



December 11, 2013

To: Executive Committee

From: Jane Adcock
Executive Officer

Subject: **Agenda for Executive Committee Meeting**
Wednesday, January 15, 2014 9:00 a.m.
Kona Kai Hotel
1551 Shelter Island Drive, San Diego, CA 92106
Room: Bay Conference Room

CHAIRPERSON
John Ryan

EXECUTIVE OFFICER
Jane Adcock

The Executive Committee meeting will address the following items. All agenda items are subject to action by the Planning Council. The scheduled times on the agenda are estimates and subject to change.

- **Advocacy**
- **Evaluation**
- **Inclusion**

<u>TIME</u>	<u>AGENDA</u>	<u>TAB</u>
9:00 a.m.	Review and approve minutes from the October and December 2013 Executive Committee Meetings <i>John Ryan, Chairperson</i>	1
9:10 a.m.	Executive Officer Report on Budget, Council Membership and 2014 Meeting Agendas <i>Jane Adcock, Executive Officer</i>	
9:30 a.m.	Report out from Meetings with DHCS and MHSOAC re: MHSA Audit Findings <i>John Ryan, Monica Wilson and Jane Adcock</i>	
9:45 a.m.	Review and Discuss Operations Policies <i>Jane Adcock and Tamara Jones</i>	2
10:10 a.m.	Executive Committee Review of draft CMHPC Mandates Work Plan <i>John Ryan and All</i>	3
10:25 a.m.	Liaison Reports for CALMHBD and CCMH <i>Susan Wilson and Daphne Shaw</i>	
10:35 a.m.	Public Comment <i>John Ryan</i>	
10:40 a.m.	New Business and Designate Dinner Coordinator <i>All</i>	
10:45 a.m.	Evaluate the Meeting <i>John Ryan and All</i>	
10:50 a.m.	Adjourn	

Executive Committee Members

Chair	Monica Wilson	Health Care Reform	Steven Grolnic-McClurg
Past Chair	John Ryan	Advocacy	Barbara Mitchell
Chair Elect		Patients' Rights	Daphne Shaw
CSI	Patricia Bennett	At Large Consumer	Walter Shwe
CMHDA Liaison	Jaye Vanderhurst	At Large Fam Memb	Karen Hart
CALMHB/C Liaison	Susan Wilson	Executive Officer	Jane Adcock

INFORMATION

TAB SECTION: 1

 X **ACTION REQUIRED:**

DATE OF MEETING: 01/15/14

PREPARED BY: Tamara Jones

**DATE MATERIAL
PREPARED:** 12/20/13

AGENDA ITEM: Review Minutes from October 2013

ENCLOSURES: October 2013 Minutes
 December 2013 Minutes

OTHER MATERIAL RELATED TO ITEM:

ISSUE:

Review and approve minutes from the last two meetings.

Executive Committee Meeting
Meeting Highlights
October 16, 2013
Red Lion-Woodlake
500 Leisure Lane, Sacramento, CA 95815
5:30pm – 7:00pm

Members Present

John Ryan
Gail Nickerson
Patricia Bennett
Jaye Vanderhurst
Susan Wilson
Beverly Abbott
Daphne Shaw
Walter Shwe
Karen Hart

Staff

Tamara Jones
Jane Adcock

Review and Approve Minutes from June 2013 Executive Committee Meeting

Minutes were approved as written.

Executive Officer Report on Staffing, Council Vacancies and 2014 Meeting Agendas

Jane Adcock, Executive Officer, provided an update on staffing and vacancies:

- With the hiring of Laura Leonelli, AGPA and Tamara Jones, SSM I, all staff vacancies have been filled and the Council is fully staffed. Laura is taking over the Continuous System Improvement Committee with Tracy Thompson filling Narkesia Swanigan's vacant post as staff to Health Care Reform Committee. Tamara will supervise the staff, with the exception of Andi Murphy, and she will also be responsible for overseeing the administrative operations such as travel claims and arrangements, contract management, budget and expenditure tracking, etc.
- A meeting with Karen Baylor is scheduled for October 22nd to review Council applications and determine appointments to fill the 5 vacancies for the new year.

