County of Santa Clara Mental Health Board
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May 12, 2014

BOARD OF SUPERVISORS
County Government Center
10th Floor – East Win
70 West Hedding Street
San Jose CA 95110

Santa Clara County Board of Supervisors:

The Santa Clara County Mental Health Board (SCCMHB) is pleased to present you with our Annual Report for fiscal year July 2013 through June 2014.

This report is submitted in compliance with the Santa Clara County Code of Ordinances, Title A – General and Administration, Division A18 (Health and Welfare) Chapter VII, Section A5, which requires the SCCMHB to "Submit an annual report to the Board of Supervisors on the needs and performance of the County's mental health system."

The SCCMHB approved this report at our regularly scheduled May 12, 2014 meeting. The discussion of approval also ……

As always, the SCCMHB is here to advise you and to promote the mental health care of our county's residents.

Thank you for your time and consideration in reviewing this annual report. If you have any questions, please feel free to contact me.

Respectfully submitted,

Carla A. Holtzclaw, Chair
Santa Clara County Mental Health Board

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County of Santa Clara
Mental Health Board Annual Report
July 2013 – June 2014

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Mission and Overview Statement

The Santa Clara County Mental Health Board is composed of members of the community at large, clients and family members of clients of the mental health system. The board's mission and duties are established by the state of California, Welfare & Institutions Code 5604.2, and Santa Clara County ordinances, Chapter VII, Sections A18 - 141 and A18 – 142. They include: Review and evaluate the community's mental health needs, facilities and special problems; advise the Board of Supervisors and the county Mental Health Director as to any aspect of the county's mental health program; and, submit an annual report to the Board of Supervisors on the needs and performance of the county's mental health system.

Members

- ☆ Carla Holtzclaw, Chair
- ☆ Larry Blitz, 1st Vice Chair
- ☆ Board of Supervisors Representative: The Honorable Cindy Chavez
- ☆ Laura Barreras
- ☆ Robert Gill
- ☆ Oswald Patricio E. Gutierrez (resigned 3/10/14)
- ☆ Jen D. Hong
- ☆ David B. Mariant (resigned 4/10/2014)
- ☆ Hilbert Morales
- ☆ Henry J. Morillo
- ☆ Gary Myles (appointed 4/15/14)
- ☆ Victor Ojakian
- ☆ Charles Pontious
- ☆ Gail Price
- ☆ Mercedes Salem
- ☆ David Speicher
- ☆ Rev. Evelyn Vigil

Chair's Report

Introduction:

The Mental Health Board is composed of fifteen (15) board members and a Board of Supervisors Delegate, Supervisor Cindy Chavez. The full board meets monthly on the second Monday of each month from noon to 2. An Executive Board meeting of board officers and committee chairs is held monthly to set the agenda for the full board meeting. Additionally, five (5) committees meet to discuss matters on youth, adults, older adults, minority and system planning and finances. This committee structure is currently under discussion to confirm its usefulness.

This year the Mental Health Board, which will be subsequently called the Board, has functioned proficiently. We have struggled with attendance at the board meetings since January, as illness, schools and professional obligations took precedence; however, attendance at sub-committee meetings was strong and that allowed most of our work to continue. Our board members continue to represent a wide range of backgrounds and experiences, including family members, consumers of mental health services, clergy, veterans, the media, etc.

It is our hope that future appointees to the Board will have both the interest and time to devote this important work during times of very profound change.

As mentioned in previous reports, the Board meetings were intended to determine what actions the Board could recommend to improve the mental health services of our county residents.

The Board continues to receive invaluable staff support from Llolanda Ulloa. We are very fortunate to have her support and, when needed, guidance. Dr. Nancy Peña remains a vital contributor to Board planning and actions; she is open to our suggestions and we very much appreciate her willingness to utilize us as a partner. As stated before, Bruce Copley has also become a valued contributor, participant and patient "teacher" as we learn more about DADS.

Mental Health Board Meetings:

At the outset of this year, with stability and an experienced, cohesive Board membership in place, we re-formatted the agenda for our board meetings, as there was some frustration with the practice of having one in-depth discussion and then limited time for questions and/or motions. We decided that more in-depth presentations would be made at sub-committee meetings, where there would be time for discussion and questions, with allowances made if there were a need for a presentation before the entire board. Then, recommendations for action (motions) would be brought forward to the full Board. For the most part, this new practice proved successful.

We also decided that each sub-committee would select three primary areas of focus so that some deeper understanding of challenges and successes could be gleaned over time. And, we all agreed to include a focus on three overarching issues within our Board and sub-committee work:

1. **Performance Objectives and Indicators**

   Historically, these have not been well utilized by the MHD, but can be invaluable in the decision-making process. An ongoing concern is accountability – not as a succeed/fail judgment, but rather as a tool in making budgetary recommendations.

   First, we need to know "why" there is the recommendation for the program: what is the need? Then, we need to know the expected (and realistic) outcomes. What are indicators that will be measured in meeting those objectives? How does the program measure its progress and identify both successes that can be replicated and challenges that need to be overcome? It's much more than counting the number of people who show up. Implementing performance objectives and indicators can be challenging; it can also be most rewarding.

2. **The integration of the Mental Health Department and the Department of Alcohol and Drug Services into the Behavioral Health Department**.

   To that end, we had two members of our Board participate in the Steering Committee that framed the integration of the two departments.

   We also decided to begin the process of amending our by-laws towards the goal of a Santa Clara County Behavioral Health Board. A small ad-hoc committee has a draft set of by-laws which is working its way through the editing process before being sent to County Counsel for review, our Board for approval to move the proposed new by-laws to the County Board of Supervisors for approval.

   We invited DADS participation at our Board and committee meetings, as well as expand our meetings to integrate Drug and Alcohol topics. We are fortunate to have had the support of Bruce Copley who attends our meetings and assigned DADS staff to each of the committees.

3. **The rollout of the Affordable Health Care Act and the impact on county services within Santa Clara County.**

   The ACA, which began January 1, 2014, changed the face of insurance and health care nationwide as well as in Santa Clara County. Mental Health, already lacking sufficient staff to meet the needs of underserved, was faced with the "unknown," just in terms of new clients being enrolled under the

MediCal expansion. Fortunately, the Board of Supervisors expanded existing contracts with community providers by 10%, relieving some of the immediate pressure. However, with unacceptable but unavoided "wait times" for both mental health and drug and alcohol services, this is a challenge that the county will soon have to face and resolve. It is a challenging time, which means it is also a time for great opportunity.

