

Santa Cruz County Mental Health Advisory Board Revisited

Summary

The Santa Cruz County Mental Health Advisory Board was established in accordance with Proposition 63, now known as the Mental Health Services Act, to provide local oversight of the county's many mental health programs and services. The Grand Jury's investigation found that our local board lacks adequate direction, training, and support to perform its reporting and oversight responsibilities and to advocate for some of our most vulnerable citizens.

The estimated Mental Health Services Act funding available to the county for fiscal year 2015/16 is more than \$14 million.^[1] In order to ensure that these funds are used wisely, the Mental Health Advisory Board is mandated to advise the Board of Supervisors and the Mental Health Director on program successes and failures and to bring public attention to areas of concern, while also advocating for persons with mental illness and their families. These requirements have not been fully met and changes are needed to empower the Mental Health Advisory Board to perform effectively as a true advisory board.

Background

The 2013–2014 Santa Cruz County Grand Jury, in their report "Proposition 63: Money for Mental Health,"^[2] made several findings and recommendations relating to the Mental Health Advisory Board (MHAB):

2013–2014 Findings

- F4.** *The apparent lapses of direct communication between the Advisory Board, HSA[Health Services Agency], and the Board of Supervisors impedes the Advisory Board's goals of effective advocacy for clients and advising HSA concerning Prop 63 funded mental health programs.*
- F6.** *Five vacancies on the 11-member Advisory Board left it ineffective for months during our investigation.*

2013–2014 Recommendations

- R4.** *HSA should regularly attend the Mental Health Advisory Board meetings and should respond directly to the concerns raised. (F4)*
- R5.** *The Mental Health Advisory Board should quickly and clearly*

communicate to HSA all issues that come before the Board. (F4)

R7. *The Board of Supervisors should fill all Advisory Board vacancies in a timely manner. (F6)*

The Santa Cruz County Board of Supervisors (BOS) and the Santa Cruz County Health Services Agency (HSA) responded to that Grand Jury report, but the Mental Health Advisory Board (MHAB) did not.

The California Welfare and Institutions Code § 5604.2^[3] and Santa Cruz County Code Title 2, Chapter 2.104^[4] provide for the establishment of a local mental health board as the advisory body to the local Mental Health Director and BOS for county mental health programs and policies.

The following is a description of the MHAB on the County of Santa Cruz HSA website:^[5]

SCCMHB [Santa Cruz County Mental Health Advisory Board] provides advice to the governing body (Board of Supervisors) and the local mental health director. They provide oversight and monitoring of the local mental health system as well as advocate for persons with mental illness. A primary responsibility of the Local Mental Health Board (LMHB) is to review and evaluate the community's mental health needs, services, facilities, and special problems.

Printed on each MHAB Meeting Agenda^[6] is a mission statement and list of goals:

Mission Statement: To obtain the highest quality and most effective mental health services for the county.

SCCMHB Goals:

- 1) Advise the Mental Health Department on Current and ongoing Issues as they relate to the Quality and Effectiveness Of Mental Health Services for the County*
- 2) Develop skills and procedures to maximize the effectiveness of the SCCMHB*
- 3) Increase community awareness on issues related to mental health to Ensure Inclusion and Dissemination of Accurate Information*

Scope

The 2015–2016 Grand Jury inquired into whether the prior jury recommendations concerning the MHAB were implemented, and examined the board's current functioning and effectiveness.

Investigation

We began our investigation by reviewing related documents and published literature, including text of the original Proposition 63 passed in 2004^[7], and subsequent amendments to the law now known as the Mental Health Services Act (MHSA)^[8].

The MHSA requires that mental health consumers and community members participate

in the local advisory board. In Santa Cruz County the BOS appoints eleven members, one of whom is a County Supervisor. The other ten members are to include current or former clients of mental health services, their relatives, and others with relevant knowledge and experience.

