



“Increasing Effectiveness of Mental Health Boards/Commissions: Applying MHSA Principles to Local and Statewide Advocacy Efforts”

A REGIONAL TRAINING FOR LOCAL MENTAL HEALTH BOARDS AND COMMISSIONS (LMHB/Cs)

Southern California and Los Angeles Regions

Saturday, June 25, 2011 from 10:00 AM – 12:30 PM

WEBINAR MEETING

AGENDA

10:00 AM – 10:10 AM	Welcome and Introductions <i>Donna Matthews, MSW, Associate, California Institute for Mental Health (CiMH); Charmaine Quinlan, Southern California Regional Coordinator, CALMHBC</i>
10:15 AM – 10:25AM	Statewide Advocacy: The Role of the CA Association of Local Mental Health Boards and Commissions (CALMHBC Board) <i>Charmaine Quinlan, Southern California Regional Coordinator, CALMHBC</i>
10:25 AM - 10:55 AM	Interplay of Local & Statewide Advocacy under MHSA, with Q & A <i>Richard Van Horn, MHA-LA, Vice Chair of MHSOAC</i> <ul style="list-style-type: none">• Being a resource to your legislator & the timetable for change.• Open stakeholder process in the transformation of DMH.
11:00 AM – 11:30 AM	Dialogue: Applying Advocacy Strategies in LMHB/Cs under MHSA <i>Facilitated by Donna Matthews, MSW, Associate, CiMH</i>
11:30 AM – 12:00 PM	Transformational Advocacy as an Individual LMHB/C Members <i>Mike and Mary Gonzales, Tehema County Mental Health Board</i>
12:00 PM - 12:25 PM	The CALMHBC Board: Ensuring the representation of diverse communities within our LMHBCs and at the statewide level. <i>Charmaine Quinlan, Southern California Regional Coordinator, CALMHBC</i>
12:25 PM – 12:30 PM	Wrap Up and Evaluation

The Mental Health Board Evaluates Itself

Our board prepares to do its job by...

- | | | | |
|----|--|-----|----|
| 1. | Conducting a thorough orientation for all board members. | YES | NO |
| 2. | Integrating new members into the team as quickly as possible. | YES | NO |
| 3. | Attending board development trainings. | YES | NO |
| 4. | Performing an annual self-evaluation of board operations. | YES | NO |
| 5. | Providing all board members with copies of the mission statement, bylaws, Welfare and Institutions Codes regarding the board, long-range plan, and all other documents of the organization such as, board roster, Committee list and who is on them, etc. | YES | NO |
| 6. | Touring all facilities at least once a year. | YES | NO |

Our board ensures good meetings by...

- | | | | |
|-----|---|-----|----|
| 7. | Limiting most meetings to two hours or less. | YES | NO |
| 8. | Providing a comfortable meeting room conducive to business. | YES | NO |
| 9. | Convening and adjourning on time. | YES | NO |
| 10. | Sticking to the prepared agenda. | YES | NO |
| 11. | Working for Consensus rather than lighting for a majority. | YES | NO |
| 12. | Following a business-like system of parliamentary rules. | YES | NO |
| 13. | Including the Mental Health Director as a resource for all deliberations. | YES | NO |
| 14. | Confining all discussions to policy issues and avoiding management issues. | YES | NO |
| 15. | Allowing encouraging all board members to participate in the discussions. | YES | NO |

Individual board members...

- | | | | |
|-----|---|-----|----|
| 16. | Attend at least 90% of all board meetings and committee meetings to which they're assigned. | YES | NO |
| 17. | Come to meetings prepared to discuss agenda issues. | YES | NO |
| 18. | Come to meetings on time. | YES | NO |
| 19. | See yourself as a part of a team effort. | YES | NO |
| 20. | Act as lobbyists for the Mental Health Department. | YES | NO |
| 21. | Know your responsibility as a representative of your board. | YES | NO |
| 22. | Attempt to exercise authority only during official meetings of the board. | YES | NO |
| 23. | Represent the board interest of all those who use the system and not just personal or special interests. | YES | NO |
| 24. | Understand the most efficient way to govern is to delegate management to the Mental Health Director. | YES | NO |

Our board plans for the future of the mental health department by...

