



County of Santa Clara Behavioral Health Board

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May 9, 2016

BOARD OF SUPERVISORS
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Santa Clara County Board of Supervisors:

The Santa Clara County Behavioral Health Board (BHB) is pleased to present you with our Annual Report for Fiscal Year July 2014 through June 2015.

This report is submitted in compliance with the Santa Clara County Code of Ordinances, Title A - General and Administration, Division A18 (Health and Welfare) Chapter VII, Section A5, requiring the BHB to "Submit an annual report to the Board of Supervisors on the needs and performance of the County's behavioral health system."

The BHB approved this report at our regularly scheduled May 9, 2016 meeting.

Thank you for your review and consideration of the behavioral health issues and suggestions raised in this annual report. The Committee reports offer details and insights about a range of issues. We have identified challenges and successes throughout the year. If you have any questions, please feel free to contact me at pricebhb@gmail.com.

Respectfully submitted,

Gail A. Price, Chair
Santa Clara County Behavioral Health Board



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**County of Santa Clara
Behavioral Health Board Annual Report
July 2015 – June 2016**

Table of Contents

MISSION AND OVERVIEW STATEMENT	3
MEMBERS	3
CHAIR’S REPORT	4
SYSTEM PLANNING & FISCAL COMMITTEE	9
ADULT SYSTEM OF CARE COMMITTEE.....	10
OLDER ADULT COMMITTEE.....	13
FAMILY, ADOLESCENTS AND CHILDREN’S COMMITTEE	15
BHB-MINORITY ADVISORY COMMITTEE.....	17
RECOMMENDATIONS TO THE BOARD OF SUPERVISORS.....	19
RECOMMENDATIONS TO THE DEPARTMENT OF BEHAVIORAL HEALTH SERVICES	19
CLOSED MOTION MATRIX	19
OPEN MOTION MATRIX.....	29

Mission and Overview Statement

The Santa Clara County Behavioral Health Board is composed of members of the community at large, clients (consumers), family members of clients of the behavioral health system, and experienced and knowledgeable individuals.

The board's mission and duties are established by the state of California, Welfare & Institutions Code 5604.2, and Santa Clara County ordinances, Chapter VII, Sections A18 - 141 and A18 - 142. They include: Review and evaluate the community's behavioral health needs, facilities and special problems; advise the Board of Supervisors and the county Behavioral Health Services Director as to any aspect of the county's behavioral health program; and, submit an annual report to the Board of Supervisors on the needs and performance of the county's behavioral health system.

Members

Gail Price, Chair
Dr. Gary Miles, 1st Vice Chair
Robert (Bob) Nuñez, 2nd Vice Chair
The Honorable Cindy Chavez, Board of Supervisors Delegate
Paul Murphy, Alternate
Larry Blitz
Mary E. Crocker Cook
Robert (Bob) Gill
Marsali Hancock
Thomas Jurgensen
Sharon (Susie) Martin
Hilbert Morales
Wesley K. Mukoyama
Victor Ojakian
Charles Pontious
Rev. Evelyn Vigil
Dr. Joel Wolfberg

Chair's Report

Introduction:

The SCC Behavioral Health Board (BHB) is composed of sixteen (16) board members, including Board of Supervisors Delegate, Supervisor Cindy Chavez. The full BHB meets monthly on the second Monday of each month from noon to 2:00 pm. An Executive Committee meeting of the BHB officers and committee chairs is held monthly to discuss issues around the upcoming agenda. Additionally, five (5) separate committees meet to discuss matters on adults, older adults, minorities, youth and family, besides system planning and fiscal.

The Behavioral Health Board is engaged and productive. While attendance continues to be a challenge due to many personal and professional factors, there has been some improvement in attendance at full Board and committee meetings. Significant work and several recommendations have been generated through the committees.

Our BHB members represent a wide range of backgrounds and experiences, including family members, consumers of behavioral health services, clergy, veterans, and the media, etc. BHB members have a strong commitment to improving and expanding behavioral health services; many have "lived experiences" which inform their work. The BHB is a forum to determine what actions the BHB could recommend to the BHS Department and the Board of Supervisors regarding behavioral health approaches and services.

Director Toni Tullys is a vital contributor to BHB planning and actions and recognizes the commitment and contributions of the BHB members. The BHB receives invaluable staff support from Llolanda Ulloa and Maria Victoria Guizar. Llolanda manages communication with the BHB and assures that there is sufficient administrative support for all BHB and BHB-Committee meetings. We have a very robust schedule.

This year has been a very tumultuous due to several issues, including the beating death of County jail inmate, Mr. Michael Tyree, who suffered from significant mental health issues, and the subsequent County actions related to revision, expansion, and coordination of custodial health services (in the County jail) with behavioral health services through the Reentry Center and improving the linkage and continuity of needed services with County and community-based services.

In response to Mr. Tyree's death and internal and external examinations of mental health services and other issues, two separate entities were formed: the Blue Ribbon Commission on Improving Custody Operations and the Jail Diversion and Behavioral Health Subcommittee of the Reentry Center. The BHB wrote several letters to the Board of Supervisors noting the importance of having a representative on both of these groups; the BHB achieved its goals. There have been structural changes implemented and positions created to manage mental health services and to address the quality, access, and coordination of behavioral and custodial health services. A key element is the improvement of behavioral health screening and the provision of appropriate and comprehensive services for all inmates.

All of these efforts, including intense engagement by the Behavioral Health Board, the community-at-large, families and advocates for inmates, and community based service providers, are in transition and much work remains. This is an urgent and complex problem which requires significant and impactful reform.

The expansion of the workload for the BHS Department has been significant. The BHB has continued to note the importance of providing sufficient staff and resources to address

expanded responsibilities for both Director Tullys and her staff. Two areas of focus have been: management of the psychiatricists providing custody health services and strengthening and improving behavioral health services for both the jail diversion and reentry programs for inmates transitioning back to the community. Effective and meaningful transitions are critical to ensure success for all consumers.

With this in mind, Director Tullys and her staff are very engaged in the examination of and improvement to the behavioral health elements of the jail diversion and reentry programs and to build service and facility capacity in the County.

The BHS Department continues to work on performance objectives and outcomes for both County staff and all community-based contractors receiving some County-funding. The entire RFP process has been revised and reporting requirements have been intensified. The complete integration of the Mental Health Department and the Department of Alcohol and Drug Services into the Behavioral Health Services Department is on-going. Bruce Copley presented detailed information on the 1115 Medi-Cal Waiver for a Substance Use Services Organized Delivery System and the Substance Use Division Directors are providing a series of presentations on their services and budgets. Progress has been made and many milestones have been achieved.

Behavioral Health Board Meetings:

The Behavioral Health Board (BHB) members continue to identify important and timely behavioral health issues of concern and to promote recommendations related to improving behavioral health services. By March 2016, due to successful recruiting and timely appointments, all seats on the BHB have been filled.

Our current meetings are structured to hear reports from the BHB Chair, the Board of Supervisors representative, Supervisor Cindy Chavez; the BHS Director Toni Tullys, BHB-Committees Reports, and the Behavioral Health Contractors Association of Santa Clara County, Elisa Koff-Ginsborg. To move items along, we have focused on either motions through the BHB-Executive Committee or from the committees followed by a discussion and vote.

