

BEST PRACTICES HANDBOOK

Rules & Tools for:

**California's Local Behavioral Health
Boards & Commissions**

Rev. March 2026



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

* The [Welfare & Institutions Code \(WIC\)](#) and [Brown Act](#) Guide provide legal requirements *

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ADVOCACY: Addressing Issues

Elevating important issues to bring about needed change often requires advocacy efforts. In addition to advising the Board of Supervisors and Behavioral Health Director regarding the behavioral health needs of the community, board/commission members want to make a difference, and know that their recommendations are heard and appropriate action is taken. *Note: “Advocacy” is not one of the defined duties in Welfare and Institution Code 5604.2, although it is often listed in local boards’ action/annual plans and mission statements.*

THE RULES: It is important to act within:

1. Board/Commission Bylaws/Policies
 - a. Processes: Use processes that provide opportunity for identifying and understanding issues, including discussion and board/commission approval of recommendations
 - b. Mission: Stay within your board’s mission. Issues should be related to behavioral health needs, services, facilities, and special problems.
2. The Brown Act - As a public board, it is important to use open and public processes to discover issues important to the community. See: www.calbhbc.org/brown-act

THE TOOLS: Create allies and relationships as you research and identify recommendations.

1. Behavioral Health (BH) Director: Often upon hearing about an issue, the BH Director may direct their staff to take action, and will provide follow-up reports at board/commission meetings.
2. Speakers/Joint Meetings – Board leadership may invite related speaker(s) and/or commission(s) to board/commission meetings. Note: The Behavioral Health Director or County Supervisors or staff can often provide advice/connections.
3. Ad Hoc Committees – Board leadership may choose to create an ad hoc committee for issues that require research:
 - a. Conduct small group discussions (“Listening Sessions”) to receive consumer/family member input. Personal stories around an issue provide valuable first-hand experience and ideas for improvement. Examples of venues for these discussions: Adult Resource Centers, Support Groups or NAMI meetings.
 - b. Conduct research through meetings with Staff (County, City); County/City/School District/Law Enforcement/Commission Leaders; Contractors; Outside Counties that have solutions
 - c. Review issue and/or program performance information: www.calbhbc.org
 - d. Create a report detailing: 1) Issue; 2) Research; and 3) Recommendations. *(Include a concise Executive Summary.)*
4. Communication: Board Leadership should take the lead:
 - a. Invite interested local advocacy groups, community leaders, boards, contractors and staff to your meeting when the report or recommendation letter is discussed/presented.
 - b. Letter and/or presentation to Board of Supervisors (local Governing Body) and/or other local commissions
 - c. Letters to the Editor of the local newspaper.
 - d. For issues identified to be statewide issues, provide the report to:
 - i. [CA Association of Behavioral Health Boards & Commissions](http://www.calbhbc.org)
 - ii. [CA Behavioral Health Planning Council](http://www.calbhbc.org)

AD HOC COMMITTEES (Work Groups)

DEFINITION: Ad hoc committees:

1. Serve only a limited or single purpose
2. Are time limited and are dissolved when their specific task is completed.
3. Contain less than a quorum of board/commission members. (Note: In some counties, ad hocs may contain only 2 members due to local statutes.)
4. Do not meet on a regular fixed-meeting basis.
5. Are exempt from complying with the Brown Act if all of the above conditions are met.

FUNCTION: Special problems (e.g. lack of local residential facilities for adults with mental illness) and projects (such as Annual Reports, Data Notebooks, reviewing BHSA Plans, and individual Site/Program Visits)* are often best facilitated by a small committee that can work together outside of the board/commission meeting. The job of the ad hoc is to:

1. Conduct research meetings
2. Compile and analyze information
3. Report back (in writing and/or verbally) to the board/commission.

* **Reminder:** Ad Hocs are time-limited (usually a few months).

IMPLEMENTING an Ad Hoc: The following are *suggested* steps. Board leadership or the Chair may use a *less formal process*, provided that the ad hoc created is exempt from complying with the Brown Act (meets criteria in the definition above).

1. **Work Plan** (Written Draft). The draft work plan should include:
 - a. An Ad Hoc (or Work Group) Name
 - b. A description of the purpose of the Ad Hoc that links the proposed work to one or more of the WIC 5604.2 Duties or annual goals.
 - c. The number of proposed members for the workgroup
 - d. A description of how the work group will accomplish its purpose (identify people to meet with, documents to review, etc.)
 - e. An approximate schedule of tasks and target date of completion (begin, submit report to Executive Committee, report to board)
2. **Role of Executive Committee (EC)** (or Chair in counties that do not have an EC):
 - a. Review each ad hoc proposal submitted in writing.
 - b. Review and approve or deny the request.
 - c. Review and identify aspects of the plan that require revisions, including, but not limited to:
 - i. Areas that are unclear or too broad.
 - ii. Areas that may be unnecessary or out of the scope of the board/commission duties or goals.
 - iii. Clarifications regarding how the work group plan goals can be met.
 - d. EC or Board/Commission Chair appoints an ad hoc chairperson
 - e. EC provides written approval

[Name of Board/Commission]
Ad Hoc Proposal Form

Ad Hoc Chair:

Date of Proposal:

Name of Ad Hoc:

Maximum number of members in Ad Hoc: _____ maximum

WIC 5604.2 Duty(s) or Annual Goals that Ad Hoc will contribute toward (Please list):

PURPOSE of Ad Hoc:

HOW will Ad Hoc accomplish its purpose:

Example Response:

- 1. Research Meetings with [list individuals, agencies or organizations]*
- 2. Listening Sessions with [list organizations]*
- 3. Identify successful programs or practices by reviewing [List Documents or on-line resources to Review])*

SCHEDULE OF TASKS with target dates for completion

Example Response:

- 1. Begin [Date]*
- 2. Submit Draft Report to Executive Committee [Date]*
- 3. Report to [Behavioral Health Board/Commission] [Date]*

APPROVED BY: [Executive Committee or Chair]

DATE:

COMMENTS:

ANNUAL REPORTS

I. PURPOSE: *CA Welfare & Institutions Code, Section 5604.2 (5), requires: “Submit an annual report to the governing body on the needs and performance of the county’s behavioral health system.”*

- What changed in the behavioral health system/community during the past year?
Analyze the behavioral health system including successes & areas for improvement.
What do you advise?
- Writing the Annual Report is an opportunity to list the Board’s recommendations and accomplishments. [Note: accomplishments are different from “activities.”]
- “Write to your reader!” While the mandate specifies “governing body”, the report may be read by advocates, providers, and other interested parties
- Opportunity for a strong call to action – needs to clearly state what the board/commission **advises**

II. CONTENT:

- Concise Executive Summary that lists major findings and recommendations (and refers to pages with detailed recommendations.)
- Structure: Use Legislative mandate (WIC 5604.2 Duties and/or annual goals as outline: list site/program reviews and findings, resolutions, any special reports, including presentations, hearings, testimony, and interaction with organizations/committees (e.g. Director Selection Committee, Quality Improvement Committee, Cultural Committee). List Board members/officers and staff
- Size: Recommend limit of ten pages

III. FORMAT:

- Concise language, limit personal pronouns, limit long narratives
- Cover – title (Annual Report, Year), County Logo, Name of Board/Commission
- Table of Contents (with page numbers) (can be included on Executive Summary page).
- Include page numbers

IV. DISSEMINATE:

- Cover letter – written by Board Chair (one page);
- Send e-mail with link to report to Board members, Providers, Public Health officials, Board of Supervisors, Mayor, CALBHB/C, Advocacy Groups, etc.
- Present the Annual Report in person to the Governing Body (in most cases, the Board of Supervisors.) Ask BH board/commission members to attend. **Remember to advise!**

ANNUAL REPORTS *Continued* - SAMPLE

[Name of Board or Commission]
[Year] Annual Report

[Insert Picture of Chair]	Executive Summary
Table of Contents: Executive Summary 1 Status of the BHB Meetings Membership Committees 2 Goals & Accomplishments 3 Meet the Board Members # Acknowledgements #	The [Name of Board or Commission] (BHB) has a dedicated, engaged and diverse membership that cares very much about the behavioral health services, programs and facilities available in our county. Along with the following pages that outline our membership and activities for the year, there are two reports attached that provide research findings and recommendations regarding: 1) <u>School-Based Behavioral Health Services Needs Assessment and Stigma Reduction Workgroup</u> (Attachment A) – Recommendations Include: a. Adding “Wellness Centers” to high schools. This is a place to go for any health-related need, including behavioral health. b. Providing Youth Mental Health First Aid training to staff and administrators to ensure potential issues can be recognized, assessed, screened and treated before reaching crisis level. 2) <u>Employment Workgroup Report</u> (Attachment B) Recommendations include adjusting the Department of Rehabilitation Model of employment support, to incorporate training for employers, and to tailor job programs to better fit the needs of adults with mental illness. It is also important to acknowledge the many accomplishments of the [Name of County] [Behavioral Health Agency], under the leadership of [Behavioral Health Director [Name]].
<i>Through public meetings, site visits, work groups, speakers, and reports from BH Division Staff and contractors, the BHB works to understand and advise the Board of Supervisors and the [Behavioral Health] Director regarding [Name of County]’s mental health offerings and challenges. [Name of County] [Behavioral Health Board] members are appointed by the Board of Supervisors. It is part of our mandated duties to provide the Board of Supervisors with an annual report reviewing the needs and performance of the county’s behavioral health system. This report documents our membership and activities for [Year].</i>	

Status of the [Behavioral Health Board]

Meetings: Regular BHB meetings were held on the 2nd Monday of each month. A notice of all regular and special BHB meetings was made public, and an agenda was followed which allowed for public comment. BHB meeting agendas and minutes are available on the County website. A quorum was established at all twelve meetings. Board member attendance ranged from 58% to 100%, with average attendance: 72%.

