CALIFORNIA STATE
BOARD OF BEHAVIORAL SCIENCES

Strategic Plan

August 2007

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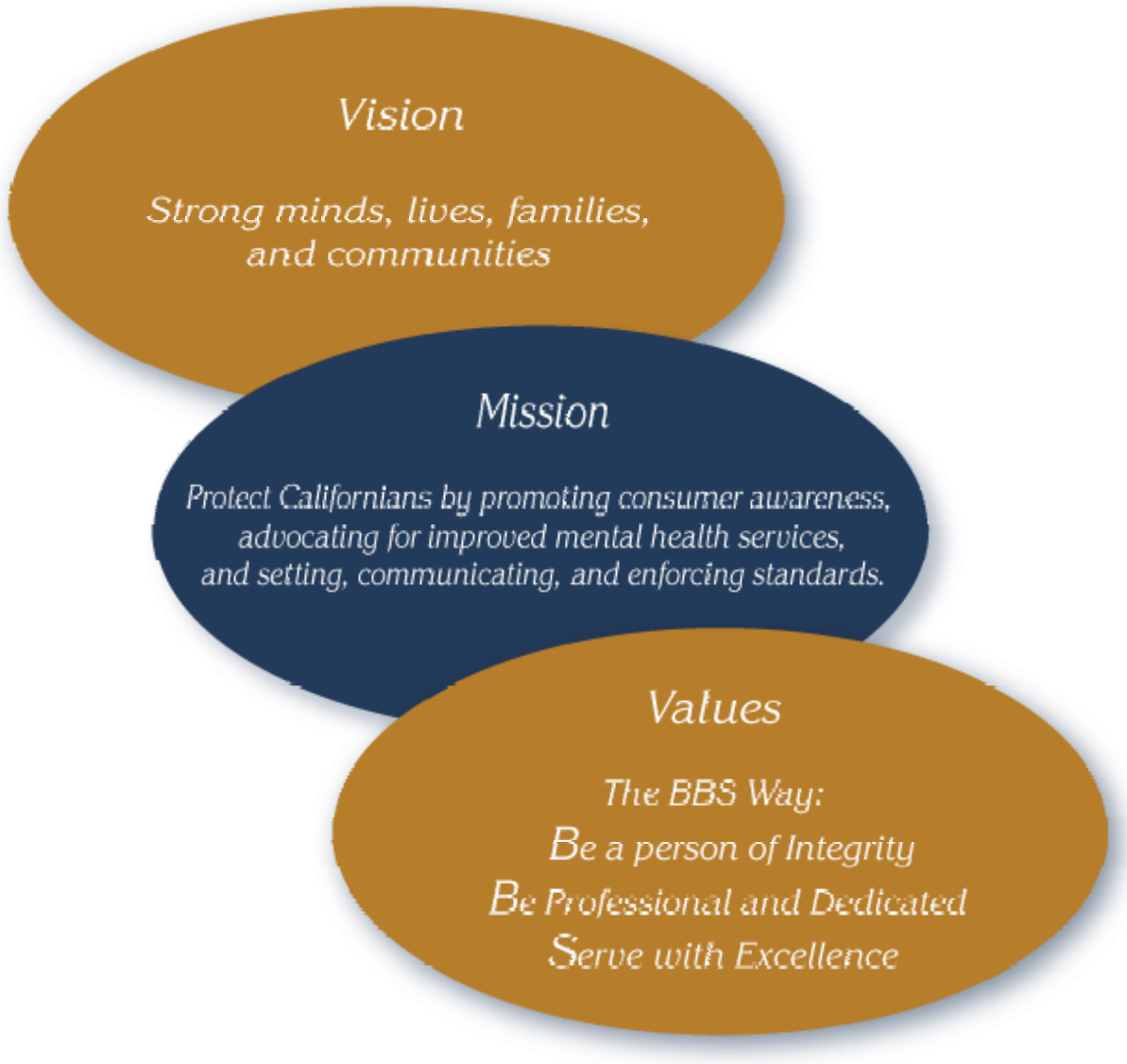

Integrity - Doing the right thing makes us proud of the end result.
Professionalism – Applying our knowledge, skill, and ability.
Dedication – Committed to providing quality service.
Service – The quality way the Board meets the needs of the public.
Excellence – Striving to achieve at the highest level.

