County of Santa Clara
Behavioral Health Board

**DATE:** February 10, 2020, Regular Meeting
**TIME:** 12:00 PM
**PLACE:** Downtown Mental Health Center Rm#3
1075 E. Santa Clara Street, 2nd Floor – Training Room 3
San Jose, CA 95116

**AGENDA**

In compliance with the Americans with Disabilities Act and the Brown Act, those requiring accommodations in this meeting should notify the Clerk of the Behavioral Health Board no less than 24 hours prior to the meeting at (408)885-5782, or TDD (408) 993-8272.

Please note: To contact the Commission and/or to inspect any disclosable public records related to an open session item on a regular meeting agenda and distributed by the County to all or a majority of the Board of Supervisors (or any other commission, or board or committee) less than 72 hours prior to that meeting, visit our website at [http://www.sccgov.org](http://www.sccgov.org) or contact the Clerk at (408)885-5782 or 828 South Bascom Avenue, Suite 200, San Jose, CA 95128, during normal business hours.

Persons wishing to address the Commission on a regularly scheduled item on the agenda are requested to complete a request to speak form and give it to the Deputy Clerk. (Government Code Section 54953.3.) Individual speakers will be called by the Chairperson and are requested to limit their comments to two minutes. Groups of speakers on a specific item are asked to limit their total presentation to a maximum of twenty minutes for each side of the issue.

COMMUTE ALTERNATIVES: The Board of Supervisors encourages the use of commute alternatives including public transit, bicycles, carpooling, and hybrid vehicles.

For public transit trip planning information, contact the VTA Customer Service Department at (408) 321-2300 Monday through Friday between the hours of 6:00 a.m. to 7:00 p.m., and on Saturday from 7:30 a.m. to 4:00 p.m. Schedule information is also available on the web at [www.vta.org](http://www.vta.org).

Bicycle parking racks are available in the James McEntee, Sr., Plaza in front of the County Government Center building. If this Board or Commission does not meet in the County Government Center, please contact VTA for related routes.

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**Opening**

1. Call to Order/Roll Call.
2. Welcome/Introductions.
3. Approve Agenda of February 10, 2020, Behavioral Health Board Meeting and Minutes of the January 13, 2020, Behavioral Health Board Meeting
4. Public Comment.

The public may comment on any item of public interest within the jurisdiction of the Behavioral Health Board. In the interest of time and equal opportunity, speakers are requested to observe a 3-minute maximum time limit (subject to change at the Chair's direction). In accordance with the Brown Act, if a member of the public addresses an item, not on the posted agenda, no response, discussion, or action on the item may occur. Time will be provided for Public Comment on the posted Agenda as they occur during the meeting. Request to Speak Form is available on the table by the entrance. Please turn in to the Behavioral Health Board Liaison.

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**Announcements**

- The nomination period for the 9th Annual Behavioral Health Community Heroes Awards has been extended to February 29, 2020.
- Save the Date: the 9th Annual Behavioral Health Community Heroes Awards will take place on Wednesday, May 6, 2020, at Three Flames Restaurant.
Public Hearing of the Combined Draft FY20 MHSA Annual Plan Update and FY21-23 MHSA Programs and Expenditure Plan will be on April 13, 2019 - 1045-11:45 am. Lunch will be provided.

Effective January 14, 2020, County of Santa Clara District 2 Supervisor Cindy Chavez has been unanimously approved as the 2020 delegate to the Behavioral Health Board.

Please check your personal information for reminders to complete Form 700 (due by April 1, 2020); Ethics and Sexual Harassment Trainings (every other year).

### Regular Agenda - Items for Discussion

5. Receive Reports
   a. Receive report from the Office of Supervisor Cindy Chavez - Paul Murphy, Board Aide,
   b. Receive report from the Behavioral Health Services Department Director - Toni Tullys,
   d. Receive report from the Behavioral Health Board Chair - June Klein
      - Request a motion to create an ad hoc committee to work on the 2020 annual report and work plan; report to the Regular BHB.
      - Finalize details on the two panel discussions - Homelessness / Board and Care

6. Presentation/Discussion - Time Certain 12:30 pm
   ▪ Chief Operating Officer, Curtis Ohashi, PhD, Santa Clara Valley Medical Center, Behavioral Health Services, Client, Family, Community Feedback on the proposed Behavioral Health Services Facility

### Approve Consent Calendar

7. Review and Open Motions
   ▪ Approve Consent Calendar - Close Motions 212, 214, 216

### BHB Sub-Committee Reports

8. Receive Behavioral Health Board Committee Reports:
   a. Adult System of Care Committee.
   b. Cultural Competence Advisory Committee.
   c. Family, Adolescents and Children's Committee.
   d. Older Adult Committee.
   e. System Planning and Fiscal Committee.