- | | | | |
|-----|--|-----|----|
| 25. | Annually reviewing and approving the mission statement, the programs and services. | YES | NO |
| 26. | Annually reviewing progress toward the long-range plan and modifying the long-range plan. | YES | NO |
| 27. | Operating from opportunity to opportunity rather than Crisis to crisis. | YES | NO |

Reinforcements and solutions:

In which of the major categories above does your board show strength?

In which of the major categories above does our board need improvement?

NOTE: This survey was reproduced from The Cain Consulting Group in their The Board Team Handbook. It is an excellent book for boards.

A Mental Health Board Evaluation of Meetings

The outcome of any meeting depends heavily on the process. A well-organized and well-managed meeting produces good results. A disorganized meeting produces frustration and anger and does nothing for your mental health department or the goals of your board.

By having *each board member* answer the following questions, your board will know the areas that need improvement.

Circle the response that best describes your meeting:

- | | | | | |
|-----|---|-----|----|-----------|
| 1. | Do meetings begin and end on time?..... | YES | NO | SOMETIMES |
| 2. | Do meetings have a positive tone?..... | YES | NO | SOMETIMES |
| 3. | Does the board chairperson lead the meetings? | YES | NO | SOMETIMES |
| 4. | Does everyone come prepared? | YES | NO | SOMETIMES |
| 5. | Do board members stick to the agenda? | YES | NO | SOMETIMES |
| 6. | Does the board work for consensus? | YES | NO | SOMETIMES |
| 7. | Do all members participate in discussions? | YES | NO | SOMETIMES |
| 8. | Are all meetings completed in less than two hours? | YES | NO | SOMETIMES |
| 9. | Is the Mental Health Director encouraged to participate? | YES | NO | SOMETIMES |
| 10. | Is the meeting room comfortable? | YES | NO | SOMETIMES |
| 11. | Has the board agreed on a parliamentary resource such as Robert's Rule of Order? | YES | NO | SOMETIMES |
| 12. | Does the board have enough information to make decisions about agenda items? | YES | NO | SOMETIMES |
| 13. | Do at least 90-95% of the members attend? | YES | NO | SOMETIMES |
| 14. | Does the agenda focus on policy issues rather than management issues? | YES | NO | SOMETIMES |
| 15. | Are board members equal in the discussions and not dominated by one or two members? | YES | NO | SOMETIMES |
| 16. | Do board committees demonstrate that they are working and producing results? | YES | NO | SOMETIMES |
| 17. | Is discussion cordial and does it avoid personal attacks? | YES | NO | SOMETIMES |
| 18. | Do board members feel free to express even dissenting viewpoints? | YES | NO | SOMETIMES |
| 19. | Do board members leave the meeting still feeling like a team? | YES | NO | SOMETIMES |
| 20. | Do board members leave the meeting with a feeling of accomplishment? | YES | NO | SOMETIMES |

Evaluation follow-up:

If you circled any “NO” or “SOMETIMES” responses, list below the actions you will take to correct the problem so your meeting will run better and produce better results.

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ADVOCACY MADE FRUITFUL

PRESENTED BY

**RICHARD VAN HORN,
MHA-LA AND VICE CHAIR of the MHSOAC**

JUNE 25, 2011

ADVOCACY MADE FRUITFUL

1. Make friends in local offices
 - a) Offer resources
 - b) Provide contacts
 - c) Offer yourself (local work strengthens state office)
 - d) Do a-c long before asking for anything
2. Election cycles JUNE 25, 2011
 - a) Wait for a clear front runner, then get involved
 - 1) Walk a precinct,
 - 2) Host a coffee
 - 3) Give money as possible
 - b) Attend the victory party
 - c) Follow up with congratulatory note
3. Watch your stock rise with your legislator

CHANGES AT STATE DMH & DADP

July 2011:

- All Medi-Cal moves to DHCS
- State hospitals begin process of becoming separate department
- Evaluation and TA move to MHSOAC

July to October 2011: stakeholder process to advise on location of remainder of both DMH and DADP