Executive Officer's Message

In 2005, the board completed a strategic planning process that was expected to guide it through a five-year period. My message in that plan focused heavily on the plan and planning process as a means to adapt to the changes we anticipated. In fact, the ensuing two years have brought more change than we envisioned at that time. Of the board appointees participating in that planning process, only one remains and he will complete his service on June 1, 2008 at the latest. With ten (10) of eleven (11) board members appointed in a two year span from August 2005 to September 2007, the board faces enormous challenges in building expertise and organizational cohesion.

The situation is much the same among board staff. In that same period, fifteen (15) of the thirty-four (34) board staff have been hired. Our management team finds itself similarly situated. I will complete my third year as executive officer in November of 2007; Mona Maggio (the board's assistant executive officer) is completing her second year with the board as AEO; and Steve Sodergren (the board's program manager) just completed his first year. The staff, like the board members, faces a need to develop its expertise and identity.

This planning effort began as a means to bring a freshly constituted board and staff together as a cohesive organization. While the 2005 plan was radically different (both in terms of process and content) from prior BBS strategic plans and much was achieved in two years time, that plan did not satisfy the management team's desire for a broader staff role in implementing the plan's objectives. Broadening the implementation effort provides an essential staff and leadership development tool. [see the methodology section for more detail on the planning process and implementation strategies]

In most planning initiatives, the process is at least as (or more) important than the product. That truth is evident in this case as well. One need only read the first goal to have a sense of the identity this organization is creating for itself. The aspiration to be a model state licensing board came directly from board staff (not management or appointed board members) and it speaks to the values and commitment of our employees. Such a goal demands sustained, extraordinary performance from the board members, management, and staff.

In bringing this plan to life, we will strive, fail, change, and succeed at different moments. Despite all of that, becoming a model organization will only happen if we live our values of integrity, professionalism, dedication, service and excellence. We are now committed to match extraordinary performance to this extraordinary commitment.

Paul Riches
September 2007

History of the Board

As early as 1920, discussions led by the California Conference of Social Welfare (Conference) were recorded regarding the need for registration for practitioners of one of the behavioral sciences: social work. In 1928, the League of Women Voters sponsored legislation that would have provided for registration of social workers in California. The bill was defeated in committee by unexpected opposition from social workers. In 1929, a committee was appointed by the Conference to study the subject.

Because of the great depression, the number of social workers had increased astronomically and the Conference lost hope that legislation could ever be passed. Then in 1932, the committee recommended that voluntary registration for social workers be provided by the Conference. In 1933, a set of by-laws was approved and the Conference began their work to set the groundwork for this program, which never gained much support.

Although the ultimate goal of the program was for social worker registration to be eventually taken over by the State, there was still a great deal of opposition by social workers to this idea. Nevertheless, the Conference worked to build support for legislation, and California became the first state in the Union to register social workers when, on July 18, 1945, Governor Earl Warren signed legislation creating the Board of Social Work Examiners (Board). The Board, located in San Francisco, was placed under the Department of Professional and Vocational Standards (Department). This registration program for social workers was voluntary.

The Governor appointed the members of the first seven-member board, consisting of at least two “lay persons” and four social workers. The Board held its first meeting on November 27, 1945. The functions of the Board at that time were very similar to the Board’s basic functions today: to review applications, issue or deny registrations, develop and administer examinations, investigate complaints, provide hearings, and to suspend, revoke or take other disciplinary action against its registrants. The Board was initially staffed by one executive secretary with part-time clerical assistance, and had an extremely small budget.

