

Behavioral Health Board Meeting Minutes

March 11, 2026, 4:00 to 6:00 pm

Chair:	Patricia Sullivan
Minutes:	Michelle Blake, Senior Office Assistant

---- Agenda Topics ----

1. Call to Order

The meeting was called to order at approximately 4:02 p.m. by Chair Patricia Sullivan.

2. Roll Call/Introductions

The Napa County Behavioral Health Board (BHB) met in regular session on March 11, 2026, with the following members present: Chair Patricia Sullivan, Members, Greg Clark, Liz Marks, Kristine Haataja, Walter Nygaard, Amy Montanez and Jasper Lowell.

Members Shauna Tackett, Sandra Oliva, Liz Alessio, and Rob Palmer were excused.

Napa County Behavioral Health Services Staff present: Jennifer Yasumoto Director of Health and Human Services for Napa County, Joseph Hallett, Deputy Director of Health and Human Services-Behavioral Health, Janelle Samansky, Staff Services Analyst II, Zachariah Todd, BH Manager and Michelle Blake, Senior Office Assistant.

3. Public Comment

- None.

4. Board Member Comment or Announcements

- None.

5. Approval of Minutes and Consent Items

A motion was made for the approval of the Minutes from February 11, 2026 as revised with updates, by Chair Patricia Sullivan and was seconded by Member Kristine Haataja. Members Greg Clark and Liz Marks abstained.

*See list of members under item 2 Roll Call/Introductions

6. Old Business

None.

7. New Business

A. Behavioral Health Drug Medi-Cal Organized Delivery System (DMC-ODS)

Zachariah Todd, and Janelle Samansky Presented:

- Janelle Samansky provided an overview of the RISE initiative and the need for changes in substance use disorder (SUD) service delivery. She explained that RISE focuses on rethinking and restructuring the current system of care to better serve individuals with SUD.

- **Treatment gap** is defined as the number of individuals with a substance use disorder (SUD) who are not currently receiving treatment.
- **Janelle Samansky** stated that the treatment gap highlights the inability to reach everyone who needs substance use services through traditional service delivery models. She explained that another way to assess this gap is through the **penetration rate**, which measures the percentage of adults enrolled in Medi-Cal who are accessing substance use services. The statewide rate is **1.7%**, while the county rate is **1.9%**, indicating the county is slightly above the statewide average.
- Data indicates that approximately **17% of Americans** have a substance use disorder, while only about **6% receive treatment**. Among individuals with opioid-specific diagnoses, approximately **4 out of 5 (80%)** receive medication-assisted treatment (MAT).
- **Treatment initiation rates** are **36.6% statewide** and **29.1% within the county**, indicating a need for improved timeliness in engaging individuals in care.
- The proposed **service model and interventions** include: field-based engagement, targeted outreach, motivational interviewing, harm reduction approaches, integrated behavioral health services, non-abstinence-based participation, telehealth options, evening service hours, satellite sites, and services provided at shelters, transitional housing, residential programs, and recovery residences.
- To address these challenges, Janelle emphasized the importance of reducing barriers to care and expanding outreach efforts. She referenced a quote from Vanessa Ramos of Disability Rights California, highlighting that recovery is possible when systems meet people where they are, rather than where they are expected to be.
- Building on this, Zachariah Todd introduced the **RISE initiative**, which stands for *Recovery, Inclusion, Support, and Engagement*. He described RISE as a shift away from traditional clinic-based models toward a more community-centered approach. The initiative aims to deliver services outside of clinical settings and engage individuals who are not currently accessing care.

