

SECTION 4

THE MENTAL HEALTH SERVICES ACT – 2004

The Mental Health Services Act

In November 2004, voters in the state of California passed Proposition 63, the Mental Health Services Act (MHSA), which was designed to expand and transform California's county mental health service systems by increasing the state income taxes for high-income individuals. The MHSA is funded by imposing an additional one percent tax on individual, but not corporate, taxable income in excess of one million dollars.

The MHSA addresses six components of building a better mental health system to guide policies and programs.

- Community Program Planning
- Community Services and Supports
- Capital (buildings) and Information Technology
- Workforce Education and Training (human resources)
- Prevention and Early Intervention
- Innovation

The MHSA stipulates that the California State Department of Mental Health (DMH) will contract with county mental health departments to develop and manage the implementation of its provisions. The MHSA specifies requirements for service delivery and supports for children, youth, families, adults and older adults with serious emotional disturbances and/or severe mental illnesses. MHSA funding is allocated annually to counties to:

- Define serious mental illness among children, adults and seniors as a condition deserving priority attention,

including prevention and early intervention services and medical and supportive care.

- Reduce the long-term adverse impact on individuals, families and state and local budgets resulting from untreated serious mental illness.
- Expand the kinds of successful, innovative service programs for children, adults and seniors already established in California, including culturally and linguistically competent approaches for underserved populations.
- Provide state and local funds to adequately meet the needs of all children and adults who can be identified and enrolled in programs under this measure.
- Ensure all funds are expended in the most cost-effective manner and services are provided in accordance with recommended best practices, subject to local and state oversight to ensure accountability to taxpayers and to the public.

With the passage of the MHSA, state and local counties began comprehensive planning processes initiated by the public mental health system in order to transform the mental health system into one in which a broad range of stakeholders are key partners in all aspects of the service system, including policy and planning, service implementation and evaluation. The first effort was the state planning process for the Community Services and Supports (CSS) component of the MHSA. This was followed by local planning processes as counties developed their CSS plans, and subsequently state and local processes have occurred for other components of the MHSA including Workforce Education and Training

(WET), Capital Facilities and Technological Needs, Prevention, Education and Early Intervention (PEI) and Innovation.

In developing the guidelines for the CSS component of the MHSA, stakeholders articulated five fundamental concepts inherent in the MHSA. The PEI guidelines added a sixth:

- Community collaboration
- Cultural competence
- Client and family driven mental health system
- Wellness focus, which includes the concepts of recovery and resilience

- Integrated service experiences for clients and families throughout their interactions with the mental health system
- Outcomes based program design

The full text of the Act, as well as current information about the MHSA can be found in Appendix D on page 103 of this Workbook or accessed through the DMH website: www.dmh.ca.gov/Prop_63/MHSA/default.asp.

SECTION 5

ROLES AND DUTIES OF LOCAL MENTAL HEALTH BOARDS AND COMMISSIONS

County boards and commissions are designed to encourage citizen involvement, expertise and advice to assist local governing bodies in serving the community. They are the community's "voice" in government and serve as a communication channel between government and local citizens. Local governing bodies and local programs rely on them to advise them on a wide range of issues of interest to their constituencies and to assure that they are responsive to community needs. Effective citizen boards can provide insights and energy essential for creating better programs and services. They help make important decisions, bring expertise and resources needed to address problems and provide a valuable link to public and private groups and organizations as well as local government.

MHB/Cs are advisory to both the Board of Supervisors and the Local Mental Health Director. Unlike a Board of Directors, which is usually responsible for overseeing management and operations, a citizen advisory board's role is to provide community input, ideas, expertise and feedback about the local mental health program.

A strong partnership between the local mental health program and the local mental health board can benefit both entities and the community as well. Local mental health programs can be made stronger and more effective through citizen and consumer input and expertise, and local mental health boards can be effective advocates for more and better mental health services.

This does not mean that both partners will always agree. Sometimes local boards and programs sincerely disagree on issues and sometimes they have to take different positions

based on whom they represent and whom they are working for. As long as these differences are handled constructively, they can be productive for both the local mental health program and the community.

Welfare and Institutions Code Section 5604.2 details the statutory responsibilities of the boards and the MHSA added an additional responsibility under W&I Code Section 5847.

PURPOSE OF MENTAL HEALTH BOARDS AND COMMISSIONS IN MENTAL HEALTH GOVERNANCE

1. Oversight and monitoring of the local mental health system.
2. Advocacy for persons with serious mental illness.
3. Provide advice to the governing body [board of supervisors] and the mental health director.

Welcome to Our Board

We are honored that you have been appointed by the Board of Supervisors to serve our community and the people of the State of California. We have confidence that you will become an asset to our Board, helping us attain our goal of serving the seriously mentally ill and others of our county.