9. Receive Behavioral Health Board Ad Hoc Committee Reports:
   a. CALBHB/C Representative (Vigil/Miles)
   b. Community Heroes Planning Committee.
   c. HHC Representative (Jurgensen)
   d. MHSA-SLC (Miles, Pontious, Klein)
   e. Recruitment Committee (Mukoyama, Wolfberg and Crocker Cook)
   f. Reentry Network (Crocker Cook/Mukoyama)
   g. Restructuring Committee
   h. Annual Report /Workplan 2020
**Future Presentations**

a. April 13, 2019 - Public Hearing of the Combined Draft FY20 MHSA Annual Plan Update and FY21-23 MHSA Programs and Expenditure Plan

b. May 11, 2020 NAMI Faith Net Grant Update for the Behavioral Health Board - Cindy McClamont

c. Panel Discussions
   ▪ Homelessness in Santa Clara County
   ▪ Board and Care Crisis in Santa Clara County

d. Call Center Update - Bruce Copley, Director, Alcohol Drug Access Services, BHSD - TBD

**Adjourn**

10. The next Regular BHB meeting will be Monday, March 9, 2020, at 12:00 pm at 1075 East Santa Clara Street, San Jose, CA 95112.
DATE: January 13, 2020, Regular Meeting
TIME: 12:00 PM
PLACE: Downtown Mental Health Center Rm#3
1075 E. Santa Clara Street, 2nd Floor – Training Room 3
San Jose, CA 95116

MINUTES

Opening

1. Call to Order/Roll Call. Chair Klein called the meeting to order at 12:06 pm. A quorum was established.

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<th>Attendee Name</th>
<th>Title</th>
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<tr>
<td>Klein, June</td>
<td>Chair</td>
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<td>Miles, Gary</td>
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<td>Pontious, Charles</td>
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<td>Crocker Cook, Mary E</td>
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<td>Wolfberg, Joel</td>
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2. Welcome/Introductions.

3. Approve Agenda of January 13, 2020, Behavioral Health Board Meeting and Minutes of the November 18, 2019, Behavioral Health Board Meeting
   ▪ RESULT: ITEMS APPROVED [UNANIMOUS]
     MOVER: Gill SECONDER: Fitzgerald

4. Public Comment
   Four members of the public addressed the BHB about their concerns around peer support and homelessness.

Announcements

5. Judge Stephen V. Manley, Mental Health Treatment Court Santa Clara County, California, has accepted our invitation to speak at the May 6, 2020, Behavioral Health Community Heroes Awards at Three Flames Restaurant in San Jose.
6. Save the Date: the 9th Annual Behavioral Health Community Heroes Awards will take place on Wednesday, May 6, 2020, at Three Flames Restaurant in San Jose. Community Heroes Award nominations are accepted through Friday, February 29, 2020. The link to the nomination form is available here.

- RESULT: ITEMS APPROVED [UNANIMOUS]
  MOVER: Jurgenson SECONDER: Wolfberg

### Regular Agenda - Items for Discussion

7. Receive Reports
   a. Receive report from Victor Perez, Board Aide from Supervisor Cindy Chavez’s office. You are invited to the 2020 State Of the County by Supervisor Chavez, on January 29, 2020, 5:30-6:30 pm at 70 W. Hedding St, San Jose, Ca. 95110.
   b. Receive a report from the Behavioral Health Services Department (BHSD) - Toni Tullys, Director
      - Director Tullys assured meeting attendees that homelessness and peer support are priorities for both the County and BHSD.
      - The annual three day External Quality Review Organization (EQRO) will be January 14-16, 2020.
      - BHCA Members participated in the County Health and Hospital System’s CalAIM workgroups. Letters were sent to the State in December.
      - The provider State Association is holding an all-day Webinar regarding CalAIM and changes to MediCal.
      - BHCA members are participating in the EQRO site visit this week.
      - Providers continue to work with the Department on improving timely access.
   d. Receive a report from the Behavioral Health Board Chair
      - BHB Restructuring Ad Hoc Committee Meeting Update/Timeline
      - The BHB reviewed the report and approved recommendations for restructuring BHB subcommittees with changes.
      - RESULT: ITEMS APPROVED WITH CHANGES AND ONE ABSTENTION BY MUKOYAMA.
      MOVER: Gill SECONDER: Crocker Cook

8. Presentation/ Discussion
   b. The BHB Executive Committee will begin work on the BHB Annual Work Plan and Annual Report (BHB Bylaws Section V C) at the Executive Committee Meeting on January 24, 2020.
   c. Review and Approve the 2019 Santa County Data Notebook
      - RESULT: ITEMS APPROVED [UNANIMOUS]
      MOVER: Gill SECONDER: Crocker Cook
   d. Discuss Future Presentations.
      - The BHB agreed to hold several panel discussions this year. Details will be forthcoming.
      - Homelessness in Santa Clara County
      - Board and Care Crisis
Approve Consent Calendar

9. Review and Open Motions
   a. Review and Accept Motions # 208, 212 and 213 from CCAC 11/25/19
   b. Close Motion # 208, 209, 210 and 211
      RESULT: ITEMS APPROVED [UNANIMOUS]
      MOVER: Klein SECONDER: Crocker Cook

BHB Sub-Committee Reports

10. Receive Behavioral Health Board Committee Reports:
    a. Adult System of Care Committee.
    b. Cultural Competence Advisory Committee.
    c. Family, Adolescents and Children's Committee.
    d. Older Adult Committee.
    e. System Planning and Fiscal Committee.

