

July 21, 2021

TO: Judith Yates, Chair, and BHAB Executive Board,
BHAB Workgroup Chairs,
Dr. Luke Bergmann, Director of Behavioral Health Services,
Kyle Sand, San Diego County Counsel,
Supervisor Nathan Fletcher,
Stephanie Gioia-Beckman, and
Dania Barroso-Conde, BHS BHAB Liaison

FR: Jerry Hall

RE: BHS Plans, Roles, & Bylaws

SUMMARY

The San Diego County Behavioral Health Advisory Board (BHAB) held their last general meeting on June 3, 2021. Two topics presented relate to California state law and both were referred for follow-up including:

1. Proposed BHAB Bylaws changes reviewed by visiting County Counsel.
2. Public Comment by this author regarding BHS annual planning processes including:
 - a. The process of developing the MHSa Three-Year Plan and Annual Updates
 - b. The Community Program Planning (CPP) plan and approval processes

We include a discussion on the continued misuse of unspent MHSa Excess Funds and how we can eliminate that practice permanently.

Finally, we include a discussion regarding the BHS Quality and Improvement annual Work Plans and Evaluation reports in respect to the timing of their creation and delivery timelines. Not knowing our history nor what our future objectives are makes it extremely difficult to accurately aim our resources.

IDEAL OUTCOME

Ideal outcomes regarding these issues would include these elements:

BYLAWS CHANGES

The County Counsel give its recommendations to potentially conflicting proposed bylaws, and approval of those bylaws as requested.

MHSA 3-YEAR PLAN AND UPDATE PROCESS

The BHS and BHAB realign the process of planning and budgeting to allow for the annual 3-year plan and update process, including the 30-Day public comment period, and to be integrated with the existing county budget and planning cycle.

COMMUNITY PROGRAM PLANNING (CPP) PROCESS

The BHS, in collaboration with BHAB and other stakeholders, develop an annual CPP plan, gain approval from BHAB after its review, and deploy the plan elements through the following new fiscal year,

MHSA FUND BALANCE

The BHAB work with BHS to obtain stakeholder feedback as to the ideal issues and programs they believe BHS should focus the remaining balance of nearly \$48.8m MHSA Unspent Funds.

QUALITY IMPROVEMENT WORK PLAN AND EVALUATIONS

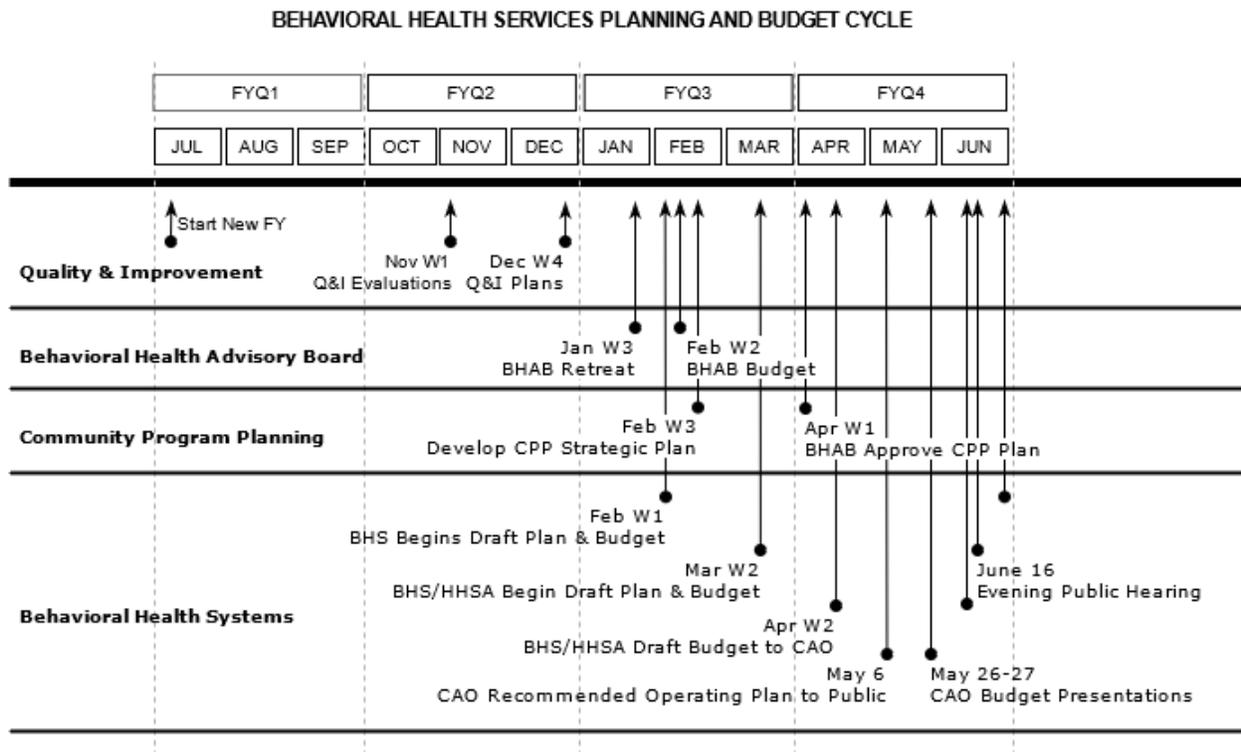
The planning stakeholders deliver Work Plans detailing anticipated goals and metrics. The past-year Evaluations are delivered providing sufficient time to inform strategic and tactical plans for the future fiscal year.