Throughout the year we have had a variety of topics that are timely and useful for the full BHB to hear and discuss. The presentations have been from community-based providers, professionals from a variety of organizations, County staff, and Director Tullys and her staff.

Due to significant interest by the BHB and the community about jail operations, the access to services and treatment of inmates with mental health conditions, and CIT training for County staff (among other items), we have had a couple of presentations by the Office of the Sheriff and the [Jail Reentry Center](#). Prior to the end of this fiscal year, the BHB will also have a presentation by a forensic psychiatrist who works in Stockton. Throughout the year, representatives to the Blue Ribbon Commission (BRC) and the Jail Diversion and Behavioral Health Subcommittee have provided updates.

We also decided that each BHB-Subcommittee would select three primary areas of focus so that some deeper understanding of challenges and successes could be gleaned over time. And, we all agreed to include a focus on three overarching issues within our BHB and BHB-Subcommittees work:

The BHB has also continued to review allocations of the Mental Health Services Act (MHSA). Within the three-year planning process, the public hearing schedule has allowed time to review all aspects of the plan, including, increased efforts to utilize data more effectively.

The budget review process has improved. This year each committee reviewed the MHSa section proposals and funding related to the focus areas of their respective committees represent. The entire plan was presented to the BHB-System Planning & Fiscal Committee. The BHB sponsored an MHSa Public Hearing where the proposed plan was endorsed by the BHB.

One of the many important additions via the MHSa process was that of the 87 additional Full Service Partnerships slots to assist former inmates in receiving coordinated services, including permanent supportive housing. The lack of sufficient housing opportunities (with supportive services) is a chronic problem. Housing with services enable behavioral health clients to stabilize and work on recovery.

The Behavioral Health Board continues to communicate with Director Tullys and the SCC Board of Supervisors on issues related to the provision of improved or new behavioral health services. With the inmate death and the creation of the Blue Ribbon Commission, several BHB members sent a letter noting the importance of having a representative from the BHB on the new commission and the importance of including behavioral health expertise in the planning of the new jail. As noted earlier, we have representation.

In response to the referral by Supervisor Simitian about the necessity to address the critical need for more adolescent acute care beds in the County, the BHB wrote a letter strongly supporting this outcome while noting the importance of making sure that the continuum of care (such as community-based temporary residential care and outpatient services), especially during transitions when consumers/clients are the most vulnerable be improved.

Several areas continue to emerge: communication with the public and timely access to behavioral health services for all ages, cultural backgrounds and circumstances, improving performance objectives and indicators to evaluate, improve, and coordinate services are among issue frequently addressed. There is an ongoing need for drug treatment/detoxification beds for all ages and the need to improve assessment of co-occurring diagnoses and provide integrated treatments both for inmates and in the broader community. There also remains an ongoing need for more acute care residential beds, transitional housing and permanent supportive housing for individuals and families with behavioral health service needs.

At our meeting in March, we had [a presentation about the use of tele-health options and web-based services](#) (such as Headspace in Australia). We believe the County should examine these ideas as a basis for developing a broader network of services throughout the County. Additionally, a couple of BHB members sent letters about the Marijuana Education campaign noting that its design and content did not align with educational and public health guidelines outlined in Gavin Newsom Blue Ribbon Commission Pathways Report (July 2015). The Board of Supervisors took into account our concerns.

The Behavioral Health Board has seen improvements throughout the BHS Department with increased recognition of the gaps in programs, services, and facilities; these analyses should make it possible to restructure and overhaul services to the community. We hope more nimble and innovative approaches continue to be introduced. Improvements to the Call Center and Gateway Call Center, for example, are very important and further efforts to link them are commendable.

BHB-Subcommittee Meetings:

Early in the year, each subcommittee identified several focus areas for their work during FY 2015-2016. The objective of each subcommittee continues to be:

To focus each committee's work so that the committees can bring recommendations to the SCC Behavioral Health Board in order to provide input to the SCC Behavioral Health Services Department and / or make specific recommendations to the SCC Board of Supervisors.

This year we have also tried to have a similar format for presentations at each Committee meeting. To get the most thorough presentations, we do encourage our presenters to cover the program or/and project objectives, performance quality improvement and data, the implications for the BHS Department Integration Plan, the budget, any plans for future improvements in services / program and identifying additional sources of funding.

Since many of the behavioral health issues of concern span across committees, there has been some duplication of topics at the committee and BHB level. With improved communication about potential topics Chair Price and Director Tullys are working to eliminate duplication and to reduce the number of requests for similar staff presentations.

Annual Heroes Event and Reception

At the end of each year, we host an awards ceremony for community heroes. Our 5th Annual Behavioral Health Board's Community Heroes Reception was held on May 4, 2016, with a total of ten recipients (across six categories); the event was well attended. Each year we have a large number of strong nominees for these awards.

Following Chair Price's opening comments, Behavioral Health Services Department Director Toni Tullys, MPA, and Deputy County Executive Director, SCVHHS René A. Santiago made a few remarks. Subsequently, President of the Board of Supervisors Dave Cortese welcomed the group and Dr. Sergio Aguilar-Gaxiola, MD, Ph.D, Professional of Clinical Internal Medicine, School of Medicine, University of California, Davis. The keynote topic was: Bridging the Treatment Gap: A Community-Based Approach to Effectively Reducing Mental Health Disparities in Underserved Communities. This afternoon event and reception is valuable because it celebrates the many accomplishments of our community; and the award recipients appreciated the recognition and celebration.

Our 2016 Heroes are:

- **Agency:** EMQ FamiliesFirst, Laura Champion and Rev. David Robinson, Correctional Institutions Chaplaincy, Inc.
- **Consumer:** Alicia Garcia Escobedo
- **Elected Official:** Supervisor Cindy Chavez
- **Family Members:** Juan Perez
- **Mover and Shaker:** Hilary Armstrong and Alison Brunner, Law Foundation of Silicon Valley, Mental Health Advocacy Project
- **Program:** John Costa and Tony Lopez, BHSD Law Enforcement Liaison and Herman Health Care - The Sollis Family

Additionally, we continued the tradition of honoring the **CIT (Crisis Intervention Training) Officers of the Year:** Officer Jeff Brandon, Morgan Hill Police Department; Officer Joshua Craig, Santa Clara Police Department; Officer Mark Cutler, Campbell Police Department; Officer Greg Ienni, Mountain View Police Department; Officer John Muok, Milpitas Police Department; Deputy Tami Parker, Office of the Sheriff; Lieutenant Rita Roland, Office of the Sheriff; Deputy Jeromie Smith, Office of the Sheriff; Officer Robin Smith, Sunnyvale Police Department of Public Safety; and Officer Brad Young, Palo Alto Police Department.

In closing, I'd like to acknowledge the exceptional knowledge, insight, dedication, and recommendations of the BHB members. They care deeply. As a group, they are steadfast in their commitment to be impactful by recommending actions to improve and enhance the quality and access to behavioral health services. Thank you to Director Toni Tullys and Supervisor Cindy Chavez and their staff members who are committed to improving County behavioral health services. They have championed needed adjustments and reforms to the system. It has been both an honor and privilege to serve as Chair this year and as a member of the Behavioral Health Board since 2012.

