



CONTRA COSTA
MENTAL HEALTH
COMMISSION

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cchealth.org/mentalhealth/mhc

**Mental Health Commission
Executive Committee**

Tuesday, April 27, 2021 from 3:30 – 5:00 pm

Via: Zoom Teleconference:

<https://cchealth.zoom.us/j/6094136195>

Meeting number: 609 413 6195

Join by phone:

1 646 518 9805 US

Access code: 609 413 6195

AGENDA

- I. Call to Order/Introductions**
Commissioner roll call (Public to enter name and affiliation in chat window)
- II. Public comments**
- III. Commissioner comments**
- IV. Chair announcements**
- V. APPROVE minutes from the March 23, 2021 meeting**
- VI. DISCUSS proposed by-law change to Section 4.1 Mental Health Commission Recruitment proposed by Commissioner Candace Andersen, Supervisor District II, Contra Costa County Board of Supervisors**
- VII. DISCUSS potential by-law change on excused absences from MHC meetings due to unforeseen, extraordinary circumstances, Commissioner Leslie May, District V**
- VIII. RECEIVE update on the second county-wide Crisis Intervention Rapid Improvement Event (RIE), Commissioner Barbara Serwin**
- IX. RECEIVE update on Hume Center site visit test, Commissioners Barbara Serwin and Laura Griffin, Quality of Care Committee**

(Agenda Continued on Page Two)



The Contra Costa County Mental Health Commission is appointed by the Board of Supervisors to advise them on all matters related to the county's mental health system, in accordance with mandates set forth in the California State Welfare & Institutions Code, Sections 5604 (a)(1)-5605.5. Any comments or recommendations made by the Mental Health Commission or its individual members do not represent the official position of the county or any of its officers. The Commission is pleased to make special accommodations, if needed, please call ahead at (925) 313-9553 to arrange.

X. DETERMINE May 2021 Mental Health Commission meeting agenda

- **“Get to know your Commissioner”**
- **RECEIVE update on Crisis Intervention Rapid Improvement Event (RIE), Commissioner Barbara Serwin**
- **RECEIVE update on Hume site visit test and work on building a site list, Commissioner Laura Griffin and Commissioner Barbara Serwin, Quality of Care Committee**
- **VOTE on by-laws changes:**
 - ✓ **Mandatory committee membership**
 - ✓ **By-law change in how period of absences is defined**
 - ✓ **TBD Vote on other potential by-law changes**
- **Behavioral Health Services Director's Report**

XI. Adjourn

Original Text

SECTION 4. VACANCIES AND RECRUITMENT

4.1 Role of the Commission

At the discretion of and to the extent requested by the Board, the Commission shall be involved in the recruitment and screening of applicants. When an application is received, the Commission will appoint an Ad Hoc Applicant Interview Committee, pursuant to Article VIII, Section 5.1. Following an interview by the Ad Hoc Applicant Interview Committee, it will forward its recommendation to the Commission .After Commission vote and approval , the recommendation for nomination of the applicant shall be forwarded to the appropriate member of the Board of Supervisors for that Supervisor's consideration.

4.2 Applications The Commission shall receive applications on an ongoing basis.

4.3 Commission Recommendation

a) Pursuant to Article IV, section 1.2, the Commission shall, to the extent possible, recommend for appointment those persons who will assist the County in complying with the ethnic and demographic mandates in the Welfare & Institutions Code.

b) To the extent possible, the Commission shall recommend for appointment applicants who have experience and knowledge of the mental health system, preferably in the County

Text Proposed by Supervisor Candace Andersen, District II

SECTION 4. VACANCIES AND RECRUITMENT

4.1 Role of the Commission

The role of the Commission in recruitment of new commissioners is at the discretion of and to the extent requested by the Board of Supervisors

4.2 The Commission is encouraged to help identify and recruit qualified applicants to apply for any vacancies on the Commission. 4.3 Commission Identification and Recruitment of Applicants

a) Pursuant to Article IV, section 1.2, the Commission shall, to the extent possible, identify and encourage applicants who will assist the County in complying with the ethnic and demographic mandates in the Welfare & Institutions Code.

b) To the extent possible, the Commission shall identify and encourage applicants who have experience and knowledge of the mental health system, preferably in the County

4.4 Each County Supervisor will encourage any applicant being considered for the Mental Health Commission to attend a Commission meeting prior to their appointment.

4.5 Upon appointment, the Chair and Executive Committee of the Mental Health Commission shall coordinate appropriate training and orientation of all new commissioners.

[Home](#)[Bill Information](#)[California Law](#)[Publications](#)[Other Resources](#)[My Subscriptions](#)[My Favorites](#)**AB-1352 Community mental health services: mental health boards.** (2019-2020)**As Amends the Law Today**[As Amends the Law on Nov 18, 2019](#)**SECTION 1.** *The Legislature finds and declares all of the following:*

(a) *The Bronzan-McCorquodale Act (Part 2 (commencing with Section 5600) of Division 5 of the Welfare and Institutions Code) (the act) defines California's county mental health system, which was first established in 1968 through the Short-Doyle Act. The act requires county mental health systems to provide mental health services to children and adolescents who have a serious emotional disturbance, and adults and older adults who have a serious mental illness.*

(b) *This framework created local mental health advisory boards or commissions, as determined by each county, to provide community voice and input into the development and adoption of community mental health service plans, and to ensure that the county's system of care is transparent, accountable, and responsible to the community being served.*

(c) *Local mental health boards or commissions are appointed by the governing body of the county (in most cases the county board of supervisors) and advise the governing body on a variety of issues related to the implementation of the community's mental health system.*

(d) *Membership on local mental health boards generally ranges from 10 to 15 members, and may be as few as 5 members in counties with populations less than 80,000, and is required to include one member of the governing body, and no fewer than one-half of membership must be consumers, or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received mental health services.*

(e) *In 2004, California voters approved Proposition 63, which enacted the Mental Health Services Act (MHSA), and which provided increased funding, personnel, and other resources to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults, and families. The MHSA addresses a broad continuum of prevention, early intervention, and service needs, and the necessary infrastructure, technology, and training elements that will effectively support this system.*

(f) *The MHSA established the Mental Health Services Oversight and Accountability Commission (commission) to provide vision and leadership, in collaboration with clients, their family members, and underserved communities, to ensure Californians understand mental health is essential to overall health. This commission holds public mental health systems accountable for Mental Health Services Act expenditures and programs; provides oversight for eliminating disparities; promotes wellness, recovery, and resiliency; and ensures positive outcomes for individuals living with serious mental illness and their families.*

(g) *The commission advises the Governor and Legislature regarding actions the state may take to improve care and services for individuals living with mental illness. The commission consists of 16 voting members, including 4 consumers, or family members of consumers, but also includes a broader, less traditional definition of community members. Commission membership includes representatives from the mental health profession, law enforcement, educational institutions, health care service plans or insurers, and employers.*

SEC. 2. *It is the intent of the Legislature in enacting this act to do all of the following:*

(a) *Clarify the role local mental health boards and commissions play in advising county boards of supervisors, or other related governing bodies, and local mental health agencies or local behavioral health agencies, as applicable.*

(b) *Strengthen and empower local mental health boards to serve their intended purpose, to provide community voice and input into the development and adoption of community mental health service plans, and to ensure that*

the county's system of care is transparent, accountable, and responsible to the community being served.

(c) Increase transparency for the community to understand the reasons why substantive recommendations made by the local mental health board or commission are not included in the community mental health services plans or updates.

(d) Increase the role of nontraditional community participation on local mental health boards and commissions. In addition to the existing membership requirements, county governing bodies are encouraged to seek individuals with the experiences, knowledge, and expertise in different sectors of the community that intersect and engage with the mental health systems, such as representatives of county offices of education, hospitals, emergency departments, and law enforcement.

SEC. 3. Section 5604 of the Welfare and Institutions Code is amended to read:

5604. (a) (1) Each community mental health service shall have a mental health board consisting of 10 to 15 members, depending on the preference of the county, appointed by the governing body, except that boards in counties with a population of less than 80,000 may have a minimum of five members. A county with more than five supervisors shall have at least the same number of members as the size of its board of supervisors. This section does not limit the ability of the governing body to increase the number of members above 15.

(2) (A) The board serves in an advisory role to the governing body, and one member of the board shall be a member of the local governing body. Local mental health boards may recommend appointees to the county supervisors. The board membership should reflect the diversity of the client population in the county to the extent possible.

(B) 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 mental health services. At least 20 percent of the total membership shall be consumers, and at least 20 percent shall be families of consumers.

(C) In addition to consumers and family members referenced in subparagraph (B), counties are encouraged to appoint individuals who have experience with and knowledge of the mental health system. 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 less 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 services.

(B) Notwithstanding subparagraph (A), a board in a county with a population that is less 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) The mental health board shall review and evaluate the local public mental health system, pursuant to Section 5604.2, and advise the governing body on community mental health services delivered by the local mental health agency or local behavioral health agency, as applicable.

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

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

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

SEC. 4. Section 5604.2 of the Welfare and Institutions Code is amended to read:

5604.2. (a) The local mental health board shall do all of the following:

(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 Section 5650. The local mental health board may make recommendations to the governing body regarding concerns identified within these agreements.

(3) Advise the governing body and the local mental health director as to any aspect of the local mental health program. Local mental 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.

(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 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 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 governing body 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 director of mental health services. 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 mental 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.

SEC. 5. Section 5604.3 of the Welfare and Institutions Code is amended to read:

5604.3. (a) The board of supervisors may pay from any available funds the actual and necessary expenses of the members of the mental health board of a community mental health service incurred incident to the performance of their official duties and functions. 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 the local mental health program.

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

SEC. 6. Section 5604.5 of the Welfare and Institutions Code is amended to read:

5604.5. The local mental 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 mental health board, consistent with subdivision (a) of Section 5604.
- (b) Ensure that the composition of the mental 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 mental health board be in consultation with the local mental health director.
- (e) Establish that there may be an executive committee of the mental health board.

SEC. 7. Section 5848 of the Welfare and Institutions Code is amended to read:

5848. (a) Each three-year program and expenditure plan and update shall be developed with 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. Counties shall 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. A draft plan and update shall be prepared and circulated 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.

(b) The mental health board established pursuant to Section 5604 shall conduct a public hearing on the draft three-year program and expenditure plan and annual updates at the close of the 30-day comment period required by subdivision (a). Each adopted three-year program and expenditure plan and update shall include any substantive written recommendations for revisions. The adopted three-year program and expenditure plan or update shall summarize and analyze the recommended revisions. The mental health board shall review the adopted plan or update and make recommendations to the local mental health agency or local behavioral health agency, as applicable, for revisions. The local mental health 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 recommendations made by the local mental health board that are not included in the final plan or update.

(c) The plans shall include reports on the achievement of performance outcomes for services pursuant to Part 3 (commencing with Section 5800), Part 3.6 (commencing with Section 5840), and Part 4 (commencing with Section 5850) funded by the Mental Health Services Fund and established jointly by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, in collaboration with the County Behavioral Health Directors Association of California.

(d) Mental health services provided pursuant to Part 3 (commencing with Section 5800) and Part 4 (commencing with Section 5850) shall be included in the review of program performance by the California Behavioral Health Planning Council required by paragraph (2) of subdivision (c) of Section 5772 and in the local mental health board's review and comment on the performance outcome data required by paragraph (7) of subdivision (a) of Section 5604.2.

(e) The department shall annually post on its internet website a summary of the performance outcomes reports submitted by counties if clearly and separately identified by counties as the achievement of performance outcomes pursuant to subdivision (c).

(f) For purposes of this section, "substantive recommendations made by the local mental 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 mental health board that has established its quorum.

SEC. 8. *If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7*

(commencing with Section 17500) of Division 4 of Title 2 of the Government Code.

SEC. 9. *The Legislature finds and declares that this act clarifies procedures and terms of the Mental Health Services Act within the meaning of Section 18 of the Mental Health Services Act.*



California Association of Local Behavioral Health Boards and Commissions

JANUARY 2020

Email: info@calbhbc.com

www.calbhbc.org

CALBHB/C SUPPORTS THE WORK OF CALIFORNIA'S 59 LOCAL MENTAL HEALTH AND BEHAVIORAL HEALTH BOARDS AND COMMISSIONS.

CA WIC 5604 and 5848—Mental Health Boards: Bylaws, Duties, Expenses, Membership

California's Welfare & Institutions Code (WIC) for mental/behavioral health boards & commissions:

- [Bylaws \(5604.5\)](#)
- [Duties \(5604.2\) & MHSA Duties \(5848\)](#)
- [Expenses \(5604.3\)](#)
- [Membership \(5604\)](#)

Changes due to AB 1352 (Waldron) appear in **bold print**.

