

BEST PRACTICES

for **LOCAL MENTAL / BEHAVIORAL HEALTH
BOARDS & COMMISSIONS**

2020 *rev. 1*



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TEMPLATES/SAMPLE DOCS (Annual Reports, Bylaws, Member Orientation, Site Visit Forms +):
<https://www.calbhbc.org/resources.html>

TRAINING (On-line Modules, Recordings, Materials): <https://www.calbhbc.org/training.html>

ADVOCACY: Addressing Issues

Elevating important issues to bring about needed change often requires advocacy efforts. In addition to advising the Board of Supervisors and Mental/Behavioral Health Director regarding the mental/behavioral health needs of the community, board/commission members want to make a difference, and know that their recommendations are heard and appropriate action is taken. *Note: “Advocacy” is not one of the defined duties in Welfare and Institution Code 5604.2, although it is often listed in local boards’ action/annual plans and mission statements.*

THE RULES: It is important to act within:

1. Board/Commission Bylaws/Policies
 - a. Processes: Use processes that provide opportunity for identifying and understanding issues, including discussion and board/commission approval of recommendations.
 - b. Mission: Stay within your board’s mission. Issues should be related to mental/behavioral health needs, services, facilities, and special problems.
2. The Brown Act – As a public board, it is important to use open and public processes to discover issues important to the community.

THE TOOLS: Create allies and relationships as you research and identify recommendations.

1. Mental/Behavioral Health Director: Often upon hearing about an issue, the Mental/Behavioral Health Director may direct his/her staff to take action, and will provide follow-up reports at board/commission meetings.
2. Speakers/Joint Meetings – Board leadership may invite related speaker(s) and/or commission(s) to board/commission meetings. Note: The Mental/Behavioral Health Director or County Supervisor can often provide advice/connections.
3. Ad Hoc Committees – Board leadership may choose to create an ad hoc committee for issues that require research:
 - a. Conduct small group discussions (“Listening Sessions”) to receive consumer/family member input. Personal stories around an issue provide valuable first-hand experience and ideas for improvement. Examples of venues for these discussions: Adult Resource Centers, Support Groups or NAMI meetings.
 - b. Conduct research through:
 - i. Meetings with Staff (County, City); County/City/School District/Law Enforcement/Commission Leaders; Contractors; Outside Counties that have solutions
 - ii. Review pertinent CA Behavioral Health Planning Council Data Notebooks:
 - c. Create a report detailing: 1) Issue; 2) Research; and 3) Recommendations. (*Include a concise Executive Summary.*)
 - d. Create a letter of recommendation to the Board of Supervisors (for approval by the board).
4. Communication: Board Leadership should take the lead:
 - a. Invite interested local advocacy groups, community leaders, boards, contractors and staff to your Mental/Behavioral Health Board meeting when the report or recommendation letter is discussed/presented.
 - b. Presentations to Board of Supervisors (local Governing Body) and/or other local commissions
 - c. Letters to the Editor of the local newspaper.
 - d. For issues identified to be statewide issues, provide the report to:
 - i. [CA Association of Behavioral Health Boards & Commissions](#)
 - ii. [CA Behavioral Health Planning Council](#)
 - e. Include the report/recommendation in your Annual Report.

AD HOC COMMITTEES (Work Groups)

I. DEFINITION: Ad hoc committees:

- A. Serve only a limited or single purpose
- B. Are time limited and are dissolved when their specific task is completed.
- C. Contain less than a quorum of board/commission members. (Note: In some counties, ad hocs may contain only 2 members due to local statutes.)
- D. Do not meet on a regular fixed-meeting basis.
- E. Are exempt from complying with the Brown Act if all of the above conditions are met.

II. FUNCTION: Special problems (eg lack of local residential facilities for adults with mental illness) and projects (such as Annual Reports, Data Notebooks, reviewing MHSA Plans, and individual Site/Program Visits)* are often best facilitated by a small committee that can work together outside of the board/commission meeting. The job of the ad hoc is to:

- A. Conduct research meetings
- B. Compile and analyze information
- C. Report back (in writing and/or verbally) to the board/commission.

* Reminder: Ad Hocs are time-limited (usually a few months).

III. IMPLEMENTING AN AD HOC – The following are *suggested* steps. Board leadership or the Chair may use a *less formal process*, provided that the ad hoc created is exempt from complying with the Brown Act (meets criteria in the definition above).

A. Work Plan (Written Draft). The draft work plan should include:

- 1. An Ad Hoc (or Work Group) Name
- 2. A description of the purpose of the Ad Hoc that links the proposed work to one or more of the WIC 5604.2 Duties or Annual Goals.
- 3. The number of proposed members for the workgroup
- 4. A description of how the work group will accomplish its purpose (identify people to meet with, documents to review, etc.)
- 5. An approximate schedule of tasks and target date of completion (begin, submit report to Executive Committee, report to board)

B. Role of Executive Committee (EC):

- 1. Review each ad hoc 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:
 - 1. Areas that are unclear or too broad.
 - 2. Areas that may be unnecessary or out of the scope of the board/commission duties or goals.
 - 3. Clarifications regarding how the work group plan goals can be met.
- 4. EC or Board/Commission Chair appoints an ad hoc chairperson
- 5. EC provides written approval

**[NAME OF BOARD/COMMISSION]
AD HOC PROPOSAL**

AD HOC CHAIR: _____

DATE: _____

NAME OF AD HOC: _____

GOALS/OBJECTIVES AD HOC WILL CONTRIBUTE TOWARD ([5604.2](#))

- 1.
- 2.

PURPOSE OF AD HOC:

- 1.
- 2.

THE WAY THIS AD HOC WILL ACCOMPLISH ITS PURPOSE WILL BE:

This AD HOC will:

- 1.
- 2.

NUMBER OF PEOPLE NEEDED FOR AD HOC: _____ maximum

SCHEDULE OF TASKS AND TARGET DATE FOR COMPLETION:

APPROVED BY: _____

DATE: _____

COMMENTS: _____

ANNUAL REPORTS

I. PURPOSE: *CA, Welfare and Institutions Code, Section 5604.2 (5), requires: “Submit an annual report to the governing body on the needs and performance of the county’s mental health system.”*

- What changed in the mental health system/community during the past year? Analyze mental health system: What was good? What was not so good? What was bad? **What do you advise?**
- Writing the Annual Report is an opportunity to list the Board’s accomplishments. [Note: accomplishments are different from “activities.”] What difference did the Board make?
- “Write to your reader!” While the mandate specifies “governing body”, the report may be read by mental health advocates, providers, and other interested parties.
- Opportunity for a strong call to action – needs to clearly state what the Board **advises**.

II. CONTENT:

- Concise Executive Summary that lists major findings and recommendations (and refers to pages with detailed recommendations.)
- Structure: Use Legislative mandate (WIC 5604.2 on next page) and/or Annual Goals as outline: list site/program reviews and findings, resolutions, any special reports, including presentations, hearings, testimony, committees (e.g. Director selection committee, CIT, CALBHBC, etc.), and awards/recognitions given. Conclude with recommendations for system improvement. List Board members/officers and staff;
- Table of Contents (with page numbers) (can be included on Executive Summary page.)
- Recommend limit of ten pages.

III. FORMAT:

- Use different fonts, include photos, concise language, limit personal pronouns, use graphs, limit long narratives, keep simple and make it pretty!
- Cover – title (Annual Report, FY XX), County Logo, Name of Board/Commission
- Include page numbers.

IV. DISSEMINATE:

1. Cover letter – written by Board Chair (one page);
2. Send e-mail with link to report to Board members, Providers, Public Health officials, Board of Supervisors, Mayor, California Planning Council, Advocacy Groups, etc.
3. Present the Annual Report in person to the Governing Body (in most cases, the Board of Supervisors.) Ask MH/BH board/commission members to attend.
Remember to advise.



A Tradition of Stewardship
A Commitment to Service

Napa County Mental Health Board

2016-2017 Annual Report

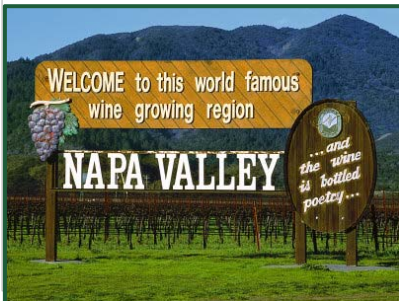
August, 2017



Theresa Comstock
2015-2017 Chair

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Executive Summary

Napa County's Mental Health Board (MHB) has a dedicated, engaged and diverse membership that cares very much about the mental health services, programs & facilities available in our county.

Along with the following pages that outline our membership and activities for the year, there are two reports attached that provide research findings and recommendations of two MHB work groups:

- 1) School-Based Mental Health Services Needs Assessment and Stigma Reduction 2016 Workgroup (Attachment A) – Recommendations Include:
 - a. Full implementation of [AB114](#) – Educationally-related Mental Health Services (This shifted responsibility of mental health services from county mental health departments to school districts.)
 - b. Adding "Wellness Centers" to high schools, (Napa County Middle Schools now have them.) This is a place to go for any medical condition, including mental illness.
 - c. Providing Youth Mental Health First Aid training to staff and administrators to ensure potential issues can be recognized, assessed, screened and treated before reaching crisis level.

- 2) Employment Workgroup Report (Attachment B) Recommendations include adjusting the Department of Rehabilitation Model of employment support, to incorporate training for employers, and to tailor job programs to better fit the needs of adults with mental illness.

It is also important to acknowledge the many accomplishments of the Napa County Mental Health Division, under the leadership of Mental Health Director Bill Carter (as reported in the [Recommended Budget Book FY2017-18, page 381](#)).

- 1) Continued work toward developing a community-wide integrated health care and service delivery model.
- 2) Establishment of a Crisis Stabilization Unit (providing immediate response to individuals experiencing a mental health crisis, allowing the individual to avoid hospitalization).
- 3) Increased collaboration with Alcohol and Drug Services, Juvenile Probation and Child Welfare Services.
- 4) Continued expansion of mental health services to the forensic population (providing increased assistance to the Napa Police Department, Sheriff's Department and Public Defender's Office).
- 5) Improvements to timely access to assessment and referral of ongoing mental health services, including increasing bilingual Spanish-speaking capacity.
- 6) Implementation of system-wide, standardized outcome measurement for adult and children's systems of care, allowing improved monitoring and coordination of care.