OTHER BHAB DUTIES

The BHAB collaborate with BHS and stakeholders to operationalize processes that allow BHAB to meet the additional responsibilities not outlined in this document but, are described in the proposed duties.

REFORMING THE BHS & BHAB ANNUAL PLANNING AND BUDGETING TIMELINE

This illustration suggests a timeline that realigns the BHS-related entities, as well as the planning and budgeting cycle itself, to provide BHAB and other stakeholders the opportunity to receive information on a timely basis so they can collectively make better informed contributions to future year plans and budgets.



LET'S COLLABORATE

We look forward to working with the BHAB, BHS, and all interested stakeholders.

This report was created mindful of the over-arching requirement of our duty as both BHAB and BHS to ensure 'meaningful stakeholder engagement' as a foundational element of any planning, review, budgeting, and reporting processes throughout the year.

The MHSA rules detailing allowed use of MHSA funds, as well as the oversight duties of the Advisory Board, apply to mental health issues, programs, and facilities where there is a mental health element. The law purposefully does not differentiate the focus of Advisory Boards between MHSA-funded and non-MHSA funded elements. If there is a mental health element, the BHAB is duty-bound to address issues at its discretion.

Ideally, this document informs County Counsel so that they can make the most appropriate recommendations regarding the bylaws and other items discussed below.

THE MENTAL HEALTH SERVICES ACT (MHSA)

For background, the Mental Health Services Act (MHSA) funds about one-third of the state's mental health services budget.

The law includes provisions, reinforced in 2019 through AB1352 legislation, ensuring the community, especially people experiencing a serious mental health condition and their families, and other stakeholders including providers, professionals, advocates, and subject matter experts who would remain as engaged stakeholders.

These stakeholders are intended to, in part:

- Understand the needs and challenges of their local mental health marketplace,
- Help design programs and services to address those needs and challenges,
- Help monitor the deployment and eventual evaluation of the programs,
- Continue doing so throughout the year and,
- Remain informed and engaged throughout the year, including receiving relevant training.

COUNTY MHSA ADMINISTRATION FUNDS

The MHSA provides BHS a ten-percent (10%) allocation of annual MHSA revenues. This translates to nearly \$20m in FY2020-2021 to administer the planning, deployment, analysis, and financial management over all of the MHSA-funded programs and services.

COUNTY STAKEHOLDER ENGAGEMENT FUNDS

The MHSA also provides BHS a five-percent (5%) allocation, or nearly \$10m in FY2020-21, to ensure counties meet their responsibilities to engage community stakeholders meaningfully and fund BHAB needs and activities.

Operationally this typically includes:

- **DEDICATED BHS STAFF:** Approximately 1.7 FTE dedicated BHS-employed staffers to conduct planning, budgeting, and stakeholder engagement activities under the CPP as well as serving the BHAB's needs.

For reference, Los Angeles has five (5) FTE staff dedicated to their BHAB-equivalent Mental Health Commission.¹ Using MHSA adjusted revenues, this translates to 1.7 FTE dedicated BHS staff locally.

¹ MHC 16 Members, Los Angeles County Mental Health Commission> Retrieved June 4, 2021 from

<https://dmh.lacounty.gov/about/mental-health-commission/about-mhc/sixteen-members/>

- TRAINING: Funds for staff and other stakeholder training. This includes developing long-term stakeholder representatives, both in and out of the BHAB, who develop their subject matter expertise and are able to contribute reliably.
- OTHER ACTIVITIES: Funds for any activity, event, or resource needed to ensure stakeholders were meaningfully engaged throughout the planning, budgeting, and evaluation processes on a sustained long-term basis.

CALIFORNIA MHSA FUNDING

For nearly seventeen years, the MHSA has sustained a unique funding mechanism California counties have used to ensure mental health planning and engagement practices are successfully employed.

The law has been reinforced, most recently receiving unanimous votes in both chambers of the California state legislature through the 2019 AB1352 (235-0 votes) legislation². This legislation added several explicit responsibilities, many not yet employed by the BHS.

Given that BHAB is being prevented from meeting it's state-mandated obligations, especially the requirements of its active engagement in the MHSA 3-Year and annual CPP planning work and duties to ensure BHS fiscal responsibility, it is remarkable the county justifies spending nearly \$200m MHSA funds annually, while reporting to the state they have met these obligations when in fact they have not.

ELIMINATING PLAUSIBLE DENIABILITY

For reasons unknown, over the years the BHS has consistently dismissed or denied its responsibilities in regards to the CPP. The practice of developing and deploying an annual plan one-third into the same budget year has been a practice for at least the past several years since the BHAB was initiated in 2015. The practice of sitting on unspent excess funds has been reduced, but only to the approximate level of one-third of its peak balance of about \$150m.

