May 30, 2013

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 2012 to June 2013.

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 13, 2013. While discussing this report, board members have included several recommendations for future actions by the Board and County.

As always the Mental Health Board is here to advise and collaborate with the Board of Supervisors to improve 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 Dave Cortese
    Supervisor Joseph Simitian
    Supervisor Ken Yeager
    Supervisor Mike Wasserman
Table of Contents

Mission and Overview Statement Page 2

Chair’s Report Page 2

Sub-Committee Reports

➤ System Planning & Fiscal Page 5
➤ Adult System of Care Page 6
➤ Family Adolescents & Children Page 8
➤ Minority Advisory Page 9
➤ Older Adults Page 10

Recommendations to the Board of Supervisors and Mental Health Department Page 11

Open Motions Page 13

Mental Health Board Members:

☆ Chair: Victor Ojakian
☆ 1st Vice Chair: Charles Pontious
☆ 2nd Vice Chair: Larry Blitz
☆ Board of Supervisors’ Representative: Honorable George Shirakawa
☆ Laura Barreras
☆ Aida T. Crosby
☆ Robert Gill
☆ Oswald Patricio E. Gutierrez
☆ Carla Holtzclaw
☆ Jen D. Hong
☆ David B. Mariant
☆ Hilbert Morales
☆ Henry J. Morillo
☆ Gail Price
☆ David Speicher
☆ Reverent Evelyn Vigil
Mission and Overview Statement

The Mission and Overview of the Mental Health Board remains the same as in prior years:

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 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 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 need 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 Mental Health Board is composed of fifteen (15) board members and a Board of Supervisors representative (which until recently was Supervisor 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. This subcommittee 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. For the majority of the year there has been no vacant Board positions and good attendance by board members. The exception was that neither the Board of Supervisors’ representative nor a staff representative attended Board meetings. 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.

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

Mental Health Board Meetings: The board meetings were formatted to discuss at least one key issue per meeting, besides announcements and reports from various officials (the Mental Health Director, Board Chair, Association of Mental Health Contract Agencies (AMHCA) President and others). The Board selected and prioritized topics after discussion at our Executive Board meetings.

Like last year, mental health services remained in flux due to changes by the State of California and now the Affordable Care Act. Adding to this fluidity is the proposed integration of Mental
Health and Drug and Alcohol departments/services. Two members of our Board are included in the newly formed Steering Committee to assist in this change. There continued to be a concern about services for less advantaged residents, including recently released prisoners, public school children, veterans, etc.

During the year the Board had presentations on the following:

- A panel discussion on mental health consumer employment (June)
- Police Mental Health Interactive Video Simulation Training (These videos, produced with Mental Health Services Act funding as one of the Innovation projects, have provided very successful and have been exhibited nationally and with various law enforcement agencies in California) (July)
- The Re-Entry Center, including a meeting held at the Center with presentations from the Faith Collaborative and INN Project (There was also a review of the Suicide Prevention and Early Intervention Annual Report) (September)
- A panel discussion on mental health service for veterans (October)
- An update on the Older Adult Summit work (January)
- A discussion on the integration of Mental Health and DADS, both at a special meeting and during a regularly scheduled Board meeting (February)
- An overview of the Mental Health Department’s budget and finances (March)

An upcoming meeting (April) will discuss mental health services for our youth, including the availability of inpatient services and hospitalization.

In a January letter California Superintendent of Schools Tom Torlakson requested all school districts address crisis intervention planning and student mental health and suicide prevention strategies. In response to this letter, in March, the Family, Adolescent, and Children's Committee co-chairs communicated with all Santa Clara County school districts, providing sample mental health/suicide prevention policies and an offer for suicide prevention training. To date seven districts’ staff indicated they’d discussion this matter. We want to thank Board of Supervisors’ President Ken Yeager and County Executive Jeff Smith for approving this letter.

Last year, in response to California legislation AB114, the Board submitted a report with recommendations on public school mental health to the Board of Supervisors. To date there has been no response about this report.

The Board subcommittee structure is under discussion. There have been questions about it value, the frequency of the meetings, usage of staff time, etc. In early March a special meeting was held to take public input on the value of the subcommittees. This review will be an on-going work effort through the year. Currently other California mental health board members have been asked for information on their subcommittee structures.

