Mental Health and Substance Abuse Advisory Board (MHSAAB)

Declaration of Expectations

Membership

Members will serve without compensation, for one year, with terms to begin January 1 and terminate December 31 for members appointed as substance abuse representatives and terms beginning July 1 through June 30 for members appointed as mental health representatives. Members may be reappointed for up to six consecutive years with future reappointment possible following a two-year hiatus after completing a sixth year of service.

Membership shall include individuals/family members who are in recovery from addictions (four) and mental illness (two).

Attendance

Any member who does not attend three consecutive meetings without being excused, or does not attend more than 50% of the meetings in a single year should, upon notification by the chairperson, be replaced by the Freeholder Board.

Conflict of Interest

The following individuals will not be eligible for MHSAAB membership:
1. A paid or unpaid employee/volunteer of an agency funded by the Division of Mental Health Services (DMHS).
2. A consultant to an agency funded by the DMHS.
3. A member of the governing body of an agency funded by DMHS.
4. A member of a formal advisory body of an agency funded by DMHS.
5. Persons engaged in issuing any policy or contract of individual or group business of any agency funded by DMHS or those agencies’ affiliate, subsidiary, or parent organization.

6. Persons who are members of the immediate household or a direct business associate of a person described above.
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7. Persons employed by the county; this exception will not include the board of Chosen Freeholders or a county welfare board that is not currently funded by the DMHS.

A waiver must be sought from the DMHS for any other such appointees.

Roles and Responsibilities

1. Elect a chair and co-chair annually. An ad hoc nominating committee will be convened every October and present its slate to the Board in November, effective the following January.

2. Meet a minimum of eight times each year.

3. Comply with the Open Public Meetings Act.

4. Submit public notices and minutes of the meetings to the DMHS, DAS and GCADA as requested.

Standing Subcommittees

The Board will consist of three standing subcommittees—Funding, Planning and Legislative/Advocacy. Each member of the Board is required to serve on at least one subcommittee.

Funding:

The subcommittee will develop funding recommendations to take to the full Board for all Morris County programs funded by the Board of Chosen Freeholders; Division of Mental Health Services (as requested); Division of Addiction Services; and the Governor’s Council on Alcoholism and Drug Abuse.

Planning:

The subcommittee will develop and present to the Board, mental health and substance abuse systems plans as required by the Freeholder Board, Division of Mental Health Services and Division of Addiction Services. It will also participate in other related planning activities within the Department of Human Services when requested.
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Legislative/Advocacy:

The subcommittee will monitor State and Federal legislation that addresses issues of mental health, substance abuse or other behavioral matters. The subcommittee will perform cursory reviews of such proposed legislation and recommend to the Board such legislation that the Board, as a whole, will decide to address.

Appointed Subcommittee – County Alliance Steering Subcommittee (CASS)

The CASS will be established in conjunction with regulations adopted by the Governor’s Council on Alcoholism and Drug Abuse (GCADA). The CASS is responsible for the development and submission of a County Annual Alliance Plan for the expenditure of funds derived from the “Drug Enforcement Demand Reduction Fund”. The CASS is also responsible for ensuring that the Municipal Alliance programs are consistent with the fiscal guidelines and directives of the GCADA.

Ad Hoc Committees

The chair, and the vice-chair in his/her stead, will have the authority to establish ad hoc committees for such tasks as nominations, special events and other issues as they arise.

An ad hoc nominating committee will be convened every October to present the slate of candidates for chair and vice-chair to the Board in November of each year.

Professional Advisory Committee (PAC)

The professional advisory committee provides consultation and recommendations to the Board, in accordance with State and County regulations. PAC meetings are open to the public, except those portions dealing with matters of patient/client confidentiality.
The Board will:

- Appoint annually, a representative from the mental health and substance abuse professional advisory committee to act as PAC liaison to the Board.

- Ensure that the PAC will minimally include a representative from each agency receiving financial support from the Freeholder Board, Division of Mental Health Services and the Division of Addiction Services. There will be a balance of representation, with no particular agency operationally dominating the PAC.

- Approve the Mental Health Substance Abuse PAC membership annually.

- Consult with the representative PAC’s on all issues relating to professional aspects of mental health and substance abuse programs.

- Actively involve the PAC’s in the development of systems planning and advocacy activities.

Reports

All standing agenda reports from staff, professional advisory committees and subcommittees will be written and distributed to the Board (the responsible individuals will ensure that an appropriate number of copies are available for distribution to the Board and staff). Reports from the other liaison advisory bodies will be rotated throughout the year. Liaison advisory bodies include the following.

Human Services Advisory Council (HSAC)
Youth Services Advisory Committee (YSAC)
Advisory Council on Aging, Disabilities and Veterans (ACADV)
Acute Care Systems Review Committee (ACSR)

January 2010