



CONTRA COSTA
MENTAL HEALTH
COMMISSION

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cchealth.org/mentalhealth/mhc

**Mental Health Commission
Executive Committee**

Tuesday, September 28, 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**
- II. Public comments**
- III. Commissioner comments**
- IV. Chair announcements**
 - Rescheduled MHC Retreat
 - Rescheduled MHC Orientation
- V. APPROVE minutes from the August 24, 2021, Executive Committee meeting**
- VI. UPDATE on September through December, 2021 site visits**
- VII. UPDATE on Nominating Committee**
- VIII. UPDATE on new Commissioners and open seats**
- IX. DISCUSS requesting information and meeting attendance from BHS staff**

(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. DISCUSS best practices for appointing new Commissioners

XI. DETERMINE October 2021 Mental Health Commission meeting agenda

- **CHAIR ANNOUNCEMENTS**
 - Rescheduled MHC retreat
 - Rescheduled first Orientation session
- **“Get to know your Commissioner” (Commissioner TBD and Commissioner TBD)**
- **UPDATE on September through December 2021 Site Visits**
- **UPDATE by Nominating Committee**
- **UPDATE on new Commissioners and open seats**
- **TBD**
- **Behavioral Health Services Director's Report**

XII. Adjourn

ATTACHMENTS:

- A. Mental Health Commission Bylaws – Article VI – Election process (Pg. 5-6)**
- B. Internal Operations Committee meeting 9.13.21**
- C. Welfare Institute Code 5604**
- D. CA Welfare Institute Code for Mental Health Boards-January 2020**
- E. Bronzan-McCorquodale Act**
- F. Napa Mental Health Board Member Guide-November 2017**
- G. San Clara Co Behavioral Health Board Bylaws 2021**

CONTRA COSTA COUNTY
MENTAL HEALTH COMMISSION

BYLAWS

Approved and Adopted:
November 20, 1997

Last Amended and Approved by the Board of Supervisors:
April 17, 2018

Contra Costa County Mental Health Commission Bylaws

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SECTION 4. CLOSED SESSION

The Commission may not conduct closed sessions.

SECTION 5. SPECIAL MEETINGS

Special meetings of the Commission may be called at any time by the Chair or by a majority of the members of the Commission in accordance with the Brown Act and the County's Better Government Ordinance.

SECTION 6. OPEN MEETINGS

All meetings of the Commission, including all meetings of its Executive Committee, standing committees, task forces and ad hoc committees shall comply with the Brown Act and the County's Better Government Ordinance.

SECTION 7. DECISIONS AND ACTIONS OF THE COMMISSION

Unless otherwise stated, all matters coming before the Commission for action shall be determined by a majority of the Commissioners appointed.

SECTION 8. ADDRESSING THE COMMISSION

Public Comment shall be allowed on any items of interest to the public that are within the subject matter jurisdiction of the Commission, both agendaized and non-agendaized items, in accordance with the Brown Act and the County's Better Government Ordinance. The Chairperson may limit the amount of time a person may use in addressing the Commission on any subject, provided the same amount of time is allotted to every person wishing to address the Commission.

ARTICLE VI

NOMINATION, ELECTION AND REMOVAL OF OFFICERS

SECTION 1. NOMINATION OF OFFICERS AND EXECUTIVE COMMITTEE MEMBERS

1.1 Ad Hoc Nominating Committee

An Ad Hoc Nominating Committee shall be appointed in the month of August. During the September meeting, the Ad Hoc Nominating Committee shall announce the solicitation of nominations from the Commission members and obtain the nominee's consent to serve. At the October meeting, a slate of nominees will be announced.

1.2 Nominations

In the event of a vacancy in the office of Chairperson, Vice Chairperson or an Executive Committee member during the term of office, nominations will be taken, nominees' consent to serve will be obtained, and nominees will be announced at the next regularly scheduled Commission meeting.

SECTION 2. ELECTION

2.1 Timing of

The Commission shall elect a Chairperson, Vice Chairperson and members of the Executive Committee at the November or next regular meeting of the Commission following the announcement of nominations as set forth in Section 1.

2.2 Assumption of Office

The newly-elected Chairperson, Vice Chairperson and Executive Committee shall assume office January 1 and serve through December 31 of that year. In the case of a mid-term appointment, the elected Chairperson, Vice Chairperson or members of the Executive Committee will complete the remainder of the normal term.

2.3 Conduct of Election

The election will be conducted publicly through the use of signed ballots. Ballots will be announced and counted publicly by the Ad Hoc Nominating Committee. The election of each officer will carry with a majority vote of the Commission. In the case of a tie vote, the Commission may re-cast ballots until the tie is broken. If, in the opinion of the Chairperson, the tie will not be broken within a reasonable number of attempts, the election may be deferred until the next scheduled Commission meeting and the current seated officer will remain in office until a new officer is elected.

SECTION 3. TERMS OF OFFICE

The Officers of the Commission, the Chairperson and Vice Chairperson, shall serve no more than three (3) consecutive terms of one year each in the same position. This will not preclude an individual from serving as Chairperson or Vice Chairperson after one (1) year of having not served.

SECTION 4. REMOVAL OF OFFICER

4.1 Grounds for Removal

The Commission, by a majority of the Commissioners appointed, may remove the Chairperson and/or Vice Chairperson from office and relieve him/her of his/her duties

4.2 Nominations After Removal

In the event of removal of the Chairperson and/or Vice Chairperson, the Ad Hoc Nominating Committee shall meet and present nominations for the vacant position(s) at the next regularly scheduled Commission meeting.

ARTICLE VII DUTIES OF OFFICERS

SECTION 1 DUTIES OF THE CHAIRPERSON

1.1 Meetings

- a) The Chairperson shall preside at all meetings of the Commission and perform duties consistent with these Bylaws and the Welfare and Institutions Code
- b) The Chairperson shall conduct meetings, maintain order and decorum, and decide questions of procedure in accordance with these Bylaws and in consultation with County staff via the Executive Assistant to the Commission.
- c) The Chairperson shall conduct all meetings in the manner required by the Brown Act and the County's Better Government Ordinance.

1.3 Other Duties

The Chairperson shall be in consultation with the Mental Health Director.

SECTION 2. DUTIES OF THE VICE CHAIRPERSON

In the event of the Chairperson's absence from a Commission meeting or inability to act, the Vice Chairperson shall preside and perform all duties of the Chairperson. In the case of removal of the Chairperson, the Vice Chairperson shall perform all duties of the Chairperson until new elections can be held.



INTERNAL OPERATIONS COMMITTEE

RECORD OF ACTION FOR
September 13, 2021

Supervisor Candace Andersen, Chair
Supervisor Diane Burgis, Vice Chair

Present: Candace Andersen, Chair
Diane Burgis, Vice Chair

Staff Present: Julie DiMaggio Enea, Staff

Attendees: Monica Nino, County Administrator; Lea Castleberry, District III Supervisor's Office; Cynthia Shehorn, PW Purchasing Svcs Mgr; Carrie Ricci, Deputy PW Director; Jami Morritt, Chief Asst Clerk of the Board; Lauren Hull, CoB Management Analyst; Jill Ray, District II Supervisor's Office; Lia Bristol, District IV Supervisors Office; Michael Kent, Exec Asst to HazMat Commission

1. Introductions

Chair Andersen called the meeting to order at 10:30 a.m. and acknowledged all of the attendees.

2. Public comment on any item under the jurisdiction of the Committee and not on this agenda (speakers may be limited to three minutes).

No one requested to speak during the public comment period.

3. RECEIVE and APPROVE the Record of Action for the July 12, 2021 IOC meeting.

The Committee approved the record of action for the July 12, 2021 IOC meeting as presented.

AYE: Chair Candace Andersen
Vice Chair Diane Burgis

4. RECOMMEND to the Board of Supervisors the appointment of Teston Shull to the Labor #1 seat and Terry Baldwin to the Labor #1 Alternate seat on the Hazardous Materials Commission to complete the current terms that will expire on December 31, 2022.

Approved as recommended. Staff will forward recommendation to the BOS on September 21.

AYE: Chair Candace Andersen
Vice Chair Diane Burgis

5. CONSIDER changes to the Mental Health Commission bylaws pertaining to the Commissioner appointment process and to the proposed Attendance policy and DETERMINE action to be taken.

The Committee considered bylaw changes pertaining to attendance and recruitment/selection, and a proposed code system of seat names that do not distinguish consumers and family members of consumers from other Commission

seats.

The Committee voted to accept updated staff material that better illustrates the Commission recommendation pertaining to attendance. To the added material, the Committee made the following revisions:

SECTION 2. ATTENDANCE

2.1 Attendance requirements

a) Regular attendance at Commission meetings is mandatory for all Commission members.

