

**SANTA CRUZ COUNTY
BOARD OF SUPERVISORS INDEX SHEET**

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Resolution(s):

Ordinance(s):

Contract(s):

Continue Date(s):

Index: --Letter of Chairperson Beautz of April 17, 2007
--2006 Annual Report of the Santa Cruz County Mental Health Board

Item: 23. ACCEPTED AND FILED the annual report of the Mental Health Advisory Board, and approved related action, as recommended by Chairperson Beautz



County of Santa Cruz

BOARD OF SUPERVISORS

701 OCEAN STREET, SUITE 500, SANTA CRUZ, CA 95060-4069
(831) 454-2200 FAX: (831) 454-3262 TDD: (831) 454-2123

JANET K. BEAUTZ
FIRST DISTRICT

ELLENPIRIE
SECOND DISTRICT

NEAL COONERTY
THIRD DISTRICT

TONY CAMPOS
FOURTH DISTRICT

MARK W. STONE
FIFTH DISTRICT

APPROVED AND FILED
BOARD OF SUPERVISORS
DATE: 5/1/07
COUNTY OF SANTA CRUZ
SUSANA MAURELLO
EX-OFFICIO CLERK OF THE BOARD
BY: *[Signature]* DEPUTY

AGENDA: 5/1/07

April 17, 2007

BOARD OF SUPERVISORS
County of Santa Cruz
701 Ocean Street
Santa Cruz, CA 95060

RE: ANNUAL REPORT OF THE MENTAL HEALTH ADVISORY BOARD

Dear Members of the Board:

Attached is the 2006 Annual Report of the Mental Health Advisory Board. I recommend that the Board accept and file this report and direct the Chair to thank the members of the Board for their efforts on behalf of the County.

Sincerely,

[Signature: Janet Beautz]
JANET K. BEAUTZ, Chairperson
Board of Supervisors

JKB:pmp
Attachment

cc: Mental Health Advisory Board

01165A6



County of Santa Cruz

Mental Health Board

PO Box 962 Santa Cruz CA 95061 (831) 454-4767

April 5, 2007

BOARD OF SUPERVISORS
County of Santa Cruz
701 Ocean Street
Santa Cruz, CA 95060

Re: 2006 Annual Report of the Santa Cruz County Mental Health Board

Dear Members of the Board:

On behalf of the Santa Cruz County Mental Health Board, I am enclosing the 2006 Annual Report that highlights our year's activities. During 2006, the SCCMHB addressed many topics related to Mental Health. There were a few however, which occupied much of our attention:

- **Mental Health Board Member Development**
We tackled such concerns as member recruitment and retention, training, choosing clear goals, and developing a process to carry these goals forward in a productive, focused way.
- **Mental Health Services Act (MHSA)**
Because the money provided by this act creates many new and exciting opportunities, the SCCMHB continued to focus much of its attention here.
- **New Mental Health and Substance Abuse Director**
We were delighted to participate in hiring and welcoming the new director, and in developing a strong working relationship with her.
- **Staffing and Training for Client and Family Support**
We believe that appropriate training is vital to the optimal functioning of the MHD. This year we focused our attention on such areas as Peer Counselors, Cultural Competence and Quality Improvement.

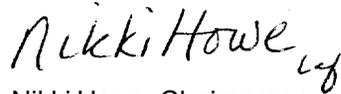
The Mental Health Board recognizes that there are many outstanding individuals working in mental health in Santa Cruz County and in community-based organizations. We would like to formally recognize them and thank them for their dedication and hard work.

While there were many positive and productive areas in 2006, for 2007, the Santa Cruz County Mental Health Board also wishes to recognize some areas of concern:

- Compliance and Quality Improvement
- Implementation issues with the Mental Health Services Act
- Recruitment and retention for the Mental Health Board
- Outreach of services to underserved members of the community

The next year will be full of new challenges for the Mental Health Board and we **look** forward to your support and interest. It has been my great privilege to serve as Vice-Chair of the Board in 2006, and it is, with pride, that I share our accomplishments in this 2006 annual report. We have met the year's challenges and I invite you to read about our progress.

Sincerely,



Nikki Howe, Chairperson
Santa Cruz County Mental Health Board

Attachments

cc: Santa Cruz County Mental Health Board
Leslie Tremaine, Director Mental Health & Substance Abuse

REPORT

2006: An Exciting, Challenging Year for the Santa Cruz County Mental Health Board (SCCMHB).