We should also be clear that being imperfect is one of the hallmarks of being human and lead the way by saying that illness teaches us about being well, vulnerability teaches us about being strong, and loss teaches us about finding.

-Julie Leverich

Compassion is not a relationship between the healer and the wounded. It's a relationship between equals. Only when we know our own darkness well can we be present with the darkness of others. Compassion becomes real when we recognize our shared humanity.

- Pema Chödrön

Behavioral Health Board Subcommittee Reports:

Santa Clara County Behavioral Health Board System Planning & Fiscal Committee

Larry Blitz, Hilbert Morales, Co-Chairs and Gary Miles, Member

The BHB-System Planning & Fiscal Committee (SP&FC) of the Santa Clara County Behavioral Health Board is responsible for reviewing the Behavioral Health Department's fiscal affairs as well as examining chosen areas of concern. Throughout the past fiscal year, this committee was involved with budgetary issues, facilitated a series of speaker professionals that are involved with the delivery of County and private behavioral health programs, and investigated a number of programs dedicated to enhance the continuum of care.

Speakers that were requested to address the Committee included: the CEO of the [Santa Clara Family Health Plan](#); the Director of the Homeless Program of the Health Trust; Substance Use Treatment Director Bruce Copley who presented [on the 1115 Waiver](#) for [Alcohol and Drugs](#); Cheryl Berman, Division Director who presented on [Substance Use Treatment Services](#); Martha Paine, [Finance Director](#) of the Behavioral Health Services Department; Division Directors and MHPA Coordinator Jeanne Moral [presented on MHPA Plan](#) in July 2015, Lori Fox with [Partnering for Healthy Minds](#), and other Department Division Directors.

In review of the Department's operating budget, the Committee was interested in the statutory authority of each program, the justification of program and the finances necessary to be successful; statistics that monitor each program and service per meeting its respective purpose; demands that are met and not met: and review of predictions of the feasibility of improving conditions for behavioral health recipients and clients.

Co-Chair Larry Blitz participated in a community committee dedicated to improving conditions in licensed and non-licensed assisted living (community care) facilities. Mr. Blitz provided reports of progress per this committees activities. The Committee consists of lawyers, community licensed providers of care, Consumer Affairs members, and representatives of senior programs.

From January 2016 - July 2016, the Systems and Planning Committee will review each Division's budget and provide a community sounding board related to program and services. Each meeting provides an overview of the agency's programs, how the programs are funded, gaps in performance, and recommendations for future efforts. All outcomes of these meetings are reported to the full Board with recommendations when appropriate.

In addition, this Committee has reviewed aspects of the Affordable Care Act (ACA) related to Behavioral health and monitors program and fiscal affairs related to ACA. Of particular interest has been monetary savings related to those uninsured who now are Medicare-MediCal beneficiaries.

Santa Clara County Behavioral Health Board Adult System of Care Committee (ASOCC)

Co-Chairs Charles Pontious and Evelyn Vigil, and members Thomas Jurgensen and Mary Crocker Cook. David Speicher resigned October 2015

Topics of Concentration:

1. AB 109 and the Jail System
2. Suicide and Crisis Services
3. HIPAA and Privacy
4. Call Centers (System Intake)
5. Mental Health and Substance Use Treatment Services

Presentations:

1. [MHS Annual FY 2016 Update Report](#)
2. [HIPAA, 42 CFR, WIC Section 5328](#)
3. [Call Center and Gateway Call Center](#) - Mikelle Le, Noel Panlilio, Sandra Hernandez, and Joseph Tansek
4. [Behavioral Health Services Department Substance Use Treatment Services](#) - Cheryl Berman, Ph.D.
5. For May 2016, Robert Dolci is scheduled to present on Housing.

AB 109 and the Jail System

This is the second year of focus on the Jail system and effects of AB 109 (Realignment to reduce State Prison populations). The main concerns highlighted in last year's report to the BOS remain unaddressed:

1. Jails serving as de facto mental health system that can't say no.
2. Discharge issues:
 - a. No discharge planning team
 - b. Limited placement into community programs
 - c. Discharge of prisoners after midnight
3. Issues while incarcerated:
 - a. Volume of prisoners needing services (in Elmwood 20,000 inmates to 3 staff)
 - b. In FY2014, 29,555 Crisis assessments or welfare checks were performed
 - c. Access to inmates medical records
 - d. Access to prescriptions - Best case is 5 days to receive medication for an existing prescription

After two years of studying how the County Jail System handles the mentally ill population we can see very little measurable improvement in outcomes and level of care for the mentally ill while in the county jail system. As a county we are failing to care for the mentally ill while they are in jail and failing to provide an effective re-entry for them into the community.

Suicide and Crisis Services

The topic of suicide prevention is of general interest to most members of the board. Mentally Ill and Seriously Mentally Ill (SMI) individuals are thought to comprise the majority of suicide attempts. The county runs a program called “Path to Hope” which provides a suicide crisis hotline and provides a crisis counselor to see patients at VMC prior to discharge. In addition support groups are provided for family members of suicide victims. Efforts have been made to provide a support group for survivors of suicide attempts, but so far have generated no interest.

The suicide hotline operates 24/7. In 2014, they answered 24,541 crisis calls. They also made follow up calls to individuals at high suicide risk and referrals to services are provided to the caller. Sometimes field visits are made to where the call came from, such as a school. The crisis counselor at VMC has seen 210 clients aged 8 to 78 since the program was implemented in 2014. The counselor calls the hospital 5 days a week to remind them of their services for those about to be discharged.

The subcommittee finds the following issues very concerning and wishes to bring to the BOS attention:

1. Suicide counseling is not provided to patients discharged from BAP, where patients from Emergency Psychiatric Services (EPS) are hospitalized for further treatment.
2. Suicide counseling for those discharged EPS is voluntary and usually refused.
3. The Call Center does not have an inexpensive piece of software called iCarol (www.icarol.com), which is considered standard for call center crisis management.

HIPAA, Privacy and 42 C.F.R.

Family members of the mentally ill are often frustrated in their attempts to care for their family member by lack of information from healthcare workers due to concern over their responsibility to guard Patient Health Information (PHI). The reason given is often the Federal Health Information Portability and Accountability Act. The ASOCC requested a presentation clarifying the subject.

Mental Health workers are subject to possible fines and imprisonment for not protecting PHI. HIPAA regulations mostly focus on electronic health records and their protection. The federal law contains a provision that it may be superseded by more restrictive state laws. This is the case in California, where regulations governing PHI in 42 C.F.R. and WIC section 5328, 5150-5344 are more restrictive and more correctly the reason family members are denied access to a patient’s medical records or information about their condition without prior authorization.

These restrictions do not apply to the patient themselves. The board continues to hear complaints from individuals frustrated with their ability to access their own medical records after being treated for mental illness.