B. Recovery Inclusion Support & Engagement (RISE)

Janelle Samansky, and Zachariah Todd Presented:

- Zachariah explained that RISE represents a **paradigm shift** in service delivery by focusing on individuals within the treatment gap. While maintaining existing services for those already engaged in treatment, the initiative expands efforts to reach individuals in the community.
- Janelle Samansky provided an overview of the RISE initiative and the need for changes in substance use disorder (SUD) service delivery. She explained that RISE focuses on rethinking and restructuring the current system of care to better serve individuals with SUD.
- A key issue highlighted was the **treatment gap**, defined as the number of individuals with a substance use disorder who are not currently receiving treatment. Data presented showed that while approximately 17% of Americans have an SUD, only about 6% receive treatment. This gap is even more pronounced within Medicaid populations.
- Janelle also discussed **penetration rates**, which measure the percentage of Medi-Cal recipients accessing substance use services. The statewide rate is 1.7%, while the county rate is slightly higher at 1.9%. However, this still indicates that a very small portion of those in need are receiving services.
- Additionally, **treatment initiation rates** were reviewed. This metric reflects how quickly individuals begin treatment after being identified as needing services. The county's rate (29.1%) falls below the statewide rate (36.6%), indicating a need for improvement in timely engagement.
- To address these challenges, Janelle emphasized the importance of reducing barriers to care and expanding outreach efforts. She referenced a quote from Vanessa Ramos of Disability Rights California, highlighting that recovery is possible when systems meet people where they are, rather than where they are expected to be.
- Building on this, Zachariah Todd introduced the **RISE initiative**, which stands for *Recovery, Inclusion, Support, and Engagement*. He described RISE as a shift away from traditional clinic-based models toward a more community-centered approach. The initiative aims to deliver services outside of clinical settings and engage individuals who are not currently accessing care.
- Zachariah explained that RISE represents a **paradigm shift** in service delivery by focusing on individuals within the treatment gap. While maintaining existing services for those already engaged in treatment, the initiative expands efforts to reach individuals in the community.

- He also described the difference between **high-threshold** and **low-threshold** treatment models. Traditional high-threshold models require individuals to be ready for abstinence before receiving services. In contrast, low-threshold models reduce barriers by meeting individuals at their current stage of readiness, even if they are not yet prepared to stop substance use entirely. This approach emphasizes accessibility, engagement, and gradual change.
- Zachariah Todd further explained that individuals may not yet be ready to reduce or stop their substance use, but services can still be offered to engage them. He emphasized the importance of building rapport and motivation over time, allowing individuals to make healthier decisions while receiving support.
- He contrasted **high-threshold** and **low-threshold** treatment environments. High-threshold models typically require clients to attend scheduled appointments at specific locations, such as clinics. In contrast, low-threshold models bring services directly to individuals in the community, meeting them where they are.
- Additional examples include traditional intake processes that rely on scheduled appointments versus more flexible approaches such as on-demand or walk-in treatment, which improve accessibility and engagement.
- Overall, the presentation emphasized the need to expand access, improve engagement, and create a more flexible and inclusive system of care to better serve individuals with substance use disorders.
- Zachariah Todd stated that he will prepare and present a more detailed overview of the Recovery Incentives Program at an upcoming Board meeting. The presentation will include information on incentive types, the redemption plan, evaluation metrics, and the implementation timeline.
- A discussion took place regarding sober living environments and their traditionally strict rules, particularly around substance use resulting in loss of housing. Questions were raised about shifting toward more harm-reduction or outcomes-based approaches that allow individuals to remain housed while receiving support. There was also discussion about the potential need for more flexible or assistive housing options, including short-term recovery housing. Zachariah Todd noted that the RISE initiative may help expand these approaches beyond current program structures.
- Further discussion emphasized how the RISE initiative could influence provider practices across Napa County by promoting low-barrier, low-threshold approaches. While acknowledging that certain environments, such as residential or sober living settings, require maintaining drug-free conditions, the conversation highlighted the importance of developing thoughtful policies. These policies would allow for engagement and support of individuals who experience relapse, rather than automatic discharge, while still maintaining the integrity of the environment.

