



California Association of Local Behavioral Health Boards and Commissions

WINTER 2018 Newsletter

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CALBHBC NEWSLETTER

CALBHBC: A STATEWIDE ORGANIZATION SUPPORTING THE WORK OF LOCAL MENTAL HEALTH & BEHAVIORAL HEALTH BOARDS AND COMMISSIONS.

Maybe stories are just data with a soul.¹

As members of local mental/behavioral health boards, we know first hand the power of a story, whether it is our own, our family members' or that of community members. As we work to advise community and behavioral health leadership, we want these stories addressed.

Part of addressing individual stories means understanding them in the larger context. This allows us to identify *community* needs, gaps and successes. Often, this means the challenge of reviewing large documents. Suggestions for managing large documents include:



External Quality Organization Review (EQRO)

1. Review "Summary of Findings" pages
2. Review "Conclusions" pages ("Strengths & Opportunities" & "Recommendations")
3. Staff presentation on EQRO findings.

Mental Health Services Act Plans/Updates:

1. Ask staff for an "Executive Summary"
2. Review demographics to identify areas of need and improvement.
3. Agendize presentations for sections throughout the year.
4. Divide sections among individuals who report to the larger body.
5. Step back and take a systems approach when advising Behavioral Health Director and Board of Supervisors.

¹ Quote by Brené Brown ("Maybe stories are just data with a soul.")

MEETINGS / TRAINING*

Southern: January 18/19, San Diego
 Bay Area: March 16, Oakland
 Capitol Day: April 10, Sacramento

Travel/hotel is provided for one board member/county in the region, but all are welcome! Capitol Day is statewide.

Registration at: www.calbhbc.com.

*Additional Registration for training is required through CA Institute for BH Solutions (CIBHS). CIBHS also pays travel.

Data Notebook



The California Behavioral Health Planning Council's 2018 Data Notebook is due March 31, 2019.

This Data Notebook is different and does not contain county-specific data. Instead, it was developed to survey about the most critical local behavioral health needs.

Reporting to the Planning Council is a legislated duty (WIC 5604.2(7)), and helps the Planning Council fulfill their federal and state mandates.

Local boards and commissions should complete the Data Notebook in partnership with county departments of mental/behavioral health.

For suggestions on completing the Data Notebook, see "[Best Practices](#)".

Past Data Notebooks and compilations are at: www.calbhbc.com/data-notebooks.html.



Contact Us: info@calbhbc.com

Website: www.calbhbc.com

Resources ([link to website](#))[Best Practices Handbook:](#)[for Mental/Behavioral Health Boards & Commissions](#)[Brown Act \(Open Meeting Rules\)](#)[Data Notebooks](#)[Mental Health Services Act *Plans/Innovations*](#)[Templates/Sample Docs](#)[Bylaws, Recruitment, Site Visit and more!](#)[Training \(Online and Handbooks\)](#)*And More!* www.calbhbc.com/resources.html**Duties of Boards & Commissions**The local mental health board shall : ([WIC 5604.2\(a\)](#))

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 Mental Health Planning Council. ([Data Notebooks](#))
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.

[5604.2\(b\)](#): ...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.

[5848](#): ...conducts a public hearing on the county's MHSA Three Year Program and Expenditure Plan and Annual Update.

Mental Health Services Act (MHSA) Summary

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.

The 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 (CPP)
2. Community Services and Supports (CSS)
3. Prevention and Early Intervention (PEI)
4. Innovation (INN)
5. Capital Facilities & Technology Needs (CFTN)
6. Workforce Education and Training (WET)

[MHSA On-Line Training](#)

Role of the Mental Health Board w/
MHSA Component Descriptions and Fiscal Info