Through public meetings, site visits, work groups, speakers, and reports from MH Division Staff and contractors, the MHB works to understand and advise the Board of Supervisors and the Mental Health Director regarding Napa County's mental health offerings and challenges. Napa County Mental Health Board members are appointed by the Board of Supervisors. It is part of our mandated duties to provide the Board of Supervisors with an annual report reviewing the needs and performance of the county's MH system.

Status of the Mental Health Board

Meetings: Regular MHB meetings were held on the 2nd Monday of each month. A notice of all regular and special MHB meetings was made public, and an agenda was followed which allowed for public comment. MHB meeting agendas and minutes are available on the County website. A quorum was established at all twelve meetings. Board member attendance ranged from 58% to 100%, with average attendance: 72%.

In February, we held a hearing for review and comment on the proposed Mental Health Division's Mental Health Services Act (MHSA) Annual Plan Update Fiscal Year (FY) 2015-16. In June, we held a public hearing for review and comment on proposed MHSA Innovation Plan Projects: 1) On The Move: Work for Wellness; 2) COPE Family Center: Adverse Childhood Experiences (ACE); 3) NVUSD: Support for Filipino Community; 4) Suscol Intertribal Council: Support for Native Americans.

We held three other special meetings in American Canyon, St. Helena and at Napa's Innovations Community Center.

Committees & Workgroups:

Executive Committee: Theresa Comstock-Chair; Kristine Haataja-Vice Chair; Members at Large: Rowena Korobkin, Terri Restelli-Deits, Minott Wessinger.

Data Notebook Workgroup (2016): Terri Restelli-Deits (Chair), Theresa Comstock, Steven Gehring, Larry Kamer

Employment Workgroup: Dr. Rowena Korobkin (Chair), Terri Restelli-Deits, Rocky Sheridan, Dr. Robin Timm.

School-based Mental Health Services & Stigma Reduction Workgroup: Minott Wessinger (Chair), Kristine Haataja, Supervisor Alfredo Pedroza

Annual Report: Theresa Comstock, Kristine Haataja.

Quality Improvement (QIC): Mayra Vega.

Stakeholders Advisory (SAC): Rocky Sheridan.

MHSA Innovations Planning Advisory: Terri Restelli-Deits, Rocky Sheridan, Minott Wessinger.

California Association of Local Behavioral Health Boards/Commissions: Beryl Nielsen, Theresa Comstock.

Membership: At the close of the fiscal year, membership on the MHB consisted of 13 members.

The ethnic make-up of our board has improved, although there is still room for improvement to adequately represent the ethnic make-up of our community. We will continue to address this issue.

Members joining the board this year include: Steven Gehring, Larry Kamer, and E. Beth Nelsen. Members leaving the board were Gabriel Hernandez (end of term) and Linda Mallett (end of term). We thank them for their contributions to our board!

Board Member	District at Time of Appointment	Appointment Date	Term Ends
Theresa Comstock	2	1/06/2016	1/1/2018
Kristine Haataja	4	11/3/2015	1/1/2019
Rowena Korobkin, M.D.	1	1/06/2015	1/1/2018
Sup. Alfredo Pedroza	4	1/12/2015	1/1/2018
Terri Restelli-Deits	4	11/3/2015	1/1/2019
Robin Timm, Ph.D.	4	1/06/2015	1/1/2018
Joseph "Minott" Wessinger	3	11/3/2015	1/1/2019
Mayra Vega	2	1/26/2015	1/1/2019
Beryl Nielsen	4	1/06/2015	1/1/2018
Oliver "Rocky" Sheridan	4	1/06/2015	1/1/2018
Steven Gehring	1	10/10/2016	1/1/2020
Larry Kamer	3	2/15/2017	1/1/2020
E. Beth Nelsen	1	5/09/2017	1/1/2020
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Goals & Accomplishments

The following objectives and goals for 2016-2017 were developed by the MHB Executive Committee and approved by the MHB. We have detailed the work done by the MHB on each of these goals.

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

1. **Goal:** *Review and evaluate the community's mental health needs, services, facilities, and special problems [5604.2 (a)(1)] Welfare & Institutions Code (WIC)*

Accomplishments:

- Throughout the year, the MHB hosted a variety of speakers and panel forums related to Napa County mental health issues and services, including: homelessness and housing issues/strategic Napa County initiatives, responsibilities and duties of the Patient's Rights Advocate, programs and services offered to the community by the Mental Health Division, veteran's mental health issues and services, student mental health services at Napa Valley College, and mental health issues and services for older adults in Napa County.
- Conducted a public hearing for review and comment on the Mental Health Division's Mental Health Services Act (MHSA) Annual Update Fiscal Year (FY) 2015-16.
- Reviewed and evaluated mental health facilities and services through scheduled site visits.
- Work Group In-Depth Research completed included:
 - Employment (Attachment A)
 - School-Based Mental Health Services & Stigma Reduction (Attachment B)

2. **Goal:** *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*

Accomplishments:

Completed the California Mental Health Planning Council's 2016 Data Notebook questionnaire with reference to data from the external quality review organization (EQRO) (www.CALEQRO.com). The 2016 questionnaire focused on mental health programs for youth, including:

- Mental Health Access and Engagement for Children/Youth (Age 6-15) and Transition-Aged Youth (Age 16-25).
- Strategies Used for Providing Mental Health Services to Foster Youth and LGBTQ Youth.
- County Substance Use Disorder Treatment available to Children, Youth, Incarcerated Youth, and Non-Custodial Youth in Probation/Diversion Programs.
- Suicide Prevention Programs for Children, Youth, and Transition-Aged Youth.
- Programs for Early Identification of Risks for First-break Psychosis.

The completed questionnaire is posted with the April 2017 meeting documents at:

<http://www.countyofnapa.org/HHSA/MentalHealthBoard/> (4/10/17 Meeting Documents)

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

Accomplishments:

- The public was routinely invited to attend and participate in all monthly MHB meetings. Public comments, concerns and questions were received from mental health consumers, stakeholders, and advocates throughout the year.
- Special meetings were held at Napa's Innovations Community Center, American Canyon City Council Chambers and Silverado Orchards Retirement Community in St. Helena.
- Meeting Agendas and Minutes are posted on the Napa County website:
<http://www.countyofnapa.org/HHSA/MentalHealthBoard/>

4. **Goal:** *Review any county agreement entered into pursuant to Section 5650 of the Welfare & Institutions Code.*

Accomplishments:

- Members Kristine Haataja, Beryl Nielsen and Dr. Rowena Korobkin participated reviewing proposals for the new Crisis Stabilization Unit.
- Members Terri Deits, Rocky Sheridan, Minott Wessinger and Dr. Rowena Korobkin participated in reviewing proposals for Round 2 MHSA Innovations Projects.
- Current contracts were reviewed prior to site visits.
- Mental Health Division Budget Overview provided by HHSA Fiscal Staff.

Goals & Accomplishments cont'd...

- The following contracts, agreements, reports and applications were provided for review during FY 2016-17: Managed Care Agreement, Performance Agreement, Conditional Release Program (CONREP), State Hospital Bed Agreement, MH Division's Mental Health Services Act (MHSA) Annual Plan Update Fiscal Year 2016-17, Triennial Audit, External Quality Review Evaluation of Medi-Cal Specialty MH Services in FY 2015-16, Projects for Assistance in Transition from Homelessness (PATH). The Substance Abuse and MH Services Administration (SAMHSA) Federal grant application was reviewed in June of 2016.

B. Objective: Maintain an active, involved Mental Health Board.

- 1. Goal:** *Achieve full MHB membership that reflects the diversity of the populations served.*

Accomplishments:

As of June 30 2016, the MHB had 13 members, including interested/concerned citizens (46%), consumers (23%) and family members (31%). The Board is actively recruiting to fill two open positions:

www.countyofnapa.org/ceo/committeesandcommissions/ .

- 2. Goal:** *Maintain a high attendance and participation at all MHB meetings, including all committees and/or workgroups.*

Accomplishments:

- Board Meetings were held monthly without exception and a quorum was established at every meeting. Board member attendance ranged from 58% to 100%, with average attendance: 72%.
- The Executive Committee also met monthly without exception and a quorum was established at every meeting.
- Workgroups function as "Ad Hoc" Committees with membership generally ranging from 2-4 members.

- 3. Goal:** *Maintain representation on appropriate local, regional and state boards, committees, councils, etc., and regular reporting to the Mental Health Board (for example: CALBHC, QIC, etc).*

Accomplishments:

- Board Chair Theresa Comstock is the 2017-2018 President of the California Association of Local Behavioral Health Boards (CALBHB/C). CALBHB/C updates, newsletters, website access, regional meeting and MHB training dates were provided to the MHB.
- Board Chair Theresa Comstock participated on the CA Mental Health Planning Council's Advocacy Committee Ad Hoc addressing Adult Residential Care facilities for adults with mental illness.
- Member Beryl Nielsen was the CALBHB/C Treasurer until October of 2016, and shared CA Mental Health Planning Council meeting materials with board members.
- Member Rocky Sheridan is a member of the MHSA Stakeholder's Advisory Committee (SAC)
- Member Mayra Vega was a member of the Mental Health Division Quality Improvement Committee (QIC)

- 4. Goal:** *Complete 100% of site visits.*

Accomplishments:

- The MHB reported on the following site visits during 2016-17.
 - Napa State Hospital Skilled Nursing Support, Medical Unit and Acute Behavioral Unit
 - St. Helena Hospital Adult Inpatient Psychiatric and Geropsychiatric Units
 - Willow Glen & Rosewood Care Center in Yuba City
 - North Valley Behavioral Health in Yuba City
 - Mentis Satellite and Permanent Housing Programs
 - Progress Foundation's Crisis Residential Treatment Center (Progress Place)
 - Crestwood Rehabilitation and Recovery Center in Vallejo
 - Innovations Community Center in Napa
- Written reports were submitted to the Executive Committee for review, followed by a presentation to the entire MHB and any public present at the meeting, for discussion.

5. Goal: *Provide training opportunities to MHB Members*

Accomplishments:

- MHB Chair Theresa Comstock provided individualized new member training for incoming board members.
- Vice Chair Kristine Haataja attended Mental Health Board and Advocacy training in Sacramento provided by CALBHB/C, taught by Susan Wilson, Chair of the CA Mental Health Planning Council.
- Member Larry Kamer attended Mental Health Board training in Woodland with the Yolo County MHB, also taught by Susan Wilson.
- Board members were notified of dates for Mental Health Board and Advocacy trainings facilitated by CALBHB/C.
- Members were encouraged to complete Ethics Training [on-line](#), or provided by Napa County on June 2, 2017.