1) A member who ~~is absent from~~ who has four (4) unexcused absences from regularly scheduled full Commission meetings in any consecutive twelve-month period, as opposed to calendar year, shall be deemed to have resigned from the Commission. In such event, the former Commission member's status will be noted at the next scheduled Commission and shall be recorded in the Commission's minutes. The Chairperson shall, without further direction from the Commission, apprise the Board of Supervisors of the member's resignation and request the appointment of a replacement.

2) A Commissioner's absence from a regularly scheduled Commission meeting may be excused in the case of an unforeseen, extraordinary circumstance, including but not limited to major illness, natural disaster, or civil unrest. Commissioners shall obtain consent from the Chair at least one day prior to the meeting, for any planned absences. Excused absences will be recorded in the meeting minutes as an "excused absence".

b) Each Commissioner will ensure that when s/he attends Commission-sponsored meetings (excluding Commission and Committee meetings) or activities representing her/himself as a Commissioner, s/her expresses only those views approved by the Commission.

c) Regular attendance of one standing Commission Committee, with the exception of Executive Committee, is mandatory for all Commission members.

1) A member who ~~is absent from~~ who has four (4) unexcused absences from regularly scheduled Commission Committee meetings in any consecutive twelve-month period shall be deemed to have resigned from the Committee. In such event, the former Committee member's status will be noted at the next scheduled Committee meeting and shall be recorded in the Committee's minutes. The resigned member shall choose a different Committee on which to serve.

To the language proposed in the staff report, the Committee made the following revisions to the Section 4. Vacancies and Recruitment:

4.4 Each County Supervisor will encourage any applicant being considered for the Mental Health Commission to attend at least one Commission meeting prior to their appointment. Applicants are will also be encouraged to meet with the MHC Chair, MHC Vice Chair and/or ad-hoc committee prior to accepting position to ensure full understanding of the roles, responsibilities, and restrictions of being a Mental Health Commissioner.

The Committee instructed the Clerk of the Board's office to adopt a seat name code system that uses generic titles for the MHC seats. For example, each District is assigned three seats, one designated for consumer of mental health services, one designated for a family member of a consumer, and one designated as a member at large:

District #, Seat 1 = Consumer Member

District #, Seat 2 = Family Member

District #1, Seat 3 = At Large Member

The Local Appointment List and recruitment materials would need to identify what each code seat name represents; however, for all other purposes, the generic seat name will suffice.

AYE: Chair Candace Andersen

Vice Chair Diane Burgis

6. Modify the current form to additionally capture:

- current employer, job title and length of employment. Past relevant employment experience can be addressed within the current request for qualifications.
- relevant occupational licenses possessed by the applicant.
- name and occupation of the applicant's spouse, for conflict of interest purposes.
- if the applicant is a veteran of the U.S. Armed Forces.
- how long the applicant has resided/worked in Contra Costa County.
- whether or not the applicant has any obligations that might affect his/her attendance at scheduled meetings.

The Committee approved the staff recommendation except that it eliminated the section that would capture the name and occupation of the applicant's spouse. The Committee directed the Clerk of the Board's office to add the following information elements to the advisory body application:

- **current employer, job title and length of employment (past relevant employment experience can be addressed within the current request for qualifications)**
- **relevant occupational licenses possessed by the applicant**
- **if the applicant is a veteran of the U.S. Armed Forces**
- **how long the applicant has resided/worked in Contra Costa County**
- **whether or not the applicant has any obligations that might affect his/her attendance at scheduled meetings**

AYE: Chair Candace Andersen

Vice Chair Diane Burgis

7. ACCEPT the Small Business Enterprise, Outreach, and Local Bid Programs Report, reflecting departmental program data for the period July 1 through December 31, 2020.

Cindy Shehorn presented the staff report and highlights. The Committee accepted the report, thanked Ms. Shehorn, and directed staff to forward the report to the BOS for its information.

AYE: Chair Candace Andersen

Vice Chair Diane Burgis

8. The next meeting is currently scheduled for October 11, 2021.
9. Adjourn

Chair Andersen adjourned the meeting at 11:43 a.m.

For Additional Information Contact:

Julie DiMaggio Enea, Committee Staff
Phone (925) 655-2056, Fax (925) 655-2066
julie.enea@cao.cccounty.us



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June 2, 2021

Dear Supervisor Candace Andersen,

We respectfully ask the Internal Operations Committee of the Contra Costa County Board of Supervisors to read and consider the Mental Health Commission’s suggestion to the bylaw regarding Section 4. VACANCIES AND RECRUITMENT.

The following language presents 1) the text that you are requesting; and 2) the text that the Mental Health Commission is requesting as an alternative (note: highlighted text is what differs).

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.

Text Proposed by the Mental Health Commission:

SECTION 4. VACANCIES AND RECRUITMENT

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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.



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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 at least one Commission meeting prior to their appointment. Applicants are required to meet with the MHC Chair, MHC Vice Chair and/or ad-hoc committee prior to accepting position to ensure full understanding of the roles, responsibilities, and restrictions of being a Mental Health Commissioner.

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

Will you please honor the fact the Commission is currently not reflective of the diversity of the client population in the county? We would like to ensure we are following the guidelines of Executive Order No. 13985 *Advancing Racial Equity and Support for Underserved Communities through the Federal Government* (pg 7009 - 7013), signed into law January 20, 2021 by President Joseph R. Biden Jr., as well as the Recruitment of Board/Commission Members, WIC 5604 (a) (1), and *Best Practices for Local Mental/Behavioral Health Boards and Commissions 2020*, rev.1 (pg. 24, Best Practices, 2020).

We realize that the Board of Supervisors is inundated with responsibilities of the county and Mental Health Commissioners are ready and willing to take on the task of recruiting, orienting/interviewing, and making recommendations to the Board of Supervisors for candidates to fill open seats on this Commission.

Sincere Regards,

Contra Costa County Mental Health Commission

GOVERNMENT CODE - GOV

TITLE 5. LOCAL AGENCIES [50001 - 57607]

(Title 5 added by Stats. 1949, Ch. 81.)

DIVISION 2. CITIES, COUNTIES, AND OTHER AGENCIES [53000 - 55821]

(Division 2 added by Stats. 1949, Ch. 81.)

PART 1. POWERS AND DUTIES COMMON TO CITIES, COUNTIES, AND OTHER AGENCIES [53000 - 54999.7]

(Part 1 added by Stats. 1949, Ch. 81.)

CHAPTER 11. Local Appointments List [54970 - 54974]

(Heading of Chapter 11 amended by Stats. 1991, Ch. 669, Sec. 5.)

54972.

On or before December 31 of each year, each legislative body shall prepare an appointments list of all regular and ongoing boards, commissions, and committees which are appointed by the legislative body of the local agency. This list shall be known as the Local Appointments List. The list shall contain the following information:

- (a) A list of all appointive terms which will expire during the next calendar year, with the name of the incumbent appointee, the date of appointment, the date the term expires, and the necessary qualifications for the position.
- (b) A list of all boards, commissions, and committees whose members serve at the pleasure of the legislative body, and the necessary qualifications for each position.

(Amended by Stats. 1991, Ch. 669, Sec. 6.)



Contra Costa County Board of Supervisors

Subcommittee Report

INTERNAL OPERATIONS COMMITTEE

5.

Meeting Date: 09/13/2021
 Subject: Mental Health Commission Request to Modify Bylaws Pertaining to Vacancies and Recruitment
 Submitted For: Candace Andersen,
 Department: Board of Supervisors District II
 Referral No.: IOC 21/5
 Referral Name: Advisory Body Recruitment
 Presenter: Candace Andersen Contact: Julie Enea (925) 655-2056

Referral History:

In the early spring of 2021 the Executive Committee of the Mental Health Commission (MHC) discussed the fact that its Bylaws were not consistent with the current practices of how members of the Board of Supervisors appoint Mental Health Commissioners. The MHC Bylaws were last amended in 2018.

The current MHC Bylaws provide for the following:

ARTICLE IV, 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.

In practice, members of the Board of Supervisors interview applicants, ensure that they meet the requirements of Commission membership, and encourage them to attend MHC meetings prior to appointment. However, Supervisors have not recently requested that the Commission appoint an Ad Hoc Applicant Interview Committee or asked them to make recommendations for nominations.

Supervisor Candace Andersen, the representative of the Board of Supervisors on the MHC, met with MHC Chair Graham Wiseman. It was agreed that the provision in the bylaws regarding an Ad Hoc committee making recommendations for appointment created confusion, and Supervisor Andersen suggested that the bylaws be amended to reflect the current practice. County Counsel prepared a draft amendment to the MHC Bylaws.

At the June 2, 2021 meeting of the MHC, a discussion ensued regarding County Counsel's draft amendment. Concern was expressed about achieving diversity and representation by consumers of mental health services, and effective orientation of prospective members to promote participation and commitment to the office. At the conclusion of the discussion, the MHC decided, on a split vote (4 Aye, 2 No, 3 Abstain), to send the attached letter to Supervisor Andersen requesting IOC consideration of a revision to what County Counsel had drafted. Only Sections 4.3 through 4.5 had recommended changes.