WIC is also on-line at:
www.calbhbc.org/legislation-mhb-wic.html

Expenses (WIC 5604.3)

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

(b) **Governing bodies are encouraged to provide a budget for the local mental 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 mental health board.**

WIC 5892 (c) The allocations pursuant to subdivisions (a) and (b) shall include funding for annual planning costs pursuant to Section 5848 . The total of these costs shall not exceed 5 percent of the total of annual revenues received for the 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 ...

Bylaws (WIC 5604.5)

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



WIC: MENTAL HEALTH BOARDS

Issue Briefs: www.calbhbc.org

Resources: www.calbhbc.org/resources

Duties (5604.2) and MHSA Duties (5848)

Duties of Boards & Commissions (5604.2)

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

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 Section 5650. **The local mental health board may make recommendations to the governing body regarding concerns identified within these agreements.**
 3. Advise the governing body and the local mental health director as to any aspect of the local mental health program. **Local mental 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.**
 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 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 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 governing body 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 director of mental health services. 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 mental 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 of Boards & Commissions (MHSA)

MHSA Duties from Code Section 5848:

- (b) The mental health board established pursuant to Section 5604 shall conduct a public hearing on the draft three-year program and expenditure plan and annual updates at the close of the 30-day comment period required by subdivision (a). Each adopted three-year program and expenditure plan and update shall include any substantive written recommendations for revisions. The adopted three-year program and expenditure plan or update shall summarize and analyze the recommended revisions. The mental health board shall review the adopted plan or update and make recommendations to the **local mental health agency or local behavioral health agency, as applicable, for revisions.** The local mental health 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 (f) below] **recommendations made by the local mental health board that are not included in the final plan or update.**
- (f) **For purposes of this section** “Substantive recommendations made by the local mental 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 mental health board that has established its quorum. (WIC 5848 updated 10/19)

Membership (WIC 5604.)

Membership (WIC 5604.)

(a) (1) Each community mental health service shall have a mental health board consisting of 10 to 15 members, depending on the preference of the county, appointed by the governing body, except that boards in counties with a population of less than 80,000 may have a minimum of five members. A county with more than five supervisors shall have at least the same number of members as the size of its board of supervisors. **This section does not limit** the ability of the governing body to increase the number of members above 15.

(2) (A) The board serves in an advisory role to the governing body, and one member of the board shall be a member of the local governing body. Local mental health boards may recommend appointees to the county supervisors. The board membership should reflect the diversity of the client population in the county to the extent possible.

(B) 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 mental health services. At least 20 percent of the total membership shall be consumers, and at least 20 percent shall be families of consumers.

(C) In addition to consumers and family members referenced in subparagraph (B) Counties are encouraged to appoint individuals who have experience with and knowledge of the mental health system. 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 less 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 services.

(B) Notwithstanding subparagraph (A), a board in a county with a population **that is less 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) The mental health board shall review and evaluate the local public mental health system, pursuant to Section 5604.2, and advise the governing body on community mental health services delivered by the local mental health agency or local behavioral health agency, as applicable.

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

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

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

Napa County Mental Health Board - Member Guide

Table of Contents

| | |
|---|-----------|
| Bylaws | 2 |
| Meeting Calendar | 12 |
| Acronyms-Abbreviations | 13 |
| Conduct | 16 |
| Person First Language | 16 |
| Meeting Etiquette (Proposed Meeting Ground Rules) | 17 |
| The Brown Act (on-line) | |
| Policies & Procedures | 18 |
| Recruitment of Members | 18 |
| <i>Resignation Form</i> | 20 |
| Recruitment of Mental Health Director | 21 |
| Reimbursement of Expenses Policy | 23 |
| <i>Travel Request Form 2015.pdf</i> | 24 |
| <i>Expense Report</i> | 25 |
| Roles and Duties of NCMHB and NCHHS staff | 26 |
| Standing Committee [Subcommittee] Policy | 37 |
| <i>Meeting Cancellation Notice</i> | 40 |
| <i>Special Meeting Notice</i> | 40 |
| Site Visit Protocol | 29 |
| <i>Site Visit Form (Contractor)</i> | 31 |
| <i>Site Visit Form (Mental Health Board)</i> | 34 |
| Workgroup Procedure | 41 |
| Organizational Charts | 43 |
| Mental Health Division Org Chart | 43 |
| Health & Human Services Org Chart | 45 |
| Annual Goals | 46 |
| Annual Report (on-line) | |
| Navigating the Currents: A Guide to the California Public Mental Health System (on-line) | |
| Legislation | |
| wic:5600-5623 (on-line) | |
| wic:5650-5667 (on-line) | |
| Ethics Training (on-line) | |

Established: July 20, 1993; Resolution No. 93-82
Amended: July 5, 1994; Resolution No. 94-69
Amended: January 10, 1995; Resolution No. 95-6
Amended: August 23, 2005; Resolution No. 05-145
Amended: January 29, 2008; Resolution No. 05-145
Amended: June 16, 2009; Resolution 09-71
December 7, 2010; Resolution No. 2010-150
Amended: September 25, 2012; Resolution No. 2012-139

BYLAWS OF THE NAPA COUNTY MENTAL HEALTH BOARD

ARTICLE I - NAME

The name of this Board shall be the Napa County Mental Health Board ("Mental Health Board").

ARTICLE II - AUTHORITY

The authority of the Napa County Mental Health Board is established pursuant to the Bronzan-McCorquodale Act which may be found at Part 2 of Division 4.7 of the California Welfare and Institutions Code (commencing at section 5600 et seq.).

ARTICLE III - PURPOSE

The purposes of the Mental Health Board are as follows:

1. Review and evaluate the county's mental health needs, services, facilities and special problems.
2. Review any county agreements entered into pursuant to Section 5650.
3. Advise the Napa County Board of Supervisors and the Napa County Mental Health Director as to any aspect of the county's 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 Napa County Board of Supervisors on the needs and performance of the mental health system of the County of Napa.
6. Review and make recommendations on applicants for appointment of the Napa County Director of Mental Health Services. The Mental Health Board shall be included in the selection process prior to the vote of the Napa County Board of Supervisors.
7. Review and comment on the County of Napa's performance outcome data and communicate its findings to the California Mental Health Planning Council.

8. Assess the impact of the realignment of services from the state to Napa County on services delivered to clients and on the local community.
9. Perform such additional duties as may be assigned to the Mental Health Board by the Napa County Board of Supervisors.

ARTICLE IV - MEMBERS OF MENTAL HEALTH BOARD

1. Number of Members of the Board. There shall be 15 members of the Mental Health Board. All members shall be voting members. The members shall consist of those individuals appointed by the Napa County Board of Supervisors to the Mental Health Board. A quorum shall be one person more than one-half of the appointed members. Quorum is defined in accordance with California Welfare & Institutions Code Section 5604.5 (c).
2. Direction of the Mental Health Board Required. The activities and affairs of individual members of the Mental Health Board, acting as Board members, shall be conducted, and powers exercised, by and under the direction of the Mental Health Board and these Bylaws.
3. Terms of Office. Terms for each member of the Mental Health Board shall be three years. Members shall be limited to two consecutive three year terms unless waived by a majority vote of the Napa County Board of Supervisors; provided, however, members serving on July 11, 2005, may be appointed to two additional three year terms without requiring a waiver from the Board of Supervisors. The foregoing provision for members serving on July 11, 2005 shall sunset on December 31, 2012.
4. Compensation. No member shall be compensated for duties performed as a member of the Mental Health Board. Notwithstanding the previous sentence, a member may be reimbursed for the actual costs of attending meetings, conferences or similar gatherings if attendance at the meeting, conference or similar gathering is approved in advance in writing by the Mental Health Board Chair and the Napa County Mental Health Director.
5. Requirements Applicable to all Members. A member of the Mental Health Board must:
 - a. Be appointed by the Napa County Board of Supervisors.
 - b. Take the Oath of Office administered by the Clerk of the Napa County Board of Supervisors.
 - c. Serve on at least one Committee or Work Group of the Mental Health Board or serve as a Mental Health Board representative on a designated local, regional or state committee/commission or professional/service organization as approved or excused by the Executive Committee for good cause shown.

- d. Maintain a satisfactory meeting attendance record to Mental Health Board meetings and other assignments as defined in Article XI of these Bylaws.
- e. Comply with all applicable regulations of the Fair Political Practices Commission, including, but not limited to, preparing and filing FPPC Form 700, if required, within 30 days of appointment and annually prior to April 1st of each year.
- f. Keep any confidential information obtained while performing duties as a Mental Health Board member confidential.
- g. Participate in site visits of a mental health facility or program, at least twice per year, unless excused by the Executive Committee.

ARTICLE V - QUALIFICATIONS OF MEMBERS

1. Qualification of Members. The members of the Mental Health Board shall be composed of the following:
 - a. One member of the Napa County Board of Supervisors.
 - b. At least fifty percent of the Board membership shall be consumers, who are receiving or have received mental health services, or their family members as defined in exhibit A.
 - c. At least twenty percent of the Board membership shall be consumers.
 - d. At least twenty percent of the Board shall be family members of consumers.
 - e. Any members who are not consumers or family members of consumers shall be individuals who are interested and concerned citizens from the general public.

The composition of the Mental Health Board should reflect the ethnic diversity of the consumer population and the demographics of the county as a whole to the extent feasible.

2. Residents of the County Required; Exceptions. Members appointed should be residents of Napa County if possible. If it is not possible to secure membership as specified from among persons who reside in the county, the Napa County Board of Supervisors may substitute representatives of the public interest in mental health who are not full-time or part-time employees of the county mental health service, the State Department of Mental Health, or on the staff of, or a paid member of the governing body of, a mental health contract agency.
3. Individuals Disqualified From Serving. The following individuals are disqualified from serving on the Napa County Mental Health Board:

No member of the Mental Health Board or his or her spouse shall be a full-time or part-time county employee of a county mental health service, an employee of the State Department of Mental Health, or an employee of, or a paid member of the governing body of, a mental health contract agency.

ARTICLE VI - RECRUITMENT OF MEMBERS

1. Responsibility for Recruitment. Recruitment of prospective members of the Napa County Mental Health Board shall be the responsibility of individual members of the Napa County Board of Supervisors and members of the Mental Health Board. An effort will be made to recruit mental health professionals as well as individuals who have experience and knowledge of the mental health system.
2. Board of Supervisors Recruitment. Board Supervisors are encouraged to nominate individuals from their respective district to facilitate wider representation across Napa County, for a total of five Mental Health Board members to be nominated and appointed by the Board of Supervisors. The Board of Supervisors may accept more than one nomination from each district based on interest and willingness of community members to serve.
3. Recruitment by the Mental Health Board. Interview and Recommendation. All applicants, except those nominated directly by the Board of Supervisors, shall initially be interviewed by at least two members of the Mental Health Board. Names of the applicants recommended shall be presented to the full Mental Health Board for its consideration. Those applicants recommended by the Mental Health Board shall then be referred to the Board of Supervisors with a recommendation they be appointed to the Napa County Mental Health Board.

ARTICLE VII - MEETINGS

1. Annual Meetings. There shall be a regular meeting, which shall constitute the annual meeting of the Mental Health Board, to be held on the second Monday of July of each year at which time the officers will present their reports, a meeting schedule will be adopted for the next twelve months, and elections held. If the second Monday of July falls on a Holiday, the meeting shall be held on the third Monday of July.
2. Regular Meetings. Other regular meetings of the Mental Health Board may be held at such time and place as is established by the annual meeting schedule.
3. Special Meetings. Special meetings, for any purpose or purposes related to the business of the Mental Health Board, may be called at any time by the Chair of the Board or by a majority of the Board members.

4. Notice of Annual and Regular Meetings. Notice of the Annual Meeting shall be given to each member of the Mental Health Board by one of the following methods: (a) by personal delivery of written notice; (b) by first class mail, postage prepaid; (c) by fax transmittal or e-mail of written notice; or (d) by telephone, either directly to the member or to a person at the member's office who would reasonably be expected to communicate that notice promptly to the member. Notices sent by first class mail shall be deposited in the U.S. Mail not less than five days before the time set for the meeting. Notice given by personal delivery, fax, E-mail, or telephone shall occur at least 72 hours before the time set for the meeting. All such notices shall be given or sent to the members address or telephone number as shown on the records of the Board.

5. Notice of Special Meeting. A special meeting may be called at any time by the Chair of the Mental Health Board or by a majority of the Mental Health Board members. Notice of special meetings shall be given by delivering written notice to each member of the Mental Health Board and to each local newspaper of general circulation and radio or television station that has requested notice in writing. The notice shall be delivered personally or by any other means and shall be received at least 24 hours before the time of the meeting as specified in the notice. The notice shall specify the time and place of the special meeting and the business to be transacted or discussed. No other business shall be considered at these meetings by the Board. The written notice may be dispensed with as to any member who at or prior to the time the meeting convenes files with the clerk or secretary of the Board a written waiver of notice. The waiver may be given by telegram. The written notice may also be dispensed with as to any member who is actually present at the meeting at the time it convenes. The notice shall be posted at least 24 hours prior to the special meeting in a location that is freely accessible to members of the public.

