—Health Services Homeless Program

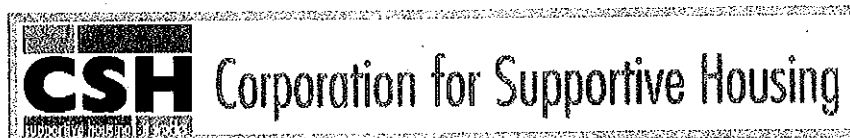
- 1 What are the unmet needs?**
- 2 What housing options are currently available?**
- 3 What is the range of housing possibilities?**
- 4 What are the steps for developing housing?**
- 5 What can WE do?**
- 6 Q&A**



CONTRA COSTA
HEALTH SERVICES
HOMELESS
PROGRAM



Contra Costa County
Department of Conservation
& Development



For more Information, Contact: mhsa@hsd.cccounty.us ★ 925-957-5150

Contra Costa Mental Health Commission
Monthly Meeting
March 11, 2010
Minutes – Draft

1. CALL TO ORDER/INTRODUCTIONS

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

Commissioners Present:

Dave Kahler, District IV
Peter Mantas, District III
Carole McKindley-Alvarez, District I
Colette O'Keeffe, MD, District
Floyd Overby, MD, District II
Teresa Pasquini, District I
Annis Pereyra, District II
Supv. Gayle Uilkema, District II (left at 5:20 pm)

Commissioners Absent:

Anne Reed, District II-Excused
Sam Yoshioka, District IV-Excused

Attendees:

Evelyn Centeno
Brenda Crawford, MHCC
Robert Heaston
Anne Heavey, NAMI
Ralph Hoffman, NAMI
Connie Steers, MHCC

Staff:

Suzanne Tavano
Sherry Bradley, MHA
Susan Medlin, MHA OCE
Erin McCarty, MHA
Holly Page, MHA
Caroline Sison, MHA
Cindy Downing, MHA
Elvira Sarlis, MHA

Introductions were made around the room.

Supv. Uilkema introduced herself as the MHC Supervisor for 2010 and requested 20 minute appointments approx. every 4 months with Commissioners to keep up date on the focus of the MHC so she can communicate, if necessary with the other Supervisors.

2. 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.

Ralph Hoffmann: Appreciates Supv. Uilkema attending the meeting.

3. APPROVAL OF THE MINUTES

- **ACTION:** February 11, 2010 MHC Monthly Meeting Minutes – Motion made to approve the minutes. (M-Pasquini/S-Pereyra /Passed, 7-0, Y-Pasquini, Mantas, O'Keeffe, Kahler, Overby, Pereyra, McKindley-Alvarez, A-Uilkema)

- **ACTION:** January 8, 2010 MHC Planning Meeting Minutes – Motion made to approve the minutes. (M-Pasquini /S-Overby /Passed, 7-0, Y-Pasquini, Mantas, O’Keeffe, Kahler, Overby, Pereyra, McKindley-Alvarez, A-Supv. Uilkema)

4. **CHAIRPERSON’S COMMENTS – Peter Mantas**

A. Update on CSU Admissions Process – Teresa Pasquini: After the 2/11/10 MHC meeting approved a motion endorsing the reopening of CSU doors. Vice Chair Pasquini gave a history of the closing of the Psych Emergency door 4 years ago and going through medical clearance through ED to accommodate Title 22 regulations. During the past 4 years, stakeholders, CPAW and NAMI advocated for reopening the doors and having consumers medically cleared through a separate Psych Emergency room and not going through ED (still complying with Title 22 regulations). CCRMC has heard the families, consumers and community requests to reopen the CSU doors and made the announcement at the Healthcare Partnership the Psych Emergency; the goal is for 5/17/10 to reopen doors. CCRMC psych emergency will be redesigned via Value Stream Mapping. She and Brenda Crawford are part of the new Patient and Family Advisory Council that meets every 3rd Thursday with CCRMC leadership. The reopening of the CSU doors is a positive step for everyone.

There is also a new visitation policy for psych emergency; family members and non-family advocates will now be allowed at CSU.

Chair Mantas mentioned the LEAN process is based on value from the perception of the “people receiving services”. The LEAN project goals include cutting waste, identifying ways to improve the process and improving the quality of care at CCRMC.

Bob Heaston asked how are patients educated on how to advocate for their own rights. Commissioner O’Keeffe said there is a Patients Rights Advocate assigned to CCRMC; possibly that role can be expanded. Bob Heaston suggested the staff could be educated on the process.

Commissioner O’Keeffe expressed her frustration the hospital based Patients Rights Advocate wasn’t invited to the Patient and Family Advisory Council meeting to represent the Consumer voice. Brenda Crawford responded disclosure is a personal issue and whether or not a consumer self-proclaims in a public setting is up to him or her.

B. Membership in Child and Adolescent Task Force (CATF) - Chair Mantas read the following comments: “At a previous MHC meeting we decided to request for membership in a number of community task forces to reduce duplication of effort while allowing more voices to be heard. As can be seen in the email sent to the Chair of the Child and Adolescent Task Force (CATF), I requested permission for the MHC to appoint a representative to the task force.

The CATF responded as follows: ‘The Child and Adolescent Task Force (CATF) discussed at length your request to appoint a Mental Health Commissioner to attend our meetings in order to “...provide valuable input to the Commission ... and facilitate bidirectional information exchange.” The decision of the group was to remain an invitation only body.’

There is a general concern by numerous community stakeholders, including myself, of county staff meeting with the public where they pick and choose who they are meeting with. The concern is elevated to higher levels when a group is being promoted as an advisory body to the administration. It should also be noted that CATF is meeting in county facilities, uses county administrative support and is

attended by two to four MHA managers. With this background, I would like to propose the following motion:"

- **ACTION:** Motion made to request the Board of Supervisors Internal Operations Committee assess and determine if the practice of the following is appropriate, acceptable and recommended:

1. Using County facilities for private invitation only advisory groups
2. County providing administrative support for private invitation only advisory groups
3. County staff participating in meetings of private invitation only advisory groups
4. County utilizing private invitation only groups in an advisory capacity

It is the strong recommendation of the Mental Health Commission that the Board of Supervisors instruct the Mental Health Division to require that it only support and use public accessible advisory bodies that function under the Brown Act and County Better Government Ordinance. (M-Pasquini /S-Pereyra /Passed, 5-1-2, Y-Pasquini, Mantas, Kahler, Overby, Pereyra/ N-McKindley-Alvarez/ A-Uilkema, O'Keeffe)

Discussion:

Supv. Uilkema suggested taking a different approach by asking staff to determine the legality of each item (including coordination with County Counsel if necessary) and report back to the MHC at the next meeting. Proceeding in that manner may allow information to be obtained more quickly than referring the matter to the Internal Operations Committee.

Commissioner McKindly-Alvarez questioned the email statement that no one on the Commission had an avowed passion for children's services as the reason for refusal to accept a Commissioner on the Committee. Commissioner McKindley-Alvarez has been involved with children's and adolescent's issues for 15 years, so the statement by the CATF chair is inaccurate since she joined the Commission. Might it be beneficial for CATF to be made aware of her expertise and passion in this area?

Vice-Chair Pasquini considers herself a child advocate and supports the Motion because the Mental Health Coalition visited several Supervisors recently and this issue came up in discussions with them. Mariana Moore, Brenda Crawford and Dave Kahler were also present at those meetings. Other community partners have expressed concerns how the CATF was formed. It was suggested by several Supervisors the issue be referred to the Internal Operations Committee for discussion, along with the issue of the make-up of CPAW membership. There has been a contentious history with CATF that lead to the recommendation to bring this issue to the MHC.

Supv. Uilkema said she understands this issue has a history, but sometimes finding out answers before proceeding further (including to the Internal Operations Committee) can be a good idea as well.

Vice-Chair Pasquini respects CATF for their child advocacy efforts and wishes the MHC still had a Children's Committee, but the MHC cannot do everything and must rely on other advisory bodies for information. She was disappointed with the response from CATF and felt it was adversarial in nature. Chair Mantas said the CATF Chair's comment noting the lack the child advocates on the MHC was a concern to many on the MHC, some of whom have children involved in the CC mental health system. The MHC has been seeking answers for several months; it is time to elevate the issue to the BOS level for clarification.

Commissioner McKindley-Alvarez requested the Motion be read again. After reading it, Chair Mantas commented if the issue rises to the BOS level from the Internal Operations Committee, the motion includes the MHC recommendation the County use advisory groups that are open to the public so the comments of a few people (selected by the CATF) will not determine recommendations for major programs.

Commissioner McKindley-Alvarez asked if a response has been sent by the MHC to the offer of sending a CATF member to MHC meetings to avoid looking non-responsive. Chair Mantas said no response has been sent other than the MHC meetings are open meetings; anyone can attend. CATF wants to send someone to MHC meetings and bring information back to them. The MHC is trying to establish whether or not a group should be called an advisory body if they are meeting in private. If Commissioner McKindley-Alvarez wishes add something, the Motion can be amended before voting.

Gail Hunt asked if it would be a good idea to let CATF know we now have a child and adolescent specialist.

Commissioner McKindley-Alvarez initially did want to send a response to CATF, but although she is a child and adolescent specialist, she realizes there already were Commissioners with similar specialization whether through professional work or working with their own families. After hearing this discussion, she now thinks there is more to the CATF chair's email than just the lack of a specialist in child and adolescent issues on the MHC. She does not wish to amend the motion, but requests the MHC keep its responses to other groups with which we work thoughtful even if those we receive are not.

Chair Mantas expressed his interest in having the Internal Operations Committee review the issue not only specific to CATF membership, but how advisory bodies operate in general within the County

Suzanne Tavano appreciates Supv. Uilkema's comments and would welcome a legal opinion on the meeting policy and act accordingly.

(Supv. Uilkema left the meeting at this point)

C. Membership in MHSA Consolidated Planning & Advisory Workgroup (CPAW) -

Chair Mantas requested attendees refer to the handout and read the following comments taken from the MHSA website: 'The Consolidated Planning Advisory Workgroup (CPAW) replaces previous Mental Health Services Act (MHSA) stakeholder Workgroups. The current Workgroup participants include stakeholders from previous stakeholder Workgroups including Adult, Children, Transition Age Youth, Older Adult, Prevention & Early Intervention and Workforce Education & Training.'

Looking at the membership of the group, there were several people for whom he was unable to determine affiliation, but the affiliations are generally:

Consumer or Family Member	24%
Works for agency that receives funds from the county	32%
County Employee	36%
Affiliation unknown	8%

There is a general concern by numerous community stakeholders, including myself, that having an advisory body whose make up is primarily county staff and staff of agencies which receive funds from the County is problematic at best. Even though during the last meeting of CPAW, members did their best to voice potential conflicts of interest, it does not go far enough. The general perception, and in many cases, reality shows that conflict exists.

