Mission Statements:

Current Mono County:

The mission of the Board is to assist the local behavioral health department with community input, design and support programs to enable persons experiencing severe and disabling mental illness and children with emotional disturbances to access services and programs that assist them, in a manner tailored to each individual, to better control their illness, to achieve their personal goals, and to develop skills and supports leading to their living the most constructive and satisfying lives possible in the least restrictive available settings.

Suggestion from County Counsel:

This language currently matches WIC 5600.1

If you want to elaborate further, you could add language from 5600.2:

To the extent resources are available, public mental health

services in this state should be provided to priority target

populations in systems of care that are client-centered, culturally

competent, and fully accountable, and which include the following

factors:

 (a) Client-Centered Approach. All services and programs designed

for persons with mental disabilities should be client centered, in

recognition of varying individual goals, diverse needs, concerns,

strengths, motivations, and disabilities. Persons with mental

disabilities:

 (1) Retain all the rights, privileges, opportunities, and

responsibilities of other citizens unless specifically limited by

federal or state law or regulations.

 (2) Are the central and deciding figure, except where specifically

limited by law, in all planning for treatment and rehabilitation

based on their individual needs. Planning should also include family

members and friends as a source of information and support.

 (3) Shall be viewed as total persons and members of families and

communities. Mental health services should assist clients in

returning to the most constructive and satisfying lifestyles of their

own definition and choice.

 (4) Should receive treatment and rehabilitation in the most

appropriate and least restrictive environment, preferably in their

own communities.

 (5) Should have an identifiable person or team responsible for

their support and treatment.

 (6) Shall have available a mental health advocate to ensure their

rights as mental health consumers pursuant to Section 5521.

 (b) Priority Target Populations. Persons with serious mental

illnesses have severe, disabling conditions that require treatment,

giving them a high priority for receiving available services.

 (c) Systems of Care. The mental health system should develop

coordinated, integrated, and effective services organized in systems

of care to meet the unique needs of children and youth with serious

emotional disturbances, and adults, older adults, and special

populations with serious mental illnesses. These systems of care

should operate in conjunction with an interagency network of other

services necessary for individual clients.

 (d) Outreach. Mental health services should be accessible to all

consumers on a 24-hour basis in times of crisis. Assertive outreach

should make mental health services available to homeless and

hard-to-reach individuals with mental disabilities.

 (e) Multiple Disabilities. Mental health services should address

the special needs of children and youth, adults, and older adults

with dual and multiple disabilities.

 (f) Quality of Service. Qualified individuals trained in the

client-centered approach should provide effective services based on

measurable outcomes and deliver those services in environments

conducive to clients' well-being.

 (g) Cultural Competence. All services and programs at all levels

should have the capacity to provide services sensitive to the target

populations' cultural diversity. Systems of care should:

 (1) Acknowledge and incorporate the importance of culture, the

assessment of cross-cultural relations, vigilance towards dynamics

resulting from cultural differences, the expansion of cultural

knowledge, and the adaptation of services to meet culturally unique

needs.

 (2) Recognize that culture implies an integrated pattern of human

behavior, including language, thoughts, beliefs, communications,

actions, customs, values, and other institutions of racial, ethnic,

religious, or social groups.

 (3) Promote congruent behaviors, attitudes, and policies enabling

the system, agencies, and mental health professionals to function

effectively in cross-cultural institutions and communities.

 (h) Community Support. Systems of care should incorporate the

concept of community support for individuals with mental disabilities

and reduce the need for more intensive treatment services through

measurable client outcomes.

 (i) Self-Help. The mental health system should promote the

development and use of self-help groups by individuals with serious

mental illnesses so that these groups will be available in all areas

of the state.

 (j) Outcome Measures. State and local mental health systems of

care should be developed based on client-centered goals and evaluated

by measurable client outcomes.

 (k) Administration. Both state and local departments of mental

health should manage programs in an efficient, timely, and

cost-effective manner.

 (l) Research. The mental health system should encourage basic

research into the nature and causes of mental illnesses and cooperate

with research centers in efforts leading to improved treatment

methods, service delivery, and quality of life for mental health

clients.

 (m) Education on Mental Illness. Consumer and family advocates for

mental health should be encouraged and assisted in informing the

public about the nature of mental illness from their viewpoint and

about the needs of consumers and families. Mental health professional

organizations should be encouraged to disseminate the most recent

research findings in the treatment and prevention of mental illness.

Other Mission Statements:

Placer County

Promote citizen and consumer participation in planning, providing and evaluating the mental health systems of care; assist in establishing measurable client and system outcomes; review and make recommendations to the annual performance contract; and advise the Board of Supervisors on issues relevant to the mental health services that are provided to the priority populations of the County.

Conduct monthly meetings in various locations within the county in order to review programs, receive staff reports and solicit community input. Meetings are coordinated and hosted by the Adult System of Care. The support staff for this meeting is Janna Jones 530-889-7254.

Santa Cruz

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

The**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. The regular LMHB meetings provide a means for Board action to fulfill its purpose. The LMHB chair presides over meetings and prepares the agenda in collaboration with mental health staff. LMHB members may provide items for the agenda to the secretary of the LMHB at least two weeks in advance of the meeting. These meetings are open to the public.

Tuolumne County

California Welfare and Institutions Code Section 5604 mandates that each community mental health service agency have a mental health board to perform the following tasks:

* Review contracts for Behavioral Health services;
* Monitor changes in the delivery of Behavioral Health Services;
* Review data and make recommendations;
* Encourage community involvement;
* Maintain collaboration with community organizations; and
* Report to the Board of Supervisors.