Also, for years this author has made many attempts to initiate the discussion of acknowledging BHAB autonomy, for BHS to dedicate resources and space for BHAB to do its job effectively so that it can meet its responsibilities.

As a result of BHS delaying or inaction, this author finally resorted to filing a formal complaint utilizing the BHS's own internal Issue Resolution Process.³ This complaint was ultimately ignored, although BHS delivered a response several months later, which in essence suggested the author go read the Three-Year Annual Plan.

² California Legislature [Voting History](#) on 2019 AB1352 (Waldron)

³ Appendix G (p 219-221). MHSA Three-Year Program and Expenditure Plan 2020-21 through 2022-23. Retrieved from https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/documents/NOC/MHSA/MO_MHSA%20Three%20Year%20Program%20and%20Expenditure%20Plan%20FY20-23.pdf

This document should eliminate doubts there are significant conflicts and misrepresentations in the MHSa planning, budgeting, community engagement, and excess-funds spending processes.

CURRENT BUDGETING PROCESS

This is a limited perspective defining the current process of how BHS develops its actual budget and planning responsibilities:

1. The county CAO presents the annual CAO Recommended Operational Plan. The county Chief Administrative Officer creates a Recommended Operational Plan⁴ which includes a recommended plan and budget for the Behavioral Health Services department. This plan is created for a two-year period and reviewed and updated annually.
2. This document is created, presented and reviewed by a range of stakeholders at several meetings, when approved and adopted by Supervisors, becomes the Adopted Operational Plan.⁵
3. The BOS adopts the next fiscal-year updated plan and budget,
4. Months into the new fiscal year, BHS presents BHAB, usually unexpectedly at one of their general meetings, with a draft copy of the MHSa Three-Year Plan.⁶ This handoff triggers a 30-day public review period.
 - a. At the next BHAB meeting, a 'Public Hearing' is held where typically no public comments are made, nor any discussion or comments from the BHAB.
 - b. The nearly 300+ page document is arguably a report.
5. This will be the seventh budget cycle BHS has not provided BHAB with the opportunity to contribute to the 3-Year Plan or Update. In the six preceding years, this work has been presented to BHAB after the FY commenced.
6. This will be at least the fifth budget cycle the BHS has not provided the BHAB with a Community Program Planning (CPP) processes plan or budget for their review and approval. Since it's inception the MHSa has included the provision that the BHAB "Review and approve the

4 San Diego County 2021-23 CAO Recommended Operational Plan. Retrieved June 4, 2021 from

https://www.sandiegocounty.gov/content/dam/sdc/auditor/pdf/caoplan_21-23.pdf

5 San Diego County Adopted Operational Plan, Fiscal Years 2020-2021 & 2021-2022. Retrieved June 4, 2021 from

<https://www.sandiegocounty.gov/content/sdc/auditor/opplan/fya20-22.html>

6 MHSa Three-Year Plan, (FY2021-23). Retrieved June 4, 2021 from

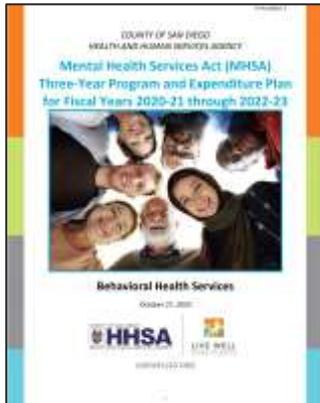
https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/mhsa_cosd_docs.html See document:

https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/documents/NOC/MHSa/MO_MHSa%20Three%20Year%20Program%20and%20Expenditure%20Plan%20FY20-23.pdf

procedures used to ensure citizen and professional involvement at all stages of the planning process.”⁷

The following sections discuss each issue presented above in more detail:

1. THE MHSA THREE-YEAR ANNUAL PLAN AND UPDATES



The MHSA requires a Three-Year Program and Expenditure Plan on a triennial basis, with subsequent one-year updates.

Although one would typically expect a plan for future spending to be drafted, reviewed, and approved prior to the start of a budgeted fiscal year, San Diego County BHS delivers the draft several months into the same fiscal year. In other words, nearly one-third of funds have been spent before the public has a chance to give feedback on where the funds should be spent!

THREE-YEAR PLAN AND UPDATE REVIEW

The BHS develops a draft the MHSA Three-Year plan and annual updates⁸ with little, if any, BHAB participation. BHAB sees the plan draft the same day it is released to the public.

The release of the draft triggers a 30-day review period where the BHAB and stakeholders are intended to provide feedback. Since the release date is often inconsistent year to year and unknown to BHAB it has proven impossible to arrange meaningful public engagement to discuss the plan elements.

Very few BHAB members read this document entirely themselves. Also, because of the uncertainty of its development cycle and unknown release date, BHAB has been unable to ensure the BHS is meaningfully engaging stakeholders during this review period. As a result, few if any entities consistently review, critique, and offer feedback to the BHS.

At the conclusion of the 30-Day plan review period a public meeting is held, typically the first five minutes of that month's BHAB Regular Meeting, where the public can make their statements and contributions. Only a few public comments have been included in plans over the past five years.