ARTICLE VIII - OFFICERS

1. Officers of the Board. The officers of the Board shall consist of a Chair and Vice-Chair.

2. Election of Officers. The offices of Chair and Vice-Chair shall be elected at the annual meeting of the Board and those elected shall serve for a term of at least one but not more than two consecutive years. It is the non-binding policy of the Board that the Vice-Chair will be the person that will normally be elected to serve as Chair in the year following service as Vice-Chair.

If the Chair's office is vacated prior to the end of the one year term, the Vice Chair shall assume the Chair's office and a replacement Vice Chair nominated at the next regularly scheduled meeting. The election vote for the new Vice Chair shall be held at the next regularly scheduled meeting following the nomination meeting.

ARTICLE IX - DUTIES OF OFFICERS AND OTHER BOARD POSITIONS

Duties of the Officers of the Board. The duties of the officers of the Mental Health Board shall be as follows:

1. Chair. It shall be the duty of the Chair to prepare the agenda for and preside over all regular and special meetings of the Board; to appoint Committee and Work Group chairs; coordinate existing Committees and Work Groups; serve as an ex-officio member of all Committees and Work Groups; call special meetings of the Board when necessary; and be in regular consultation with the Napa County Director of Mental Health.
2. Vice-Chair. It shall be the duty of the Vice-Chair to assist the Chair in the execution of his or her office and to act in his or her stead during an absence. In case of resignation or death of the Chair, the Vice-Chair shall perform such duties as are imposed on the Chair until such time as the Mental Health Board elects a new Chair.
3. Upon the expiration of his or her term of office, or in the case of resignation, each Officer shall turn over to his or her successor, without delay, all records books and other materials pertaining to the office.

Duties of Other Board Positions. The duties of other positions shall be as follows:

4. Secretary. The Mental Health Board shall be supported by a Secretary. The Director of Napa County Health & Human Services Agency or her/his representative shall designate staff to serve as Secretary to the Board. It shall be the duty of the Secretary to keep a record of all annual, regular and special meetings of the Mental Health Board. The Secretary shall perform such secretarial duties and responsibilities as defined by mutual agreement of the Chair and the Director of Mental Health.

ARTICLE X - COMMITTEES

1. The following Standing Committee is created:

An Executive Committee. The Executive Committee, will be composed of the current and past Chair, Vice Chair, and three Members-at-Large. The term of Executive Committee members shall coincide with their terms as members of the Board. The Executive Committee shall be responsible for the overall management of the activities and business of the Mental Health Board. This includes, but is not necessarily limited to, the following:

- a. Establishing and overseeing of Ad Hoc Committees and Work Groups; coordinating selection and implementation of site visits; approving Mental Health Board agendas; drafting policies and procedures for Mental Health Board approval; and selecting Work Group and Committee chairs on the recommendation of the Mental Health Board Chair.
- b. Selection of Members-at-Large. Any member of the Mental Health Board, other than the Chair, Vice-Chair and past Chair, can potentially be a Member-at-Large. In July of each year, the Chair, Vice-Chair and past Chair, will make recommendations for three Members-at-Large to be approved by vote of the Mental

Health Board each August. Prior to the vote on these recommendations, the floor will be open to Board members for additional nominations. Members-at-Large will attend and participate in Executive Committee meetings. Members-at-Large will have voting rights during Executive Committee meetings.

2. Standing Committees may be established or eliminated by the Mental Health Board. Standing Committees have ongoing responsibilities concerning a particular subject matter that is not time limited. Committees and Work Groups will conduct meetings in accordance with the Brown Act (Government Code Section 54950 et seq.) to the extent applicable.

ARTICLE XI - ATTENDANCE & VACANCIES ON THE BOARD

1. All Mental Health Board members are required to contact the Mental Health Board Chair or Secretary prior to a meeting if they are unable to attend. Failure to do so will result in an unexcused absence.
2. A Board member may be deemed by the Executive Committee to have ceased to discharge the duties of a Mental Health Board member based on attendance and/or performance of other assigned duties. If after review, the Executive Committee determines the member should be removed, a recommendation will be made to the full Mental Health Board. Upon a two thirds vote the Mental Health Board may recommend the removal of the member to the Board of Supervisors.
3. If a vacancy occurs due to the occurrence of any of the events described in section 1770 of the California Government Code, the Secretary shall advise the Board and the Executive Committee will commence the recruitment for a replacement.

ARTICLE XII - RESIGNATIONS AND LEAVES OF ABSENCE

1. Any member may resign effective upon giving written notice to the County Executive Office with a copy to the Chair, the Vice Chair or the Secretary of the Mental Health Board. A notice which specifies a later time shall be effective upon the date of the resignation set forth in said notice.
2. A Board member, who does not wish to resign and who needs leave from board commitments, may request a leave of absence for personal reasons. The request must be submitted in writing to the Chair of the Mental Health Board. The Executive Committee may approve his or her request for a period of time not to exceed 6 months. A member on leave may request an extension in writing to the Chair and such extension is subject to the approval of the Executive Committee. The request for extension will be reviewed by the Executive Committee as to the reasonableness of the extension and the overall impact on the Board in carrying out its responsibilities.

ARTICLE XIII - MEETINGS, QUORUMS, AND RULES OF ORDER

1. The Mental Health Board shall meet monthly or as scheduled on the Board's approved annual calendar of meetings. A quorum shall consist of one person more than one-half of the appointed members. Members who are on an approved leave of absence will not count toward establishing a quorum.
2. Meetings of the Mental Health Board shall be governed by The Standard Code of Parliamentary Procedure (Sturgis 4th Edition) as modified to allow open participation of the Chair and to comply with the Brown Act.

ARTICLE XIV - AMENDMENTS TO BYLAWS

These bylaws may be amended at any meeting of the Mental Health Board by a two-thirds vote of the membership of said Board when reasonable advance notice has been given as described below.

The Mental Health Board shall use the following procedure when amending the Bylaws.

- a. Proposals for change shall be noticed on the Mental Health Board agenda and a written copy sent to all Napa County Mental Health Board members a minimum of five days prior to the meeting date on which proponents wish consideration and a vote on the change.
- b. The Mental Health Board must approve the change by a two-thirds majority of those members in attendance at a regular or special meeting at which a quorum is present.
- c. The change, as approved, is to be signed and dated by the Mental Health Board Chair.
- d. The changed and revised copy of the Bylaws is then forwarded to the Napa County Board of Supervisors for their review and approval/disapproval and signature by the Board of Supervisors Chair or designated representative.
- e. A copy of approved changed Bylaws is to be provided to each Napa County Mental Health Board member at the next regularly scheduled meeting.
- f. An original copy, signed by the Mental Health Board Chair and the Board of Supervisors, of the approved changed Bylaws is to be filed with the Mental Health Board Secretary. Additionally, an appropriate historical log of all Bylaw changes and the date of the change are to be maintained by the Mental Health Board Secretary. The historical log is to be distributed to all Mental Health Board members whenever "Proposals for Changes" are distributed.
- g. All members will be provided with a set of the current Mental Health Board Bylaws and Policies and Procedures.

ARTICLE XV - POLICIES AND PROCEDURES

The Mental Health Board may establish Policies and Procedures on matters not covered by these Bylaws.

Napa County Mental Health Board:

By: _____
John Pearson, Chair

Date of Mental Health Board Approval: _____

EXHIBIT "A"

Section 5604 of the California Welfare and Institutions Code provides in pertinent part:

5604 (a)(I) Each community mental health service shall have a mental health board consisting of 10 to 15 members, depending on the preference of the county, appointed by the governing body except that boards in counties with a population of less than 80,000 may have a minimum of five members. One member of the board shall be a member of the local governing board. Any county with more than five supervisors shall have at least the same number of members as the size of its board of supervisors. Nothing in this section shall be construed to limit the ability of the governing body to increase the number of members above 15. Local mental health boards may recommend appointees to the county supervisors. Counties are encouraged to appoint individuals who have experience and knowledge of the mental health system. The board membership should reflect the ethnic diversity of the client population in the county.

(2) Fifty percent of the board membership shall be consumers or the parents, spouse, sibling, or adult children of consumers, who are receiving or have received mental health services. At least 20 percent of the total membership shall be consumers, and at least 20 percent shall be families of consumers.

PERCENTAGE TABLES

| | 11 Members: | | 12 Members: | | 13 Members: | |
|---|-------------|------|-------------|------|-------------|-------|
| CONSUMER | 20% | =3 | 20% | =3 | 20% | =3 |
| FAMILY MEMBER OF CONSUMER | 20% | =3 | 20% | =3 | 20% | =3 |
| COMBINED NUMBER OF FAMILY MEMBERS OF CONSUMER AND CONSUMERS | 50% | =6 | 50% | =6 | 50% | =7 |
| BOARD OF SUPERVISORS | 1 | =1.0 | 1 | =1.0 | | = 1.0 |
| | 14 Members: | | 15 Members: | | | |
| CONSUMER | 20% | =3 | 20% | =3 | | |
| FAMILY MEMBER OF CONSUMER | 20% | =3 | 20% | =3 | | |
| COMBINED NUMBER OF FAMILY MEMBERS OF CONSUMER AND CONSUMERS | 50% | 7 | 50% | =3 | | |
| BOARD OF SUPERVISORS | 1 | =1.0 | 1 | =1.0 | 1 | =1.0 |

2016 – 17 Mental Health Board
Open & Public Meeting Schedule

The Mental Health Board meets 4:00 – 6:00 pm on the 2nd Monday of each month:

* July 18

August 8

September 12

October 10

November 14

December 12

January 9

*February 15 – *Wednesday*

March 13

April 10

May 8

June 12

The Executive Committee meets 4:30 – 5:30pm on the 4th Monday of each month:

July 25

August 22

September 26

October 24

November 28

* December 19 – *third Monday*

January 23

February 27

March 27

April 24

May 22

June 26

Napa County Mental Health Board: Acronyms & Abbreviations January 2012

| Acronym/ Abbreviation | Description | Comment/ Explanation |
|----------------------------------|--|--------------------------------------|
| 5150 | W&I Code danger to self/others | Defines who can be hospitalized |
| 24/7 | 24hr/day--7days/week | |
| AAA | Area Agency on Aging | Federal/State Funded (Napa & Solano) |
| AB 100 | Elimination of state approval of MHSA programs | Legislation |
| AB 102 | Transfer of MediCal MH from DMH to DHCS | Legislation |
| AB 106 | Transfer drug MediCal from ADP to DHCS | Legislation |
| AB 109 | Corrections Realignment | Legislation |
| AB 201 | Establish Veteran's Courts | Passed, but vetoed |
| AB 1231 | Ethics Training Requirments | Legislation |
| ADHD | Attention-deficit/hyperactivity disorder | |
| ADP | Alcohol & Drug Programs Dept. | Stakeholder Group |
| ANSA | Adult Needs & Strengths Assessment | |
| AOD | Alcohol & Other Drugs | |
| APS Health Care | Company responsible for CAEQRO | State Funded |
| ASO | Administrative Services Organization | |
| Bella Drive | Progress Foundation transitional housing program | |
| BOS | Board of Supervisors | |
| Bucklew | Supported Living and HUD Programs | |
| CAEQRO | Calif. External Quality Review Organization | by APS Health Care |
| CALMHBC | Calif. Assoc. of Local MH Boards & Commissions | |
| CANS | Child, Adolescent Needs & Strengths Association | |
| CBH | Child Behavioral Health | |
| CBHP | Community Block Housing Program | |
| CCPR | Cultural Competence Plan Requirements | |
| CCR | California Code of Regulations | |
| CF/TN | Capital Facilities &Technology Needs | |
| CFR | Code of Federal Regulations | |
| CIMH | California institute of Mental Health | Stakeholder Group |
| CIP | Community Intervention Program | |
| CIT | Crisis Intervention Training | Law Enforcement |
| CMHC | Community Mental Health Centers | |
| CMHDA | California Mental Health Directors Assoc. | Stakeholder Group |
| CMHPC | California Mental Health Planning Council | Stakeholder Group |
| CMS | Centers for Medicare & Medicaid Services | |
| CMSP | County Medical Services Program | Insurance Plan for low income |
| CNMHC | California Network of Mental Health Clients | Stakeholder Group |
| ConRep | Conditional Release Program | State Funded |
| CR | Crisis Residential | Progress Foundation |
| CS | Crisis Stabilization | within PES |
| CSN | Community Support Network | Provider |
| CSS | Community Services and Support | |
| CWS | Child Welfare Services | |
| DHCS | Department of Health Care Services | replaced DMH |
| DMH | Department of Mental Health--State | Now CHCS |
| DSM-IV | Diagnosis & Statistical Manual of Mental Disorders | |
| EMHI | Early Mental Health Initiative | DMH Programs |
| EPSDT | Early & Periodic Screening, Diagnosis & Treatment | Children's MediCal |
| EQRO | Abbreviation for CAEQRO | |
| ERT | Emergency Response Team | |

