

# **Member Orientation**

## **– Module 1**

### **CBHDA 101**



# Welcome from CBHDA's President



## Veronica Kelley, LCSW, PhD

- CBHDA President
- Co-Chair for CBHDA's Substance Abuse Prevention & Treatment (SAPT) Committee

Behavioral Health Director for San Bernardino County

# Learning Objectives

By the end of this module, the Board member will:



1. Understand what is included in their bylaws



2. Understand what their responsibilities as board members are



3. Understand CBHDA's origins and purpose

# Who Are We?

The County Behavioral Health Directors Association of California (CBHDA) is a nonprofit advocacy association representing the behavioral health directors from each of California's 58 counties, as well as two municipal entities (Berkeley and Tri-City Mental Health).

# CBHDA's Mission

To ensure access to high-quality, cost-effective, and culturally competent behavioral health care for the people of California by providing leadership, advocacy, and support to County Behavioral Health Directors and programs.

# Goals and Objectives

1. **Advocate** for a public behavioral health system that is guided by recovery and social justice principles, by promoting timely access to and delivery of high-quality care to individuals of all ages who are receiving or in need of mental health and substance use disorder services.
2. **Promote** the identification, prevention and treatment of individual and community mental health and substance use disorder needs in a manner designed to reduce stigma, enhance well-being, promote collaboration and integration with other partners and stakeholders, and improve overall quality of life.
3. **Inform** and improve behavioral health public policy and service outcomes by regular convening, education and support of county and community mental health and substance use disorder leaders.

[https://cbhdamembers.org/wp-content/uploads/2019/02/CBHDA-Bylaws Adopted 02-13-19.pdf](https://cbhdamembers.org/wp-content/uploads/2019/02/CBHDA-Bylaws_Adopted_02-13-19.pdf)

# Structure & Financing

CBHDA is a tax-exempt social welfare organization described in Internal Revenue Code (IRC) section 501(c)(4), as a non-profit organization operated exclusively to promote social welfare:

- Must operate primarily to further the common good and general welfare of the people of the community (such as by bringing about civic betterment and social improvements).
- Seeking legislation germane to the organization's programs is a permissible means of attaining social welfare purposes.
- A 501(c)(4) social welfare organization may further its exempt purposes through lobbying as its primary activity without jeopardizing its exempt status.

The 501(c)(4) designation differs from 501(c)(3) nonprofits in that 501 (c)(3) nonprofits are those considered public charities or private operating foundations and cannot lobby or participate in legislative activity.

<https://cbhdamembers.org/about-cbhda/overview/>

# Nonprofit Board Responsibilities

1. Determine mission and purposes, and advocate for them
2. Select the chief executive
3. Support and evaluate the chief executive
4. Ensure effective planning
5. Monitor and strengthen programs and services
6. Ensure adequate financial resources
7. Protect assets and provide financial oversight
8. Build and sustain a competent board
9. Ensure legal and ethical integrity
10. Enhance the organization's public standing



# Board Membership

The Governing Board of the Association is made up of the head of each local behavioral health authority, and/or the mental health and/or substance use authority (if there is not a behavioral health authority,) or their designee.

1. Members must pay assessed dues in full in order to be considered members in good standing.
2. The Governing Board may develop additional criteria for membership, including a dues payment schedule or partial waiver in extraordinary circumstances.
3. Each county/city authority shall have only one official vote on issues that come before the Governing Board.

[https://cbhdamembers.org/wp-content/uploads/2019/02/CBHDA-Bylaws\\_Adopted\\_02-13-19.pdf](https://cbhdamembers.org/wp-content/uploads/2019/02/CBHDA-Bylaws_Adopted_02-13-19.pdf)

# Executive Board

## Officers (1-year term)

- President
- President Elect
- Secretary-Treasurer
- Past President

## Like-Size County group representatives (rotating 2-yr terms)

- Extra-Large x2
- Large x2
- Medium x2
- Small x2
- Frontier x2

# Executive Board Responsibilities

The Executive Board shall act for the full Association membership, acting on the policy and direction set by the Association. It shall:

- Review and manage all fiscal matters of the Association.
- Set policy based on the direction, and subject to the approval, of the Association members.
- Develop an annual strategic plan.
- Monitor and assure the Association's compliance with labor laws and standards relating to individuals and employers, health and safety regulations, and contractual requirements.
- Approve, revise and direct the structure and goals of CBHDA Committees, Workgroups and Task Forces to align with Association priorities.
- Report decisions to Full Membership.
- *At no time shall the Association adopt a policy or position contrary to a position officially adopted by the California State Association of Counties (CSAC).*

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# CBHDA Meetings

- **Executive Board:** Meets monthly, unless otherwise scheduled by the Executive Board
- **Governing Board:** At least every other month, except for the month of the annual policy forum, minimum of four times/calendar year
  - Attendance open to all members and/or designated staff or special invitation by Directors or staff
- **Annual Policy Forum:** CBHDA is required to host an annual policy forum open to all members and other interested stakeholders (exceptions determined by Governing Board)

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# Voting

**Quorum:  
Majority of  
the  
Members  
in good  
standing**

**Simple  
majority  
voting**

(unless otherwise  
noted - exception for  
2/3<sup>rd</sup> vote required  
for Bylaws changes)

**Only one  
vote per  
county/city  
authority**

# Annual Dues



Assessed in accordance with an annual Association budget that is recommended by the Executive Board (Acting as Finance Committee) and ratified by the Membership/Governing Board.



Approval of the Association's annual dues and budget shall occur prior to the beginning of the fiscal year for which the dues and budget are proposed. *CBHDA's fiscal year runs July-June.*



Assessed in accordance with a formula developed and approved by the Membership/Governing Board. Dues invoice letters are typically sent no later than July, once the budget is approved.

# Like-Size County Structure

Counties are divided into categories according to population size:

Frontier Counties –  
Less than 75,000

Small  
Counties/Cities –  
75,000 to 200,000

Medium Counties –  
200,000 to  
750,000

Large Counties –  
750,000 to  
10,000,000

Extra Large – Los  
Angeles County



Counties meet in their like-size groups in scheduled meetings/webinars before or after each month's CBHDA Governing Board Meeting.

# Current Like-Size Chairs

## Frontier Counties

- Tony Hobson – Plumas (2020-21)
- Gail St. James – Alpine (2020-22)

## Small Counties

- Sarah O'Malley – Napa (2019-2021)
- Nicole Ebrahimi-Nuyken – El Dorado (2020-2022)

## Medium Counties

- Bill Carter – Sonoma (2019-2021)
- Ruben Imperial – Stanislaus (2020-2022)

## Large Counties

- Suzanne Tavano – Contra Costa (2019-21)
- Karyn Tribble – Alameda (2020-22)

## Extra-Large County (Los Angeles)

- Jonathan Sherin – Mental Health Director
- Gary Tsai – Substance Abuse Prevention & Control (Rep. for Barbara Ferrer)

[https://cbhdamembers.org/wp-content/uploads/2020/11/2020\\_10\\_CBHDA\\_ExecutiveBoardRoster\\_w\\_email\\_addresses\\_11-04-20.pdf](https://cbhdamembers.org/wp-content/uploads/2020/11/2020_10_CBHDA_ExecutiveBoardRoster_w_email_addresses_11-04-20.pdf)



# Like-Size County Connections



Each like-size group has two Behavioral Health Director chairs that help to lead the like-size groups. Like size county chairs are voted in during the Board's October Governing Board Meeting.



The like-size meetings/webinars are great opportunities for counties/cities to share and ask questions of each other on issues they are facing locally. It is also a great place to meet other directors in a smaller venue, for communication outside of the organized meetings/webinars.



CBHDA uses these discussions to determine whether policy initiatives impact different sized counties in a different way. Are small/frontier counties impacted differently than a large county? These discussions help us tease out these differences and ensure that we can represent our entire membership adequately.

