

Santa Clara County Mental Health Board CLOSED Motions

Updated: 12/3/10/10

Motion Number	MHB Meeting Date	Motion	Action	Assigned To	Status
1	07/13/09	At June’s Executive Committee meeting, Richard Alvarez motioned “That when the MHB Support Staff Position becomes open, the MHB recommends and endorse Llolanda Ulloa for the position”. Wes Mukoyama seconded, all unanimous in favor of motion. Chair Irwin endorsed; Hilbert mentioned getting it to the appointing authorities and Bruce asked to add “to the extent to follow civil service rules”. Tito Cortez moved and Victor Ojakian seconded.	Per county personnel policies and bargaining unit agreements, recruitment was initiated during the fall of last year. Applications were received, including Llolanda’s (she has been working out of class in the position). Position was frozen due to pending budget cuts the MHD. MHD continued to work with HR to advocate for approval to fill the position. 2/8/10 status: Llolanda was placed in the position effective 1/25/2010.	Pat Garcia	Closed
2	07/13/09	From the Minority Advisory Committee (MAC) which is recommending that clients with specific language needs who are currently receiving culturally linguistic and competent services, be allowed to remain with their cultural linguistic competent service provider. After conversation; Victor Ojakian requested to amend this motion to have Staff provide a report to the MHB and Tito Cortez asked that the report be provided to MAC first as it is where the motion started	A verbal staff report was given to MAC on October 20, 2009. All clients with specific language requirements have been matched where possible with providers that have the specific language capability. Specifically there were several Russian Speaking consumers that were transferred from Central Mental Health Clinic to Momentum for Mental Health where there was bilingual Russian speaking staff. A written report will be submitted at the November MAC meeting. 2/16/10 Status: Informational report was provided at 2/16/10 MAC meeting. Recommend to <u>remove</u> this motion from agenda as it is closed.	Bruce Copley	Closed
3	05/11/09	The MHB would like MHD to take a second look at funding for the uninsured clients at existing clinics, (East Valley, North County, Palo Alto, and Contract Agencies) in order to prevent displacement of their treatment.	Pursuant to action taken by the Board of Supervisors during the FY10 Budget Hearings in June 2009, the Mental Health Dept. has implemented all required steps to make necessary budget-related changes and client transfers. While no clients of the system were eliminated from service, approximately 1200 clients without insurance were transferred to the new Uninsured Clinic located at Central Mental Health Center on the VMC campus. New benefit assistance staff have been assigned to the clinic and all staff are working diligently to support clients in seeking benefits for which they are eligible. 3/8/10 Status: The MHD re-examined the staffing for the “Central Wellness and Benefits	MHD Staff Recommend this be closed.	Closed

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			Assistance Center” and increased funding for it as part of its FY09-10 plan. Closed 7/27/10		
4	03/09/09	That information/data be collected by the Data Committee which gives the cost of a relapse and compares that cost to the treatment of a client in general care without a relapse. This will allow the department to understand how prevention and intervention programs can mitigate cost and minimize symptom exacerbation. A case study without any patient identification can be used to show how patients are moved through the system during acute episodes	In response to the motion, the Decision Support staff undertook an initial analysis which looked at the cost of an IMD relapse as compared to outpatient FSP costs. Staff estimated the costs for services based on the average annual case rates. Staff continues to work with Finance staff to determine appropriate cost estimates which will serve as an “average IMD relapse cost”. A file consisting of 10 IMD relapse clients and 10 Non-relapse clients has been created and will be used to compare treatment costs over 2 fiscal years. A report will be provided at the next MHB meeting as a follow up report, the IMD Report presented to the MHB on 11/09/09. <i>6/13/10 Status: Several follow-up reports have been provided and is still in progress. Closed 7/27/10</i>	Deane Wiley	Closed
5	02/09/09	Within the Adult System of Care planning it must be recognized that Prevention and Early Intervention, also pertains to relapse prevention and minimizing symptom exacerbation.	Inherent in the philosophy of the Adult Redesign is the concept of relapse prevention in the framework for delivering wellness and recovery services. The adoption of the Milestone of Recovery Scale (MORS) provides a standard process for assessing the functioning of the consumer. When the MORS indicates that a consumer is experiencing stress and risk of mental health symptoms increasing, the provider is expected to address the issues through discussing with the consumer the immediate stresses, and increasing levels and variety of services that will mitigate the symptoms. The MORS instrument allows for a more formal tracking of “relapse risk” among clients. The Performance Evaluation Steering Committee will be asked to incorporate the tracking of “relapse” following finalization of an operational definition established by the Committee. The PEI component of the Mental Health Services Act (MHSA) cannot fund services that prevent relapse or minimize symptom exacerbation in individuals already diagnosed with a severe mental illness and being served in the system. Within this framework, the County’s PEI plan employs various strategies to minimize the impact of mental	Bruce Copley / Ky Le	Closed