Call Center and Gateway Call Center

The Behavioral Health Board formed as the merger of the Department of Alcohol and Drug Services (DADS) and the Mental Health Department (MHD). The two operated separate call centers which are in the process of merging. There are many challenges to overcome such as:

- Cross training for staff
- Integrated tools
- Separate phone numbers

- Office space, phone system and call center software
- Accommodating non-traditional communication methods such as texting

The “Call Center” is the main entry point for mental health services in SCC and is open Monday to Friday from 8-5 pm. After hours - two bilingual licensed clinicians are available by cell phone. The Call Center had an average wait time of 4 minutes, 52 seconds; as of the presentation date, the wait time had improved to 1 minute 30 seconds. This was attributed to process changes. Call volume in 2011-2013 was only 27,000 compared to 42,000 calls a year in 2014.

The Gateway Call Center (for substance abuse) has an approximate volume of 47,000 calls. The large increase in call volume is attributed to the Affordable Care Act. Despite the increase in volume, efforts continue to improve service levels and the patient experience. The subcommittee recognized the management and staff of the two Call Centers for their hard work, dedication, and time.

Conclusion

The BHB-ASOCC will welcome new BHB members due to the resignation of David Speicher who represented consumer interests. We would like to thank David for his service. We also thank the many county employees who presented and contributed information to our meetings. Two new BHB members joined this committee, Thomas Jurgensen in January and Mary Crocker Cook in March; welcome.

Respectfully submitted, Charles Pontious, Co-Chair.

Santa Clara County Behavioral Health Board

Older Adult Committee Annual Summary Report, March 2016

Chair: Victor Ojakian and Co-Chair: Joel Wolfberg and Wesley Mukoyama

The Behavioral Health Board's Older Adult Committee (OAC) meets on the second Monday each month from 9 - 10:30 am at the Mental Health Department's Learning Partnership facility in San Jose. Staff support is provided by Maria Fuentes, MSW, Senior Services Manager, Santa Clara County Mental Health Department, Adult and Older Adult Division, and Cheryl Berman PhD, LMFT Santa Clara County Behavioral health Department's Adult Drug and Alcohol Treatment Services.

The OAC meetings are opened to the public and are typically attended by 10-12 people, typically employees of contract behavioral health providers.

To date, eight OAC meeting have been held since last year's annual OAC report, 2015 - 2016. This committee's efforts and actions continue to address the department's integration process and other relevant behavioral topics.

The OAC meetings discussed some key behavioral health programs and projects provided to Santa Clara County's older adult residents. These discussion included the following topics/presentations:

- The need for cultural competence in older adult behavioral health services was discussed (May 11) by Asian Americans for Community Involvement- AACI (Laurie Leung/Duy Pham) and Sourcewise (Maria Avelar) representative. It was noted that twelve percent (12%) of Santa Clara County's population is 65 or older. The program Healing Legacies (AACI) was explain as was information on common conditions (depression/dementia), dealing with war and other traumas, and the need for treatment to consider trust and culturally familiar approach.
- Working with the LGBTQ older adult community was discussed at the June 8 meeting Cassie Blume and Anthony Montalvo emphasized individuals' isolation, exclusion and difficulty accessing services.
- A discussion of the three programs Mental Health Services Act programs for older adults was provided, including 1. **Community Services and Supports (CSS) OA01-04**, 2. Innovation Plan project INN-04 (description here

https://www.sccgov.org/sites/mhd/MHSA/INN/Documents/INN_Plan_to_DMH_Revised_Approved_September_2010.pdf), and Prevention and Early Intervention PEI-P4 (Primary Care Behavioral Health services)

- There was a robust presentation and discussion on the budget and programs funded for older adults, led by Martha Paine, at the September 14th meeting.
- Adult Protective Services - APS (Nancy Chan and David Tram) presented on their services, including the joint Behavioral Health and APS program Connections, at the October 9th meeting.
- The November 9th meeting had presentations about El Camino Hospital's Older Adult Transitions Services Program (OATS) by Lauren Olaiz and Edna Wallace and Motion Summary Report from the 2011 Older Adults Summit by Maria Fuentes.
- There was a Grace Community Center presentation on their Older Adult Program by Christy Matta and Lindsay Paine at the February 8th meeting.

The January 2016 meeting was exclusively used to discuss future topics and key needs of Santa Clara County's older adult community. The goal was to seek what is missing and how

the OAC had better suggest solutions and actions to help our older adult population. Some matters committee participants thought were vital to review and seek solutions for are:

- The scarcity of methadone treatment for older adults
- Better training of doctors on Gerontology Medicine
- A better RFP process for finding older adult skilled nursing facilities in placement, inpatient settings and transition.
- Improving the process of hospital home transitioning
- Better understanding the needs specific to Santa Clara County's older adult population
- Determining a prevention strategy to keep Santa Clara County's older adult population from a national trend of seniors overusing of pain medication
- Better utilizing senior centers' staff to assistance with behavioral health care
- Determining the availability of acute inpatient beds for older adults

In March and the coming months there will be discussion on how to prevent older adult suicides and how to use certain SAMHSA toolkits. March's presentation was [The Current State of Suicide Prevention of Older Adults: What is and What is needed](#) by Victor Ojakian.

The Older Adult Committee is dedicated to improving the behavioral health care for Santa Clara County's older adult population. We welcome any suggestions and involvement from our fellow residents.

Respectfully Submitted,

Victor Ojakian and Joel Wolfberg, Co -Chairs, Older Adult Committee

Santa Clara County Behavioral Health Board Family, Adolescents and Children's Committee

Co-Chairs Gail Price and Bob Nuñez, and member Marsali Hancock, April 2016

The Family, Adolescents and Children's Committee (FACC) meets bi-monthly, Chair duties are shared by Gail Price and Bob Nuñez. Having the Behavioral Health Board Chair shared by Gail Price, a former City Councilmember and School Board Member in Palo Alto, and Bob Nuñez, former East Side Union Superintendent, and a current School Board Member in Milpitas, has informed our discussion.

In 2015-16 we covered a range of topics: School Linked Services/PEI, mobile emergency response, environmental view of substance abuse, and various prevention services. The FACC wants to become better educated about what our existing services/programs are and to explore how these could be enhanced to provide better services to the most vulnerable members of our community: children, adolescents, and families; and how the schools and community utilize services and programs.

While recognizing that the impact of behavioral health services is challenging to assess, a major concern has been the lack of standardization in the creation of performance measures and program evaluations as a way to determine the effectiveness of County and contractor services. There is a wide variation in the types and quality of needs assessments. High quality assessments, conducted in partnership with schools, will improve services and underscore how partnerships work to benefit the community. The FACC supports the actions by the Santa Clara County Board of Supervisors, the Courts, and the Legislature to explore and address the extent of psychotropic medicines prescribed for Foster Children and Youth.