Last year the Mental Health Department added Family Affairs along with Consumer Affairs to be more community focused. A recent Mental Health Board changed now provides for time on the board meeting agendas for these services and our ECCACs to present quarterly. Each of these services is vital and we want the public to be updated on their work.

The Board discontinued holding monthly Executive Committee (EC) meetings at county contract provider sites. It was difficult touring and learning about a contract provider’s facility and programs while trying to also conduct the EC meeting. The EC meetings moved to a county
facility, while starting in March quarterly tours of either county mental health or contract provider sites began being done.

The Board continued to receive staff support from Llolanda Ulloa. Dr. Nancy Peña remained a vital contributor to Board planning and actions.

**Chair’s Reports:** Beginning in 2011, the Board Chair provided a report for every meeting. Similarly, the subcommittee co-chairs provided reports summarizing their subcommittee meetings. The Board Chair’s reports can be found by meeting date on the Mental Health Department website. The Chair’s Reports provided information on a variety of topics, including current legislation, recent mental health/suicide prevention news articles, Board member requirements, online resources, and other matters. When necessary, County Counsel was asked for clarification on any disputed matters and his response was included in the Chair’s Report.

**Communications:**
In 2012 -2013 some actions were taken to improve public awareness and recognition of some county mental health services.

The first annual Santa Clara County Mental Health Board Heroes’ Awards luncheon was held during May, mental health month. Recognition was provided to an agency, consumer, elected official, family member, and provider. This event was very well received and for many a morale booster. A similar event is planned for May 29, 2013.

Last year an online form was developed so residents unable to attend Board meetings could communicate matters to the Board members. For the year about fifty (50) messages were received. Few were requests for service or suggestions on how to improve service. There are plans to better inform people about this service and email address, including printing the URL on board member business cards.

**Issues/Concerns:** Over the past year, the Board overcame the problem of board member turnover and not having meeting quorums. There are currently no open board positions. As previously mentioned, the only missing representation was the Board of Supervisors representative.

The Board continued to appreciate and value the Ethnic & Cultural Community Advisory Committees (ECCAC). Eight ethnic or cultural groups existed and these individuals work in their associated communities to overcome stigma and discrimination in seeking mental health services. The Board Chair did raise the issue that a proposed committee for the LGBTQI communities was not formed and he has stated he will work personally to form this committee.

There is a constant concern about mental health funding. The Board’s System Planning and Fiscal Committee members continued doing a yeoman’s job analyzing and discussing the department’s budget. As mentioned in last year’s report, 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.

The SCC Mental Health Department mainly provides services for a subset of our county’s population, Medical eligible or the uninsured population. Since the enactment of the Mental
Health Services Act mental health services are reaching a large group of individuals, but there remains a constant concern about those not being served.

As mentioned in prior years, 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". The Board members remain committed to addressing the mental health needs of all county residents.

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

**Overview**  
This committee is responsible for the review of the Department of Mental Health's fiscal status and policy as well as a programmatic review and assessment especially as it relates to the Mental Health Department's budget. Recommendations of this committee shall be made to the Santa Clara County Mental Health Board.

**Annual Review**  
Co-chairs Larry Blitz and Hilbert Morales met with Dr. Nancy Peña early in the fiscal year to craft an accord for a productive and accountable year for this committee. After 18 months of previous program summary and assessment coupled with a fiscal review, it was decide that this committee would concentrate on selected areas of assessment, policy formulation and advocacy. Those areas include:

- Projected impact of the Affordable Care Act provision of parity funding for behavioral health service delivery
- Realignment program monitoring and review with Department of Corrections, State of California
- Dual Diagnosis Eligible program development review and proposals
- Older Adult Summit Report: Proposed follow-up actions and recommendations
- Quality Improvement and Assessment (enhance effectiveness/efficiency; identify duplications/overlaps of services)

During the course of the year, each of the above areas was addressed using information provided by written summaries and presentations given by Department representatives, manager, including the area department heads. Of significance were the discussions regarding Quality Improvement (QI). The Department has begun a process of reviewing programs based on a QA basis resulting in imperative data collected, analyzed, compared, and the results utilized to formulate proposed policy and budget recommendations. These recommendations, which this committee shall advocate for, shall be the basis for recommended policy proposals becoming programs funded and supported at adequate levels resulting in improved program performance and client service delivery outcomes.
The Committee is concerned about the lack of progress and follow through regarding the Older Adult Summit (Senior Behavioral Health Summit) held in June, 2011. This Committee devoted a session to this challenging matter and is working with the Director to energize the process that was triggered by the Summit.

