



ALAMEDA COUNTY MENTAL HEALTH BOARD

ANNUAL REPORT TO THE ALAMEDA COUNTY BOARD OF SUPERVISORS
FISCAL YEAR 2012-2013

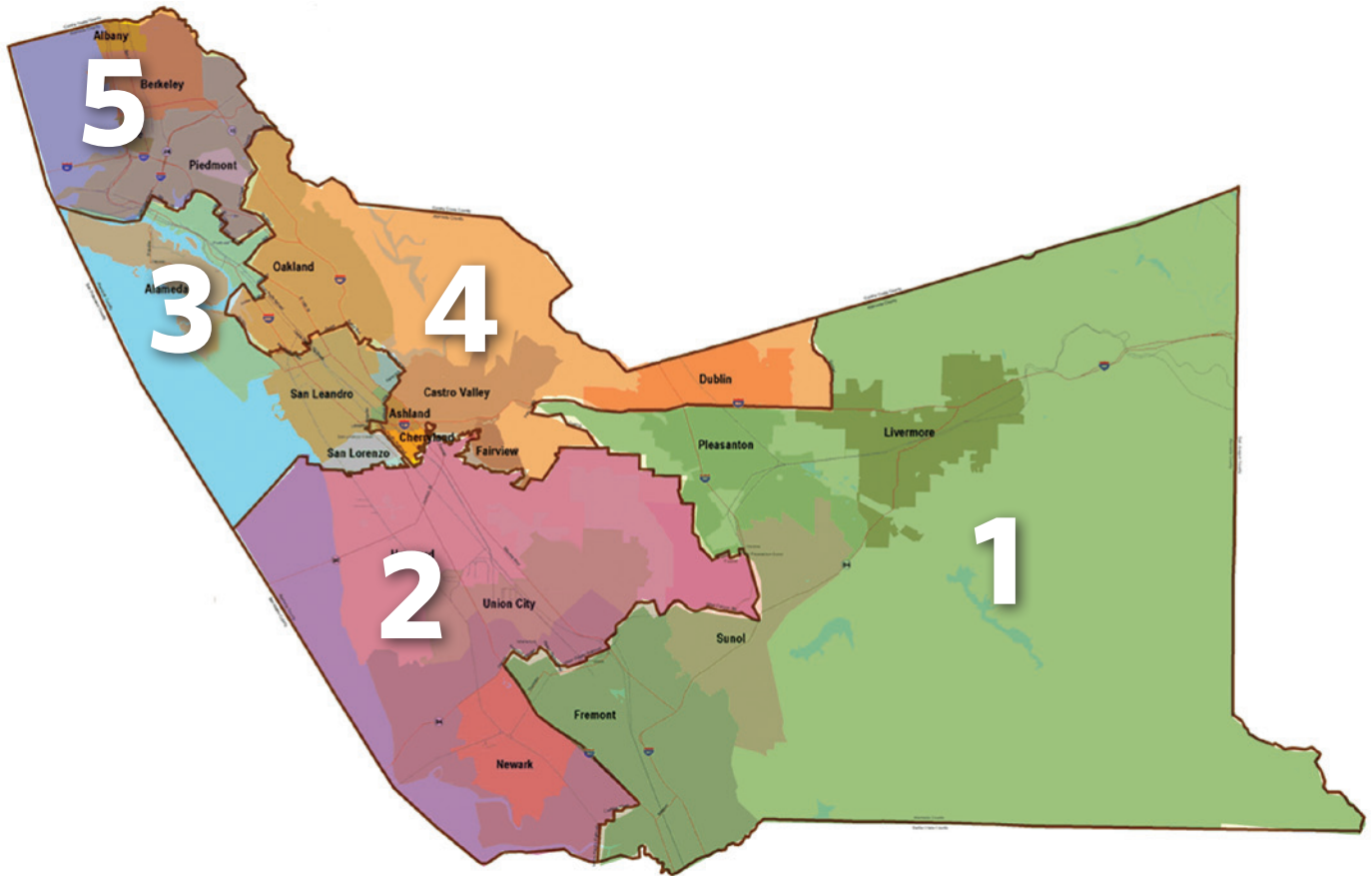
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MISSION STATEMENT - ALAMEDA COUNTY MENTAL HEALTH BOARD

Alameda County Mental Health Board has a commitment to ensure that the County's Behavioral Health Care Services provide quality care in treating members of the diverse community with dignity, courtesy and respect. This shall be accomplished through advocacy, education, review and evaluation of Alameda County's mental health needs.

