

**BEHAVIORAL HEALTH ADVISORY BOARD
EXECUTIVE COMMITTEE
MINUTES ■ Monday, June 10, 2019**

<p><u>BHAB Officers Present</u> Jerry Harris, Chair Ratan Bhavnani, 1st Vice Chair Gane Brooking, 2nd Vice Chair Janis Gardner, Secretary Gina Petrus, Member-At-Large</p> <p><u>Others Present</u> Stuart Fiedler David Deutsch Kevin Janeway, Client Network Karyn Bates Elizabeth R. Stone, CFLC</p>	<p><u>Ventura County Behavioral Health (VCBH) Staff Present</u> Sevet Johnson, Director Edith Pham, BHAB Assistant</p> <p>NEXT MEETING: Monday, July 15, 2019, 1:00 – 3:00 p.m.</p> <p>Ventura County Behavioral Health (VCBH) 1911 Williams Drive, Lake Cachuma Room (second floor), Oxnard</p>
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Note: The committee has not yet approved these minutes. There may be additions/deletions or corrections before the minutes are accepted in final form.

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	Call to Order Chair Harris called the meeting to order at 1:00 p.m.		
II.	Approval of the Agenda Mr. Harris asked the Committee to review and approve today's agenda. Ratan Bhavnani moved to approve, Janis Gardner seconded. The motion carried unanimously.	The agenda was approved as written. M/S/C	
III.	Approval of the Minutes Mr. Harris asked the committee to review and approve the minutes of the May 13, 2019 meeting. Ms. Gardner moved to approve, Gane Brooking seconded. The motion carried; Mr. Bhavnani abstained as he did not attend that meeting.	The minutes were approved as written. M/S/C	
IV.	Welcome and Introductions Mr. Harris welcomed everyone. Introductions were not done as everyone present knew each other.		
V.	Chair Announcements None.		
VI.	Public Comments David Deutsch noted the recent passing of William "Bill" Shilley, age 90, who had retired as head of the Addictive Disorders Studies program at Oxnard College. He trained many Alcohol and Drug Programs counselors. Mr. Deutsch suggested that the BHAB present him with a posthumous recognition. He offered to help with the wording on the certificate and to contact Mr. Shilley's relative to schedule a date. The officers agreed. Stuart Fiedler spoke about Taxation code 19280, which addresses restitutions. He suggested having schools teach students that crime does not pay. Mr. Fiedler believes this law affects the mentally ill when they become victims of crimes. Mr. Harris suggested that Mr. Fiedler share his concerns through a letter to the editor and/or through contact with the Ventura County Office of Education.	Help with date and wording of recognition for William Shilley	D. Deutsch
VII.	Board Members Comments and Announcements Ms. Brooking noted that renovations have begun on the Knoll Drive building in Ventura that will house a permanent shelter. In addition, the City of Oxnard is addressing a zoning issue it faces for the location of its permanent shelter. Mr. Bhavnani noted that an Assist program meeting held the previous week was attended by Judge Ronda McKaig, several law enforcement representatives, and others. The possibility of funding running out was raised. Mr. Bhavnani also noted that he hears from family members who express concerns about their loved ones who are or may become enrolled in the Assist program.		