As you know, each of California's 58 counties operates a public mental health system. Under state law, each system must have the input of citizen advisors in the form of an official Mental Health Board. During calendar year 2006, the Santa Cruz County Mental Health Board had 11 members (attachment A.1), consisting of consumers, family members and general public seats and a member of the Board of Supervisors. We met 12 times during the year for at least two hours each session (attachment A.2 and A.3).

The following is a summary of the areas of focus and accomplishments of the SCCMHB in 2006:

MENTAL HEALTH BOARD MEMBER DEVELOPMENT

MEMBERSHIP

In the Spring of 2006, a nominating committee was formed which recommended that Terry McKinney and Kris Kamandulis hold the positions of co-chairs of the Board, and that Nikki Howe hold the position of vice-chair. Their recommendations were adopted by the Board. The Board sincerely thanked outgoing Chair Carole Birndorf for all of her many accomplishment during her tenure as chair of the SCCMHB.

During the year, the SCCMHB made both gains and losses in membership. While the Board gained two new members during the year (Nikki Howe and Dr. David Coleman), we were sad to say good-bye to former Board chair Judy Williams when her term expired, Terry McKinney, another long-time member who resigned while serving as co-chair of the Board, and David Coleman who also resigned during the year. Because of these resignations and unfilled vacancies, the Board spent most of the year with an average of three vacant seats. We found this to be a challenging situation but managed to work through these issues while keeping a focus on our mission. However, we recognize the need for a full advisory Board and we ask the Board of Supervisors to appoint new qualified members within their district or their colleagues' district as soon as a seat is vacant.

RECRUITMENT AND RETENTION

Because of the turnover in Board membership, much discussion was devoted to recruitment and retention of members. Effort in recruitment included multiple notices in the Santa Cruz Sentinel, personal outreach to prospective members, and contact with professional groups with an interest in mental health (MFT's, LCSW's etc). The Board also discussed the development of appropriate orientation protocols, including a comprehensive notebook/packet for each new member, an orientation meeting with both the chairs and the Mental Health Director prior to beginning service, and possibly a refresher orientation for the entire Board.

TRAININGS

Board members participated in training sessions with the goal of becoming more effective and knowledgeable. A sample of the trainings that members participated in this year included Early Intervention and Prevention, Cultural Competency, MHSA Implementation, Mental Health Boards/Commissions Regional Training, the National Coalition Building Institute Workshop and training from the California Institute for Mental Health (CIMH).

Also during the year, the Board heard from many providers in the Santa Cruz County Mental Health system. Presenters included: Karolin Schwartz, program manager Quality Improvement (QI), presentation on the role of QI in the Mental Health Department; Alicia Najera, program manager Access, presentation on cultural competence in the mental health services agencies; Dane Cervine and Alicia Najera, outreach strategies and access update; Pam Rogers-Wyman, program manager, presentation on homelessness in Santa Cruz County.

COMMITTEES

Over the course of the year, several ad hoc committees were formed to address specific issues. A budget committee was formed to learn about the budget process at county mental health, the Executive Committee

met regularly to develop the agenda, the Planning Committee developed goals and planned the retreat and two members represented our Board at the MHSA Steering Committee Meetings.

GOALS

Setting clear and achievable goals has been an ongoing challenge for the SCCMHB. The difficulty lies in the fact that the needs of the mentally ill are great. A small volunteer Board must come to consensus on what areas are both most urgent and upon which we can have the greatest positive impact, while fulfilling the stated mission of a Mental Health Board.

Many issues in mental health are dear to the hearts of our Board Members. We spent much time discussing our "passions" and why they were important. We all agreed that visiting treatment facilities in the community would increase our knowledge. Several site visits were arranged by individual members and one general meeting was held at a treatment facility.

In order to focus our effectiveness in making an impact on these issues, we decided to hold a special day-long meeting in September in order to develop clear goals and how to carry them forward. From this retreat we agreed on the following goals: (1) develop model for advising the Mental Health Department; (2) develop the SCCMHB Membership; and (3) emphasize participation in the MHSA (see attached work plan).

Since that time, we have stayed true to these goals, spending time on each one and we have ended the year with great optimism and with a sense of purpose for the upcoming year.

MENTAL HEALTH SERVICES ACT (MHSA)

The MHSA is providing needed money for people who are homeless and mentally ill in Santa Cruz County. There are many plans to be written, reviewed and considered and the Board has continued to be included as the process moves forward.

