

CALBHB/C Governing Board Meeting Minutes
July 29, 2022 Zoom Teleconference

The meeting was called to order at 11:30 am.

Attendance:

Present: President Benny Benavidez (Imperial); Vice President Bill Stewart (San Diego); Past President Harriette Stevens (SF); Manuel Fletes Medina (Glenn); Michael Rodriguez (Ventura); Shera Banbury (Nevada);

Absent: Secretary/Treasurer Kristine Haataja (Napa), Kylene Hashimoto (Fresno), Supervisor Stacy Corless (Mono)

Staff Present: Theresa Comstock, Executive Director

1. Open Comment

Manuel mentioned the launch of 9-8-8.

Michael mentioned there is a new Behavioral Health Director in Ventura County.

Bill brought up a concern regarding the cost of medication for Medi-Cal patients. DHCS had addressed the concern temporarily.

- 2. Minutes** from June 15, 2022 - Harriette motioned to approve the minutes as presented; Shera seconded; Michael abstained. Motion passed.

3. Financials

a. Financial Reports - Michael motioned to accept the financials as presented; Harriette seconded; Motion passed unanimously.

b. Annual Internal Audit Committee - Request for volunteers - Bill offered to volunteer with Kristine.

- 4. GB Appointment** - Consideration to support the appointment of Martel Okonji to the CALBHB/C Governing Board - Harriette Motioned; Bill Seconded; Motion passed unanimously. [The President can appoint individuals with approval by the Governing Board.]

Martel's experience includes: Senior level position of nonprofit organization for over 7 years, board member of nonprofit organization 5+ years; Commissioner for 1 year on the L.A. County Mental Health Commission; Lived experience of mental illness and professional experience working with communities to engage in advocacy and systems change.

- 5. "Review"** (attached) addition to [Best Practices Handbook](#) - Governing Board members provided positive feedback, noting this will be a helpful resource.

6. **Legislation:** Fact Sheets & Letters: www.calbhbc.org/legislative-advocacy
- a. Consideration for Support: [SB 1229](#) (Children & Youth BH Workforce) - Shera Motioned; Bill Seconded; Motion passed unanimously.
 - b. Consideration for Support: Medication Access Trailer Bill - Bill Motioned; Shera Seconded; Motion passed unanimously.
 - c. Currently Supported:
 - AB 32 Telehealth
 - SB 316 Same Day Access
 - AB 552 Integrated School-Based BH Partnership
 - SB 964 Behavioral Health Workforce
 - SB 970 MHSA Outcome Data
 - SB 1337 Coordinated Specialty Care for First-Episode Psychosis
 - b. Currently Oppose Unless Amended
 - AB 738 Requiring Veterans on MHBs

7. **Executive Director's Report**

- a. Communications:
 - i. [988](#) - CALBHB/C communicated the launch of 988 through emails, Facebook and Twitter.
 - ii. [Newsletter](#) - The Summer 2022 Newsletter will soon be complete.
- b. Statewide Collaboration:
 - i. CBHDA Workforce 10 Year Strategic Plan Workgroup - Participation with statewide workgroup that includes staff from UCSF, CBHDA (County Behavioral Health Director's Association of CA), along with county and statewide behavioral health agency and community based organization staff.
 - ii. CASRA (CA Assoc of Social Rehabilitation Agencies) - Theresa shared CALBHB/C's "[Review](#)" Principles to inform CASRA's "Core Values Learning Series".
 - iii. State Rehabilitation Council (SRC)
 - 1. Reappointment Pending - Theresa is anticipating a reappointment for an additional term on the SRC (pending Governor's appointment). She will be interviewed again by the Governor's office soon.
 - 2. Recommendation - Theresa shared the SRC's Recommendation to the Department of Rehabilitation regarding expanding partnerships between Vocational Rehabilitation and Behavioral Health Agencies (state and local).
- c. Governing Board Membership Update - Patrick Ogawa has termed off of the GB for now, but could potentially be reappointed to the CALBHB/C GB pending his reappointment to the LA MHC.
- d. Individual Training: San Francisco BH Commission on August 17 - Theresa will provide a 2-hour virtual training.