MENTAL HEALTH BOARD APPOINTEES BY ALAMEDA COUNTY SUPERVISORIAL DISTRICT FISCAL YEAR 2012-13



DISTRICT ONE

ALAMEDA COUNTY BOARD OF SUPERVISORS MEMBER
Scott Haggerty

MENTAL HEALTH BOARD APPOINTEES
Joseph (Joe) Rose
Open Seat
Open Seat

DISTRICT TWO

ALAMEDA COUNTY BOARD OF SUPERVISORS MEMBER
Richard Valle

MENTAL HEALTH BOARD APPOINTEES
Rochelle Elias
Pat Buchanan (until Feb 2013)
Carmen Balingit (as of May 2013)

DISTRICT THREE

ALAMEDA COUNTY BOARD OF SUPERVISORS MEMBER
Wilma Chan—Representative to Mental Health Board
(Member, Local Governing Body)

MENTAL HEALTH BOARD APPOINTEES
Sheldon Koiles
Patricia Sweetwine
Luvenia Jones

DISTRICT FOUR

ALAMEDA COUNTY BOARD OF SUPERVISORS MEMBER
Nate Miley

MENTAL HEALTH BOARD APPOINTEES
Alane Friedrich
Dorothy King
Jeffrey Davidson

DISTRICT FIVE

ALAMEDA COUNTY BOARD OF SUPERVISORS MEMBER
Keith Carson

MENTAL HEALTH BOARD APPOINTEES
Laura Mason
Open Seat
Open Seat

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Alameda County Behavioral Health Care Services
2000 Embarcadero Cove, Suite 400
Oakland, CA 94606
Ph (510) 567-8100 Fax (510) 567-8130

CHART I: HOW ALAMEDA COUNTY’S MENTAL HEALTH BOARD MET ITS LEGISLATIVE MANDATE IN FY 12/13

SOURCE: California Welfare and Institutions Code: §5604.2. Powers and Duties of California Mental Health Boards	Sections Where Alameda County MHB Took Action In Fy12/13
(A) The Local Mental Health Board Shall Do All OfThe Following:	
1. Review and evaluate the community’s mental health needs, services, facilities, and special problems.	Mental Health Board meetings (including committees and liaison appointments) and site visits
2. Review any county agreements entered into pursuant to Section 5650.	Participation in County Budget Committee
3. Advise the governing body and the local mental health director as to any aspect of the local mental health program.	Mental Health Board Executive Committee Meetings with the BHCS Leadership Team (monthly)
4. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.	Representation on Mental Health Service Act “Stakeholder Group”
5. Submit an annual report to the governing body on the needs and performance of the county’s mental health system.	Presentation to BOS May 13, 2013
6. Review and make recommendations on applicants for the appointment of a local director of mental health services. The board shall be included in the selection process prior to the vote of the governing body.	Spring/Summer 2013
7. Review and comment on the county’s performance outcome data and communicate its findings to the California Mental Health Planning Council.	During FY 12/13, MHB did not review and comment on BHCS performance outcome data and did not communicate its findings to the California Mental Health Planning Council.
8. Nothing in this part shall be construed to limit the ability of the governing body to transfer additional duties or authority to a mental health board	During FY 12/13, BOS did not ask the MHB to take on additional duties.
(B) It is the intent of the Legislature that, as part of its duties pursuant to subdivision (a), the board shall assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community.	During FY 12/13 MHB did not assess the impact of mental health realignment on services from the state to the county.

I. INTRODUCTION

The Mental Health Board of Alameda County, as a part of its state mandate, is asked to submit an annual report to the governing body on the needs and performance of the county's mental health system. The Alameda County Board of Supervisors (BOS) is our "governing body" and it is my pleasure to offer you this FY 2012-13 report.

Our intention is to produce a report that would also create a common understanding of the Mental Health Board's role, responsibilities and of our work. This report has been designed to be useful not only to the Board of Supervisors, but also to the clients, family members, BHCS administrators and other stakeholders who may read it.

This annual report addresses five topics suggested by the California Association of Local Mental Health Boards and Commissions for inclusion in these legislatively required Annual Reports :

1. Provide a summary of MHB's major activities in the past year.
2. Provide a summary of membership and attendance.
3. Address Mental Health Board's goals for next year.
4. Comments on current planning processes conducted by the Mental Health Plan, including citizen involvement in planning processes.
5. Review the work of the current year (which may range from public hearings and site visits to, program evaluations and program reviews) and
 - Provide a reflection on the performance of the local mental health program
 - Make recommendations to the BOS for improving the mental health system. (Topics might include: unmet needs; gaps in the service system; quality of services; consumer satisfaction with the system)

This report was written using three sources:

- First, by reviewing meeting minutes from the eight committees that do the work of the Mental Health Board.
- Second, each Committee Chair was asked two questions: (i) what have been the main contributions of your committee to the work of the full Mental Health Board and (ii) what did your committee learn about the needs and performance of the mental health system?
- Third, each of the five Mental Health Board liaisons to BHCS and county committees were asked to reflect on what they learned about the needs and performance of the mental health system.

QUICK PRIMER ON ROLES AND RESPONSIBILITIES OF MENTAL HEALTH BOARDS

What is the Purpose of Mental Health Boards?