Here are some examples of potential conflict: How can staff vote against what their job or boss expects without fearing repercussions or loss of job? Even if the issue voted on does not present a conflict for a service provider, how can that service provider vote against the issue when she knows that Mental Health Administration is expecting her support? Would this service provider not feel threatened and consequently vote for the issue?

With this background, I would like to propose the following motion:"

- **ACTION: Motion made to request the Board of Supervisors Internal Operations Committee assess and determine if the practice of the following is appropriate, acceptable and recommended:**

- 1. Allowing county employees to participate on advisory boards of the same department.**
- 2. Allowing county employees to participate on any county run advisory boards.**
- 3. Allowing county contracted service providers to participate on any county run advisory boards.**
- 4. Allowing county contracted service providers to participate on advisory boards in a nonvoting capacity.**
- 5. Allowing county employees to participate on advisory boards in a nonvoting capacity.**

(M-Pasquini /S-Pereyra /Passed, 7-0, Y-Pasquini, Mantas, O'Keeffe, Kahler, Overby, Pereyra, McKindley-Alvarez)

The wording below was originally included as the final part of the motion, but after discussion this portion was tabled for possible reintroduction in the future.

It is the strong recommendation of the Mental Health Commission that the Board of Supervisors instruct the Mental Health Division to require that CPAW and other advisory bodies for MHSA have the following structure:

- 1. 33% of its members are consumers (and/or consumer advocates- deleted during discussion) – Voting members**
- 2. 33% of its members are family members – Voting members**
- 3. 34% of its members are members at large (this may include contracted service providers and/or county employees) – Non-voting members**

Discussion:

Anna Lubarov said some CPAW members who are noted as working for an agency that receives County funds are also consumers and not included in the consumer count.

Commissioner Pereyra requested confirmed the contracted service providers (34% recommendation) would be in an advisory capacity only. Chair Mantas said their knowledge is important to the group, but to eliminate the conflict of interest, they would be non-voting members.

Commissioner O'Keeffe thinks even people in non-voting advisory positions are still open to employer repercussion because meetings are open. Also consumer advocates should not be eligible for the consumer positions because anyone can define himself/herself as a consumer advocate and direct consumer representation is already lacking in most groups. Groups seem to always be short of direct consumers.

Chair Mantas offered to amend the motion to remove "consumer advocates" in number 1 of the structure of CPAW section. Vice-Chair Pasquini and Commissioner Pereyra agreed to the amendment.

Gail Hunt wondered if the MHC was not interested in discussing this issue, why not, but appears as though discussion will take place today.

Vice-Chair Pasquini said similar discussions in MHSA stakeholder groups are being held statewide and not unique to CC County. She has emails from counties around the state that are complaining about the perception of conflict of interest in the MHSA process. She wants all voices in the stakeholder process to be heard and is not sure how to go about redefining the process, but it isn't working. This issue was also discussed in talks with the Supervisors. Some Supervisors are interested in education on the MHSA planning process about what information is being vetted through their advisory body, the MHC (a statutorily bound advisory body). This is a way to elevate this discussion to the BOS IO Committee and provide some education. She mentioned the balance of the Pest Management Board advisory body was discussed at the recent IO Committee meeting. Members of the community were concerned about conflict of interest among the members. A Board Order was approved at the 3/9/10 BOS meeting that cut the number of voting seats held by County employees and prohibited County contractors from serving on the Pest Management Board. The community has perception issues with advisory bodies and a discussion should be conducted.

Brenda Crawford is concerned about having artificial distinctions (consumer vs. consumer advocate or family member or family member advocate) when serving on Boards. Some people are listed incorrectly on the list of people and affiliations shown on Chair Mantas' handout. It's difficult to take the spirit of MHSA - to transform the mental health system and increase the voice of consumers and family members - and have these distinctions. Also very difficult to enforce.

Chair Mantas apologized for the meeting running late. The MHC is set up having 1/3 of seats for consumers, 1/3 family members and 1/3 members at large. He thinks something similar to that could be defined for CPAW.

Anna Lubarov said most consumers who can be advocates are employed in some capacity by Contra Costa; although they are paid by the County, they are paid to watch the system do the right thing. Their expertise should not be excluded because they are County employees. There would need to be a great deal of outreach to locate people who would be well informed and consider volunteering on Boards if employees of contract agencies were to be excluded.

Susan Medlin is supportive of more consumers and family members on CPAW and other advisory groups. She cautions a person self-identifies himself or herself as a consumer or a family member.

Evelyn Centeno said family members and consumers need to be represented on advisory bodies and percentages should be distributed equally. She does not hear anything in the motion against the County or who benefits from County funding. The best advice comes from outsiders looking in.

Commissioner McKindley-Alvarez supports the motion. Does the IO Committee have the capacity to accept additional referrals from the MHC to their Committee?

Chair Mantas said yes and the IO Committee has requested the referrals be sent on to them if the MHC felt strongly about this issue. The IO Committee would assess the issue not only for Mental Health issues but for County-wide Commissions and other advisory groups.

Bob Heaston asked if it is appropriate to table the motion as there seems to be a great deal of discussion on it and bring back at another meeting.

Susan Medlin asked if members at large also be consumers or family members? Chair Mantas said that would need to be defined.

Sherry Bradley said she has worked with CPAW for the past year and this issue has been coming up all over the state. When MHSA came about 5 years ago, one of the pushes was to get more consumers and family members employed and used in the system to be heard, so MHSA has worked in this respect. She wishes the MHC had requested a presentation on CPAW before coming to this point; there is some misunderstanding about what CPAW is. CPAW is another stakeholder group put together as a result of 5 years of stakeholder groups being integrated. There has been great difficulty in recruiting consumers; those consumers that did attend found to be a contentious setting. They've also attempted to get youth involved. She would like to urge the MHC not to vote today as she feels the MHC doesn't understand how CPAW was set up. It is the result of the description of what stakeholders are and based on regulations. The regulations do not state that County staff or County contractors are excluded. The people involved have participated in earlier stakeholder processes.

Commissioner O'Keefe supports Anna Lubarov's comments and wonders if it is legally possible to create a percentage for County employees or contract agencies? It would hopefully increase the voice of the consumers.

Vice-Chair Pasquini would like to consider amending the motion to exclude the percentage breakdown portion and let that discussion go forward to the Internal Operations Committee. She and Commissioner Pereyra agreed to remove the second part of the proposed motion and leave the rest of the motion as is. She is a proud member of CPAW and does not want anyone excluded, but would like to remove the perception of conflict of interest by having the BOS, and County Counsel if necessary, review the issue.

Brenda Crawford requested if the composition of CPAW is going to be reviewed (based on family members, consumers, etc.) we should work to reflect the ethnic and cultural diversity of the county as well. Let's not use just family member vs. consumers but look at diversity in general.

Chair Mantas said when CPAW was first brought up, the MHC recommended to MHA to have family members and consumers make up over 50% of the group. It seems not to have been heard.

Sherry Bradley disagreed with Chair Mantas' statement. In the beginning, an analysis was done and presented to CPAW; it was more than 50% family members and consumers.

5. **FUTURE AGENDA ITEMS**

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

A. Suggestions for April Agenda **[CONSENT]**

1. Presentation from the Behavioral 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

6. **ADJOURN MEETING**

- **ACTION:** Motion made to adjourn the meeting at 5:50 pm. (M-Pasquini/S-Overby/Passed 7-0; unanimous)

Public Hearings on the MHSA 2010/2011 Annual Plan Update and Capital Facilities Project Proposal will be held Monday, April 5, 2010 from 4:30 – 8:30 pm at 651 Pine Street, Room 101 in Martinez.

The next scheduled MHC meeting will be Thursday, April 8, 2010 from 4:30- 6:30 pm at the Concord Police Department, Community Room, 1350 Galindo.

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

Respectfully submitted,

Nancy Schott
Executive Assistant

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

Mental Health Services Act Consolidated Planning Advisory Workgroup (CPAW) <http://cchealth.org/groups/cpaw/>

The Consolidated Planning Advisory Workgroup (CPAW) replaces previous Mental Health Services Act (MHSA) stakeholder workgroups. The current workgroup participants include stakeholders from previous stakeholder Workgroups, including Adult, Children, Transition Age Youth, Older Adult, Prevention & Early Intervention (PEI 0-25, PEI 26+), Workforce Education & Training (WET), Capital Facilities, Information Technology. Previous stakeholder workgroups were comprised of mental health consumers, their family members, service providers, representatives from Education/Schools, Law Enforcement, Social Services, and others. New members have been added to broaden stakeholder representation to include some specific target populations, including LGBTQ, Native Americans, and others. Applications for participation in CPAW are being sought on an ongoing basis; interested parties are encouraged to apply.

The California Department of Mental Health (DMH) mandates that a Community Program Planning Process (CPP) serve as the basis for all MHSA Planning. To date, there have been multiple MHSA Stakeholder Workgroups in Contra Costa, as noted above. The next major planning phase for Contra Costa Mental Health's MHSA Program is to develop an integrated 3-year plan for all components of MHSA that updates the existing plans, improves their quality, and integrates them into a single planning cycle. CPAW serves to assist CCMH with integrated planning, as well as to increase the transparency of MHSA efforts, including streamlining MHSA community planning input and processes. CPAW will help plan future MHSA efforts and will advise the Mental Health Division on how to integrate MHSA principles and practices. This group gives members from the mental health community an opportunity to provide input for system growth and change.

Membership

Consolidated Planning Advisory Work Group members

Brenda J. Crawford

Gary Cristofani

Courtney Cummings

[REDACTED] - Health Office

Molly Hamaker, M.A., Ed.s

Rhonda Hamer

Rosy Hamer

[REDACTED]

Ron Johnson

Beatrice Lee

Susanna Marshland

Kathi McLaughlin

[REDACTED]

Mariana Moore

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Bob Sessler - Consultant, Long-Term Care

[REDACTED]

[REDACTED]

Wayne Thurston, Psy.D

[REDACTED]

Affiliation

Consumer or Family Member

Works for agency which receive funds from the county

[REDACTED]

Affiliation unknown

% of
Membership

24%

32%

36%

8%

Contra Costa Mental Health Commission
Public Hearing-Draft Innovation Plan
3/11/10
Minutes – Draft

1. CALL TO ORDER/INTRODUCTIONS

The meeting was called to order at 5:55 pm by Chair Mantas.

