

Table of Contents

Bylaws	
Meeting Calendar	12
Acronyms-Abbreviations	13
Conduct	16
Person First Language	16
Meeting Etiquette (Proposed Meeting Ground Rules)	17
The Brown Act (on-line)	
Members	18
Policies & Procedures	19
Recruitment of Members	19
<i>Resignation Form</i>	21
Recruitment of Mental Health Director	22
Reimbursement of Expenses Policy	24
<i>Travel Request Form 2015.pdf</i>	25
<i>Expense Report</i>	26
Roles and Duties of NCMHB and NCHHS staff	27
Standing Committee [Subcommittee] Policy	37
<i>Meeting Cancellation Notice</i>	40
<i>Special Meeting Notice</i>	40
Site Visit Protocol	30
<i>Site Visit Form (for Board Members)</i>	31
<i>Site Visit Report Questionnaire (Contractor)</i>	34
Workgroup Procedure	41
Organizational Charts	43
Mental Health Division Org Chart	43
Health & Human Services Org Chart	44
2015-16 MHB Annual Goals	45
Annual Report (on-line): www.calbhbc.org/reports.html	
Legislation	
wic:5600-5623 (on-line) www.calbhbc.org/legislation-ca-wic.html	
wic:5650-5667 (on-line)	
wic:5848 (on-line)	

CA Association of Local Behavioral Health Boards & Commissions: www.calbhbc.org

Established: July 20, 1993; Resolution No. 93-82
Amended: July 5, 1994; Resolution No. 94-69
Amended: January 10, 1995; Resolution No. 95-6
Amended: August 23, 2005; Resolution No. 05-145
Amended: January 29, 2008; Resolution No. 05-145
Amended: June 16, 2009; Resolution 09-71 December
7, 2010; Resolution No. 2010-150 Amended:
September 25, 2012; Resolution No. 2012-13
Amended: January 21, 2020, Resolution 2020-19

**BYLAWS OF THE
[NAME] COUNTY MENTAL HEALTH BOARD**

ARTICLE I - NAME

The name of this Board shall be the [Name] County Mental Health Board (“Mental Health Board”).

ARTICLE II - AUTHORITY

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

ARTICLE III - PURPOSE

The purposes of the Mental Health Board are as follows:

1. Review and evaluate the 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 [Name] County Board of Supervisors and the [Name] County 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 mental health system of the County of [Name].

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 of [Name]'s performance outcome data and communicate its findings to the California Behavioral Health Planning Council.
8. Assess the impact of the realignment of services from the state to [Name] County on services delivered to clients and on the local community.
9. Perform such additional duties as may be assigned to the Mental Health Board by the [Name] County Board of Supervisors.

ARTICLE IV - MEMBERS OF MENTAL HEALTH BOARD

1. Number of Members of the Board. Membership is defined in accordance with California Welfare & Institutions Code (WIC) Section 5604.(a) (1): Each community mental health service shall have a mental health board consisting of 10 to 15 members, depending on the preference of the county, appointed by the governing body, except that boards in counties with a population of less than 80,000 may have a minimum of five members. A county with more than five supervisors shall have at least the same number of members as the size of its board of supervisors. This section does not limit the ability of the governing body to increase the number of members above 15.
2. Direction of the Mental Health Board Required. The activities and affairs of individual members of the Mental Health Board, acting as Board members, shall be conducted, and powers exercised, by and under the direction of the Mental Health Board and these Bylaws.
3. Terms of Office. Terms for each member of the Mental Health Board shall be three years. Members shall be limited to two consecutive three year terms unless waived by a majority vote of the [Name] County Board of Supervisors.
4. Compensation. No member shall be compensated for duties performed as a member of the Mental Health Board. Notwithstanding the previous sentence, a member may be reimbursed for the actual costs of attending meetings, conferences or similar gatherings if attendance at the meeting, conference or similar gathering is approved in advance in writing by the Mental Health Board Chair and the [Name] County Mental Health Director.
5. Requirements Applicable to all Members. A member of the Mental Health Board must:
 - a. Be appointed by the [Name] County Board of Supervisors.
 - b. Take the Oath of Office administered by the Clerk of the [Name] County Board of Supervisors.
 - c. Serve on at least one Committee or Work Group of the Mental Health Board or serve as a Mental Health Board representative on a designated local, regional or state committee/commission or professional/service organization as approved or excused by the Executive Committee for good cause shown.