California's Mental Health Boards, established by Section 5604 of the Welfare and Institutions code, have three functions:

- Oversight & monitoring of the local mental health system;
- Advocacy for persons with serious mental illness;
- Provide advice to the governing body (Board of Supervisors) and the local mental health director.

What is the Relationship between the Mental Health Board and its County Board of Supervisors?

Mental Health Boards are mandated to advise the Mental Health Director and report to the local governing body (our Alameda County Board of Supervisors).

Mental Health Boards members are, by law, appointed by their BOS and must include one member who is also a member of the BOS. The MHB role is to "advise the Board of Supervisors regarding aspects of the Local Mental Health Program."

Mental Health Boards communicate with their BOS in two main ways. First they are required to submit an Annual Report to the BOS on the "Needs & Performance of County's Mental Health System." And second, by exercising their year long role as advisors by maintaining a relationship with BOS members during the fiscal year. Practically speaking, this might include:

- Testifying at the BOS's meetings & workshops.
- Advising the BOS in writing.
- Meeting with county supervisors individually.

In addition, a Board of Supervisors may ask their Mental Health Board to take tasks associated with mental health system oversight; specifically, "additional duties which by law the BOS would be required to perform."

ABOUT THE MENTAL HEALTH BOARD - HIGHLIGHTS OF THE YEAR

The Mental Health Board is currently composed of 10 dedicated volunteer community members. We are very active, and sponsor one full board meeting and at least three committee meetings per month, plus attending BHCS and county meetings as liaisons.

Our members include professionals with backgrounds in business, research and the human services. Many of us share "lived experience" as clients and family members and we are deeply motivated to ensure that the voices of the community are heard and incorporated into decisions being made on their behalf. Mental Health Boards were explicitly created to ensure transparency in major decisions impacting mental health systems:

"In enacting this chapter, the Legislature finds and declares that the public commissions, boards, councils and other public agencies in this state exist to aid in the conduct of the people's business. It is the intent of the law that their actions be taken openly and that their deliberations be conducted openly. Citizens, in delegating authority, do not give their public servants the right to decide what is good for the public to know and what is not good for them to know."

The Mental Health Board is concerned about system-level issues that impact the welfare of citizens who experience mental health challenges. We deploy our advisory role in two ways. First, through our formal role to advise the Mental Health Director. Second, through our committee hearings and presentations, we often hear enough about issues with operations to motivate stakeholders to create systemic interventions.

Highlights of our Work this Year

Three Ad Hoc Committees were established this year. Two committees address how we manage Mental Health Board business (Training and Bylaws). The third addresses client experience of grievance procedures used in hospital and program settings (Grievance).

- The Grievance Ad Hoc Committee was established to improve the experience of clients and family members who use the existing grievance process implemented by hospitals and programs within the public behavioral health system. This committee is currently working with the BHCS Office of Management Services to design and complete a system-wide grievance program review project.

The work of the mental health board is accomplished primarily through public hearings and information sessions that are held by the full board and its five standing committees Our standing committees held more than twenty public hearings that addressed a range of topics. Here are examples of how the public hearing process is used to do the work of the Mental Health Board:

- “*Learning together, Solving together.*” A very diverse range of community partners attend committee meetings. Meetings are structured to give participants opportunities to resolve issues that surface in committee presentations. For instance, one committee heard testimony about duplicate ambulance charges for some clients. Committee participants negotiated for a change in ambulance billing procedures that saved \$2400 per stay for clients seeking voluntary treatment.
- Sponsoring a series of presentations that focus on one issue. (i.e, MHSA programs for underserved populations such as Native Americans and Afghan Refugees and others);
- Strategically choose ‘Standing Report’ agenda items so that issues in the mental health system can be observed over time. For instance, the Adult Committee receives reports every month about system portals for clients and family members: clients in crisis (John George, Sausal Creek); clients and family members with navigation and grievance issues (Patients Right Office and the Family Education and Resource Center – both managed by the Alameda County Mental Health Association); adult clients developing skills required to become interdependent with the community (Wellness Centers, managed by Bay Area Community Services).

The Public Comment section of each committee meeting is critical to our mission. We hear a range of comments, from people and programs trying to find an answer that will help themselves or a loved one, to letting us know about a new program or approach. All public comment adds to the MHB insight on what is working and where the challenges exist in our system.

Our full Mental Health Board meetings have addressed the following timely issues: Gun violence and mental health; Laura’s Law, BHCS Grievance Process; Health Care Reform and its impact on behavioral health services; Impact of unwelcoming facilities on client resilience and recovery.

Mental Health Board members have offered a steady voice to support programs and initiatives with system-wide impact through our appointment as Liaisons to BHCS and County-wide committees. These include: John George Pavilion Partnership Committee; Board of Supervisors “Measure A” Committee; and within the behavioral health system (Quality Improvement Committee; MHSA Stakeholders Group). We have fulfilled our role to review the BHCS budget through our participation in the BHCS Budget Task Force.