Commissioners Present:

Dave Kahler, District IV
Peter Mantas, District III, Chair
Carole McKindley-Alvarez, District I
Colette O'Keeffe, MD, District
Floyd Overby, MD, District II
Annis Pereyra, District II
Teresa Pasquini, District I

Commissioners Absent:

Supv. Gayle Uilkema, Dist. II
Anne Reed, District II
Sam Yoshioka, District IV

Staff:

Donna Wigand, MHA
Sherry Bradley, MHA
Susan Medlin, MHA
David Carrillo, MHA
Holly Page, MHA
Erin McCarty, MHA
Caroline Sison, MHA
Vern Wallace, MHA
Cindy Downing, MHA

Attendees:

Ben Barr, Rainbow Community Center (RCC)
Evelyn Centeno
Max Corrigan
Kevin Corrigan
Brenda Crawford, Mental Hlth Consumer Cons.
Donna Garro
Martin Garro
Robert Heaston, Jr.
Anne Heavy, NAMI
Dr. Michele Herrera, RCC
Ralph Hoffmann, NAMI
Cindy Horvath
Anna Kali-Deiss
Kristin Kali
Gail Hunt
Jim Kenshalo
Anna Lubarov, MHCC
Rodrigo Machado
Charles Madison
Kathi McLaughlin
Steph Muller
Ryan Nestman
Connie Steers, MHCC (part time)
Bob Switzer

Sherry Bradley had the translators from IEC introduce themselves: Thuy Trinh-Vietnamese and Barry Barlow-American Sign Language.

Introductions were made around the room.

2. OPENING COMMENTS BY MENTAL HEALTH COMMISSION (MHC) CHAIR

3. MHSA DRAFT PROPOSED INNOVATION PLAN PRESENTATION BY (MHSA) PROGRAM MANAGER SHERRY BRADLEY AND MHSA INNOVATION PROGRAM MANAGER DAVID CARRILLO

The Draft Innovation Plan was available for comment 2/2/10 through 3/4/10 and received 21 comments in the public comment period. *(public comments follow the minutes)*

Innovation is the last component rolled out by Contra Costa Mental Health. An Innovation plan's primary focus is not on providing services but rather on trying out new ideas and contribution to learning. If a program is already in place, it does not qualify as an Innovation program.

David Carrillo and Erin McCarty made the presentation. *(Power Point presentation handouts follows these minutes)*

There are 3 types of innovation the State has outlined: a new practice never before tried, an adaption of an existing approach to see if will work for a specific need in CC county or a different target population than used for in the past or adopting a successful practice used outside the mental health system.

The state requires 4 purpose areas a county's Innovation Plan should address: increasing access to an underserved groups, increasing access to services, increasing quality of services including better outcomes and promoting better interagency collaboration.

Based on State DMH funding estimates, CC County should have approx. \$3.2 million for 2009/2010.

When the State issued the guidelines in spring 2009, CPAW reviewed all the state notices and feedback from previous stakeholder processes for ideas/themes with potential for Innovative solutions. They determined there are 4 key areas for issues/ideas with potential for innovative solutions: prevention, early intervention, ongoing recovery and support, crisis care and first break

CPAW invited ideas from the community and held an Innovation launch to reach out to stakeholders who hadn't been reached before; this process resulted in 75 ideas submitted to CPAW. CPAW analyzed each idea and clustered like ideas into 5 themes that were recommended in December 2009: Social Supports for LGBTQI2-S Youth, Addressing Mothers Experiencing Mental Illness with Custody Issues, Culture Competency to Reach Isolated and Underserved Communities (including Older Adults), Trauma Services for Sexually Exploited Female Youth, and Use of Technology to Inform, Connect and Provide Access to Mental Health Services.

The Draft Innovation Plan addresses the first idea: Social Supports for LGBTQI2-S Youth. The County hopes to bring other ideas to the State as amendments to the Workplan.

Erin McCarty reviewed the Social Supports for LGBTQI2-S Youth project including the problem, what the Workgroup considered, Contra Costa's Solution, the learning goals, desired outcomes and the Work Plan, and the budget.

The next step is for CPAW to work on the other 4 themes. The second theme, Addressing Mothers Experiencing Mental Illness with Custody Issues is pretty far along. It is a program working in conjunction with other County departments, those collaborations need to be worked out before the Work Plan is brought to the MHC. Additional Innovation information is on the MHSA website. Sherry Bradley stated any program in Innovation is a time-limited program to learn from and be

applicable for other projects/services. Additional funds in 2010/2011 for additional projects will be brought to the MHC. The only way a project can be extended is to find another funding source.

4. **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.

Donna Garro - Shared her life-saving services and experiences with Rainbow Community Center with her transgender teen. The RCC's love and support saved her teen's life and her teen now acts as a counselor there. At RCC Donna met with other parents going through the same issues with their kids and appreciates their beneficial support system.

Bob Switzer - Experienced this process with his daughter. The support provided by RCC saved her life and helped her through a critical transition period. He developed a PFLAG chapter at RCC which has been beneficial to both teens and parents.

Benn Barr, Exec. Director at the RCC - RCC is the only LGBT organization in CC County with the dedicated purpose to serve this LGBT community. The RCC cannot do everything and he appreciates the County looking at his program. The RCC serves 150 kids a year, a small portion of LGBT teens that could benefit from services. His concern is 2 years is not a long time; would like to think of this program as a beginning. Once services begin, how will the services be sustained?

Steph Muller - She is a volunteer at the RCC. She did not have services like these when she was coming out and wishes she had. She volunteers to give back because it is important to give gay youths and their parents a place to come together and feel comfortable in the CC County rather than going all the way to San Francisco.

Rodrigo Machado - When he came out as a teen, he experienced harassment at school. His parents were unsure how to deal with his issues and unable to provide much support which resulted in depression and suicidal thoughts. His parents sought a counselor, who assisted them, and helped them with their family relationships. His family discovered RCC and he volunteers to share his story and provide support to those there.

Max Corrigan - She came out in middle school and experienced harassment. There were some supportive teachers, but no one was really sure how to handle things at school. Her parents were very accepting; her mom helped her locate RCC. Max continues to go to RCC for support and she began a Gay Straight Alliance at her middle school that is still ongoing.

Dr. Michelle Herrera, Youth Director of the RCC - She is honored to work with RCC's teens and parents and to hear their stories. RCC is the only LGBT center in CC County. The farther away from San Francisco, the more discrimination teens experience.

Cindy Horvath - There is a tremendous need for this type of service in CC County and she appreciates the extensive collaborative effort in developing this project. The LGBT population is fairly invisible and 2 - 4 times more likely to attempt suicide. She hopes the program can begin to tackle the

harassment LGBT teens experience in the schools. Her daughter is gender variant; the only support group for parents of transgender and gender variant youth is in Oakland; she would like to see a service like that in CC County. Education is key and she hopes one of the goals of the project is to identify ongoing funding streams.

Ralph Hoffmann – Consensus building was necessary in developing this Plan. He urges this MHC to keep this in mind when making comments on the Plan.

Brenda Crawford – She is proud to be part of a process that results in recommending valuable projects such as this one. Issues around LGBT are complicated, but when race is added to the issue, it becomes even more so. She didn't see much in the plan involving working with the African-American community or other communities of color. She would like to recommend consulting with Dr. Vickie Mays (UCLA) about her work on African-American LGBT youth to ensure this project touches every underserved group in the CC County. The messages being sent out by this Plan need to be culturally competent to avoid creating even more isolation among the LGBT youth being served.

Kevin Corrigan – He is a father of a LGBT youth and has been involved in public and community health issues for 30 years. This proposal would provide such a needed service. When his family was dealing with his daughter's transition, they had the advantage of using the RCC as a resource. In public health there is a spectrum of prevention; one of the levels is reviewing organization change or changing the values of an organization in dealing with the target population. He has had a difficult time dealing with the Board of Education and feels the organization is in denial. If the issue of LGBT youth in schools is to be successfully dealt with, programs must be available in the school setting. There is non-discriminatory legislation already in place, but legislation does not change behavior. Discrimination comes from kids (expected), parent volunteers (not unexpected, but unacceptable), teachers (some very supportive and some oppositional) and from administration. He doesn't see this issue addressed in this plan. Partnering with Board of Education is critical; the culture must be changed down to middle school. A supportive environment must be provided for LGBT youth who are struggling with issues beyond what "typical" students encounter.

Kristin Kali – Her partner is founder of a training program for schools that discusses gender issues in on age appropriate levels for young kids to teens. There is separate training for teachers, staff and administrators. The most successful programs are systemic in nature and educate all the various parties. Parents seem to struggle with how to successfully parent their LGBT youth in the face of potential violence due to their child's identity. A program like this would send a message that LGBT kids and families can live here in CC County successfully.

Chair Mantas commended those kids under 22 for attending the public hearing and participating in the process.

5. CLOSE PUBLIC COMMENT ON PLAN

Chair Mantas closed public comment on the plan.

6. MHC COMMENT ON THE PLAN

Commissioner McKindley-Alvarez – She is excited about this program. Having only 1 program of this type (RCC) in a county as large as Contra Costa reminds her how hurtful society can be when labeling people for one reason or another. She is concerned that a program is started under an

Innovation Program and then left to determine how to sustain itself on its own. Could the Plan include resources for a development person to begin the process of seeking sustainable funding for use when the Innovation Program funds end? The funds may not be from the County, but from another source. She agrees with Brenda Crawford about the importance of culturally competent and sensitive services. She would like to make sure cultural awareness, sensitivity and access are noted in the Plan. Services should be accessible to various parts of the county. Can a prevention and enforcement component be added, possibly starting with the school districts or somewhere else if necessary? Seed in some organizational and systematic shifts in how services are viewed and provided.

Vice-Chair Pasquini – she is moved by public comments. She appreciates the parents and youth who have shared their lived experiences. She, too, has a child who has suffered due to serious mental illness. She thinks it is an honor CC County is taking this project on. She has voiced this before, at CPAW and elsewhere, but her general concern is the 2 tier system created by MHSA services. She supports the project, but let's be mindful how many people are not being served and suffering.

Chair Mantas – Referencing the desired outcomes slide; how will we know the programs work? Are there specific examples of the qualitative and quantitative measures to be used? Erin McCarty and David Carrillo identified some outcome measures (from Exhibit C) for increasing the number of people served as listed in the Plan: Number of materials developed, number of community partnerships and organizations that used the materials, number of stakeholders involved in designing and evaluating the model, number of providers trained, etc.

Chair Mantas - Those outcome measures address numbers of people served. How can we measure if the people are being served effectively as viewed by the target population? Erin McCarty said another measure is have the behaviors been changed and how does the program help the youth. Some Outcome Measurements will include the reduction in depression, suicide, isolation and violent behavior rates? Chair Mantas wants to ensure programs are put in place to measure how programs are performing.

Chair Mantas - How was the 21,000-population figure determined? Erin McCarty took the number of youth between 10-25 (target population in CC County) and took 10% (the approx. % of LGBTQ) of that number.

Mantas Budget – He asked about the budget breakout. What are indirect expenses? David Carrillo said they are the types of expenses a CBO would need to provide a program: management time to implement a program, the cost of insurance; generally the costs of doing business. MHA wants to make sure a community partners has the funds to provide a well-run program. Sherry Bradley said indirect costs also include direct costs for for CC County such as administering the contracts process; there is a percentage (up to 15%) the County is able to take.

