CONTRA COSTA COUNTY
Mental Health Services

Mental Health Services Act

Innovation Component

Submitted:

April 14, 2010

Contra Costa County
Mental Health Services Act
Innovation Component

TABLE OF CONTENTS

Exhibit A – County Certification 1

Exhibit B – Community Program Planning & Local Review Processes 2-5

Exhibit C – Work Plan Narrative 6-24

Exhibit D – Work Plan Description 25-26

Exhibit E – Funding Request 27

Exhibit F – Projected Revenues & Expenditures 28

Exhibit G – Request for Funding for Community Program Planning 29

Appendix A – Local Priority Needs Areas 30

Appendix B – Innovation Planning Process Timeline 31

Appendix C – Innovation Launch Event Flyer 32

Appendix D – Innovative Idea Submission Form 33-35

Appendix E – Innovation Algorithm 36

Appendix F – Priority Learning Opportunity Recommendation: INN-01 37-38

Appendix G-I – Contra Costa Public Comment Notice 39

Appendix G-II – Public Comment Form 40

Appendix G-III – Public Comments Compiled & Responses 41-55

Appendix H – Innovation Storyboard 56

EXHIBIT A

INNOVATION WORK PLAN
COUNTY CERTIFICATION

County Name: Contra Costa County

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

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

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

Donna M. Wigand, LCSW / K Bradley — 4/14/10 — Mental Health Director

Signature (Local Mental Health Director/Designee) — Date — Title

EXHIBIT B

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

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

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

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

The INN Work Group began meeting in June of 2009, initially reviewing the State Department of Mental Health Information Notices and Guidelines (as well as other state documents) to learn more about the Innovation component of MHSA. The group also began by reviewing findings from all previous planning processes from 2005 to 2009 related to MHSA which were broad and inclusive. These previous planning processes [for Community Supports and Services (CSS), Workforce Education and Training (WET) and Prevention and Early Intervention (PEI)] gathered stakeholder input through Community Forums & Surveys, Focus Groups & Key Informant Interviews. Stakeholders included consumers, family members, Contracted Providers, Community Based Organizations, educators, public mental health staff, and subject-matter experts.
A PEI focus group, targeting the LGBTQ community (at the Rainbow Community Center on February 4, 2008) identified *family rejection* and *bullying that occurs in school* as traumatic for young people and a key contributor to mental health problems (including a higher risk of suicide). Initially, the INN Work Group met to brainstorm potential ideas for Innovative projects that would address the needs identified in previous planning processes and contribute to learning. They surveyed data from the CSS, PEI, WET processes and compiled a list of local priority need area (see Appendix A). Crisis Care & First Break, Early Intervention, Ongoing Recovery & Support & Prevention were included in the list as having been repeatedly articulated as a significant need in the community.
After several meetings, the group designed a launch process to encourage broad community engagement and participation. The group then developed a timeline for the Innovation Planning Process (see Appendix B).

On Wednesday, October 7, 2009, Contra Costa County Mental Health held an Innovation Launch Event in the County Board of Supervisors Chambers to kick-off our Request for Innovative Ideas to potentially develop into projects. The County advertized the Launch event through distribution of the Launch Event Flyer (see Appendix C) via email to over 1,300 MHSA Supporters, as well as hard-copies of the flyer distributed to

our Clinics and mailed to Contract Providers. The event included an overview of the Innovation Component of the Mental Health Services Act, emphasizing contributions to learning by introducing new mental health practices/approaches, changing the existing ones, or introducing new applications or practices/approaches that have been successful in other settings. The event also included instructions for how to complete the "Innovative Ideas Form" (see Appendix D) and questions and answers. Mental Health Services Act staff recorded the Innovation Launch, had it replayed on Contra Costa Television on October 20, 2009, October 21, 2009 and October 27, 2009 as well as posted it to the Innovation webpage for on-line viewing. Interpretation was provided in Spanish, Vietnamese and American Sign Language, as well as written materials in Spanish and Vietnamese available on-line and during the Launch Event. Approximately 65 individuals, representing 25 various agencies, attended the Launch event.

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

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

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

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

The work group gave feedback to the MHSA staff, and decided upon an algorithm to use, consisting of five general levels for which to evaluate each Innovative Idea

submission (see Appendix E). The INN Work Group evaluated the importance of each algorithm element based on the members' expert knowledge of the Innovative Idea submissions and the mental health field. The five levels consisted of: State Focus Area, Local needs areas (identified in CSS, WET & PEI Planning processes), Clustering common/complementary ideas, Contribution to Learning, and Prioritize Greatest Learning Opportunity.

During these self-led meetings, the INN Work Group created a process for selecting ideas to serve in creating overarching themes for potential Innovative Projects using their analysis from the Innovation Idea review sessions, the group acknowledged 10 theme areas that organically emerged around the clustered ideas submitted, corresponding to the local priority needs areas which were derived from all previous community planning processes for each MHSA Component. After further examination of each of the overarching themes' potential contribution to learning, the INN Work Group decided on five theme areas and an order in which they would recommend request for funding (based on previous planning processes and estimated work plan development and implementation timeframes). The INN Work Group recommended 5 theme areas to the Consolidated Planning Advisory Work Group (CPAW) on January 7, 2010 as possible Innovative work plans for MHSA Administration staff to develop. Theme INN-01, Social Supports for Lesbian, Gay Bi-Sexual, Transgender, Queer, Questioning, Intersex, 2-Spirit (LGBTQQI2-S) Youth/TAY is attached (see Appendix F).

During the work plan development, the MHSA Innovation staff conducted many key informant interviews with subject matter experts recommended to them by INN Work Group members and Mental Health Senior Staff. The insight provided from these interviews greatly shaped and refined the work plans developed, and continued community & stakeholder input throughout the lifespan of the Innovation planning process. The INN Work Group used research from the Family Acceptance Project (by the Marian Wright Edelman Institute at San Francisco State University), which included in-depth interviews of LGBT youth and transitional age youth (TAY), to understand how family/peer reactions affected their mental health and well-being.

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

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

representation to include some specific target populations, such as LGBTQQI2-S and Native American/Asian Pacific Islanders.

