

# Mental Health Board Training



**April 2020**

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

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# Mental Health Board Training: TOPICS

- The Mental Health Board (MHB)
- Effective Meetings
- Fiscal Information
- Mental Health Services Act (MHSA)

# Mental Health Board Membership

- **Size**

- 10 to 15 members
- 5 members in very small counties

- **Appointment**

- By Board of Supervisors (or Governing Body)
- Recruitment (Best Practices, Page 22)
  - Strategies
  - Rules for MHB Membership

# Mental Health Board Membership: COMPOSITION

- **50%** consumers or family members of consumers
  - **20%** consumers & **20%** families of consumers
- One Board of Supervisor Member
- Reflect the **diversity** of the local client population
- Include individuals from education, police, emergency +

Composition of Mental Health Board		
	15 Member Board	
Consumer	20%	3
Family Member of Consumer	20%	3
Combined Consumer & Family Member of Consumer	50%	8
Board of Supervisors		1

# Mental Health Board Membership: EXCEPTIONS

- Except as noted below\*, a Board member or spouse can not be employed by:

- A county mental health service
- The State Department of Health Care Services
- A local mental health contract agency

\* A mental health consumer can be employed by any of the above (if the consumer has no interest, influence or authority over any financial or contractual matter concerning the employer)

# Duties of the Mental Health Board



**Mental Health Board**

**Drug and Alcohol Board**

**Page 16/17 “Best Practices”**

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**(1) REVIEW & EVALUATE** the community's public mental health needs, services, facilities, and special problems in any facility within the county or jurisdiction where mental health evaluations or services are being provided...

## **Strategies:**

- **Speakers/Panels/Community Forums**
  - **Community organizations/agencies**
  - **Mental health division staff**
- **Site Visits (p. 38 Best Practices)**
- **Ad Hoc Committees (Short-term Workgroups)**
- **Liaisons to other commissions/committees**



**(2) REVIEW** any county agreement entered into pursuant to Section 5650. The local mental health board may make **RECOMMENDATIONS** to the governing body regarding concerns identified within these agreements.

## **Strategies:**

- **Staff Presentations & Reports**
  - Mental Health Services Act (MHSA) Plan/Update/INN
  - Triennial Audit
  - [EQRO - External Quality Review of Medi-Cal Specialty MH Services \(on-line\)](#)
  - PATH - Projects for Assistance in Transitions from Homelessness Grant
  - SAMHSA Grant
- **RFPs: Review new contract proposals**
- **Site Visits: Review specific contract prior to visit.**





## **(3) ADVISE the BOS and the local Mental Health Director regarding any aspect of the local mental health program.**

### **I. IDENTIFY ISSUES**

- Public Comment
- Performance Outcome Data
- Presentations (by staff, patients rights advocates, contractors)

### **II. RESEARCH ISSUES**

- Ad Hocs (short-term workgroups) to conduct research meetings
- Chair to meet regularly with Mental Health Director
- Site Visits

### **III. ADVISE**

- Draft recommendations/resolutions
- Vote on recommendations

# (4) Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process...

## How to fulfill the duty:

### ▪ MHB Meetings

- Publicize meetings and topics
- Encourage public comment
- Accessible locations and times



### ▪ MHSA Community Program Planning – “Best Practices”, P. 19

- Staff reports regarding plans and execution of MHSA Community Program Planning (CPP)
- Encourage board members to attend MHSA CPP events
- Review MHSA Plans & Updates to ensure they include substantive written recommendations along with staff summary and analysis.

# (5) Submit an annual report to the BOS on the needs and performance of the county's mental health system

## How to fulfill the duty:

- **Content**
  - Highlight recommendations
  - List accomplishments
  - Membership
  - Executive Summary (one-page)
- **Presentation to the BOS** in person (10-15 minutes)
- **See “Best Practices”** Page 6



## (6) Review & make recommendations on applicants for the appointment of a local mental health director; the Board shall be included in the selection process prior to the vote of the governing body

### How to fulfill the duty:

- **Review job description** prior to posting
- **Review applications**
- **Participate in selection** of final applicants for interviews
- **Participate in interview panels**



# (7) Review and comment on the county's performance outcome data and communicate its findings to the California Behavioral Health Planning Council (CBHPC)

