

Mental Health, Alcohol and Drug Advisory Board (MHADAB)

MHADAB Regular Meeting

Wednesday, January 4, 2023, 5:15 pm
Northern Valley Catholic Social Service
2400 Washington Ave, Redding, CA 96001

A virtual option is available via GoToMeeting.
<https://global.gotomeeting.com/join/529205213>
United States: +1 (312) 757-3121
Access Code: 529-205-213

Board Members

Chair

Ron Henninger

Vice-Chair

Kalyn Jones

Members

Cindy Greene

Heather Jones

David Kehoe

Samuel Major

Dale Marlar

Jo-Ann Medina

Charlie Menoher

Alan Mullikin

Anne Prielipp

Mary Rickert

Angel Rocke

Christine Stewart

Connie Webber

I. Call to Order & Welcome

II. Public Comment

Members of the public will have the opportunity to address the Board on any issue within the jurisdiction of the Board. *Speakers will be limited to three minutes.*

III. Board Member Reports

- A. Board member Christine Stewart will report on the recent ADP Provider Meeting.

IV. Consent Calendar

The following Consent Calendar items are expected to be routine and non-controversial. They may be acted upon by the Board at one time without discussion. Any Board member or staff member may request that an item be removed from the Consent Calendar for discussion and consideration. Members of the public may comment on any item on the Consent Calendar before the Board's consideration of the Consent Calendar. Each speaker is allocated three minutes to speak.

A. Approval of Meeting Minutes

Board members will review and approve minutes from the November 2, 2022 and November 22, 2022 meetings.

B. Teleconferencing Vote

Pursuant to Assembly Bill No. 361, Section 54953(e)(3), make the following findings by majority vote in order to facilitate continued Teleconferencing in the form of "hybrid" meetings: (A) The legislative body has reconsidered the circumstances of the state of emergency; and (B) Any of the following circumstances exist: (i) The state of emergency continues to directly impact the ability of the members to meet safely in person; or (ii) State or local officials continue to impose or recommend measures to promote social distancing.

V. Regular Calendar

VI. Presentations

- A. Deputy Director Laura Stapp will present program data on the STAR program listed in the Director’s Report.
- B. Clinical Program Supervisor Kim McKinney will present on the CORE program for dual-diagnosis clients.
- C. Rubin Cruse, Jr., County Counsel will present on MHADAB Powers & Duties

VII. Discussion Items

- A. An update on the CalAIM Transportation Benefit will be provided by Deputy Director Laura Stapp.
- B. Board members may make suggestions for future agenda item consideration.

VIII. Adjourn

| Regular MHADAB Meeting | Executive Committee Meeting | SUD Committee Meeting | Other Committees |
|---|--|---|--|
| Feb 1, 2023 5:15 pm Northern Valley Catholic Social Service 2400 Washington Ave, Redding, CA 96001 | Feb 6, 2023 11:00 am HHSA Adult Services Branch, Admin Conference Room 1 2640 Breslauer Way, Redding, CA 96001 | Jan 10, 4:00 pm HHSA Adult Services Branch, Admin Conference Room 1 2640 Breslauer Way, Redding, CA 96001 | SSPC: Jan 10, 2023 2:30 stinger@co.shasta.ca.us SASC: Feb 14, 2023 1:30 cdiamond@co.shasta.ca.us CoC: Jan 10, 2023 3:00 amiddleton@shastahealth.org |

The County of Shasta does not discriminate on the basis of disability in admission to, access to, or operation of its buildings, facilities, programs, services, or activities. The Shasta County Mental Health, Alcohol and Drug Advisory Board will make available to any member of the public who has a disability a needed modification or accommodation including an auxiliary aid or service, in order for that person to participate in the public meeting. A person needing assistance should contact Nicole Carroll by telephone at (530) 229-8062, or in person 2640 Breslauer Way, Redding, or by mail at P. O. Box 496048, Redding CA 96049-6048, or by e-mail at ncarroll@co.shasta.ca.us at least two (2) working days in advance. Accommodations may include, but are not limited to, interpreters, assistive listening devices, accessible seating, or documentation in an alternate format. If requested, this document and other agenda materials may be made available in an alternative format for persons with a disability who are covered by the Americans with Disabilities Act. Questions, complaints or requests for additional information regarding the Americans with Disabilities Act (ADA) may be forwarded to the County’s ADA Coordinator: Shelley Forbes, Director of Support Services, County of Shasta, 1450 Court Street, Room 348, Redding, CA 96001-2676 Phone: (530) 225-5515 Fax: (530) 225-5345 California Relay Service: 711 or 1-(800)-735-2922, E-mail: adacoordinator@co.shasta.ca.us.

Public records which relate to any of the matters on this agenda (except Closed Session items), and which have been distributed to the members of the Advisory Board, are available for public inspection at Shasta County Health and Human Services Agency, 2640 Breslauer Way, Redding, CA 96001. This meeting will be recorded. If there are any questions regarding this agenda, please contact Nicole Carroll at 229-8062, or via e-mail at ncarroll@co.shasta.ca.us.

SHASTA COUNTY MENTAL HEALTH, ALCOHOL AND DRUG ADVISORY BOARD (MHADAB)

REGULAR MEETING

Minutes

November 2, 2022

Members: Ron Henninger, Kalyn Jones, Sam Major, Charlie Menoher, Dale Marlar, David Kehoe, Heather Jones, Cindy Greene, Mary Rickert, Alan Mullikin, Jo-Ann Medina

Absent Members: Christine Stewart, Anne Prielipp, Connie Webber, Angel Rocke

Shasta County Staff: Miguel Rodriguez, Nicole Carroll, Shonda Cannelora, Christopher Diamond

| Agenda Item | Discussion | Action | Individual Responsible |
|--------------------------------|---|--|--|
| I. Call to Order & Welcome | ➤ The meeting was called to order and all present parties were welcomed. | | ➤ MHADAB Chair Ron Henninger |
| II. Open Public Comment Period | ➤ | | |
| III. Board Member Reports | ➤ Board members discussed HHSA Director and Acting Mental Health Director appointments of Laura Burch and Miguel Rodriguez. Acting Mental Health Director Rodriguez followed up on a public comment from the September 7, 2022 MHADAB meeting by providing information on federal and state programs that provide free phones, which may be useful for clients on probation. | | |
| IV. Consent Calendar | <p>A. <u>Approval of Meeting Minutes</u> Board members will review minutes from the September 7, 2022 and October 5, 2022 meetings.</p> <p>B. <u>Teleconferencing Vote</u> Pursuant to Assembly Bill No. 361, Section 54953(e)(3), consider voting to facilitate continued Teleconferencing in the form of “hybrid” meetings.</p> <p>C. <u>Board Member Reappointments</u> Consider approving recommendations for Mental health, Alcohol and Drug Advisory Board Reappointment for terms to expire December 31, 2025: Ron Henninger, Kalyn Jones, Dale Marlar, Jo-Ann Medina, and Connie Webber.</p> <p>D. <u>Substance Use Disorder (SUD) Committee</u> Consider voting to rescind the SUD Committee’s classification as a Standing Committee in favor of an Ad Hoc Committee as determined by Executive Committee discussion on October 17, 2022.</p> <p>E. <u>2022 Shasta County Data Notebook</u> Review the 2022 Shasta County Data Notebook as presented in written form and consider voting to approve for submission.</p> | ➤ The Consent Calendar was passed unanimously with eleven (11) Ayes and zero (0) Nays, | ➤ Motion: David Kehoe Second: Charlie Menoher |

| | | | |
|-----------------------|--|--|--|
| V. Regular Calendar | | ➤ No action was taken. | |
| VI. Presentations | <p>A. Adult and Children’s Services Branch Director Miguel Rodriguez presented program data listed in the Director’s Report.</p> <p>B. Supervising Deputy Public Guardian Shonda Cannelora delivered a presentation on Public Guardian Conservatee Data.</p> | | <p>➤ Adult and Children’s Services Branch Director Miguel Rodriguez</p> <p>➤ Supervising Deputy Public Guardian Shonda Cannelora</p> |
| VII. Discussion Items | <p>A. Board members were asked to volunteer for SUD Committee participation.</p> <p>B. Board members were invited to suggest future agenda topics for consideration.</p> | ➤ Board member David Kehoe suggested a review of board oversight responsibilities. | <p>➤ MHADAB Chair Ron Henninger</p> <p>➤ MHADAB Chair Ron Henninger</p> |
| XIII. Reminders | ➤ See Agenda. | | |
| XIV. Adjournment | | ➤ Adjournment (6:42 p.m.) | |