| | | |
|--------------|---|-------------------------------------|
| FFP | Federal Financial participation | share of Medi-Cal services |
| FQHC | Federally Qualified Health Center | |
| FSP | Full Service Partnership | |
| FY | Fiscal Year | |
| GHI | Governor's Homeless initiative | |
| HAPI | Healthy Aging & Planning Initiative | |
| HHS | Health & Human Services Agency | |
| HIPAA | Health Insurance Portability and Accountability Act | |
| HMO | Health Management Organization | |
| HUD | Housing & Urban Development (Federal) | |
| IEP | Individual Education Plan | For "challenged" students |
| IMD | Institution for Mental Diseases | |
| INN | Innovations | |
| IP | Implementation Plan | |
| ISCA | Information Systems Capability Assessment | |
| KET | Key Event Tracking | |
| LEP | Limited English Proficient | |
| Level 13-14 | Level of need for youth in residential treatment | |
| Locum Tenens | Psychiatrists on temporary contracts | |
| LPHA | Licensed Practitioner of the Healing Arts | |
| LPT | Licensed Psychiatric Technician | |
| LVN | Licensed Vocational Nurse | |
| MC | Medi-Cal | |
| MCE | Medi-Cal Care Evaluation | |
| MCMCP | Medi-Cal Managed Care Plan | |
| MH | Mental Health | |
| MHAC | Mental Health America California | Stakeholder Group |
| MHB | Mental Health Board | |
| MHD | Mental Health Division | |
| MHDRC | Mental Health Rehabilitation Center | |
| MHP | Mental Health Plan | |
| MHS | Mental Health Services | |
| MHSA | Mental Health Services Act | |
| MHSOAC | Mental Health Services Oversight and Accountability | |
| MOE | Maintenance Of Effort | |
| MORE | Mobile Outreach, Response & Engagement | |
| MOU | Memorandum of Understanding | |
| NAMI | National Alliance on Mental Health | Stakeholder Group |
| NCCOA | Napa County Commission on Aging | |
| NCMH | Napa County Mental Health | |
| NFCCPR | Not Following Cultural Competence Plan Requirements | |
| NFP | Not Following Plan | |
| NOA | Notice Of Action | |
| OA | Older Adult | |
| OAC | Abbreviation for MHSOAC | Stakeholder Group |
| P&Ps | Policies & Procedures | |
| PAF | Partnership Assessment Form | |
| PATH | Projects for Assistance in Transition from Homeless | DMH Programs |
| PC 1370 | Penal Code: Incompetent to Stand Trial | aka "1ST" |
| PCP | Primary Care Physician | |
| PEI | Prevention & Early Intervention | |
| PEI & QM | PEI & Quality Management Evaluation | Evaluation a group of PEI contracts |

| | | |
|--------------|---|----------------------------------|
| PEP | People Empowering People | |
| PHI | Protected Health Information | |
| PIP | Performance Improvement Projects | |
| PM | Performance Measurement | |
| POA | Point of Authorization | |
| Prop 63 | State Proposition establishing MHSA | |
| PTSD | Posttraumatic Stress Disorder | |
| QI | Quality Improvement | |
| QIC | Quality Improvement Committee | |
| RCL | Rate Classification Level | |
| REMHDCO | Racial & Ethnic Mental Health Disparities Coalition | Stakeholder Group |
| RFA | Request for Applications | |
| RFI | Request for Information | |
| RFP | Request for Proposals | |
| SAD | Seasonal Affective Disorder | |
| SAMHSA | Substance Abuse & Mental Health Services Agency | Block Grant program |
| SAP/FNLK PEI | School Assistance Program/Friday Night Live Prevention & Early intervention | Part of PEI programs |
| SD/MC | Short-Dole/Medi-Cal | |
| SELPA | Special Education Local Plan Administration | Each School Dist. Has one |
| SLP | Supported Living Programs | |
| SMHS | Specialty mental Health Services | |
| SNF | Skilled Nursing Facility | |
| SPMI | Serious Persistent Mental Illness (or Mentally Ill) | |
| STP | Specialized Treatment Program | |
| T.R.A.I.N | Transitional Residential Alliance & Integrated Network | Housing & Urban Development(HUD) |
| TA | Technical Assistance | |
| TAR | Treatment Authorization Request | |
| TAY | Transitional Age Youth | 18-24 |
| TBS | Therapeutic Behavioral Services | |
| TDD/TTY | Telecommunication Device for the Deaf | |
| UACF | United Advocates for Children & Families | Stakeholder Group |
| UM | Utilization Management | |
| UR | Utilization Review | |
| URC | Utilization Review Committee | |
| W&I | Welfare & Institutions Code (State) | |
| W&R | Wellness & Recovery | |
| WET | Workforce Education & Training | |
| Wraparound | Wraparound Services | A combination of services |

Person-first Language

When talking about people with mental illness, it is important to be mindful and use "person-first language" because the Mental Health Board (MHB) has impressionable guest speakers from other agencies and the public, including individuals with mental illness, who attend MHB meetings. Thus, it is vital for MHB members to set an example and lead the way in using terminology when speaking or writing that is positive and reflective of the person first.

Generic phrases such as "the mentally ill" or "psychological disturbed" are not appropriate since they convey a lack of appreciation for and depersonalize the individual. These terms communicate and reinforce the discriminatory notion that "the mentally ill" are 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," refers first that they are people and secondarily that they have a disability. Use of person-first language, although sometimes awkward, is important and requires that we be mindful of what we present to the public.

Examples of language to avoid

- Mentally defective or disturbed
- Mentally ill
- Mentally or emotionally handicapped
- Mentally afflicted
- Crazy, nuts or fruitcake
- Emotionally challenged
- Differently-abled
- Victim or sufferer

Examples of Person-First Language:

- Person with a psychiatric or psychological disability
- Person with schizophrenia
- Person with a mental illness
- Person with bipolar disorder
- Person with an emotional disability

PROPOSED MEETING GROUND RULES

- Show up, be on time, be prepared
- Leave outside concerns outside
- Listen respectfully and appreciatively
- Speak to the question or issue, not in response to a person
- No side talk
- Be open-minded and objective: be informed by your expertise - decide based on evidence
- Practice active listening
- Be brief, stay on point; no speech making
- Say what you think, not what others think
- Respect confidentiality
- Allow the facilitator to 'direct speaking traffic'
- Cell phones and pagers on silent.



COUNTY of NAPA

Napa County Mental Health Board
2261 Elm Street
Napa, California 94559-3721
(707) 253-4074 ♦ FAX (707) 253-6172

RUSS BURR, Board Chair
LINDA MALLET, Board Vice Chair

Mental Health Board Recruitment

Policy #06-02

PURPOSE

The purpose of this policy and procedure is to ensure an efficient process for filling existing and anticipated vacancies on the Napa County Mental Health Board (MHB).

POLICY

All existing and anticipated vacant positions on the Napa County Mental Health Board will be filled in a timely manner. Napa County MHB recruitment and member selection processes will meet all California Department of Mental Health and MHB By-Law requirements in order to ensure adequate consumer, family, and general citizen representation.

PROCEDURES

Existing MHB members

Application for Reappointment and Discontinuation of Membership:

Existing Mental Health Board members who are due for membership renewal shall be contacted by the Secretary of the Mental Health Board no later than the October meeting to determine if the member is interested in being reappointed for another term. Board terms are three years in length and expire on December 31st of the third year.

Existing MHB members who decide to reapply for another term shall indicate their interest in doing so in writing on a "MHB Member Request for Reappointment" form (Attachment A) to be filed with the Secretary of the MHB. The designated Secretary shall forward this information to the Clerk of the Board of Supervisors (BOS).

Existing MHB members who choose to resign during the course of their existing term shall complete a written "MHB Resignation" form letter (Attachment B) to the attention of the Chair of the MHB, the Vice Chair of the MHB, or the Secretary of the MHB with a copy sent to the Napa County Board of Supervisors.

Recruitment of New MHB members

When MHB positions become vacant, and upon receipt of the written notice from the MHB member leaving the Board, the Secretary of the MHB shall immediately inform the Clerk of the BOS of the following information:

- 1) The date of the vacancy
- 2) The type of the vacancy (i.e. consumer, family member, interested/concerned citizen)

The MHB Secretary shall have the primary responsibility of ensuring that the recruitment is targeted to the type of vacancy necessary to ensure that the composition of the MHB meets MHB By-Law and other regulatory guidelines. (See Attachment C)

If qualified applications are received by the Clerk of the BOS during any application period, they shall be forwarded to the MHB Secretary.

Each applicant will be interviewed by at least two representatives of the MHB. The representatives shall pass on their recommendations to the full MHB and the MHB at its next regularly scheduled meeting shall finalize its recommendations to the BOS.



A Tradition of Stewardship
A Commitment to Service

2261 Elm Street
Building N
Napa, CA 94559-3721
www.countyofnapa.org

Main: (707) 299-2101
Fax: (707) 299-2199

Date: _____

To: Napa County Mental Health Board Chair and members

Subject: Resignation

I would like to inform you that I am resigning from my position as (*indicate: family member of consumer, consumer, concerned citizen*) _____), member of the Napa County Mental Health Board as of: _____ (date).

Thank you for the opportunity to participate on the Mental Health Board.

Sincerely,



COUNTY of NAPA

**Napa County Mental Health Board
2261 Elm Street
Napa, California 94559-3721
(707) 253-4074 ♦ FAX (707) 253-6172**

**RUSS BURR, Board Chair
LINDA MALLET, Board Vice Chair**

**Mental Health Board Participation in Recruitment Process of Mental Health
Director**

Policy #06-01

PURPOSE

The purpose of this policy and procedure is to ensure effective Mental Health Board involvement in the selection process of the Mental Health Director for Napa County Health and Human Services.

POLICY

A delegation of up to three Mental Health Board members, selected and approved by the Mental Health Board, will be deeply involved in the selection process of the Mental Health Director. The delegation will review all unedited resumes submitted to the Agency, directly participate in the selection of candidates for interview, the interviews themselves, and assist in the selection of one or more "approved candidates" whom the Agency may pursue through hiring.

PROCEDURES

1. Selection of Mental Health Board Delegates

The Mental Health Board will select a group of up to three members that will represent the Board in the selection process (the MHB Delegation)

2. Resume Review

The MHB Delegation will meet with the Agency Director and Acting Mental Health Director to conduct a confidential review of the unedited resumes of vetted candidates. The purpose of this review is to become familiar with the background of the applicants; and to ensure that the selection of the top candidates to proceed to full interviews is appropriate.

3. Main Interviews and Selection of Finalists

MHB Policy and Procedure

Mental Health Board Participation in Recruitment Process of Mental Health Director (#06-01)

Approved by Mental Health Board 10-09-06

Reviewed by County Council 11-28-06

Page 1

The MHB Delegation members are invited to participate in the "main interview" of each candidate. The main interview consists of each candidate being interviewed on the same day by a sequence of two or more interview panels. The panels include representatives from providers, agency management, and staff of the Mental Health Division. Each interviewer rates each candidate in accordance with pre-established protocol that indicates whether the interviewer recommends inclusion of each candidate in the list of "finalists" and then prioritizes the finalists. A finalist is a candidate who, standing on his or her own merits, the interviewer considers qualified and appropriate to be hired for the job. Taking this input into consideration, the Agency Director determines whether there are finalists to continue in the recruiting process and, if so, prioritizes them. The Director may continue recruitment of finalists through the final selection process. However, to select a candidate who is not designated a finalist as the result of this step#3, the Mental Health Board will again be consulted.

4. "Reality Check Interviewing"

HSA staff then conducts such additional interviewing of one or more finalists as they consider necessary to ensure that any candidate to whom an offer will be made understands the community, the agency, and the requirements of the position. Normally, candidates will be pursued in their order of priority established under step #3; however, their priority or approved status may change based on information gathered after step #3 is completed.

5. Agency Selection of Finalist

Based on the results of any additional interviewing in step #4 (e.g., the top candidate decides s/he doesn't want the job, displays problematic behaviors, etc.) the Agency Director selects one candidate and recommends her/him to the County Executive Officer (CEO) and Board of Supervisors. The director will also provide a report on the selection process to the Mental Health Board.

6. CEO Approval

The CEO or her designate may further interview the recommended candidate. The CEO then approves the candidate.

7. Appointment by Board of Supervisors

The Board of Supervisors appoints the final candidate.



COUNTY of NAPA

Napa County Mental Health Board
 2261 Elm Street
 Napa, California 94559-3721
 (707) 253-4074 ♦ FAX (707) 253-6172

Dr. Robin Timm, Board Chair
 Tracey Stuart, Board Vice Chair

Mental Health Board Member Reimbursement of Expenses Policy #06-03 (Updated in its entirety December 2013)

POLICY

5604.3 W&I Code states, "The Board of Supervisors may pay from any available funds the actual and necessary expenses of the members of the Mental Health Board of a Community mental health services incurred incident for the performance of their official duties and functions. The expenses may include travel, lodging, child care and meals for the members of an advisor board while on official business as approved by the director of mental health programs."

