

BEHAVIORAL HEALTH ADVISORY BOARD
Executive Committee Meeting
Monday, June 10, 2019, 1:00 – 3:00 p.m.
Ventura County Behavioral Health (VCBH)
1911 Williams Drive, Lake Cachuma Room • Oxnard, CA 93036

AGENDA

- I. Call to Order
- II. Approval of the Agenda – **ACTION**
- III. Approval of the May 13, 2019 Minutes – **ACTION**
- IV. Welcome and Introductions
- V. Chair Announcements (5 min.)
- VI. Public Comments (3 min. per speaker)
- VII. Board Members Comments and Announcements (3 min. per speaker)
- VIII. Director's Updates – Dr. Sevet Johnson
- IX. Secretary's Report – Janis Gardner (5 min.)
- X. New Business
 - A. Evaluate May 20 General Meeting to Identify Areas for Improvement – Discussion
 - B. Formation of a Lanterman, Petris, Short (LPS) Reform Workgroup – Discussion
 - C. Assembly Bill 1352 Mental Health Boards (Waldron) – Update
 - D. Transition to the Fiscal Year 2019-20 Officers - Discussion
- XI. Old Business
 - A. Annual Report Preparation Update
 - B. Compiled Data Notebook Overviews – California Association of Local Behavioral Health Boards & Commissions (CALBHB/C) Letter to the California Behavioral Health Planning Council (CBHPC)
 - C. CALBHB/C Los Angeles/Southern Region Meeting and Training, June 21-22, Santa Ana
 - D. Transitional Age Youth (TAY) Committee BHAB Member Attendance - Update
 - E. Future Presentations
 - F. Future Recognitions
- XII. Develop Agenda for the General Meeting - Discussion
 - a. *Health Care Agency Update – William Foley, HCA Director (10 min.)*
 - b. *Recognition: Pam Roach*
 - c. *Presentation: Vaping – Dr. Loretta Denering, VCBH Alcohol & Drug Program (ADP) Chief (15 min.)*
 - d. *VCBH Fiscal Update – Leisa Donovan, Fiscal Manager (15 min.)*
 - e. *New Business*
 1. *Election of Officers for Fiscal Year 2019-20 – Nominating Committee – ACTION*
 2. *Formation of a Lanterman, Petris, Short (LPS) Reform Workgroup – ACTION*
 3. *Compiled Data Notebook Update – California Association of Local Behavioral Health Boards & Commissions (CALBHB/C) Letter to the California Behavioral Health Planning Council (CBHPC)*
 4. *Assembly Bill 1352 Mental Health Boards (Waldron) - Update*
 5. *Annual Report Preparation – Review Mission, Vision and 2018-19 Objectives – ACTION*

Members of the public making oral presentations to the Board in connection with one or more agenda or non-agenda items at a single meeting are limited to a cumulative total time not to exceed five (5) minutes for all of their oral presentations at such meeting unless otherwise provided. The entire public comment period is limited to no more than (20) minutes total for all speakers. NOTE: The Chair may limit the number or duration of speakers on a matter. In compliance with the Americans With Disabilities Act, if you need special assistance to participate in this meeting, please contact: Behavioral Health Administration, at (805) 981-6830. Reasonable advance notification of the need for accommodation prior to the meeting (48 hours advance notice is preferable) will enable us to make reasonable arrangements to ensure accessibility to this meeting.

f. Old Business

1. *Institutions for Mental Disease (IMD) Exclusion Waiver – Status*
2. *CALBHB/C Los Angeles/Southern Region Meeting and Training, June 21-22, Santa Ana*
3. *Transitional Age Youth (TAY) Committee BHAB Member Attendance - Update*

XIII. Public Comments

XIV. Parting Comments from the Chair

XV. Adjourn

Next Meeting: Monday, July 8, 2019

CONSEJO ASESOR DE SALUD DEL COMPORTAMIENTO

Comité Ejecutivo Reunión

Lunes , 10 de junio de 2019 , 1:00 - 3:00 pm

Condado de Ventura de Salud del Comportamiento (VCBH)
1911 Williams Drive, Lago Cachuma Habitación • Oxnard, CA 93036