	<p>Mr. Harris requested that the VCBH Adult Division share the results of the family survey that was conducted and provide information on outcomes of clients who are referred to Rapid Integrated Support and Engagement (RISE).</p> <p>Gina Petrus noted that she observed the recent Crisis Intervention Team (CIT) session on trauma-informed care and approaches for youth. She found it to be positive and informative.</p>		
VIII.	<p>Director's Updates – Dr. Sevet Johnson</p> <p>A. As of July 1st, VCBH will add about 15 staff who are transferring as a result of layoffs and demotions within the Health Care Agency (HCA). None of them are clinicians as these positions are unique to VCBH. VCBH did not lose any staff, but two were demoted and one staff person's assignment was changed.</p> <p>B. As of July 1st, VCBH will have a new provider for psychiatric coverage, replacing Sterling Care. It is hoped that current psychiatrists will apply to work with the new provider.</p> <p>C. In early May, VCBH was notified that as of May 31st Anka Behavioral Health would no longer provide services at the Crisis Residential Treatment (CRT) and the Mental Health Rehabilitation Center (MHRC). VCBH was able to contract with Golden State Health Centers, which operates Sylmar Rehabilitation Center, to take over the operation of both sites as of June 1st. Most of the staff remain the same.</p> <p>D. Dr. Johnson attended the NAMI California Conference on May 31-June 1st in Newport Beach. The conference had great speakers and informative sessions. Ms. Brooking noted she attended a law enforcement session, which was impressive.</p> <p>Elizabeth R. Stone noted that an announcement was made that morning that Anthem has purchased Beacon. Dr. Johnson confirmed this. Beacon has been providing some mental health services for Gold Coast patients within the mild-to-moderate range.</p>		
IX.	<p>Secretary's Report – Janis Gardner</p> <p>A. Supervisor Parks is looking to recommend a consumer for appointment to the BHAB. Ms. Stone noted that the Board of Supervisors agenda for the following day includes the appointment of Ezequiel Sanchez to the BHAB.</p> <p>B. Since last July, one member has attended only one committee meeting, and another member has attended two committee meetings. Mr. Harris requested to have the attendance log distributed at the upcoming General Meeting.</p>		
X.	<p>New Business</p> <p>A. Evaluate May 20 General Meeting to Identify Areas for Improvement Mr. Bhavnani noted that Dan Powell, Operations Supervisor of the Inpatient Psychiatric Unit, waited until late in the meeting before sharing some information about the newly-opened Crisis Stabilization Unit (CSU). Mr. Harris clarified that if it had been known before the start of the meeting that Mr. Powell was going to attend, the item on the CSU could have been moved up on the agenda.</p> <p>B. Formation of a Lanterman, Petris, Short (LPS) Reform Workgroup Mr. Harris is proposing this workgroup as a way to help the BHAB send a recommendation to the Board of Supervisors (BOS) on this topic. The BOS has expressed interest on the LPS Reform issue at the time of the BHAB Annual Report presentation earlier this year. Mr. Harris proposes to chair the workgroup, at least for the first meeting.</p> <p>C. Assembly Bill 1352 Mental Health Boards (Waldron) – Update Mr. Harris reviewed the text of the law currently going through the legislative process. He and one other member of the California Association of Local Behavioral Health Boards & Commissions (CALBHB/C) voted against supporting the bill as there are currently laws in place that address most of the same areas. Additionally, Mr.</p>		

	<p>Harris is not in favor of boards/commissions being able to bypass the local mental health departments and the Board of Supervisors to request the involvement of the Grand Jury if all available options had failed.</p> <p>D. Transition to the Fiscal Year 2019-20 Officers Mr. Harris shared his hope that the board will continue to focus on taking action on issues of concern rather than focusing on presentations. He will continue to share information from CALBHB/C and to train new members with Ms. Gardner and any other Executive Committee member interested in participating. He is hopeful that members will continue to attend the quarterly CALBHB/C meetings and trainings. Mr. Harris also offered to coordinate the development of the Annual Report.</p>		
<p>XI. Old Business</p>	<p>A. Annual Report Preparation Update Mr. Harris noted that the board will review, possibly update, and vote on its mission, vision and objectives. The committees are asked to do the same and bring their objectives to the full board at a later date.</p> <p>B. Compiled Data Notebook Overviews – CALBHB/C Letter to the California Behavioral Health Planning Council (CBHPC) Mr. Harris noted that he has been pushing for the CBHPC to release their compiled Data Notebook Overviews as soon as they are available. He shared a letter to this effect that the CALBHB/C sent to the CBHPC.</p> <p>C. CALBHB/C Los Angeles/Southern Region Meeting & Training, June 21-22, Santa Ana Mr. Harris noted that he will attend the meeting and training. Ms. Petrus noted that she will try to attend the training on June 22nd.</p> <p>D. Transitional Age Youth (TAY) Committee BHAB Member Attendance – Update Mr. Harris noted that he and Margaret Cortese, committee Chair, were the only BHAB members in attendance at the May BHAB TAY Committee. Mr. Bhavnani noted that he had planned to attend but was unable to do so. Mr. Harris will bring up the need for additional BHAB member attendance at TAY meetings at the next General Board meeting.</p> <p>E. Future Presentations Ms. Gardner suggested to have a presentation on trauma-informed care. Ms. Petrus offered to contact the person who presented at the CIT, and Mr. Harris agreed.</p> <p>F. Future Recognitions William (Bill) Shilley will be recognized at a future General meeting.</p>	<p>Contact speaker and schedule future presentation</p>	<p>G. Petrus</p>
<p>XII.</p>	<p>Develop Agenda for the General Meeting – Discussion The Executive Team reviewed the proposed agenda. The following changes were made:</p> <ul style="list-style-type: none"> - The presentation on vaping will be given by David Tovar. - Remove item XII.e.3: Compile Data Notebook Update – CALBHB/C Letter to the CBHPC. 		
<p>XI. Public Comments</p>	<p>None.</p>		
	<p>Adjourn Mr. Harris thanked all members for the work they have done and their support during the time he served as Chair.</p> <p>The meeting adjourned at 2:15 p.m.</p>		