On July 12th, the IOC considered a draft amendment to clear the confusion, to make the bylaws reflective of current practices by the Board of Supervisors, and to have this provision of the bylaws reflect changes to Welfare and Institutions Code sections 5604 and 5604.5. The Committee decided to hold off making recommendations to the Board of Supervisors pending input from the MHC on additional bylaws changes relating to Commissioner attendance. The Committee also asked for County Counsel guidance on the question of whether MHC seat names could be made more generic in an effort to avoid any stigma that may be associated with certain seats, namely the Consumer or Family Member seats.

Referral Update:

Vacancies and Recruitment

On July 12, the IOC considered proposals from the MHC and Supervisor Andersen to modify the MHC bylaws associated governing Commissioner recruitment and appointment.

MHC Proposal:

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 at least one Commission meeting prior to their appointment. Applicants are required to meet with the MHC Chair, MHC Vice Chair and/or ad-hoc committee prior to accepting position to ensure full understanding of the roles, responsibilities, and restrictions of being a Mental Health Commissioner.

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

Supervisor Andersen's Counter-Proposal (as corrected below):

Because the appointment process remains in the discretion of the Board of Supervisors, requiring applicants to meet with the MHC Chair, Vice Chair and/or ad-hoc committee is not recommended. The language below in Section 4.4 represents a compromise between the MHC proposal and the Board's discretion.

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.

4.3 Commission Identification and Recruitment of Applicants

- a) Pursuant to Article IV, section 1.2, the Commission shall to the extent feasible identify and encourage applicants who will assist the County in maintaining a Commission that represents and reflects the diversity and demographics of the County as a whole, as provided in the Welfare and 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. In order for applicants being considered for the Mental Health Commission to have a better understanding of their potential role, responsibilities, and restrictions as a Commissioner, applicants are encouraged to attend at least one Commission meeting, as well as meet with the MHC Chair, MHC Vice Chair and/or the [insert formal name of the ad-hoc committee], prior to their appointment.

4.5 The Chair and Executive Committee of the Mental Health Commission shall coordinate appropriate training and orientation of all newly appointed commissioners.

Attendance

To ensure that active, appointed members continuously participate in their respective positions, the MHC is recommending additional revisions to its approved By-laws. The current bylaws of the MHC provide the following regarding attendance at MHC meetings.

Article IV Section 2.1b

SECTION 2. ATTENDANCE

2.1 Attendance requirements

a) Regular attendance at Commission meetings is mandatory for all Commission members.

- 1) A member who is absent from four (4) regularly scheduled Commission meetings in any calendar year shall be deemed to have resigned from the Commission. In such event the former Commission member's status will be noted at the next scheduled Commission meeting and shall be recorded in the Commission 's minutes. The Chairperson shall, without further direction from the Commission , apprise the Board of Supervisors of the member 's resignation and request the appointment of a replacement.*
- 2) Each Commissioner will ensure that when s/he attends Commission-sponsored meetings (excluding Commission and Commission Committee meetings) or activities representing her/himself as a Commissioner, s/he expresses only those views approved by the Commission.*

Additional revisions proposed to the Mental Health Commission Bylaws are shown below. These revisions have been considered and approved across multiple meetings by the MHC and its Executive Committee, most recently at the September 1st Commission meeting, but have not yet been reviewed by County Counsel.

- A Commissioner's absence from a regularly scheduled Commission meeting may be excused in the case of an unforeseen, extraordinary circumstance, including but not limited to major illness, natural disaster, or civil unrest. Commissioners shall obtain consent from the Chair at least one day prior to the meeting, for any planned absences. Excused absences will be recorded in the meeting minutes as an "excused absence".*
- A member who is absent from four regularly scheduled full Commission meetings in any consecutive twelve-month period, as opposed to calendar year, shall be deemed to have resigned from the*

Commission.

- *Regular attendance of one standing Commission Committee, with the exception of Executive Committee, is mandatory for all Commission members.” i) “A member who is absent from four (4) regularly scheduled Commission Committee meetings in any consecutive 12-month period, shall be deemed to have resigned from the Committee. In such event the former Committee member's status will be noted at the next scheduled Committee meeting and shall be recorded in the Committee's minutes. The resigned member shall choose a different Committee on which to serve.”*

Seat Names

On the question about whether the County is required to publicly identify which appointees are filling which specific seats on the MHC, pursuant to Government Code § 54972 (or the Maddy Act), each year the County is required to publish its Local Appointment Lists, which contains a “list of all appointive terms which will expire during the next calendar year, with the name of the incumbent appointee, the date of appointment, the date the term expires, and the necessary qualifications for the position.” See Gov’t Code § 54972(a), attached. Given the requirements of the Maddy Act, the County is required to publicly identify the name of each Commissioner whose term is about to expire, as well as the specific seat held by that Commissioner. The County, thus, cannot prevent the public from knowing who holds the Consumer or Family Member seats on the MHC.

The Board, however, could consider using a code system when it appoints Commissioners. For example, the Board could refer to the code “District 3, Seat 2” when appointing a Commissioner to, for example, the Consumer Seat for that district. However, the Local Appointment List would need to reveal the code system to the public—i.e., disclose that “District 3, Seat 2” refers to the Consumer Seat for that district. And the code system would likewise need to be revealed at the recruitment stage; for example, the Notice of Vacancy could state that the Clerk of the Board is accepting applications for the “District 3, Seat 2 (Consumer)” position, or similar.

Recommendation(s)/Next Step(s):

CONSIDER changes to the Mental Health Commission bylaws pertaining to the Commissioner appointment process and to the proposed Attendance policy and DETERMINE action to be taken.

Fiscal Impact (if any):

No fiscal impact.

Attachments-Y

Government Code 54972 Appointive List

June 2, 2021 Letter from Mental Health Commission requesting Bylaws Changes

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.



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

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.

WELFARE AND INSTITUTIONS CODE - WIC

DIVISION 5. COMMUNITY MENTAL HEALTH SERVICES [5000 - 5952]

(Division 5 repealed and added by Stats. 1967, Ch. 1667.)

PART 2. THE BRONZAN-MCCORQUODALE ACT [5600 - 5772]

(Heading of Part 2 amended by Stats. 1992, Ch. 1374, Sec. 14.)

CHAPTER 1. General Provisions [5600 - 5623.5]

(Chapter 1 added by Stats. 1968, Ch. 989.)

5600.

(a) This part shall be known and may be cited as the Bronzan-McCorquodale Act. This part is intended to organize and finance community mental health services for persons with mental health disorders in every county through locally administered and locally controlled community mental health programs. It is furthermore intended to better utilize existing resources at both the state and local levels in order to improve the effectiveness of necessary mental health services; to integrate state-operated and community mental health programs into a unified mental health system; to ensure that all mental health professions be appropriately represented and utilized in the mental health programs; to provide a means for participation by local governments in the determination of the need for and the allocation of mental health resources under the jurisdiction of the state; and to provide a means of allocating mental health funds deposited in the Local Revenue Fund equitably among counties according to community needs.

(b) With the exception of those referring to Short-Doyle Medi-Cal services, any other provisions of law referring to the Short-Doyle Act shall be construed as referring to the Bronzan-McCorquodale Act.

(Amended by Stats. 2014, Ch. 144, Sec. 100. Effective January 1, 2015.)

5600.1.

The mission of California's mental health system shall be to enable persons experiencing severe and disabling mental illnesses and children with serious emotional disturbances to access services and programs that assist them, in a manner tailored to each individual, to better control their illness, to achieve their personal goals, and to develop skills and supports leading to their living the most constructive and satisfying lives possible in the least restrictive available settings.

(Amended by Stats. 1991, Ch. 611, Sec. 35. Effective October 7, 1991.)

5600.2.

To the extent resources are available, public mental health services in this state should be provided to priority target populations in systems of care that are client-centered, culturally competent, and fully accountable, and which include the following factors:

(a) Client-Centered Approach. All services and programs designed for persons with mental disabilities should be client centered, in recognition of varying individual

goals, diverse needs, concerns, strengths, motivations, and disabilities. Persons with mental disabilities:

(1) Retain all the rights, privileges, opportunities, and responsibilities of other citizens unless specifically limited by federal or state law or regulations.

(2) Are the central and deciding figure, except where specifically limited by law, in all planning for treatment and rehabilitation based on their individual needs.

Planning should also include family members and friends as a source of information and support.

(3) Shall be viewed as total persons and members of families and communities. Mental health services should assist clients in returning to the most constructive and satisfying lifestyles of their own definition and choice.

(4) Should receive treatment and rehabilitation in the most appropriate and least restrictive environment, preferably in their own communities.

(5) Should have an identifiable person or team responsible for their support and treatment.

(6) Shall have available a mental health advocate to ensure their rights as mental health consumers pursuant to Section 5521.

(b) Priority Target Populations. Persons with serious mental illnesses have severe, disabling conditions that require treatment, giving them a high priority for receiving available services.

