



California Association of Local Behavioral Health Boards and Commissions

SPRING 2018 Newsletter

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CALBHC NEWSLETTER

CALBHC: A STATEWIDE ORGANIZATION SUPPORTING THE WORK OF LOCAL MENTAL HEALTH & BEHAVIORAL HEALTH BOARDS AND COMMISSIONS.

What exercise is to the body,
employment is to the mind and morals.

Henry David Thoreau

Work helps us feel well. Employment is a major therapeutic tool, improving quality of life and reducing symptoms in those with severe mental illness. The following items are important for board/commission members to understand and consider as they advise locally and as they join with CALBHB/C for statewide advocacy.

1. **IPS is a successful Employment Practice** “Individual Placement & Support” (IPS) as implemented in Alameda County, 20+ states and many countries is a successful practice:

- In CA, only 10% of people in the public mental health system work.
- IPS helps 50% or more of people get jobs. People are 2.5 times more likely to get a job with IPS vs. traditional rehab programs.
- People in IPS work longer stints, earn more money, and are more likely to become steady workers than people in traditional programs.

More IPS information & PowerPoint at: www.calbhbc.com/employment.html

2. **Peer Provider Certification—Time to Act! Legislation has been proposed, SB906:**

- Providing peer support standardization to ensure high quality care;
- Establishing core competencies that allow certified peers to work across county lines;
- Allowing providers to make use of the federal Medi-Cal match.

Ways to Act: (1) Advise Board of Supervisors to send letter in support. (2) Join CALBHB/C at the Capitol in April. More at: www.calbhbc.com/peer-supports.html

Important Dates

Conference Calls

www.calbhbc.com/contact-us

Northern CA: March 9, 11:25am

Southern CA: March 9, 12:30 pm

Meetings/Training

Bay Area: April 20/21, Redwood City

Statewide: June 22/23, Los Angeles

Central: October 19/20, Folsom

Friday Meeting registration through
calbhbc.com/meetings-and-trainings.html

Saturday Training by CA Institute for
Behavioral Health Solutions (CIBHS)
calbhbc.com/meetings-and-trainings.html

Connect with CALBHB/C

We want to connect with local board/commission members! Please share needs/issues/successes at meetings, by email: info@calbhbc.com or report form: www.calbhbc.com/report-form.html.

**HELP
WANTED**

Interim Executive Director

CALBHB/C is seeking an individual with strong administrative, financial, communication and organizational skills who understands the role of California’s mental/behavioral health boards and commissions.

This interim position would begin as a contract position with potential for a long-term staff position. Position Posting at: www.calbhbc.com/executive-director-posting.html

*CALBHB/C is currently
an all-volunteer 501c3.*

Resources ([link to website](#))

Best Practices Handbook:

for Mental/Behavioral Health Boards & Commissions

Brown Act (Open Meeting Rules)

Data Notebooks

Mental Health Services Act *Plans/Innovations*

Reports (Local & Statewide)

Templates/Sample Docs

Bylaws, Recruitment, Site Visit and more!

Training (Online and Handbooks)

And More! www.calbhbc.com/resources.html

Duties of Boards & Commissions

The local mental health board shall do all of the following: ([CA WIC 5604.2\(a\)](#))

1. Review and evaluate the community's mental health needs, services, facilities, and special problems.
2. Review any county agreements entered into pursuant to [Section 5650](#).
3. Advise the governing body and the local mental health director as to any aspect of the local mental health program.
4. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
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 Mental Health Planning Council. ([Data Notebooks](#))
8. Nothing in this part shall be construed to 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 [5604.2](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.

Mental Health Services Act (MHSA) Summary

The Mental Health Services Act of 2004, passed by the voters as "Proposition 63," increased overall State funding for the community mental health system by imposing a 1% income tax on California residents with more than \$1 million per year in income. The stated intention of the proposition was to "transform" local mental health service delivery systems from a "fail first" model to one promoting intervention, treatment and recovery from mental illness. A key strategy in the act was the prioritization of prevention and early intervention services to reduce the long-term adverse impacts of untreated, serious mental illness on individuals, families and state and local budgets.

According to WIC 5813.5, MHSA Planning for services shall be consistent with the philosophy, principles, and practices of the Recovery Vision for mental health consumers:

1. To promote concepts key to the recovery for individuals who have mental illness: hope, personal empowerment, respect, social connections, self-responsibility, and self-determination.
2. To promote consumer-operated services as a way to support recovery.
3. To reflect the cultural, ethnic, and racial diversity of mental health consumers.
4. To plan for each consumer's individual needs.

The Six Components: The funds are divided into six components. County mental health agencies are required to develop detailed plans for the use of MHSA funds in each of these components, then submit those plans to the Mental Health Services Oversight and Accountability Commission (MHSOAC) or State for approval. The following are the components.

1. Community Program Planning (CPP)
2. Community Services and Supports (CSS)
3. Prevention and Early Intervention (PEI)
4. Innovation (INN)
5. Capital Facilities & Technology Needs (CFTN)
6. Workforce Education and Training (WET)

More Info:

Role of the Mental Health Board w/[On-Line Training](#)
Component Descriptions
and

Fiscal Information

On-line: www.calbhbc.com/mhsa-plans--updates.html