Chair Mantas closed the MHC comments.

- **ACTION: Motion made to approve the Innovation Plan with minor conditions that all comments provided be considered substantive, whether or not a change in Plan is required, and included in the Plan and to seek continued funding separate from this MHSA program. (M-Pasquini/S-McKindley -Alvarez/P- 6-1, Mantas, McKindley-Alvarez, O'Keeffe, Overby, Pasquini, Pereyra/N-Kahler)**

(Supervisor Uilkema left the public hearing earlier and did not vote.)

7. **CLOSE PUBLIC HEARING**

- **ACTION:** Motion made to close the public hearing at 7:20 pm(M-Pasquini/S-McKindley-Alvarez/ P- 6-0, Kahler, Mantas, McKindley-Alvarez, O'Keeffe, Overby, Pasquini, Pereyra,)

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.

MHSA Contra Costa Innovation Work Plan



Public Hearing

March 11, 2010

MHSA Innovation Background

- ☐ Last MHSA component to roll out
 - ☐ Follows DMH Info Notice No. 09-02
 - Outlining guidelines for Three-Year Program & Expenditure Plan
 - ☐ Defines Innovation Component
 - Introduces new practice or approach
 - Makes a change/adaptation of existing practice
 - Represents a new application to mental health system successful in a non-mental health context
-

MHSA Innovation Background (cont.)

- ☐ State Provides Four Areas of Purpose
 - Increases access to underserved groups
 - Increases access to services
 - Increases quality of services, including better outcomes
 - Promotes interagency collaboration
 - ☐ DMH Notice 08-36 Funding Estimates
 - Based on relative share of CSS & PEI amounts
 - ☐ \$3,232,800 for 2008/09 and 2009-10
-

MHSA Innovation Community Planning Process

- ☐ CPAW (Innovation Work Group)
 - Reviewed & Receive Training on the DMH Information Notices & Guidelines,
 - Stakeholder Input from all 2005-2009 Planning Processes
 - Compiled List of Ideas/Issues with Potential for Innovative Solutions
 - Recommended Open Community Solicitation of Ideas Emphasizing Learning
 - Recommended Planning Process Timeline
-

MHSA Innovation Community Planning Process (cont.)

☐ Innovation Launch Event Oct. 7, 2009

- Solicited over 1,300
- Trained 65+ participants representing 25 agencies
- Resulted in 75 "Idea Forms" submitted

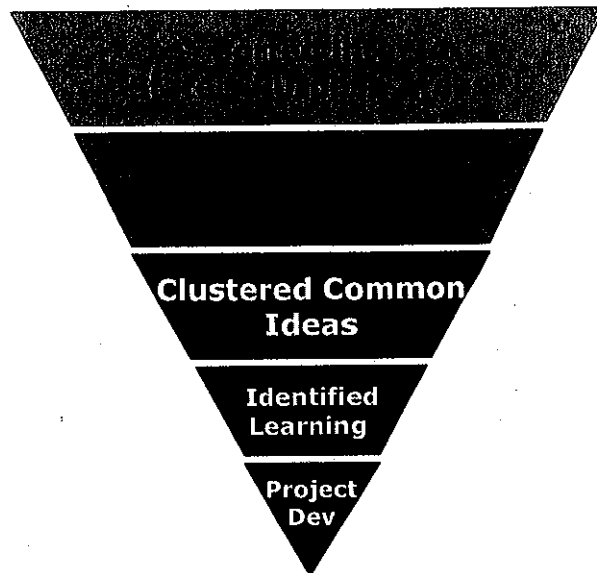


MHSA Innovation Community Planning Process (cont.)

☐ CPAW Work Group Conducted Due Diligence

- Agreed on Algorithm to review ideas
- Read & analyzed every submitted idea
- Met nine times for 2-4 hours
- Recommended 5 priority theme areas for work plan development

Innovation Idea Algorithm
"How Do It's Work"



MHSA Innovation
Themes Recommended 12/09 by CPAW

- Social Supports for LGBTQI2-S Youth
- Addressing Mothers Experiencing Mental Illness with Custody Issues
- Cultural Competency to Reach Isolated and Underserved Communities (Including, Older Adults
- Trauma Services for Sexually Exploited Female Youth
- Use of Technology to Inform, Connect, and Provide Access to Mental Health Services

Social Supports for LGBTQQI2-S Youth Story Board

- ☐ Problem
 - ☐ What Research Tells Us
 - ☐ Contra Costa County's Solution
 - ☐ Learning Goals
 - ☐ Desired Outcomes
-

Social Supports for LGBTQQI2-S Youth Problem

- ☐ Isolation
 - Result of intentional & unintentional rejecting behaviors & discrimination by family, peers, & community members.
 - ☐ ↑Risk for Poor Health & Mental Health
 - ☐ Limited Mental Health Services
 - No programs target ↑ participation in Mental Health Services
-

Social Supports for LGBTQQI2-S Youth What Research Tells Us

- ☐ LGBTQQI2-S Youth Experience:
 - ↑ Bullying and discrimination
 - ↑ Rejecting behaviors from families
 - There is a correlation with ↑ poor health outcomes
 - Social norms & rules impact & influence behavior
-

Social Supports for LGBTQQI2-S Youth Work Group Considerations

- ☐ Proposed Purpose
 - Fits within State's "Increase Access to Underserved Groups"
 - ☐ Matches Local Areas of Need
 - Prevention; and Early Intervention
 - ☐ Assisting adults to help youth
 - ☐ Culturally-appropriate approaches, including inroads into faith-based community
 - Ongoing Recovery & Support
 - ☐ Peer model; re-defining family support
-

Social Supports for LGBTQQI2-S Youth Work Group Considerations (cont.)

- ☐ Contribution to Learning
 - Emerging Practice Learning Opportunity
 - ☐ Implementing research-based Social Support Model
 - ☐ Test applicability for ethnic, racial, and faith-based populations
 - ☐ Impact on Core Mental Health Services
 - Practice can be integrated into existing Children's/TAY Mental Health with clinicians; and incorporated learning into training opportunities for program planners through-out system
-

Social Supports for LGBTQQI2-S Youth Contra Costa County's Solution

- ☐ Target social supports
 - ↑ family, peers, community members, & community organizations participation
 - ☐ Engage & educate
 - Raise awareness about health consequences of rejecting behaviors & discrimination
 - ☐ Change behaviors
 - ↑ Activities aimed at changing behavior
 - ☐ Improve health outcomes
 - By targeting those who can have a positive influence their health
-

Social Supports for LGBTQQI2-S Youth Learning Goals

☐ Will Social Support Model demonstrate?

- ↑ Positive participation of social supports due to improved outreach/education and access to counseling & group activities
 - △ In family, peer, and/or community rejecting & discriminatory attitudes & behaviors affecting LGBTQQI2-S youth
 - ↑ Improve health outcomes by targeting social groups that influence the health of LGBTQQI2-S youth
-

Social Supports for LGBTQQI2-S Youth Desired Outcomes

- ☐ Positive participation of social supports
 - Family, peers, community members, & community organizations
 - ↓ Rejecting and discriminatory behaviors
 - ☐ ↑ Services for LGBTQQI2-S youth
 - ☐ ↓ Isolation
 - ☐ Improved health outcomes
-

Social Supports for LGBTQQI2-S Youth INN-01 Work Plan

☐ **Description**

- Select community-based programs to provide outreach and education, counseling, and group activities aimed at improving access to services for "social supports" that influence the mental health of LGBTQQI2-S youth
 - Design, develop, and disseminate educational materials that are targeted at social supports at different literacy levels
 - Three-year work plan
-

Social Supports for LGBTQQI2-S Youth INN-01 Work Plan (cont.)

☐ **Target Population**

- Social networks of LGBTQQI2-S youth and transitional-age youth
 - ☐ Families, peers, community members, and community organizations, as well as the youth themselves
 - ☐ Racially, ethnically, linguistically, and culturally diverse
 - ☐ Across all three regions of the county

☐ **Population Served=21,000 Clients**

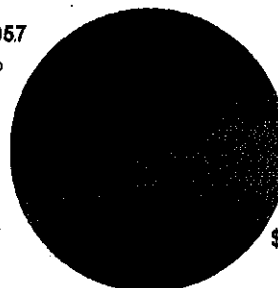
Social Supports for LGBTQQI2-S Youth INN-01 Budget FY 7/10-6/11

□ Proposed Budget*

□ \$1,454,228

*Total Budget for
3-Year Work Plan
= \$2.4 Million

\$446,957
31%



\$1,007,271
69%

■ Contract Providers
■ County Admin

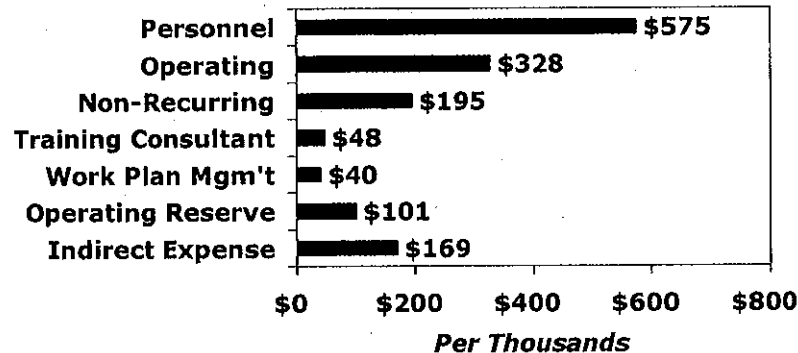
Social Supports for LGBTQQI2-S Youth INN-01 Budget (cont.)

What is in Budget?

- ❖ **Personnel** = 2/3 for clinicians to test new services
 - ❖ **Operating** = ↑ CBO capacity to implement new approach
 - ❖ **Non-Recurring** = start-up money; design & publication of new program materials
 - ❖ **Training Consultant** = enable peer/family supports to be put in place
 - ❖ **Work Plan Management** = effective implementation learning goals & evaluation = what works & what's not working = how to apply learning in future
-

Social Supports for LGBTQQI2-S Youth INN-01 Budget (cont.)