Meet the Board Members



Theresa Comstock: Experience with adults with mental illness began as a volunteer with Dallas County MHMR Acute Inpatient Treatment Center. Other community and leadership experience includes: President of the CA Association of Local Behavioral Health Boards & Commissions, Past Co-Chair of a Dallas-based community organizing group, Past Legislative Chair of the Houston Council of PTA's, Past President of The Kiwanis Club of Greater Napa, Past President of New Technology High School's Parent Club. Ms. Comstock is an artist (oil painting) and has a BA from U.C. Davis. She was appointed in 2014, chaired the Mental Health Board from 2015 - 2017, and has chaired two MH/housing-related workgroups.

Steven Gehring was appointed to the MHB in 2017, and brings to the board both a mental health consumer's perspective, and experience as a former licensed psychiatric technician. He has years of experience working with adults and youth as a psychiatric technician in both inpatient and outpatient programs. In addition to serving on the Mental Health Board, Steven is active in the community, including volunteering with Napa's Disability Services and Legal Center and working at the Thrive Cafeteria at the Health & Human Services campus. He has a Psychiatric Technician Certificate from Napa Valley College and a Certificate of Human Services from American River College.



Kristine Haataja was a Consumer Insights & Strategy Consultant for corporations and consulting firms for over 35 years, retiring in 2015. Her career focus has been researching consumer behavior to understand unmet needs and how to address them with new/enhanced services and products. Ms. Haataja is especially passionate about mental health intervention in early childhood and adolescence, based upon her experience of raising a child with serious mental health issues. Since moving to Napa, she has been a Life Coach for Girls on the Run Napa-Solano, serves on the Development Committee for Aldea and is a graduate of Leadership Napa Valley Class 30. She was appointed to the Mental Health Board in 2015, is on the Executive Committee, is Vice Chair for 2016-2017 and served on the School-based Mental Health Services & Stigma Workgroup. Ms. Haataja has a BA in Sociology from Gustavus Adolphus College in Minnesota and an MBA from the University of North Carolina, Chapel Hill. Ms. Haataja is incoming 2017-2018 MHB Chair.

Rowena Korobkin, M.D. was appointed to the MHB in 2012. Dr. Korobkin is a Board Certified Physician Neurologist and Child Neurologist. She received her MD in 1971 from the University of California, San Francisco, and trained in pediatrics at Children's Hospital in Oakland, and neurology at UCSF. She is the author of numerous journal articles and books in her field and recently consulted with the National Institute of Child Health and Development (NICHD) on a research project. Dr. Korobkin's current main clinical interest relates to epilepsy and other neurologic issues in people with developmental disabilities, and she is a member of the Professional Advisory board of the Epilepsy Foundation of Northern California. She is the Consulting Neurologist for Sonoma Development Center, the Pediatric Neurologist for the County of San Joaquin at the San Joaquin General Hospital, and the Consultant Neurologist to North Bay Regional Center and Redwood Coast Regional Center. Because of a close family member with serious mental health issues, Dr. Korobkin has been inspired to lend her experience and expertise to assist in influencing the mental health delivery systems for Napa County.



Members Leaving the Board during the past Year

Thank you for serving on the MHB!



Ms. Linda Mallett is a long-time nursing instructor at Napa Valley College. In addition to teaching, Ms. Mallett serves on several health-related boards. Ms. Mallett completed her nursing education at the Mayo Clinic in Rochester, Minnesota, and at Berkeley. Ms. Mallett has been on the Napa County Mental Health Board for eight years and is a family member to a consumer. After arriving in Napa, Ms. Mallett first served on the City Planning Commission and Recreation Commission for several years. She was elected to the Board of Education of Napa Valley Unified School District in 1981 and served for 9 years. Ms. Mallett was a member of the Executive Committee.

Mr. Gabriel Hernandez is a Napa native who has been actively serving his community as a volunteer within various organizations, including: Napa Emergency Women's Services, the Napa County Literacy Center, and Community Action Napa Valley since 2011. Before joining the Napa County Mental Health Board he served as the Executive Vice-President and then President of the Beta Beta Sigma chapter of Phi Theta Kappa. Gabriel joined our board in 2014 as a constituent of Buckelew Programs in an effort to be both a voice and an ear for those receiving mental health services in the Napa Valley.



Acknowledgements

Thank you to Bill Carter (Mental Health Director), LuAnn Pufford (Senior Office Assistant) and to the entire Mental Health Division Staff and supporting agencies.

Thanks also to guest speakers and community members for information and support this year:

Lark Ferrell, Housing Manager, City of Napa Housing Division
Mechele Small Haggard, Consultant, Allen, Shea & Associates
Leslie Medine, Senior Fellow, On The Move
Innovations Community Center Participants, Volunteers & Staff
Frank SmithWaters, Napa County Patient's Rights Advocate
Patrick Jolly, Napa County Veteran Services Officer
Nancy Tamarisk, Director Student Health Center, Napa Valley College
Magdalena Orr, MFT, Therapist, Napa Valley College
Jill Wood, Social Service Manager, Collabria Care
Xavia Hendriksz, Program Coordinator, Mentis
Tom Orrock, Mental Health Services Oversight & Accountability Commission Grant & Commission Support Manager
Matt Liebermann, MHSAAC Triage Grant and Commission Support
Urmi Patel, MHSAAC Consulting Psychologist
Gee Roman, Program Officer, The McKenzie Foundation of San Francisco
Silverado Orchards Retirement Community, St. Helena

Napa County Health & Human Services Mental Health Division Staff:

Jim Diel, Clinical Director
Lynette Lawrence, Provider Services Coordinator
Sandy Schmidt, Staff Services Analyst
Felix Bedolla, MHSA Project Manager
Rocio Canchola, MHSA Coordinator
Doug Hawker, Mental Health Manager
Harry Collamore, Quality Coordinator
Kate Boyd, Senior Office Assistant

Napa County Health & Human Services Staff:

Mike Mills, Supervising Mental Health Counselor, Comprehensive Services for Older Adults
Kris Brown, Deputy Director, Comprehensive Services for Older Adults
Mitch Wippen, Deputy Director of Operations & Co-Chair of the Homeless Services Planning Council
Bria Schlottman, Project Manager
Rose Hardcastle, Chief Fiscal Officer
Kimberly Danner, Deputy Chief Fiscal Officer

Thank you to everyone in the community who works to provide the best mental health care system possible to the children and adults of Napa County!

CONDUCT

In addition to following the Brown Act, and abiding by adopted meeting rules (e.g. Roberts Rules), the following guidelines are provided to help local mental health boards (MHBs) function as effective advisory bodies.

A. Conduct Agreement – A listing can be printed on agendas and/or read at the beginning of each meeting. The following list is an example:

1. Active Listening
2. Focus on Issues
3. Person-First Language (see below)
4. No Swearing
5. No Personal Attacks or Criticism (of self or others)
6. One person speaks at a time—no side bars
7. Keep comments short if possible—do not monopolize discussion
8. Limit the Use of Acronyms—“When in doubt, spell it out.”
9. Turn Off or Silence Cell Phones

B. Person-First Language

When talking about people with mental illness, it is important to be mindful and use "person-first language". MHB members should 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 "psychologically disturbed" are not appropriate since they convey a lack of appreciation for and depersonalize the individual. These terms communicate and reinforce the discriminatory notion of 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," communicates first that they are people and second 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.

Language to Avoid

• Mentally defective or disturbed • Mentally ill • Mentally or emotionally handicapped • Crazy, nuts, etc. • Emotionally challenged • Differently-abled • Victim or sufferer

Person-First Language:

• Person with a psychiatric or psychological disability • Person with schizophrenia • Person with a mental illness • Person with bipolar disorder • Individual living with mental illness

C. Unconscious Bias Training: www.calbhbc.org/training

- Avoid Micro-Aggressions (Inequalities): Comments or actions that are subtly and often unintentionally hostile or demeaning to a member of a minority or marginalized group. (Such as looking at your cell phone while someone is speaking.)
- Be intentional about treating everyone with dignity and respect. (The Public, Speakers, MHB Members, Staff, Contractors, etc.)

DATA NOTEBOOK

The Welfare and Institutions Code (WIC) Section 5604.2 describes one of the duties of the local mental health board to *“Review and comment on county’s performance outcome data, and communicate its findings to the California Behavioral Health Planning Council (CBHPC).”*

To assist local mental health boards with this responsibility, the CBHPC annually develops the Data Notebook for each local mental health board. Each year the Data Notebook focusses on a specific area of interest in behavioral health services and provides data and information specific to the catchment area with a variety of questions to be answered. The local mental health board completes the Data Notebook.

When completed, the report is provided to the CBHPC on a timely basis and the CBHPC compiles the data from all local mental health boards into a report for the state of California. This report is available to the local mental health boards and is posted both on the CBHPC website and the CALBHBC website. The information is used by the CBHPC to fulfill its mandate to inform the California legislature about the status of mental health services in California.

COMPLETION OF THE DATA NOTEBOOK:

- The CBHPC encourages the local mental health board to complete the Data Notebook in partnership with the staff of the local mental health plan;
- The local mental health board may conduct additional research, partner with other interested organizations, and/or hear additional information from appropriate experts in their county;
- The Data Notebook should be read and approved by the local mental health board prior to submitting the report to the CBHPC;
- The Data Notebook should be submitted to the CBHPC to meet the specific responsibility of the local mental health board to report to the CBHPC.

EDUCATION AND ADVOCACY: The Data Notebook can serve several additional purposes:

- It may be shared with the county’s Board of Supervisors to provide local data, and to educate, report and comment on local mental health performance;
- It may be shared with other local organizations in public forums to educate, report and comment on local mental health performance data;
- It may be shared with the CALBHBC by posting on the Association’s website (see information below) and sharing findings as part of a statewide conversation;
- It may be shared with local policy makers and legislators to educate, report and comment on local mental health performance.

EXAMPLES: Copies of recent Data Notebooks are available at www.calbhbc.org/data-notebooks.html .