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

ARTICLE V - QUALIFICATIONS OF MEMBERS

1. Qualification of Members. In accordance with WIC 5604.5, the composition of the Mental Health Board should represent and reflect the diversity of the demographics of the county as a whole to the extent feasible. The members of the Mental Health Board shall be composed of the following:
 - a. One member of the [Name] County Board of Supervisors.
 - b. At least fifty percent of the Board membership shall be consumers, who are receiving or have received mental health services, or their family members as defined in exhibit A.
 - c. At least twenty percent of the Board membership shall be consumers.
 - d. At least twenty percent of the Board shall be family members of consumers.
 - e. Any members who are not consumers or family members of consumers shall be individuals who are interested and concerned citizens from the general public.

[NOTE WIC 5604. For **very small counties**: (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).]
2. Residents of the County Required; Exceptions. Members appointed should be residents of [Name] County if possible. If it is not possible to secure membership as specified from among persons who reside in the county, the [Name] County Board of Supervisors may substitute representatives of the public interest in mental health who are not full-time or part-time employees (except as noted below*) of the county mental health service, the State Department of Mental Health, or on the staff of, or a paid member of the governing body of, a mental health contract agency. *Section 5604 of the California Welfare and Institutions Code (3) (d) (1) and (2) states that Consumers may be employed by county mental health services or mental health contract agency as long as they don't have any financial or contractual interest, and are not allowed to vote on any financial or contractual issues concerning their employer that may come before the Board.

3. Individuals Disqualified From Serving. The following individuals are disqualified from serving on the [Name] County Mental Health Board: Except as noted below*, no member of the Mental Health Board or his or her spouse shall be a full-time or part-time county employee of a county mental health service, an employee of the State Department of Mental Health, or an employee of, or a paid member of the governing body of, a mental health contract agency. *Section 5604 of the California Welfare and Institutions Code (3) (d) (1) and (2) states that Consumers may be employed by county mental health services or mental health contract agency as long as they don't have any financial or contractual interest, and are not allowed to vote on any financial or contractual issues concerning their employer that may come before the Board.

ARTICLE VI - RECRUITMENT OF MEMBERS

1. Responsibility for Recruitment. Recruitment of prospective members of the [Name] County Mental Health Board shall be the responsibility of individual members of the [Name] County Board of Supervisors and members of the Mental Health Board who may recommend appointees to the Board of Supervisors. An effort will be made to recruit 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..

2. Board of Supervisors Recruitment. Board Supervisors are encouraged to nominate individuals from their respective district to facilitate wider representation across [Name] County, for a total of five Mental Health Board members to be nominated and appointed by the Board of Supervisors. The Board of Supervisors may accept more than one nomination from each district based on interest and willingness of community members to serve.

3. Recruitment by the Mental Health Board. Interview and Recommendation. All applicants, except those nominated directly by the Board of Supervisors, shall initially be interviewed by at least two members of the Mental Health Board. Names of the applicants recommended shall be presented to the full Mental Health Board for its consideration. Those applicants recommended by the Mental Health Board shall then be referred to the Board of Supervisors with a recommendation they be appointed to the [Name] County Mental Health Board.

ARTICLE VII - MEETINGS

1. Annual Meetings. There shall be a regular meeting, which shall constitute the annual meeting of the Mental Health Board, to be held on the second Monday of July of each year at which time the officers will present their reports, a meeting schedule will be adopted for the next twelve months, and elections held. If the second Monday of July falls on a Holiday, the meeting shall be held on the third Monday of July.

2. Regular Meetings. Other regular meetings of the Mental Health Board may be held at such time and place as is established by the annual meeting schedule.

