May 20, 2011

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

Dear Board of Supervisors:

The Santa Clara County Mental Health Board (MHB) would like to present the Board’s General Focus Work Plan for FY 2010-2011. The purpose of this letter is to give you a summary of the activities pertaining to this plan that the MHB has been discussing for the current and upcoming year.

At recent meetings and trainings, handouts were given to MHB members, such as the Welfare & Institutions Code; MHB members were asked to review this information in order to ensure compliance. Other homework was assigned in order to give specific focus on the coming year. We are working with the Mental Health Department to provide us information in a timelier manner; including requirements and mandates coming from the state as it pertains to duties of the MHB. It is important to receive this information promptly so that we can better understand the expectations of the state for mental health services.

In reaching out to the public and making ourselves more accessible, the MHB has scheduled rotating monthly Executive Committee meetings which would occur at different locations in our county (for example, Campbell, East San Jose, and Santa Clara). Rotating locations will allow us to be awareness of needs County wide and where and what care is being given to clients.

The SCC Mental Health Board web page has increased the public awareness of the MH Board and improved communications.

With the California Association of Local Mental Health Boards and Commissions (CALMHB/C) trainings for MHB members, the MH Board has learned about data collected from all counties as well as how to access and understand what is going on at State level.
For your information, below is a list of sub-committees and ad-hoc committees of the SCC Mental Health Board, including the names of sub-committee chairs and co-chairs:

**Sub-Committees:**
- **System Planning & Fiscal:** Chair Larry Blitz and Co-Chair Clinton Brownley
- **Family Adolescent & Children’s Alliance:** Chair Victor Ojakian and Co-Chair Oscar Trinh
- **Adult System of Care:** Chair Margene Chmyz
- **Minority Advisory:** Tito A. Cortez and Co-Chair David Mariant
- **Older Adult:** Chair Wesley Mukoyama and Co-Chair Henry Morillo

**Ad-Hoc Committees:**
- A) Assessing Family Involvement in the System of Care for Adults and Older Adults, [Margene Chmyz].
- B) Performance Measures Committee, [Clinton Brownley].
- C) Suicide Prevention Task Force, [Victor Ojakian and Oscar Trinh].
- D) Recruiting Committee, [Tito Cortez, Ronald Henninger, and Hilbert Morales].
- E) Grievance Committee, [Ron Henninger]
- F) Older Adult Summit, [Larry Blitz and Wesley Mukoyama]
- G) Other committees will come forth as needed with the idea that the full board is busy with tasks to fulfill our mandate to work on the different required areas.
- H) Issue Resolution [Dr. Henninger and Ojakian]
- I) Web Page [Charles Pontious]
- J) Bylaws Committee [Dr. Henninger, Morales, and Brooks]
- K) CALMHB/C [Charles Pontious]

Thank you for your time in reviewing this letter. If you should have any questions, please do not hesitate to contact me.

Respectfully,

Ronald Henninger, D. C., Chair
Santa Clara County Mental Health Board

CC: Supervisor Mike Wasserman
Supervisor Dave Cortese
Supervisor Liz Kniss
Supervisor Ken Yeager
Supervisor George Shirakawa
May 9, 2011

County of Santa Clara

Mental Health Board
Annual Report

Fiscal Year – July 2010 to June 2011
County of Santa Clara Mental Health Board May 2011 Annual Report

**Board Members:**
- Chair: Ronald Henninger D.C. (September 2010 to June 30, 2011)
- Chair: Cheryl Crose, (July to September 2010)
- 1st Vice Chair: Victor Ojakian
- 2nd Vice Chair: Charles Pontious
- Larry Blitz
- Julianna Brooks
- Clinton W. Brownley
- Margene Chmyz
- Tito A. Cortez
- Jacqueline Gutierrez (through April 2011)
- David Mariant
- Laura McIntyre
- Hilbert Morales
- Henry Morillo
- Wesley Mukoyama
- Oscar Trinh

**Mission Statement**

The Mental Health Board of the County of Santa Clara 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 in state Welfare & Institutions Code 5604.2 and county law (See attached Chapter VII, Sections A18 – 141 and A18 - 142). They include: review and evaluation of 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 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.
Annual Report 20010-2011

Chair’s Report:

When I sit down to write this what came to mind were those famous words of Charles Dickens "It was the best of times, it was the worst of times; it was the age of wisdom, it was the age of foolishness; it was the epoch of belief, it was the epoch of incredulity; it was the season of Light, it was the season of Darkness: it was the spring of hope, it was the winter of despair; we had everything before us, we had nothing before us.; What has brought this quote to mind is the great anticipation and hope we all had when Prop. 63 passed and the MHSA funds were being released to the counties for their use. Then some 5 years later what do we have to show for all of this hope it seem to be very little.