During the year, the MH Department received a letter from State DMH stating the MHSA plan was approved with some deferrals. The Department went into full gear hiring personnel and writing contracts (new/enhanced services). The Department requested assistance from the SCCMHB in filling positions. Job announcements were handed out.

FIRST STEERING COMMITTEE

In February, 2006, the MHSA Steering Committee met for the first time. This committee met monthly and was composed of various stakeholders with two of our Board Members delegated as our representatives on the committee. It was agreed to have an update from this committee to on the agenda of each meeting. It was also requested that a short one-page status report be included each month for members to review.

It was brought to the Board's attention that staff and clients were starting to feel the pre-MHSA and MHSA as the "old" and "new" programs. Only the MHSA programs were getting new equipment, etc. This was hard on morale. The Board wrote to Steve Mayberg, TITLE and legislators, emphasizing the county needed to maintain the old system while the new system comes up, and acknowledges the challenges that this presents.

As the Steering Committee continued to meet, we received a report of their developing priorities tied to oversight and accountability: 1) oversight of the past plan (making sure the plan gets correct implementation); 2) oversight of the development of future plans; and 3) client involvement. We were pleased when Alicia Najera was appointed to the role MHSA Coordinator.

REVIEW PUBLIC CITIZEN, CLIENT AND PROFESSIONAL INVOLVEMENT IN THE PROGRAM

The past year was an extraordinary year for citizen participation. The demands of the MHSA required active participation and involvement by the community. In addition to the many citizens, clients, and family members who attended Mental Health Board meetings to provide comments and input in the operations of the Board, over 2,000 citizens participated in forums, surveys and public hearings. It was a Herculean effort

on the part of staff, and Board members worked to understand the massive changes and requirements of the MHSA. We congratulate staff and Board members for their part in the passage of the MHSA.

The first Town Hall meeting in Watsonville was well attended, despite the bad weather. There was excellent, positive discussion from the community. Fifteen to twenty people were interested in committee support. The Santa Cruz meeting was similarly well attended. The SCCMHB had representation at each of these meetings. We were heartened to see the community response and willingness to volunteer their time.

From these meetings a second (permanent) Steering Committee was formed which will begin to meet in 2007. Again the SCCMHB will have two representatives on this committee.

At this writing, the Board is engaged in determining goals for 2007. The MHSA will be a continuing challenge for the Board. Working in conjunction with the County Mental Health Department, the Board is preparing a broad-based stakeholder planning process to develop a three-year plan for the implementation of the Mental Health Services Act.

REQUEST FOR PROPOSALS (RFP'S): ADULT AND CHILDREN'S FAMILY ADVOCATE POSITIONS

Lead by community demand, the Board promoted the idea that some MHSA money should be spent on two Family Advocate positions: one for adults and one for children. This issue was dear to the heart of several Board members and the Board worked closely with the County in developing the RFP's for these positions. The Board asked that more money be allotted for these positions and the County agreed to add language to bring enhancement up to a possible \$60,000 for each position. After several months of deliberation, both RFP's were accepted by the Board and they were sent out to community organizations.

The SCCMHB had one representative on each panel and ultimately two bids were accepted. While the Board still feels that the amount of money is not adequate to cover the needs of the whole County with respect to family advocacy, we are pleased that a start has been made.

NEW MENTAL HEALTH AND SUBSTANCE ABUSE DIRECTOR

At the beginning of the year, Carolyn Stewart functioned as acting director of Mental Health and Substance Abuse in the absence of the former director. We thank her for filling in when she was needed, attending our meetings, and helping to keep us informed.

In 2006, the SCCMHB participated in the hiring of a new Mental Health and Substance Abuse Director, Leslie Tremaine. The job description for the director position was given to Board members. Many of the requirements for the position came from the state statute. Because this position supervises Mental Health and Substance Abuse, the preference was to have someone with experience in both disciplines. The Board was excited to be a part of the recruitment/selection process and is proud of our participation in filling this important role.

Leslie Tremaine accepted the position of Director of Mental Health and Substance Abuse and began in her new role on September 1, 2006. She proved to be well-qualified and committed to help the system begin the process of transformation. Since that time, she has worked closely with our Board and we believe that we've developed a strong and positive working relationship with her. We've found her to be a responsive and talented director. We thank her for much help and support and look forward to continuing to work with her in future years.