The Mental Health Board's definition of "available funds" are those funds that may be incorporated in a MHB budget that is proposed by the Chair and acted upon by the Mental Health Board on the recommendation of the MHB Executive Committee, and where this budget is approved by the Director of Mental Health Division, following the Health & Human Services Agency policies and procedures, and, when necessary, the Board of Supervisors.

Requests for reimbursement of expenses will follow the policies and procedures of Napa County, the Health & Human Services Agency and the Mental Health Division in effect at the time of the request.

All requests require prior authorization, and must be made in a timely manner, especially regarding travel and related expenses, such as conference fees. The following steps are to be followed in making requests.

PROCEDURES:

Submit a written request to the MHB Chair, or the Chair's designee. The request must include a breakdown of the details of the expense, and how the expense will benefit the business of the MHB, including how the expense relates to the current MHB Goals and Objectives.

The Chair, or the Chair's designee, will address any concerns or questions with the requesting member, and submit the request to the Executive Committee. The Executive Committee will consider the request, funds available and budget priorities, including the benefit to the Mental Health Board's goals, objectives and priorities.

If the request is not approved the applicant can appeal to the Mental Health Board. If the request is not approved by the MHB, there is no further appeal.

Approved requests are then forwarded to the Director of the Mental Health Division for approval or denial. The Director's action is final.

After expenses are incurred, the member will submit to the Chair, or the Chair's designee, the appropriate County Claim form with all required receipts and documentation. If in order, the claim will be submitted to the MHB secretary for processing.

Napa County Health & Human Services Agency TRAVEL REQUEST

Employee Name: _____ Job Title: _____
 Title (Name of training, conference etc.): _____
 Date(s) (include travel days): _____
 Location city: _____
 Justification: _____

SUBMIT ORIGINAL COMPLETED REGISTRATION FORMS, BROCHURES. If authorized to attend, charges may not exceed those approved on this form and/or department policy allowances.

COST CATEGORIES

ANTICIPATED AMOUNTS

| | | |
|---|---|----|
| Registration | please indicate payment for registration, lodging and/or airfare: | |
| <input type="checkbox"/> Paid by Employee (submit for reimbursement) <input type="checkbox"/> Paid by Fiscal (4 weeks for timely processing) | | |
| Lodging | Roommate: | |
| <input type="checkbox"/> Paid by Employee (submit for reimbursement) <input type="checkbox"/> Paid by Fiscal (4 weeks for timely processing) | | |
| Airfare | Agent: | |
| <input type="checkbox"/> Paid by Employee (submit for reimbursement) <input checked="" type="checkbox"/> Paid by Fiscal (4 weeks for timely processing) | | |
| Meals | same day travel- actual cost up to: \$8—Bkfst: \$12-Lunch: \$18-Dinner: | |
| Bridge Tolls | | \$ |
| Parking | | |
| Other Costs | | \$ |
| Mileage (own car) | 57.5 cents per mile: | |
| County Car | | |

TOTAL ANTICIPATED AMOUNT CHARGED TO COUNTY: _____

| | | |
|------------------------|------------------------------------|--------------------------------|
| Comp/Overtime | Anticipated number of hours: _____ | |
| Payroll Status: | Code 001/regular work hours | Code 124/Education leave hours |
| | Attending on non-work hours | Other paid leave (specify) |

Employee signature: _____ Date: _____

| SIGNATURES | Approved | Denied | Date | Signature |
|------------------|----------|--------|------|-----------|
| Supervisor | | | | |
| Program Manager | | | | |
| Division Manager | | | | |
| Fiscal Manager | | | | |

COSTS FOR THIS TRAVEL TO BE CHARGED TO:
 BUDGET UNIT _____
 PROGRAM _____

| MENTAL HEALTH BOARD MEMBER TRAVEL EXPENSE CLAIM REPORT | | | | | | | |
|--|--------|------------|---------|-----------|----------|--------|----------|
| MH Board Member Name: | | | | | | | |
| | | Print Name | | | | | |
| Event / Location: | | | | | | | |
| Date(s): | | | | | | | |
| Expenses | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Registration | | | | | | | |
| Airfare | | | | | | | |
| Lodging | | | | | | | |
| Breakfast | | | | | | | |
| Lunch | | | | | | | |
| Dinner | | | | | | | |
| Bridge Tolls | | | | | | | |
| Parking | | | | | | | |
| Mileage | | | | | | | |
| Daily Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Grand total | 0 | | | | | | |
| Signature: | | | | | Date: | | |
| Note : Receipts must be submitted for all expenses listed. | | | | | | | |
| I hereby certify that the above is a true statement of the travel expenses incurred by me in accordance with the Board of Supervisor's policy in the service of the County of Napa during the month(s) of _____, 2____; that all items shown were for the official business of County; that no meals claimed on this voucher were eaten at my headquarters or residence; that no part thereof has been heretofore paid by the County or by any other entity; that the amount therein is just due, and that the same is presented within six months after the last item thereof has occurred. | | | | | | | |



COUNTY of NAPA

Napa County Mental Health Board
2261 Elm Street
Napa, California 94559-3721
(707) 253-4074 ♦ FAX (707) 253-6172

RUSS BURR, Board Chair
LINDA MALLET, Board Vice Chair

Roles and Duties of the Napa County Mental Health Board and Napa County Health and Human Services Staff

Policy (#07-01)

PURPOSE

The purpose of this policy and procedure is to ensure the required duties of the Napa County Mental Health Board (MHB) and Napa County Health and Human Services (NCHHS) staff are being met in accordance with state law and the MHB Bylaws. It is not intended that this Policy limits or eliminates any powers or duties given to the MHB through any statute or other law.

POLICY

It shall be the policy of the MHB and NCHHS staff to work in a collaborative way to fulfill each of its roles and duties in order to make the MHB an efficient and effective Board representing the interests of community.

REFERENCES

Welfare and Institution Code sections 5604.2, 5650, 5848, **18965**.

PROCEDURES

Roles and Duties of the Officers of the MHB

The Officers of the MHB are the Chair, Vice-Chair and Secrctary. Each position has specific duties as outlined in article IX of the Bylaws of the Napa County Mental Health Board.

The Chair of the MHB shall:

- 1. Prepare the agenda for all regular and special meetings of the MHB and the Executive Committee and confirm meeting materials;**
- 2. Preside over all regular and special meetings of the Board and the Executive Committee;**
- 3. Call special meetings of the Board when necessary;**
- 4. Be in regular consultation with the Napa County Director of Mental Health;**

MHB Policy and Procedure

Roles and Duties of the Napa County Mental Health Board and Napa County Health and Human Services Staff (#07-01)

Approved 10/08/2007

Page 1

5. Review correspondence and make recommendations for distribution of correspondence to appropriate Board Members;
6. Upon the recommendation of the Board appoint committees and coordinate existing committees;
7. Serve as an ex-officio member of all committees; and,
8. Contact MHB members who have missed two consecutive meetings in order to determine continued participation on the board.

The Vice-Chair of the MHB shall:

1. Assist the Chair in the execution of his or her office and to act in his or her stead during an absence.
2. As assigned by the Board Chair, act as ex-officio member on selected committees.

The Secretary of the MHB shall:

1. Keep a record of all annual, regular and special meetings of the MHB;
2. Send each member a copy of the meeting agenda with supportive materials five days before the regularly scheduled meetings;
3. Publicly post the agenda 72 hours before each meeting;
4. Coordinate with Board Chair and Committee Chairs two weeks prior to meeting; ;
5. Keep or cause to be kept, at all times, at the principle office, an up-to-date register showing the Officers and members of the MHB;
6. Provide each new member of the MHB with a Napa County Mental Health Board Information notebook; and
7. Perform other such secretarial duties as prescribed by the Chair or Bylaws from time to time.

Roles and Duties of the MHB Members

In general, all MHB Members must:

1. Serve on at least one committee of the MHB unless excused by the MHB for good cause shown;
2. Maintain a satisfactory meeting attendance record. MHB members are required to contact the MHB Secretary prior to a meeting if they are unable to attend;
3. Comply with all applicable regulations of the Fair Political Practices Commission including but not limited to preparing and filing FPPC Form 700, if required, within 30 days of appointment and annually prior to April 1st if each year; and,
4. Recruit for prospective members of the MHB.
5. Review and evaluate the county's mental health needs, services, facilities, and special problems, including becoming more knowledgeable and staying informed on information relating to the above..
6. Review any county agreements entered into pursuant to W&I Code Section 5650.
 - Section 5650 specifically refers to the MHB's review of the "annual county mental health services performance contract for mental health services in the county." The MHB is required to review the contract to ensure that the board is familiar with the contents in order to assist the board in its core activity of reviewing and evaluating the community's mental health services.

7. Through the MHB, advise the Napa County Board of Supervisors (BOS) and the local mental health director as to any aspect of the county's mental health program.
8. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
9. Through the MHB, participate in public hearings as required by the Mental Health Services Act (MHSA) and make required recommendations.
10. Through the MHB, submit an annual report to the BOS on the needs and performance of the county's mental health system.
11. Review and make recommendations on the applicants for the appointment of a local director of mental health services. The MHB Members shall be included in the selection process prior to the final vote of the BOS.
12. Review and comment on the county's performance outcome data and communicate its findings through the MHB to the California Mental Health Planning Council.
13. Perform such additional duties as assigned by the BOS through the MHB. The BOS has designated the MHB as the entity responsible for the distribution of monies from the Children's Trust Fund, as provided in W&I Code Sections 18965 et seq. The MHB is required to periodically approve criteria for determining programs to be funded, prioritizing applications that fall within the criteria, and to recommend to the BOS which applications should be funded.

Roles and Duties of HHS

In order for the MHB to fulfill its core purpose of reviewing and evaluating the community's mental health needs, services, facilities, and special problems, HHS shall:

1. Provide the MHB with the most current version of the performance contract promptly upon its receipt from the state;
2. Submit the procedures used to ensure citizen and professional involvement in all stages of the planning process to the board for review and approval whenever they are reviewed or revised by HHS;
3. Track the MHB's Annual Report and advise the board when a report is coming due;
4. Provide the Board with performance outcome data and facilitate the communication of the Board's comments to the state planning body;
5. Periodically provide the Board with information relating to the history of realignment and its local impact;
6. Periodically brief the Board on its role and responsibilities in connection with the Children's Trust Fund; and
7. Routinely provide the Board with budget information, contracts, and relevant state information notices and letters.



A Tradition of Stewardship
A Commitment to Service

COUNTY of NAPA

Napa County Mental Health Board
2261 Elm Street
Napa, California 94559-3721
(707) 299-2101 ♦ FAX (707) 299-2199

Theresa Comstock, Chair
Dr. Rowena Korobkin, Vice Chair

Site Visit Protocol of the Napa County Mental Health Board
Policy #10-01 – Updated in its entirety February, 2016

PURPOSE

Site visits provide an opportunity to “review and evaluate the community’s mental health needs, services, facilities and special problems”. (*Statutory Duties: WIC 5604.2*)

The purpose of this protocol is to define the policy and procedures for Mental Health Board members to complete site visits.

POLICY & PROCEDURE

1. Each member shall participate in a minimum of one site visit per year.
2. Site visits can be performed by a maximum of four Board members.
3. The Mental Health Board (MHB) Secretary provides current facilities lists on an annual basis to be reviewed by the Executive Committee. These lists will include both county run services and contracted services.
4. The Executive Committee, with input from the MHB, chooses which sites to visit and provides this list to the MHB Secretary. Note: Additional sites can be considered throughout the year at the request of MHB members and approval by the Executive Committee.
5. The MHB Secretary identifies targeted months that site visits could be held and canvasses which board members are available during those months. The MHB Secretary then develops the schedule of site visits.
6. The site visit calendar for each year will be distributed during a MH Board meeting, and one person of each team will serve as the Lead Reviewer.
7. Approximately one month prior to a site visit, the MHB Secretary will provide:
 - a. The “Site Visit Questionnaire” (to Facility/Program)
 - b. Site Contact (name/email/phone) (to Lead Reviewer)
 - c. Current Contract (to include Scope of Work and Budget) Information (to Site Visit Team)
8. The Lead Reviewer will contact the Site Contact and Site Visit Team to schedule the site visit.
9. Prior to the site visit, the MHB Secretary will forward to the Site Visit Team
 - a. The completed “Site Visit Questionnaire” (completed by Facility/Program)
 - b. Copies of Program Quarterly Reports to Napa County HHS
 - c. A blank “Facility/Program Observation Report” form (for use during visit.)
10. After conducting the site visit, the Lead Reviewer will provide the Site Visit Team’s completed “Facility/Program Observation Report” to the MHB Chair and Secretary to be included for review at the next Executive Committee Meeting. After approval by the Executive Committee, the report may be scheduled for presentation at the next MH Board meeting.
11. Concerns raised from site visits should be addressed by the Mental Health Director and/or MH Division staff with follow-up information reported to the Board.

