



**California Association of Local Behavioral Health  
Boards and Commissions**

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**Annual Report to the MHSOAC**

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**2021**

CALBHB/C supports the work of California's  
59 local mental/behavioral health boards and commissions.

[www.calbhbc.org](http://www.calbhbc.org)

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2021 Annual Report to the MHSOAC**

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## I. EXECUTIVE SUMMARY

The mission of the California Association of Behavioral Health Boards and Commissions (CALBHB/C) is to support the work of California's 59 local mental/behavioral health boards and commissions by providing resources, training, and opportunities for communication and state-wide advocacy. CALBHB/C succeeded in the past year in fulfilling this mission in many ways, including:

### Service to Mental/Behavioral Health Boards and Commissions (MHBs)

CALBHB/C staff and leadership engaged with MHBs throughout the state, offering technical assistance, resources, issue-based mental health information and training. Communications were provided through: a dynamic, go-to website ([www.calbhbc.org](http://www.calbhbc.org)), informational newsletters and social media; regional & state-wide teleconferences.

**Issue Advocacy:** CALBHB/C advocates for the best system of behavioral health care, to include culturally competent, evidence-based, recovery-focused treatment and services for all behavioral health consumers, including the unserved and underserved.

Input from CA's local boards/commissions provided the basis to identify issues for advocacy and to identify successful programs. Top mental health issues identified for 2021 advocacy included:

1. Workforce: Address CA's Workforce Shortage at all levels; Living Wage for contractors; Peer Support/adequacy of wages/funding
2. Crisis Care Continuum for all ages to include: Peer Respite, Crisis Stabilization Units (all ages), Mobile Crisis, Crisis Residential
  - a. Reducing 5150s (Legislative Advocacy; Find Best Practices)
  - b. Emergency Room Use – Increase alternatives to Emergency Rooms (such as CSUs, Peer Respite, Mobile Crisis) for screening, review and evaluation. If evaluated properly, many would not be sent to psychiatric hospitals.
3. Children & Youth: School-based offerings – Integrated mental health programs for students, addressing: funding, performance outcomes, technical assistance and workforce.
4. Access to Behavioral Health for individuals who are: gravely disabled; medically indigent; homeless; not on Medi-Cal; telehealth issues of access and effectiveness.
5. Residential Care Facilities (ARF, RCFE) for those with SMI ("Board & Cares")
6. Employment for those with SMI.

See page 4 for information on how CALBHB/C addressed issues in 2021.

**State-wide Collaboration** included supporting, communicating, and establishing relationships among CA's 59 local mental health boards/commissions, state-wide organizations, government officials, state and local legislators, and stakeholder organizations to increase understanding of the work and interests of local mental/behavioral health boards and commissions. CALBHB/C connected with many organizations such as:

- Behavioral Health Action Coalition
- CA Behavioral Health Planning Council
- CA Behavioral Health Directors Association
- CA Access Coalition
- CA Pan-Ethnic Health Network (CPEHN)
- CA State Association of Counties (CSAC)
- CA Department of Rehabilitation (DOR)
- Department of Health Care Services
- The Kennedy Forum (National Organization)
- Mental Health Services Oversight & Accountability Commission (MHSOAC)
- Mental Health America of CA
- National Alliance on Mental Illness (NAMI) CA
- Steinberg Institute

## II. BACKGROUND

The California Association of Behavioral Health Boards and Commissions (CALBHB/C) is a 501(c)(3), non-profit public benefit corporation created in 1993.

### **Mission:**

CALBHB/C supports the work of California's 59 local mental/behavioral health boards and commissions (MHBs) by providing resources, training and opportunities for communication and state-wide advocacy.

Local boards are responsible for reviewing community mental health needs, services, facilities and special problems, and serve in an advisory capacity to local governing bodies and local mental/behavioral health directors per CA Welfare and Institutions Code 5604.2. Link to [www.CALBHBC.org](http://www.CALBHBC.org)

### **Membership:**

CALBHB/C membership is comprised of California's 59 local mental/behavioral health boards and commissions. Members include MHBs from 58 counties (two counties work together as one entity), plus the City of Berkeley Mental Health Commission and the Tri-City Mental Health Board.

Members of local boards are appointed by their board of supervisors or governing body. At least 50% of local board members must be individuals with lived experience of mental illness (aka "consumers") or family members of consumers. MHB membership should reflect the ethnic and cultural diversity of the communities served.