⁷ 5604.2.4. AB-1352 Community mental health services: mental health boards. (2019-2020) 'Today's Law As Amended' https://leginfo.ca.gov/faces/billCompareClient.xhtml?bill_id=201920200AB1352&showamends=true

⁸ MHSA Three-Year Program and Expenditure Plan: FY 2020-21 to 2022-23

PLAN OR ANNUAL REPORT?

Further exacerbating this challenge, the plan or update BHS currently prepares is better described as an annual report. The 'plan' rarely discusses elements found in typical plans such as objectives, strategies, and tactics. Nor is there any detail in how success is measured, reviewed, and reported. What is least understood is how the BHS deems a program or practice successful, in need of adjustment, or eliminated entirely, ideally taking some time to explain reasoning, are rarely if ever included.

Each year, over its ~375 pages, what one is able to review are MHSA detailing summaries of existing programs, expenditure projections, dashboards of previous year(s) program outcomes, results from community engagement forums, area demographics, and relatively minimal narrative.

2. THE COMMUNITY PROGRAM PLANNING (CPP) PROCESSES

The Community Program Planning (CPP) is a planning-processes framework described in the MHSA and used by the county to facilitate its stakeholder training and engagement activities. The BHAB in turn collaborates with both the BHS and stakeholders to ensure the respective duties outlined above are fulfilled, and reports their findings to the Board of Supervisors and other state entities described below.

The CPP includes elements to ensure meaningful contributions are made by mental health-related stakeholders, including those that suffer from mental health challenges, aka mental health consumers, their families, and many other community and professional stakeholders.

CALIFORNIA MHSA CODIFIED: THE COMMUNITY PROGRAM PLANNING (CPP) PROCESS

California Code of Regulations (CCR) code includes required elements all California county mental health systems must conduct, as a requirement to spending nearly \$2.5 billion in funding provided counties by the state under the Mental Health Services Act (MHSA).

The CCR codifies detailed MHSA Community Program Planning (CPP)^E processes and responsibilities. In summary they articulate BHS responsibilities to:

1. Ensure adequate BHS staff are dedicated to managing the CPP,
2. Allocate sufficient funding and accordingly budgeted to the CPP processes,
3. Ensure staff and stakeholders are sufficiently trained to engage as informed contributors,
4. Provide stakeholders are meaningfully engaged throughout the year-round CPP processes,

3. UPDATING BHAB BYLAWS

EXISTING SAN DIEGO COUNTY ORDINANCE CODE

There is a conflict between the original BHAB bylaws (of 1-1-2015)^P as currently indexed in the County Code of Administrative Ordinances SEC. 881, with bylaws the BHAB has been working under as approved by Supervisors (09-11-2018).

The 2018 revision was approved by Supervisors as Item #9 on the September 11, 2018 docket of the Board of Supervisors meeting.^C Although these bylaws were amended and approved by Supervisors, no related change appears to have been made to the related county ordinance.¹⁷

BHAB DUTIES 2019 FORWARD

Under MHPA state law, an advisory board of consumers and other stakeholders are tasked in an oversight role to advise their local governing body, here in San Diego County that means our Board of Supervisors, on anything that is touched with MHPA fund that may only be used on the mental health needs of residents.

The Behavioral Health Advisory Board⁹ (BHAB) is mandated through the Welfare and Institute Code¹⁰ (WIC) with duties nearly verbatim to the WIC and include:

WHAT IS BHAB AND THEIR ROLE?

The County codifies its interpretation of state law as it relates to existing county practices and procedures. That said, state law supersedes county policy, and the county must require, at minimum, the requirements directed by the state.

This is a summary of the duties outlined in the MHPA code. A full list of duties is found below: ^A

1. Review and evaluate the community's public mental health needs, services, facilities, and special problems in any facility...
2. Review any county agreements entered into... and make recommendations...
3. Advise the Board of Supervisors and the Director of BHS 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.

⁹ San Diego County website | [Behavioral Health Advisory Board](#)

¹⁰ Detailed duties: | Mental Health Services Act (MHPA) | [WIC Section 5604.2\(a\)\(b\)](#):

5. Submit an annual report to the Board of Supervisors on the needs and performance of the County's mental health system
6. Review and make recommendations on applicants for the appointment of the Director of BHS.
7. Review and comment on the County's performance outcome data
8. Review the County's plans and results for meeting its obligation under Welfare and Institutions Code 5848(a) to: (1) develop each Mental Health Services Act three-year program and expenditure plan and annual update with meaningful involvement from local stakeholders.
9. Conduct a public hearing on the Mental Health Services Act draft three-year program and expenditure plan and annual updates...
10. Perform any other duties or exercise any other authority transferred to the Advisory Board by the Board of Supervisors or specified by statute.

4. BHS MHSA EXCESS FUNDS SPENDING

The BHS is currently sitting on just under \$50m in MHSA Unspent Funds. At its peak a few years back, the BHS Unspent Funds account hovered around approximately \$150m.

Over the past several years BHS has spent down about two thirds of these funds, and did so with little to no transparency or reporting to the BHAB or public.