The Board has also continued its work with the MHSA, especially in light of the state audit report. As the upcoming three-year planning process begins, we are attempting to make recommendations based upon the best data available. We have streamlined the budgetary review process, in hopes of attracting more community participation. Last year, each committee heard the overview of the entire proposed MHSA budget; this year, each committee will hear only the applicable component for the MHSA three year plan, allowing for more in-depth discussion and questions. The entire plan will be presented to Systems and Planning.

TO BE DISCUSSED AT THE NEXT MHB-EXECUTIVE MEETING: *Our 3rd annual Mental Health Board Heroes Luncheon was held on April 23, 2014, with five hero recipients and over 200 attendees. President of the Board of Supervisors Mike Wasserman welcomed the group and Judge Stephen Manley was our keynote speaker, expanding on our theme of Working Together to Create a Healthy Community. While this event has fast become a tradition celebrating the many accomplishments of our community, it has also outgrown our budget and our ability to accommodate all who wish to attend to say nothing of taking more time than our volunteer members and staff support can be expected to contribute. We proposed keeping the celebration and heroes intact with the keynote speaker, but hosting the event at a large county venue and making it a late afternoon event. We could accommodate a much larger group and have a similar program followed by a reception with a light, finger food buffet. We would not have to invest an unreasonable amount of time into planning the event details: decorations, favors and monitoring RSVPs and lunch selections. It would also reduce the impact on our budget.*

It's been a year of change and of increased responsibility spread out among all the board members. Our current meetings are structured to hear reports from the Board Chair, the Board of Supervisors representative, Supervisor Cindy Chavez; the MHD Director, Nancy Peña; the DADS Director Bruce Copley; the Behavioral Health Contractors Association of Santa Clara County, Elisa Koff-Ginsborg; quarterly Family Affairs, Consumer Affairs or ECCACs updates by staff and updates from each of the sub-committees. The remainder of the time was allotted to hearing motion(s) from committees, each followed by a discussion and vote.

As a preface to committee reports, we agreed to change the committee agenda to this format, as best as possible, for presentations:

OBJECTIVE: To focus each subcommittee's work so that the subcommittees can bring recommendations to the SCC Mental Health Board in order to provide input to the SCC Mental Health Department and/or make specific recommendations to the SCC Board of Supervisors.

PART A: By September, each subcommittee submits 1 – 3 topics on which to focus on for the upcoming year.

PART B: To be used a framework for presenters and help structure the meetings

1. Introduction:
    a. What is the goal or objective of this program/project?
    b. Tell us about the assessment that demonstrated the need for this project.
    c. A brief overview of the program

2. Performance Quality Improvement and Data:
    a. What data are you collecting and how does it relate to your goal?
    b. What does the data show?
        i. How many clients or consumers?
        ii. How are you measuring your progress? (i.e., what kind of data are you collecting to see if you are meeting the goal of the program?)
        iii. Are the participants/consumers being successful? (i.e., "graduating," staying in the program, being referred, learning new things – whatever the objective of your program)
        iv. What isn't working and needs to be improved? What can you change to make things work better for your clients/consumers?
        v. What is going well regarding your program and services? Why?

3. Integration:
    a. What are the implications for the pending integration (Behavioral Health)?
    b. Have you included or considered potential partners that would enhance your program/project? Which ones?

4. Affordable Health Care Act
    a. How do you see the program/project working with health care reform?
    b. Will this significantly change your organization? How?
    c. What will be the impact on your clients?

5. Budget:
    a. What is the breakdown on overhead costs and direct client costs?
    b. Are there ways your data can be used to leverage additional funds and build capacity?

Thank you for your work and commitment to improving our community. How can the SCC Mental Health Board support this program/project?

Santa Clara County Mental Health Board
System Planning & Fiscal Committee
Larry Blitz, Hilbert Morales – Co-Chairs

Topics of Concentration:

1. Examine the revenue sources of the MHB and how they are structured and utilized. Provide the Board with a concise readable version on this analysis
2. Become involved with the Affordable Care Act and its affect on the MHB budget

The Systems and Planning Committee meets monthly at the Downtown Mental Health Center. Much of our work this year has centered on progress the Integration of Mental Health Department (MHD) and the Department of Alcohol and Drugs Services (DADS). At our February meeting, we has a very a rich discussion. Representatives of both departments, Dr. Nancy Peña (MHD) and Bruce Copley (DADS) were present and led the discussion.

This very substantive interface between the above two Directors, the committee and interested parties and attendees involved the current dynamic realignment of both Department's services, the changes happening in Federal, State and local public entities, changes in the private insurance markets, and the positioning of all healthcare providers given the provisions of the Affordable Care Act (ACA).

Of most importance is how this committee and the SCCMHB can become involved with the present and future changes of this environment, our role in this change movement, and ideas of how the MHB can have a supportive and effective position in assessing and supporting MHD and DADS efforts to provide the most meaningful and cost effective programs. Among the various topics discussed were the following:

- ☐ Affordable Care Act rollout
- ☐ State reaction to the rollout
- ☐ County affect
- ☐ Becoming more involved with the continuum of care
- ☐ Providing programs and interventions that provide community members with the right care, at the right time, at the right place and the right cost
- ☐ Private sectors reaction to change and opportunities that may surface due to the substantial programs offered by the public sector
- ☐ Recent and future grant opportunities
- ☐ Supply and Demand issues

Consensus among the attendees and Board members was that the MHB System Planning & Fiscal Committee has a vital role to provide information and education to the MHB regarding the above issues, shall concentrate on the integration effort but also

provide input and support for efforts to improve existing conditions, and become involved in an advocacy role. Future meetings will be dedicated to meeting the above issues and provide to the MHB comprehensive recommendations and suggestions for program and financial improvement.

Santa Clara County Mental Health Board
Adult System of Care Committee
Charles Pontious, David Speicher – Co-Chairs

Topics of Concentration:

1. AB 109
2. Emergency Psychiatric Services (EPS)
3. Residential Care Facilities
4. Additional Observations

The ASOCC agenda for the year was originally focused on understanding the Adult System of Care redesign and trying to make more effective use of the meeting format for problem solving. This included the ongoing efforts to monitor service levels of the EPS, trying to establish some regular reporting routines, and attempting to go into more detail on certain subjects than is possible in the full board meetings.