(c) Systems of Care. The mental health system should develop coordinated, integrated, and effective services organized in systems of care to meet the unique needs of children and youth with serious emotional disturbances, and adults, older adults, and special populations with serious mental illnesses. These systems of care should operate in conjunction with an interagency network of other services necessary for individual clients.

(d) Outreach. Mental health services should be accessible to all consumers on a 24-hour basis in times of crisis. Assertive outreach should make mental health services available to homeless and hard-to-reach individuals with mental disabilities.

(e) Multiple Disabilities. Mental health services should address the special needs of children and youth, adults, and older adults with dual and multiple disabilities.

(f) Quality of Service. Qualified individuals trained in the client-centered approach should provide effective services based on measurable outcomes and deliver those services in environments conducive to clients' well-being.

(g) Cultural Competence. All services and programs at all levels should have the capacity to provide services sensitive to the target populations' cultural diversity.

Systems of care should:

(1) Acknowledge and incorporate the importance of culture, the assessment of cross-cultural relations, vigilance towards dynamics resulting from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally unique needs.

(2) Recognize that culture implies an integrated pattern of human behavior, including language, thoughts, beliefs, communications, actions, customs, values, and other institutions of racial, ethnic, religious, or social groups.

(3) Promote congruent behaviors, attitudes, and policies enabling the system, agencies, and mental health professionals to function effectively in cross-cultural institutions and communities.

- (h) Community Support. Systems of care should incorporate the concept of community support for individuals with mental disabilities and reduce the need for more intensive treatment services through measurable client outcomes.
- (i) Self-Help. The mental health system should promote the development and use of self-help groups by individuals with serious mental illnesses so that these groups will be available in all areas of the state.
- (j) Outcome Measures. State and local mental health systems of care should be developed based on client-centered goals and evaluated by measurable client outcomes.
- (k) Administration. Both state and local departments of mental health should manage programs in an efficient, timely, and cost-effective manner.
- (l) Research. The mental health system should encourage basic research into the nature and causes of mental illnesses and cooperate with research centers in efforts leading to improved treatment methods, service delivery, and quality of life for mental health clients.
- (m) Education on Mental Illness. Consumer and family advocates for mental health should be encouraged and assisted in informing the public about the nature of mental illness from their viewpoint and about the needs of consumers and families. Mental health professional organizations should be encouraged to disseminate the most recent research findings in the treatment and prevention of mental illness.
(Amended by Stats. 1992, Ch. 1374, Sec. 15. Effective October 28, 1992.)

5600.3.

To the extent resources are available, the primary goal of the use of funds deposited in the mental health account of the local health and welfare trust fund should be to serve the target populations identified in the following categories, which shall not be construed as establishing an order of priority:

- (a) (1) Seriously emotionally disturbed children or adolescents.
- (2) For the purposes of this part, "seriously emotionally disturbed children or adolescents" means minors under the age of 18 years who have a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, which results in behavior inappropriate to the child's age according to expected developmental norms. Members of this target population shall meet one or more of the following criteria:
 - (A) As a result of the mental disorder, the child has substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or ability to function in the community; and either of the following occur:
 - (i) The child is at risk of removal from home or has already been removed from the home.
 - (ii) The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment.
 - (B) The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder.
 - (C) The child has been assessed pursuant to Article 2 (commencing with Section 56320) of Chapter 4 of Part 30 of Division 4 of Title 2 of the Education Code and

determined to have an emotional disturbance, as defined in paragraph (4) of subdivision (c) of Section 300.8 of Title 34 of the Code of Federal Regulations.

(b) (1) Adults and older adults who have a serious mental disorder.

(2) For the purposes of this part, "serious mental disorder" means a mental disorder that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time. Serious mental disorders include, but are not limited to, schizophrenia, bipolar disorder, post-traumatic stress disorder, as well as major affective disorders or other severely disabling mental disorders. This section shall not be construed to exclude persons with a serious mental disorder and a diagnosis of substance abuse, developmental disability, or other physical or mental disorder.

(3) Members of this target population shall meet all of the following criteria:

(A) The person has a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a substance use disorder or developmental disorder or acquired traumatic brain injury pursuant to subdivision (a) of Section 4354 unless that person also has a serious mental disorder as defined in paragraph (2).

(B) (i) As a result of the mental disorder, the person has substantial functional impairments or symptoms, or a psychiatric history demonstrating that without treatment there is an imminent risk of decompensation to having substantial impairments or symptoms.

(ii) For the purposes of this part, "functional impairment" means being substantially impaired as the result of a mental disorder in independent living, social relationships, vocational skills, or physical condition.

(C) As a result of a mental functional impairment and circumstances, the person is likely to become so disabled as to require public assistance, services, or entitlements.

(4) For the purpose of organizing outreach and treatment options, to the extent resources are available, this target population includes, but is not limited to, persons who are any of the following:

(A) Homeless persons who are mentally ill.

(B) Persons evaluated by appropriately licensed persons as requiring care in acute treatment facilities including state hospitals, acute inpatient facilities, institutes for mental disease, and crisis residential programs.

(C) Persons arrested or convicted of crimes.

(D) Persons who require acute treatment as a result of a first episode of mental illness with psychotic features.

(5) California veterans in need of mental health services and who meet the existing eligibility requirements of this section, shall be provided services to the extent services are available to other adults pursuant to this section. Veterans who may be eligible for mental health services through the United States Department of Veterans Affairs should be advised of these services by the county and assisted in linking to those services.

(A) No eligible veteran shall be denied county mental health services based solely on his or her status as a veteran.

(B) Counties shall refer a veteran to the county veterans service officer, if any, to determine the veteran's eligibility for, and the availability of, mental health services provided by the United States Department of Veterans Affairs or other federal health care provider.

(C) Counties should consider contracting with community-based veterans' services agencies, where possible, to provide high-quality, veteran specific mental health services.

(c) Adults or older adults who require or are at risk of requiring acute psychiatric inpatient care, residential treatment, or outpatient crisis intervention because of a mental disorder with symptoms of psychosis, suicidality, or violence.

(d) Persons who need brief treatment as a result of a natural disaster or severe local emergency.

(Amended by Stats. 2015, Ch. 773, Sec. 61. Effective January 1, 2016.)

5600.35.

(a) Services should be encouraged in every geographic area to the extent resources are available for clients in the target population categories described in Section 5600.3.

(b) Services to the target populations should be planned and delivered so as to ensure statewide access by members of the target populations, including all ethnic groups in the state.

(Added by Stats. 1991, Ch. 89, Sec. 69. Effective June 30, 1991.)

5600.4.

Community mental health services should be organized to provide an array of treatment options in the following areas, to the extent resources are available:

(a) Precrisis and Crisis Services. Immediate response to individuals in precrisis and crisis and to members of the individual's support system, on a 24-hour, seven-day-a-week basis. Crisis services may be provided offsite through mobile services. The focus of precrisis services is to offer ideas and strategies to improve the person's situation, and help access what is needed to avoid crisis. The focus of crisis services is stabilization and crisis resolution, assessment of precipitating and attending factors, and recommendations for meeting identified needs.

(b) Comprehensive Evaluation and Assessment. Includes, but is not limited to, evaluation and assessment of physical and mental health, income support, housing, vocational training and employment, and social support services needs. Evaluation and assessment may be provided offsite through mobile services.

(c) Individual Service Plan. Identification of the short- and long-term service needs of the individual, advocating for, and coordinating the provision of these services. The development of the plan should include the participation of the client, family members, friends, and providers of services to the client, as appropriate.

(d) Medication Education and Management. Includes, but is not limited to, evaluation of the need for administration of, and education about, the risks and benefits associated with medication. Clients should be provided this information

prior to the administration of medications pursuant to state law. To the extent practicable, families and caregivers should also be informed about medications.

(e) Case Management. Client-specific services that assist clients in gaining access to needed medical, social, educational, and other services. Case management may be provided offsite through mobile services.

(f) Twenty-four Hour Treatment Services. Treatment provided in any of the following: an acute psychiatric hospital, an acute psychiatric unit of a general hospital, a psychiatric health facility, an institute for mental disease, a community treatment facility, or community residential treatment programs, including crisis, transitional and long-term programs.

(g) Rehabilitation and Support Services. Treatment and rehabilitation services designed to stabilize symptoms, and to develop, improve, and maintain the skills and supports necessary to live in the community. These services may be provided through various modes of services, including, but not limited to, individual and group counseling, day treatment programs, collateral contacts with friends and family, and peer counseling programs. These services may be provided offsite through mobile services.

(h) Vocational Rehabilitation. Services which provide a range of vocational services to assist individuals to prepare for, obtain, and maintain employment.

(i) Residential Services. Room and board and 24-hour care and supervision.

(j) Services for Homeless Persons. Services designed to assist mentally ill persons who are homeless, or at risk of being homeless, to secure housing and financial resources.

(k) Group Services. Services to two or more clients at the same time.