11. Receive Behavioral Health Board Ad Hoc Committee Reports:
    a. CALBHB/C Representative (Vigil/Miles)
    b. Community Heroes Planning Committee - Update from 11/25/19 (refer to item 7d)
    c. HHC Representative (Jurgensen)
    d. MHSA-SLC (Miles, Pontious, Klein)
    e. Recruitment Committee (Mukoyama, Wolfberg and Crocker Cook)
    f. Reentry Network (Crocker Cook/Mukoyama)

Future Presentations

12. April 13, 2020 - Public Hearing of the Combined Draft FY20 MHSA Annual Plan Update and FY21-23 MHSA Programs and Expenditure Plan - Tentative
13. May 11, 2020 - NAMI FaithNet Grant Update for the Behavioral Health Board- Cindy McClamont
14. Call Center Update - Bruce Copley, Director, Alcohol Drug Access Services, BHSD - TBD

Adjourn

15. The next Regular BHB meeting convenes on Monday, February 10, 2020, at 12:00 pm at 1075 East Santa Clara Street, San Jose, CA 95112.
CLARA COUNTY BEHAVIORAL HEALTH BOARD PUBLIC MEETING
Behavioral Health Board, Monday, January 13, 2020, (12:00 pm-2:00 pm)

Downtown Mental Health Center
1075 E. Santa Clara Street, 2nd FL - TR Room 3; San José, CA 95116

Sign-In Sheet

Print Name (attendees list Optional)       Organization/Program

1. Klein, June, Chair       Behavioral Health Board Member
2. Miles, Gary, 1st Vice-Chair  Behavioral Health Board Member
3. Pontious, Charles 2nd Vice-Chair  Behavioral Health Board Member
4. Crocker Cook, Mary E.  Behavioral Health Board Member
5. Fitzgerald, Patrick  Behavioral Health Board Member
6. Gill, Robert (Bob)  Behavioral Health Board Member
7. Ha, Brandon  Behavioral Health Board Member
8. Jurgensen, Thomas  Behavioral Health Board Member
9. Mukoyama, Wesley  Behavioral Health Board Member
10. Pinsky, Sigrid  Behavioral Health Board Member
11. Tran, David  Behavioral Health Board Member
12. Vigil, Evelyn – Rev.  Behavioral Health Board Member
13. Wolfberg, Joel  Behavioral Health Board Member
15. Chavez, Cindy Supervisor / Marjanovic, Maja  Office of the Board of Supervisors
16. Tullys, Toni MPA – Director  Behavioral Health Services Dept.
17. Lorraine Zeller  ACCESS
18. Terri Cheng
19. KATHRYN DATAN
20. Vivianhe Verdi
21. Irene Yamane
22. Elisa Koff-Flinsboy
23. Jennifer Jones

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Please save the date for the Behavioral Health Community Heroes Awards where we will recognize programs and individuals who have made an extraordinary difference in the lives of people with behavioral health challenges. The nomination period is now open and will close on January 31, 2020.

Please submit nominations here: https://www.surveymonkey.com/r/bhbheroes

For additional information or help with completing the nomination form, please contact:
Jessie Ferguson
408.885.3642
jessie.ferguson@hhs.sccgov.org

MAY 6, 2020
11AM - 3PM
THREE FLAMES RESTAURANT
1547 MERIDIAN AVE, SAN JOSE
What is the impact of the mental health programs, services and facilities in our communities?

Why do we ask?

It is alarming to hear statewide leadership speak about an “MHSA Refresh” when we do not have the information to understand the performance of the current MHSA offerings.*

CALBHB/C is therefore working in two areas to increase access to performance outcome information to better inform local advisory boards and commissions, and state leadership.


2. Performance Outcome Information on our website: This includes a compilation of Medi-Cal, MHSA* and SAMHSA performance outcome data related to:

   - Criminal Justice
   - ER Visits
   - Employment
   - Homelessness
   - Hospitalizations
   - Student Performance

   See: www.calbhbc.org/performance

* For Mental Health Services Act (MHSA) programs, each of the 59 local mental/behavioral health agencies are collecting and reporting on different performance outcome data.