Ron Henninger, Chair


Nicole Carroll, Secretary

SHASTA COUNTY MENTAL HEALTH, ALCOHOL AND DRUG ADVISORY BOARD (MHADAB)
SPECIAL MEETING
Minutes
November 22, 2022

Members: Ron Henninger, Kalyn Jones, Samuel Major, Heather Jones, Dale Marlar, Jo-Ann Medina, Charlie Menoher, Alan Mullikin, Anne Prielipp, Mary Rickert, Angel Rocke, Christine Stewart

Absent Members: David Kehoe, Connie Webber

Shasta County Staff: Laura Burch, Miguel Rodriguez, Matthew McOmber, Shelley Forbes, Rachel Renier, Nicole Carroll

| Agenda Item | Discussion | Action | Individual Responsible |
|------------------------------|--|---|--|
| I. Introductions | ➤ Matthew McOmber was introduced and provided meeting instructions. | | ➤ Ron Henninger, MHADAB Chair ➤ Matthew McOmber, County Counsel |
| II. Public Comment Period | ➤ None. | | |
| III. Closed Session | ➤ Public Employee Appointment (Government Code Section 54957); Title: Director of Mental Health Services | | |
| IV. Report of Closed Session | | ➤ The Mental Health, Alcohol and Drug Advisory Board voted to recommend to the Shasta County Board of Supervisors the appointment of Miguel Rodriguez, LCSW as Director of Mental Health Services and authorize public disclosure of this recommendation. | ➤ Ron Henninger, MHADAB Chair |
| VII. Adjournment | | ➤ Adjournment (10:20 a.m.) | ➤ Motion: Samuel Major Second: Kalyn Jones |

Ron Henninger, Chair


Nicole Carroll, Secretary

Mental Health, Alcohol and Drug Advisory Board (MHADAB)

DIRECTOR'S REPORT

January 4, 2023



Shasta County
**Health & Human
Services Agency**

[Mental Health, Alcohol & Drug Advisory Board | Shasta County California](#)

Board of Supervisors Updates (Nov-Dec)

December 13, 2022, BOS Meeting Minutes

[Legal Minutes](#)

December 6, 2022, BOS Meeting Minutes

[Legal Minutes](#)

November 22, 2022, BOS Meeting Minutes

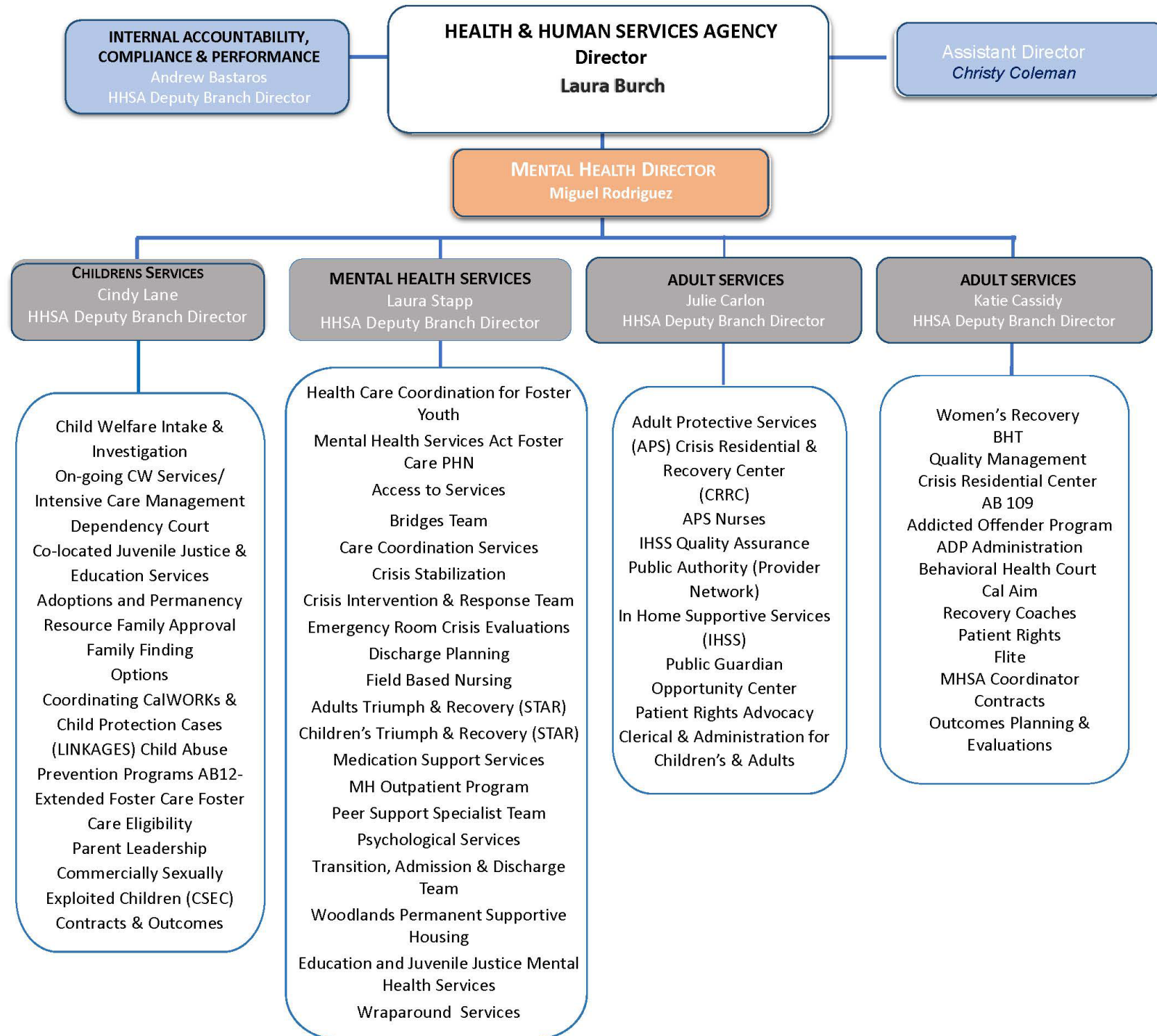
[Legal Minutes](#)

HHSA Director Update

- We welcomed new staff members to the leadership team: Assistant Director Christy Coleman, IACP Deputy Director Andrew Bastaros (Internal Accountability, Compliance & Performance Division), BHSS (Behavioral Health & Social Services) Deputy Director Julie Carlon and BHSS Deputy Director Katie Cassidy.
- Branches have been implementing wellness activities for staff by promoting healthy breaks, increasing staff appreciation and recognition, holding holiday celebrations, and more.
- We are finalizing our agreement with the City of Redding to provide \$300,000 in ARPA funding for services related their micro shelter projects.
- HHSA is partnering with City of Redding and Shasta Community Health Center by providing funding for housing infrastructure projects for individuals with mental illness ~ more to come.
- HHSA is working on a presentation for the Board that will highlight the value of Peer Support Specialists in both Children's and Adults MH services.

HHSA Branch Changes

- Business and Support Services is now the Administration Branch.
- Adult and Children's Services branches have merged into one branch, now called Behavioral Health and Social Services (BHSS).
- See our updated BHSS organizational chart (right).



MH & SUD Services Update

Women's Recovery & Resiliency (WR&R)

Women's Recovery & Resiliency (WR&R) is a Drug Medi-Cal certified program that provides the outpatient and intensive outpatient levels of care. We specialize in substance use disorder treatment for pregnant and parenting women. Participants of our program have access to evidence-based treatment modalities, Triple P, transportation, a childcare co-op and a trauma informed approach to treatment and recovery.

Please see the [linked brochure](#) for specifics about program activities and structure.

MH & SUD Services Update

Behavioral Health Team (BHT)

The Behavioral Health Team (BHT) provides screening, assessment, case management, counseling, education, advocacy and therapy to people currently on CalWORKS. These free and confidential services are designed for people dealing with alcohol and drug abuse, mental health and domestic violence related problems that are impacting their progress in the Welfare-to-Work program. The BHT is committed to helping reduce barriers to employment caused by stress, grief, depression, emotional problems, alcohol and/or drug use, domestic violence, mental health, relationship issues and other pressures of daily life.

