



# Transforming Mental Health Services

## MENTAL HEALTH SERVICES ACT Stakeholder Steering Committee Meeting

DATE: April 27, 2006  
TIME: 1:00 p.m. - 5:00 p.m.  
LOCATION: 1212 No. California Street, Conference Rooms A & B

### Attendance

Twenty eight (28) people in attendance beyond Stakeholder Steering Committee. Stakeholder Steering Committee member attendance: Ken Cohen, Mary Ellen Cranston-Bennett, Robert Hart, Bruce Hopperstad, Frances Hutchins, Monica Madrigal, Cary Martin, Jennie Montoya, Cindy Morishige, Jane Riddle, Chris Rose, Margaret Szczepaniak, Daphne Shaw, Bill Stoner, Cheryl Torres and Stella Williams.

Facilitator: Lois Lang, LeadershipOne

The purpose of this meeting was to 1) review the public comments collected via web site, fax, mail, person-to-person and public meeting conducted by the Mental Health Advisory Board on April 24<sup>th</sup> 2) give direction and recommendation to BHS and the County Board of Supervisors re: the draft MHSa plan.

The following was decided:

- A. Noted technical corrections, such as typos and writing clarifications will be returned to BHS staff and consultant to complete.
- B. Budget clarifications, such as the cost of computers is to be returned to BHS staff with feedback by e-mail to the Stakeholder Steering Committee when the staff has developed changes, as needed.
- C. The following issues were discussed with direction from the Stakeholder Steering Committee:
  1. **Black Awareness Community Outreach Program.** Public commented on ~ \$18,000 per consumer vs. other programs, such as La Familia, at around ~ \$11,000. Bruce explained that the Full Service Partnership amount for BACOP is closer to ~\$11,800 per consumer and that the rest is to build infrastructure that is already in place for other groups, such as the Transcultural Clinic. It was also noted that BACOP will provide outreach and engagement services to the Middle Eastern, Native Indian

American and GLBT communities. Second public comment request was for additional funds and this request was rejected by the Stakeholder Steering Committee.

2. **Ethnic Specific Service Offerings.** Need to note in the MHSA plan that there is a philosophical underpinning that segregated services can keep the status quo; need to initially target specific cultures to increase access into specific ethnic/other communities with the goal to later integrate into the mental health system. Another need is for SJC-BHS to increase cultural and linguistic competency of staff. There was a suggestion that there be training with various community based organizations to assist with this.
3. **Number of programs - multiple vs. fewer number.** There were several points made with the conclusion that we can leave the number of programs as is. Comments were 1) cautious optimism regarding number of programs and ability to get the programs running, 2) finding/recruiting number of trained staff to fill positions/vacancies being created will be difficult, 3) even if fewer programs were focused on, there would still be staff issues and challenges.
4. **Geographic distribution of services and transportation.** Need to look at systematic coordination of services throughout the County by requiring that as part of community based organization's Request for Proposal process. Create subcommittee to look at systematic coordination to includes service distribution and working with public transit system. Check clarity in the Plan about how we will work on access secondary to transportation challenges.
5. **Wellness Center/ Gibson Center clarification.** Need to clarify in the MHSA plan that the Wellness Center is in supplement to the Gibson Center. The Wellness Center will support those coming into mental health, especially during crisis and will work with the consumer to define and reach recovery. One public comment from the 24<sup>th</sup> noted the need for showers and washing machine facilities at the Gibson Center. Decision by the Stakeholder Steering Committee was to amend the one time funding if this need is determined and if the facility can be modified.
6. **Model for Mobile Outreach.** The intent for mobile outreach is to have teams available for early intervention with the intent to work closely with emergency crisis services. Need to add to the plan a clear definition of warm/hot line and when there will be a hand-off between the two.

Ken Cohen will draft a letter for the Stakeholder Steering Committee to send to the Board of Supervisors to note the members support the SJC-MHSA plan with

the corrections noted above. Ken Cohen thanked mental health staff, consumers, family members, community members, and consultants for their assistance in the planning process and the writing of the MHSA plan.