Budget Breakout



MHSA Innovation Next Steps

- Develop Other CPAW Recommended Themes in Priority Order:
 - "Addressing Mothers Experiencing Mental Illness with Custody Issues"
 - "Cultural Competency to Reach Isolated and Underserved Communities (including, Older Adults"
 - "Trauma Services for Sexually Exploited Female Youth"
 - "Use of Technology to Inform, Connect, and Provide Access to Mental Health Services"

Social Supports for LGBTQI2-S Youth **More Information**

☐ Project Lead

- Sherry Bradley, MPH
mhsa@hsd.cccounty.us



- ☐ For additional information on Innovation and other approved work plan themes, go to CCHS website at:

www.cchealth.org/services/mentalhealth/prop63/innovation.php

Prevention

*Culturally appropriate messages and distribution, innovations to reduce disparities

Seniors: Intergenerational contact (youth) a place to belong in society, innovative housing solutions

Youth: Community theater, reduce moves in out-of-home placements, fix adults to help kids someplace for kids to go, grieving camps, school-based prevention

All: Identity and self esteem, jobs, stop domestic violence teach alternatives to violence rebuild cultural identity

Issues/ Ideas with Potential for Innovative Solutions

Early Intervention

*Get there sooner -- before the crisis!

avoid hospitalization/arrest/trauma

*Culturally/linguistically approp. Assessment/EI

*Innovations in reducing disparities in access

*Deal with trauma, deal with violence

Alternatives to violence

Integrate EI into primary care

Integrate EI and AOD services

Fix adults to help the kids

Hotlines/warmlines, 24 hour counseling

Reach dads

Elder court

Therapists in Juv. Hall

Youth: For school-based EI, grieving camps

Art

Jobs

Trust

Crisis Care & First Break

*Get there sooner:

Mobile crisis response

Mobile MH units

Community-based crisis resp.

Intensive outpt. Crisis resp.

*Culturally/ling. approp. Crisis response

Strong, intensive first break program, EDAPT

MH/AOD integration

New system MediCal coverage EI

Hotlines, warmlines, 24 hr access to counseling

Crisis services on weekends

Brief crisis stabilization counseling

Make ER room more welcoming

Psych ER with more AOD capacity

Shorter hospitalizations

Detox

Ongoing Recovery & Support

*Culturally appropriate treatments/providers

* Integration: MH+primary care, MH+AOD

Reduce the trauma

Youth: Community theater, peer models

School-based tx/supports

Re-define family support

Hotlines, warmlines

More AOD treatment

Holistic models

Relapse prevention

Integrate faith communities

More training of psychotherapists in trauma care

Elder court

Clubhouses

Develop culture of trust

Models like Alano clubs San Diego

Supported work environments

Supported housing

In-home, in-community services

Facilities/providers in Danville

Village-style center

Jail exit planning, aftercare

One-stop centers

Horticulture therapy

* Most often mentioned

INN01: Social Supports for LGBTQI2-S Youth

Problem

LGBTQI2-S
Youth

Isolation, ↑ Risk for Poor
Health and Mental Health
Outcomes, Limited Mental
Health Services

Intentional & Unintentional

Rejecting Behaviors & Discrimination

Social Supports:
Family
Peers
Community Members &
Organizations

Unaware of Behaviors &
Consequences, Misunderstanding,
No Programs Targeting their
↑ Participation in LGBTQI2-S
Mental Health Services

What the Research Tells Us

- LGBTQI2-S youth often experience ↑ bullying, discrimination, isolation
- ↑ # rejecting behaviors from families correlates to ↑ risk poor health outcomes
- Community/social norms & rules influence behavior

Contra Costa County's Solution

- Target LGBTQI2-S social supports
- ↑ participation of family, peers, and community members & organizations in LGBTQI2-S accepting behaviors & services
- Engage and educate social supports about health consequences of rejecting behaviors directed at LGBTQI2-S youth
- Change behaviors of families, peers, community members and organizations involved with LGBTQI2-S Youth
- Improve health outcomes of LGBTQI2-S by targeting those who influence their Health

Learning Goals

The main learning goals of this innovation work plan are to:

- determine whether improving access to the underserved population of individuals and groups whose actions influence the mental health of LGBTQI2-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 participation of the targeted multi-cultural social groups in Contra Costa County
- does this model change family, peer, and/or community attitudes about and behaviors affecting LGBTQI2-S youth, leading to a decrease in the number of rejecting behaviors experienced by LGBTQI2-S youth
- does framing LGBTQI2-S youth services around a social support model targeting the social networks improve the health outcomes of the youth

Desired Outcomes

Social Supports:
Family
Peers
Community Members
and Organizations

Positive Participation

Rejecting Behaviors and Discrimination

Services for
LGBTQI2-S
Youth

Lives of
LGBTQI2-S
Youth

↓ Isolation; Improved
Health Outcomes

County of Contra Costa
Mental Health Services Act (MHSA)
MHSA Innovation Plan -- Tracking of Public Comments & Responses
Public Comment Compiled

MHSA Innovation Plan -- Input from public & stakeholder comments, and from public hearing, for the period 2/2/2010 to 3/4/2010 and during the public hearing on March 11, 2010.

Reading from left to right: the first column references the comment number, the second column contains the section of the plan referenced in the comments, the third column shows stakeholder name, the fourth column identifies the public comment and/or stakeholder input, and the fifth column provides the County MHSA team response, and whether or not any substantive changes in the plan were made.

No.	Section Referenced:	Name	Public Comment and/or Stakeholder Input:	Response to Comments and/or Proposal Changes to Draft:
1	In general	Tatiana Jones, (925) 848-5430 Concord Resident, NAMI member, (consumer)	(Summarized by D. Carrillo per phone conversation) Would like to see more of the funding given to community providers like 'Rainbow' to help people. In favor of activities that activities that reaches isolated LBGTQ youth--specifically those targeting ethnic communities, which traditionally experience barriers. She commented, "\$2 million is a lot of money to spend on pamphlets and research and project management." Also, concerned about vocational activities that are hard to access (transportation wise) and don't really lead to paid job opportunities (gave example of bad experience with similar service provided by Anka, located on Detroit Street in Concord).	<ul style="list-style-type: none"> Ms. Jones was thanked over the telephone for her generally supportive comments It was explained that innovation as defined by the state is research-oriented Since none of the comments substantively change sections of the work plan -- no changes were made
2	In general	*I chose not to state* (service provider) 303 Brown Street Martinez	(Mailed in comments) I am a mental health service provider, working in another county serving pervasively mentally adults as a mental health rehabilitation specialist. I have worked in the mental health field for 12 years throughout California in various capacities. I am an advocate for this population and have followed the MHSA funding streams over the past 4 years, with great dissatisfaction. Appropriate funding in this economy would be directed toward serving the most underserved -- those in jeopardy of losing their benefits, homeless and disabled, without the capability to self advocate. I do not believe this proposal to serve the gay, lesbian & transgendered population fits the description of mentally ill and disabled, and certainly have the capability to self advocate. Please do not appropriate funds to this proposal.	<ul style="list-style-type: none"> Person wished anonymity The primary focus of innovation is not service for the needy, but testing new ideas that will make a difference in mental health system LBGTQ was identified as having a disparity in accessing MH services Since none of the comments substantively change sections of the work plan -- no changes were made
3	In general	Donna Garro Contra Costa Regional Medical Center dgarro@comcast.net (925) 370-5714	I am a county employee of 20 years, and I have a son who is in the process of transgendering into my daughter. I had to search extensively for resources for her and for our family to support her in this process. I have become personally involved in the PRIDE INITIATIVE for the county, and I am ecstatic to hear that the Mental	<ul style="list-style-type: none"> Ms. Garro was thanked via email for sharing her personal experiences and supportive comments

No.	Section Referenced:	Name	Public Comment and/or Stakeholder Input:	Response to Comments and/or Proposal Changes to Draft:
		635 Laird Lane Lafayette, CA 94549 (Family Member)	Health Division is hoping to extend mental health/clinical care to our LGBTQI community. The provision of services within this county will mean a great deal to a large number of our constituents. Our lives have been saved by the Rainbow Community Center in Concord, and I hope the same services can be provided to people in similar situations in other parts of our county.	<ul style="list-style-type: none"> The primary focus of innovation is not service, that it is hope the work plan will lead to more effective services in the future Since none of the comments substantively change sections of the work plan – no changes were made
4	In general	Kevin J. Corrigan kjmcarrigan@yahoo.com (925) 957-9840 1255 Oak Crest Ct. Martinez, CA 94553 (Family Member)	<p>As the parent of a LGBT youth, who is also a client of the County's Mental Health Services, I strongly support the Contra Costa's MHSA Innovation Plan.</p> <p>My daughter came out as a middle school youth and has subsequently been the target of subtle and explicit discrimination from students, parent volunteers, teachers and school administrators. She has not responded well to the hostility of this environment and has subsequently been placed in a Mental Health Collaborative classroom with youth who are working to control their violent impulses. This is not her issue and it is an inappropriate placement.</p> <p>It is my hope that through initiatives like the "Innovative Plan" that Contra Costa educators, Mental Health professionals, etc. will gain a better appreciation of the stressors experienced by LGBT youth. I hope this may lead to the development of policies that will protect these youth from all types of discrimination. I hope this project may facilitate the development of support systems for the youth directly and their family.</p>	<ul style="list-style-type: none"> Mr. Corrigan was thanked via email for sharing his personal experiences as a family member and for his supportive comments In response to Mr. Corrigan's expressed hopes that the Innovation work plan is aimed at "providing Contra Costa educators, Mental Health professionals, etc. with a better appreciation of the stressors experienced by LGBT youth" was acknowledged as indeed being part of the learning goals. Since none of the comments substantively change sections of the work plan – no changes were made
5	Exhibit C	Margaret Berendsen (925)9307431 berendsen@aol.com 2466 Sky Road Walnut Creek, CA 94597 (Family Member)	<p>As a family that includes gay and lesbian members and as a member of PFLAG, we understand the challenges that LGBT youth face every day. I support the development of a social support program designed to reach LGBTQ youth and their families. LGBT youth and their families need assistance in forging more affirming relationships. Dr. Caitlin Ryan's research highlights the dangers that LGBT youth face when they do not receive adequate family support. The rates of substance abuse, depression, suicide and HIV infections are substantially higher among youth who live with un-accepting parents. We have an opportunity to address these issues and improve the lives of lesbian, gay, bisexual, and transgender youth who live in our communities.</p>	<ul style="list-style-type: none"> Ms. Berendsen was thanked via email for sharing her strong support as a family member Ms. Berendsen specific comments in support of development of "social supports designed to reach LGBT youth" and "forging more affirming relationships between LGBT youth and their families" in keeping with recent research was acknowledged as consistent with the learning goals of the Innovation work plan. Since none of the comments