(Amended by Stats. 1993, Ch. 1245, Sec. 9. Effective October 11, 1993.)

5600.5.

The minimum array of services for children and youth meeting the target population criteria established in subdivision (a) of Section 5600.3 should include the following modes of service in every geographical area, to the extent resources are available:

(a) Precrisis and crisis services.

(b) Assessment.

(c) Medication education and management.

(d) Case management.

(e) Twenty-four-hour treatment services.

(f) Rehabilitation and support services designed to alleviate symptoms and foster development of age appropriate cognitive, emotional, and behavioral skills necessary for maturation.

(Amended by Stats. 1992, Ch. 1374, Sec. 18. Effective October 28, 1992.)

5600.6.

The minimum array of services for adults meeting the target population criteria established in subdivision (b) of Section 5600.3 should include the following modes of service in every geographical area, to the extent resources are available:

(a) Precrisis and crisis services.

- (b) Assessment.
 - (c) Medication education and management.
 - (d) Case management.
 - (e) Twenty-four-hour treatment services.
 - (f) Rehabilitation and support services.
 - (g) Vocational services.
 - (h) Residential services.
- (Repealed and added by Stats. 1991, Ch. 89, Sec. 75. Effective June 30, 1991.)*

5600.7.

The minimum array of services for older adults meeting the target population criteria established in subdivision (b) of Section 5600.3 should include the following modes of service in every geographical area, to the extent resources are available:

- (a) Precrisis and crisis services, including mobile services.
 - (b) Assessment, including mobile services.
 - (c) Medication education and management.
 - (d) Case management, including mobile services.
 - (e) Twenty-four-hour treatment services.
 - (f) Residential services.
 - (g) Rehabilitation and support services, including mobile services.
- (Amended by Stats. 1991, Ch. 611, Sec. 41. Effective October 7, 1991.)*

5600.9.

- (a) Services to the target populations described in Section 5600.3 should be planned and delivered to the extent practicable so that persons in all ethnic groups are served with programs that meet their cultural needs.
 - (b) Services in rural areas should be developed in flexible ways, and may be designed to meet the needs of the indigent and uninsured who are in need of public mental health services because other private services are not available.
 - (c) To the extent permitted by law, counties should maximize all available funds for the provision of services to the target populations. Counties are expressly encouraged to develop interagency programs and to blend services and funds for individuals with multiple problems, such as those with mental illness and substance abuse, and children, who are served by multiple agencies. State departments are directed to assist counties in the development of mechanisms to blend funds and to seek any necessary waivers which may be appropriate.
- (Amended by Stats. 1991, Ch. 611, Sec. 42. Effective October 7, 1991.)*

5601.

As used in this part:

- (a) "Governing body" means the county board of supervisors or boards of supervisors in the case of counties acting jointly; and in the case of a city, the city council or city councils acting jointly.

(b) "Conference" means the County Behavioral Health Directors Association of California as established under former Section 5757.

(c) Unless the context requires otherwise, "to the extent resources are available" means to the extent that funds deposited in the mental health account of the local health and welfare fund are available to an entity qualified to use those funds.

(d) "Part 1" refers to the Lanterman-Petris-Short Act (Part 1 (commencing with Section 5000)).

(e) "Director of Health Care Services" or "director" means the Director of the State Department of Health Care Services.

(f) "Institution" includes a general acute care hospital, a state hospital, a psychiatric hospital, a psychiatric health facility, a skilled nursing facility, including an institution for mental disease as described in Chapter 1 (commencing with Section 5900) of Part 5, an intermediate care facility, a community care facility or other residential treatment facility, or a juvenile or criminal justice institution.

(g) "Mental health service" means any service directed toward early intervention in, or alleviation or prevention of, mental disorder, including, but not limited to, diagnosis, evaluation, treatment, personal care, day care, respite care, special living arrangements, community skill training, sheltered employment, socialization, case management, transportation, information, referral, consultation, and community services.

(Amended by Stats. 2015, Ch. 455, Sec. 32. Effective January 1, 2016.)

5602.

The board of supervisors of every county, or the boards of supervisors of counties acting under the joint powers provisions of Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 of Title 1 of the Government Code shall establish a community mental health service to cover the entire area of the county or counties. Services of the State Department of Health Care Services shall be provided to the county, or counties acting jointly, or, if both parties agree, the state facilities may, in whole or in part, be leased, rented or sold to the county or counties for county operation, subject to terms and conditions approved by the Director of General Services.

(Amended by Stats. 2012, Ch. 34, Sec. 117. Effective June 27, 2012.)

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. One member of the board shall be a member of the local governing body. 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 with and knowledge of the

Napa County Mental Health Board - Member Guide

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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
September 25, 2012; Resolution No. 2012-139
Amended: September 12, 2017; Resolution No. 2017-139

**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 Napa County.
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 Napa County’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, once 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 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. However, pursuant to Welfare and Institutions Code Section 5604(3)(d)(1) and (2) Consumer Members may be employed by county mental health services or a mental health contract agency if they have no interest, influence, or authority over any financial or contractual matter concerning the employer. That member shall

abstain from voting on any financial or contractual issue concerning his or her employer that may come before the board.

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. However, pursuant to Welfare and Institutions Code Section 5604(3)(d)(1) and (2) Consumer Members may be employed by county mental health services or a mental health contract agency if they have no interest, influence, or authority over any financial or contractual matter concerning the employer. That member shall abstain from voting on any financial or contractual issue concerning his or her employer that may come before the board.

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

2017 – 18 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 10

August 14

September 11

~~October 9~~ October 2

November 13

December 11

January 8

February 12

March 12

April 9

May 14

June 11

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

July 24

August 28

September 25

October 23

November 27

* December 18 – *third Monday*

January 22

February 26

March 26

April 23

* May 21- *third Monday*

June 25

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	
Buckelew	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.



COUNTYof 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.



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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

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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 CATEGORIESANTICIPATED 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:							
		<i>Print Name</i>					
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:	
<i>Note : Receipts must be submitted for all expenses listed.</i>							
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 _____, 20____; 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 Secretary. 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?

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,

ports to HHSA Assistant Director

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MH continued on next page

DEP DIR of HHSA-
MH Director
Carter, W
 20002.1836

PSYCH MED DIR Gladding, R 20002.0844	MH MANAGER Hawker, D 20002.1503	SR OA Boyd, K 20002.2090	ASST DEP DIR of HHSA - MH Diel, J 20002.2244
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STF PSYCH Holasek, S 20002.1275	NURSE PRACT" Peters, A (PSYCH RNIFTE) 20002.2228	SMHC II - Lic Hayes, S 20002.2400	SMHC I - Lic Huezo, V LT 20002.2289	SMHC 11 - Lic Paul, C 20002.2436
STF PSYCH AQUINO-CRUZ, J 20002.1859	NURSE PRACT" Finlayson, A (PSYCH RNIFTE) 20002.2229	PROJ MGR-HHSA Bedolla, F 20002.1943	Access MHC - Un/Reg/Lic Gibbons, S EFF 08/09/15 20002.2401	Intern Unit MHC - Reg/Lic Mihedji, B Bil 20002.2435
STF PSYCH (VACANT) 20002.1820	PSYCH NURSE (VACANT) 20002.0918	SSA I Schmidt, S 20002.0873	HUB MHC - Lic Payne, C 20007.2405	MHC - Un/L Lic Garcia, M. 20002.2434
STF PSYCH Gnanadesikan, M 20002.1276	MHW AIDE Conley, E 20002.2320	SSA II Canchola, R Bil 20002.2234	COMM AIDE Vargas, M EFF 8/17/15 90007.240R	MHW AIDE Coronado, A Bil 20002.2489
STF PSYCH Bartos, M 20002.1276	MED SECRETARY Carlson, C 20002.2320	MHC - Lic Kyle, C 20007.2412	COMM AIDE Galeana-Huerta 20007.2407	MHC - Un/L Lic Coronado, A Bil 20002.2489
29291 PSYCH RN Allen, D 20002.X416	MED SECRETARY Allen, D 20002.2052	MHC - Lic Moffatt, B 20002.0889	MHC - Lic Kaimowitz, B 20002.1294	MHC - Lic Kaimowitz, B 20002.1294
OA II Monroe, K 20002.1445	OA II Herrera, E 20002.2404	MHW II Menjivar, M 20002.2403	SECRETARY Quijas, A 20002.083	OA II Herrera, E 20002.2404

Legend
 Please see last page for additional explanation

- M Merit System Services (MSS) Covered Position
- Bil Bilingual Designation
- LEHI Extra Help
- LT Limited Term
- EI Vacant Position
- 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