The decision you have made will affect the lives of thousands of individuals who use our local mental health system, not only today but also into the future. You will have the heavy responsibility of the oversight of millions of dollars entrusted to our local mental health department to provide services and programs. Services are provided to children, young adults, adults and older adults.

Board members rarely come to a board prepared to do the job. Boardmanship is an acquired skill. It will be the job of our full membership to help you learn, grow and develop the skills you will need to fulfill our many duties and responsibilities. It is important to participate in board trainings and to understand the By-laws that govern our Board and the processes that help us perform our regular functions. The Welfare and Institutions Codes pertaining to local mental health boards, to the duties of mental health directors and to the role of the Board of Supervisors in mental health governance, will need to be referred to from time to time. These will be provided for you. Meeting packets will be sent to you prior to each Board meeting and will include the past meeting's minutes. To save time, members are expected to review the past minutes for accuracy of content and then to offer corrections and approval at the next meeting. Also included in these packets is information that you may need to refer to during the next meeting. Please take the time to read this material before coming to the meeting.

You will also be sent reminders of the Board Training, the Executive Committee Meeting and other meetings such as, task force meetings and mental health department events. You will need to keep track of the committees you are on and when and where they will meet.

Our Mental Health Board has developed a good working relationship with our Mental Health Director and staff in order for the Board to effectively perform its duties, we must have open and honest exchanges with the director and his staff that promotes trust and confidence. The Mental Health Board is a powerful tool to advocate for those who use the system as well as advocating for the director, his staff and his department. It is our mutual goal to work in "partnership" with the Mental Health Director and his staff to ensure that the best services are available for those who use the system.

We all need to become familiar with our local Board of Supervisors and develop a working relationship with them that will benefit the department and those who use the system. One

member of the Board of Supervisors sits on our Board as a voting member.

You have two major challenges as a Board member. The first is to perform the tasks that this Board was mandated to do. The second is to become part of the Board "team" to keep the board functioning at optimum level. This means attending Board meetings faithfully, developing your skills, offering your talents to the work and learning all you can about the mental health system. Without becoming an active part of the team, you will be unable to perform the first task. We encourage you to discuss anything you do not understand at a meeting and ask any questions that we might take for granted. If we fail you, you will fail our team. We pledge to be here for you.

Sincerely,
Your Mental Health Board Chair

STATUTORY DUTIES (WELFARE & INSTITUTIONS CODE 5604.2)

The Local Mental Health Board Should Do All of the Following:

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 [Board of Supervisors] 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.
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.

5604.2 (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 the clients and on the local community.

Duty #1

Review and Evaluate the Communities Mental Health Needs, Services, Facilities, and Special Problems

This can be broken down into two areas. Mental Health Boards/Commissions are charged with:

- The responsibility of looking at the mental health needs of the community and
- At the mental health services that are designed to address those needs.

Each of these is an enormous task, so MHB/C's may want to consider focusing on a certain area of mental health needs and services each year. For example, one might focus on a specific age group (i.e., child, transition age youth, adult, older adult), a specific target population (i.e., foster children, homeless adults, dually diagnosed), a specific ethnic population (i.e., Native American, Latino, African American) or a specific type of service (i.e., acute, inpatient,

outpatient, preventive). The decision about what to focus on for a particular period of time can be made by the Board independently, in response to community input or in consultation with the local mental health program for recommendations as to areas of focus, based upon what is currently happening in the program or at the local or state level.

- (1) Ways to review and evaluate community's mental health needs are:
 - a. Hold community forums
 - b. Conduct community surveys
 - c. Interview key stakeholders/informants
 - d. Conduct focus groups
 - e. Review community data
 - f. Review previous needs assessments

See Section 7 for resources on conducting community assessments.

- (2) Ways to review and evaluate community's mental health services
 - a. Have presentations by various agencies, contractors, community groups, program managers
 - b. Participate on the county mental health program's QI Committee and other special task groups
 - c. Review facilities and services through site visits
 - d. Review results of existing surveys and assessments
 - e. Survey service recipients
 - f. Survey service providers

Duty #2

Review Any County Agreements Entered Into Pursuant to Section 5650

This refers to the county's annual Performance Contract, which must be submitted to the State Director of Mental Health. The statutory responsibility is to review for compliance with the required elements in the W&I Code Section.

***Section 5660 – 5667 explains that the Board of Supervisors, acting jointly with the local

mental health director, submit a proposed annual county mental health services performance contract to the State Director of Mental Health

***Your board must review your County's performance contract and approve procedures

ensuring citizen and professional involvement at all stages of the planning process.

***Many agreements and contracts your mental health department enters into, may fall under the requirements of Section 5600-5667.