Please see the [linked brochure](#) for more details about accessing these services.

MH & SUD Services Update

Transportation Benefits

Partnership HealthPlan of California now offers Transportation Benefits for Emergency Medical Services, Non-Emergency Medical Transportation, Non-Medical Transportation and Travel Expenses.

Please see the [linked presentation](#) or [DHCS webpage](#) for more details about these services.

MH & SUD Services Update

Beacon Screening and Transition Tool (STT) Implementation

Transition of Care Tool

This new form will be used for County step-downs and step-ups when existing services are being transitioned, or non-duplicative services are being added. Beacon has released the Transition of Care Tool draft and will provide additional training when the final tool is released.

Screening Tools

New Screening Tools, one for adults and one for youth, will replace the current procedure for screening members who are not currently receiving services.

For more information, please visit the [DHCS STT webpage](#).

MH & SUD Services Update

California Lifeline Phone Program

The Affordable Connectivity Program and Lifeline are FCC benefit programs that help low-income households afford internet and phone service.

[California Lifeline: Free Cell Phones with Unlimited Talk/Text \(freegovernmentcellphones.net\)](http://freegovernmentcellphones.net)

[Home Page - California LifeLine](#)

[Provider Search - California LifeLine](#)

See also: Entouch Wireless “The Free phone guys”
2690 Bechelli Lane Redding, CA | Mon-Sat 10:00-4:00
Good News Rescue Mission | Fri 10:00-4:00

MH & SUD Services Update

MHSA 3-Year Plan

A recent MHSA Stakeholder Workgroup meeting was held December 16, 2022. Discussion focused on current issues and ideas, including:

- Increased access and outreach for Latinx and Southeast Asian community members
- Mental illness and recidivism upon release from jail
- Attention to ACES scores for children with parents in recovery
- Interim prescription services for those not currently enrolled in benefits
- Provider education on affirming care for LGBTQIA+ clients
- Improved communication surrounding solutions implemented

The next MHSA Stakeholder Workgroup meeting will be held March 3rd at the [Boggs Building](#). [Reach out](#) to Interim MHSA Coordinator Nicole Carroll for more information.

MH & SUD Services Update

Crisis Stabilization Unit (CSU) Partnership

An amendment is needed to clarify contract language.

Laws requiring a hearing for clients who will be held past 72 hours now extend to include hospitals as well as PHF's.

We are hoping to bring a contract amendment to the BOS in March.

MH & SUD Services Update

Mental Health Outpatient Services

Quarterly reports detail Notice of Adverse Benefit Determinations (NOABDs) for both Adult and Children's Services Branches. NOABDs are issued when the plan decides to deny or terminate treatment. For the dates October 1, 2022, through December 30, 2022, **51 NOABDs were issued to Adult Services clients, and 11 NOABDs were issued to Children's Services clients.**

MH & SUD Services Update

| Most Common Reasons Cited for NOABDs Oct 1-Dec 30 | Adult (51) | Child (11) |
|--|-------------------|-------------------|
| <p>“MH condition does not cause problems for you in your daily life that are serious enough to make you eligible for Specialty Mental Health Services (SMHS) from the Mental Health Plan (MHP).”</p> | <p>65%</p> | <p>27%</p> |
| <p>“MH condition would be responsive to treatment by a physical health care provider.”</p> | <p>6%</p> | <p>9%</p> |
| <p>“No contact with client,” or “Non-participation in services.”</p> | <p>2%</p> | <p>24%</p> |

MH & SUD Services Update

Crisis Services (ER) Activity

ER/ED Activity: There were **132** crisis evaluations performed at the Emergency Departments.

| | | | |
|--------------------------------|------------|-------------------------------------|------------|
| Shasta Regional Medical Center | 55% | Toxicology: Positive Screens | 55% |
| Mercy Medical Center | 44% | THC | 60% |
| Mayers Memorial hospital | 1% | Amphetamines/Meth | 31% |

Diagnosis:

| | |
|---|------------|
| Adjustment Disorders | 26% |
| Psychotic Disorders (not Schizophrenia) | 22% |
| Bipolar Disorders | 17% |

5150s Upheld:

Of clients 5150'd, **38%** were ultimately upheld and hospitalized.

Of clients initially designated 1799.111 then 5150, **52%** were upheld and ultimately hospitalized.

Of 5150s to be released in August, **81%** were reported as "Does not Meet Criteria."

STAR

Shasta Triumph and Recovery

PROGRAM DESIGN

Target population for FSP programs such as STAR:

- High risk children and youth who would otherwise be placed in a group home
- Individuals with frequent emergency room visits, hospitalizations, and homelessness
- Persons placed in locked facilities who can succeed in the community with intensive supports
- Seriously mentally ill older adults at risk or currently institutionalized who could live in a community setting with intensive supports
- Seriously mentally ill and dual diagnosed adults, including those eligible for diversion from criminal justice incarceration
- Incarcerated individuals

Services are provided 24 hours a day, 7 days a week services

High staff to client ratios for intensive behavioral health treatment including medications; linkage to housing; supported education and employment; treatment for co-occurring disorders; skills-based interventions

Criteria for FSPs: [Welfare and Institutions Code \(W&I Code\) section 5600.3.](#)

STAR TEAM

**MENTAL HEALTH
CLINICIANS**

SOCIAL WORKERS

CASE MANAGERS

FIELD BASE NURSES

STAR works together to provide the various levels of service, including clinical support, to our intensive and acute population. STAR also works closely with Peer Support Specialists and various agency partners (IHSS, Veteran's Services, Hill Country, Kingsview AOT and more) to provide wrap around services.

STAR team's goal is to assist clients in maintaining their mental health, stability, and the lowest level of care through accessible medication services in nontraditional settings.

The motto on STAR Team is "Whatever it takes."

PROGRAM SERVICE DETAILS

How can graduates from STAR program regain access to STAR services if relapse occurs?

The next step-up from STAR is BRIDGES. STAR and bridges work together to ensure appropriate and smooth client transitions between programs.

What is the STAR team schedule and what criteria may change the frequency of service delivery?

STAR services are available 24/7. With situational changes such as crisis situations and medication changes, STAR clinicians may see clients up to 3 times per day.

Do clients have access to their STAR clinicians if they need urgent care and how do they get this help?

Clients may call the 24/7 crisis line (225-5252), staffed by TAD Team and CRRC after hours. A STAR clinician will be on-call. On-call STAR clinicians are issued County cellphones.

How does a STAR client contact STAR team after hours and on weekends and holidays?