AGENDA

- I. Llama para ordenar
- II. Aprobación de la Agenda - **ACCIÓN**
- III. Aprobación de las actas del 13 de mayo de 2019 - **ACCIÓN**
- IV. Bienvenida y Presentaciones
- V. Anuncios de la silla (5 min.)
- VI. Comentarios públicos (3 min. Por hablante)
- VII. Comentarios y anuncios de los miembros de la Junta (3 minutos por orador)
- VIII. Actualizaciones del Director - Dr. Sevet Johnson
- IX. Informe de la Secretaria - Janis Gardner (5 min .)
- X. Nuevo negocio
 - A. Evaluar la reunión general del 20 de mayo para identificar áreas de mejora - Discusión
 - B. Formación de un grupo de trabajo de reforma de Lanterman , Petris , Short (LPS) - Discusión
 - C. Asamblea de la Junta de Salud Mental 1352 s (Waldron) - Actualización
 - D. Transición a los oficiales del año fiscal 2019-20 - Discusión
- XI. Viejo negocio
 - A. Actualización de la preparación del informe anual
 - B. Resúmenes de los Cuadernos de datos compilados - Carta de la Asociación de Juntas y Comisiones Locales de Salud Conductual de California (CALBHB / C) al Consejo de Planificación de la Salud Conductual de California (CBHPC)
 - C. Reunión y capacitación en CALBHB / C Los Angeles / Región Sur, 21-22 de junio, Santa Ana
 - D. Comité de Jóvenes en Edad de Transición (TAY) Asistencia de Miembros de BHAB - Actualización
 - E. Presentaciones futuras
 - F. Reconocimientos futuros
- XII. Desarrollar la agenda para la junta general - Discusión
 - a. *Actualización de la Agencia de atención médica - William Foley, Director de HCA (10 min.)*
 - b. *Reconocimiento : Pam Roach*
 - c. *Presentación: Vaping - Dra. Loretta Denering, Jefa del Programa de Alcohol y Drogas (ADP) de VCBH (15 min.)*
 - d. *Actualización fiscal de VCBH - Leisa Donovan, gerente fiscal (15 min.)*
 - e. *Nuevo negocio*
 1. *Elección de Oficiales para el Año Fiscal 2019-20 - Comité de Nominaciones - ACCIÓN*
 2. *Formación de un grupo de trabajo de reforma de Lanterman , Petris , Short (LPS) - ACCIÓN*
 3. *Actualización del cuaderno de datos compilados - Carta de la Asociación de Comités y Comisiones Locales de Salud Conductual de California (CALBHB / C) al Consejo de Planificación de Salud Conductual de California (CBHPC)*
 4. *Asamblea de la Ley 1352 Juntas de Salud Mental (Waldron) - Actualización*

5. *Objetivos 2018-19 - ACCIÓN* *Preparación del Informe Anual - Misión de Revisión , Visión y*

f. *Viejo negocio*

1. *mentales (IMD) - Estado* *Instituciones para la exención por exclusión de enfermedades*
2. *Sur, 21-22 de junio, Santa Ana* *Reunión y capacitación en CALBHB / C Los Angeles / Región*
3. *Miembros de BHAB - Actualización* *Comité de Jóvenes en Edad de Transición (TAY) Asistencia de*

XIII. **Comentarios públicos**

XIV. **Comentarios de despedida de la silla**

XV. **Aplazar**

Próxima reunión: lunes 8 de julio de 2019.