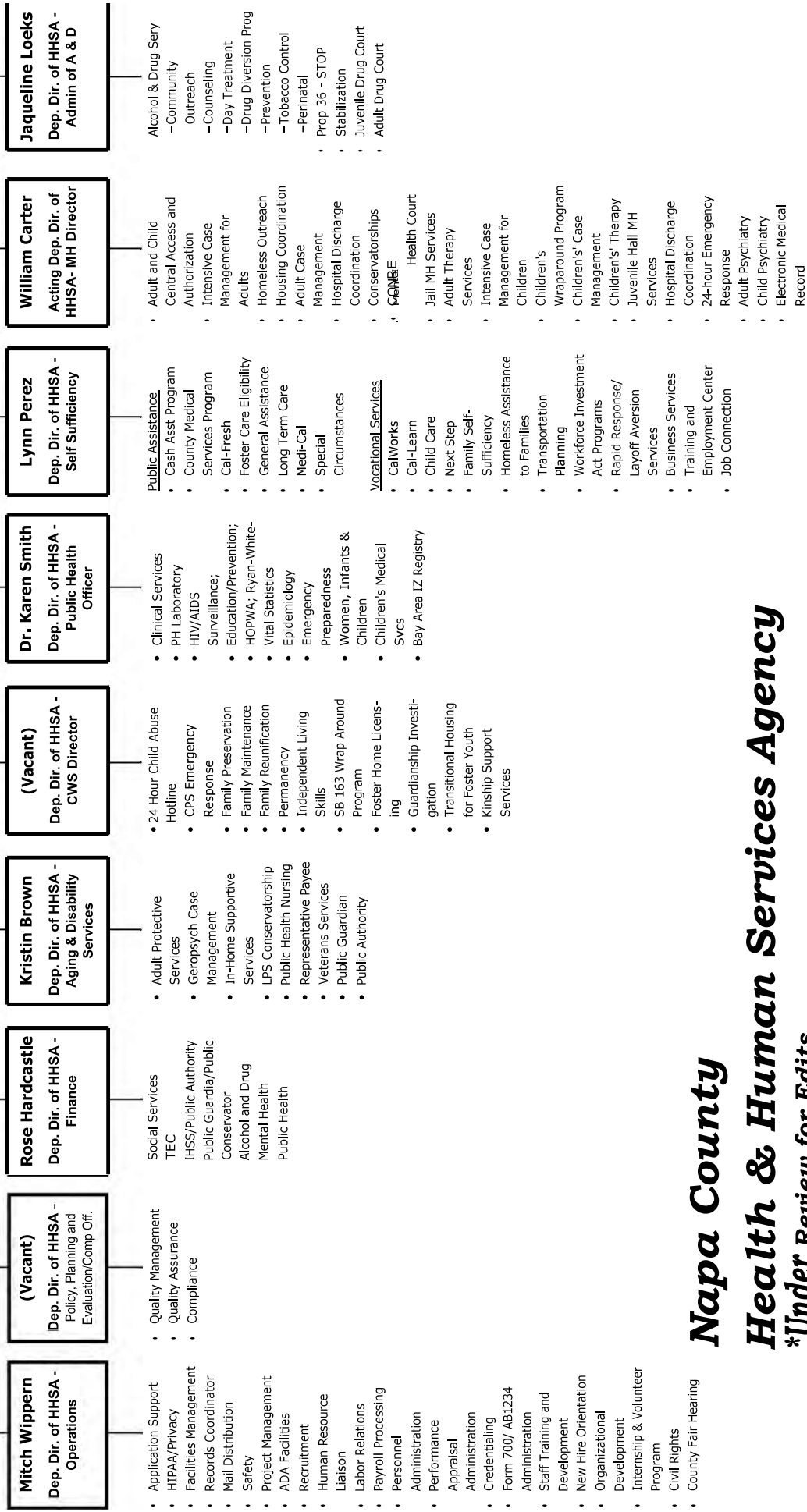
Reports to Assistant Deputy Director of Mental Health		Reports to Assistant Deputy Director of Mental Health		Reports to Assistant Deputy Director of Mental Health		Reports to Assistant Deputy Director of Mental Health		Reports to Assistant Deputy Director of Mental Health					
<p>SMHC II - Lic Hogan, S 20002.1722</p>		<p>SMHC Lic Cahill, V 20002.1725</p>		<p>SMHC II-Lic Merrill Payne 20002.1723</p>		<p>SUP MHW Jones, A 20002.1616</p>		<p>SMHC II - Lic Reynolds, B 20002.1724</p>		<p>SMHC II - Lic Fyfe, D 20002.1721</p>		<p>SMHC II** Navarro, A (SMHC I-Lic) 20002.1975</p>	
<p>ADULT SERVICES FSP, MH SYS NAV. PATH</p>													
<p>ER UNIT</p>													
<p>ERC- Lic McLaughlin, S 20002.2012</p>	<p>SR ER WKR Jeffries, D 20002.2022</p>	<p>MHC- Lic Hobbs, M 20002.0885</p>	<p>MHC - Rea Dean, G 20002.1285</p>	<p>FMHC Talley, D 20002.2184</p>	<p>SMHC I-Lic Wojcieszak, M 20002.2222</p>	<p>SW III Arneson, S 20002.1712</p>	<p>FMHC Pense, B. 20002.0877</p>	<p>MHC- Lic Ibitz, L 20002.0910</p>	<p>MHC - Rea Martinez-Chavez, A 20002.2020</p>	<p>MHC- Un/Reg/Lic Flores-Chavez, D 20002.2021</p>	<p>MHC- Un/Reg/Lic Bromberg, E. 20002.2430</p>	<p>MHC - Rea Gevvas, A 20002.1982</p>	
<p>ERC- Un Pendleton, B 20002.2011</p>	<p>ER WORKER* Garcia, K (5) 20002.2016</p>	<p>MHC- Rea/Lic Roundy, L 20002.0899</p>	<p>MHC- Rea Flores-Chavez, D 20002.2021</p>	<p>MHC- Lic Slade, D 20002.1286</p>	<p>FMHC Henry, M 20002.0875</p>	<p>MHW II Gastelumendi, R 20002.2144</p>	<p>FMHC (.5) (VACANT) 20002.0878</p>	<p>MHC- Un/Reg/Lic Bromberg, E. 20002.2430</p>	<p>MHW I Gevvas, A 20002.1982</p>	<p>MHC- Un/Reg/Lic Hanna, J 20002.1290</p>	<p>MHC - Rea Magana, Luz 20002.2438</p>		
<p>ERC- Rea Lic King, S 20002.2009</p>	<p>ERC .5 Roy, B. 20002.2490</p>	<p>SR OA Fontana, J 20002.0943</p>	<p>MHC- Un/Reg/Lic Debacker, M. 20002.0898</p>	<p>MHC- Lic Craig, T 20002.0881</p>	<p>FMHC Walters, C 20002.2374</p>	<p>ADC III* Malan, C (5) 20002.1618</p>	<p>MHC - Un/Reg/Lic Rodriguez, G 20002.1287</p>	<p>MHC- ti Lic Hanna, J 20002.1290</p>	<p>MHW II Medrano, A 20002.1976</p>	<p>MHC- Un/Reg/Lic Carranza, E 20002.1289</p>	<p>MHC - Rea Magana, Luz 20002.2438</p>		
<p>ER WORKER Olguin, C 20002.2071</p>	<p>ERC .5 Megwa, I 20002.2491</p>	<p>OA II Renas, B 20002.0952</p>	<p>MHW I Wallace, J 20002.X078</p>	<p>MHC - Lic Buss, B 20002.2373</p>	<p>LT Gutierrez, A 20002.2429</p>	<p>MHW II Espinoza, D 20002.1977</p>	<p>MHC- Lic Nance, T 20002.1367</p>	<p>MHC - Lic Beck, T 20002.1489</p>	<p>MHC - Rea Gonzales, M 20002.0894</p>	<p>MHC- Un/Reg/Lic (0.5) (VACANT) 20002.2479</p>	<p>MHC - Rea Gonzales, M 20002.0894</p>		
<p>ERC- Un Godwin, K 20002.2014</p>	<p>ERC - Un Borges, V 20002.X147j</p>	<p>MHC- Un Chow, J 20002.0891</p>	<p>MHW II Renas, C 20002.X073</p>	<p>ERC- Rea Santos, F Hall, N 20002.2015</p>	<p>COMM AIDE Geyer, Z 20002.X099</p>	<p>MHC- Lic Alamillo, M 20002.2230</p>	<p>MHC- Rea Gonzales, M 20002.0894</p>	<p>MHC- Un/Reg/Lic (0.5) (VACANT) 20002.2479</p>	<p>COMM AIDE Nava, Y 20002.X3941</p>	<p>MHC- Un/Reg/Lic (0.5) (VACANT) 20002.2479</p>	<p>MHC - Rea Gonzales, M 20002.0894</p>		
<p>ERC- Rea Reeves, S 20002.2010</p>	<p>PSYCH NURSE Carr, N 20002.X2411</p>	<p>ERC- Rea Ejimadu, T 20002.X149</p>	<p>MHW I Carreon, L 20002.X097</p>	<p>ERC- Rea Carr, N 20002.X2411</p>	<p>COMM AIDE Geyer, Z 20002.X099</p>	<p>COMM AIDE Nava, Y 20002.X3941</p>	<p>MHC- Un/Reg/Lic (0.5) (VACANT) 20002.2479</p>	<p>MHC - Rea Gonzales, M 20002.0894</p>	<p>COMM AIDE Nava, Y 20002.X3941</p>	<p>MHC - Rea Gonzales, M 20002.0894</p>	<p>MHC - Rea Gonzales, M 20002.0894</p>		



A Tradition of Stewardship
A Commitment to Service

Howard Himes
Director

Alice Hughey
Assistant Director



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.