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Form Approved by MHB 2-08-16

NAPA COUNTY MENTAL HEALTH BOARD FACILITY/PROGRAM SITE VISIT QUESTIONNAIRE

PURPOSE OF SITE VISIT:

The Mental Health Board members are interested in learning about the structure and scope of services the contract agency provides. The contractor agency will have an opportunity to learn about the role the Mental Health Board plays in Napa County.

REPORTS TO BE FORWARDED WITH THIS QUESTIONNAIRE:

- CONTRACT WITH FACILITY/PROGRAM (PROVIDED BY THE COUNTY)
- PROGRAM QUARTERLY REPORTS TO NAPA COUNTY HHSA

DATE OF SCHEDULED SITE VISIT: _____

PROGRAM/FACILITY NAME: _____

PROGRAM SUPERVISOR/CONTACT: _____

HEAD OF SERVICE: _____

(NAME & PHONE #): _____

LOCATION: _____

STREET ADDRESS: _____

CROSS STREET: _____

PROGRAM AGE GROUP: (CHECK APPROPRIATE BOXES)

- OLDER ADULT ADULT YOUNG ADULT ADOLESCENT CHILD

PROGRAM TYPE(S): (CHECK ALL APPROPRIATE BOXES)

- OUTPATIENT INPATIENT DAY TREATMENT RESIDENTIAL OTHER _____

PROGRAM/FACILITY CAPACITY: (NUMBER OF INDIVIDUALS) _____

MAXIMUM POSSIBLE _____ MONTHLY AVERAGE _____ AND/OR DAILY AVERAGE _____

CURRENT STATE LICENSE (Y OR N)

CURRENT CITY/COUNTY PERMIT (Y OR N)

QUESTIONS FOR FACILITY

1. WHAT IS YOUR ORGANIZATION'S MISSION?

2. WHAT TYPE OF INDIVIDUALS DO YOU SERVE?

3. WHAT KIND OF SPECIALTY MENTAL HEALTH SERVICES AND/OR SUPPORT SERVICES DO YOU PROVIDE, IF ANY?

4. WHAT IS THE COST OF SERVICES PROVIDED PER PERSON PER DAY? DEPENDS ON CENSUS (% OF TOTAL CAPACITY).

5. HOW DOES THE PROGRAM PROVIDE FOR INDIVIDUALS WHO ARE NOT PRIMARILY ENGLISH-SPEAKING?

6. WHAT KIND OF ONGOING TRAINING DO YOU PROVIDE FOR YOUR STAFF?

7. DESCRIBE THE DEVELOPMENT OF TREATMENT PLANS (IF ANY) AND HOW STAFF INCLUDES THE CLIENT IN THIS PROCESS?

8. WHAT ARE THE REASONS AN INDIVIDUAL MAY DISCHARGE FROM THE PROGRAM, OR CHOOSE TO LEAVE THE PROGRAM?

9. FOR INDIVIDUALS TO BE DISCHARGED, WHAT IS THE REFERRAL PROCESS?

IS THERE FOLLOW-UP ON REFERRALS? WHAT ARE YOUR FOLLOW-UP PROCEDURES ONCE AN INDIVIDUAL IS DISCHARGED FROM YOUR PROGRAM?

10. WHAT EFFORTS (IF ANY) DO YOU TAKE TO FOLLOW UP AND TRACK THE SUCCESS OF INDIVIDUALS? FOR WHAT PERIOD?

11. WHAT KIND OF INVOLVEMENT, SUPPORT DOES THE COMMUNITY PROVIDE FOR YOUR FACILITY?

IS THERE AN AREA YOU WOULD LIKE TO SEE MORE INVOLVEMENT?

WHAT PERCENTAGE OF PROGRAM FUNDING COMES OUTSIDE OF PAYMENTS (INSURANCE, SSI, MHSA) FROM CLIENTS? (IN OTHER WORDS, IS REQUIRED THROUGH FUNDRAISING)

12. DESCRIBE THE TYPES OF SERVICES PROVIDED, HOW OFTEN THEY ARE PROVIDED, AND WHAT ARE THE QUALIFICATIONS OF THE PROVIDERS?

13. ARE INDIVIDUAL GRIEVANCE PROCEDURES PROMINENTLY POSTED? ARE GRIEVANCE FORMS READILY AVAILABLE TO THE INDIVIDUAL? IS THE CURRENT PATIENTS' RIGHTS ADVOCATE'S CONTACT INFORMATION POSTED? GRIEVANCES IN PAST YEAR? APPROXIMATE NUMBER OF GRIEVANCES? _____

14. WHAT EFFORTS DOES THE PROGRAM MAKE TO INFORM AND INVOLVE FAMILY MEMBERS IN UNDERSTANDING THE SERVICES PROVIDED TO LOVED ONES?

15. DO YOU HAVE OTHER ITEMS YOU WOULD LIKE THE MENTAL HEALTH BOARD TO KNOW ABOUT?

Form Approved by MHB 2-08-2016

**NAPA COUNTY MENTAL HEALTH BOARD
FACILITY/PROGRAM OBSERVATION REPORT**

BY: _____
Board Member Names

**This Report Is Based On A Personal Visit From One Or More Members
Of The Napa County Mental Health Board**

DATE OF SITE VISIT:

PROGRAM/FACILITY NAME:

LOCATION:
STREET ADDRESS:

PROGRAM SUPERVISOR/CONTACT
(NAME & PHONE #):

OBSERVATIONS (STARRED (*) ITEMS MAY NOT APPLY TO SOME PROGRAMS)

1. * HOW DOES THE STAFF INTERACT WITH INDIVIDUALS? FOR EXAMPLE, DOES THE STAFF APPEAR COMPASSIONATE, PATIENT, CARING, RUSHED, INDIFFERENT OR PERFUNCTORY?

2. ARE INDIVIDUAL GRIEVANCE PROCEDURES PROMINENTLY POSTED? ARE GRIEVANCE FORMS READILY AVAILABLE TO THE INDIVIDUAL? **Y/N** IS THE CURRENT PATIENTS' RIGHTS ADVOCATE'S CONTACT INFORMATION POSTED? **Y/N**

3. WHAT ARE THE TYPICAL TREATMENT GOALS FOR INDIVIDUALS IN THIS PROGRAM? HOW OFTEN ARE THESE ACHIEVED?

4. WHAT ARE TWO OR THREE OBSTACLES YOUR PROGRAM, STAFF, AND INDIVIDUALS FACE WHICH MAY MAKE IT DIFFICULT TO ACHIEVE THESE GOALS?

5. DOES YOUR AGENCY'S BOARD OF DIRECTORS INCLUDE ANY MENTAL HEALTH CONSUMER MEMBERS? YES / NO
6. HOW DO YOU KNOW WHEN AN INDIVIDUAL NO LONGER NEEDS THE SERVICES YOU PROVIDE?
7. HOW MANY PEOPLE SEEKING SERVICES DID YOUR ORGANIZATION TURN AWAY BECAUSE THE PERSON DID NOT QUALIFY FOR THE PROGRAM? (OVER THE COURSE OF A YEAR)
8. IS THERE ANY OTHER ASPECT OF THE PROGRAM YOU'D LIKE TO SHARE WITH US TODAY?

SITE VISIT SUMMARY

MENTAL HEALTH BOARD MEMBERS TO COMPLETE THESE QUESTIONS AFTER VISITING THE PROGRAM

1. WHAT IS YOUR OVERALL IMPRESSION OF THE FACILITY/PROGRAM, INCLUDING STRENGTHS AND LIMITATIONS?

2. ANY RECOMMENDATIONS FOR THIS FACILITY OR PROGRAM FOR THE MENTAL HEALTH BOARD TO CONSIDER?



COUNTY of NAPA

Napa County Mental Health Board
2261 Elm Street
Napa, California 94559-3721
(707) 253-4074 ♦ FAX (707) 253-6172

RUSS BURR, Board Chair
LINDA MALLET, Board Vice Chair

Process for scheduling, setting subcommittee meeting agenda, and canceling regular Subcommittee meetings

Policy (#06-04)

PURPOSE

The purpose of this policy and procedure is to ensure an efficient process for scheduling, setting subcommittee meeting agenda, and canceling regular subcommittee meetings of the Napa County Mental Health Board.

POLICY

Napa County Mental Health Board subcommittee meeting will meet all California Brown Act and MHB By-Law requirements in order to ensure that all posting and noticing timelines are met.

ATTACHMENTS

Subcommittee Meeting Cancellation notice
Subcommittee Call of Special Meeting notice

PROCEDURES

Scheduling

Annually at the July regular meeting of the Napa County Mental Health Board, the Board shall review the Subcommittee membership list. The membership list will be reviewed for new membership and to set new meeting dates and times if necessary. The list will be updated by the Board Secretary for final review and approval at the August regular meeting of the Napa County Mental Health Board.

Setting Subcommittee Meeting Agenda

Subcommittee chairs will contact the Board Secretary no later than 10 calendar days prior to the scheduled meeting in order to set the meeting agenda and to provide any additional agenda packet material. The Board Secretary will prepare

MHB Policy and Procedure

Process for scheduling, setting subcommittee meeting agenda, and canceling regular Subcommittee meetings (#06-04)

Approved 10-09-06

Page 1

the agenda and make the necessary copies for the agenda packets. The Board Secretary will post the agenda on the outside public notice board in the front entrance of Napa County Health and Human Services and downtown on Third Street. The agendas will be posted 72 hours before the scheduled subcommittee meeting.

Canceling

Subcommittee chairs will contact the Board Secretary as soon as possible with notification that a subcommittee meeting is being cancelled. The Board Secretary will post a meeting cancellation notice (attachment A) on the door where the meeting was to take place in addition to the public notice boards listed in the **Setting Subcommittee Meeting Agenda** procedure.

If a subcommittee meeting is being rescheduled to another date, or if a meeting is being scheduled in addition to the regular subcommittee meeting, the Subcommittee chair will sign a Call of Special Meeting notice (attachment B). The Board Secretary will post the Call of Special Meeting notice along with the agenda in the areas outlined in the **Setting Subcommittee Meeting Agenda** procedure. Special meeting notices will be posted 24 hours before the meeting.

**Executive Committee
of the Napa County Mental Health Board**

Meeting Cancellation

July 28, 2010

**The Executive Committee of the Napa County
Mental Health Board has cancelled its regular
meeting on**

July 28, 2010 from 4:30 5:30pm

Due to a lack of business.



A tradition of Stewardship
A Commitment to Service

COUNTY of NAPA

Mental Health Board

2261 Elm Street, Napa, CA 94559
Office (707) 299-2101 FAX (707) 299-2199

DATE

TO WHOM IT MAY CONCERN:

_____, Chair of the Napa County Mental Health Board and the Mental Health Board's Executive Committee, do hereby call a Special Meeting of the Mental Health Board, pursuant to Government Code Section 54956. The Special Meeting location is Napa County South Campus, 2751 Napa Valley Corporate Drive, Building 2, Conference Room A, Napa, CA 94559. The purpose of the meeting will be to consider the attached agenda items.

Sincerely,

Theresa Comstock, Chair
Napa County Mental Health Board

Attachments

NAPA COUNTY MENTAL HEALTH BOARD WORK GROUP POLICIES AND PROCEDURES

PURPOSE

The purpose of this policy and procedure is to ensure effective processes for work groups established by the Mental Health Board (MHB).

POLICY

Consistent with Welfare & Institutions Codes 5604.2 (a)(1),(4), & (7) WIC for California Mental Health Boards, the work groups established by the MHB will:

1. Contribute to the annual goals established by the MHB.
2. Generate a work product that will add value to either consumers, families of consumers or MHB goals.
3. Operate within the work plan and procedures as approved by the MHB Executive Committee (EC).

PROCEDURES

Establishing a Work Group

Provide a written draft work plan to the EC. The draft work plan should include the following:

1. A work group name
2. A description of the purpose of the workgroup that links the proposed work to one or more of the MHB Annual Goals
3. The number of proposed members for the workgroup
4. A detailed description of how the work group will go about accomplishing its purpose
5. A schedule of tasks and target date of completion
6. The initial and/or ongoing resources the work group will need to accomplish its purpose

Review Process

The Executive Committee will:

1. Review each work group proposal submitted in writing.
2. Review and approve or deny the request.
3. Review and identify aspects of the plan that require revisions including but not limited to:
 - a. Areas that are unclear or too broad.
 - b. Areas that may be unnecessary or out of the scope of the MHB goals.
 - c. Clarification regarding how the work group plan goals can be met.