The first FACC meeting in [July 2015 focused on the MHS FY16 Annual Report](#)

- C01: Community Services and Support
- C02: Child System Development
- C03: Children and Family Behavioral Health Outpatient Services/Redesign
- T01: Full Service Partnership
- T002-04: Behavioral Health Services Outpatient System Redesign/TAY Crisis and Drop-in Services
- PEI P2: Strengthening Families and Children
- PEI P3: Individuals Experiencing the Onset of Serious Psychiatric Illness with Psychotic Features
- INN-01: Early Childhood Universal Screening Project
- INN-02: Peer Run TAY project
- Medi-Plex Project
- Performance/Service Outcomes

The FACC have been asking for an update on School Link Services. Sherri Terao and Gina Sessions gave a report regarding a review of School Link Services (SLS) requested by Supervisor, Dave Cortese, starting with "Theory of Change" process. We would receive a more in depth presentation on "[Theory of Change](#)" process at our [September 10, 2015 meeting](#). At our November 12, 2015 meeting, a presentation was made on the [Youth Marijuana Use Campaign by Dr. Sue Nelson and Joy Alexiou](#). The goal of the campaign was to raise the awareness of pre-teens on websites and social media. A concern was voiced regarding the ability to measure the effectiveness of the campaign. An update on school link services was provided and it was determined that this would be a reoccurring item on the agenda. [In January, 14, 2016](#) Laura Champion, Executive Director of [EMQ](#), gave a presentation regarding [Children Crisis Continuum](#).

- Kid in Crisis
- Community Team Oversight
- Mobile Crises Services
- Crisis Stabilization Unit
- Crisis Transition Services
- Complex Care Continuum
- SCCBHS Integration Framework

An update with regard to School Link Services (SLS) from Cha See and from Sue Nelson on Section 1115 Waivers.

During the year, the FACC heard presentations about a wide range of topics and programs and curriculum, provided by the County, community-based contractors and service recipients. There are some outstanding programs. Our general observations suggest that there has been work to minimize the disparity in program quality scope of services, program evaluations, and program adjustments require to improve services and the numbers of individuals/families services.

In the upcoming year, it needs to be a major focus with goals and measurable outcomes.

Observations and Recommendations

The FACC perspectives recognize how difficult this work can be. We recognize that the Department of Behavioral Health Services is in a period of integration and transition. With leadership, alignment of resources, expertise (professional and community) and resources, we believe meaningful and impactful change is possible. It is underway.

Additional work is needed to improve the Mental Health and Drug and Alcohol Prevention/Education Services for our community, specifically in designing a comprehensive needs assessment. FACC recognizes schools as partners and have been included in the SLS. In the county, there are minimal (12) beds available for youth residential drug and alcohol treatment. The decision was made to cut the duration of stay by half in order to accommodate increasing demands. Two recommendations: one, there needs to be an evaluation of the client readiness for discharge and the effectiveness of this decision and two, there needs to be follow-up transitional services in order to prevent relapses. Some progress is being made regarding performance measures and program assessments, through draft integrated assessments Behavioral Health Services Department, but a more comprehensive and systematic approach is critical. Periodic staff updates suggest this is an on-going area of focus.

Contract monitoring needs to be strengthened to ensure that grant terms are being fulfilled and that both the County and providers are being held accountable. The SUTS prevention and treatment providers would benefit from the Mental Health's practice of conducting monthly meeting and sharing of both "what's working" and current challenges. The PEI/School Linked Services Model is being revisited and new partnerships are being created that will improve services for youth and families.

Behavioral Health Board Minority Advisory Committee, FY 2015-2016

Co-Chairs Wesley K. Mukoyama and Sharon Susie Martin, and Member Robert Gill

Mission of the BHB-Minority Advisory Committee (MAC):

Santa Clara County Behavioral Health Board-Minority Advisory Committee advocates for the service needs of the diverse community groups by engaging the communities in sharing their concerns, needs and goals to be considered by the Behavioral Health Board.

The Behavioral Health Board-Minority Advisory Committee (MAC) meets on the third Monday or the fourth Mondays in January and February due to holidays on the third Mondays of those months. The MAC meets from 12:00 to 2:00 p.m. at Downtown Mental Health Center located at 1075 E. Santa Clara Street, 2nd Floor; Training Room 3 - San José, CA 95116. Deane Wiley, Ph.D., Deputy Director of Behavioral Health Services Department-Administration and Noel Panlilio, Ph.D. provide staff support, for Substance Use Treatment Services.

The MAC meetings are open to the public and have had attendance rates up to 34 people this past year since July, 2015.

To date, MAC has had seven meetings on several diverse community needs beginning with:

- 1) July 2015 - when MHSa Coordinator, Jeanne Moral expressed the plans for Behavioral Health Services Dept.'s [MHSa programs and funding for FY 16](#). MAC members particularly focused on Cultural Competence programming and the reasons for poor penetration into communities of color populations even though they represent a large proportion of behavioral health needs.
- 2) September 2015 - [African and African American communities](#) and an event they had to bring the two communities together as well as educate the larger community that Africans come from a large continent with more than 40 countries with hundreds of different "nations" and tribal communities within those countries. They are refugees from many war torn countries.
- 3) October 2015 - [Presentation from the Refugee Community](#). There were several emotional presentations of the difficulty of assimilating into this community with only 7 months of assistance. Refugees who are older adults can get SSI for only 7 years unless they become U.S. citizens. Asian Americans for Community Involvement (AACI) will be ready to accept future refugees from Syria if and when they come to Santa Clara County.
- 4) [November 2015 - Presentation](#) from the Veteran's Outreach Program addressing the suicide problem of a suicide occurring every hour within a 24 hour day. Females are committing suicide more than ever and are using firearms to do so. Discussion was to see how the VA programs could coordinate with our County Behavioral Health Programs.
- 5) December 2016 - No meeting; the BHB in recess due to holiday season.
- 6) January 2015 - [The Lesbian, Gay, Bisexual, Transgender, Queer \(LGBTQ\)](#); the "Q" is also sued to reference Questioning. The LGBTQ Group became part of Behavioral Health Services Department's ECCAC as a service presented. The need to understand the plight of the LGBTQ community was an enlightening presentation. There is also a need to present this to immigrant communities who come from countries that condemn LGBTQ individuals with severe punishment. Recognizing outreach to this community is essential to resolve these individuals' mental health issues.
- 7) February 2016 - [A presentation from the Chinese and Vietnamese communities](#) was very informative regarding their cultures which differ from Western ideology and have an effect on Behavioral Health treatment. There is a need to see the outcomes of ECCAC

outreach to these communities. A survey was done which resulted in Top Service Preferences: Support, Health and Family.

- 8) March 2016 - We will hear the [Behavioral Health Department's penetration results](#) during the past year to the ethnic communities of color. This is an important outcome result.

Also, an innovation idea that we MAC and OAC presented to train faith based leaders in identifying Behavioral Health symptoms and use resources as well as provide training to Behavioral Health Professionals the importance of spirituality issues for BH recipients was accepted for funding in the next fiscal year as an MHSa Innovation Program. We express our gratitude to the Administration for recognizing this idea. We are awaiting word from MHSa letting us know when it can be planned and implemented.

The Minority Advisory Committee is dedicated to improve the Behavioral Health Treatment and Outreach to the many diverse communities in Santa Clara County and welcome any suggestions and involvement from our fellow residents.