# Regional to Like-Size

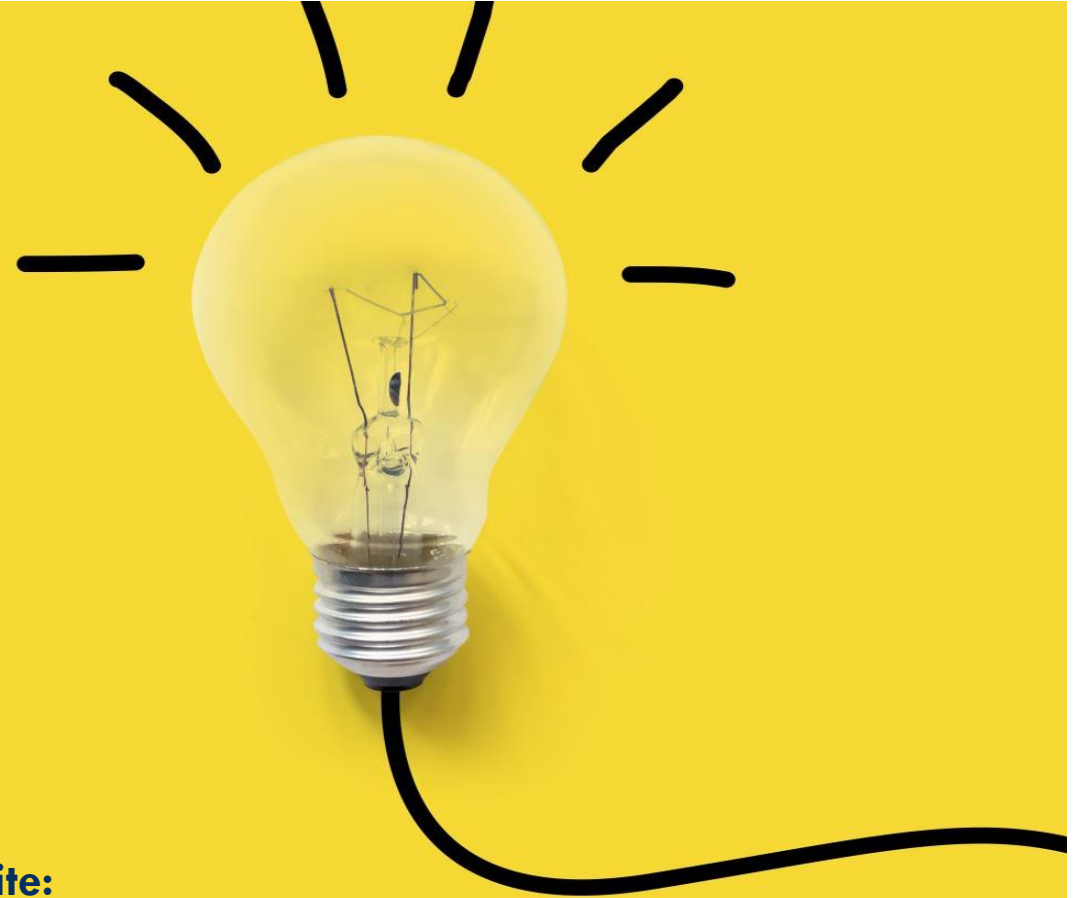
Prior to Nov. 2018, when CBHDA moved to like-size county gatherings, counties would meet in their regional groups, and they were organized as Superior, Central, Bay Area, Los Angeles, and Southern.

County staff who are involved in CBHDA's Children System of Care (CSOC), Mental Health Services Act (MHSA), and Cultural Competency, Equity and Social Justice Committee (CCESJC) also continue to meet in regional groups outside of CBHDA's statewide meetings.



<https://cbhdamembers.org/members-101/regional-map-and-resources/>

# CBHDA Staff



Staff Contacts Are Available on CBHDA's Members' Site:

<https://cbhdamembers.org/contact/> or on CBHDA's public site:

<https://www.cbhda.org/about-us-1>

# Michelle Doty Cabrera – Executive Director



**Michelle Doty Cabrera**  
Executive Director  
Cell: 916.752.5976  
[mcabrera@cbhda.org](mailto:mcabrera@cbhda.org)

**Focus Areas:** Communication with state agencies, policy development

**Committees:** Executive Committee, Governing Board, CCESJC



# Elia Gallardo – Director of Govt. Affairs

**Elia Gallardo, Esq.**

**Director of Government Affairs**

**Cell: 916.208.8350**

**[egallardo@cbhda.org](mailto:egallardo@cbhda.org)**

**Focus Areas:** Legislative, Budget,  
Administrative Priorities

**Committees:** MHSA, Legislative



# Paula Wilhelm – Director of Policy



**Paula Wilhelm, MPP/MPH**

**Director of Policy**

**Cell: 415.283.7293**

**[pwilhelm@cbhda.org](mailto:pwilhelm@cbhda.org)**

**Focus Areas:** Policy Analysis, Administrative Advocacy, Medi-Cal Specialty Mental Health, Drug Medi-Cal, Substance Use Disorders and Drug Policy, California's 1915(b) and 1115 Medicaid waivers, and implementation of federal managed care and parity regulations.