This effort to establish standardized reporting was largely unsuccessful, and in hindsight, may have not been a good idea. Changes in responsibility and infrequency (bi-monthly) meetings were the main reasons we never were able to establish standardized reporting except as an agenda item. Even more substantial are the changes inherent to merging MHD with DADs. This has resulted in change of priorities within the Adult System of Care Redesign.

The broad topics covered by this committee lend to priorities being coopted by current events. For example, the forced removal of homeless encampments brings the issue of homelessness to the public eye. Likewise, the recent publicity over abuses in Residential Board and Care facilities brought this subject to the fore. Fortunately, by planning a large presentation at each meeting, we were able to keep the meetings relevant and productive even in the face of changing priorities. These are reflected in the "topics of concentration."

AB 109 (Focus: Culture and Trauma)

AB 109, the prison realignment bill was a very challenging situation. One of the realities of today's health system is that a large number of mentally ill consumers end up in the penal system, or looked at from another angle, the police and jails are the first line of response for many people with chronic mental illnesses and behavior disorders. As a result of realignment, to reduce overcrowding, many of these same people and other non-violent offenders are being released back into the community.

The county is to be commended on how well it has responded to this challenge. The ASOCC held a panel discussion to give a further overview of issues related to AB 109, how it is being implemented, and which agencies are involved.

The meeting was extremely informative, and the minutes reflect in-depth questions and answers. We will highlight some of the facts, and some of the concerns which were raised:

AB109 Facts

In April 2011 Governor Brown signed two pieces of legislation, AB 109 and AB 117; shifting responsibility from State to the County on low-level offenders and parole violators. The primary motivator was the court found that the state of California violated the Eighth Amendment due to the inadequate overcrowding conditions. The court directed the state to reduce the population to about 35,000 prisoners, but often used the phrase 137.5% of designed capacity (reduce bed space).

AB 109 changed about 500 criminal statutes. AB 109 is reserving the state prison for the more serious violent convictions.

According to the 2012 Stanford Report, about 100,000 offenders were shifted to county jails. County Sheriffs are now saying that they are at capacity.

AB 109 also changed the amount of time offenders are supervised to 12 months and if no violations happen it can be reduced to 6 months. The percentage for drug charges has dropped from 20% in 2005 to currently at 9% in state prisons.

Legislation to secure the funding passed in 2012, to assure funding given to counties will not be taken away at a later time. It is estimated that it will cost the counties 50% of what it cost the state prisons to house inmates, therefore, if it costs $50,000 to service an inmate at state level, then, the county is given $25,000 for each inmate. The state is given $8,000 for a parolee; at the county level they are given $5,000 for each parolee.

Of those released, 36% go to Sheriffs, 25% go to Probation and supervision programs, 16% go to community based programs, 3% go to intense supervision case management, 2% to miscellaneous, and 1% is allocated reserved.

AB 109 Concerns and Issues

One of the issues is how people with substance abuse issues are treated. There are representatives from MHD and DADS at the Re-Entry Facility, individuals are screened, if required to assess for drugs and alcohol, or mental health. For people who are in custody, there is a DADS' clinician who performs assessments, in that manner; the inmate gets on the waiting-list before being released. The average wait is about 2.5 months.

There are no beds assigned for sex offenders through AB 109 program. The Probation Officers have to refer the individuals being released.

Some panelists suggested for the MHB to advocate for more treatment beds (in general), more housing and quicker access to residential centers and detox centers

A concern is what are the avenues for patients and families to provide input on how the program is going?

Conclusion

The county has done a great job so far, but this will be an ongoing effort. We need to ensure that those to be released are screened and prepared for the rigors of being released, that they have access to support and wrap around services, and that they have alternatives to the lifestyles and behaviors which led to their incarceration. Most of these areas are being addressed in some way, the challenge is to continue to coordinate and educate those involved in what is available across department boundaries and within the contractor and CBO environments.

Emergency Psychiatric Services and Urgent Care

In previous years, complaints about the EPS have been a major topic in the ASOCC. These largely revolved around deviations in service standards as a result of unexpected conditions. In most cases, unexpected rises in census and lack of beds to transfer those that needed to be admitted were the proximate causes. These decreased significantly in 2013.

There was no evidence based theory proposed on the apparent improvement of the EPS. One of the main reasons for improvement is that during 2012 both arrests and use of the EPS decreased. Another likely contributor is the availability of the 24/hour Urgent Care facility. We would hope that the various MHSA initiatives for Outpatient Treatment, and Crisis Residential also contributed.

As Co-Chairman of the ASOCC, one of the most frustrating subjects has been the relative lack of transparency and cooperation from the EPS management. Specifically, they have effectively stonewalled our desire to create a video for the benefit of friends and family who are waiting for loved ones inside. It is a locked down facility with no public access. The majority of the work on the project has been completed but the EPS has refused to cooperate to film the inside, even though the intent is to demystify the interior and assure those waiting that their family members are being well treated. Despite overtly supporting them they still seem to be the most defensive and secretive department in the MHD. We hope that this is an unfortunate legacy of feeling besieged when system failures resulted in complaints. It is not healthy and needs to be addressed. I am concerned not only about the lack of accountability, but for the mental health and physical health of the staff who work there. Adverse conditions affect not only the patients, but put undue stress on the professionals who are there every day.

In the past year there was an initiative to have an Adhoc Committee and meeting specifically on this subject of the EPS. Because of a variety of other events and change in priorities, this did not take place.

Residential Care Facilities and Homeless Programs:

After a widely publicized incident in a board and care home where the patients were discovered to be subject to a pattern of abuse, the county's response was a very interesting meeting. One of the most interesting facts is there is a misconception that the County is responsible for all licensed board and care homes when, in fact, only 8 are contracted with the County. The State is responsible for all licensed board and care homes. When issues come up with any of the 8 homes, they are investigated and reviewed; then asked for corrections.

Often there is confusion on the 24-Hour Care jurisdiction and with board and care homes when issues come up, particularly with agencies not contracted with the County. If a complaint needs to be made (it should go to Adult Older Adult Community Care License at state level; a district office is located here in San Jose. All complaints are anonymous and investigated within 48 hours.

In early 2014, there will be a request for proposal process (RFP) for various board and care homes, giving an opportunity for more agencies to contract with the County

The Board and Care Improvement Project began as a grassroots movement amongst several consumer providers working for the Consumer Affairs program of Santa Clara County Mental Health Department. Among the founders of this movement were people who have lived in one or more of the board and care homes in this county. The collective experience along with the stories they have heard from consumers and family members were the impetus for advocacy for a better quality of care. They felt that mental health consumers in this county were underserved and an ignored population.

