May 1, 2015

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

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 11, 2015 meeting.

Thank you for your time and consideration in reviewing this annual report. If you have any questions, please feel free to contact me.

Respectfully submitted,

Carla A. Holtzclaw, Chair
Santa Clara County Behavioral Health Board
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Mission and Overview Statement

The Santa Clara County Behavioral Health Board is composed of members of the community at large, clients and family members of clients of the behavioral health system. 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 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

- Carla Holzclaw, Chair
- Larry Blitz, 1st Vice Chair
- Gail Price, 2nd Vice Chair
- The Honorable Cindy Chavez, Board of Supervisors Delegate
  - Paul Murphy, Alternate
- Robert (Bob) Gill
- Sharon (Susie) Martin
- Dr. Gary Miles
- Hilbert Morales
- Wesley K. Mukoyama
- Robert (Bob) Nuñez
- Víctor Ojakian
- Charles Pontious
- David Speicher
- Rev. Evelyn Vigil
- Joel Wolfberg
Chair's Report

Introduction:

The Behavioral Health Board is composed of fifteen (15) board members and a Board of Supervisors Delegate, Supervisor Cindy Chavez. The full board meets monthly on the second Monday of each month from noon to 2:00 pm. An Executive Committee meeting of board 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 finances.

With the integration of the Mental Health Department and Department of Alcohol and Drug Services into the Department of Behavioral Health Services (DOBHS), our Board’s Bylaws and Ordinance needed to change as well. We began the process of re-writing and updating our Bylaws in December 2013, and with close and much appreciated support from county counsel’s Ling Y. Lew and Steve Mitra, we were able to complete the new Bylaws and Ordinance, and submit them to the Board of Supervisors (BOS) for review and approval in September 2014.

This year the Behavioral Health Board (BHB) has functioned with both a new depth of understanding and efficiency. We have experienced fewer challenges in meeting quorums, required for both Board and Committee meetings, than in the past.

We also have a number of highly qualified candidates that have submitted applications, are in the queue and hoping to be appointed by the BOS as openings come up. We are fortunate that all of our members have either lived experiences or are family members of those who have; fully three-quarters of our board has had lived experiences with a substance use disorder or are family members of those who have had a substance use disorder.

We continue to struggle with finding consumers, so those vacant seats do take longer to fill. That means we rely heavily on the family member and professional seats being filled by the BOS. We are very appreciative of the timely manner in which those seats are filled. Prolonged vacancies create a challenge both in having full representation for our County and in meeting quorums when other members must be absent due to family or professional obligations.

Our BHB members represent a wide range of ethnicities (African American, Asian American, Caucasian, Indian American, and Latino/Latina) and backgrounds that include business, clergy, drug and alcohol counseling, education, elected offices, neuropsychology, publishing and social work. Our members or their children/grandchildren represent straight and LGBTQ lifestyles and are members of a wide range of faith-based communities. It is our hope that future appointees to the BHB will continue to reflect our county’s rich diversity as well as having the interest and time to devote to behavioral health work during times of very profound change.
The BHB continues to receive invaluable staff support from Llolanda Ulloa. We are so very fortunate to have her support and knowledge. It seems she often does the job of three people! Her dedication and work ethic are rare in today’s world.

We are also very fortunate to have Supervisor Cindy Chavez as our liaison. She has taken an active role with the BHB, participating in meetings as the schedule allows and having quarterly meetings with the Chair. Supervisor Chavez’ Policy Director Paul Murphy has actively participated as her representative in our BHB meetings and in the drafting of the BHB Bylaws. We are very appreciative of his being readily available for questions and support. His accessibility and knowledge has been a major contribution to the BHB.

This was a year of profound change in terms of our roles and responsibilities, with the change from Mental Health to the Behavioral Health. It was also a change in the DOBHS in leadership with Nancy Peña, Ph.D. retiring and Toni Tullys taking the helm. While we so valued Dr. Peña’s contribution, partnership and tenure, we are also very optimistic of the changes being implemented by Ms. Tullys.

We are especially enthusiastic about the direction of the DOBHS given Ms. Tullys’ Six Guiding Principals:

- Consumer and Family Member Involvement
- Culturally Responsive Approaches
- Life Span Focus (across the age continuum)
- Innovated Care Practices
- Strategic Care Transitions (between levels of care)
- Meaningful Outcomes.

Ms. Tullys has continued utilizing the BHB as a resource and partner in the important work of the department, including having BHB representation at the most recent EQRO departmental review’s opening and closing sessions. We are confident that her leadership will create a stronger, more responsive and more accountable Department of Behavioral Health Services.

**Behavioral Health Board Meetings:**

We continued to utilize the format in which more in-depth presentations are made at committee meetings, where there is sufficient time for discussion, clarification and questions, with allowances made if there were a need for a presentation to be brought to the entire board. The two major all-BHB presentations included the Unit Based Teams (UBT) overview by René Santiago, Deputy County Executive/SCVHHS Director, and Prudence Slathaug of CEMA and a report on Housing and the Homeless by Jennifer Loving, Executive Director at Destination: Home.