**Committees:** Medi-Cal Policy, SAPT, Financial Services



# Andrea Porter– Director of Operations and HR

## **Andrea Porter**

Director of Operations and Human Resources

Cell: 916.833.7699

[aporter@cbhda.org](mailto:aporter@cbhda.org)

**Focus Areas:** Clerk of the Board, oversight and management of Association operations, human resources functions, support to the Executive Director with contract management, accounting contractor liaison, and administrative management functions

**Committees:** Executive Committee, Governing Board



# Heather Anders – Member Services & Board Engagement Manager



**Heather Anders**

**Member Services & Board Engagement Manager**

**Cell: 916.799.9522**

**[handers@cbhda.org](mailto:handers@cbhda.org)**

**Focus Areas:** Member Communication, Committees

**Committees:** CSOC, Medi-Cal Policy, MSSOC, SAPT, Financial Services, IT, CCESJC, LGBTQ+ PRIDE, MHSA, and Small Counties



# Monica Aguilera Poteet – Senior Executive Assistant

**Monica Aguilera Poteet**  
Senior Executive Assistant  
Cell: 916.206.9842  
[mpoteet@cbhda.org](mailto:mpoteet@cbhda.org)

**Focus Areas:** Supports all Association staff administratively, office operations support, scheduling

**Committees:** Executive Committee,  
Governing Board, PIO  
Communications Workgroup



# More CBHDA Staff

**Meet these staff and more wonderful staff on CBHDA's Members' Site:**

**<https://cbhdamembers.org/contact/> or on CBHDA's public site:**

**<https://www.cbhda.org/about-us-1>**

- **Tyler Rinde – Senior Policy Advocate** (Criminal Justice, Housing & Homelessness, Crisis Services, Legislation)
- **Molly Kholos – Policy Analyst** (Children's Public Policy)
- **Elissa Feld – Senior Policy Analyst** (Medi-Cal Policy, MHSA, IT, CCESJC, LGBTQ+ PRIDE)
- **Emily Lowrie – Senior Policy Analyst** (Medi-Cal Policy, SAPT, Financial Services)
- **Jansher Rasa – Legislative Analyst** (Legislation)

# Committee Structure

CBHDA has 10 committees with a few subcommittees which are led by behavioral health directors or staff. CBHDA Committees include:

- Children's System of Care (CSOC)
- Medical Services System of Care (MSSOC)
- Criminal Justice
- Cultural Competency, Equity, and Social Justice Committee (CCESJC)\*
- Financial Services
- Information Technology
- Legislative\*
- Medi-Cal Policy
- Mental Health Services Act (MHSA)
- Small Counties\*
- Substance Abuse Prevention Treatment (SAPT)

\*Standing committees

<https://cbhdamembers.org/member-info/committees/>

# CBHDA Subcommittees

CBHDA has a few subcommittees that work on special subjects or with certain populations as part of the larger committee and they include:

- LGBTQ+ PRIDE Workgroup – connected to CCESJC
- Psychiatric Health Facilities Subcommittee – connected to Medi-Cal Policy
- Fiscal Analysis and Review Subcommittee (FARS) – connected to Fin. Services
- Transition Age Youth Subcommittee (currently on hiatus since summer 2019) – connected to CSOC

The subcommittees report on their work to the larger committee and any issues that are developed are passed through the larger committee, and onto the Governing Board for approval.

<https://cbhdamembers.org/member-info/committees/>

# CBHDA Committee Establishment and Purpose

## (Bylaws)

### Committee Establishment

- Established by the Executive Board to address the needs of the Association as determined by the Membership/Governing Board
- Each Committee may have up to three (3) co-chairs appointed by the Executive Board
- Where there is more than one chair, every effort will be made to assure that both mental health and substance use disorder expertise, as appropriate, are represented by the chairs

### Committee Purpose

- Committees shall operate to fulfill their purpose as directed by and subject to Executive Board approval.
- No committee is authorized to act on behalf of the Association on any matter not approved by the Executive Board.
- Any committee direction and function may be amended by the Executive Board or the Governing Board.” Recommendations from committees are to the Board and staff will act on the recommendations after they are board approved.

