

California Mental Health Planning Council
Continuous System Improvement Committee
Ontario Airport Hotel - Carson Room
700 North Haven Avenue Ontario, CA 91764
June 16, 2016
8:30am – 12:00pm

Time	Topic	Presenter or Facilitator	Tab
8:30am	Planning Council issue requests	All members	
8:35am	Welcome and Introductions	Lorraine Flores, Chair Walter Shwe, Chair-elect	
8:40am	Review/approve April minutes	All members	A
8:50am	Data Notebook 2016: Planning, design, and update on draft questions.	Susan Wilson, Linda Dickerson	B
10:30am	Discussion regarding LGBTQ action items	Lorraine Flores, Chair	C
11:45am	Evaluate meeting/Develop agenda for next meeting	All members	
11:55am	Public comment		

The scheduled times on the agenda are estimates and subject to change.

Committee Members:

Chair: Lorraine Flores

Chair-Elect: Walter Shwe

Members:

Karen Hart, Celeste Hunter, Esmeralda Liberato,

Raja Mitry, Monica Nepomuceno, Noel O'Neill, Susan Wilson

If reasonable accommodations are needed, please contact the CMHPC at (916) 323-4501 no less than 5 working days of the meeting date.

_____ **INFORMATION**

TAB SECTION A

 X **ACTION REQUIRED:**
Approve Minutes

DATE OF MEETING
06/16/16

MATERIAL
PREPARED BY: Orrock

DATE MATERIAL
PREPARED 05/10/16

AGENDA ITEM:	Approval of CSI Committee Meeting Minutes
ENCLOSURES:	<ul style="list-style-type: none">• Minutes of CSI Meetings from April 2016
OTHER MATERIAL RELATED TO ITEM:	None

ISSUE:

Continuous System Improvement Committee review and approval of minutes from the April,2016 Quarterly meeting, San Francisco, CA.

Continuous System Improvement Committee

Meeting Highlights

April 21, 2016

1500 Van Ness Avenues, San Francisco, CA

Committee Members present:

Lorraine Flores, Chair	Walter Shwe, Chair-elect
Susan Morris Wilson	Noel O’Neill
Esmeralda Liberato	Raja Mitry
Celeste Hunter	Amy Eargle
Karen Hart	

Staff present:

Tom Orrock, Linda Dickerson

Others present:

Beryl Nielsen, Napa County

Welcome and Introductions:

Lorraine Flores welcomed the committee members, staff, and guests present. She briefly discussed the agenda and gave some expectations about the morning’s meeting. It was announced that a quorum was established.

Review and Approve December meeting minutes:

Motion to approve December minutes by Celeste, seconded by Esmeralda. Minutes unanimously approved.

Data Notebook 2016: Planning, design, and review of questions:

Linda announced that we are in a bit of a holding pattern with DHCS. Earlier this week we received a limited amount of Children’s Mental Health Performance Outcomes System (POS) data for small counties. But we did not receive POS EPSDT data for individual counties. 21 counties have accepted the EPSDT data presented to them by DHCS. 1 denied. 32 counties are pending.

It may be that we don’t receive POS EPSDT data for individual counties until June of 2016. Lorraine asked how this fits with our timeline for the project. Susan stated that we would like to get the project completed by January of 2017. She stated that we may not reach this timeline due to having to wait for others to respond to data requests.

Susan stated that we are going to switch things up a bit and create informative paragraphs that will precede the questions. This way, the counties will receive this information as a platform to launch discussion. We will also be describing the data sets underneath the data sets so that the MH Boards will be able to track the information better. Linda has continued to work with the MHSA data committee at

CBHDA and Debbie Innes Gomberg for their input. Ultimately, we will receive the input but retain our intention to ask pertinent questions.

Linda presented a copy of the MOQA data. Susan read each of the questions to the committee for input. Discussed the following questions:

- Engagement of parents and TAY.
- Comments about the local strategy to provide MH services to foster youth.
- Programs specifically for LGBTQ youth conducted by people with LGBTQ training. Discussed the use of Q/Q. This question will be discussed with Dr. Ryan.
- Does the local education plan contract with your mental health program to provide BH services.
- Does your county provide alc/drug services to children and youth?
- Services for children and youth in the justice system. Links to services while in custody/while not.
- Follow up with youth and parents after psychiatric hospitalization. **(Will add Comments and Recommendations).**
- Does your county utilize PEI funds for programs that seek to reduce suicide in children and youth? **(May remove "PEI" in the question.**

There are other questions related to the data that are still in the formation stage. Susan asked if the questions reflect the focus of the committee.

Noel stated that FSP services to children will dovetail with Katie A. and the AB 403 continuum of care reform. These children are counted as FSP in Trinity County. This is something to consider as we ask questions about this.

Lorraine expects that 403 will really affect the landscape and that the committee may want to keep track of the implementation.

Linda discussed the MOQA data which was presented to the committee. These data seem to indicate some improvements. Although it is a very small data set. Noel stated that CSS is the largest piece of MHSA funding but that 51% must be spent on FSP.

The ad hoc committee that Adrienne and Debbie are working with will help us frame the final questions in order to get the most useful information. Linda believes that we can get a final draft out to them by the end of next week, April 29.

Noel believes that MH Directors would be interested in the DNB because the Council's role is to advise the legislature who are trying to determine if county MH programs are working. The DNB gives the counties an opportunity to state what they are doing to assist those with SMI.

On the subject of homelessness, Lorraine stated that the Bill Wilson Center (the agency she works for) will be doing a survey using Youth Catalytics' survey template to determine how many are students are homeless or unstably housed in Santa Clara county.