II. MAJOR MENTAL HEALTH BOARD ACTIVITIES IN FY 12/13

The California Association of Local Mental Health Boards and Commissions suggests five activities that Mental Health Boards can do to fulfill their mandate. Please also see Chart 1, at the beginning of this report; “How Alameda County’s Mental Health Board Met Its Legislative Mandate in FY 12/13.”

ACTIVITY #1:

ADVISE MHB REGARDING ANY ASPECT OF LOCAL MENTAL HEALTH PROGRAM

ADVISE THE DIRECTOR AT REGULAR MONTHLY MEETINGS

- Marye Thomas and MHB Chair, Patricia Sweetwine meet monthly. During the meetings MHB Chair reviews concerns brought up at MHB Board and Committee meetings and find resolution to a myriad of systems issues.
- The Executive Committee of the MHB met monthly with Marye Thomas and her leadership team (Barbara Majak, Gary Spicer, and Toni Tullys).

COMMUNICATE DIRECTLY WITH THE MENTAL HEALTH DIRECTOR

- Committee chairs called and emailed Marye Thomas throughout the year on multiple issues.

REVIEW THE MENTAL HEALTH BUDGET

- Five MHB members are on the BHCS Budget Review committee which meets weekly from January through July.

ACTIVITY #2:

REVIEW AND EVALUATE PERFORMANCE OF MENTAL HEALTH SYSTEM

SPONSOR PRESENTATIONS

- The Mental Health Board and its Adult and Children’s committee sponsored more than twenty presentations during FY 12/13. The Full Mental Health Board meetings featured a monthly report. These presentations were designed in “public hearing” format and were used to surface issues for public comment and to promote formal and informal follow-up by the Mental Health Board. Presentations led to action in many areas.

REVIEW FACILITIES & SERVICES

- Site visits were made to Telecare Corporation sites, CHOICES for Community Living Program, John George Psychiatric Pavilion, Juvenile Hall and STRIDES Assertive Community Treatment Team (ACT).

HOLD PUBLIC MEETINGS ON SPECIFIC TOPICS

- The Mental Health Board held a public hearing on the BHCS Mental Health Services Act Plan Update in August 2012.

ESTABLISH COMMITTEES TO REVIEW ISSUES

- The MHB established an Ad Hoc Grievance Committee to review the experience of clients and family members with hospital and outpatient grievance process.

ACTIVITY #3:

REVIEW COUNTY AGREEMENTS

REVIEW CULTURAL COMPETENCY OF MENTAL HEALTH SERVICES

- The Adult Committee sponsored a series on Underserved Populations served by MHSA funded programs.

THE BUDGET IS A CONTRACT THAT THE MHB MUST REVIEW

- Five MHB members are on the BHCS Budget Review committee which meets weekly from January through July.

REVIEW USE OF QUALITY ASSURANCE TECHNIQUES TO IMPROVE MENTAL HEALTH SERVICES

- MHB is represented on the BHCS Quality Improvement Committee, which reviews issues with quality assurance across behavioral health care services..
- The MHB established an Ad Hoc Grievance Committee to review the experience of clients and family members with hospital and outpatient grievance process.

ACTIVITY #4:

REVIEW & APPROVE PROCEDURES USED TO ENSURE CITIZEN & PROFESSIONAL INVOLVEMENT AT ALL STAGES OF PLANNING PROCESS

COMMUNITY INPUT AT PUBLIC MEETINGS

- The MHB requires that all of its meetings are public and invite community input. MHB meetings are publicized on the BHCS Website <http://www.acbhcs.org/mhb/meeting.htm>
 - The Adult, Children and Legislative committees include members of the public as members of the committee.
 - Public comment is a dedicated part of almost all committee meetings. In the MHB, and its Adult committees, public attendance averages 15 people per meeting. Members of the public represent providers and clients from across the system of care, nursing students, clergy, concerned citizens. Issues brought to meetings range from homelessness, conditions at hospitals, to need for more training of police and questions about how to gain access to BHCS services.

CONDUCT PUBLIC MEETINGS

- The Mental Health Board held a public hearing on the BHCS Mental Health Services Act Plan Update in August 2012.

MEMBERSHIP ON DEPARTMENT COMMITTEES

- MHB members are liaison to five BHCS and County committees, and in those positions, advocate for full citizen and professional involvement. See Section III, below for list of Liaison Representatives.

ACTIVITY #5:

REVIEW & MAKE RECOMMENDATIONS ON APPLICANTS FOR APPOINTMENT OF A LOCAL DIRECTOR OF MENTAL HEALTH SERVICES

THE MENTAL HEALTH BOARD SHALL BE INCLUDED IN THE SELECTION PROCESS OF A NEW MENTAL HEALTH DIRECTOR PRIOR TO THE VOTE OF THE GOVERNING BODY (BOS).