In the late 1940’s and the early 1950’s the Board worked hard to form relationships with its stakeholders, and the Board’s duties remained relatively unchanged until the early 1960’s. During the prior decade, California was becoming a focal point for the field of marriage counseling. Many practitioners and academics who made innovations in the field either began their career in the state or moved here. However, it was becoming clear that unqualified people were also providing such services. Complaints from constituents grabbed the attention of legislators, who began investigating marriage counseling in 1962. This resulted in the state becoming the first to license marriage, family, and child counselors (MFCC) in 1963. Although this was called a “licensing” program, in effect, it was more of a title protection act. Initially, the Department had direct responsibility for the MFCC program, but contracted with the Board to provide professional and administrative support.

In 1966, the Attorney General issued an opinion which held that the practice of psychotherapy was exclusively a medical practice and that social workers were excluded from its practice. That same year, legislative counsel issued an opinion stating that marriage counselors could not use psychotherapeutic measures. This opinion provoked the clinical social workers, many of whom had previously fought against prior attempts to require licensure and as a result, legislation was signed in 1967 that required certification for those practicing clinical social work.

Shortly thereafter, the Attorney General issued a new opinion stating that psychiatric social workers and marriage counselors could use psychotherapeutic measures.

In 1968, legislation was signed that required licensure rather than certification for clinical social workers. This legislation also combined the social worker and MFCC programs under the new Social Worker and Marriage Counselor Qualifications Board. At that time, two MFCC positions were added to the Board. In 1970, legislation was signed that tightened up the MFCC statutes, changing it from a title protection act to a true licensing act.

Also in 1970, a licensing program for educational psychologists (LEP) was enacted. At the time, school psychologists and psychometrists provided assessments and educational guidance only within the school system and only for students who needed special assistance. LEPs were envisioned as professionals who could provide a broader range of services to a variety of individuals, both in private practice and within the educational environment.

The 70's saw another change to the Board's name, to the Board of Behavioral Science Examiners, and the Board became part of the "Healing Arts" division of the Department of Consumer Affairs (DCA). At that time, the Board expanded to its present membership of six public members, two MFCCs, two LCSWs, and one LEP. Regulation of MFCC interns began in 1978 for those working in private practice. Throughout the 1970's the registered social worker program declined, and the legislature effectively killed the program in 1979 by denying it further funding. The Board moved ahead with improvements in its licensing functions and dealt with ongoing concerns in the areas of credentialing, accreditation, discipline and ethics.

The 1980's saw the Board's staff grow to 18 people, its budget grow to over one million dollars and the implementation of a computer system containing information about all licensees and registrants. The 80's also ushered in numerous changes that tightened up licensure requirements and made improvements to examination and enforcement processes, including the development of disciplinary guidelines. In 1986, legislation was signed mandating all hours of experience toward MFCC licensure to be gained as a MFCC Intern. In 1988, legislation was signed requiring all hours of experience toward LCSW licensure to be supervised and for all such persons to register with the Board as an Associate Clinical Social Worker.

The 1990's saw the Board's staff grow to 33 employees, and this staff had increasing access to technology including an automated telephone system, personal computers and the Board's Applicant Tracking System. In 1996, the Board established its website and Board staff were connected to a local area network, enhancing internal communication and automation. On January 1, 1997, the Board's name was changed to its current title, the Board of Behavioral Sciences and in 1999, the MFCC license name was changed to "marriage and family therapist" (MFT). Throughout the 1990's, the Board continued its work to protect consumers by providing the public the ability to verify licenses online and by enacting legislation that established the Board's citation and fine and continuing education programs.

In the early 2000's the Board began to accept consumer complaints online, replaced the oral examinations with clinical vignette examinations, improved license portability requirements, and made changes to the LEP licensure requirements. The licensed mental health service provider education program was established, with Board licensees partially funding this program. The Board is currently working on major revisions to the educational requirements for MFT licensure.

Today, the Board has a budget of 5.7 million dollars and a staff of 34 who are working hard to meet the needs of California's consumers in this complex and changing field. Mental health has

become a focus both nationally and at the state level, and the 2004 enactment of the Mental Health Services Act (MHSA), intended to transform California's public mental health system, represents a monumental effort toward improving and increasing access to mental health services. In this transformed system, the Board is working hard to ensure that its licensees and registrants remain qualified to provide mental health services to all types of consumers throughout California.