Dr. Caitlin Ryan, Family Acceptance Project: Dr. Ryan presented her work with the Family Acceptance Project. It was started as a response to a profound unmet need in California. There are major unmet health disparities within the LGBT community. Because we know this information we can now target and ameliorate these conditions. Prior to this nobody had studied what happens in families when a youth comes out as lgbt. Families were seen as an adversary or an enemy by providers of lgbt youth services. There was an assumption that nothing could be done. How families respond to their lgbtq children makes a significant difference.

She went all over California to do outreach and obtain information from lgbt youth and their families. They did audio taped private interviews with each key family member. 8,000 pages of transcripts were collected. The primary barrier for families is culturally relevant information. Culturally relevant in faith, geographic region, ethnicity, etc.

We now know that kids have their first crush at about age 10. Many young people today are now coming out between age 7-13. Parents begin to send rejecting messages as early as age 3. This needs to be looked at as a child development issue.

In the past LGBT community services offered no information or support to the families of lgbt youth. We can now focus on providing preventive, upstream services to interrupt the rejecting behaviors of parents and therefore interrupt suicidality. Family accepting and rejecting behaviors were measured. A bit of acceptance causes suicidality and depression to drop significantly. When parents learn this, it changes their thinking about how they can best manage and parent their children. Family acceptance is a major protective factor.

Family education booklets were created to begin to educate parents about the effects of rejecting behaviors and the positive outcomes associated with acceptance. These were created using faith language in order to reach religious, conservative families. This is the only faith based, evidence based approach for the prevention of suicide. Research found that most families start out either ambivalent or rejecting. Their research was used in the legislation for anti-reparative laws. Many homeless youth who are lgbt are from highly religious families. We have to build an alliance with providers in order to help them understand that parents are simply reacting based on what they were taught and their reactions are based in love for their children.

Susan asked about how schools are reacting to lgbt issues. Dr. Ryan stated that schools reflect the values of the community and the family. If we focus on schools but don't focus on families, we ignore the real problem. All bullying and discrimination starts at home. We really need to do the messy work of addressing families. They are mostly trying to address the negative rhetoric from providers. Dr. Ryan believes that we could do some great work in community resource centers. She would like to make information available to parents of younger children. She stated that schools are often very conservative and wary of this information. The information needs to be put in an early childhood education framework.

We can do more than to simply protect LGBT kids from harm and ridicule. We also need to make

opportunities for them, plug them in, and provide activities that promote well-being. Tolerance is not enough.

It was pointed out that LGBT issues were not reflected in the ACEs study. Amy E. asked about whether or not recent changes in the law regarding marriage have made an impact on parents to become more accepting. Dr. Ryan stated that it hasn't because parents live in their own cultures apart from and different from local laws. People also live in the context of extended family and this is very important in regards to acceptance and rejection.

Dr. Ryan stated that "Questioning" has never been conceptualized and that the terminology changes all the time. "Queer" is probably more acceptable because it is more used as a term.

Public comment:

No public comment

Meeting adjourned at 11:48 am

X INFORMATION

TAB SECTION B

 ACTION REQUIRED

DATE OF MEETING

06/16/16

MATERIAL
PREPARED

DATE MATERIAL
PREPARED

BY: Orrock

05/11/16

AGENDA ITEM:	Data Notebook 2016: Planning, design, and update on draft questions
ENCLOSURES:	
OTHER MATERIAL RELATED TO ITEM:	

ISSUE:

X INFORMATION

TAB SECTION C

_____ ACTION REQUIRED:

DATE OF MEETING 6/16/16

MATERIAL
PREPARED BY: Orrock

DATE MATERIAL
PREPARED 5/12/16

AGENDA ITEM:	Discussion regarding LGBTQ action items
ENCLOSURES:	LGBTQ White Paper Draft Outline California Reducing Disparities Project (CRDP) LGBTQ Strategic Planning Workgroup (SPW) Population Report (PDF) Pages 106-124
OTHER MATERIAL RELATED TO ITEM:	http://www.eqcai.org/atf/cf/%7b8cca0e2f-faec-46c1-8727-cb02a7d1b3cc%7d/FIRST_DO_NO_HARM-LGBTQ_REPORT.PDF

ISSUE:

The CSI Committee will decide what they would like to produce on the subject of LGBTQ mental health services. The initial goal was to produce a white paper on the subject. The Committee will review a proposed outline of the white paper and can add or subtract from the draft outline. This process will assist staff in narrowing the focus of the paper.

The Committee will also discuss who will receive the white paper and the impact they hope it will make to improve conditions for LGBTQ youth.

**California Reducing Disparities Project (CRDP) LGBTQ
Strategic Planning Workgroup (SPW) [Population Report \(PDF\)](#)
Pages 106-124**

LGBTQ White Paper - DRAFT OUTLINE:

1. Jasper and Sam's stories
2. The Progress Made through legislation and increased cultural acceptance. Pending legislation.
3. The Data: Better data is needed AHWD, Kids Data, Health Kids Survey, Data Notebook
4. Homelessness of LGBTQ youth (Interview of Wind Youth Services, Gender Health Center)
5. Suicide rate among LGBTQ youth
6. Health inequities, risk factors, protective factors (Dr. Caitlin Ryan) FAP
7. School climate for LGBTQ youth (Kids Data- AHWG Adol. Health Working Group.)
8. Training of the workforce (Teachers, SWs, nurses, therapists, physicians, ER/Psych staff)
9. Summary and Recommendations