3. Special Meetings. Special meetings, for any purpose or purposes related to the business of the Mental Health Board, may be called at any time by the Chair of the Board or by a majority of the Board members.

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

meeting. All such notices shall be given or sent to the members address or telephone number as shown on the records of the Board.

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

ARTICLE VIII - OFFICERS

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

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

ARTICLE IX - DUTIES OF OFFICERS AND OTHER BOARD POSITIONS

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

1. Chair. It shall be the duty of the Chair to prepare the agenda for and preside over all regular and special meetings of the Board; to appoint Committee and Work Group chairs; coordinate existing Committees and Work Groups; serve as an ex-officio member of all Committees and Work Groups; call special meetings of the Board when necessary; and be in regular consultation with the [Name] County Director of Mental Health.
2. Vice-Chair. It shall be the duty of the Vice-Chair to assist the Chair in the execution of his or her office and to act in his or her stead during an absence. In case of resignation or death

of the Chair, the Vice-Chair shall perform such duties as are imposed on the Chair until such time as the Mental Health Board elects a new Chair.

3. Upon the expiration of his or her term of office, or in the case of resignation, each Officer shall turn over to his or her successor, without delay, all records books and other materials pertaining to the office.

ARTICLE X - COMMITTEES

1. The following Standing Committee is created:

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

- a. Establishing and overseeing of Ad Hoc Committees and Work Groups; coordinating selection and implementation of site visits; approving Mental Health Board agendas; drafting policies and procedures for Mental Health Board approval; and selecting Work Group and Committee chairs on the recommendation of the Mental Health Board Chair.
 - b. Selection of Members-at-Large. Any member of the Mental Health Board, other than the Chair, Vice-Chair and past Chair, can potentially be a Member-at-Large. In July of each year, the Chair, Vice-Chair and past Chair, will make recommendations for three Members-at-Large to be approved by vote of the Mental Health Board each August. Prior to the vote on these recommendations, the floor will be open to Board members for additional nominations. Members-at-Large will attend and participate in Executive Committee meetings. Members-at-Large will have voting rights during Executive Committee meetings.
2. Standing Committees may be established or eliminated by the Mental Health Board. Standing Committees have ongoing responsibilities concerning a particular subject matter that is not time limited. Committees and Work Groups will conduct meetings in accordance with the Brown Act (Government Code Section 54950 et seq.) to the extent applicable.

ARTICLE XI – ATTENDANCE & VACANCIES ON THE BOARD

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

ARTICLE XII - RESIGNATIONS AND LEAVES OF ABSENCE

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

ARTICLE XIII - MEETINGS, QUORUMS, AND RULES OF ORDER

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

ARTICLE XIV - AMENDMENTS TO BYLAWS

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

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

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

ARTICLE XV - POLICIES AND PROCEDURES

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

[Name] County Mental Health Board:

By: _____
[Insert First and Last Name], Chair

Date of Mental Health Board Approval:

EXHIBIT “A”

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

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

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

PERCENTAGE TABLES

	11 Members:		12 Members:		13 Members:	
CONSUMER	20%	=3	20%	=3	20%	=3
FAMILY MEMBER OF CONSUMER	20%	=3	20%	=3	20%	=3
COMBINED NUMBER OF FAMILY MEMBERS OF CONSUMER AND CONSUMERS	50%	=6	50%	=6	50%	=7
BOARD OF SUPERVISORS	1	=1	1	=1		= 1
	14 Members:		15 Members:			
CONSUMER	20%	=3	20%	=3		
FAMILY MEMBER OF CONSUMER	20%	=3	20%	=3		
COMBINED NUMBER OF FAMILY MEMBERS OF CONSUMER AND CONSUMERS	50%	=7	50%	=8		
BOARD OF SUPERVISORS	1	=1	1	=1		

Mental Health Board FY 2015-2016 Meeting Schedule

**The Napa County Mental Health Board meets the second Monday of each month
from 4:00 to 6:00 PM at 2261 Elm Street, HHSA Building F Conference Room,
Napa, CA 94559**

