# BEST PRACTICES

*for California's*

## Local Mental / Behavioral Health Boards & Commissions

**2024,** Revision 1

California Association of Local Behavioral Health Boards and Commissions

* CA Law for mental/behavioral health boards/commissions changes, effective January 1, 2025. Please refer to the CA WIC 5604 and 5963.03 WIC Document to view substantive changes, especially for the highlighted sections below.

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**Resources:** www.calbhbc.org/resources **Training:** www.calbhbc.org/training

## ADVOCACY: Addressing Issues

Elevating important issues to bring about needed change often requires advocacy efforts. In addition to advising the Board of Supervisors and Mental/Behavioral Health Director regarding the mental/behavioral health needs of the community, board/commission members want to make a difference, and know that their recommendations are heard and appropriate action is taken. *Note: "Advocacy" is not one of the defined duties in Welfare and Institution Code 5604.2, although it is often listed in local boards' action/annual plans and mission statements.*

**THE RULES:** It is important to act within:

1. Board/Commission Bylaws/Policies
    a. Processes: Use processes that provide opportunity for identifying and understanding issues, including discussion and board/commission approval of recommendations
    b. Mission: Stay within your board's mission. Issues should be related to mental/behavioral health needs, services, facilities, and special problems.
2. The Brown Act - As a public board, it is important to use open and public processes to discover issues important to the community. See: www.calbhbc.org/brown-act

**THE TOOLS:** Create allies and relationships as you research and identify recommendations.

1. Mental/Behavioral Health (MH/BH) Director: Often upon hearing about an issue, the MH/BH Director may direct their staff to take action, and will provide follow-up reports at board/commission meetings.
2. Speakers/Joint Meetings – Board leadership may invite related speaker(s) and/or commission(s) to board/commission meetings. Note: The Mental/Behavioral Health Director or County Supervisor can often provide advice/connections.
3. Ad Hoc Committees – Board leadership may choose to create an ad hoc committee for issues that require research:
    a. Conduct small group discussions ("Listening Sessions") to receive consumer/family member input. Personal stories around an issue provide valuable first-hand experience and ideas for improvement. Examples of venues for these discussions: Adult Resource Centers, Support Groups or NAMI meetings.
    b. Conduct research through meetings with Staff (County, City); County/City/School District/Law Enforcement/Commission Leaders; Contractors; Outside Counties that have solutions
    c. Review issue and/or program performance information: www.calbhbc.org
    d. Create a report detailing: 1) Issue; 2) Research; and 3) Recommendations. *(Include a concise Executive Summary.)*
4. Communication: Board Leadership should take the lead:
    a. Invite interested local advocacy groups, community leaders, boards, contractors and staff to your meeting when the report or recommendation letter is discussed/presented.
    b. Letter and/or presentation to Board of Supervisors (local Governing Body) and/or other local commissions
    c. Letters to the Editor of the local newspaper.
    d. For issues identified to be statewide issues, provide the report to:
        i. CA Association of Behavioral Health Boards & Commissions
        ii. CA Behavioral Health Planning Council

## AD HOC COMMITTEES (Work Groups)

**DEFINITION:** Ad hoc committees:

1. Serve only a limited or single purpose
2. Are time limited and are dissolved when their specific task is completed.
3. Contain less than a quorum of board/commission members. (Note: In some counties, ad hocs may contain only 2 members due to local statutes.)
4. Do not meet on a regular fixed-meeting basis.
5. Are exempt from complying with the Brown Act if all of the above conditions are met.

**FUNCTION:** Special problems (e.g. lack of local residential facilities for adults with mental illness) and projects (such as Annual Reports, Data Notebooks, reviewing MHSA Plans, and individual Site/Program Visits)* are often best facilitated by a small committee that can work together outside of the board/commission meeting. The job of the ad hoc is to:

1. Conduct research meetings
2. Compile and analyze information
3. Report back (in writing and/or verbally) to the board/commission.

* **Reminder:** Ad Hocs are time-limited (usually a few months).

**IMPLEMENTING an Ad Hoc:** The following are *suggested* steps. Board leadership or the Chair may use a *less formal process*, provided that the ad hoc created is exempt from complying with the Brown Act (meets criteria in the definition above).

1. **Work Plan** (Written Draft). The draft work plan should include:
    a. An Ad Hoc (or Work Group) Name
    b. A description of the purpose of the Ad Hoc that links the proposed work to one or more of the WIC 5604.2 Duties or Annual Goals.
    c. The number of proposed members for the workgroup
    d. A description of how the work group will accomplish its purpose (identify people to meet with, documents to review, etc.)
    e. An approximate schedule of tasks and target date of completion (begin, submit report to Executive Committee, report to board)
2. **Role of Executive Committee** (EC) (or Chair in counties that do not have an EC):
    a. Review each ad hoc proposal submitted in writing.
    b. Review and approve or deny the request.
    c. Review and identify aspects of the plan that require revisions, including, but not limited to:
        i. Areas that are unclear or too broad.
        ii. Areas that may be unnecessary or out of the scope of the board/commission duties or goals.
        iii. Clarifications regarding how the work group plan goals can be met.
    d. EC or Board/Commission Chair appoints an ad hoc chairperson
    e. EC provides written approval

**[Name of Board/Commission]**
**Ad Hoc Proposal Form**

**Ad Hoc Chair:** **Date of Proposal:**

**Name of Ad Hoc**:

**Maximum number** of members in Ad Hoc: _____ maximum

**WIC 5604.2 Duty(s) or Annual Goals that** Ad Hoc will contribute toward (Please list):

**PURPOSE** of Ad Hoc:

**HOW** will Ad Hoc accomplish its purpose:

*Example Response:*

1. *Research Meetings with [list individuals, agencies or organizations]*
2. *Listening Sessions with [list organizations]*
3. *Identify successful programs or practices by reviewing [List Documents or on-line resources to Review])*

**SCHEDULE OF TASKS** with target dates for completion

*Example Response:*

1. *Begin [Date]*
2. *Submit Draft Report to Executive Committee [Date]*
3. *Report to [Mental/Behavioral health Board/Commission] [Date]*

**APPROVED BY:** [Executive Committee or Chair]

**DATE:**

**COMMENTS:**

# ANNUAL REPORTS

## I. PURPOSE:

*CA Welfare & Institutions Code, Section 5604.2 (5), requires: "Submit an annual report to the governing body on the needs and performance of the county's mental health system."*

- What changed in the mental health system/community during the past year? Analyze the mental health system including successes & areas for improvement. **What do you advise?**
- Writing the Annual Report is an opportunity to list the Board's recommendations and accomplishments. [Note: accomplishments are different from "activities."]
- "Write to your reader!" While the mandate specifies "governing body", the report may be read by mental health advocates, providers, and other interested parties
- Opportunity for a strong call to action – needs to clearly state what the Board **advises**

## II. CONTENT:

- Concise Executive Summary that lists major findings and recommendations (and refers to pages with detailed recommendations.)
- Structure: Use Legislative mandate (WIC 5604.2 on next page) and/or Annual Goals as outline: list site/program reviews and findings, resolutions, any special reports, including presentations, hearings, testimony, committees (e.g. Director Selection Committee, CIT, CALBHB/C). List Board members/officers and staff
- Size: Recommend limit of ten pages

## III. FORMAT:

- Concise language, limit personal pronouns, limit long narratives
- Cover – title (Annual Report, FY XX), County Logo, Name of Board/Commission
- Table of Contents (with page numbers) (can be included on Executive Summary page).
- Include page numbers

## IV. DISSEMINATE:

- Cover letter – written by Board Chair (one page);
- Send e-mail with link to report to Board members, Providers, Public Health officials, Board of Supervisors, Mayor, CALBHB/C, Advocacy Groups, etc.
- Present the Annual Report in person to the Governing Body (in most cases, the Board of Supervisors.) Ask MH/BH board/commission members to attend. **Remember to advise!**

[County Logo]

## ANNUAL REPORTS *Continued* - SAMPLE

**[Name of Board or Commission]**
**[Year] Annual Report**

**[Insert Picture of Chair]**

**Table of Contents:**


Executive Summary 1

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### Executive Summary

The [Name of Board or Commission] has a dedicated, engaged and diverse membership that cares very much about the mental [or behavioral] health services, programs and facilities available in our county.