January to July 2012: legislative changes enacted

July 2012: DMH and DADP cease to exist as separate departments

STAKEHOLDER PROCESS FOR DMH TRANSFORMATION

- State level boards and organizations will be involved
- Regional and local organizations and boards need to be in constant contact with their state offices
- Process is to start by July 15th
- During this process stay in close touch with legislative offices



California Institute for Mental Health

Applying Advocacy Strategies within our Roles and Responsibilities as Members of Local Mental Health Boards and Commissions

Southern and Los Angeles Regional Training
June 25, 2011

Presented by
Donna Matthews, MSW, Associate, CIMH

Purpose of this Presentation

1. Understand the “Essential Ingredients of a Successful Stakeholder Process.”
2. “Growing” and sustaining an effective team approach as a Board/Commission.

Effective Mental Health Boards

- ❖ Oversee and monitor the local mental health system
- ❖ Advocate for individuals with serious mental illness
- ❖ Provide advice to the BOS and the local mental health director
- ❖ Ensure the development of improved services, access to services and the best mental health program possible.
- ❖ **Review, evaluation and advise** on recommendations

SOCIAL JUSTICE ADVISORY COMMITTEE
Essential Ingredients to a Successful Stakeholder Process Grounded in Integrity
Adopted by the California Mental Health Directors Association
February 10, 2011



SJAC recommends the following *essential ingredients* for a *successful and meaningful* on-going community stakeholder process. These ingredients should be present in the creation and delivery of services to those with behavioral health needs, which will support a system of care that is based in the values of individuals, families and communities:

1. Ground all efforts in integrity, compassion and humility for the individuals, families and communities that have been impacted by behavioral health challenges;
2. Know the ethnicities, languages and cultures of the communities to be served. Engage in age-appropriate and culturally relevant outreach. Develop strategies chosen by all to meet their needs;
3. Demonstrate honor and respect toward the unique cultural values, beliefs and preferences of individuals, families and communities;
4. Recognize the value and wisdom of stakeholders' life experiences as expertise, and prioritize accordingly;

5. Aim to reduce stigma and discrimination in all interactions with stakeholders. One way to promote this is by providing many opportunities for the inclusion of a wide range of perspectives and preferences;
6. Educate and inform the community in planning goals and process so that the intent and purpose is clear, and all can participate meaningfully;
7. Conduct all planning processes in a manner that assures there is active interaction and broad participation from community stakeholders from inception, while still welcoming new participants at all points in the process;
8. Incorporate community stakeholders' input and ideas into the strategies and results included in plans and other ongoing projects;

9. Make a commitment to build and maintain trusting relationships by demonstrating ethical accountability between providers of services and all individuals, families, and diverse community stakeholders. Achieve this through welcoming invitation, continuous dialogue, and inclusion throughout all points in program and service implementation. Dialogue and inclusion prioritizes the ability of service providers to accept constructive criticism, and to recognize the need for flexibility in ongoing programming to accommodate the community's needs;
10. In an effort to ensure all interested individuals have an opportunity to participate, extra efforts should be made to remove barriers and reach historically unserved, underserved and inappropriately served communities in each identified stakeholder category.

For more information, go to:

<http://www.cmhda.org/go/Committees/SocialJusticeAdvisoryCommitteeSJAC.aspx>

Effective Mental Health Boards are aware of their Roles:

Per Welfare and Institutions Code Section 5604.2

Review and evaluate the community's mental health needs, services, facilities and special problems.

Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.

Effective Boards attend to:

- **Membership and Recruitment**
- **Being Organized**
- **Getting Work Done**
- **Making Meetings Work**
- **Positive Advocacy**
- **Engage in Self-Evaluation**

Mental Health Board Membership

Per Welfare and Institutions Code Section 5604

- a) Each community mental health services shall have a board consisting of 10-15 members.
 - o Appointed by Governing Body (i.e. BOS)
 - o Small Counties Exception: If less than 80,000 population, *may* have a board consisting of 5 members.
 - o 50% of members shall be consumers or the parents, spouses, siblings or adult children of consumers, who are receiving or have received mental health services.
 - o 20% of total members shall be consumers.
 - o 20% of total members shall be families of consumers.
- b) The term of each member shall be 3 years and terms will be staggered by the governing body.

