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BEHAVIORAL HEALTH DIVISION

ALCOHOL AND OTHER DRUG  
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TO: Theresa Spieker, Chief Assistant County Administrator

FR: Fatima Matal Sol, Program Manager  
Submitted for: Cynthia Belon, Behavioral Health Division Director

RE: Triennial Advisory Body Review- Phase I of III. Item B2 Contra Costa County Alcohol and Other  
Drugs Advisory Board- AOD Administration Recommendations

DT: August 3, 2015

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### Referral History

The Board of Supervisors established the Alcohol and Other Drugs Advisory Board (AODAB) of Contra Costa in 1992 in response to State legislation (Health and Safety Code 11809 and 11964 (k) that mandated the establishment of Drug Advisory Boards and Alcohol Advisory Boards by counties. On March 2, 1993, this legislative mandate was repealed when the Legislature approved Senate Bill 627, as reported in Legislative Counsel's Digest "Permit[s] a county to eliminate or consolidate any health advisory boards that are required by state law or regulation, or in any existing contract with the [State]." Consequently, the State mandate for the county to create advisory boards was abolished under SB627 in 1993. On June 28, 1993, the IO Committee amended the status of the AODAB from a State-mandated committee to a discretionary advisory body of the Board of Supervisors to conduct outreach and education on behalf of its constituencies, who are individuals and groups seeking to access, deliver or improve the County's drug and alcohol related services and programs.

On March 6, 2007, the BOS adopted a formal process or Triennial Review through Board Order OA.6 to conduct a comprehensive review of all Boards and Commissions on regular basis. Reviews of the County's citizen advisory bodies started in 2005 and continued through 2011/12. The purpose of the periodic reviews is to provide the BOS with the opportunity to make various policy changes, procedural, structural or program recommendations for some bodies, and sun-setting or consolidation of others. In April 2015, the Internal Operations Committee of the Board of Supervisors during the first phase of the Triennial Review of Advisory Bodies conducted a comprehensive evaluation of several advisory bodies, including the Alcohol and Other Drugs Advisory Board.



The outcome of the review conducted in April 2015, was noted in the Triennial Review of County Advisory Bodies report. Pages 15 through 16 specifically focus on the Alcohol and Other Drugs Advisory Board, and it includes staff recommendations to the Alcohol and Other Drugs Administration to reevaluate the highly formal structure of the Advisory Board to reduce county staff workload and the amount of county resources dedicated to prepare and deliver reports, agendas, meeting packages, and detailed minutes.

### **Referral Update**

The IO Committee directed AOD Program Manager and the BH Director to determine ways to continue AODAB outreach and advocacy activities and to continue supporting the mission of the Board while mitigating the level of county staff dedicated to support the AODAB's work-related activities. The IOC also requested staff to report back with its findings and recommendations to continue supporting the AOD Board's mission with alternate organizational structure models.

### **Recommendation[s] Next Steps**

After a substantial review of the AOD Board's structure and reviewing other County's advisory body structures, along with other existing Counties' AOD Boards, the following are recommendations based on the role, focus, mission and target population of the AOD Board.

### **Mission and Role**

Both the Behavioral Health Division and the Alcohol and Other Drugs Administration value and clearly benefit from the advice and assistance from the AODAB to obtain inclusive and diverse stakeholder participation in the BH Integration process, supporting the development and update of Strategic Plans, and is overall consistent with the organizational values of our services.

The AOD Board has a significant history of acting as a catalyst for creating opportunities for dialogue with the community to learn and provide input on various AOD emergent issues. For instance, prescription drug abuse, underage drinking, alcopops, reentry, needle exchange, marijuana legalization, etc. The AOD Administration is cognizant of the key role of the AODAB and values their volunteer time as they assist AOD in eliciting participatory and diverse community stakeholder processes.

Unlike other advisory committees, it is recommended however, that Board members clearly understand that they are not a statutory body which must comply with statutory regulation requirements and that their role also does not include program funding decisions or recommendations. An overwhelming amount of time is spent by staff with individual Board members who confuse the role and function of the AOD Board with that of other statutory bodies in the county. The latter can be best accomplished through an orientation by AOD staff and by BOS staff during the recruitment and interview process.



## Structure

The mission of the AODAB is to assess and advocate for family and community needs regarding prevention and treatment for alcohol and other drug related problems; and to provide the resultant findings and recommendations to the Health Services Department and the Board of Supervisors. The AOD Board currently operates through four [4] committees: Executive, Public Policy, Youth and Family, and Community Awareness.