Much of the Committee's work has been involved with discussion and assessment of the Affordable Care Act and the changes that are forecast. Committee members are concerned with how the commercial markets will respond to provisions of the new law.

This committee has been successful in digging beyond the superficial facade of the very complex fiscal issues addressed by the Department of Mental Health, Santa Clara Valley Medical Center, and the County of Santa Clara.

It is the continuing goal/objective to continue its efforts with emphasis to focus and concentrate on areas which employs the interest and expertise of its committee members possess and represent. In addition, the committee shall advocate on behalf of the constituent communities represented to the Mental Health Board, to the Director of Mental Health Department, and ultimately to the Board of Supervisors, County of Santa Clara.

Respectfully Submitted,

Larry Blitz & Hilbert Morales, Co-Chairs.

**Adult System of Care**

Chair Charles Pontious and Co-Chairs David Speicher

The Adult System of Care Meeting provides a forum for the MHD Division and other agencies which comprise the MHB-ASOCC to meet in the presence of the public and MHB representatives to share information, review plans and issues of common concern with the goal of continuing to improve the services they provide to citizens of Santa Clara County.

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
- Law Enforcement Liaison's

During the course of the year, several of the key reporting positions changed staff members. This created a continuity problem in terms of reporting on issues across the span of meetings. Consistent reporting was given by the Consumer Affairs Liaison, and the efforts of Pat Dwyer's Law Enforcement Liaison work and CIT interactive training were particularly notable.

The CIT and in particular the Interactive Training initiatives are hugely important for SCC to avoid embarrassing incidents and tragedies of "suicide by cop" or unnecessary officer shootings. The effectiveness of this program is so significant, that is should be adopted at the state level.

Presentations were given by

- VTA and Outreach Paratransit
- Council on Aging from Silicon Valley
• Faith Based Collaboration Update

One of the most useful presentations from the year was given by the VTA and OutReach services. As these are outside of the county’s administration, much of the information was new for the meeting participants. The breadth and quality of their services are especially notable. The focus of the ASOC meeting has traditionally been to give presentations, rather than to solve problems. Due to the vast scope of the meeting and its topics, the most beneficial result of the meeting is usually to raise awareness about programs, problems, and opportunities which can be later be addressed. This raises the issue of whether the meeting is actually of any benefit to many of the participants.

As part of the general effort by the MHB to define mission statement and align goals between subcommittees, I offer the following observations about the ASOC meeting in general.

1. Much of the content of the meeting is redundant to the general MHB meetings.
2. Some of the content overlaps with the Older Adult subcommittee.
3. The standing reports may not represent the ones which should be presented each meeting.
4. It might be more useful if the standing reports were limited to those areas where standard metrics could be presented, and the results monitored across the course of the year. For example, Census in the EPS, Call Center Statistics, and so forth.
5. Attendance by those who give the standing reports was not consistent, resulting in many instances of “no report given”.
6. There is no mechanism to monitor the results of problems which have been raised and “taken offline”.
7. There is no direct mechanism to deal with the very public issues of homeless encampments and the counties involvement in addressing this problem.

The subject of redundancy with the MHB and OA subcommittee are serious ones. The size and scope of the meeting make it very difficult to be used as a problem solving session, so the end result is a couple hours of reports and presentations. One of the expected results of the ASOC meeting might be to expose coordination issues between departments, but the format of the meeting makes this an inefficient means to do this since most issues are taken offline to solve. The presentations are especially useful when they focus on areas which are external to the County Adult System of Care, such as the Faith Based Collaborative, OutReach Paratransit, or the State Dept of Rehabilitation. Whether the information from these presentations reaches consumers or not is another matter.

I recommend that the MHB consider restructuring the ASOC with the express purpose of focusing on urgent care which includes: Urgent Care Clinic, EPS, Call Center, and Law Enforcement. This is an area which has been a source of much criticism in the past and one which is often the public facing side of the entire safety net. Accountability for the urgent care functions is a serious problem for the county. The EPS in particular is often criticized by consumers who seem to have no real recourse to positive change. When the topic comes up, almost everyone attending has a “horror story”. The Call Center and Law Enforcement are both areas which frequently are the public’s first contact with the MH System of care.