Behavioral Health Advisory Board EXECUTIVE Meeting Attendance 2018-2019

Members 2018-19	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Jerry Harris Chair	X	X	X	X	X		X	X	X	X	X	X
Ratan Bhavnani 1 st Vice Chair	X	X	X	X			X	X	X	X		X
Gane Brooking 2 nd Vice Chair	X	X	X	X	X		X	X	X	X	X	X
Janis Gardner Secretary	X	X	X	X	X		X	X	X	X	X	X
Gina Petrus Member-At-Large									X	X	X	X

Present = X

- District 1 Supervisor Bennett
- District 2 Supervisor Parks
- District 3 Supervisor Long
- District 4 Supervisor Huber
- District 5 Supervisor Zaragoza

**CONSEJO ASESOR DE SALUD AL COMPORTAMIENTO
EJECUTIVO COMITÉ
MINUTOS ▪ Lunes, 10 de junio 2019**

<p>Oficial de BHAB s Presente Jerry Harris, Presidente Ratan Bhavnani, ^{1ª} Vicepresidencia Gane Brooking , ^{Segundo} Vicepresidente Janis Gardner , secretaria Gina Petrus, miembro en general</p> <p>Otros presentes Stuart Fiedler David Deutsch Kevin Janeway , Red de clientes Karyn Bates Elizabeth R. Stone, CFLC</p>	<p>Personal de Salud Conductual del Condado de Ventura (VCBH) Presente Sevet Johnson , Director Edith Pham, Asistente BHAB</p> <p>SIGUIENTE JUNTA: lunes, 15 de julio de 2019, 1 : 00 - 3:00 pm</p> <p>Condado de Ventura de Salud del Comportamiento (VCBH) 1911 Williams Drive , Sala Lake Cachuma (segundo piso) , Oxnard</p>
<p>Nota: El comité aún no ha aprobado estas actas. Puede haber adiciones / eliminaciones o correcciones antes de que se acepten las actas en su forma final.</p>	

	DISCUSIÓN / CONCLUSIONES	RECOMENDACIONES / COMPORTAMIENTO	RESPONSABLE
YO.	Llama para ordenar Silla Harris ordenó la reunión a la 1:00 pm		
II.	Aprobación de la Agenda El Sr. Harris le pidió al Comité que revisara y aprobara la agenda de hoy. Ratan Bhavnani hizo la moción para aprobar, Janis Gardner la secundó. La moción fue aprobada por unanimidad.	El orden del día fue aprobado como está escrito. M / S / C	
III.	Aprobación del Acta El Sr. Harris le pidió al comité que revisara y aprobara las actas de la reunión del 13 de mayo de 2019 . La Sra. Gardner se movió para aprobar, Gane Brooking la secundó. El movimiento llevado; El Sr. Bhavnani se abstuvo porque no asistió a esa reunión .	Las actas fueron aprobadas tal como están escritas. M / S / C	
IV.	Bienvenida y Presentaciones El Sr. Harris le dio la bienvenida a todos . Las presentaciones no se hicieron ya que todos los presentes se conocían.		
V.	Anuncios de la silla Ninguna.		
VI.	Comentarios públicos David Deutsch notó el reciente fallecimiento de William "Bill" Shilley , de 90 años , que se había retirado como jefe del programa de Estudios de Trastornos Adictivos en Oxnard College. Entrenó a muchos consejeros de Programas de Alcohol y Drogas. El Sr. Deutsch sugirió que la BHAB le presentara un reconocimiento póstumo . Se ofreció para ayudar con la redacción en el certificado y ponerse en contacto con relativa del Sr. Shilley para programar una cita. Los oficiales estuvieron de acuerdo. Stuart Fiedler habló sobre el código de impuestos 19280, que aborda las restituciones. Sugirió que las escuelas enseñen a los estudiantes que el crimen no paga. El Sr. Fiedler cree que esta ley afecta a los enfermos mentales cuando son víctimas de delitos. El Sr. Harris sugirió que el Sr. Fiedler compartiera sus preocupaciones a través de una carta al editor y / o a través del contacto con la Oficina de Educación del Condado de Ventura.	Ayuda con la fecha y redacción del reconocimiento para William Shilley.	D. Deutsch
VII.	Comentarios y anuncios de los miembros de la Junta La Sra. Brooking señaló que se han iniciado renovaciones en el edificio de Knoll Drive en Ventura que albergará un refugio permanente. Además, la ciudad de Oxnard está abordando un problema de zonificación que enfrenta la ubicación de su refugio permanente. El Sr. Bhavnani observó que a una reunión del programa de Asistencia que se llevó a cabo la semana anterior nos asistieron la Jueza Ronda McKaig , varios representantes de la ley y otros. Se planteó la posibilidad de agotar los fondos. El Sr. Bhavnani también		