Adcock provided documentation of expenditures through end of 2012-13 fiscal year and a budget document for FY 2013-14. Some Council members have not yet submitted all travel claims for meetings during the prior fiscal year. It was requested that the expenditure report be provided monthly. This will begin in 2014.

Report out from Meeting with Toby Douglas and Kiyomi Burchill re: CMHPC role

John Ryan and Gail Nickerson reported on a favorable meeting with Toby Douglas, Kiyomi Burchill, Karen Baylor and Brenda Grealish the previous day. With new leadership in the Mental Health and Substance Use Disorders Services Division, the acknowledgement of the role of the Council has changed for the better. A positive

working relationship is embraced on both sides and improved understanding of mental health issues is evident. Deputy Karen Baylor committed to more visibility of the department on the Council and frequent meetings to foster increased collaboration.

Report out from Meeting with DHCS, MHSOAC and CMHPC re: MHSA Audit Findings

Again a favorable meeting with DHCS and MHSOAC leadership the previous day with agreements to meet regularly and work together to address the paucity of data availability/quality and need for coordination between the 3 entities to address the various statutory mandates and the audit findings.

Executive Committee Review of draft CMHPC Mandates Work Plan

Executive Officer Adcock presented both the Work Plan and Evaluation Plan. The Work Plan depicts many of the Council's mandates and begins to demonstrate the Council work and activities which support the requirements and any associated outputs or specific timelines.

The Evaluation Plan is a subset of the overall Work Plan and will be used by the CSI Committee to track activities and ensure all required functions are covered. More discussion on these two documents will occur during the General Session.

Discuss Council Operations

Chairperson Ryan presented a change in policy regarding the timing of the change in officers from the April meeting to right after election at the January meeting. This timing coincides with appointment terms of Council members and assists with this year's (and recent past years') leaving of the Chairperson or the Past Chair (as is the case this year with Gail Nickerson's departure from the Council). The Chair Elect will take office immediately after election. The new Chair will take position and the Past Chair will shift also at that time.

There was no issue with the proposed change. The Operations Manual will be amended to reflect the change and an updated version will be presented for review at the January meeting.

Liaison Reports for CALMHB/C and CCMH

Susan Wilson reported continued work with the CALMHB/C members on the use of data and the development of the Data Notebook. Additionally, elections have resulted in a change in leadership of the CALMHB/C with Mike Gonzales as President and Cary Martin as Vice President.

Daphne Shaw reported the CCMH received a report from Executive Officer Adcock regarding the Council's research and paper regarding the implementation of AB 109, Criminal Justice Realignment. Also, representatives from Kaiser's professional union presented regarding their compilation of statistics and lodging of complaint with Dept. of Managed Health Care over Kaisers' practices regarding access and level of care for patients with mental illness which resulted in DMHC's negative finding and fining of \$4m

to Kaiser. It was suggested that the Council follow-up with the Kaiser folks for possible future research and support for Kaiser changing its protocols for various levels of care and methodologies for treatment/service delivery.

Public Comment

There was no public comment.

New Business

No new business.

Meeting Adjourned

Executive Committee

Meeting Highlights
Friday December 20, 2013
9:00am to 10:00am

Members Present

Karen Hart
John Ryan
Susan Wilson
Barbara Mitchell
Walter Shwe

Staff Present

Jane Adcock
Tracy Thompson

Welcome and Introductions

- Barbara Mitchell: A letter sent by the DHCS states that starting January, 2014 people with mild to moderate mental illness will no longer be served through the counties. They must go through the Medi-Cal managed care entities. The CMHDA never knew about this. This was hidden within a trailer bill from June 2013. This will carry huge implications. Who is going to screen for this stuff? How will the counties handle this?
- John Ryan: We could invite the DHCS to discuss this and explain the implications of this. How will this affect a consumer who is looking for services? Who is responsible for doing all the screenings?
- Jane Adcock: Serious mental health issues are handled by the counties. The DHCS has made the decision that whenever an individual has a mild to moderate mental illness, then the managed care will be responsible for handling their care. But as far as I know, there is no wrong door. They will be referred accordingly.
- Barbara Mitchell: The screening and evaluation can be every expensive. Who will be involved and responsible for this? Who will be paying for this screening? Right now the counties are responsible for this. There has been some discussion that this may be the direction of the whole mental health system.
- John Ryan: The CMHDA may have some analysis available. Can we ask health services to report on this at the full meeting? *Answer:* Jane Adcock: Yes we can do that.