An ounce of performance is worth pounds of promises.” Mae West

TELECONFERENCES

Suicide Prevention
Criminal Justice
January 31, 11:30 am
Older Adults
Friday, February 21, 11:30 am

REGIONAL MEETINGS/TRAINING

Oakland: April 18, 2020
Riverside: June 20, 2020
Fresno: Fall, 2020

Registration at:
www.calbhbc.org

ISSUE BRIEFS

www.calbhbc.org

Board & Care (ARF)
Criminal Justice
Disaster Preparation/Recovery
Employment
Older Adults

Additional Topics:
www.calbhbc.org/newsissues

RESOURCES

www.calbhbc.org/resources

- Handbook (Best Practices)
- On-Line Training
- Training PowerPoints
... and more!
1) Duties of Boards & Commissions (5604.2)

The local mental health board shall:

1. Review and evaluate the community’s public mental health needs, services, facilities, and special problems in any facility within the county or jurisdiction where mental health evaluations or services are being provided, including, but not limited to, schools, emergency departments, and psychiatric facilities.

2. Review any county agreements entered into pursuant to Section 5650. The local mental health board may make recommendations to the governing body regarding concerns identified within these agreements.

3. Advise the governing body and the local mental health director as to any aspect of the local mental health program. Local mental health boards may request assistance from the local patients’ rights advocates when reviewing and advising on mental health evaluations or services provided in public facilities with limited access.

4. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process. Involvement shall include individuals with lived experience of mental illness and their families, community members, advocacy organizations, and mental health professionals. It shall also include other professionals that interact with individuals living with mental illnesses on a daily basis, such as education, emergency services, employment, health care, housing, law enforcement, local business owners, social services, seniors, transportation, and veterans.

5. Submit an annual report to the governing body on the needs and performance of the county’s mental health system.

6. Review and make recommendations on applicants for the appointment of a local director of MH services. The board shall be included in the selection process prior to the vote of the governing body.

7. Review and comment on the county’s performance outcome data and communicate its findings to the California Behavioral Health Planning Council.

8. This part does not limit the ability of the governing body to transfer additional duties or authority to a mental health board.

(b) The board shall assess the impact of the realignment of services from the state to the county, on services delivered to clients & on the local community.

2) Duties of Boards & Commissions (5848)

MHSA Duties from Code Section 5848:

(b) The mental health board established pursuant to Section 5604 shall conduct a public hearing on the draft three-year program and expenditure plan and annual updates at the close of the 30-day comment period required by subdivision (a). Each adopted three-year program and expenditure plan and update shall include any substantive written recommendations for revisions. The adopted three-year program and expenditure plan or update shall summarize and analyze the recommended revisions.

The mental health board shall review the adopted plan or update and make recommendations to the local mental health agency or local behavioral health agency, as applicable, for revisions. The local mental health agency or local behavioral health agency, as applicable, shall provide an annual report of written explanations to the local governing body and the State Department of Health Care Services for any substantive [see (f) below] recommendations made by the local mental health board that are not included in the final plan or update.

(f) For purposes of this section “Substantive recommendations made by the local mental health board” means any recommendation that is brought before the board and approved by a majority vote of the membership present at a public hearing of the local mental health board that has established its quorum.

Mental Health Services Act (MHSA) Summary

The MHSA of 2004, passed by the voters as “Proposition 63”, increased overall State funding for the community mental health system by imposing a 1% income tax on CA residents with more than $1 million per year in income. The stated intention of the proposition was to “transform” local mental health service delivery systems from a “fail first” model to one promoting intervention, treatment and recovery from mental illness. A key strategy in the act was the prioritization of prevention and early intervention services to reduce the long-term adverse impacts of untreated, serious mental illness on individuals, families, state and local budgets. More:

www.calbhbc.com/mhsa-plans-updates
www.calbhbc.org/training

Recent CA WIC changes are noted in bold. More at: www.calbhbc.org/legislation-mhb-wic.html
ADULT RESIDENTIAL FACILITIES (ARFs) — The critical need for “Board and Care” facilities.

Adult Residential Facilities (ARFs) are a critical component of California’s housing continuum. Lack of ARFs (and RCFEs) impacts individuals, families and local communities. The social and financial cost is high as adults with severe mental illness enter revolving doors between crisis facilities, psychiatric facilities, emergency rooms, homelessness and incarceration. Local budgets are impacted due to crisis management, expensive placements and incarcerations when the appropriate placement would be an ARF with service offerings for adults with severe mental illness.

What is an ARF?