In reading last year’s BOS Annual Report 2009-2010 it seems little has changed. The following continues to be major concerns for the Mental Health Board (MHB):

1. Transparency: Receiving information from the MHD has been difficult. There are several reasons for this dilemma.
   - One factor of this problem is to know what information is important to be requested and how the MHB can get the relevant information. Being a board member we do not have unlimited time to explore each item that is discussed at each meeting. The amount of information that needs to be looked at and reviewed is overwhelming.
   - The second element of this problem is getting information from the MHD in a reasonable time frame to be able to make a proper analysis before it is time to discuss the information at a meeting. It seems like two consistent things happen with information the Board has requested: One is that the MHB requests information on a topic and it is handed out at the beginning of the meeting where it is going to be discussed. This means that the MHB has to read and discuss the issue at the same time. The other consistent pattern of behavior is that the MHB is given a three ring binder that contains hundreds of pages a week before the meeting which is overwhelming and has the effect that nothing will be done. In either case the input from the MHB has been negated.

2. Data to Make Informed Decisions:
   - The MHD has set up The Performance Measures Development Committee to develop the systems to collect the needed information to evaluate programs and facilities for their effectiveness. The problem with this is that the committee can only make recommendations to facilities and will not be mandatory. This means that information being collected maybe collected by some facilities and not others which makes analysis very difficult if not impossible.
   - Proposed programs through PE&I and/or Innovation needs to include outcomes that will be collected and what would be considered to be positive results. This lack of information that would allow for informed decisions on how effective programs are multi-factorial. Whether it is lack of defined outcomes, staffing, or poor data system collection or data analysis or poor record keeping that do not contain the information needed, this situation needs to be corrected. It is time that money and resources be directed to setup systems that would allow this information to be gathered, analyzed and employed in clinical decision making and program development. This needs to take precedence before another program is created or another program is omitted
based on someone’s opinion. Unfortunately, the result is that in addition to the wasteful use of resources is the prolonged suffering of patients. The necessary information which is required to improve programs, facilities, doctors, and case managers to improve the quality of care is absent. So let’s be really innovative and set up a system to collect information that allows changes to be made based on facts and information and not someone’s best guess.

3. Lack of making family involvement a priority

- After many years of the MHB and MHSA thinking that the family involvement needs to increase the MHD Santa Clara County is far behind in hiring full time family member, family advocates for MHSA services and programs. A program like this would also comply with MHSA recommendations by having a dedicated Family Support and Education Department headed by 1st degree family members (parents, siblings, adult children or spouse) to develop outreach and education for families who are burdened with the trauma of dealing with a loved one with a mental illness. Funding a program of this type should be in equity as compared to other MHSA programs.

- The need for the above is well documented by multiple letters of complaints in the last nine months. These letters demonstrate that families feel that they are not being listened to when it comes to sharing information about their loved ones. Also the family can give feedback about the care that they are receiving and the clients’ response to that care.

The following reports are from the sub-committees of the Mental Health Board.

MHB Sub-Committee Reports

Adult System of Care

In 2010 the Adult System of Care continued work toward incorporating wellness and recovery for all people served. MHSA funding is providing the means for developing new, better implemented and more effective individualized services: From initial access to appropriate discharge planning and follow up, the system is working diligently to increase the effectiveness of services and maximize increasingly limited resources.

A major thrust within the Adult System of Care for 2010 has been Transformational Care Planning (TCP), a program developed by the California Institute of Mental Health (CIMH). Extensive training began with key supervisors and managers, and will eventually be given to everyone working within the system. It is designed to meet the philosophical underpinnings of MHSA. Organized around the client’s own perceptions, needs, goals and the likelihood of success, TCP stresses utilizing specific mental health services and supports as they are needed, and eliminates services that are not proving effective in client progress. This program sees the client as the most important component in his/her own recovery.

Narvaez and Kidscope have begun the training and implementation of TCP using live conference calls with CIMH to help guide practitioners with specific feedback. In the short period that these clinics have begun the TCP protocol, some clients are already beginning to show improvement in symptom management
Although not a part of the TCP program per se, The Milestones of Recovery Scale, (MORS) assessment tool and the client self-assessment tool, (CIOM) both introduced in 2009, continue to strengthen client involvement, responsibility and effectiveness in working toward their own recovery. These tools assure that services received are matched to individual needs. It is the goal of the Adult System of Care that every client will eventually be in charge of their own treatment plans to the extent that they are able, and see recovery as possible and within reach.