A companion or new subcommittee might be a focus on Wellness and Recovery. This would include Consumer Affairs, Jails and Re-entry (realignment), Housing and Homelessness, and all other “Wrap Around Services”. These services have proven to be one of the most important components of ongoing recovery. Since many of these are provided by contractors and private agencies, this is a great opportunity to try to make sense of the varied landscape of providers,
and to provide a means for raising the awareness for consumers and providers of how to incorporate them into their treatment and recovery plans. Dividing the meeting, or limiting its scope to one of the above might make it more manageable and produce some better results. In lieu of that, I will propose we have one meeting per year which is a working session with the following expected outcomes:

1. Agree upon the groups which should be giving standing reports
2. Require each standing report to define some KPI or other metrics which are consistently reported up and can be reported on by a delegate or proxy
3. Provide a mechanism by voting or secret ballot for individuals to raise topics of concern or opportunities for process improvement
4. Give the participants a nomination process for which agencies they would like to see presentations by
5. Define a way to compartmentalize changes to the ASOC so that when a new topic arises, such as realignment did, the meeting format can remain relevant.
6. Focus on the issues of housing, both the excellent work the county is doing to create housing, and also the issues of dealing with those who refuse or cannot avail themselves of these programs.

Conclusion
In conclusion, I have 2 recommendations.

1. Divide the ASOC into two separate meetings: "Urgent Care" and "Recovery and Wellness".
2. Advocate that the work being done on Crisis Intervention Training become part of a state wide movement to ensure that everyone who legally carries a firearm understands the intricacies of dealing with those in mental health crisis. It should be part of the curriculum at all of the Police Academies in the state.

Family, Adolescents and Children’s Committee (FACC)
Chair Carla Holtzclaw and Co-Chair Gail Price

Family, Adolescents and Children’s (FACC) 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 2 to 3:30 pm.

This year has been a year of changes, with former Chair Julianna Brooks, LCSW, resigning from the SCCMHB due to family and career pressures. Carla Holtzclaw moved to the chair position with new Board Member Gail Price taking on co-chair responsibilities.

Sherri Terao, Family & Children’s Division Director, continued in her role attending 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. She also provides much appreciated support in bringing in presenters.

We struggled over a wording of a new mission statement, which came together in July:

_The mission of the MHB-FAC Sub-Committee is to review, inform and make recommendations to the Mental Health Board in order to ensure_
Once the new mission was adopted, we re-designed the FAC meetings to follow a process-based Q & A format.

The FAC meeting agendas focused on the PEI school based programs and the School Linked Services Program. Representatives from each of the programs (north, east, central and South County) kept us abreast of implementation progress. The PEI programs were based on a school-linked mental health model that also incorporated parenting classes. Bringing two systems together can be difficult, so we utilized the meeting as an opportunity to identity and have an open dialogue regarding potential and predictable challenges that similar programs statewide had faced. We also encouraged grantees to put strong data collection and assessment so that they could be prepared to apply for additional funding streams from other sources. Included in the funding arena was the encouragement that insurance and MediCal reimbursement procedures were in place and utilized. Feedback was that the meetings provided a valuable exchange of information and mitigated some potential problem areas.

A central area of focus for the FAC in the February/March timeframe was the new directive from the State Superintendent of Schools Tom Torlakson regarding SB187 safety plans and the inclusion of a suicide prevention language and training activities. The SCCMHB recognized the opportunity to support districts and schools in the implementation of this new component and directed the FAC co-chairs to write a letter offering draft Policy and Administrative Regulation language for Suicide Preventions as well as resources, including free on-line Question, Persuade and Refer (QPR) training for all staff members. Evelyn Tirumalia and Jean Kaelin, SCCMHD Suicide Prevention, provided support and expertise. The letter, sample policy and Administrative Regulation language, resources, hotlines and trainings (attached) joined the SB187 directive to Santa Clara County Strategic Plan for Suicide Prevention.

The letter and attachments were sent to all district superintendents as well as county leaders for California School Boards Association, California Teachers Association and California School Employees Association. Supervision Yeager and MHD Director Nancy Peña also were included in the distribution.

As this report was due prior to safety plans being finalized, we are not certain of the impact of the letter, although initial response seemed to be very positive and, in the districts that contacted us, the materials had been agendized for cabinet meetings and/or distributed to principals.

