May 20, 2012

BOARD OF SUPERVISORS
County Government Center
10th Floor – East Wing
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 Fiscal Year – July 2011 to June 2012.

This report is submitted in compliance with Santa Clara County Code of Ordinances, Title A – General and Administration, Division A18 (Health and Welfare) Chapter VII., Sec. A5. This section requires the Mental Health Board “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 meeting of May 14, 2012. While discussing this report, board members wanted to highlight three actions to direct future board work. They include emphasizing consumer voices and testimony, increasing Mental Health Board meeting participation, and measuring the Mental Health Board’s effectiveness.

As always the Mental Health Board is here to advise you and to promote the mental health care of our residents.

Thank you for your time in reviewing this annual report. If you should have any questions, please let me know.

Respectfully,

Victor Ojakian, Chair
Santa Clara County Mental Health Board

CC:  Supervisor George Shirakawa
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      Supervisor Liz Kniss
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County of Santa Clara
Mental Health Board
Annual Report
Fiscal Year – July 2011 to June 2012

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- 1st Vice Chair: Charles Pontious
- 2nd Vice Chair: Larry Blitz
- Board of Supervisors’ Representative: Honorable George Shirakawa
- Laura Barrems
- Julianna Brooks
- Aida T. Crosby
- Robert Gill
- Carla Holtzclaw
- Jen D. Hong
- David B. Marian
- Hilbert Moreles
- Henry J. Morillo
- Gail Price
- David Speicher
- Evelyn Vigil, Rev.

Mission and Overview 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.

Chair’s Report
Santa Clara County’s Mental Health Board is govern by the county’s Code of Ordinances, Title A – General and Administration, Division A18 (Health and Welfare) Chapter VII. Hence forth in this writing this ordinance will be referred to as the Code.

In Sec. A18-142 of this Code there is a requirement that the Mental Health Board “Submit an annual report to the Board of Supervisors on the needs and performance of the County’s mental health system” (A5). This writing meets this requirement and hopefully will stimulate thoughts on the future work of the Mental Health Board members.

Introduction: The key words for this year’s Annual Report are action and stability. The Mental Health Board has been in transition over the last year. The board meetings are shifting from information to action meetings. Members, many of whom are consumers or family members, have firsthand experience and knowledge about the mental health needs of county residents. This experience is/will be used to evaluate and seek improvement in mental health services for all county residents.

The Mental Health Board is composed of fifteen (15) board members and a Board of Supervisors representative (currently Board President George Shirakawa). The full board meets monthly on the
second Monday of each month from noon to 2. An Executive Board meeting of board officers and subcommittee chairs is held monthly to set the agenda for the full board meeting. Additionally, five (5) subcommittees meet to discuss matters on youth, adults, older adults, minority and system planning and finances.

Mental Health Board Meetings: The board meetings have been re-formatted to discuss at least one key issue per meeting. The board members have discussed and selected a list of topics to be discussed at future meetings. A prioritizing process was performed and there is an ongoing process to make sure relevant and important topics are reviewed.

With mental health services in flux partly because of constant changes from the State of California, there is concern about services for various residents, including recently released prisoners, public school children, etc. The board has held panel discussions using subject matter experts to review the impact of prison realignment (AB 109 & AB 117) and school mental health realignment (AB 114). There has begun a discussion on county mental health financing and budgeting.

To date the Mental Health Board has submitted a report with recommendations on public school mental health to the Board of Supervisors. The intention is to provide more reports/recommendations in the future. This action is in keeping with the Code Section A8 that states "Assess the impact of the realignment of services from the State to the County on services delivered to clients and on the local community".

The goal is to synch the subcommittee discussions with the main topics presented at the Mental Health Board meeting. The subcommittee meetings would have a more in depth discussion and get public input to help shape recommendations to the Board of Supervisors.

To better understand mental health services to residents, monthly Executive Committee meetings have been held at county contract provider sites. Each provider has explained their operations and services while conducting a tour of their facilities. These visits have assisted in satisfying Code Section A1 -- review and evaluate the community's mental health needs, services, facilities, and special problems.