The “Model for Improvement” as developed by the Associates in Process Improvement and summarized will be used to test and then implement specific changes presented in the training programs. It is already in use in County Clinics.

**Systems Planning and Finance Committee**

*Chair Larry Blitz, and Co-Chair Clinton Brownley*

**February 25, 2011**

The following review of this committees’ activity during 2010 is brief due to both Co-Chairs recently appointed to the Santa Clara County Mental Health Board. Clinton Brownley and Larry Blitz serve as co-chairman of this committee and are dedicated in 2011 to facilitate a process with the Mental Health Director to provide fiscal education and knowledge to the Mental Health Board enabling the Mental Health Board to provide informed financial support to the Mental Health Department. To that end, the Mental Health Director will provide monthly educational forums with all interested Board Members and the Systems and Planning and Finance Committee.

In 2010, it was identified that the Mental Health Board was in need of financial and budget information in order to provide the necessary support to the agency. The complex revenue stream understanding is the first area of education that the Board will receive following expenses later in the calendar year. It is the goal of the Committee to become a key partner in the budgetary process of the agency, both in terms of support and advisory.

**Family and Children’s Committee (FAC)**

*Chair Victor Ojakian,*

*Co-Chairs, Henry Morillo (through September 2010) Oscar Trinh (October 2010 on)*

**Family, Adolescents and Children’s Committee** of the Santa Clara County Mental Health Board meets every other month (the odd number months, e.g., January, March, etc.) on the second Thursdays from 3 to 4:30 pm.

The FAC meetings always discuss recent Mental Health Department (MHD) actions, including budget, Mental Health Services Act (MHSA) work, etc. In September the MHD staff liaison charged from Peter Antons to Sherri Terao with Deputy Director Bruce Copley also often attending meetings. There is always a recap of the most recent Santa Clara County Mental Health Board meeting. Additionally MHSA housing projects are presented to the committee.

Each meeting has a guest speaker discussing and providing information on topics relevant to families and youth. This year, from May 2010 to March 2011, the following presentations were or will be provided:

**May 2010:** Because of conflicting events and travel schedules the meeting was cancelled.
July 8, 2010: Michael Fitzgerald, director of behavioral health for El Camino Hospital Mountain View talked about ASPIRE, a program to help youth (ages 13 to 17) with behavioral health matters. This is a recently instituted program (February 2010) that serves about 15 attendees. As their website says: ASPIRE (After-School Program Interventions and Resiliency Education), the department's first-ever program for teens. ASPIRE was created to fill a need in the Silicon Valley community for effective treatment for youth with anxiety, depression or other symptoms related to a mental health condition.
More on this program and El Camino Hospital behavioral health services can be found at: http://www.elcaminohospital.org/Programs_and_Services/Behavioral_Health

September 9, 2010: Liz Schoeben, MFT, and Executive Director of CASSY explained her Los Gatos High School campus mental health service. CASSY provides walk-in or referral service and mental health education onsite. They address a range of issues from harassment of LGBT youth to eating disorders. The top matters for youth are grief and loss, depression, communications (mainly with parents) and peer relations. CASSY provides services to a number of Santa Clara schools and more information about this program can be found at http://www.cassybayarea.org/

November 18, 2010: Rachael Woods discussed the services provided by Gardner Family Care (GFC). They provide a wide range of services which include assessments, crisis intervention, therapy (individual and group), rehabilitation services, case management, medication prescription and monitoring, neurological and psychological testing, outreach prevention to the community and 24-hour response capabilities. The target populations include children and families, adolescents, seriously mentally ill adults and older adult populations. The Gardner Mental Health Department, Centro de Bienestar, has many family and children related programs and services including: Early Childhood Mental Health Program (ECMH), Family and Children Program, System of Care, Therapeutic Behavioral Services (TBS), Juvenile Probation Department, Family Enrichment Program, Family Strength Based Services Program, Expanded Differential Response Program and others.
More information is available at: http://gardnerfamilyhealth.com

January 13, 2011: The Mental Health Advocacy Project (MHAP) staff will provide a discussion on involuntary holds and family and youth legal rights. More information is at: http://www.lawfoundation.org/mhap.asp

March 10, 2011: Elena Tindall presented on Suicide Prevention and Early Intervention, funded by MHSA, PEI Plan 5. There is a new toll free Suicide & Crisis Hotline, 1-855-278-4204; with 24/7 access.