California Codes Welfare & Institutions Code 5600 - 5667

- 5650** (a) The board of supervisors of each county, or boards of supervisors of counties acting jointly, shall adopt, and submit to the Director of Mental Health in the form and according to the procedures specified by the director, a proposed annual county mental health services performance contract for mental health services in the county or counties.
- (b) The State Department of Mental Health shall develop and implement the requirements, format, procedure, and submission dates for the preparation and submission of the proposed performance contract.
- 5650.5** Any other provision of law referring to the county Short-Doyle plan shall be construed as referring to the county mental health services performance contract described in this chapter.
- 5651** The proposed annual county mental health services performance contract shall include all of the following:
- (a) The following assurances:
- (1) That the county is in compliance with the expenditure requirements of Section 17608.05.
 - (2) That the county shall provide the mental health services required by Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code and will comply with all requirements of that chapter.
 - (3) That the county shall provide services to persons receiving involuntary treatment as required by Part 1 (commencing with Section 5000) and Part 1.5 (commencing with Section 5585).
 - (4) That the county shall comply with all requirements necessary for Medi-Cal reimbursement for mental health treatment services and case management programs provided to Medi-Cal eligible individuals, including, but not limited to, the provisions set forth in Chapter 3 (commencing with Section 5700), and that the county shall submit cost reports and other data to the department in the form and manner determined by the department.
 - (5) That the local mental health advisory board has reviewed and approved procedures ensuring citizen and professional involvement at all stages of the planning process pursuant to Section 5604.2.
 - (6) That the county shall comply with all provisions and requirements in law pertaining to patient rights.
 - (7) That the county shall comply with all requirements in federal law and regulation pertaining to federally funded mental health programs.
 - (8) That the county shall provide all data and information set forth in Sections 5610 and 5664.
 - (9) That the county, if it elects to provide the services described in Chapter 2.5 (commencing with Section 5670), shall comply with guidelines established for program initiatives outlined in that chapter.

(10) Assurances that the county shall comply with all applicable laws and regulations for all services delivered.

(b) The county's proposed agreement with the department for state hospital usage as required by Chapter 4 (commencing with Section 4330) of Part 2 of Division 4.

(c) Performance contracts required by this chapter shall include any contractual requirements needed for any program initiatives utilized by the county contained within this part. In addition, any county may choose to include contract provisions for other state directed mental health managed programs within this performance contract.

(d) Other information determined to be necessary by the director, to the extent this requirement does not substantially increase county costs.

5651.2 For the 1991-92 fiscal year, each county shall, no later than October 1, 1991, submit to the department a simplified performance contract. The performance contract shall contain information that the department determines necessary for the provision and funding of mental health services provided for in law. The performance contract shall include, but not be limited to, assurances necessary to ensure compliance with federal law. In addition, the performance contract may include provisions governing reimbursement to the state for costs associated with state hospitals and institutions for mental disease.

5652.5 (a) Each county shall utilize available private and private nonprofit mental health resources and facilities in the county prior to developing new county-operated resources or facilities when these private and private nonprofit mental health resources or facilities are of at least equal quality and cost as county-operated resources and facilities and shall utilize available county resources and facilities of at least equal quality and cost prior to new private and private nonprofit resources and facilities. All the available local public or private and private nonprofit facilities shall be utilized before state hospitals are used.

(b) Nothing in this section shall prevent a county from restructuring its systems of care in the manner it believes will provide the best overall care.

5652.7 A county shall have only 60 days from the date of submission of an application to review and certify or deny an application to establish a new mental health care provider. If an application requires review by the State Department of Health Services, the department shall also have only 60 days from the date of submission of the application to review and certify or deny an application to establish a new mental health care provider.

5653 In developing the county Short-Doyle plan, optimum use shall be made of appropriate local public and private organizations, community professional personnel, and state agencies. Optimum use shall also be made of federal, state, county, and private funds which may be available for mental health planning.

In order that maximum utilization be made of federal and other funds made available to the Department of Rehabilitation, the Department of Rehabilitation may serve as a contractual provider under the provisions of a county Short-Doyle plan of vocational rehabilitation services for the mentally disordered.

5653.1 In conducting evaluation, planning, and research activities to develop and implement the county Short-Doyle plan, counties may contract with public or private agencies.

5654 In order to serve the increasing needs of children and adolescents with mental and emotional problems, county mental health programs may use funds allocated under the Short-Doyle Act for the purposes of consultation and training.

5655 All departments of state government and all local public agencies shall cooperate with county officials to assist them in mental health planning. The State Department of Mental Health shall, upon request and with available staff, provide consultation services to the local mental health directors, local governing bodies, and local mental health advisory boards.

If the Director of Mental Health considers any county to be failing, in a substantial manner, to comply with any provision of this code or any regulation, or with the approved county Short-Doyle plan, the

director shall order the county to appear at a hearing, before the director or the director's designee, to show cause why the department should not take action as set forth in this section. The county shall be given at least 20 days' notice of such hearing. The director shall consider the case on the record established at the hearing and make final findings and decision.

