CALBHB/C Annual Goals 2024

Mission Statement: The purpose of CALBHB/C is to support the work of CA's 59 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 CA WIC 5604.
   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 members.

B. **Convene 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. **Top Issues for Support & Advocacy** "*Principles for Support and Advocacy" are on the next page*
   1. Proposition 1 and CA's Reduced 2024 Budget – Inform Local Response: Provide information/support to sustain and increase the continuum of programs and services.
   2. Diversity, Equity & Inclusion (including racial, ethnic, cultural, linguistic, LGBTQ+, as well as individuals with intellectual, developmental and physical disabilities) – Integrating on-going mechanisms throughout behavioral health operations to increase diversity, equity and inclusion (including: identification of barriers/gaps, identification of successes, program development, data analysis, stakeholder review, training, education, workforce and performance outcomes.)
   3. Resources: Top concerns include:
      a. Housing for unserved/underserved individuals with SMI of all ages, who are experiencing homelessness or at risk of homelessness, including Supportive Housing, Adult Residential Facilities (ARF) and Residential Care Facilities for the Elderly.
      b. Workforce, Education & Training – Address CA's behavioral health workforce shortage at all levels, to include:
         1. Peer Supports integrated throughout the behavioral health workforce ("Peers" include individuals with lived experience and family members);
         2. Living Wages Support the implementation of SB 525 (Minimum wage for health care workers should apply to mental health workers, including peer providers.)
         3. Education & Training that is: Trauma-Informed, Culturally Relevant, Recovery-Focused
      c. Crisis Care Continuum – Providing a comprehensive BH crisis continuum for all ages, and addressing foundational elements that reduce the need for crisis services. Special focuses: Expanding Crisis Services; Reducing 5150's; Reducing law enforcement's involvement; Increased collaboration with the criminal justice system.

D. **Collaborate** with agencies of similar intent such as the CA Department of Health Care Services (DHCS), 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.

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 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 & local leadership regarding effective 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 and substance use disorders are health conditions. Severe mental illness is a disability. Parity means increased access to 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 or substance use disorders.