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

The INN Work Group membership includes: Consumers, Family Members, Physical Health Care Providers, Vocational Services, Child & Adolescent Mental Health Service Providers, County Program Managers, local School Board Members, National Alliance on Mental Illness (NAMI) members, Adult Mental Health Service Providers, and Contract Providers.

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

Community subject matter experts provided interviews as key informants; they represent academic community, LGBTQQI2-S Community, government agencies, medical community, consumers & family members. Feedback was gathered from transitional age youth (TAY) participating in the *Coming Out Group*, *Young Men's Brotherhood Groups*, and *Parent Support Groups* sponsored by the Rainbow Community Center of Contra Costa (a nonprofit dedicated to meeting the needs of LGBTQQI2-S persons). Young people named rejection at home and discrimination in school as the two major issues facing them. Youth and TAY stressed the need to build a stronger community to help combat isolation and discrimination, and also showed an interest in speaking out and against the discrimination that impacted them.

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

On February 2, 2010, Contra Costa Health Services – Mental Health Division announced in a public notice (see Appendix G-I) that it was seeking public comments during a 30-Day period through March 4, 2010 on its MHSA Innovation Plan and included a Public Comment Form (see Appendix G-II). Attached are the compiled public comments received during the public 30-day review and comment period, and during the public hearing conducted by the Contra Costa County Mental Health Commission on Thursday, March 11, 2010. The pubic hearing including four participating TAY consumers who were recognized for their attendance by the Commission Chair (see Appendix G-III). During the public review and comment period, a total of twenty-one (21) comments were received. All except one of the comments were supportive of the proposed Innovation Work Plan. At the Public Hearing, twelve (12) public comments were received from the general public, and three (3) by Commissioners, all of which were supportive of the proposed Innovation Work Plan. No substantive comments were received during the process.

Innovation Work Plan Narrative
DRAFT 1/22/2010

Date: _____

County: Contra Costa

Work Plan #: INN-01

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

Purpose of Proposed Innovation Project (check all that apply)

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

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

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

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

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

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

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

By involving existing families, peers, and/or community members and organizations (such as religious groups) affecting the mental health of LGBTQQI2-S youth in services, Contra Costa County will create a sustainable model for prevention and early intervention against feelings of isolation and poor health outcomes. The work plan is innovative because it takes the concept of the social-ecological model, which illustrates how spheres of social influences interact and affect an individual's health, then applies the knowledge of this relationship to an intervention designed to indirectly target a population with poor health outcomes by directly targeting the social networks with which the population interacts. The Innovation work plan will determine if applying the Social Support Model to mental health services will improve the quality of services and ultimately promote positive mental health outcomes for LGBTQQI2-S youth. It will test various methods of engaging, educating, and counseling LGBTQQI2-S youth as well as families, peers, and communities interacting with the youth to determine the methods most effective in decreasing the number of rejecting behaviors and increasing the number of accepting behaviors experienced by LGBTQQI2-S youth. The Innovation work plan will then test if applying this Model to services led to improved mental health outcomes.

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

- determine whether applying a Social Support Model to mental health services targeting LGBTQQI2-S Youth/TAY will improve their mental health outcomes.

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

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

Innovation Work Plan Narrative

Project Description

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

Defining the Issue

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

Discrimination, real and perceived, within an LGBTQQI2-S youth's social environment, including the home, school, and community, can lead to a lack of social support as well as feelings of isolation and rejection[1,2]. One measurement of isolation among youth is school connectedness. According to the California Healthy Kids Survey, in Contra Costa County, many students have feelings of sadness, hopelessness, or low connectedness to the school: 27 percent of 7th grade students, 30 percent of 9th grade students, and 31 percent of 11th grade students had feelings of sadness or hopelessness sometime during the 12 months prior to the survey; and 12 percent of 7th grade students, 14 percent of 9th grade students, and 13 percent of 11th grade students felt low school connectedness[3]. In addition, the survey measures rejection by assessing harassment due to sexual orientation: 7 percent of 7th grade students, 6 percent of 9th grade students, and 5 percent of 11th grade students experienced harassment at school because of their sexual orientation; 11 percent of 7th grade females, 14 percent of 7th grade males, 8 percent of 9th grade females, 12 percent of 9th grade males, 7 percent of 11th grade females, and 9 percent of 11th grade males' experienced harassment or bullying because they were gay, lesbian, or thought to be gay or lesbian[3]. To address the issue of harassment due to sexual orientation, in 2002, Contra Costa County started a Safe Schools Coalition to advocate for the enforcement of California's State Laws protecting student's safety[4]. The Coalition achieved successes under their mandate; however, their mission is not to provide direct services to LGBTQQI2-S youth, their peers, and their families[4].

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

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

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

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

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

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

The Center for Substance Abuse Prevention indicates tobacco, alcohol, and illegal drug use, particularly early use, relates to personal and social problems, including school failure, crime, family violence, and abuse[9]. The 2007 National Youth Risk Behavior Survey found: 20 percent of students smoked cigarettes on at least one day during the thirty days before the survey; 75 percent of students had at least one drink of alcohol on a least one day of their life and 44.7 percent had at least one drink of alcohol on at least once during the thirty days before the survey; 26 percent of students had five or more

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

[6] US Census Bureau. "Profiles of General Demographic Characteristics 2000 Census of Population and Housing Contra Costa County, California". *2000 Census*. May 2001. Accesed on January 25, 2009. Available at: http://www.co.contra-costa.ca.us/depart/cd/recycle/demog/contracosta.pdf .

[7] CDC. "Youth Suicide". *Suicide Prevention*. August 4, 2008. Accessed on December 24, 2009. Available at: http://www.cdc.gov/ncipc/dvp/Suicide/youthsuicide.htm .

[8] Lucile Packard Foundation for Children's Health. "Youth Suicide Rate: 2005-2007". *kidsdata.org*. 2009. Accessed on December 24, 2009. Available at: http://www.kidsdata.org/data/topic/table.aspx?ind=213&dtm=122&loc=171&loc=2&loc=127&loc=217&loc=265&loc=4&loc=59 .

