

Mental Health Board Training



October 2019

www.calbhbc.org/training

Mental Health Board Training: TOPICS

- Introductions
- The Mental Health Board (MHB)
 - Membership
 - Duties
- Effective Meetings
 - Conducting a Meeting
 - Brown Act
- Fiscal Information
 - Budget Components
 - MHSA Fiscal Information
- Mental Health Services Act (MHSA)
 - Definition
 - Role of the Mental Health Board

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 23)
 - 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”

(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 Transition from Homelessness Grant
- SAMHSA Grant
- Conditional Release Program (CONREP)
- State Hospital Bed Agreement

▪ 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.

Strategies:

- **Identify Issues**
 - Public Comment
 - Performance Outcome Data
 - Presentations (by staff, patients rights advocates, contractors)
- **Research Issues**
 - Ad Hocs (short-term workgroups) to conduct research meetings
 - Chair to meet regularly with Mental Health Director
 - Site Visits
- **Advise as a Unit**
 - 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 [EQRO Data - External Quality Review of Medi-Cal Specialty MH Services \(on-line\)](#)
 - [Example Alameda County, 2017-18, pages 22 and 24](#)



(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

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

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

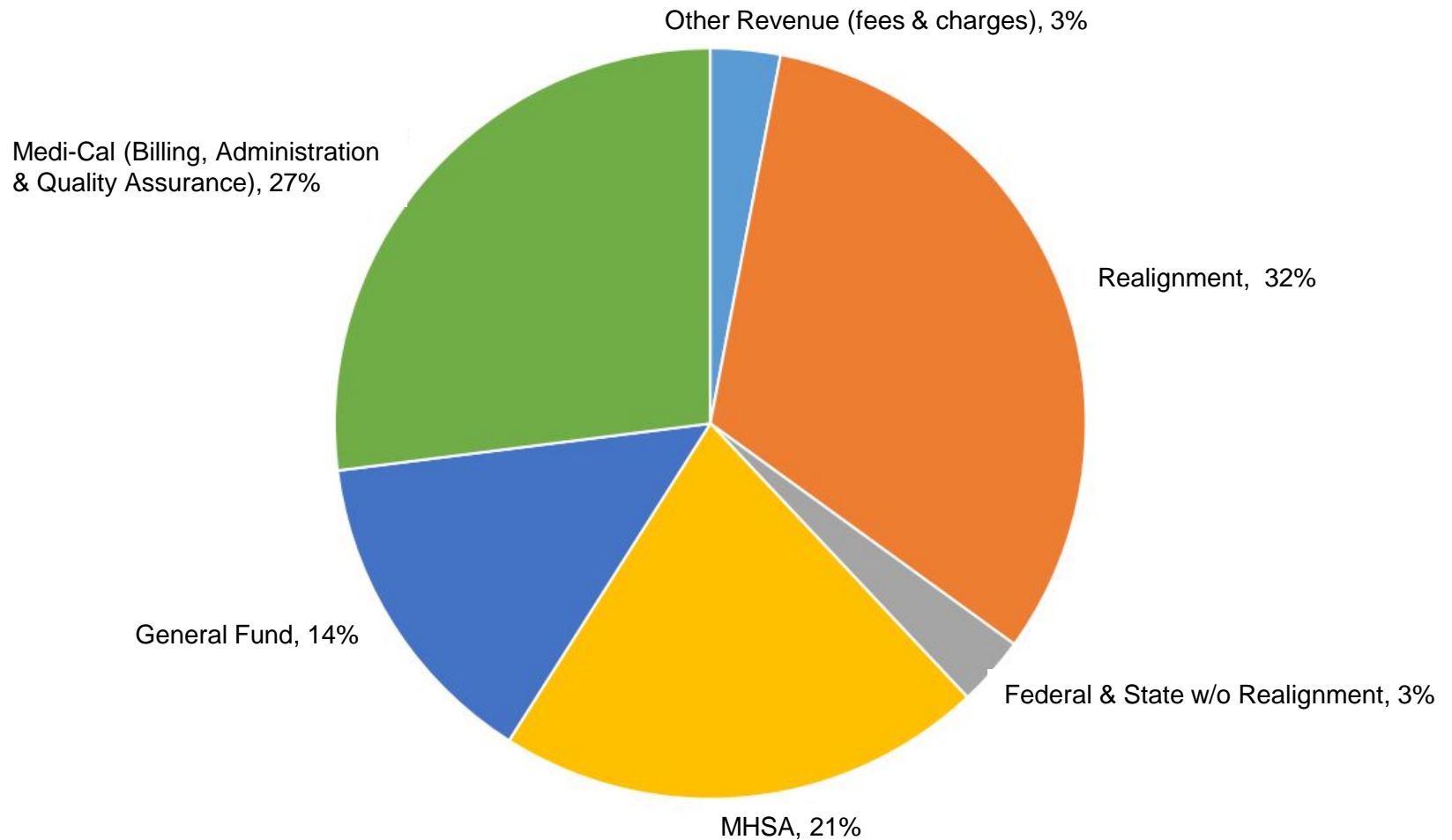
- **Ad Hoc** Committees (Short-term Workgroups)
- **Individual** contact, unless it becomes a 'serial' meeting
- **Open to the Public:** Seminar, conference, community meeting, legislative body meeting
- **Social or ceremonial** occasions