Getting Organized

The Mental Health Board has Goals and Objectives

- Allows Board to establish annual expectations for itself
- Translates into an annual work plan
- Work plan is primary tool to anticipate matters and track status of matters at the Board and standing Committee levels.
- Board work plan, along with goals, provides a benchmark for annual evaluation of the Board.

Understands Policies and Procedures

Establishes and complies with Board By-Laws

Getting Work Done

Use of Committees:

- Permit Board members to service according to their strengths
- Allow Board members to become more knowledgeable about specific areas.

Two types of committees:

- **Standing** – Ongoing related to continuing roles and responsibilities of Board (i.e. Executive, Membership, Budget, Data Committees)
- **Ad Hoc** – Time limited and formed to accomplish specific task (Community Assessment, Community raised issue)

Making Meetings Work

Meetings are effective when:

They achieve their objective

They use time efficiently

Participants feel satisfied that a sensible fair process occurred.

The whole community is able to participate.

If we think about the importance of full and inclusive community engagement, how are your boards and commissions engaging with diverse communities and individuals?

Positive Advocacy

Perceptions of "Advocacy"

Can have negative connotation.

What are examples of when this may occur?

Or

Can also have a positive connotation.

What is different when this occurs?

Positive Advocacy

Tips and Tools:

- Advocate for what will make things better, stronger, more effective.
- Be clear about your message
- Know what you want to accomplish as a result of advocating
- Do your homework
- Develop strategic partnerships*
- Speak from personal experience
- Show passion, but control emotions
- Listen actively; Be respectful and courteous
- Know when and how to negotiate and compromise
- Encourage community members to speak for themselves!

Under MHSA, we strive to empower individuals and communities to have their own voices.

What is WORKING in your county to engage diverse communities?

What partnerships work to advance advocacy efforts on behalf of under or unserved people?

Self Evaluation by Board

Just as the Board reviews and evaluates the progress of their mental health **system**, it is also critical to assess ***the operation of the Board.***

Just as the Board reviews and evaluates ***itself***, it is also important to assess ***the effectiveness of Board meetings.***

Thank you...
for your service to your community!



California Institute for Mental Health

Advocacy 101

Presented by:
Mike Gonzales,
Tehema County Mental Health Board,
1st Vice President, CALMHBoard

June 25, 2011
Southern and Los Angeles Regional Training for LMHB/Cs

Ad – vo - cate

- 1) One that pleads the cause of another
- 2) One that defends or maintains a cause or proposal
- 3) One that promotes or supports the interests of another

Nuts and Bolts of Being an Advocate

- Educate yourself
- Educate the public and other stakeholders
- Educate public officials and their staff

Google your state government and legislature web sites, e.g.

- > www.alabama.gov and www.legislature.state.al.us
- > www.illinois.gov and www.ilga.gov
- > www.wv.gov and www.legis.state.wv.us



Reach out to local media -



Establish relationships with local reporters

- > Write a letter to the Editor or an Op-Ed piece for your local paper
- > Provide dates and times for survivor meetings and education classes to media
- > Review AFSP media guidelines

Speak at a city/town Council or School Board meeting, benefits include-

- > Opportunity to speak to a large number of public officials at once
- > Reach like-minded members of your community
- > Make contact with local reporters covering the meeting

Events Press Releases

- Events i.e. an organized legislative day, can generate media
- Press releases should be sent to the media at least 1 week prior to event
- Press releases should be 1 to 1 ¼ pages and include: Who? What? Where? When? and Why? information
- Send press releases to local newspapers, radio and TV news stations

Reaching out to Public Officials

- You can-
 - Write, phone or email Members of Congress or other officials
 - Make an appointment to meet your public officials
 - Work on and distribute nonpartisan analyses and studies
 - Provide technical assistance and advice to legislative bodies
 - Provide testimony
 - Write letters to the editor, appear on television or radio
 - Encourage family, neighbors and friends to be involved

When speaking or visiting with a Public Official

- Be brief – brevity is appreciated
- Explain your personal or professional interest in suicide prevention issues
- Know how the issue affects suicide prevention, education or research
- Know precisely what you want the public official to do
- Offer to be a resource on suicide prevention issues
- Leave behind short issue briefs or other information
- Be cordial
- If you have time, follow up with a thank you note