How to fulfill the duty:

- Complete the annual Data Notebook prepared by the CBHPC
- Review local Performance Outcome Data
  - See: [www.calbhbc.org/performance](http://www.calbhbc.org/performance)



## (8) Additional duties or authority

- The Board of Supervisors may transfer **additional duties or authority** to a Mental Health Board
- Assess the **impact of the realignment of services** from the state to the county, to clients and on the local community

**Realignment:** The money distributed from the state to the county to meet the costs of mental health services

# Effective Meetings

**Best Practices, 30–36**

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# Effective Meetings: ETIQUETTE

- Show up, be on time, be prepared
- Chair should lead the meeting
- Listen respectfully
- Be open-minded & objective, decisions based on evidence
- Stay on topic – address the agenda item
- No side talk
- Be brief
- Respect confidentiality
- Cell phones and pagers on silent



# Effective Meetings: PERSON-FIRST LANGUAGE

- **Don't** use phrases that depersonalize the individual
  - Mentally disturbed
  - Schizophrenic
  - Mentally ill or emotionally handicapped
  - Mentally afflicted
  - Whacko, crazy, nuts or fruitcake
  - Victim or sufferer
- **Use person-first language**, referring first to the individual and second to the illness or disability.
  - Adult with schizophrenia
  - Person with a mental illness
  - Individual with bipolar disorder

# Effective Meetings: Making a Motion

- **A motion** is a proposal by a member to take an action
- **Procedure**
  - **Motion** (Chair: “Do I hear a motion?”) \*
  - **Second** (Chair: “Do I hear a second?”)
  - **Discussion** (Person who made motion is first to comment.)
  - **All In Favor** (Chair: “All in favor?”)
  - **Opposed** (Chair: “Opposed?”)
  - **Abstaining** (Chair: “Abstaining?”) means not voting.

\* Chair makes sure that members know the “Motion”.

**The Brown Act**  
**Government Code Section 54950-54963**

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# The Brown Act: Local Legislative Bodies & Boards

- **Open and Public Meetings**
  - Meetings of public bodies must be “open and public”.
- **No Secrets**
  - Actions may not be secret
- **Voided Action**
  - Action taken in violation of open meetings laws may be voided.

# The Brown Act: Requirements

- **Brown Act Requirements - Best Practices, Page 33**
  - Agenda
  - Documents
  - Meeting Notification
  - Public Comment
  - Serial Meetings
  - Standing Committees
  - Teleconferences

# The Brown Act: Exceptions

- **Ad Hoc** Committees (Short-term Workgroups)
- **Individual** contact, unless it becomes a 'serial' meeting
- **Open to the Public:** Seminar, conference, community meeting, legislative body meeting
- **Social or ceremonial** occasions