8. Upcoming Meetings

Governing Board Meetings:

September 16, 11:30 am

November 18, 11:30 am

December 9, 11:30 am

CALBHB/C Quarterly Meetings*

August 20, 9 am - 3 pm - Hybrid: Zoom & Chico (Oxford Suites)

October 21 - Hybrid: Zoom & Courtyard Sacramento Midtown

*CALBHB/C Quarterly Meetings usually coincide with CA Behavioral Health Planning Council Meetings - GB Members are encouraged to attend the CA BH Planning Council Committee Meetings and General Sessions:

October 18 - 21. Courtyard Sacramento Midtown

January 17 - 20, San Diego

April 18 - 21, Bay Area

REVIEW: Key Considerations and Roles

“Review” means to examine or assess (something) formally with the possibility or intention of instituting change if necessary.

Key Considerations - The following are suggested as key elements for mental/behavioral health board/commission members to consider when reviewing mental/behavioral health offerings.

1. **Accessibility** - Are programs accessible to all?
 - a. Culturally Relevant - Understanding and effectively responding to racial, ethnic, cultural, LGBTQ, and age needs across the entire behavioral health system is integral to providing effective, accessible and equitable offerings.
 - b. Scaled to meet the needs of the community
 - c. Integrated programs in: schools, senior centers, work-settings, hospitals, religious institutions, wellness-centers, etc.) Aligning mental health and substance use disorder resources with health care, education and social service offerings is fundamental to providing access to an effective and accessible continuum of care.
 - d. Communicated
 - i. Website, Media, Signage: Availability of services and how to access them is clearly communicated and includes languages of the local population.
 - ii. Messaging: Widespread mental/behavioral health education and messaging reaches all age groups, cultures, ethnicities, races, LGBTQ+ and all sectors (schools, senior centers, work-settings, hospitals, community centers, religious institutions, wellness-centers, etc.)
2. **Recommended Practices** - Do offerings provide evidence-based or promising practices?
 - a. Client & Family Driven
 - i. Peer Providers are an essential component
 - ii. Clients and family members are treated with dignity and respect and are included in decision-making
 - iii. Program leadership and staff includes individuals with lived experience and family members (such as on non-profit boards and as employees)
 - b. Evidence-Based Practices
 - c. Trauma-Informed Practices
 - d. Community-Defined Evidence Practices
3. **Sustainability** - Are programs sustainable?
 - a. Financially Viable: Sustainable funding mechanisms for county agencies, local agency partners and community-based organizations
 - b. Workforce: Development of Workforce, Competitive Wages, Education, Training
4. **Performance** - What is the impact of the behavioral health offerings?

Measuring performance is integral to identifying, providing, scaling and improving programs. Collecting, analyzing and sharing data that tracks the impact of behavioral health programs on individuals and communities (Children & Youth, Criminal Justice, Employment, Hospitalizations, Housing) is key to justifying and supporting ongoing implementation and funding. www.calbhbc.org/performance

REVIEW Continued

Roles:

Mental/Behavioral Health Director - to CONSULT with Advisory Board

WIC Section 5608 (c): The Mental/Behavioral Health Director is required to recommend to the governing body [usually the Board of Supervisors], after consultation with the advisory board [the local mental/behavioral health board/commission], the provision of services, establishment of facilities, contracting for services or facilities and other matters necessary or desirable in accomplishing the purposes of this division.

Mental/Behavioral Health Board/Commission Members - 6 Areas to Review*:

- 1) **Mental/behavioral health** needs, services, facilities and special problems
- 2) **County agreements** entered into pursuant to Section 5650.**
- 3) **Community Planning**: Procedures used to ensure citizen and professional involvement at all stages of the planning process.
- 4) **Mental/ Behavioral Health Director** applicants
- 5) **Performance Outcome Data**
- 6) **Realignment**: Assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community.

* Full Duty Descriptions: www.calbhbc.org/duties

** *Section 5650 refers to the annual [Performance Contract](#) between local mental/behavioral health agencies and CA's Department of Health Care Services. The Performance Contract sets forth conditions and requirements that counties must meet in order to receive the following funding: Mental Health Services Act (MHSA), Projects for Assistance in Transition from Homelessness (PATH), Community Mental Health Block Grant programs and community mental health services provided with realignment funds.*