Local boards and commissions are located in five different regions: Superior, Central, Bay Area, Southern and Los Angeles (Regions coincide with the County Behavioral Health Directors Association regions). Link to [Regional Map](#) and [MHB Websites](#).

### **Leadership ([Link to Bios](#)):**

Governing Board: CALBHB/C is led by an elected Governing Board that is comprised of a President, Vice President, Secretary/Treasurer, with up to three board members from each of the five regions. The Governing Board members are all current members of local mental/behavioral health boards.

Staff Leadership: CALBHB/C has an Executive Director.

### **Funding:**

Funding includes membership [dues](#) from CA's local mental/behavioral health boards and commissions (\$58,000 collected from 57 (of 59) jurisdictions in FY 2020-21), and an annual \$55,500 contract from the Mental Health Services Oversight & Accountability Commission.

### III. SERVICE TO MENTAL HEALTH/BEHAVIORAL HEALTH BOARDS

#### 1. Addressing Issues:

**Listening:** Through teleconferences, phone calls and on-line reporting, local boards/ commissions were encouraged to report local mental/behavioral health issues. This input provided the basis to identify issues for advocacy and to identify successful programs.

**Responding:** Mental/behavioral health issues were addressed with issue papers, website resources, communication of successful practices, policy and legislative advocacy.

CALBHB/C supported 9 mental-health related bills/appropriations/policies. Issue-based advocacy was always done in compliance with state and federal laws and regulations affecting advocacy by non-profit, charitable organizations.

<u>Issue</u>	<u>Resource</u>
Access	<a href="#">Support for AB32: Telehealth</a> Federal Parity – <a href="#">Letter to Department of Labor</a> <a href="#">Federal MH Access Improvement Act, H.R. 432, S. 828</a> <a href="#">CA Budget Advocacy – Over \$5 Billion In New Investments</a>
Children & Transitional Age Youth (TAY)	<a href="#">Support for AB 552: Integrated School-Based BH</a> <a href="#">Support for SB 224: Pupil Instruction</a> <b>Passed!</b> Issue Brief: <a href="#">Children &amp; Youth</a> Issue Brief: <a href="#">Transitional Age Youth</a> Web Pages: <a href="#">Children</a> , <a href="#">TAY</a> and <a href="#">Foster Youth</a>
Crisis Care Continuum	AB 988 Input (Support on hold awaiting updates) Issue Brief: <a href="#">Crisis Care Continuum</a>
Homelessness/Housing	<a href="#">Support for AB 816: Homelessness Accountability</a> <b>Passed!</b> Adult Residential Facilities (Board & Care) - <a href="#">Letter</a>
Peer Provider Certification	<a href="#">Budget Support to Establish Peer Certification in CA</a>
Performance Outcome Data	<a href="#">Web Pages for 59 counties/jurisdictions</a> Issue Brief: <a href="#">Performance Outcome Data</a>
Various (31 Issues)	<a href="#">Website News/Issues</a>

#### 2. Meetings/Trainings (All Virtual)

CALBHB/C conducted state-wide teleconference meetings and trainings. Meeting presenters included MHSOAC Advocacy Stakeholder Contractors, state-wide organizations and experts.

##### Recordings:

Meeting recordings and materials are at: [www.calbhbc.org/meetings](http://www.calbhbc.org/meetings)

Training recordings and materials are at: [www.calbhbc.org/training](http://www.calbhbc.org/training)

##### Trainings

Chairs Training	January 15
Mental Health Board (Includes CPP)	January 15, March 26, June 25, October 8
MHSA Community Program Planning (CPP)	January 22, April 9, September 17 (L.A.)
Unconscious Bias Training	January 22, April 9
Fiscal/Performance Training	March 26

**Meetings (Virtual)**

CALBHB/C State-wide Meetings	January 29, April 23, June 25, October 22
Reducing Involuntary Treatment (LPS)	March 5
Integrated School-Based Mental Health	May 14
Vocational/Behavioral Health Programs	July 30
Crisis Care Continuum	November 5

**Board-Specific:** Local board trainings were provided as requested, including Los Angeles, Napa, Placer, Tuolumne and Santa Clara counties. A training and presentation is scheduled in Alameda County on January 22, 2022.