Respectfully Submitted,

Wesley K. Mukoyama LCSW and Sharon Susie Martin, Co-Chairs, Minority Advisory Committee

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**Recommendations to the Board of Supervisors
Recommendations to Behavioral Health Services Department
July 2015 – June 2016**

CLOSED MOTION MATRIX

Motion Number	BHB Meeting Date	Motion	Action	Assigned To	Status
38	6/10/13	<p>For the Mental Health Department staff to address and answer questions compiled at the Older Adult Committee meeting that took place on 5/13/13 (See handout for the list of questions)</p> <p>7.1 For the Mental Health Department staff to provide the necessary data reports for review by the MH Board and Older Adult Committee</p> <p>Motion: Holtzclaw; Second: Barreras; to approve the motion from the MHB Older Adult Committee (See Handout). Vote: Passed unanimously</p> <p>10/25/13 Motion #43, rolled into Motion #38: for staff to produce more current Census information, including information on individuals ages 60 + broken down into gender and ethnic categories. For staff to present requested information at the September 9, 2013 MHB-Older Adult Committee meeting. Vote: Passed by unanimous vote. Dr. Peña commented that she will ask Jean McCorquodale to write a</p>	<p>List of questions:</p> <ol style="list-style-type: none"> 1. Mr. Mukoyama asked why the numbers are decreasing if the older adult population is increasing. Closed 9/9/13 2. What % of funds goes to older adults for mental health (including contract agencies)? 3. What % of staff is devoted to older adults? 4. What is the overall number of older adults in SCC, with breakdowns (North/South County)? Where are the older adults located? Closed 9/9/13 5. Clarification was made by Ms. Sweet that any data information questions have to come from Maria Fuentes to Hung Nguyen. 6. Provide a map that shows the % breakdown throughout the County of older adults in the county. Where is the population? Where are the services located? Population overlay with service location on a map. Closed 9/9/13 7. What region are the clients being served? To be reflected on a map as the third layer overlap (Where is the population? Where are the services located? What region are clients being served?). Where are the consumers, that we are actually serving, located? Closed 9/9/13 8. Can both the medical and mental health be shown to compare? ➤ Revised document to remove duplication of listed items 1-8. 7/22/15 9. Mr. Mukoyama commented, in regards to the overall budget, how much funding is given to older adults with mental health conditions in the budget? 10. The non-medical vs. all payers where is Medicare/Medi-Cal in the chart? (See Handout) Does non Medicare mean that the individual is unsponsored and has no insurance, or does Medicare fall into non-payers, all payers? Where is Medicare on the chart? 11. For 60+, you would need a breakdown for the 60-65 year old age group, a Medicare breakdown for consumers over 65. Where 	Deane Wiley / Maria Fuentes	Closed 3/25/16

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		bigger picture on the SCC older adult population.	<p>does Medicare fall in these categories (age and ethnicity)?</p> <ol style="list-style-type: none"> 12. How often are Medi-Cal and Medicare billed? 13. Is Medicare included in these statistics? If they are, then why are the numbers not higher? 14. Under each of these categories, what is the older adult percentage/representation? 15. Is Medicare included in the Non Medi-Cal? Is it because older adults are in other networks? 16. Can MHB-Older Adult Committee have outreach data on where we are outreaching to older adults and how is outreach being done for older adults for services? 17. Why (outreach, funding, location, services) are the numbers so low? 18. Page 2, If the need is increasing, why are the numbers decreasing, what is the suicide rate in the older adult population? Have the rates been examined over the past 4 years? 19. FY12 Consumers by age group (slide 2 on page 2) Is this Mental Health consumers? Are these people that have been served by the MHD in FY12? 20. Page 3 is FY 12 of Older Adult by Ethnicity. Can you include information broken down by year for ethnicity and language? What is the overall demographic makeup of the general population? 21. If population increased by 25% in 2009, why is the number serviced going down? 22. Can you provide a correlation between socioeconomic status and mental health diagnosis? 23. Last slide is breakdown by language served by mental health? What is the relationship between mental health conditions, language, and ethnicity? 24. Mr. Mukoyama commented on Supervisor Cortese' outreach to older adults from Vietnamese descent; the needs assessment done proved a 21% increase in participation to obtain mental health services. 25. How does data collected from assessments drive programs? What is going on in the system? Are the numbers listed in the handout broken down by contract agency? Are FQHC's (federally qualified health centers) listed in the data? 26. What percentage of the data is strictly related to adults and older adults separately? 		

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			<p>27. Ms. Fuentes said that the “why” needs to really be looked at as to the reason the numbers are going down. She also commented on the older adult services not being carved out; it is a policy question and a system question.</p> <p>28. Can agencies come to decision support for information? What systems does decision support pull their data from?</p> <p>9/9/13 – Handouts provided; materials not covered. Meeting participants asked to review handouts and questions #s 1, 4, 6, 7, 12, 14, and 21. These items were discussed at 10/11/13 meeting. There will be additional discussion on item 21 in future meeting(s). Next topic to be discussed is # 9.</p> <p>10/25/13 Motion #43 Rolled into Motion #38.</p> <p>8/12/14 Detailed financial information was presented; ongoing discussions will take place in future meetings.</p> <p>On agenda for additional discussion at 6/9/14, 7/14/14, 9/8/14, 10/20/14, 11/10/14, 1/12/15, continued for 2/9/15 meeting.</p> <p>1/20/15 Pre-meeting (subset meeting) scheduled for January to review financial report. Martha Paine to present on Financial Report and M. Fuentes to update on Motion list at the 2/9/15 meeting.</p> <p>2/9/15 Martha Paine presented and provided budget and program information on services provided for older adults by County programs and CBO programs. Ms. Fuentes commented that she continues to work on the Motions list and will be asking DI staff to provide additional statistic reports to bring to this committee.</p> <p>7/24/15 Chair Ojakian asked for a summary report by staff Maria Fuentes in collaboration with Dr. Wiley be presented on September 14, 2015 OA meeting.</p> <p>10/16/15 Ms. Fuentes was on agenda to address the report. Due to multiple presenters, there was no time allowed for Ms. Fuentes’ presentation of information. Item will be on agenda again for 11/9/15 OAC meeting.</p> <p>11/19/15 – Ms. Fuentes responded to MAC –</p> <p>1/11/16 Brainstorming session took place at the BHB-OA Committee.</p> <p>1/22/16 The BHB-EC recommended for an Ad-Hoc group to meet with Director Tullys to get a status and next steps. Pat Garcia will take information to Director Tullys; Board members Ojakian, Mukoyama and Blitz to meet with Director Tullys.</p> <p>2/19/16 – Tasked Ms. Guizar to update items within the motion as some were discussed at January 11, 2016 BHB-Older Adult Committee; Guizar asked Chair Ojakian to assist.</p>		