Along with the following pages that outline our membership and activities for the year, there are two reports attached that provide research findings and recommendations of two [MHB] work groups:

1) School-Based Mental Health Services Needs Assessment and Stigma Reduction Workgroup (Attachment A) – Recommendations Include:
   a. Full implementation of AB114 – Educationally-related Mental Health Services (This shifted responsibility of mental health services from county mental health departments to school districts.)
   b. Adding "Wellness Centers" to high schools, (Napa County Middle Schools now have them.) This is a place to go for any health-related need, including mental illness.
   c. Providing Youth Mental Health First Aid training to staff and administrators to ensure potential issues can be recognized, assessed, screened and treated before reaching crisis level.
2) Employment Workgroup Report (Attachment B) Recommendations include adjusting the Department of Rehabilitation Model of employment support, to incorporate training for employers, and to tailor job programs to better fit the needs of adults with mental illness.

It is also important to acknowledge the many accomplishments of the [Name of County] [Mental/Behavioral Health Agency], under the leadership of [Mental/Behavioral Health Director [Name]].

***Through public meetings, site visits, work groups, speakers, and reports from MH Division Staff and contractors, the MHB works to understand and advise the Board of Supervisors and the [Mental/Behavioral Health] Director regarding [Name of County]'s mental health offerings and challenges. [Name of County] [Mental/Behavioral Health Board] members are appointed by the Board of Supervisors. It is part of our mandated duties to provide the Board of Supervisors with an annual report reviewing the needs and performance of the county's mental health system. This report documents our membership and activities for [Year].***

Annual Report Sample Continued:

## Status of the [Mental Health Board]

**Meetings:** Regular MHB meetings were held on the 2nd Monday of each month. A notice of all regular and special MHB meetings was made public, and an agenda was followed which allowed for public comment. MHB meeting agendas and minutes are available on the County website. A quorum was established at all twelve meetings. Board member attendance ranged from 58% to 100%, with average attendance: 72%.

In February, we held a hearing for review and comment on the proposed Mental Health Division's Mental Health Services Act (MHSA) Annual Plan Update Fiscal Year (FY) 2015-16. In June, we held a public hearing for review and comment on proposed MHSA Innovation Plan Projects: 1) On The Move: Work for Wellness; 2) COPE Family Center: Adverse Childhood Experiences (ACE); 3) NVUSD: Support for Filipino Community; 4) Suscol Intertribal Council: Support for Native Americans.

We held three other special meetings in American Canyon, St. Helena and at Napa's Innovations Community Center.

### Committees & Workgroups:

**Executive Committee:** [Board/Commission Member Names & Positions]
**Data Notebook Workgroup [Year]**: [Board/Commission Member Names]
**Employment Workgroup**: [Board/Commission Member Names]
**School-based Mental Health Services Workgroup**: [Board/Commission Member Names]
**Annual Report**: [Board/Commission Member Names]
**Quality Improvement (QIC)**: [Name of Board/Commission Liaison(s)]
**Stakeholders Advisory (SAC)**: [Name of Board/Commission Liaison(s)]
**MHSA Innovations Planning Advisory**: [Board/Commission Member Names]
**CA Assoc. of Local Behavioral Health Boards/Commissions**: [Board/Commission Liaison(s)]

| Board Member | District at Time of Appointment | Appointment Date | Term Ends |
|---|---|---|---|
| Name | 4 | 11/3/2015 | 1/1/2019 |
| Name | 1 | 1/06/2015 | 1/1/2018 |
| Name | 4 | 1/12/2015 | 1/1/2018 |
| Name | 4 | 11/3/2015 | 1/1/2019 |
| Name | 4 | 1/06/2015 | 1/1/2018 |
| Name | 3 | 11/3/2015 | 1/1/2019 |
| Name | 2 | 1/26/2015 | 1/1/2019 |
| Name | 4 | 1/06/2015 | 1/1/2018 |
| Name | 4 | 1/06/2015 | 1/1/2018 |
| Open | 1 | 10/10/2016 | 1/1/2020 |
| Open | 3 | 2/15/2017 | 1/1/2020 |

Annual Report Sample Continued:

## Goals & Accomplishments

The following objectives and goals for [year] were developed by the [MHB] Executive Committee and approved by the [MHB]. We have detailed the work done by the [MHB] on each of these goals.

**A. Objective: Fulfill the Mandated Responsibilities and Core Purposes of the Mental Health Board**

1. **Goal:** *Review and evaluate* the community's mental health needs, services, facilities, and special problems [5604.2 (a)(1)] Welfare & Institutions Code (WIC)
   **Accomplishments:** List related accomplishments (such as speakers, public hearings, site visits and work groups)

2. **Goal:** *Review and comment* on the county's performance outcome data and communicate its findings to the California Mental Health Planning Council (CMHPC) [WIC 5604.2 (a)(7)]
   **Accomplishments:** List related accomplishments and short summary of findings.

3. **Goal:** *Review and approve* the procedures used to ensure citizen and professional involvement at all stages of the planning process [WIC 5604.2 (a)(4)].
   **Accomplishments:** List related accomplishments (such as review of MHSA Community Program Planning process, providing accessible public meetings, conducting meetings in different parts of the county and/or providing teleconference access)

4. **Goal:** *Review* any county agreement entered into pursuant to Section 5650 of the Welfare & Institutions Code.
   **Accomplishments:** List related accomplishments (such as board member participation reviewing new proposals for services, reviewing contracts prior to site visits, receiving budget overview by staff, and/or listing of contracts, agreements, reports and applications that were provided for review during the year.)

**B. Objective: Maintain an active, involved [Mental Health Board]**

1. **Goal:** *Achieve full MHB membership that reflects the diversity of the populations served.*
   **Accomplishments:** Describe current membership.
2. **Goal:** *Maintain a high attendance and participation at all MHB meetings, including all committees and/or workgroups.*
   **Accomplishments (Sample):**
   - Board Meetings were held monthly without exception and a quorum was established at every meeting. Board member attendance ranged from 58% to 100%, with average attendance: 72%.
   - The Executive Committee also met monthly without exception and a quorum was established at every meeting.
   - Workgroups function as "Ad Hoc" Committees with membership generally ranging from 2-4 members.

Annual Report Sample: *Goals & Accomplishments Continued*

3. **Goal:** *Maintain representation on appropriate local, regional and state boards, committees, councils, etc., and regular reporting to the [Mental Health Board] (for example: CALBHB/C, Quality Improvement Committee, etc).*
   **Accomplishments:** List names of members and involvement

4. **Goal:** Complete 100% of site visits
   **Accomplishments**: Written reports were submitted to the Executive Committee for review, followed by a presentation to the entire [MHB] and any public present at the meeting, for discussion for the following site visits:
   - Provide Listing of Site Visits
   - Provide Listing of Virtual Meetings with Providers (during pandemic)

5. **Goal:** Provide training opportunities to [MHB] Members
   **Accomplishments:** Provide Listing

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## Additional Pages:

**Meet the Board Members** - Provide pictures and short bios of current members, and members leaving the board during the past year.

**Acknowledgements -** Thank the staff, supporting agencies, community groups and guest speakers.

## CONDUCT

In addition to following the Brown Act, and abiding by adopted meeting rules (e.g. Roberts Rules), the following guidelines are provided to help local mental/behavioral health boards/commissions (MHBs) function as effective advisory bodies.

**A. Conduct Agreement –** A listing can be printed on agendas and/or read at the beginning of each meeting. The following list is an example:

1. Active Listening
2. Focus on Issues
3. Person-First Language (see below)
4. No Swearing
5. No Personal Attacks or Criticism (of self or others)
6. One person speaks at a time—no side bars
7. Keep comments short if possible—do not monopolize discussion
8. Limit the Use of Acronyms—"When in doubt, spell it out."
9. Turn Off or Silence Cell Phones

**B. Person-First Language**

When talking about people with mental illness, it is important to be mindful and use "person-first language". MHB members should set an example and lead the way in using terminology when speaking or writing that is positive and reflective of the person first.

Generic phrases such as "the mentally ill" or "psychologically disturbed" are not appropriate since they convey a lack of appreciation for and depersonalize the individual. These terms communicate and reinforce the discriminatory notion of a special and separate group that is fundamentally unlike the rest of "us."

The use of person-first language such as "a person with schizophrenia," "an individual with bipolar disorder," or "people with mental illnesses," communicates first that they are people and second that they have a disability. Use of person-first language, although sometimes wordy, is important and requires that we be mindful of what we present to the public.

**Language to Avoid**

• Crazy • Mentally ill • The Mentally Ill • Mentally or emotionally handicapped • Crazy, nuts, etc. • Emotionally challenged • Differently-abled • Victim or sufferer

**Person-First Language:**

• Individual with lived experience of mental illness • Person with schizophrenia • Person with a mental illness • Person with bipolar disorder • Individual living with mental illness • Person with a psychiatric disability

**C. "Unconscious Bias"** **Also, see recorded training:** www.calbhbc.org/unconsciousbias

Avoid Micro-Aggressions (Inequalities): Comments or actions that are subtly and often unintentionally hostile or demeaning to a member of a minority or marginalized group. (Such as looking at your cell phone while someone is speaking.)