Over the past two years many contractor sites have been toured including Asia Americans for Community Involvement (AACI), Catholic Charities, Bill Wilson Center, Children’s Health Council (CHC), Family and Children’s Services, Rebekah’s Children Services and Momentum for Mental Health, amongst others. The Association of Mental Health Contract Agencies’ (AMHCA) President, Paul Taylor, was kind enough to schedule this year’s visits.

Chair’s Reports: Another newly introduced action is subcommittee chairs are writing reports after each meeting summarizing the key points of their meetings. A standard form was approved by board members to see there is consistency in these reports. Similarly, the Mental Health Board Chair provides a report for each Mental Health Board meeting. The Chair’s Reports respond to any legal questions about board procedures raised by the public or fellow board members. Santa Clara County Counsel has been very cooperative in providing quick and thorough responses.

The Chair’s Reports also provide information on recently released mental health articles, online resources, and other matters. Any current information on mental health services could be included in these reports.

Communications: A constant concern about mental health is whether people know and have a venue to communicate their concerns. In last year’s Annual Report there was mention of multiple letters of complaints and a need to better communicate with the public.
One way the Mental Health Board is trying to address this matter is through implementing an online form. Often people may not be able to attend a Mental Health Board Meeting because their schedule conflicts with board meeting times or they feel uncomfortable speaking in public. This online form approach offers a venue to learn about possible county mental health issues and address them. The form offers an anonymous feature for those who prefer their names not be known or in the public record.

A collaborative team, including County Counsel, County IT, mental health board members and mental health department staff, have met and devise an online approach that should meet legal requirements and residents' needs.

**Important mental health actions:** Over the last year there have been several important actions to enhance or assist in county mental health services. In the 2011 – 2012 Annual Report a concern was expressed about increasing family involvement. To meet this need a Family Affairs manager and staff were hired in March 2012. This hiring has long been awaited and applauded by those concerned with family needs.

The acceptance of a local Mental Health Services Act grievance procedure – the Issue Resolution Process – has had Mental Health Board approval. This process provides county residents a method to address concerns about how the MHSA is being implemented. If this local process does not satisfy a person’s complaint a statewide procedures still exists for escalating MHSA complaints.

**Issues:** Over the past year, the main difficulty in conducting Mental Health Board business was caused by board member turnover. Several long time board members left the MHB do to term limits. The process to replace these members has been slow. The result is that no action could be taken at several meetings because a quorum was lacking. As of April 2012, there is only one vacant position.

There is a constant concern about mental health budgeting. In these economically tough times, the need for mental health services increases and yet the service providers always feel under scrutiny and in jeopardy of being cut. Often unsaid is that mental health services were under funded for years and recent improvements in funding cannot catch-up for past deficit spending. The thought of making cuts now would have significant adverse affects.

There has been an increasing concern by county mental health contract providers about re-bidding for services. These third party providers are dealing with their own financial challenges. To provide another hurdle is seen as unfair and poorly timed.

The SCC Mental Health Department mainly provides services for a subset of our county’s population, Medical eligible or the uninsured population. There is a constant concerned about those not part of the above populations. Those working for better mental health care constantly read statistics about how the vast majority of people never seek or receive services. This is often described as “they suffer in silence”. Means to better address this population’s needs are needed.

Respectfully Submitted,
Victor Ojakian, Chairman, Santa Clara County Mental Health Board
The following reports are from the Mental Health Board sub-committees. As noted these sub-committee chairs provide a report of significant matters after each meeting.

**System Planning and Finance Committee**
Chair Larry Blitz and Co-Chair Hilbert Morales

Continuing the process originated in 2010, the Systems and Planning Committee of the Santa Clara County Mental Health Board held monthly meetings assessing the programmatic and fiscal operations of the Santa Clara County Mental Health Department. At the ten meetings held throughout the year, Mental Health department heads and selected employees provided an in-depth view of the operations of each respective department.