Goals

- Be a model **state licensing board.**
- Influence **changes in mental health services throughout California.**
- Promote **quality mental heath services.**
- Expand **the Board's access to resources.**

Goal 1: Be a model state licensing board.

Outcome: Superior consumer protection

Objective 1.1

Improve the Board's accessibility to customers by achieving an annual rating of 85% for accessibility on the customer satisfaction survey.

Measure: Percent increase in accessibility rating

The Board implemented a customer satisfaction survey in September of 2006 as part of determining its quality of customer service. "Accessibility" is typically rated the lowest of all of the measures in the survey, with an aggregate rating (as of 08/31/2007) of 63%, reflecting responses of "Excellent" and "Good". A comparison of "Accessibility" satisfaction to the satisfaction levels of other survey items reveals that accessibility is consistently a problem for the Board's customers. The data indicates that customers are happy with the courtesy and knowledge of employees, when they can reach them. If accessibility improves, overall customer satisfaction will improve.

Objective 1.2

Improve internal communications by 33% as measured by the internal communications survey by July 1, 2011.

Measure: Percent improvement in survey

While the Board's internal communications is probably better than it has ever been, it can still be significantly improved. For the Board to function at its maximum potential, staff, management and Board members need to be informed. Meeting this challenge will address concerns expressed by staff that information is not always disseminated to everyone, and staff will be better equipped to assist customers with correct information. The Board does not currently have an internal communications survey, so this will need to be developed. A baseline will then be established as a measure by which the Board can improve.

Objective 1.3

Increase staff productivity index by 10% by July 1, 2012.

Measure: Percent increase in index

Staff productivity is currently measured in a number of different ways. For example, the number of applications processed and their average processing time is tracked and reported on a

quarterly basis. However, a comprehensive "staff productivity index" does not currently exist. Productivity measures will need to be established for each unit, and a baseline established as a measure by which staff can improve. This increase in productivity will enhance the services provided to applicants, licensees and consumers throughout the Board.

Objective 1.4

Improve complainant satisfaction by 50% by July 1, 2012.

Measure: Percent improvement in satisfaction

The Board addressed customer satisfaction, including complainants, in its 2005 Strategic Plan. The objective, however, did not specifically account for the unique dynamic of complainants and the enforcement process. Staff has now determined that complainant satisfaction should be evaluated separately from general customer satisfaction. Complainant satisfaction is critical because the Board is, foremost, a consumer protection agency. Creating a specific focus on increasing the satisfaction of complainants will assist the Board to better serve this group of stakeholders.

Objective 1.5

Have all employees complete BBS certification by July 1, 2010.

Measure: Number of employees with certification

To become a model state licensing board, staff must exemplify the BBS Way: Be a person of integrity, Be professional and dedicated, and Serve with excellence. This objective will provide staff with training opportunities that enhance their understanding of the Board's vision, mission, values, and goals. By having a systematic training program, staff will increase their knowledge of the Board's responsibilities, how each unit functions, and how the work of one unit relates to another. This will enhance each employee's understanding of their job responsibilities within the context of all of the Board's functions, as well as enhance customer service.

Objective 1.6

Conduct 45 outreach events per fiscal year by July 1, 2012.

Measure: Number of outreach events

The Board's outreach program provides constituents with the opportunity to access information directly from Board staff. This level of service is much appreciated as indicated by overwhelmingly positive remarks and ratings on stakeholder surveys. Currently, Board outreach services include presentations on the licensing process at degree-granting institutions and attendance at professional and consumer related conferences. Since November 2005, Board staff has participated in approximately 80 outreach events. By continuing to conduct and participate in outreach events, the Board helps to keep its constituents better informed.

Objective 1.7

Increase Board appointees' effectiveness index by 10% by July 1, 2012.