Be intentional about treating everyone with dignity and respect. (The Public, Speakers, MHB Members, Staff, Contractors, etc.)

## CULTURAL REQUIREMENTS: Eliminating cultural, ethnic & racial disparities

Addressing disparities across the entire mental health system is integral to providing effective, accessible and equitable programs and services.

### BEST PRACTICES *for* Boards & Commissions

**RECRUIT** to achieve diverse membership:

Seek out and recommend qualified/diverse individuals for appointment by the Board of Supervisors (or Governing Body) (per WIC 5604(2)(A)) See Recruitment, Page 24.

**LISTEN: for issues, gaps and successes.**

- Invite organizations and individuals to your meetings that can speak to the needs of diverse communities.
- Listen to the public, treating all with dignity and respect.
- Review CALBHB/C's "Unconscious Bias" Training: www.calbhbc.org/unconsciousbias

**REVIEW:** Penetration rate, data, programs and planning procedures, including review of:

- Staff reports. County data is also available at: www.calbhbc.org/performance
- Plans, services and facilities to ensure they meet diverse community needs.
- Planning Process: Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process (5604.2(4)), including Cultural Competency Plans and MHSA Community Program Planning (CPP), Page 19.
- Specific racial, ethnic, cultural and LGBTQ issue and program info at: www.calbhbc.org/cultural-issues

**ADVISE** the BH Director and local leadership [usually Board of Supervisors]. Recommend goals and services that meet the diverse mental/behavioral health needs of your community! See Recommendations, Page 23.

**COMMENT** on performance outcome data specific to culture/race/ethnicity and age to the CA Behavioral Health Planning Council.

### REQUIREMENTS *for* Local & State Agencies

3-Year Cultural Competency Plan /Annual Update Requirements

CA Law requires cultural competence in all mental health services and programs at all levels. Local systems of care should:

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.

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.

Promote congruent behaviors, attitudes, and policies enabling the system, agencies, and mental health professionals to function effectively in cross-cultural institutions and communities. WIC 600.2 (g)

## DATA NOTEBOOK

The Welfare and Institutions Code (WIC) Section 5604.2 describes one of the duties of the local mental or behavioral health board/commission to "Review and comment on the county's performance outcome data, and communicate its findings to the California Behavioral Health Planning Council (CBHPC)."

To assist with this responsibility, the CBHPC annually develops the Data Notebook for each local board/commission to complete. Each year the Data Notebook focusses on a specific area of interest, with a variety of questions to be answered.

The completed Data Notebook is provided to the CBHPC, who then compile the responses from the local mental/behavioral health boards/commissions into an overview report. The information is used by the CBHPC to fulfill its mandate to inform the California legislature about the status of mental health services in California.

### COMPLETION OF THE DATA NOTEBOOK:

- Boards/commissions are encouraged to complete the Data Notebook in partnership with the staff of the local mental/behavioral health agency
- The board/commission may also connect with other local agencies, organizations or experts in their county
- The completed Data Notebook should be approved by the local mental/behavioral health board/commission.
- Submit the approved Data Notebook report to the CBHPC: DataNotebook@cbhpc.dhcs.ca.gov

**EDUCATION AND ADVOCACY:** The completed Data Notebook can be shared with:

- The county's Board of Supervisors to provide local data, and to educate, report and comment on local mental health performance
- Other local agencies and organizations
- Local policy makers and legislators to educate, report and comment on local mental/behavioral health performance.
- CA Association of Local Behavioral Health Boards & Commissions (CALBHB/C). (Individual and compiled Data Notebook overviews are posted at: www.calbhbc.org/data-notebooks )

**EXAMPLES:** Completed Data Notebooks are available at www.calbhbc.org/data-notebooks

**CONTACT INFORMATION:** DataNotebook@cbhpc.dhcs.ca.gov

## DUTIES: Alcohol & Drug
### *Component of Behavioral Health Boards/Commissions*

Many California counties now have integrated Mental Health and Alcohol & Drug Boards. Below are duties historically addressed by Alcohol & Drug Boards.

### Duties:

1. Advise the Board of Supervisors, the local Department of Health and Human Services, the Division of Behavioral Health Services, and/or the Alcohol and Drug Services unit on policies and goals of County alcohol and drug programs.
2. Participate in the county-wide alcohol and drug program planning process.
3. Provide recommendations regarding alcohol and drug program related matters.
4. Review the scope of alcohol and drug programs in County-funded agencies/departments and the community at large.
5. Evaluate the community's alcohol and drug program needs, services, facilities, and special programs.
6. Encourage and educate the public to understand the nature and impact of alcohol and drug problems.
7. Promote support throughout the County for the development and implementation of effective alcohol and drug programs.
8. Ensure citizen and professional involvement at all stages of the process leading to the formation and adoption of the County alcohol and drug program plans.

### State/National Resources:

1. California Behavioral Health Planning Council: www.dhcs.ca.gov/services/MH/Pages/CBHPC-PlanningCouncilWelcome.aspx

2. Substance Abuse and Mental Health Services Administration (SAMHSA): Mental and Substance Use Disorders Page: https://www.samhsa.gov/disorders

## DUTIES: Related to Mental Health (WIC 5604.2 )

The local mental health board shall do all of the following:

1. **Review and evaluate the community's public mental health needs, services, facilities, and special problems** in any facility within the county or jurisdiction where mental health evaluations or services are being provided, including, but not limited to, schools, emergency departments, and psychiatric facilities.
2. **Review any county agreements entered into pursuant to Section 5650**. The local mental health board may make recommendations to the governing body regarding concerns identified within these agreements.
3. **Advise the governing body and the local mental health director as to any aspect of the local mental health program.** Local mental health boards may request assistance from the local patients' rights advocates when reviewing and advising on mental health evaluations or services provided in public facilities with limited access.
4. **Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.** Involvement shall include individuals with lived experience of mental illness and their families, community members, advocacy organizations, and mental health professionals. It shall also include other professionals that interact with individuals living with mental illnesses on a daily basis, such as education, emergency services, employment, health care, housing, law enforcement, local business owners, social services, seniors, transportation, and veterans.
5. **Submit an annual report to the governing body** [usually the Board of Supervisors] on the needs and performance of the county's mental health system.
6. **Review and make recommendations on applicants for the appointment of a local director of mental health services.** The board shall be included in the selection process prior to the vote of the governing body.
7. **Review and comment on the county's performance outcome data** and communicate its findings to the California Behavioral Health Planning Council.
8. **This part does not** limit the ability of the governing body to transfer additional duties or authority to a mental health board.

(b) It is the intent of the Legislature that, as part of its duties pursuant to subdivision (a), the board shall **assess the impact of the realignment of services** from the state to the county, on services delivered to clients and on the local community.

Also, pursuant to W&I Code Section 5848, the local mental health board **conducts a public hearing on** the county's MHSA Three Year Program and Expenditure Plan and Annual Update.

**Mental Health Director Duties related to MH/BH board/commission**: WIC Section 5608(c) Recommend to the governing body **after consultation w/the advisory board**, the provision of services, establishment of facilities, contracting for services or facilities and other matters necessary or desirable in accomplishing the purposes of this division.

## MENTAL HEALTH SERVICES ACT (MHSA): Role of MH/BH Board/Commission (MHB)
## MHSA: 3-YEAR PLANS, ANNUAL UPDATES, INNOVATIONS PLANS

*Counties shall "demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocations." (CA WIC 5848)*

### I. ROLE OF THE MHB

**A. Assure Citizen & Professional Involvement:** Members of the MHB may be involved by ensuring stakeholder involvement in the Community Program Planning (CPP*) process through

1. Receiving reports from staff describing plans and execution of the CPP.
2. Attending focus groups/stakeholder meetings re: MHSA Plans.
3. Providing opportunity for public input at MHB meetings. *See CPP on next page.

**B. Review & Advise:** The review and analysis of the MHSA Three-Year Plans, Annual Updates and Innovations Plans can be major undertakings for MHBs. The Plan documents are lengthy and complex (including program descriptions, populations served, penetration rates, charts, graphs, and fiscal documents). Processes for review and comment by MHBs vary, including**:**

1. Agendizing presentation(s) by MH/BH Staff to explain the major components of MHSA plans.
2. Dividing up sections of plans by small workgroups (ad hocs), who then report on their section to the MHB.
3. Convening a single ad hoc committee to review the document and advise the MHB.
4. Review and comment by individual MHB members.
5. Voting on substantive written recommendations* by the MHB.
   *"Substantive recommendations" means recommendations approved by a majority vote during a public hearing. Also see Recommendations, Page 20

**C. Conduct Public Hearing:** The Public Hearing on the Three-Year MHSA Plan can take place following the 30-day public review period during a regularly scheduled MHB meeting, with 72-hour notice to the public and inclusion on the MHB published agenda. Identifying and inviting stakeholders (consumers, family members, law enforcement, school officials, college board members/staff, etc.) to the public hearing increases engagement and accountability in this process.

