CALBHB/C Annual Goals 2021

Mission Statement: The purpose of CALBHB/C shall be to support the work of local Mental/Behavioral Health Boards and Commissions, referred to as "MHB/Cs".

Objectives & Goals:

A. **Provide information, guidance, and training** to local MHB/Cs to improve efficiency and effectiveness in carrying out mandated roles and responsibilities as set forth in Welfare & Institutions Code 5604 et seq. of the State of California.

1. Resources
   a. Provide resources at www.calbhbc.org
   b. Respond to individual MHB/C needs/issues

2. Training
   a. Organize quarterly trainings by teleconference, or in each region when conditions permit
   b. Publish on-line training at www.calbhbc.org

3. Communication: Communicate resources, training, and advocacy opportunities to membership

B. **Convene** members MHB/Cs for the purpose of communication, collaboration, and organized advocacy. Schedule at least 4 Quarterly Meetings per year by teleconference, or in each region when public health conditions permit.

C. **Advocate** 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, within the confines of 501c3 status eligibility. See "Principles for Support and Advocacy" (attachment).

Top Issues for Advocacy (2020-2021)

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.

D. **Collaborate** with agencies of similar intent such as the California Behavioral Health Planning Council (CBHPC), the California Behavioral Health Directors' Association (CBHDA), and the Mental Health Services Oversight and Accountability Commission (MHSOAC), and statewide advocacy organizations, such as Mental Health America, CA and the National Alliance on Mental Illness (NAMI) CA.

CA Association of Local Behavioral Health Boards/Commissions (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.