FOR ADDITIONAL INFORMATION CONTACT: Linda Dickerson, CBHPC at Linda.Dickerson@cmhpc.ca.gov

DUTIES: ALCOHOL & DRUG
Component of Behavioral Health Boards/Commissions:

Many California counties now have boards that have integrated Mental Health and Alcohol & Drug Boards. Below are duties historically addressed by Alcohol & Drug Boards:

Duties:

1. Advise the Board of Supervisors, the local Department of Health and Human Services, the Division of Behavioral Health Services, and/or the Alcohol and Drug Services unit on policies and goals of County alcohol and drug programs.
2. Participate in the county-wide alcohol and drug program planning process.
3. Provide recommendations regarding alcohol and drug program related matters.
4. Review the scope of alcohol and drug programs in County-funded agencies/departments and the community at large.
5. Evaluate the community's alcohol and drug program needs, services, facilities, and special programs.
6. Encourage and educate the public to understand the nature and impact of alcohol and drug problems.
7. Promote support throughout the County for the development and implementation of effective alcohol and drug programs.
8. Ensure citizen and professional involvement at all stages of the process leading to the formation and adoption of the County alcohol and drug program plans.

Bylaw (Examples):

1. Small County (Mariposa): <http://www.calbhbc.org/templattsample-docs.html>
2. Large County (San Diego): <http://www.calbhbc.org/templattsample-docs.html>

State/National Resources:

1. California Behavioral Health Planning Council:
<https://www.dhcs.ca.gov/services/MH/Pages/CBHPC-PlanningCouncilWelcome.aspx>
2. Substance Abuse and Mental Health Services Administration (SAMHSA): Mental and Substance Use Disorders Page: <https://www.samhsa.gov/disorders>

DUTIES: **Related to Mental Health**

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

The local mental health board shall do all of the following:

1. Review and evaluate the community's **public** mental health needs, services, facilities, and special problems **in any facility within the county or jurisdiction where mental health evaluations or services are being provided, including, but not limited to, schools, emergency departments, and psychiatric facilities.**
2. Review any county agreements entered into pursuant to Section 5650. **The local mental health board may make recommendations to the governing body regarding concerns identified within these agreements.**
3. Advise the governing body and the local mental health director as to any aspect of the local mental health program. **Local mental health boards may request assistance from the local patients' rights advocates when reviewing and advising on mental health evaluations or services provided in public facilities with limited access.**
4. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process. **Involvement shall include individuals with lived experience of mental illness and their families, community members, advocacy organizations, and mental health professionals. It shall also include other professionals that interact with individuals living with mental illnesses on a daily basis, such as education, emergency services, employment, health care, housing, law enforcement, local business owners, social services, seniors, transportation, and veterans.**
5. Submit an annual report to the governing body on the needs and performance of the county's mental health system.
6. Review and make recommendations on applicants for the appointment of a local director of mental health services. The board shall be included in the selection process prior to the vote of the governing body.
7. Review and comment on the county's performance outcome data and communicate its findings to the California Behavioral Health Planning Council.
8. **This part does not** limit the ability of the governing body to transfer additional duties or authority to a mental health board.

(b) It is the intent of the Legislature that, as part of its duties pursuant to subdivision (a), the board shall assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community. <http://www.calbhbc.org/realignment>

Also,, pursuant to W&I Code Section 5848, the local mental health board conducts a public hearing on the county's MHSA Three Year Program and Expenditure Plan and Annual Update.

Mental Health Director: Duties related to MHB--WIC Section 5608(c) Recommend to the governing body after **consultation w/the advisory board**, the provision of services, establishment of facilities, contracting for services or facilities and other matters necessary or desirable in accomplishing the purposes of this division.

MENTAL HEALTH SERVICES ACT (MHSA): ROLE OF THE MHB

MHSA: 3-YEAR PLANS, ANNUAL UPDATES, INNOVATIONS PLANS

Counties shall “demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocations.” (CA WIC 5848)

I. ROLE OF THE MHB

- A. ASSURE CITIZEN AND PROFESSIONAL INVOLVEMENT:** Members of the MHB may be involved by assuring stakeholder involvement in the Community Program Planning (CPP*) process through
1. Receiving reports from staff describing plans and execution of the CPP.
 2. Attending focus groups/stakeholder meetings re: MHSA Plans.
 3. Providing opportunity for public input at MHB meetings. **See CPP on next page.*

- B. REVIEW AND ADVISE:** The review and analysis of the MHSA Three-Year Plans, Annual Updates and Innovations Plans can be major undertakings for MHBs. The Plan documents are lengthy and complex (including program descriptions, populations served, penetration rates, charts, graphs, and fiscal documents). Processes for review and comment by MHBs vary, including:
1. Agendizing presentation(s) by MH/BH Staff to explain the major components of MHSA plans.
 2. Dividing up sections of plans by small workgroups (ad hocs), who then report on their section to the MHB.
 3. Convening a single ad hoc committee to review the document and advise the MHB.
 4. Review and comment by individual MHB members.
 5. Voting on substantive written recommendations* by the MHB.

* "Substantive recommendations" made by the local mental health board means any recommendation approved by a majority vote.

- C. CONDUCT PUBLIC HEARING:** The Public Hearing on the Three-Year MHSA Plan can take place following the 30-day public review period during a regularly scheduled MHB meeting, with 72-hour notice to the public and inclusion on the MHB published agenda. Identifying and inviting stakeholders (consumers, family members, law enforcement, school officials, college board members/staff, etc.) to the public hearing increases engagement and accountability in this process.

II. ROLE OF MENTAL/BEHAVIORAL HEALTH DIRECTOR: The MHSA Three Year Plans and Annual Updates to the MHSA Three Year Plans must include the following elements:

- a. Certification to ensure county compliance with pertinent regulations, laws and statutes of the Act, including stakeholder engagement and non-supplantation requirements, and
- b. Certification by the County MH Director and County Auditor-Controller that the County has complied with fiscal accountability requirements, and all expenditures are consistent with the Act.
- c. The local MH/BH agency must provide an annual report of written explanations to the local governing body and the State Department of Health Care Services for any substantive recommendations made by the local MHB that are not included in the final plan or update.
- d. 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.

III. ROLE OF THE BOARD OF SUPERVISORS (or GOVERNING BODY): After the required 30-day public review process, “Updates to the Annual Plan”, the “Three Year MHSA Integrated Plans” and “Innovations Plans” are to be adopted by the County Board of Supervisors and submitted to the Mental Health Oversight and Accountability Commission (MHSOAC) within 30 days after Board of Supervisors (or Governing Body) adoption.

MHSA: COMMUNITY PROGRAM PLANNING (CPP)

DEFINITION: Community Program Planning (CPP) is the state-mandated, community collaboration process that is used to: assess the current capacity, define the populations to be served and determine strategies to provide effective MHSA-funded programs that are: 1) Culturally Competent; 2) Client and Family-Driven; 3) Wellness, Recovery and Resilience-focused; and 4) Provide an Integrated Service Experience for Clients and their Families. *(See below for state code (CCR and WIC).)

PARTICIPANTS

1) Stakeholders

- | | |
|--------------------------------------------------------|--------------------------------------------------|
| a. Adults and Seniors with severe mental illness (SMI) | e. Educators and/or Representatives of Education |
| b. Families of children, adults and seniors with SMI | f. Social Services Agencies |
| c. Providers of Mental Health and/or Related Services | g. Veterans |
| d. Law Enforcement Agencies | h. Representatives from Veterans Organizations |
| | i. Providers of Alcohol and Drug Services |
| | j. Health Care Organizations |
| | k. Other important Interests |

2) **Underserved Participants** – Representatives of unserved and/or underserved populations and their family members.

3) **Demographic Diversity:** Reflecting the diversity of the demographics of the county, including but not limited to:

- | | |
|------------------------|-------------------|
| a. Geographic Location | c. Gender |
| b. Age | d. Race/Ethnicity |

PROCESS

1) **Staffing** – The county shall designate positions and/or units responsible for the coordination and management of the CPP Process to include facilitating participation by the participants listed above.

2) **Training** for county staff and stakeholders as needed.

3) **Outreach** to clients with serious mental illness and/or serious emotional disturbance, and their family members, to ensure the opportunity to participate

4) **Local Review** process must occur prior to submitting 3-year plans and Annual Updates to include a 30-day public comment period followed by a public hearing. As part of this process, [the local MH/BH board/commission shall](#): a) Review & approve the procedures used to ensure citizen & professional involvement in all stages of the planning process; b) Review the adopted plan or update & make recommendations; c) Conduct MHSA Public Hearings at the close of 30-day public comment periods.

5) **Documentation:** MHSA 3-Year Plans and Updates must include a description of the local stakeholder process including:

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a. Date(s) of the meeting(s) | h. Date of the public hearing held by the local mental health board or commission |
| b. Any other planning activities conducted | i. Summary and analysis of any substantive recommendations received during the 30-day public comment period |
| c. Description of the stakeholders who participated in the planning process in enough detail to establish that the required stakeholders were included | j. Description of substantive changes made to the proposed plan |
| e. Description of how stakeholder involvement was meaningful | k. The local MH/BH agency must provide written explanations (in an annual report) to the governing body and DHCS for any substantive recommendations made by the local MH/BH board/commission that are not included in the final plan or update. |
| f. Dates of the 30 day review process | |
| g. Methods used by the county to circulate for the purpose of public comment the draft of the plan to representatives of the stakeholder's interests and any other interested party who requested a copy of the draft plan | |

*CCR, 9 CA ADC § 3200, 3200.060, 3200.270, 3200.90, 3300, 3315, 3320 & WIC 5848(a,b,f) & 5604.2(4)

MENTAL HEALTH SERVICES ACT (MHSA): DEFINITION

The Mental Health Services Act of 2004 passed by the voters as "Proposition 63", increased overall State funding for the community mental health system by imposing a 1% income tax on California residents with more than \$1 million per year in income. The stated intention of the proposition was to "transform" local mental health service delivery systems from a "fail first" model to one promoting intervention, treatment and recovery from mental illness. A key strategy in the act was the prioritization of prevention and early intervention services to reduce the long-term adverse impacts of untreated, serious mental illness on individuals, families and state and local budgets.

According to WIC 5813.5, MHSA Planning for services shall be consistent with the philosophy, principles, and practices of the Recovery Vision for mental health consumers:

- (1) To promote concepts key to the recovery for individuals who have mental illness: hope, personal empowerment, respect, social connections, self-responsibility, and self-determination.
- (2) To promote consumer-operated services as a way to support recovery.
- (3) To reflect the cultural, ethnic, and racial diversity of mental health consumers.
- (4) To plan for each consumer's individual needs.

SIX COMPONENTS:

The funds are divided into six components. County mental health agencies are required to develop detailed plans for the use of MHSA funds in each of these components, then submit those plans to the Mental Health Services Oversight and Accountability Commission (MHSOAC) or State for approval. The following are the components.