Discuss Executive Committee Composition

- Jane Adcock: Last year the Executive Committee added two at-large members in order to obtain a balance of family members and consumers. This year there is minimal change in the chairs of the committees. Beverly Abbott is leaving and she is a consumer-related advocate, as well as Gail Nickerson. There are ten members on the Executive Committee and six of those members are professional providers. John Ryan has requested that the current chairs to start mentoring and encouraging other individuals to come up as chairs to provide more diversity.

- Walter Shwe: Now would be a good time for other consumers to replace me on the Executive Committee to gain experience.
- John Ryan: It seems like maybe we need to do something more as a council to bring together the consumers and family members after the meeting to talk about what goes on and how they can increase their level of comfort and knowledge for contribution.
- Daphne Shaw: Are the chairs and the vice-chairs chosen by leadership? *Answer:* Jane Adcock: Yes, based upon those who have shown interest. But there was very little response in this area this year.
- Jane Adcock: A break-down of the full council is as follows: eight consumers, eight family members, eleven professional providers, four consumer-related advocates, six state representatives and one coalition member. The council may want to think about taking the professional provider slots down by two and that would provide space for one more consumer and one more family member. And provide for 9 consumers, 9 family members, and 9 professional providers.
- Daphne Shaw: What does the statute state? *Answer:* Jane Adcock: The federal states: *Not less than 50% are individuals who are not state employees or providers.* The state reads: *eight members shall represent various state departments and at least half are persons with mental illness, family member, and representatives of organizations advocating on behalf of individuals with mental illness.*
- Barbara Mitchell: 50% of the providers on the council are also family members even though they are not in that category
- Daphne Shaw: We can recommend to the appointing authority but we couldn't decide this. This is worth discussing further.
- Jane Adcock: We can recommend this to DHCS. This is on the January agenda to talk about as well.
- Karen Hart: As the chairs become more professionally oriented it makes it more daunting for those who don't have that professional expertise to think they may be adequate as a chair.
- Daphne Shaw: Another barrier is people being able to afford child care as a single parent etc. *Answer:* Karen Hart: This was an identified barrier that the council has made provisions for.
- John Ryan: We can make it clear during recruitment that there is a need for balance on the council.
- Karen Hart: We as individuals may take it upon ourselves to do some targeted outreach.
- Jane Adcock: The week before the meeting we hold a call to discuss the agenda and answer questions. A week after we have a debrief meeting as well.
- John Ryan: We need to be clear with the direct consumers that we want them to take on leadership positions.

- Susan Wilson: We need to encourage everybody because even those of us who are professionals may have questions. We don't want to "target" any population.

New Business

- Karen Hart: I would like to follow up on the issue of Peer Certification. Within the 5 Year WET plan OSHPD incorporated a lot of the language we wanted to see and they also moved the peer certification into goal one. However, they did not change the budget. OSHPD has stood really strongly against the recommendation that there be some extra money to get the peer cert off the ground.
- Jane Adcock: Based on the meeting I attended yesterday they have increased the amount of funding in the consumer and family member bucket to \$10 million. OSHPD will require legislation to spend that money on Peer Certification. The council will assemble a roundtable in February with all the players to get a sense of where we are going and what needs to be done. What is the road to achieving Peer Certification and what are the major milestones? What are the cost centers for this?
- Barbara Mitchell: Has anybody looked at the requirements for Peer Health Navigators? The general trend is moving away from having Peer Support Specialists in mental health and instead having Peer Navigators that help navigate the entire mental health system. We may not want to support something that differs from the national health care trend.
- Daphne Shaw: CASRA is doing some work around this. We should speak with Sharon Kuehn about this.
- Jane Adcock: I understand that the council would like to be a leader in this effort and I am planning to dedicate staff resources to this.
- John Ryan: Can we ask the DHCS to also share with the council their perception and direction in terms of recognition for reimbursement for peer services.
- Barbara Mitchell: Medi-Cal managed care needs to be brought into this discussion
- John Ryan: After the New Year Jane will facilitate a round table with all the players to get a sense of where we are going and what needs to be done.