The Mental Health Director was asked for the following issues to be introduced to the Committee:
- What is the statutory authority of each of the disciplines and programs? Why does this program exist?
- What are the objectives and goals of each program?
- What is the financing structure of each program?
- How are these programs funded in other CA counties?
- How do these programs differ from other Counties?
- How successful are these programs?
- What are the major obstacles of meeting the provisions of the statute?
- What does your department need in order to be more successful?
- What new ideas and suggestions do you have in order to meet more of your goals and responsibilities?
- What are your pipe-dream ideas?

Each of the department heads provided presentations describing their respective programs and funding mechanisms and answered questions from Board members as well as the community as a whole. The results include providing Board members and the public a detailed account of Department activities and programs. Of significant importance is discussion centering on how the various means of funding support such programs.

The goal of these informal hearings is to inform the Board of the programmatic and financial realities of the Mental Health Department. The Committee respectfully requests clarifications per the discussions, suggests ideas that may or not be relevant, and in summary, is in a better position to become a more supportive advocate for the Mental Health Department. A second goal is for the System and Planning Committee to join the Department in Health and Hospital discussions and present the Board's position on many of the issues that the Department must face. The Board will make independent recommendations to the Santa Clara County Board of Supervisors.

The Systems and Planning Committee will continue the progress of 2011 by holding additional meetings that dig deeper into programs and funding. The Committee encourages all Board members to attend these meetings and looks forward to a very rich process in 2012.

Respectfully Submitted,
Larry A. Blitz, Chairman, Systems Planning and Finance Committee

**Adult System of Care**
Charles Pontious, Chair and Gail Price, Co-Chair
The Adult System of Care meetings continued as a forum for various agencies to exchange presentations on new and existing projects, and to discuss issues of mutual importance.

Standing reports were given each meeting on:
- Adult System of Care Redesign
- Urgent Care
- 24-Hour Care and Inpatient Report
- Jail Services and Mental Health-Update
- Consumer Affairs

Special Presentations given by various agencies and departments:
- MSHA Technology Needs Plan
- Jail Services and Mental Health-Process - George Cenker
- The EPS - Kate Deaver
- Mental Health Advocacy Project - non-profit focusing on patient advocacy - Jim Raphael
- HIPAA Compliance - by Laura Luna, Compliance and Privacy Manager; and Theresa Fuentes, Deputy County Counsel
- Joint report from the Dept of Rehab (DOR) and SV Independent Living Center

One of the more debated subjects was the report from the Dept of Rehab and SV Independent Living Center. This is a cooperative effort between SCC and the State DOR.
- Due to budget and staff constraints they are focusing on contract compliance with a priority on those 80% who can be helped by their estimation.
- They accept referrals from all clinic managers but the rate of success is not high. For the 180 cases accepted, the target is about 60% holding a job for at least 90 days. The reported rate was less than 25%
- Work needs to be done cooperatively between the Wellness and Recovery Program and the DOR to improve the success rate by better aligning on successful referral candidates.

A complaint from a family member occupied discussion across a couple meetings. This stemmed from an incident of reported neglect in the EPS. It was generally agreed the incident revealed a failure to meet the EPS minimum standards of care. The situation and the responses highlighted stresses in the urgent care system during high patient census, and a need for better care giver / system of care interaction.

For a complaint of this nature to reach this committee shows a void in the system to incorporate care giver feedback in real time to effect meaningful change. Outside agencies such as MHAP attempt to fill the void, but seem more fit for systemic or longer term care issues. EPS treatment is constrained a 72 hour window.

On a positive note, there has been broad support to create a family and caregiver informative video for use in the waiting room of the EPS, which would give information on the standards for care, the patient experience, and other resources for continued care or feedback on the quality of care.
During the year, Prison Realignment became a reality with a subsequent ripple affect across the adult system of care. This lead to discussions at several meetings on specifics related to initial cases. The consumer assistance agencies, and in particular ECCAC are vocal advocates for efficiency in the realignment process. Despite the issues raised, in general the system created to handle the realignment appears to be working.