1. **Community Program Planning***: Community Program Planning (CPP) refers to the state-mandated, participatory process implemented by counties in partnership with stakeholders to determine appropriate uses for available MHSA funds. Counties are tasked with developing CPP processes in line with the needs and culture of their communities.

The planning process requires extensive community input. Counties identify local “underserved populations” most severely affected by, or at risk of, serious mental illness and then develop “culturally and linguistically competent approaches” to connect with and meet the needs of those underserved populations (such as interpreters and translation services, Culturally appropriate mental health services, strategies for outreach to racial and ethnic county-identified target populations

The CPP process is used to: 1) Assess the current capacity; 2) Define the populations to be served; 3) Determine the strategies for providing effective services.

The MHSA work plan is developed from this process.

**Also see CPP page.*

2. **Community Services and Supports (CSS)** Community Services and Supports are the programs, services, and strategies that are being identified by each county through its stakeholder process to serve unserved and underserved populations, with an emphasis on eliminating racial disparity. It is the largest component of the MHSA. The CSS component is focused on community collaboration, cultural competence, client and family driven services and systems, wellness (which includes concepts of recovery and resilience), and integrated service experiences for clients and families. Housing is also a large part of the CSS component. County MHPs have three years to spend CSS funds.
3. **Prevention and Early Intervention (PEI)**: The goal of PEI is to help counties implement services that promote wellness, foster health, and prevent the suffering that can result from untreated mental illness. The PEI component requires collaboration with consumers and family members in the

development of PEI projects and programs. *The Mental Health Services Oversight and Accountability Commission (MHSOAC) controls funding approval for the PEI component of the MHSA.*

4. **Innovation:** The goal of Innovation is to increase access to underserved groups, increase the quality of services, promote interagency collaboration and increase access to services. Counties select one or more goals and use those goals as the primary priority or priorities for their proposed Innovation plan. “Innovation projects are **novel**, creative and/or **ingenious** practices/approaches that **contribute to learning** and that are developed within communities through a process that is inclusive and representative, especially of unserved, underserved and inappropriately served individuals” (Page 3 2016 Innovations Guidelines). Innovation Projects are required to:
 - a. Introduce a mental health practice or approach that is new to the overall mental health system, including, but not limited to, prevention and early intervention, or
 - b. Make a change to an existing practice in the field of mental health, including but not limited to application to a different population, or
 - c. Apply to the mental health system a promising community-driven practice or approach that has been successful in non-mental health contexts or settings.

Projects maybe up to five years duration. County MHPs have three years to spend each annual INN allocation (five years for Counties with population 200,000 or less). *The MHSOAC controls funding approval for the Innovation (INN) component of the MHSA.*

5. **Capital Facilities and Technology Needs (CFTN):** The CFTN component works towards the creation of a facility that is used for the delivery of MHSA services to mental health clients and their families or for administrative offices. Funds may also be used to support an increase in peer-support and consumer-run facilities, development of community-based settings, and the development of a technological infrastructure for the mental health system to facilitate the highest quality and cost-effective services and supports for clients and their families.
6. **Workforce Education and Training:** The goal of the Workforce Education & Training (WET) and WET Regional Partnerships component is to develop a diverse workforce, with the following goals:
 - (1) Addressing identified shortages in occupations, skill sets, and individuals with unique cultural and linguistic competence in urban and rural county mental health programs and private organizations providing services in the Public Mental Health System; and
 - (2) Education and training for all individuals who provide or support services in the Public Mental Health System, to include fostering leadership skills. This education and training contributes to developing and maintaining a culturally competent workforce, to include clients and family members who are capable of providing client and family-driven services that promote wellness, recovery and resilience, and lead to measurable, values-driven outcomes.

Regional partnerships are an important part of WET because schools and training sources serve individuals across county lines. For example, community colleges, universities, graduate and professional programs serve individuals across various geographic regions of California.

MENTAL HEALTH SERVICES ACT (MHSA): FISCAL INFORMATION

MHSA: 3-YEAR PLANS, ANNUAL UPDATES, INNOVATIONS PLANS

By law, the State allocates MHSA funds from the Mental Health Services Fund (MHSF) to County Mental Health Plans (MHPs)¹ for three components: Innovation (INN), Prevention and Early Intervention (PEI) and Community Services and Supports (CSS)². Funds are made available to County MHPs on a month-to-month basis according to a formula specified in law: 5% for INN, 19% for PEI and 76% for CSS.

TIMEFRAMES:

3 Years: CSS, PEI, and INN components must be spent within three years (or within five years for INN for Counties with population 200,000 or less).

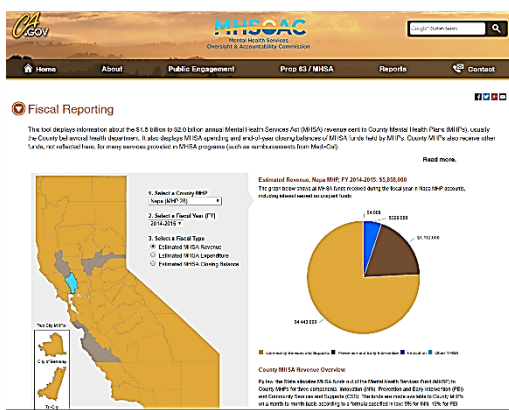
10 Years: Capital Facilities and Technological Needs (CFTN), Workforce Education and Training (WET) and WET Regional Partnerships must be spent within ten years of allocation.

UNSPENT FUNDS: The law requires any unspent MHSA funds held by County MHPs to be kept in interest-bearing accounts. County MHPs are required to treat any interest earned as additional revenue for the specific component. County MHPs have differed in their use of interest earned. Some have spent it as it is earned while others have allowed interest to accumulate as a cash reserve.

Funds not spent within their mandated timeframes are to be returned to the State for re-allocation to County MHPs, a process called "reversion".

Prudent Reserve funds are not time limited and are meant to remain permanently with the County MHP until needed.

ON-LINE DATA: The Mental Health Services Oversight & Accountability Commission (MHSOAC) provides Annual Revenue and Expenditure spreadsheets and charts: <http://mhsoac.ca.gov/fiscal-reporting>. Reports are also available from the CA Department of Health Care Services (DHCS) website: <http://www.dhcs.ca.gov/services/MH/Pages/Annual-Revenue-and-Expenditure-Reports-by-County.aspx>



The screenshot shows the DHCS website's 'Annual MHSA Revenue and Expenditure Reports by County' page. It features a table with columns for county names and fiscal years from FY 06-07 to FY 15-16. The counties listed are Alameda, Alpine, Amador, Berkeley City, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Fresno, and Glenn.

County	FY 06-07	FY 07-08	FY 08-09	FY 09-10	FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 14-15	FY 15-16
Alameda										
Alpine										
Amador										
Berkeley City										
Butte										
Calaveras										
Colusa										
Contra Costa										
Del Norte										
El Dorado										
Fresno										
Glenn										

¹ In California, Medi-Cal mental health waivers establish MHPs, which have the responsibility to provide psychiatric inpatient hospital services and outpatient specialty mental health services within their region. The 59 County MHPs include 57 county regions (including Sutter and Yuba Counties combined as one region) along with two city regions, including the City of Berkeley and Tri-City (Pomona, Claremont and La Verne within Los Angeles County).

² Once funds are received, County MHPs are permitted to meet local needs by transferring funds from CSS to three other components: Capital Facilities and Technological Needs (CFTN), Workforce Education and Training (WET) and WET Regional Partnerships. Counties also are permitted to transfer some portion of CSS funds to a Prudent Reserve account, a "rainy-day" fund used to protect levels of service when MHSA funding is not sufficient to support ongoing programming. Prudent Reserve account information is not currently shown within this tool.

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*



A Tradition of Stewardship
A Commitment to Service

County Executive Office

1195 Third Street, Suite 310
Napa, CA 94559
www.countyofnapa.org

Main: (707) 253-4421
Fax: (707) 253-4176

Leanne Link
County Executive Officer

Contact:

Barbara Fultz, Administrative Support Technician
Committees & Commissions
(707) 253-4421
barbara.fultz@countyofnapa.org

FOR IMMEDIATE RELEASE
May 11, 2017

Applicants sought for the Napa County Mental Health Board

(Napa, Calif--) The County Executive Officer announces two vacancies on the **Napa County Mental Health Board**. These vacancies represent the following categories: 1) **Consumer** and 2) **Family Member of Consumer**, with the terms expiring January 1, 2020.

The Mental Health Board meets at 4:00 p.m. on the second Monday of each month at Health & Human Services Agency, 2751 Napa Valley Corporate Drive, Building A, First Floor, Oak Conference Room, Napa, CA 94558.

The fifteen-member Mental Health Board represents the categories of consumers, family members of consumers, interested and concerned citizens and a member of the Board of Supervisors. Applicants need not have any specialized or professional background, although no member of the Board or his or her spouse shall be a full-time or part-time employee of a county mental health service, an employee of the State Department of Health Care Services, or an employee, or a paid member of the governing body of a Bronzan-McCorquodale contract agency.

Anyone interested in consideration for appointment must submit a completed application form. Application forms are available at the County Executive Office, 1195 Third Street, Suite 310, Napa, CA 94559, telephone (707) 253-4421 or online at www.countyofnapa.org/ceo/committeesandcommissions. Click on "application for appointment" under the "Current Openings" heading and follow the application instructions. **Recruitment will remain open until vacancies are filled.**

The Board of Supervisors and staff of Napa County are dedicated to preserving and sustaining Napa County for present and future generations as a community with generous open space, a thriving agricultural industry and a quality human and natural environment. Visit us on the Web at www.countyofnapa.org

###

COUNTY of BROWN

Brown County Mental Health
Board 2261 Elm Street Brown,
California 94559-3721 (707)
555-4074 ♦ FAX (707) 555-6172

RUSS BROWN, Board Chair
LINDA MAROON, 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 Brown County Mental Health Board (MHB).

POLICY

All existing and anticipated vacant positions on the Brown County Mental Health Board will be filled in a timely manner. Brown 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).

MHB Policy and Procedure
Mental Health Board Recruitment (#06-02)
Approved by Mental Health Board 10-09-06
Reviewed by County Council 11-28-06
Page 1

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 Brown County Board of Supervisors.