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# CBHDA Committee Chair Responsibilities

Committee Chairs Serve for 2-year terms, which may be renewed once. Responsibilities include:

1. Ability to convene a meeting and encourage and facilitate discussion among the committee members
2. Maintain the focus and direction of the meeting following a published agenda, developed with assigned CBHDA staff
3. Ensure that agendas and meeting reports are completed and available to CBHDA and committee members
4. Balance committee members' positions on issues with the association's overall mission and goals and be sensitive to the political ramifications of policy recommendations that come from the committee to the Governing Board
5. Strive to lead the committee in identifying new and emerging issues and accomplishing previously set goals
6. Encourage participation at the meetings from all members, including county staff, striving for consensus among members

<https://cbhdamembers.org/wp-content/uploads/2019/09/Comm. Org 09-16-19 AP.pdf>

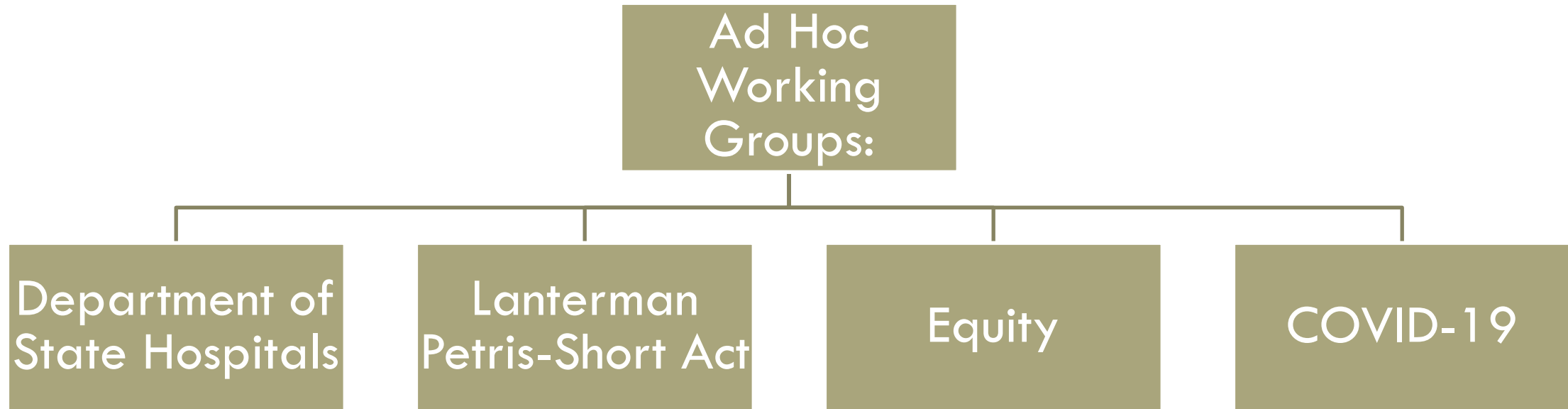
# CBHDA Staff Responsibilities for Committees

## CBHDA committee staff are responsible for:

- Working with the committee to develop agendas and secure presenters.
- Drafting committee meeting reports.
- Making sure that the committee stays on task in terms of goal completion.
- Helping the committee chairs with their duties.
- Arranging for conference calls and meetings for the committee.
- Staffing the subcommittees of the committees.
- Posting materials for the committee on the CBHDA Member website.
- Distributing any information pertaining to the interests of the committee members.
- Working on policy matters outside of committee gatherings and bringing any policy news back to the committees for updates.

<https://cbhdamembers.org/wp-content/uploads/2019/09/Comm. Org 09-16-19 AP.pdf>

# Current Ad Hoc Working Groups





# Benefits of Membership

The benefits of being an active member of the Association include:

- **Networking & Shared Learning:** Via like-size and regional members, informal mentoring, and establishment of statewide partnerships
- **Shaping and informing statewide policy:** Through participation in CBHDA committees and board meetings, help inform and shape statewide policy matters, from development through to implementation
- **Timely informing of policy and political changes:** Regular Member updates via e-mail, CBHDA publications, Board meetings and committees on state-level policy activity affecting county behavioral health
- **Leadership & Staff development:** Build skills in advocacy, statewide leadership, and develop your staff through participation in CBHDA

# Benefits of Membership cont.

The benefits of being an active member of the Association include:

- **Statewide advocacy:** The Association advocates on behalf of counties affecting policy and the state budget with the legislature, the administration, statewide partners and stakeholders
- **Technical Assistance and Information Gathering:** This is provided through many avenues – CBHDA Member Website, Weekly Updates, Board and Committee meetings, Member Resources, and Administrative Memos.
- **Fiscal Forecasting:** CBHDA staff and consultants provide members with trends and estimates in managing resources.
- **Remove Process and Regulatory Barriers:** When members encounter red tape or regulatory barriers, CBHDA can assist with removing those barriers

# Look Back to CBHDA's Origins





# A Brief History of CMHDA/CIMH Relationship



## 1989 – CMHDA is Created

Beginning in the early 1950s, the Department of Mental Health supported a Conference of Local Mental Health Directors, the costs and staffing paid for by the Department. The Conference provided regular meetings that included training, policy information and commendations, legislative information sharing, and a complex committee structure that provided the advice and information needed by the Department to manage the state's public mental health system. Included in its statutory responsibilities was required review of Department regulations prior to issuance.

In 1989, county mental health directors completed an extensive discussion and determined to establish a lobbying office that would operate in collaboration with the Conference and utilize its discussions and committee structure but could speak directly on legislative and budget issues (unlike state staff in the Department assigned to support the Conference). The office was conceived as an affiliate group to the California State Association of Counties (CSAC), and the California Mental Health Directors Association (CMHDA) was established with a staff of 1 ½ positions, including a director/registered lobbyist, Catherine Camp.



# A Brief History of CMHDA/CIMH Relationship



## 1991 – CIMH is Created

Shortly after the California Conference of Local Mental Health Directors became the California Mental Health Directors Association in 1989, CMHDA invited Sandra Naylor Goodwin, PhD to develop a companion or parallel organization, intended to provide training, education and research support to the public mental health system. The California Institute for Mental Health was established as a 501-c-3 tax-exempt non-profit organization, with 1 ½ staff persons, including a director and support staff shared with CMHDA. Core funding was provided with a transfer of some DMH funds provided for information-sharing and a grant from the CMHDA dues.

## CMHDA and CIMH Boards of Directors

The boards of directors for both organizations were initially identical. Monthly board meetings were split between the CMHDA board doing its business, adjourning, then reconvening as a CIMH board of directors. CIMH began establishing a series of programs and projects based on public and private grant funding, as well as training fees charged to public mental health departments. CIMH and CMHDA shared office space, while also moving to separate and clarify staff roles between the two organizations.

In 1999, CIMH established a separate board of directors, with a separate meeting schedule. This decision was intended to broaden the board representation for CIMH beyond county directors, while retaining a strong county presence on the board. It was also designed to provide CIMH the focus of a board that could spend appropriate time on the activities of the Institute.



# Transitions

## **July 1, 2014 - CMHDA Merges with County Alcohol and Drug Program Administrators of California (CAADPAC) to Become CBHDA**

- In 2014 the merger of CMHDA and CADPAAC was final, with CBHDA having a focus on all behavioral health issues, mental health and substance use.
- CBHDA would then focus on both issues in advocacy and representation.

## **July 1, 2014 - CIMH Merges with the Alcohol and Other Drug Policy Institute (ADPI) to Become CIBHS**

- CIMH Merged with ADPI to form the California Institute for Behavioral Health Solutions (CIBHS)

# CalMHSA

## CalMHSA Was Formed in 2009

- The California Mental Health Services Authority (CalMHSA) is a Joint Powers Agreement (JPA) which was started as a collaborative effort of a small group of mental health professionals seeing the need for a more efficient and effective delivery of California mental health projects and programs.
- CalMHSA was seen as a way to more efficiently act jointly both statewide and regionally in terms of pooled expenditure of county funds for specified projects.



# Q&A with Patricia Ryan

**CMHDA's Executive Director 2001-2013 and  
CBHDA's Interim Executive Director May 2015 -  
Oct. 2015**





# Questions:

1. Can you speak to the evolution of the Association and the shift from CMHDA to CBHDA?
2. What were some of the biggest challenges faced by the Association during your tenure?
3. What were some of the greatest successes for the Association during your tenure?
4. What advice would you have for a new Behavioral Health Director as way to maximize their membership with CBHDA?

# Open Q&A with Counties