Respectfully Submitted,

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

MINORITY ADVISORY COMMITTEE ANNUAL REPORT
Chair, David Mariant; Co-Chairs: Patricio E. Gutierrez and Robert Gill

Presentations made from mental health staff were made regarding policies and services provided to the community. Presentations included the following: ECCAC Latino Group, Ms.
Leticia Medina, Team Lead (02/19/13); Behavioral Health Integration with Mainstream Health (02/07/13); ECCAC Eddy Alvarez, Team Lead (01/15/13). Discussions at MAC meetings ranged from discussing the Azteca Mexica New Year Ceremony to discussions of the MH department integration with DADS program and how the Health Care Reform law will impact the Mental Health system and ethnic communities in Santa Clara County. Recommendations from MAC members to presenters were made regarding issues presented at the meeting. Agenda for each meeting was followed, and all participants had opportunity to make public comments. New MAC Co-Chair, Oswald (Patricio) E. Gutierrez, was introduced (02/19/13).

Agenda for above stated meetings were followed; public was permitted to make recommendations and comments. Minutes accurately reflected each MAC meeting.

Concern or issue: The need to increase ECCAC Filipino members because this group had only one member. Answer: New Filipino member has been added to the ECCAC staff, in addition to a new Latino ECCAC female member.

**MHB-Older Adult Committee Annual Summary Report**
Chair: Evelyn Vigil and Co-Chairs: Henry Morillo and Laura Barreras

The committee revamped its format early in 2013 to reflect the desire of the members to be of assistance to the Steering Committee formed following the Older Adult Summit in 2011. To this end, the committee hopes to set its course of work in the next meeting by choosing to focus on few pertinent issues and take a closer look at the programs offered by the Mental Health Department as it seeks to reach out to seniors in the county.

The Older Adult Summit, held in June 2011, collected recommendations from the community members to improve mental health services. Recommendations included ideas such as community information about mental health, friendly services in the home, cultural competency, compassionate services, family care, integration of mental health with physical health and advocating senior rights.

The Older Adult Committee tried to consider these issues and covered a lot of ground during the year, including learning about the incidence of depression and the rates of suicide in the older-adult population. Following are a few highlights of the year:

- Eva Lomeli, an LCSW Psychiatrist Social Worker at Narvaez Mental Health Clinic, spoke about the collaboration between the Mental Health Department and Department of Social Services. Together these agencies established the Mental Health Connections program at Adult Protective Services, funded by the Mental Health Department. She provided a few case studies on how the association was able to help individuals in need.
- Martha Paine of the Finance Department outlined the portion of the Mental Health Budget spend on older adult outpatient services. The committee found the information very helpful, particularly the breakdown on Medi-Cal funding and services that interact with the various organizations. Perhaps a review of this issue would be appropriate after the Affordable Care Act kicks in next year.
- A presentation by VTA outlined some of the concerns and benefits the transit authority has about older adults. The presentation highlighted the funding for special services
and the need for safety training regarding the transport of older adults. The group took questions from the board and returned with answers the next month.

- Maria Fuentes updated this committee on the implementation of Older Adult Taskforce and outlined some of the items it hoped to accomplish by partnering with the City of San Jose’s community centers. The committee hopes to follow up this year on how the partnership went.
- The committee heard a series of presentations on suicide-prevention in Santa Clara County, including a look at data from the coroner on suicides in the county. This helps inform ways of preventing suicide. In addition, the committee heard about QPR (question, persuade, refer) training for suicide prevention and the operation of the crisis hotline, which does yeoman service with few volunteers.
- Maria Fuentes, staff person for the committee, kept the panel updated on the Story Telling Project and the outreach program through the City of San Jose. The committee looks forward to hearing updates and progress reports on the programs.
- And the committee hopes to hear about the Re-entry Center for inmates leaving prison and jail and the work addressing older adults leaving custody as well as the faith-based component of the program.

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. In light of current suicide and homicide rates involving children and youth so that there is a careful examination of the amount of funding actually needed/required to delivery excellent, accessible coordinated mental health services---- and based on these results, expand as soon as possible, the PEI/School Linked Programs to every public school in the county by leveraging funds with expected educational/mental health grant monies and re-evaluating the amounts that existing programs actually require.

2. The Mental Health Board will continue to review its subcommittees’ structure to determine the most beneficial and efficient way to conduct work.