### II. ROLE OF THE MENTAL/BEHAVIORAL HEALTH DIRECTOR: The MHSA Three Year Plans and Annual Updates to the MHSA Three Year Plans must include the following elements:

a. Certification to ensure county compliance with pertinent regulations, laws and statutes of the Act, including stakeholder engagement and non-supplantation requirements, and
b. Certification by the County MH Director and County Auditor-Controller that the County has complied with fiscal accountability requirements, and all expenditures are consistent with the Act.
c. The local MH/BH agency must provide an annual report of written explanations to the local governing body and the State Department of Health Care Services for any substantive recommendations made by the local MHB that are not included in the final plan or update.
d. Each adopted three-year program and expenditure plan and update shall include any substantive written recommendations for revisions. The adopted three-year program and expenditure plan or update shall summarize and analyze the recommended revisions.

### III. ROLE OF THE BOARD OF SUPERVISORS (or GOVERNING BODY): After the required 30-day public review process, "Updates to the Annual Plan", the "Three Year MHSA Integrated Plans" and "Innovations Plans" are to be adopted by the County Board of Supervisors and submitted to the state of CA within 30 days after adoption by the Board of Supervisors (or Governing Body).

## MHSA: COMMUNITY PROGRAM PLANNING (CPP)

**DEFINITION:** Community Program Planning (CPP) is the state-mandated, community collaboration process that is used to: assess the current capacity, define the populations to be served and determine strategies to provide effective MHSA-funded programs that are: 1) Culturally Competent; 2) Client & Family-Driven; 3) Wellness, Recovery and Resilience-focused; & 4) Provide an Integrated Service Experience for Clients and their Families. *(See below for state code (CCR and WIC).)

### PARTICIPANTS

1) **Stakeholders**
   a. Adults & Seniors with severe mental illness (SMI)
   b. Families of children, adults & seniors w/SMI
   c. Providers of Mental Health and/or Related Services
   d. Law Enforcement Agencies
   e. Educators and/or Representatives of Education
   f. Social Services Agencies
   g. Veterans
   h. Representatives from Veterans Organizations
   i. Providers of Alcohol and Drug Services
   j. Health Care Organizations
   k. Other important Interests
2) **Underserved**: Representatives of unserved &/or underserved populations & family members.
3) **Demographic Diversity:** Reflects the diversity of the local demographics, including but not limited to: a. Geographic Location b. Age c. Gender d. Race/Ethnicity

### PROCESS

1) **Staffing –** The county shall designate positions and/or units responsible for the coordination and management of the CPP Process to include facilitating participation by the participants listed above.
2) **Training** for county staff and stakeholders as needed.
3) **Outreach** to clients with serious mental illness and/or serious emotional disturbance, and their family members, to ensure the opportunity to participate
4) **Local Review** must occur prior to submitting 3-year plans and Annual Updates to include a 30-day public comment period followed by a public hearing. The MH/BH board/commission (MHB) shall: **a)** Review & approve procedures used to ensure citizen & professional involvement in all stages of planning process; **b)** Review adopted plan or update & make recommendations; **c)** Conduct MHSA Public Hearings at the close of 30-day public comment periods.
5) **Documentation**: MHSA 3-Year Plans and Updates must include a description of the local stakeholder process including:
   a. Date(s) of the meeting(s)
   b. Any other planning activities conducted
   c. Description of participants in planning process in enough detail to establish that the required stakeholders were included
   d. Description of how stakeholder involvement was meaningful
   e. Dates of the 30 day review process
   f. Methods used by the county to circulate for the purpose of public comment the draft of the plan to representatives of the stakeholder's interests and any other interested party who requested a copy of the draft plan
   g. Date of the public hearing held by the local mental health board or commission
   h. Summary and analysis of any substantive recommendations received during the 30-day public comment period
   i. Description of substantive changes made to the proposed plan
   j. The local MH/BH agency must provide written explanations in an annual report to the governing body and DHCS for any substantive recommendations made by the MHB that are not included in the final plan or update.

***CCR, 9 CA ADC § 3200, 3200.060, 3200.270, 3200.90, 3300, 3315, 3320 & WIC 5848(a,b,f) & 5604.2(4)**

## MENTAL HEALTH SERVICES ACT (MHSA): DEFINITION

The Mental Health Services Act of 2004 passed by the voters as "Proposition 63," increased overall State funding for the community mental health system by imposing a 1% income tax on California residents with more than $1 million per year in income. The stated intention of the proposition was to "transform" local mental health service delivery systems from a "fail first" model to one promoting intervention, treatment and recovery from mental illness. A key strategy in the act was the prioritization of prevention and early intervention services to reduce the long-term adverse impacts of untreated, serious mental illness on individuals, families and state and local budgets.

According to WIC 5813.5, MHSA Planning for services shall be consistent with the philosophy, principles, and practices of the Recovery Vision for mental health consumers:

(1) To promote concepts key to the recovery for individuals who have mental illness: hope, personal empowerment, respect, social connections, self-responsibility, and self-determination.
(2) To promote consumer-operated services as a way to support recovery.
(3) To reflect the cultural, ethnic, and racial diversity of mental health consumers.
(4) To plan for each consumer's individual needs.

### SIX COMPONENTS:

The funds are divided into six components. County mental health agencies are required to develop detailed plans for the use of MHSA funds in each of these components, then submit those plans to the Mental Health Services Oversight and Accountability Commission (MHSOAC) or State for approval. The following are the components.

1. **Community Program Planning:** Community Program Planning (CPP) refers to the state-mandated, participatory process implemented by counties in partnership with stakeholders to determine appropriate uses for available MHSA funds. Counties are tasked with developing CPP processes in line with the needs and culture of their communities.

   The planning process requires extensive community input. Counties identify local "underserved populations" most severely affected by, or at risk of, serious mental illness and then develop "culturally and linguistically competent approaches" to connect with and meet the needs of those underserved populations (such as: interpreters and translation services; culturally appropriate mental health services; strategies for outreach to racial and ethnic county-identified target populations).

   The CPP process is used to: 1) Assess the current capacity; 2) Define the populations to be served; 3) Determine the strategies for providing effective services.

   The MHSA work plan is developed from this process.

2. **Community Services and Supports (CSS)** Community Services and Supports are the programs, services, and strategies that are being identified by each county through its stakeholder process to serve unserved and underserved populations, with an emphasis on eliminating racial disparity. It is the largest component of the MHSA. The CSS component is focused on community collaboration, cultural competence, client and family driven services and systems, wellness (which includes concepts of recovery and resilience), and integrated service experiences for clients and families. Housing is also a large part of the CSS component. County MHPs have three years to spend CSS funds.

3. **Prevention and Early Intervention (PEI):** The goal of PEI is to help counties implement services that promote wellness, foster health, and prevent the suffering that can result from

untreated mental illness. The PEI component requires collaboration with consumers and family members in the development of PEI projects and programs.

4. **Innovation:** The goal of Innovation is to increase access to underserved groups, increase the quality of services, promote interagency collaboration and increase access to services. Counties select one or more goals and use those goals as the primary priority or priorities for their proposed Innovation plan. "Innovation projects are novel, creative and/or ingenious practices/approaches that contribute to learning and that are developed within communities through a process that is inclusive and representative, especially of unserved, underserved and inappropriately served individuals" (Page 3 Innovations Guidelines). Innovation Projects are required to:
    a. Introduce a mental health practice or approach that is new to the overall mental health system, including, but not limited to, prevention and early intervention, or
    b. Make a change to an existing practice in the field of mental health, including but not limited to application to a different population, or
    c. Apply to the mental health system a promising community-driven practice or approach that has been successful in non-mental health contexts or settings.

    County MHPs have three years to spend each annual INN allocation (five years for Counties with population 200,000 or less).

5. **Capital Facilities and Technology Needs (CFTN)**: The CFTN component works towards the creation of a facility that is used for the delivery of MHSA services to mental health clients and their families or for administrative offices. Funds may also be used to support an increase in peer-support and consumer-run facilities, development of community-based settings, and the development of a technological infrastructure for the mental health system to facilitate the highest quality and cost-effective services and supports for clients and their families.

