



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

ANNUAL REPORT FY 2016

TABLE OF CONTENTS

I.	EXECUTIVE SUMMARY.....	3
II.	INTRODUCTION/BACKGROUND HISTORY.....	4
III.	ACCOMPLISHMENTS.....	5
IV.	LESSONS LEARNED/CHALLENGES/ISSUES TO ADDRESS.....	6
V.	FY 2016 BOARD OF DIRECTORS.....	7
VI.	MENTAL HEALTH REGIONS.....	8

I. EXECUTIVE SUMMARY:

The California Association of Local Behavioral Health Boards and Commissions (CALBHB/C), also called “the Association,” has a contractual requirement with the Mental Health Services Oversight and Accountability Commission (MHSOAC) to submit an Annual Report. The FY 2016 report, lists the Board of Directors, Officers, Regional Directors, Committee Chairs and describes the CALBHB/C history, current accomplishment, challenges, and issues that need to be addressed.

FY 2016 was primarily dedicated to organizational infrastructure restructuring. Bylaws were analyzed, goals and objectives were developed, and policies and procedures were revised to reflect current acceptable practices. Discussions continued on funding sustainability and development of a pragmatic Strategic Plan. The Plan was completed and approved at the June Association Annual meeting. Implementation will commence over the next three years.

Relevant presentations, from community professionals, State Planning Council staff and members, and the MHSOAC Executive Director, were given at quarterly Board of Directors’ meetings. The quarterly meetings were well attended and the two-day agendas were well planned and received. Outreach attempts to increase participation from local boards in the work of the Association will be instituted in FY 2017. Likewise, Association training will be enhanced and increased.

In FY 2016, discussions continued on the need for mandating the Association in State law. The Legislative Committee, consisting of ten Directors, has been tasked to address this in FY 2017. Funding for staff/consultant support remains a major issue. It is extremely difficult, in the current environment, to run an effective, efficient organization with only volunteers and no staff/consultant support. A proposal was submitted to MHSOAC, in June 2016, for budget augmentation in FY 2017 to address this needs. The organization desires an address, phone number, answering machine and clerical support to respond appropriately in a timely manner to routine daily events and efforts. Moreover, future sustainability of the Association is at risk when volunteers cannot afford travel expenses and cannot devote the time needed to collaborate on a regional and statewide basis with other local board representatives if government funding is not available.

The Board has worked hard in FY 2016 to chart a course for the future. Clearly, more needs to be done to guarantee the Association fulfills its responsibilities to provide technical support and consultation services to the 58 local mental health/behavioral health boards and commissions. The Association has a 23-year history and intends to continue to be of service to improve services/programs statewide for people with behavioral health conditions. FY 2016 Association activities and efforts have laid the foundation for increased effectiveness, renewed interest, and progress. Collaboration with more local Boards and Commissions, and other like behavioral advocacy organizations/agencies will surely enhance future Association efforts. However, a new governmental contract will be required to sustain even the current limited efforts.

II. INTRODUCTION/BACKGROUND HISTORY:

The California Association of Local Behavioral Health Boards and Commissions (CALBHB/C also called “the Association”) is a 501(c) (3) non-profit public benefit corporation. The Association exists to provide coordination, consultation/technical assistance/training, and advocacy to 60 (58 Counties, the City of Berkeley and Tri City Mental Health Center) jurisdictions. Local Behavioral Health Boards and Commissions (also called Mental Health Boards) in California. First incorporated in 1993, the Association has evolved with changes in California mental health service delivery models. In FY 2016, the Association elected to modify its name by substituting “Behavioral Health” in place of “Mental Health” (e.g., CALBHB/C). This reflects a statewide trend toward integrating mental health services with services for alcohol and other drug abuse-addiction problems.

The mission of the Association is to assist with collaboration, coordination, training and advocacy to ensure informed community engagement in the development of local behavioral/mental health policy; and ensure that stakeholders on Behavioral Health/Mental Health Boards/Commissions have a voice in local decision making. Pursuant to the California Welfare and Institutions Code 5604, each county has established a local mental health board, whereby 50 percent of the board membership consists of consumers (people with lived experiences, parents, siblings, spouses, or adult children of consumers, who have or are receiving mental/behavioral health services. The Board of Directors membership of the Association is comprised of 25 Directors, five directors from each of the five regions in the State established by the former California Mental Health Directors Association. In FY 2016, there were ten active committees dedicated to the work of the Association (i.e., Communications, Finance, Legislative, Bylaws, Policy and Procedures, Resource Development, Audit, Training, Ethics and Recognition).