Measure: Increase in effectiveness index

To become a model state licensing board, the board must improve every aspect of its performance. Objectives are in place to increase overall board staff productivity, customer satisfaction, staff communication, outreach, etc. However, the goal cannot be accomplished without highly effective governance, which is provided by the board appointees. This objective was developed with the intent of having the board appointees commit to improving their effectiveness to match the commitment of board staff to increase productivity 10% over the five-year planning horizon.

Objective 1.8

Implement a plan that enables the Board and its professions to assist Californians during an emergency by July 1, 2012.

Measure: An implemented emergency plan

To serve as an example for all state licensing boards, the Board must offer excellent customer service whether it is operating under normal conditions or in the midst of events out of its control. This objective was developed to ensure the Board is ready and able to mitigate against, prepare for, respond to, and recover from the effects of disaster-related emergencies, whether natural or man-made. This objective also helps the Board to fulfill its mandate of consumer protection by assisting mental health professionals to be ready to provide services to Californians during an emergency.

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Goal 2: Influence changes in mental health services throughout California.

Outcome: Better access to mental health services

Objective 2.1

Advocate for five laws that expand access to mental health services by July 1, 2012.

Measure: Number of laws advocated

Mental illness is a leading cause of disability and premature mortality in the United States. Effective treatment for mental illness is available, but not readily accessible. Increasing access to care would lead to reductions in suicide, inpatient psychiatric care, crime, and homelessness. Good mental health is important to overall health, as mental illness is associated with worse outcomes for heart disease, diabetes and other chronic illnesses. By advocating for laws that expand access to mental health services, the Board is doing its part to help resolve this problem.

Objective 2.2

Implement four strategies to improve the quality of clinical supervision by July 1, 2012.

Measure: Number of strategies implemented

Marriage and Family Therapist Interns and Associate Clinical Social Workers are required by law to gain supervised hours of clinical experience to qualify to sit for their licensure examinations. Clinical supervision is one component in developing an individual's competency to become licensed as an MFT or LCSW. However, currently there is no accurate way to measure the quality of supervision the interns and associates receive. Recognizing the need to improve the quality of clinical supervision, the Board conducted a survey in 2005 of interns and associates to determine their supervision experience. Though results revealed most respondents were satisfied with the supervision received, the pass rates on the licensing examinations as well as the numerous inquiries from supervisees and supervisors alike indicate there is a need to improve the quality of clinical supervision. Normalizing the training supervisors receive, developing mechanisms to connect the supervisees with supervisors, and standardizing the supervision requirements for the professions will enhance the development of supervisees into competent, well-rounded mental health professionals.

Objective 2.3

Secure passage of legislation to revise the curriculum for marriage and family therapist licensure by January 1, 2009.

Measure: Passage of legislation

The marriage and family therapist (MFT) curriculum was last revised nearly 20 years ago in 1988. Many changes have taken place since that time, the most significant being the Mental Health Services Act, which was enacted via Proposition 63 in November 2004. The MFT educational program provides the foundation upon which future MFTs build upon to gain the skills needed to provide service to clients. Updating the MFT educational requirements will help to ensure that future MFTs continue to be competent to practice in California's changing practice environments.

Objective 2.4

Implement six strategies to improve the quality of treatment for co-occurring disorders by July 1, 2012.

Measure: Number of implemented strategies

Since 1996, the California Department of Alcohol and Drug Programs and the Department of Mental Health have been working to improve the treatment of co-occurring substance abuse and mental health disorders. These common disorders often times mask each other and treatment providers may not have the skills to recognize and refer individuals for appropriate treatment. There is often a disconnect in services for these clients as mental health practitioners and substance abuse counselors typically treat independently and not collaboratively to treat the client as a whole. The Board recognizes the need to play a part in improving the treatment for clients with co-occurring disorders as part of its role in protecting consumers of mental health services.

Goal 3: Promote quality mental health services.

Outcome: Better informed consumers

Objective 3.1

Implement four consumer awareness initiatives on the roles of mental health services by July 1, 2012.