- The selection process for the Alameda County Behavioral Health Care Director has three steps: (i) A combined Civil Service /Departmental Level interviewing process; (ii) Informational Panel Interviews by the Mental Health Board and (iii) Informational Panel Interviews by Providers (organized through the Alameda County Council of Community Mental Health Agencies (ACCMHA)).
- The Mental Health Board will interview candidates for the BHCS Behavioral Health Director position during Spring and Summer of 2013.

III. MENTAL HEALTH BOARD MEMBERSHIP AND ATTENDANCE

This section describes each active and ad hoc committee of the Board and identifies liaisons from the MHB to BHCS and County Committees. Active committees offer presentations that educate committee members and the public about topics that impact access quality of care. If a topic receives enough attention in a committee, then the topic is brought to the full board for further action. All committees had a quorum at 100% of their meetings.

A. ACTIVE COMMITTEES

Executive Committee

The Executive Committee coordinates the development of the Mental Health Advisory Board agenda; reviews the bylaws, previews procedures and processes of the Mental Health Board; and recommend courses of action to the full board on an ‘as needed’ basis. Although formal membership includes board officers and the chairs of each standing committee, meetings are open to the entire mental health board. Our goal is to improve the flow of communication between consumers, family members, Behavioral Health Care Administration and the MHB around Mental Health issues.

Chair: Patricia Sweetwine

Vice-Chair: Rochelle Elias

Secretary: Luvenia Jones

Members: Joe Rose, Alane Friedrich, Dr. Jeffrey Davidson

Adult Committee

The Adult Committee provides education for the mental health board and the community on the range of services and BHCS initiatives that impact Adults and Transition Age Youth who receive public behavioral health services. We also review and evaluate community mental health needs thru monthly reports from mental health service agencies. Our goal is to get an overall view of how the system is working and advise system of care directors and behavioral health leadership on strategies for improvement.

Chair: Alane Friedrich

Members: Sheldon Koiles, Joe Rose, Luvenia Jones, Jeff Davidson, Laura Mason

Community members: Beverly Bergman (Mental Health Association), Francesca Tenenbaum (Mental Health Association), Hazel King (Mental Health Association) Mary Suilmann (Telecare Corporation), Dennis Romano (Alameda County Council of Mental Health Agencies), Michael Lisman (BHCS Adult System of Care), Charles Flores (la Familia), Pansy Taft-Butkowski (Sausal Creek). Annie Kim (Family Education and Resource Center), Kathie Zatkan (Alameda County Network of Mental Health Clients), Marsha McGinnis (Pathways to Wellness), Ben Blake (Bay Area Community Services), Guy Qvistgaard (John George Psychiatric Pavilion), Regina Scott (Villa Fairmont), MaryAnn D’Onofrio (BHCS Crisis Response Team)

Children’s Advisory Committee

The Children’s Advisory Committee provides information and education for the “child-serving community” on behavioral health services and initiatives that impact children and families in Alameda County. The committee: reviews and discusses legislation that impacts the Children’s

System of Care; reviews policies that impact children and their families; and partners with schools to develop healthy communities. Our goal is to evaluate how the system is working and how we can collectively problem-solve and improve our Children’s System-of-Care.

- Chair:** Carolyn Novosel
- Members:** Jeffrey Davidson
- Community Members:** 94 providers

Legislative Committee

The Legislative Committee brings pending legislation to the MHB that addresses the delivery of public behavioral health care services. The committee reviews bills that may directly or indirectly have mental health cost and/or benefit to Alameda County and its residents. Our goal is to educate the mental health board about bills that impact behavioral health clients and family members.

- Chair:** Joe Rose
- Members:** Alane Friedrich, Sheldon Koiles, Luvenia Jones
- Community Members:** Charles Flores (La Familia)

Community Awards Committee

The Community Awards committee solicits nominations and selects finalists for the annual MHB “community award.” Community Service Awards are made to individuals, professionals, businesses, and media and recognize efforts made to increase access to care; improve quality of care; create innovative services; or advocate for change. Our goal is to recognize members of our community who have made an extraordinary difference in improving the quality of life for people with “mental illness.”

- Chair:** Rochelle Elias
- Members:** Laura Mason, Luvenia Jones

B. AD HOC COMMITTEES

Grievance Ad Hoc Committee

The Grievance Ad Hoc Committee was established to ensure that the perspectives of consumers, family members and the community-at-large would be represented in project that proactively reviews and evaluates existing grievance procedures. The goal of this effort is to ensure that community members are given adequate respect, dignity and respect while receiving services. Our action plan is to work collaboratively with ACBHCS to proactively review the grievance process existing in hospitals and clinics and make improvements. so as to perspectives. The Ad Hoc Committee meets monthly and interfaces directly with ACBHCS administration and staff.