Typically, committees brought recommendations for action (motions) forward to the full Board to consider. For the most part, this practice continues to be successful and has allowed for a wide variety of issues to be addressed at the committee level in sufficient depth. Those topics are more fully addressed in the following Committee Reports. The committees have all spent time learning about the work and partnerships of the former DADS.
Additionally, Ad Hoc committees have been appointed as requested, looking into additional challenges within our community: (1) provide faith-based training in understanding and supporting behavioral health needs of the minority communities, (2) continuing the Community Living Coalition (3) Voices United’s countywide coalition to keep our children safe from easy access to alcohol, marijuana and other drugs and (4) Community Plan to End Homelessness in Santa Clara County.

The Board has also continued its work with the Mental Health Services Act (MHSA), especially in light of the state audit report. This year, like last, each committee heard the overview of their component’s proposed MHSA budget, allowing for more in-depth discussion and questions. The entire plan was then presented to the BHB-System Planning and Fiscal Committee before the BHB conducted a Public Hearing and voted to recommend the BOS approve the department’s MHSA Three Year Plan proposal.

This year, the BHB recommended that the BOS:

- Endorse SB 22, the Mental Health Parity and Enforcement Act introduced by Senator Jim Beall;
- Endorse AB 2198, the Mental Health Suicide and Prevention Act (Mental Health Professionals: Suicide Prevention Training) introduced by Assemblyman Marc Levine;
- Disallow the use of Oleoresin Capsicum (Pepper Spray) in Juvenile Hall;
- Revise the County’s restrictive Food Policy.

We also passed a Resolution (see Appendix) honoring the accomplishments of California Senate President pro Tem Darrell S. Steinberg in recognition of his exceptional vision and leadership in improving mental health and substance abuse treatment for all Californians.

Our 4th Annual Behavioral Health Board’s Heroes Reception was held on April 22, 2015, with six hero recipients and over 250 attendees. President of the Board of Supervisors David Cortese welcomed the group and Supervisor Cindy Chavez was our keynote speaker. A success as always in celebrating the Heroes of our community, the event was changed from a luncheon to a late afternoon reception in order to accommodate more attendees and conserve the amount of time and planning required for a formal luncheon.

Our honored Heroes this year:

- Agency: Gabrielle Antolovich, Voices United
- Consumer: Adriana “Adri” Vega, South County Self Help
- Elected Official: The Honorable Stephen V. Manley, Santa Clara County Superior Court Judge
- Family Members: Mike and Lilly Henning, Volunteers with NAMI SCC
- Mover and Shaker: Jorge Wong, Ph.D., Asian Americans for Community Involvement
- Program: LGBTQ Youth Space, Family & Children Services of Silicon Valley

We had a Special Recognition for Paul S. Taylor, retiring President and CEO of Momentum for Mental Health.
And, we continued the tradition of honoring the CIT (Crisis Intervention Training) Officers of the Year: Sgt. Tyson Shearer, Santa Clara PD; PSO Jason Pistor, Sunnyvale Public Safety; Sgt. Jeff Reed, Mountain View PD; Agent Campbell Duncan, Campbell PD; Agent Martin Rivera, Campbell PD; Officer Maggie Leitz, Campbell PD; Agent DuJuan Green, Palo Alto PD; Officer Ben Lee, Palo Alto PD; Officer Brandon Richards, Morgan Hill PD; Officer David Perez, Los Gatos PD.

Changing the Heroes celebration from a luncheon to a reception also allowed part of our budget to be reallocated to having a much-needed BHB Retreat in May. With so many new members, a new department, new director and, this July, new BHB leadership, a retreat became essential in order for our BHB to continue moving forward in a cohesive fashion.

In closing, I’d like to acknowledge the exceptional knowledge, dedication and generosity of the BHB membership. It has been both an honor and privilege to serve as chair for the past two years.
Behavioral Health Board Subcommittee Reports:

System Planning & Fiscal Committee
Larry Blitz, Hilbert Morales, Co-Chairs
Gary Miles, Member

The System Planning and Fiscal Committee of the Santa Clara Behavioral Health Board (SP&FC) established three major goals for its committee work at the beginning of 2014:

1. Become involved with the continuum of care issues related to the care and existence of Behavioral Health (BH) citizen;
2. Assess the conditions of Emergency Psychiatric Services (EPS), make recommendations, and become involved with this discussion; and
3. Fulfill the committee’s traditional role evaluating the Department of Behavioral Health Services’ annual budget.

The Committee was very successful in meeting the 2014 goals as listed above. Co-Chair Blitz and other members of the BHB have created a community based coalition of consumers, providers, and allied organizations dedicated to improving conditions for all Behavioral Health recipients. Four meetings have been held with the support and leadership of the Silicon Valley Law Foundation. The goals of the taskforce is to assess the need for improved housing and support services for individuals challenged with behavioral health. This work concentrates not only with licensed Board and Cares, but with unlicensed homes as well as Sober Living Environments. It is understood by all that adequate housing and community support is essential in providing the right treatment at the right place at a reasonable cost. This Task Force, Community Living Coalition meets monthly.

While the Committee’s work with EPS began in the latter half of 2014, presentations have been made that provide vital information for Committee members. EPS is a nation wide issue that permeates the critical discussion of caring for all BH clients. The Committee has pledged to work with the DOBHS Director in order to improve these conditions. Discussion has centered on accumulating “best practice” models and exploring options to existing operations and problems.