When writing or emailing a public official

- Fully state your case, using the same facts you would in a visit
- Make clear you expect a prompt response
- Be polite and courteous, never threaten or challenge
- If possible, follow up with a phone call, and say so in your letter or email

CALIFORNIA STATE LEGISLATURE

California State Senate Web Site
California State Assembly Web Site
Glossary of legislative terms

<http://www.legislature.ca.gov/>



Reaching Out to Public Officials - Recap

- Communicating with your elected officials and their staff – Be brief and to the point!
- Writing or emailing an elected official – Make your case clearly!
- Visiting with your elected official – Remember their staff is important!

Stay in Touch! Become a Resource
to your Elected Officials!



Making a Difference!

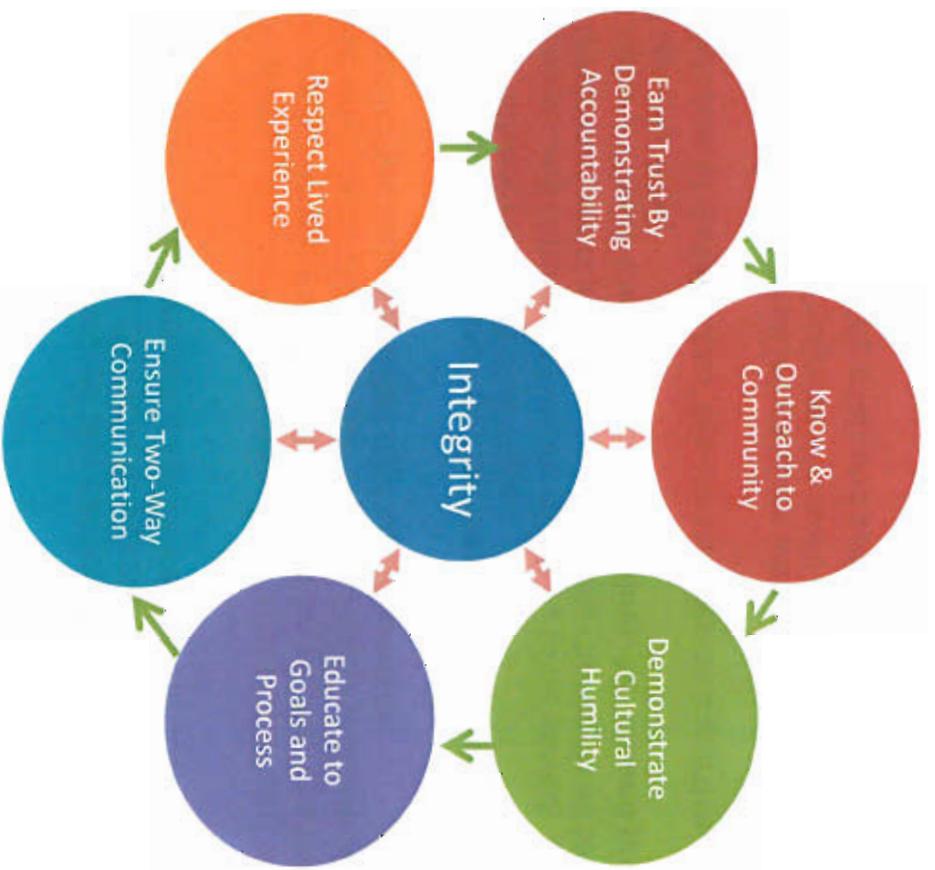


SOCIAL JUSTICE ADVISORY COMMITTEE

Essential Ingredients to a Successful Stakeholder Process Grounded in Integrity

Adopted by the California Mental Health Directors Association

February 10, 2011



Ingredients

The Social Justice Advisory (SJAC) Committee of the California Mental Health Directors Association (CMHDA) supports and assists CMHDA in decision and policy making that aims to reduce disparities in service access and care across diverse populations.

SJAC recommends the following **essential ingredients** for a **successful** and **meaningful** on-going community stakeholder process. These ingredients should be present in the creation and delivery of services to those with behavioral health needs, which will support a system of care that is based in the values of individuals, families and communities:

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Ingredients

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