There was a consensus that this situation needed to be addressed and improved. While the County Mental Health Department is making great effort to transform itself into a system of recovery, little has been said about this population and the conditions they live in. Consumer providers, family members, consumers, clinicians, and others have been reporting their concerns about the poor conditions at our local board and care facilities in the past few years. Some members of the Board and Care Improvement project have experienced these conditions as board and care residents. Some examples are poor and illegal activities and conditions such as locking residents in, failing in the supply of toilet paper, denying the right of the resident to use the phone, kicking them out during the day, and serving inadequate amounts of food and unhealthy or unbalanced diet.

<u>Board & Care Improvement Project Accomplishments:</u>

1. <u>Residents' Right Workshop</u> – resident rights workshops were held at Grace, Zephyr Self Help, Litteral House, Narvaez Mental Health, Ujima Family Services, and Rivera EVP by presenter John Hardy, Kim Pederson and Lorraine Zeller.
2. <u>State Patient Rights Training Presentation</u> – Ms. Zeller took part in panel presentation along with Cynthia White, Chief Advocate, Officers of Patients' Rights in February 2013, at the States Right Advocacy training in Sacramento on formation of room and board coalitions and board and care improvements activities.
3. <u>Inspection with Consumers</u> – Mental Health Peer Support Workers and Consumer Affairs Program Manager Jennifer Jones participated in the 24 Hour Care annual inspections of County contracted Board and Care homes; workers took part in the scoring and offered feedback in a debrief meeting with Gabby

Olivarez and 24 Hour Care Staff. Due to feedback from Consumer Affairs Staff the inspection form may be revised to capture more information regarding the quality of life in these homes; staff with Consumer Affairs will continue to participate in annual inspections.

4. Quarter Meetings/Consumer Involvement – Consumer Affairs staff participated in two of the quarterly meetings held by County Mental Health with contracted residences. Staff introduced the Board and Care Improvement project with the support of Margret Obilor and Gabby Olivarez. Results include Mental Health First Aid training at the Riviera EVP and WRAP became vendors through Community Care Licensing (CCL). Staff graduating from these courses will receive continuing education credit as mandated by CCL.
5. Outreach – Outreach was made to nine of the Supplemental 24 Hour Care contracted homes in San Jose and Gilroy. Residents learned about self-help centers and peer support, Wellness Recovery Action Plan, resident rights and resident council. Some of the residents showed interest in attending WRAP groups, visiting self-help centers, and forming resident councils.
6. Upcoming Plans/ Activities – Peer Support staff are in the process of offering WRAP at the Riviera Villa and Riviera EVP to be held by seasoned and newly certified WRAP facilitators from Consumers Affairs and possibly by ECCAC staff.
    - Board and Care staff will be creating a document that explains to residents and other stakeholders how to contact agencies when faced with different situations as it relates to possible problems with their quality of life and treatment at these residences.
    - If possible, they will continue to hold monthly Residents' Rights workshops.
    - One of the supplemental goals contracted with the County is for 24 Hour Care to go out every six months to evaluate and assess.

Can we create a public accountability system within the MH system with Board and Care? Competition is very steep because of the cost in maintaining the buildings. Several board and care facilities have gone out of business. Code requirements are established to protect consumers. The goal is to keep them at the type of level of functioning board and care with the changes to be made when the consumer improves; with the goal of independent living for those that can be independent. Complicating this is a 1% vacancy rate; landlords drive who they will place in the vacant unit/housing.

There is a concern over who, if anyone, is responsible for overseeing the entire Board and Care continuum.

Additional Observations and Topics

The mental health parity act has broad implications in terms of wrap around services and other supporting institutions which are crucial in the recovery from a serious mental illness. In the offering of these services, the county MHD continues to be a superior option to private insurance coverage for those with SMI's. Leaders in the mental health community from private and public hospital systems would do well to collaborate with the county MHD to understand the supporting services needed to treat SMI's, and provide parity as with any other serious illness.

Continued focus needs to be placed upon Wellness and Recovery for consumers. In most cases, this starts with meaningful employment. Presentations by the State Dept. of Rehabilitation highlighted that the number of possible referrals is less than optimal. Consumers continue to lobby for more resources to help them find work, such as resume writing classes, and basic computer skills.

Ongoing education is required to ensure that mentally ill people are not assumed to be violent, and that CIT, suicide prevention, and other lifesaving training continue to be given and expanded. We should advocate for more hours to be dedicated to responding to the mentally ill in the curriculum of the state's police academies.

The homeless situation is at a crisis in SCC. We have the 5th highest totals in the country. This may largely due to the clement weather, and the economic gulf between rich and poor. Mentally ill consumers make up a large portion of the homeless. It should be a county priority to develop a consortium of agencies to address this problem systematically. The MHD has a very well-run program for housing, called the Office of Housing and Homeless Support Services.

There continues to be a shortage of qualified psychiatrists available to treat mentally ill patients, especially those with SMI's. Not only does this affect the counties ability to staff key positions, but it makes finding care in the private system even more difficult.

Santa Clara County Mental Health Board
Older Adult Committee
Laura Barreras, Victor Ojakian – Co - Chairs

Topics of Concentration:

1. Motion List from 6/10/2013

The Older Adult Committee (OAC) meets on the second Monday each month from 9 – 10:30 am at the Mental Health Department's Learning Partnership facility in San Jose. The main staff support is provided by Maria Fuentes, MSW, Senior Services Manager, Santa Clara County Mental Health Department, Adult and Older Adult Division.

Eight OAC meeting were held during the fiscal year, 2013 – 2014. One of the chief actions of the OAC was to vet objectives and programs being considered by the Mental Health Department and the Mental Health Board. To this end, each meeting covered a main topic including the following:

- There was an extensive discussion on AB 109, the California prison realignment program. Speakers included Sunshine Borelli (Senator Jim Beall's Office, Dave Chicoine (Program Manager, Community Solutions), Reilly Johnson (Mental Health Peer Support Worker, SCC Re-Entry Center), Virginia Jones (Director Mission Possible Re-Entry Resource Center, Maranatha Christian Center), and Tracy Stephens (Sr. Manager, Criminal

Justice Services, Mental health Department) From this discussion a subcommittee members' motion was passed requesting the Board of Supervisors request complete mental health records to accompany individuals released to Santa Clara County. (See the November 18 2014 minutes)

- There was a discussion on the Affordable Care Acts effect on senior citizens' health coverage.