[9] Substance Abuse and Mental Health Services Administration. "The National Cross-Site Evaluation of High-Risk Youth Programs. *Center for Substance Abuse Prevention, DHHS Publication*. 2002. Accessed on December 24, 2009. Available at: http://download.ncadi.samhsa.gov/Prevline/pdfs/FO36/monograph2.pdf .

drinks of alcohol in a row on at least one day during the thirty days before the survey; and 38.1 percent of students had used marijuana one or more times during their life[10]. In Contra Costa County, 7.9 percent of students used alcohol once during their life, 8.6 percent used alcohol two to three times during their life, and 24 percent used alcohol four or more times during their life[11]. In comparison, 8.1 percent of students in Alameda County, used alcohol once during their life, 9.3 percent used alcohol two to three times during their life, and 23.3 percent used alcohol four or more times during their life[11]. While a smaller percentage of students in Contra Costa County used alcohol one to three times during their life, a larger percentage used alcohol four or more times. The Contra Costa County 2006-7, 2007-8 California Healthy Kids Survey found: 3 percent of 8th grade students, 5 percent of 9th grade students, and 5 percent of 11th grade students used marijuana once in their life; and 6 percent of 8th grade students, 18 percent of 9th grade students, and 16 percent of 11th grade students used marijuana two or more times during their life[12]. LGBTQQI2-S youth, like their counterparts, are at risk of abusing substances and some studies show they have an elevated risk of using[2,13,14]. A review about health disparities don by the Center for American Progress found LGBTQQI2-s youth are 2.7 times more likely to smoke cigarettes than their heterosexual counterparts[14]. The National Longitudinal Study of Adolescent Health found males with an attraction to or in a relationship with other males were 1.7 times more likely to use alcohol than their heterosexual counterparts and females with an attraction to or in relationship with other females were 1.8 times more likely to use alcohol than their heterosexual counterparts[13].

The Innovation Project

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

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

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

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

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

[14] Krehely, Jeff. "How to Close the LGBT Health Disparities Gap". *Center for American Progress*. December 21, 2009. Available at: http://www.americanprogress.org/issues/2009/12/pdf/lgbt_health_disparities.pdf . Accessed on December 24, 2009.

Once again, the main learning goal of this innovation work plan is to determine whether applying a Social Support Model to mental health services targeting LGBTQQI2-S youth will improve their mental health outcomes. Community-based organizations and governmental agencies will develop and test various methods of outreach, engagement, education, and programming aimed at changing negative attitudes and behaviors among different social networks, such as families, peers, community organizations and members, and/or providers. The work plan will then determine if the quality of mental health services improved by measuring if this approach leads to the long-term goals of decreasing rejecting behaviors and increasing accepting behaviors, feelings of isolation, and poor mental health outcomes experienced by LGBTQQI2-S youth as well as empowering families and peers to feel capable of providing social support to LGBTQQI2-S youth. The learning provided by the innovation work plan is important for this County because it recognizes the need to improve the quality of mental health services provided to its LGBTQQI2-S population. If results of the innovation work plan show applying a Social Support Model to services targeting the LGBTQQI2-S community improve the mental health outcomes of LGBTQQI2-S youth, then the county anticipates incorporating outreach programs for social networks in its future LGBTQQI2-S mental health programming.

Because of Caitlin Ryan's recent research and specialty in the area of family influence on the health of LGBTQQI2-S youth, the County will contract with San Francisco State University to develop educational materials for the work plan. The County will send out a community-wide Request for Interest (RFI) to engage the community and determine which organization/s in the County will: 1) assess the effectiveness of the developed materials; 2) define which social networks constitute the Social Support Model for their organization; 3) design and implement a program applying the Social Support Model to mental health services; 4) assess the innovative learning goals; and 5) target the providers, families, peers, and/ or communities influencing the health of LGBTQQI2-S youth. If more than one qualified organization or collaboration of organizations applies to the RFI, the County will send out a Request for Proposals (RFP). The selected program/s for the innovative work plan will not be a simple education campaign. Rather, it will attempt to change behaviors by asking community organizations to design and/or adapt existing programs aimed at engaging LGBTQQI2-S youth and their families, peers, and/or other community members in activities which promote the participation of families, peers, and communities in reducing rejecting behaviors directed at the youth. The organizations will then implement and evaluate their programs to establish if the work plan achieved the primary and secondary learning goals.

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

In order to be considered for the work plan, community members and organizations must address the following parameters in their proposals:

- The proposal will define the target population's need and how their proposal addresses this need, describing how the program activities will lead to achieving the learning goals of the innovation work plan.
- The proposal will be culturally competent and reflect the racial, ethnic, cultural, and/or faith-based diversity of the target population.
- In order to increase the likelihood of increasing participation and reducing rejecting behaviors, the County will require organizations include a description of the behavior change model they will use within their program and how their activities promote behavior change within the social networks of the LGBTQQI2-S youth.
- The proposal will include a description of the research component of the program and how it will emphasize learning in emerging practices.
- The proposal will define how the program will follow a prevention and early intervention (as well as direct service) approach.
- The proposal will explain how the program will include a voluntary approach to working with potential partners (including faith-based organizations), service populations, and stakeholders.
- In order to help ensure permanent changes in support-related behaviors, the proposal will address consumer, family, peer, and/or community empowerment.
- To assess the learning goals the proposal will define the indicators it will measure, describe the measurement tools, and explain who will collect the data and how often. At a minimum, organizations will collect baseline data, process and outcome data every six months during program implementation, and outcome data at the conclusion of the project.
- Finally, the proposal will discuss how the community members or organization will make the project sustainable if the learning goals show the innovation is effective, including how it will institute a train-the-trainer program to ensure the project can train providers as needed.

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

- Developed and/or adapted materials and systems for creating a Social Support Model (targeting the family, peers, and/or community). Educational materials will be available in multiple reading levels, so those who do not have English as their first language can understand the content, and translated into the threshold language of Spanish.
- Set of family and/or community service providers trained in the Social Support Model.
- Developed family, peer and/or community components and initiatives of the Social Support Model.

