

SEC. 15.

Section 5604 is added to the Welfare and Institutions Code, to read:

5604.

(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 5 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 shall 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 a county with a population of 100,000 or more, at least one member of the board shall be a veteran or veteran advocate. In a county 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 the 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 who engage with individuals living with mental illness or substance use disorder 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 treatment 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 and substance use disorder 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) 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 an interest, influence, or authority over a financial or contractual matter concerning the employer may be appointed to the board.

(B) The member shall abstain from voting on a 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 an 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.

(j) This section shall become operative on January 1, 2025, if amendments to the Mental Health Services Act are approved by the voters at the March 5, 2024, statewide primary election.

SEC. 17.

Section 5604.1 is added to the Welfare and Institutions Code, to read:

5604.1.

(a) Local behavioral health boards are subject to the provisions of Chapter 9 (commencing with Section 54950) of Part 1 of Division 2 of Title 5 of the Government Code, relating to meetings of local agencies.

(b) This section shall become operative on January 1, 2025, if amendments to the Mental Health Services Act are approved by the voters at the March 5, 2024, statewide primary.

SEC. 19.

Section 5604.2 is added to the Welfare and Institutions Code, to read:

5604.2.

(a) The local behavioral health board shall do all of the following:

(1) Review and evaluate the community's public behavioral health needs, services, facilities, and special problems in a 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 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 systems.

(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.

(c) This section shall become operative on January 1, 2025, if amendments to the Mental Health Services Act are approved by the voters at the March 5, 2024, statewide primary election.

SEC. 21.

Section 5604.3 is added to the Welfare and Institutions Code, to read:

5604.3.

(a) (1) The board of supervisors may pay from 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 the board while on official business as approved by the director of the local behavioral health program.

(b) Governing bodies are encouraged to provide a budget for the local behavioral health board using planning and administrative revenues identified in paragraph (1) of subdivision (e) of Section 5892, that is sufficient to facilitate the purpose, duties, and responsibilities of the local behavioral health board.

(c) This section shall become operative on January 1, 2025, if amendments to the Mental Health Services Act are approved by the voters at the March 5, 2024, statewide primary election.

SEC. 94.

Section 5892 is added to the Welfare and Institutions Code, to read:

WIC 5892

(c). Notwithstanding subdivision (a) of Section 5891, the allocations pursuant to subdivisions (a) and (b) shall include funding for annual planning costs pursuant to Sections 5847 and 5963.03. The total of these costs shall not exceed 5 percent of the total of annual revenues received for the Local Behavioral Health Services Fund. The planning costs shall include funds for county mental health programs to pay for the costs of consumers, family members, and other stakeholders to participate in the planning process and for the planning and implementation required for private provider contracts to be significantly expanded to provide additional services pursuant to Part 3 (commencing with Section 5800) and Part 4 (commencing with Section 5850).

SEC. 23.

Section 5604.5 is added to the Welfare and Institutions Code, to read:

5604.5.

The local behavioral health board shall develop bylaws to be approved by the governing body that 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.
- (f) This section shall become operative on January 1, 2025, if amendments to the Mental Health Services Act are approved by the voters at the March 5, 2024, statewide primary election.

5963.03.

(a) (1) Each integrated plan shall be developed with local stakeholders, including, but not limited to, all of the following:

(A) Eligible adults and older adults, as defined in Section 5892.

(B) Families of eligible children and youth, eligible adults, and eligible older adults, as defined in Section 5892.

(C) Youths or youth mental health or substance use disorder organizations.

(D) Providers of mental health services and substance use disorder treatment services.

(E) Public safety partners, including county juvenile justice agencies.

(F) Local education agencies.

(G) Higher education partners.

(H) Early childhood organizations.

(I) Local public health jurisdictions.

(J) County social services and child welfare agencies.

(K) Labor representative organizations.

(L) Veterans.

(M) Representatives from veterans organizations.

(N) Health care organizations, including hospitals.

(O) Health care service plans, including Medi-Cal managed care plans as defined in subdivision (j) of Section 14184.101.

(P) Disability insurers.

(Q) Tribal and Indian Health Program designees established for Medi-Cal Tribal consultation purposes.

(R) The five most populous cities in counties with a population greater than 200,000.

(S) Area agencies on aging.

(T) Independent living centers.

(U) Continuums of care, including representatives from the homeless service provider community.

(V) Regional centers.

(W) Emergency medical services.

(X) Community-based organizations serving culturally and linguistically diverse constituents.

(2) (A) (i) A county shall demonstrate a partnership with constituents and 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.

(ii) Stakeholders shall include sufficient participation of individuals representing diverse viewpoints, including, but not limited to, representatives from youth from historically marginalized communities, representatives from organizations specializing in working with underserved racially and ethnically diverse communities, representatives from LGBTQ+ communities, victims of domestic violence and sexual abuse, and people with lived experience of homelessness.

(iii) 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.

(B) A draft plan and update shall 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.

(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 adopted integrated plan and update shall include 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 department for substantive recommendations made by the local behavioral health board that are not included in the final integrated plan or update.

(6) A county may provide training to ensure stakeholders receive sufficient information and data to meaningfully participate in the development of integrated plans and annual updates.

(c) (1) A county shall prepare annual updates to its integrated plan and may prepare intermittent updates.

(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 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.

(e) This section shall become operative on January 1, 2025, if amendments to the Mental Health Services Act are approved by the voters at the March 5, 2024, statewide primary election.