6. **Workforce Education and Training**: The goal of the Workforce Education & Training (WET) and WET Regional Partnerships component is to develop a diverse workforce, with the following goals:
    a. Addressing identified shortages in occupations, skill sets, and individuals with unique cultural and linguistic competence in urban and rural county mental health programs and private organizations providing services in the Public Mental Health System; and
    b. Education and training for all individuals who provide or support services in the Public Mental Health System, to include fostering leadership skills. This education and training contributes to developing and maintaining a culturally competent workforce, to include clients and family members who are capable of providing client and family-driven services that promote wellness, recovery and resilience, and lead to measurable, values-driven outcomes.

    Regional partnerships are an important part of WET because schools and training sources serve individuals across county lines. For example, community colleges, universities, graduate and professional programs serve individuals across various geographic regions of California.

## MENTAL HEALTH SERVICES ACT (MHSA): FISCAL INFORMATION
## MHSA: 3-YEAR PLANS, ANNUAL UPDATES, INNOVATIONS PLANS

By law, the State allocates MHSA funds from the Mental Health Services Fund (MHSF) to County Mental Health Plans (MHPs)[1] for three components: Innovation (INN), Prevention and Early Intervention (PEI) and Community Services and Supports (CSS) [2]. Funds are made available to County MHPs on a month-to-month basis according to a formula specified in law: 5% for INN, 19% for PEI and 76% for CSS.

### TIMEFRAMES:

**3 Years**: CSS, PEI, and INN components must be spent within three years (or within five years for INN for Counties with population 200,000 or less).

**10 Years**: Capital Facilities and Technological Needs (CFTN), Workforce Education and Training (WET) and WET Regional Partnerships must be spent within ten years of allocation.

**UNSPENT FUNDS:** The law requires any unspent MHSA funds held by County MHPs to be kept in interest-bearing accounts. County MHPs are required to treat any interest earned as additional revenue for the specific component. County MHPs have differed in their use of interest earned. Some have spent it as it is earned while others have allowed interest to accumulate as a cash reserve.

**Funds not spent within their mandated timeframes are to be returned to the State for re-allocation** to County MHPs, a process called "reversion".

Prudent Reserve funds are not time limited and may remain with the County MHP until needed.

### ON-LINE DATA:

Annual Revenue & Expenditure Reports are available on the CA Department of Health Care Services (DHCS) website:


www.dhcs.ca.gov/services/MH/Pages/MHSA-Fiscal-Oversight.aspx

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**[1]** In California, Medi-Cal mental health waivers establish Mental Health Plans (MHPs), which have the responsibility to provide psychiatric inpatient hospital services and outpatient specialty mental health services within their region. The 59 County MHPs include 57 county regions (including Sutter and Yuba Counties combined as one region) along with two city regions, including the City of Berkeley and Tri-City (Pomona, Claremont and La Verne within Los Angeles County).

**[2]** Once funds are received, County MHPs are permitted to meet local needs by transferring funds from CSS to three other components: Capital Facilities and Technological Needs (CFTN), Workforce Education and Training (WET) and WET Regional Partnerships. Counties are also permitted to transfer some portion of CSS funds to a Prudent Reserve account, a "rainy-day" fund used to protect levels of service when MHSA funding is not sufficient to support ongoing programming.

# RECOMMENDATIONS

## DEFINITION

A recommendation is a suggestion or proposal as to the best course of action, especially one put forward by an authoritative body. Synonyms: advice, counsel, guidance, direction.

## ROLE OF MHB

The (local mental/behavioral health board or commission (MHB) shall advise the **governing body (usually the Board of Supervisors)** and the **local mental (or behavioral) health director** as to any aspect of the local mental health program. Local mental health boards may request assistance from the local patients' rights advocates when reviewing and advising on mental health evaluations or services provided in public facilities with limited access. (WIC 5604.2, # 3).

## ROLE OF THE BEHAVIORAL HEALTH AGENCY (WIC 5848 (b)(a). updated 10/19)

For Mental Health Services Act (MHSA) plans and updates, the Mental/Behavioral Health (MH/BH) agency must include substantive written recommendations for revisions in adopted plans. The plan or update shall also summarize and analyze the recommended revisions.

The local mental/behavioral health agency, must provide an annual report of written explanations to the Board of Supervisors (or local Governing Body) and the State Department of Health Care Services for any "substantive" [*see below] recommendations made by the local mental health board that are not included in the final plan or update.

> * "**Substantive recommendations**" made by the local mental health board" means any recommendation that is brought before the board and approved by a majority vote of the membership present at a public hearing of the local mental health board that has established its quorum. 5848 (f)

## PROCESS (Suggested Process)

1. **Issue Raised** by member of the MHB, public, staff or contractor.
2. **Refer to Leadership** - Executive Committee (E.C.) discusses issue and possible action.
3. **Study or Draft** Recommendation - E.C. decision to study (by E.C. or ad hoc) and/or decision to draft a recommendation or resolution.
4. **Draft** Recommendation to be published with the MHB meeting agenda.
5. **Discussion** - At MHB meeting, the item should be discussed by the MHB with public input prior to a vote. [May be revised at meeting prior to final vote.]
6. **Vote**. [Minutes to note recommendation and outcome of vote.]
7. **Memo or Letter**: When passed, provide recommendation/resolution via memo to MH/BH Director and/or letter to Board of Supervisors (BOS (or Governing Body).
8. **Annual Report**: Include resolutions or recommendations in your annual report, along with the response from the mental/behavioral health agency.

# RECRUITMENT of Board/Commission Members

## ROLE OF MHB

Local mental/behavioral health boards and commissions (MHBs) may recommend appointees to the County Board of Supervisors (or Governing Body). Counties are encouraged to appoint individuals who have experience with and knowledge of the mental health system. The board membership should reflect the ethnic diversity of the client population in the county. *WIC 5604 (a)(1)*

## STRATEGIES

In order to achieve a diverse membership (ethnic, racial, sexual orientation) that includes a good mix of consumers, family members and people with experience and knowledge of the mental health system, it is important to be intentional about inviting potential members to apply. Individual contact with people (phone call, meet for coffee) can be effective in both attracting people to the MHB, and creating relationships for future interaction with the MHB. To represent various facets of the community that interact with Mental Health, MHB's may want to reach out to:

1. County Veterans Services Office (**Requirement** in the case of veteran/veteran advocate vacancy)
2. Community Organizations, such as the Hispanic Chamber of Commerce or Tribal Organizations
3. Mental Health Adult Resource Centers, Consumer Groups (**Requirement** to have one individual 25 years of age or younger who is a behavioral health consumer or family member **beginning 1/1/2025**.)
4. Commissions on Aging/Older Adult Groups
5. Local Education Agencies (**Requirement** to have employee from LEA **beginning 1/1/2025**)
6. First 5 Commissions
7. Criminal Justice (e.g. Sheriff, Public Defender, District Attorney)
8. College/Community College Boards/Staff

## PROCESS

It is important to use a process that is fair and respects people's privacy.

1. Public posting of MHB openings (usually done by county staff)
2. On-line or printed application publicly available (usually on county website)
3. Board/Commission Chair and/or Executive Committee receives redacted applications (from staff) for follow-up interviews.
4. Two or more MHB members conduct a private interview (with set list of questions) followed by possible recommendation to the MHB. (Suggested interview questions are provided at: www.calbhbc.org/templatessample-docs (under Recruitment))
5. The MHB votes to recommend individuals for possible appointment by the Board of Supervisors (or Governing Body)
6. The Board of Supervisors receives the recommendations, and makes appointments.
7. It may be necessary to follow-up (usually done by board/commission administrative liaison) to remind the Supervisors/county staff to make appointments.

**RULES FOR MEMBERSHIP** - See Membership Criteria (WIC 5604) **Page 35**. **Requirements** change beginning 1/1/2025. Link to new WIC 5604 (PDF)

[County Logo]

**Contact:**
[Name, Position]
[Phone]
[Email]

Sample Flyer or Press Release

**Applicants sought for [Name of Mental or Behavioral Health Board/Commission]**

The County Executive Officer announces two vacancies on the [Name of County Mental/Behavioral Health Board/Commission]. These vacancies represent the following categories (categories may overlap):

1) Consumer (an individual with lived experience of mental illness), with the terms expiring [Date(s)]
2) Family Member of Consumer, with the terms expiring [Date(s)]
3) Veteran / Veteran Advocate (A "veteran advocate" can include a parent, spouse, or an adult child of a veteran, or an individual who is part of a veterans organization, including the Veterans of Foreign Wars or the American Legion.)
4) Interested & Concerned Citizen, with the terms expiring [Date(s)]

The [Mental Health Board] meets at [time] on the [day] of each month at [address][and by teleconference]. The [15-member Mental Health Board] represents the categories of consumers, family members of consumers, interested and concerned citizens and a member of the Board of Supervisors. Applicants need not have any specialized or professional background.

