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To: Planning Committee

Date: February 26, 2008

From: Mona Maggio
Board of Behavioral Sciences

Telephone: (916) 574-7841

Subject: Strategic Plan Update

The Board initialized its strategic planning process in early 2007 when the Board contracted with Hatton and Associates for a two-year period to guide the planning process and to serve as a resource throughout the plan's implementation.

Initial steps included the staff's review of the Board's 2005 Strategic Plan to determine the objectives that had been met. A Strategic Initiative Survey was sent to internal and external stakeholders, who identified what they perceive to be the Board's strengths, weaknesses, opportunities and threats (SWOT).

Staff reviewed the results of this survey to assist them in updating the Board's vision, mission and value statements and in developing new goals and objectives, guided by Dr. Hatton. At its June 1, 2007 meeting, the Board reviewed, revised and approved the new vision and mission statements and the goals and objectives developed by staff. The Board directed staff to add two additional objectives, one regarding co-occurring disorders and the other regarding emergency planning.

Staff has participated in ongoing training in development of Work Action Plans (WAPs). A WAP includes the major steps to achieve the objectives, the person responsible for each step, the deadline date and the resources needed.

In June 2007, management created the 10-member Strategic Planning Council (SPC), composed of staff and management. The Council members are:

Christy Berger
Michelle Eernisse
Paula Gershon
Cheree Lasley

Mona Maggio
Julie McAuliffe
Sean O'Connor
Paul Riches

Steve Sodergren
Sandra Wright

The role of the SPC is to serve as a staff-driven internal board of directors who will shepherd the Strategic Plan; serve as an accountability mechanism; act as a stepping stone for building a visionary organization; provide guidance and leadership to staff; and, model the BBS Way. Christy Berger was elected to serve as Chair of the SPC.

Staff has been recruited to serve as “champions” for each objective. A champion serves as a team leader, spearheading the coordination for achieving an objective and has direct responsibility for implementing and achieving an objective. Management and the SPC chair met with the champions and provided guidance regarding their responsibilities, the selection of team members, and formulation of WAPs. The champions have selected their teams and received guidance regarding development of the WAP and a status report document. The teams met with Dr. Hatton on October 3, 2007 to review the draft WAPs and to receive additional training and guidance in developing the WAPs and identifying next steps.

The teams are continuing to meet to work on drafting the WAPs. The SPC and management are encouraging the teams to take time to listen, conduct research, to ask questions, and to remember that this is a five-year plan.

**BOARD OF BEHAVIORAL SCIENCES
2007 – 2012 STRATEGIC PLAN - GOALS and OBJECTIVES**

**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 for accessibility of 85% on the customer satisfaction survey.
Measure: Percent increase in accessibility rating
Champion: Sandy
Team Members: Marsha, Debbie, Cassandra, Steve, Mary H.

Introduction: 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 BBS customers. The data indicates that BBS customers are happy with the courtesy and knowledge of employees, when they can reach them. If accessibility improves, BBS customers' overall satisfaction will improve.

Next Steps:

- Review current accessibility ratings on customer satisfaction survey
- Research areas of deficiencies and efficiencies in the current procedures that affect the accessibility rating.
- Meet with each unit to identify issues/problems that may impact the units' ability to communicate effectively with the board's stakeholders
- Determine how to accurately measure an aggregate accessibility rating that would be proficient as an evaluation tool.

Objective 1.2: Improve internal communications by 33% as measured by the internal communications survey by July 1, 2011.
Measure: Percent improvement in survey
Champion: Kari
Team Members: Steve, Michelle, Marilyn

Introduction: 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.

Completed: Internal survey has been drafted.

Next Steps:

- Survey to be reviewed and approved by team and will be disseminated to staff in the next few weeks

Objective 1.3: Increase staff productivity index by 10% by July 1, 2012
Measure: Percent increase in index
Champion: Michelle
Team Members: Paul, Kari F., Marsha, Cheree, Terri, Steve

Introduction: 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. A "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.

Completed: Team met with individual units (cashiering, licensing, enforcement, administration) to assess work product – input vs. output.