**3. Technical Support**

CALBHB/C staff and Governing Board members were engaged with all mental/behavioral health boards and commissions in the state. In addition to hundreds of support calls and emails, staff and Governing Board members met individually with board/commission leadership around the state, usually by teleconference (due to COVID 19).

Support resources found at [www.calbhbc.org/resources](http://www.calbhbc.org/resources) include “Frequently Asked Questions”, templates/sample documents, handbooks, on-line trainings and more. Instructional materials are provided at [www.calbhbc.org/training](http://www.calbhbc.org/training) and technical questions from local board members are answered within 24 hours. New or updated resources include: “[Best Practices Handbook](#)”, [Brown Act Guide](#) (Including [Public Emergency Allowances](#)), “[Hybrid Meetings](#)” and “[Recommendations](#)”.

CALBHB/C also provided communication and support to local boards to facilitate completion and submission of a questionnaire requested by the CA Behavioral Health Planning Council: the “Data Notebook”.

**4. MHSA Review Strategy (for 3-Year Plans, Updates and Innovation Plans)**

The review and analysis of the MHSA Three-Year Plans, Annual Updates and Innovations Plans can be major undertakings for mental/behavioral health boards/commissions (MHBs). Related MHB duties (according to CA WIC 5604.2 and WIC 5848) include:

1. Ensure Citizen and Professional Involvement (5604.2)
2. Review, and Advise (5604.2)
3. Conduct Public Hearings (5848)

The plan documents are lengthy and complex (including program descriptions, populations served, penetration rates, charts, graphs, and fiscal documents).

To help local boards/commissions fulfill MHSA-related duties, CALBHB/C focuses on two primary areas: **A) Resources/training** for local boards/commissions and staff; **B) Performance Outcome Data**.

**A. Resources/Training:** CALBHB/C provides resources, advice and training to MHBs to help with effective review of MHSA Three-Year Plans, Annual Updates and Innovations Plans. Resources include:

1. “[Best Practices 2021](#)” Handbook, Pages 15-19.

2. [Frequently Asked Questions](#) (FAQs), #5, #6
3. On-line MHSA Training Module/Materials include:
  - [MHSA: Role of MHB \(15 Minutes\)](#)
  - [MHSA: Fiscal \(15 Minutes\)](#)
  - [MHSA CPP: Community Program Planning](#) (1 page PDF)
4. CALBHB/C included CPP training during all mental health board trainings.
5. Recorded [CPP Training](#) is available on our website.

**B. Performance Outcome Data:** To effectively review MHSA Plans and Updates, boards and commissions need access to meaningful performance outcome data. Currently each of CA's 59 mental/behavioral health agencies collect and report on different MHSA performance outcome data, with some providing meaningful data, and some providing very little performance outcome data.

CALBHB/C's [Performance Outcome Data Issue Brief](#) & [Performance web pages](#) were developed to:

1. **Call for Standardization:** CA law specifies that MHSA plans shall include reports on the achievement of performance outcomes, to be established jointly by: **DHCS, MHSOAC**, in collaboration with **County BH Director's Association** and with the review and approval of the **CA BH Planning Council**. CALBHB/C has formally requested that DHCS and MHSOAC establish a standardized set of MHSA performance outcome data points and continues to advocate for performance outcome data, providing input on related legislation and encouraging DHCS, MHSOAC, the County BH Director's Association and the CA Behavioral Health Planning council to fulfill their performance outcome-related responsibilities so that CA's 59 boards and commissions can effectively comment on local performance outcome data.
2. **Provide Data:** CALBHB/C culls performance outcome data from MHSA plans and updates for all counties, and provides links to "Promising Data" by category and for all 59 counties/jurisdictions for MHSA performance outcome data related to:

Children & Youth  
Criminal Justice  
Employment  
Hospitalization  
Housing/Homelessness

[CALBHBC.org/performance](https://calbhbc.org/performance) provides MHSA performance outcome data (where it exists) for all 59 counties/jurisdictions, along with Medi-Cal EQRO, and SAMHSA PATH performance outcome data.

#### IV. Publications:

**Newsletters:** A quarterly, online newsletter was sent to every local mental/behavioral health board and commission and the county mental/behavioral health directors. The newsletters included information about important issues, upcoming meetings/trainings, links to registration and a description of resources. Newsletters are at: [www.calbhbc.org/newsissues](http://www.calbhbc.org/newsissues).