- Maria Fuentes provided a discussion on a Santa Clara County Measure A proposal. These funds would be used to expand a senior nutrient program and another program. (See the January 13, 2014 minutes)

- Frances Herbert (Senior Representative, Senator Jim Beall's Office) discussed a proposal by Senators' Beall and Steinberg and Insurance Commissioner Dave Jones advocating for the Mental Health Budget Parity Act, which budget for Mental Health Parity enforcement.

- There was a discussion on the new three-year plan for Mental Health Services Act funding. A timeline, priorities, evaluation, and other matters were considered. (See the February 10, 2014 minutes)

The key matter of interest and concern for the OAC members is fully implementing the Older Adult Summit held in June, 2011. This meeting was lead by the efforts of Supervisor Dave Cortese and two Mental Health Board members, Larry Blitz and former MHB member, Wesley Mukoyama. A number of recommendations resulted from this summit and they are tracked on an action list. Implementing the recommendations produced from this meeting is imperative and will be the focus of upcoming meetings.

Another key future action is how to better engage our senior population/community in seeking and receiving mental health services. Ideas about how to better service this population should be discussed at future meetings.

Santa Clara County Mental Health Board
Family, Adolescents and Children's Committee
Carla Holtzclaw, Gail Price – Co-Chairs

Topics of Concentration:

1. Services post Emergency Psychiatric Services (EPS) for transitional youth (Hospitals to Home, Community, School), including exploring alternative mental health models.
2. PEI School Based Programs
3. School Linked Programs

The Family, Adolescents and Children's Committee (FACC) meets bi-monthly, Chair duties are shared by Carla Holtzclaw and Gail Price. This year, we agreed to extend our meeting time to two hours so that topics can be more completely understood and discussed. It was a successful change. We are also reaching out to more schools and districts and have had marginal success in increasing attendance.

We immediately reached out to the DADS community and our first guest speaker from Voices United, Executive Director Gabrielle Antolovich, who spoke on environmental prevention strategies in working with youth. Her lively presentation included overviews of advertising strategies targeting youth (alcohol, marijuana) and successes in working with students in community service learning projects: community mapping of liquor stores or marijuana dispensaries. The work at Lincoln High School, San Jose, led to the students working with the City Manager's office and a re-zoning consideration of dispensaries.

Services Post-Emergency Psychiatric Services (EPS) for youth (under 18 years of age) and transitional youth (over 18)

The following summarizes the FACC Committee's Objective in addressing mental health services and support for adolescents and young adults facing mental health crises. We recognized the need for additional alternatives (beyond emergency psychiatric services and transfer to out-of-county hospitals) to better support the various transitions from "crisis to care." We have talked to various providers of services for youth facing psychiatric crises, including stabilization, and on-going treatment plans.

Background

Based on both data and anecdotal information, we reconfirmed that Emergency Psychiatric Services (EPS) is not equipped to appropriately serve youth even as temporary service. Further, there is a lack of emergency beds for adolescents in Santa Clara County. In all cases, the provision of psychiatric services (stabilization and treatment in a hospital setting) is very expensive and is not as compassionate and appropriate for adolescents and young adults.

Options and Recommendations

A FACC panel discussion in November 2013 focused on "Improving Services for Transitional Youth (17 to 25) to Deal with Transitions from Crisis to Care (Hospital, Post-Hospital, Family, School, and Community)."

The panelists summarized noteworthy programs, as well as opportunities and challenges they face in providing needed support for youth and their families with mental health or drug/alcohol challenges. Panelists also suggested partnerships and opportunities to expand alternative services and clarified the difference in laws between minors (under 18 years of age) and adults (over 18 years of age).

Within the County there are existing programs that address some aspects of crisis support and are in the process of expanding options, which provide viable diversions from psychiatric hospitalization and various types of on-going support. These alternative models will expand current capacity and are located within Santa Clara County thereby

accessible to individuals and families. All of the programs address drug and alcohol treatment needs within their respective programs.

Additional Service Models (Pre, During, and Post Psychiatric Crisis)

The four are as follows:

1. EMQ Families First, located in Campbell, is a private non-profit behavioral health care organization serving children, adolescents and families has a long history of providing mental health services, including a mobile crisis unit (serves ages 0 to 17), community transition services. Each program has a varying length of service: mobile crisis (2 - 4 hours), community transition services (1 - 90 days) and Crisis Community Transition Services and Crisis Stabilization Services, an alternative to EPS (23 hours and 59 minutes) for minors under the age of 18. The City of Campbell's Planning Commission passed and established the program in their Campbell campus. It has taken about a year to deal with the permits of the facility; the planning to proceed will start in about 90 days from now. This represents a 75% diversion rate. Santa Clara County Mental Health Department has supported these efforts.

2. Rebekah Children's Services, located in Gilroy, also has provided mental health services to the community over many decades. They provide a wide range of critical services incorporating crisis stabilization, hospital diversions, residential treatment group home, day treatment, outpatient mental health services and therapeutic behavioral services. Rebekah Children's Services is in the process of expanding its youth hospital diversion program and residential care program by 15 to 20 beds.

3. The ASPIRE program, The After- School Program Interventions, under the auspices of El Camino Hospital is designed to provide meaningful and effective treatment for teenage youth who are experiencing anxiety, depression, or other symptoms related to a mental health condition. Emotional wellness is technical assistance goal and the program emphasizes communication and a supportive environment. An after school program such as ASPIRE provides structure and training in mental wellness skills which help adolescents learn and implement healthy coping strategies. This after-school program and holistic treatment plan requires at least four afternoons a week for eight weeks; Mt. View Los Altos High School District grants academic credit to students who complete this course.

4. DADS' Children, Family Community Services Division provides services at 35 different sites such as schools, clinics and Juvenile Hall. The services up to this point have been targeted towards the adolescent population age 12 -18 years of age; giving services up to age 21 due to the flexibility of the funding provided to DADS. There is specialization in being able to provide expertise in substance use disorders, co-occurring mental health disorders and adolescent population. In the last two years there has been a growing awareness about need for better care for the transitioning population group, those exiting in the children's system and entering the adult system where the two systems were not bridged. The background has been specialization in being able to provide services and expertise in substance use disorders, co-occurring mental health disorders,

developmental stage of the adolescents', and in dealing with resistant clients. According to a SAMHSA study on transition age group, in terms of comparing populations such as teens or adults over the age of 26; population of age 18 - 25 has the highest rate of holistic drug use and highest rate of co-occurring disorders. In July, a TAY specific program was started focusing on life skills and health decision-making through evidence based treatment models.