No.	Section Referenced:	Name	Public Comment and/or Stakeholder Input:	Response to Comments and/or Proposal Changes to Draft:
				substantively change sections of the work plan – no changes were made
6	In general	Leslie Takahashi Morris Mt. Diablo Unitarian Univ (925)934-3135 Leslietm@mduuc.org 55 Eckley Lane Walnut Creek, CA 94553 (Clergy)	I want to comment the drafters of this plan for identifying an important un-served population and taking steps to address the needs of this population which too often suffers in silence. As a member of the clergy, I am aware of the anguish that many who are BGLTQQ2-I and believe this is an important step forward in reducing stigma and making sure that we have the resources to serve all of our population, especially our youth. Thank you for helping bring these badly needed services to our county.	<ul style="list-style-type: none"> Ms. Takahashi Morris was thanked via email for sharing her supportive comments from the perspective of a clergy Ms. Takahashi Morris specific comments supporting "addressing the needs of an un-served population", "reducing stigma", and "serving youth" was acknowledged as consistent with the learning goals of the Innovation work plan. Since none of the comments substantively change sections of the work plan – no changes were made
7	In general	Melissa Allen Nurse Practitioner 925-351-8908 melissaallen@sbcglobal.net 1882 Granada Dr Concord, CA 94519 (Service Provider)	<p>I support the development of a social support program designed to reach LGBTQ youth and their parents to help forge more affirming relationships for all involved. Dr. Ryan's research highlights the significant dangers (increased rates of substance abuse, depression, suicide, HIV infection) for LGBT youth with unaccepting parents. This is costly to society, personal relationships and our county bottom line.</p> <p>This project was reviewed by a community-based review process and received the #1 ranking of all 74 proposals submitted to the county for suggested innovative mental health services.</p> <p>Please support this wonderful opportunity to address these issues and improve the lives of lesbian, gay, bisexual, and transgender youth who live in our communities. One of the major purposes of MHSA funding is to transform the current mental health system. LGBT people lack access to affirming and safe mental health services.</p> <p>Thank you in advance for your support of this essential program.</p>	<ul style="list-style-type: none"> Ms. Allen was thanked via email for sharing her supportive comments Ms. Allen expressed hopes that the Innovation work plan is aimed at "reaching LGBTQ youth and their parents to forge a more affirming relationship for all involved" was acknowledged as being part of the learning goals. Since none of the comments substantively change sections of the work plan – no changes were made

No.	Section Referenced:	Name	Public Comment and/or Stakeholder Input:	Response to Comments and/or Proposal Changes to Draft:
8	In general	Paolo Gargantiel Contra Costa County MH 925-372-4416 Paolo.Gargantiel@hdsd.cccco.unty.us 30 Douglas Dr. Suite 234 Martinez, CA 94553 (Service Provider)	I fully support the innovation work plan targeting and increasing social supports for LGBTQI2-S youth. As a mental health provider and resident of Contra Costa County, I would like to underscore the importance of increasing resources to marginalized groups, in particular to the LGBTQI2-S population who have historically been underserved or have had limited access to culturally competent/QUEER sensitive services our county. Not only is this a step in the right direction for our mental health service delivery system in terms of increasing positive health outcomes for this vulnerable group (e.g., suicide risk, runaway rate), it also cultivates a culture of openness and acceptance that would improve the overall social health and consciousness of our county. It can be easy to overlook or deprioritize the need to serve LGBTQI2-S youth, a potentially invisible group, and this very fact makes this project all the more relevant and necessary.	<ul style="list-style-type: none"> Mr. Gargantiel was thanked via email for sharing his strong supportive comments as mental health provider and resident Mr. Gargantiel specific comments about addressing access issues for an "underserved cultural group" was acknowledged as consistent with the learning goals of the Innovation work plan. Since none of the comments substantively change sections of the work plan – no changes were made
9	In general	Harry Miller 925-899-8197 harrym2@mac.com 1220 Lindell Drive Walnut Creek, CA 94596 (Family Friend of LGTQ youth)	<p>I'm writing today as a family friend of a young transgender person who just barely survived a recent suicide attempt. We were lucky this time. Others will not be so lucky.</p> <p>I strongly support the development of a social support program for LGBTQ youth and their families. This population has been underserved and any program directed at this audience would be helpful. This particular project received the highest ranking in the community-based review of 74 innovative mental health service proposals.</p> <p>Dr. Ryan's research confirms and highlights the dangers—higher rates of substance abuse, depression, suicide, HIV infections—for this population where family support is weak or non-existent. A program to encourage and facilitate stronger family relationships can help address that.</p> <p>LGBT people deserve affirming and safe mental health resources. The Mental Health Commissioners can help provide them. Thank you for supporting and funding this project.</p>	<ul style="list-style-type: none"> Mr. Miller was thanked via email for sharing his personal experiences as a family friend of a transgender youth and for his generally supportive comments Mr. Miller specific comments supporting "a program to encourage and facilitate stronger family relationships", and "serving LGBTQ youth and their families" was acknowledged as consistent with the learning goals of the Innovation work plan. Since none of the comments substantively change sections of the work plan – no changes were made
10	In general, Exhibit C	John Barakos, MA. MFT Self Employed 925-451-5280 jvbarakos@comcast.net 3468 Mt Diablo Blvd. Suite B201	This entire proposal is worthy of comment but in particular section C with the explanation of the need for this resource to be made available for LGBTQ youth is particularly important. I worked for 9 years on inpatient psychiatric wards in the Bay Area and we received youth who recently tried to commit suicide, of the youth we received a disproportionate amount would be LGBTQ. They	<ul style="list-style-type: none"> Mr. Barakos was thanked via email for sharing his specific support of section C and his professional psychiatric experience and as a counselor working with LGBTQ youth, sometimes at risk and

No.	Section Referenced:	Name	Public Comment and/or Stakeholder Input:	Response to Comments and/or Proposal Changes to Draft:
		Lafayette, CA 94549 (Service Provider)	suffer from many more acts of oppression and discrimination than other youth. They are all at risk. They often don't or can't access services due to fear of being outed or turned away. I also work at a middle school in the Bay Area as a counselor. We started a GSA at our school amidst huge opposition. We have difficulty maintaining the GSA because kids are so fearful of being discriminated against or even persecuted by peers. If there were support at the county level it would provide support to everyone, and affirm that these services should be accessible and present in the community.	<p>suicidal</p> <ul style="list-style-type: none"> Mr. Barakos expressed hopes that the Innovation work plan is aimed at "providing county-level support that is accessible present in the community" was acknowledged as being part of the learning goals. Since none of the comments substantively change sections of the work plan – no changes were made
11	In general	David Woodland Vocational Services 925-521-5158 dwoodlan@hsd.cccounty.us 1420 Willow Pass Ste. 140 Concord, CA (Service Provider)	I support the LGBTQ initiative as it promotes social support including contra Costa families and the health and well being of underserved population at high risk for suicide, homelessness, and substance abuse.	<ul style="list-style-type: none"> Mr. Woodland was thanked via email for sharing his strong supportive comments as mental health provider and resident Mr. Woodland was assured that the "social supports for Contra Costa families and underserved (LGBTQ) youth at high risk" was as consistent with the learning goals of the Innovation work plan. Since none of the comments substantively change sections of the work plan – no changes were made
12	In general	Candice Toyoda Vocational Services 925-521-5115 ctoyoda@hsd.cccounty.us 1420 Willow Pass Ste. 140 Concord, CA (Service Provider)	The LGBTQ clients are underserved at present. As service providers, we need to do all we can to prevent homelessness, substance abuse and suicide.	<ul style="list-style-type: none"> Ms. Toyoda was thanked via email for her supportive comments as a service provider Since none of the comments substantively change sections of the work plan – no changes were made
13	In general	Nancy Aldritt Community member 925-777-0852 nancy.aldritt@gmail.com	The proposal to provide social support to the LGBTQ youth in Contra Costa County as outlined in the Innovation Plan is one I support as a community member wholeheartedly. I have the opportunity to volunteer with youth in recovery and faith-based	<ul style="list-style-type: none"> Ms. Aldritt was thanked via email for sharing her strong support for the Innovation Plan Ms. Aldritt expressed hopes that

No.	Section Referenced:	Name	Public Comment and/or Stakeholder Input:	Response to Comments and/or Proposal Changes to Draft:
		05 Shannondale Drive Antioch, CA 94531 (Community Member/Volunteer)	settings. I often find this County does not have adequate resources available to this marginalized, underserved population. The importance of improving mental health outcomes by building school-based and community-based groups which support LGBTQ youth socially and emotionally cannot be overstated. By providing innovative solutions such as those outlined in this plan we can reduce the incidences of attempted suicide, drug abuse and other forms of self-destructive behavior that we see in LGBTQ youth who feel isolated without the support they need from their families and peers. I strongly encourage the County to implement this plan utilizing the MHSA funding available.	the Innovation work plan is aimed at "improving mental health outcomes by building school-based and community-based groups which support LGBTQ youth socially and emotionally" and "reduce the incidences of attempted suicide, drug abuse and other forms of self-destructive behavior that we see in LGBTQ youth who feel isolated without the support" was acknowledged as being part of the learning goals. <ul style="list-style-type: none"> • Since none of the comments substantively change sections of the work plan – no changes were made
14	In general	The rates o Raphael Martin Gaymoor (925) 2871287 raphmartin@gmail.com 2064 Golden Rain Rd. #7 Walnut Creek, CA 94595 (LGBTQ Youth)	I would like the commission to give serious support to the development of a social support program aimed at reaching Lesbian, Gay,Bi-sexual,Tansgendered, Queer, youth and their parents. As you are aware, there is still a social stigma related to being LBGTQ in our culture today and these young people face rejection, censorship, ridicule, and abuse from their peers and all too often their parents. Please endorse funding for these youth and their parents lest society have to pay higher costs due to these youths falling into substance abuse, depression, suicide and HIV infections because of neglect. Thank you for considering this proposal. Cordially, Raph Martin	<ul style="list-style-type: none"> • Mr. Martin Gaymoor was thanked via email for sharing his strong supportive comments as mental health provider and resident • Mr. Martin Gaymoor specific comments about addressing the social stigma "of rejection, censorship, ridicule...from peers and all too often their parents" was acknowledged as consistent with the learning goals of the Innovation work plan. • Since none of the comments substantively change sections of the work plan – no changes were made
15	In general	Ben-David Barr Rainbow Community Center 925.286.6858 ben@rainbowcc.org 3024 Willow Pass Road, Suite 200 Concord, CA 94520	The Rainbow Community Center of Contra Costa County urges the implementation of the MHSA Innovations plan to develop social supports for LGBTQI2S youth and their parents. Contra Costa's LGBTQI2S youth and their parents are in great need of assistance in forging more affirming relationships. This project is based on compelling new research by Dr. Caitlin Ryan. Dr. Ryan's research highlights the dangers that LGBT youth face when they do not	<ul style="list-style-type: none"> • Mr. Barr was thanked via email for sharing his strong support as a service provider • Mr. Barr specific comments supporting to "transform the current mental health system. LGBTQI2S people lack access to

