

DUTIES OF THE MENDOCINO COUNTY MENTAL HEALTH BOARD

GENERAL DUTIES

Welfare & Institutions Code § 5604.2. (A)

1. Review and evaluate the community's mental health needs, services, facilities, and special problems.
2. Review any County agreements entered into pursuant to Section 5650 of the Welfare and Institutions Code or any subsequent amendments.
3. Advise the Board of Supervisors and the local Mental Health Director as to any aspect of the local mental health program.
4. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
5. Submit an annual report to the 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 a Local Mental Health Director of mental health services. The Board shall be included in the selection process prior to the vote of the Board of Supervisors.
7. Review and comment on the County's Performance Outcome Data and communicate its findings to the California Mental Health Planning Council.
8. Review and assess the impact of the realignment of services from the State to the County on services delivered to clients and on the local community.
9. Any additional duties or authority the Board of Supervisors may transfer to the Board.

MENTAL HEALTH SERVICES ACT DUTIES

The Mental Health Board has six state law mandated duties regarding each 3-year Mental Health Services Act (MHSA) Plan and each annual MHSA Plan update. These are:

1. Hold MHSA Plan and Plan annual update public hearings & forward public comment to the Mental Health Director.
2. Make recommendations to the Mental Health Director re the MHSA Plan and its annual updates.
3. Review and comment on the MHSA Plan's and the Plan's annual update performance outcome data and communicate findings to the California Mental Health Planning Council.
4. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the MHSA Plan planning process.

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5. Review county agreements/contracts with MHSA service providers. (*Note: This means simply being knowledgeable about what services are being provided.*)
 6. Include Mental Health Board actions on any/all of the above in the MHB's Annual Report to the Board of Supervisors.

State law also mandates that a broad based stakeholder group develop the MHSA Plan and its annual updates. It is also mandated that the following types of stakeholders be a part of this group:

- adults with severe mental illness
- seniors with severe mental illness
- families of children with severe mental illness
- families of adults with severe mental illness
- families of seniors with severe mental illness
- providers of services
- law enforcement agencies
- education
- social services agencies
- other important interests

The Mental Health Director shall:

- Exercise general supervision over MHSA Plan mental health services.
- Recommend to the Board of Supervisors, after consultation with the Mental Health Board, the provision of MHSA Plan services.
- Submit an annual report to the Board of Supervisors reporting all activities of the MHSA Plan, including a financial accounting of expenditures.
- Establish requirements for the content of the MHSA plans and annual updates. The MHSA plans and its annual updates shall include reports on the achievement of performance outcomes for services. These reports shall be distributed to the Mental Health Board for review and comment to the California Mental Health Planning Council.
- Provide and circulate draft MHSA plans and annual updates for review and comment for at least 30 days to representatives of stakeholder interests and any interested party who has requested a copy of such plans.

The Mental Health Services Act: At A Glance

“The Mental Health Services Act (MHSA) mandates a change in the manner in which public mental health services are delivered in California, and supports a diverse, culturally competent workforce providing values-driven evidence-based services that support wellness, recovery and resilience.”

“The MHSA provides funding for services and supports that promote recovery and wellness for adults and older adults with severe mental illness and resiliency for children and youth with serious emotional disorders and their family members.”

California Department of Mental Health

The MHSA includes six components:

- Community Planning (*Funded & completed 2004/05*)
- Community Services & Supports (*Current 3-year MHSA Plan 2005/08*)
 - Essential elements:
 - Community collaboration
 - Cultural competence
 - Client/family driven mental health systems
 - Wellness
 - Integrated service experiences for clients and their families
 - Funding categories:
 - Full Service Partnership Funds
 - System Development Funds
 - Outreach & Engagement Funds
- Capital Facilities & Information Technology (*pre-planning stage*)
- Education & Training Programs
- Prevention & Early Intervention Programs
- Innovative Programs

The MHSA mandates that funding be directed toward expanding services for seriously mentally ill or emotionally disturbed in the following age groups:

- Children (youth & families)
- Transition age youth (ages 16-24)
- Adults
- Older adults (60+)

“...**cultural competency** is defined as a system that acknowledges and incorporates at all levels the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally unique needs.”

Many Voices, One Direction: Building a Common Agenda For Cultural Competency in Mental Health

“Values-driven, evidence-based practices are defined as practices that reflect key values of the California Mental Health System Stakeholders—such as recovery/resiliency and cultural competence—and which are supported by an identified level of scientific evidence.”

California Institute of Mental Health

A **recovery-oriented mental health system** embraces the following values:

- Self-Determination
- Empowering Relationships
- Meaningful Roles in Society
- Eliminating Stigma and Discrimination

Recovery occurs when people with mental illness discover, or rediscover, their strengths and abilities for pursuing personal goals and develop a sense of identity that allows them to grow beyond their mental illness.

Author Unknown

Recovery is often called a process, an outlook, a vision, a conceptual framework, a guiding principle. There is no single agreed upon definition of recovery. However, the main message is that hope and restoration of a meaningful life are possible, despite serious mental illness (Deegan, 1988, Anthony, 1993). Recovery is ...”both a conceptual framework for understanding mental illness and a system of care to provide supports and opportunities for personal development. Recovery emphasizes that while individuals may not be able to have full control over their symptoms, they can have full control over their lives. Recovery asserts that persons with psychiatric disabilities can achieve not only affective stability and social rehabilitation, but transcend limits imposed by both mental illness and social barriers to achieve their highest goals and aspirations.”

The Recovery Model, Contra Costa County, California

Contra Costa distinguishing recovery features:

- a holistic view of mental illness that focuses on the person, not just the symptoms;
- recovery is not a function of one’s theory about the causes of mental illness;
- recovery from severe psychiatric disabilities is achievable;
- recovery can occur even though symptoms may reoccur;
- individuals are responsible for the solution, not the problem;
- recovery requires a well-organized support system;
- consumer rights, advocacy, and social change;
- applications and adaptations to issues of human diversity.