- Integrated and implemented Social Support Model targeting the underserved population of the existing social networks of LGBTQQI2-S youth, including families, peers, and/or communities.
- Evaluation plan which assesses the progress and outcomes of the learning goals.
- Empowered LGBTQQI2-S families and peers who support positive health and development outcomes for youth by reducing rejecting behaviors and/or increasing accepting behaviors.
- Improved health outcomes and resiliency for LGBTQQI2-S youth.

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

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

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

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

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

Client and Family Driven Mental Health System

The work plan will involve LGBTQQI2-S youth and their families in its needs assessment, design, implementation, resource development, and evaluation.

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

Integrated Service Experience

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

Innovation Work Plan Narrative

Contribution to Learning

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

Recent research reveals the greater the degree of family rejection due to sexual orientation the poorer the health outcomes for adolescents experiencing the rejecting behaviors[14*]. Social Supports of LGBTQQI2-S Youth will seek to test and expand this research in a community setting and with a broader range of social networks. First it will determine the social networks to target with the Social Support Model. Then it will explore methods of engaging, educating, and promoting behavior change among the various social networks to discover which leads to LGBTQQI2-S youth experiencing fewer rejecting behaviors and a greater number of accepting behaviors. Finally, it will measure whether this new approach to mental health services leads to improved mental health outcomes for LGBTQQI2-S youth. The work plan will attempt to validate whether it is possible to globalize the Social Support Model in order to produce desired changes in outcome indicators across population groups in the community, including various ethnic, racial, and faith-based populations.

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

As part of its learning goals, the work plan will determine if educating providers about the importance of family, peer, and community support, then having them incorporate this knowledge into the care they provide, leads to an increased feeling of support and acceptance for LGBTQQI2-S youth. Again, the work plan will measure: 1) if this leads to a reduction in rejecting behaviors and an increase in accepting behaviors; and 2) to improved health outcomes and resiliency for the youth.

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

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

Innovation Work Plan Narrative

Timeline

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

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

Time Line

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

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

Because the work plan will likely use and provide supplemental funds as appropriate to existing resources in the community, such as community centers, there will be no need to build facilities. However, as a Social Support Model for LGBTQQI2-S youth does not exist and will have to be developed, the county expects it will take three years to implement the work plan and achieve its learning goals. It will take four months to set-up the project. Because implementation consists of both education and behavior change, the program requires thirty months to implement. Because Caitlin Ryan is developing educational materials for various reading levels, two reading levels will be available in year one and three in year two. All materials will be minimally available in English and Spanish. After the organizations implementing the work plan design their train-the trainer program, training of providers will occur on an ongoing basis as needed; this is because, as participation increases, new service providers will join throughout the course of the work plan. It will take two months to collect final outcome data, analyze the work plan results, determine if the work plan met the primary and secondary learning goals, and write final reports for various stakeholder groups. At the conclusion of the work plan, in order to disseminate findings to the community, the County intends to conduct a forum to educate community members. This will also allow stakeholders to address their concerns about the progress and implementation of the Innovation work plans. If the approach is effective the County intends to apply the approach to services for similar target populations. Upon approval, the County will work with appropriate partners to publish its findings in order to inform the public, practionners, and policy makers about the effectiveness of applying a Social Support Model to mental health services.

Innovation Work Plan Narrative

Project Measurement

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

The short-term work plan outcomes may be measured by indicators such as:

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

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

Trained youth and family service providers

- # youth & family service providers trained and retained

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

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

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

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

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

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

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

Innovation Work Plan Narrative

Leveraging Resources (if applicable)

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

The following are potential resources to leverage:

- Community partnerships, both within and outside the mental health system (such as community-based organizations, MHSA programs, public health programs, physical health providers, mental health providers)
- Community resources (such as faith-based organizations, PFLAG, GSA)
- Integration within existing provider channels (different ethnic groups, racial groups, schools, after-school programs, faith-based organizations, community-based organizations, physical health providers, mental health providers, social services, juvenile justice, PFLAG, and GSA)
- Using interns from existing MHSA-funded programs
- Building upon proposed models of increasing Family & Social Supports in existing literature
- Using existing planner/evaluator to look into grants and other funding opportunities should project yield positive outcomes.

LGBTQQI2-S Vocabulary and Definitions

Sex: A person's biological and anatomical identity.

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

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

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

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

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

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

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

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

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

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

Heterosexual: Heterosexual is the clinical synonym for straight.

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

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

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

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

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

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

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

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

EXHIBIT D

Innovation Work Plan Description
(For Posting on DMH Website)

County Name: Contra Costa

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

Work Plan Name:

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

Population to Be Served (if applicable):

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

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

The county recognizes the need to better serve the often invisible population of LGBTQQI2-S youth. The County would like to determine if it can improve quality of services and health outcomes by targeting the existing family and peer network influencing the health of these youth. It will use the proposed innovation work plan to have community-based organizations create and implement a Social Support (term used to describe the degree of emotional support afforded an individual by friends, family and others) Model for LGBTQQI2-S youth focusing on issues of sexual orientation and gender. This work plan will target diverse ethnic, cultural, and faith-based populations throughout the County.

By involving existing families, peers, and/or community members and organizations (such as religious groups) affecting the mental health of LGBTQQI2-S youth in services, Contra Costa County will create a sustainable model for prevention and early intervention against feelings of isolation and poor health outcomes. The work plan is innovative because it takes the concept of the social-ecological model, which illustrates how spheres of social influences interact and affect an individual's health, and then applies the knowledge of this relationship to an intervention designed to indirectly target a population with poor health outcomes by directly targeting the social networks with which the population interacts. The Innovation work plan will determine if applying the Social Support Model to mental health services will improve the quality of services and ultimately promote positive mental health outcomes for LGBTQQI2-S youth. It will test various methods of engaging, educating, and counseling LGBTQQI2-S youth as well as families, peers, and communities interacting with the youth to determine the methods most effective in decreasing the number of rejecting behaviors and increasing the number of accepting behaviors experienced by LGBTQQI2-S youth. The Innovation

work plan will then test if applying this Model to services led to improved mental health outcomes. Community-based organizations and governmental agencies will develop and test the various methods of outreach, engagement, education, and programming aimed at changing negative attitudes and behaviors among different social networks, such as families, peers, community organizations and members, and/or providers. The learning provided by the innovation work plan is important for this County because it recognizes the need to improve the quality of mental health services provided to its LGBTQQI2-S population. If results of the innovation work plan show applying a Social Support Model to services targeting the LGBTQQI2-S community improve the mental health outcomes of LGBTQQI2-S youth, then the county anticipates incorporating outreach programs for social networks in its future LGBTQQI2-S mental health programming.