These funds should not be confused with the approximately \$34m Prudent Reserve account which BHS maintains per MHSA rules, kept in the event of a significant emergency.

Currently, the MHSA Unspent Funds Balance¹¹ of nearly \$49m includes the following amounts for each MHSA Component including:

MHSA Component	Amount
Community Services & Supports (CSS)	\$ 24.0m
Prevention & Early Intervention (PEI)	\$ 2.3m
Innovation (INN)	\$ 21.3m
Workforce Education and Training (WET)	\$ 1.2m
Total Excess Unspent Funds	\$ 48.8m

Unspent funds are subject to reversion back to the state. Due to the Covid-19 crisis a provision was enacted extended the reversion deadline for qualified funds as of July 2019 and July 2021, to a new

¹¹ MHSA Funds – Unspent Balance. Obtained from BHS staffer via email of February 11, 2021. Behavioral Health Services.

deadline of July 2021.¹² It is unknown the precise balances from these past two years but, suffice to say, even though the funds must be reverted, the BHS will not be returning those funds as there is little to no incentive to do so.

The Prudent Reserve Balance, or the only funds allowed to be retained and unspent, typically used on an emergency basis is \$33.5m.

Note: The amount of excess or unspent funds is no longer reported in the Revenue and Expense Report¹³ as was the case in past years, e.g. in 2016 the BHS reported Unspent Funds on an annual basis as far back as FY2006-2007 as individual line items by MHS component on an annual basis¹⁴.

In any case, although these funds used to be subject to reversion if unspent, they were never intended to be held unspent long-term. Although this is a systemic issue¹⁵ one must ask how the county could justify sitting on what equates to nearly 25% of the current year's MHS allocation?

QUALITY IMPROVEMENT WORK PLAN AND EVALUATIONS REPORTING

The BHS Quality and Improvement division issues an annual Quality Improvement Program and Work Plan, one for Mental Health and another for Substance Use Disorders, as well as the respective Quality Improvement Work Plan Evaluations for each.

Just as is the case with the MHS Three-Year Plan, the Q&I Work Plans and Evaluations are not released until mid-fiscal year.

Referring to the above recommendation⁰ regarding realigning the BHS plans, we recommend taking the steps simultaneously to amend the development timeline of the Q&I Work Plan and Evaluations. The Evaluations are an important tool to inform BHS planners and community stakeholders as they develop the plans for the upcoming fiscal year.

12 February 1, 2021. p1. Mental Health Services Act Covid-19 Flexibilities Extension. Fact Sheet. Department of Health Care Services, State of California. Retrieved from: <https://www.dhcs.ca.gov/Documents/DHCS-Mental-Health-Services-Act-Flexibilities-Extension-Fact-Sheet.pdf>.

13 2019-2020 Revenue and Expense Report (RER). Retrieved from <https://MHSOAC.ca.gov>.
<http://mhsoac.ca.gov/sites/default/files/San%20Diego%20FY%202019-20.pdf>.

14 July 1, 2016. Page 4. SECTION 1: Unspent MHS Funds Available in the MHS Fund From Prior Fiscal Years FY2016-2017 Revenue and Expenditure Report. Retrieved from http://mhsoac.ca.gov/sites/default/files/documents/2018-09/SanDiego_%20FY16-17_RER_DHCS_PDF.pdf

15 February 2021. Mental Health Services Act Expenditure Report – Governor's Budget. Retrieved from <https://www.dhcs.ca.gov/formsandpubs/Documents/Legislative%20Reports/MHSA-ExpenditureReport-FY2020-22.pdf>

APPENDICES

A. 2021 Proposed BHAB Bylaws: Advisory Board Member Duties¹⁶

ARTICLE III: Duties and Responsibilities of Advisory Board Members

Section A: Duties

Members shall have the following duties as stated in California Welfare and Institutions Code Section 5604.2(a)(b):

1. Review and evaluate the community's public mental health needs, services, facilities, and special problems in any facility within the county or jurisdiction where mental health evaluations or services are being provided, including, but not limited to, schools, emergency departments, and psychiatric facilities.
2. Review any county agreements entered into pursuant to California Welfare and Institutions Code Section 5650, and make recommendations to the Board of Supervisors regarding concerns identified within these agreements.
3. Advise the Board of Supervisors and the Director of BHS as to any aspect of the local mental health program. The Advisory Board 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.
4. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process. Involvement shall include individuals with lived experience of mental illness or substance use disorders and their families, community members, advocacy organizations, and mental health professionals. It shall also include other professionals that interact with individuals living with mental illnesses or substance use disorders on a daily basis, such as education, emergency services, employment, health care, housing, law enforcement, local business owners, social services, seniors, transportation, and veterans.
5. Submit an annual report to the Board of Supervisors on the needs and performance of the County's mental health system.
6. Review and make recommendations on applicants for the appointment of the Director of BHS. The Advisory Board shall be included in the selection process prior to the vote of the Board of Supervisors.