BYLAWS OF THE COUNTY OF SANTA CLARA

BEHAVIORAL HEALTH BOARD

I. Duties of the Behavioral Health Board.

As provided in County Ordinance Code section A18-142, the Behavioral Health Board (“BHB”) shall do the following:

- (A) Review and evaluate the community’s public mental health and substance use disorder (“SUD”) 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;
- (B) Review any County of Santa Clara (“County”) agreements entered into pursuant to Welfare and Institutions Code § 5650. Make recommendations to the Board of Supervisors regarding concerns identified within these agreements;
- (C) Advise the Board of Supervisors and the County Behavioral Health Services Director as to any aspect of the County’s Behavioral Health Services Department system. 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;
- (D) 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;
- (E) Submit an annual report to the Board of Supervisors on the needs and performance of the County’s Behavioral Health Services Department system;
- (F) Review and make recommendations on applicants for the position of County Behavioral Health Services Director. The BHB shall be included in the selection process prior to the appointment by the appointing authority;

- (G) Review and comment on the County's performance outcome data and communicate its findings to the California Behavioral Health Planning Council;
- (H) Assess the impact of the realignment of services from the State to the County on services delivered to clients/consumers and on the local community, and assess the effective use of these funds in the community; and
- (I) Carry out any other duties given to the BHB by the Board of Supervisors.

II. Membership.

(A) *Composition.* As provided in County Ordinance Code section A18-143:

- (1) The BHB shall consist of 16 members appointed by the Board of Supervisors. Each member of the Board of Supervisors shall appoint three members. One member of the Board of Supervisors shall serve as a member of the BHB. When the designated Supervisor is unable to attend the BHB's regular meeting, the Supervisor's aide may represent her/him by having a seat and voice, but may not cast a vote.
- (2) At least 50 percent of the BHB membership shall be consumers or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received mental health services. A majority of that group shall be consumers or the parents, spouses, siblings, or adult children of consumers who have received mental health services from a public agency. At least 20 percent of the total membership shall be consumers, and at least 20 percent shall be families of consumers.
- (3) In addition, a cross section of at least five members shall have experience (personal, family member or professional) with a Substance Use Disorder (SUD) and at least one of the three members appointed by each Supervisor shall have experience (personal, family member, or professional) with a SUD.
- (4) BHB membership should reflect the ethnic diversity of the client/consumer population in the County. To the extent feasible, the composition of the BHB shall represent the demographics of the County as a whole. As provided in County Charter section 506, all members shall be residents of Santa Clara County.

(B) *Nominating procedure.* As provided in County Ordinance Code section A18-143:

- (1) The BHB may recommend appointees to the Board of Supervisors through its Recruitment Committee, which shall be an ad hoc committee composed solely of BHB members. The Recruitment Committee shall be established in the case of a vacancy or application to the BHB in order to assess a candidate's interest and demonstrated commitment to behavioral health advocacy, educate the candidate about responsibilities and duties of BHB members, and encourage the candidate to attend a meeting of the BHB or its Executive Committee prior to the recommendation. The Recruitment Committee shall then advise the BHB-Executive Committee of its recommendation prior to recommending appointees to the Board of Supervisors.
- (2) A member who wishes to resign shall submit her/his resignation in writing to the Behavioral Health Services Department employee who supports the BHB ("BHB Liaison"), who will forward the resignation to the Board of Supervisors and the Clerk of the Board of Supervisors.
- (3) The Recruitment Committee shall be responsible for working with the Board of Supervisors to ensure that the composition of the BHB complies with state law.

(C) *Terms.*

- (1) The BHB calendar year runs from July 1 to June 30.
- (2) As provided in County Ordinance Code section A18-143, the terms of each BHB member, except the member of the Board of Supervisors, shall be three years with one-third of the appointments expiring each year. A member may continue to serve until the member is reappointed or replaced. No member shall be eligible to serve on the BHB for more than three consecutive terms without a break in service from the BHB for at least one BHB year, except that a partial term does not count toward the three-term limit.
- (3) The BHB member who is a member of the Board of Supervisors serves at the discretion of the Board of Supervisors; her/his term automatically terminates if s/he is no longer a member of the Board of Supervisors.

- (4) All members of the Mental Health Board immediately prior to the enactment of the 2014 bylaws shall automatically become members of the Behavioral Health Board. For each such member, the time served as a member of the Mental Health Board shall count towards the membership term limit as if it were served as a member of the Behavioral Health Board.

(D) *Oath of Office.*

Upon appointment to the BHB, each member shall take the Oath of Office. A certified copy of the Oath shall be filed with the Clerk of the Board of Supervisors.

- (E) *Quorum.* As provided in County Charter section 506 and Ordinance Code section A18-143(d), one person more than half the membership seats of the BHB (9 of 16) shall constitute a quorum.

A member who abstains from an item is counted to determine whether a quorum exists for that item. However, a member who is disqualified from participating and recuses herself/himself from an item due to a conflict of interest is not counted toward the quorum for that item.

- (1) Committees. A quorum of a BHB Committee is required for a BHB Committee to take action. A majority of the membership seats of the BHB Committee shall constitute a quorum of the BHB Committee.

- (F) *Attendance.* As provided in County Ordinance Code section A18-143, the active participation by all of its members is essential to the function of the BHB. Therefore:

- (1) The BHB will issue an email of concern to the member and follow-up with a copy by mail, and a copy to her/his appointing Supervisor, when the lack of attendance at meetings impairs the functioning of the BHB.
- (2) A BHB member may submit a written request to the chairperson of the BHB for a leave of absence. The request should clearly state the proposed start and end dates for the requested leave of absence. The chairperson shall issue a written response granting or denying the request and may grant a leave of absence of up to three months.
- (3) Failure to attend three consecutive regular BHB meetings without a leave of absence from the chairperson, or four total regular BHB meetings in a

BHB year without a leave of absence from the chairperson, will result in notification to the appointing authority, which may result in the removal of the member from the BHB.

(G) *Membership responsibilities.*

Members of the BHB are expected to:

- (1) Perform any and all duties imposed on them collectively or individually by law, these bylaws, or by the Board of Supervisors, including completing Ethics Training within a year of appointment and every two years thereafter and Sexual Harassment Prevention and Anti-Bullying training within six months of appointment (or reappointment after January 1, 2017) and every two years thereafter.
- (2) Comply with the attendance requirements as described in Section II, subsection (F) of these bylaws.
- (3) Maintain a current address and email address on record with the BHB Liaison. Meeting notices mailed or emailed to either address shall be considered valid notices.

(H) *Conflicts of interest.*

- (1) Except as provided in paragraph (2), no member of the BHB or her/his spouse shall be a full-time or part-time employee of a county mental health, behavioral health, or SUD service; the State Department of Mental Health; or the California Department of Health Care Services. Nor shall a member of the BHB or her/his spouse be an employee, or paid member of the governing body of, a mental health, behavioral health, or Substance Use Disorders 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 he or she does not have any interest, influence, or authority over any financial or contractual matter concerning the employer may be appointed to the BHB. The member shall recuse from voting on any financial or contractual issue concerning his or her employer that may come before the BHB.
- (3) Members of the BHB shall recuse from voting on any issue in which the member has a financial interest as defined in Government Code § 87103.

- (4) All members of the BHB shall comply with the County Conflict of Interest Code.

III. Officers.

- (A) The BHB shall, as soon as practicable following the first day of July each year, elect a chairperson, a first vice-chairperson, and a second vice-chairperson. These officers shall perform the duties prescribed in the bylaws, or if not prescribed in the bylaws, by the parliamentary authority governing the BHB.
- (B) The chairperson shall appoint, subject to approval by the BHB, an ad hoc Nominating Committee composed solely of BHB members at the regular April meeting. The Nominating Committee shall be composed of at least three current BHB members, and shall submit a written report to the BHB at its regular May meeting. Nominations may be made from the floor at the regular June BHB meeting.
- (C) A term of office is one year. No officer may serve more than two consecutive terms in the same office.
- (D) One duty of the chairperson is to consult with the Director of the County's Behavioral Health Services Department. The consultation shall include the goals and objectives contained in the annual plan for the Department.