Recruitment of New MHB members

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

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

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

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

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



A Tradition of Stewardship
A Commitment to Service

Napa County Mental Health Board

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,

RESOLUTIONS/RECOMMENDATIONS

The MHB shall advise the governing body and the local mental health director as to any aspect of the local mental health program (WIC 5604.2, Duty 3.)

RESOLUTIONS:

- A formal expression of opinion or intention made, usually after voting, by a formal organization, a legislature, a club, or other group.
- In **law**, **resolution** is a written motion adopted by a deliberative body. The substance of the **resolution** can be anything that can normally be proposed as a motion.
- The formal decision of an organization. A motion which has obtained the necessary majority vote in favor. Related Terms: Carry. In parliamentary *law* and procedure, a motion of a single member becomes a *resolution* of the whole meeting if it carries; if it obtains necessary number of votes.

RECOMMENDATIONS:

- A suggestion or proposal as to the best course of action, especially one put forward by an authoritative body.
- Synonyms:
- advice, counsel, guidance, direction, suggestion, proposal
 - "the advisory group's recommendations"
- A suggestion about what should be done
 - A thing or course of action suggested as suitable or appropriate

MHB PROCESS:

1. Issue raised by member of the MHB, public, staff or contractor.
2. Refer to Leadership - Executive Committee (E.C.) discusses issue and possible action.
3. Study or Draft Recommendation - E.C. decision to study (by E.C. or ad hoc) and/or decision to draft a recommendation or resolution.
4. Draft Resolution/Recommendation to be published with MHB meeting agenda.
5. Discussion - At MHB meeting, the item should be discussed by MHB with public input prior to vote. [Note: may be revised at meeting prior to final vote.]
6. Vote. [Minutes to note recommendation and outcome of vote.]
7. Memo or Letter: When passed, provide recommendation/resolution via memo to MH Director and/or letter to Board of Supervisors (BOS (or Governing Body)).
8. Annual Report: Include resolutions or recommendations in your annual report, along with response from MH Director.

RESPONSE: For MHSAs plans and updates, the Mental/Behavioral Health agency must include substantive written recommendations for revisions in adopted plans. The plan or update shall also summarize and analyze the recommended revisions. (WIC 5848 (b)).

DRAFT LETTER

December 1, 2016

The Honorable London Breed
City Hall, Room XXX
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

Dear Chairperson Breed:

On behalf of the members of the San Francisco Mental Health Board, enclosed please find a copy of two resolutions, MHB 2016-xx and 20156-XX, advocating Crisis Intervention Training (CIT) for all San Francisco police officers and sheriff deputies. The Mental Health Board strongly promotes this nationally recognized training program. The CIT program has demonstrated benefits to both law enforcement officers and the people they interact with daily. Your support is now needed to ensure CIT is available and provided to all San Francisco law enforcement officers.

The Mental Health Board believes it is imperative for law enforcement officers to receive training related to interactions with people with mental illness, substance abuse disorders and people with developmental disabilities. Clearly, this training teaches conflict resolution and de-escalation techniques for potentially dangerous situations and is highly regarded to reduce stigma and most importantly, decrease needless injuries to officers and the public they serve.

As Chairperson of the Board of Supervisors, we trust you will share this correspondence with all the Supervisors and advocate appropriate and sufficient funding for this important educational training program for both the San Francisco Police Department and Sheriff's Department in the upcoming budget cycle. Please feel free to call upon me if you need additional information in this regard.

Sincerely,

Kara Ka Wah Chien, JD, Chair

Enclosure

Cc: Mayor Ed Lee
SFPD Acting Chief Chaplain
SF Sheriff XXX

**MENTAL HEALTH BOARD RESOLUTION
(DRAFT) November 2016**

RESOLUTION (MHB 2016-0?): Be It Resolved the Mental Health Board of San Francisco urges the Mayor and Board of Supervisors to allocate sufficient funds for the San Francisco Police Department's (SFPD) Crisis Intervention Training (CIT) in FY 2017-2018.

WHEREAS, the San Francisco Police Department CIT works throughout the City to provide crisis intervention services to individuals with behavioral health disorders 24-hours a day, seven days a week—to decrease police officer and citizen injuries and/or fatalities, and;

WHEREAS, San Francisco has many people who are homeless with behavioral health disorders and therefore have a high likelihood of interactions with police officers, and;

WHEREAS, in the past five years ____ SFPD cadets and police officers have received CIT; and

WHEREAS, Officers who received the CIT training said they were better able to identify symptoms of behavioral health disorders, resulting in more accurate assessments and timely referrals to appropriate treatment services, and;

WHEREAS, Officers reported their communication skills have improved because of the training, and they are better able to deescalate a crisis and help people with behavioral health disorders by talking and listening to the person, and;

WHEREAS, research has demonstrated the effectiveness of CIT in providing efficient crisis response times, increasing diversion from jails and hospitals, assisting with treatment continuity, and decreasing untoward police officer and/or community member injuries, and;

WHEREAS, in CIT training in the past several years has been offered to police officers regularly provided by volunteer CIT Faculty from numerous agencies, e.g., San Francisco Suicide Prevention Center, National Alliance on Mental Illness (NAMI) San Francisco, Coalition on Homelessness, Public Defender's Office, Mental Health Court, Veterans Administration, DORE Urgent Care, Sobering Center, Private Mental Health Practitioners, Harm Reduction Center, University of California, San Francisco (UCSF) Division of Geriatrics, Palo Alto University, San Francisco Police Department, UCSF Psychiatry and Law Program, and the Office of the District Attorney Victim Services, San Francisco Mental Health Board, Mental Health Association of San Francisco, and;

WHEREAS, the San Francisco CIT Work Group is comprised of representatives from the following agencies and organizations: San Francisco Police Department, Mental Health Association of San Francisco, NAMI San Francisco, Mental Health Board San Francisco, San Francisco Coalition for Homelessness, San Francisco Public Defender, Veterans Administration, San Francisco Police Commission, Mayor's Office of Disability, San Francisco Emergency Management, Citywide Case Management, Community Police Advisory Board, Jail Health Services, Department of Public Health, Disability Rights, and concerned citizens.

RUNNING A GOOD MEETING

I. Attendance

- Remind members (mail/email/phone)
- Depending on agenda topics, be intentional about inviting (by email/phone):
 - Consumer/family member organizations
 - County agencies (such as Older Adults, Veterans Officer, Drug & Alcohol)
 - School District, Law Enforcement, Community College

II. The Rules

- The Brown Act
 - Public Comment
 - Publish rules on front of agenda
 - Allow time for Open Public Comment (on topics not on agenda)
 - Public Comment before or during agenda items
 - Speak to public before beginning meeting regarding when they will have a chance to speak
 - Agenda
 - Follow the agenda that was posted 72 hours in advance
 - If the order of the agenda needs to be changed, or an item removed, the chair may say “If there are no objections...” *If there are no objections, there does not need to be a vote. Agenda items may not be added, and should not be vague.*
- Parliamentary Procedure for Voting (Robert’s Rules of Order, Rosenberg’s, etc.)
 - Motion (*if needed, Chair says “Do I hear a motion?”*)
 - Second (*if needed, Chair says “Do I hear a second?”*)
 - All In Favor (*Chair asks “All in favor?”*)
 - Opposed (*Chair asks “Opposed?”*)
 - Abstaining (*Chair asks “Abstaining?”*)

III. The Content

- Agenda (see samples)
- Speakers
 - Who can address the priorities identified by board members/concerns of public
 - Who can speak about access and effectiveness of MH/BH Services
 - Who can speak about MH/BH needs and issues
- Housekeeping – keep it limited (Use Executive Committee to address board organizational topics.)

IV. Handling Disruptions

- Stay on Agenda
- “The action is in the reaction.” Quietly move on to next person or agenda item.
- Staff Support – Ask staff to respond as needed.

V. Facilitating the Meeting

- **Before**
 - Comfortable chairs and table space for MHB members to take notes;
 - Water (and snacks if possible) accessible;
 - Name plates/placards placed in front of each Board Members and Staff;
 - Cell phones are placed on silent;
- **During**
 - Meeting starts and ends on time;
 - Minutes (including attendance and votes) of the proceedings accurately recorded;
 - Public attendance and comments welcomed;
 - Everyone (Board Members, Public) has an opportunity to talk;
 - All opinions are valued;
 - Listen for Issues (from Board Members, Public, Speakers, Staff, etc.)
 - Civility reigns*
 - The Chair follows and sticks to the agenda;
 - The Chair recognizes people who want to speak (e.g., raise hand, stand up name plate);
 - Public comments are limited to three minutes (e.g., use time keeper, buzzer if needed);
 - No one should be allowed to monopolize the discussion;
 - Side-bar conversations are not permissible;
 - Take notes & follow-up on issues of concern with Executive Committee
 - Any non-agenda/new issues raised should be referred to the next meeting of the Executive Committee;
 - Presenters should be graciously thanked for their presentations;
 - Use “photo ops” to record photographs to send with press releases, include in Annual Report, etc.;
- **Adjourn** - *Remember every meeting has a beginning, middle and ending!*
 - No meeting should last more than two hours;
 - Motion to Adjourn, Second and Vote.
 - Do not continue meeting after adjournment--avoid quorum conversation.

* Also see "Conduct" Page or <http://www.calbhbc.org/conduct.html>

Basic Procedures

- **Having the Floor**—Before a member can speak at a meeting, she or he must be recognized by the chairperson. Once recognized, the speaker cannot be interrupted, except by the chairperson.
- **Making Motions**—One makes a motion to propose a course of action that one thinks the group should take. If another member agrees that the motion should be open for discussion, she or he will “second the motion.” Discussion pertaining only to the motion on the floor follows. Only one motion to close discussion and a second are needed before a vote can be taken.
- **Amending Motions**—Amendments can be motions as long as the person who moved the original motion is agreeable to the amendment. If the originator of the motion is not agreeable, then the group must vote on the original motion.
- **Tabling the Motion**—If it appears that more information is needed to consider a motion fairly, then a motion to table the discussion can be made. The length of and reason for tabling the motion must be included in the table to motion. A majority of members must support the tabling for it to pass.
- **Calling the Question**—When it appears that the discussion of a particular motion is no longer productive, the question can be called with a two-thirds vote of the members present. The result of the call to question is an immediate vote on the motion.