In February, we held a hearing for review and comment on the proposed Behavioral Health Division's Behavioral Health Services Act (BHSA) Integrated Plan. We held three other special meetings during the year at Calistoga Senior Center, St. Helena High School and the American Canyon City Hall.

Committees, Workgroups and Liaisons:

Executive Committee: [Board/Commission Member Names & Positions]

Data Notebook Workgroup [Year]: [Board/Commission Member Names]

Employment Workgroup: [Board/Commission Member Names]

School-based Mental Health Services Workgroup: [Board/Commission Member Names]

Annual Report: [Board/Commission Member Names]

Quality Improvement (QIC): [Name of Board/Commission Liaison(s)]

Stakeholders Advisory (SAC): [Name of Board/Commission Liaison(s)]

CA Assoc. of Local Behavioral Health Boards/Commissions: [Board/Commission Liaison(s)]

Board Member	District at Time of Appointment	Appointment Date	Term Ends
Name	4	11/3/2015	1/1/2019
Name	1	1/06/2015	1/1/2018
Name	4	1/12/2015	1/1/2018
Name	4	11/3/2015	1/1/2019
Name	4	1/06/2015	1/1/2018
Name	3	11/3/2015	1/1/2019
Name	2	1/26/2015	1/1/2019
Name	4	1/06/2015	1/1/2018
Name	4	1/06/2015	1/1/2018
Name	1	10/10/2016	1/1/2020
Name	3	2/15/2017	1/1/2020
Name	4	1/06/2015	1/1/2018
Name	1	10/10/2016	1/1/2020
Name	3	2/15/2017	1/1/2020
Open	2		

Goals & Accomplishments

The following objectives and goals for [year] were developed by the BHB Executive Committee and approved by the BHB. We have detailed the work done by the BHB on each of these goals.

A. Objective: Fulfill the Mandated Responsibilities and Core Purposes of the Behavioral Health Board

1. **Goal:** *Review and evaluate* the community's mental health needs, services, facilities, and special problems [5604.2 (a)(1)] Welfare & Institutions Code (WIC)
Accomplishments: List related accomplishments (such as speakers, public hearings, site visits and work groups)
2. **Goal:** *Review and comment* on the county's performance outcome data and communicate its findings to the California Behavioral Health Planning Council (CBHPC) [WIC 5604.2 (a)(7)]
Accomplishments: List related accomplishments and short summary of findings.
3. **Goal:** *Review and approve* the procedures used to ensure citizen and professional involvement at all stages of the planning process [WIC 5604.2 (a)(4)].
Accomplishments: List related accomplishments (such as review of BHSA Integrated Plan Planning process, BHB member attendance at BHSA stakeholder events/forums, providing accessible public meetings, conducting meetings in different parts of the county and/or providing teleconference access)
4. **Goal:** *Review* any county agreement entered into pursuant to Section 5650 of the Welfare & Institutions Code.
Accomplishments: List related accomplishments (such as board member participation reviewing new proposals for services, reviewing contracts prior to site visits, receiving budget overview by staff, and/or listing of contracts, agreements, reports and applications that were provided for review during the year.)

B. Objective: Maintain an active, involved [Mental Health Board]

1. **Goal:** *Achieve full BHB membership that reflects the diversity of the populations served.*
Accomplishments: Describe current membership.
2. **Goal:** *Maintain a high attendance and participation at all BHB meetings, including all committees and/or workgroups.*
Accomplishments (Sample):
 - Board meetings were held monthly without exception and a quorum was established at every meeting. Board member attendance ranged from 58% to 100%, with average attendance: 72%.
 - The Executive Committee also met monthly without exception and a quorum was established at every meeting.
 - Workgroups function as "Ad Hoc" Committees with membership generally ranging from 2-4 members.

Annual Report Sample: *Goals & Accomplishments Continued*

3. **Goal:** *Maintain representation on appropriate local, regional and state boards, committees, councils, etc., and regular reporting to the BHB (for example: CALBHB/C, Quality Improvement Committee, etc).*
Accomplishments: List names of members and involvement
 4. **Goal:** Complete 100% of site visits
Accomplishments: Written reports were submitted to the Executive Committee for review, followed by a presentation to the entire BHB and any public present at the meeting, for discussion for the following site visits:
 - Provide Listing of Site Visits
 - Provide Listing of Virtual Meetings with Providers (during pandemic)
 5. **Goal:** Provide training opportunities to BHB Members
Accomplishments: Provide Listing
-

Additional Pages:

Meet the Board Members - Provide pictures and short bios of current members, and members leaving the board during the past year.

Acknowledgements - Thank the staff, supporting agencies, community groups and guest speakers.

CONDUCT

In addition to following the Brown Act, and abiding by adopted meeting rules (e.g. Roberts Rules), the following guidelines are provided to help BHBs function as effective advisory bodies.

A. Conduct Agreement – A listing can be printed on agendas and/or read at the beginning of each meeting. The following list is an example:

1. Active Listening
2. Focus on Issues
3. Person-First Language (see below)
4. No Swearing
5. No Personal Attacks or Criticism (of self or others)
6. One person speaks at a time—no side bars
7. Keep comments short if possible—do not monopolize discussion
8. Limit the Use of Acronyms—“When in doubt, spell it out.”
9. Turn Off or Silence Cell Phones

B. Person-First Language

When talking about people with mental illness or substance use disorder, it is important to be mindful and use "person-first language". BHB members should set an example and lead the way in using terminology when speaking or writing that is positive and reflective of the person first.

Generic terms such as "the mentally ill", "schizophrenic", "drug addict" or "alcoholic" are not appropriate since they convey a lack of appreciation for and depersonalize the individual. These terms communicate and reinforce the discriminatory notion of a special and separate group that is fundamentally unlike the rest of "us."

The use of person-first language such as "a person with schizophrenia," "an individual with bipolar disorder," or "people with mental illnesses," communicates first that they are people and second that they have an illness. Use of person-first language, although sometimes wordy, is important and requires that we be mindful of what we present to the public.

Language to Avoid

• Crazy • Mentally ill • The Mentally Ill • Mentally or emotionally handicapped • Emotionally challenged • Differently-abled • Victim or sufferer • Drug Addict • Addict • Alcoholic

Person-First Language:

• Individual with lived experience of mental illness • Person with schizophrenia • Person with a mental illness • Person with bipolar disorder • Individual living with mental illness • Person with a psychiatric disability • Person with a substance use disorder • Person with an alcohol use disorder

C. “Unconscious Bias” **Also, see recorded training:** www.calbhbc.org/unconsciousbias

Avoid Micro-Aggressions (Inequalities): Comments or actions that are subtly and often unintentionally hostile or demeaning to a member of a minority or marginalized group. (Such as looking at your cell phone while someone is speaking.)

Be intentional about treating everyone with dignity and respect. (The Public, Speakers, BHB Members, Staff, Contractors, etc.)

CULTURAL REQUIREMENTS: Eliminating cultural, ethnic & racial disparities

Addressing disparities across the entire behavioral health system is integral to providing effective, accessible and equitable programs and services.

BEST PRACTICES *for* Boards & Commissions

RECRUIT to achieve diverse membership:

Seek out and recommend qualified/diverse individuals for appointment by the Board of Supervisors (or Governing Body) (per WIC 5604(2)(A)) [See Recruitment](#).

LISTEN: for issues, gaps and successes.

- Invite organizations and individuals to your meetings that can speak to the needs of diverse communities.
- Listen to the public, treating all with dignity and respect.
- Review CALBHB/C's "Unconscious Bias" Training: www.calbhbc.org/unconsciousbias

REVIEW: Penetration rate, data, programs and planning procedures, including review of:

- Staff reports. County data is also available at: www.calbhbc.org/performance
- Plans, services and facilities to ensure they meet diverse community needs.
- Planning Process: Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process ([5604.2\(4\)](#)), including Cultural Competency Plans and [BHSA Integrated Plan Planning Processes, Page 16](#)
- Specific racial, ethnic, cultural and LGBTQ issue and program info at: www.calbhbc.org/cultural-issues

ADVISE the BH Director and local leadership [usually Board of Supervisors]. Recommend goals and services that meet the diverse behavioral health needs of your community! [See Recommendations](#).