PEI and School Linked Programs:

The FACC committee recognizes the exceptional enthusiasm and dedication to student and family wellness by both the MHD and partnering agencies. After one year of on-the-ground operations, the focus has changed from start-up to identifying what is working and what is needed. There was a strong consensus from providers on the necessary next steps.

Although we chose not to take this forward as a motion, and instead work with staff, we recognize that many of the "growing pains" are identical to those encountered by Healthy Start sites, the original "school linked" model.

Based on presentations and discussions, we recommend that the following occurs, both within the context of the upcoming budget and addressing the next steps.

1. The PEI budget requirements for the upcoming year be modified to include:

    a. providers and schools jointly recommend appropriate programs/approaches that best meet the needs of each specific school population and do not adversely impact their budget;
    b. therapy may be included as an option, if there is an identified need;
    c. additional agencies are included as partners if the current needs exceed the capacity of the primary agency. SLS attempts to coordinate existing resources on school campuses, Community Based Organizations (CBOs) should consider those agencies as partners in enhancing the continuum of services available to children and families both on campus and in the community.

2. The MHD PEI budget be expanded and/or leveraged to include additional school sites in districts that have demonstrated their commitment to the tenets of School Linked Services including: a) strong partnerships and formal agreements among education and service funding entities; b) coordinated school and community-based service delivery; c) coordinator on each campus to facilitate service access and delivery; d) active parent and community engagement; e) research-based models of services and academic support; and f) robust evaluation to inform policy and practice.

3. MHD examines other options for transfer of data between CBO EHR systems and MHD Cocentrix/Unicare system.

4. Outcomes and evaluation methods be in accordance with MHSA performance goals and outcomes.

5. Trainings for PEI and MHD personnel need to include trainings by qualified school personnel in order to help mitigate the various school-based issues/realities/challenges.

6. Annual handouts are prepared and distributed to site administrators and front office clerical that are quick reference guides and contact numbers for suicide, 5150's, etc.

Santa Clara County Mental Health Board
Minority Advisory Committee
Oswald Patricio E. Gutierrez (resigned 3/10/14), Robert Gill – Co-Chairs

Topics of Concentration:

1. Outreach – awareness of mental health services
2. Immigration and mental health issues affecting families, particularly children
3. Story telling from different Countries about refugees

This has been a challenging year for this committee: both chairs were had major unexpected family and health issues that understandably took priority. This had been intended to be a year of stabilizing and refocusing the committee's work, but, while there were discussions, the work did not take place.

Instead, the committee opted for presentations on current matters and then did forward a number of motions for consideration by the Board. Presentations included:

- Cal-Medi Connect (Dual Project) by Sourcewise.
- Updates on the QI Workplan
- Outreach and Awareness of Mental Health Services by ECCAC, which included Vietnamese, African Heritage, Filipino, African Immigrant (Eritrean, Ethiopian and Somali), Chinese, Latino, and Native American Community Teams.
- Updates on Cultural Competency Plan

Patricio Gutierrez resigned, effective March 2014, and Jen Hong was reassigned as Chair to the committee. The committee is now looking forward to a more vigorous presence on the Board and has committed to increased outreach to the minority communities.

Recommendations to the Board of Supervisors and the Mental Health Department, July 2013 – May 2014

Motion Number	MHB Meeting Date	Motion	Action	Assigned To	Status
40	7/8/13	Three-Part Motion: Ojakian, Second: Speicher; A) That the SCC Mental Health Board Support the American Foundation for Suicide Prevention proposed Federal Legislation as presented in the summary sheet (provided). B) In an effort to achieve awareness and disseminate information which helps us all to move towards a desired future with respect to mental health matters, the SCC Mental Health Board recommends and advises for the SCC Board of Supervisors to take appropriate actions which support the provision of and access to resources (both personnel and funding) on the proposed legislation, "Help us Prevent Suicide in 2013"; and C) If motion parts A & B pass, then, for the SCC Mental Health Board to be able to distribute proclamation to elected officials, their peers, Mental Health Board peers, including the CALMHB/C. Vote: Passed by majority with one abstention by David Mariant.	7/26/13 This proclamation is in production to go to HHC and then to BOS. 10/11/12 Proclamation from the BOS received by Ms. Ulloa; forwarded to Dr. Peña and MH Board members on 10/15/13 for information and distribution. Asked David Speicher to share at CALMHB meeting. • Hard copies will be made available for meeting participants at MHB meetings • Soft copies to be distributed as indicated by MHB.		Closed 10/25/13
41	7/8/13	Motion: Gutierrez; Second: Speicher; for the MHB to have a panel discussion about Prison Culture and Trauma at a future meeting, to be determined after talking with Ms. Ulloa to review meeting topics. Vote: passed unanimously.	7/26/13: MHB-EC tasked to MHB-Adult System of Care Committee.		Closed 10/25/13

42	7/8/13	Motion: Price, Second: Speicher; to implement the recommendations of the AD-HOC Committee regarding the subcommittee structure in two parts: 1. That each committee submit 1-3 topics that they will focus on in the coming year; 2. To adopt a framework and set of questions for presenters to help them prepare and communicate important information to subcommittees. The categories will include Introduction, Performance Quality Improvement, Data, Integration, Affordable Health Care Act and Budget. MH Department staff will prepare a template sample for the MHB to give to presenters for their use. Vote: passed unanimously.			Closed 10/25/13
43	7/8/13	Motion: Morales, Second: Speicher; for staff to produce more current Census information, including information on individuals ages 60 + broken down into gender and ethnic categories. For staff to present requested information at the September 9, 2013 MHB-Older Adult Committee meeting. Vote: Passed by unanimous vote. Dr. Peña commented that she will ask Jean McCorquodale to write a bigger picture on the SCC older adult population.	10/25/13 Rolled into Motion #38		Closed 10/25/13

