

SANTA CLARA COUNTY MENTAL HEALTH BOARD  
**System Planning & Fiscal Committee Meeting, June 26, 2012**

Downtown Mental Health Center  
1075 E. Santa Clara Street ► 2<sup>nd</sup> Floor - Training Room #3 - San José, CA 95116

MINUTES

1. CALL TO ORDER: Co-Chair Hilbert Morales called the meeting to order at 11:32 am; Mr. Morales Chaired the meeting as Chair Larry Blitz had a conflict and arrived at 12:08 pm.
  - INTRODUCTIONS: Roundtable introductions took place; MHB member David Speicher and MHB Chair Victor Ojakian were present.
2. APPROVE AGENDA / ACCEPT MINUTES:
  - Approve 6/26/12 MHB-SP&FC Agenda: **Motion:** Speicher; **Second:** Ojakian; **Vote:** Passed unanimously
  - Approve 5/3/12 MHB-SP&FC Meeting Minutes: **Motion:** Mariant; **Second:** Gill; **Vote:** Passed unanimously
3. PUBLIC COMMENT:
  - None
4. ANNOUNCEMENTS:
  - David Speicher spoke about David Fromm (Republican strategist). Mr. Speicher encouraged the audience to read Mr. Fromms Time article regarding the "3 Keys to Economic Stability".
5. CHAIR'S REPORT:
  - Mr. Morales stated that it has been an effective year at getting acquainted with the facilities established in our mental health system.(See the minutes from the previous meeting)
6. *NEW BUSINESS* / OLD BUSINESS:
  - None
7. PRESENTATION: MENTAL HEALTH DEPARTMENT BUDGET UPDATE, Nancy Peña, Ph.D.
  - Santa Clara Valley Health and Hospital System (Presentation)
    - The budget update was presented at the budget workshop in May at the BOS and it became the summary in the budget hearings
    - The County Executive stressed that ideas and vision for the Health and Hospital System associated with caring for you and the world around you are important
    - SCVHHS Priorities
      - a. Culture of Accountability
        - There is a need to be responsible for everything from the experience of our consumers as they come in to receive services and the return on the investment that the public is making on the health and hospital system
      - b. System Integration
        - Integrating and consolidating what we do is going to be better for the consumer, more efficient and accountable in terms of consistency of the service system
      - c. Physician Alignment
        - The relationship between physicians and health care reform needs to be more engaging and focused on strategies, such as health, homes, and medical homes
      - d. Unified Managed Care Strategy (private, commercial, and public plans)
        - There is a lot of conversation regarding functionality of health care reform. What role will the hospitals play?
        - Duplication of services is a difficult concept to approach due to competition between service

- providers
  - Town Hall meeting at the County Offices today to hold a conversation with the local players involved with health care reform
- e. Transforming Communities
  - It is necessary to focus on the community and population health in order to understand what key issues have an impact on health (i.e. -obesity, childhood obesity, tobacco use)
- f. Repositioning Post-Reform
  - Health care reform, realignment and prison reform
- o SCVMC from provider of last resort to first choice
- g. Marketing the mental health system of care is important as a first choice system to influence policies and procedures.
- h. The MHD offers separate and different behavioral health plans that focus on preventative care.
- o VHP covers 89,696 managed care patients
- o MHD Highlights
  - i. School-Linked Services
    - Completed plan to establish coordinated school-linked services in high needs schools and communities beginning in FY13
  - j. Older Adult Summit and Plan
    - There is a need to identify system and service needs to address mental health of seniors
  - k. AB109 community corrections partnership
    - Helped develop service delivery system for those re-entering the community following incarceration
    - Individuals released from prison are released to probation and not to parole
    - Approximately 110 offenders have been released per month
    - The County is attempting to achieve recidivism rates that are lower than the State's rate of 76% (currently the recidivism rate for SCC is about 30-40%)
    - MHD is actively involved in two innovation projects to assist AB109 processes (Multi-Agency Assessment Team and Faith Collaborative)
      - SCC is 1 of 4 counties who received good marks for AB109 rehabilitation services (all demographic data is recorded)
  - l. Law Enforcement Training Video
    - Training videos were produced to increase the knowledge and skill among law enforcement personnel interacting with individuals with mental illness; "shoot-don't shoot" video
    - The video is to be presented in July at the next MH Board meeting
  - m. Full Service Partnership Success
    - Programs serve over 700 high need clients. Outcomes include reductions in EPS visits, psychiatric inpatient admissions, homelessness and arrests
    - AB2034 / MHSA Wraparound model – effective / inexpensive treatment model for diverse populations
    - 100% paid for FSP slots
    - Blitz – If you looked at long term care how would you go about determining case cost and would there be opportunities to change that if the system ran into trouble?
      - There is a specialty system that offers at a case rate. The medical model would be a carve out behavior health system
      - We need to move toward recovery and away from institutionalization
- o Summary of Recommended Budget – FY 13 – Budget Proposals 1-6
- n. Would like to take EPS off VMC license; make it a community based service facility
- o. A separate EPS needs to be established for children. (A crisis receiving center and a PHF)
- p. Blitz – have you seen collaborative models?
  - Consumer run crisis centers (e.g. Arizona counties) establishing a continuum between pre-crisis services and post-crisis services
- q. Conceptualization of a sobering station – calculations of money that can be saved transporting patients to hospitals for drug/alcohol induced states – it will be funded by rural metro and hospital councils (model in SF that can be evaluated to design our own model)