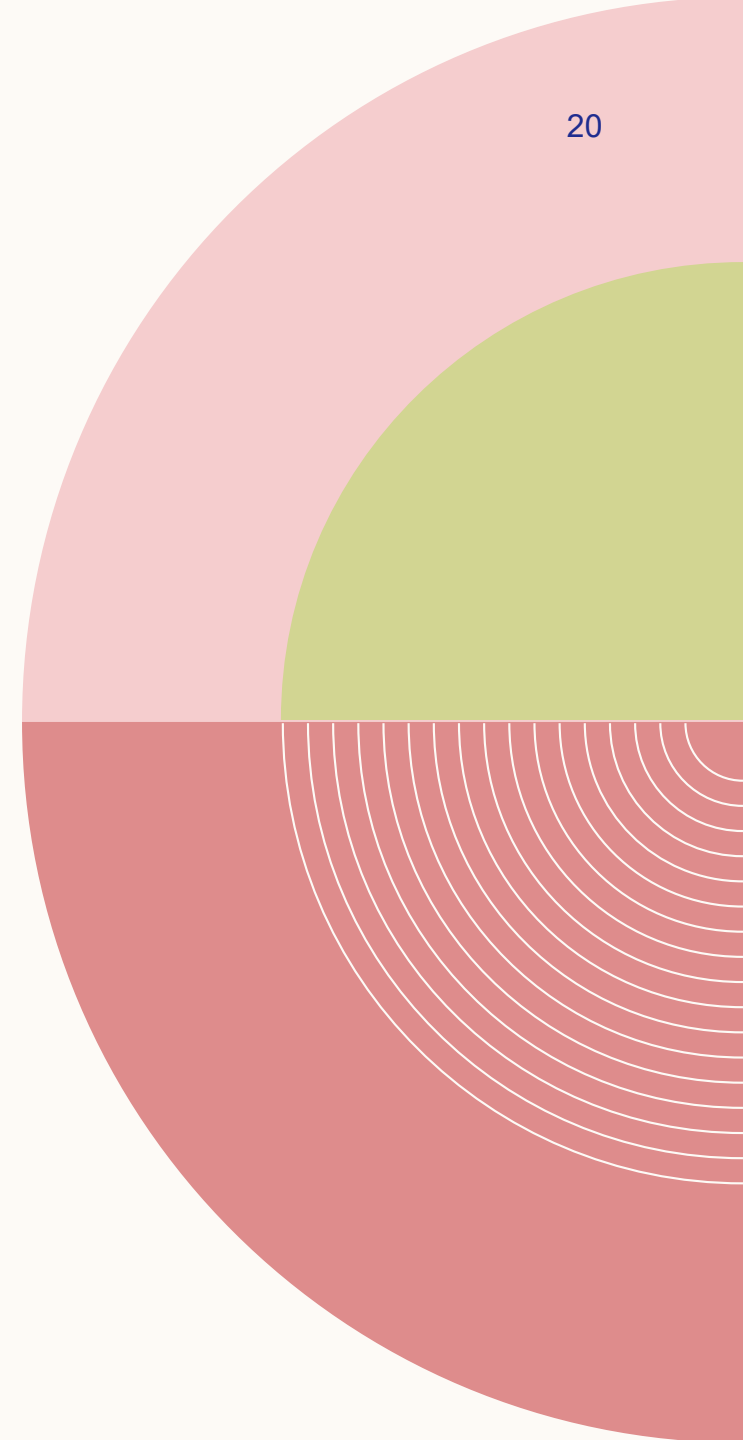
Clients may call the 24/7 crisis line (225-5252).

INDIVIDUALS SERVED

| | <u>Adults</u> | <u>Youth</u> |
|----------------------|---------------|--------------|
| 7/1/2019 – 6/30/2020 | 124 | 11 |
| 7/1/2020 – 6/30/2021 | 153 | 22 |
| 7/1/2021 – 6/30/2022 | 148 | 14 |

INDIVIDUALS SERVED

- **60 Adult Cases**
 - **53 FSPs**
 - **7 Outreach**
- **Adult Cases – By Individual PSCs**
 - **Alexis – 11 cases**
 - **9 FSP**
 - **2 Outreach**
 - **Chris – 14 cases**
 - **14 FSP**
 - **0 Outreach**
 - **Johnathan – 10 cases**
 - **8 FSP**
 - **2 Outreach**
 - **Julia – 11 cases**
 - **10 FSP**
 - **1 Outreach**
 - **Noah – 14 cases**
 - **12 FSP**
 - **2 Outreach**
- **13 Children's Cases**
 - **Michael**
 - **7 FSPs**
 - **6 Outreach**

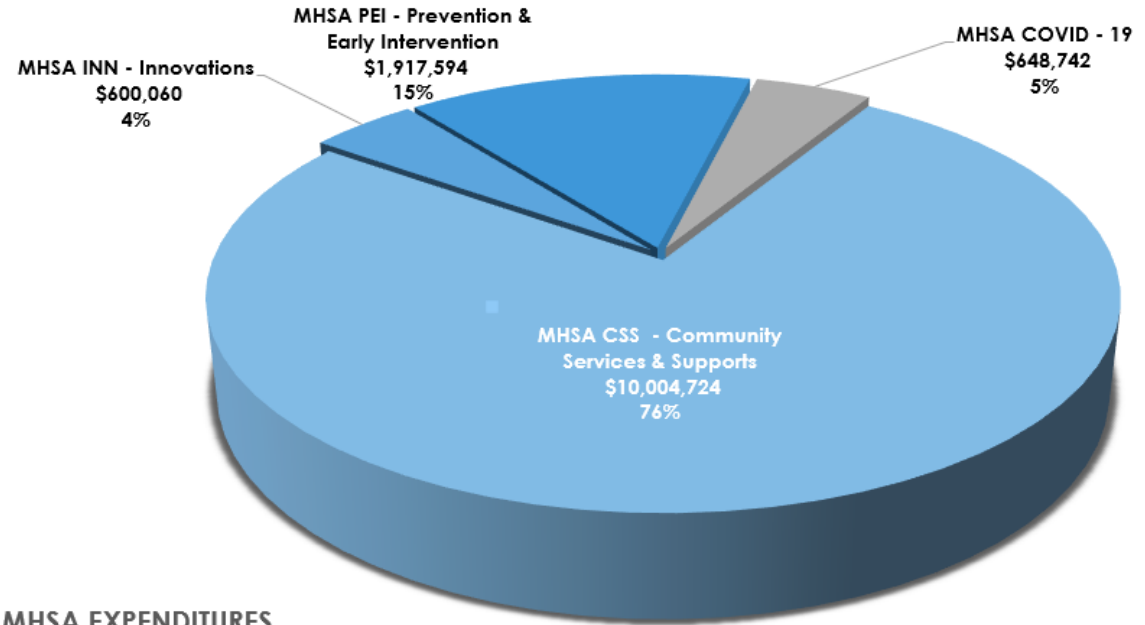


FUNDING

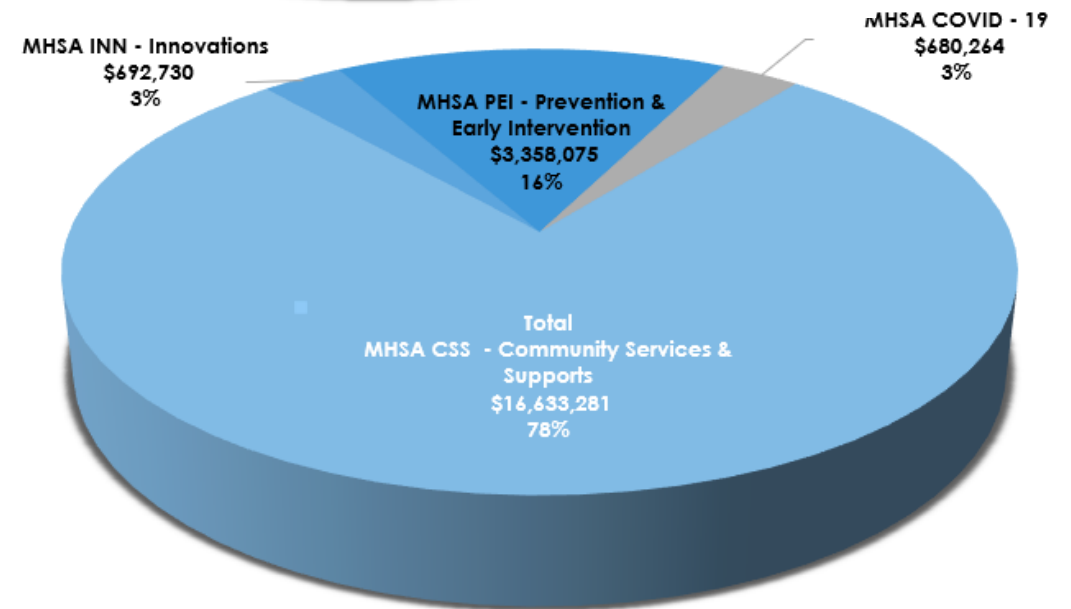
STAR is a **Mental Health Services Act (MHSA)** funded Program. MHSA funds 25% of California's mental health services.

Community Support Services (CSS) is the largest of the MHSA funding components, providing direct services to adults and older adults with serious mental illness and children and youth with serious emotional disturbance.

Full Service Partnership (FSP) programs such as STAR fall under CSS.