Jurors observed four of the monthly public MHAB meetings held between August and December, 2015. During this period at least three of the ten appointed positions were vacant, which combined with member absences prevented a quorum. According to MHAB attendance records, the Supervisor did not attend four of the eleven meetings in 2015, and sent an assistant as a representative. Two of the eleven meetings had no attendance record in the 2014–2015 MHAB biennial report; see [Appendix A](#). We could not find any provision in the County Code which allows the Supervisor to send an alternate to the MHAB.

Agendas for monthly meetings have not been posted on the website since October 15, 2015. Meetings are held at various locations around the county, but there is no published annual location schedule, and audience members complained about insufficient notice to enable them to attend distant locations. MHAB meeting minutes have not been posted on the website from March, 2014 through the present, with one exception on July 16, 2015.

The meetings we attended were not conducted in an orderly manner and did not follow the agenda or any rules of order. No motions were made, nor votes taken on any action items. Board members were not seated facing the audience thereby discouraging public participation. The MHAB heard public comments, questions, and complaints from clients, but they did not take any action to place the issues on a future agenda or to investigate them. The Board chair sometimes suggested that the clients take the matter to the BOS or HSA themselves, or to their case manager. We learned that the MHAB does not report any of these public comments to the BOS.

At each meeting the MHAB heard informative presentations from local mental health professionals and agencies, but no reports or information sheets about the presentations were published or made available for interested parties. Again, the MHAB did not take any action related to the information presented.

We observed frustration and discouragement in the MHAB members and audience at monthly meetings. We found there was no comprehensive professional training for new members or for continuing members, and no strategic plan established. Although members expressed a sense of failure in their mission, it was apparent that they take their responsibilities very seriously, have a willingness to make changes, and to adopt recommendations if given direction by the BOS.

After completing our investigation, we found that the 2013–2014 Grand Jury's recommendations concerning the MHAB were not fully implemented:

R4. HSA should regularly attend the Mental Health Advisory Board meetings and should respond directly to the concerns raised.

We could not confirm that an HSA representative attends every meeting since there are no meeting minutes available. We did observe an HSA representative responding to

concerns raised at some of the meetings we attended.

R5. The Mental Health Advisory Board should quickly and clearly communicate to HSA all issues that come before the Board.

When issues were raised by board or audience members at meetings, we did not observe any attempt to place items on a future agenda or to initiate action with respect to HSA. There is no system in place to relay these issues when there is no representative present. There is no system to report oral or written communications received outside of meetings.

R7. The Board of Supervisors should fill all Advisory Board vacancies in a timely manner.

The MHAB continues to operate without a full panel of ten members and frequently with as few as seven. Although the MHAB Chair is responsible for notifying the BOS and HSA of any vacancies, which only the BOS can fill, there is no procedure for doing so.

The Grand Jury has concluded that the MHAB is not meeting their mandate to:

- Advise the BOS and the Mental Health Director on program successes and failures.
- Bring public attention to areas of concern.
- Advocate for persons with mental illnesses and for their families.
- Perform effectively as a true advisory board.

Changes are needed to empower the MHAB.

Recent Changes

The Grand Jury's investigation has acted as a catalyst for the MHAB to initiate changes. When Jurors attended the meeting on December 17, 2015, we witnessed several signs of improvement compared to prior meetings:

- The Chair announced that meetings would now be conducted according to *Robert's Rules of Order*.
- Board members discussed the need to establish structure and goals, assign roles, establish meeting dates, make recommendations to the BOS, and to develop a strategic plan for the coming year.
- The strategic plan will focus on recruiting potential new members and on collecting data to support their recommendations to the BOS.
- HSA offered the department's full support for the MHAB, and will budget to cover the cost of a training and meeting facilitator, as well as a dedicated note taker to maintain proper agendas and minutes.

The BOS has taken the following actions to make further changes:

- Adopted an ordinance on November 15, 2015 amending the County Code to permit expanded membership eligibility for the MHAB.
- Approved the appointment of a new MHAB member on February 9, 2016 and accepted the MHAB biennial report for calendar years 2014 and 2015.