July 13, 2015

August 10, 2015

September 14, 2015

October 12, 2015

November 9, 2015

December 14, 2015

January 11, 2016

February 8, 2016

March 7, 2016

April 11, 2016

May 9, 2016

June 13, 2016

Napa County Mental Health Board: Acronyms & Abbreviations January 2012

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

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

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

Person-first Language

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

Generic phrases such as "the mentally ill" or "psychological disturbed" are not appropriate since they convey a lack of appreciation for and depersonalize the individual. These terms communicate and reinforce the discriminatory notion that "the mentally ill" are a special and separate group that is fundamentally unlike the rest of "us."

The use of person-first language such as "a person with schizophrenia," "an individual with bipolar disorder," or "people with mental illnesses," refers first that they are people and secondarily that they have a disability. Use of person-first language, although sometimes awkward, is important and requires that we be mindful of what we present to the public.

Examples of language to avoid

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

Examples of Person-First Language:

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

PROPOSED MEETING GROUND RULES

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

NAPA COUNTY MENTAL HEALTH BOARD

3 year term

<u>Name</u>	<u>Representing</u>	<u>Date of Appointment</u>	<u>Term Expires</u>
Gabriel Hernandez (1)	Consumer	5-6-14	01-01-17
Linda Mallett (4)	Family Member of Consumer	1-15-08; 04-05-11; 2-11-14	01-01-17
Darlene Olejniczak (1)	Family Member of Consumer	9-9-14	01-01-17
John Pearson (4)	Interested and Concerned Citizen	04-05-11; 2-11-14	01-01-17
William Grandrath (1)	Family Member of Consumer	3-27-07; 02-02-10 12-3-13	01-01-16
Kristine M. Haataja (4)	Family Member of Consumer	11-3-15	01-01-19
Terri Restelli-Deits (4)	Interested and Concerned Citizen	11-3-15	01-01-19
Tracey Stuart (1)	Interested and Concerned Citizen	06-26-12; 10-1-13	01-01-16
Keith Caldwell (5)	BOS Chairman or Designee	01-6-15	01-01-16
Joseph Wessinger (3)	Family Member of Consumer	11-3-15	01-01-18
Rocky Sheridan (4)	*BOS APPOINTEE Family Member of Consumer -or- Consumer	5-6-14; 1-6-15	01-01-18
Rowena Korobkin (1)	*BOS APPOINTEE Family Member of Consumer-or-Consumer	2-28-12; 1-6-15	01-01-18
Beryl Nielsen (4)	*BOS APPOINTEE Interested and Concerned Citizen	3-14-06; 01-13-09; 2-28-12; 1-6-15	01-01-18
Robin Timm (4)	*BOS APPOINTEE Interested and Concerned Citizen	07-13-10; 2-28-12; 1-6-15	01-01-18
Theresa Comstock (2)	*BOS APPOINTEE Interested and Concerned Citizen	5-6-14; 1-6-15	01-01-18

Qualifications

Sections 5604 et. seq. of the Welfare and Institutions Code, abolished the Mental Health Advisory Board and established a new Mental Health Board for counties to consist of 10 to 15 members. At the discretion of the Board of Supervisors the number of members can exceed 15. On January 10, 1995, the Board of Supervisors adopted a resolution to have the Mental Health Board for Napa County consist of 16 members. This was amended to 15 members on January 29, 2008, per Resolution No. 08-13. *On December 7, 2010, Resolution No. 2010-150 amended the bylaws for the Board of Supervisors to appoint five (5) board members.

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

**Meets 2nd Monday of the month, 4:00 to 6:00 pm in building K at Health & Human Services,
2261 Elm Street, Napa, CA 94559.**



COUNTYof NAPA

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

RUSS BURR, Board Chair
LINDA MALLET, Board Vice Chair

Mental Health Board Recruitment

Policy #06-02

PURPOSE

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

POLICY

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

PROCEDURES

Existing MHB members

Application for Reappointment and Discontinuation of Membership:

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

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

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 Napa County Board of Supervisors.