Work Group Established

1. If the work plan proposal is approved, the EC appoints a work group chairperson and provides a schedule for progress reports to the EC.
2. The work group chairperson will be provided with written approval from the EC. After the proposal is approved, the work group may begin implementing its plan.

**NAPA COUNTY MENTAL HEALTH BOARD
WORKGROUP PROPOSAL**

SUBMITTED BY:

Date:

NAME OF WORKGROUP _____

ANNUAL GOAL/OBJECTIVE WORKGROUP WILL CONTRIBUTE TOWARDS

PURPOSE OF WORKGROUP

THE WAY THIS WORKGROUP WILL ACCOMPLISH ITS PURPOSE WILL BE:

NUMBER OF PEOPLE NEEDED FOR WORKGROUP

SCHEDULE OF TASKS AND TARGET DATE FOR COMPLETION:

RESOURCES NEEDED FOR WORKGROUP

APPROVED BY: _____

DATE: _____

COMMENTS: _____

MENTAL HEALTH DIVISION,

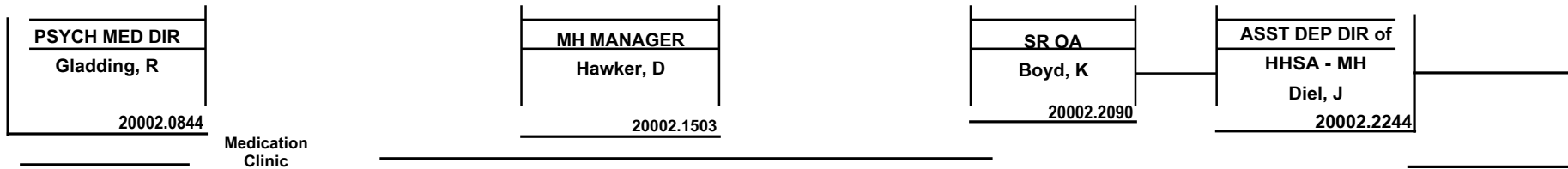
PDF 43

Reports to HHSA Assistant Director

**DEP DIR of HHSA-
MH Director
Carter, W**

20002.1836

MH continued on next page



| | |
|--|---|
| STF PSYCH Holasek, S 20002.1275 * | NURSE PRACT" Peters, A (PSYCH RNIFTE) 20002.2228 |
| STF PSYCH AQUINO-CRUZ, J 20002.1859 * | NURSE PRACT" Finlayson, A (PSYCH RNIFTE) 20002.2229 |
| STF PSYCH (VACANT) 20002.1820 | PSYCH NURSE (VACANT) 20002.0918 |
| STF PSYCH Gnanadesikan, M 20002.1276 | MHW Aide Conley, E 20002.2320 |
| STF PSYCH Bartos, M 20002.X416 | MED SECRETARY Carlson, C 20002.2052 |
| PSYCH RN Monroe, K 20002.1445 | MED SECRETARY Allen, D 20002.2052 |

| |
|--|
| QUAL COORD Lic Collamore, H 20002.1945 |
| PS COORD Lawrence, L 20002.1944 |
| HHSA UR COORD Vallejo, C 20002.1946 |
| HHSA UR COORD Iadarola, N EH 20002.X153 |

| |
|--|
| SSA I Schmidt, S 20002.0873 |
| SR OA Pufford, L 20002.1947 |

| |
|--|
| PROJ MGR-HHSA Bedolla, F 20002.1943 |
| SSA II Canchola, R Bil 20002.2234 |

| | |
|---|--|
| SMHC II - Lic Hayes, S 20002.2400 | |
| Access | HUB |
| MHC - Un/Reg/Lic Gibbons, S EFF 08/09/15 20002.2401 | MHC - Lic Payne, C 20007.2405 |
| MHC - Lic McCawley, L Bil 20002.2402 | COMM AIDE Vargas, M EFF 8/17/15 90007.240R |
| MHC - Lic Kyle, C 20007.2412 | COMM AIDE Galeana-Huerta Bil 20007.2407 |
| MHC- Lic Moffatt, B 20002.0889 | |
| MHW II Menjivar, M Bil 20002.2403 | |
| SECRETARY Quijas, A 20002.083 | MHC- Lic 5) Kaimowitz, B 20002.1294 |
| OA II Herrera, E Bil 20002.2404 | |

| | |
|--|---|
| SMHC I - Lic Huezo, V LT 20002.2289 | SMHC 11 - Lic Paul, C 20002.2436 |
| Intern Unit | Katie A |
| MHC - Reg/Lic Mihedji, B Bil 20002.2435 | MHC - Un/L Lic Garcia, M. 20002.2434 |
| MHW AIDE Coronado, A Bil 20002.2489 | |

| | |
|---|--|
| Legend | |
| Please see last page for additional explanation | |
| M | Merit System Services (MSS) Covered Position |
| Bil | Bilingual Designation |
| LEHI | Extra Help |
| LT | Limited Term |
| | Vacant Position |
| EI | Employee w/DOC Assignment |
| • | FTE Under-fill |
| : | Under-allocation (Position Under-fill) |

MENTAL HEALTH DIVISION

MH continued from previous page

Reports to Assistant Deputy
Director of Mental Health

Reports to Assistant Deputy
Director of Mental Health

SMHC II - Lic
Hogan, S
20002.1722

SMHC Lic
Cahill, V
20002.1725

SMHC II-Lic
Merrill Payne
20002.1723

SUP MHW
Jones, A
20002.1616

SMHC II - Lic
Reynolds, B
20002.1724

SMHC II - Lic
Fyfe, D
20002.1721

SMHC II**
Navarro, A
(SMHC I-Lic)
Bil 20002.1975

ER UNIT

ADULT SERVICES
FSP, MH SYS NAV.
PATH

| ERC- Lic | SR ER WKR | MHC- Lic | MHC - Rea | FMHC | SMHC I-Lic | SW III | FMHC | MHC- Lic | MHC - Rea |
|---|--|--|---|--|---|--|--|--|---|
| McLaughlin, S 20002.2012 | Jeffries, D 20002.2022 | Hobbs, M 20002.0885 | Dean, G 20002.1285 | Talley, D 20002.2184 | Wojcieszak, M 20002.2222 | Arneson, S 20002.1712 | Pense, B. 20002.0877 | Ibitz, L 20002.0910 | Martinez-Chavez, A Bil 20002.2020 |
| ERC- Un (.6) Pendleton, B 20002.2011 | ER WORKER* Garcia, K (.6) 20002.2016 | MHC- Rea/Lic Roundy, L 20002.0899 | MHC- Rea Flores-Chavez, D Bil 20002.2021 | MHC- Lic Slade, D 20002.1286 | FMHC Henry, M 20002.0875 | MHW II Gastelumendi, R Bil 20002.2144 | FMHC (.5) (VACANT) 20002.0878 | MHC- Un/Reg/Lic Bromberg, E. 20002.2430 | MHW I Gevas, A Bil 20002.1982 |
| ERC- Rea ic King, S 20002.2009 | ERC .5 Roy, B. 20002.2490 | SR OA Fontana, J 20002.0943 | MHC- Un/Reg/Lic Debacker, M. 20002.0898 | MHC- Lic Craig, T 20002.0881 | FMHC Walters, C 20002.2374 | ADC III* Malan, C (.5) 20002.1618 | MHC - Un/Reg/ Rodriguez, G 20002.1287 | MHC- ti Lic Hanna, J 20002.1290 | MHW II Medrano, A Bil 20002.1976 |
| ER WORKER Olguin, C Bil 20002.2071 | ERC .5 Megwa, I 20002.2491 | OA II Renas, B Bil 20002.0952 | MHW I Wallace, J EH 20002.X078 | MHC - Lic Buss, B LT 20002.2373 | FMHC Gutierrez, A Bil 20002.2429 | MHW II Espinoza, D Bil 20002.1977 | MHC- Lic Akman, C 20002.1367 | MHC- Un/Reg/Lic Carranza, E 20002.1289 | MHW Aide Magana, Luz 20002.2438 |
| ERC- Un Godwin, K 20002.2014 | ERC - Un Borges, V EH 20002.X147j | MHC- Un Chow, J 20002.0891 | MHW II Renas, C EH 20002.X073 | | | MHC- Lic Medlin, G 20002.1288 | MHC - Lic Nance, T 20002.0912 | MHC - Lic Beck, T 20002.1489 | |
| ER WORKER Santos, F Bil 20002.2015 | ERC- Rea Hall, N EH 20002.X080 | | MHW I Carreon, L Bil EH 20002.X097 | | | MHC- Lic Alamillo, M Bil 20002.2230 | MHC- Rea Gonzales, M Bil 20002.0894 | MHC- Un/Ren/Lic (0.5) (VACANT) 20002.2479 | |
| ERC- Reg Reeves, S 20002.2010 | PSYCH NURSE Carr, N EH 20002.X2411 | | | | | COMM AIDE I Geyer, Z EH 20002.X099 | | | |
| | ERC- Reg Ejimadu, T EH 20002.X149 | | | | | COMM AIDE I Nava, Y EH 20002.X3941 | | | |



A Tradition of Stewardship
A Commitment to Service

PDF 45
BOS/CEO

**Howard Himes
Director**

**Alice Hughey
Assistant Director**

Mitch Wipern
Dep. Dir. of HHSA -
Operations

(Vacant)
Dep. Dir. of HHSA -
Policy, Planning and
Evaluation/Comp Off.

Rose Hardcastle
Dep. Dir. of HHSA -
Finance

Kristin Brown
Dep. Dir. of HHSA -
Aging & Disability
Services

(Vacant)
Dep. Dir. of HHSA -
CWS Director

Dr. Karen Smith
Dep. Dir. of HHSA -
Public Health
Officer

Lynn Perez
Dep. Dir. of HHSA -
Self Sufficiency

William Carter
Acting Dep. Dir. of
HHSA- MH Director

Jaqueline Loeks
Dep. Dir. of HHSA -
Admin of A & D

- Application Support
- HIPAA/Privacy
- Facilities Management
- Records Coordinator
- Mail Distribution
- Safety
- Project Management
- ADA Facilities
- Recruitment
- Human Resource Liaison
- Labor Relations
- Payroll Processing
- Personnel Administration
- Performance Appraisal Administration
- Credentialing
- Form 700/ AB1234 Administration
- Staff Training and Development
- New Hire Orientation
- Organizational Development
- Internship & Volunteer Program
- Civil Rights
- County Fair Hearing

- Quality Management
- Quality Assurance
- Compliance

Social Services
TEC
IHSS/Public Authority
Public Guardia/Public Conservator
Alcohol and Drug
Mental Health
Public Health

- Adult Protective Services
- Geropsych Case Management
- In-Home Supportive Services
- LPS Conservatorship
- Public Health Nursing
- Representative Payee
- Veterans Services
- Public Guardian
- Public Authority

- 24 Hour Child Abuse Hotline
- CPS Emergency Response
- Family Preservation
- Family Maintenance
- Family Reunification
- Permanency
- Independent Living Skills
- SB 163 Wrap Around Program
- Foster Home Licensing
- Guardianship Investigation
- Transitional Housing for Foster Youth
- Kinship Support Services

- Clinical Services
- PH Laboratory
- HIV/AIDS Surveillance;
- Education/Prevention;
- HOPWA; Ryan-White-
- Vital Statistics
- Epidemiology
- Emergency Preparedness
- Women, Infants & Children
- Children's Medical Svcs
- Bay Area IZ Registry

- Public Assistance
- Cash Asst Program
 - County Medical Services Program
 - Cal-Fresh
 - Foster Care Eligibility
 - General Assistance
 - Long Term Care
 - Medi-Cal
 - Special Circumstances

- Vocational Services
- CalWorks
 - Cal-Learn
 - Child Care
 - Next Step
 - Family Self-Sufficiency
 - Homeless Assistance to Families
 - Transportation Planning
 - Workforce Investment Act Programs
 - Rapid Response/Layoff Aversion Services
 - Business Services
 - Training and Employment Center
 - Job Connection

- Adult and Child Central Access and Authorization
- Intensive Case Management for Adults
- Homeless Outreach
- Housing Coordination
- Adult Case Management
- Hospital Discharge Coordination
- Conservatorships
- ~~CONR~~ Health Court
- Jail MH Services
- Adult Therapy Services
- Intensive Case Management for Children
- Children's Wraparound Program
- Children's Case Management
- Children's Therapy
- Juvenile Hall MH Services
- Hospital Discharge Coordination
- 24-hour Emergency Response
- Adult Psychiatry
- Child Psychiatry
- Electronic Medical Record

- Alcohol & Drug Sery
- Community Outreach
 - Counseling
 - Day Treatment
 - Drug Diversion Prog
 - Prevention
 - Tobacco Control
 - Perinatal
 - Prop 36 - STOP
 - Stabilization
 - Juvenile Drug Court
 - Adult Drug Court

Napa County
Health & Human Services Agency
***Under Review for Edits**

Functional Organization Chart - 02/2015

**Napa County Mental Health Board
Goals for Fiscal Year 2016-2017**

General Objectives

A. Fulfill the Mandated Responsibilities and Core Purposes of the Mental Health Board

1. Review and evaluate the community’s mental health needs, services, facilities, and special problems [5604.2 (a)(1)] Welfare & Institutions Code (WIC)
2. Review and comment on the county’s performance outcome data and communicate its findings to the California Mental Health Planning Council (CMHPC) [5604.2 (a)(7)] WIC
3. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process [5604.2 (a)(4)] WIC
4. Review any county agreement entered into pursuant to Section 5650 of the Welfare & Institutions Code (WIC)

B. Maintain an active, involved Mental Health Board

1. Achieve full MHB membership that reflects the diversity of the populations served.
2. Maintain a high attendance and participation at all MHB meetings, including all committees and/or workgroups.
3. Maintain representation on appropriate local, regional, and state boards, committees, councils, etc., and regular reporting to the Mental Health Board (for example: CALMBC, QIC, etc).
4. Complete 100% of scheduled site visits

Specific Goals and Implementation Plan

A. Fulfill the Mandated Responsibilities and Core Purposes of the Mental Health Board

1. Review and evaluate the communities mental health needs, services, facilities, and special problems [5604.2 (a)(1)] Welfare & Institutions Code (WIC)
 - a. Hold community forums that include service providers and/or consumers
 - b. Review information provided in stakeholder meetings
 - d. Review available community data on County Mental Health Services
 - e. Have presentations by various agencies, contractors, and community groups
 - f. Review facilities and services through site visits

MHB members will be involved in selecting guest speakers and related activities needed to achieve the aforementioned goals. Specialized Work Groups will be established, if needed, to achieve these goals.