- Appointed another new member on February 23, 2016.

The Grand Jury's investigation has acted as a catalyst for the MHAB to initiate changes.

Findings

- F1.** The Mental Health Advisory Board had not followed the recommendations of the 2013–2014 Grand Jury report and instead was less communicative and less effective.
- F2.** The Mental Health Advisory Board is not meeting the requirements of the Mental Health Services Act or achieving its own goals to advocate for persons with mental illness and to increase community awareness on issues related to mental health.
- F3.** The Board of Supervisors is providing little or no direction, no specific goals and objectives, and no comprehensive training on how to be an effective advisory board.
- F4.** Mental Health Advisory Board members attribute some of their deficiencies to the difficulty of filling vacant positions.
- F5.** The Mental Health Advisory Board takes no responsibility for investigation or possible action on issues raised at their meetings, and there is no general process available for the public to raise concerns.
- F6.** Without any regular communication with the Board of Supervisors, except a written report once every two years, the Mental Health Advisory Board is not fulfilling its advisory responsibility.
- F7.** The Mental Health Advisory Board receives a great deal of information from local mental health agencies and professionals on available programs and services, but there is no mechanism to circulate and share the information with the community and to keep local mental health professionals up to date.
- F8.** The Grand Jury's involvement has resulted in an increased recognition that an effective Mental Health Advisory Board is important to the community and that more positive steps are needed for continuing improvement.

Recommendations

- R1.** The appointed member of the Board of Supervisors should be an advocate for the Mental Health Advisory Board, meeting regularly with the Chair to establish goals, identify problem areas, suggest possible solutions, and should personally attend the monthly meetings. (F1–F3, F6)
- R2.** The Board of Supervisors should make every effort to fill Mental Health Advisory

Board vacancies immediately, provide training for new appointees, and provide annual professional training for all members on how to serve effectively on an advisory board. (F3, F4)

- R3.** The chair of the Mental Health Advisory Board should immediately notify the Board of Supervisors and the Clerk of the Board of vacancies. (F4)
- R4.** The Mental Health Advisory Board should advocate for their clients by following through with investigations of complaints, concerns, and questions, then reporting to the Health Services Agency and Board of Supervisors. (F5, F6)
- R5.** The Mental Health Advisory Board should hold an annual meeting to establish and evaluate strategic goals, prioritize those goals by focusing on problem areas, and establish committees to develop plans for problem resolution. (F8)
- R6.** Monthly meetings of the Mental Health Advisory Board should be conducted according to County Code Chapter 2.104. In addition, they should be scheduled well in advance with times and locations made available to the public, conducted according to parliamentary procedure, physically arranged to invite public participation, and recorded in complete and accurate minutes that include discussion, decisions, actions, and public comments. (F5, F7, F8)
- R7.** The Mental Health Advisory Board, in cooperation with Health Services Agency staff support, should record presentations and publish summaries for the public, mental health professionals, and the Board of Supervisors. (F6, F7)
- R8.** The Mental Health Advisory Board should increase efforts to raise community awareness of mental health issues through public announcements, publications, speaking engagements, and other forms of community outreach. (F7)

Commendations

- C1.** The Santa Cruz County Health Services Agency Behavioral Health Division has demonstrated a spirit of cooperation and support for the Mental Health Advisory Board by agreeing to fund an annual planning meeting, regular training for board members, and clerical support.