Recruitment of New MHB members

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

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

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

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

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



A Tradition of Stewardship
A Commitment to Service

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

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

Date: _____

To: Napa County Mental Health Board Chair and members

Subject: Resignation

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

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

Sincerely,



COUNTYof NAPA

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

RUSS BURR, Board Chair
LINDA MALLET, Board Vice Chair

Mental Health Board Participation in Recruitment Process of Mental Health Director

Policy #06-01

PURPOSE

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

POLICY

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

PROCEDURES

1. Selection of Mental Health Board Delegates

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

2. Resume Review

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

3. Main Interviews and Selection of Finalists

MHB Policy and Procedure

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

Approved by Mental Health Board 10-09-06

Reviewed by County Council 11-28-06

Page 1

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

4. "Reality Check Interviewing"

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

5. Agency Selection of Finalist

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

6. CEO Approval

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

7. Appointment by Board of Supervisors

The Board of Supervisors appoints the final candidate.



COUNTY of NAPA

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

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

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

POLICY

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

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

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

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

PROCEDURES:

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

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

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

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

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

Napa County Health & Human Services Agency TRAVEL REQUEST

Employee Name: _____ **Job Title:** _____

Title (Name of training, conference etc.): _____

Date(s) (include travel days): _____

Location city: _____

Justification: _____

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

COST CATEGORIES

ANTICIPATED AMOUNTS

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

TOTAL ANTICIPATED AMOUNT CHARGED TO COUNTY: _____

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

Employee signature: _____ **Date:** _____

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

COSTS FOR THIS TRAVEL TO BE CHARGED TO:

BUDGET UNIT _____

Revised 1/13/15

PROGRAM _____

MENTAL HEALTH BOARD MEMBER TRAVEL EXPENSE CLAIM REPORT							
MH Board Member Name:							
<i>Print Name</i>							
Event / Location:							
Date(s):							
Expenses	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Registration							
Airfare							
Lodging							
Breakfast							
Lunch							
Dinner							
Bridge Tolls							
Parking							
Mileage							
Daily Totals	0	0	0	0	0	0	0
Grand total	0						
Signature:				Date:			
<i>Note : Receipts must be submitted for all expenses listed.</i>							
I hereby certify that the above is a true statement of the travel expenses incurred by me in accordance with the Board of Supervisor's policy in the service of the County of Napa during the month(s) of _____, 20____; that all items shown were for the official business of County; that no meals claimed on this voucher were eaten at my headquarters or residence; that no part thereof has been heretofore paid by the County or by any other entity; that the amount therein is just due, and that the same is presented within six months after the last item thereof has occurred.							

COUNTY of NAME

NAME Mental Health Board
Address

INSERT NAME, Board Chair
INSERT NAME, Board Vice Chair

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

Policy (#)

PURPOSE

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

POLICY

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

REFERENCES

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

PROCEDURES

Roles and Duties of the Officers of the MHB

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

The Chair of the MHB shall:

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

MHB Policy and Procedure

Roles and Duties of the MHB and Staff SAMPLE

Approved Date

Page 1

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

The Vice-Chair of the MHB shall:

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

Roles and Duties of the MHB Members

In general, all MHB Members must:

1. Serve on at least one committee of the MHB unless excused by the MHB for good cause shown;
2. Maintain a satisfactory meeting attendance record. MHB members are required to contact the MHB Secretary prior to a meeting if they are unable to attend;
3. Comply with all applicable regulations of the Fair Political Practices Commission including but not limited to preparing and filing FPPC Form 700, if required, within 30 days of appointment and annually prior to April 1st if each year; and,
4. Recruit for prospective members of the MHB.
5. Review and evaluate the county's mental health needs, services, facilities, and special problems, including becoming more knowledgeable and staying informed on information relating to the above.
6. Review any county agreements entered into pursuant to W&I Code Section 5650. Section 5650 specifically refers to the MHB's review of the "annual county mental health services performance contract for mental health services in the county."
7. Through the MHB, advise the Napa County Board of Supervisors (BOS) and the local mental health director as to any aspect of the county's mental health program.
8. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
9. Through the MHB, participate in public hearings as required by the Mental Health Services Act (MHSA) and make required recommendations.
10. Through the MHB, submit an annual report to the BOS on the needs and performance of the county's mental health system.
11. Review and make recommendations on the applicants for the appointment of a local director of mental health services. The MHB Members shall be included in the selection process prior to the final vote of the BOS.
12. Review and comment on the county's performance outcome data and communicate its findings through the MHB to the California Mental Health Planning Council.
13. Perform such additional duties as assigned by the BOS through the MHB.