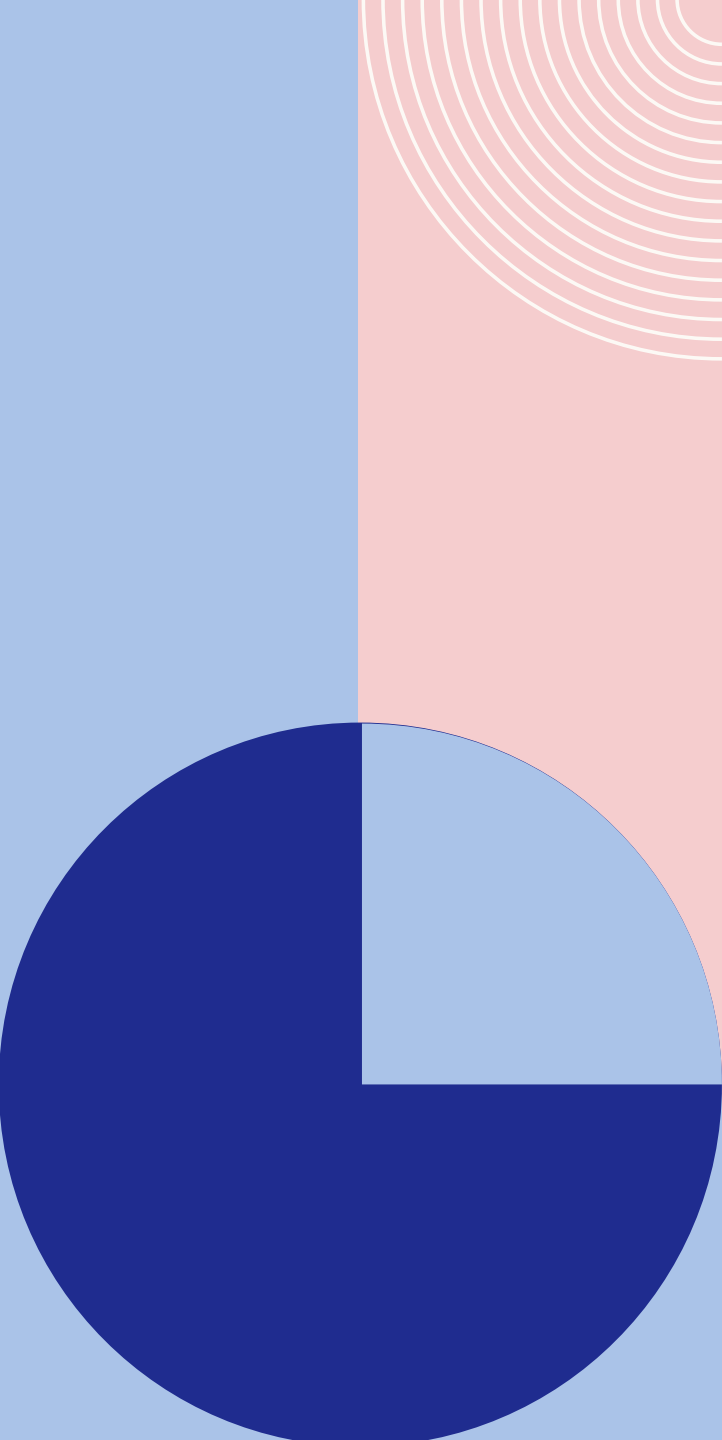


MHSA EXPENDITURES

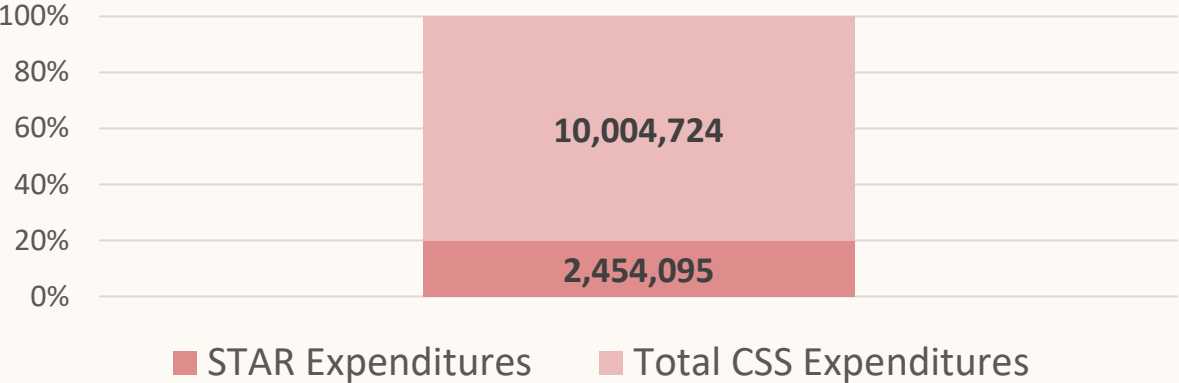


MHSA REVENUES

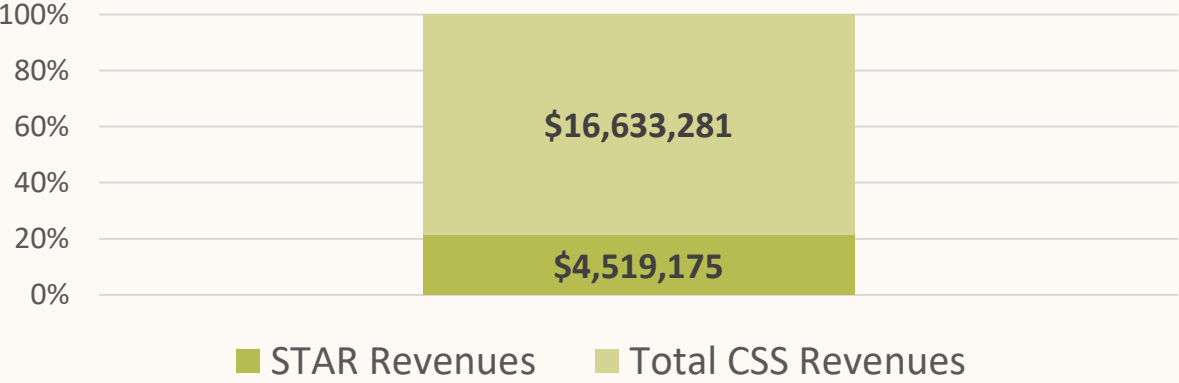
BUDGET



STAR Budget - Expenditures



STAR Budget - Revenues



DATA COLLECTION AND REPORTING (DCR)

Outcomes in 10 Categories:

- Residential Housing
- Employment
- Education
- Financial Support
- Health Status
- Emergency Intervention
- Substance Abuse
- Legal Issues

For older adults only:

- Activities of Daily Living (ADL)
- Instrumental Activities of Daily Living (IADL)

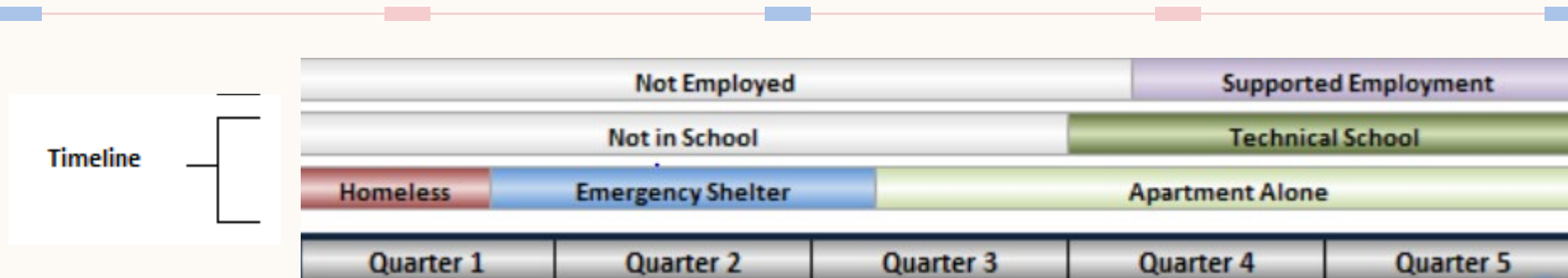
FSP DATA COLLECTION FORMS

Partnership assessment form (PAF)

Key Events tracking (KET)


Quarterly Reports (3M)

DATA COLLECTION EXAMPLE





QUESTIONS?
SUGGESTIONS?