Names and acronyms include:
- ARF: Adult Residential Facilities
- RCFE: Residential Care Facility for the Elderly
- Board & Care (often called “Enhanced” or “Augmented” Board & Care)
- Assisted Living

ARFs are licensed to provide care and services sufficient to support needs resulting from an inability to perform Activities of Daily Living or Severe Cognitive Impairment. ARFs provide services that allow people to maintain independence and receive individualized care in a home-like environment, to include:

1. 24 Hour Care
2. Trained Staff
3. Three meals/day (must accommodate special dietary needs)
4. Access to a physician/nurse in case of emergency
5. Assistance with managing medications

Three Key Challenges

1. Financial: ARFs cannot survive on a small scale without substantial subsidies. On a larger scale (45+ beds), a supplemental rate (known as ‘patches’) from counties ranging from $64/day to $125/day is required for fiscal stability.¹
2. Staffing: Providing and retaining a professional, trained and experienced staff requires proper management, appropriate salaries and ongoing training.
3. “Not In My Backyard” (NIMBY) opposition from communities for new construction or attempts to rezone a property for ARF (required for more than 6 beds).

Costly Consequences

- Psychiatric hospitals/facilities range from $350 - $775/day.
- Prison costs appr. $222/day²
- County jail costs appr. $155+ per day (Alameda County, 2014)³
- Transitional Programs cost appr. $150/day per resident.

CALBHBC supports the work of California’s 59 local mental/behavioral health boards and commissions by providing resources, communication and statewide advocacy.
A Call for Immediate and Long-Term Solutions

It is in the best interest of adults with mental illness, and in the best financial interest of the State of California to increase access to appropriate community-based, long-term residential options that include the necessary supports to address mental illness and other co-occurring physical health conditions. ARFs (and RCFEs) are a critical component of this housing continuum. Solutions must be both immediate and long-term:

1) Immediate—Funding to prevent closures and increase offerings
2) Long-Term—Address key challenges:
   - Financial: Changes to current licensing structure to accommodate a tiered level of care system
   - Staff Support: Technical assistance, training and support for staff and owners to: a) Successfully work with this complex population; b) Maintain fiscal stability; c) Sustain licensing.
   - NIMBY: Advocacy toolkit to increase understanding of mental illness and the effective use of ARFs/RCFEs in order to overcome NIMBY (Not in My Backyard) opposition.

END NOTES:

1. RCFs that provide residential care to adults with mental illness survive at a larger scale (45+ beds), with “patches” provided by counties. Psynergy Programs, Inc. and Davis Guest Home offer examples of companies that operate RCFs with a financial model that works due to “patches” paid by counties (added to resident’s SSI). Even with the additional revenue, this financial model requires a minimum of 45 residents. These are considered “Enhanced” or “Augmented Board & Cares” as they provide needed supports to the residents, including team leaders, activities, dietary staff, access to a psychiatrist and more. Psynergy additionally provides: Medication Support, Mental Health Services, Crisis Intervention, Case Management and Collateral (all Medi-Cal billable.)

2. CA Legislative Analyst’s Office: http://www.lao.ca.gov/PolicyAreas/CJ/6_cj_inmatecost

3. The Price of Jails: Measuring the Taxpayer Cost of Local Incarceration (Page 26, Vera Institute of Justice.)

4. Rates found on-line from 2016-17 San Luis Obispo County Contracts with Psynergy Programs, Inc (page 9) and Davis Guest Home (page 6).

CALBHBC supports the work of California’s 59 local mental/behavioral health boards and commissions by providing resources, communication and statewide advocacy. www.calbhbc.org
SCVMC BEHAVIORAL HEALTH SERVICES CENTER
PROJECT OVERVIEW
AGENDA

• Introductions
• Project Overview - CEO Perspective
• Project Goals
• Programming Preview
• Site Selection Preview
• Discussion
  • Meeting Schedule
Board approved feasibility study for new Behavioral Health Services Facility

October 16, 2018

Board approved Professional Services Agreement for Architectural & Engineering

June 18, 2019

Programming & Pre-design costs negotiations

Aug.–Sept. 2019

Project Agreement 1 approved (Programming & Pre-design)

Mid-Oct. 2019

1st User Group Meeting & Site Tour

Early Dec. 2019
Project Goals

• Size: Approx. 93,000 SQ. FT.
• Number of Beds (Total 66 beds)
  • Child unit 6 beds
  • Adolescent unit 18 beds
  • Medical Peds unit 6 beds
  • Adult – two 18 bed units
• Construction Cost – (RFP)
  • $114M + $46.6M escalation = $161M
OVERALL TIMELINE (2020-2023) AND NEXT STEPS:

- **Stakeholders Meeting and 2nd User Group Meetings**
  - Jan 13-14, 2020

- **Completion of Programming and Site selection**
  - March 2020

- **Schematic Design**
  - Apr 2020 - July 2020

- **Design Development**
  - Aug 2020 - Oct 2020

- **Construction Documents**
  - Nov 2020 - Jan 2021
  - Detailed drawings prepared for OSHPD permit

- **OSHPD Review**
  - Feb 2021 - Jan 2022
  - (Permit from OSHPD)

- **Construction**
  - Feb 2022 - Nov 2023
  - Opening by Nov 2023
To truly design purposeful, relevant, sustainable and beautiful environments for all people living with Behavioral Health needs we need to understand their complex and often misunderstood needs.
Evidence-Based Design

Research links design of healthcare facilities to emotional well-being and better outcomes.
Behavioral Health Trends

1. Increase in the population with Comorbidities
   - People with depression have a 40% higher risk of developing cardiovascular and metabolic diseases than the general population (NAMI, 2018).