Roles and Duties of HHS

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

- 1. Submit the procedures used to ensure citizen and professional involvement in all stages of the planning process to the board for review and approval whenever they are reviewed or revised by HHS;**
- 2. Track the MHB's Annual Report and advise the board when a report is coming due;**
- 3. Provide the Board with performance outcome data and facilitate the communication of the Board's comments to the state planning body;**
- 4. Periodically provide the Board with information relating to the history of realignment and its local impact;**
- 5. Routinely provide the Board with budget information, contracts, and relevant state information notices and letters.**

Board Admin Liaison Duties:

1. Keep a record of all regular and special meeting minutes of the MHB;
2. Send each member a copy of the meeting agenda with supportive materials five days before the regularly scheduled meetings;
3. Post the agenda 72 hours before each meeting; Post special meeting agendas 24 hours before meetings (and notify local media)
4. Provide copies of meeting materials to the public. (Any materials shared with a majority of the MHB must be shared with the public.)
5. Schedule meeting space for Board and Standing Committee meetings.
Keep or cause to be kept, at all times, at the principle office, an up-to-date roster showing the officers and members of the MHB.
6. Provide each new member of the MHB with a Member Guide (bylaws, duties, policies & procedures, etc.)
7. Perform other administrative duties as prescribed by the Chair, Bylaws or Policies & Procedures



A Tradition of Stewardship
A Commitment to Service

COUNTY *of* NAPA

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

Theresa Comstock, Chair
Dr. Rowena Korobkin, Vice Chair

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

PURPOSE

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

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

POLICY & PROCEDURE

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

Form Approved by MHB 2-08-2016

NAPA COUNTY MENTAL HEALTH BOARD FACILITY/PROGRAM OBSERVATION REPORT

BY: _____
Board Member Names

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

DATE OF SITE VISIT:

PROGRAM/FACILITY NAME:

LOCATION:
STREET ADDRESS:

PROGRAM SUPERVISOR/CONTACT
(NAME & PHONE #):

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

1. * HOW DOES THE STAFF INTERACT WITH INDIVIDUALS? FOR EXAMPLE, DOES THE STAFF APPEAR COMPASSIONATE, PATIENT, CARING, RUSHED, INDIFFERENT OR PERFUNCTORY?
2. ARE INDIVIDUAL GRIEVANCE PROCEDURES PROMINENTLY POSTED? ARE GRIEVANCE FORMS READILY AVAILABLE TO THE INDIVIDUAL? **Y/N** IS THE CURRENT PATIENTS' RIGHTS ADVOCATE'S CONTACT INFORMATION POSTED? **Y/N**
3. WHAT ARE THE TYPICAL TREATMENT GOALS FOR INDIVIDUALS IN THIS PROGRAM? HOW OFTEN ARE THESE ACHIEVED?
4. WHAT ARE TWO OR THREE OBSTACLES YOUR PROGRAM, STAFF, AND INDIVIDUALS FACE WHICH MAY MAKE IT DIFFICULT TO ACHIEVE THESE GOALS?