May 12, 2011: Adolescent Counseling Services (ACS) will discuss its mental health services or Palo Alto school district campuses. More on them is at http://www.acs-teens.org/support_acs/ .

For the upcoming year there will be an emphasis on improving adolescent and children mental health in the Santa Clara County mental health facilities.

MINORITY ADVISORY COMMITTEE (MAC)

Chair: Tito A. Cortez, Co-Chair Henry Morillo through 2/25/11; Co-Chair David Mariant as of 2/25/11.

There is one significant document we accomplished in developing --- our Cultural Competency Plan. Staff and volunteers worked together for about six (6) or seven (7) months. The biggest challenges awaiting MAC, MHB and the MH Department is its implementation. Though the Plan looks good in writing, its effectiveness can only be seen in its execution.
We've been having presentations of various ECCAC components and others important community services. First, we had the Filipino component, then the Native American. ECCAC's components are to reach out to their specific communities and link those needing solutions to mental health challenges to the Department or other services. Eighty (80%) percent of their activities was planned to be devoted to outreach and education and twenty (20%) intervention.

Based on the State's report, there is a big discrepancy between projected delivery of services to actually delivered. ECCAC's efforts should lessen the big gap between projection and actual. Each meeting we devote time to understand these challenges. We predict that as time moves on and ECCAC matures, we should witness more ethnic minorities taking advantages of mental health services.

Older Adult Committee, Santa Clara County Mental Health Board
Chair Wesley Mukoyama and Co-Chair Henry Morillo
February 2011

Mission Statement:
To foster an increased awareness regarding mental health needs of older adults residing in Santa Clara County.
To advocate for comprehensive, integrated accessible, culturally competent, and innovative services for older adults.
To encourage, foster and support staff development regarding evidence-based practices and methods for geriatric mental health.

Vision Statement: The Older Adult Committee's Vision for a system of mental health for older adults is:
A thriving older adult division of the Mental Health Department, that delivers services from a foundation of evidence based practices throughout the entire system of mental health care.
A system in which the professionals delivering services experience their work as stimulating, rewarding and creative.
A system where older adults have access to culturally competent, effective and comprehensive treatment and service, where interventions are community oriented and occur at the earliest point of need.

The population of adults 60 and over, the so-called "Baby Boomers" is the fastest growing population in the U.S. as well as in Santa Clara County. By 2030 the older adult population will grow to almost 25% of the overall population in Santa Clara County. The older adult non-white population will also exceed the white population many of whom speak English as a second language. If depression is not treated in the older adult population, it will be the number one killer of older adults. The suicide rate among older adults is higher than any other age group. Substance abuse, including medications, is a growing problem in this population. A major concern is older adults who are homebound and isolated without family assistance.
With this in mind, the Older Adults Committee of the Santa Clara County Mental Health Board has discussed why there is such a lack of programs targeting older adult, specifically those in prevention and early intervention. It was explained that they were combined with
adult prevention programs. However, it has been the contention that older adults receive the “tail end” of services in these programs due to the lack of training of mental health social workers in geriatric treatment. (Questionable conclusion) Statistics show that the number of mental health clients over 60 increased by 25% in 2009. Budgeting for Older Adults of Santa Clara County Mental Health in MHSA programs has been only 15% of the Adult Older Adult funds and only 4.2% of the overall programs.

In light of these facts, the Older Adults Committee advocated for more funding specifically for older adult programs. We participated in Stakeholders meetings, critiqued the Older Adult Innovative Program and had several meetings with staff and Dr. Peña questioning the feasibility of the implementation of this program. Because the essence of this program could not be changed we are still trying to design a proposal that can work. This is the only older adult specific program, which could reach out to isolated elders thereby classifying it as a prevention program.

We had guest speakers such as Sarah Triano, Executive Director of the Silicon Valley Independent Living Center, who spoke about “Money Follows the Person,” a program which will assist mental health clients to leave institutions such as IMD’s.

We promoted dialogue between the Department of Aging and Mental Health which eventually entered an agreement to provide a mental health social worker to work at Adult Protective Services. The social worker will make mental health assessments.