C. Site Visit Locations & Assignments

- Board capacity for site visits is 11 members, with 12 available spots across four sites (maximum of three members per site).
- Members were advised that site visit preparation may include reviewing contracts, which may require additional time and review.
- Serenity House prefers tours to be scheduled on Mondays or Tuesdays; other sites have more flexible availability.
- Leaders are still needed for Mentis and the Supported Living Program; leadership roles require prior site visit experience.
- Site visits are a required duty for board members unless otherwise excused, and members are expected to attend at least one visit.
- The designated site lead is responsible for coordinating with both the facility and participating members to schedule the visit.
- Dates will be confirmed once leads are identified. Michelle will distribute confirmed dates, and members are asked to respond promptly with their availability.
- Cassandra has already contacted each site, and all have agreed to participate; final scheduling is pending confirmation of dates.
- Availability remains open across all four sites, with at least one open spot per site.
- This will serve as the official sign-up; members who need additional time to confirm availability were asked to follow up as soon as possible.
- Executive Committee approval is required by the end of May for inclusion in the June meeting agenda.

- If a lead has not been identified once the site visit date is confirmed, Michelle will solicit volunteers.
- The site lead will coordinate with the facility to establish visit dates, which should be communicated promptly to Michelle once confirmed.
- All site visit reports must be completed and approved by the Executive Committee by the end of May to allow for final approval at the June meeting.
- Site visit dates are not yet finalized; members may need to sign up prior to confirmed scheduling.
- Mentis may already have a tentative date, which will be confirmed and shared.
- Once site visit dates are confirmed, Michelle will send out email notifications to solicit participation for available slots.
- Efforts will be made to schedule visits as early as possible to avoid delays experienced in previous cycles.

D. 700 Form

- Chair Patricia Sullivan presented Form 700 filing details to the board.
- Members were instructed to list the agency as “Napa County Division Behavioral Health Board” and their position as “Member.”
- The annual reporting period should be indicated as January 1 through December 31, 2025, with a total of one page.
- The public form should include the address: 2751 Napa Valley Corporate Drive, Napa, CA 94559.
- Members were advised to indicate “none” for reportable interests on all applicable schedules, if applicable.
- Filings may be completed online or in person at the Elections Office located at 1125 Third Street (first floor).
- The filing deadline is April 1, and failure to meet the deadline will result in financial penalties.
- Guidance was provided regarding completion of the Form 700.
- Members were instructed to list “Napa County Division, Behavioral Health Board” as the agency and indicate their role as “member” unless serving as an officer.
- Members were advised to select “Annual” as the filing type and identify the reporting period as January 1, 2025 through December 31, 2025.
- Instructions were reviewed for completing applicable sections based on disclosure requirements.
- Members with no reportable interests were advised on how to indicate this and confirm the total number of pages.

E. Announcement of Recruitment of four BHB Members

- An announcement was made regarding the recruitment of four Behavioral Health Board members.
- The full board consists of 15 members, with 11 currently active.
- Paulette Cooper, Clerk of the County, identified the categories for recruitment. Additional positions include family members of consumers.
- One position is designated for a consumer (an individual with lived experience), representing either substance use or mental health.
- One position is designated for an employee of a local education agency.
- A question was raised regarding whether the Napa County Office of Education (NCOE) and Napa Valley Unified School District have received the recruitment announcement, as required by law.
- Follow-up will be conducted to confirm that both agencies have been notified.

F. Discussion of Future Workgroups & Topics

- Members were encouraged to recommend potential candidates for Behavioral Health Board recruitment and to promote participation, noting that current membership (11) is below the full capacity of 15.
- Members were asked to share recruitment opportunities with individuals who meet eligibility requirements and may be interested in serving on the board.
- The group will participate in a brainstorming session at the next meeting to identify topics for future board meetings and presentations.
- Members were encouraged to come prepared with ideas for future discussion topics and presentation opportunities.
- Examples of past and current workgroups were provided for reference:

- A previously approved workgroup, led by Rob Palmer, focused on the Juvenile Cannabis Report.
- A current workgroup is being led by Christine Hadia and Sandra Oliva.
- It was noted that workgroup proposals require a brief application for approval, typically consisting of a one-page document.
- Requirements for submitting a workgroup proposal were reviewed, including:
 1. Names of individuals submitting the proposal and submission date
 2. Name of the workgroup
 3. Annual goal and objectives
 4. Purpose of the workgroup
 5. Description of how the workgroup will accomplish its goals
 6. Number of participants needed
 7. Schedule of tasks and target timelines
 8. Resources required
- It was noted that submitted proposals require approval and may be shared in draft form prior to final signatures.
- Members were informed that workgroup proposal resources are available on the County website under the Behavioral Health Board section, within the Board Member Guide.
- During member interviews, candidates are often asked about their interest in participating in or leading workgroups, as well as their specific areas of interest within mental health or substance use.
- Current and past members who have participated in workgroups offered to provide additional guidance or answer questions for those interested in developing a proposal.