With the exception of consumers (under certain conditions), no member of the Board or his or her spouse shall be a full-time or part-time employee of a county mental health service, an employee of the State Department of Health Care Services, or an employee, or a paid member of the governing body of a Mental Health contract agency.

Anyone interested in consideration for appointment must submit a completed application form. Application forms are available at the County Executive Office, [address], telephone [phone number] or online at [web address].

[Example Instructions: Click on "application for appointment" under the "Current Openings" heading and follow the application instructions.]

Recruitment will remain open until vacancies are filled.

**Recruitment Policy** (Sample)

[Name of Chair], [Name of Board/Commission] Chair
[Name of Vice Chair], [Name of Board/Commission] Vice Chair

Policy #[Insert number]

**Purpose**
The purpose of this policy and procedure is to ensure an efficient and fair process for filling existing and anticipated vacancies on the [Name of County] [Mental/Behavioral Health Board/Commission] [(MHB)]

**Policy**
All existing and anticipated vacant positions on the [MHB] will be filled in a timely manner. Recruitment and member selection processes will meet all [MHB] CA WIC 5604. requirements in order to ensure adequate consumer, family member, veteran/veteran advocate and general citizen representation, with an emphasis on achieving a diverse membership (ethnic, racial, sexual orientation) of individuals who have experience with the mental health system and/or the sectors which it intersects.

**Procedures:**

1) **Notify Clerk of the Board of Supervisors:** When [MHB] positions become vacant, the [Name of Board/Commission] [staff liaison] will immediately inform the Clerk of the Board of Supervisors, providing the following information:
    a) The date of the vacancy
    b) The type of vacancy (i.e. consumer, family member, interested/concerned citizen)
2) **Application Review:** The [Name of Board/Commission] [staff liaison] shall review applications to ensure that the applicant meets the criteria for [MHB] membership (See "Membership Criteria" (WIC 5604) Page 33)
3) **Interviews:** Each applicant will be interviewed by at least two representatives of the [MHB]. Sample Interview Questions.

    The representatives shall recommend candidates to the full [MHB] and the [MHB] at its next regularly scheduled meeting shall finalize its recommendations to the Board of Supervisor(s) (In some counties, individual Supervisors make appointments for their district) for their consideration of appointment onto the [MHB]).

4) **Reappointments:** Current members who wish to serve an additional 3-year term are also interviewed, and potentially recommended as outlined in #3 (above). [Adhering to term limit [MHB] bylaw requirements (if any)]

## **REVIEW:** Key Considerations and Roles

"Review" means to examine or assess (something) formally
with the possibility or intention of instituting change if necessary.

**Key Considerations** - The following are suggested as key elements for mental/behavioral health board/commission members to consider when reviewing mental/behavioral health offerings.

1. **Accessibility** - Are programs accessible to all?
    a. Culturally Relevant - Understanding and effectively responding to racial, ethnic, cultural, LGBTQ, and age needs across the entire behavioral health system is integral to providing effective, accessible and equitable offerings.
    b. Scaled to meet the needs of the community
    c. Integrated programs in: schools, senior centers, work-settings, hospitals, religious institutions, wellness-centers, etc.) Aligning mental health and substance use disorder resources with health care, education and social service offerings is fundamental to providing access to an effective and accessible continuum of care.
    d. Communicated
        i. Website, Media, Signage**:** Availability of services and how to access them is clearly communicated and includes languages of the local population.
        ii. Messaging**:** Widespread mental/behavioral health education and messaging reaches all age groups, cultures, ethnicities, races, LGBTQ+ and all sectors (schools, senior centers, work-settings, hospitals, community centers, religious institutions, wellness-centers, etc.)

2. **Recommended Practices** - Do offerings provide evidence-based or promising practices?
    a. Client & Family Driven
        i. Peer Providers are an essential component
        ii. Clients and family members are treated with dignity and respect and are included in decision-making
        iii. Program leadership and staff includes individuals with lived experience and family members (such as on non-profit boards and as employees)
    b. Evidence-Based Practices
    c. Trauma-Informed Practices
    d. Community-Defined Evidence Practices

3. **Sustainability** - Are programs sustainable?
    a. Financially Viable: Sustainable funding mechanisms for county agencies, local agency partners and community-based organizations
    b. Workforce: Development of Workforce, Competitive Wages, Education, Training

4. **Performance** - What is the impact of the behavioral health offerings?
    Measuring performance is integral to identifying, providing, scaling and improving programs. Collecting, analyzing and sharing data that tracks the impact of behavioral health programs on individuals and communities (Children & Youth, Criminal Justice, Employment, Hospitalizations, Housing) is key to justifying and supporting ongoing implementation and funding. www.calbhbc.org/performance (Local performance outcome reporting is required in MHSA Plans/Updates, and Annual Medi-Cal EQRO Reports, and SAMHSA Grant Applications.)

**Roles:**

**Mental/Behavioral Health Director -** to CONSULT with Advisory Board

WIC Section 5608 (c): The Mental/Behavioral Health Director is required to recommend to the governing body [usually the Board of Supervisors], after consultation with the advisory board [the local mental/behavioral health board/commission], the provision of services, establishment of facilities, contracting for services or facilities and other matters necessary or desirable in accomplishing the purposes of this division.

**Mental/Behavioral Health Board/Commission Members -** 6 Areas to Review*:

1) **Mental/behavioral health** needs, services, facilities and special problems
2) **County agreements** entered into pursuant to Section 5650.**
3) **Community Planning**: Procedures used to ensure citizen and professional involvement at all stages of the planning process.
4) **Mental/ Behavioral Health Director** applicants
5) **Performance Outcome Data**
6) **Realignment**: Assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community.

* Full Duty Descriptions: www.calbhbc.org/duties

** *Section 5650 refers to the annual Performance Contract between local mental behavioral health agencies and CA's Department of Health Care Services. The Performance Contract sets forth conditions and requirements that counties must meet in order to receive the following funding: Mental Health Services Act (MHSA), Projects for Assistance in Transition from Homelessness (PATH), Community Mental Health Block Grant programs and community mental health services provided with realignment funds.*

# RUNNING A GOOD MEETING

## I. ATTENDANCE

- Remind mental/behavioral health (MH/BH) board/commission (MHB) members by mail, email, phone and/or text)
- Invite - Depending on agenda topics, be intentional about inviting (by email/phone):
    - Consumer/family member organizations, Community Groups
    - County agencies (such as Older Adults, Veterans Officer, Drug & Alcohol)
    - School District, Law Enforcement, Community College, Providers

## II. THE RULES

**The Brown Act** - Also see: www.calbhbc.org/brown-act

- Public Comment
    - Publish rules on front of agenda (Sample: calbhbc.org/templatessample-docs
    - Allow time for Open Public Comment (on topics not on agenda)
    - Public Comment before or during agenda items
    - Speak to public before beginning meeting regarding when they will have a chance to speak
- Agenda
    - Follow the agenda that was posted 72 hours in advance (24 hours in advance for Special Meetings)
    - If the order of the agenda needs to be changed, or an item removed, the chair may say "If there are no objections…" *If there are no objections, there does not need to be a vote.* Agenda items may not be added, and should not be vague.

**Voting** - Also see "Parliamentary Procedure", Page 29

- Motion *(if needed, Chair says "Do I hear a motion?")*
- Second *(if needed, Chair says "Do I hear a second?")*
- Discussion *(Chair says "Any Discussion"?)*
- Teleconference Voting by Roll Call
- In Person Voting
    - All In Favor *(Chair asks "All in favor?")*
    - Opposed *(Chair asks "Opposed?")*
    - Abstaining *(Chair asks "Abstaining?")*

## III. THE CONTENT

- Agenda (Samples: https://www.calbhbc.org/templatessample-docs )
- Speakers
    - Who can address the priorities identified by board members/concerns of public
    - Who can speak about access and effectiveness of MH/BH Services
    - Who can speak about MH/BH needs and issues
- Housekeeping – keep it limited (Use Executive Committee (or chair and staff in very small counties) to address board organizational topics.)

## IV. HANDLING DIFFICULT PEOPLE

- Stay on Agenda
- "The action is in the reaction." Quietly move on to the next person or agenda item.
- Security – Take precautions if you anticipate a problem.