This committee maintains the responsibility of reviewing the County’s BH budget. For the past four years, BH leadership has been asked to present their respective budgets to this committee. This review provides an immense amount of program and financial information. The Committee continues this very effective process and subsequently provides advocacy on behalf of the Department’s budget.

This year found the Committee inviting guest speakers to attend and present their services and concerns. Leaders of homeless projects, representatives from County Council’s office, and hospital representatives presented their program information for the Committee.
Adult System of Care Committee
Charles Pontious, David Speicher, Co-Chairs
Rev. Evelyn Vigil, Member

Topics of Concentration:

1. AB 109 / Realignment
2. Psychiatric Urgent Care
3. DADS/MHD merger as Department of Behavioral Health Services (DOBHS)

Presentations:

1. Overview, County Funding Department of Alcohol and Drug Services (DADS) by Cheryl Berman
2. Mental Health Urgent Care, Dinh Chu Interim Manager
3. Compassionate Behind Bars – SCC Jail System by Chris Engelstad

This was a year of two big changes for the Mental Health Department. First was the merger of DADS and the MHD to form one Department of Behavioral Health Services. The second was the retirement of the MHD director. As a result, the subcommittee also worked to understand how to include DADS in our meeting. DADS’ issues will be included in the first two topics, rather than a separate section.

AB 109 and Realignment

This has been a paradigm shift for the county and the penal system as it struggles to adapt to the social changes resulting from this broad initiative designed to relieve prison overcrowding. Most of the original focus was on practical matters related to adapting existing processes and putting new ones into place. This included issues such as the transfer of medical records, the assignment of parolees to outpatient treatment programs, and the need for affordable housing of those re-entering society.

While it is safe to say these problems are ongoing, their scope is now understood and are being addressed cooperatively by the various departments. There have been few complaints to the ASOCC of lack of cooperation, or lack of capacity.

It is clear from these re-entering that the State Prison system is ill suited to manage those inmates who have serious mental illnesses either in terms of proper medication or therapy. It appears to be a benefit to those who are transferred to local jails and paroled if they can then receive effective treatment to reduce recidivism. However, it is difficult to prove at this time.

Because of the broad public perception that the criminal justice system has become the repository for many of the mentally ill who might once have been hospitalized or in treatment, this area continues to be a subject of concern for this committee into the next year.

Two particular issues were discussed
• The practice of releasing prisoners just after midnight, for reasons of census and billing. For those at risk, the first 24 hours of freedom can be the difference between a life of rehabilitation or a life of continued crime and substance abuse.

• The need for drug and mental health treatment for those who are released by AB 109, leveraging the combined efforts of the MHD and DADS. Because of their merger into DOBHS, there is now better alignment of services. This is an area for continued improvement.

Psychiatric Urgent Care

This broad topic includes the Emergency Psychiatric Services (EPS), the Suicide Hotline, the Gateway Call Center, and the Mental Health Urgent Care Facility. For simplicity, we are also including the law enforcement CIT (crisis intervention training) in this category.

In general, the EPS has not complained of resource issues, but is should be noted they have also not provided any standard metrics for which we might measure their capacity. Space has been made on the ASOC agenda for this report for the entire year. In the past, this was attributed to changes in leadership. We will press for more accountability in the new BHB year to come. On a positive note, there were no complaints from the public regarding bad experiences at the EPS.

One notable success is the Mental Health Urgent Care Facility located across from the EPS and in front of BAP. We had a presentation by the acting manager of this department, which plays a very useful role by being an alternative to EPS. This follows the paradigm of urgent care in regular medicine being a more effective way to treat situations which are not yet critical.

We are fortunate to have these Facilities, but they are all located on one campus. Clearly the EPS benefits from having Mental Health Urgent Care steps away, but what about the citizens of the county who do not live near VMC? If this program continues to prove successful, we encourage the county to create other Mental Health Urgent Care Facilities. The Adult System of Care Services was working on a plan to create a mobile Mental Health Urgent Care unit by recycling an old bus. This has not worked out to date. Investigating options like this might provide a cost effective way to reach those who need help.

Another success has been the widespread adoption of Crisis Intervention Training across local law enforcement agencies. Almost all local law enforcement agencies have participated. It is difficult to measure the overall effectiveness of this program in saving lives, but we still feel it is crucial that those on the front line of public service understand the needs of those in mental health crisis and have tools to diffuse those situations. It has been suggested that this training be expanded at the academy level, and be required for any public servant who carries a gun in the line of work. At this time the County Sheriff’s Department has not yet adopted this training.

In Conclusion
This year there were sweeps of homeless encampments, leading to the ultimate closure of the encampment known as “the Jungle.” To their credit, members of the DOBHS worked closely as part of the county team onsite, to provide immediate assistance and housing recommendations to those who were displaced by the removal.

We have yet to implement standard reporting on performance metrics for the various departments. Staff changes played a part. Instead the focus was more on the system as a whole. We will continue to work towards developing a dashboard of objective facts and figures to measure the effectiveness of the various ASOC components in the coming year.