Responses Required

<i>Respondent</i>	<i>Findings</i>	<i>Recommendations</i>	<i>Respond Within/ Respond By</i>
Santa Cruz County Board of Supervisors	F1–F8	R1–R8	90 Days July 18, 2016

Responses Requested

<i>Respondent</i>	<i>Findings</i>	<i>Recommendations</i>	<i>Respond Within/ Respond By</i>
Mental Health Advisory Board	F1, F2, F4–F8	R3–R8	90 Days July 18, 2016

Definitions

- **BOS:** Santa Cruz County Board of Supervisors
- **HSA:** Santa Cruz County Health Services Agency
- **MHAB:** Santa Cruz County Mental Health Advisory Board
- **MHSA:** Mental Health Services Act
- **SCCMHB:** Santa Cruz County Mental Health Board, another name for the MHAB

Sources

References

1. Santa Cruz County Mental Health & Substance Abuse Services. “Mental Health Services Act: FY 2015-2016 Annual Update.” Draft for public review. August 28, 2015. Accessed February 28, 2016.
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2. Santa Cruz County Grand Jury Report 2013-2014. 2014. “Proposition 63: Money for Mental Health.” Accessed September 28, 2015.
http://www.co.santa-cruz.ca.us/Portals/0/County/GrandJury/GJ2014_final/Prop63_Money_for_Mental_Health.pdf
3. California Welfare and Institutions Code § 5604.2. 2015. Accessed September 28, 2015.
http://leginfo.ca.gov/faces/codes_displaySection.xhtml?sectionNum=5604.2.&lawCode=WIC
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5. County of Santa Cruz 2015. “Santa Cruz County Mental Health Advisory Board.” Accessed September 28, 2015.
<http://www.santacruzhealth.org/HSAHome/HSADivisions/BehavioralHealth/MentalHealthAdvisoryBoard.aspx>
6. Mental Health Advisory Board Agenda October 15, 2015.
<http://www.santacruzhealth.org/Portals/7/Pdfs/Local%20Mental%20Health%20Board/Agenda201510.pdf>

7. Proposition 63, November 2004. Accessed September 28, 2015.
<http://www.dhcs.ca.gov/services/MH/Documents/MHSAafterAB100.pdf>
8. Mental Health Services Act (Amended in 2012). Accessed September 28, 2015.
http://www.mhsoac.ca.gov/docs/MHSA_AsAmendedIn2012_AB1467AndOthers_010813.pdf
9. 2014-15 Biennial Report of the Santa Cruz County Mental Health Advisory Board contained in Item 27 of the February 9, 2016 Santa Cruz County Board of Supervisors Agenda Packet . Accessed March 15, 2016.
<http://santacruzcountyca.iqm2.com/Citizens/FileOpen.aspx?Type=1&ID=1012&Inline=True> (Caution: slow loading document.)

Site Visits

Mental Health Advisory Board Meetings

Appendix A

Santa Cruz County Mental Health Advisory Board Attendance Record 2015

Meeting Dates	Jan 15	Feb 19	Mar 19	Apr 16	May 21	Jun 18	Jul 16	Aug 20	Sep 17	Oct 15	Nov NM	Dec 17
Ann Andrews	U	X	X	X	R 4/16/ 15							
Bill Lewis	U	X	X	R 3/19/ 15								
Cheryl Daniels	X	X	E	E	X	X	E	R 8/1/1 5				
Denise Ostlund	X	X	X	X	X	X	X	X	X			
Hugh McCormick							NBM 8/4/ 15	E	X			
John Laue	E	X	X	X	X	X	X	X	X			
Kate Avraham				NBM 5/12/ 15	X	E	X	X	X			
Rick Martinez					NBM 6/9/1 5	X	X	E	X			
Maria Correia	E	X	X	E	X	E	X	X	E			
Sheryl Lee	X	E	X	E	X	X	X	X	E			
Vanessa Kuhlman	U	E	U	U	SV 5/21/ 15							
Supv. Ryan Coonerty	*1/2 7	E	X	E	X	X	U	U	X			

X - Present
 E - Excused
 U - Unexcused
 R - Resigned from Board
 N - Not Appointed Yet
 NBM - New Board Member
 T - Term Ended
 NM - No Meeting Unless Needed
 SV - Seat Vacated, too many absences
 CI - Conflict of Interest
 SM - Special Meeting

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.

Source: page 7 of the 2014-15 Biennial Report of the Santa Cruz County Mental Health Advisory Board^[9]