If the director determines that there is or has been a failure, in a substantial manner, on the part of the county to comply with any provision of this code or any regulations or the approved county Short-Doyle plan, and that administrative sanctions are necessary, the department may invoke any, or any combination of, the following sanctions:

- (a) Withhold part or all of state mental health funds from such county.
- (b) Require the county to enter into negotiations for the purpose of assuring county Short-Doyle plan compliance with such laws and regulations.
- (c) Bring an action in mandamus or such other action in court as may be appropriate to compel compliance. Any such action shall be entitled to a preference in setting a date for a hearing.

- 5657**
- (a) The private organization or private nonprofit organization awarded a contract with the county agency to supply mental health services under this part shall provide an invoice to the county for the amount of the payment due within 60 days of the date the services are supplied, as long as that date is at least 60 days from the date the county has received distribution of mental health funds from the state.
 - (b) Any county that, without reasonable cause, fails to make any payment within 60 days of the required payment date to a private organization or private nonprofit organization awarded a contract with the county agency to supply mental health services under this part, for an undisputed claim which was properly executed by the claimant and submitted to the county, shall pay a penalty of 0.10 percent of the amount due, per day, from the 61st day after the required payment date.
 - (c) For the purposes of this section, "required payment date" means any of the following:
 - (1) The date on which payment is due under the terms of the contract.
 - (2) If a specific date is not established by contract, the date upon which an invoice is received, if the invoice specifies payment is due upon receipt.
 - (3) If a specific date is not established by contract or invoice, 60 days after receipt of a proper invoice for the amount of the payment due.
 - (d) The penalty assessed under this section shall not be paid from the Bronzan-McCorquodale program funds or county matching funds. The penalty provisions of this section shall not apply to the late payment of any federal funds or Medi-Cal funds.

- 5664**
- (a) County mental health systems shall provide reports and data to meet the information needs of the state.
 - (b) The department shall not implement this section in a manner requiring a higher level of service for state reporting needs than that which it was authorized to require prior to July 1, 1991.

- 5664.5**
- (a) County mental health systems shall continue to provide data required by the State Department of Mental Health to establish uniform definitions and time increments for reporting type and cost of services received by local mental health program clients.
 - (b) This section shall remain in effect only until January 1, 1994, and as of that date is repealed, unless a later enacted statute, which becomes effective on or before January 1, 1994, deletes or extends the dates on which it is repealed; or until the date upon which the director informs the Legislature that the new data system is established pursuant to Section 5610, whichever is later, unless the provisions of the section are required by the federal government as a condition of funding for the Short-Doyle Medi-Cal program.

- 5665** After the development of performance outcome measures pursuant to Section 5610, whenever a county makes a substantial change in its allocation of mental health funds among services, facilities, programs,

and providers, it shall, at a regularly scheduled public hearing of the board of supervisors, document that it based its decision on the most cost-effective use of available resources to maximize overall client outcomes, and provide this documentation to the department.

- 5666** (a) The Director of Mental Health shall review each proposed county mental health services performance contract to determine that it complies with the requirements of this division.
- (b) The director shall require modifications in the proposed county mental health services performance contract which he or she deems necessary to bring the proposed contract into conformance with the requirements of this division.
- (c) Upon approval by both parties, the provisions of the performance contract required by Section 5651 shall be deemed to be a contractual arrangement between the state and county.
- 5667** (a) A community mental health center shall be considered to be a licensed facility for all purposes, including all provisions of the Health and Safety Code and the Insurance Code.
- (b) For purposes of this section, "community mental health center" means any entity that is one of the following:
- (1) A city or county mental health program.
 - (2) A facility funded under the federal Community Mental Health Centers Act, contained in Subchapter 3 (commencing with Section 2681) of Chapter 33 of Title 42 of the United States Code.
 - (3) A nonprofit agency that has a contract with a county mental health program to provide both of the following:
 - (A) A comprehensive program of mental health services in an outpatient setting designed to improve the function of persons with diagnosed mental health problems pursuant to procedures governing all aspects of the program formulated with the aid of multidisciplinary staff, including physicians and surgeons, all of whom serve on quality assurance and utilization review committees.
 - (B) Diagnostic and therapeutic services for individuals with diagnosed mental health problems, together with related counseling.

Duty #2 Continued...

Maintenance of Effort & Adequacy of Case Management

Under the W & I Section 5650-5667 on the Performance Contract, the mental health department must give the State Department assurances regarding the following issues. Mental health Boards should review their mental health departments "County Plan" and other policies regarding those assurances.

1. That the **County** is in compliance with the "***Maintenance of Effort***" requirements (W & I, Sec. 1708.5)

2. That the **County** is providing mental health services as required under 7570 of the Government Code.
3. That the **County** is providing services to persons receiving involuntary *treatment* (W & I, Sec. 5585).
4. That the **County** shall comply with all requirements necessary for **Medi-Cal** reimbursement for **mental health services and case management** programs provided to Medi-Cal eligible individuals.