Los miembros del público que hacen presentaciones orales a la Junta en relación con uno o más puntos del orden del día o fuera del orden del día en una sola reunión están limitados a un tiempo total acumulado que no debe exceder los cinco (5) minutos para todas sus presentaciones orales a esa hora. Ninguno de los miembros del público que se indique lo contrario. El período completo de comentarios públicos está limitado a no más de (20) minutos en total para todos los oradores. NOTA: El Presidente puede limitar el número o la duración de los oradores en un asunto. Si cumple con la Ley de Estadounidenses con Discapacidades, si necesita asistencia especial para participar en esta reunión, comuníquese con: [Behavioral Health Administration](#) , al (805) 981-6830 . La notificación anticipada razonable de la necesidad de alojamiento antes de la reunión (es preferible avisar con 48 horas de anticipación) nos permitirá hacer los arreglos razonables para garantizar el acceso a esta reunión.



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AMENDED IN SENATE JUNE 03, 2019

AMENDED IN ASSEMBLY APRIL 22, 2019

AMENDED IN ASSEMBLY MARCH 25, 2019

CALIFORNIA LEGISLATURE— 2019–2020 REGULAR SESSION

ASSEMBLY BILL**No. 1352**

Introduced by Assembly Member Waldron

February 22, 2019

An act to amend Sections 5604, 5604.2, 5604.3, 5604.5, and 5848 of the Welfare and Institutions Code, relating to mental health.

LEGISLATIVE COUNSEL'S DIGEST

AB 1352, as amended, Waldron. Community mental health services: mental health boards.

Existing law, the Bronzan-McCorquodale Act, governs the organization and financing of community mental health services for persons with mental disorders in every county through locally administered and locally controlled community mental health programs. Existing law generally requires each community mental health service to have a mental health board consisting of 10 to 15 members who are appointed by the governing body, and encourages counties to appoint individuals who have experience with and knowledge of the mental health system. Existing law specifies the duties of mental health boards, including, among other things, reviewing specified county agreements. Existing law requires a local mental health board to develop bylaws to be approved by the governing body to establish the specific number of members on the mental health board and to ensure that the composition of the mental health board represents the demographics of the county as a whole.

This bill would require a mental health board to report directly to the governing body, and to have the authority to ~~act, review, and report independently from the county mental health department or county behavioral health department.~~ *review and evaluate the local mental health system and advise the governing body independently from the local mental health agency or*

local behavioral health agency, as applicable. ~~The bill would require a local mental health board to develop bylaws to establish the goal of appointing up to 13 of the board membership from public, private, and nonprofit entities that engage with seriously mentally ill individuals in the course of daily operations.~~ The bill would revise the duties of mental health boards by, among other things, authorizing the *local* mental health boards to make recommendations to the governing body regarding concerns with the above-described county agreements. By imposing new duties on county mental health boards, the bill would impose a state-mandated local program. The bill would encourage ~~counties governing bodies~~ *governing bodies* to provide a budget for the *local* mental health board that is sufficient to ~~ensure that board meetings may be held and administered independently from the county mental health department or county behavioral health department, as applicable.~~ *facilitate the purpose, duties, and responsibilities of the local mental health board.*

Existing law, the Mental Health Services Act, an initiative statute enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs. The act provides that the Legislature may amend that act through a bill passed by a 2/3 vote of the Legislature if the amendments are consistent with, and further the intent of, that act. The act authorizes the Legislature to add provisions to clarify its procedures and terms by majority vote.

The act requires each county mental health program to prepare a 3-year program and expenditure plan and annual updates, and requires the local mental health board to review the adopted plan or update and make recommendations to the county mental health department for revisions.

This bill would *instead require the board to make those recommendations to the local mental health agency or local behavioral health agency, as applicable, and would* require the ~~county local mental health department~~ *agency or local behavioral health agency, as applicable*, to provide a report of written explanations to the ~~county board of supervisors~~ *local governing body* and the State Department of Health Care Services for any *substantive* recommendations ~~from the~~ *made by the local* mental health board that are not included in the final plan or update. By requiring ~~county local mental health departments agencies and local behavioral health agencies~~ *to provide a higher level of service with regard to existing duties, this* the bill would impose a state-mandated local program.