STAFFING & TRAINING FOR CLIENT AND FAMILY SUPPORT

COMPLIANCE & QUALITY IMPROVEMENT(QI)

Karolin Schwartz, ¶ Manager, gave an insightful overview of the QI function and reported on the audits that are conducted with the Mental Health Department. The Board feels that this area needs more people and funding to provide the oversight necessary. As it now stands, it appears that this department is forced to focus solely on meeting state regulations with little time to evaluate improvements that are not state-mandated.

CULTURAL COMPETENCE

Elizabeth Soria, Dept. Analyst, presented an overview of Cultural Competence in Mental Health and Substance Abuse and how it is addressed in the programs and with employees at the County. From this presentation, there was discussion on needing to look at the penetration rates and outreach strategies. The Board was pleased that some Cultural Competence training was available to staff and encourage this trend to continue. However, we were concerned that there is little follow-up to evaluate the effectiveness of such training. In addition, the Board has noted that among some minorities, the penetration rates of Mental Health services are inadequate. We recommend that more attention be paid to this area in the future.

PEER COUNSELING

The Board has been very supportive of peer counseling as an avenue to better serve mental health clients. This serves both as an avenue for consumers to receive valuable skills and employment as peer counselors, and as a source of support for clients who receive their services. We note however, that peer counselors must receive adequate training for this type of counseling service to be effective.

OTHER AREAS OF FOCUS AND CONCERN

Other areas that we have focused on this year are the need for better customer service within the mental health system, the need for law enforcement to be well trained to deal with the mentally ill, the development of a mental health court modeled after other successful county systems, attention to acute services with a focus on prevention and appropriate step down care, the needs of special populations including transition age youth (TAY), and the pressing need for more community education. As you can see, we have no shortage of issue to address and to bring to your attention.

The Board wishes to thank Supervisor Ellen Pirie for her active participation throughout the year and her leadership and expertise in moving the MHSA planning process forward. We will move forward in 2007 with Supervisor Neal Coonerty and look forward to his support and efforts. In conclusion, the Board anticipates being at full strength in the upcoming year, and to working with the Director, Leslie Tremaine, to fulfill the duties of the Santa Cruz County Mental Health Board.

Attachment A.1

Santa Cruz County Mental Health Board Official Membership (Structure)

Pursuant to the provisions of County Code Section 2.104.020, the membership shall consist of 11 members, 10 appointed by the Board of Supervisors, and 1 appointed representative of the Board of Supervisors.

CATEGORY/NOMINATED BY	MEMBER	TERM ENDS
1 1 ST DISTRICT - GENERAL PUBLIC	Ginny Gomez Soquel, CA	4/2007
2 1 ST DISTRICT - CONSUMER/FAMILY	Nikki Howe Santa Cruz, CA	4/2008
3 2 ND DISTRICT - GENERAL PUBLIC	Carole Birndorf Aptos, CA	4/2008
4 2 ND DISTRICT - CONSUMER/FAMILY	Chris Fitzgerald Aptos, CA	4/1/2009
5 3 RD DISTRICT - CONSUMER/FAMILY	Kristine Kamandulis Santa Cruz, CA	4/2008
6 3 RD DISTRICT - CONSUMER/DIRECT	Mary L. Cross Santa Cruz, CA	4/2007
7 4 TH DISTRICT - CONSUMER/DIRECT	Sara Hummingbird Santa Cruz, CA	4/2007
8 4 TH DISTRICT -	VACANT	4/2008
9 5 TH DISTRICT GENERAL PUBLIC	Joan McVay Ben Lomond, CA	1/2008
10 5 TH DISTRICT - GENERAL PUBLIC	Tove Beatty Felton, CA	1/2009
11 Member, BOARD OF SUPERVISOR	Ellen Pirie Santa Cruz, Ca	
Recorder - Administrative Aide	Lorna Fox Santa Cruz, CA 95060	

1st District. Jan Beautz; 2nd District Ellen Pirie, 3rd District: Neal Coonerty; 4th District: Tony Campos; & 5th District. Mark W. Stone
The Board must have at least three direct consumers and three consumer/family members. The other four members can represent consumers, consumer/family or the general public.