- Chair:** Rochelle Elias
- Members:** Sheldon Koiles, Luvenia Jones

Bylaws Ad Hoc Committee

The Bylaws Ad Hoc Committee was established to review the current bylaws, update the language and obtain approval and signatures from the BOS.

- Chair:** Patricia Sweetwine
- Members:** Joe Rose, Dorothy King, Luvenia Jones

Training Ad Hoc Committee

The Training Ad Hoc Committee was established to identify the training needs of current board members and work with Mental Health Board trainers to offer curriculum that would increase knowledge and skills.

Chair: Rochelle Elias

Members: Luvenia Jones, Lisa Gifford, Joe Rose

C. MENTAL HEALTH BOARD LIAISONS TO BHCS AND COUNTY COMMITTEES

BHCS Budget Task Force

Advises the Behavioral Health Director on the annual budget for each Fiscal Year.

- Patricia Sweetwine
- Alane Friedrich
- Sheldon Koiles
- Luvenia Jones
- Jeffrey Davidson

MHSA Ongoing Planning Council (Stakeholders Group)

Advises the Behavioral health Director on planning issues associated with Mental Health Services Act funded programs.

- Alane Friedrich

BHCS Quality Improvement Committee

Advises the Behavioral health Director regarding implementation of the annual BHCS Quality Improvement Workplan.

- Patricia Sweetwine (Mental Health Board)
- Alane Friedrich (Family Member)

John George Pavilion Partnership Committee

Advises Director of John George regarding client and family issues.

- Alane Friedrich
- Joe Rose

Measure A Committee

Advises the Alameda County Board of Supervisors regarding expenditures of Measure A funding.

- Rochelle Elias

NON-VOTING LIAISONS FROM COMMUNITY GROUPS TO THE MENTAL HEALTH BOARD

Alameda County Family Coalition

Advises Behavioral Health Care Director regarding family issues.

- Margot Dashiell

Mental Health Board, City of Berkeley

Advises the Mental Health Manager of the City of Berkeley

- Carole Marasovic

IV. MENTAL HEALTH BOARD'S GOALS: FY 13/14

Goals for FY 12/13 are included in the chart, below and were based on the Mental Health Board's bylaws. The new Mental Health Board chair will work with Board members to review progress made in FY 12/13 and take the list below into consideration when developing goals for FY 13/14.

CHART II: MENTAL HEALTH BOARD GOALS – FY 12/13

Goals	Proposed Action Steps
1. Improved Public/Community Communication and Visibility (per Bylaws, Article I: Section II(a) and (i))	<ul style="list-style-type: none"> ▪ Develop strategies to promote more visibility regarding the Board and its functions. ▪ Provide formats for public commentary to present local area mental health concerns and needs.
2. Make Recommendations on Funding Needs for Mental Health-Related Services/Programs (per Bylaws, Article I: Section II (b) and (c))	<ul style="list-style-type: none"> ▪ Evaluate and monitor local area funding for mental health care needs and current programs and services. ▪ Provide support and recommendations to address identified gaps.
3. Establish Improved Communications and Working Relationships with the BOS and Behavioral Health Care Services (per Bylaws, Article I: Section III)	<ul style="list-style-type: none"> ▪ Establish protocols to improve communications and general exchanges of information between the Alameda County Board of Supervisors and the executive staff of the Alameda County Behavioral Health Care Services; that will sustain a congruent and collaborative exchange of ideas and information
4. Provide an Update/Revision of the Board's Bylaws. (per Bylaws, Article I: Section II (k))	<ul style="list-style-type: none"> ▪ The Board will review and assess its current Bylaws and make appropriate recommendations and changes, as needed.
5. Provide Regular Board Reports/Updates to the Board of Supervisors. (per Bylaws, Article I: Section II (b) and (e))	<ul style="list-style-type: none"> ▪ The Board will present regular reports to the Board of Supervisors to update them on activities and to request feedback.

V. BHCS PLANNING PROCESSES

The Mental Health Board is represented on the BHCS Mental Health Services Act *Ongoing Planning Council*, and also on the *BHCS Budget Task Force*. In FY 12/13, these are two of many venues where the county has conducted planning processes that include public comment.

VI. BHCS PERFORMANCE AND RECOMMENDATIONS TO THE BOARD OF SUPERVISORS FOR IMPROVING THE MENTAL HEALTH SYSTEM

The Mental Health Board has a legislative mandate to report on the “needs and performance of the county’s mental health system.” To prepare this section of the annual report, the Mental Health Board reflected on what was learned through the work of the full board, plus its eight committees and seven liaisons. This section offers the Mental Health Board’s reflections on BHCS strengths during FY 2012-2013, and then offers recommendations for improvement.