NOTE: Your Board should evaluate your county's Medi-Cal penetration rate. The penetration rate represents the total number of eligible Medi-Cal individuals in your county

compared to the % of those individuals who actually are using the mental health system.

Also, the Board should evaluate the extent of implementation of the Rehabilitation Option to maximize services eligible for reimbursement.

****Adequacy of Case Management Services**

PL 102-321 requires providing case management to all children with serious emotional disturbances and adults with serious mental illness.

The Coordinated Service Plan requires a case coordinator be assigned to all clients requiring services beyond the 60 day assessment period.

5. That the local mental health Board has reviewed and approved procedures ensuring citizen and professional involvement at all stages of the planning process (W & I 5604.2).
6. That the County shall comply with all provisions and requirements in law pertaining to patient rights.
7. The County shall comply with all Federal Law relating to Federally funded mental health programs.
8. That the County shall provide all data reports and information needed to meet the needs of the state.

****Review Cultural Competency of Mental Health Services**

Required in the Performance Contract! Required in AB757 (Chapter 633, Statutes of 1994). Assess cultural competency needs of the mental health program. Include it as part of the Medi-Cal Assurance program.

****Use of Quality Assurance techniques to Improve Mental Health Services.**

*Review and evaluate service delivery by assessing process indicators and outcome indicators.

*Promote quality by rewarding superior performance; improving substandard efforts; revising or discontinuing policies, procedures, services or programs.

*Feed information back to planning efforts.

The Budget Process

The budget is a contract that the board must review.

**Boards need to know the budget! time-lines. Place the critical points on the Boards annual calendar.

**Ask the mental health department to give a presentation on the budget.

Ask for a pie chart showing how the budget is divided.

On the following pages, we have provided a sample of a "County Budget Calendar." Your county's dates may be very different. These dates are important for the Board to know how and when they should become involved in the budget process. The earlier that your Board becomes involved in the process, the more likely your input will be able to impact the budget. When considering the discretionary funds in the budget, has your mental health department identified the same top priorities that the mental health Board feels are important? Does your Board have a list of top priorities in the way of services, facilities, needs, etc., to compare with the MH departments budget priorities?

MANAGING THE BUDGET PROCESS THROUGH YOUR COUNTY'S BUDGET CALENDAR.

NOTE: The following times are for example only and may be very different from your county.

Ask your mental health department's Board secretary or Deputy Director to provide the mental health Board with a County Budget Calendar. This should be available sometime in March for the fiscal year. This will tell you each step of the budget process between the Mental Health Department, the County CAO's office and the Governing Body [Or the Board of Supervisors].

Next ask to see a copy of the budget package given to the mental health departments program

managers for them to identify and list their requests. (Sometime around February.)

There is a preliminary meeting by the mental health administration to hear the requests made by each department and program. A board member may want to be included in on these meetings. These hearings will tell about priorities.

The Deputy Director will summarize all the requests and then discuss those requests with the mental health administrators. Ask to see the summary of the requests made for each program or department. (Sometime around March to April)

After a decision is made as to which items the administration will endorse, a “Preliminary Budget” will be drawn up and given to the CAO’s Office. (Usually around the middle of March.) Ask to see the “Preliminary Budget.”

The CAO’s office will meet with mental health administration regarding the budget requests; adjustments will be made and then the CAO staff will submit recommendations for the fiscal year’s Preliminary Budget to the Governing Body [Board of Supervisors]. (Sometime around the 1st of June.)

There will be a deadline for the mental health director to submit an appeal of the analyst’s recommendations to the CAO. (Sometime around the middle of May)

Hearings on appeals will be sometime around the middle of May.

After the appeal, (if there is one), ask to see the changes to the “Proposed Preliminary Budget.” The changes made will result in the Final “Proposed Budget.”

The Final Proposed Budget will be submitted to the *Governing Body [Board of Supervisors]* around the end of June for approval.

County Budget Calendar

See individual county mental health administration for current budget calendars.

Sub-account Transfers

Each year when the Board of Supervisors are formulating their budget, they may be considering transferring funds (up to 10%) from the mental health sub-account to either Social Services or the Health account. Know the dates when these transfers will be brought before the Board of Supervisors. Collaborate with your mental health director regarding the transfer of mental health funds. Be prepared to ask the Board of Supervisors to consider any detrimental effects upon consumers by this transfer and be prepared to explain those detrimental effects. Your director can help your Board to understand how to advocate to prevent some or all of the funds from being transferred from mental health.

One key item to be aware of is contained in Section 17600.20 of the Welfare and Institutions Code (See below) where the decision to transfer funds must be made based on the most cost effective use of available resources to maximize client outcomes. Talk about this issue with your director. Your Board should, if they decide to advocate that funds not be transferred, be able to show why it will not be the most effective use of available funds and will not maximize client outcomes.