COMMENT on performance outcome data specific to culture/race/ethnicity, LGBTQ+ and age to the CA Behavioral Health Planning Council.

REQUIREMENTS *for* Local & State Agencies

[3-Year Cultural Competency Plan /Annual Update Requirements](#)

[CA Law](#) requires cultural competence in all mental health services and programs at all levels. Local systems of care should:

Acknowledge and incorporate the importance of culture, the assessment of cross-cultural relations, vigilance towards dynamics resulting from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally unique needs.

Recognize that culture implies an integrated pattern of human behavior, including language, thoughts, beliefs, communications, actions, customs, values, and other institutions of racial, ethnic, religious, or social groups.

Promote congruent behaviors, attitudes, and policies enabling the system, agencies, and mental health professionals to function effectively in cross-cultural institutions and communities. [WIC 600.2 \(g\)](#)

DATA NOTEBOOK

The Welfare and Institutions Code (WIC) Section 5604.2 describes one of the duties of the local behavioral health board/commission to “Review and comment on the county’s performance outcome data, and communicate its findings to the California Behavioral Health Planning Council (CBHPC).”

To assist with this responsibility, the CBHPC annually develops the Data Notebook for each local board/commission to complete. Each year the Data Notebook focuses on a specific area of interest, with a variety of questions to be answered.

The completed Data Notebook is provided to the CBHPC, who then compile the responses from the local behavioral health boards/commissions into an overview report. The information is used by the CBHPC to fulfill its mandate to inform the California legislature about the status of mental health services in California.

COMPLETION OF THE DATA NOTEBOOK:

- Boards/commissions are encouraged to complete the Data Notebook in partnership with the staff of the local behavioral health agency
- The board/commission may also connect with other local agencies, organizations or experts in their county
- The completed Data Notebook should be approved by the local behavioral health board/commission.
- Submit the approved Data Notebook report to the CBHPC: DataNotebook@cbhpc.dhcs.ca.gov

EDUCATION AND ADVOCACY: The completed Data Notebook can be shared with:

- The county’s Board of Supervisors to provide local data, and to educate, report and comment on local mental health performance
- Other local agencies and organizations
- Local policy makers and legislators to educate, report and comment on local behavioral health performance.
- CA Association of Local Behavioral Health Boards & Commissions (CALBHB/C). (Individual and compiled Data Notebook overviews are posted at: www.calbhbc.org/data-notebooks)

EXAMPLES: Completed Data Notebooks are available at www.calbhbc.org/data-notebooks

CONTACT INFORMATION: DataNotebook@cbhpc.dhcs.ca.gov

DOCUMENTS: Retaining & Sharing

It is important to retain all agendas and documents (related to the subject matter of behavioral health) that are shared with a majority of board/commission members. Regarding sign-in sheets, the public must be informed that signing in is optional. Below is related Brown Act code.

GOV 54954.1. Any person may request that a copy of the agenda, or a copy of all the documents constituting the agenda packet, of any meeting of a legislative body be mailed to that person. If a local agency has an internet website, the legislative body or its designee shall email a copy of, or website link to, the agenda or a copy of all the documents constituting the agenda packet if the person requests that the item or items be delivered by email. If the local agency determines it is technologically infeasible to send a copy of all documents constituting the agenda packet or a link to a website that contains the documents by email or by other electronic means, the legislative body or its designee shall send by mail a copy of the agenda or a website link to the agenda and mail a copy of all other documents constituting the agenda packet in accordance with the mailing requirements established pursuant to this section. If requested, the agenda and documents in the agenda packet shall be made available in appropriate alternative formats to persons with a disability, as required by Section 202 of the Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and the federal rules and regulations adopted in implementation thereof. Upon receipt of the written request, the legislative body or its designee shall cause the requested materials to be mailed at the time the agenda is posted pursuant to Section 54954.2 and 54956 or upon distribution to all, or a majority of all, of the members of a legislative body, whichever occurs first. Any request for mailed copies of agendas or agenda packets shall be valid for the calendar year in which it is filed, and must be renewed following January 1 of each year. The legislative body may establish a fee for mailing the agenda or agenda packet, which fee shall not exceed the cost of providing the service. Failure of the requesting person to receive the agenda or agenda packet pursuant to this section shall not constitute grounds for invalidation of the actions of the legislative body taken at the meeting for which the agenda or agenda packet was not received.

GOV 54957.5. (a) Agendas of public meetings are disclosable public records under the California Public Records Act (Division 10 (commencing with Section 7920.000) of Title 1), and shall be made available upon request without delay and in compliance with Section 54954.2 or Section 54956, as applicable. However, this section shall not apply to a writing, or portion thereof, that is exempt from public disclosure. (b) (1) If a writing is a public record related to an agenda item for an open session of a regular meeting of the legislative body of a local agency and is distributed to all, or a majority of all, of the members of a legislative body of a local agency by a person in connection with a matter subject to discussion or consideration at an open meeting of the body less than 72 hours before that meeting, the writing shall be made available for public inspection pursuant to paragraph (2) at the time the writing is distributed to all, or a majority of all, of the members of the body.

(2) (A) Except as provided in subparagraph (B), a local agency shall comply with both of the following requirements:

(i) A local agency shall make any writing described in paragraph (1) available for public inspection at a public office or location that the agency shall designate for this purpose.

(ii) A local agency shall list the address of the office or location designated pursuant to clause (i) on the agendas for all meetings of the legislative body of that agency.

(B) A local agency shall not be required to comply with the requirements of subparagraph (A) if all of the following requirements are met:

(i) An initial staff report or similar document containing an executive summary and the staff recommendation, if any, relating to that agenda item is made available for public inspection at the office or location designated pursuant to clause (i) of subparagraph (A) at least 72 hours before the meeting.

(ii) The local agency immediately posts any writing described in paragraph (1) on the local agency's internet website in a position and manner that makes it clear that the writing relates to an agenda item for an upcoming meeting.

(iii) The local agency lists the web address of the local agency's internet website on the agendas for all meetings of the legislative body of that agency.

(iv) (I) Subject to subclause (II), the local agency makes physical copies available for public inspection, beginning the next regular business hours for the local agency, at the office or location designated pursuant to clause (i) of subparagraph (A).

(II) This clause is satisfied only if the next regular business hours of the local agency commence at least 24 hours before that meeting.

(c) Writings that are public records described in subdivision (b) and distributed during a public meeting shall be made available for public inspection at the meeting if prepared by the local agency or a member of its legislative body, or after the meeting if prepared by some other person. These writings shall be made available in appropriate alternative formats upon request by a person with a disability, as required by Section 202 of the Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and the federal rules and regulations adopted in implementation thereof.

(d) This chapter shall not be construed to prevent the legislative body of a local agency from charging a fee or deposit for a copy of a public record pursuant to Section 7922.530, except that a surcharge shall not be imposed on persons with disabilities in violation of Section 202 of the Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and the federal rules and regulations adopted in implementation thereof.

(e) This section shall not be construed to limit or delay the public's right to inspect or obtain a copy of any record required to be disclosed under the requirements of the California Public Records Act (Division 10 (commencing with Section 7920.000) of Title 1), including, but not limited to, the ability of the public to inspect public records pursuant to Section 7922.525 and obtain copies of public records pursuant to either subdivision (b) of Section 7922.530 or Section 7922.535. This chapter shall not be construed to require a legislative body of a local agency to place any paid advertisement or any other paid notice in any publication.

DUTIES: CA WIC 5604.2 and 5963.03

Due to the passage of the Behavioral Health Services Act (BHSA) through Proposition 1 (approved by California voters in March of 2024), California's Welfare and Institutions Code (WIC) was updated. (**Updates indicated bold** take effect January 1, 2025).

The local behavioral health board/commission shall: ([WIC 5604.2](#) (a))

1. Review and evaluate the community's public **behavioral** health needs, services, facilities, and special problems in any facility within the county or jurisdiction where mental health **or substance use disorder** evaluations or services are being provided, including, but not limited to, schools, emergency departments, and psychiatric facilities.
 2. (A) Review any county agreements entered into pursuant to [Section 5650](#). (B) The local **behavioral** health board may make recommendations to the governing body regarding concerns identified within these agreements.
 3. (A) Advise the governing body and the local **behavioral** health director as to any aspect of the local **behavioral** health program. (B) Local **behavioral** health boards may request assistance from the local patients' rights advocates when reviewing and advising on mental health or substance use disorder evaluations or services provided in public facilities with limited access.
 4. (A) Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process. ((B) Involvement shall include individuals with lived experience of mental illness, **substance use disorder**, **or both**, and their families, community members, advocacy organizations, and **behavioral health** professionals. It shall also include other professionals who interact with individuals living with **mental illnesses or substance use disorders** on a daily basis, such as education, emergency services, employment, health care, housing, public safety, local business owners, social services, older adults, transportation, and veterans.
 5. Submit an annual report to the governing body on the needs and performance of the county's **behavioral** health system.
 6. (A) Review and make recommendations on applicants for the appointment of a local director of **behavioral health** services.
(B) 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 **behavioral** 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.