The bill would also include findings, declarations, and a statement of intent.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

This bill would declare that it clarifies procedures and terms of the Mental Health Services Act.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: yes

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. *The Legislature finds and declares all of the following:*

(a) The Bronzan-McCorquodale Act (Part 2 (commencing with Section 5600) of Division 5 of the Welfare and Institutions Code) (the act) defines California's county mental health system, which was first established in 1968 through the Short-Doyle Act. The act requires county mental health systems to provide mental health services to children and adolescents who have a serious emotional disturbance, and adults and older adults who have a serious mental illness.

(b) This framework created local mental health advisory boards or commissions, as determined by each county, to provide community voice and input into the development and adoption of community mental health service plans, and to ensure that the county's system of care is transparent, accountable, and responsible to the community being served.

(c) Local mental health boards or commissions are appointed by the governing body of the county (in most cases the county board of supervisors) and advise the governing body on a variety of issues related to the implementation of the community's mental health system.

(d) Membership on local mental health boards generally ranges from 10 to 15 members, and may be as few as 5 members in counties with populations less than 80,000, and is required to include one member of the governing body, and no fewer than one-half of membership must be consumers, or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received mental services.

(e) In 2004, California voters approved Proposition 63, which enacted the Mental Health Services Act (MHSA), and which provided increased funding, personnel, and other resources to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults, and families. The MHSA addresses a broad continuum of prevention, early intervention, and service needs, and the necessary infrastructure, technology, and training elements that will effectively support this system.

(f) The MHSA established the Mental Health Services Oversight and Accountability Commission (commission) to provide vision and leadership, in collaboration with clients, their family members, and underserved communities, to ensure Californians understand mental health is essential to overall health. This commission holds public mental health systems accountable; provides oversight for eliminating disparities; promotes wellness, recovery and resiliency; and ensures positive outcomes for individuals living with serious mental illness and their families.

(g) The commission advises the Governor and Legislature regarding actions the state may take to improve care and services for individuals with mental illness. The commission consists of 16 voting members, including 4 consumers, or family members of consumers, but also includes a broader, less traditional definition of community members. Commission membership includes representatives from the mental health profession, law enforcement, educational institutions, health care service plans or insurers, and employers.

SEC. 2. *It is the intent of the Legislature in enacting this act to do all of the following:*

(a) Clarify the role local mental health boards and commissions play in advising county boards of supervisors, or other related governing bodies, and local mental health agencies or local behavioral health agencies, as applicable.

(b) Strengthen and empower local mental health boards to serve their intended purpose, to provide community voice and input into the development and adoption of community mental health service plans, and to ensure that the county's system of care is transparent, accountable, and responsible to the community being served.

(c) Increase transparency for the community to understand the reasons why substantive recommendations made by the local mental health board or commission are not included in the community mental health services plans or updates.

(d) Increase the role of nontraditional community participation on local mental health boards and commissions. In addition to the existing membership requirements, county governing bodies are encouraged to seek individuals with the experiences, knowledge, and expertise in different sectors of the community that intersect and engage with the mental health systems, such as representatives of county offices of education, hospitals, emergency departments, and law enforcement.

SECTION 1-SEC. 3. Section 5604 of the Welfare and Institutions Code is amended to read:

5604. (a) (1) Each community mental health service shall have a mental health board consisting of 10 to 15 members, depending on the preference of the county, appointed by the governing body, except that boards in counties with a population of less than 80,000 may have a minimum of five members. ~~The board shall report directly to the governing body, and one member of the board shall be a member of the local governing body.~~ A county with more than five supervisors shall have at least the same number of members as the size of its board of supervisors. This section does not limit the ability of the governing body to increase the number of members above 15. ~~Local mental health boards may recommend appointees to the county supervisors. Counties are encouraged to appoint individuals who have experience with and knowledge of the mental health system. The board membership should reflect the ethnic diversity of the client population in the county.~~

(2) (A) The board shall report directly to the governing body, and one member of the board shall be a member of the local governing body. Local mental health boards may recommend appointees to the county supervisors. The board membership should reflect the ethnic diversity of the client population in the county.