¹⁶ June 3, 2021. Agenda. BHAB General Meeting Item #VI, Kyle Sand, County Counsel. Retrieved from:

<https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/documents/NOC/bhab/June%203%202021%20BHAB%20Agenda.pdf>

7. Review and comment on the County's performance outcome data and communicate its findings to the California Behavioral Health Planning Council.
8. Review the County's plans and results for meeting its obligation under Welfare and Institutions Code 5848(a) to: (1) develop each Mental Health Services Act three-year program and expenditure plan and annual update with meaningful involvement from local stakeholders, including adults and seniors with severe mental illness, families of children, adults, and seniors with severe mental illness, providers of services, law enforcement agencies, education, social services agencies, veterans, representatives from veterans organizations, providers of alcohol and drug services, health care organizations, and other important interests; (2) demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations; and (3) prepare and circulate a draft plan and update for review and comment for at least 30 days to representatives of stakeholder interests and any interested party who has requested a copy of the draft plans.
9. Pursuant to Welfare and Institutions Code 5848(b): (1) conduct a public hearing on the Mental Health Services Act draft three-year program and expenditure plan and annual updates at the close of the 30-day comment period required by Welfare and Institutions Code 5848(a); (2) review the County's adopted plan or update; and (3) if approved by a majority vote of the Advisory Board, make substantive recommendations to BHS for revisions to the plan or update.
10. Perform any other duties or exercise any other authority transferred to the Advisory Board by the Board of Supervisors or specified by statute.

B. Current BHAB Bylaws (September 11, 2018)¹⁷

ARTICLE III

Duties and Responsibilities of Advisory Board Members

Section A: Duties

Members shall have the following duties:

1. Review the County's behavioral health contracts and grants awarded to support services and review initiatives administered through BHS;
2. Review and comment on BHS reports to the Board of Supervisors and other entities as necessary and appropriate regarding the needs and performance of County funded behavioral health programs;
3. Review and evaluate the County's behavioral health needs, related services, programs, facilities, and special problems as they arise;
4. Review any County agreements entered into pursuant to Section 5650 of the California Welfare and Institutions Code;
5. Advise the BHS Director and follow communication protocol as described in HHSA E-7 policy to inform the Board of Supervisors as to any aspect of County behavioral health programs;
6. Submit an annual report to the Board of Supervisors on the needs and performance of the County behavioral health system;
7. Review and make recommendations on applicants for the appointment of the BHS Director. The Advisory Board shall be included in the selection process prior to appointment;
8. Review and comment on the County's performance outcome data, as it relates to behavioral health matters, and communicate its findings to the California Behavioral Health Planning Council;
9. Assess the impact of the realignment of services from the State to the County on behavioral health services delivered to clients and on the local community.
10. Review and comment on the procedures used to ensure citizen and professional involvement at all stages of the County's behavioral health planning process.

(Updated: Board of Supervisors September 11, 2018 Item #9)

¹⁷ San Diego County Code of Administrative Ordinances, (January 1, 2015). SEC. 881. County of San Diego Behavioral Health Advisory Board, ARTICLE LVI San Diego County Alcohol and Drug Advisory Board. Retrieved June 4, 2021 from https://codelibrary.amlegal.com/codes/san_diego/latest/sandiego_admin/0-0-0-34078.

C. Item #9: BOS Agenda (September 11, 2018)¹⁸

9. SUBJECT: REVISING THE COUNTY OF SAN DIEGO BEHAVIORAL HEALTH ADVISORY BOARD BYLAWS (DISTRICTS: ALL)

OVERVIEW

The Board of Supervisors (Board) established the County of San Diego (County) Behavioral Health Advisory Board (BHAB) in 2014, by merging the County Alcohol and Drug Advisory Board with the County Mental Health Board. In accordance with Board Policy A-74, Citizen Participation in County Boards, Commissions and Committees, the Board has the authority to establish and oversee special citizen boards which advise the Board and County staff on issues of policy and serve as links to the community.

Today's action seeks Board approval to amend the BHAB bylaws, which govern their internal operations. In the years since BHAB has been established, updates to the bylaws were identified.

In 2017, a workgroup of BHAB members was tasked with conducting a full review of the bylaws and recommending changes. The amended bylaws propose changes in the following categories:

- BHAB functioning;
- membership and executive board; and
- statutory and clarifying changes.

The revised bylaws will ensure conformity with current California Welfare and Institutions Code and will guide the most efficient and productive operation of BHAB.

If approved, today's action would approve the amended bylaws of BHAB and would support the countywide Live Well San Diego vision by enhancing community involvement in the planning and provision of behavioral health services, which leads to a region that is healthy, safe, and thriving.

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

Adopt the amended bylaws entitled THE SAN DIEGO COUNTY BEHAVIORAL HEALTH ADVISORY BOARD BYLAWS.

FISCAL IMPACT

There is no fiscal impact associated with this recommendation. There will be no change in net General Fund costs and no additional staff years.

BUSINESS IMPACT STATEMENT N/A

¹⁸ Agenda (September 11, 2018). Board of Supervisors, General Meeting, County of San Diego. Retrieved June 4, 2021 from <https://bosagenda.sandiegocounty.gov/cob/cosd/cob/doc?id=0901127e808e9b2d>

D. Original BHAB Bylaws (2015) and currently In County Administrative Code.

SEC. 881.8. DUTIES.