G. Election of Vice-Chair

- The floor was opened for additional nominations for the position of Vice Chair; none were presented.
- It was clarified that a motion had already been made.
- A vote was conducted to elect Greg Clark as Vice Chair.
- The motion passed with no opposition; abstentions were noted.
- Greg Clark was confirmed as Vice Chair.

H. Behavioral Health Director's Report

- Joe Hallett introduced himself as the Interim Behavioral Health Director, noting he is serving in the role while recruitment is underway to fill the position previously held by Cassandra.
- A key theme highlighted was **integration**, aligned with the agency's strategic plan to reduce barriers to accessing services.
- The goal is to ensure individuals can seek help without needing to navigate separate systems, placing the responsibility on the agency rather than the community.
- Emphasis was placed on providing a full continuum of services regardless of how individuals enter the system.
- One major initiative discussed is the integration of the Behavioral Health access line.
- All counties maintain a 24/7 access line for behavioral health services.
- Historically, separate lines existed for mental health and substance use disorder services.
- The goal is to transition to a single access point, allowing the system to route individuals appropriately based on their needs.
- This integration effort is intended to improve accessibility and reduce fragmentation within behavioral health services.
- Ongoing efforts within the Behavioral Health division continue to support this integrated approach, with leadership and staff working collaboratively to improve access and coordination.
- Efforts are underway to increase cross-training among staff to reduce historical silos between mental health and substance use services.
- The goal is to provide coordinated, wraparound care regardless of how individuals enter the system.
- An update was provided on the upcoming transition to the **Behavioral Health Services Act (BHSA)**, which will take effect in July.
- BHSA represents a shift from the former Mental Health Services Act (MHSA), with funding now allocated into specific categories, including:

1. Housing
2. General services

- Full-Service Partnership (FSP) programs, which provide the most intensive level of care.
- Within this transition, new structured levels of care are being introduced, including **Assertive Community Treatment (ACT)**.
- ACT is a community-based, wraparound model that includes:
 1. Lower staff-to-client ratios
 2. Intensive engagement in community settings
 3. A team-based approach to care
- ACT was described as a promising, evidence-based practice aimed at improving outcomes by reducing barriers and engaging individuals directly in the community.
- It was noted that community-based engagement models, such as ACT, have shown greater effectiveness compared to more restrictive approaches, including court-mandated outpatient treatment alone.
- The emphasis is on supporting individuals in the least restrictive setting possible, helping them remain connected to their community while reducing the need for higher levels of care such as residential or crisis services.
- Training has begun for implementation of new service models, with statewide support being provided to counties as part of the Behavioral Health Services Act (BHSA).
- The department expressed enthusiasm about expanding community-based services, reducing barriers, and improving access.
- Recognition was given to the County's CARE Court team for being identified by the Governor's Office as one of ten "CARE Court Champion" counties.
- Napa County has demonstrated high engagement in CARE Court petitions relative to population size.
- CARE Court was described as a civil court process to engage individuals who are not stabilizing voluntarily in treatment.
- Additional justice-involved service programs were noted, including:
 1. Drug Court (related to Prop 36)
 2. Mental health diversion programs
 3. Efforts are underway to better coordinate these programs and determine appropriate placement based on eligibility and service needs.
- An update was provided on the BHSA three-year planning process:
- A draft plan is being finalized and will be submitted to the Department of Health Care Services (DHCS) by the end of March.
- The plan will return for public comment and be presented to the Behavioral Health Board and Board of Supervisors.
- The plan must be finalized and implemented by July.
- Unlike the previous MHSA plan, the BHSA plan integrates multiple funding sources and emphasizes transparency and accountability.
- A question was raised regarding the status of the BHSA grant process.
- It was reported that notices of intent to negotiate have been issued, and the process has moved into the contract negotiation phase.
- Members discussed the Behavioral Health Stakeholder Advisory Committee (formerly MHSA Stakeholder Advisory Committee):
 1. The committee meets regularly, typically monthly via Zoom.
 2. Meetings are generally held on the first Wednesday of the month (time to be confirmed).
 3. Participation was encouraged for board members.
 4. The group primarily consists of Behavioral Health leadership and executive directors from community-based organizations.
- It was noted that the Behavioral Health Board will host a public hearing for the BHSA plan, where community members may provide input.