Older Adult Committee
Victor Ojakian, Chair
Susie Martin, Co-Chair
Wesley Mukoyama, Member

The Behavioral Health Board Older Adult Committee (OAC) meets on the second Monday of each month from 9:00 – 10:30 am at the Department of Behavioral Health Services' Learning Partnership Facility in San Jose. The main staff support is provided by Maria Fuentes, MSW, Older Adult Services Senior Manager, and Cheryl Berman, Ph.D., Adult Treatment Division Director, Santa Clara County Department of Behavioral Health Services (DOBHS).

The meetings are open to the public and are typically attended by about fifteen people, mostly from private behavioral health providers.

To date, eight OAC meeting were held during the fiscal year, 2014 – 2015. The OAC’s efforts continue to be focused on objectives and programs being considered by the DOBHS and the Behavioral Health Board (BHB). Additionally, this year, the OAC incorporated Department of Alcohol and Drug Services (DADS) information and involvement as par of the behavioral health integration.

Besides covering standard business, OAC meetings often discussed a particular topic of interest in depth, including the following:

- There was a review of proposals for the tentative three year Mental Health Service Act Plan (MHSA Plan) for older adult services.

- The April Meeting reviewed the document, Get Connected Linking Older Adults With Medication, Alcohol, and Mental Health Resources (by SAMHSA) http://store.samhsa.gov/product/Linking-Older-Adults-With-Medication-Alcohol-and-Mental-Health-Resources/SMA03-3824. Some initial data was provided on older adults receiving alcohol and drug services.

- The DOBHS Story Telling Program was reviewed with presentations by staff from Gardner Family Health Center and Asian Americans for Community Involvement, the two agencies that received funding to perform this service. The general feeling was this program was effective and successful.
• There was a truncated discussion about mental health and DADS integration and the continuum of care. The discussion was limited since an RFP process was underway.

• The Primary Care Behavioral Health (PCBH) program was reviewed. The key continuing steps are problem solving treatment training and making operational and tracking outcomes for Mild-to-Moderate services.

• A robust conversation has begun on how many older adults are being served, by what agencies, and how much is being spent to do this work. A draft report has been produced and hopefully will be shared after further review and refinement.

• It was learned that DADS and Mental Health do not have separate Older Adult Divisions. Often tracking of older adult data is hard to do. The OAC members have recommended an Older Adult Division be formed.

The Behavioral Health Department staff has noted 2014 goal accomplishments, including working with Golden Gateway, Connection Services (Adult Protective Services), the Nutrition Program Project (City of San Jose) and providing an internship program for masters’ level candidates working with older adults.

In 2015, DOBHS staff wants to look at programs to reduce the impact of compulsive hoarding. They want to create greater ties with the faith-based community. Extend the Connection Program (Adult Protective Services) to improve support and advocacy for older adults with children and grand children with behavioral health issues. The DOBHS is seeking better collaboration with VMC on older adults being released with complex health conditions. Expanding the nutrition and mental health education program at more senior centers is a goal, besides continuing the Story Telling Program previously mentioned.

There is still a significant interest by OAC members to fully implementing the Older Adult Summit held in June 2011. Newly reappointed Behavioral Health Board member, Wesley Mukoyama, has been vigilant and persistent in champion the implementation of the goals/actions that came out of this meeting. As mentioned in last year’s annual report, a number of recommendations resulted from this summit and they are tracked on an action list. Implementing the recommendations produced from this meeting is imperative and will be the focus of upcoming meetings.

The DOBHS staff and the OAC members concur that more needs to be done to overcome older adults being isolated and blocked from receiving behavioral health services.

This report highlights the 2014-2015 OAC work.
Family, Adolescents and Children’s Committee  
Gail Price and Bob Nuñez – Co-Chairs

The Family, Adolescents and Children’s Committee (FACC) meets bi-monthly, Chair duties are shared by Carla Holtzclaw and Gail Price until Bob Nuñez replaced Holtzclaw upon his appointment to this committee. In 2014-15 we covered a range of topics: School Linked Services/PEI, quality performance measures and alcohol/drug services, including prevention/education and treatment. 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.

While we recognize that the impact of behavioral health services are 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 to explore and address the extent of psychotropic medicines prescribed for Foster Children.

Having the Behavioral Health Board Chair Carla Holtzclaw, a former teacher and chef architect of the Healthy Starts model for the State of California, as co-chair has informed our discussion. 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 assumed duties as Co-Chairs since March 2015.

The first FACC meeting in July 2014 focused on success stories from a number of service providers in the County. Several organizations identified the challenge of finding housing for homeless families. Staff noted the development of a Pilot Project, in partnership with Community Solutions, related to Permanent Supportive Housing for 20 transition-age clients who are current or former foster youth. Mr. Ky Le is working with School Linked Services and Housing staff to improve this linkage.

Voices United, contracted with DADS, shared positive outcomes, including zoning and land use restrictions related to the location of marijuana dispensaries, was begun by working with youth leaders who reiterated the impact of dispensaries on youth by highlighting the ease of access. A parallel concern is the increasing potency and impacts of marijuana over the decades.

In September 2014, a presentation by EMQFF covered its continuum of services; EMQFF serves over 20,000 children, adolescents, and families each year. The program is composed of three elements: mobile crisis team, crisis stabilization unit (children under 18) and the community transition which incorporates safety planning, parent training/coaching, and linkages with ongoing mental health services. The population
served is primarily low-income and very ethnically diverse. The program is exemplary; it provides critical services. EMQFF staff noted that their successes are due to partnerships with the Department of Behavioral Health Services and School Districts with Prevention, Education, and Intervention programs.