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

- determine whether applying a Social Support Model to mental health services targeting LGBTQQI2-S youth will improve their mental health outcomes

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

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

EXHIBIT E

Mental Health Services Act
Innovation Funding Request

County: Contra Costa

Date: 12-Mar-10

	Innovation Work Plans		FY 09/10 Required MHSA Funding	Estimated Funds by Age Group (if applicable)			
	No.	Name		Children, Youth,	Transition Age Youth	Adult	Older Adult
1	INN-01	Social Supports for Lesbian, Gay, Bisexual, Transgender, Questioning, Queer, Intersex, 2-Spirit, Asexual (LGBTQQI2-S) Youth.	$1,164,910	$116,491	$524,210	$524,210	
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
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15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26	Subtotal: Work Plans		$1,164,910	$116,491	$524,210	$524,210	$0
27	Plus County Administration		$174,737				
28	Plus Optional 10% Operating Reserve		114,581				
29	Total MHSA Funds Required for Innovation		$1,454,228				

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Contra Costa Fiscal Year: 2009/10

Work Plan #: INN-01

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

New Work Plan ☑

Expansion ☑

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

Revised 03/23/10

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	219,361		290,400	$509,761
2. Operating Expenditures	32,904		256,919	$289,823
3. Non-recurring expenditures	7,000	45,000	131,000	$183,000
4. Training Consultant Contracts	25,000		76,125	$101,125
5. Work Plan Management	35,000		46,200	$81,200
6. Total Proposed Work Plan Expenditures	**$319,266**	**$45,000**	**$800,644**	**$1,164,910**
B. Revenues				
1. Existing Revenues				$0
2. Additional Revenues				
a. (insert source of revenue)				$0
b. (insert source of revenue)				$0
c. (insert source of revenue)				$0
3. Total New Revenue	**$0**	**$0**	**$0**	**$0**
4. Total Revenues	**$0**	**$0**	**$0**	**$0**
C. Total Funding Requirements	**$319,266**	**$45,000**	**$800,644**	**$1,164,910**

Prepared by: Sherry Bradley Date: 3/12/2010

Telephone Number: (925) 957-5114

EXHIBIT G
(Optional)

Innovation Component
Request for Funding for Community Program Planning

Date: March 12, 2010

County: Contra Costa

Total Amount Requested: $1,454,228

Funding Purposes

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

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

Certification

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

Donna M. Wigand, LCSW /S Bradley

Signature (Director/Designee, County Mental Health Department)

Appendix A

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 pacements, 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: Sor school-based EI, grieving camps

Art

Jobs

Trust

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

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

* Most often mentioned

Appendix B

MHSA Innovation Planning Process

Milestones

Key Activities

1.1 Draft Planning Process Map	2.1 Send Invitational Materials	4.1 All Ideas submitted are read	5.1 Identify Common Themes	6.1 Work Group Updates CPAW: 12/3/09	7.1 30-Day Public Comment begins 1/8/10	8.1 Commission Hearing - 2/11/10
1.2 CPAW Approval of Planning Process Map	2.2 CCMH Hosts Launch Event - 10/7/09	4.2 Ideas Sorted & Matched to State & Local Focus Areas	5.2 Sort Ideas to fast track	6.2 Begin Drafting Recommendations 12/4/09		
1.3 Outreach, Launch, Innovation Webpage Up	2.3 Solicit Idea Forms	4.3 Identify Learning Opportunities	5.3 Determine as County Project or RFP	6.3 Work Group Meets		

Innovation Launch Event!

We are looking for a few bright ideas.

Contra Costa Mental Health is soliciting ideas from the community to develop Innovative Projects that will lead to the funding of novel and creative Mental Health practices and approaches. Ideas must contribute to learning that will help transform our community's Mental Health System.

Come and take part in the planning process!

JOIN US!

Date: Wednesday, October 7, 2009

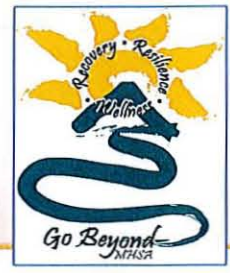
Time: 4pm — 6pm

Location: Board of Supervisor's Chambers
651 Pine Street Room 107
Martinez, Ca 94553

Contra Costa Mental Health Division
Mental Health Service Act

Phone: 925.957.5150 - Sherry Bradley

E-mail: mhsa@hsd.cccounty.us



Innovative Idea Form

October 2009

Principles of Innovation

An Innovation project contributes to learning by providing the opportunity to "try out" new approaches that can inform current and future practices/approaches in communities. An Innovation contributes to learning in one or more of the following three ways:

- Introduces new mental health practices/approaches including prevention and early intervention that have never been done before, or
- Makes a change to an existing mental health practice/approach, including adaptation for a new setting or community, or
- Introduces a new application to the mental health system of a promising community-driven practice/approach or a practice

1. Idea Title: _____

Submitted by: **Date:** 4/14/2010

Mailing Address:	(Organization if applicable)
Phone #:	
Email:	

2. Purpose of this Idea - The State requires that ideas fit the following purposes. Please select the purpose that best fits your idea (please check one box only)