45	**1/24/14**	**Motion: Ojakian; Second: Price; for the MHB to recommend to the Board of Supervisors to earmark ($1.5 million dollars) Measure A Funds for SLC, a Collaborative proposal with Silicon Valley Non-Profits, ($1.5 million dollars) and to allocate funds to implement strategies that will be developed at a Senior Mental Health Summit.** ➢ **Amendment – To support the Measure A proposal and to remove the $1.5 million dollar amount mentioned.** ➢ **Motion: Price; Second: Morales; to approve the amended motion for Measure A funds. Vote: Unanimous**	**1/13/14 Letter signed 1/9/14; copies included with 1/13/14 MHB meeting handouts. Hard-copy sent via Pony mail to five Supervisors.**	**Dr. Peña/Holtzclaw through Transmittal**	**Closed 2/28/14**
46	**11/18/13**	**Motion: Morales; Second: Gill; to utilize some of the Measure A Funds to advise the BOS of the need to inform ethnic and underserved communities of critical issues. Vote: Passed in Unanimous Favor**	**1/13/14 Letter signed 1/9/14; copies included with 1/13/14 MHB meeting handouts. Hard-copy sent via Pony mail to five Supervisors.**	**Holtzclaw**	**Closed 2/28/14**
47	11/18/13	**Motion: Ojakian; Second Gutierrez;** to approve an Integration Adhoc Committee ➢ This group will focus on bylaws revision for the integration between the MHB and DADS into Behavioral Health Board. This group includes the following members: Victor Ojakian, Carla Holtzclaw, David Speicher, Hilbert Morales, Eliza Koff-Ginsborg, and Bruce Copley.	Ad-Hoc Committee is tasked with: 1. Review/Update the Bylaws 2. Changes of Bylaws to reflect the MH Board becoming a Behavioral Board. 12/13/13 1st meeting took place; 2nd meeting will reflect a presentation by County Counsel on MH Boards that have become Behavioral Boards and regulations clarity. 12/13/13 – Held the first meeting.	County Counsel, Adhoc Committee as listed/L. Ulloa	OPEN

48	**11/18/13**	**Motion: Ojakian; Second: Speicher; to support an immediate 10% increase in contracted services without having to go through an RFP process, and to approve positions in the MHD and DADS that would establish the infrastructure/direct service that is needed on the county program side. Vote: Passed unanimously**	**1/13/14 Letter signed 1/9/14; copies included with 1/13/14 MHB meeting handouts. Hard-copy sent via Pony mail to five Supervisors.**	**Holtzclaw**	**Closed 2/28/14**
49	3/10/14	o **Motion:** Mr. Morales, **Second:** Mr. Ojakian; for the SCC Mental Health Board to advise the Board of Supervisors to advance names of two applicants for Mental Health Board membership appointment. **Vote:** Yes: 10, No: 0, Abstentions: 0. Passed unanimously.	A letter will go to the BOS with two names recommended for appointment consideration. Letter sent on 3/13/14 to BOS.	MHB-Holtzclaw	
50		o **Motion:** Morales, **Second:** Speicher; for the Mental Health Board to accept the following 2014 MHB-Community Heroes Award recommendations: ☆ Agency Hero Award: Alum Rock Counseling Center, Patricia Chiapellone, Executive Director ☆ Consumer Hero Award: Teresa Nava ☆ Family Member Hero Award: Kathy Forward ☆ Program Hero Award: Volunteer Doctor, David Hammons, MD ☆ Mover and Shaker Hero Award: Angelique Gaeta, Assistant to the San José City Manager **Vote:** Yes: 10, No: 0, Abstentions: 0 – Passed unanimously o Mr. Ojakian understands the need to modify the MHB Recognition celebration; he stated for the record that in the coming years; people are still recognized consumers, family members and professionals by the MH Board for the good work they have done.	Selected Heroes will be recognized on April 23, 2014 at the 3rd Annual SCC Mental Health Board Luncheon	MHB Ulloa	
51	3/10/14	o To provide the best service for AB 109 releases, the Santa Clara County Board of Supervisors should request the *California Department of Corrections and Rehabilitation* (*CDCR*) provide complete medical/mental health records for each individual transferred to the county jail/prison system or Re-Entry Center.			

52	3/10/14	o The SCC Mental Health Board commends both the SCC Mental Health Department and SCC Department of Drug and Alcohol Services (DADS) for its efforts in supporting these types of programs addressing Crisis to Care needs of our county's youth and encourages expanded collaboration and partnerships so that all you/families can access appropriate services.			
53	3/10/14	o **Motion:** Mr. Gill **Second:** Mr. Gutierrez; that the MH Board advice the Board of Supervisors to consider revising the catering policies that limit the delivery of culturally competent services "and other services". Friendly amendment was made by Mr. Gutierrez, to end the motion with "and other behavioral health services." Discussion continued around the lack of event participation by community members when food is not made available. Revised motion: that the MH Board advice the Board of Supervisors to consider revising the catering policies that limit the delivery of culturally competent services and other behavioral health services. o **Vote:** Yes: 10, No: 0, Abstentions: 0. Passed unanimously			
54	3/10/14	o **Motion:** Mr. Morales, **Second:** Mr. Ojakian; for the SCC Mental Health Board to advise the Board of Supervisors to advance names of two applicants for Mental Health Board membership appointment. o **Vote:** Yes: 10, No: 0, Abstentions: 0. Passed unanimously. A letter will go to the BOS with two names recommended for appointment consideration.			