Next Steps:

- Identify productivity for each unit
- Determine processing timeframe (time task analysis)
- Evaluate findings
- Determine measurements

Objective 1.4: Improve complainant satisfaction by 50% by July 1, 2012
Measure: Percent improvement in satisfaction
Champion: Cheree
Team Members:

Introduction: 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.

Next Steps

- Recruit new team members
- Determine how to define and measure “satisfaction” in an area where stakeholders are inherently dissatisfied.
- Develop measures for assessing satisfaction
- Create assessment tools that accurately measure complainant satisfaction.

Objective 1.5: Have all employees complete BBS certification by July 1, 2010
Measure: Number of employees with certification
Champion: Steve
Team Members: Debbie, Kari F.

Introduction: 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.

Completed: Team has held brainstorming sessions.

Next Steps:

Establish Certification Requirements/Guidelines

- Certification Process – determine what components will need to be required to obtain certification and formulating a system to keep track of each employee’s advancement.
- Training Plan – Determine what type of training needs to be included to ensure that the Certification process is comprehensive and relevant. Determine how to include additional components when changes are made to Board procedures, process, or structure so that employees who are certified will be trained on those components.

- Next meeting 2/22/08 to begin drafting the guideline for the licensing requirements component.
- By April 2008 the team expects to have in place the requirements and guidelines that will be necessary to obtain certification. Once we have established this structure, the team will then be working on the actual training modules that will have to be completed for certification. It is the team's intent to have employees trained in every aspect BBS, from the governing laws to the daily operations of the office.

Objective 1.6: Conduct 45 outreach events per fiscal year by July 1, 2012.
Measure: Number of outreach events
Champion: Sean
Team Members: Michelle, Paul

Introduction: 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.

Completed: Outreach Coordinator, Sean O'Connor, has trained Jessica Upadhye, LCSW Evaluator and Michelle Eernisse, MFT Evaluator to assist in giving the presentation: *Navigating the MFT/LCSW Licensure Process*. The presentation is given to students/interns/registrants/program directors and agency personnel. Since 11/1/2007, Board staff has participated in 15 outreach events.

Next Steps:

- Through 7/31/2008, the Board already has 14 additional events scheduled. This puts us right on schedule to meet this objective

Objective 1.7: Increase Board appointees' effectiveness index by 10% by July 1, 2012.
Measure: Increase in effectiveness index
Champion: Paul
Team Members: Board Members, Executive Staff

Introduction: 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.

Completed:
Draft assessment tool created with input from Planning Committee.

- Next Steps:**
- Review and possibly approve Draft *Board Effectiveness Self-Assessment Survey* at the February 21, 2008 Planning Committee Meeting
 - Implement any suggested edits to assessment tool
 - Begin using assessment tool at May 2008 Board Meeting.
 - Create assessment tool to obtain feedback from Board stakeholders.

Objective 1.8: Implement a plan that enables the Board and its professions to assist Californians during an emergency by July 1, 2012
Measure: Implement emergency plan
Champion: Cassandra
Team Members: Debbie, Lynne', Paula, Marsha, Christina

Introduction: 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.

Completed: Staff has identified an off-site location to serve as the Board's headquarters in an emergency situation.

Next Steps:

- Identify areas of response: Home/Individual, Work Site and Profession
- Team members are creating emergency backpacks for home/individual use. These will be shared with staff to encourage others to follow the team's example.
- The team is assembling two emergency backpacks with office materials for use in case of an emergency.

Goal 2: Influence Changes in Mental Health Services Throughout California
Outcome: Better Access to Mental Health Services

Objective 2.1: Advocate for five (5) laws that expand access to mental health services by July 1, 2012.
Measure: Number of laws advocated
Champion not needed

Introduction: 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.

Status:

Objective 2.2: Implement four (4) strategies to improve the quality of clinical supervision by July 1, 2012
Measure: Number of strategies implemented
Champion: Mona
Team Members: Michelle, Debbie, Jessica, Terri, Sean

Introduction: The Board has recognized the need to improve the quality of clinical supervision for Marriage and Family Therapist (MFT) Interns and Associate Clinical Social Workers (ASW). In 2005, the Board conducted a survey of Interns and ASWs and though results revealed most respondents were satisfied with the supervision received, the pass rates on the licensing examinations indicate there may be a need to improve the quality of supervision. Additionally, the Board's licensing evaluators frequently receive calls from licensees who are confused about the different requirements for supervisors of ASWs vs. Interns. By improving the quality of clinical supervision, these registrants will provide better services to consumers.

