

SANTA CLARA COUNTY MENTAL HEALTH BOARD
System Planning & Fiscal Committee Meeting, March 7, 2012
Downtown Mental Health Center
1075 E. Santa Clara Street ► 2nd Floor - Training Room #3 - San José, CA 95116

Minutes

1. **CALL TO ORDER:** The meeting was called to order at 9:11 am by Co-Chair Hilbert Morales; Chair Blitz was not present.
 - **INTRODUCTIONS:** Roundtable introductions were done; there were no other MH Board members.
2. **APPROVE AGENDA:** Today's meeting Agenda was approved by consensus.
 - **ACCEPT MINUTES:** The February 2, 2012 MHB-System planning & Fiscal Committee meeting Minutes were accepted by consensus.
3. **PUBLIC COMMENT:** None
4. **ANNOUNCEMENTS:** Ms. Ulloa announced the appointment of Ms. Gail Price to the MH Board.
5. **CHAIR'S REPORT:** None
6. **NEW BUSINESS / OLD BUSINESS:** None
7. **PRESENTATION:** Gabby Olivarez, Adult and Older Adult Division Director, gave an overview of the Adult & Older Adult Outpatient System of Care. Services include individual and group counseling on a time limited basis, as well as medication assessment, administration and education at a County operated Short-Doyle clinic or contracted community agency. Teams provide an array of mental health services, case management services, crisis intervention and medication support services.
 - **Who Can Access Adult & Older Adult Services?**
 - *Santa Clara Valley Health & Hospital System (SCVHHS):* Valley Medical Center (VMC), Gateway, Acute Psychiatric Services (APS) and Criminal Justice MH
 - *Health Plans:* Family Health Plan, Valley Health Plan (VHP), Blue Cross, Healthy Families and Healthy Kids
 - *Community:* Clients, families and community members
 - *System Providers:* Short-Doyle/Medi-Cal, private IMD, B&C and private hospitals
 - *County Agencies:* Social Services (SSA), Probation, DADS, Public Health, Schools and San Andreas Regional Center
 - *Fee for Service Providers:* Psychiatrists and psychologists
 - **Levels of Care Referral Placement**
 - *Level I (1549 Referrals):* Severe symptoms; clients referred from EPS/ Hospital and seen within 5 days of being discharged (Medi-Cal, Medicare Part B, VMC).
 - *Level II (3303 Referrals):* Significant symptoms and impairment; to be seen within 15 days of being referred (Medi-Cal and/or Medicare Part B).
 - *Level III (711 Referrals):* Moderate symptoms; clients offered Fee-for-Service or FQHC providers (Medi-Cal only). Clients referred to community resources.
 - **Primary Groups Served**
 - Adults and older adults with Medi-Cal, Medicare, Valley Care and APD (Ability to Pay) coverage.
 - Un-sponsored clients may access County services through the Central Wellness & Benefits Clinic (CWBC).
 - ≈ CWBC is a Mental Health Services Act (MHSA) funded program in Santa Clara County that provides ongoing medication services. The goal of the CWBC is to assist clients with obtaining benefits in order to link them to more extensive services within Santa Clara County. Clients are referred to our clinic in order to receive mental health services.
 - Specialized programs for adults and older adults involved with:
 - ≈ Refugees
 - ≈ Criminal Justice


- ≈ Dual Diagnosis (Drug & Alcohol)
- ≈ Developmentally Delayed
- ≈ CalWORKs
- ≈ Older Adults
- ≈ Young Adults
- Downtown Mental Health (DTMH) offers traditional mental health service team services such as medication management, crisis intervention, and case management; currently serving over 800 clients.
- Narvaez Mental Health (NMH) has language and cultural competence for Spanish and Vietnamese speaking clients.
- Evans Lane Outpatient serves 80 Dual Diagnosis Criminal Justice involved adults. Services include individual and group counseling, case management, medication management and benefits.
- Full Service Partnership (FSP) programs are based on the AB2034 philosophy that provides treatment, case management, housing, and community resources necessary to meet the needs of each individual's life circumstances. FSP offers a full array of services targeted to SMI individuals that are high-risk, frequent users of involuntary care. These services are operated by community based organizations. This program has the capacity to serve 200 enrollees annually.
- CalWORKs Clinical Mental Health Team is part of the Community Health Alliance collaboration between the following agencies: Department of Alcohol & Drug Services, Department of Social Services and Department of Mental Health.
- Jerry Mc Cann spoke about services at Momentum. In addition to adult outpatient services, there is an adult FSP. There are five service teams with services offered at three locations and in the community.
- Quality Improvement Initiatives
 - Adult Health Assessment
 - ≈ Goes to RN as soon as eligibility is determined
 - ≈ Opportunity for addressing any unmet medical concerns at beginning of services
 - ≈ Triage for immediate needs, may lead to immediate referral; medical issue becomes primary
 - ≈ Confirms primary care connection, defines chronic medical issues and physical concerns of client
 - ≈ Summary written by RN for psychiatrist
 - ≈ Order labs which are ready for first psychiatric visit
 - "Employment is Everybody's Business"
 - ≈ Employment survey establishes need
 - ≈ Evidence Based Practice (EBP) with Individual Placement and Support Model
 - ≈ Pilot integration of Employment Coordinator on 1 of 5 service teams and test impact on employment outcomes
 - Develop clinical outcomes program that demonstrates effectiveness
 - ≈ Hire person skilled in program evaluation, outcomes and quality improvement
 - ≈ Develop outcomes and evaluation committee to answer the questions:
 - How do we know that we have helped clients achieve their treatment goals?
 - How do we know which of the interventions we used were helpful and which were not?
 - How do we know that clients who used our services found them to be reasonably accessible and helpful in reaching their treatment goals?
 - How do we know that our services achieved value as defined by our funder?
- Mr. Mc Cann shared clients' letters of appreciation. One client commended the success of the Dialectical Behavior Therapy (DBT) pilot program. Client wrote that the staff provided excellent client support and displayed great dedication. Client also mentioned how fortunate they were to find the invaluable skills and tools to assist them in life because of the DBT program. Another client thanked the staff for being an inspiration. Clients attained skills that will better enable them in the job market. With the support and friendship from the staff the client learned that she was not alone with the illness.
- Judy De Leon spoke about Gardner Family Care Corporation (GFCC) being a multi-service behavioral health care division of the Gardner Family Health Network. The Corporations are non-profit, community-based clinics and together provide comprehensive health care services dedicated to improving the health status of low and moderate-income communities in Santa Clara County.
- The mission is to provide high quality primary medical, behavioral and social care to include education,