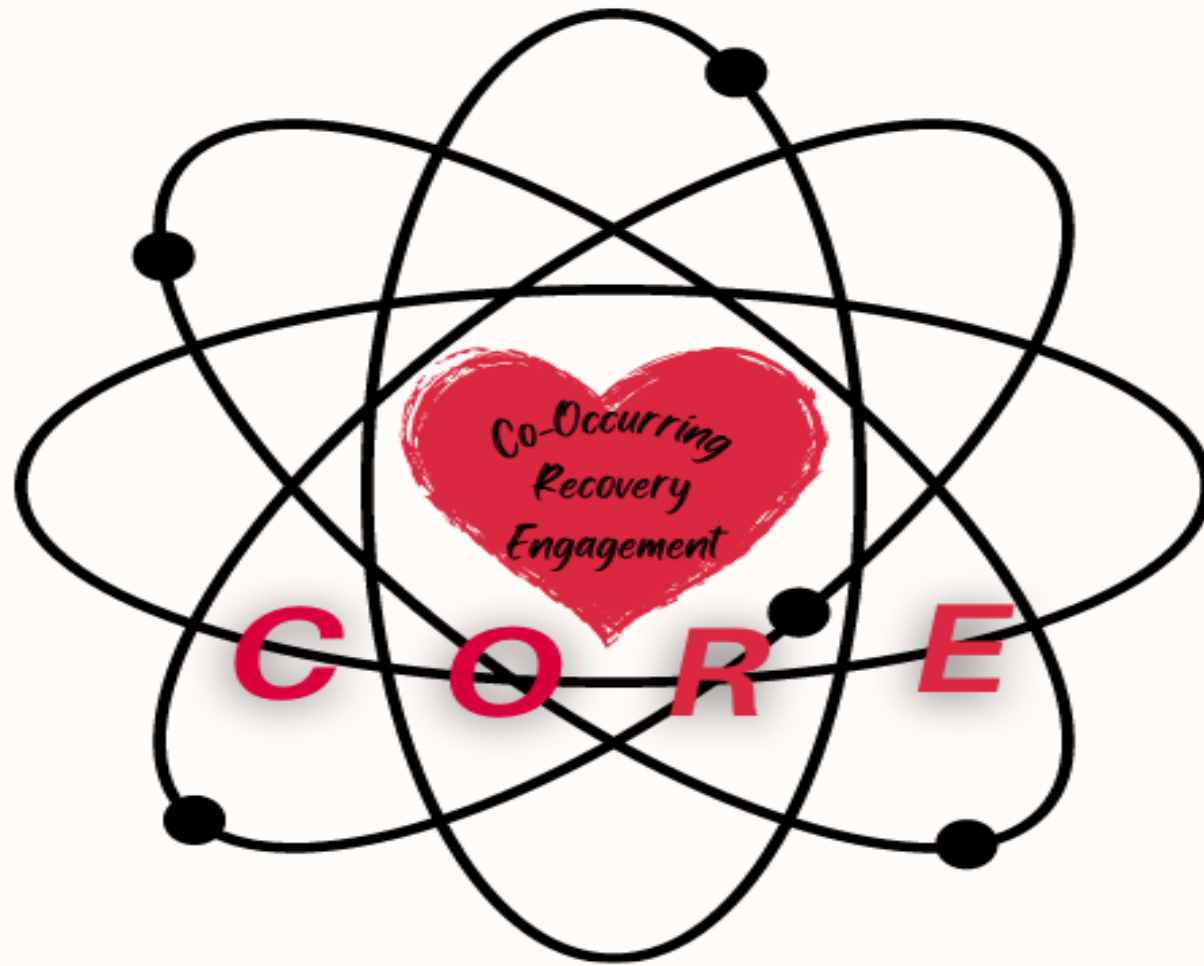
A stylized human figure composed of various colored curved segments and circles. The head is a purple circle. The torso is a purple curved shape. The arms are yellow and orange curved shapes. The legs are green and light blue curved shapes. The feet are light blue circles. The background is white with faint, larger versions of these shapes.

“Engaging individuals, families and communities to protect and improve health and wellbeing.”

Laura Burch, HHS Acting Director

Miguel Rodriguez, LCSW, Behavioral Health and Social Services Branch Director

[| Health & Human Services Agency | Shasta County California](#)



Kimberly McKinney Tighe, LMFT - SUDCC

- ▶ 22 Years experience in SUD treatment / 14 Years Clinical experience
- ▶ Clinical Program Coordinator
 - ▶ Core
 - ▶ ADP Access
 - ▶ Recovery Coaches
 - ▶ LINK Program (AB109 @ Probation)
 - ▶ Collaborative Court Programs
 - ▶ Addicted Offender Program (AOP)
 - ▶ Behavioral Health Court (BHC)

Purpose and Need

- ▶ Co-Occurring Issues - Mental Health Symptoms AND Substance Use Disorder (SUD)
- ▶ Jan 2020 - current
 - ▶ Adult System of Care: 2193 Clients total / 186 Co-Occurring
 - ▶ 8.5% were diagnosed with Co-Occurring Disorders
 - ▶ Access clinicians are reporting over 90% substance abusers at front door
- ▶ Numbers reflective of old system - treat in silos
- ▶ New system - No wrong door, treat what we see
- ▶ Address High Acuity of mental health symptoms
- ▶ Diagnostic clarity

Client Population

- ▶ Medi-Cal/Partnership beneficiaries
 - ▶ Other insurance beneficiaries are provided with warm hand-off/referrals
- ▶ Moderate to severe mental health symptoms coupled with SUD
- ▶ Level of Care determined at assessment = Outpatient treatment
 - ▶ Transition from residential
 - ▶ Residential is not an option
- ▶ 14 referrals since Mid - October 2022 rollout of program
 - ▶ 4 active clients currently on CORE Roster in Phase 1 of the program

Budget and Money

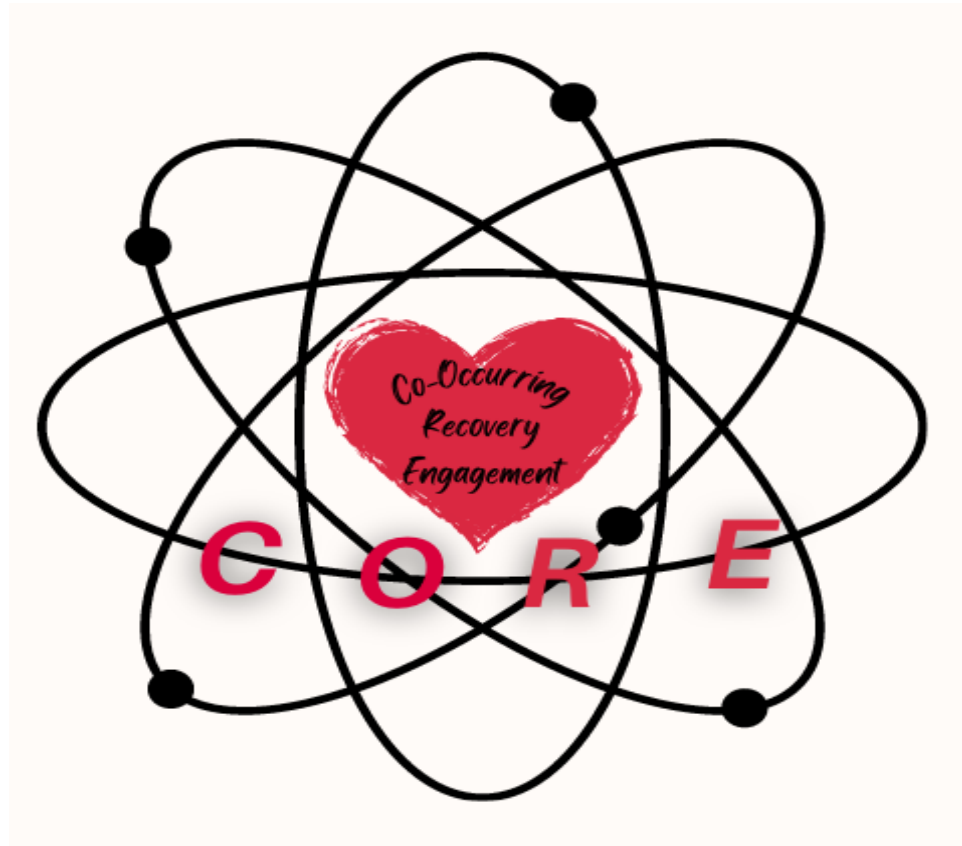
- ▶ Non-dedicated funding/staffing - pull from existing resources
 - ▶ BHC case manager and 2 Alcohol and Drug counselors provide all billable services.
 - ▶ Recovery Coaches are highly involved with care plans.
- ▶ Revenue is generated from this program through billable Partnership covered services
 - ▶ Group and individual services, case management, family therapy, collateral services with other agencies

Evaluating Effectiveness and Outcomes

- ▶ Quality of life indicators are used to measure effectiveness/positive outcomes
 - ▶ % Completing treatment services
 - ▶ % Abstinent at discharge from treatment
 - ▶ % Discharging to stable housing
 - ▶ % Engaged in ongoing recovery supports
 - ▶ % Without arrest since admit to treatment
 - ▶ % Employed or engaged in academics at discharge from treatment
 - ▶ % Step down from care in Shasta County Mental Health to lower level of care, including Primary Care Physicians

What we need to be more effective...

