



Annual Report

Fiscal Year (FY) 2009
(July 1, 2008 - June 30, 2009)



Mission Statement

Momentum for Mental Health exists to help individuals achieve mental and emotional health, discover and reach their potential, and fully participate in life.

Values

We respect individuals and their differences.

We demonstrate integrity.

We strive for excellence.

We care.

The Journey of Recovery: The Services We Provide

Our work is based on the knowledge that people who have a mental illness can, and do recover with the help of services that encourage self direction and enhance recovery.

Adult, Older Adult & Transition-Age Youth Outpatient Services – Psychiatric diagnosis and treatment, care coordination, rehabilitation services, therapy and counseling, skill development activities, self-management of illness, consultation, and education. Services are designed to support individuals as they live and work in the community.

Adult and Transition-Age Youth Outpatient Full Service Partnership Services – Wide range of outpatient services with a more frequent staff to client contact schedule than other outpatient services plus assistance with payment for other services that are not traditionally thought of as mental health treatment but are critical for the individual to recover and live successfully in the community. Services are designed for individuals who need more than traditional outpatient services.

Assessment & Customer Service – Centralized information, referral, intake and assessment services. This program assists individuals in reviewing their needs, goals, resources and preferences and the various available service options within Momentum.

Crisis Residential Treatment – 24-hour, seven day a week services; group and individual psychosocial and psychiatric treatment; care coordination; rehabilitation services; therapy and counseling; skill development activities; self-management of illness education; and consultation. Services are specifically designed to support individuals in avoiding admission to a hospital or reducing the length of stay in inpatient settings.

Day Rehabilitation Services – Skill development, peer support, socialization, life management skills, and self-management of illness education. Services are for individuals who need to develop skills to live successfully in the community.

Employment Services – Job development, job placement, and job coaching. Services are open to everyone receiving outpatient services who seek employment.

Residential Services with Day Rehabilitation and Outpatient – Combined services providing 24-hour, seven day a week services with, general supervision, skill development opportunities, medication assistance, day rehabilitation activities and assistance to move to a more independent living situation. Services are designed for individuals who have experienced numerous stays in locked psychiatric settings.

Supported Housing – In-home support for individuals living independently in the community. Services are generally for individuals who share housing and need assistance to live effectively together.

Transitional Residential Services – Comprehensive residential and outpatient services for clients and their families who utilize private insurance or pay out of pocket.

“Rise Above Stigma” Panel – Community education by a panel of individuals who have a mental health diagnosis, and family members who are available to share their stories and talk to groups. Programs are provided to schools, community groups, organizations and others who want to increase their understanding of mental health and mental illness.

The Journey of Recovery: How We Serve People and Communities

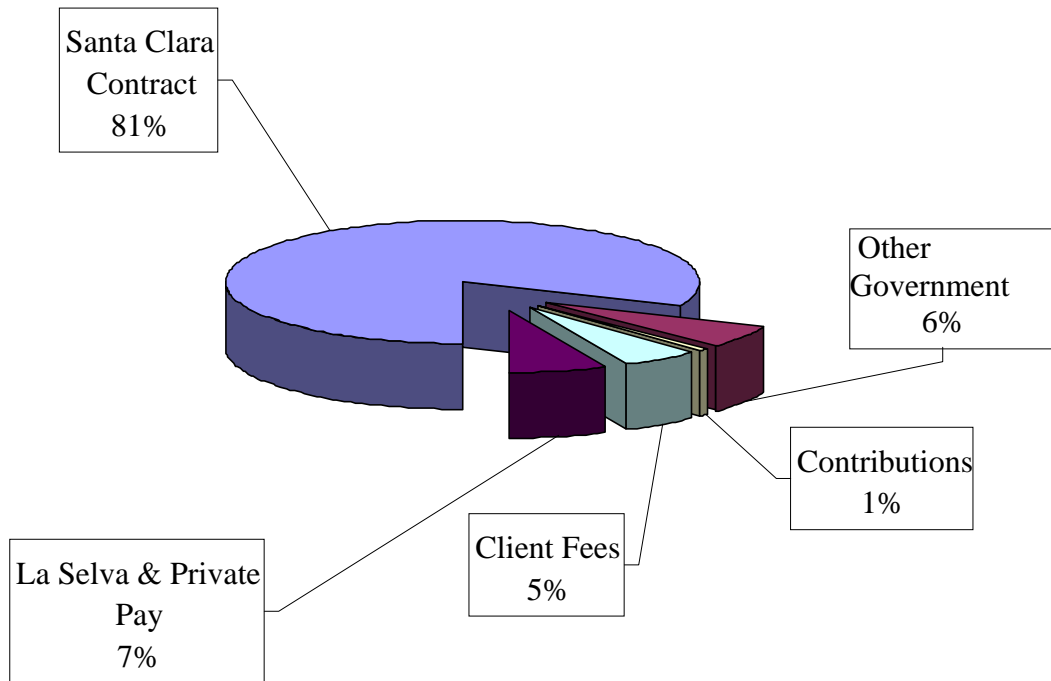
- Momentum offers several types of services to meet the needs of individual clients and their families
- Every service works in partnership with each client to develop a unique treatment plan, set of goals and methods to assist the individual in reaching their goals
- Each service is evaluated on its effectiveness in meeting the expectations of its clients and helping them achieve their goals
- Because culture and family history are critical parts of a client's uniqueness as an individual, we ensure that our staff are culturally and linguistically competent. Our staff represent over 50 cultures and languages/dialects, including American Sign Language
- Momentum services are based on the knowledge that every person who has a mental illness can lead a fulfilling life, participate in the community, raise a family, perform satisfying work and assist others
- We know that access to effective services is an important part of meeting the challenges of the illness. Momentum services are effective and we stand by individuals as they meet these challenges
- Through education, advocacy, and stigma reduction activities we help the general public to better understand and support people who have psychiatric disabilities