Measure: Number of initiatives implemented

Many Californians who could benefit from mental health services face significant challenges. The California Department of Mental Health report *Mental Health Parity: Barriers and Recommendations* (2005) and the President's New Freedom Commission report *Achieving the Promise: Transforming Mental Health Care in the United States* (2003) highlight the challenges facing consumers in the current fragmented mental health care system. These challenges include, among others, difficulties accessing care, overcoming stigma, and defining "good" mental health service. The New Freedom Commission report also stresses the importance mental health plays in the overall health of an individual. The Board has a duty to respond to the needs of California consumers. Responding to those needs includes implementing consumer awareness initiatives targeting California's demographically diverse population. By doing so, the challenges that consumers often face in our fragmented mental health system will be lessened.

Objective 3.2

Provide three new publications in at least two additional languages by July 1, 2012.

Measure: Number of publications in additional languages

The Board serves a very diverse population of California residents, each of whom are potentially a consumer of mental health services (or are a family member of a consumer). At least 26% of California's residents were born outside of the U.S, and this number would be larger if more accurate counts of undocumented immigrants could be ascertained. According to the 2000 U.S. Census, approximately 20% of California's residents speak English less than "very well." Providing Board publications in languages other than English will help to remove barriers and increase awareness for non-English speakers about the Board's services and about mental health services in general.

Objective 3.3

Implement four strategies to address demographic disparities between providers of mental health services and consumers by July 1, 2012.

Measure: Number of strategies implemented

California is the most populous and most ethnically diverse state in our nation. Racial, ethnic and cultural minorities face multiple obstacles which increase the risk for severe mental health problems, reduce access to treatment, and make it less likely that treatment will be helpful. Minorities also experience racism, poverty, language barriers, clinician bias and inappropriate services. These conditions have resulted in large disparities, leaving many of these populations underserved. An integral piece of the Mental Health Services Act (MHSA), involves expanding culturally and linguistically competent services for underserved populations.

The Board and its staff have committed to improving the quality of mental health services in California. Taking steps to address the demographic differences between California's mental health consumers and its providers will improve future and current licensees' ability to treat diverse consumers and attract more diverse people into the professions.

Goal 4: Expand the Board's access to resources.

Outcome: Effective use of Board's resources

Objective 4.1

Achieve 70% utilization of iLicensing in the first year of implementation.

Measure: Percent utilization achieved

The Board has been participating in the Department of Consumer Affairs' iLicensing project, which will provide the Board with the ability to accept initial license applications, license renewals, address changes, duplicate and replacement licenses, and electronic payments through the Board's website. The implementation of iLicensing is expected to reduce processing time frames and more quickly update status on the Board's online license verification feature. Electronic processing will be a great benefit to the Board's licensees and applicants, providing them with conveniences that are expected in the computer age.

Objective 4.2

90% of BBS staff will participate in the Human Resources Management Plan by July 1, 2010.

Measure: Percent of staff participating

In order to accomplish this objective, the Board must evaluate and understand one of its most important resources, its human resource. This objective is very timely as the California Department of Personnel Administration and the State Personnel Board have initiated a Human Resources Modernization Plan. It would be beneficial for the Board to perform similar analysis of its human resources and plan for future needs and goals.

Until recently, the work force has not been regarded as a particular source of competitive advantage. In the past, human resource needs of the workplace have been largely met in a reactive mode, position-by-position, vacancy-by-vacancy. But, as the State of California begins to review its workforce, a realization of the magnitude of the situation begins to form. There is an urgency associated with this objective as statistics indicate that 44% of the workforce is over the age of 45 and will be eligible for retirement in the next 5-15 years. This will result in a major turnover in staff as well as potential "knowledge drain" in the State of California. It is pertinent that the Board performs a similar evaluation of staff in order to understand the exact nature and impact that a wave of retirements will have on the size and competencies of staff.

Objective 4.3

Obtain access to seven external experts to address our competency gaps by July 1, 2009.