IV. Meetings.

- (A) The BHB shall approve the full calendar year's schedule of regular meetings prior to the first meeting in January of that year. Regular meetings of the BHB shall be noticed and held in accordance with the Ralph M. Brown Act ("Brown Act") (Gov. Code § 54950 et seq.).
- (B) Special meetings may be called by the chairperson or by a quorum of the BHB. The notice shall state the time and place of the special meeting and the business to be transacted. Special meetings shall be noticed and held in accordance with the Brown Act (Gov. Code § 54950 et seq.).
- (C) Pursuant to County Ordinance Code section A17-4 and Board of Supervisors Policy 3.2, the BHB shall conduct all meetings at the County Government Center unless it is unavailable or infeasible to do so or the Board of Supervisors approves a change in the meeting location, in which case the meetings shall be held at another County facility with ease of public access.

- (D) The chairperson shall set the agenda for each BHB meeting. The agenda shall consist of standing items and action items, which may be added by the chairperson, any two members of the BHB, or any standing committee.
- (E) Minutes of BHB meetings will be recorded. Minutes will be submitted to the BHB for approval at a subsequent BHB meeting and kept on file in accordance with County policy, as well as distributed to all members of the BHB by the BHB Unit Staff (Support or Liaison).

V. BHB-Executive Committee.

(A) *Membership.*

- (1) The Executive Committee shall be made up of the three officers of the BHB and the chairs of each of the four standing committees. Each chair of a standing committee shall have an alternate, who is the co-chair of the chair's standing committee. In the event that an officer is also the chair of a standing committee, the co-chair of such standing committee shall serve on the BHB-Executive Committee as a full voting member. In instances where the co-chair is a full voting member of the BHB-Executive Committee, a different alternate for that person on the BHB-Executive Committee shall be chosen from that standing committee. An alternate may not vote at a BHB-Executive Committee meeting if the regular BHB-Executive Committee member is present at the meeting. A quorum of the BHB-Executive Committee is a majority (four) of the BHB-Executive Committee membership seats (4 of 7 total seats).

(B) *Meetings.*

- (1) Except with respect to special meetings, the BHB-Executive Committee shall set the time and location of meetings as authorized above.
- (2) All BHB-Executive Committee meetings shall be noticed and held in accordance with the Brown Act (Gov. Code § 54950 et seq.).

- (C) The BHB-Executive Committee shall prepare the annual report and work plan (see Section IX) by March 1 for submission to the BHB. Following the BHB's approval by April 1, the Annual Report and Work Plan will be submitted to the Health and Hospital Committee in May, and to the Board of Supervisors for approval in June.

- (D) The BHB-Executive Committee shall be subject to the directions and orders of the Board of Supervisors and of the BHB, and none of its actions shall conflict with such directions or orders of the Board of Supervisors or the BHB.
- (E) No member will have more than one vote on the BHB-Executive Committee.

VI. Committees.

(A) *Establishment of duties:*

- (1) The BHB may establish committees, advisory groups, and/or task forces (collectively referred to as committees) as needed to carry out the business of the BHB. All such committees are advisory to the BHB and may not take any action except to make recommendations to the BHB. Any such committee has the duties provided by its mandate, but does not have the power to exercise authority of the BHB or to bind the BHB.
- (2) Unless excused by the chairperson, all members of the BHB shall have at least one standing committee assignment. A committee may not include a quorum of the BHB.
- (3) The chairperson of the BHB shall appoint a chair and a co-chair to each committee subject to confirmation by the BHB. The chairperson and the two vice chairpersons of the BHB shall be ex-officio members of all committees, except the Nominating Committee. However, the maximum number of BHB members on any Committee, including the chairperson and two vice chairpersons, must be no more than 8.
- (4) Chairs and co-chairs shall serve until successors are appointed, or until the task is completed, as specified by the BHB.

(B) *Procedures.* Each committee that is subject to the Brown Act is required to prepare an agenda for each meeting and ensure the agenda is properly posted in compliance with the Brown Act. Minutes of each regular and special meeting of a committee that is subject to the Brown Act shall be prepared and shall include a record of attendance of the members and the vote taken on each matter. A committee's draft minutes shall be submitted at a subsequent committee meeting for approval. Copies of the minutes shall be submitted to the BHB and kept on file in accordance with County policies.

- (C) *Standing committees.* A standing committee has a continuing subject matter it oversees. A standing committee may be created following majority approval of the BHB and designation in the BHB's bylaws, approved by the Board of Supervisors. All standing committees are subject to the Brown Act and must be properly noticed, open to the public, and held in accordance with the Brown Act. The standing committees and their duties shall be reviewed on a yearly basis by the BHB-Executive Committee. The standing committees shall evaluate and make recommendations to the BHB on all items of significant importance. The standing committee with the most relevant expertise shall evaluate any issue that, in the opinion of a member of the Executive Committee, may be of a controversial nature and/or would benefit from a preliminary review by the committee. If no standing committee has directly relevant expertise, the issue shall be evaluated by the Executive Committee.

The following are the standing committees of the BHB:

- (1) **Access Committee.** The purpose of the Access Committee is to help improve access to County behavioral health services.
 - (2) **Cultural Competency Advisory Committee.** The purpose of the Cultural Competency Advisory Committee is to advocate for the service needs of diverse community groups by studying the cultural attributes that affect our ability to reach and service our citizens supported by the Behavioral Health Services Department, and recommend improvements to programs and services to achieve better outcomes in all communities.
 - (3) **System Planning & Fiscal Committee.** The purpose of this committee is to assess, recommend, and support the fiscal affairs and condition of the County Behavioral Health Services Department; examine financial and programmatic aspects of programs and services in the continuum of care; and assess potential partnerships and associations between public and private sector organizations and programs.
 - (4) **Wellness and Recovery Committee.** The purpose of the Wellness and Recovery Committee is to help improve recovery outcomes of County behavioral health services.
- (D) *Ad hoc committees.* An ad hoc committee may be established by the BHB, as the need arises, to carry out a specific task for a limited duration. The creation of an ad hoc committee upon majority vote of the BHB shall be noted in the BHB's meeting minutes.

If an ad hoc committee includes as a member one or more individuals who is not a voting member of the BHB, the ad hoc committee is subject to the Brown Act. For ad hoc committees subject to the Brown Act, meetings must be properly noticed, open to the public, and have a quorum of the committee membership present to transact business. Each ad hoc committee that is subject to the Brown Act is required to prepare an agenda for each meeting and ensure the agenda is properly posted. Minutes (in summary form) of each committee meeting shall be prepared and shall include a record of attendance of the members and the vote taken on each matter. Copies of the minutes shall be submitted to the next meeting of the committee for approval.

The BHB shall agendize the disbanding of an ad hoc committee when the committee's specific task is completed. The disbanding of the ad hoc committee shall be noted in the BHS's meeting minutes.

VII. Parliamentary authority.

Except as otherwise provided by law or these bylaws, procedures of the BHB shall be governed by the latest edition of Robert's Rules of Order. In compliance with Government Code section 54953(c)(2) of the Brown Act, the BHB shall publicly report any action taken and the vote or abstention, as well as recusal, on that action of each member present for the action. Items cannot be approved on consensus.

VIII. Required trainings.

- (A) *AB 1234 ethics training.* Each member of the BHB must receive training in public service ethics laws and principles within twelve months of assuming membership on the BHB and every two years thereafter. If a member has already received the training prior to assuming membership, the member may submit proof of her/his last training completion. The signed certification of completion must be sent to the BHB Liaison to provide to the Clerk of the Board of Supervisors as soon as practicable upon completion of the training.
- (B) *Sexual harassment prevention and anti-bullying training.* Each member of the BHB must receive training in sexual harassment prevention and anti-bullying within six months of assuming membership (or following reappointment after January 1, 2017) on the BHB and every two years thereafter. If a member has already received the training prior to assuming membership, the member may submit proof of her/his last training completion. The signed certification of completion must be sent to the BHB Liaison to provide to the Clerk of the Board of Supervisors as soon as practicable upon completion of the training.

IX. Annual Work Plan.

The BHB is required to provide an update to the Board of Supervisors about its activities through an Annual Work Plan. The Annual Work Plan includes a list of prior year accomplishments. Work Plans are updated each Fiscal Year in accordance with a template and instructions available from the Clerk of the Board of Supervisors. The BHB shall complete and approve the Work Plan at a regular meeting no later than April 1 of each year. The clerk of the BHB will transmit the Work Plan to the Health and Hospital Committee for review in May of each year and to the Board of Supervisors for approval in June.

X. Amendment of bylaws.

The BHB may recommend to the Board of Supervisors additional bylaws and amendments to existing bylaws by a two-thirds vote, provided that the proposed additions or amendments have been submitted to the BHB at its previous regular meeting. A recommendation to amend the bylaws shall be approved as to form and legality by County Counsel and transmitted to the Board of Supervisors for final approval. The additions or amendments shall become effective upon approval by the Board of Supervisors.

APPROVED AS TO FORM AND LEGALITY:



ARNULFO MEDINA
Deputy County Counsel

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