Brown Act

Govt. Code §§ 54950-54960.5

THE BASICS

Meetings of public bodies must be “open and public,” actions may not be secret, and action taken in violation of open meetings laws may be voided. (§§ 54953(a), 54953(c), 54960.1(d))

WHO'S COVERED

- **Local agencies**, including counties, cities, school and special districts. (§ 54951)
- **“Legislative bodies”** of each agency, the agency’s governing body, plus “covered boards,” that is, any board, commission, committee, task force or other advisory body created by the agency, whether permanent or temporary. (§ 54952(b))
- Any **standing committee** of a covered board, regardless of number of members. (§ 54952(b))
- **Governing bodies of non-profit corporations formed by a public agency** or which includes a member of a covered board and receives public money from that board. (§ 54952(c))

WHO'S NOT COVERED

- **Ad hoc advisory committees** consisting of less than a quorum of the covered board (§54952(b))
- Most other **non-profit corporations**
- All **other government agencies**. State governmental agencies are covered by the Bagley-Keene Open Meeting Act. (Govt. Code §§ 11120-11132)

WHAT'S COVERED

A “meeting” is any gathering of a majority of the members of a covered board to hear, discuss, or deliberate on matters within the agency’s or board’s jurisdiction. (§ 54952.2(a))

Note: No vote or action is required for the gathering to be a meeting, nor must the members meet face to face. (§ 54952.2)

WHAT MUST HAPPEN

Under the Brown Act an agency must:

- **post notice and an agenda** for any regular meeting, (§§ 54954(a), 54954.2(a)); mail notice at least three days before regular meetings to those who request it, (§ 54954.1); post notice of continued meetings, (§54955.1); deliver notice of special meetings at least one day in advance to those who request it, (§ 54956); and deliver notice of emergency meetings at least one hour in advance to those who request it. (§§54956, 54956.5) [on the local agency's website \(AB2257\)](#)
- **notify the media** of special or emergency meetings if requested, (§§ 54956, 54956.5); allow media to remain in meetings cleared due to public disturbance. (§54957.9) *Update 2017*
- **hold meetings in the jurisdiction** of the agency except in limited circumstances, (§§ 54954(b)-(e)), and in places accessible to all, with no fee. (§ 54961(a))
- **not require a “sign in”** for anyone. (§54953.3)
- **allow non-disruptive recording** and broadcast of meetings, (§54953.5(a)), and let the public inspect any recording made by the agency of its open meetings. (§54953.5(b)) The agency may destroy recordings it made after 30 days. (§54954.3(b))
- **allow the public to address** the covered board at regular or committee meetings on any item in the agency’s jurisdiction not addressed by the agency at an open earlier meeting. (§54954.3(a))
- **conduct only public votes**, with no secret ballots. (§54953(c))
- **treat documents as public** “without delay,” if distributed to all or a majority of members of a board before or at the meeting, unless they are also exempt under the Public Records Act. (§54957.5)

Local Rules

Many local jurisdictions, including San Francisco, Contra Costa County, and Oakland, have adopted local “Sunshine” ordinances that grant greater access and openness. Check for local rules.

WHAT IF . . .

- a council member is on a board of a non-profit corporation—is the board covered?
 - YES, if the council both appointed him or her to the board, and funds the corporation. (§54952(b),(c)(1))
- an agency delegates authority to another entity—is the entity covered?
 - YES, if it was created by the agency’s elected body. (§§ 54952(b),(c)(1))
- a council committee meeting has less than a quorum—is it required to meet openly?
 - YES, if it is a standing committee and has either a set meeting schedule or a continuing subject matter jurisdiction. (§ 54952(b))
- members use individual contacts to collectively decide an issue—is that a violation?
 - YES, information communicated to a quorum through a series of contacts, individual phone calls (“daisy chain”), or a third person (“spoke and wheel”) to evade the public is a “meeting” (§ 54952.2(b); 63 Ops.Atty.Gen. 820 (1980); Stockton Newspapers v. Stockton Redevelopment Agcy., 171 Cal.App.3d 95 (1985); Common Cause v. Stirling, 147 Cal.App.3d 518 (1983).
- agency members attend a conference called by someone else—is this covered?
 - NO, so long as they do not discuss specific business matters within their jurisdiction (§ 54952.2(c))
- a meeting is held by video/teleconference.
 - YES, if the public’s rights are protected. (§54953(b))
 - Every video/teleconference location must be accessible to the public, and at least a quorum of the members must participate from locations within the body’s jurisdiction. (§ 54953(b))

* **Teleconference Votes:** (Update July 2017)
All votes taken during a teleconferenced meeting shall be by roll call. (AB428)

CLOSED MEETINGS

Closed meetings are the exception and permitted only if they meet defined purposes and follow special requirements (§§ 54953(a), 54954.5, 54962).

EVEN AT CLOSED MEETINGS...

Special public notice and agenda requirements apply (§§ 54954, 54954.2, 54954.5, 54957.7).

All actions taken and all votes in closed session must be publicly reported orally or in writing (§ 54957.1(b)), and copies of any contracts or settlements approved must be made available promptly (§ 54957.1(b),(c)).

CLOSED MEETINGS MAY BE HELD FOR: Personnel

Only to discuss the appointment, employment, performance evaluation, discipline, complaints about or dismissal of a specific employee or potential employee (§ 54957). The employee may request a public meeting on any charges or complaints.

But closed sessions are **NOT ALLOWED** for discussing:

- general employment
- independent contractors not functioning as employees
- salaries
- the performance of any elected official, or member of the board
- the local agency's available funds
- funding priorities or budget

Pending Litigation

Only if open discussion "would prejudice the position of the agency in the litigation." The litigation must be named on the posted agenda or announced in open session unless doing so would jeopardize the board's ability to service process on an unserved party or conclude existing settlement negotiations to its advantage. (§4956.9)

To qualify, the agency must:

- be a party to pending litigation (§ 54956.9(a))
- or expect, based on certain specified facts, to be sued (§§ 54956.9(b)(1),(b)(2))
- or expect to file suit itself (§ 54956.9(c))

Labor Negotiations

Only to instruct the agency's identified negotiator on compensation issues (§ 54957.6). (Note: school districts are covered by the Rodda Act, Govt. Code §§ 3540-3549.3.)

Property Negotiations

Only to discuss, with an agency's identified bargaining agent, price or payment terms. The parcel, negotiators and the prospective seller or purchaser must be identified on the agenda. (§ 54956.8) Final price and payment terms must be disclosed when the actual lease or contract is discussed for approval. (§ 54957.1(a))

Others

License applications for people with criminal records (§54956.7); threats to public services or facilities; (§54957) insurance pooling (§54956.95).

WHAT TO DO IF:

A MEETING IS CLOSED THAT SHOULD BE OPEN

- Refuse to leave, and use this Guide to check the law, to protest, and to enforce all notice requirements.
- Leave only if ordered by law enforcement.
- Call your editor or lawyer at once.

AN ILLEGAL CLOSED MEETING HAS BEEN HELD

- Ask participants what happened, and get reports of actions taken and copies of contracts approved.
- Call FAP, SPJ or CFAC (phone numbers are on the cover of this Pocket Guide).
- Write a story or letter to the editor about it.
- Contact the District Attorney under § 4959, or take legal action under § 54960(a) against violations or a "gag rule" imposed on a body's members.
- A court may: (1) force the agency to make and preserve tapes of closed sessions (§ 54960(b)); (2) declare actions taken null and void (§ 54960.1(d)); (3) award costs and attorneys fees (§ 54960.5).

A POCKET GUIDE TO OPEN MEETING LAWS IN CALIFORNIA: THE BROWN ACT

A SERVICE OF:

**THE FIRST AMENDMENT PROJECT
SOCIETY OF PROFESSIONAL
JOURNALISTS (Nor. Cal.)**

HOW TO USE THIS GUIDE

This pocket guide is intended to be a quick reference and provide general information to journalists and citizens. It addresses some common public meetings problems, but does not substitute for research or consultation with a lawyer on detailed questions. This guide current as of December 3, 2003.

FOR MORE INFORMATION OR HELP:

FIRST AMENDMENT PROJECT.....510/208-7744
www.thefirstamendment.org

Society of Professional Journalists,
NORTHERN CALIFORNIA CHAPTER.....415/338-7434
www.spj.org/norcal

California First Amendment Coalition.....916/974-8888
www.cfac.org

*Funding provided by the Sigma Delta Chi Foundation
of the Society of Professional Journalists*

BEST PRACTICES Page 36

ROBERT'S RULES OF ORDER

Robert's Rules of Order, Newly Revised (RONR) describes one way to run effective meetings. No organization is required to use RONR, but every organization needs to define how the organization will run meetings.

WHAT HAPPENS AT THE MEETING?

The **chairperson** runs the meetings. The chair may be elected or appointed and has the responsibility to run the meeting.

The **secretary** is responsible for making a written record of what is done, usually called the **minutes**. The minutes must capture each action that a board takes but does not need to capture all the discussion of the meeting.

A **quorum**, or a minimum number of members who must be present, is required in order for a meeting to conduct business. Usually a quorum is more than half of the membership.

A meeting has a standard order of business or an **agenda**. The agenda will include a "call to order", reading and approval of minutes, reports, and other business.

A **motion** is a formal proposal from a member of the group to take action. There are many types of motions, but the most common is a motion to take a certain action. The motion is introduced by a member when s/he says "*I move that....*".

In order to take action on a motion, a member must **second** the motion. The motion is **debated** or discussed by the group prior to a vote.

When the group is ready to vote, the chair reads the motion on the floor, indicates that it has been seconded and discussed, and asks for the "yes" votes, the "no" votes and any abstentions. An **abstention** is a refusal to vote.

For further information consult Robert's Rules of Order New Revised, 11th revision:

<http://www.robertsrules.com>



A Tradition of Stewardship
A Commitment to Service

Mental Health Board Special Meeting Agenda August 8, 2016

Napa County Health & Human Services
2751 Napa Valley Corporate Drive
Building A, Room Oak
4:00 p.m. – 6:00 p.m.

Theresa Comstock Chair	Kristine Haataja Vice-Chair	Sup. Alfredo Pedroza Member & BOS Liaison	Rowena Korobkin Member	Dr. Robin Timm Member
Gabriel Hernandez Member	Linda Mallett Member	Beryl Nielsen Member	Minott Wessinger Member	Rocky Sheridan Member
Terri Restelli-Deits Member	Mayra Vega Member	Open Member	Open Member	Open Member

Bill Carter, Mental Health Director
Napa County Health & Human
Services Liaison

GENERAL INFORMATION

The Mental Health Board meets the second Monday of each month at 4:00 p.m. at 2261 Elm Street, Napa, California 94559 in Building F, Room 111/112. The meeting room is wheelchair accessible. Assistive listening devices and interpreters are available through the Mental Health Board Secretary. Requests for disability related modifications or accommodations, aids or services may be made to the Mental Health Board Secretary's office no less than 72 hours prior to the meeting date by phoning (707) 299-2101.