2. Review and comment on the county’s performance outcome data and communicate its findings to the California Mental Health Planning Council (CMHPC) [5604.2 (a)(7)] WIC

The Napa County Mental Health Board will make an attempt to evaluate available local performance data provided by Napa County Mental Health Services. A Work Group will be established for this purpose.

3. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process [5604.2 (a)(4)] WIC

- a. Hold public meetings and hearings, including at least one alternate site meeting (i.e., either St. Helena, Yountville, Calistoga, or American Canyon).
- b. Encourage community input at Board meetings.
- c. Participate as partners with the local mental health program in all aspects of community planning processes.
- d. Members are to continue to serve on health and human service committees, both internal and external to the local mental health program.

4. Review any county agreement entered into pursuant to Section 5650 of the Welfare & Institutions Code (WIC)

- a. Review contracts prior to site visits.
- b. Review of proposals for new programs, services and facilities.
- c. Monitor and review the budget process and allocation of funds.

B. Maintain an active involved Mental Health Board.

1. Achieve full MHB membership that reflects the diversity of the populations served.

- a. Achieve full MHB membership that reflects the diversity of the populations served, including consumers, through recruitment efforts by MHB members, Board of Supervisors, and allied organizations and groups.
- b. Increase public attendance and comments at MHB meetings, especially consumers and family members, by conducting outreach to Calistoga, St. Helena, Yountville, and American Canyon.

2. Maintain a high attendance and participation at all MHB meetings, including Executive Committee meetings.

- a. Maintain a high attendance and participation at all MHB meetings, including the Executive Committee, by encouraging attendance and participation, and by following up with members who are absent.

3. Maintain representation on appropriate local, regional, and state boards, committees, councils, etc., and regular reporting to the Mental Health Board.

- a. The MHB will encourage interested members to represent the MHB on outside committees.
- b. Represent the MHB at community outreach efforts and involvement in Mental Health Month (May), and others as may be appropriate. This will be accomplished by interested MHB members who volunteer for these assignments.

4. Complete 100% of scheduled site visits.

- a. The Executive Committee will select sites to be visited and will schedule with interested/available MHB members, with the assistance of the Mental Health Sr. Office Assistant.
- b. Written reports of site visits will be submitted to the Executive Committee for preliminary review, followed by a full presentation and open discussion with the entire MHB and public.

5. Provide training opportunities to MHB members.

IV. WIC 5604. MEMBERSHIP

Items in **bold** reflect October 2019 CA legislative update.

(a) (1) Each community mental health service shall have a mental health board consisting of **10 to 15 members**, depending on the preference of the county, appointed by the governing body, except that boards in counties with a population of less than 80,000 may have a minimum of five members. **A county with more than five supervisors shall have at least the same number of members as the size of its board of supervisors. This section does not limit the ability of the governing body to increase the number of members above 15.**

(2) (A) The board serves in an advisory role to the governing body, and one member of the board shall be a member of the local governing body. Local mental health boards may recommend appointees to the county supervisors. The board membership should reflect the diversity of the client population in the county to the extent possible.

(B) 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 mental health services. At least 20 percent of the total membership shall be consumers, and at least 20 percent shall be families of consumers.

(C) In addition to consumers and family members referenced in subparagraph (B) Counties are encouraged to appoint individuals who have experience with and knowledge of the mental health system. 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 less 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 services.

(B) Notwithstanding subparagraph (A), a board in a county with a population **that is less 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) The mental health board shall review and evaluate the local public mental health system, pursuant to Section 5604.2, and advise the governing body on community mental health services delivered by the local mental health agency or local behavioral health agency, as applicable.

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

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

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

RECRUITMENT OF BOARD/COMMISSION MEMBERS

ROLE OF MHB

Local mental/behavioral health boards and commissions (MHBs) 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 mental health system. The board membership should reflect the diversity of the client population in the county. *WIC 5604 (a)(1)*

STRATEGIES

In order to 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 mental 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 MHB, and creating relationships for future interaction with the MHB. To represent various facets of the community that interact with Mental Health, MHB's may want to reach out to:

1. School Boards/School Districts
2. Law Enforcement
3. College/Community College Boards/Staff
4. Mental Health Adult Resource Centers/Consumer Groups
5. Commissions on Aging/Older Adult Groups
6. Community Organizations, such as the Hispanic Chamber of Commerce, Tribal Organizations

PROCESS

Use a process that is public, fair and respects people's privacy.

1. Public posting of MHB 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 MHB members conduct private interview (with set list of questions) followed by possible recommendation to the MHB.
5. The MHB votes to recommend individuals for possible appointment by the Board of Supervisors (or Governing Body)
6. The Board of Supervisors receives the recommendations.
7. In some counties the process gets stalled at this juncture for a variety of reasons (e.g., the Supervisor may be considering another candidate, it gets "lost" in the Supervisors office) and it may be necessary to track time of correspondence, possibly consider placing a call after one month to stress the importance of having a full complement of MHB members and remind the Supervisor to approve the recommendation.

RULES FOR MEMBERSHIP - See "*Membership Criteria (WIC 5604)*" Page 46

Boards, Commissions and Committees advise Board of Supervisors on issues relating to the welfare and quality of life in the County. They provide an inter-relationship between the citizenry of the County and the government of the County.

Los Angeles County of the Department of Mental Health:

MHC – COMMISSION ROLE MENTAL HEALTH COMMISSION ROLE

State law requires that each county have a Mental Health Board or Commission. Members are appointed by the Board of Supervisors for three-year terms. Those terms may be extended. Commissioners advise the Board of Supervisors and the Director of Mental Health on various aspects of local mental health programs.

- The role of the commission is established in the Welfare and Institutions Code, under 5604.2.
- Review and evaluate the community's mental health needs, services, facilities, and special programs.
- Review any county agreements entered into pursuant to Section 5650 W.I.C.
- Advise the Board of Supervisors and the local mental health director regarding any aspects of the local mental health programs.
- Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
- Submit an annual report to the Board of Supervisors on the needs and performance of the county's mental health system.
- Review and make recommendations on applicants for the appointment of the local director of mental health services. The Commission shall be included in the selection process prior to the vote of the governing body.
- Review and comment on the county's performance outcome data and communicate its findings to the State Mental Health Planning Council.
- Assess the impact of the realignment of services from the state to the county on services delivered to clients and on the local community.

The Board of Supervisors may transfer additional duties or authority to a mental health board or commission.

Each individual commissioner is required to do the following:

- Attend the monthly Commission meeting (held the 4th Thursday of the month from 11-1:30 except in November and December held 3rd Thursday) at the Hall of Administration.
- Come prepared to this meeting by reading previous minutes, reviewing any reading materials sent in advance that will be a topic of a presentation, be prepared to ask questions and add meaningfully to discussion.
- Become familiar (through review and attending the commission meeting presentations) with the Mental Health Services Act Annual Budget proposal.
- In conjunction with one other Commissioner, visit one mental health facility each year and fill out an evaluation form for the visit.
- Be willing to volunteer at least once during the year on a topic of research or review for the commission. This work may include a few conference calls, some independent research or interviews and a brief write-up of findings.
- Once a year, attend an executive committee meeting held with the health deputies of their appointing Supervisor.
- Ideally, be willing to represent the commission at conferences or consumer events related to mental health.
- Ideally, attend at least one-three other meetings related to mental health in their service area or district. These meetings may relate to a specific area of interest, such as justice-involved or foster youth or may be a general, monthly meeting of the Service Area Advisory Council.

Contra Costa County Mental Health Commission (MHC)

Commission Member Name: Leslie May

Proposal Date: February 24, 2021

RE: Mental Health Condition Bylaw Amendment

Currently the commission's 'attendance' bylaws do not address equity justice.

On January 20, 2021, an Executive Order on Advancing Racial Equity and Support for Underserved Communities through the Federal Government was issued by President Joseph R. Biden Jr. Of particular importance is the definitions section listed below:

Sec. 2. Definitions. For purposes of this order: (a) The term "equity" means the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

(b) The term "underserved communities" refers to populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, as exemplified by the list in the preceding definition of "equity."

This hereby solidifies that Equity Justice has become a major movement in our nation. In keeping with the shifts in law it is unclear why an amendment has not been made for committee members facing serious physical harm and/or enduring emotional stress, based on the color of their skin?

Such provisions should include:

Excusal without bias or fear of repercussion due to tardiness or absence from a meeting during an uprising, threat of perceived harm, or emergency. Hence, the aforementioned absence should not be counted against the individual that is undergoing serious emotional distress but happens to be a member of any body of government, whether paid or unpaid.

Racial inequality, injustice, and mental health disparities affect every committee member and can trigger sudden emotional stress that is unhealthy for the individual and/or their family.

Example:

On January 6, 2021, our capital building was attacked by a group of uncivil individuals who sought power through insurgency. An MHC meeting was scheduled; however, I did not attend because

my family took priority. As the head of household, it is my responsibility to place the safety of my family above all other obligations. My decision was based on racial banter used within my own neighborhood by neighbors that had already expressed contempt for people of color as well as media warnings of potential attacks on people of color. There was absolutely no way that I should be expected to sit in a Zoom meeting while addressing the emotional turmoil that my family was facing. As a result of circumstances beyond my control, this missed meeting should not be held against me as the current by-laws would suggest.

As has been the case for most of my life, not many people can relate therefore it remains overlooked. I realize most of the commissioners do not have to worry but the point is to address those most susceptible in order to ensure equality for all. People of color are constantly under attack, which means that they must use all of their resources to remain safe and to protect their emotional wellbeing. Otherwise, productivity at work or as a member of any committee/commission would be impossible.

The proposal is as follows:

- 1) An addendum should be added to the prepared document to address an absence:
 - a) due to racial threats
 - and/or-
 - b) racial attacks in our communities and nationwide.

As a commission designed to address mental health, this should include its committee members.

- 2) Additionally, there should also be a provision made when a person is seriously ill and is unable to attend meetings because they are incapacitated.
 - a) The exception of this rule should be a prolonged absence.
 - i) Hence, if the commissioner's absence will exceed 45 days, they should be asked to consider their communities representation.
 - (1) An alternative to this measure would be a temporary commissioner that is assigned until the appointed commissioner returns or resigns due to health issues.

This could possibly address the issues we have securing commissioner openings which are currently vacant. We need to be progressive with commissioners who are appointed and serve on the executive board and committees. There are several unknown variables that can happen to an individual that affects their life, and this should be considered when rendering decisions which affect commissioners. Hence, why it is important to account for unforeseen circumstances such as emergencies which prevent us from attending meetings or cause us to have a late arrival.

A second issue is Advancing Racial Equity and Support for Underserved Communities. The commission is not racially diverse. Recently, applicant's representative of the community applied for open positions on the commission and were denied the opportunity to represent the community in which they live, work, and invest.

The proposal is as follows:

- 1) We should be following the guidelines of the Best Practices publication of the Mental Health Services Oversight and Accountability Commission,
- 2) Please see attached guidelines as Attachment I,
- 3) I propose we immediately recruit 'additional' commissioners' representative of the BIPOC communities of Contra Costa County,
- 4) I propose the mental health commissioners are in process of recruiting, interviewing, and the recommendation process as outlined in the recruitment bulletin.