BHSA Duties from Code Section [5963.03](#) are on the next page.

- (b) (1) The **behavioral** health board established pursuant to Section 5604 shall conduct a public hearing on the **draft integrated plan and annual updates** at the close of the 30-day comment period required by subdivision (a).*
- (2) Each **plan and update** shall include any substantive written recommendations for revisions. *[Local agency requirement.]*
- (3) The **adopted integrated plan or update** shall summarize and analyze the recommended revisions.*[Local agency requirement.]*
- (4) The **behavioral** health board shall review the adopted **integrated** plan or update and make recommendations to the local mental health agency, **local substance use disorder agency, or local behavioral health agency**, as applicable, for revisions.
- (5) The local mental health agency, **local substance use disorder agency, or local behavioral health agency**, as applicable, shall provide an annual report of written explanations to the local governing body and the State Department of Health Care Services for any substantive [see (d) below] recommendations made by the local **behavioral** health board that are not included in the final **integrated** plan or update.

***(c)(2) In preparing annual and intermittent updates:**

- (A) A county is not required to comply with the stakeholder process described in subdivisions (a) and (b).
 - (B) A county shall post on its internet website all updates to its integrated plan and a summary and justification of the changes made by the updates for a 30-day comment period prior to the effective date of the updates.
- (d) For purposes of this section “Substantive recommendations made by the local **behavioral health board**” means any recommendation that is brought before the board and approved by a majority vote of the membership present at a public hearing of the local **behavioral** health board that has established its quorum.

Behavioral Health Director Duties related to Behavioral Health board/commission:

WIC Section [5608\(c\)](#) Recommend to the governing body **after consultation w/the advisory board**, the provision of services, establishment of facilities, contracting for services or facilities and other matters necessary or desirable in accomplishing the purposes of this division.

BEHAVIORAL HEALTH SERVICES ACT (BHSA): Role of BH Board/Commission (BHB)

Counties must demonstrate a partnership with stakeholders throughout the process that includes meaningful stakeholder involvement on mental health & substance use disorder policy, program planning, & implementation, monitoring, workforce, quality improvement, health equity, evaluation, and budget allocations.

I. ROLE OF THE BHB

- A. Assure Citizen & Professional Involvement:** Members of the BHB may be involved by ensuring stakeholder involvement in the local planning process through:
1. Receiving reports from staff describing plans and execution
 2. Discussing and advising regarding effective stakeholder involvement in the planning process (Stakeholder Involvement requirements are on the next page.)
 3. Attending focus groups/stakeholder meetings re: BHSA planning.
 4. Providing opportunity for public input at BHB meetings.
- B. Review & Advise:** The review and analysis of the BHSA Three-Year Plans, Annual Updates and Innovations Plans can be major undertakings for BHBs. The Plan documents are lengthy and complex (including program descriptions, populations served, penetration rates, charts, graphs, and fiscal documents). Processes for review and comment by BHBs vary, including:
1. Agendizing presentation(s) by BH Staff to explain the major components of BHSA plans.
 2. Dividing up sections of plans by small workgroups (ad hocs), who then report on their section to the BHB.
 3. Convening a single ad hoc committee to review the document and advise the BHB.
 4. Review and comment by individual BHB members.
 5. Voting on substantive written recommendations* by the BHB.
- *"Substantive recommendations" means recommendations approved by a majority vote during a public hearing. Also see [Recommendations](#)
- C. Conduct Public Hearing:** The Public Hearing on Integrated Plans can take place following the 30-day public review period during a regularly scheduled BHB meeting, with 72-hour notice to the public and inclusion on the BHB published agenda. Identifying and inviting stakeholders (consumers, family members, law enforcement, school officials, college board members/staff, etc.) to the public hearing increases engagement and accountability in this process.

II. ROLE OF THE BEHAVIORAL HEALTH DIRECTOR: The BHSA Integrated Plans must include the following elements (Effective July 1, 2026):

- a. Certification by the county behavioral health director, that ensures that the county has complied with all pertinent regulations, laws, and statutes, including stakeholder participation requirements
- b. Certification by the county behavioral health director and by the county chief administration officer or their designee that the county has complied with fiscal accountability requirements, as directed by the department, and that all expenditures are consistent with applicable state and federal law.
- c. The local BH agency must provide a report of written explanations to the local governing body and the State Department of Health Care Services for any substantive recommendations made by the local BHB that are not included in the Integrated Plan.
- d. Each adopted three-year Integrated Plan shall include any substantive written recommendations for revisions. The adopted three-year program and expenditure plan shall summarize and analyze the recommended revisions.

III. ROLE OF BOARD OF SUPERVISORS: Each county's board of supervisors shall approve the integrated plan and annual updates by June 30 prior to the fiscal year or years the integrated plan or update would cover. (*Beginning July 1, 2026)

BHSA: Stakeholder Involvement Requirements

Each Integrated Plan (3 Year Plan) must be developed with local stakeholders. Counties must demonstrate a partnership with stakeholders throughout the process that includes **meaningful stakeholder involvement** on mental health and substance use disorder policy, program planning, and implementation, monitoring, workforce, quality improvement, health equity, evaluation, and budget allocations. Integrated Plans should include a demonstration of how the county will utilize various funds for behavioral health services to deliver high-quality, culturally responsive, and timely care along the continuum of services in the least restrictive setting from prevention and wellness in schools and other settings to community-based outpatient care, residential care, crisis care, acute care, and housing services and supports.

STAKEHOLDERS:

- I. Each Integrated Plan (3 Year Plan) must be developed with local stakeholders**, including, but not limited to, all of the following:
 1. Adults and older adults who either:
 - a. Meet the criteria to receive specialty mental health services *or*
 - b. Have a substance use disorder
 2. Families of individuals (all ages) who meet the criteria to receive specialty mental health services
 3. Youths or youth mental health or substance use disorder organizations
 4. Providers of mental health services and substance use disorder treatment services
 5. Public safety partners, including county juvenile justice agencies
 6. Local education agencies
 7. Higher education partners
 8. Early childhood organizations
 9. Local public health jurisdictions
 10. County social services and child welfare agencies
 11. Labor representative organizations
 12. Veterans
 13. Representatives from veterans organizations
 14. Health care organizations, including hospitals
 15. Health care service plans, including Medi-Cal managed care plans as defined in subdivision (j) of Section 14184.101
 16. Disability insurers
 17. Tribal and Indian Health Program designees established for Medi-Cal Tribal consultation purposes
 18. The five most populous cities in counties with a population greater than 200,000
 19. Area agencies on aging
 20. Independent living centers
 21. Continuums of care, including representatives from the homeless service provider community
 22. Regional centers
 23. Emergency medical services
 24. Community-based organizations serving culturally and linguistically diverse constituents
- II. Diverse Viewpoints Required:** Counties must include sufficient participation of individuals representing diverse viewpoints, including, but not limited to:
 1. Representatives from youth from historically marginalized communities
 2. Representatives from organizations specializing in working with underserved racially and ethnically diverse communities
 3. Representatives from LGBTQ+ communities
 4. Victims of domestic violence and sexual abuse
 5. People with lived experience of homelessness

Supports & Requirements

1. **Training and Technical Assistance:** A county may provide supports, including, but not limited to, training and technical assistance, to ensure stakeholders, including peers and families, receive sufficient information and data to meaningfully participate in the development of integrated plans and annual updates.
2. **Description of the Stakeholder Process & Input:** Integrated plans (3 Year Plans or Annual Updates) must include:
 - a. A description of the development process in partnership with local stakeholders;
 - b. Consideration of input and feedback into the plan provided by stakeholders, including, but not limited to, those with lived behavioral health experience, including peers and families;
 - c. A description of how the integrated plan aligns with local goals and outcome measures for behavioral health, including goals and outcome measures to reduce identified disparities;
 - d. **A demonstration of how the county has considered other local program planning efforts in the development of the integrated plan to maximize opportunities to leverage funding and services from other programs, including federal funding, Medi-Cal managed care, and commercial health plans. (*Beginning July 1, 2026)*
 - e. Certification by the county behavioral health director, that ensures that the county has complied with all pertinent regulations, laws, and statutes, including stakeholder participation requirements.
3. **30-Day Review:** A **draft** Integrated 3-Year Plan or Update must be prepared and circulated for review and comment for at least 30 days to representatives of stakeholder interest and any interested party who has requested a copy of the draft plan.
4. **Local Behavioral Health Board/Commission (BHB) Requirements:** The BHB must:
 - a. Review & approve procedures used to ensure citizen & professional involvement in all stages of planning process;
 - b. Conduct Public Hearings on the **draft** Integrated 3-Year Plans or Updates at the close of 30-day public comment periods.
 - c. Review the **adopted** Integrated 3-Year Plans or Updates & make recommendations to the local mental health agency, substance use agency or behavioral health agency, as applicable, for revisions;
5. **ADOPTED Integrated Plan Requirements**
 - a. Each adopted integrated plan and update shall include substantive written recommendations for revisions.
 - b. The adopted integrated plan or update shall summarize and analyze the recommended revisions.
 - c. The local MH/BH agency must provide written explanations in an annual report to the governing body and DHCS for any “substantive recommendations made by the BHB” that are not included in the final plan or update. “Substantive recommendation made by the local behavioral health board” means a recommendation that is brought before the board and approved by a majority vote of the membership present at a public hearing of the local behavioral health board that has established a quorum.
 - d. *Each county’s board of supervisors shall approve the integrated plan and annual updates by June 30 prior to the fiscal year or years the integrated plan or update would cover. (*Beginning July 1, 2026)*