Agency Profile

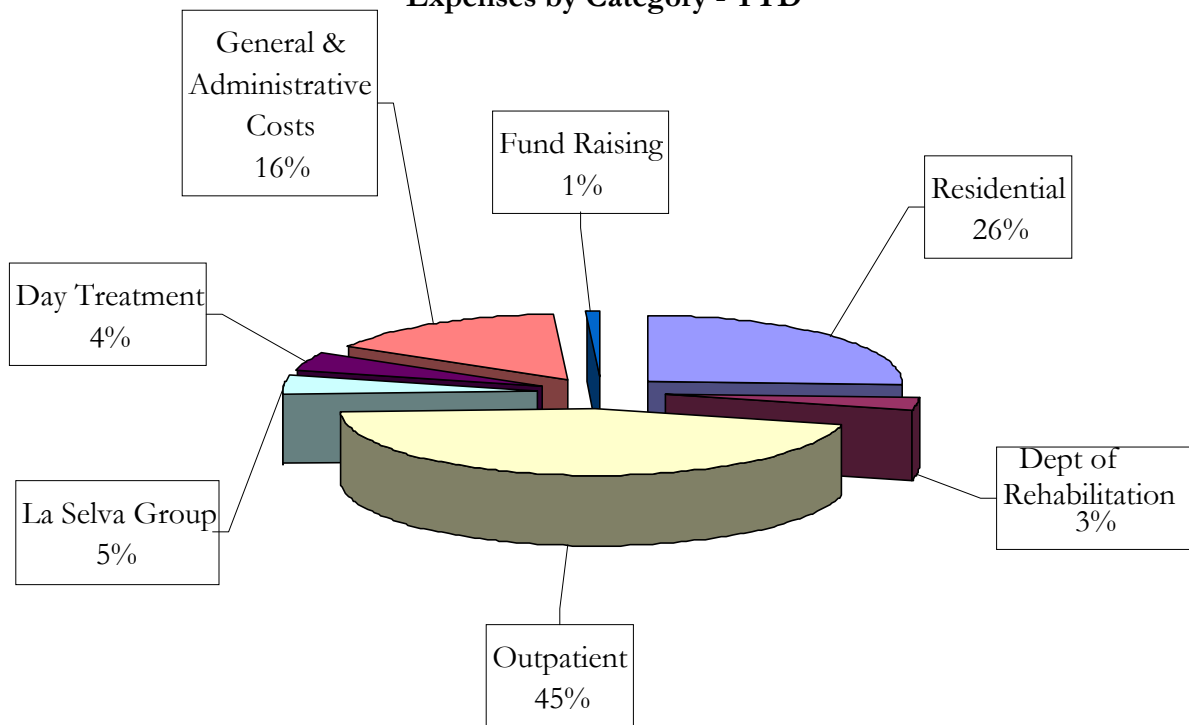
- Annually we serve almost 4,000 youth, adults and older adults in Santa Clara County
- We are the largest nonprofit provider of mental health services to adults in Silicon Valley
- Our multiple locations provide easy access
- We provide 24-hour response to our clients
- Our annual budget is over \$24 million



Revenues by Category - YTD



Expenses by Category - YTD



The Journey of Recovery: Who We Served FY09

In FY09, there were 3,959 individual clients who were served across the agency in Outpatient, Crisis Residential, Employment Services, Day Rehabilitation and La Selva Group programs.

How Do We Use This Information

We closely monitor how many clients we serve, the programs and types of services they receive and the demographic characteristics of our clients in order to effectively manage the organization and resource allocation. We contract with our payors to provide services to clients and must ensure we are meeting our contractual obligations.

Definitions: The number of clients served by Momentum programs is tracked in two forms known as unduplicated and duplicated client counts.

The **unduplicated count** represents client statistics from a single admission through discharge.

The **duplicated count** represents the number of episodes clients may enter into services and be discharged and then enter into services again.

Momentum for Mental Health Clients		
	Unduplicated*	Duplicated
All Programs	3,959	4,073
Crisis Residential Programs	374	427
Litteral House	109	125
SART	125	149
Goveia Zeller	140	153
La Selva	75	79
Middlefield	16	16
Crossroads	103	106
Day Rehabilitation	231	239
Donna's Place	89	91
Nikki's Place	115	119
Discovery Center	27	29
Outpatient	2,745	2,782
Alameda	1,632	1,658
North	254	255
South	52	52
East	463	465
Bridge	109	112
TAY	150	155
FSP TAY	22	22
FSP Adult	19	19
FSP Adult II	44	44
Housing Support	86	86
La Selva Outpatient (Wellness Center)	143	150
Employment Services	186	188

* Clients may be open to more than one program during their course of services. There were 887 clients open to more than one program in FY09.

Accomplishments & Achievements

- Offered new service options and assessment tools to clients including Wellness Recovery Action Plan (WRAP), Dialectical Behavior Therapy (DBT) and the Milestones of Recovery Scale (MORS)
- Launched a new training program called the Immersion Training that will promote our mission, generate new revenue and provide training in the principles, values, and practices of wellness and recovery, social rehabilitation, and community integration and their practical applications. This experiential training is based on the successful program developed by The Village, a part of Mental Health America of Los Angeles
- Built strong relationships with other mental health providers through active participation in the Association of Mental Health Contract Agencies (AMHCA), the Silicon Valley Council of Nonprofits (SVCN), the California Association of Social Rehabilitation Agencies (CASRA), the California Council of Community Mental Health Agencies (CCCMH) and the United States Psychiatric Rehabilitation Association (USPRA)
- Provided education to the community about mental health needs through our “Rise Above Stigma” panel, press releases, and several annual fundraising and educational events
- A comprehensive Communications Plan has been written and work is underway to implement all components which focus on the goal of increasing awareness of Momentum for Mental Health
- Completed an audit of our Development department which resulted in a strategic fundraising plan that is now being implemented to help increase the private philanthropic funds to Momentum for Mental Health
- Purchased a new telephone system that improves efficiency and offers interoffice communications
- Completed a comprehensive analysis of electronic health record (EHR) companies and selected a vendor to partner with in the design and implementation of a new database system
- Received additional Mental Health Services Act (MHSA) funding to develop a special Full Service Partnership Program to get people out of expensive institutional settings and integrate back into the community
- Researched and developed a plan to start a new business that will be self supporting as well as provide work experience opportunities to clients in the public mental health system