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			<p>health problems early in their manifestation. However, the PEI guidelines make an exception for individuals experiencing At Risk Mental State (ARMS) or First Onset of a Serious Psychiatric Illness with Psychotic Features (diagnosis within previous 12 months). Project 3 of the County's PEI plan is intended to result in focused continuum of primary and selective prevention and early intervention services to address the onset of serious psychiatric illness, with psychotic features, with the goals of improving mental health and functioning in all life domains and reducing suicide risk. This project focuses on transition age youth (TAY), but will serve the entire lifespan. Pursuant to the PEI guidelines, services for these individuals may last up to five years. During the individual's time with the program, staff would strive to prevent First Onset and/or prevent relapse.</p> <p>2/8/10 Status: Bruce Copley & Ky Le met with Margene Chmyz around April 2009. 4/27/10 Ms. Chmyz requested this motion be closed.</p>		
7	1/11/10	Jackie Gutierrez so moved, the MH Board proposes to urge the Mental Health Department to increase the capacity to respond in the community through the design and implementation of an Urgent Outreach Mobile Service." Cheryl Crose seconded. <u>VOTE</u> : Passed unanimously.	6/21/10 Update: <i>"MHD will provide a plan for development of an information table within MHUC pending the redesign of hour of operation and staffing changes within the new budget plan. Closed 7/27/10"</i>	Bruce Copley	Closed
8	1/11/10	Victor Ojakian so moved, the MHB request for Deane Wiley to put together structured information that is allowed on items 2 & 3 of the handout (dated 1/8/10); Julianna seconded. <u>VOTE</u> : Unanimously in favor.	5/10/10 Update: <i>Report was made available and Dr. Wiley would like to recommend that motion 8 and 12 be closed. Closed 7/27/10"</i>	Deane Wiley	Closed

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9	2/8/10	David Mariant moved, and Wesley Mukoyama seconded; the Minority Advisory Committee motions that as a result of the Daniel Pham case that the MH Board recommends that the BOS advocates for police reports to be more open to the public with more transparency. In addition, it is recommended that a sub-committee be created in collaboration with the MH Department to review police interactions with MH Clients to explore best practices. Vote: Unanimously in favor to take to the 2/8/10 MHB meeting.	To type letter to mail to the BOS as recommendations. 2/23/10 update: The letter was sent to the Board of Supervisors by Chair Irwin on 2/23/10. <i>Recommend item be closed</i>	Chair Irwin, MHD	Closed 12/3/10
11	4/12/10	Julianna Brooks moved and Jacqueline Gutierrez seconded that we have a special meeting because of the timeline to discuss the MHSA Process, Chair Irwin added an addendum that Julianna organize it; Vote: All were in favor to have another meeting. Chair Irwin asked Ms. Brooks contact Lolanda to coordinate the special meeting.	<i>5/10/10 Status: Ms. Ulloa reported that Julianna has not yet contacted her to set-up a special meeting. A special meeting was deemed duplicative to the Public Hearing scheduled on May 18, 2010. Recommended item be closed.</i>	Brooks	Closed
12	5/10/10	Mr. Cortez moved and Mr. Morales seconded To pass the following as the Cultural Competence Definition: "A culturally competent system has the ability to meet the cultural and linguistic needs of consumers and family members through the appropriate application of policies, procedures, and practices designed to promote wellness and recovery based on client centered goals and evaluated by measurable outcomes while respecting the impact of client culture on the healing process." Discussion followed, Vote: Motion Passed by majority.	<i>5/10/10 Definition was adopted and it is recommend item be closed.</i>	Wiley	Closed
14	5/10/10	Mr. Morillo moved and Ms. Gutierrez seconded that "the Mental Health Board is disappointed and disagrees with the actions taken to cut hours of Urgent Care Clinic because it believes this service to be of vital importance to the 1.3 million residents of Santa Clara County and has instructed the Chair to write a draft letter to the Board of Supervisors conveying this information." Vote unanimously in favor.	<i>5/11/10 Letter was sent to Supervisor Yeager and copied to the BOS. Recommends that item be closed.</i>	Chair Irwin	Closed

