

Ideas by MH Board Members for how the MH Board could operate for FY 11-12

[MHB member submission #1](#)

Platform summary for this New Year is as follows:

Consumer Voices, Consumer Voices, Consumer Voices, MHD Outcomes, MHB Business Planning and Collaboration, Recognition, and Informing the Public through technology and Speaking Engagements.

Platform Brief:

- 1) A shift from a primary focus and talk about services rendered, to a dual focus which includes outcomes for these services through regular reporting of customer satisfaction surveys, frequent testimonials of consumers that are experiencing mental health care from our system. In other words, what is the real impact on consumers from the MHD and the service dollars the MHD is spending.
- 2) One of the MHB responsibilities in the bylaws is to recognize "outstanding work" and hope to do that on a regular basis. Carol Irwin is the only person I have seen recognized in the past two years.
- 3) Collaboration from the very beginning of my term until the end. Most importantly designing a roadmap for our board together which "begins with the end in mind." For instance, what do we want our fiscal report to the board of supervisors to include? What accomplishments do we want to report on? What success metrics will we hold ourselves accountable for this coming year? We need to have these things ironed out together and get buy in from the entire board... then we need to measure our results monthly and hold ourselves accountable. We will do this together as a team...
- 5) Delegation of responsibility to each board member is important, however, board members are often times unaware of their roles, responsibilities and the influence we possess. As a chair I will be asking each member to partake in discussion periods to engage every member so that their time is as useful as possible. Every voice matters.
- 6) The use of technology to inform our public through video and audio taping presentations in order to reduce presentation overhead. For instance, Elena Tindall gives a presentation on Suicide prevention. She gives the exact same presentation 5 or 10 other times. A simple video presentation could be used hundreds and thousands of times which means education more people with less time required by Elena. The cost could be minimal depending upon whether it is video or audio. The bottom line is the focus will be to inform our stakeholders and public and utilize staff resources as cost effectively as possible. Posting audio and video to our web is a step in the right direction as well.
- 7) Speaking engagements whereby the board members go out and raise awareness of the board, opportunities to serve and communicate vital information while using these opportunities to learn from our community and report back to their sub-committees, executive committee and full board. These engagements would be strategically built into the MHB business plan from the very beginning of the new term and would have strategic value as well.

These are the guiding principles that I envision for the new term subject to Mental Health Board discussion and refinement.

MHB member submission #2

There are two committees mentioned in the current By-Laws...that of the Executive Committee while the other is the Recruiting Committee (if my senior memory serves me right). At any rate, the Executive Committee is working well while the other Committee has been nonexistent. I think that's why our ethnic minority representation of the MHB is not in accordance with our services population nor to the Statute that created the MHB.

The minority customers have a right to be represented on the MHB. After all, these customers comprised the highest number of clients the Department is serving. I think it's time we seriously scrutinize this representation problem, and write and implement a plan of action to abide by the statute and to correct the membership dilemma. If permissible and if you are serious, I'll gladly help out with the recruitment. If you don't do anything, this problem will continue to have less and less ethnic/minority consumers on MHB.

It's time to have the MHB meet in different minority/ethnic communities. The Department has contracts with minority service providers. The MHB can meet at this site while at the same time be introduced to what the agency offers. It should be an education for MHB members. In the past, we have meetings at Los Altos Hills, Palo Alto and Gilroy. Why not have the MHB monthly in places like AACI (Asian-American for Community Involvement) or Gardner Health Center. You can argue that the ethnic/ minority population can come to our meetings in downtown but for the last two years I was with MHB, that hasn't happened.

The other subcommittees are not included in the By-laws that I have. Don't you think it's time to include them in the by-laws? With dwindling resources, I think it is also high times to look at merging some of the committees and their functions to make them more effective and more efficient use of staff time.

I also recommend each committee should have an annual plan to follow in implementing throughout the fiscal year. Should they have this plan written and some deliverables accomplished, writing the annual report should be easy.

I thoroughly enjoyed my time with MHB and with MAC. Speaking for Richard and Wes, I think the MHB should figure out a way in which these two individuals continue to be involved even after they go off the Board. Their knowledge and contributions would benefit the workings of committees and the MHB.

Thanks for the opportunity. I always say that if we don't write them down, they will not get done. As they say, no one plans to fail. We just fail to plan. Let's have a plan of updating the By-Laws, Let's have a plan of action to recruit more ethnic minority consumers to MHB. Let committees have a written plan to implement. Let's have a plan to have productive MHB members continue to contribute even though they are off the Board. Let's have all of these plans written. If we do, they will get done.

MHB member submission #3

**Santa Clara County Mental Health Board
Board Projects or Topics for Review
2011 – 2012**

The board meetings should be managed differently. They should be divided into three segments. The first half hour would cover the various administrative actions that we typically do now, like oral communications, agenda and minutes approval, Chair's report, etc. The next hour would cover a topic the board agrees needs addressing, like veterans treatment, LGBTQ matters, etc. (I've got 11 topics, attached) Board members should be the leads for individual issues. The last 30 minutes is for the Director of Mental Health and the COB officer. I'd leave all fiscal and planning discussions to that subcommittee. The goal is to proactively address matter matters that are crucial to good mental health in Santa Clara County.

The Executive Meeting should address what will be on the board meeting agenda. It should confirm the issue to be discussed and you'll be working on it. Also the subcommittee reports can be briefly discussed and the Board Admin can give a summary report at the General Board Meeting.

1. Mental Health Services for Veterans – Veterans Hospital and beyond
2. Santa Clara County Public Schools On-Campus Mental Health Programs – BoS President David Cortese's Call For Action
3. Adult Mental Health Services and the Business Community – EAP and more
4. Older Adults – What We Learned From the Summit
5. Medi-Cal, Privately Insured and Uninsured – Who Covers What and Are Our Needs Being Met
6. Mental Health Patients Bill of Rights – Mental Health Advocacy Project and Rights for Individuals in Mental Health Facilities Handbook
7. Suicide Prevention – Where We Are At
8. Mobile Crisis Unit for All Ages – The Need & Efficacy
9. Primary Care & Mental Health Needs – the HEARD Alliance, IMPACT, and more
10. Grief Counseling Services – How Can They Help and Are They Meeting Santa Clara County's Needs (KARA, Centre For Living With Dying, Survivors of Suicide, Grief Brief)
11. LGBTQ Community and Mental Health Access