MHSA One Time Projects Summary

- Development of a client handbook: Resulted in a 23-page handbook for consumers at intake providing a wide range of information about Momentum services and resources
- Develop a recovery oriented outcome measurement: Resulted in contract with Dave Pilon from the Village to implement the Milestones of Recovery Score (MORS)
- Reassigned a full-time person with training background: Resulted in completion of the development and launch of the Momentum Immersion Training plan
- Computer resources for clients: Resulted in purchasing/deploying 25 computers for consumer access to internet and software programs to meet their information and communication needs
- Staff trained as WRAP (recovery oriented treatment planning) Trainers: Resulted in five staff completing the WRAP Group Facilitator training, four of whom are on track to take the WRAP Advanced Facilitator training
- Staff trained in Dialectical Behavior Therapy (DBT) – an evidenced based practice effective in treating complex personality and behavioral issues that interfere with wellness and recovery: Resulted in seven staff completing first of two installments of DBT trainings and development of an internal plan for overall implementation of DBT services
- Stipends to consumers and families: Stipends provided to clients for the Rise Above Stigma panels, Immersion Training, Service Redesign Meetings and Drop-In Center volunteers
- Drop-In Center: Resulted in implementation of Drop-In Center at Donna's Place beginning in February 2009 three afternoons per week, welcoming all who care to participate, regardless of their association with Momentum
- Hire consultant to assist in developing volunteer opportunities for clients, as well as review and revise agency job descriptions: Resulted in revision and updating over 90% of job descriptions to assure the inclusion of consumer/family friendliness and incorporation of wellness/recovery orientation
- Outcomes Redesign: Meetings held with managers, key staff and consultant to develop skills and strategies that will help with Momentum's adult outpatient redesign process
- Crossroads Village improvement to be part of Immersion Training: Resulted in painting, carpeting and floor tile in the common areas; resurfacing the hardwood floor in dining and common areas; deep cleaning in all client and public restrooms; outdoor pressure washing/cleaning; outdoor furniture in common areas; upgraded TV's and furniture in client living rooms

Client Demographics

Client Ethnicity and Language Preference

Ethnicity of Clients Served

Our data indicates that about 53% of the clients we served were Caucasian, 20% Latino, 14% Asian American / Pacific Islander, 8% African American, 1% Native American and 3% other/multiple ethnicities.

Why is this important?

The clients we serve are diverse. Culture is integral to a person's experience and can play an important role in the recovery process both from understanding the client's needs, preferences and strengths and to provide appropriate linkages to community resources.

To ensure that clients receive quality services in the language that they feel most comfortable, Momentum has focused on hiring candidates who bring bilingual skills and knowledge of various cultures.

Approximately 53% of employees are able to speak English and a second language fluently, and approximately 38% are bilingual in languages that are certified by Santa Clara County as "threshold languages". These are: Spanish, Russian, Tagalog, Mandarin Chinese and Vietnamese.

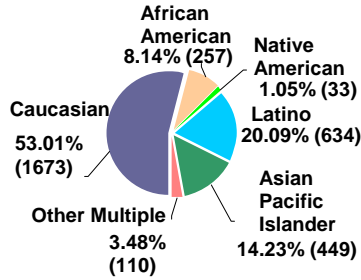
Cultural Competency

Momentum's Cultural Competency Committee is responsible for overseeing the implementation of the agency's Cultural Competency Plan. The committee is comprised of staff from all levels of the agency, including executive management, program management, direct services and support staff. Each member brings unique knowledge, awareness and personal experiences to enrich the work of the committee. The goal of the committee is to ensure cultural issues are integrated into service strategies, treatment planning and staff training.

The Cultural Competency Committee provides training and guides the agency in our work to obtain, maintain and utilize staff diversity to support quality care.

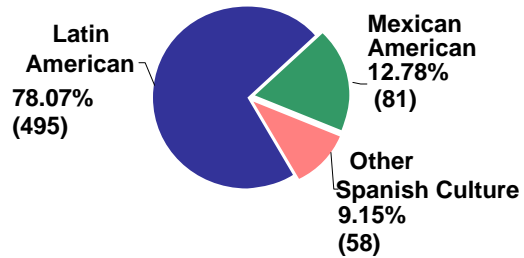


Client Demographics Information
Ethnicity of All Clients Served in FY09



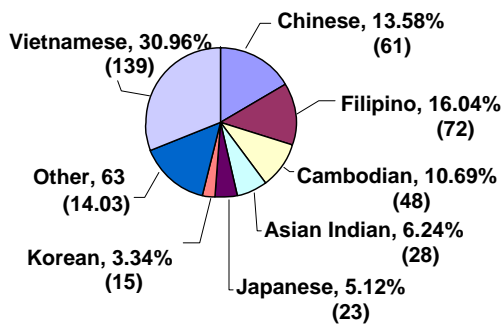
Latino Clients

Demographic data indicates that about 20% of clients served were Latino. Of these clients, 78% reported being Latin American, 12.78% Mexican American and 9.15% indicated another Hispanic Culture.

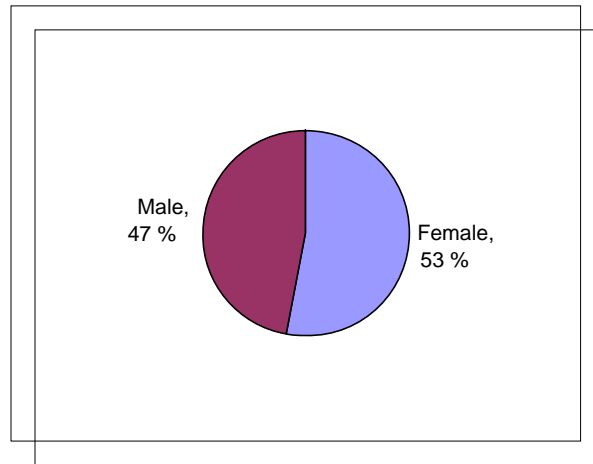


Asian and Asian Pacific Islander Clients

Demographic data indicates that about 14% of clients served were Asian or Asian Pacific Islanders and represent a varied and diverse ethnic background.