- r. A crisis stabilization unit may be completed in the next couple of weeks. It is one part of a two part RFP process. Vendors can bid for one or the other or both
- s. CA is being perceived as a progressive state. CA laws regarding parity. Will CA recover so that the State has more to invest in the safety net stuff and would they have more to contribute to a waiver
- t. Mental Health carve out is a barrier to integration flexible care in deep carve out.
- u. Geographically located crisis stabilization units – There is unused space in Gilroy and it would welcome child psychiatry and other stabilization units
- v. Morales - is there an effort to coordinate geriatrics?
  - Small psych outreach centers are needed for psych inpatient. Small home-like settings.
- w. Blitz - Does the County have the capacity to take care of all of their inpatient acute psychiatric patients? Is there a cost ramification tied to this? What about the conversion of SNF to PHFs? Is that the trend?
  - No – most are out-of-County
- x. Taylor – Robust community resources are needed to reduce the need for inpatient beds.
- y. Special Ed Restructure
  - AB3632 Special Education law was repealed – responsibility for kids with special educational disabilities are the responsibility of school districts
  - Approximately 800 children are served under this program (Wraparound / Residential Systems)
  - The MHD is transitioning the final 100 children within the next fiscal year out of IEP's - MediCal kids do not need a special contract
  - All resources are being pushed back into School-Linked Services
- z. CalWORKs Staff Transfer – Staff (3.0 FTE) is moving to the MHD
  - MH Needs Assessment
  - Grant Revenue Losses – Some grants have been lost
  - AB109 Program Expansion – All AB109 money is used
  - Valley Care II DADS Infrastructure
  - Contracts Unit Expansion – 3 positions were created and approved
  - All Proposals have been approved

8. MENTAL HEALTH DEPARTMENT DIRECTOR'S REPORT, Nancy Peña, Ph.D.

- Overview of housing development project from the June 25, 2012, Stakeholder Leadership Committee Meeting, (see handout)
- County had to be assigned
  - Donner Lofts Housing located at 156 E. St. John Street
  - Over 100 units have been created
- Current Overview of the MHD (Handout) – High level structure / MHD funded programs
- Organization / Management Structure
  - All levels of management are defined by division
    - a. Executive management (orange)
    - b. Senior management (green)
    - c. Program management (yellow)
  - Color coded by level and divided by category
    - d. Category 1 (C1) – FY13 Funded
    - e. Category 2 (C2) – MHSA Plan
    - f. Category 3 (C3) - TBD
  - Each division was allowed top three proposed positions
  - Team managers now understand their relationships with other departments
- The MH produced a report that was sent to the BOS on AB109 basic information
  - Unspent funding will be rolled over into realignment version 2 (public safety / public health)

9. FUTURE TOPICS

- MHSA-CSS, Interns / Consumers and Family Members Stipends, Deane Wiley, 7/5/12

- o Blitz – There is a need to take a step on how to take what we have learned and work with the department to work with them on a monthly basis to properly develop policies and recommendations
  - o Possibly hold a meeting with Supervisor Yeager.
  - MHSA-CSS, Older Adult Outpatient, Gabby Olivarez and Maria Fuentes, TBD
    - o None
  - Employment and mental health will be discussed at the Full Board Meeting on Thursday
10. ADJOURNMENT: The meeting adjourned at 1:21 PM; the next meeting is calendared for 7/5/12 (3-5 pm).

These minutes are respectfully submitted by:



Llolanda Ulloa, 408.793-5677

SCC Mental Health Board Support

[Llolanda.Ulloa@hhs.sccgov.org](mailto:Llolanda.Ulloa@hhs.sccgov.org) / [www.sccmhd.org](http://www.sccmhd.org) – check out the MHB web page

AH/MS:lu

**SANTA CLARA COUNTY MENTAL HEALTH BOARD PUBLIC MEETING**  
**System Planning & Fiscal Committee**  
**June 26, 2012 / 11:30 AM-1:30PM**

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

Sign-In Sheet

<u>Print Name and initial / Attendance List (Optional)</u>	<u>Agency/Program Rep</u>
1. <u>Larry Blitz – Chair</u>	<u>Mental Health Board Member</u>
2. <u>Hilbert Morales – Co-Chair</u>	<u>Mental Health Board Member</u>
3. <u>Llolanda Ulloa – MH Board Support Staff</u>	<u>Mental Health Dept.</u>
4. <u>M. S. Tiller</u>	<u>MH Dept.</u>
5. <u>Mary Kaye Gerstl</u>	<u>RCS</u>
6. <u>Dave Spacher</u>	<u>MHB</u>
7. <u>Anthony Halgrah</u>	<u>MHD</u>
8. <u>Jo ECLEVIA</u>	<u>GIRACE Community CENTER</u>
9. <u>Vic Ojkan</u>	<u>MHB - chair</u>
10. <u>N. O'Connell</u>	<u>MHD Director</u>
11. <u>Howard Logozz</u>	<u>FCS</u>
12. <u>Paul Taylor</u>	<u>AMHCA / Momentum</u>
13. <u>Ken Parker</u>	<u>CMHS / Pam Di</u>
14. <u>Miguel Valencia</u>	<u>Gardeas</u>
15. _____	_____
16. _____	_____
17. _____	_____
18. _____	_____
19. _____	_____
20. _____	_____