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			<p>3/2/16- BHB-OA Chair, Vic Ojakian recommends closing the motion and starting with a new one.</p> <p>3/25/16 Briefly discussed. Most items have been discussed and updated by Ms. Maria Fuentes. Any pending issues will be covered through new motion(s).</p>		
82	7/13/15	<p>Election of Board Officers FY 2015-2016</p> <p>➤ Nominations were finalized at June meeting: Gail Price for Chair, Gary Miles for 1st Vice-Chair, Bob Nunez 2nd Vice Chair</p>	<p>Paper Ballot Vote took place:</p> <p><i>Gail Price for Chair.</i> Vote: Yes, 11; No, 0; Abstention, 0. Passed. Elected Chair.</p> <p><i>Gary Miles for 1st Vice Chair.</i> Vote: Yes, 10; No, 1; Abstention, 0. Passed. Elected 1st Vice-Chair.</p> <p><i>Bob Nuñez for 2nd Vice-Chair.</i> Yes, 11; No, 0; Abstention, 0. Passed. Elected 2nd Vice-Chair</p> <p>7/24/15 – Recommend the motion be closed</p>		<p>CLOSED</p> <p>7/24/15</p> <p>10/23/15</p>
83	7/13/15	<p>Motion: Ojakian; Second: Speicher; To approve the calendar dates as listed; Vote: Passed</p> <p>Motion: Ojakian; Second: Morales; To move discussion of the executive committee location to the executive committee or an ad hoc committee; Vote: Passed</p> <p>a. Mr. Pontious pointed asked that the board take into account that staff has to travel to the meeting from their offices in the decision. Mr. Ojakian pointed out the motion does not preclude this.</p>	<p>Two-part motion, all dates approved 7/13/15, motion passed.</p> <p>Second part of motion, to have discussion of the EC location or form and Ad-Hoc Committee</p>	BHB	<p>CLOSED</p> <p>10/23/15</p>
84	9/14/15	<p>Motion: Ojakian; Second: Martin; to approve the BHB- Executive Committee Membership as follows: Chair Gail Price, 1st Vice-Chair Gary Miles, 2nd Vice Chair Robert Nuñez, Larry Blitz (alt. Hilbert Morales), Victor Ojakian (alt. Joel Wolfberg), Charles Pontious (alt. David Speicher), and Wesley Mukoyama (alt. Sharon Susie</p>	<p>10/23/15 Recommend this motion close</p>	BHB	<p>CLOSED</p> <p>10/23/15</p>

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		Martin). Vote: Passed			
85	9/14/15	Membership Assignment to Subcommittees and Ad-Hoc Groups: Motion: Ojakian; Second: Speicher; to accept and approve the assignments in the attachment provided; Vote: Passed	<p>Revised 9/11/2015 (attached document information)</p> <p>The BHB-Executive Committee Meeting members as follows: <u>Adult System of Care Committee:</u> Chair Charles Pontious, Co-Chair - David Speicher alternate vote, and Rev. Evelyn Vigil committee member. <i>Need additional dialogue on who will be Co-Chair and alternate past 10/15/15.</i> <u>Family, Adolescents and Children’s Committee:</u> Co-Chairs Gail Price and Co-Chair Robert Nuñez and Laura Barreras Marsali Hancock as committee member (Nuñez and Price vote as Officers of the Board). <u>Minority Advisory Committee:</u> Chair Wes Mukoyama, Co-Chair Susie Martin-alternate vote, and Bob Gill committee member. <u>Older Adult Committee:</u> Chair Victor Ojakian, Co-Chair Joel Wolfberg-alternate vote, and Wes Mukoyama. <u>System Planning & Fiscal Committee:</u> Chair Larry Blitz, Co-Chair Hilbert Morales-alternate vote, and Gary Miles committee member AD-HOC Committee Assignments and BHB Representatives</p> <ol style="list-style-type: none"> BHB Award Ceremony – Planning Committee (plans the actual event, decides on the date/venue/keynote speaker). Ojakian, Price, Miles, and Nuñez BHB Heroes Selection Committee (reviews nominations submitted and select one hero per category) Martin, Ojakian, Morales, and Price BHB Representative at United Advocates for Family and Children – (Vic can explain what this is-I’m not familiar with it). Ojakian CALMHB/C – (Rep.) Pending as needed, one board member from this County represents the membership at the quarterly meetings and should report information on what the SCC BHB is working on as well as report back on what took place at the CALMHB/C meetings. The CALMHB/C provides training options to BHB members. Grievance Committee – (option to attend Grievance Hearings of Consumers – conducted through QI) Price, Mukoyama, and Nuñez (alternate) HHC- [Rep.] (this person would attend HHC meetings and report back to the BHB on what was discussed of BHB interest or jurisdiction. Price Leadership Nominating Committee (surveys the BHB for interest by the membership to hold a BHB leadership position, then presents a report with slate of officers to the BHB) 	BHB	CLOSED 10/23/15

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			<p>8. Legislation – (reports to all committees on legislation. Ojakian</p> <p>9. Recruiting Committee – Ojakian, Morales and Speicher. (actively recruits applicants, works closely with the BOS, reviews application, and advises the full Board through a motion on their recommendation) Need another person after 10/15/15.</p> <p>10. Stakeholders Leadership Committee Representatives: (The BHB Chair also Co-Chairs the SLC, plus one member to cast vote) Gail Price and Robert Nuñez, and an alternate to be identified ahead of time.</p> <p>11. Homelessness Coalition – (Placeholder)</p> <p>12. Youth Coalition... - (Placeholder)</p> <p>13. Web Page – (Placeholder)</p> <p>10/23/15 Recommend this motion close</p>		
86	9/14/15	<p>Motion: Ojakian; Second: Martin; to approve the BHB-Executive Committee Membership as follows: Chair Gail Price, 1st Vice-Chair Gary Miles, 2nd Vice Chair Robert Nuñez, Larry Blitz (alt. Hilbert Morales), Victor Ojakian (alt. Joel Wolfberg), Charles Pontious (alt. David Speicher), and Wesley Mukoyama (alt. Sharon Susie Martin). Vote: Passed</p>	<p>10/23/15 Recommend this motion close.</p>	BHB-EC	CLOSED 10/23/15
87	9/14/15	<p>Motion: Ojakian; Second: Miles; to accept and approve the consent calendar as listed. Vote: Passed</p> <p>Consent Calendar –For the BHB to advise the BOS to consider two new applicants (M.J. and M. H. reviewed 7/22/15) and a third applicant (C.P. motion from 5/11/15) for consideration for appointment to the BHB when a qualifying seat becomes available.</p>	<p>Ms. Ulloa notified District 2 of all applicants the BHB approved between 5/11/15 to 9/14/15. The BHB advised the BOS to consider applicants for appointment when a qualifying seat became vacant.</p> <p>10/23/15 Recommend this motion close.</p>	Price	CLOSED 10/23/15
88	9/14/15	<p>Motion: Ojakian, Second: Nuñez; for BHSD staff look</p>	<p>1/22/16 Pat Garcia will ask Director Tullys if action was taken on this motion.</p> <p>3/25/16 Director Tullys informed that Staff routinely review for grants.</p>	Dir. Tullys	Closed 3/25/16