All materials relating to an agenda item for an open session of a regular meeting of the Mental Health Board which are provided to a majority or all of the members of the Board by Board members, staff or the public within 72 hours of but prior to the meeting will be available for public inspection, on and after at the time of such distribution, in the office of the Mental Health Board Secretary, 2261 Elm St., Bldg N, Napa, California 94559, Monday through Friday, between the hours of 8:00 a.m. and 5:00 p.m., except for County holidays. Materials distributed to a majority or all of the members of the Board at the meeting will be available for public inspection at the public meeting if prepared by the members of the Board or County staff and after the public meeting if prepared by some other person. Availability of materials related to agenda items for public inspection does not include materials which are exempt from public disclosure under Government Code sections 6253.5, 6254, 6254.3, 6254.7, 6254.15, 6254.16, or 6254.22..

ANY MEMBER OF THE AUDIENCE DESIRING TO ADDRESS THE BOARD ON A MATTER NOT ON THE AGENDA may do so under the Public Comment portion of this agenda. Give your name and your comments or questions. As required by the Government Code, no action or discussion will be undertaken on any item raised during the Public Comment period.

ANY MEMBER OF THE AUDIENCE DESIRING TO ADDRESS THE BOARD ON A MATTER ON THE AGENDA may do so before or during the agenda item, as facilitated by the Chair.

Time limitations shall be three minutes per speaker.

1. **CALL TO ORDER** (4:00)
2. **ROLL CALL/INTRODUCTIONS** (4:00-4:05)
3. **PUBLIC COMMENT** (4:05-4:15)

In this time period, anyone may address the Mental Health Board of Napa County regarding any subject over which the Board has jurisdiction but which is not on today's posted agenda. In order to provide all interested parties an opportunity to speak, time limitations shall be at the discretion of the Chair.

No action or discussion will be undertaken on any item raised during this Public Comment period except that Mental Health Board members or its staff may briefly respond to statements made or questions posed. In addition, in response to questions posed, the Mental Health Board may ask a question for clarification, request staff to report back at a subsequent meeting concerning the question posed, or direct staff to place the matter on a future agenda.

4. **APPROVAL OF CONSENT ITEMS (Action required)** (4:15-4:20)
 - A. Approval of Minutes from the July 18, 2016 meeting
5. **OLD BUSINESS** - None
6. **NEW BUSINESS (discussion / action)** (4:20-5:55)
 - A. Presentation: Increasing the Effectiveness of Homes & Housing Services System - *Strategic Planning with a Goal of Increasing the Number of Chronically Homeless that are Housed.*
 - ❖ Mitch Wippen, Napa County HHS Deputy Director – Operations & CoChair of the Homeless Services Planning Council (HUD - Continuum of Care,(CoC))
 - ❖ Lark Ferrell, Housing Manager, City of Napa Housing Division & Housing Authority
 - B. Mental Health Director Bill Carter - Review "Mental Health Division Housing Assessment, May 2016-*Informal Report*"
 - C. Election of 3 Executive Committee Members-At Large
 - D. Board Member Recommendation(s) for appointment by Board of Supervisors (Action Item)
 - E. Board Member Recommendation for dismissal by Board of Supervisors
(*MH Board By-Laws: Article XI: Section 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."*)
 - F. 2015-2016 Annual Report – Vote to approve for submission to Board of Supervisors (Action Item)
 - G. Goals for 2016-2017 (Action Item)
 - H. Committee/Workgroup Updates (SAC, QIC, Employment, Innovations Advisory, School MH Services/Stigma)
7. **ANNOUNCEMENTS** (5:55-6:00)
 - A. 22nd Music Festival For Brain Health - Scientific Symposium, Sept. 17, 12:00pm. Tickets at www.music-festival.org or 707-963-4038 (free, but must register in advance.)
 - B. "No Letting Go" – New film regarding a teenager's struggle with mental illness (based on a true story), www.nolettinggomovie.com .
8. **ADJOURNMENT** (6:00)

Next Meeting: Monday, September 12, 4-6pm.

SITE VISITS

- I. PURPOSE** *With a goal of providing high quality, accessible mental/behavioral health services and programs, delivered efficiently and effectively, with client-centered outcomes, the purpose of MHB Site Visits is to fulfill CA WIC 5604.2 duties of the board:*

1. Review and evaluate the community's mental health needs, services, facilities and special problems.
2. Review any County agreements entered into pursuant to Section 5650.
3. Advise the governing body (Board of Supervisors) and the local Mental/Behavioral Health Director as to any aspect of the local mental health program.

II. ROLE OF MENTAL HEALTH BOARD (MHB)

1. Learn about provider program, practice or facility;
2. Educate the MHB member(s) about the program/facility;
3. Educate the program and clients/consumers about the MHB;
4. Solicit information on consumer satisfaction and concerns;
5. Make recommendations to the MH/BH Director and/or public officials based on site visit findings.

III. ROLE OF COUNTY MENTAL HEALTH/BEHAVIORAL HEALTH SERVICES (MH/BH) STAFF

It is important to understand the MH/BH services staff's role overseeing contractors. Program monitoring is measured by various means and processes:

1. Quantity: number of clients served, number of referrals, admissions, discharges, reduction of waiting lists, etc.
2. Quality: improve an illness, restore or improve social and vocational functioning, maximize client and family members sense of well-being and personal fulfillment, prevent injury to others and to the client, specific percentage improvement upon completion of specific task, upgrading efficiency, stimulating morale, utilization of staff, appropriate supervision, training, evidence based programs utilized, etc.
3. Time: timeliness of service, deadlines met, frequency, number of days to complete, etc.
4. Cost: use of budgetary resources, percent variance from allocation, cost per client, cost per service unit, etc.
5. Consumer/Client satisfaction written surveys examine the adequacy and appropriateness of the services being provided and the extent of the desired outcomes from the client's perspective. It is important to note that very few governmental Contract Monitors interview clients—this is the major difference in the MHB review process.

IV. MHB SITE VISIT PROCEDURES (example from San Francisco)

- A. MHB staff (or board member) makes a call to set up appointment, describes purpose of the program review, and follows up with a letter to the Director describing the process. Letter will request clients/consumers be informed of the date and time of visit (Notice for posting attached to letter), request a private room for conducting interviews, and request solicitation of individuals to participate in process.
- B. MHB Staff (or board member) will obtain for visiting MHB members, prior to the site visit, the following: program brochure and current County contract (including budget).
- C. Tour Facility (if appropriate)
 - 1. Observe interaction between staff and clients/consumers. (Is it respectful? Are clients/consumers comfortable interacting with staff?)
 - 2. Take note of condition of facility, including:
 - 1. Common Areas
 - 2. Dining Area
 - 3. Program Areas
 - 4. Client/Consumer Bedrooms (if invited/appropriate)
 - 5. Outdoor Areas
 - 3. Check to see if there are Posted Grievance Procedures and/or Access to Patients Right's Advocate Contact Information
- D. Meeting with site/facility staff (before or after tour): Discussion with program/facility director/staff:
 - 1. Purpose of visit
 - 2. Description of MHB
 - 3. Description of MHB program review process (may give person copy of form at this point)
 - 4. Program strengths and weaknesses (e.g., use of evidence-based practices)
 - 5. Program capacity, type of service(s)
 - 6. Problems encountered
 - 7. "Wish List"
 - 8. Distribution of MHB Resource Materials (e.g., information on WRAP, Psychiatric Advanced Directives, Peer programs, etc.)
 - 9. Respond to questions/concerns
 - 10. Thank them for meeting

Site Visit Procedures and Forms at:

www.calbhbc.org/templategsample-docs.html

or

www.calbhbc.org

"Resources" Menu

"Templates/Sample Docs"

Welfare & Institution Code (WIC) Legislation for Mental Health Boards

<https://www.calbhbc.org/legislation-mhb-wic.html>

I.	WIC 5604.5	Bylaw Requirements
II.	WIC 5604.2 and 5848	Duties
III.	WIC 5604.3	Expenses
IV.	WIC 5604.	Membership

I. WIC 5604.5 BYLAW REQUIREMENTS

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

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.

(Amended by Stats. 1992, Ch. 1374, Sec. 24. Effective October 28, 1992.)

Samples of Bylaws: <https://www.calbhbc.org/templatessample-docs.html>

IIA. WIC 5604.2 DUTIES

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

The local mental health board shall do all of the following:

1. Review and evaluate the community's **public** mental health needs, services, facilities, and special problems **in any facility within the county or jurisdiction where mental health evaluations or services are being provided, including, but not limited to, schools, emergency departments, and psychiatric facilities.**
2. Review any county agreements entered into pursuant to [Section 5650](#). **The local mental health board may make recommendations to the governing body regarding concerns identified within these agreements.**
3. Advise the governing body and the local mental health director as to any aspect of the local mental health program. **Local mental health boards may request assistance from the local patients' rights advocates when reviewing and advising on mental health evaluations or services provided in public facilities with limited access.**
4. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process. **Involvement shall include individuals with lived experience of mental illness and their families, community members, advocacy organizations, and mental health professionals. It shall also include other professionals that interact with individuals living with mental illnesses on a daily basis, such as education, emergency services, employment, health care, housing, law enforcement, local business owners, social services, seniors, transportation, and veterans.**
5. Submit an annual report to the governing body on the needs and performance of the county's mental health system.
6. Review and make recommendations on applicants for the appointment of a local director of mental health services. The board shall be included in the selection process prior to the vote of the governing body.
7. Review and comment on the county's performance outcome data and communicate its findings to the California Behavioral Health Planning Council.
8. **This part does not** limit the ability of the governing body to transfer additional duties or authority to a mental health board.

(b) It is the intent of the Legislature that, as part of its duties pursuant to subdivision (a), the board shall assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community.

IIB. WIC 5848.(b) (f) DUTIES - MHSA

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 below] recommendations made by the local mental health board that are not included in the final plan or update.**

“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)

III. WIC 5604.3 EXPENSES

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

(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) *[Mental Health Services Fund]* 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 and for the planning and implementation required for private provider contracts to be significantly expanded to provide additional services pursuant to Part 3 (commencing with Section 5800) and Part 4 (commencing with Section 5850).

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.