No.	Section Referenced:	Name	Public Comment and/or Stakeholder Input:	Response to Comments and/or Proposal Changes to Draft:
		(LGBTQ Community Center)	receive adequate family support. The rates of substance abuse, depression, suicidality and HIV infections are substantially higher among youth who live with un-accepting parents. One of the key purposes of MHSA funding is to transform the current mental health system. LGBTQI2S people lack access to affirming and safe mental health services. The Mental Health Commissioners and county government can help with this transformation by supporting the work of the Innovations Planning group and fund this project.	affirming and safe mental health services" was acknowledged as consistent with the learning goals of the Innovation work plan. <ul style="list-style-type: none"> Since none of the comments substantively change sections of the work plan – no changes were made
16	In general	Ann Staley Mt. Diablo Unitarian Universalist Church (925) 287-0459 annfstaley@comcast.net 2609 Golden Rain Road #2 Walnut Creek, Ca 94595 (Family Member, Social Justice Committee member at church)	I am a grandmother of a gay man. He is continually told by his Mother that he will roast in Hell, although she says she loves him, but not his actions!! This Mother is a right wing Christian and is acting absolutely NOT like Jesus acted. The teens need a LOT of support. I have worked hard to have gays, lesbians, and bisexuals treated equally although I am not a lesbian. The parents have to understand the facts and that the teen can't change his orientation. Please pass the initiative! Thank you,	<ul style="list-style-type: none"> Ms. Stanley was thanked via email for sharing her strong support for the Innovation Plan as a grandmother/family member Ms. Stanley expressed that "the teens need a LOT of support" and working toward greater parent understanding about their teen's orientation was acknowledged as being part of the learning goals. Since none of the comments substantively change sections of the work plan – no changes were made
17	In general	Sue Hilburn CCRM Staffing Svcs 2500 Alhambra Ave Martinez, Ca 94553 (County employee)	I am writing to express my support for the proposal for Social Supports for LGBTQI2-S youth as our next innovation project. This is clearly a highly needed project that's been a long time coming. I'm sure that the Board of Supervisors, who only last year proclaimed June Gay Pride Month, should be more than willing to approve and support this project.	<ul style="list-style-type: none"> Ms. Hilburn was thanked via email for sharing her strong support for the Social Supports for LGBTQI2-S as an innovative project Since none of the comments substantively change sections of the work plan – no changes were made
18	In general	Shanda Schmitz Vocational Services 925-431-2638 sschmitz@hsd.cccounty.us 1420 Willow Pass Ste. 140 Concord CA 94520 (Service Provider)	I support the LGBTQ initiative as it promotes social support to Contra Costa families and the health and well being of underserved population at high risk for suicide, homelessness, and substance abuse.	<ul style="list-style-type: none"> Ms. Schmitz was thanked via email for sharing her strong support for the LGBTQ Initiative promoting "social support to Contra Costa families and the health and well being of underserved population at high risk for suicide, homelessness, and substance abuse

No.	Section Referenced:	Name	Public Comment and/or Stakeholder Input:	Response to Comments and/or Proposal Changes to Draft:
19	In general	Kristin Fredriksson Social Work Student kfredriksson@yahoo.com 1318 Hale Drive Concord CA 94518 (Social Service, Community Member)	Dear Mental Health Division of CCC: My name is Kristin and I support the funding of new mental health services to the LGBT community and their families. This is so important to all that live in Contra Costa County who are in the LGBT community and have no where to go. According to Caitlin Ryan, "LGBT youth and their families need assistance in forging more affirming relationships. Dr. Ryan's research highlights the dangers that LGBT youth face when they do not receive adequate family support. The rates of substance abuse, depression, suicide and HIV infections are substantially higher among youth who live with unaccepting parents. We have an opportunity to address these issues and improve the lives of lesbian, gay, bisexual, and transgender youth who live in our communities. Please stand up for these members of our community and fund the mental health services plan. Thank you, Kristin Fredriksson CSUEB Masters of Social Work Student	<ul style="list-style-type: none"> • Since none of the comments substantively change sections of the work plan – no changes were made • Ms. Fredriksson was thanked via email for sharing her strong support of the Innovation Plan • Ms. Fredriksson specific comments in support of development of "social supports designed to reach LGBT youth" and "forging more affirming relationships between LGBT youth and their families" in keeping with recent research was consistent with the learning goals of the Innovation work plan. • Since none of the comments substantively change sections of the work plan – no changes were made
20	In general	Jon Lucchese 9 Holcomb Ct Walnut Creek Ca jon_lucchese@yahoo.com (Community Member)	Dear Commissioners: As a gay Contra Costa resident (Walnut Creek), who grew up all my life in the County (Lamorinda), I am writing you to communicate my (and the Contra Costa gay community's) support for the proposed development of a social support program designed to reach LGBTQ youth and their parents. It is my understanding that the program proposal was based on the research of Dr. Caitlin Ryan. I have read the some of the pertinent research of Dr. Ryan and fully agree with her findings concerning the health of LGBTQ youth and how it is positively impacted by a supportive family. There must be resources in place to help gay youth and their parents go through the often difficult process of coming out. Given the fairly conservative (I mean this in a lifestyle way, not political) area I grew up in the 80's and 90's, I did not feel comfortable coming out to my family until much later in life, i.e., when I was 25 years old. I feel that if a program like the one	<ul style="list-style-type: none"> • Mr. Lucchese was thanked via email for sharing his personal experiences and for his support of a social support program designed to reach LGBTQ youth and their parents. • Mr. Lucchese expressed hopes that the Innovation work plan will address "the health of LGBTQ youth and how it is positively impacted by a supportive family" was acknowledged as part of the Innovation work plan's learning goals. • Since none of the comments substantively change sections of

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			<p>proposed was in place, and I knew about the free resources, I would have used them to discuss with others (like counselors) openly and comfortably about being gay. I remained closeted in high school and most of college because I felt uncomfortable bringing it up. When I finally came out, it was a relief to everyone, and I believe that the tremendous anxiety I felt about it prior to then may have been avoided had I had help earlier in the process.</p> <p>Still my coming out experience was fairly easy compared to many who have parents who are not ready to accept that their child is gay. Even though our County has progressed since when I grew up, there are still many youth here that keep their sexual orientation hidden from their family for fear of rejection. It is obvious that the stress of remaining in the closet negatively affects their mental health and development. Not only do these youth become depressed or even suicidal, but they have also been found to practice high-risk sex because they have not been able to deal with their sexuality in a forthright, non-judgmental, and healthy way. Lastly, I think it would be a wonderful, symbolic gesture for the County to move forward on this proposal in memory of Walnut Creek's Bobby Griffith, whose suicide prompted his formerly homophobic mother, Mary, to become an advocate for struggling LGBTQ youth. I believe Mary still lives in Walnut Creek. Her and Bobby's story was recently portrayed in a made-for-TV movie, Prayers for Bobby, which starred Sigourney Weaver.</p> <p>Thank you for considering my support for this proposed program and I strongly urge you to give the program the go-ahead.</p> <p>Best regards, Jon Lucchese</p>	<p>the work plan – no changes were made</p>

No.	Section Referenced:	Name	Public Comment and/or Stakeholder Input:	Response to Comments and/or Proposal Changes to Draft:
21	In general	Daniel Fee, PhD, CRC, RRW Vocational Services 925-521-5168 drdanfee@yahoo.com 1420 Willow Pass Ste. 140 Concord CA 94520 (Service Provider)	<p>I enthusiastically support the LGBTQ initiative as it promotes social support and explicitly including LGBTQ consumers in existing quality services per policy and practice norms. I strongly agree professionally with including contra Costa families distinguished by having one or more LGBTQ consumers in their immediate or extended family networks, so that we explicitly promote the health and well being of this underserved county population, otherwise at higher risk for suicide, homelessness, and substance abuse.</p>	<ul style="list-style-type: none"> • Dr. Fee was thanked via email for sharing his strong supportive comments as mental health professional for the Contra Costa Innovation Plan • Dr. Fee specific comments about addressing access to "promote social support and explicitly including LGBTQ consumers...in their immediate or extended family networks" for the purposes of improving "the health and well being of this underserved county population, otherwise at higher risk for suicide, homelessness, and substance abuse" are consistent with the learning goals of the Innovation work plan. • Since none of the comments substantively change sections of the work plan – no changes were made

Contra Costa Mental Health Commission
Public Hearing-Draft Technologies Project Proposal
3/11/10
Minutes – Draft

1. CALL TO ORDER/INTRODUCTIONS

The meeting was called to order at 7:25 pm by Chair Mantas.

Commissioners Present:

Dave Kahler, District IV
Peter Mantas, District III, Chair
Carole McKindley-Alvarez, District I-Excused
Colette O'Keeffe, MD, District
Floyd Overby, MD, District II
Annis Pereyra, District II
Teresa Pasquini, District I

Commissioners Absent:

Supv. Gayle Uilkema, Dist. II
Anne Reed, District II
Sam Yoshioka, District IV

Attendees:

Evelyn Centeno
Brenda Crawford, MHCC
Robert Heaston, Jr.
Ralph Hoffmann, NAMI
Anne Heavy, NAMI
Gail Hunt
Charles Madison
Ryan Nestman
Connie Steers, MHCC

Staff:

Donna Wigand, MHA
Sherry Bradley, MHA
Steve Hahn-Smith, MHA
David Carrillo, MHA
Susan Medlin, MHA
Holly Page, MHA
Erin McCarty, MHA
Caroline Sison, MHA
Cindy Downing, MHA

Sherry Bradley had the translators from IEC introduce themselves: Thuy Trinh-Vietnamese 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.

Introductions were made around the room.

**2. MHSA DRAFT TECHNOLOGICAL NEEDS PROJECT PROPOSAL
MHSA PROGRAM MANAGER SHERRY BRADLEY AND RESEARCH AND
EVALUATION MANAGER DR. STEVE HAHN-SMITH.**

Sherry Bradley said the Technologies Project Plan Proposal is one half of the support component of MHSA. Capital facilities and technology were included together as one component; in 1/09 the State approved the Component Proposal for Capital Facilities/IT needs. The approval functioned as a letter of intent with the specific Capital Facilities and IT Proposals to be submitted once the needs assessments were completed and projects developed. This public hearing addresses the Technologies Project Plan Proposal being submitted to the State. *(The Power Point presentation handouts follow these minutes.)*

Steve Hahn-Smith stated the heart of the MHSA IT Proposal is the electronic health record and the components that are included: electronic medical record, personal health record, e-prescribing and computer resource centers.

The County began looking at vendors approx. 5 years ago along with other counties. CC County has reviewed other counties' implementations and learned from them. There used to be 8 vendors in contention; due to the requirements of Medi-cal billing and electronic health records, there are only 2 viable county level vendors viable at this point. The medical billing component is required and may have disallowed some vendors.

The IT proposal timeline was reviewed that included focus groups, public comment periods and a survey as part of the planning process to develop the Plan.

Sherry Bradley stated the original component proposal was \$10.2 million dollars. The original split was \$2 million for IT and \$8.2 million for capital facilities. During the stakeholder process it was discovered a complete IT system cannot be procured and implemented for \$2 million. The purchase of an IT system is only part of the total cost; indirect costs (implementation, license renewals, backfilling of positions) must be included as well. One of the results of the stakeholder process was to increase the share of the \$10.2 million going toward IT. A shared decision making model has now been included as well.

Sherry Bradley appreciated Commissioner Yoshioka's desire to learn all he could about the IT Project Proposal development process by requesting copies of RFP that 22 counties worked on together.