**Attachment A.2
Santa Cruz County Mental Health Board
Attendance Roster 2006**

	Jan	Feb	March	April	May	June	July	Aug 3 SM	Aug	Sep	Oct	Nov	Dec
Carole Birndorf	X	X	X	X	X	E	X	E	E	X	X	X	No Mtg
Ellen Pirie	X	E	X	E	U	E	E	U	X	E	X	E	No Mtg
Judy Williams	X	X	X	TERM ENDED 4/1/06									
David Coleman	N	N	X	X	X	X	RESIGNED JUNE MTG						
Mary Cross	U	X	E	X	X	E	X	U	X	X	E	U	No Mtg
Terry McKinney	X	X	X	---	X	X	X	X	E	X	X	RESIGNED	
Ginny Gomez	X	X	X	X	X	E	X	U	X	X	X	X	No Mtg
Sara Hummingbird	X	X	X	X	X	X	X	U	E	X	X	X	No Mtg
Kristine Kamandulis	X	X	X	X	X	X	X	X	X	X	X	E	No Mtg
Nikki Howe	N	X	X	X	X	X	X	X	E	X	E	X	No Mtg

Meetings will be held in December if there is a need

X= PRESENT

E= EXCUSED

U= UNEXCUSED

R= RESIGNED FROM BOARD

N= NOT APPOINTED YET

NM= NO MEETING UNLESS THERE IS A NEED

SV= SEAT VACATED - TOO MANY ABSENCES

CI= Conflict of Interest

SM is special meeting

II. Meetings

D. When a member fails to attend three (3) consecutive meetings without good cause entered in the minutes of the Mental Health Board, or if a member fails to attend six (6) meetings during any twelve (12) consecutive month period with or without good cause, a vacancy shall exist and shall be reported in writing by the Mental Health Board Chair to the Board of Supervisors, the Clerk of the Board, and the member vacating his or her seat of the Mental Health Board.

**Attachment A.3
2006 SCCMHB MEETINGS**

DATE	TIME	LOCATION	COMMENTS
1/19/2006	3:00 - 5:00	1400 Emeline, Bldg K, Santa Cruz, CA	
2/16/2006	3:00 - 5:00	1400 Emeline, Bldg K, Santa Cruz, CA	
3/16/2006	3:00 - 5:00	1400 Emeline, Bldg K, Santa Cruz, CA	
4/20/2006	3:00 - 5:00	1400 Emeline, Bldg K, Santa Cruz, CA	
5/18/2006	3:00 - 5:00	1400 Emeline, Bldg K, Santa Cruz, CA	
6/15/2006	3:00 - 5:00	18 West Beach Street, Watsonville, CA	
7/20/2006	3:00 - 5:00	1400 Emeline, Bldg K, Santa Cruz, CA	
8/3/2006	3:00 - 5:00	1400 Emeline, Bldg K, Santa Cruz, CA	Special Meeting
9/21/2006	3:00 - 5:00	El Dorado Residential, Santa Cruz, CA	
10/19/2006	3:00 - 5:00	Vet's Hall, Santa Cruz, CA	

Attachment A.4

Role of the Santa Cruz County Mental Health Board 2006 Annual Report

The Welfare and Institutions Code requires that every County have a Mental Health Board or Commission, and AB 14 established specific mandates for the number and function of County Mental Health Boards. Our Board, therefore, is required to have 10 members appointed by the County Board of Supervisors and one designated member of that Board for a total membership of 11. In addition, the Board is mandated to meet requirements for consumer, family, and multi-cultural representation.

The legally mandated responsibilities of the Mental Health Board specify that we:

1. Submit an annual report to the Board of Supervisors and the County Mental Health Department.
2. Review and evaluate the County's mental health needs, services, programs, access to services/programs, special needs, and special services.
3. Advise the Board of Supervisors and the Mental Health Department of the concerns, evaluations, findings, and recommendations of the LMHB about any aspect of mental health services/programs in our county.
4. Review and monitor public/citizen, client, and professional involvement in the program planning and program evaluation process.
5. Review any county agreements entered into pursuant to Section 5650 of the Welfare and Institutions Code.
6. Assess the impact of the re-alignment of services from the state to the county on mental health services.
7. Review, evaluate, and report on the County's performance outcome data to the State Mental Health Planning Council.
8. Participate in the selection process, review, and make recommendations for the position of County Mental Health Director.

The specific duties and functions of committees and members of the Mental Health Board are governed by the Bylaws of the Board, which must conform to the County Charter, A.B. 14, the Bronzan-McCorquodale Act, and the Brown Act.