Your Board also needs to be aware that if it decides to take a position and wants to present that position to the Board of supervisors regarding the transfer of funds, they must have a full Board vote prior to the Board of supervisors meeting where the transfer of funds is to be discussed. Schedule a mental health Board discussion on your annual calendar just for the transfer of funds. Time is of the essence in the Board voting to take a position regarding the transfer of funds.

Welfare and Institutions Code Section 17600 – 17600.20

- 17600** (a) There is hereby created the Local Revenue Fund, which shall have all of the following accounts:
- (1) The Sales Tax Account.
 - (2) The Vehicle License Fee Account.
 - (3) The Vehicle License Collection Account.
 - (4) The Sales Tax Growth Account.
 - (5) The Vehicle License Fee Growth Account.
- (b) The Sales Tax Account shall have all of the following sub-accounts:
- (1) The Mental Health Sub-account.
 - (2) The Social Services Sub-account,
 - (3) The Health Sub-account
- (c) The Sales Tax Growth Account shall have all of the following subaccounts:
- (1) The Caseload Subaccount.
 - (2) The Base Restoration Subaccount.
 - (3) The Indigent Health Equity Subaccount.
 - (4) The Community Health Equity Subaccount.
 - (5) The Mental Health Equity Subaccount.
 - (6) The State Hospital Mental Health Equity Subaccount.
 - (7) The County Medical Services Subaccount.
 - (8) The General Growth Subaccount.
 - (9) The Special Equity Subaccount.
- (d) Notwithstanding Section 13340 of the Government Code, the Local Revenue Fund is hereby continuously appropriated, without regard to fiscal years, for the purpose of this chapter.
- (e) The Local Revenue Fund shall be invested in the Surplus Money Investment Fund and all interest earned shall be distributed in January and July among the accounts and subaccounts in proportion to the amounts deposited into each subaccount, except as provided in subdivision (f).
- (f) If a distribution required by subdivision (e) would cause a subaccount to exceed its limitations imposed pursuant to any of the following, the distribution shall be made among the remaining subaccounts in proportion to the amounts deposited into each subaccount in the six prior months:
- (1) Subdivision (a) of Section 17605.
 - (2) Paragraph (1) of subdivision (a) of Section 17605.05.
 - (3) Subdivision (b) of Section 17605.10.
 - (4) Subdivision (c) of Section 17605.10.
- 17600.10** (a) Each county and city and county receiving funds in accordance with this chapter shall establish and maintain a local health and welfare trust fund comprised of the following accounts:
- (1) The mental health account.
 - (2) The social services account.
 - (3) The health account.

(b) Each city receiving funds in accordance with this chapter shall establish and maintain a local health and welfare trust fund comprised of a health account and a mental health account.

17600.15 (a) Of the sales tax proceeds from revenues collected in the 1991-92 fiscal year which are deposited to the credit of the Local Revenue Fund, 51.91 percent shall be credited to the Mental Health Subaccount, 36.17 percent shall be credited to the Social Services Subaccount, and 11.92 percent shall be credited to the Health Subaccount of the Sales Tax Account.

(b) For the 1992-93 fiscal year and fiscal years thereafter, of the sales tax proceeds from revenues deposited to the credit of the Local Revenue Fund, the Controller shall make monthly deposits to the Mental Health Subaccount, the Social Services Subaccount, and the Health Subaccount of the Sales Tax Account until the deposits equal the amounts that were allocated to counties, cities, and cities and counties mental health accounts, social services accounts, and health accounts, respectively, of the local health and welfare trust funds in the prior fiscal year pursuant to this chapter from the Sales Tax Account and the Sales Tax Growth Account. Any excess sales tax revenues received pursuant to Sections 6051.2 and 6201.2 of the Revenue and Taxation Code shall be deposited in the Sales Tax Growth Account of the Local Revenue Fund.

17600.20 (a) Any county or city or city and county may reallocate money among accounts in the local health and welfare trust fund, not to exceed 10 percent of the amount deposited in the account from which the funds are reallocated for that fiscal year.

(b) After depositing funds to the social services account allocated to a county or city and county pursuant to Section 17605 and after reallocating funds from both the health account and mental health account of the local health and welfare trust fund under subdivision (a), a county may reallocate up to an additional 10 percent of the money from the health account to the social services account in the 1992-93 fiscal year and fiscal years thereafter, for caseload increases for mandated social services programs listed in paragraph (2) of subdivision (b) of Section 17605 in excess of revenue growth in the social services account.

(c) (1) A county or city or city and county shall, at a regularly scheduled public hearing of its governing body, document that any decision to make any substantial change in its allocation of mental health, social services, or health trust fund moneys among services, facilities, programs, or providers as a result of reallocating funds pursuant to subdivision (a), (b), or (d) was based on the most cost-effective use of available resources to maximize client outcomes.