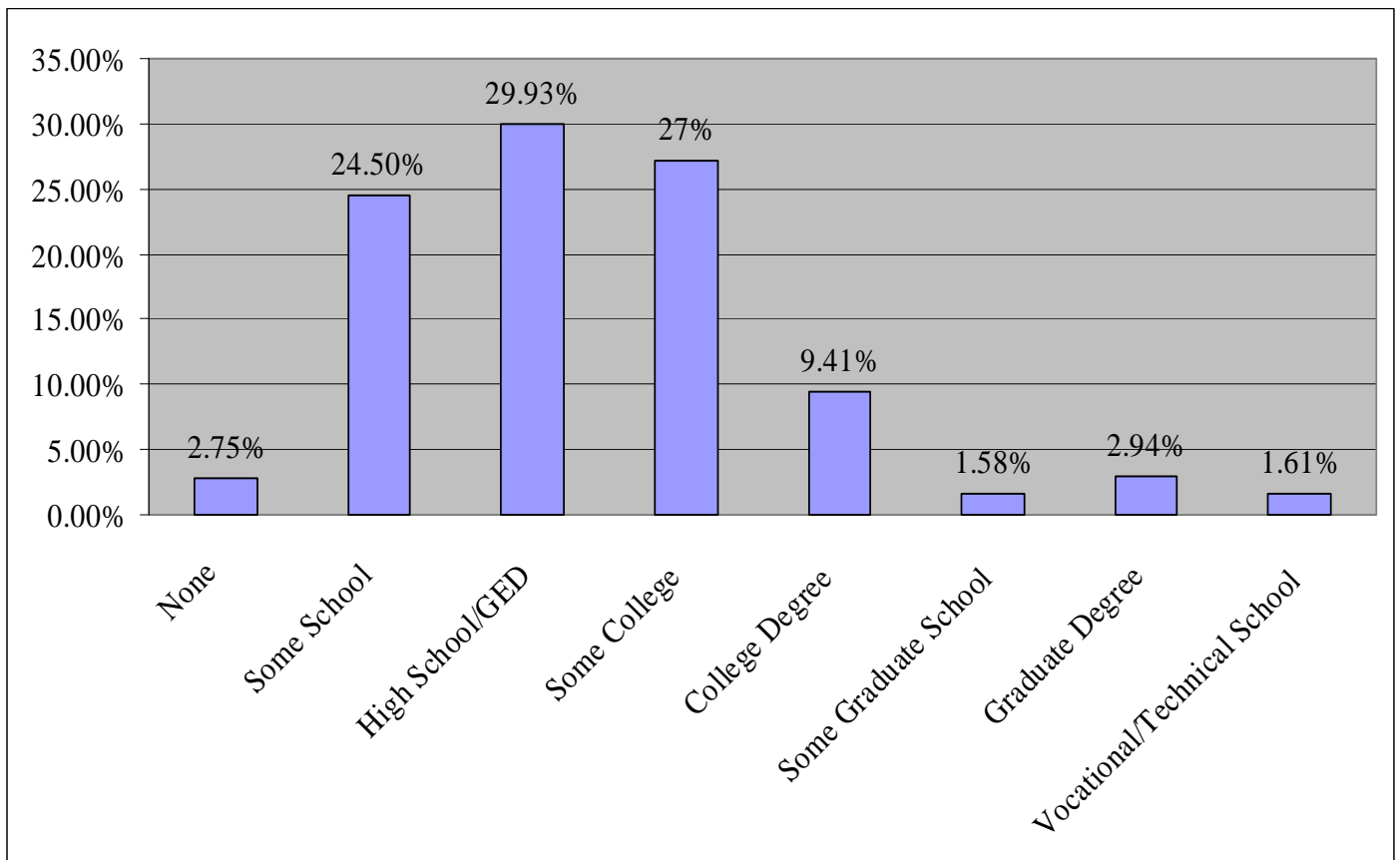


Client Gender – All Momentum Programs



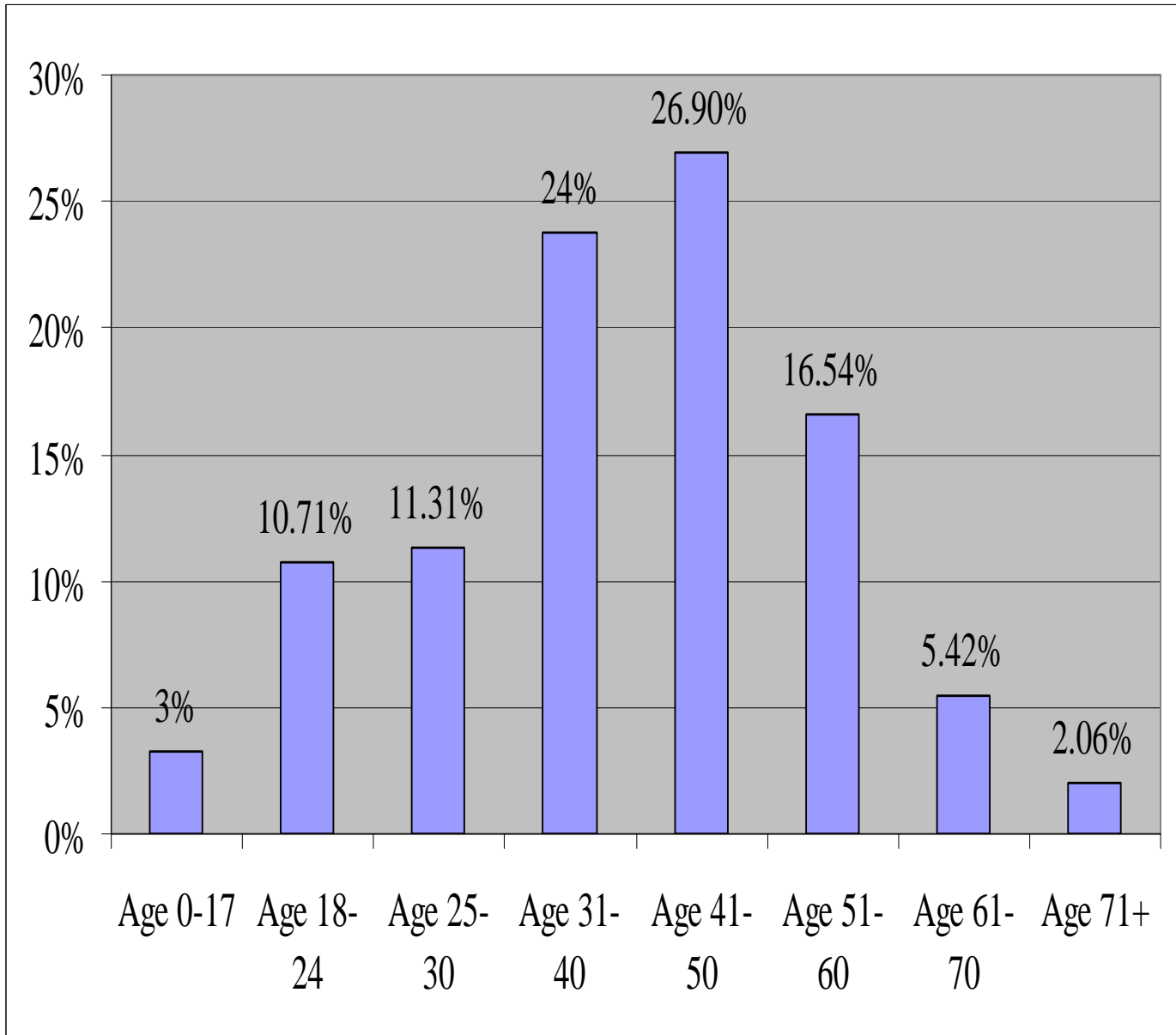
Client Education

Client educational attainment level represents a broad spectrum. At admission to services about 27% of clients reported that they did not complete high school. About 30% report having a high school diploma/GED and about 12% reported having a college or graduate degree.



Client Age at Admission

Our clients are more likely to be an adult or older adult at time of admission. The majority of clients are between the ages of 31 to 50 at admission.



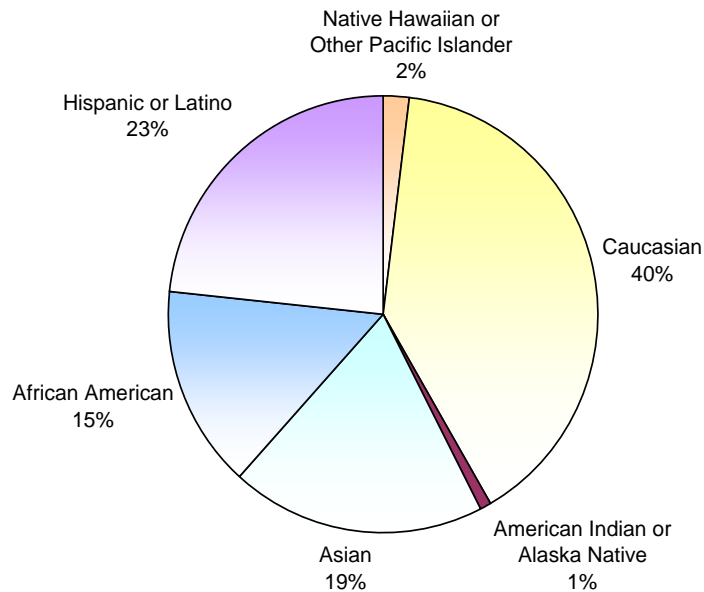
Meeting the needs of our clients through the diversity of our staff