2. Increase in Behavioral Health Pediatric populations
   - 1 in 6 U.S. youth aged 6-17 experience a mental health disorder each year (NAMI, 2018)

3. Increase in substance abuse & BH diagnoses
   - 19.3% of U.S. adults experienced a co-occurring substance use disorder and mental illness in 2018 (NAMI, 2018).

4. Increase in workplace violence
Vision Statement:
Provide a safe, friendly, attractive place with age-appropriate facilities, indoor and outdoor therapeutic environments emphasizing the family.

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<td></td>
<td></td>
</tr>
<tr>
<td>MEDICAL/BH INPATIENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMERGENCY/URGENT CARE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OUTPATIENT/COMMUNITY SUPPORT</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
# Project Scope

## Inpatient Beds

<table>
<thead>
<tr>
<th>Summary</th>
<th>Beds</th>
<th>2018 Feasibility Study</th>
<th>2019 Code Review &amp; Recommendations</th>
<th>2020 Final Scope Program</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Inpatient Beds</strong></td>
<td>68</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child + Adolescent (18 Bed Unit)</td>
<td>18</td>
<td>11,824</td>
<td>12,736</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child (6 Bed Behavioral Unit)</td>
<td>6</td>
<td>4,768</td>
<td>5,248</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child (6 Bed Medical Unit)</td>
<td>6</td>
<td>5,360</td>
<td>5,504</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult (18 Bed Unit)</td>
<td>35</td>
<td>12,016</td>
<td>12,992</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub-Total DGSF</td>
<td></td>
<td>45,284</td>
<td>49,472</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DGSF to BGSF Factor 25%</td>
<td></td>
<td>11,496</td>
<td>12,366</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total BGSF</strong></td>
<td></td>
<td>57,480</td>
<td>61,840</td>
<td></td>
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</tr>
</tbody>
</table>

## Emergency

<table>
<thead>
<tr>
<th>Summary</th>
<th>Beds</th>
<th>2018 Feasibility Study</th>
<th>2019 Code Review &amp; Recommendations</th>
<th>2020 Final Scope Program</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Emergency</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Psychiatry Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child + Adolescent + Adult</td>
<td>12</td>
<td>12,528</td>
<td>13,360</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Care</td>
<td></td>
<td>12,528</td>
<td>13,360</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub-Total DGSF</td>
<td></td>
<td>12,528</td>
<td>13,360</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DGSF to BGSF Factor 25%</td>
<td></td>
<td>3,132</td>
<td>3,340</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total BGSF</strong></td>
<td></td>
<td>15,660</td>
<td>16,700</td>
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</tbody>
</table>

## Urgent Care

<table>
<thead>
<tr>
<th>Summary</th>
<th>Beds</th>
<th>2018 Feasibility Study</th>
<th>2019 Code Review &amp; Recommendations</th>
<th>2020 Final Scope Program</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Urgent Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intake / Assessment / Urgent</td>
<td>9</td>
<td>9,392</td>
<td>10,240</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care</td>
<td></td>
<td>9,392</td>
<td>10,240</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub-Total DGSF</td>
<td></td>
<td>9,392</td>
<td>10,240</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DGSF to BGSF Factor 25%</td>
<td></td>
<td>2,134</td>
<td>2,560</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total BGSF</strong></td>
<td></td>
<td>11,740</td>
<td>12,800</td>
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</table>

## Administration

<table>
<thead>
<tr>
<th>Summary</th>
<th>Beds</th>
<th>2018 Feasibility Study</th>
<th>2019 Code Review &amp; Recommendations</th>
<th>2020 Final Scope Program</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Administration</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Administrative / Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admin + Professional Offices + Staff Amenities</td>
<td>4,214</td>
<td>4,550</td>
<td>4,550</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub-Total DGSF</td>
<td></td>
<td>4,214</td>
<td>4,550</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DGSF to BGSF Factor 25%</td>
<td></td>
<td>1,054</td>
<td>1,138</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total BGSF</strong></td>
<td></td>
<td>5,268</td>
<td>5,688</td>
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</tr>
</tbody>
</table>

## Support

<table>
<thead>
<tr>
<th>Summary</th>
<th>Beds</th>
<th>2018 Feasibility Study</th>
<th>2019 Code Review &amp; Recommendations</th>
<th>2020 Final Scope Program</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Support</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support Services</td>
<td>2,496</td>
<td>2,496</td>
<td>2,496</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub-Total DGSF</td>
<td></td>
<td>2,496</td>
<td>2,496</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DGSF to BGSF Factor 25%</td>
<td></td>
<td>624</td>
<td>624</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total BGSF</strong></td>
<td></td>
<td>3,120</td>
<td>3,120</td>
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</tr>
</tbody>
</table>