OPEN MOTION MATRIX

Updated: 4/9/14

Motion Number	MHB Meeting Date	Motion	Action	Assigned To	Status
38	6/10/13	For the Mental Health Department staff to address and answer questions compiled at the Older Adult Committee meeting that took place on 5/13/13 (See handout for the list of questions) **7.1** For the Mental Health Department staff to provide the necessary data reports for review by the MH Board and Older Adult Committee **Motion:** Holtzclaw; **Second:** Barreras; to approve the motion from the MHB Older Adult Committee (See Handout). **Vote:** Passed unanimously 10/25/13 Motion #43, rolled into Motion #38: for staff to produce more current Census information, including information on individuals ages 60 + broken down into gender and ethnic categories. For staff to present requested information at the September 9, 2013 MHB-Older Adult Committee meeting. Vote: Passed by unanimous vote. Dr. Peña commented that she will ask Jean McCorquodale to write a bigger picture on the SCC older adult population.	**List of questions:** 1. Mr. Mukoyama asked why are the numbers decreasing if the older adult population is increasing? Closed 9/9/13 2. What % of funds goes to older adults for mental health (including contract agencies)? 3. What % of staff is devoted to older adults? 4. What is the overall number of older adults in SCC, with breakdowns (North/South County)? Where are the older adults located? Closed 9/9/13 5. Clarification was made by Ms. Sweet that any data information questions have to come from Maria Fuentes to Hung Nguyen. 6. Provide a map that shows the % breakdown throughout the County of older adults in the county. Where is the population? Where are the services located? Population overlay with service location on a map. Closed 9/9/13 7. What region are the clients being served? To be reflected on a map as the third layer overlap (Where is the population? Where are the services located? What region are clients being served?). Where are the consumers, that we are actually serving, located? Closed 9/9/13 8. Can both the medical and mental health be shown to compare? 9. Mr. Mukoyama asked why are the numbers decreasing if the older adult population is increasing? 10. What % of funds goes to older adults for mental health (including contract agencies)? 11. What % of staff is devoted to older adults? 12. What is the overall number of older adults in SCC, with breakdowns (North/South County)? Where are the older adults located? 13. Clarification was made by Ms. Sweet that any data information questions have to come from Maria Fuentes to Hung Nguyen. 14. Provide a map that shows the % breakdown throughout the County of older adults in the county. Where is the population? Where are the services located? Population overlay with service location on a map. 15. What region are the clients being served? To be reflected on a map as the third layer overlap (Where is the population? Where are the services located? What region are clients being served?). Where are the consumers, that we are actually serving, located? 16. Can both the medical and mental health be shown to compare? 17. Mr. Mukoyama commented, in regards to the overall budget, how much funding is given to older adults with mental health conditions in the	Deane Wiley / Maria Fuentes	OPEN

Motion Number	MHB Meeting Date	Motion	Action	Assigned To	Status
			budget? 18. The non-medical vs. all payers where is Medicare/Medi-Cal in the chart? (See Handout) Does non Medicare mean that the individual is unsponsored and has no insurance, or does Medicare fall into non-payers, all payers? Where is Medicare on the chart? 19. For 60+, you would need a breakdown for the 60-65 year old age group, a Medicare breakdown for consumers over 65. Where does Medicare fall in these categories (age and ethnicity)? 20. How often are Medi-Cal and Medicare billed? 21. Is Medicare included in these statistics? If they are, then why are the numbers not higher? 22. Under each of these categories, what it is the older adult percentage/representation? 23. Is Medicare included in the Non Medi-Cal? Is it because older adults are in other networks? 24. Can MHB-Older Adult Committee have outreach data on where we are outreaching to older adults and how is outreach being done for older adults for services? 25. Why (outreach, funding, location, services) are the numbers so low? 26. Page 2, If the need is increasing, why are the numbers decreasing, what is the suicide rate in the older adult population? Have the rates been examined over the past 4 years? 27. FY12 Consumers by age group (slide 2 on page 2) Is this Mental Health consumers? Are these people that have been served by the MHD in FY12? 28. Page 3 is FY 12 of Older Adult by Ethnicity. Can you include information broken down by year for ethnicity and language? What is the overall demographic makeup of the general population? 29. If population increased by 25% in 2009, why is the number serviced going down? 30. Can you provide a correlation between socioeconomic status and mental health diagnosis? 31. Last slide is breakdown by language served by mental health? What is the relationship between mental health conditions, language, and ethnicity? 32. Mr. Mukoyama commented on Supervisor Cortese's outreach to older adults from Vietnamese descent; the needs assessment done proved a 21% increase in participation to obtain mental health services. 33. How does data collected from assessments drive programs? What is going on in the system? Are the numbers listed in the handout broken down by contract agency? Are FQHC's (federally qualified health centers) listed in the data? 34. What percentage of the data is strictly related to adults and older adults		

Motion Number	MHB Meeting Date	Motion	Action	Assigned To	Status
			separately? 35. Ms. Fuentes said that the "why" needs to really be looked at as to the reason the numbers are going down. She also commented on the older adult services not being carved out; it is a policy question and a system question. 36. Can agencies come to decision support for information? What systems does decision support pull their data from? 9/9/13 – Handouts provided; materials not covered. Meeting participants asked to review handouts and questions #s 1, 4, 6, 7, 12, 14, and 21. These items were discussed at 10/11/13 meeting. There will be additional discussion on item 21 in future meeting(s). Next topic to be discussed is # 9. 10/25/13 Motion #43 Rolled into Motion #38.		
44	11/18/13	**Motion:** Price; **Second:** Morales; to write a letter to the BOS supporting the MH Department and MH Directors' Recommendation "That the Four Audits Get Rolled into One" **Vote:** Unanimous	Copies included with 1/13/14 MHB meeting handouts. Hard-copy sent via Pony mail to five Supervisors.	Holtzclaw	OPEN TABLED
47	11/18/13	**Motion: Ojakian; Second Gutierrez;** to approve an Integration Adhoc Committee ➢ This group will focus on bylaws revision for the integration between the MHB and DADS into Behavioral Health Board. This group includes the following members: Victor Ojakian, Carla Holtzclaw, David Speicher, Hilbert Morales, Eliza Koff-Ginsborg, and Bruce Copley.	Ad-Hoc Committee is tasked with: 3. Review/Update the Bylaws 4. Changes of Bylaws to reflect the MH Board becoming a Behavioral Board. 12/13/13 1st meeting took place; 2nd meeting will reflect a presentation by County Counsel on MH Boards that have become Behavioral Boards and regulations clarity. 12/13/13 – Held the first meeting. 4/1/14 Bylaws are in second round of email with changes incorporated; to be reviewed by County Counsel	County Counsel, Adhoc Committee as listed/L. Ulloa	OPEN

Motion Number	MHB Meeting Date	Motion	Action	Assigned To	Status
50		o **Motion:** Morales, **Second:** Speicher; for the Mental Health Board to accept the following 2014 MHB-Community Heroes Award recommendations: ☆ Agency Hero Award: Alum Rock Counseling Center, Patricia Chiapellone, Executive Director ☆ Consumer Hero Award: Teresa Nava ☆ Family Member Hero Award: Kathy Forward ☆ Program Hero Award: Volunteer Doctor, David Hammons, MD ☆ Mover and Shaker Hero Award: Angelique Gaeta, Assistant to the San José City Manager **Vote:** Yes: 10, No: 0, Abstentions: 0 – Passed unanimously o Mr. Ojakian understands the need to modify the MHB Recognition celebration; he stated for the record that in the coming years; people are still recognized consumers, family members and professionals by the MH Board for the good work they have done.	Selected Heroes will be recognized on April 23, 2014 at the 3rd Annual SCC Mental Health Board Luncheon	MHB Ulloa	OPEN