- ▶ Marketing delay due to staff shortages/changes
- ▶ Regular drug testing leading to therapeutic interventions and accountability
- ▶ Dedicated staff as program grows
 - ▶ Well-rounded staff involvement. Clinicians, social workers, alcohol and drug counselors, recovery coaches and peer support specialists.



Questions,
Comments,
Input

Mental Health Alcohol & Drug Advisory Board Powers & Duties

Rubin E. Cruse, Jr.
Shasta County Counsel

Preliminaries

- ▶ The Presentation is Meant as a Summary of the Law
- ▶ It is Not Designed as an Exhaustive Legal Analysis
- ▶ The Law is Complex

Two Advisory Boards Combined By the Board of Supervisors

- ▶ Mental Health Advisory Board
- ▶ Alcohol & Drug Advisory Board
- ▶ Resolution 2009-121

Alcohol & Drug Advisory Board

- ▶ Each county may have an advisory board on alcohol and other drug problems appointed by the Board of Supervisors. (Health & Safety Code 11805)
- ▶ The advisory board may be independent, be under the jurisdiction of another health-related or human services advisory board established pursuant to any provision of state law, or have the same membership as that other advisory board.

Alcohol & Drug Advisory Board

- ▶ Functions are outlined in the By-Laws of the Mental Health Alcohol & Drug Advisory Board

Mental Health Advisory Board

- ▶ Established by State Law (Welfare & Institutions Code 5604)
- ▶ “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 . . .”

Mental Health Advisory Board

- ▶ The Mental Health Advisory Board serves in an advisory role to the Board of Supervisors.
- ▶ One member of the Mental Health Advisory Board shall be a member of the Board of Supervisors.

Mental Health Advisory Board Membership

- ▶ The Mental Health Advisory Board's membership should reflect the diversity of the client population in the County to the extent possible.
- ▶ 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.

Mental Health Advisory Board Membership

- ▶ In addition to consumers and family members of consumers, 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.

Mental Health Advisory Board Membership

- ▶ The term of each member of the Mental Health Advisory Board shall be three years.
- ▶ These terms are to be equitably staggered so that approximately $1/3$ of the appointments expire in each year.

Mental Health Advisory Board Membership

- ▶ **General Rule:** A member of the mental health advisory 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.

Mental Health Advisory Board Membership

- ▶ Exception: A consumer of mental health services who is an employee of one of the agencies mentioned previously, and does not have any interest, influence, or authority over any financial or contractual matter concerning the employer, may be appointed to the Mental Health Advisory Board.
- ▶ That member shall abstain from voting on any financial or contractual issue concerning the member's employer that may come before the Board.

Mental Health Advisory Board Membership

- ▶ Members of the Mental Health Advisory Board shall abstain from voting on any issue in which the member has a financial interest under the Political Reform Act.

Mental Health Advisory Board Primary Function

- ▶ Review and Evaluate the local public mental health system and
- ▶ Advise the Board of Supervisors on community mental health services delivered by the County.

Mental Health Advisory Board Specific Statutory Functions

- ▶ 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.

Mental Health Advisory Board Specific Statutory Functions

- ▶ Review any county mental health service performance agreements entered into between the County and State pursuant to Welfare & Institutions Code Section 5650.
- ▶ The local mental health board may make recommendations to the Board of Supervisors regarding concerns identified within these agreements.

Mental Health Advisory Board Specific Statutory Functions

- ▶ Advise the Board of Supervisors 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.

Mental Health Advisory Board Specific Statutory Functions

- ▶ 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.

Mental Health Advisory Board Specific Statutory Functions

- ▶ Submit an annual report to the Board of Supervisors on the needs and performance of the county's mental health system.

Mental Health Advisory Board Specific Statutory Functions

- ▶ 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 Board of Supervisors.

Mental Health Advisory Board Specific Statutory Functions

- ▶ Review and comment on the county's performance outcome data and communicate its findings to the California Behavioral Health Planning Council.

Mental Health Advisory Board

- ▶ Perform any other duties as provided by the Board of Supervisors.
- ▶ Reflected in the By-Laws

Mental Health Advisory Board By-Laws

- ▶ Shall be approved by the Board of Supervisors and shall do all of the following:
 - ▶ Establish the specific number of members on the mental health board, consistent with statute.
 - ▶ 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.
 - ▶ Establish that a quorum be one person more than one-half of the appointed members.
 - ▶ Establish that the chairperson of the mental health board be in consultation with the local mental health director.
 - ▶ Establish that there may be an executive committee of the mental health board.

Questions

**SHASTA COUNTY MENTAL HEALTH, ALCOHOL AND DRUG
ADVISORY BOARD (MHADAB)
BYLAWS**

**Article I
General Provisions**

MISSION STATEMENT

It is the mission of the Shasta County Mental Health, Alcohol and Drug Advisory Board (MHADAB) to inform and educate the public on alcohol, drug, and mental health issues and to advise the Department on program development, availability of services, and planning efforts. Further, to assure that staff complies with duties established by Welfare and Institutions Code Section 5604.2.

Section 1 Name

The name of this organization shall be the Shasta County Mental Health, Alcohol, and Drug Advisory Board, hereinafter referred to as MHADAB.

Section 2 Authority

The authority for establishment of the MHADAB is set forth in Sections 5604 through 5607 of the Welfare and Institutions Code and by Shasta County Board of Supervisors (BOS) Resolutions.

Section 3 Powers and Duties

The powers and duties of this MHADAB are to:

- A. Review and evaluate the community's mental health, alcohol and/or drug treatment needs, services, and special problems as related to the above.
- B. Review performance contracts.
- C. Advise the BOS, the County Director of Mental Health Services (hereinafter referred to as Director), and the County Alcohol and Drug Program Administrator as to any aspect of the County of Shasta's mental health, alcohol and drug treatment and prevention services.
- D. Review draft Mental Health Services Act (Proposition 63, General Election of November 2004) plans and annual updates, make recommendations to the Director regarding the plans and updates, and make recommendations to the County Mental Health

Department for revisions, as needed (per Welfare and Institutions Code Section 5848(b)).

- E. Conduct public hearings on draft Mental Health Services Act (MHSA) plans, annual updates, and other matters as appropriate.
- F. Ensure citizen, consumer, and professional involvement in the County of Shasta's mental health, alcohol, and drug programs service delivery planning efforts.
- G. Submit an annual report to the BOS on the needs, challenges, and performance of the County of Shasta's mental health, alcohol, and drug treatment and prevention services.
- H. Review, interview, and make recommendations on applicants for appointment of the Director of Mental Health Services, and the Alcohol and Drug Program Administrator.
- I. Review and comment on County of Shasta's performance outcome data and communicate its findings to the State of California Mental Health Planning Council and/or other appropriate entities.
- J. Assess the impact of the realignment of services from the State of California to the County of Shasta on mental health services delivered to clients and within the Shasta County community.
- K. Recognize that the BOS can transfer additional duties or authority to the MHADAB.

Article II Membership

Section 1 Membership

A. Number of Members

The MHADAB shall consist of 15 members, however, initial membership of the Mental Health, Alcohol, and Drug Advisory Board may exceed this number. All members shall be appointed by the BOS. Members of this MHADAB shall serve at the discretion of the BOS and may be removed at any time with or without cause. One member of this MHADAB shall be a member of the BOS.

Pursuant to Section 5604(a)(1) of the Welfare and Institutions Code, the MHADAB shall reflect the ethnic diversity of the client population in the county.