Steve Hahn-Smith said CC County has learned a great deal about implementation from watching other county's projects not go well. CC County has tried to include all costs in this proposal.

3. 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.

Bob Heaston wondered how implementation of a new IT system would interweave with County's current system of medical records. Steve Hahn-Smith said although he isn't sure of the details yet, the new CIO is very involved with integration. The system the County is considering is flexible and can pull in information from other systems.

Brenda Crawford wanted to support the shared decision making model at the recovery centers where consumers can communicate with their providers. Although not addressed in the IT plan, she would like to be sure the money allocated for IT and the other half of Capital Facilities funds are not compromising services to consumers at the cost of upgrading the IT system. She is specifically concerned about the other half of the fund to be used for Capital Facilities because she has heard there may not be enough funds left for some of the proposed services given the cost of the proposed IT system.

Ralph Hoffmann voiced his concern about electronic medical records, identity theft and stigma around mental illness diagnoses included in medical records.

4. CLOSE PUBLIC COMMENT ON PLAN

Chair Mantas closed public comment.

5. MHC COMMENT ON THE PLAN

Commissioner O'Keeffe – the interface between medical and mental health records. Kaiser has combined the two types of records and there can be advantages to that since both types of providers can access the information. One issue consumers have encountered is when a consumer is seen for a physical ailment and a diagnosis of severe mental illness is written on the chart, the physical ailment can easily be dismissed or interpreted incorrectly (ie. the person is “crazy” therefore his/her physical health issue is not really the problem). Consumers almost need an advocate with them to make sure they are taken seriously. Steve Hahn-Smith said the rules haven't been written yet, but the County will look for input about concerns on this issue.

Commissioner O'Keeffe asked why IT is being funded by MHSA Capital Facilities/IT vs. general funding. Donna Wigand said because the MHSA funds are there and available at this time. The County will not dip into the general fund to fund IT, especially given the budget reductions currently being proposed; the same situation is happening in counties all around the state. Different counties allocate the funds differently; some use all of the Capital Facilities/IT funds for IT while others use 2/3 for IT.

Commissioner Overby asked if other counties have the same IT system and a Contra Costa County patient is treated in one of those counties, will the patient record be accessible? Steve Hahn-Smith said the vendor they are considering may be able to set up an information exchange between counties with the same IT system. He's not sure of the status of that part of the project at this time, but there has been discussion and planning around that goal.

Commissioner McKindley-Alvarez asked how would county staff be trained to use the new system? Steve Hahn-Smith said the model consists of several parts: 1) approx. a week long intensive training for those involved in the system set up and 2) a “train the trainer” model where individuals are trained well in their functional area (different departments may utilize different screens based on function) and then function as a departmental expert. It hasn't been finalized yet.

Commissioner McKindley-Alvarez would like to request MHA/Sherry Bradley make sure employees are trained and retrained; a new IT system may be a huge change/challenge for some employees who are not experienced computer users. Systems are only as good as the people operating them. Sherry Bradley said pre-training has already begun with staff as they gear up for a new IT system including 1) every clinician has access to a computer and 2) keyboarding classes.

Commissioner McKindley-Alvarez asked about confidentiality and security for laptops being taken into the community? Steve Hahn-Smith said the technical solution is the server is accessible through the internet so information is not stored locally on the laptop and information is encrypted as it is sent back and forth. Technically someone could save information on a laptop, but all County laptops are encrypted so locally stored information would be secure.

Commissioner Pereyra questioned the hard freeze. If Steve Hahn-Smith vacates his position to coordinate the IT implementation, how does someone get hired to fill in his current job? Sherry Bradley said in the past if there has been a dedicated funding source, an exemption from the hard freeze is possible. Donna Wigand and Suzanne Tavano are researching whether this recent hard freeze includes exemptions for MHSA as in the past.

Commissioner O'Keeffe said Kaiser worried about similar problems brought up tonight. They trained a subgroup who went to the next subgroup and provided sequential training; proved to be a partnership. Sherry Bradley said the challenge is to identify "frontline champions" for the new IT system (ie. clinicians, psychiatrists, nurses) to become the experts and trainers.

Chair Mantas wondered about the portability of information within the county system, service providers and/or other health providers (ie. Kaiser); how is portability being addressed and is the funding included in the project? Steve Hahn-Smith said yes, but we are not there yet. Sherry Bradley said it will be part of the project, but may not be part of the funding because no one truly knows the direct costs involved yet. Interoperability is different than portability. This is the first attempt; policy and privacy issues need to be established between all parties.

Chair Mantas said the reason for bringing up the issue is for the consumer who has an advocate, he/she has a list of meds the advocate walks around with. A consumer without an advocate may not have that information with them as different providers see them. For instance Kaiser does not share mental health diagnosis information between mental health and physical health care providers, but they do share what medications a person is taking to avoid mistakes. He feels medication sharing is important early on in the process. He wanted confirmation that is being looked at. Suzanne Tavano responded the business rules are being established.

Susan Medlin said she supports sharing medication information, but if a physical health care doctor is even aware a patient is taking a psychiatric drug, she is concerned about discrimination and stigma. Stigma is still so great, some safeguards need to be developed possibly including advocacy or a rule stating no medication information will be shared without the patient's consent.

Evelyn Centeno agrees the portability and privacy issues must be addressed. Resolving privacy issues inside of the county is simple; there may need to be a wall for non-county providers such as John Muir because of privacy issues.

Commissioner Overby asked what happens if the system goes down; are there technicians available? Steve Hahn-Smith said the County is looking at a system hosted on 2 mirrored servers; if one server goes down, the down time should be minimal before it switches to the other server. The shorter the downtime in case of a failure, the higher the cost.

- **ACTION: Motion made to approve the Technologies Project Proposal with the minor conditions that substantive comments be brought up and included in the Plan by MHA. (M-McKindley-Alvarez/S-Pereyra/P-Unanimous, 7-0, Kahler, Mantas, McKindley-Alvarez, O'Keeffe, Overby, Pasquini, Pereyra)**

6. CLOSE PUBLIC HEARING

- **ACTION:** Motion made to close the public hearing at 7:55 pm (M-Pasquini/S-Pereyra/ P-Unanimous, 7-0, Kahler, Mantas, McKindley-Alvarez, O'Keeffe, Overby, Pasquini, Pereyra)

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.



MHSA IT Proposal Update

Public Hearing, March 11, 2010



4 Major Components in Proposal

- Electronic Medical Record
- Personal Health Record
- E-Prescribing
- Computer Resource Centers

IT Proposal Timeline

DATE	MEETING	OUTCOME
10/23/2008	Mental Health Commission Meeting	<u>REPORT:</u> MHSA Program Manager provides update on all MHSA components, including Capital Facilities and Technology Needs Component Proposal, to be posted for public comment within the next several weeks.
12/18/2008	MH Consumer Focus Group on IT Project	Consumer focus group meets to go over proposed IT project as defined in Component Proposal and gather feedback and input
12/9/2008 - 1/22/2009	Public Comment Period	Capital Facility and Technology Needs Component Proposal posted for public review and comment period from 12/9/2008 through 1/22/2009.
1/19/2009	Consumer and Family Member Survey for MHSA Technology Component	Deadline for returning MHSA Technology Survey. A six-page survey was made available to consumers who attended focus groups, at NAMI meetings, and at MHCC.
1/21/2009	MHSA Technology Component	Consumer staff focus group meets to go over proposed IT project as defined in Component Proposal and gather feedback and input.
1/22/2009	MH Commission Special Meeting - Public Hearing	Three draft MHSA component plans were presented for the Public Hearing: Workforce Education & Training; Prevention & Early Intervention; Capital Facility and Technology Need Component Proposal
2/5/2009	Letter from State Department of Mental Health	State DMH Approves CCounty Mental Health Capital Facility and Technology Need Component Proposal
6/4/09	CPAW Regular Meeting	The Draft Information Technology Project Proposal was presented, and reviewed, and <u>ACTION:</u> Recommend Approval of the draft Information Technology Project Proposal. It will be posted for public review and comment for 30 days.
1/6/10	Capital Facilities and Information Technology Needs Assessment Survey Results	The Survey Results from the Capital Facilities and Information Technology Needs assessment (completed by county staff, cbo's)
1/14/10	MHC Capital Facilities/IT Workgroup Report to MH Commission	Summarized report from MHC Capital Facilities/IT Workgroup Report to Mental Health Commission
2/5/10	Public Comment Period	The 30 day public comment period begins for IT Proposal

County of Contra Costa
Mental Health Services Act (MHSA)
MHSA Technology Needs Project Proposal – Tracking of Public Comments & Responses
Public Comment Compiled

MHSA Technology Needs Project Proposal – Input from public & stakeholder comments, and from public hearing, for the period February 5, 2010 - March 8, 2010 and during the public hearing on March 11, 2010.

Reading from left to right: the first column references the comment number, the second column contains the section of the plan referenced in the comments, the third column shows stakeholder name, the fourth column identifies the public comment and/or stakeholder input, and the fifth column provides the County MHSA team response, and whether or not any substantive changes in the plan were made.

No.	Section Referenced:	Name	Public Comment and/or Stakeholder Input:	Response to Comments and/or Proposal Changes to Draft:
			There were no Public Comments received for the MHSA Technology Needs Project Proposal during the 30-Day Public Comment period.	

Quality of Care and Quality of Life Assurance Workgroup
3/30/10

Elections:

Chair - Carole McKindley-Alvarez

Vice Chair – Peter Mantas

Priorities:

The information used by this workgroup was obtained from the Mental Health Commission 2010 Retreat. It is important to note all priorities will be addressed from a culturally informed perspective and include all ages-children, adults, and older adults. The following three areas were outlined as priorities for this workgroup:

Continuum of Care

Address gaps in system

Support efforts that improve post-discharge and timely coordination of care

Coordination of Care

Collocation of physical and mental health services

Monitor inpatient needs are met

Contract review

Assessment of Care

Assessment tool to review services (including unlicensed board and care facilities)

Develop qualitative and quantitative metrics for all county mental health services

Review service providers contracts to include qualitative and quantitative metrics to monitor outcome performance

Apply Lean Management to Mental Health Operation

Two-Tier vs. Multi-Tier System

We will review this item immediately to verify the current system used meets statute and make recommendations to the Mental Health Commission accordingly.

The workgroup would like to recommend the following:

-Mental Health Commissions participate in a cultural relevance training provided by Dr. Carole McKindley-Alvarez

Proposed referral of the following to the Capital Facilities Workgroup:
Site Visits

Housing

Picking safe internal and external placements

Picking accessible outside resources (transportation and services)

Picking quality housing

These were listed on the Quality of Care and Quality of Life Assurance list but seem more appropriately located in Capital Facilities.

Remove Completed Task:

Reopen CSU admissions

Remove as this is a Full Commission Function:

Review and comment on county outcome reports