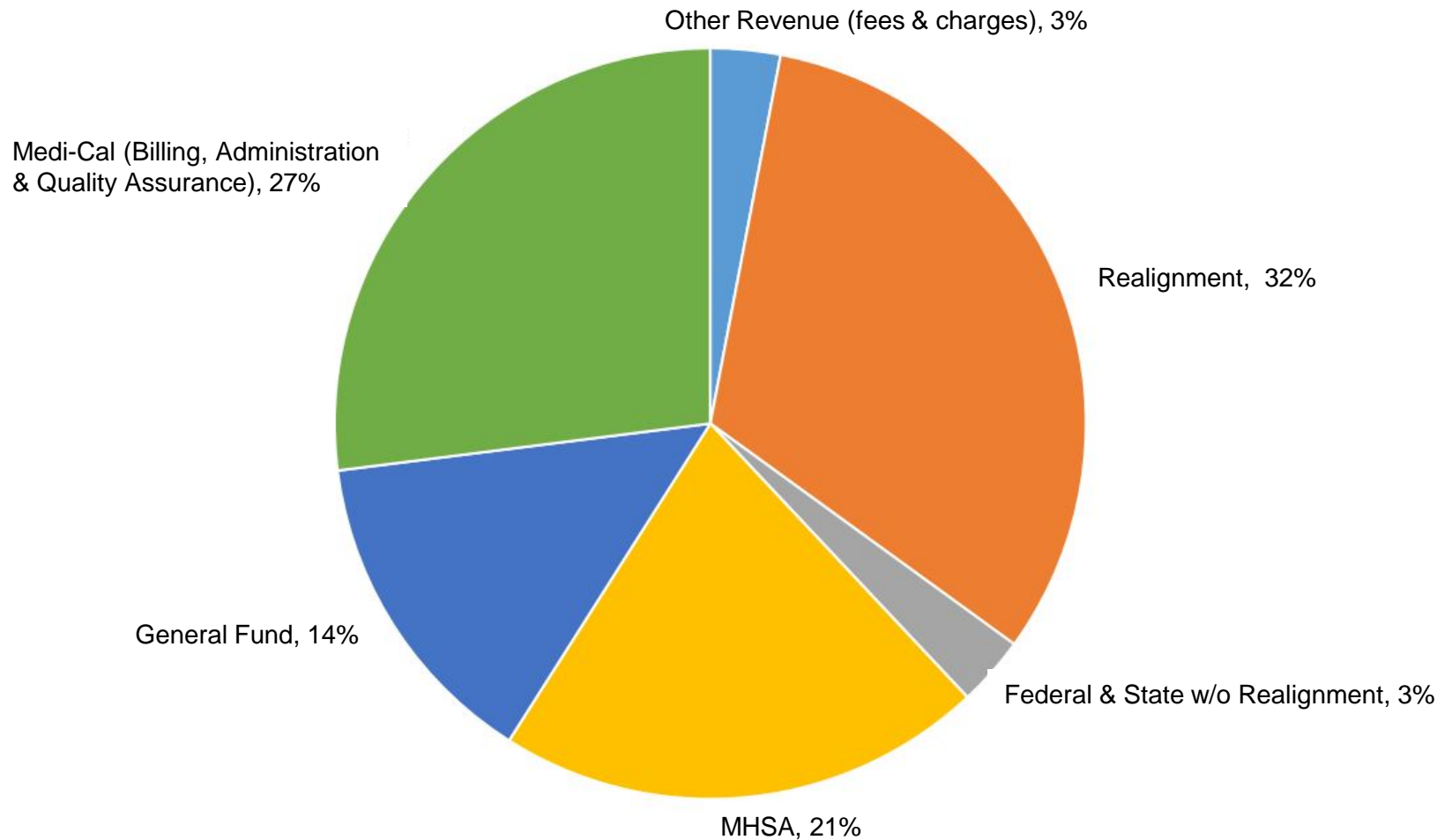
# Mental Health Funding

**Small County Example:  
Napa County**

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# Napa County Mental Health Budget: REVENUE