~~(2)~~

(B) Fifty percent of the board membership shall be consumers, or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received mental health services. At least 20 percent of the total membership shall be consumers, and at least 20 percent shall be families of consumers.

(C) In addition to consumers and family members referenced in subparagraph (B), counties are encouraged to appoint individuals who have experience with and knowledge of the mental health system. This would include nontraditional members of the community that engage with individuals suffering from mental illness in the course of daily operations, such as representatives of the county offices of education, large and small businesses, hospitals, hospital districts, emergency departments, the city police, county sheriffs, and service providers.

(3) (A) In counties with a population that is less than 80,000, at least one member shall be a consumer, and at least one member shall be a parent, spouse, sibling, or adult child of a consumer, who is receiving, or has received, mental health services.

(B) Notwithstanding subparagraph (A), a board in a county with a population that is less than 80,000 that elects to have the board exceed the five-member minimum permitted under paragraph (1) shall be required to comply with paragraph (2).

(b) The mental health board shall have the authority to ~~act, review, and report independently from the county mental health department or county behavioral health department;~~ *review and evaluate the local mental health system, pursuant to Section 5604.2, and advise the governing body independently from the local mental health agency or local behavioral health agency,* as applicable.

(c) The term of each member of the board shall be for three years. The governing body shall equitably stagger the appointments so that approximately one-third of the appointments expire in each year.

(d) If two or more local agencies jointly establish a community mental health service pursuant to Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 of Title 1 of the Government Code, the mental health board for the community mental health service shall consist of an additional two members for each additional agency, one of whom shall be a consumer or a parent, spouse, sibling, or adult child of a consumer who has received mental health services.

(e) (1) Except as provided in paragraph (2), a member of the board or the member's spouse shall not be a full-time or part-time county employee of a county mental health service, an employee of the State Department of Health Care Services, or an employee of, or a paid member of the governing body of, a mental health contract agency.

(2) A consumer of mental health services who has obtained employment with an employer described in paragraph (1) and who holds a position in which the consumer does not have any interest, influence, or authority over any financial or contractual matter concerning the employer may be appointed to the board. The member shall abstain from voting on any financial or contractual issue concerning the member's employer that may come before the board.

(f) Members of the board shall abstain from voting on any issue in which the member has a financial interest as defined in Section 87103 of the Government Code.

(g) If it is not possible to secure membership as specified in this section from among persons who reside in the county, the governing body may substitute representatives of the public interest in mental health who are not full-time or part-time employees of the county mental health service, the State Department of Health Care Services, or on the staff of, or a paid member of the governing body of, a mental health contract agency.

(h) The mental health board may be established as an advisory board or a commission, depending on the preference of the county.

~~SEC. 2.~~ SEC. 4. Section 5604.2 of the Welfare and Institutions Code is amended to read:

5604.2. (a) The local mental health board shall do all of the following:

(1) Review and evaluate the community's mental health needs, services, facilities, and special ~~problems. This includes the authority to review and report on needs, services, or special problems that have been identified in the community or~~ *problems in* any facility within the county *or jurisdiction* where mental health evaluations ~~and or~~ *and* services are being ~~provided.~~ *provided,*

including, but not limited to, schools, emergency departments, jails, and psychiatric facilities.

- (2) Review any county agreements entered into pursuant to Section 5650. The local mental health board may make recommendations to the governing body regarding concerns identified within these agreements.
- (3) Advise the governing body and the local mental health director as to any aspect of the local mental health program. Local mental health boards ~~are encouraged to~~ *may* request assistance from the grand jury ~~when reviewing issues related to the provision of mental health services within county jails, or local patients' rights advocates when reviewing and advising on mental health evaluations or services provided in facilities with limited access, such as county jails.~~
- (4) Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning ~~process by all citizens, including~~ *process. Involvement shall include* individuals with lived experience *of mental illness* and their families, ~~professionals representing a variety of organizations, and community members; community members, advocacy organizations, and mental health professionals. It shall also include other professionals that interact with individuals suffering from mental illnesses on a daily basis, such as education, emergency services, employment, health care, housing, law enforcement, local business owners, social services, seniors, transportation, and veterans.~~
- (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 Behavioral Health Planning Council.
- (8) This part does not limit the ability of the governing body to transfer additional duties or authority to a mental health board.
 - (b) It is the intent of the Legislature that, as part of its duties pursuant to subdivision (a), the board 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.