BHSA: Fiscal Components

The Behavioral Health Services Act (approved by CA voters in 2024) replaces the Mental Health Services Act of 2004. It reforms behavioral health care funding to prioritize services for people of all ages with the most significant mental health needs while adding the treatment of substance use disorders (SUD), expanding housing interventions, and increasing the behavioral health workforce. It also enhances oversight, transparency, and accountability at the state and local levels.

The Behavioral Health Services Act builds on many strategies to meet communities' needs for culturally responsive services that improve health and reduce health disparities for all, including:

- Reducing the silos for planning and service delivery.
- Requiring stratified data and strategies for reducing health disparities in planning, services, and outcomes.
- Advancing community-defined practices as a key strategy for reducing health disparities and increasing diverse community representation.

THREE LOCAL FUNDING CATEGORIES:

Local behavioral health agencies are required to develop detailed plans for the use of BHSA funds in each of the following components, then submit those plans to the Commission for Behavioral Health (CBH), (also known as the “Behavioral Health Services Oversight and Accountability Commission (BHSOAC)) and the CA Department of Health Care Services (DHCS) for approval.

A. Housing Interventions

- **30%** of local BHSA funding shall be dedicated to housing interventions for people living with serious mental illness/serious emotional disturbance and/or substance use disorder who are experiencing homelessness.
 - Exemptions:
 - Counties with a population of 200,000 or less may request an exemption from this requirement.
 - All counties may request exemptions from this requirement (commencing with the 2032-2035 planning cycle)
- Funding can be used for the full spectrum of housing services and supports, rental subsidies, operating subsidies, and non-federal share for Medi-Cal covered services, including clinically enriched housing. It also can be used to further the California [BH-CONNECT](#).
- Funding may also be used for capital development projects, subject to DHCS limits.

B. Full Service Partnerships

35% of the local assistance for Full Service Partnership (FSP) which should be optimized to leverage Medicaid as much as possible. FSPs include comprehensive and intensive care for people at any age with the most complex needs (also known as the “whatever it takes” model).

C. Behavioral Health Services and Supports (non-FSP) and Additional Components

35% for other services including Behavioral Health Services and Supports (non FSP), Outreach & Engagement, Prevention and Early Intervention*, Capital Facilities and Technological Needs, Workforce Education and Training, and prudent reserve.

* A county shall utilize at least 51 percent of Behavioral Health Services and Supports funding for early intervention programs *and of that 51 percent*, 51 percent must be allocated for early intervention programs to serve individuals who are 25 years of age and younger.

RECOMMENDATIONS

DEFINITION

A recommendation is a suggestion or proposal as to the best course of action, especially one put forward by an authoritative body. Synonyms: advice, counsel, guidance, direction.

ROLE OF BHB

The local behavioral health board or commission (BHB) shall advise the **governing body (usually the Board of Supervisors)** and the **behavioral health director** as to any aspect of the local behavioral health program. Local behavioral health boards may request assistance from the local patients' rights advocates when reviewing and advising on mental health evaluations or services provided in public facilities with limited access. (WIC 5604.2, # 3).

ROLE OF THE BEHAVIORAL HEALTH AGENCY ([WIC 5848 \(b\)\(a\)](#), updated 10/19)

For Behavioral Health Services Act (BHSA) plans and updates, the Behavioral Health agency must include substantive written recommendations for revisions in adopted plans. The plan or update shall also summarize and analyze the recommended revisions.

The local behavioral health agency, must provide an annual report of written explanations to the Board of Supervisors (or local Governing Body) and the State Department of Health Care Services for any "substantive" [*see below] recommendations made by the local BHB that are not included in the final plan or update.

- * "**Substantive recommendations**" made by the local behavioral health board" means any recommendation that is brought before the board and approved by a majority vote of the membership present at a public hearing of the local behavioral health board that has established its quorum.

PROCESS (Suggested Process)

1. **Issue Raised** by member(s) of the BHB, public, staff or contractor.
2. **Refer to Leadership** - Executive Committee (E.C.) discusses issue and possible action.
3. **Study or Draft Recommendation** - E.C. decision to study (by E.C. or ad hoc) and/or decision to draft a recommendation or resolution.
4. **Draft Recommendation** to be published with the BHB meeting agenda.
5. **Discussion** - At BHB meeting, the item should be discussed by the BHB with public input prior to a vote. [May be revised at meeting prior to final vote.]
6. **Vote**. [Minutes to note recommendation and outcome of vote.]
7. **Memo or Letter**: When passed, provide recommendation/resolution via memo to BH Director and/or letter to Board of Supervisors (BOS (or Governing Body)).
8. **Annual Report**: Include resolutions or recommendations in your annual report, along with the response from the behavioral health agency.

RECRUITMENT of Board/Commission Members

ROLE OF BHB

Local behavioral health boards and commissions (BHBs) may recommend appointees to the County Board of Supervisors (or Governing Body). Counties are encouraged to appoint individuals who have experience with and knowledge of the behavioral health system. The board membership should reflect the ethnic diversity of the client population in the county. *WIC 5604 (a)(1)*

STRATEGIES

In order to adhere to State law* requirements and achieve a diverse membership (ethnic, racial, sexual orientation) that includes a good mix of consumers, family members and people with experience and knowledge of the behavioral health system, it is important to be intentional about inviting potential members to apply. Individual contact with people (phone call, meet for coffee) can be effective in both attracting people to the BHB, and creating relationships for future interaction with the BHB. To represent various facets of the community that interact with Behavioral Health, BHBs may want to reach out to:

1. County Veterans Services Office
2. Community Organizations, such as the Hispanic Chamber of Commerce or Tribal Organizations
3. Adult Resource Centers, Wellness Centers, Consumer Groups
4. Commissions on Aging/Older Adult Groups
5. Local Education Agencies
6. First 5 Commissions
7. Criminal Justice (e.g. Sheriff, Public Defender, District Attorney)
8. College/Community College Boards/Staff
9. Board of Supervisor Member(s) or staff
 - a. To remind them that there is a requirement for the BHB to have one (1) BOS member
 - b. To discuss recruitment of community members

PROCESS

It is important to use a process that is fair and respects people's privacy.

1. Public posting of BHB openings (usually done by county staff)
2. On-line or printed application publicly available (usually on county website)
3. Board/Commission Chair and/or Executive Committee receives redacted applications (from staff) for follow-up interviews.
4. Two or more BHB members conduct a private interview (with a set list of questions) followed by a possible recommendation to the BHB. (Suggested interview questions are provided at: www.calbhbc.org/templattessample-docs (under Recruitment))
5. The BHB votes to recommend individuals for possible appointment by the Board of Supervisors (or Governing Body)
6. The Board of Supervisors receives the recommendations, and makes appointments.
7. It may be necessary to follow-up (usually done by board/commission administrative liaison) to remind the Supervisors/county staff to make appointments.

* **RULES FOR MEMBERSHIP** - A [Summary of Membership Requirements](#) is provided on page 37. The full [WIC 5604](#) requirements are on page 35.

Recruitment of Board/Commission Members *Continued*

[County Logo]

Contact:

[Name, Position]

[Phone]

[Email]

Sample Flyer or Press Release

Applicants sought for [Name of Behavioral Health Board/Commission]

The County Executive Officer announces two vacancies on the [Name of County Behavioral Health Board/Commission]. These vacancies represent the following categories (categories may overlap):

- 1) Consumer (an individual with lived experience of mental illness or substance use disorder)
- 2) Family Member of Consumer
- 3) Consumer or family member who is age 25 or younger
- 4) Local education agency staff member
- 3) Veteran / Veteran Advocate (A “veteran advocate” can include a parent, spouse, or an adult child of a veteran, or an individual who is part of a veterans organization, including the Veterans of Foreign Wars or the American Legion.)
- 4) Interested & Concerned Citizen, with the terms expiring

The [Behavioral Health Board] meets at [time] on the [day] of each month at [address][and by teleconference]. The [15-member Behavioral Health Board] represents the categories of consumers, family members of consumers, interested and concerned citizens and a member of the Board of Supervisors. Applicants need not have any specialized or professional background.