Momentum believes that to provide culturally and linguistically competent service employees must reflect the diversity of the community and consumers served. Embedded in Momentum culture is an appreciation and support of culturally and linguistically competent staff and programming. Momentum recognizes and embraces a variety of other cultural identities as strengths in our staff and as critical to fostering relationships with clients including but not limited to gender, sexual orientation, serious mental illness, drug abuse recovery, age, other disability, and history of immigration.

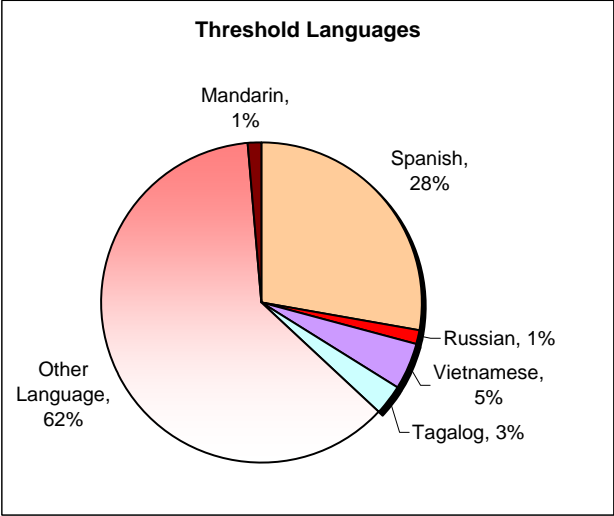
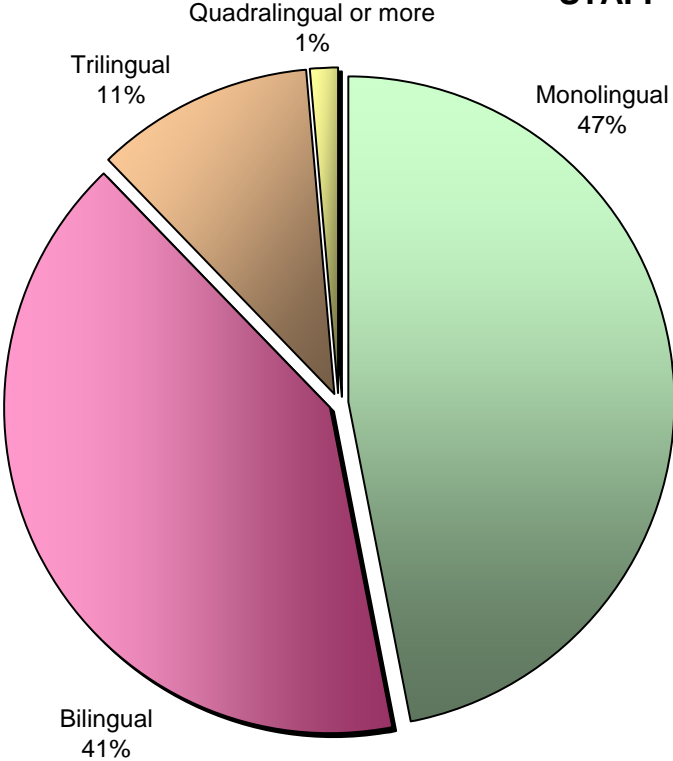
Staff Ethnicity

Staff is representative of the client population served by Momentum in FY09.