**Total Building Gross SF**

- 2018 Feasibility Study: 93,258
- 2019 Code Review & Recommendations: 100,148
- 2020 Final Scope Program: 100,148
Criteria

• Adequate site area for new building, outdoor space, and parking
• Proximity to Hospital E.D. for Emergency Psych. Services
• Clarity of site vehicular and pedestrian circulation
• Accommodate separate public and service access to the building
• Accommodate separate Adult and Minor entries
• Protection for patients from site noise and light pollution
• Quality of views from outside-in and inside-out
• Efficient and cost-effective plan for site utility feeds
• Minimize complexity of required construction phasing
• Minimize disruption of existing campus operations
• Accommodate future expansion of BHSC and other programs
Site Selection
Engagement of Stakeholders

**Stakeholders Meeting**
End of May 2020 – Presentation on site finalized, pros/cons and in-progress Schematic Design Phase
End of Sept 2020 – Presentation on final “Schematic Design” and in-progress Design Development Phase
End of Nov 2020 – Presentation on final “Design Development”

**Patient & Family Forums**
End of March 2020 – Presentation on progress and pre-design phase

**Neighborhood Forums**
End of April 2020 – Presentation on progress and pre-design phase

**Open Forums**
End of May 2020 – Presentation on in-progress “Schematic Design” phase
End of Sept 2020 - Presentation on in-progress “Design Development” phase
HGA

Thank You
<table>
<thead>
<tr>
<th>Motion Number</th>
<th>BHB Meeting Date/Committee</th>
<th>Motion</th>
<th>Action</th>
<th>Assigned To</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>212</td>
<td>CCAC 11/25/19</td>
<td>RESULT: APPROVED [UNANIMOUS] MOVER: Klein SECONDER: Vigil</td>
<td>Awaiting letter from Chair Klein</td>
<td>BHB Chair</td>
<td>OPEN</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The Cultural Competency Advisory Committee recommends the Board of Supervisors designate funding for self-care and compassion fatigue training for Behavioral Health providers and staff who deliver services.</td>
<td>Final letter ???</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>NOTE: Please note the language was reworded and requires approval by the CCAC</td>
<td>Check with Jessie/ Recommend to close</td>
<td></td>
<td></td>
</tr>
<tr>
<td>214</td>
<td>BHB 1-13-20</td>
<td>RESULT: APPROVED [UNANIMOUS] MOVER: Jurgensen SECONDER: Wolfberg</td>
<td>The webpage, flyer, and media blasts will be updated to reflect the extension</td>
<td>Jessie</td>
<td>CLOSE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The County of Santa Clara Behavioral Health Board nomination period will be extended to February 29, 2020.</td>
<td>Recommend to Close</td>
<td></td>
<td></td>
</tr>
<tr>
<td>215</td>
<td>BHB 1-13-20</td>
<td>RESULT: APPROVED with one abstention by Mukoyama MOVER: Gill SECONDER: Crocker Cook</td>
<td>The BHB Bylaws will be updated and BOS notified of the changes. 1/27/2020</td>
<td>County Counsel Debra/Pending</td>
<td>KEEP OPEN</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ The BHB voted to accept the Ad Hoc Restructuring Committee report with changes from COMBINED Mission Statements for Access and Recovery, dated January 13, 2020,</td>
<td></td>
<td>Klein</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ 1.COMBINED Mission Statements for</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motion Number</td>
<td>BHB Meeting Date/Committee</td>
<td>Motion</td>
<td>Action</td>
<td>Assigned To</td>
<td>Status</td>
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<tr>
<td></td>
<td></td>
<td>Access and Recovery</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>▪ The <strong>mission</strong> of the ACCESS committee is to improve access to county behavioral health services.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>▪ The <strong>mission</strong> of the RECOVERY committee is to improve recovery outcomes of county behavioral health services.</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>▪ <strong>GOALS/FOCUS</strong> Access and Recovery</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>▪ <strong>ACCESS</strong></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>▪ Review and evaluate access to behavioral health needs, facilities, and special challenges.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>▪ Advise county leaders regarding programs;</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>▪ Submit annual reports on the County’s Behavioral Health System’s performance.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>▪ <strong>RECOVERY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Review and evaluate how Behavioral Health programs foster the recovery of behavioral health clients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Advise county leaders regarding programs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Submit annual reports on the County’s Behavioral Health System’s performance.</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

The Ad Hoc will continue to meet until the structure is complete.
**OPEN** Clara County Behavioral Health Board Motions (Recommendations)