3. Continue to explore the quality, capacity, and accessibility of emergency psychiatric services and out-patient or transition models for adolescents and young adults by examining best practices to ensure that there are services based on evidence-based results.

4. The Santa Clara County Mental Health Board should receive constant updates and provide the best actions for a smooth integration of our mental health and drug and alcohol services.

5. The Santa Clara County Mental Health Board needs to have periodic updates and track the effectiveness of county efforts on the State of California’s AB 109 and Re-Entry Center efforts.

6. The Santa Clara County Mental Health Board should evaluate and determine how to provide mental health services for army services veterans, with particular attention paid to those individuals not served by the Veterans Affairs Hospital or Veterans Service Center.
7. Santa Clara County Mental Health Board should promote and insist on achieving goals set forth in the county’s Older Adult Summit.

8. The Santa Clara County Mental Health Board needs to promote effecting and caring mental health services for our LGBTTQ community.

9. The Santa Clara County Mental Health Board will continue to review suicide prevention work and make recommendations as necessary. A need for a youth oriented committee should be encouraged.
# Santa Clara County Mental Health Board OPEN Motions

<table>
<thead>
<tr>
<th>Motion Number</th>
<th>MHB Meeting Date</th>
<th>Motion</th>
<th>Action</th>
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<th>Status</th>
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<tbody>
<tr>
<td>32</td>
<td>6/28/12</td>
<td>To videotape presentations to the MHB to post to YouTube: Motion: Mariani, Second: Crosby, Vote: Passed unanimously</td>
<td>The MHB to formally request so that Dr. Peña may take to the BOS so she may obtain the needed resources. 7/27/12: Meeting pending (Dr. Peña, Vic and Deane Wiley) to see what resources are available, i.e. video camera, tripod, staff, etc. 9/28/12: Mr. Garcia, in regards to posting MHB presentations on YouTube, there are several issues that come up. A) Intellectual property rights will need to be cleared by the legal department. The presenter does not give up his/her IP rights by presenting at a public meeting. B) The posting may allow for comments which will create a public forum that is infused with first amendment rights and protections. C) If there is a policy to post county material only on the county website then the legal department needs to conduct research to see if there is a prohibition on posting county material elsewhere. D) Whether the county be exposed to liability by posting on a private website needs to be cleared by the legal department. To remain open contingent upon this policy coming back to the MHB. 2/22/13: Left open for consideration for one more month. 4/26/13: Motion tabled</td>
<td>Ojakian / Dr. Peña</td>
<td>OPEN</td>
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Updated: 4/26/13
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<tr>
<th>Motion Number</th>
<th>MHB Meeting Date</th>
<th>Motion</th>
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<th>Status</th>
</tr>
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<tbody>
<tr>
<td>36</td>
<td>11/19/12</td>
<td>To appoint MHB-Members Blitz, Holzclaw, and Price, with Dr. Peña as an ad hoc committee member to review sub-committees’ structure, content and value of it, then report back to the MHB.</td>
<td>Adhoc Committee met January 8, 2013. As a result of the meeting, there will be a MHB-Public Forum on March 7, 2013, to review the effectiveness, frequency of meetings, content, and structure of the MHB and Subcommittees. 2/22/13: motion will be left open for consideration and it will be discussed on March 7th, 2013 at the Public Forum Meeting (5:00pm to 7:00pm). 4/26/13: Follow-up meeting to be scheduled within a month</td>
<td>MHB &amp; Nancy Peña</td>
<td>OPEN</td>
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<tr>
<td>37</td>
<td>11/19/12</td>
<td>To agendize a panel presentation for January 2013 on the Older Adult discussion dealing with the County’s mental health work that will include Eva Lomeli: • An update on Older Adult Summit work, in addition to have a separate meeting by Larry Blitz</td>
<td>Presentation put on agenda for January 14, 2013 MHB Meeting; was continued to 1/25/13 MHB-EC. *MHB-Older Adult Committee was tasked to request reports from LP-Deane Wiley and review the services, funding and accessibility of services for older adults and report back to MHB. 4/26/13: Meeting scheduled for 3/9/13, Chair Vigil requested reschedule of meeting, meeting scheduled for 4/29/13.</td>
<td>MHB-OA Committee, Maria Fuentes, Deane Wiley</td>
<td>OPEN</td>
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