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		in to the Drug and Alcohol areas to apply for grant funding particularly in the areas of prevention and treatment. Vote: Passed.			
89	9/14/15	Motion: Morales, Second: Vigil; to move the recommendation forward. The Recruitment committee recommended that CMD' application be considered for appointment by the BOS to this Board when a seat becomes open. Currently, District 2 has a vacant seat with consumer qualifier. Vote: Passed.	Ms. Ulloa notified District 2 of all applicants the BHB approved between 5/11/15 to 9/14/15. The BHB advised the BOS to consider applicants for appointment when a qualifying seat became vacant. 10/23/15 Recommend this motion close.	Price	CLOSED 10/23/15
90	10/19/15	Motion: Ojakian: Second: Speicher; to authorize BHB Chair to send a letter regarding acute psychiatric care beds and related services to the BOS contingent on comments from the full board. To include the full continuum of care. A copy of the letter will be distributed to all the membership. Vote: Passed.	Letter provided via email.	Price	CLOSED 12/4/15
91	10/19/15	Motion: Nuñez, Second: Ojakian: For the Chair to send an official letter the Board of Supervisors and Santa Clara County Executive's Office stressing that a Behavioral Health Board representative should be appointed to the Blue Ribbon Commission on Improvement Custody Operations. Vote: Passed	To close contingent on Chair Price providing action email to Ms. Ulloa. 12/3/15 – not yet received. 1/22/16 – not yet received. 3/25/16 – Chair Price will provide copy of email to Ms. Ulloa. 4/19/16 – Chair Price provided email stated action had been taken, an attached letter was sent to the BOS and SCC CEO stressing that the BHB appoint Chair Price to the Blue Ribbon Commission on Improvement Custody Operations.	Price	Closed 3/25/16
92	10/19/15	Nuñez: Second: Mukoyama; to appoint Evelyn Vigil Co-	10/23/15 Recommend this motion close.	BHB	CLOSED 10/23/15

Motion Number	BHB Meeting Date	Motion	Action	Assigned To	Status
		Chair of the ASOCC effective 10/20/15 and to further appoint her as the Alternate voting member for the BHB Executive. Vote: Passed			
93	10/19/15	Motion: Price, Second: Ojakian, to forward the 2015 SCC Data Notebook to Sacramento as is. Vote: 12 Yes, No, 1 Pontious	10/22/15 The Santa Clara County 2015 Data Notebook was sent to Linda Dickerson with DHCS (California Mental Health Planning Council) 10/23/15 Recommend this motion close.	Ulloa	CLOSED 10/23/15
94	11/9/15	Motion: Morales; Second: Mukoyama; for the Behavioral Health Board to move its July meetings to August and recess month to July as effort to align the BHB schedule with that of the Board of Supervisors' meeting schedule. Vote: Passed	The information has been shared with County Counsel, the Bylaws will need to be amended. Dec. 2015: Bylaws Ad-Hoc Committee selected by Chair Price (Price and Martin). Motion will take place contingent the Bylaws are approved by the BOS by June 30, 2016. 3/25/16 Ms. Ulloa updated the BHB that the revised Bylaws went to Health & Hospital Committee (HHC) on 3/18/16, they will need to be approved again by HHC and then taken to the Board of Supervisors (BOS) twice. She will update the BHB when they are adopted by the BOS; it may be possible that they are finalized by end of April.	BHB/CC/ Ulloa	Closed 4/22/16
94	11/9/15	Motion: Morales; Second: Mukoyama; for the Behavioral Health Board to move its July meetings to August and recess month to July as effort to align the BHB schedule with that of the Board of Supervisors' meeting schedule. Vote: Passed	The information has been shared with County Counsel, the Bylaws will need to be amended. Dec. 2015: Bylaws Ad-Hoc Committee selected by Chair Price (Price and Martin). Motion will take place contingent the Bylaws are approved by the BOS by June 30, 2016. 3/25/16 Ms. Ulloa updated the BHB that the revised Bylaws went to Health & Hospital Committee (HHC) on 3/18/16, they will need to be approved again by HHC and then taken to the Board of Supervisors (BOS) twice. She will update the BHB when they are adopted by the BOS; it may be possible that they are finalized by end of April. 4/12/16 Bylaws approved by BOS July meeting dates cancelled, conference rooms updated Meetings' conference rooms confirmed Calendar updated 4/25/16 to reflect new schedule	BHB/CC/ Ulloa	CLOSED 4/22/16

Motion Number	BHB Meeting Date	Motion	Action	Assigned To	Status
95	11/9/15	Motion. Ojakian; Second. Nuñez; to move the BHB June 24, 2016 EC meeting to July 29, 2016. Vote: Passed	This Motion will take place contingent the Bylaws are approved by the BOS by June 30, 2016. See item 94.		Closed 4/22/16
96	11/9/15	The committee met today to consider the application from “JK.” There was a unanimous decision that the applicant was exceptional and should be moved forward. Motion: Ojakian; Second: Morales; for the Board to accept the Recruitment Committee’s recommendation and advise the BOS to consider JK for appointment. Vote. Passed.	1/22/16 – discussed and asked to close, no vote took place. Item remains open until vote is taken. 3/25/16 – item recommended closed; JK’s information is in the pool for the BOS to consider should a seat becomes open with JK’s qualifiers.	Price	Closed 3/25/16
97	1/11/16	Motion: Ojakian, Second: Morales; to accept changes to the bylaws, including the corrections recommended at this meeting, contingent upon County Counsel’s determination of what constitutes a quorum. Vote: Passed Unanimously.	The revised bylaws were discussed during 1/11/16 meeting; motioned and going forward, County Counsel will take to HHC and BOS.		Closed 3/25/16
99	2/8/16	Motion: Ojakian, Second: Morales; the BHB recommends to both Supervisor Cindy Chavez and Judge Stephen Manley that Gail Price, as a	3/25/16 – Action already took place, Chair Price is a member of the Jail Diversion and Behavioral Health Subcommittee.		Closed 3/25/16

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		representative of the SCC Behavioral Health Board, be appointed to the Jail Diversion and Behavioral Health Subcommittee of the Re- Entry Network. Vote: Passed unanimously.			
100	2/8/16	Motion: Ojikian, Second: Nuñez; to forward MECC's application to the BOS for consideration to appoint to the BHB. Vote: Passed unanimously.	2/11/16 Email sent to BOS with motion by the BHB. 2/19/16 Applicant is listed to be appointed by the BOS at the 2/23/16 BOS' meeting. 3/25/16 Applicant was already appointed to the BHB. Recommend motion closes.		Closed 3/25/16
101	1/11/16	Motion: Ojikian; Second: Martin; to recommend to the full Board that the Feb 8 th 2016 meeting be held at the Re-Entry Center. Vote: Passed Unanimously.	2/8/16 Meeting was held at the Reentry Center; a tour was conducted separately prior to the meeting. Both the tour and the meeting were public. 3/25/16 Recommend motion closes.		Closed 3/25/16

OPEN MOTION MATRIX

Santa Clara County Behavioral Health Board OPEN Motions FY 2015-2016

Updated: 3/25/15

Motion Number	MHB Meeting Date	Motion	Action	Assigned To	Status
98	1/11/16	<p>Motion: Nuñez; Second: Martin; to hold the FACC meeting on a monthly basis and to request additional resources, including additional staffing and funding that would be required. Discussion followed. A friendly amendment was made by Mr. Ojakian: The BHB requested for the department to look into the staffing and funding needs that may be required and report back at the February 8, 2016 BHB Meeting. Motion: Nuñez, Second: Blitz. Vote: Passed Unanimously</p>	<p>3/25/16 There has been a request for additional support. The request is part of the Budget Proposal, needs to be reviewed by the County Exec (OBA) and the BOS.</p>		OPEN