With the encouragement of Dr. Peña and the Mental Health Board, our committee went to the Board of Supervisors to discuss the mental health needs of Older Adults in August 2010. In November, our committee met with Supervisor Dave Cortese to follow up our August meeting. He agreed to have a summit conference to bring agencies, faith based communities, families, senior centers, the medical community, Alzheimer’s Association, Council on Aging, the Department of Aging, the Aging Services Collaborative, the Family Caregiver Alliance and others, to participate in collaborating to assist, prevent and educate families and isolated seniors from becoming depressed.

Supervisor Cortese stated in his State of the County Address in January, 2011, “An area I plan to work on personally is to document and respond to the growing mental health issues of seniors. My office will work with members of the mental health board to put on the county’s first summit on the mental health care needs of our senior population. We will use the information from this summit to make recommendations on how to address the growing mental health crisis.

Our MHAB meetings have encouraged more participation and our attendance has increased markedly. In the past 6 months a proposal for outreach to older adults has been offered. Although it has yet to be implemented, but hopefully until the end of this fiscal year it will be through Prevention and Early Intervention funds.

Another program using Cognitive Behavioral Therapy will be piloted by Dr. Dolores Gallagher Thompson from the Stanford School of Medicine in collaboration with the Gronowski Clinic at Palo Alto University and the Aging Adult Services Program at Stanford Hospital & Clinics, to treat older adults who suffer from depression. It will also treat older adults who have early
dementia/Alzheimer's disease. Dr. Thompson will also implement another program to train social workers in Cognitive Behavioral Therapy for depression.

We are quite pleased with the progress of meeting our mission (above) and hopefully will reach our vision. We will continue to support presentations by programs outside of mental health that deal with older adults, such as Family Care Alliance and the Alzheimer's Association to make presentations. Next month's presentation will be by, the Suicide Prevention Committee.

Respectfully submitted,

Wesley K. Mukoyama L.C.S.W.
Older Adults Committee Chair
Santa Clara County Mental Health Board
The following is a list of recommendations for the Mental Health Department and the Board of Supervisors. Many of these recommendations are the same ones in last year's report with a few additions.

**Recommendations:**
There needs to be closer supervision by the Mental Health Board of how the MHSA funds are being spent. This should be done through the MHB being involved in the planning process. The MHB needs ongoing reports by the MHD on how these programs are being conducted and the results that have been evaluated. There needs to be evidence that these funds are directly improving the care being giving the clients and that their lives are improved with the use of these programs and monies.

**Consulting Fees:** Develop a panel which has no financial gain to determine the necessity for the use of consultants in the MHD. Make transparent the existing use of consultants, their fees and length of contract. Use the consultant fees to improve and increase the access to care for consumers.

**Direct Services:** Dedicate more of the funding to direct patient services with improved access. Reduce the psychiatrist/client ratio in order to minimize the wait between visits and thereby reducing the number of relapses. As with other medical conditions have access to non crisis care which is less expensive and humane. Make Urgent Care clinics known in the communities they serve with advertised phone numbers.

**Post Hospitalization Programs:** Develop Outpatient Day Programs which are funded by Medicare to serve clients post hospitalization to further stabilize them and generate income for the County.

**Reduce Chronic Disease:** Create Wellness Programs which address obesity, Type II Diabetes, and smoking cessation, to reduce the financial burden of the cost for treating these illnesses, by promoting healthy living styles, which enhance longevity for our clients and preserve our safety net.

**Programs Collaboration:** Prevention and Early Intervention
Develop a county wide relapse prevention program by early detection and suicide prevention. Include the entire life span to promote prevention of exacerbation of symptoms. There needs to become partners and use collaborative care to improve life styles choices and physical health for clients, with smoking cessation, exercise and dietary education.

**Mental Health Services Act (MHSA):** In a statewide review of other county programs, Santa Clara County is far behind in hiring full time family member, family advocates for MHSA services and programs. Comply with MHSA doctrines by having a dedicated Family Support and Education Department headed by 1st degree family members (parents, siblings, adult children or spouse) to develop outreach and education for families who are burdened with the trauma of dealing with a loved one with a mental illness. Fund these programs equitably as compared to other MHSA programs. Staff these tables with paid family members or consumers to assist families in seeking help for their loved ones and learning about resources in the community.
Planning and Implementation MHSA:
Allow the Stakeholder Leadership Committee (SLC) to develop agendas for meetings. Allow the SLC to determine which plans are in the best interest of the consumer and family. Develop protocols to determine which programs are successful and eliminate those which are not.