Both coordination and support services at schools need to be redesigned to meet the identified needs of the student population and not simply offer a specific program regardless of an individual school’s needs assessment.

In January 2015, the FACC Committee asked providers to respond to key questions about the types of programs related to drug and alcohol prevention activities. FACC members raised many concerns about the types of services, the quality of said services and the lack of ongoing assessment/evaluation processes by DADS.

The March 2015 meeting focused on substance abuse treatment programs for youth available in the County. There is a concern about the accuracy and reliability of the data related to the prevalence of referrals for substance abuse at various schools and the types of services needed. There were two major concerns: the first, are there sufficient beds and sufficient duration for treatment; and two, there is no aftercare, especially post-release from county youth detention facilities, which means that youth simply relapse.

One long-serving provider stated that in the past there were, under the one-stop Healthy Start model, better coordinated and more comprehensive behavioral and social health services that resulted in better results for students. FACC has heard this observation from others.

Both providers and data reiterate the important of peer-to-peer support programs to address the complex relationship among the cycles of substance abuse, violence, and disconnection from families and communities.

During the year, FACC heard presentations about a wide range of topics (and programs and curriculum), provided by the County and community-based contractors. There are some outstanding programs but our general observations suggest there is a large disparity in program quality, scope of services, program evaluations, and program adjustments required to improve services and the numbers of individuals/families served. The quality and types of partnerships also vary.

For the remainder of the year, the FACC will be focusing on existing youth substance abuse (primary-secondary) in various communities, what approaches are used to address these conditions and trends and what services are needed.

**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.
1. Additional work is needed to improve the Mental Health and Drug and Alcohol Prevention/Education Services for our community, specifically in designing a comprehensive need assessment and including schools as partners in these assessments.

2. Both schools and providers have commented on the need for services that are specific to their students’ needs. The one-size fits all approach utilized by the county is not effective.

3. 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.

4. Some progress is being made regarding performance measures and program assessments, through draft integrated assessments DADS/MHD, but a more comprehensive and systematic approach is critical. Periodic staff updates suggest this is an on-going area of focus.

5. 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 DADS 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.

6. The PEI/School Linked Services Model needs to be revisited in order to create partnerships and improve services for youth and families. One successful model in our county and state is the Healthy Start/School Linked Services model.

BHB-Minority Advisory Committee
Wesley K. Mukoyama, Robert Gill, Co-Chairs
Sharon Susie Martin, Member

Topics of Concentration

- Mental Health and Alcohol and Drug Services Departments merged to Department of Behavioral Health Services (DOBHS).
- Lack of penetration of Minority and Older Adult populations
- Faith Based Re-Entry Collaborative
- Ethnic and Cultural Communities Advisory Committee ECCAC
- Primary Care Behavioral Health

Although in 2014, the Minority Advisory Committee (MAC) was focused on stabilizing the committee’s work, the Chair, Oswald Patricio E. Gutierrez resigned and Jen Hong did not stay to be reassigned to chair the committee. As a result, this Chair was assigned by the Chair of the Behavioral Health Board to Chair this Committee in October 2014.
During the past 5 months we have had presentations from ECCAC, Primary Care Behavioral Health, the Faith Based Re-Entry Collaborative, discussion on the ongoing merger between Departments of Mental Health and Alcohol and the Drug Services with Dr. Deane Wiley and Dr. Noel Panlilio and in April, Robert Dolci presented on MHSA Housing. Questions asked Dr. Wiley, e.g., Will MHSA Act funding include Drug and Alcohol? Dual Diagnosis is also a major challenge for Alcohol and Drug Services.

In February, Sharon “Susie” Martin joined the Minority Advisory Committee as a Board member.

In March, CIT made a presentation and this chair invited several leaders from the community. In April we will receive a report on housing for Behavioral Health clients, and our May presentation will bring in the Call Center.

In addition, we have formed an Ad Hoc Committee to outreach and train faith/spiritual leaders as well as introduce spirituality as a supplement to Behavioral Health treatment and recovery. One of the objectives is to further penetrate target populations of disparity, e.g. older adults and ethnic cultural as well LGBTQ communities. By partnering with the faith/spiritual community through MHSA Innovation funding we hope we can reach this goal. We have several partners committed to assist us in this outreach, ECCAC, NAMI and Faith Collaborative Partners.

We have a full agenda.
RESOLUTION

Honoring the accomplishments of California Senate President pro Tem Darrell S. Steinberg in recognition of his exceptional vision and leadership in improving mental health and substance abuse treatment for all Californians.

Whereas, Senator Steinberg is the leading advocate in the California Capitol for mental healthcare, calling it ‘the under-attended issue in our time and in our society.”

Whereas, Senator Steinberg authored Proposition 63, the Mental Health Services Act, creating a one billion-dollar system for dynamic mental healthcare in California, heralded as the “most transformative figure mental health has ever seen” and has provided services to approximately one million Californians each year.

Whereas, Senator Steinberg authored SB 946, requiring private health plans and insurance companies to provide coverage for behavioral health treatment for individuals with autism and pervasive developmental disorders.