The proposed structure will preserve the mission of the Board, while streamlining the amount of staff dedicated resources by reducing the number of committees from 4 to 3, redistributing functions and reducing meeting frequency. Specifically we propose:

- 1) Elimination of the Public Policy and Youth and Family committees. Public policy becomes a function of all committees.
- 2) Maintain **Executive Committee** which is responsible for providing leadership and direction to the Board and ensuring that committees follow the mission and remain consistent to the established Board goals and objectives. The Executive committee shall meet three [3] weeks before the monthly Board meeting. The Executive Committee shall, 1) construct the meeting agenda, and 2) consider any issues previously delegated during Board meetings or as requested by individual board members or members of the public. Though any committee or members may recommend policy and legislation, the Executive Committee will take the lead in promoting understanding and discussion of AOD relevant policy and legislation. All legislative items are brought to the Executive Committee for approval. See **Attachment 1**
- 3) Create an **AOD Program & Services Committee**- to review and understand treatment and prevention modalities by all life cycle populations in the AOD system of care identify gaps and make recommendations. Standing meetings are every other month, unless projects and activities require more frequency of meetings.
- 4) Maintain **Community Awareness**- to continue education regarding AOD relevant information and emerging issues impacting the community. The committee shall maintain People Who Make a Difference Awards and is responsible for the coordination and assignment of Annual Resolutions to the BOS [4 campaigns] during the year. Standing meetings are every other month, except during the People Who Make a Difference Awards.



### **Governance & Staff Support**

It is recommended that the Board maintains monthly meetings in order to keep its visibility and on-going advisory role as a body of expertise in AOD relevant related issues. All meetings are open to Board members and the public in consistency with the provisions of the Brown Act and better government ordinance laws. The Board will continue utilizing Robert's Rules of Order procedures to ensure a fair, efficient and equitable framework for decision making across the organization. The Executive Committee will also meet on a monthly basis to ensure direction on committee projects, events and preparation of Board agendas and packets. Conversely, Committees will alternate meetings 6 months during the year. Unless required by membership or the actual project, staff will not attend committee meetings. The committee is responsible for note-taking and submission of notes to county staff. County staff will continue to take Board meetings minutes, as well as support the distribution of all committee agendas and meeting packets. Only Board meeting agendas and minutes will be posted online with accompanying handouts on HSD's webpage. These minutes will depict summaries of agenda items, discussions and any group positions taken by each member. County staff will continue to maintain the files of the Board and the overall support to the Board will consist of .15FTE prevention coordinator, .20FTE Clerk, and .5FTE Chief

### **Agenda Packet Schedule**

Every January, staff will develop and distribute a schedule of submission of agendas with back up materials. The Chair of the AOD Board is responsible for the Executive Committee and of submitting materials on the dates stipulated by county staff, to ensure ample time for the preparation, distribution and posting of agendas and back up material.

**ACCEPT** the Report and recommendations therein;

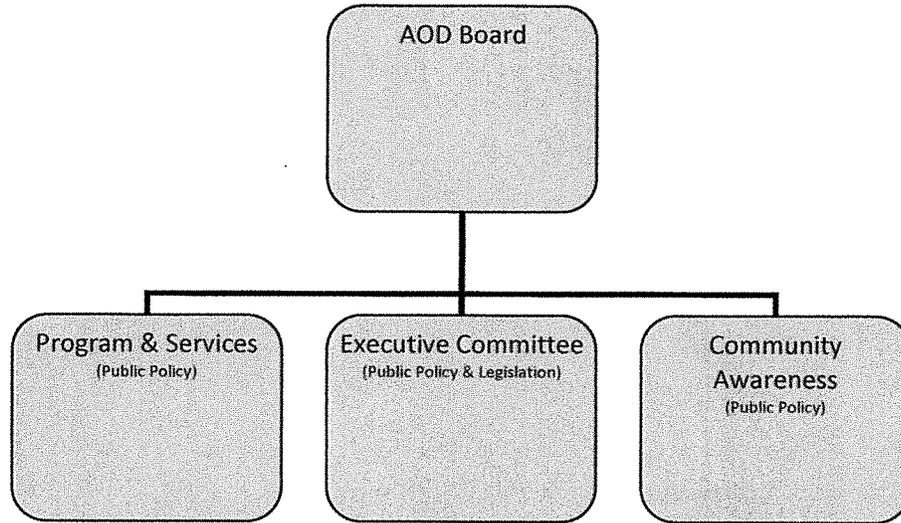
**DIRECT** county AOD staff to implement recommendations by working in conjunction to the AOD Board officers to amend Bylaws to reflect staff recommendations

### **Fiscal Impact**

No Fiscal Impact



**NEW PROPOSED STRUCTURE- ALCOHOL AND OTHER DRUG ADVISORY BOARD ( Appendix 1).**



**AOD Program Service Modalities/Population Matrix**

MODALITIES/POPULATIONS	Prevention	Treatment	Recovery
Children			
Families			
Youth			
Women			
TAY			
Adults			
Older Adults			

**Meeting Frequency**

GROUP	MONTHLY	BY-MONTHLY	ALTERNATE SCHEDULE
AOD Board	X		
Executive Committee	X		
AOD Program & Services		X	X
Community Awareness		X	X

