

ALPINE COUNTY BEHAVIORAL HEALTH SERVICES

*40 Diamond Valley Road, Markleeville, CA 96120
(530) 694-1816 (800) 318-8212 Fax: (530) 694-2387
*New Address

The mission of ACBHS is to provide safe, ethical and accessible services that inspire personal growth and development through strength-based behavioral health programs and supportive connections.

ALPINE COUNTY MENTAL HEALTH BOARD

AGENDA

11/20/2020 – 12:00 p.m. to 1:00 p.m.

Special Meeting

VIA ZOOM

<https://zoom.us/j/97736632407?pwd=NXpqRm9Lc2FiRXZqZDYyVjh1cFd4dz09>

Meeting ID: 977 3663 2407

Passcode: 592477

Call in number: 1 (253) 215-8782

This meeting is being held pursuant to the procedures established in Executive Order N-29-20 issued by California Governor Gavin Newsom on March 17, 2020. All council members may attend the meeting by teleconference. This meeting will be a virtual meeting only. The public may observe and address the meeting via Zoom.

MEMBERS: Jessica Bennett, Chair
Rita Lovell, Vice-Chair
Supervisor Katherine Rakow, Member & BOS Liaison
Michelle Lundy, Member
Jane Sweeney, Member

1. **Call to order regular meeting:** 12:00 p.m.
2. **Oral Communication: General Public Comment:**
This portion of the meeting is an opportunity for members of the public to address the Mental Health Board. No action can be taken on items not appearing on the agenda. (3 minutes per person respectively)
3. **Consent Agenda:**
These matters are routine and non-controversial and are usually approved by a single majority vote without discussion. Items can be removed from the consent agenda to be discussed and considered separately.
 - 3.1 Request approval of regular meeting minutes of 10/22/2020

4. New Business:

- 4.1 Discussion and possible action on California Local Behavioral Health Boards and Committees (CALBHBC) website for training and resources – Standing item, topic to be determined

<https://www.calbhbc.org/training>

- 4.2 Discussion and possible action on the annual dues for the California Association of Local Behavioral Health Boards and Commissions (CALBHBC). Invoice pending.

- 4.3 Discussion and possible action on the 2020 Data Notebook

5. Unfinished Business

- 5.1 Discussion and possible action on Mental Health Board Member's Annual Goals compilation, execution and participation

- 5.2 Discussion and possible action for the recruitment of new MHB members to fill the vacancies

- 5.3 Director Report – Gail St. James, LMFT or designee

- 5.4 Program Improvement Plan (PIP) Review - Gail St. James, LMFT or designee

- 5.5 Discussion on the (Mental Health Services Act) MHSA Program Update

6. Board Member Reports:

- A) Jessica Bennett, Chair
- B) Rita Lovell, Vice-Chair
- C) Katherine Rakow/Alternate
- D) Jane Sweeney
- E) Michelle Lundy

Adjournment:

The Board will adjourn to the next meeting on January 28th, 2012.

Deb Goerlich, ACBHS

Jessica Bennett, Chair
Mental Health Advisory Board
By: Deb Goerlich, AA III
Alpine Co. Behavioral Health Services



California Association of Local Behavioral Health
Boards and Commissions

4.3

November 2, 2020

ATTN: Gail St. James or current Alpine County BH Director
RE: 2020-21 CALBHB/C Dues Invoice

Dear Gail:

Attached is the dues invoice for the Alpine County Mental Health Board. (The 2020-21 Dues Schedule shows the dues amount for all 59 members: www.calbhbc.org/dues)

Special Note re: Allocating to MHSA Community Program Planning (CPP): [CA WIC 5604.3](#) allows for mental/behavioral health board/commission expenses to be paid using MHSA planning and administrative revenues. (Planning costs may be up to 5% of MHSA annual revenue.)

CALBHB/C depends on revenue from dues to help provide the following:

1. Outreach, support, resources, training and organized advocacy among California's 59 local mental/behavioral health boards and commissions.
2. Prompt response to [technical](#) and [issue](#)-based questions.
3. High-quality training materials (including on-line modules) and resources on our website: www.calbhbc.org/training. Binders and printed copies are mailed upon request.

Involvement with CALBHB/C makes our organizations better able to achieve a common objective: to provide effective mental/behavioral health resources in local communities throughout California.

Thank you for supporting the work of the Alpine County Mental Health Board.

Please do not hesitate to contact me.

Best Regards,

Theresa Comstock, Executive Director
CA Association of Local Behavioral Health Boards & Commissions
717 K Street, Suite 427 Sacramento CA 95814
Office: 916-917-5444, Cell: 707-688-5197
www.calbhbc.org



**California Association of Local Behavioral Health
Boards and Commissions**

INVOICE

DATE: November 2, 2020

ATTN: Gail St. James or current Alpine County BH Director

FOR: 2020-21 CALBHB/C Membership Dues for the Alpine County Mental Health Board

Special Note re: Allocating to MHS Community Program Planning (CPP): CA WIC 5604.3 allows for mental/behavioral health board/commission expenses to be paid using MHS planning and administrative revenues. www.calbhbc.org/legislation-mhb-wic

TOTAL DUES: \$600

Please send remittance to: **CALBHB/C, 717 K Street, Suite 427, Sacramento, CA 95814.**

Checks can be made payable to: CALBHB/C.

Federal Taxpayer ID Number: 33-0581682
W-9 Form will be provided upon request.

MHSA: COMMUNITY PROGRAM PLANNING (CPP)

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

PARTICIPANTS

1) Stakeholders

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

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

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

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

PROCESS

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

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

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

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

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

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



*Alpine County
Mental Health Board*

SAMPLE

Make a Difference!

Get Involved in Your Community

This vacancy welcomes those who live in Bear Valley and Kirkwood

Meetings are held the fourth Thursday of the month 12:00 - 1PM

There are Four (4) positions to be filled;

- Two (2) Consumer Member
- One (1) Family Member
- One (1) Public Interest Representative

Incentive: Members shall receive a stipend of \$25.00 per meeting attended.

The purpose of the Alpine County Mental Health Advisory Board is defined in Welfare and Institutions Code §5604.2, including, but not limited to, reviewing and evaluating the community's mental health needs, services, facilities, special problems and make recommendations to the Board of Supervisors and the MH Director as to any aspect of the local health program for program improvement

Any persons interested in serving on the Alpine County Mental Health Advisory Board, would like more information, or to pick up an application, may contact the Alpine County Clerk's office at 530-694-2281