MHSA Issue Resolution Protocols: Develop a panel of persons who do not have any conflict of interest with the county. Exclude employees, contracting agencies and other county relationships to resolve MHSA issues within a 30 day period of time. After 30 days issues are referred to the state for resolution if the parties are not satisfied with the results. Maintain confidentiality so as to not result in retaliation measures against the plaintiffs.

Data Collection and Outcomes Measures: Evaluate county patient access to care, quality of care rendered and outcome measures for the county systems of care on a month to month basis, quarterly and bi-annual basis to determine which programs are efficient and efficacious and eliminate programs which do not produce results. Analyze and fine tune programs where outcomes are efficacious.
Develop a county wide system to collect data and outcome measures for services on an ongoing basis. Determine if recidivism can be minimized by filling the holes in the continuity of care. Improve plans and programs after careful analysis of the outcomes of existing programs. Eliminate programs which have poor outcomes.

Accomplishments of the Mental Health Board:
- Mental Health Board Web Site Opens
- Development of site to reach public voice
- Advocated for Ethnic Cultural Community (ECCAC)
- Advocated for Family Member/Family Advocate to assist families in navigating the system of care
- Board Retreats to focus on collaboration and understanding state and local mandates
- Advocated for prevention plans for the entire life span of the mentally ill
- Advocated for including physical health preventive treatment practices
- Mental Health Services Act (MHSA) public hearing for prevention and early intervention plans
- Advocated for ethnic community membership on Mental Health Board
- Advocated for MHSA Grievance Issue Plan for the Santa Clara County
- Advocated for direct visitation by the MHB to county facilities
- Advocated for the Dependent Contract Workers
Open Motions to the Mental Health Department:

<table>
<thead>
<tr>
<th>Motion Number</th>
<th>MHB Meeting Date</th>
<th>Motion</th>
<th>Action</th>
</tr>
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<tbody>
<tr>
<td>6</td>
<td>06/09/08</td>
<td>The Mental Health Board recommends that the Mental Health Dept. expand the consumer/family National Alliance on Mental Illness lobby project, and study the feasibility of implementing it at EPS, Urgent Care and other facilities with recognition of the cultural needs of the population we serve.</td>
<td>The MHD in collaboration with VMC is working on various program modifications to the Urgent Care Program to be implemented near the first of the year. The inclusion of the NAMI lobby project will be incorporated into the plan. Update: 12/3/10 by Copley, Urgent Care table is coming. Update: 3/25/11 Working on contract with NAMI to include funding for table.</td>
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<tr>
<td>22</td>
<td>2/14/11</td>
<td><strong>Motion</strong>: Mukoyama, Seconded: Cortez; it is the recommendation of the Older Adult Committee of the Santa Clara Mental Health Board to create a public forum/summit designed to raise awareness of the mental health needs and concerns of Older Adults. It is further recommended that an Ad-Hoc Subcommittee of the Older Adult Committee work with the Department of Mental Health and the Board of Supervisors in order to plan and execute this public forum/summit in Santa Clara County. Passed: Unanimously</td>
<td><strong>Ad-Hoc Committee Formed</strong>: Mukoyama, Brocks, Morales, McIntyre, and Blitz. <strong>Meetings to take place every two weeks.</strong> 3/24/11 <strong>Update</strong>: We have selected a venue, The San Jose Garden Hotel and a tentative date: Thursday June 9th an event starting at 8:30 a.m. to 4:00 p.m. Registration will be free and lunch will be served as well as mid morning and afternoon snacks. We have our goals and are receiving responses from potential co-sponsors. Still to be determined are the break up groups and the main featured speaker. Nancy Peña will be the M.C. 5/6/11 Update: The Summit will be held on June 1, 2011. Flyer with registration information is out in soft-copy; hardcopies are pending.</td>
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<td>23</td>
<td>3/14/11</td>
<td><strong>Motion</strong>: Cortez, Second: Blitz; to have Public Hearing 11:00 am - 12:30 pm and MHB meeting 12:30-2:00 p.m. Discussion followed. <strong>Friendly Amendment, Motion</strong>: Cortez, Second: Blitz; to have Public Hearing 11 am - 12:00 pm and the MHB Meeting 12:00 - 2:00 pm. <strong>Vote</strong>: Passed by majority (9:1); <strong>Nays</strong>: Pontious. Note, a quorum (9 MHB members) is required for the Public Hearing.</td>
<td>Public Hearing took place on 5/8/11, 11am-12pm and a recommendation by the MHB was made.</td>
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Respectfully submitted by:

Ronald Henninger, D.C.
Chair, Mental Health Board