BHCS Strengths:

1. Focus on the engagement of the faith based communities in Oakland (MHSA Innovations).
2. BHCS Training Department is doing an exemplary job in offering system-wide trainings that are timely and relevant to the challenges faced by BHCS.
3. Children’s Systems of Care. Continues to build successful collaborations across agencies (i.e., juvenile justice, school system, social services). Moving forward with the Healthy Families transition of 22,000 families to Medi-Cal.
4. The quality and dedication of staff that work in the Directors Office is impressive.
5. The BHCS Leadership team has been helpful in clarifying issues brought up by the Mental Health Board Executive Committee and by the public during committee meetings.
6. Moving forward with Healthy Families transition, where 22,000 people will start receiving services through Medi-Cal.
7. Strong financial stewardship.
8. BHCS does an outstanding job of including consumers, family member and providers in planning processes.

Recommendations for Improvement

1. Improve the grievance and appeal process at hospitals and clinics.
2. Provide additional services and supports in the Adult System-of Care to help clients transition through the mental health system (from entry through all phases of recovery and into community life).
3. Ensure that the mental health system offers services for clients who are ready to move through the system and also services that help people who are the most challenged by severe and persistent symptoms. For instance, change how Wellness Centers “work” and allow a wider range of programs to refer clients – let Wellness Centers be community anchors and offer supports to people experiencing different stages of crisis and wellness.

4. Improve access to culturally responsive services for isolated adults who are not currently served in the mental health system. ('Culture' includes age and other factors in addition to ethnicity).
5. Tri-Valley and South County. Expand resource and service capacity in these districts where the Medi-Cal beneficiary population is growing and will need more public services and supports. Encourage a stronger referral system in addition to transportation alternatives so people who live in Tri-Valley and South County can better access public services.
6. Expand the capacity of Community Based Organizations to offer outreach, engagement and direct services to new populations coming into the system (more services are needed due to full implementation of Health Care Reform in January 2014).
7. Assess and address weaknesses with the discharge systems used by our hospitals and jails. Address the lack of an intentionally designed service system that people need after they leave hospitals and jails. Include linkage to a full range of community based services/supports in this "post-discharge" system (i.e., benefits, housing, employment, education, primary care, wellness centers and other self-help services).

ATTACHMENT

California Mental Health Boards State Mandate

Bronzan-McCorquodale Act (1991) California Welfare and Institutions Code <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=wic&group=05001-06000&file=5600-5623.5>

§ 5604. Mental health board

(a)(1) Each community mental health service shall have a mental health board consisting of 10 to 15 members, depending on the preference of the county, appointed by the governing body, except that boards in counties with a population of less than 80,000 may have a minimum of five members. One member of the board shall be a member of the local governing body. Any county with more than five supervisors shall have at least the same number of members as the size of its board of supervisors. Nothing in this section shall be construed to limit the ability of the governing body to increase the number of members above 15. Local mental health boards may recommend appointees to the county supervisors. Counties are encouraged to appoint individuals who have experience and knowledge of the mental health system. The board membership should reflect the ethnic diversity of the client population in the county.

(2) Fifty percent of the board membership shall be consumers or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received mental health services. At least 20 percent of the total membership shall be consumers, and at least 20 percent shall be families of consumers.

(3)(A) In counties under 80,000 population, at least one member shall be a consumer, and at least one member shall be a parent, spouse, sibling, or adult child of a consumer, who is receiving, or has received, mental health services. (B) Notwithstanding subparagraph (A), a board in a county with a population under 80,000 that elects to have the board exceed the five-member minimum permitted under paragraph (1) shall be required to comply with paragraph (2). (b) The term of each member of the board shall be for three years.

The governing body shall equitably stagger the appointments so that approximately one-third of the appointments expire in each year. (c) If two or more local agencies jointly establish a community mental health service under Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 of Title 1 of the Government Code, the mental health board for the community mental health service shall consist of an additional two members for each additional agency, one of whom shall be a consumer or a parent, spouse, sibling, or adult child of a consumer who has received mental health services. (d) No member of the board or his or her spouse shall be a full-time or part-time county employee of a county mental health service, an employee of the State Department of Mental Health, or an employee of, or a paid member of the governing body of, a mental health contract agency. (e) Members of the board shall abstain from voting on any issue in which the member has a financial interest as defined in Section 87103 of the Government Code. (f) If it is not possible to secure membership as specified from among persons who reside in the county, the governing body may substitute representatives of the public interest in mental health who are not full-time or part-time employees of the county mental health service, the State Department of Mental Health, or on the staff of, or a paid member of the governing body of, a mental health contract agency. (g) The mental health board may be established as an advisory board or a commission, depending on the preference of the county. (Added by Stats.1968, c. 989, p. 1913, § 2, operative on the 61st day after final adjournment of the 1968 Regular Session. Amended by Stats.1969, c. 722, p. 1436, § 34, eff. Aug. 8, 1969, operative July 1, 1969; Stats.1969, c. 1120, p. 2185, § 4, operative on the 61st day after final adjournment of the 1969 Regular Session; Stats.1970, c. 1627, p. 3451, § 27; Stats.1971, c. 1593, p. 3345, § 384.5, operative July 1, 1973; Stats.1973, c. 1212, p. 2837, § 328, operative July 1, 1974; Stats.1975, c. 1128, p. 2750, § 3; Stats.1976, c. 679, p. 1675, § 1; Stats.1977, c. 1252, p. 4582, § 588, operative July 1, 1978; Stats.1977, c. 726, p. 2309, § 1; Stats.1978, c. 429, p. 1456, § 210, eff. July 17, 1978, operative July 1, 1978; Stats.1978, c. 852, p. 2695, § 1; Stats.1984, c. 1327, § 9, eff. Sept. 25, 1984; Stats.1985, c. 1295, § 1; Stats.1986, c. 179, § 1; Stats.1987, c. 1004, § 2; Stats.1987, c. 1004, § 3, operative Jan. 1, 1990; Stats.1990, c. 85 (S.B.945), § 1, eff. May 9, 1990; Stats.1991, c. 89 (A.B.1288), § 83, eff. June 30, 1991; Stats.1992, c. 1374 (A.B.14), § 20, eff. Oct. 28, 1992; Stats.1993, c. 564 (S.B.43), § 2; Stats.1995, c. 712 (S.B.227), § 1; Stats.1997, c. 484 (S.B.651), § 1, eff. Sept. 25, 1997.)