	<p>notó que escuchó a miembros de la familia que expresaron su preocupación por sus seres queridos que están o pueden estar inscritos en el programa Assist .</p> <p>El Sr. Harris solicitó a la División de Adultos de VCBH compartir los resultados de la encuesta familiar que se realizó y brindar información sobre los resultados de los clientes que son remitidos a Rapid Integrated Support and Engagement (RISE).</p> <p>Gina Petrus notó que ella observó la reciente sesión del Equipo de Intervención en Crisis (CIT) sobre atención y abordajes informados sobre el trauma para jóvenes. Ella lo encontró positivo e informativo.</p>		
VIII.	<p>Actualizaciones del Director - Dr. Sevet Johnson</p> <p>A. A partir del 1^{de} julio, VCBH se añaden alrededor de 15 miembros del personal que están transfiriendo como resultado de Despidos y degradaciones dentro de la Agencia de Cuidado de la Salud (HCA) . Ninguno de ellos es clínico, ya que estas posiciones son exclusivas de VCBH . VCBH no perdió personal, pero dos fueron degradados y se cambió la asignación de un miembro del personal .</p> <p>B. A partir del 1^{de} julio, VCBH se ha ve un nuevo proveedor para la cobertura psiquiátrica, en sustitución de ley de atención. Se espera que los psiquiatras actuales apliquen para trabajar con el nuevo proveedor.</p> <p>C. A principios de mayo, VCBH se notificó que a partir del 31^{de} mayo Anka Behavioral Health ya no prestar servicios en el Tratamiento Residencial para Crisis (CRT) y el Centro de Rehabilitación de Salud Mental (MHRC). VCBH fue capaz de contratar con oro Centros de Salud del Estado, que opera Sylmar Centro de Rehabilitación, para hacerse cargo de la operación de ambos sitios a partir del 1^{de} junio. La mayoría del personal sigue siendo el mismo.</p> <p>D. El Dr. Johnson asistió a la Conferencia de California NAMI el día 31 Mayo-1^{de} junio en Newport Beach. La conferencia contó con grandes ponentes y sesiones informativas. La Sra. Brooking señaló que asistió a una sesión de aplicación de la ley, que fue impresionante.</p> <p>Elizabeth R. Stone notó que esa mañana se hizo un anuncio de que Anthem había comprado Beacon . El Dr. Johnson confirmó esto. Beacon ha sido proporcionando algunos servicios de salud mental para pacientes de Gold Coast dentro del rango de leve a moderado.</p>		
IX.	<p>El informe del arsenal secreto - Janis Gardner</p> <p>A. El Supervisor Parks está buscando recomendar un consumidor para una cita a la BHAB. La Sra. Stone notó que la Junta de Supervisores en un genda para el día siguiente incluye el nombramiento de Ezequiel Sánchez para el BHAB.</p> <p>B. Desde el pasado mes de julio, un miembro ha asistido solo a una reunión del comité, y otro miembro ha asistido a dos reuniones del comité.</p> <p>El Sr. Harris solicitó que se distribuyera el registro de asistencia en la próxima Reunión General.</p>		
X.	<p>Nuevo negocio</p> <p>A. Evaluar la reunión general del 20 de mayo para identificar áreas de mejora</p> <p>El Sr. Bhavnani observó que Dan Powell, Supervisor de Operaciones de la Unidad de Psiquiatría para Pacientes Internos, esperó hasta el final de la reunión antes de compartir información sobre la Unidad de Estabilización de Crisis (CSU), recientemente inaugurada . El Sr. Harris aclaró que si se hubiera sabido antes del inicio de la reunión que el Sr. Powell iba a asistir, el tema de la CSU podría haberse movido en la agenda .</p> <p>B. Formación de un grupo de trabajo de reforma de Lanterman , Petris , Short (LPS)</p> <p>El Sr. Harris está proponiendo este grupo de trabajo como una forma de ayudar a BHAB a enviar una recomendación a la Junta de Supervisores (BOS) sobre este tema. El BOS ha expresado interés en el tema de la Reforma del LPS en el momento de la</p>		