STAFF ETHNICITY



STAFF LANGUAGE CAPACITY



Measuring Outcomes

An important indicator of service effectiveness is an improvement in an individual’s “quality of life,” which can be measured by talking with that individual and by collecting information about their life circumstances and goals. Momentum staff gather data from clients during the intake process that is used to develop service goals. We continue to collect data during the individual’s work with us, in order to identify successes to celebrate as well as challenges to address.

Three outcomes measures that we have chosen to track our service effectiveness are: living situation (home, board and care, boarding home, hospital, etc.), day activity (employment, volunteer work, day rehabilitation program, etc.) and income (from employment, disability benefits, etc.) We consider it an improvement when an individual is able to live more independently than before, spend more time participating in a daily activity, and has increased their financial resources.

Change In Income

Finding: Clients income at discharge is higher than reported income at admission. At admission there were 1098 clients reporting no income; while only 517 clients reporting no income at discharge.

Average Income of Clients at Admission & Discharge		
	Admission (N=1,558)	Discharge (N=1,696)
Average Client Income*	\$887	\$1031
*Figures calculated based on duplicated counts		

Living Situation at Discharge

Living situation at discharge is represented below and program performance is reported for our residential programs.

Program Performance*	Discharge Rates to a Lower Level of Care	Total # of Discharges
Litteral House	94.64%	112
SART	91.85%	135
Goveia Zeller	95.03%	141
Crossroads	92.95%	71
La Selva	88.88%	72
*Figures calculated based on duplicated counts		

Measuring Outcomes, continued

Meaningful Day Activity

Data collection on meaningful day activities of our clients at discharge and admission continued in this fiscal year.

Structured Day Activity		
	Admission (N=1,558)	Discharge (N=1,696)
Clients who report no structured day activity, including no employment*	1248 (30.86%)	829 (20.94%)
* Figures calculated based on duplicated counts.		

A total of 1558 clients were admitted to Momentum during FY 2009. At admission, there were 1248 clients who reported no structured day activity. This figure represents 30.86% of our total clients being served.

A total of 1696 clients were discharged from Momentum during FY 2009. At discharge, only 829 clients reported no structured day activity. This figure represents 20.94% of our total clients being served.



Milestones of Recovery Scale (MORS)

In the early part of 2009, a mental health system redesign committee, consisting of representatives from Santa Clara County Mental Health and several mental health contract organizations, adopted the Milestones of Recovery Scale as a primary method of measuring how well clients are doing in their recovery. The MORS is a “slice in time” scale which the rater (service provider) looks at a two week period of a client’s life and considers a range of life circumstances, including: stability of housing, psychiatric symptoms, employment status, substance use issues, ability to self-manage health, ability to work on life goals, and ability to establish and maintain personal relationships. The rating scale goes from a “1”: Extreme Risk, to an “8”: Advanced Recovery (see below.)

We are now administering this scale on a quarterly basis for Adult Outpatient clients, and monthly for Adult Full Service Partnership clients. In addition to helping staff and clients assess the success of their work, this information helps us evaluate staffing resource needs across the mental health system.

MORS Levels: Primary Characteristics

1. “Extreme risk” (unable to manage in the community)
2. “High risk/not engaged” (many behavioral issues; not participating in mental health treatment)
3. “High risk/engaged” (participating in treatment but still in significant distress)
4. “Poorly coping/not engaged” (moderate distress, not participating in treatment)
5. “Poorly coping/engaged” (moderate distress, but participating in treatment)
6. “Coping/rehabilitating” (doing better, still need significant support)
7. “Early recovery” (doing well, need minimal support)
8. “Advanced recovery” (doing well, independently)

Quality Improvement

This Department is responsible for establishing, implementing, monitoring and improving the quality of Momentum services. We do that in a variety of ways, including:

- Provide training and consultation to Momentum staff
- Meet with consumers individually and in groups to discuss their experiences with Momentum services
- Assist Momentum programs with external inspections, audits and reviews
- Serve as the Health Information Portability and Accountability Act (HIPAA) Privacy point of contact and response
- Monitor service documentation through internal auditing and corrective action
- Serve as the point of contact for adverse incident reporting and response
- Serve as the point of contact for consumer and family complaints
- Provide program evaluation and outcome measurement consultation and assistance to Momentum programs
- Leads the Momentum Quality Improvement Committee, which identifies barriers to quality and celebrates successful performance improvements

During FY09, the Momentum QI Department was responsible for the following activities:

- Coordinating agency-wide Medi-cal audits with SCCMH during January and February 2009 (see pg 18 for results)
- Assisting with Residential external reviews (State and County)
- Coordinating Santa Clara County Mental Health (SCCMH) Department Administrative Review in (see pg.19 for results)
- Implementing Consumer Satisfaction Surveys in November 2008 (see pg. 18-19 for results)
- Developing and producing Momentum's first "Client Handbook" for distribution to new Momentum consumers
- Developing and practicing Momentum's Disaster Plan readiness and drills at program sites
- Redesigning and improving Momentum's Management Filing System at our Corporate Office
- Conducting a corporate review of the Momentum Forms System, with improvements in design and procedures
- Work with SCCMH QI Department and Momentum Clinician group to assess and improve clinical oversight of Momentum services and documentation
- Work with Momentum Outpatient and Residential programs to develop and implement new outcome measurement procedures which will assist us in matching consumers with services that will promote their progress through our continuum of care

External Performance Reviews

Domain	Performance Measures	Score	Rating
Quality	Chart audit disallowance rate	2.4%	Excellent
	Consent for treatment in clinical record	100	Excellent
	Assessment of consumer's strengths	98	Excellent
	Quality of treatment plans	99	Excellent
	Consumer involvement with treatment planning	98	Excellent
Culture	Assessment of consumer's cultural background	100	Excellent
Administrative	Administrative Review: compliance with MHD requirements	100	Excellent

Consumer Satisfaction Surveys for FY09

Domain	Youth Services Survey	Nov 08 Score	Overall Rating
Access	Satisfaction with service access	4.0	Good
Quality	Satisfaction with treatment planning	3.9	Satisfactory
	Satisfaction with services provided	3.9	Satisfactory
Culture	Satisfaction with cultural sensitivity	4.1	Good
Outcomes	Satisfaction with treatment outcomes	3.4	Unsatisfactory *
Functioning	Satisfaction with level of functioning	3.5	Satisfactory
Connected	Satisfaction with level of connectedness	3.6	Satisfactory

Domain	Youth Services Survey for Families	Nov 08 Score	Overall Rating
Access	Satisfaction with service access	4.1	Good
Quality	Satisfaction with treatment planning	3.7	Satisfactory
	Satisfaction with services provided	4.9	Satisfactory
Culture	Satisfaction with cultural sensitivity	4.1	Good
Outcomes	Satisfaction with treatment outcomes	3.2	Unsatisfactory *
Functioning	Satisfaction with level of functioning	3.2	Unsatisfactory *
Connected	Satisfaction with level of connectedness	3.7	Satisfactory

*Several factors contribute to our lower than expected return rate including client “survey fatigue”, acuity of clients, length and complexity of survey, and duplicated client count. Figures for May 2009 were not available as of this writing.