SEC. 3. SEC. 5. Section 5604.3 of the Welfare and Institutions Code is amended to read:

5604.3. (a) The board of supervisors may pay from any available funds the actual and necessary expenses of the members of the mental health board of a community mental health service incurred incident to the performance of their official duties and functions. The expenses may include travel, lodging, childcare, and meals for the members of an advisory board while on official business as approved by the director of the local mental health program.

~~(b) Counties are encouraged to provide a budget for the mental health board that is sufficient to ensure that board meetings may be held and administered independently from the county mental health department or county behavioral health department, as applicable.~~

(b) Governing bodies are encouraged to provide a budget for the local mental health board, using planning and administrative revenues identified in subdivision (c) of Section 5892, that is sufficient to facilitate the purpose, duties, and responsibilities of the local mental health board.

SEC. 4. SEC. 6. Section 5604.5 of the Welfare and Institutions Code is amended to read:

5604.5. The local mental health board shall develop bylaws to be approved by the governing body which shall do all of the following:

- (a) Establish the specific number of members on the mental health board, consistent with subdivision (a) of Section 5604.
- (b) Ensure that the composition of the mental health board represents ~~the~~ *and reflects the diversity and* demographics of the county as a whole, to the extent feasible.
- (c) Establish that a quorum be one person more than one-half of the appointed members.
- (d) Establish that the chairperson of the mental health board be in consultation with the local mental health director.

(e) Establish that there may be an executive committee of the mental health board.

~~(f) Establish the goal of appointing up to one-third of the board membership from public, private, and nonprofit entities that engage with seriously mentally ill individuals in the course of daily operations, including, but not limited to, representatives of the city police, county sheriffs, large and small business owners, hospitals, hospital districts, emergency departments, and county offices of education.~~

SEC. 5-SEC. 7. Section 5848 of the Welfare and Institutions Code is amended to read:

5848. (a) Each three-year program and expenditure plan and update shall be developed with local stakeholders, including adults and seniors with severe mental illness, families of children, adults, and seniors with severe mental illness, providers of services, law enforcement agencies, education, social services agencies, veterans, representatives from veterans organizations, providers of alcohol and drug services, health care organizations, and other important interests. Counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocations. A draft plan and update shall be prepared and circulated for review and comment for at least 30 days to representatives of stakeholder interests and any interested party who has requested a copy of the draft plans.

(b) The mental health board established pursuant to Section 5604 shall conduct a public hearing on the draft three-year program and expenditure plan and annual updates at the close of the 30-day comment period required by subdivision (a). Each adopted three-year program and expenditure plan and update shall include any substantive written recommendations for revisions. The adopted three-year program and expenditure plan or update shall summarize and analyze the recommended revisions. The mental health board shall review the adopted plan or update and make recommendations to the ~~county local~~ mental health ~~department~~ *agency or local behavioral health agency, as applicable*, for revisions. The ~~county local~~ mental health ~~department or county~~ *agency or local* behavioral health ~~department~~ *agency*, as applicable, shall provide a report of written explanations to the ~~county board of supervisors~~ *local governing body* and the State Department of Health Care Services for any *substantive* recommendations made by the *local* mental health board that are not included in the final plan or update.

(c) The plans shall include reports on the achievement of performance outcomes for services pursuant to Part 3 (commencing with Section 5800), Part 3.6 (commencing with Section 5840), and Part 4 (commencing with Section 5850) funded by the Mental Health Services Fund and established jointly by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, in collaboration with the County Behavioral Health Directors Association of California.