With the exception of consumers (under certain conditions), no member of the Board or their spouse shall be a full-time or part-time employee of a county behavioral health service, an employee of the State Department of Health Care Services, or an employee, or a paid member of the governing body of a behavioral health contract agency.

Anyone interested in consideration for appointment must submit a completed application form. Application forms are available at the County Executive Office, [address], telephone [phone number] or online at [web address].

[Example Instructions: Click on “application for appointment” under the “Current Openings” heading and follow the application instructions.]

Recruitment will remain open until vacancies are filled.

Recruitment of Board/Commission Members *Continued*

Recruitment Policy (Sample)

[Name of Chair], [Name of Board/Commission] Chair

[Name of Vice Chair], [Name of Board/Commission] Vice Chair

Policy #[Insert number]

Purpose

The purpose of this policy and procedure is to ensure an efficient and fair process for filling existing and anticipated vacancies on the [Name of County] [Behavioral Health Board/Commission] [(BHB)]

Policy

All existing and anticipated vacant positions on the BHB will be filled in a timely manner. Recruitment and member selection processes will meet all BHB CA WIC 5604 [[Pages 35-37](#)]. requirements in order to ensure required representation, with an emphasis on achieving a diverse membership (ethnic, racial, sexual orientation) of individuals who have experience with the behavioral health system and/or the sectors which it intersects.

Procedures:

- 1) **Notify Clerk of the Board of Supervisors:** When BHB positions become vacant, the [Name of Board/Commission] [staff liaison] will immediately inform the Clerk of the Board of Supervisors, providing the following information:
 - a) The date of the vacancy
 - b) The type of vacancy (i.e. consumer, family member, interested/concerned citizen)
- 2) **Application Review:** The [Name of Board/Commission] [staff liaison] shall review applications to ensure that the applicant meets the criteria for BHB membership (See “Membership Criteria” (WIC 5604) Pages 35-37)
- 3) **Interviews:** Each applicant will be interviewed by at least two representatives of the BHB.
[Sample Interview Questions.](#)

The representatives shall recommend candidates to the full BHB and the BHB at its next regularly scheduled meeting shall finalize its recommendations to the Board of Supervisor(s) (In some counties, individual Supervisors make appointments for their district) for their consideration of appointment onto the BHB).

- 4) **Reappointments:** Current members who wish to serve an additional 3-year term are also interviewed, and potentially recommended as outlined in #3 (above). [Adhering to term limit BHB bylaw requirements (if any)]

REVIEW: Key Considerations

“Review” means to examine or assess (something) formally with the possibility or intention of instituting change if necessary.

The following are suggested as key elements for behavioral health board/commission members to consider when reviewing behavioral health offerings.

1. **Accessibility** - Are programs accessible to all?
 - a. Culturally Relevant - Understanding and effectively responding to racial, ethnic, cultural, LGBTQ, and age needs across the entire behavioral health system is integral to providing effective, accessible and equitable offerings.
 - b. Scaled to meet the needs of the community
 - c. Integrated programs in: schools, senior centers, work-settings, hospitals, religious institutions, wellness-centers, etc.) Aligning mental health and substance use disorder resources with health care, education and social service offerings is fundamental to providing access to an effective and accessible continuum of care.
 - d. Communicated
 - i. Website, Media, Signage: Availability of services and how to access them is clearly communicated and includes languages of the local population.
 - ii. Messaging: Widespread behavioral health education and messaging reaches all age groups, cultures, ethnicities, races, LGBTQ+ and all sectors (schools, senior centers, work-settings, hospitals, community centers, religious institutions, wellness-centers, etc.)
2. **Recommended Practices** - Do offerings provide evidence-based or promising practices?
 - a. Client & Family Driven
 - i. Peer Providers are an essential component
 - ii. Clients and family members are treated with dignity and respect and are included in decision-making
 - iii. Program leadership and staff includes individuals with lived experience and family members (such as on non-profit boards and as employees)
 - b. Evidence-Based Practices
 - c. Trauma-Informed Practices
 - d. Community-Defined Evidence Practices
3. **Sustainability** - Are programs sustainable?
 - a. Financially Viable: Sustainable funding mechanisms for county agencies, local agency partners and community-based organizations
 - b. Workforce: Development of Workforce, Competitive Wages, Education, Training
4. **Performance** - What is the impact of the behavioral health offerings?

Measuring performance is integral to identifying, providing, scaling and improving programs. Collecting, analyzing and sharing data that tracks the impact of behavioral health programs on individuals and communities (Children & Youth, Criminal Justice, Employment, Hospitalizations, Housing) is key to justifying and supporting ongoing implementation and funding. www.calbhbc.org/performance (Local performance outcome reporting is required in BHSA Plans/Updates, and Annual Medi-Cal EQRO Reports, and SAMHSA Grant Applications.)

REVIEW Continued

Roles:

Behavioral Health Director - to CONSULT with Advisory Board

WIC Section 5608 (c): The Behavioral Health Director is required to recommend to the governing body [usually the Board of Supervisors], after consultation with the advisory board [the local behavioral health board/commission], the provision of services, establishment of facilities, contracting for services or facilities and other matters necessary or desirable in accomplishing the purposes of this division.

Behavioral Health Board/Commission Members - 6 Areas to Review*:

- 1) **Behavioral health** needs, services, facilities and special problems
- 2) **County agreements** entered into pursuant to Section 5650.**
- 3) **Community Planning:** Procedures used to ensure citizen and professional involvement at all stages of the planning process.
- 4) **Mental/ Behavioral Health Director** applicants
- 5) **Performance Outcome Data**
- 6) **Realignment:** Assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community.

* Full Duty Descriptions are on [Pages 13-14](#).

** Section 5650 refers to the annual [Performance Contract](#) between local mental behavioral health agencies and CA's Department of Health Care Services. The Performance Contract sets forth conditions and requirements that counties must meet in order to receive the following funding: Behavioral Health Services Act (BHSA), Projects for Assistance in Transition from Homelessness (PATH), Community Mental Health Block Grant programs and community mental health services provided with realignment funds.

RUNNING A GOOD MEETING

I. ATTENDANCE

- Remind behavioral health (BH) board/commission (BHB) members by mail, email, phone and/or text
- Invite - Depending on agenda topics, be intentional about inviting (by email/phone):
 - o Consumer/family member organizations, Community Groups
 - o County agencies (such as Older Adults, Veterans Officer, Drug & Alcohol)
 - o School District, Law Enforcement, Community College, Providers

II. THE RULES

The Brown Act - Also see: www.calbhbc.org/brown-act

- o Public Comment
 - o Publish rules on front of agenda ([GOV 54954.3](#))
 - o Allow time for Open Public Comment on topics not on agenda
 - o Allow time for Public Comment before or during agenda items
 - o Speak to public before beginning meeting regarding when they will have a chance to speak
- o Agenda
 - o Follow the agenda that was posted 72 hours in advance (24 hours in advance for Special Meetings)
 - o If the order of the agenda needs to be changed, or an item removed, the chair may say "If there are no objections..." *If there are no objections, there does not need to be a vote.* Agenda items may not be added, and should not be vague.

Voting - Also see "Parliamentary Procedure", Page 29

- o Motion (*if needed, Chair says "Do I hear a motion?"*)
- o Second (*if needed, Chair says "Do I hear a second?"*)
- o Discussion (*Chair says "Any Discussion?"*)
- o Teleconference Voting by Roll Call
- o In Person Voting (Only if all members attend in-person)
 - o All In Favor (*Chair asks "All in favor?"*)
 - o Opposed (*Chair asks "Opposed?"*)
 - o Abstaining (*Chair asks "Abstaining?"*)

III. THE CONTENT

- Agenda (Sample: <https://www.calbhbc.org/templatessample-docs>)
- Speakers
 - o Who can address the priorities identified by board members/concerns of public
 - o Who can speak about access and effectiveness of BH Services
 - o Who can speak about BH needs and issues
- Housekeeping – keep it limited (Use Executive Committee (or chair and staff in very small counties) to address board organizational topics.)

IV. HANDLING DIFFICULT PEOPLE

- o Stay on Agenda
- o “The action is in the reaction.” Quietly move on to the next person or agenda item.
- o Security – Take precautions if you anticipate a problem.