Advisory Board members shall have the following duties:

- (a) Review the County's Behavioral Health contracts and grants awarded to support services and initiatives administered through the Behavioral Health Services Division;
- (b) Review and comment on reports to the Board of Supervisors and other entities as necessary and appropriate regarding the needs and performance of County funded behavioral health programs;
- (c) Review and evaluate the County's behavioral health needs, services, facilities, and special issues as they arise;
- (d) Review any County agreements entered into pursuant to Section 5650 of the California Welfare and Institutions Code;
- (e) Advise the Behavioral Health Services Division Director and follow communication protocol as described in HHSA E-7 policy to inform the Board of Supervisors as to any aspect of County behavioral health programs;
- (f) Submit an annual report to the Board of Supervisors on the needs and performance of the County behavioral health system;
- (g) Review and make recommendations on applicants for the appointment of the Behavioral Health Services Division Director. The Advisory Board shall be included in the Director's selection process prior to the vote of the Board of Supervisors;
- (h) Review and comment on County's performance outcome data, as it relates to behavioral health matters, and communicate its findings to the California Mental Health Planning Council; and
- (i) Assess the impact of the realignment of services from the State to the County on behavioral health services delivered to clients and on the local community.

(Added by Ord. No. 10361 (N.S.), effective 1-1-15)

E. CCR: Community Program Planning¹⁹

Barclays Official California Code of Regulations, Title 9. Rehabilitative and Developmental Services, Division 1. Department of Mental Health

9CCR § 3300. Community Program Planning Process.

(a) The County shall provide for a Community Program Planning Process as the basis for developing the Three-Year Program and Expenditure Plans and updates.

(b) To ensure that the Community Program Planning Process is adequately staffed, the County shall designate positions and/or units responsible for:

(1) The overall Community Program Planning Process.

(2) Coordination and management of the Community Program Planning Process.

(3) Ensuring that stakeholders have the opportunity to participate in the Community Program Planning Process.

(A) Stakeholder participation shall include representatives of unserved and/or underserved populations and family members of unserved/underserved populations.

(4) Ensuring that stakeholders that reflect the diversity of the demographics of the County, including but not limited to, geographic location, age, gender, and race/ethnicity have the opportunity to participate in the Community Program Planning Process.

(5) Outreach to clients with serious mental illness and/or serious emotional disturbance, and their family members, to ensure the opportunity to participate.

(c) The Community Program Planning Process shall, at a minimum, include:

(1) Involvement of clients with serious mental illness and/or serious emotional disturbance and their family members in all aspects of the Community Program Planning Process.

(2) Participation of stakeholders, as stakeholders is defined in Section 3200.270.

(3) Training.

(A) Training shall be provided as needed to County staff designated responsible for any of the functions listed in 3300(b) that will enable staff to establish and sustain a Community Program Planning Process.

(B) Training shall be offered, as needed, to those stakeholders, clients, and when appropriate the client's family, who are participating in the Community Program Planning Process.

(d) Beginning with Fiscal Year 2006-07, or in fiscal years when there are no funds dedicated for the Community Program Planning Process, the County may use up to five (5) percent of its Planning Estimate, as calculated by the Department for that fiscal year, for the Community Program Planning Process.

F. CCR: The Three-Year Program and Expenditure Plan.²⁰

A. § 3310. The Three-Year Program and Expenditure Plan.

(a) To receive Mental Health Services Act (MHSA) funds under this Chapter, the County shall submit a Three-Year Program and Expenditure Plan or update; comply with all other applicable requirements; obtain the necessary approvals in accordance with Welfare and Institutions Code Sections 5830, 5846, and 5847; and enter into a valid MHSA Performance Contract with the Department.

(1) A City-operated program, created pursuant to Welfare and Institutions Code Section 5701.5, may submit a Three-Year Program and Expenditure Plan separate from the County in which it is located. Plans of both the County and the City shall be developed in collaboration with one another to minimize gaps in the provision of mental health services and supports.

(b) Three-Year Program and Expenditure Plans shall address each of the following components:

(1) Community Services and Supports, for:

(A) Children and Youth, as defined in Section 3200.030.

(B) Transition Age Youth, as defined in Section 3200.280.

(C) Adults, as defined in Section 3200.010.

(D) Older Adults, as defined in Section 3200.230.

(2) Capital Facilities and Technological Needs.

(3) Workforce Education and Training.

(4) Prevention and Early Intervention.

(5) Innovative Programs.

(c) The County shall update Three-Year Program and Expenditure Plans at least annually.

(d) The County shall develop the Three-Year Program and Expenditure Plans and updates in collaboration with stakeholders, through the Community Program Planning Process, as specified in Section 3300.

(1) County programs and/or services shall only be funded if the Community Program Planning Process set forth in these regulations was followed.

(e) The Three-Year Program and Expenditure Plans and updates shall include a statement explaining how the requirements of Section 3300 were met.

(f) As part of the Three-Year Program and Expenditure Plans or updates, the County shall submit documentation of the local review process, as required by Section 3315.