(d) Mental health services provided pursuant to Part 3 (commencing with Section 5800) and Part 4 (commencing with Section 5850) shall be included in the review of program performance by the California Behavioral Health Planning Council required by paragraph (2) of subdivision (c) of Section 5772 and in the local mental health board's review and comment on the performance outcome data required by paragraph (7) of subdivision (a) of Section 5604.2.

(e) The department shall annually post on its internet website a summary of the performance outcomes reports submitted by counties if clearly and separately identified by counties as the achievement of performance outcomes pursuant to subdivision (c).

SEC. 6-SEC. 8. If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.

SEC. 7-SEC. 9. The Legislature finds and declares that this act clarifies procedures and terms of the Mental Health Services Act within the meaning of Section 18 of the Mental Health Services Act.



June 4, 2019

The Honorable Richard Pan
Chair of the Senate Committee on Health &
Members of the Senate Committee on Health
California State Capitol, Room 2191
Sacramento, CA 95814

Re: SUPPORT for AB 1352 - Community mental health services: mental health boards.

Dear Chair Pan and Members of the Senate Committee on Health,

The Governing Board of the California Association of Local Behavioral Health Boards and Commissions (CALBHB/C) is in support of AB 1352 (June 3, 2019 version).

CALBHB/C leadership understands the importance of providing structure and support to local boards/commissions so that they can effectively advise regarding the best mental health offerings and outcomes in their communities. This bill acts to remind everyone of the obligations, duties and responsibilities of California's 59 local Mental Health Boards (MHBs), with goals of strengthening their representation and increasing their effectiveness.

We appreciate that AB 1352 updates CA Welfare and Institution Code in the following areas:

Reviewing Facilities – Proposed amendments bring to light tools/resources that will improve local MHB's ability to review facilities with limited access (such as jails); this includes the ability to request assistance from local Patients Rights Advocates and/or the local Civil Grand Jury. We note these are *not* mandates, and both are already available to MHB members or private citizens (in the case of Grand Juries). Additionally, we note the Grand Juries already provide annual reviews of local correctional facilities.

Membership/Community Involvement – While continuing to recognize the importance of consumer and family members, this bill emphasizes strengthening mental health boards by identifying and including a cross-section of community members and leadership from a variety of sectors that interact with mental health in the local community.

Response by local Agencies - This bill calls attention to the requirement for mental/behavioral health agencies to respond to substantive recommendations made specifically by local MHBs in regard to Mental Health Services Act (MHSA) 3-year Plans and Updates.

Budget – This bill calls attention to funding that is already available to local mental/behavioral health agencies (MHSA Community Program Planning (CPP) funding can be up to 5% of local MHSA spending). This funding can be used for necessary staff support and resources to create and sustain the structure necessary for local MHBs to build and maintain their membership and perform their duties, including ensuring citizen and professional involvement at all stages of the planning process.

We therefore ask for your support of AB 1352. If you have any questions, please do not hesitate to contact Theresa.Comstock@calbhbc.com or 916-917-5444.

Sincerely,



Benjamin G. Benavidez, President



Theresa Comstock, Executive Director

cc: CA Assembly Member Marie Waldron
Joseph Shinstock, Assembly Member Waldron's Office
Mental Health Services Oversight & Accountability Commission (MHSOAC) Members
Toby Ewing, MHSOAC
Norma Pate, MHSOAC
Adriana Ruelas, Steinberg Institute
Adrienne Shilton, Steinberg Institute
CA Behavioral Health Planning Council Members
Jane Adcock, CA Behavioral Health Planning Council
Naomi Ramirez, CA Behavioral Health Planning Council
Tyler Rinde, County Behavioral Health Directors Association of California
Connie Delgado, Delgado Government Affairs
Farrah McTing, CA Association of Counties
Andrea Crook, NorCal Mental Health America
Tiffany Carter, NorCal Mental Health America
Noah Hampton-Asmus, NorCal Mental Health America
Sheree Lowe, CA Hospital Association