Completed: Draft Supervision Course. The Supervision Workgroup completed the Draft Supervision Course, piloted the course on two occasions and will present the course to the Board for its review and approval on February 21, 2008. The Workgroup recommended language for two new brochures *A guide to Supervision for Associate Clinical Social Workers* and *A Guide to Supervision for Marriage and Family Therapist Interns and Trainees*. The brochures will also be presented to the Board for its approval on February 21, 2008.

Next Steps:

- Create sample Supervisory Plans
- Webcast training session

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
Champion not needed

Introduction: 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.

Status: The MFT Curriculum bill was introduced on February 14, 2008 by Senator Lou Correa (SB 1218)

Objective 2.4: Implement Six Strategies to Improve the Quality of Treatment for Co-Occurring Disorders by July 1, 2012
Measure: Number of Strategies Implemented
Champions: Julie and Christina
Team: Christy, Elina, May H. Lora, Jessica

Introduction: 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.

Completed: As of February 1, 2008, the team had its initial discussion regarding the planning of a consortium on the treatment of co-occurring disorders. Paul Riches has given the team the green light to proceed with this project. On February 11, 2008, team champions held a telephone meeting with Donna DiGiorgio to assist in identifying the appropriate strategies for the Board to take on.

Next Steps:

- Arrange and meet with Directors or representatives from ADP and DMH
- Team members are currently researching resources for the consortium (SME database for specialties in this area, DMH database for consumers and families of consumers).
- Team members are working with Donna DiGiorgio in scheduling a tour of a treatment facility.

Goal 3: Promote Quality Mental Health Services
Outcome: Better Informed Consumers

Objective 3.1: Implement four (4) consumer awareness initiatives on the roles of mental health services by July 1, 2012.
Measure: Number of initiatives implemented
Champion: Sean
Team Members: Paul, Mona, Elina, Cindy, Christy

Introduction: 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.

Next Steps:

Gather Information

- Aging/Elderly Care
- Access and Stigma
- Mental Health Wellness
- Team members are currently researching information for an "Aging/Elderly Care" consumer awareness initiative. The champion will be coordinating an upcoming meeting to discuss the next steps in completing this objective.

Objective 3.2: Provide three (3) new publications in at least two (2) additional languages by July 1, 2012.
Measure: Number of publications in additional languages
Champion: Elina
Team Members: Sean, Jason, Pearl

Introduction: 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 illegal 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.

Completed: The team has identified the topics for the publications. One publication, *Self-Empowerment – Choosing a Mental Health Professional in California*, has been completed in English and is ready for translation.

Next Steps:

- Determine other topics
- Identify and meet with experts to assist in creating publications

Objective 3.3: Implement four (4) strategies to address demographic disparities between providers of mental health services and consumers by July 1, 2012.
Measure: Number of strategies implemented
Champion: Christy
Team Members: Mona, Christina, Cassandra, Jessica

Introduction: 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.

Next Steps:

Determine strategies

- Meet with Rachel Guerrero of DMH
- Meet with SMEs (focus group with BP Cubed)
- Meet with additional diversity expert(s)
- Determine strategies to obtain input from diverse consumers

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
Champion: Lynne'
Team Members: Kari F., Karmmyne

Introduction: 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.

Status: The iLicensing project is moving along. The current status is that the Department has issued its RFP (Request for Proposal) and is awaiting responses from vendors. The Team updated the flow chart, which identifies our current business processes and met to establish various security roles of those parties who will be accessing the iLicensing system.

The Team is in the process of identifying those specific manual tasks involved in the iLicensing project. This phase is referred to as the "Workload Effort". In the work effort phase, we will be capturing the volume and time to complete these tasks in order to establish the necessary baseline information related to the workload effort.

Next Steps:

- Confirm iLicensing Core Functions with OIS
- Contact other Boards/Bureaus using iLicensing regarding their successes and mistakes, identify their current percentage use
- Provide the iLicensing team with information regarding the forms that require signatures for possible use of an electronic signature stamp.