prevention, treatment, intervention, and advocacy services which are affordable, respectful, culturally, linguistically and age appropriate.

- Gardner Health Corporation consists of Gardner Family Health Network, medical clinics, Gardner Family Care Corporation, WIC, Proyecto Primavera, Blossoms and Centro de Bienestar.
- Centro de Bienestar services available are psychosocial and psychological assessments; crisis intervention; individual, group and family therapy; rehabilitation services; case management; psychotropic medication support and evaluation; 24-hour on-call response service.
- Overview of Centro de Bienestar Programs
 - *Early Childhood Mental Health/Family & Children*: Offers outpatient individual, group and family counseling; parenting support; services provided at the clinic, school and home.
 - *Adult/Older Adult (ages 18 to 59)*: Services prevent premature institutionalization; outpatient individual, group and family counseling; support groups and psycho-education groups for caregivers; in-home mental health services; neuropsychological assessments; case management/community outreach.
 - *Full Service Partnership (ages 26 to 59)*: Provides individualized recovery/treatment plans; reduces or eliminates frequency of hospitalization, incarceration and homelessness; psychiatric services and intensive case management; peer mentorship and therapeutic support groups; individual and family therapy; medication and medication monitoring.
 - *Asian Pacific Youth Program (ages 6-18)*: Offers community-based, culturally and linguistically competent outpatient individual, family counseling to reduce cultural barrier and generational gap; service provided at the clinic, community, school and home.
 - *Cambodian Culturally Specific Family Services (CCFS)*: Provides family-focused and culture focused mental health service provided to Cambodian genocide survivors and the families; comprehensive system of care; services provided at the clinic, home, school, community agencies including faith-based organizations; meditation group is culturally competent and within the context of Cambodian culture and Buddhist philosophy; case management/community outreach.
 - *System of Care/Juvenile Probation Department*: Targets high-risk youth involved in the Social Services Agency and the Probation Department; offers intensive services; individual counseling, family counseling, case management services; support for the child/youth and their family; access to psychiatric services and medication support; community-based services; linkage to community services; strength-based treatment in order to help clients improve their daily functioning.
 - *Therapeutic Behavior Services (TBS)*: Targets children and youth whose behavior is severe enough to risk losing placement or hospitalization; intensive short term treatment; community-based services; behavior modification such as goal setting, incentive programs, on-the-spot behavior modification assistance; supports and works with the child/youth and the family, including other support persons; and collaborates with client's primary mental health provider.
 - *Family Enrichment Program (FEP)*: Goal is to strengthen and empower families in our community through education, mental health services, support and advocacy. In particular, the program ensures that families with young children (ages prenatal to 6) have the resources necessary to provide a stimulating and healthy environment for the child's optimum.
 - *Expanded Differential Response (EDR)*: Provides immediate access to needs-driven, family centered, and child focused services for children and their families with the goal of reducing the trauma children experience as a result of out of home placement, prevent removing children from their home and open a juvenile court case. All referrals are made by the Department of Social Services and Family Resource Centers.
 - *Family Strength-Based Services (FSBS)*: Program provides wraparound services at home and in the community. It provides immediate access to needs-driven, family centered and child focused services for children and their families with the goal of reducing the trauma children experience as a result of out of home placement, prevent removing children from their home and open a juvenile court case. All referrals are made only by the Department of Social Services.
 - *Superior Court Initiative*: Provides education to parents, caregivers and court staff about the importance of the first five years and how to promote healthy development and being healthy role models for their children. Conducts developmental screenings and coordinate referrals with First 5 Santa Clara County System of Care services. Interfaces with a network of local service providers to secure access to court ordered programs, services, and activities for families and their children.