V. FACILITATING THE MEETING

Before

- o Include Physical Location(s) and/or Teleconference Connection information with Meeting Notification and Agenda
- o Comfortable chairs and table space for BHB members to take notes;
- o Water (and snacks if possible) accessible
- o Name plates/placards placed in front of each Board Member and Staff;
- o Cell phones are placed on silent;

During

- o Meeting starts and ends on time
- o Minutes (including attendance and votes) of the proceedings accurately recorded;
- o Public attendance and comments welcomed
 - o Everyone (board members, public) has an opportunity to talk;
 - o All opinions are valued
 - o Listen for Issues (from Board Members, Public, Speakers, Staff, etc.)
- o Civility reigns - See Conduct, Page 10
 - o The Chair follows and sticks to the agenda
 - o The Chair recognizes people who want to speak (e.g., raise hand, stand up name plate)
 - o Public comments are limited (Suggestion: Up to three minutes depending on number of comments)
 - o Request that organizations choose a spokesperson;
 - o Timer with buzzer/bell if needed (*although not recommended*)
 - o Motions - See next page “Parliamentary Procedure”
 - o No one should be allowed to monopolize the discussion
 - o Side-bar conversations (including on-line chat or emails) are not permissible;
- o Take notes & follow-up on issues of concern with Executive Committee
- o Any non-agenda/new issues raised should be referred to the Executive Committee or Chair for future consideration
- o Presenters should be graciously thanked for their presentations

Adjourn

- o No meeting should last more than two hours;
- o Motion to Adjourn, Second and Vote.
- o Do not continue meeting after adjournment (avoid quorum conversation.)

Running A Good Meeting *Continued*

PARLIAMENTARY PROCEDURE

Board/commission bylaws often specify rules of parliamentary procedure, such as:
Robert's Rules of Order, Roberta's Rules of Order, Rosenberg's Rules of Order.

Below are definitions and suggested procedures.

Agenda: Provides a listing of the standard order of business. The agenda will include a 'call to order', approval of minutes, reports, presentation and other business.

Motions:

1. **Having the Floor** - Before a member can speak at a meeting, she or he should be recognized by the chairperson. Once recognized, the speaker should not be interrupted, except by the chairperson.
2. **Making Motions** - A motion is made to propose a course of action (such as approving the minutes, or making a substantive recommendation). If another member agrees that the motion should be entertained, they will "second the motion". Additional discussion pertaining only to the motion can follow.
3. **Amending Motions** - Amendments can be motions as long as the person who moved the original motion is agreeable to the amendment. If the originator of the motion is not agreeable, then the group must vote on the original motion.
4. **Tabling the Motion** - If more information is needed to consider a motion fairly, then a motion to "table" the discussion can be made. The length of and reason for tabling the motion must be included in the motion to "table". A majority of members must support the tabling for it to pass.
5. **Calling the Question** - When having difficulty closing discussion on a motion (and it appears that discussion is no longer productive), the "question" can be called with a two-thirds vote of the members present. If the "Calling the Question" vote passes, it is followed by an immediate vote on the motion.

Quorum: The minimum number of members who must be present at a meeting in order to conduct business (such as take a vote.) Usually a quorum is one more than half of current membership. (Example: If there are 12 members on a board, a quorum would be $6+1 = 7$ members.)

Voting

- Motion (*if needed, Chair says "Do I hear a motion?"*)
- Second (*if needed, Chair says "Do I hear a second?"*)
- Discussion (*Chair says "Any Discussion"?*)
- Teleconference Voting by Roll Call
- In Person Voting
 - All In Favor (*Chair asks "All in favor?"*)
 - Opposed (*Chair asks "Opposed?"*)
 - Abstaining (*Chair asks "Abstaining?"*)

SITE VISITS - Suggested Procedures

- I. PURPOSE** With the goal of providing high quality, accessible, culturally responsive behavioral health services and programs, delivered efficiently and effectively, with client-centered outcomes, site visits can assist with the following WIC 5604.2 duties:
1. Review and evaluate the community's behavioral health needs, services, facilities and special problems.
 2. Review any County agreements entered into pursuant to Section 5650.
 3. Advise the Board of Supervisors (or local governing body) and the local Behavioral Health (BH) Director as to any aspect of the local behavioral health program.

II. ROLE OF MENTAL HEALTH BOARD (BHB)

1. Learn about program, service and/or facility, including successes and challenges.
2. Educate the Behavioral Health Board/Commission (BHB) member(s) about the program/facility;
3. Educate the program and clients/consumers about the role of the BHB;
4. Learn about client and family-member satisfaction and concerns;
5. Make recommendations to the BH Director and/or public officials based on site visit findings.

III. ROLE OF COUNTY BEHAVIORAL HEALTH (BH) SERVICES STAFF

It is important to understand the BH Agency staff's role overseeing contractors. Program monitoring is measured by various means and processes:

1. Quantity: number of clients served, number of referrals, admissions, discharges, reduction of waiting lists, etc.
2. Quality: improve an illness, restore or improve social and vocational functioning, maximize client and family members sense of well-being and personal fulfillment, prevent injury to others and to the client, specific percentage improvement upon completion of specific task, upgrading efficiency, stimulating morale, utilization of staff, appropriate supervision, training, evidence based programs utilized, etc.
3. Time: timeliness of service, deadlines met, frequency, number of days to complete, etc.
4. Cost: use of budgetary resources, percent variance from allocation, cost per client, cost per service unit, etc.
5. Consumer/Client satisfaction written surveys examine the adequacy and appropriateness of the services being provided and the extent of the desired outcomes from the client's perspective.

IV. RECOMMENDED BHB SITE VISIT PROCEDURES

- A. **Make Contact** - BHB staff (or BHB member) makes contact with the provider, describing purpose of the site visit, and requesting date for site visit.

Continued on Next Page

SITE VISITS - Suggested Procedures *Continued*

- B. Review Contract** - BHB Staff will provide BHB members who plan to conduct the site visit (less than a quorum) with the current county contract (including “deliverables” and “budget”) related to the site to be visited.
- C. Tour facility** - BHB Members (less than a quorum):
 - 1. Observe interaction between staff and clients/consumers. (Is it respectful? Are clients/consumers comfortable interacting with staff?)
 - 2. Take note of condition of facility, including:
 - 1. Common Areas
 - 2. Dining Area
 - 3. Program Areas
 - 4. Client/Consumer Bedrooms (if invited/appropriate)
 - 5. Outdoor Areas
 - 3. Check to see if there are Posted Grievance Procedures and/or Access to Patients Rights Advocate Contact Information (Call the number posted to ensure it works.)
 - 4. Meeting with site/facility staff (before or after tour): Discussion with program/facility director/staff could be guided by questions in the [Site Visit Observation Form \(Sample\)](#) (www.calbhbc.org/templategsample-docs)
- D. Report to BHB**
 - 1. Provide completed “Site Visit Observation Form” to the Executive Committee (or chair and staff support in very small counties)
 - 2. Once reviewed by the Executive Committee and the BH director or staff, and approved for presentation to the BHB by the Executive Committee, the report can be placed on the agenda for presentation at an upcoming BHB meeting.
 - 3. BHB staff (or Executive Committee) will send a courtesy copy of the report to the contractor, along with the date/time that the report will be heard by the BHB.
 - 4. BHB leadership should request County staff to follow-up with the BHB whenever major deficiencies are identified.

Welfare & Institution Code (WIC)

Legislation for Behavioral Health Boards/Commissions

- I. WIC 5604.5 [Bylaw Requirements](#), Page 33
 - II. WIC 5604.2 & 5963.03 [Duties](#), Pages 34-35
 - III. WIC 5604.3 [Expenses](#), Page 36
 - IV. WIC 5604. [Membership](#), Pages 37-40
[Summary](#) of Membership, Pages 39-40
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IMPORTANT: Due to the passage of Proposition 1 (by California voters in March of 2023), WIC updates are effective January 1st, 2025. Changes are in **bold print** on the following pages.

Summary of Changes:

1. **5604.(2)(B)(i)** 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 behavioral health services. **One of these members shall be an individual who is 25 years of age or younger.** (ii) At least 20 percent of the total membership shall be consumers, and at least 20 percent shall be families of consumers.
 2. **5604. (2)(D) (i) At least one member of the board shall be an employee of a local education agency.** (ii) **To comply with clause (i), a county shall notify its county office of education about vacancies on the board.**
 3. **"Mental"** is changed to **"Behavioral"**, and advising regarding **"substance use disorder"** is added.
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I. **BYLAWS Requirements (WIC 5604.5)** (Items in **bold** reflect updates effective January 1st, 2025.)

The local **behavioral** 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 **behavioral** health board, consistent with subdivision (a) of Section 5604.
- (b) Ensure that the composition of the **behavioral** health board represents 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 **behavioral** health board be in consultation with the local **behavioral** health director.
- (e) Establish that there may be an executive committee of the **behavioral** health board.