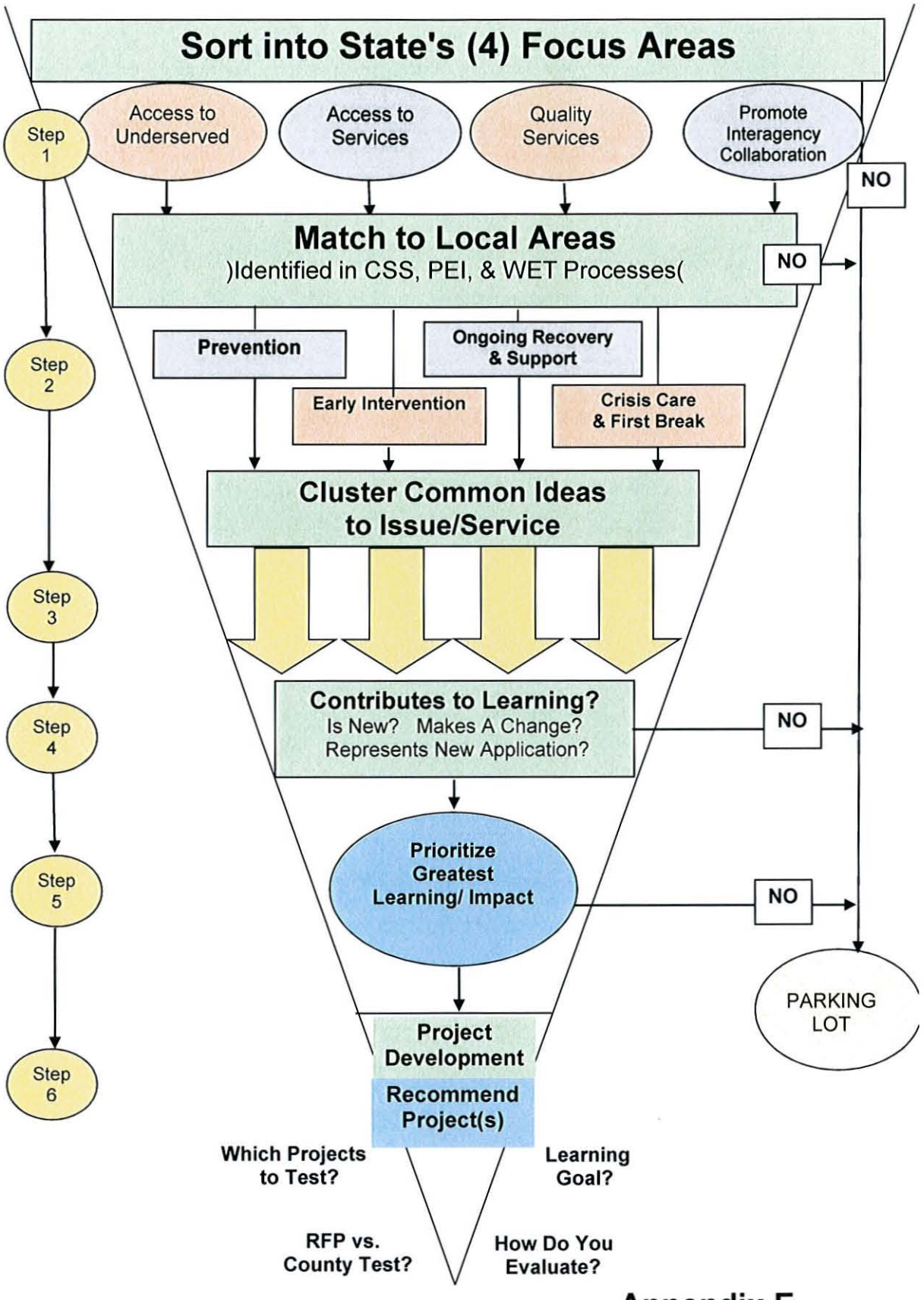
- ☐ **Increase service access to underserved groups**
- ☐ **Increase quality and improved results of services (outcomes)**
- ☐ **Improve and promote interagency collaboration**
- ☐ **Increase access to services**

3. **Innovative Idea –** (2 pages maximum) Describe the innovative idea, the issue it addresses and the expected outcome, i.e. how the innovative idea may create positive change.

4. Innovation Project Implementation (Optional) - Please provide a brief description of how your idea might be implemented.

3. Additional Comments (Optional)

INNOVATION IDEAS



Appendix E

Contra Costa Mental Health

Memo

To: MHSA Consolidated Planning Advisory Workgroup (CPAW)

From: CPAW Innovation Work Group: Anna Lubarov, Brenda Crawford, John Hollender, Kathi McLaughlin, Rich Weisgal, Ryan Nestman, Susan Medlin, Veronica Vale; Staff: David Carrillo, Project Manager, Erin McCarty, Planner/Evaluator and Cindy Downing, Administrative Analyst

CC: Sherry Bradley, MHSA Tracking Group

Date: 4/14/2010

Re: Priority Learning Opportunity Recommendation **(Memo 1-of-5)**: Family Supports for LGBTQ Youth/TAY around the Issues of Sexual Orientation/Gender Identification

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At its November 30, 2009 meeting CPAW Innovation Work Group identified "Social Supports (term used to describe the degree of emotional support offered an individual by friends, family and others) for LGBTQ Youth/TAY around the Issues of Sexual Orientation/Gender Identification" with the intent of pursue the following learning goal(s) as a priority:

1. Determine whether the social segment model for LGBT Youth/TAY will increase social participation and response, and produce positive outcomes of resiliency for Youth/TAY; and

2. Validate whether this model can be globalized to produce desired changes in outcome indicators across diverse population groups in the community, including diverse ethnic, racial, and faith-based populations.

The Work Group would expect to see the following changes in outcome indicators as a result:

- [Increase] Positive health outcomes
- [Decrease] High risk behaviors
- [Decrease] Community discrimination and rejecting behaviors
- [Increase] Family support by decreasing rejecting behaviors and increasing accepting behaviors

The Work Group suggests that this theme be immediately developed as a project to be recommended in the Innovation Plan submitted during the first quarter of 2010.

The justification(s) that Work Group had for recommending the above learning goal(s) were the following:

- Would serve as a test for programs using San Francisco State University's recently published research regarding family acceptance of LGBT Youth/TAY and its positive outcomes for youth.

- "Q Scouts" is an emerging new program idea, not yet tested.
- Fits within State Focus Area: Increase Service Access to Underserved Groups
- Meets Local Interest Area(s): Prevention and Early Intervention/Ongoing Recovery & Support: assisting adults to help kids; providing Culturally Appropriate Treatment; integrating service approaches with Faith Community
- Impact on Core Services: Approach can be integrated into existing Child/TAY Mental Health practices with participating clinicians, and by incorporating learning into training opportunities for program planners and practitioners throughout the system.

