California Association of Local Behavioral Health Boards and Commissions

Connecting Patients Rights Advocates with Mental and Behavioral Health Boards/Commissions

Presentation to Patients' Rights Advocates, April 4, 2019

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CA Association of Local Behavioral Health Boards and Commissions (CALBHB/C) supports the work of California's 59 Mental and Behavioral Health Boards/Commissions **CALBHB/C Website:** www.calbhbc.com

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I. Local Boards/Commission – DUTIES

Local boards review community mental health needs, services, facilities and special problems, and serve in an advisory capacity to local governing bodies (usually Board of Supervisors) and local mental/behavioral health directors.

Patients' Rights Advocates are particularly well positioned to inform local boards regarding items in **bold** print.

The local mental health board shall do all of the following (CA WIC 5604.2):

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 governing body and the local mental health director as to any aspect of the local mental health program.
4. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
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. Nothing in this part shall be construed to 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.

In addition, 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.

II. Local Boards/Commission – MEMBERSHIP

WIC 5604. (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 less than 80,000 may have a minimum of five members. One member of the board shall be a member of the local governing body. Any county with more than five supervisors shall have at least the same number of members as the size of its board of supervisors. Nothing in this section shall be construed to limit the ability of the governing body to increase the number of members above 15. Local mental health boards may recommend appointees to the county supervisors. 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.

(2) **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**.

(3) (A) In counties under 80,000 population, 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 under 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 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.

(c) If two or more local agencies jointly establish a community mental health service under 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.

(d) (1) Except as provided in paragraph (2), no member of the board or his or her spouse shall 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 he or she 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 his or her employer that may come before the board.

(e) 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.

(f) 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.

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

III. CALBHB/C Principles for Support and Advocacy

California's behavioral health system is at a critical juncture. We are on the cusp of knowing and bringing to scale effective behavioral health programs, facilities, prevention and integrated community solutions throughout the state.

With the goal of providing a successful, sustainable system of integrated behavioral health that includes culturally competent, evidenced-based, recovery-focused treatment and services for all mental/behavioral health consumers, five principles guide CALBHB/C's support and advocacy efforts:

1. COMMUNITY INPUT

Local Input: Providing the structure locally to understand the needs from culturally diverse community stakeholders – including consumers, family members and providers – is fundamental to advising mental/behavioral health staff and local leadership regarding the provision of mental/behavioral health programs.

Statewide Input: Providing the structure statewide to understand the needs of California's diverse 59 jurisdictions is fundamental to informing state policy.

Trained, organized and informed local mental/behavioral health boards and commissions in all 59 jurisdictions are a key part of the local and statewide structure.

2. PERFORMANCE DATA

Data related to performance, local impact and funding is integral to providing and scaling sustainable, effective, integrated programs locally, regionally and statewide.

Performance measures and outcomes are key to identifying programs that work. Locally and statewide, performance measures and outcomes for mental/behavioral health programs are fundamental to making informed decisions.

Local Impact: Data that provides the impact of mental/behavioral health programs on communities (Housing, Employment, Schools, Emergency Rooms, Police Force, Jails, etc.) is key to justifying local and statewide implementation and sustaining funding.

3. RESOURCES

Address lack of resources, including integrated, sustainable resources. Areas where inadequate resources negatively impact behavioral health include (but are not limited to): Supported Housing, Workforce, Rural Access to Services, Employment Services, and Jails and Prisons.

4. PREVENTION

Understanding mental/behavioral health is key to prevention of mental illness and substance use disorders. Widespread mental/behavioral health education, prevention programs and messaging should reach all age groups, and be integrated into institutional settings (schools, senior centers, work-settings, hospitals, religious institutions, wellness-centers, etc.).

5. PARITY

Mental illness is a medical condition. Severe mental illness is a disability. Parity means increased access to medical care, housing, employment, and other resources – all areas that are currently more accessible and better funded for those with medical or physical disabilities than those with mental illness.

IV. 2019 CA Mental Health Bills of Interest

1. Workforce—SB 539: Address mental health workforce needs by funding 5-Year OSHPD WET Plan.

2. Children/Youth—AB 734: Foster family support services pilot programs providing strengths-based, skills-based, trauma-informed coaching; SB 582: Creates parity and access to school-based mental health services. (Restores triage grant funding.); SB12: Mental Health Centers for Youth; AB8: MH Professionals in Schools.

3. **Jails and other facilities w/Mental Health Programs - Whistle-blower protection for Patients' Rights Advocates AB333.**

4. Peer Provider Certification—Peer support standardization to promote recovery and self-sufficiency—SB10

5. Disaster Planning for Adult Residential Facilities for adults with Severe Mental Illness. *Draft*-additions to come. AB-1034

6. Parity of mental health and substance use disorder benefits comparable to medical and surgical benefits.—SB11

7. Board and Care (Adult Residential Facilities) Offerings for individuals with SMI - Data collection -- AB-1766