Consumer Satisfaction Surveys for FY09, continued

Domain	MHSIP - Adult	Nov 08 Score	Overall Rating
Access	Satisfaction with service access	4.1	Good
Quality	Satisfaction with treatment planning	4.2	Good
	Satisfaction with services provided	4.4	Good
Quality	Satisfaction with quality and appropriateness of services	4.2	Good
Outcomes	Satisfaction with treatment outcomes	3.9	Satisfactory
Functioning	Satisfaction with level of functioning	3.9	Satisfactory
Connected	Satisfaction with level of connectedness	3.9	Satisfactory

Domain	MHSIP – Older Adult	Nov 08 Score	Overall Rating
Access	Satisfaction with service access	4.1	Good
Quality	Satisfaction with treatment planning	3.9	Satisfactory
	Satisfaction with services provided	3.8	Satisfactory
Quality	Satisfaction with quality and appropriateness of services	4.0	Good
Outcomes	Satisfaction with treatment outcomes	3.8	Satisfactory
Functioning	Satisfaction with level of functioning	3.9	Satisfactory
Connected	Satisfaction with level of connectedness	4.1	Good

The Mental Health Statistic Improvement Program Survey (MHSIP), Youth Services Survey (YSS) and Youth Services Survey for Families (YSS-F) items are rated on a five-point scale, with “5” indicating the greatest satisfaction. Consumers’ responses to the surveys are analyzed according to the domains listed above (see table). During data analysis, the items that comprise each of the MHSIP, YSS and YSS-F domains were averaged and then grouped into the following categories:

1.0 - 1.5 = “Dissatisfied”

1.5001 - 2.5 = “Somewhat Dissatisfied”

2.5001 - 3.5 = “Neutral”

3.5001 - 4.5 = “Satisfied”

4.5001 - 5 = “Very Satisfied”

As a general guideline, for interpretation, the national benchmark for satisfaction is an overall scale score above 3.5.

Please note that averages were only calculated for those surveys where at least 2/3 of the items in the particular domain were completed (i.e., only 1/3 of the items could have no response).

Human Resources

TRAINING

The agency maintains an extensive training program to ensure staff have the most current knowledge base and are continuously improving their ability to deliver effective services to clients and families.

We implemented an e-Learning platform, through Essential Learning Training Program, that has increased staff access to high quality training opportunities in a cost effective manner and enhanced our ability to meet requirements. The new platform also allows us to better assign and track training hours.

STAFF TRAINING

Direct Services (Non-Residential)	Total Training Hours Per Program	# of Staff in Program
Alameda Outpatient	818	41
Assessment & Customer Service	73	8
Discovery Center	6.25	2
Donna's Place	48.25	5
Eastside Outpatient	174	10
Employment Services	255	8
Full-Service Partnerships	448	19
Medical Services	19	22
North County Outpatient	84.25	7
Transistion-Age Youth	144	7

Residential Programs	Total Training Hours Per Program	# of Staff in Program
Crossroads (all)	429.25	24
Goveia/Zeller	431.5	15
La Selva	286.25	16
Litteral House	413.75	15
SART	459.75	17

Training resources are critical to the agency so that staff has the knowledge, skills and abilities to deliver effective services to clients and their families.

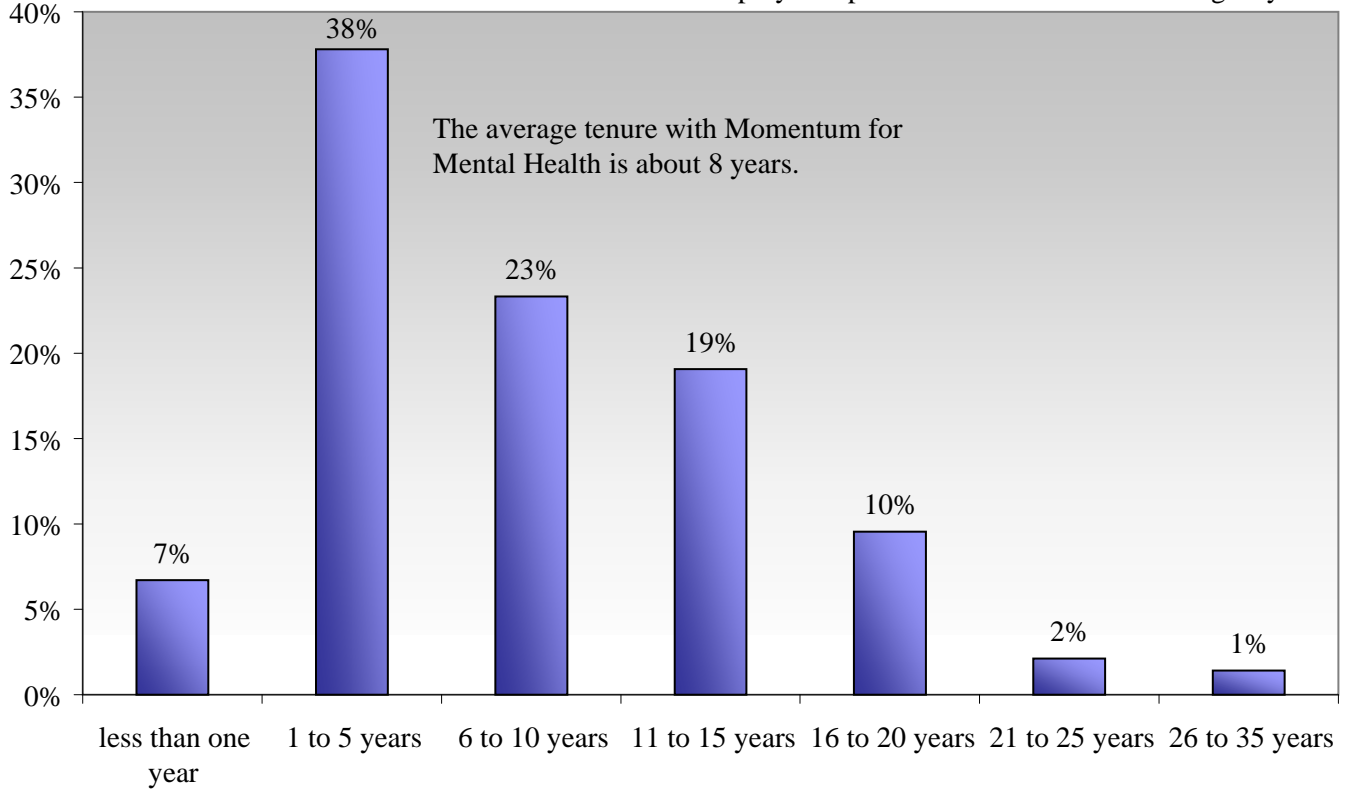
Critical training areas include:

- Cultural Competency
- Best Practices and Evidenced-based Treatment Strategies
- Computer Skills
- Information Management

We also provide extensive training and coaching for managers.

STAFF LONGEVITY

The turnover rate in FY 09 was 11%. There were 32 employee separations in FY 09 across the agency.



Program and Department Locations

Corporate Office CEO, Human Resources, Development and Communications, Volunteer Recruitment, Training	438 N. White Road San Jose, CA 95127 408-254-6828
Transition Age Youth (TAY) Outpatient Services Adult Outpatient Services Crossroads Residential Facility Day Rehabilitation Services	438 N. White Road San Jose, CA 95127
Employment Services Adult Full Service Partnership (FSP) Programs Residential Central Intake	86 South 14th Street San Jose, CA 95112
Outpatient Services, Assessment and Customer Service, Medication Clinic, Day Rehabilitation Services, Finance, Purchasing, Quality Improvement, IT, Administrative Services, Facilities	2001 The Alameda San Jose, CA 95126
North County Outpatient Services, Day Rehabilitation Services, La Selva Outpatient Services (Wellness Center), Employment Services	206 California Avenue Palo Alto, CA 94306
Goveia Zeller Crisis Residential Services	436 N. White Road San Jose, CA 95127
Litteral House Crisis Residential Services	96 South 14th Street San Jose, CA 95112
Sub Acute Residential Treatment (S.A.R.T.) Crisis Residential Services	230 N. Morrison Avenue San Jose, CA 95126
La Selva Transitional Residential Services	652 Forest Avenue Palo Alto, CA 94301
Transition Age Youth Full Service Partnership (FSP-TAY) Adult Full Service Partnership (FSP) Programs	150 A-South Autumn Street San Jose, CA 95110



Board of Directors Fiscal Year 2009

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*Replaced by interim Vice-Chair from March through June.



Advisory Board

Fiscal Year 2009

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Community Volunteer

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COMMUNITY INVOLVEMENT

- American Institute of Certified Public Accountants
- American Society for Training and Development
- Association of Mental Health Billing Task Force
- Association of Mental Health Contract Agencies (AMHCA)
- Bay Area Training Collaborative
- Bay Area Work Force Collaborative
- Blue Ribbon Commission on Homelessness Santa Clara County Collaborative
- California Association of Alcoholism & Drug Abuse Counselors (CAADAC)
- California Association of Social Rehabilitation Agencies (CASRA)
- California Council of Community Mental Health Agencies (CCMHA)
- California Department of Rehabilitation
- California Mental Health Forensics Association
- California Society of Certified Public Accountants
- Depression and Bipolar Support Alliance (DBSA)
- Director of Volunteers in Agencies (DOVIA)– Silicon Valley
- Fremont Union High School District Community Collaborative
- FSP Leadership Committee
- FSP Network Committee
- Full Service Partnership Network Roundtable
- Immersion Dispersion Collaborative
- Mental Health Contractors Human Resources Committee
- Mental Health Fair Committee
- Mental Health Provider Group of Palo Alto
- Mountain View Community Service Agency
- National Alliance on Mental Illness (NAMI)
- National Council for Community Behavioral Healthcare
- National Mental Health America
- North County Inns (also known as “Hardest 100 Homeless” in Palo Alto)
- Northern California Human Resources Association

COMMUNITY INVOLVEMENT, CONTINUED

- Nova/Connect Stakeholders
- Operations Committee
- Palo Alto Alternative Services
- Palo Alto Family Support
- Palo Alto Homeless Group
- Palo Alto Medical Foundation
- Project Homeless Connect
- Regional Full Service Partnership Roundtable
- San Jose Chamber of Commerce
- San Jose Silicon Valley Chamber of Commerce
- San Jose Unified School District
- Santa Clara County Family & Children's Committee
- Santa Clara County Family and Children Providers Committee
- Santa Clara County Finance Billing Task Force
- Santa Clara County Fiscal and Planning Committee
- Santa Clara County Full Service Partnership Adult Governance and Oversight Group
- Santa Clara County Full Service Partnership Adult Operations Group
- Santa Clara County Full Service Partnership TAY Governance and Oversight Group
- Santa Clara County Full Service Partnership TAY Operations Group
- Santa Clara County Intern Collaborative
- Santa Clara County Mental Health Board
- Santa Clara County Mental Health Department Continuous Learning Advisory Committee
- Santa Clara County Mental Health Department Documentation Committee
- Santa Clara County Mental Health Department Learning Partnership Steering Committee
- Santa Clara County Mental Health Quality Improvement Committee
- Santa Clara County MHSA Workforce Education and Training Taskforce
- Santa Clara County Minority Advisory Committee
- Santa Clara County System of Care
- Santa Clara County Transition Age Youth Outcomes Think Tank

COMMUNITY INVOLVEMENT, CONTINUED

- Silicon Valley Council of Non-Profits (SVCN)
- Stanford University Medical Group
- Transition to Independence Process (TIP) Academy Group / Leadership
- United Way Silicon Valley





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