19 9 CA ADC § 3315: Local Review Process: Barclays official California Code of Regulations. Retrieved from: [WESTLAW](#)

20 9 CA ADC § 3315: Local Review Process: Barclays official California Code of Regulations. Retrieved from: [WESTLAW](#)

G. CCR: § 3315. Local Review Process.²¹

B. § 3315. Local Review Process.

(a) Prior to submitting the Three-Year Program and Expenditure Plans or annual updates to the Department, the County shall conduct a local review process that includes:

(1) A 30-day public comment period.

(A) The County shall submit documentation, including a description of the methods used to circulate, for the purpose of public comment, a copy of the draft Three-Year Program and Expenditure Plan, or annual update, to representatives of stakeholders' interests and any other interested parties who request the draft.

(2) Documentation that a public hearing was held by the local mental health board/commission, including the date of the hearing.

(3) A summary and analysis of any substantive recommendations.

(4) A description of any substantive changes made to the proposed Three-Year Program and Expenditure Plan or annual update that was circulated.

(b) For updates, other than the annual update required in Section 3310(c), the County shall conduct a local review process that includes:

(1) A 30-day public comment period.

(A) The County shall submit documentation, including a description of the methods used to circulate, for the purpose of public comment, a copy of the update, to representatives of stakeholders' interests and any other interested parties who request the draft.

(2) A summary and analysis of any substantive recommendations.

(3) A description of any substantive changes made to the proposed update that was circulated.

²¹ 9 CA ADC § 3315: Local Review Process: Barclays official California Code of Regulations. Retrieved from: [WESTLAW](#)

H. CCR: § 3320. General Standards.²²

C. § 3320. General Standards.

(a) The County shall adopt the following standards in planning, implementing, and evaluating the programs and/or services provided with Mental Health Services Act (MHSA) funds. The planning, implementation and evaluation process includes, but is not limited to, the Community Program Planning Process; development of the Three-Year Program and Expenditure Plans and updates; and the manner in which the County delivers services and evaluates service delivery.

- (1) Community Collaboration, as defined in Section 3200.060.
- (2) Cultural Competence, as defined in Section 3200.100.
- (3) Client Driven, as defined in Section 3200.050.
- (4) Family Driven, as defined in Section 3200.120.
- (5) Wellness, Recovery, and Resilience Focused.
- (6) Integrated Service Experiences for clients and their families, as defined in Section 3200.190.

I. BHS Three-Year Plan and Annual Update Documents²³

BHS MHSA Planning Document	Period	Date	Purpose
MHSA Three-Year Program and Expenditure Plan: FY 2020-21 through 2022-23	FY 2020-22	10/27/2020	Three Year Plan
MHSA FY 2019-20 Annual Update (10-29-2019)	FY 2019-20	10/29/2019	Annual Update
MHSA FY 2018-19 Annual update (10-24-2018)	FY 2018-19	10/24/2018	Annual Update
MHSA Three-Year Program and Expenditure Plan: FYs 2017-18 through 2019-20 (10/10/2017)	FY 2017-19	10/10/2017	Three Year Plan
MHSA FISCAL YEAR 2016-17 ANNUAL UPDATE (7/19/2016)	FY 2016-17	7/19/2016	Annual Update
MHSA FY 2015-16 Annual Update (10/13/2015)	FY 2015-16	10/13/2015	Annual Update
FY 2014-17 MHSA Three-Year Program and Expenditure Plan (11/21/2014)	FY 2014-16	11/21/2014	Three Year Plan
FY 13/14 MHSA Annual Update (1/7/2014)	FY 2013-14	1/7/2014	Annual Update

²² 9 CA ADC § 3320: Local Review Process: Barclays official California Code of Regulations. Retrieved from: [WESTLAW](#)

²³ Mental Health Services Act (MHSA). Documents. San Diego County Behavioral Health Services. Retrieved from: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/mhsa_cosd_docs.html

FY 12/13 MHSA Annual Updated Stakeholders Report (10/9/2012)	FY 2012-13	10/9/2012	Annual Update p1
FY 12/13 Annual Update-Board of Supervisors Report (10/9/2012)	FY 2012-13	10/9/2012	Annual Update p2
FY 11/12 Annual Update #1 with Enhancement 8 (4/15/2011)	FY 2011-12	4/15/2011	Annual Update

J. State Oversight and BHAB Training²⁴

For reference, several organizations provide statewide oversight, training, and a variety of resources to empower our counties to deploy MHSA funds equitably. They include:

- DHCS – the Department of California Health Services provides oversight over the performance of the county in respect to the MHSA contract terms and conditions.
- MHSOAC – the Mental Health Services Oversight and Accountability Commission oversees the implementation of the MHSA statewide as well.
- CALBHBC – The California Association of Local Behavioral Health Boards & Commissions California Association supports the work of local mental and behavioral health boards and commissions through education, training, and sharing resources.

24 DHCS – Department of California Health Services | <https://www.dhcs.ca.gov/>

MHSOAC – Mental Health Services Oversight and Accountability Commission | <https://www.mhsoac.ca.gov/>

CALBHBC – The California Association of Local Behavioral Health Boards & Commissions | <https://www.calbhbc.org/>