The Association supports the work of local mental boards utilizing five Regional Directors and convening regional and statewide educational/informational meetings. The Association seeks to improve the quality, quantity and cultural competency of behavioral health services delivered to the people of California. Local mental/behavioral health boards are responsible for reviewing the community’s mental/behavioral health needs, services, facilities and special issues/problems and serve in an advisory capacity to local governing bodies and local mental/behavioral health directors. The California Welfare & Institution Code 5604 mandates local board review of any Section 5650 agreements pursuant to the Health Care Services Performance Contract while simultaneously ensuring citizen and professional involvement at each stage of the planning process. Association members chafe under meager to non-existent support for its assumed responsibility to resource and best practice train local board members to interpret data, advise the governing body and mental health director on any program aspect, then in aggregate, report annually, the performance and needs, of the jurisdiction’s mental health system. Boards need the Association’s focused technical help in the mandated duty to convey its review and comment on the county’s performance outcome data to the California Mental Health Planning Council, a federally mandated entity. The Association is especially sensitive to the requirement for local boards reviewing and making recommendations on applicants for appointment of a

director of mental health services, and strongly advocates that the board shall be included prior to the governing body vote.

The Association is supported by governmental contracts, grants and tax deductible donations. In FY 2016, the Association received funding from 51 counties and through a contract with the Mental Health Services Oversight and Accountability Commission (MHSOAC). The MHSOAC contract, authorized for three years (expires in June 2017) funded the planning and convening of quarterly Association meetings for 25 Directors and the immediate past president, reimbursed meeting attendees for related meeting expenses, and provided copies of agendas and minutes to the MHSOAC, including this Annual Report. Quarterly meetings were convened concurrently with meetings of the California Planning Council; thus, facilitating coordination between the Association and the Council. In FY 2016, the Directors of the MHSOAC and Planning Council attended and addressed members of the Association at several Association meetings.

Additionally, a meeting was convened with the MHSOAC Director and staff in April 2016, to discuss Association activities and future actions. This resulted in the submission of a proposal in June to the MHOAC to assist develop the infrastructure needed to further enhance the Association's work. Moreover, a Strategic Plan was submitted with the proposal detailing the Association's proposed (and ambitious) work plan for the next three years.

III. FY 2016 ACCOMPLISHMENTS:

FY 2016 was a productive year for the Association. A significant amount of time was spent on infrastructure development and improvement of the day to day operation of the Association. The following describes salient FY 2016 accomplishments:

- Completing the amending of the Articles of Incorporation thereby changing the legal name of the Association (deleting "Mental Health" adding "Behavioral Health");
- Developing and maintaining a Facebook page for the purpose of utilizing social media to outreach people with like concerns (202 "Likes," 122 Posts, and 3,379 people reached);
- Establishing a new comprehensive Association Policy and Procedures Manual to clarify and promote uniform operating procedures;
- Convening four quarterly Board of Directors meetings: October 2015 in Folsom (21 attended); January 2016 in San Diego (22 attended); April 2016 in San Francisco (24 attended); and June 2016 in Ontario (26 attended);
- Increasing county contributions to the Association;
- Holding Regional meetings in the five regions: for example, Superior Region - held in Lassen County in May, two guest speakers, five Directors elected, funding/web site issues discussed; Bay Area Region - meeting held in September 2015 in Berkeley, presentation on Berkeley Mobile Crisis Team and Transitional-age homeless youth; email listings updated and began outreach to solicit training needs in Central region; and LA Region apprised at each local board meeting of the activities of the Association and soliciting comments/issues of concern to feedback to the Association.

- Developing and approving a three-year Strategic Plan;
- Submitting a proposal to the MHSOAC for a supplemental FY 2017 budget;
- Passing a motion at the Annual meeting to work, in FY 2017, on the establishment of the Association in State law;
- Analyzing and proposing several amendments to the Association Bylaws—to be completed in FY 2017;
- Distributing pertinent information on proposed State and federal legislation;
- Preparing and distributing statewide the first edition of the Association’s Newsletter;
- Updating on a regular basis the Association’s website that now includes current bylaws, Policies and Procedures, meeting announcement, Board members, agenda and minutes, and newsletter;
- Utilizing “GoTo” conference meetings monthly to convene via phone/computer meetings of the Executive Committee, Policy and Procedure Committee, Legislative Committee, Regional Coordinators, and ad hoc special committees;
- Providing training, by Association Board of Director members, to several local boards: including City of Berkeley (June 2016).
- Arranging informative presentations at quarterly meetings: Alfredo Aguirre, San Diego Director of Behavioral Health Services, “Housing Strategies with the Behavioral Health Population;” Dan Maccia, Executive Director of the Acute Residential Treatment (START) crisis residential programs located throughout San Diego County; Vickie Daunbac and Georgina Yoshioka from San Bernardino, “Choice and Related Justice Programs;” and Vonja Quarles from Riverside County founder of “Starting Over.”
- Collaborating with the California Mental Health Planning Council and the California Institute of Behavioral Health Services (CiBHS) to outreach to all local boards for the purpose of stressing the importance of completing the statewide Data Notebook; and
- Obtaining D & O insurance to cover the Association Board of Directors liability.