Measure: Number of experts accessed

In the last decade, the urgency of mental health problems in this nation began to receive attention through reports such as *Mental Health: A Report of the Surgeon General* (1999), the President's New Freedom Commission on Mental Health report *Achieving the Promise: Transforming Mental Health Care in America* (2003), and the enactment of California's Mental Health Services Act (MHSA) in 2004. In particular, the MHSA, which is intended to transform the public mental health system, will impact Board programs in many different ways, and requires new competencies from both staff and the Board's licensees. The Board does not currently have experts on staff. The ability to easily access such experts will increase the Board's competence as the Board's mandate to protect consumers becomes more complex.

Methodology

The BBS commenced a Strategic Plan Initiative in December 2006. The BBS used the Strategic Planning model that asks four questions:

- Where are we now? - The Scanning phase.
- Where do we want to be? - The Strategy Formulation phase.
- How do we get there? - The Strategy Implementation phase.
- How do we measure our progress? -The Measurement/Performance phase.

Scanning Phase

A multiple constituency approach was used to elicit information from practitioners, educators, professional organization representatives, state and county services, Board members, students, and all BBS Staff. A survey was designed to measure organizational effectiveness and accomplishments, and obtain SWOT information – Strengths, Weaknesses, Opportunities, and Threats. The survey was sent in January 2007. The survey data separated outside stakeholders and staff. Filtering the data that way helped focus BBS management on what outside stakeholders thought about BBS and what changes needed to be made. Staff input was helpful because staff will be implementing the plan. The following summarizes the responses.

Summary of Responses

Group	**Number Of Responses**	**Number of Invitees**	**Percent of Responses Within Groups**	**Percent of Total Responses All Groups**
Stakeholders	39	71	54.9%	59.1%
Staff	27	31	87.1%	40.9%
Total	66	102	64.7%	100%

The most important information from the surveys was the SWOT data. The respondents were asked totally open-ended questions concerning the Strengths, Weaknesses, Opportunities, and Threats of BBS. Comments from these open-ended questions were grouped under a common theme (such as “Staffing” in the Strengths category). The theme name was suggested by the consultant and then either validated or changed by BBS executives.

The SWOT themes that were derived from the survey are listed below in a chart that compares the themes derived from stakeholders and staff. Similar themes are lined up side by side. SWOT themes are used to formulate goals.

Comparison of SWOT themes across survey groups

	From Stakeholders	From Staff
Strengths	Strategic Direction	Strategic Direction
	Outreach and communications	Communication
	Board	Leadership
	Operations	Staff
Weaknesses	Strategic Direction	
	Resource Limitations	Staff shortages, workload, utilization
	Status Quo	State Agency realities
	Board Meeting Changes	
	Complaint Investigations	
	Demographics	
		Application and Website constraints
		Use of outside testing vendor
Opportunities	Licensing	Application and Testing
	Outreach and communications	
	Demographics	
	MHSA	Mental Health Services
		Strategic Direction
		Staffing
Threats	Examination and Licensing	Examination Vendor
	Licensing Factions	
	Status Quo - Bureaucracy	Political Environment and Budget
	Resources	Staffing
	Sunset Legislation	Sunset Legislation

The final survey results are included at the end of the Methodology section.

Strategy Formulation

The essential elements of Strategy Formulation are Vision, Mission, Values, Goals, Outcomes, Objectives, and Measures.

- **Vision** statements define the future state and should be inspiring and challenging.
- **Mission** statements describe the current state of the organization and often outline the legislative mandate by stating the core business and distinctive competencies.
- **Values** establish the culture, express the core ideology, and are the guiding principles of the organization.
- **Goals** support the mission, deal with one issue, describe the "To Be" state, and encompass a three to five year time frame.
- **Outcomes** support the goal by stating what can be expected when the goal is accomplished, often answering the phrases "so that . . ." and "in order to . . ."
- **Objectives** for each goal deal with the questions of "What is to accomplished?" and "When?" Objectives also follow the **SMART** formula: **S**pecific; **M**easurable but **M**eaningful; **A**ggressive but **A**ttainable, and **A**ssignable; **R**esults-oriented; and **T**ime-bounded.
- **Measures** are the specific rubric or index to be used to measure progress for each objective.