**Website:** The CALBHB/C website, [www.calbhbc.org](http://www.calbhbc.org) contains a wealth of information. Publications include manuals, reports, templates/sample documents, newsletters, legislative advocacy and other useful information. CALBHB/C's on-line resource listing is shown below, and at: [www.calbhbc.org/resources](http://www.calbhbc.org/resources)

**Handbooks/Manuals:** CALBHB/C developed and maintains the *Best Practices for Local Mental/Behavioral Health Boards and Commissions Handbook*.

##### Resources

1. Advocacy
2. Brown Act (Open Meetings)
3. Community Program Planning
4. Conduct
5. Cultural Relevance
6. Data Notebooks
7. Duties (CA WIC 5604.2)
8. Evidence-Based Practices
9. Frequently Asked Questions "FAQs"
10. Handbook "Best Practices"
11. Hybrid Meetings **NEW!**
12. Legislation (MHSA, Laura's Law, 5150+)
13. Legislative Advocacy
14. MHSA 3-Year Plans/Updates: MHB/C Role, Components, Fiscal Information
15. Performance Outcome Data
16. Recommendations
17. Recruitment
18. Reports (Local Annual Reports & Statewide Reports)
19. Templates/Sample Docs
20. Training (Online Modules, Materials & Recordings)
21. Welfare & Institutions Code for Local Boards & Commissions & Mental Health Divisions

##### Issue Briefs

1. Board & Care
2. Children & Youth
  - a. School-Based BH
  - b. Transition-Age Youth **NEW!**
3. Criminal Justice
4. Crisis Care Continuum **NEW!**
5. Disaster Prep/Recovery
6. Employment **UPDATED!**
7. LGBTQ+ **NEW!**
8. Older Adults
9. Performance Outcome Data
10. Suicide Prevention

##### Templates/Sample Docs

1. Acronyms
2. Ad Hocs
3. Agendas
4. Annual Goals (and Task List)
5. Annual Reports
6. Bylaws
7. Member Orientation
8. Recruitment (Application, Flyer, Interview, Policy, Resignation Letter)
9. Site/Program Visit Forms/Procedures
- ... and more

##### News/Issues Full Listing

1. Board/Commission News
2. Children & Youth
3. Children's Issues
4. Foster Children
5. Transitional Age Youth
6. Co-Occurring
  - Dementia
  - Developmental Disabilities
  - Substance Use Disorder
  - Traumatic Brain Injury
7. Coordinated Care
8. Crisis Care Continuum
9. Cultural Issues
10. Disaster Recovery
11. Employment
12. Homeless/Housing
13. Jails/Prisons
14. Laura's Law
15. Law Enforcement
16. Legislation
17. LGBTQ
18. Lanterman-Petris-Short Act
19. Navigator Programs
20. Parity
21. Patients' Rights
22. Peer Supports
23. Psychiatric Advance Directives
24. Seniors
25. Stigma
26. Substance Use Disorder
27. Suicide
28. Veterans
29. Whole Person Care
30. Workforce



## V. TRAINING

1. **On-Line Modules:** On-line modules at [www.calbhbc.org/training](http://www.calbhbc.org/training) include:

**Duties of Local Boards** - Check Your Understanding of WIC 5604.2 Duties (15 minutes)

**Ethics Training (2-Hours)**

**MHSA Training Modules/Materials:**

1. [MHSA: Role of MHB \(15 Minutes\)](#)
2. [MHSA: Fiscal \(15 Minutes\)](#)
3. [MHSA CPP: Community Program Planning](#) (1 page)

2. **Hand-Book:** CALBHB/C developed and maintains the [Best Practices](#) for Local Mental/Behavioral Health Boards and Commissions Handbook.

3. **Quarterly Trainings**

- **Recordings:** Training materials and recordings:
  - [Chair Training](#)
  - [Mental Health Board Training](#)
  - [Community Program Planning](#)
  - [Performance and Fiscal Training](#)
  - [Unconscious Bias Training](#)
- **State-wide:** For all teleconference trainings, all counties/jurisdictions are welcome to attend.
- **Individual** local trainings provided upon request
- **Expenses:** There is no fee to register for meetings/trainings. For in-person events, CALBHB/C covers travel expenses for one member per local mental/behavioral health board/commission in the region, but more are welcome. Additional members can be reimbursed in the case of boards/commissions with CALBHB/C Governing Board Members.
- **Plans for 2022:** CALBHB/C is planning to provide hybrid (both virtual and in-person) trainings beginning on January 18, 2022.