	<p>presentación del Informe Anual de la BHAB a principios de este año . El Sr. Harris propone presidir el grupo de trabajo, al menos para la primera reunión.</p> <p>C. Asamblea de la Ley 1352 Juntas de Salud Mental (Waldron) - Actualización El Sr. Harris revisó el texto de la ley que actualmente se encuentra en proceso legislativo. Él y otro miembro de la Asociación de Juntas y Comisiones Locales de Salud Conductual de California (CALBHB / C) votaron en contra de apoyar el proyecto de ley ya que actualmente hay leyes vigentes que abordan la mayoría de las mismas áreas. Además, el Sr. Harris no está a favor de que las juntas / comisiones puedan pasar por alto los departamentos locales de salud mental y la Junta de Supervisores para solicitar la participación del Gran Jurado si todas las opciones disponibles han fallado.</p> <p>D. Transición a los oficiales del año fiscal 2019-20 Mr. Harris compartió su esperanza de que la junta continuará enfocándose en tomar medidas sobre temas de preocupación en lugar de centrarse en las presentaciones . Continuará compartiendo información de CALBHB / C y capacitando a nuevos miembros con la Sra. Gardner y cualquier otro miembro del Comité Ejecutivo interesado en participar. Tiene la esperanza de que los miembros continúen asistiendo a las reuniones y capacitaciones trimestrales de CALBHB / C. El Sr. Harris también ofreció coordinar el desarrollo del Informe Anual.</p>		
<p>X yo.</p>	<p>Viejo negocio</p> <p>A. Actualización de la preparación del informe anual El Sr. Harris señaló que la junta revisará , posiblemente actualizará y votará sobre su misión, visión y objetivos. Se les pide a los comités que hagan lo mismo y traigan sus objetivos a la junta en una fecha posterior .</p> <p>B. Co mpiled Panorama del cuaderno de datos - CALBHB / C Carta al Consejo de Planificación de la Salud de California del Comportamiento (CBHPC) El Sr. Harris señaló que ha estado presionando para que la CBHPC publique sus reseñas de Cuaderno de datos compiladas tan pronto como estén disponibles . Compartió una carta a este efecto que la CALBHB / C envió a la CBHPC.</p> <p>C. CALBHB / C Los Ángeles / Reunión y capacitación en la región sur, del 21 al 22 de junio, Santa Ana El Sr. Harris señaló que asistirá a la reunión y capacitación. La Sra Petrus señaló que ella tratará de asistir a la capacitación sobre el 22 de junio.</p> <p>D. Comité de Jóvenes en Edad de Transición (TAY) Asistencia de Miembros de BHAB - Actualización El Sr. Harris señaló que él y Margaret Cortese, presidente del comité, fueron los únicos miembros de BHAB que asistieron al comité de mayo de BHAB TAY. El Sr. Bhavnani notó que había planeado asistir pero no pudo hacerlo . El Sr. Harris planteará la necesidad de asistencia adicional de miembros de BHAB a las reuniones de TAY en la próxima reunión de la Junta General.</p> <p>E. Presentaciones futuras La Sra. Gardner sugirió tener una presentación sobre atención informada para el trauma. La Sra. Petrus ofreció comunicarse con la persona que presentó en el CIT, y el Sr. Harris estuvo de acuerdo.</p> <p>F. Reconocimientos futuros William (Bill) Shilley será reconocida en una futura reunión general.</p>	<p>Cont acto altavoz y programar la presentación futura</p>	<p>G. Petrus</p>
<p>XII.</p>	<p>Desarrollar la agenda para la junta general - Discusión El Equipo Ejecutivo revisó la agenda propuesta. Se realizaron los siguientes cambios:</p> <ul style="list-style-type: none"> - La presentación sobre vaping será a cargo de David Tovar. 		