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15	5/10/10	Mr. Mariant moved and Ms. Gutierrez seconded that the Mental Health Board wishes to have a discussion at the MHB meeting regarding the Issue Resolution Panel addressing membership on the panel and necessity for no conflict of interest. Ms. Crose, Mr. Ojakian and Dr. Henninger were appointed to meet with Mr. Le and report back next month. Vote Passed by Majority with one objection, that being of Mr. Mariant.	5/13/10 Status: <i>Ky Le forwarded relevant materials to the three MHB members, and offered various dates and times for a meeting.</i> 6/16/10 Status: <i>Dr. Henninger and Ky Le met on 6/10/10; changes are being done which will make the plan work and acceptable.</i>	Ky Le, Henninger, Ojakian and Crose	Closed
16	5/10/10	5/10/10 Tito A. Cortez so moved to accept the slate of officers as presented, (Cheryl Crose Chair, Ronald Henninger First Vice Chair, and Charles Pontious Second Vice Chair), Victor Ojakian seconded; discussion followed; friendly amendment to have Chair Irwin follow up with County Counsel about terming out and reappointment. Vote: Unanimously in favor.	6/16/10 Update: <i>It does not appear to be an issue as Cheryl was invited to be reappointed.</i> 6/23/10 Expiration of Term from the MH Advisory Board issued by COB; not eligible for reappointment as three terms have been satisfied.	Chair Irwin COB	Closed
17	6/14/10	Dr. Henninger motioned and Ms. Gutierrez seconded to consolidate five Mental Health Board questions which he will receive my MHB members by Wednesday, 6/16/10; after compiling into one document, he will forward to Mental Health Department by 6/28/10 to answer the questions and make these available to the appropriate people.” Discussion followed, Bruce said action will need to be taken on July 19, 2010; to be able to have the new dollars released to the department. Annual update is posted including CSS, WET and Prevention and Early intervention. A copy of the plans is available on the web. VOTE: Seven members are “YES” votes and two “NO” Votes, that being Mr. Mariant and Mr. Ojakian, there being no abstentions.	6/22/10 Update: MHB members sent questions to Dr. Henninger, he compiled and sent to Ky Le. At 6/22/10 Executive Committee meeting, the MHB members present requested copies of the questions for discussion; these were provided and the Executive Committee took action to proceed. The MHD will include questions and answer to the questions within the plans. Information and plans will be available by 7/12/10.	Henninger Ky Le	Closed

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18		Motion was removed as it was invalid. See 9/28/10 Executive Committee meeting Minutes for more information.			
19	7/12/10	David Mariant moved and Victor Ojakian seconded to elect the slate of officers as presented: a. Cheryl Crose – Chairperson b. Ronald Henninger – 1 st Vice Chairperson c. Charles Pontious – 2 nd Vice Chairperson VOTE: 8 Ayes, 1 Nay (Rick Loek) and 3 abstentions (Mukoyama, Mariant, and Cortez)	To proceed with Cheryl Crose as Chairperson until she is replaced by the BOS; a new election process will be addressed at that time. At 9/13/10 Chair Crose announced that she is being replaced by new member (Blitz) who will be appointed on 9/14/10 and this will be her last meeting with the MHB.	MHB	Closed
20	7/12/10	Hilbert Morales moved and David Mariant seconded to accept the “Suicide Prevention and Early Intervention Report given by Mr. Ojakian and approve the plan for submission to the Board of Supervisors. VOTE: Unanimously in favor.	The Suicide Prevention and Early Intervention Plan will be presented to BOS in August and sent to the State. 9/13/10 Update, Mr. Ojakian informed that the report was sent to the state and will take about 2 months to know the decision; the SPAC web page has more information.	SPAC	Closed
21	9/13/10	Mr. Morales moved and Ms. Gutierrez seconded to have a discussion on ECCAC Issue at the Executive Committee Meeting. Discussion followed. Mr. Ojakian made a friendly amendment to agenda for 9/28/10 EC meeting and to have a draft report from MH Dept. Staff that cover some of the issue. For this item to be discussed and agenda to the 10/18/10 MHB meeting with a final comprehensive report for a formal vote by the MHB. Vote: Unanimously in favor; motion passed.		MHD Staff	Closed 12/3/10

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