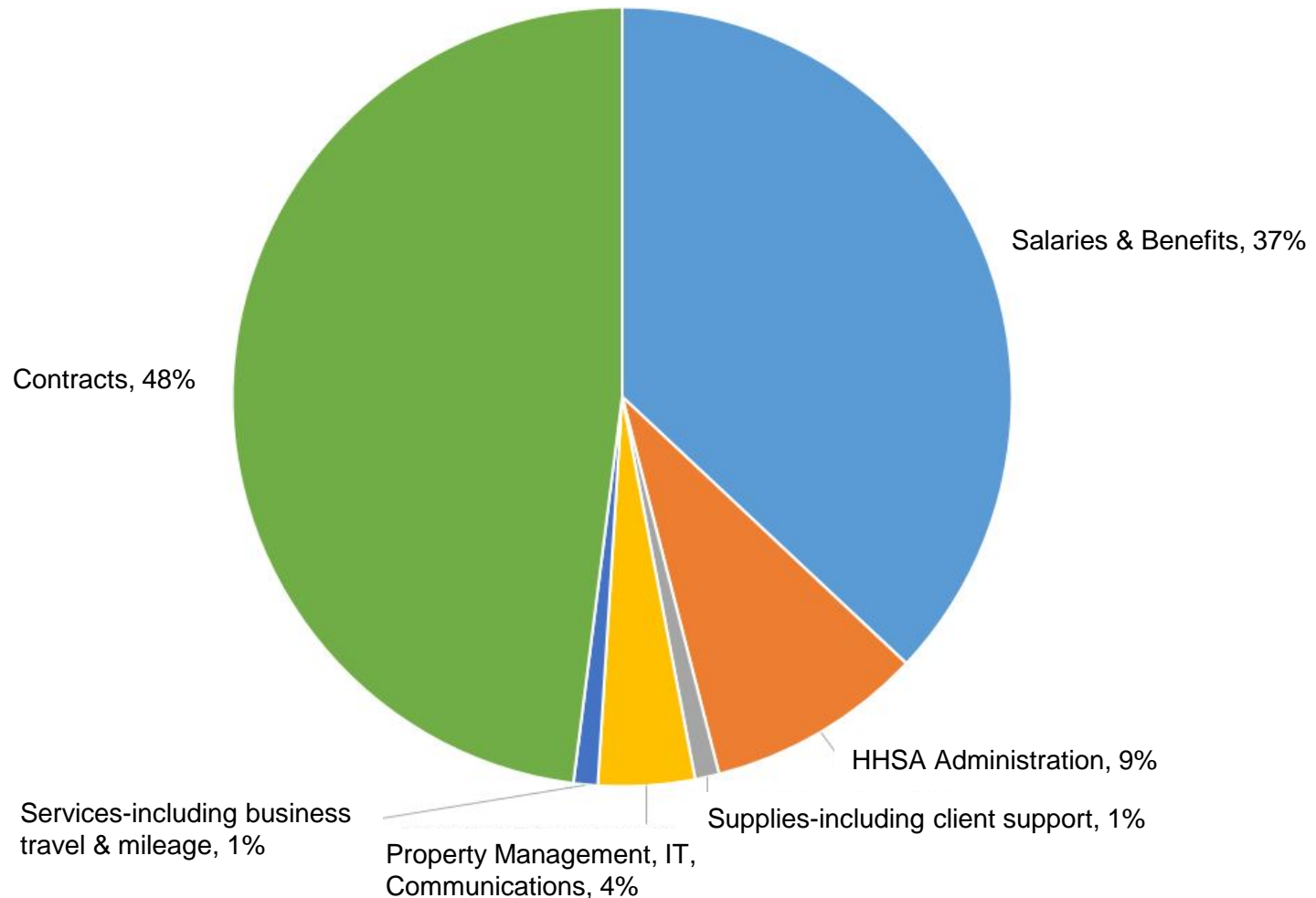
**Napa County Mental Health Revenue by Category**  
**Fiscal Year 2018-19 Budget = \$32,845,885**





# Napa County Mental Health Budget: EXPENDITURES

**Napa County Mental Health Expenditures by Category**  
**Fiscal Year 2018-19 Budget = \$32,845,885**



# Mental Health Services Act (MHSA) Proposition 63 passed in 2004

**MHSA is funded by a  
1% tax on CA incomes  
over \$1 million**

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# MHSA: Reasons for the Mental Health Services Act

- **Expand & Improve:** The MHSA was created in 2004 by Prop 63 to expand and improve public mental health services.
  - **Funding:** CA public mental health funding was insufficient to meet demand of 1/2 the population in need
  - **Address Disparities:** Cultural, racial and ethnic populations have been disproportionately affected
  - **Placement:** “Safety net” of underfunded system had become the criminal justice system, courts, and emergency rooms

- **Community Program Planning (CPP)**
- **Community Services and Supports (CSS)**
- **Prevention & Early Intervention (PEI)**
- **Innovation (INN)**
- **Capital Facilities & Technology Needs (CFTN)**
- **Workforce Education & Training (WET)**

# MHSA: Funding & Components

- Community Services and Support (**CSS**) **76%**
- Prevention and Early Intervention (**PEI**) **19%**
- Innovations (**INN**) **5%**
  
- **MHSOAC Transparency Tool Suite:**  
<http://transparency.mhsoac.ca.gov>

# MHSA: Role of the Mental Health Board

## 1. Assure Citizen and Professional Involvement

**MHSA Community Program Planning (CPP)** is a state-mandated participatory process. Review local staff's plans and execution of this process.

## 2. Review & Advise

- a) **Vote** on substantive recommendations
- b) A **response** is required from the mental/behavioral health staff through summary & analysis of recommendations (included in MHSA Plans/Updates).

## 3. Conduct Public Hearing

**“Best Practices”, P. 18**

Questions?

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

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