Whereas, Senator Steinberg’s Investment in Mental Health Wellness Act of 2013 provided an additional 2,000 crisis stabilization and crisis residential treatment beds, 25 Mobile Crisis Support Teams and 600 triage personnel.

Whereas, Senator Steinberg’s leadership led to inclusion of mental health and substance abuse services as essential health benefits within the State’s implementation of the Affordable Care Act.

Whereas, Senator Steinberg championed a series of recommendations to improve public safety by enhancing mental health care within the state’s criminal justice system and reducing recidivism among mentally ill. The policy and budget proposals are guided by a new study conducted by Stanford Law School’s Three Strikes Project, which finds that three modest yet significant policy changes can help ameliorate the enormous human and fiscal cost of warehousing the mentally ill in California prisons.

Whereas, Senator Steinberg is the driving force behind a $10 billion federal investment plan with a dollar-for-dollar match for states prepared to build cost effective and lifesaving mental health systems.

Whereas, Senator Steinberg’s work has been central in making California a national leader in rebuilding mental health treatment systems.

Now, therefore, let it be resolved that the Santa Clara County Behavioral Health Board honors and salutes the accomplishments of Darrell S. Steinberg and recognizes his deeds throughout his years of service as President Pro Tem of the California State Senate.
# Recommendations to the Board of Supervisors