An effort was made to align the agenda of the ASOC meeting with the main focus topics determined by the Mental Health Board. This helped provide topics for focus. Other areas for possible improvement are:

1. Standardizing the reports given as part of the regular updates, so that numbers such as EPS census and other metrics are given in context with the objectives. Cumulative reporting would also help expose trends.
2. There is often some lively discussion, but there is not really a mechanism for resolving issues. This is an opportunity for the chairs of the meeting to ensure follow up on topics raised during the meeting which are sometimes ended by “the parties will discuss this later”.
3. A topic from 2010 was to suggest more agencies to invite to future meetings. Since the meetings are difficult to complete in the allotted time if a topic of discussion arises, it might be better to actually reduce the attendees. It might improve the meeting to review which should be regular contributors and which should be special invitees to present.
4. Lastly, it was observed that many people are late, and many leave prior to the meeting ending. It was confirmed that most meeting schedules are on the hour. Since the various attendees are dispersed throughout the county, travel to and from the meeting is often required. To accommodate this, the meeting agenda will be adjusted 5 minutes later on start and 10 minutes early on the end. This will better ensure that all agenda topics receive the full attention they deserve.

Family and Children’s Committee (FAC)
Chair Julianna Brooks, LCSW and Co-Chair Carla Holtzclaw

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

The Mental Health Board elected a new board chair and co-chair in late 2011, resulting in a rotation of subcommittee leadership. Prior to his role as the Board Chair, Vic Ojakian was the FAC Chair, and Julianna Brooks was Co-Chair. The FAC congratulates Vic Ojakian in his new role as SCCMHB Chair, and looks forward to working under his leadership.

The FAC meetings discuss recent Mental Health Department (MHD) actions, including budget, Mental Health Services Act (MHSA) work, etc. Sherri Terao, Family & Children’s Division Director, attends all meetings and provides updates regarding the Mental Health Department’s strategic objectives, new initiatives, MHSA updates, quality improvement efforts and supportive training and education plans. There is always a recap of the most recent Santa Clara County Mental Health Board meeting.

The FAC meeting agenda focuses on three areas:
   1. Updates to the committee on departmental and county/state wide issues,
2. Provider, community members and department dialogue to identify, explore, problem solve and bring forth innovation solutions to the full Mental Health Board.

3. Education, Outreach and Technical Assistance. Each meeting has a guest speaker discussing and providing information on topics relevant to families, adolescents and children. Guest Speakers are listed below:
   a. **July 14, 2011:** Lynn Chamberlin, RN PHN III, presented to the FAC Committee on the Child Care Health Consultant, Child Death Review Team Coordinator, Maternal Child & Adolescent Health Program, and Lenzon Health Center.
   b. **September 8, 2011:** Elena Tindall with Mental Health Department presented on MHSA – PEI Project 4, Integrated Behavioral Health (IBH) AND Suicide Prevention QPR Purchase. Mr. Nicolas Columbo presented on the REACH Youth Services program.
   c. **November 10, 2011:** Greta Hansen, County Council presented on the AB 3632.
   d. **January 12, 2012:** Rachael Millican, Prevention Program Analyst, presented on the PEI Project 2, Strengthening Families and Children in Investment Communities and School – Link Services.
   e. **March 22, 2012:** Laura Buzo gave a presentation to this committee on First5 SSC- Learning together Initiative and Family Resource Center Program.

A central area of focus for the FAC between November 2011 and March 2012 was Assembly Bill 3632. The SCCMHB and the FAC reviewed AB 3632 and considered the implications on the department of Mental Health, Santa Clara County schools, children and families. Carla Holitzlaw took the lead and worked strategically with stakeholders to draft a report for review by the SCC Mental Health Board. Chronology, and changes to the laws were clarified in a public meeting by SCC County Counsel. The end result was a report presented to the SCCMHB for consideration. It was approved and forwarded to the SCC Board of Supervisors for their consideration.