The Strategy Formulation phase for BBS was a "bottoms-up and top-down" process. First, all staff was introduced to the initiative at an all staff meeting where they participated in training and group exercises. Next, staff met over several sessions to discuss the vision and mission and developed draft vision and mission statements. Ideas for goals were also discussed. The process was iterative and consisted of writing, reviewing, voting, rewriting and voting, and continuing until overwhelming agreement occurred. In only a few cases were elements changed by the executive.

During the many sessions that were held with the Board's staff and executive team, information was presented to analyze whether the strategy formulation was heading in the right direction. For example, the following chart was shown to help focus on themes for goals. And by then checking the goal statements against the themes, (the left hand columns) validates the goal statement. The various themes are used to craft objectives.

During the objective writing phase, comments from the SWOT were very important, as they can gave ideas for specific objectives. Writing objectives took a similar course as the Vision, Mission, Values, and Goals: writing, reviewing, voting, rewriting and voting. As in all elements of a Strategic Plan, objectives are subject to change as circumstances warrant and as objectives are met.

Comparison of themes across categories with goal alignment

Goal 1. Model	Goal 2. Reshape	Goal 3. Promote	Goal 4. Expand		Strengths		Weaknesses		Opportunities		Threats	
				Theme	Stake-holders	Staff	Stake-holders	Staff	Stake-holders	Staff	Stake-holders	Staff
X	X			Strategic Direction	X	X	X			X		
X				Resources/ Staffing		X	X	X		X	X	X
X	X		X	Examination/ Licensing				X	X	X	X	X
X	X			Status Quo, Bureaucracy/ State Agency			X	X			X	X
X		X		Outreach/ Communications	X	X			X			
	X	X		MHSA/ Mental Health Services					X	X		
	X	X		Demographics			X		X			
				Sunset Legislation							X	X
				Leadership – Board	X	X						

Strategy Implementation

Upon completion of the critical elements in crafting strategic direction a Strategic Planning Council (SPC) was formed to shepherd the process through implementation. The SPC consists of the Executive Team and other BBS staff members selected through a screening process.

The beginning of the implementation phase consisted of writing Work Action Plans (WAPs). A Work Action Plan was written for each objective and digs into the details of how to accomplish the objective. The SPC has directed the whole process of how to choose the groups to write the WAPS, what template to be used, and the feedback mechanism to report progress. Small groups of three to five people were formed of those that either had a responsibility because of their assignment and those that had a keen interest in that objective. A WAP consists of tasks to be accomplished, responsible parties, the resource requirement, and the completion date. The SPC also has the responsibility to approve the WAPs and make suggestions to the teams.

Measurement/Performance

The SPC has responsibility of the logistics of tracking Work Action Plans, holding quarterly meetings to review progress, and directing changes to the WAPs and objectives as necessary. The executive team has the responsibly of incorporating assignments into individual performance plans and tracking individual performance as it pertains to accomplishing objectives.

Because the planning process is fluid, the SPC will continue to measure performance, applicability of current objectives to meeting goals, and appropriateness of each element as it fits into the entire plan.

Survey Results

The final results of the survey are included in the following pages. All comments are from survey participants and do not represent the opinion or position of the BBS. Comments were edited for spelling and grammar and any references that could identify individuals were removed. The section titled “Description of Survey” gives more information.

Acknowledgements

The people listed below directly participated in developing the Board's 2007 Strategic Plan. The Board would like to thank everyone, including the Board's stakeholders, for their contribution.

Staff:

Christy Berger
Nikki Cotto
Michelle Eernisse
Cindy Finan
Debbie Flewellyn
Kari Frank
Paula Gershon
Marsha Gove
Mary Hanifen
Kim Kigginbotham
Cassandra Kearney
Christina Kitamura
Cheree Lasley
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Kari O'Connor
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Howard Stein
Joan Walmsley

Consultants:

Lindle Hatton
Louise Hatton