## Recommendations to the Department of Behavioral Health Services

**July 2014 – June 2015**

## CLOSED MOTION MATRIX

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<th>Motion Number</th>
<th>MHB Meeting Date</th>
<th>Motion</th>
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| 47            | 11/18/13        | **Motion: Ojakian; Second Gutierrez**; to approve an Integration Adhoc Committee  
- This group will focus on bylaws revision for the integration between the MHB and DADS into Behavioral Health Board.  
- This group includes the following members: Victor Ojakian, Carla Holtzclaw, David Speicher, Hilbert Morales, Eliza Koff-Ginsborg, and Bruce Copley.  | Ad-Hoc Committee is tasked with:
1. Review/Update the Bylaws  
2. Changes of Bylaws to reflect the MH Board becoming a Behavioral Board.  
12/13/13 1st meeting took place; 2nd meeting will reflect a presentation by County Counsel on MH Boards that have become Behavioral Boards and regulations clarity.  
12/13/13 – Held the first meeting.  
4/1/14 Bylaws are in second round of email with changes incorporated; to be reviewed by County Counsel.  
5/23/14 Draft Bylaws and County Ordinance being reviewed; the plan is to forward to MHB for final vote, then to Board of Supervisors for review and possible approval; the targeted effective date is October 2014.  
6/27/14 Bylaws Adhoc Committee’s work is complete; work is now by the MHB and County Counsel. See Motion #56.  
9/26/14 Recommend to close. | County Counsel, Adhoc Committee as listed/L. Ulloa | Closed 9/26/14 |
| 56            | 6/9/14          | Review of DRAFT By-Laws and Ordinance (Vote required)  
- The Executive Committee along with County Counsel Ling Y. Lew reviewed the Behavioral Health Board (BHB) Bylaws and the BHB Ordinance and made additional changes to both documents.  
7.1 Bylaws of the Behavioral Health Board of Santa Clara County | 6/9/14 Final changes approved; scheduled for 7/14/16 Second Reading – from there to Health and Hospital Committee and the linked documents will be forwarded to Board of Supervisors for their review and vote.  
8/26/14 Approved first reading by BOS  
9/9/14 Second Reading by BOS – Passed. | MHB County Counsel | Closed 9/26/14 |
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<td></td>
<td>6/9/14</td>
<td>57</td>
<td>California Mental Health Planning Council Data Notebook 2014</td>
<td>On agenda for discussion and work at 6/27/14 MHB Executive Committee Meeting. 7/25/14 – Discussed at MHB-Executive Committee meeting. 9/26/14 – Recommend item close</td>
<td>Working Group-MHB Executive Committee</td>
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<td>6/9/14</td>
<td>58</td>
<td>Measurable Performance Objectives</td>
<td>7/31/14 – Letter and Notebook 2014 sent to California Mental Health Planning Council by Carla Holtzclaw on behalf of the MHB. Items sent to full MHB membership mid-August. 9/26/14 – Recommend item close</td>
<td>C. Holtzclaw</td>
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<td>6/9/14</td>
<td>59</td>
<td>Motion: Ojakian, Second: Price; to redirect the AB 2198 letter to the Health and Hospital Committee addressed to the Chair, Supervisor Yeager. Vote: Passed unanimously. Update on Data Notebook 2014: Discussion outcome; in order to provide any meaningful responses, there needs to be measurable goals and objectives in place.</td>
<td>8/5/14 – Letter sent by Chair Holtzclaw on behalf of the MHB to Supervisor Ken Yeager. 9/26/14 – Recommend item close</td>
<td>C. Holtzclaw /MHB</td>
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<td>60</td>
<td>6/9/14</td>
<td><strong>Motion:</strong> Vigil, <strong>Second:</strong> Morales; to write a letter to Supervisor Yeager supporting that lunches and snacks be reinstated for volunteers in the Santa Clara County Suicide Crisis Centers. <strong>Vote:</strong> Passed unanimously.</td>
<td>8/5/14 – Letter sent by Chair Holtzclaw on behalf of the MHB to Supervisor Ken Yeager. 9/26/14 – Recommend item close</td>
<td>C. Holtzclaw</td>
<td>Closed 9/26/14</td>
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<td>61</td>
<td>6/9/14</td>
<td><strong>Motion:</strong> Morales; <strong>Second:</strong> Ojakian; to advise the BOS to consider the appointment of Wesley Mukoyama to the Mental Health Board. <strong>Vote:</strong> Passed unanimously.</td>
<td>Communication sent to District 4; due to policy, an appointment will be made in August. 8/26/14 – appointed to the MH Board 9/26/14 – Recommend item close</td>
<td>C. Holtzclaw</td>
<td>Closed 9/26/14</td>
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<td>62</td>
<td>7/14/14</td>
<td><strong>Motion:</strong> Ojakian, <strong>Second:</strong> Morales; for the SCC Mental Health Board to approve a resolution honoring Senate President pro Tem Darrell Steinberg for the many years of his services. <strong>Vote:</strong> Passed unanimously.</td>
<td>9/8/14 Resolution presented to the MHB for discussion. 9/15/14 Received Copy of Letter sent from County Exec. Jeff Smith to Governor Brown. 9/26/14 – Recommend item close</td>
<td>MHB</td>
<td>Closed 9/26/14</td>
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| 65            | 7/14/14          | Elections **Vote of Officers**  
Carla Holtzclaw for Chair  
Larry Blitz for 1st Vice Chair  
Gail Price for 2nd Vice Chair  
Vote – passed unanimously | Officers will serve from July 2014 to July 2015's next election in the capacity as listed.  
1. Carla Holtzclaw for Chair  
2. Larry Blitz for 1st Vice Chair  
3. Gail Price for 2nd Vice Chair | MHB         | Closed 9/26/14  |
<p>| 66            | 7/14/14          | <strong>Motion:</strong> Morales, <strong>Second:</strong> Speicher, for the Mental Health Board to Advise the SCC Board of Supervisors to consider the appointment of Cindy McCalmont to the Mental Health Board. <strong>Vote:</strong> Passed unanimously. | After reviewing the application further, applicant is employed by an agency contracted with MH Department, making it a conflict of interest, which disqualifies an applicant from being appointed. 9/26/14 – Recommend item close | MHB Ulloa   | Closed 9/26/14  |
| 67            | 9/8/14           | <strong>Motion:</strong> Morales, <strong>Second:</strong> Speicher; to approve the MHSA Three-Year Plan and make a recommendation for the BOS for approval. <strong>Vote:</strong> Yes 10, No 0, Abstention 1-Price. | Motion was submitted along with the MHSA Three-Year Plan to BOS. BOS approved. 12/5/14 Recommend item close. | MHB         | CLOSED 12/5/14  |</p>
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<td>73</td>
<td>1/12/15</td>
<td>Motion: Ojakian Second: Morales; Given that the use of Oleoresin Capsicum (pepper spray) is (1) detrimental to youth with mental health conditions, (2) there are no guarantees that Oleoresin Capsicum will not be used on incarcerated youth with mental health conditions and (3) the mental health screening process at Juvenile Hall is not fail-safe, the SCC Behavioral Health Board strongly recommends that Oleoresin Capsicum not be approved for use in Juvenile Hall.</td>
<td>1/12/15 Letter sent to the five BOS via email and Pony mail. 1/23/15 Recommend this item close.</td>
<td>BHB</td>
<td>CLOSED 1/23/15</td>
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<td>74</td>
<td>1/12/15</td>
<td>To Forward two applicant names for consideration for possible appointment to BHB by EOS (Joel Wolfbert and Janelle Bull).</td>
<td>1/14/15 Ms. Ulloa sent email on behalf of the BHB to COB and CC Districts two and five where vacancies exist; asking the applicants be considered for possible appointment to BHB.</td>
<td>BHB/Ulloa</td>
<td>CLOSED 1/23/15</td>
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<td>75</td>
<td>2/9/15</td>
<td>Motion: Mr. Mukoyama, Second: Ms. Price, for the Executive Committee to approve the Older Adult motion to encourage the consideration to have an Older Adult Division that will allow input from two entities (DADS and MHD). Vote: Yes-6 No-0, Abstention-1 by Mr. Morales.</td>
<td>2/9/15 Motion was taken to the full BHB; the Board asked Director Tullys if she had reviewed the Integration Report, she has. The Board encouraged that this motion be considered. 2/27/15 Recommend Motion Closes.</td>
<td>Toni Tullys</td>
<td>CLOSED 2/27/15</td>
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<td>76</td>
<td>2/9/15</td>
<td>Motion: Ojakian, Second: Gill; that the BHB forward both applicant names to the Board of Supervisors (BOS) with the recommendation that they be considered for appointment to the Behavioral Health Board. Discussion followed. Mr. Ojakian commented on applicants' background. One is a clinician who has own practice and is semi-retired and the other a former Board member who satisfies an ethic group and a consumer representation; she would be considered for appointment with a stipulation - contingent that applicant attends BHB meetings. The two applicant names will be</td>
<td>Chair to generate letter – Ms. Ulloa to forward letter with an email. Letters generated by Chair, letters forwarded to Board of Supervisors via email and Pony mail. 2/27/15 Recommend Motion Closes.</td>
<td>Holtzclaw</td>
<td>CLOSED 2/27/15</td>
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<td>forwarded to the Board of Supervisors for consideration.</td>
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<td>77</td>
<td>2/9/15</td>
<td><strong>Motion</strong>: Mr. Ojakian, <strong>Second</strong>: Mr. Gill; that the BIID forward both applicant names (Diane Daus Tylor and Laura Barreras) to the Board of Supervisors (BOS) with the recommendation that they be considered for appointment to the Behavioral Health Board. <strong>Vote</strong>: Passed unanimously. The two applicant names will be forwarded to the Board of Supervisors for consideration.</td>
<td>2/17/15 Chair wrote letter to BOS with the request to consider both applicants when appointing to the BHB. 2/18/15 Email to District 5 and District 2 staff providing motion and copy of letter; the two districts have openings.</td>
<td>BHB</td>
<td>CLOSED 3/27/15</td>
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<td>78</td>
<td>2/9/15</td>
<td><strong>In Consent Calendar</strong>: For the Behavioral Health Board to encourage the Dept. of Behavioral Health Services to consider having an Older Adult Division that will allow input from two entities (DADS and MHD). <strong>Motion</strong>: Mr. Ojakian, <strong>Second</strong>: Mr. Speicher; to approve the consent calendar. <strong>Vote</strong>: Passed unanimously.</td>
<td>3/27/15 Request for motion to close.</td>
<td>DOBHS</td>
<td>CLOSED 3/27/15</td>
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# OPEN MOTION MATRIX