The FAC plan (discussed at the March 2012 FAC meeting in preparation for this report) for FY12/13 includes:

1. Create a Mission Statement within the FAC committee to help guide the overall intent, process and initiatives. FAC aims to further align goals with the SCC Mental Health Board and SCC Mental Health Department’s overall plan.
2. Focus on fully understanding the new models of care and assessment tools in process throughout the SCC Mental Health Department as it relates to FAC services, and ensure opportunities to provide input from stakeholders and persons served.
3. Continue to partner with local community organizations and subject matter experts in the provision on education to the FAC and larger community.
4. Explore age appropriate technological interventions to enhance the service delivery system and reach youth in new and innovative ways.
5. Continue to explore ways to engage important stakeholders in the community with the FAC in order to ensure inclusion of persons served, stakeholders, family members, and others in the process of developing and shaping services now and in the future.
6. Ensure the SCC Mental Health Board membership has at least one Youth representative so we (SCC FAC and SCCMHB) do not move forward on youth focused initiatives without their voice and vision as a guiding light.

Respectfully Submitted,
Julianna Brooks, LCSW, Chair, FAC, Santa Clara County Mental Health Board
MINORITY ADVISORY COMMITTEE ANNUAL REPORT
Chair, David Mariant; Co-Chair: Jen Hong

Primary Goals fiscal year, August 2011 - July 2012
1) High Risk Population Needs Awareness
The first goal of the MAC was to focus on several high risk underserved mental health populations in an effort to create greater awareness and understanding for MAC meeting participants and the Mental Health Board.

The focus areas were as follows:
   a. Gangs and Mental Health - Presentation and Discussion
   b. Release of Prisoners - Presentation and Discussion
   c. Homelessness and Housing - Presentation and Discussion
   d. Refugee’s and Mental Health Panel Discussion
   e. Victims of Torture/Speaker David Livingston

2) High Risk Population Needs and Issues Patterns
The secondary goal of the presentations and discussions pertaining to the high risk populations was to learn and discover if any service need and issue patterns might emerge as we discussed each focus area.

Patterns which emerged across the populations include:
   a. Serious Post Traumatic Stress; PTSD appears to be prevalent in each population group.
   b. A reluctance to seek mental health treatment due to stigma, cultural and lack of trust issues.
   c. These populations tend to gravitate toward homelessness in many cases.
   d. Hopelessness, isolation and despair are common mental states.
   e. A need for life skills training exists
      a. ESL and English proficiency
      b. Adaptation to a healthy and sometimes new culture environment
      c. Jobs and skills training
      d. Resume writing
      e. Financial management.
   f. Employment is especially difficult for the release of prisoners, since they are marked with a felony conviction record. Others are often disabled due to their traumatic experiences.
   g. General Social Services

3) Recommendations
The commonality of mental health and social service needs span across each of these high risk populations. Perhaps a more deliberate and collaborative effort between mental health and social services' providers might in fact reduce cost, improve understanding of the populations being served and provide a more comprehensive social services and mental health service delivery model; which would likely reduce mental health stigma, increase access to the multitude of services and improve client trust. For more detail regarding the Minority Advisory Committee meetings and High Risk focus areas and discussion notes, please refer to the Minority Advisory Committee meeting minutes found on the Santa Clara County website.

Respectfully Submitted,
David Mariant, Chair, Minority Advisory Committee
MHB-Older Adult Committee Annual Summary Report, March 2012
Chair: Evelyn Vigil and Co-Chair: Henry Morillo

The subcommittee this year focused on producing a workable document from the results and suggestions elicited from the Older Adult Summit held in June, 2011, Chaired by Wesley Mukoyama.