Suggested program parameters include, but are not limited to:

- **A research component that emphasizes learning in emerging practices:**
    - Test the effectiveness of implementing Social-Related Model for LGBT
    - Youth/TAY based on recent research.
    - Programs that test the applicability and measure the effectiveness of Social Support approaches that research across diverse (ethnic/racial/faith-based) groups, especially those working with faith-based organizations.
- **Test applicability and measure the effectiveness of targeting diverse ethnic, racial, and faith-based groups**
- **A prevention and early intervention approach**
- **A voluntary approach to working with potential partners (for example, schools, social services, health and mental health providers, juvenile justice, etc), service populations, and stakeholders**
- **A consumer and family empowerment approach (which may include peer-to-peer component)**
- **If appropriate, a technology component (to inform, connect, provide access, & measure learning).**

Suggested subject matter experts for assistance in the project development include:

- Tony Sanders
- John Allen
- David Woodland
- Rich Weisgal
- Ryan Nestman
- Parents, Families & Friends of Lesbians and Gays (PFLAG)

CONTRA COSTA HEALTH SERVICES - MENTAL HEALTH DIVISION

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

February 2, 2010

30-day Public Comment Period Begins

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

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

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

Sherry Bradley, MPH, MHSA Program Manager

CCMH Administration

1340 Arnold Drive, Suite 200

Martinez, CA 94553

Email: mhsa@hsd.cccounty.us

925-957-5150

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

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

The public is welcome to attend and participate.

CONTRA COSTA
HEALTH SERVICES
MENTAL HEALTH DIVISION

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

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

MHSA Draft Innovation Plan

30 Day Public Comment Form

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

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

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

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

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.

30 Day Public Comment Period

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).	• 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 made substantive changes to any 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.	• Person making comments wished anonymity. A letter was sent in response to address given • 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 in Contra Costa County • Since none of the comments substantively changed 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:
3	In general	Donna Garro Contra Costa Regional Medical Center dgarro@comcast.net (925) 370-5714 635 Laird Lane Lafayette, CA 94549 (Family Member)	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 Health Division is hoping to extend mental health/clinical care to our LGBTQQI 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.	• Ms. Garro was thanked via email for sharing her personal experiences and supportive comments • While the primary focus of Innovation is not service, it is hoped that the work plan will lead to more effective services in the future • Since none of the comments substantively changed sections of the work plan – no changes were made
4	In general	Kevin J. Corrigan kjmcorrigan@yahoo.com (925) 957-9840 1255 Oak Crest Ct. Martinez, CA 94553 (Family Member)	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. 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. 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.	• Mr. Coorigan was thanked via email for sharing his personal experiences as a family member and for his supportive comments • In response to Mr. Corrigan's comment that he hoped the Innovation work plan will be aimed at "providing Contra Costa educators, Mental Health professionals, etc. with a better appreciation of the stressors experienced by LGBTQ youth", Mr. Corrigan was informed that his comments were consist with the projects learning goals • Since none of the comments substantively changed 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)	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	• 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

No.	Section Referenced:	Name	Public Comment and/or Stakeholder Input:	Response to Comments and/or Proposal Changes to Draft:
			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.	LBGT youth and their families" were 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
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.	• 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)	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. 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. 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.	• Ms. Allen was thanked via email for sharing her supportive comments • Ms. Allen expressed hopes that the Innovation work plan is aimed at "reaching LBGQT 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:
			Thank you in advance for your support of this essential program.	
8	In general	Paolo Gargantiel Contra Costa County MH 925-372-4416 Paolo.Gargantiel@hsd.cccounty.us 30 Douglas Dr. Suite 234 Martinez,CA 94553 (Service Provider)	I fully support the innovation work plan targeting and increasing social supports for LGBTQQI2-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 LGBTQQI2-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 LGBTQQI2-S youth, a potentially invisible group, and this very fact makes this project all the more relevant and necessary.	• 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" vulnerable to "suicide risk" 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

No.	Section Referenced:	Name	Public Comment and/or Stakeholder Input:	Response to Comments and/or Proposal Changes to Draft:
9	In general	Harry Miller 925-899-8197 harrym2@mac.com 1220 Lindell Drive Walnut Creek, CA 94596 (Family Friend of LGTQ youth)	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. 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. 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. 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.	• Mr. Miller was thanked via email for sharing his personal experiences as a family friend of a transgendered youth and for his generally supportive comments • Mr. Miller specific comments supporting "a program to encourage and facilitate stronger family relationships", and "serving LBGTQ youth and there 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 Lafayette, CA 94549 (Service Provider)	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 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.	• 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 LBGTQ youth, sometimes at risk and suicidal • Mr. Barakos comment that he supports 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

No.	Section Referenced:	Name	Public Comment and/or Stakeholder Input:	Response to Comments and/or Proposal Changes to Draft:
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.	• 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 (LBGTQ) 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.	• 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.com46 05 Shannondale Drive Antioch, CA 94531 (Community Member/Volunteer)	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 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.	• Ms. Aldritt was thanked via email for sharing her strong support for the Innovation Plan • Ms. Aldritt expressed hopes that 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.

No.	Section Referenced:	Name	Public Comment and/or Stakeholder Input:	Response to Comments and/or Proposal Changes to Draft:
				• 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	• 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 changed 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 (LGBTQ Community Center)	The Rainbow Community Center of Contra Costa County urges the implementation of the MHSA Innovations plan to develop social supports for LGBTQQI2S youth and their parents. Contra Costa's LGBTQQI2S 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 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. LGBTQQI2S 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.	• Mr. Barr was thanked via email for sharing his strong support as a service provider • Mr. Barr specific comments supporting "transforming the current mental health system. LGBTQQI2S people lack access to affirming and safe mental health services" was acknowledged as consistent with the learning goals of the Innovation work plan. • Since none of the comments substantively changed 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:
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,	• Ms. Stanley was thanked via email for sharing her strong support for the Innovation Plan as a grandmother/family member • Ms. Stanley comment 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 changed sections of the work plan – no changes were made
17	In general	Sue Hilbun CCRMC Staffing Svcs 2500 Alhambra Ave Martinez, Ca 94553 (County employee)	I am writing to express my support for the proposal for Social Supports for LGBTQQI2-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.	• Ms. Hilburn was thanked via email for sharing her strong support for the Social Supports for LGBTQQI2-S as a Innovative project • Since none of the comments substantively changed 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.	• 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 • Since none of the comments substantively changed sections of the work plan – no changes were made
19	In general	Kristin Fredriksson Social Work Student knfredriksson@yahoo.com 1318 Hale Drive Concord CA 94518	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	• Ms. Fredrikksson was thanked via email for sharing her strong support of the Innovation Plan • Ms. Fredrikksson comment supporting of development of