	- Elimine el elemento XII.e.3: compilar actualización de cuaderno de datos - CALBHB / C Carta a la CBHPC.		
XI.	Comentarios públicos Ninguna.		
	Aplazar El Sr. Harris agradeció a todos los miembros por el trabajo que han realizado y su apoyo durante el tiempo que ocupó el cargo de Presidente. La reunión concluyó a las 2:15 pm		

Junta Consultiva de Salud del Comportamiento EJECUTIVA Asistencia a la reunión 2018-2019

Miembros 2018-19	julio	ago	Septiembre	oct	nov	dic	ene	feb	mar	abr	Mayo	junio
Jerry Harris Silla	X	X	X	X	X		X	X	X	X	X	X
Ratan Bhavnani 1 ^{er} Vicepresidente	X	X	X	X			X	X	X	X		X
Gane Brooking 2 nd Vicepresidente	X	X	X	X	X		X	X	X	X	X	X
Janis Gardner Secretario	X	X	X	X	X		X	X	X	X	X	X
Gina petrus Miembros en general									X	X	X	X

Presente = X

Distrito 1 Supervisor Bennett
 Distrito 2 Supervisor Parks
 Distrito 3 Supervisor Long
 Distrito 4 Supervisor Huber
 Distrito 5 Supervisor Zaragoza

Comité Ejecutivo de BHAB Acta del 10 de junio de 2019



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AB-1352 Community mental health services: mental health boards. (2019-2020)

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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* 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* 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. 6. 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.



**California Association of Local Behavioral Health
Boards and Commissions**

May 31, 2019

Jane Adcock
Executive Officer
California Behavioral Health Planning Council (CBHPC)
MS 2706 PO Box 997413
Sacramento, CA 95899-7413

Dear Jane,

CALBHB/C appreciates the collaborative relationship with CBHPC as we support the work of CA's 59 local mental/behavioral health boards and commissions. In our goal to better support them, we want to formally bring a concern to your attention regarding the timely provision and communication of Data Notebook Overviews, and access to individual Data Notebook Reports.

Access to timely information can help local boards/commissions affectively advise regarding the best possible mental/behavioral health programs and outcomes. It is in the best interest of all the local communities to have timely access to performance data and information on effective programs as well as gaps/issues.

However, we have noticed significant delays and inaction on the part of CBHPC, in the areas of:

- 1) Providing the Data Notebook Overviews to CALBHB/C (the 2017 Overview that was completed in December was provided to CALBHB/C in May of 2019)
- 2) Providing the Overviews directly to the local mental/behavioral health boards & commissions.
- 3) Providing individual Data Notebook (PDF) reports for on-line review. Only a sampling has been shared with CALBHB/C - <https://www.calbhbc.com/data-notebooks.html>

As we have done in recent years, CALBHB/C we will continue to:

- 1) Provide up-to-date contact information to your staff (board/commission chair, admin liaison & BH Director)
- 2) Remind the 59 local mental/behavioral health boards/commissions regarding this reporting requirement.
- 3) Provide the Data Notebook Overviews and individual Data Notebook (PDF) reports on the CALBHB/C website.
- 4) Communicate news of released Data Notebook Overviews when they become available.

Yet, our efforts are more effective if coupled with direct communication by CBHPC of timely Data Notebook Overviews to the local boards/commissions, and access to the individual reports. As always, we appreciate the opportunity to partner with the CBHPC as we support the very important work of CA's 59 local mental/behavioral health boards/commissions.

Sincerely,

Benjamin G. Benavidez, President

Theresa Comstock, Executive Director

CALBHB/C supports the work of California's 59 local mental/behavioral health boards and commissions.
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