The report, which compiled the results and suggestions of six working groups into manageable sections, required several months to produce, but from it has flowed the agendas for the subcommittee’s work, looking at the depth and breadth of mental-health issues among the aging population of Santa Clara County. In addition, the Children, Seniors and Family Committee of the Board of Supervisors accepted the recommendations of the Older Adult Summit, particularly the recommendation of forming a steering committee composed of policy makers e.g. Mental Health, Dept. of Adult and Aging Services, Council on Aging, Dept of Heath, Family and Caregivers Alliance, Senior Centers, Alzheimer’s Association, etc., and an advisory committee made up of families and seniors.

Presenters to MHB-Older Adult Committee are as follows:

- **July 11, 2011:** Elena Tindall with Mental Health Department presented on Suicide Prevention and Early Intervention for individuals age 60 and above. Ms. Tindall also presented on key training for key staff that treat individuals age 60 and above; besides the Question Persuade and Refer Training offered to individuals throughout the County for free.
- **September 12, 2011:** Angelica Causor from Gardner Family Center presented on Older Adult Services, Caregiver Program, and Outpatient Mental Health Services and Outpatient Mental Health Services for older adults.
- **Maria Fuentes of Mental Health Department gave a presentation on the Draft Older Adult Summit Report.**
- **October 17, 2011:** Maria Fuentes of Mental Health Department presented the Draft Older Adult System Transformation Plan.
- **November 14, 2011:** Maria Fuentes of Mental Health Department presented the draft for the Older Adult Summit Report.
- **February 13, 2012:** James Rafael presented from Mental Health Advocacy Project and Kim Pederson presented on Eviction Prevention for Seniors age 60 and above.
- **Pauline De Lange, MA from Council on Aging presented on Health Trust – Health after Sixty.**
- **March 12, 2012:** Maria Fuentes of Mental Health Department presented the Older Adult Report and Implementation Plan, an update.

Since that time, presentations to the subcommittee have focused on transportation issues, outreach into various ethnic communities (along with the difficulties posed), and housing for those who might be isolated by poverty or language issues. The MHB-Older Adult Committee will continue to work closely with the committee to oversee the coordination of suggestions and recommendations from the summit in order to ensure that older adults receive the information and care they need and deserve.

Respectfully Submitted,
Evelyn Vigil, Chair, Older Adult Committee
The following is a list of recommendations for the Mental Health Department and the Board of Supervisors. These recommendations were determined after a discussion of the Mental Health Board.

**Recommendations**

1. **Mental Health Services Act:** There has been a critical change in the Mental Health Departments funding over the last few years. Starting in 2005 the Mental Health Services Act has increasingly become a key funding source for county mental health services. The use of these funds is critical to county mental health services and a constant evaluation of their use is thus necessary and needs to be continuous.

2. **State of California Realignment Programs:** The Mental Health Board has already submitted recommendation on the recent school realignment of student mental health services. A constant monitor of the impacts of this change as well as the affects from prison realignment is needed.
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<td>28</td>
<td>Motion: Mariant, Second: Morales; to take questions 1, 2, and 3 from the MAC Chair's report to County Counsel for legal opinion through Chair Victor Ojikian and report to the Full Board; Vote: 5 Ayes, 1 Nay (Vigil), and 1 Abstention (Holtzclaw) - Passed by majority vote. This motion will be taken to the 11/14/11 MHB meeting for a vote.</td>
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<td>29</td>
<td>Motion: Holtzclaw; Second: Morales; To separate the agency tours from the Executive Committee meeting and to schedule separate optional agency tours sponsored by the SCC Mental Health Board. To be effective July 1, 2012. Vote: Passed; Y 9, N 2 (Mariant/Pontious)</td>
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<td>30</td>
<td>Motion: Morales; Second: Crosby; That EC meetings be held at a central location, for the EC meetings the full MHB Agenda items and to discuss items of County Mental Health Board, and to discuss issues or actions brought up by MHB subcommittees that are relevant to County Mental Health Board activities and to be resolved at a board retreat. Vote: Passed; Y 9, N 2 (Mariant/Pontious)</td>
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Copied from MAC Chair's Report.