§ 5604.1. Meetings of advisory boards

Local mental health advisory boards shall be subject to the provisions of Chapter 9 (commencing with Section 54950) of Part 1 of Division 2 of Title 5 of the Government Code, relating to meetings of local agencies. (Formerly § 5605, added by Stats.1968, c. 989, p. 1914, § 2, operative July 1, 1969. Renumbered § 5604.1 and amended by Stats.1985, c. 1295, § 5; Stats.1991, c. 89 (A.B.1288), § 84, eff. June 30, 1991; Stats.1992, c. 1374 (A.B.14), § 21, eff. Oct. 28, 1992.)

§ 5604.2. Powers and duties of mental health board

(a) The local mental health board shall do all of the following:

- (1) Review and evaluate the community's mental health needs, services, facilities, and special problems.
- (2) Review any county agreements entered into pursuant to Section 5650.
- (3) Advise the governing body and the local mental health director as to any aspect of the local mental health program.
- (4) Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
- (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 mental health 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 Mental Health Planning Council.
- (8) Nothing in this part shall be construed to limit the ability of the governing body to transfer additional duties or authority to a mental health board.

(b) It is the intent of the Legislature that, as part of its duties pursuant to subdivision (a), the board shall assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community. (Formerly § 5606, added by Stats.1968, c. 989, p. 1914, § 2, operative July 1, 1969. Amended by Stats.1978, c. 852, p. 2697, § 4; Stats.1983, c. 1207, § 1.9, eff. Sept. 30, 1938; Stats.1984, c. 1327, § 10, eff. Sept. 25, 1984. Renumbered § 5604.2 and amended by Stats.1985, c. 1295, § 9. Amended by Stats.1991, c. 89 (A.B.1288), § 85, eff. June 30, 1991; Stats.1991, c. 611 (A.B.1491), § 43, eff. Oct. 7, 1991; Stats.1992, c. 1374 (A.B.14), § 22, eff. Oct. 28, 1992; Stats.1993, c. 564 (S.B.43), § 3.)

§ 5604.3. Expenses of board members

The board of supervisors may pay from any available funds the actual and necessary expenses of the members of the mental health board of a community mental health service incurred incident to the performance of their official duties and functions. The expenses may include travel, lodging, child care, and meals for the members of an advisory board while on official business as approved by the director of the local mental health program. (Formerly § 5604.5, added by Stats.1973, c. 407, p. 872, § 1. Amended by Stats.1978, c. 852, p. 2696, § 3. Renumbered § 604.3 and amended by Stats.1985, c. 1295, § 3. Amended by Stats.1991, c. 89 (A.B.1288), § 86, eff. June 30, 1991; Stats.1992, c. 1374 (A.B.14), § 23, eff. Oct. 28, 1992.)

§ 5604.5. Bylaws

The local mental health board shall develop bylaws to be approved by the governing body which shall:

- (a) Establish the specific number of members on the mental health board, consistent with subdivision (a) of Section 5604.
 - (b) Ensure that the composition of the mental health board represents the demographics of the county as a whole, to the extent feasible.
 - (c) Establish that a quorum be one person more than one-half of the appointed members.
 - (d) Establish that the chairperson of the mental health board be in consultation with the local mental health director.
 - (e) Establish that there may be an executive committee of the mental health board.
- (Added by Stats.1985, c. 1295, § 4. Amended by Stats.1991, c. 89 (A.B.1288), § 87, eff. June 30, 1991; Stats.1992, c. 1374 (A.B.14), § 24, eff. Oct. 28, 1992.)



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