(2) Any county or city and county that reallocates funds pursuant to subdivision (b) shall document, at a regularly scheduled public hearing of the board of supervisors, that the net social services caseload has increased beyond the revenue growth in the social services account.

(3) Any county, city, or city and county that is required to document any reallocation of funds pursuant to paragraphs (1) and (2) shall forward a copy of the documentation to the Controller. The Controller shall make copies of the documentation available to the Legislature and to other interested parties, upon request.

(d) In addition to subdivision (a), a county or city and county may reallocate up to an additional 10 percent of the money from the social services account to the mental health account or the health account in the 1993-94 fiscal year and fiscal years thereafter when there exist in the social services account revenues in excess of the amount necessary to fund mandated caseload costs, pursuant to paragraph (2) of subdivision (b) of Section 17605, as determined by the county board of supervisors, as a result of implementation of personal care services or other program changes.

Duty #3

Advise the Governing Body and the Local Mental Health Director as to Any Aspect of the Local Mental Health Program.

This gives broad authority to boards and commissions to advise the Board of Supervisors and the local mental health director in all aspects of the local mental health program. It is one of the most important responsibilities and provides boards and commissions with the platform to advocate at the local government level for resources, policies and practices which lead to an effective and efficient local program. It is an opportunity for the community's and the consumers' voices to be heard both at the program and the county government level. It can be a powerful tool for the local mental health program as board members can advocate for programs and services in ways that staff working for the county may not be able to. There are several ways in which the Boards can fulfill this responsibility:

1. Testify at Board of Supervisors meetings and workshops.
2. Advocate with individual supervisors.
3. Provide written reports and advice.
4. Review and comment on community planning processes and plans, proposed changes in service types and amounts and review and comment on the mental health budget.

It may strengthen your input if:

1. You give input to the Board of Supervisors as a whole MHB/C; if you speak with one voice it is strong.
2. You tie input where possible to your annual goals and objectives. Not all areas of input will tie back to your priorities but where you can make this link it will help Boards of Supervisors understand your input and how it fits with your priorities.
3. It is important to let your Mental Health Director know about your intended communications with Boards of Supervisors; you may not always agree with each other but understanding and respecting each others' positions will help the dialogue.

Duty #4

Review and Approve the Procedures used to Ensure Citizen and Professional Involvement at All Stages of the Planning Process.

This speaks to the Board's responsibilities to ensure that the county and the local mental health program use an inclusive planning process in planning for the creation and delivery of mental health services. Activities which help Boards meet this responsibility include:

- Holding public meetings and hearings.
- Encouraging community input at Board meetings.
- Participating as partners with the local mental health program in all aspects of community planning processes.
- Holding focus groups on program and service planning.
- Serving on health and human service committees, both internal and external to the local mental health program.

Duty #5

Submit an Annual Report to the Governing Body (Board of Supervisors) on the Needs and Performance of the County's Mental Health System.

**Provide a summary of the membership and it's attendance.

**Give comments on the planning process and citizen involvement.

**Provide an evaluation of the local mental health program, e.g., unmet needs, gaps in the service system, quality of services, and consumer satisfaction with the system.

The MHB/C's annual report to the governing body summarizes the work of the Board each year, including the results obtained from carrying out the duties and responsibilities described previously. This can be a powerful advocacy tool. It can include things such as:

- The MHB/C's goals and objectives for the year.
- A description of the Board's activities over the past year and any findings resulting from these activities.
- A report on the services and/or issues which were the Board's focus for review and evaluation during the year and the findings of their study.
- Highlighting of exemplary practices or services.
- Recommendations to improve and strengthen the mental health program.
- The Board's goals and objectives for the coming year.
- Some personal "success" stories from consumers help to make the annual report more "real", interesting and meaningful.

Duty #6

Review and Make Recommendations on the 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.

Duty #7

Review and Comment on the County's Performance Outcome Data and Communicate its Findings to the California Mental Health Planning Council.

As mental health programs move to a greater focus on accountability and outcomes, this responsibility becomes one of the most important for MHB/C's. Depending upon the size of the county and the MHB/C, boards should consider having a standing committee for this task. This committee should work closely with program staff and the local mental health director.

The CMHPC is facilitating compliance with this statutory mandate by developing a workbook with performance indicators for MHB/Cs to complete. This workbook consists of:

- A background section on how to use data and specific information about the indicators,
- The performance indicator data unique to each county,
- Questions that each MHB/C must answer, and
- A template for completing the report to the CMHPC.

The CMHPC will be producing this workbook every 2 to 3 years.

Because of the increasing importance of this effort, the CMHPC is working with CiMH to develop training for boards and commissions on understanding and interpreting data to better prepare them for this task. Working in partnership with the local mental health program to interpret available data and understand the data within the context of each county's individual mental health system will result in a well-informed MHB/C and a meaningful report to the Planning Council.