I. Committee & Workgroup Updates – Hand in Reports

- Kristine Haataja submitted a workgroup report, which has been approved.
- Chair Patricia Sullivan reminded members of the importance of providing hand-in reports from committees attended and that improvements are needed in reporting back to the board on committee participation and outcomes. Reports do not need to be lengthy; brief bullet points summarizing key topics are sufficient.
- A reporting template/form is available and will be resent to members.
- There were no updates due to not attending the previous Community Corrections Partnership (CCP) meeting.
- The next CCP meeting is scheduled for April 15 at 12:30 PM at Juvenile Hall.
- Members were invited to attend the upcoming CCP meeting.
- It was noted that participation in external committees and meetings across the county is encouraged to increase board engagement and awareness.
- Some members are actively participating in multiple committees and community meetings.
- Clarification was provided that attending external committees is a recommendation rather than a formal requirement for board members.
- Members not currently participating in a committee or community meeting were encouraged to reach out to identify an opportunity for involvement.
- Members were asked to notify Michelle Blake if they plan to attend so participation can be tracked.

J. CALBH/BC

- No formal report was provided; however, an announcement was made regarding the upcoming CalBH/BC regional meeting.
- The next regional meeting will take place in April in Sacramento.
- Although it is outside the board's region and travel expenses will not be covered, members may attend at their own discretion.
- Training associated with the meeting are free, though registration is required.
- Members were also reminded that the Behavioral Health Board Member Guide is available on the County website.
- The guide includes helpful information and resources, including details related to site visits and board responsibilities.
- Members were encouraged to utilize the Behavioral Health Board Member Guide available on the County website for answers to questions and general guidance.
- The guide includes multiple documents related to site visits, including:
 1. Best practices for conducting site visits
 2. Evaluation forms
 3. Additional supporting materials
- Members were strongly encouraged to review these materials prior to participating in site visits.
- It was suggested that site leads distribute relevant documents to their teams in advance.
- The purpose and expectations of site visits were emphasized as part of board responsibilities.
- Site visits were noted as a required function of Behavioral Health Boards.
- It was noted that meeting agendas must be posted at least 72 working hours in advance, in compliance with the Brown Act.
- Weekends and holidays are not included in the 72-hour posting requirement.

8. Announcements & Informational Items

A. Proposed Speaker Schedule for 2025 - 2026

1. April 8, 2026 - Brainstorming of Topics for future BHB Meetings & Reducing stigma associated with substance use through intentional and respectful language.
- Chair Patrica Sullivan stated that the Board will vote on proposed topics once a finalized list has been developed and presented for consideration.

- B. Napa County Behavioral Health Board Meeting web page & link: includes EC & BHB meeting Agenda's, Minutes, Description of Board Purpose, Qualifications & Application.
[Agenda Center • Napa County, CA • CivicEngage](#)
[Napa County: Boards](#)
- C. Next Behavioral Health Board Meeting April 8, 2026 (Madrone Conference Room) 4:00 – 6:00pm
- D. Next Executive Committee Meeting: March 26, 2026 (Manzanita Conference Room) 4:30 – 5:30pm

9. Adjournment

A motion to adjourn the meeting was made by Member Liz Marks and was seconded by Member Jasper Lowell. The meeting adjourned at approximately 5:24 pm.