IV. LESSONS LEARNED/CHALLENGES/ISSUES TO ADDRESS:

A. **Funding:** Funding is a major issue confronting the Association. The Association does not have any paid personnel, has difficulty implementing well intentioned plans, and is most concerned with sustainability. In the past several years, private consultants and organizations with paid staff have, to a large degree, taken over the training efforts previously offered through the Association. Transportation costs have risen at a steady pace, thereby making it cost prohibitive for some volunteers to attend meetings in other jurisdictions. Likewise, costs for appropriate venues to convene meetings, with easy public access, have risen dramatically. Lack of adequate funding severely limits the ability of the Association to provide technical assistance and advocacy statewide and restricts the Association’s potential to be an overall umbrella organization for local behavioral health boards.

Attendance at Association meetings needs to be increased. It is envisioned representatives from local boards will attend the quarterly Board of Directors meetings, convened in four regions each year, in addition to Association Board members. This has not

happened primarily due to funding issues discussed above. Discussions are underway to re-examine whether quarterly meetings are the most effective manner to carry out the Association's mission.

Discussions and plans are underway to work with State legislators to introduce legislation mandating the Association in California statute. It is believed this could be beneficial to fund raising efforts, both in receiving State/County funding, and legitimacy in seeking private foundation grants.

B. Outcome Measures: In the current era of accountability, the Association desires to develop transparency and accountability in its activities. Moreover, the Association wants to be recognized for its efforts and achievements. In FY 2017, statistics will be kept on number of trainings provided; number of attendees; and a uniform training evaluation form will be developed and utilized. Likewise, number of consultations/technical assistance sessions to local boards/commissions will be monitored and measured. The Communications Committee will continue to update the Face Book and web site and keep data in this regard.

C. Collaboration: The Association intends to increase and enhance collaboration with other California advocacy entities. The Association recognizes the adage: "There is strength in numbers." To that end, the Association plans to establish working relationships with other organizations concerned with improving the quality of services and legislative initiatives to improve behavioral health services in California. This includes, but is not limited to: MHSOAC, the Planning Council, Mental Health America California and local affiliates, NAMI California and local NAMI chapters, the California Behavioral Health Directors Association, CiBHS, and California Association of Mental Health Peer Run Organization (CAMHRPO). The need to share information among the local boards and commissions, including best practices, remains a primary objective of the Association. Empowering local board/commission members to perform their duties and responsibilities through continuing education and collaboration among counties is a way to provide the most effective programs and services statewide.

V. FY 2016 BOARD OF DIRECTORS

Executive Committee:

President: Larry Gasco (Los Angeles)

First Vice President: David Wood (Central)

Second Vice President: Julie Crouch (Southern)

Secretary: Mae Sherman (Superior)

Treasurer: Beryl Nielsen (Bay Area)

Past President: Cary Martin (Central)

Regional Coordinators: (Regions listed in page 8 and 9)

Bay Area: Carole Marasovic

Central: Cary Martin, Janet O'Meara

Los Angeles: Herman DeBose

Southern: May Farr

Superior: Leslie Wilson

Committee Chairs:

Legislative: Steve Clavere (Central), Terezie Bohrer (Bay Area)

Policy and Procedures: Julie Crouch (Southern)

Communications: Julie Crouch (Southern)

Finance: Karyn Bates (Southern)

Bylaws: Cary Martin (Central), Janet O’Meara (Central)

Resource Development: Dave Wood (Central)

Audit: Karyn Bates (Southern)

Training: Carole Marasovic (Bay Area)

Ethics: Mohamed Asiad (Southern)

Recognition: Mohamed Asiad (Southern)

Other Board Members:

Luvenia Jones (Director, Bay Area)

Lyndal-Marie Armstrong (Director, Bay Area)

Maria Correia (Alternate, Bay Area)

Duane Chapman (Alternate, Bay Area)

Susie Martin (Alternate, Bay Area)

Keng Cha (Director, Central)

Debra Allen (Director, Central)

Sharon Lyle (Director, LA)

Merilla Scott (Director, LA)

Caroline Kelly (Alternate, LA)

John Sturm (Alternate, Southern)

James Cavener (Director, Superior)

Kate Gaston (Director, Superior)

Leon Polk (Director, Superior)

SUPERIOR: (16 Counties) Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama and Trinity.

CENTRAL: (20 Counties) Alpine, Amador, Calaveras, El Dorado, Fresno, Inyo, Kings, Madera, Mariposa, Merced, Mono, Placer, Sacramento, San Joaquin, Stanislaus, Sutter-Yuba (Joint Powers), Tulare, Tuolumne, and Yolo.

BAY AREA: (13 jurisdictions) Alameda, Contra Costa, Marin, Monterey, Napa, San Benito, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, and City of Berkeley

SOUTHERN: (10 jurisdictions) Imperial, Kern, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, Ventura, and Tri-City (Poma, Claremont, La Verne)

LOS ANGELES: County of Los Angeles



City of Berkeley and Tri-Cities have their own independent mental health divisions, separate from the County, and thus, their own independent local mental health boards.