Objective 4.2: 90% of BBS staff will participate in the Human Resource management Plan by July 1, 2010
Measure: Percent of staff participating
Champion: Paula
Team Members: Steve, Kimmy, Sandra, Karrmyne

Introduction: 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.

Next Steps:
Identify work functions

Objective 4.3: Obtain access to seven (7) external experts to address our competency gaps by July 1, 2009.
Measure: Number of experts accessed
Champion:
Team Members: Cheree, Pearl, Paula, Julie

Introduction: 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.

Next Steps:

- Recruit a Champion and possibly new team members..s

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To: Planning Committee

Date: February 11, 2008

From: Paul Riches
Executive Officer

Telephone: (916) 574-7840

Subject: Board Self Assessment

In its strategic plan, the board adopted objective 1.7 as follows:

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

At its November 2007 meeting, the board approved a methodology for assessing board member effectiveness that included ongoing self assessment by the board. The self assessment is focused on the degree to which the board's activity as a governing body exemplified our values as articulated in the BBS Way:

Be a person of *integrity*.
Be *dedicated* and *professional*.
Serve with *excellence*.

Attached to this memo is a draft self assessment questionnaire. Staff developed a range of questions based on how board members would exhibit the BBS Way in its public conduct. Accordingly, each question is listed according to the value it reflected. We envision four questions under each value. Staff is seeking guidance as to which five questions fit best or suggestions for alternate questions.

Once completed, the instrument will be used after each quarterly board meeting. Staff also anticipates using the same instrument for the community assessment instrument also required in the approved methodology.

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Draft Board Effectiveness Self-Assessment Survey

On a scale of 1 to 5 (1 = never, 2 = rarely, 3 = sometimes, 4 = very often, 5 = always) please rate the board's overall performance on each item. The items are grouped according to the five values that comprise the BBS Way.

Integrity

1. Does the board exhibit commitment to its vision and mission?

1 2 3 4 5

2. Does the board honestly debate and discuss issues before it in public meetings?

1 2 3 4 5

3. Does the board consistently respect its boundaries as a governmental policy making body?

1 2 3 4 5

4. Does the board base its decisions on information and comments presented to it?

1 2 3 4 5

Are there specific board actions or events that illustrate your responses to the above questions?

Professionalism

1. Does the board listen openly to all points of view?

1 2 3 4 5

2. Does the board openly accept and respond to constructive criticism?

1 2 3 4 5

3. Does the board respect and value the roles of all professions and consumers?

1 2 3 4 5

4. Does the board engage in constructive self evaluation?

1 2 3 4 5

5. Does the board hold its members accountable for supporting organizational norms and values?

1 2 3 4 5

6. Does the board hold the executive officer accountable for effective staff operations and implementing board policy?

1 2 3 4 5

Are there specific board actions or events that illustrate your responses to the above questions?

Dedication

1. Is the board prepared to address the issues on each agenda?

1 2 3 4 5

2. Does the board respect and support the priorities of each board member?

1 2 3 4 5

3. Does the board actively seek information and expertise from external sources?

1 2 3 4 5

4. Does the board respond to public demand to address issues of concern?

1 2 3 4 5

Are there specific board actions or events that illustrate your responses to the above questions?

Service

1. Does the board exhibit a primary commitment to public protection?

1 2 3 4 5

2. Does the board actively engage in dialogue with the public?

1 2 3 4 5

3. Does the board responsibly seek out and support positive changes in mental health care?

1 2 3 4 5

4. Does the board demand quality service from its staff?

1 2 3 4 5

Are there specific board actions or events that illustrate your responses to the above questions?

Excellence

1. Does the board exhibit a proactive approach to understanding and addressing public needs?

1 2 3 4 5

2. Does the board exhibit responsiveness to the challenges presented by public and professional diversity?

1 2 3 4 5

3. Is the board open to adapting its policies and practices based on changes in its environment?

1 2 3 4 5

4. Does the board exhibit commitment to the priorities established by its strategic plan?

1 2 3 4 5

5. Is the board an effective policymaking body?

1 2 3 4 5

6. Do board members respect and support board actions once taken regardless of personal positions?

1 2 3 4 5

7. Is board member interaction healthy and respectful?

1 2 3 4 5

Are there specific board actions or events that illustrate your responses to the above questions?

Other Comments:

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