Mental Health Funding

**Small County Example:
Napa County**

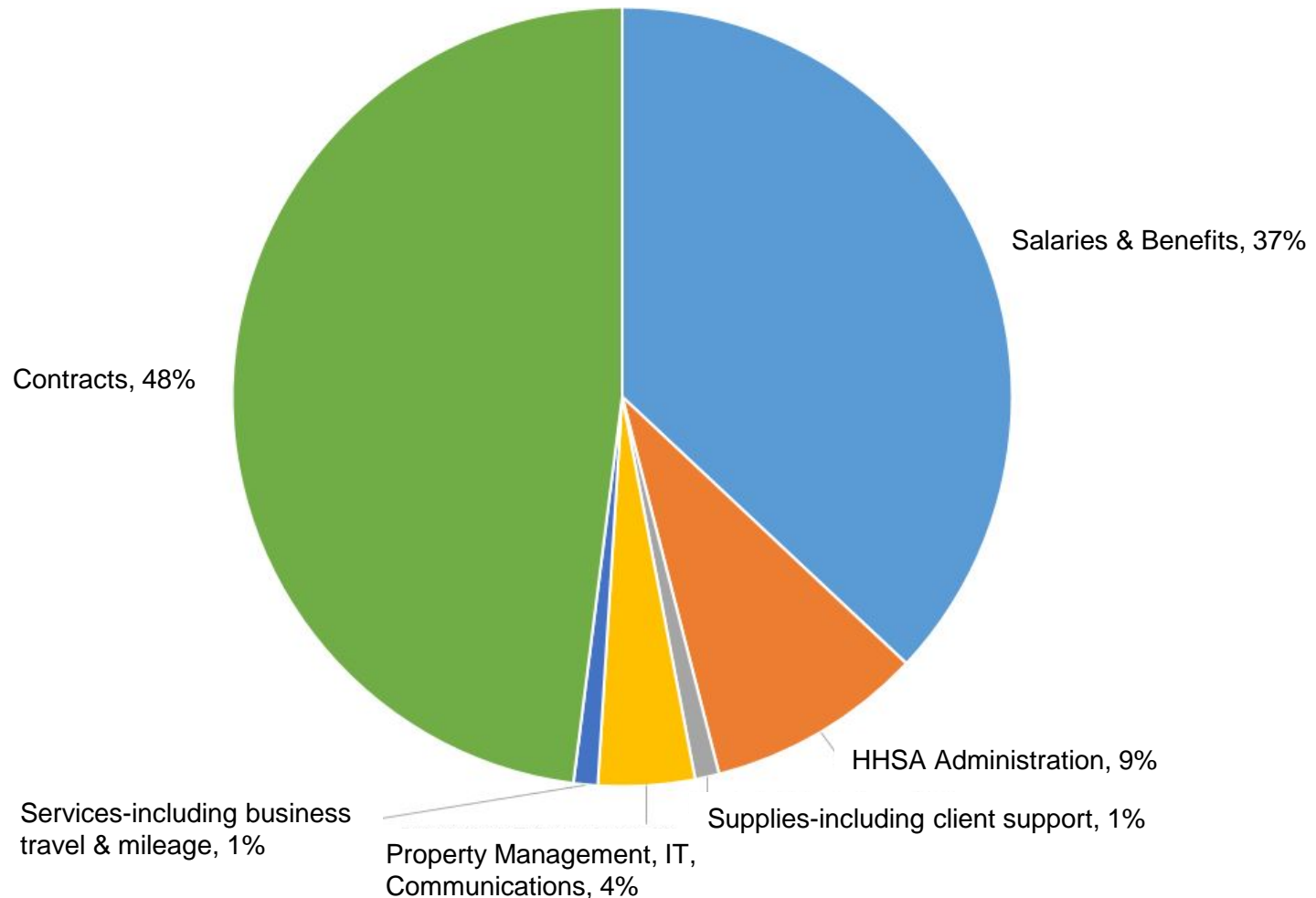
Napa County Mental Health Budget: REVENUE

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**

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.**
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?

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