B. Composition

Pursuant to Section 5604(a)(2) of the Welfare and Institutions Code, 50 percent of the MHADAB membership shall be consumers or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received mental health services. Pursuant to Welfare and Institutions Code Section 5604 (a)(2), at least 20 percent of the total membership shall be consumers, and at least 20 percent shall be families of consumers.

Of the remaining members, the MHADAB shall recommend individuals for appointment who represent the education community, the law and justice community (including, but not limited to, law enforcement, probation department, and officers of the court), the health community (including, but not limited to, representatives from local hospitals, clinics, or individual healthcare providers), representatives of community partners (programs serving individuals with mental health, alcohol and/or drug disorders), and the community at large.

Pursuant to Welfare and Institutions Code Section 5604.5, the MHADAB membership should reflect the demographic diversity of the county as a whole to the extent feasible.

Section 2 Prohibited Employment of Members

No member of the MHADAB or his or her spouse/registered domestic partner or immediate family member shall be a full-time or part-time employee of Shasta County Health and Human Services Agency, or be an employee of, or a paid member of the governing body of a contract agency with the Agency.

Members of the MHADAB shall abstain from voting on any issue in which the member has a financial interest as defined in Section 87103 of the Government Code.

Section 3 Term of Membership

Pursuant to Welfare and Institutions Code Section 5604(b) each member of the MHADAB shall be appointed for a term of three years. Initial appointments shall be staggered at one, two or three year terms so that approximately one-third of the appointments expire each year. When a vacancy occurs or a term expires, the MHADAB may make recommendations of candidates for appointment to the BOS. A person appointed to fill a vacancy shall serve out the remainder of the original term.

Section 4 Removal

The MHADAB may recommend to the BOS that a member be removed for cause. This action shall require the concurrence of two-thirds of the current MHADAB members.

In the event that a member of the MHADAB is absent from three consecutive regular meetings, a letter shall be sent by the Chair of the MHADAB requesting confirmation of the member's interest in continuing to serve on the MHADAB. If the Chair determines that the member is no longer interested in serving on the MHADAB, or if the Chair determines that there is no valid reason for the absences, the position may be declared vacant by the Chair in the Chair's sole discretion.

Section 5 Vacancies

A vacancy on the MHADAB shall be filled by appointment by the BOS upon recommendation by the MHADAB.

Section 6 Leave of Absence

The Chair may grant a MHADAB member a leave of absence, not to exceed four consecutive regular MHADAB meetings. To grant such a leave, the Chair shall announce it at a MHADAB meeting. The leave may become effective at the meeting at which it is announced. The leave waives the limitation on absences stated in Section 4 of this Article. When a person is on a leave of absence, they will not be counted as part of the membership for the purpose of achieving a quorum.

Article III

Officers

Section 1 Chair and Vice Chair

The officers of this MHADAB shall be a Chair and Vice Chair. The Chair and Vice Chair shall be elected at the last regular meeting of the MHADAB each calendar year. The term of the officers shall be one year. No officer shall serve more than two consecutive terms.

Nominations for the officers shall be made by an Ad Hoc Nominating Committee appointed by the Chair at least 60 days prior to the last regular meeting of the MHADAB each calendar year. Recommendations from the Ad Hoc Nominating Committee shall be presented at the last regular meeting of the calendar year. Additional nominations shall be accepted from the floor. Voting shall be by public ballot with a plurality of those members voting being sufficient to elect an officer. However, if there is only one candidate for each position, he or she may

be declared elected by voice vote. The elected officers shall assume office at the following regular meeting.

The Chair or Vice Chair may be removed from office and relieved of duties by a majority vote of the members casting public ballots at any meeting of the MHADAB. Reasonable notice, in writing or in person by any member of good standing, must be given to an officer of such an impending removal action.

In the case of a vacancy in the position of Chair, the Vice Chair shall immediately assume the office of Chair and a new Vice Chair shall be elected. An Ad Hoc Nominating Committee for a Vice Chair shall be appointed by the Chair and nominations from the Ad Hoc Nominating Committee shall be presented at the next regular meeting of the MHADAB. Additional nominations may be presented from the floor. Voting shall be by public ballot with a plurality of those members voting being sufficient to elect the new Vice Chair. However, if there is only one candidate, he or she may be declared elected by voice vote. The new Chair and Vice Chair shall serve out the remainder of the original terms.

In the case of a vacancy in the position of Vice Chair, an Ad Hoc Nominating Committee shall be appointed by the Chair and nominations from the Ad Hoc Nominating Committee shall be presented at the next regular meeting of the MHADAB. Additional nominations may be presented from the floor. Voting shall be by public ballot with a plurality of those members voting being sufficient to elect the new Vice Chair. However, if there is only one candidate, he or she may be declared elected by voice vote. The new Vice Chair shall serve out the remainder of the original term.

The Chair shall be the principal executive officer of the MHADAB, shall preside over all meetings of the MHADAB, and shall carry out the policies and directives of the MHADAB.

The Vice Chair shall assist the Chair in the performance of the Chair's responsibilities and in the event of the absence of the Chair, the Vice Chair shall exercise all the powers of the Chair.

Article IV Meetings

Section 1 Regular Meetings

Meetings of the MHADAB shall be called, noticed, and conducted in accordance with the provisions of the Ralph M. Brown Act (Brown Act) (commencing with Section 54950 of the Government Code). Except as may otherwise be provided in the Brown Act, meetings of the MHADAB shall be governed by the latest edition of Robert's Rules of Order.

A minimum of five regular meetings of the MHADAB shall be held each calendar year. At the last regular meeting of the MHADAB each calendar year, the time and date of the regular meetings for the ensuing calendar year shall be established.

The agenda for regular meetings shall be set by the MHADAB's Executive Committee or Chair and distributed to each MHADAB member at least three days prior to the meeting. Copies of the agenda shall be made available for the public at each meeting.

The BOS may pay from any available funds the actual and necessary expenses of the members of the MHADAB incurred during the performance of their official duties and functions. Such expenses may include travel, lodging, child care, and meals for the members of the MHADAB as budgeted by the BOS and approved by the Director.

Section 2 Special Meetings

Special meetings of this MHADAB may be called at any time by the Chair or by a majority of the members of this MHADAB. The notice of the special meeting shall specify the time, place, and business to be transacted. No other business shall be acted upon. Special meetings shall be conducted in accordance with the Brown Act.

Section 3 Quorum for Meeting

A quorum shall consist of 50 percent plus one of the current active membership of the MHADAB.

Article V Committees

Section 1 Standing Committees

A. Executive Committee

There shall be a standing Executive Committee which consists of the Chair, the immediate past Chair, the Vice Chair, and the Chairs of any standing committee(s). Meetings of the Executive Committee shall be called, noticed, and conducted in accordance with the Brown Act and shall be presided over by the Chair, and in the absence of the Chair, by the Vice Chair. The Executive Committee is to advise the Director on matters which may arise between regular meetings of the MHADAB. In addition, the Executive Committee may act on behalf of the full MHADAB if deemed necessary by the Chair, provided that any action taken by the Executive Committee requiring approval of the full MHADAB

must be ratified by the MHADAB at the next regular meeting following the action.

The Executive Committee or Chair of the MHADAB shall set the agenda for meetings of the MHADAB.

B. Alcohol and Drug Committee

The Alcohol and Drug Committee's focus is to become knowledgeable about alcohol and drug services available in Shasta County and to advise the Alcohol and Drug Program Administrator in areas of planning and service delivery. The Chair of the Alcohol and Drug Committee shall be appointed by the Chair of the MHADAB and is responsible for setting the date, place, and agenda for meetings.

Meetings of standing committees shall be called, noticed, and conducted in accordance with the Brown Act.

Section 2 Other Committees

Additional committees may be established as deemed appropriate by the MHADAB as either standing or ad hoc committees. Ad hoc committees shall focus on a single topic and shall be time-limited. The chair of each committee shall be appointed by the Chair of the MHADAB.

Meetings of any committees formed under this Section shall comply with all applicable provisions of the Brown Act.

**Article VI
Miscellaneous Provisions**

Section 1 Amendment of Bylaws

These Bylaws may be amended at any regular or special meeting by a two-thirds vote of a quorum of the members provided that such proposed amendment has been presented in writing to all MHADAB members at least two weeks prior to the meeting at which the amendment(s) is/are to be considered.