- **Purple** - needs action
- **Red** - recommend to close
- **New Motion**

Updated 2-10-20

<table>
<thead>
<tr>
<th>Motion Number</th>
<th>BHB Meeting Date/Committee</th>
<th>Motion</th>
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<th>Assigned To</th>
<th>Status</th>
</tr>
</thead>
</table>
|               |                             | ▪ The BHB and BHB Sub Committees will attempt to maintain Quorum Goals as follows:  
  o 80% of the committee meetings meet quorum  
  o 100% of the BHB meetings (full board and executive) meet quorum  
  o Strategies  
  ▪ Hold quarterly BHB Committee meetings  
  ▪ At the beginning of the year, do a “doodle” to find a consistent quarterly date and time that works for the BHB members for each committee - make sure that space and staff are available  
  ▪ Assign odd numbers of board members to committees  
  ▪ BHB Members Increase commitment to meetings  
  ▪ Have fewer meetings - increase action items on the agenda, establish ad hoc meetings to do the work between sessions, and submit reports to the BHB for review and approval. |        |             |        |
OPEN Clara County Behavioral Health Board Motions (Recommendations)

<table>
<thead>
<tr>
<th>Motion Number</th>
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<th>Motion</th>
</tr>
</thead>
</table>
|               |                             | ▪ Cultural Competence Advisory Committee to Cultural Competency Advisory Committee  
▪ System Planning & Fiscal to BHB Finance Committee  
▪ So we may begin training BHB members to become potential BHB Officer (Chair, 1st Vice, 2nd Vice), each member is asked to rotate to two subcommittee meetings a year.  
▪ The chair will assign a BHB member to lead on all projects. Ex. Data notebook, heroes, annual report, work plan, retreat, and other special projects or action items.  
▪ The Executive Committee meets every other month unless there is urgent business to be addressed. Refer to the BHB Bylaws role of the Executive Committee.  
▪ An attendance acknowledgment will be sent out before each meeting. If you are unable to attend a BHB meeting, please inform the committee members and Jessie or myself. If a quorum cannot be established, the meeting should be cancelled unless otherwise directed by the chair. |
|               |                             | Action |
|               |                             | Assigned To |
|               |                             | Status |

Updated 2-10-20db
## OPEN Clara County Behavioral Health Board Motions (Recommendations)

**Purple** - needs action  
**Red** - recommend to close  
**New Motion**  

Updated 2-10-20db

<table>
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<tr>
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<th>Motion</th>
<th>Action</th>
<th>Assigned To</th>
<th>Status</th>
</tr>
</thead>
</table>
| 216 | BHB 1-13-20 | RESULT: APPROVED [UNANIMOUS]  
MOVER: Gill SECONDER: Crocker Cook  
Approve the 2019 Santa County Data Notebook as submitted | Gary needs to sign and will draft the letter and Debra will submit CAL/BHB and BOS  
Sent to CAL BHB 1-27-20  
Recommend to Close | Gary/Debra | CLOSE |
| 218 | BHB Executive Committee Meeting | Create an ad hoc committee to work on the 2020 annual report and work plan | Motion not taken at the meeting  
Identify members | | |
# COMMUNITY PROGRAM PLANNING PROCESS

## INTEGRATED FY20 UPDATE & FY21-23 PLAN

### Kick Off

**October 1, 2019**  
3:00 - 5:00pm  
Overview of CPPP and Timeline  
Review MHSA Components  
Legislative Updates

### Community Program Planning Process

**September 17, 2019**  
6:00pm – 8:00pm  
Rebekah Children’s Services

**September 23, 2019**  
1:00pm – 3:00pm  
Bill Wilson Center

**October 4, 2019**  
9:00am – 11:00am  
Behavioral Health Board

**October 9, 2019**  
3:30pm – 5:30pm  
Mitchell Park Community Center (Matadero)

**October 15, 2019**  
3:30 – 6:30pm  
Santa Clara Valley Specialty Center, BQ160

**October 29, 2019**  
4:00pm – 6:00pm  
Evergreen City College Extension - Milpitas Campus

**November 6, 2019**  
5:30pm - 7:30pm  
Milpitas Unified School District

**November 12, 2019**  
3:00pm – 5:00pm  
County Office of Education, ERC3

**December 19, 2019**  
8:30am – 9:30am  
South County Collaborative briefing

**January 21, 2020**  
8:00am – 2:00pm  
MHSA Forum  
County Office of Education

### Plan Review

**February 13, 2020**  
4:30pm - 6:30pm  
MHSA SLC Validation Meeting

**March 13 - April 12**  
30-Day Draft Plans for Public Review

**April 13, 2020**  
10:45 am-11:45am  
Behavioral Health Board  
Public Hearing of Draft Plans

**June 2, 2020**  
Request Board of Supervisor Approval

**June 30, 2020**  
Submission of adopted and approved plans to DHCS and MHSOAC

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PlanForBetterHealth  
Supporting Wellness and Recovery