## V. FACILITATING THE MEETING

**Before**

- Include Physical Location(s) and/or Teleconference Connection information with Meeting Notification and Agenda
- Comfortable chairs and table space for MHB members to take notes;
- Water (and snacks if possible) accessible
- Name plates/placards placed in front of each Board Member and Staff;
- Cell phones are placed on silent;

**During**

- Meeting starts and ends on time
- Minutes (including attendance and votes) of the proceedings accurately recorded;
- Public attendance and comments welcomed
    - Everyone (board members, public) has an opportunity to talk;
    - All opinions are valued
    - Listen for Issues (from Board Members, Public, Speakers, Staff, etc.)
- Civility reigns - See Conduct, Page 10
    - The Chair follows and sticks to the agenda
    - The Chair recognizes people who want to speak (e.g., raise hand, stand up name plate)
    - Public comments are limited (Suggestion: Up to three minutes depending on number of comments)
        - Request that organizations choose a spokesperson;
        - Timer with buzzer/bell if needed *(although not recommended*)
    - Motions - See next page "Parliamentary Procedure"
    - No one should be allowed to monopolize the discussion
    - Side-bar conversations (including on-line chat or emails) are not permissible;
- Take notes & follow-up on issues of concern with Executive Committee
- Any non-agenda/new issues raised should be referred to the Executive Committee or Chair for future consideration
- Presenters should be graciously thanked for their presentations

**Adjourn**

- No meeting should last more than two hours;
- Motion to Adjourn, Second and Vote.
- Do not continue meeting after adjournment (avoid quorum conversation.)

## PARLIAMENTARY PROCEDURE

Board/commission bylaws often specify rules of parliamentary procedure, such as: Robert's Rules of Order, Roberta's Rules of Order, Rosenberg's Rules of Order. Below are definitions and suggested procedures.

**Agenda:** Provides a listing of the standard order of business. The agenda will include a 'call to order", reading and approval of minutes, reports and other business.

**Motions:**

1. **Having the Floor** - Before a member can speak at a meeting, she or he should be recognized by the chairperson. Once recognized, the speaker should not be interrupted, except by the chairperson.
2. **Making Motions** - A motion is made to propose a course of action (such as approving the minutes, or making a substantive recommendation). If another member agrees that the motion should be entertained, they will "second the motion". Additional discussion pertaining only to the motion can follow.
3. **Amending Motions** - Amendments can be motions as long as the person who moved the original motion is agreeable to the amendment. If the originator of the motion is not agreeable, then the group must vote on the original motion.
4. **Tabling the Motion** - If more information is needed to consider a motion fairly, then a motion to "table" the discussion can be made. The length of and reason for tabling the motion must be included in the motion to "table". A majority of members must support the tabling for it to pass.
5. **Calling the Question** - When having difficulty closing discussion on a motion (and it appears that discussion is no longer productive), the "question" can be called with a two-thirds vote of the members present. If the "Calling the Question" vote passes, it is followed by an immediate vote on the motion.

**Quorum:** The minimum number of members who must be present at a meeting in order to conduct business (such as take a vote.) Usually a quorum is one more than half of current membership. (Example: If there are 12 members on a board, a quorum would be 6+1 = 7 members.)

**Voting**

- Motion *(if needed, Chair says "Do I hear a motion?")*
- Second *(if needed, Chair says "Do I hear a second?")*
- Discussion *(Chair says "Any Discussion"?)*
- Teleconference Voting by Roll Call
- In Person Voting
  - All In Favor *(Chair asks "All in favor?")*
  - Opposed *(Chair asks "Opposed?")*
  - Abstaining *(Chair asks "Abstaining?")*

## I. PURPOSE

With the goal of providing high quality, accessible, culturally responsive mental/behavioral health services and programs, delivered efficiently and effectively, with client-centered outcomes, site visits can assist with the following WIC 5604.2 duties:

1. Review and evaluate the community's mental health needs, services, facilities and special problems.
2. Review any County agreements entered into pursuant to Section 5650.
3. Advise the Board of Supervisors (or local governing body) and the local Mental/Behavioral Health (MH/BH) Director as to any aspect of the local mental health program.

## II. ROLE OF MENTAL HEALTH BOARD (MHB)

1. Learn about program, service and/or facility, including successes and challenges.
2. Educate the Mental/Behavioral Health Board/Commission (MHB) member(s) about the program/facility;
3. Educate the program and clients/consumers about the role of the MHB;
4. Learn about client and family-member satisfaction and concerns;
5. Make recommendations to the MH/BH Director and/or public officials based on site visit findings.

## III. ROLE OF COUNTY MENTAL HEALTH/BEHAVIORAL HEALTH SERVICES STAFF

It is important to understand the MH/BH services staff's role overseeing contractors. Program monitoring is measured by various means and processes:

1. Quantity: number of clients served, number of referrals, admissions, discharges, reduction of waiting lists, etc.
2. Quality: improve an illness, restore or improve social and vocational functioning, maximize client and family members sense of well-being and personal fulfillment, prevent injury to others and to the client, specific percentage improvement upon completion of specific task, upgrading efficiency, stimulating morale, utilization of staff, appropriate supervision, training, evidence based programs utilized, etc.
3. Time: timeliness of service, deadlines met, frequency, number of days to complete, etc.
4. Cost: use of budgetary resources, percent variance from allocation, cost per client, cost per service unit, etc.
5. Consumer/Client satisfaction written surveys examine the adequacy and appropriateness of the services being provided and the extent of the desired outcomes from the client's perspective.

## IV. RECOMMENDED MHB SITE VISIT PROCEDURES

A. **Make Contact -** MHB staff (or MHB member) makes contact with the provider, describing purpose of the site visit, and requesting date for site visit.

***Continued on Next Page***

B. **Review Contract -** MHB Staff will provide MHB members who plan to conduct the site visit (less than a quorum) with the current county contract (including budget) related to the site to be visited.

C. **Tour facility** - MHB Members (less than a quorum):
   1. Observe interaction between staff and clients/consumers. (Is it respectful? Are clients/consumers comfortable interacting with staff?)
   2. Take note of condition of facility, including:
      1. Common Areas
      2. Dining Area
      3. Program Areas
      4. Client/Consumer Bedrooms (if invited/appropriate)
      5. Outdoor Areas
   3. Check to see if there are Posted Grievance Procedures and/or Access to Patients Rights Advocate Contact Information (Call the number posted to ensure it works.)
   4. Meeting with site/facility staff (before or after tour): Discussion with program/facility director/staff. Discussion could be guided by questions in the Site Visit Observation Form (Sample)

D. **Report to MHB**
   1. Provide completed "Site Visit Observation Form" to the Executive Committee (or chair and staff support in very small counties)
   2. Once reviewed by the Executive Committee and the MH/BH director or staff, and approved for presentation to the MHB by the Executive Committee, the report can be placed on the agenda for presentation at an upcoming MHB meeting.
   3. MHB staff (or Executive Committee) will send a courtesy copy of the report to the contractor, along with the date/time that the report will be heard by the MHB.
   4. The MHB shall request County staff to follow-up with the MHB whenever major deficiencies are identified.

**IMPORTANT:** 2025 updates (due to Proposition 1) are not incorporated, but are noted at the beginning of each section and are available at: www.calbhbc.org/legislation-mhb-wic

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## Welfare & Institution Code (WIC)

Legislation for Mental/Behavioral Health Boards/Commissions

Items in **bold** reflect the 2019 and 2022 CA legislative updates.


| | | |
|---|---|---|
| **I.** | **WIC 5604.5** | **Bylaw Requirements**, Page 32 |
| **II.** | **WIC 5604.2 & 5848** | **Duties**, Pages 33-34 |
| **III.** | **WIC 5604.3** | **Expenses,** Page 35 |
| **IV.** | **WIC 5604.** | **Membership**, Pages 36-37 |

**IMPORTANT:** Due to the passage of Proposition 1, WIC *will be* updated effective January 1st, 2025 to reflect the following changes: "**Mental**" is changed to "**Behavioral**", and advising regarding "**substance use disorder**" is added within the duties. View all changes: www.calbhbc.org/legislation-mhb-wic

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## I. BYLAW Requirements (WIC 5604.5)

The local mental health board shall develop bylaws to be approved by the governing body which shall do all of the following:

(a) Establish the specific number of members on the mental health board, consistent with subdivision (a) of Section 5604.

(b) Ensure that the composition of the mental health board represents **and reflects the diversity** and demographics of the county as a whole, to the extent feasible.

(c) Establish that a quorum be one person more than one-half of the appointed members.

(d) Establish that the chairperson of the mental health board be in consultation with the local mental health director.

(e) Establish that there may be an executive committee of the mental health board.

Samples of Bylaws: https://www.calbhbc.org/templatessample-docs.html

**IMPORTANT:** Due to the passage of Proposition 1, WIC *will be* updated effective January 1st, 2025 to reflect the following changes: "**Mental**" is changed to "**Behavioral**", and advising regarding "**substance use disorder**" is added within the duties. View all changes: www.calbhbc.org/legislation-mhb-wic

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## II. A. DUTIES WIC 5604.2 (Items in **bold** reflect the 2019 and 2022 legislative updates.)