Activities to Consider:

- **Plan ahead. Allow enough time to produce a well throughout and documented report.
- **Appoint a committee to review the data provided in the Planning Council's Workbook.
- **Review the process and criteria to complete the report as outlined in the Workbook.
- **Work with mental health staff to research information needed to complete the report.

**Seek input from the providers and community to assess how programs and services are working.

**Consult with the mental health director at all stages in compiling the report.

**Compile findings, document, and submit report to the Planning Council, the Mental Health Department and the Board of Supervisors.

Duty #8

Impact of Realignment [under 5604.2 (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 the clients and on the local community.

A study was done in 1995 by the Planning Council on Realignment Services. A book was produced called "Effects of Realignment on the Delivery of Mental Health Services." The study provides valuable insights into the effects of Realignment and its impact on Mental Health Boards and their ability to implement statutory duties. The following pages are quotes from public hearings which were part of the survey process that produced the answers to questions pertaining to realignment issues. Of particular interest to boards was the finding or the three main reasons why some boards are thought to be ineffective.

Duty #9

Prepare and Submit a Three-Year Plan

Each county mental health program shall prepare and submit a three-year plan that shall be updated at least annually and approved by the department after review and comment by the Oversight and Accountability Commission. The mental health board established pursuant to Section 5604 shall conduct a public hearing on the draft plan and annual updates at the close of the 30-day comment period required by subsection (a). Each adopted plan and update shall include any substantive written recommendations for revisions. The adopted 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 mental health department for revisions

This section requires the Board to conduct a public hearing on any MHSA draft plans and annual updates. In addition, the Board is also required to review the final adopted plans and/or updates and make any recommendations for revisions. See Section 7 for information about holding public hearings.

Comply with the mandatory Ethics Training Requirements pursuant to AB 1234.

In 2005, the Governor signed Assembly Bill No. 1234 which requires that members of certain “legislative bodies”, which include MHB/Cs, receive training in ethics. All Board members are required to take this training once every two years. Different counties may have different arrangements for helping MHB/C members comply with this requirement, but there is a free online training course which meets the requirements.

EFFECTS OF REALIGNMENT ON THE DELIVERY OF MENTAL HEALTH SERVICES

Prepared by the Planning Council 1995, page 58

Factors Contributing to Effectiveness and Ineffectiveness and Recommendations to Improve Performances

Authority concentrated at the local level ... may provide local advisory boards and local advocacy groups with a greater opportunity to make an impact on mental health since all decisions are being made within the community ... In order for advisory boards, clients, families and advocates to have an impact, they must receive training and resources; clients must be included in the decision-making process; and advocacy groups must organize themselves effectively ... Since Realignment, local advisory boards have become heavily dependent on the local director and have had little assistance from the state ... In some counties, the local mental health advisory boards and commissions have been reduced to ... the mental health director running the board meetings ... Over the long-term, there must be greater empowerment of local advisory boards and commissions.

*Town Hall Meeting on Program Realignment
San Francisco, CA May 27, 1994*

The focus group recommended giving advisory boards funding and technical support; allowing clients, families and advocates to have a say in who is appointed to the board; and developing strategies for improving participation of clients, families and advocates at all levels of decision-making.

*Town Hall Meeting on Program Realignment
San Francisco, CA, May 27, 1994*

Effectiveness of Mental Health Boards/Commissions in Performing Their Statutory Duties (Page 53)

My experience with the other regional and state [MHB/C] chairs have left me with great concern regarding the well-being of local boards. Many have described themselves as dysfunctional ... The major complaint has been that they are not given vital information for their decision-making processes.

*Judie Bradley,
Shasta County Mental Health Board
Public Hearing: Redding, CA, July 25, 1994*

Top three factors that MHB/Cs believe contribute to their effectiveness:

1. Good working relationship with director and local mental health department (90%)
2. Increased direct consumer and family member representation on MI-IB/C (78%)
3. More community involvement (53%)

Top three factors local mental health departments believe contribute to the effectiveness of MHB/Cs:

1. Members are hard working, knowledgeable, and interested in the mental health system (43%)
2. Board members are very committed (34%)
3. Adding more direct consumers and family members to the MHB/C increased its effectiveness (34%)

Top three factors MHB/Cs believe contribute to their ineffectiveness:

1. Inexperience of newly appointed members (69%)
2. No mandated or adequately funded statewide organization for MI-IB/Cs (44%)
3. Being overwhelmed by too many statutory duties and projects (33%)

Top three factors local mental health departments believe contribute to the ineffectiveness of the MHB/Cs

1. Lack of knowledge about mental health issues and need for training (33%)
2. Vacancies and difficulties recruiting board members, especially direct consumers (21%)
4. Personality conflicts and members with personal agendas (21 %).