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

SITE VISIT SUMMARY

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

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

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

Form Approved by MHB 2-08-16

NAPA COUNTY MENTAL HEALTH BOARD FACILITY/PROGRAM SITE VISIT QUESTIONNAIRE

PURPOSE OF SITE VISIT:

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

REPORTS TO BE FORWARDED WITH THIS QUESTIONNAIRE:

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

DATE OF SCHEDULED SITE VISIT: _____

PROGRAM/FACILITY NAME: _____

PROGRAM SUPERVISOR/CONTACT: _____

HEAD OF SERVICE: _____

(NAME & PHONE #): _____

LOCATION: _____

STREET ADDRESS: _____

CROSS STREET: _____

PROGRAM AGE GROUP: (CHECK APPROPRIATE BOXES)

☐ OLDER ADULT ☐ ADULT ☐ YOUNG ADULT ☐ ADOLESCENT ☐ CHILD

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

☐ OUTPATIENT ☐ INPATIENT ☐ DAY TREATMENT ☐ RESIDENTIAL ☐ OTHER _____

PROGRAM/FACILITY CAPACITY: (NUMBER OF INDIVIDUALS) _____

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

CURRENT STATE LICENSE (Y OR N)

CURRENT CITY/COUNTY PERMIT (Y OR N)

QUESTIONS FOR FACILITY

1. WHAT IS YOUR ORGANIZATION'S MISSION?
2. WHAT TYPE OF INDIVIDUALS DO YOU SERVE?
3. WHAT KIND OF SPECIALTY MENTAL HEALTH SERVICES AND/OR SUPPORT SERVICES DO YOU PROVIDE, IF ANY?
4. WHAT IS THE COST OF SERVICES PROVIDED PER PERSON PER DAY? DEPENDS ON CENSUS (% OF TOTAL CAPACITY).
5. HOW DOES THE PROGRAM PROVIDE FOR INDIVIDUALS WHO ARE NOT PRIMARILY ENGLISH-SPEAKING?
6. WHAT KIND OF ONGOING TRAINING DO YOU PROVIDE FOR YOUR STAFF?
7. DESCRIBE THE DEVELOPMENT OF TREATMENT PLANS (IF ANY) AND HOW STAFF INCLUDES THE CLIENT IN THIS PROCESS?
8. WHAT ARE THE REASONS AN INDIVIDUAL MAY DISCHARGE FROM THE PROGRAM, OR CHOOSE TO LEAVE THE PROGRAM?
9. FOR INDIVIDUALS TO BE DISCHARGED, WHAT IS THE REFERRAL PROCESS?

IS THERE FOLLOW-UP ON REFERRALS? WHAT ARE YOUR FOLLOW-UP PROCEDURES ONCE AN INDIVIDUAL IS DISCHARGED FROM YOUR PROGRAM?
10. WHAT EFFORTS (IF ANY) DO YOU TAKE TO FOLLOW UP AND TRACK THE SUCCESS OF INDIVIDUALS? FOR WHAT PERIOD?

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

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

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

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

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

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

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



COUNTYof NAPA

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

RUSS BURR, Board Chair
LINDA MALLET, Board Vice Chair

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

Policy (#06-04)

PURPOSE

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

POLICY

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

ATTACHMENTS

Subcommittee Meeting Cancellation notice
Subcommittee Call of Special Meeting notice

PROCEDURES

Scheduling

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

Setting Subcommittee Meeting Agenda

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

MHB Policy and Procedure

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

Approved 10-09-06

Page 1

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

Canceling

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

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

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

Meeting Cancellation

July 28, 2010

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

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

Due to a lack of business.



A tradition of Stewardship
A Commitment to Service

COUNTY of NAPA

Mental Health Board

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

DATE

TO WHOM IT MAY CONCERN:

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

Sincerely,

Theresa Comstock, Chair
Napa County Mental Health Board

Attachments

NAPA COUNTY MENTAL HEALTH BOARD WORK GROUP POLICIES AND PROCEDURES

PURPOSE

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

POLICY

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

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

PROCEDURES

Establishing a Work Group

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

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

Review Process

The Executive Committee will:

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

Work Group Established

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

**NAPA COUNTY MENTAL HEALTH BOARD
WORKGROUP PROPOSAL**

SUBMITTED BY:

Date:

NAME OF WORKGROUP _____

ANNUAL GOAL/OBJECTIVE WORKGROUP WILL CONTRIBUTE TOWARDS

PURPOSE OF WORKGROUP

THE WAY THIS WORKGROUP WILL ACCOMPLISH ITS PURPOSE WILL BE:

NUMBER OF PEOPLE NEEDED FOR WORKGROUP

SCHEDULE OF TASKS AND TARGET DATE FOR COMPLETION:

RESOURCES NEEDED FOR WORKGROUP

APPROVED BY: _____

DATE: _____

COMMENTS: _____

PDF 44
Napa County Health and Human Services
Mental Health Division Organizational Chart

Bill Carter
Mental Health Director



Stephanie Hogan
Emergency Response
Coordination with Law
Enforcement

Jim Diel
Assistant Deputy Director

CHILDRENS SERVICES

David Fyfe
Childrens' Case Management
Childrens' Therapy

Barbara Reynolds
Childrens' Case Management
Childrens' Therapy
Juvenile Hall Mental Health
Services
Hospital Discharge Coordination

Adrianna Navarro
Intensive Case Management for
Children

Colleen Paul
Children's Wraparound Program
(Katie A)

ADULT SERVICES

Valerie Cahill
Adult Case Management
Hospital Discharge
Coordination
Conservatorships

Robin Merrill Payne
Forensic Mental Health
Programs:
Conditional Release
Homeless Outreach
Mental Health Court
Jail Mental Health Services

Michlene Wojcieszak
Jail Mental Health Services

Amanda Jones
Intensive Case Management
for Adults
Outreach and Engagement
Homeless Outreach
Housing Coordination

Vickie Huevo
Adult Outpatient Therapy

Doug Hawker
Mental Health Manager

Contracts
 Lynette Lawrence
Utilization Review
 Courtney Vallejo
Quality Improvement
 Harry Collamore
Electronic Medical Record
Technology

Sarah O'Malley
Adult and Child Central
Access and Authorization

Felix Bedolla
Project Management -
Mental Health Services Act
Programs
Ethnic Services Manager

OTHER FUNCTIONS - CONTRACTED SERVICES

Prevention and Early Intervention Services
Children's Therapy
Children's Mental Health Services in Residential Placements
Individual Provider Therapy Network
Intensive Case Management for Transitional Age Youth
Adult Residential Mental Health Services
Supportive Services for Adults Living in the Community
Acute Inpatient Hospitalization

COMPREHENSIVE SERVICES FOR OLDER ADULTS DIVISION

Older Adult Case Management
Intensive Case Management for Older Adults



A Tradition of Stewardship
A Commitment to Service

PDF 45
BOS/CEO

Howard Himes
Director

Alice Hughey
Assistant Director

Mitch Wipperf
Dep. Dir. of HHSA -
Operations

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

Rose Hardcastle
Dep. Dir. of HHSA -
Finance

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

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

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

Lynn Perez
Dep. Dir. of HHSA -
Self Sufficiency

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

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

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

- Quality Management
- Quality Assurance
- Compliance

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

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

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

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

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

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

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

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

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

Functional Organization Chart - 02/2015

Napa County Mental Health Board Goals for Fiscal Year 2015-2016

General Objectives

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

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

B. Maintain an active, involved Mental Health Board

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

Specific Goals and Implementation Plan

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

1. Review and evaluate *the communities mental health needs, services, facilities, and special problems (5604.2 (a)(1)] Welfare & Institutions Code (WIC)*
 - a. Hold community forums that include service providers and/or consumers
 - b. Review information provided in stakeholder meetings
 - c. Review available community data on County Mental Health Services

- d. Have presentations by various agencies, contractors, and community groups
- e. Review facilities and services through site visits

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

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

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

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

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

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

- a. Review Napa County's annual Performance Contract
- b. Monitor and review the budget process and allocation of funds to various programs

B. Maintain an active involved Mental Health Board.

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

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

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

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

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

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

4. Complete 100% of scheduled site visits.

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

5. Provide training opportunities to MHB members.