## VI. REFLECTIONS & GOALS FOR THE FUTURE

### Progress, Challenges, Adaptation, Rationale and Goals for the Future

**Progress** came this year in the form of increased engagement and offerings:

1. **Technical Assistance:** There continues to be a steady flow of inquiries from local boards and commissions regarding duties, making recommendations, membership requirements, open meeting rules, conduct, annual reports, ad hoc committees, and more. CALBHB/C responds via phone and email, providing resources electronically, and by mail when requested.
2. **Training** additions include: [Performance and Fiscal Training](#) and [Chair Training](#). Recordings of trainings are also now available on our website.
3. **Resource** additions include:
  - [Brown Act Guide](#) (Open Meeting Rules)
  - [Cultural Requirements](#)
  - [Hybrid Meetings](#)
  - [Recommendations](#)
4. **Issue Brief** additions include:
  - [Crisis Care Continuum](#)
  - [Lanterman-Petris-Short](#) (Reducing Involuntary Care)
  - [LGBTQ+](#)
  - [Transitional Age Youth](#)
5. **Issue-based Advocacy:** CALBHB/C leadership provided support for new state and federal legislation and budget items related to behavioral health. See page 4 for more information on CALBHB/C 2021 issue advocacy.

2022 legislative advocacy currently includes support for:

[SB 316 – Access](#): This bill would authorize Medi-Cal reimbursement for 2 visits taking place on the same day (such as mental health and primary care)

[SB 552: Integrated School-Based Behavioral Health](#)

[AB 686 – Behavioral Health Outcomes & Accountability](#)

### Challenges/Adaptation/Rationale:

1. **Commenting on performance outcome data** - MHBs continue to need greater access to performance outcome data for review, analysis, and comment in order to better advise locally and communicate findings to the state.

CALBHB/C has addressed this issue in the following ways:

- A. Advocacy for standardization, collection and communication of performance outcome data.

- 1) [Prior Years: December 3, 2019 Letter](#) to CA Assembly Budget Subcommittee No. 1 on Health & Human Services; [March 3, 2020 Letter](#) to MHSOAC and DHCS; [Performance Outcome Data Issue Brief](#);
- 2) Advocacy in 2021:
  - Commenting on related legislation (SB 749 and AB 686)
  - Communicating the enactment of related legislation: [SB 465](#)

- Prompting the CA Behavioral Health Planning Council’s “Performance Outcome Committee” to focus on “performance outcomes” during committee meetings and within the “Data Notebook” questionnaire.
  - B. Performance Outcome Data for all 59 counties/jurisdictions (MHSA, Medi-Cal and SAMHSA) are provided at [www.calbhbc.org/performance](http://www.calbhbc.org/performance). We culled the MHSA performance outcome data from the most recent MHSA plans and updates. CALBHB/C now provides this information to make it more readily accessible to board/commission members.
2. **COVID-19** has impacted in-person meetings. CALBHB/C has adapted through:
- A. Providing a [Hybrid Meeting Guide](#)
  - B. Providing a [Brown Act Guide](#) (that includes sections on teleconferencing and public emergency allowances)
  - C. Using teleconferencing for CALBHB/C regional meetings and trainings in 2021, but planning to shift to a hybrid format in 2021 (accommodating both virtual and in-person attendees).
  - D. Mailing printed copies and binders as requested.

**Goals for the Future** – Along with performing its mission, specific goals for the future include:

1. **Performance Outcome Data:** Collaborate with state agencies and advocate to the legislature for increased standardization, access and analysis of local performance outcome data for review and comment by MHBs (WIC 5604.2, Duty #7). This will include advocacy toward increasing the capacity of the CA Behavioral Health Planning Council to identify and focus on performance outcomes (within their Performance Outcome Committee, their other committees and within the “Data Notebook” questionnaire that is sent out for completion by the 59 local MHBs.)
2. **Resources/Information:** updating information related to:
  - Criminal Justice
  - Community Program Planning: Ensuring a meaningful MHSA community planning process.
  - Peer Provider Specialists

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