Sample of Bylaws: <https://www.calbhbc.org/bylaws.html>

II. A. DUTIES WIC 5604.2 (Items in **bold** reflect the updates effective January 1st, 2025.)

The local behavioral health board shall : (WIC 5604.2(a))

1. Review and evaluate the community's public **behavioral** health needs, services, facilities, and special problems in any facility within the county or jurisdiction where mental health **or substance use disorder** evaluations or services are being provided, including, but not limited to, schools, emergency departments, and psychiatric facilities.
 2. (A) Review any county agreements entered into pursuant to Section 5650. (B) The local **behavioral** health board may make recommendations to the governing body regarding concerns identified within these agreements.
 3. (A) Advise the governing body and the local **behavioral** health director as to any aspect of the local **behavioral** health program. (B) Local **behavioral** health boards may request assistance from the local patients' rights advocates when reviewing and advising on **mental health or substance use disorder evaluations or services** provided in public facilities with limited access.
 4. (A) Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process. ((B) Involvement shall include individuals with lived experience of mental illness, **substance use disorder, or both**, and their families, community members, advocacy organizations, and **behavioral health** professionals. It shall also include other professionals who interact with individuals living with **mental illnesses or substance use disorders** on a daily basis, such as education, emergency services, employment, health care, housing, public safety, local business owners, social services, older adults, transportation, and veterans.
 5. Submit an annual report to the governing body on the needs and performance of the county's **behavioral** health system.
 6. (A) Review and make recommendations on applicants for the appointment of a local director of **behavioral** health services.

(B) 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 **behavioral** 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.

Duties Continue on the Next Page

II.B. DUTIES related to the BHSA (WIC 5963.03 (b)(d)) (Items in **bold** reflect updates effective January 1st, 2025.)

- (b) **(1)** The **behavioral** health board established pursuant to Section 5604 shall conduct a public hearing on the **draft integrated plan and annual updates** at the close of the 30-day comment period required by subdivision (a).*
- (2) Each **plan and update** shall include any substantive written recommendations for revisions.
- (3) The **adopted integrated plan or update** shall summarize and analyze the recommended revisions.
- (4) The **behavioral** health board shall review the adopted **integrated** plan or update and make recommendations to the local mental health agency, **local substance use disorder agency**, or local behavioral health agency, as applicable, for revisions.
- (5)** The local mental health agency, **local substance use disorder agency**, or local behavioral health agency, as applicable, shall provide an annual report of written explanations to the local governing body and the State Department of Health Care Services for any substantive [see (d) below] recommendations made by the local **behavioral** health board that are not included in the final **integrated** plan or update.

***(c)(2) In preparing annual and intermittent updates: (A) A county [Behavioral Health Agency] is not required to comply with the stakeholder process described in subdivisions (a) and (b). (B) A county shall post on its internet website all updates to its integrated plan and a summary and justification of the changes made by the updates for a 30-day comment period prior to the effective date of the updates. [*(Section (c)(2) is not a duty of the BHB.)]**

- (d) For purposes of this section “Substantive recommendations made by the local **behavioral health board**” means any recommendation that is brought before the board and approved by a majority vote of the membership present at a public hearing of the local **behavioral** health board that has established its quorum.

III. EXPENSES WIC 5604.3 & 5892 (c) (Items in **bold** reflect updates effective January 1, 2025.)

WIC 5604.3

(a) (1) The Board of Supervisors may pay from any available funds the actual and necessary expenses of the members of the **Behavioral** Health Board of a community mental health service incurred incident to the performance of their official duties and functions. (2) 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 behavioral health programs.

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

* WIC 5892 (e)(1) (A) Notwithstanding subdivision (a) of Section 5891, the allocations pursuant to subdivision (a) shall include funding for annual planning costs pursuant to Sections **5963.02** and **5963.03**. (B) The total of these costs shall not exceed 5 percent of the total of annual revenues received for the **Local Behavioral Health Services Fund**. (C) The planning costs shall include funds for county mental health and **substance use disorder programs** to pay for the costs of consumers, family members, and other stakeholders to participate in the planning process.

NOTE: Due to the detailed nature of membership requirements, [a summary is on pages 39-40.](#)

IV. MEMBERSHIP WIC 5604. (Items in **bold** reflect updates effective January 1, 2025.)

(a) (1) **(A)** Each community mental health service shall have a **behavioral** health board consisting of 10 to 15 members, depending on the preference of the county, appointed by the governing body, except that **a board in a county** with a population of fewer than 80,000 may have a minimum of five members.

(B) A county with more than five supervisors shall have at least the same number of members as the size of its board of supervisors.

(C) This section does not limit the ability of the governing body to increase the number of members above 15.

(2)(A)(i) The board shall serve in an advisory role to the governing body, and one member of the board shall be a member of the local governing body.

(ii) Local **behavioral** health boards may recommend appointees to the county supervisors.

(iii) The board membership should reflect the diversity of the client population in the county to the extent possible.

(B)(i) 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 **behavioral** health services. **At least one of these members shall be an individual who is 25 years of age or younger.**

(ii) At least 20 percent of the total membership shall be consumers, and at least 20 percent shall be families of consumers.

(C) (i) In counties with a population of 100,000 or more, at least one member of the board shall be a veteran or veteran advocate. In counties with a population of fewer than 100,000, the county shall give a strong preference to appointing at least one member of the board who is a veteran or a veteran advocate.

(ii) To comply with clause (i), a county shall notify its county veterans service officer about vacancies on the board, if a county has a veterans service officer.

(D) (i) At least one member of the board shall be an employee of a local education agency.

(ii) To comply with clause (i), a county shall notify its county office of education about vacancies on the board.

(E) (i) In addition to the requirements in subparagraphs **(B)**, **(C)**, and **(D)**, counties are encouraged to appoint individuals who have experience **with**, and knowledge **of**, the **behavioral** health system.

(ii) This would include members of the community that engage with individuals living with mental illness in the course of daily operations, such as representatives of county offices of education, large and small businesses, hospitals, hospital districts, physicians practicing in emergency departments, city police chiefs, county sheriffs, and community and nonprofit service providers.

(3)(A) In counties with a population that is **fewer** 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 **or substance use disorder** services.

(B) Notwithstanding subparagraph (A), a board in a county with a population that is **fewer** 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)(1) The **behavioral** health board shall review and evaluate the local public mental health system, pursuant to Section 5604.2, **and review and evaluate the local public substance use disorder treatment system.**

(2) The **behavioral** health board shall advise the governing body on community mental health services delivered by the local mental health agency or local behavioral health agency, as applicable.

(c)(1) The term of each member of the board shall be for three years.

(2) 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 **behavioral** 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 **or substance use disorder treatment** 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 **and substance use disorder** 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 or **substance use disorder** contract agency.

(2) A consumer of **behavioral** 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 **behavioral** health who are not full-time or part-time employees of the county **behavioral** health service, the State Department of Health Care Services, or on the staff of, or a paid member of the governing body of, a **behavioral** health contract agency.

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

(i) For purposes of this section, "veteran advocate" means either a parent, spouse, or adult child of a veteran, or an individual who is part of a veterans organization, including the Veterans of Foreign Wars or the American Legion.

Summary of Membership Requirements:

1. **Three (3) Year Term** - Members shall be appointed by the local governing body [usually the Board of Supervisors] for a term of 3 years. Appointments shall be staggered.
2. **Minimum of ten (10) members** (Five (5) Member Minimum in very small counties if certain requirements are met.)
3. **50% Consumers** (individuals who are receiving *or* have received behavioral health services) **or Family Members of Consumers**; This must include *at least*:
 - **20% Consumers**
 - **20% Family Members of Consumers**
 - **One (1) member must be a consumer or a family member who is 25 Years of Age or Younger** (Beginning 1/1/2025)
4. **One (1) Governing Body Member** (Usually a County Board of Supervisors Member)
5. **One (1) Employee from a Local Education Agency** (Beginning 1/1/2025)
6. **One (1) Veteran or Veteran Advocate** (“veteran advocate” means either a parent, spouse, or adult child of a veteran, or an individual who is part of a veterans organization, including the Veterans of Foreign Wars or the American Legion.) **(Not required**, but encouraged for counties with population of 100,000 or below.)
7. **Reflect the DIVERSITY* of the local client population** (This is a requirement that must be included in the BHB Bylaws.) Diverse membership includes ethnic, racial, cultural, LGBTQ+, and age.
8. **Experience/Knowledge of the BH System:** Counties are encouraged to appoint individuals who have experience with, and knowledge of, the behavioral health system, **such as representatives of:**
 - County Offices of Education
 - Large and Small Businesses
 - Hospitals, Hospital Districts
 - Physicians Practicing in Emergency Departments
 - City Police Chiefs
 - County Sheriffs
 - Community and Nonprofit Service Providers

- Continued on the Next Page -

9. Exceptions: *Except as noted below**, a Board member or spouse cannot be employed by:

- A county mental health and substance use disorder service
- The State Department of Health Care Services
- A mental health or substance use disorder contract agency

* **A behavioral health consumer can be employed** by any of the above if the consumer has no interest, influence or authority over any financial or contractual matter concerning the employer.