Santa Clara County Behavioral Health Board OPEN Motions

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<tr>
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| 38            | 6/10/13         | 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). | **List of questions:**
1. Mr. Mukoyama asked why are the numbers 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?
9. Mr. Mukoyama asked why are the numbers decreasing if the older adult population is increasing?
10. What % of funds goes to older adults for mental health (including contract agencies)?
11. What % of staff is devoted to older adults?
12. What is the overall number of older adults in SCC, with breakdowns (North/South County)? Where are the older adults located?
13. Clarification was made by Ms. Sweet that any data information questions have to come from Maria Fuentes to Hung Nguyen.
14. 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.
15. 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?
16. Can both the medical and mental health be shown to compare?
17. Mr. Mukoyama commented, in regards to the overall budget, how much funding is given to older adults with mental health conditions in the budget?
18. The non-medical vs. all payers where is Medicare/Medi-Cal in the chart? | Deane Wiley / Maria Fuentes | OPEN |
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|               |                  | ask Jean McCorquodale to write a bigger picture on the SCC older adult population. | (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? 19. For 60+, you would need a breakdown for the 60-65 year old age group, a Medicare breakdown for consumers over 65. Where does Medicare fall in these categories (age and ethnicity)? 20. How often are Medi-Cal and Medicare billed? 21. Is Medicare included in these statistics? If they are, then why are the numbers not higher? 22. Under each of these categories, what is it the older adult percentage/representation? 23. Is Medicare included in the Non Medi-Cal? Is it because older adults are in other networks? 24. 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? 25. Why (outreach, funding, location, services) are the numbers so low? 26. 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? 27. FY12 Consumers by age group (slide 2 on page 2) Is this Mental Health consumers? Are these people that have served by the MHD in FY12? 28. 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? 29. If population increased by 25% in 2009, why is the number serviced going down? 30. Can you provide a correlation between socioeconomic status and mental health diagnosis? 31. Last slide is breakdown by language served by mental health? What is the relationship between mental health conditions, language, and ethnicity? 32. Mr. Mukoyama commented on Supervisor Cortese's outreach to Older adults from Vietnamese descent; the needs assessment done proved a 21% increase in participation to obtain mental health services. 33. 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? 34. What percentage of the data is strictly related to adults and older adults separately? 35. 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. 36. Can agencies come to decision support for information? What systems does decision support pull their data from? |         | 9/9/13 – Handouts provided; materials not covered. Meeting participants asked to
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<td>63</td>
<td>7/14/14</td>
<td><strong>Motion:</strong> Pontious, Second: Blitz, for the Mental Health Department take a look at MoodGYM online program that comes highly rated and see if it is a viable link to be added to the MHD website. <strong>Vote:</strong> Passed unanimously.</td>
<td>MHD</td>
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<td>79</td>
<td>3/9/15</td>
<td><strong>Motion:</strong> For the Behavioral Health Board to approve the following nominations for Hero Awards: a) Agency – Gabrielle Antolovich, Voices United b) Consumer – Adriana “Adri” Vega, South County Self Help c) Elected Official, Honorable Stephen V. Manley, Santa Clara County Superior Court Judge d) Family Member – Mike and Lilly Henning</td>
<td>BHB / DOBHS</td>
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<td>e) Mover and Shaker – Jorge Wong, Ph.D., Asian Americans for Community Involvement</td>
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<td>f) Program – LGBTQ Youth Space, Family &amp; Children Services of Silicon Valley</td>
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<td>Vote: passed unanimously.</td>
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