No.	Section Referenced:	Name	Public Comment and/or Stakeholder Input:	Response to Comments and/or Proposal Changes to Draft:
		(Social Service, Community Member)	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.	"social supports designed to reach LGBT youth" and "forging more affirming relationships between LBGT 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 changed 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)	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 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. 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,	• Mr. Lucchese was thanked via email for sharing his personal experiences and for his support of a social support program designed to reach LBGTQ youth and their parents. • Mr. Lucchese comments 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 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:
			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. Thank you for considering my support for this proposed program and I strongly urge you to give the program the go-ahead.	

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)	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.	• 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 changed sections of the work plan – no changes were made

Public Hearing Comments

No.	Section Referenced:	Name	Public Comment and/or Stakeholder Input:	Response to Comments and/or Proposal Changes to Draft:
1	Entire Plan	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	• Ms. Garro was thanked for her positive comment supporting the the draft plan. • No changes were made to the plan.
2	Entire Plan	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.	• Mr. Switzer was thanked for his positive comment supporting the the draft plan. • No changes were made to the

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				plan.
3	Entire Plan	Ben Barr, Executive Director of Rainbow Community Center (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?	• Mr. Barr was thanked for his positive comment supporting the the draft plan. • Planner/Evaluator will be used to look into grant and other funding opportunities should the project yield positive results. • No changes were made to the plan.
4	Entire Plan	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.	• Ms. Muller was thanked for her positive comment supporting the the draft plan. • No changes were made to the plan.
5	Entire Plan	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.	• Mr. Machado was thanked for his positive comment supporting the the draft plan. • No changes were made to the plan.
6	Entire Plan	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	• Ms. Corrigan was thanked for her positive comment supporting the the draft plan. • No changes were made to the plan.

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			at her middle school that is still ongoing.	
7	Entire Plan	Dr. Michelle Herrera, Youth Director of the Rainbow Community Center (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.	• Ms. Corrigan was thanked for her positive comment supporting the the draft plan. • No changes were made to the plan.
8	Entire Plan	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.	• Ms. Horvath was thanked for her positive comment supporting the the draft plan. • Planner/Evaluator will be used to look into grant and other funding opportunities should the project yield positive results. • No changes were made to the plan.
9	Entire Plan	Ralph Hoffman	Consensus building was necessary in developing this Plan. He urges this MHC to keep this in mind when making comments on the Plan.	• Mr. Hoffman was thanked for his positive comment supporting the the draft plan. • No changes were made to the plan.
10	Entire Plan	Brenda Crawford	She is proud to be part of a process that results in recommending valuable projects such as this one. Issues around LBGT 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	• Ms. Crawford was thanked for her positive comments supporting the plan. • While cultural competency is addressed on a more general level in the plan, it will be further articulated during program planning, and Ms. Crawford's comments will be forwarded to the implementation team. • No changes were made to the

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			being sent out by this Plan need to be culturally competent to avoid creating even more isolation among the LGBT youth being served.	plan.
11	Entire Plan	Kevin Corrigan	He is a father of a LGBT youth and has been involved in pubic 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.	• Mr. Corrigan was thanked for his positive comments supporting the plan. • No changes were made to the plan.
12		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	• Ms. Kali was thanked for her positive comments supporting the plan. • No changes were made to the plan.

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			program like this would send a message that LGBT kids and families can live here in CC County successfully.	
13	Entire Plan	Mental Health Commission	After the public comment was closed, the Mental Health Commission members commented on the Innovation Work plan. The discussion/comments of the Mental Health Commission members are attached to this compiled document.	•

CONTRA COSTA
HEALTH SERVICES

INN01: Social Supports for LGBTQQI2-S Youth

Problem

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

LGBTQQI2-S Youth

Intentional & Unintentional

Rejecting Behaviors & Discrimination

Social Supports:
Family
Peers
Community Members & Organizations

Unaware of Negative Health Consequences of their Rejecting Behaviors on their Children, No Programs Targeting their ↑Participation in LGBTQQI2-S Mental Health Services

What the Research Tells Us

- LGBTQQI2-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 LGBTQQI2-S social supports
- ↑ participation of family, peers, and community members & organizations in LGBTQQI2-S accepting behaviors & services
- Engage and educate social supports about health consequences of rejecting behaviors directed at LGBTQQI2-S youth
- Change behaviors of families, peers, community members and organizations involved with LGBTQQI2-S Youth
- Improve health outcomes of LGBTQQI2-S by also targeting those who influence their Health

Education

Social Supports:
Family
Peers
Community Members
and Organizations

Outreach & Engagement

Activities Aimed @ Changing Behavior

Raising Awareness

Participation & Behavior Change

Improved Quality of Services for LGBTQQI2-S Youth

Improved Lives of LGBTQQI2-S Youth

Learning Goals

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

- determine whether applying a Social Support Model to mental health services targeting LGBTQQI2-S youth will improve their mental health outcomes
- does this model change family, peer, and/or community attitudes about and behaviors affecting LGBTQQI2-S youth, leading to a decrease in the number of rejecting behaviors and increase in accepting behaviors experienced by LGBTQQIS-2 youth
- does one component, or social group, of the model improve participation in services and promote behavior change more than another

Desired Outcomes

Social Supports:
Family
Peers
Community Members
and Organizations

Positive Participation & Behavior Change

Rejecting Behaviors and Discrimination

Improved Quality of Services for LGBTQQI2-S Youth

Improved Lives of LGBTQQI2-S Youth

Improved Quality of Mental Health Services, ↓Isolation, Improved Health Outcomes