- *Dual Diagnosis & Criminal Justice Programs*: Provides consumers with individualized recovery/treatment plans containing measurable treatment goals. Consumers of this group receive intensive case management, individual and family treatment, psycho-educational, therapeutic process groups, psychiatric services and peer mentorship.
 - ≈ *Other Dual Diagnosis Programs*:
 - Parole Reentry Courts (PRC) Program - Judge Manley's Court
 - California Department of Corrections and Rehabilitation (CDCR)
 - Stop Funds - Services to youth that are uninsured
 - Multi-Agency Assessment Center (MAAC) at Juvenile Hall
 - A graduate from Gardner was presented; he spoke about his success in the program and how he had been receiving services from Gardner for over a decade. Dealing with having a new valve placed in his heart and going through a divorce at the same time, he became suicidal. He had one psychiatrist for eight years and said that the consistency was helpful. In a ten year span, he had a total of eight psychiatrists. He also mentioned that even though they are very different from each other they were very competent. Being a Gardner client for years, he had the assurance of being served whenever he needed the help. Although he felt scared about the transition to the FQHC clinic, he said that the process was seamless.
 - BUDGET: Heather Bilich spoke about the projected budget being under on the county side (Narvaez, Downtown, CWBC, CalWorks). Part of it is due to salary/benefit adjustments and a vacancy in CWBC. For the contract agencies, they looked at everyone that did adult outpatient services and took out things such as redesign. Ms. Bilich went through the actual budget vs. the projected expense. The actuals are based on the amounts paid out through January. The operating expense for this year is about \$26 million for adult outpatient. On the county side, the budget for Medi-Cal is \$1.2 million but the projected expense is 1.6 million. Probable explanation may be that the contract agencies were closed for a significant amount of time while they were transferring. On the contract side, Medi-Cal projected expenses (8.6 million) is less than the budget (9.2 million). MHSA projection is \$2.9 million; the amount will change and the amount will go up based on when the projection was made.
8. MENTAL HEALTH DEPARTMENT DIRECTOR'S REPORT, Bruce Copley reported for Nancy Peña the recommended budget for next year is a "go forward" budget, there are no cuts from the County at this point. He also mentioned that with AB109, there are additional funds coming in for the services through the realignment. Budget hearings are typically in June.
9. FUTURE TOPICS
- Adult Redesign, Gabby Olivarez, 4/5/12
 - MHSA-CSS, Older Adult Outpatient, Gabby Olivarez and Maria Fuentes, 5/3/12
 - MHSA-CSS, Interns / Consumers and Family Members Stipends, Deane Wiley, 6/7/12
10. ADJOURN: By order of the Chair, the meeting adjourned at 10:33 am. The next meeting is calendared for April 5, 2012.

These minutes are respectfully submitted by:



Lolanda Ulloa, 408.793-5677

SCC Mental Health Board Support

Lolanda.Ulloa@hhs.sccgov.org / www.sccmhd.org – check out the MHB web page

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SANTA CLARA COUNTY MENTAL HEALTH BOARD PUBLIC MEETING
System Planning & Fiscal Committee

March 7, 2012 / 9:00 AM-11:00AM

Downtown Mental Health Department
 1075 E. Santa Clara Street, 2nd Floor Training Room #3
 San Jose, CA 95116 (408) 793-5677 – Llolanda Ulloa

Sign-In Sheet

Print Name and sign / Attendance List (Optional) **Agency/Program Rep. or Mental Health Board Member**

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|-----|---|--|
| 1. | <u>Larry Blitz – Chair</u> | <u>Mental Health Board Member</u> |
| 2. | <u>Hilbert Morales – Co- Chair</u> <i>Hilbert Morales Hilbert Morales</i> | <u>Mental Health Board Member</u> |
| 3. | <u>Llolanda Ulloa - MH Board Support Staff</u> <i>(LU)</i> | <u>Mental Health Dept. Staff</u> |
| 4. | <u>Jerry McCom</u> | <u>Momenton M.H.</u> |
| 5. | <u>Laura Shannon</u> | <u>EMOP FF</u> |
| 6. | <u>M. Cortese</u> | <u>MHID</u> |
| 7. | <u>Mohamed Ali</u> | <u>ECCAC African Immigrant Cor.</u> |
| 8. | <u>Sanita Kaderi</u> | <u>AACT</u> |
| 9. | <u>Heleidy Torres</u> | <u>ECCAC - AHF</u> |
| 10. | <u>Semir</u> | <u>ECCAC African Imm</u> |
| 11. | <u>Judy Deke</u> | <u>SFCC</u> |
| 12. | <u>Robert T Bob Gill</u> | <u>INDIA AMERICAN</u> |
| 13. | <u>Harold Lopez</u> | <u>Sanita Kaderi - SANITACER</u>
<u>FCS</u> |
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