The local mental health board shall:

1. Review and evaluate the community's **public** mental health needs, services, facilities, and special problems **in any facility within the county or jurisdiction where mental health evaluations or services are being provided, including, but not limited to, schools, emergency departments, and psychiatric facilities.**

2. Review any county agreements entered into pursuant to Section 5650. **The local mental health board may make recommendations to the governing body regarding concerns identified within these agreements.**

3. Advise the governing body and the local mental health director as to any aspect of the local mental health program. **Local mental health boards may request assistance from the local patients' rights advocates when reviewing and advising on mental health evaluations or services provided in public facilities with limited access.**

4. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process. **Involvement shall include individuals with lived experience of mental illness and their families, community members, advocacy organizations, and mental health professionals. It shall also include other professionals that interact with individuals living with mental illnesses on a daily basis, such as education, emergency services, employment, health care, housing, law enforcement, local business owners, social services, seniors, transportation, and veterans.**

5. Submit an annual report to the governing body on the needs and performance of the county's mental health system.

6. Review and make recommendations on applicants for the appointment of a local director of mental health services. The board shall be included in the selection process prior to the vote of the governing body.

7. Review and comment on the county's performance outcome data and communicate its findings to the California Behavioral Health Planning Council.

8. **This part does not** limit the ability of the governing body to transfer additional duties or authority to a mental health board.

(b) It is the intent of the Legislature that, as part of its duties pursuant to subdivision (a), the board shall assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community.

***Duties Continues on Next Page***

**IMPORTANT:** Due to the passage of Proposition 1, WIC *will be* updated effective January 1st, 2025 to reflect the following changes: "**Mental**" is changed to "**Behavioral**", and advising regarding "**substance use disorder**" is added within the duties. View all changes: www.calbhbc.org/legislation-mhb-wic

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## II.B. DUTIES MHSA (WIC 5848)(b)(f) (Items in **bold** reflect the 2019 legislative update.)

(b) The mental health board established pursuant to Section 5604 shall conduct a public hearing on the draft three-year program and expenditure plan and annual updates at the close of the 30-day comment period required by subdivision (a). Each adopted three-year program and expenditure plan and update shall include any substantive written recommendations for revisions. The adopted three-year program and expenditure plan or update shall summarize and analyze the recommended revisions. The mental health board shall review the adopted plan or update and make recommendations to the local **mental health agency or local behavioral health agency, as applicable, for revisions. The local mental health agency or local behavioral health agency, as applicable, shall provide an annual report of written explanations to the local governing body and the State Department of Health Care Services for any substantive** [see (f) below] **recommendations made by the local mental health board that are not included in the final plan or update.**

(f) **For purposes of this section "Substantive recommendations made by the local mental health board" means any recommendation that is brought before the board and approved by a majority vote of the membership present at a public hearing of the local mental health board that has established its quorum.**

**IMPORTANT:** Due to the passage of Proposition 1, WIC *will be* updated effective January 1st, 2025 to reflect the following changes: "**Mental**" is changed to "**Behavioral**", and advising regarding "**substance use disorder**" is added within the duties. View all changes: www.calbhbc.org/legislation-mhb-wic

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## III. EXPENSES MHSA WIC 5604.3 & 5892 (c) (Items in **bold** reflect the 2019 legislative update.)

WIC 5604.3

(1) The Board of Supervisors may pay from any available funds the actual and necessary expenses of the members of the Mental Health Board of a community mental health service incurred incident for the performance of their official duties and functions. The expenses may include travel, lodging, childcare and meals for the members of an advisory board while on official business as approved by the director of mental health programs.

(b) **Governing bodies are encouraged to provide a budget for the local mental health board, using planning and administrative revenues identified in subdivision (c) of Section 5892 [see below], that is sufficient to facilitate the purpose, duties, and responsibilities of the local mental health board.**

WIC 5892 (c)

The allocations pursuant to subdivisions (a) and (b) shall include funding for annual planning costs pursuant to Section 5848 . The total of these costs shall not exceed 5 percent of the total of annual revenues received for the fund. The planning costs shall include funds for county mental health programs to pay for the costs of consumers, family members, and other stakeholders to participate in the planning process ...

**IMPORTANT:** Due to Proposition 1, WIC *will be* updated effective January 1st, 2025 to reflect the following **changes to membership requirements**:

1. **5604.(2)(B)(i)** Fifty percent of the board membership shall be consumers, or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received behavioral health services. **One of these members shall be an individual who is 25 years of age or younger.** (ii) At least 20 percent of the total membership shall be consumers, and at least 20 percent shall be families of consumers.
2. **5604. (2)(D) (i) At least one member of the board shall be an employee of a local education agency. (ii) To comply with clause (i), a county shall notify its county office of education about vacancies on the board.**
3. "**Mental**" is changed to "**Behavioral**", and advising regarding "**substance use disorder**" is added.

View all changes: www.calbhbc.org/legislation-mhb-wic

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## IV. MEMBERSHIP MHSA WIC 5604. (Items in **bold** reflect the 2019 and 2022 legislative updates.)

(a)(1) Each community mental health service shall have a mental health board consisting of 10 to 15 members, depending on the preference of the county, appointed by the governing body, except that boards in counties with a population of **fewer** than 80,000 may have a minimum of five members. A county with more than five supervisors shall have at least the same number of members as the size of its board of supervisors. This section does not limit the ability of the governing body to increase the number of members above 15.

(2) (A) The board serves in an advisory role to the governing body, and one member of the board shall be a member of the local governing body. Local mental health boards may recommend appointees to the county supervisors. The board membership should reflect the diversity of the client population in the county to the extent possible.

(B) Fifty percent of the board membership shall be consumers, or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received mental health services. At least 20 percent of the total membership shall be consumers, and at least 20 percent shall be families of consumers.

**(C) (i) In counties with a population of 100,000 or more, at least one member of the board shall be a veteran or veteran advocate. In counties with a population of fewer than 100,000, the county shall give a strong preference to appointing at least one member of the board who is a veteran or a veteran advocate.**

**(ii) To comply with clause (i), a county shall notify its county veterans service officer about vacancies on the board, if a county has a veterans service officer.**

**(D) In addition to the requirements in subparagraphs (B) and (C), counties are encouraged to appoint individuals who have experience with and knowledge of the mental health system. This would include members of the community that engage with individuals living with mental illness in the course of daily operations, such as representatives of county veterans services offices, county offices of education, large and small businesses, hospitals, hospital districts, physicians practicing in emergency departments, city police chiefs, county sheriffs, and community and nonprofit service providers.**

(3) (A) In counties with a population that is **fewer** than 80,000, at least one member shall be a consumer, and at least one member shall be a parent, spouse, sibling, or adult child of a consumer, who is receiving, or has received, mental health services.
(B) Notwithstanding subparagraph (A), a board in a county with a population that is **fewer** than 80,000 that elects to have the board exceed the five-member minimum permitted under paragraph (1) shall be required to comply with paragraph (2).

(b) The mental health board shall review and evaluate the local public mental health system, pursuant to Section 5604.2, and advise the governing body on community mental health services delivered by the local mental health agency or local behavioral health agency, as applicable.

(c) The term of each member of the board shall be for three years. The governing body shall equitably stagger the appointments so that approximately one-third of the appointments expire in each year.

(d) If two or more local agencies jointly establish a community mental health service pursuant to Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 of Title 1 of the Government Code, the mental health board for the community mental health service shall consist of an additional two members for each additional agency, one of whom shall be a consumer or a parent, spouse, sibling, or adult child of a consumer who has received mental health services.

(e) (1) Except as provided in paragraph (2), a member of the board or the member's spouse shall not be a full-time or part-time county employee of a county mental health service, an employee of the State Department of Health Care Services, or an employee of, or a paid member of the governing body of, a mental health contract agency.

(2) A consumer of mental health services who has obtained employment with an employer described in paragraph (1) and who holds a position in which the consumer does not have any interest, influence, or authority over any financial or contractual matter concerning the employer may be appointed to the board. The member shall abstain from voting on any financial or contractual issue concerning the member's employer that may come before the board.

(f) Members of the board shall abstain from voting on any issue in which the member has a financial interest as defined in Section 87103 of the Government Code.

(g) If it is not possible to secure membership as specified in this section from among persons who reside in the county, the governing body may substitute representatives of the public interest in mental health who are not full-time or part-time employees of the county mental health service, the State Department of Health Care Services, or on the staff of, or a paid member of the governing body of, a mental health contract agency.

(h) The mental health board may be established as an advisory board or a commission, depending on the preference of the county.

(i) **For purposes of this section, "veteran advocate" means either a parent, spouse, or adult child of a veteran, or an individual who is part of a veterans organization, including the Veterans of Foreign Wars or the American Legion.**