Public Comment

There was no public comment at this time.

Meeting Adjourned

X **INFORMATION**

TAB SECTION: 2

 ACTION REQUIRED:

DATE OF MEETING: 01/15/14

PREPARED BY: Tamara Jones

**DATE MATERIAL
PREPARED: 12/19/13**

AGENDA ITEM: Review of Operations Manual

ENCLOSURES: Operations Manual

OTHER MATERIAL RELATED TO ITEM:

ISSUE:

The CMHPC Operations Manual has been updated to reflect the current structure of the Planning Council and other operational/administrative details. The manual is presented in “Track Changes” for review and comment.

CALIFORNIA MENTAL HEALTH PLANNING COUNCIL
OPERATING POLICIES AND PROCEDURES OPERATIONS MANUAL

Values

All provisions of the Operating Policies and Procedures should be evaluated to determine whether they further the Planning Council's principal goal: to empower direct consumers and family members and to assist in creating an effective consumer-driven mental health system.

Deliberations and Decision Making

All members of the Planning Council act as individuals in the deliberation of issues. Although members bring expertise and insight from their organizations, they are not required to make decisions on issues based on the position of their organization.

Full Planning Council Meetings

~~The Planning Council is subject to the Bagley-Keene Open Meeting Act and will conduct its meetings and business in accordance with the provisions of that statute.~~

A quorum must be present for the Planning Council to transact business. A simple majority of the current Planning Council membership shall constitute a quorum. The Chair will recognize each day of the meeting that a quorum is established. The quorum will be formally acknowledged and so noted in the minutes.

~~The Planning Council is subject to the Bagley-Keene Open Meeting Act and will conduct its business in accordance with the provisions of that statute.~~ The Planning Council will make its decisions at full Planning Council meetings by making motions and voting according to procedures outlined in Robert's Rules of Order. Motions shall be decided by a simple majority of the quorum. Any Planning Council member may request a roll-call vote. The Chairperson will assure that discussions of motions permit a full expression of the views of Planning Council members.

A Planning Council member may use a proxy if he or she has participated in a discussion and has to leave prior to the vote. The member will submit the proxy in writing to another Planning Council member.

If time is of the essence in making a decision, staff will contact the Executive Committee by mail or by telephone. Approval of a recommendation will be assumed after the deadline specified unless a majority of the Executive Committee votes against the recommendation. The Executive Committee may also decide to refer the issue to the full Planning Council for a decision.

Committee Meetings

Committees may employ consensus as the method of decision making.

Requests from Members for Issues To Be Placed on Agenda

A Planning Council member may request that an issue be discussed during a Planning Council meeting through the following process:

- The member should consult with the Executive Officer or other staff prior to

Rev. 5/3/11

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submitting a written request to place an item on the agenda

- The member must make a written request to the Executive Officer
- The member should provide background and any written material necessary to explain the issue
- The Executive Officer will consult with the Chairperson of the Planning Council who will place the issue on the agenda of the full Planning Council or refer the issue to the Executive Committee or to one of the standing committees

Frequency of Planning Council Meetings

The full Planning Council meets quarterly. Additional meetings may be authorized by the Executive Committee if sufficient funds are available.

The Planning Council's standing committees meet during each full Planning Council meeting if the agenda permits. Each ~~functional~~ committee ~~schedules is entitled to have four one-day monthly meetings in addition to the quarterly, which would generally be scheduled in between each~~ Planning Council meetings. Additional meetings may be authorized by the Executive Officer if sufficient funds are available.

The Executive Officer ~~would~~ will establish a meeting schedule for each ad hoc committee on a case-by-case basis as the project dictates and as the budget permits.

Officers

The Planning Council has three officers: Chairperson, Chairperson-Elect, and Past Chairperson.

1. Responsibility

a. Chairperson

The Chairperson is the Chief Executive Officer (CEO) of the Planning Council. He or she has the general powers and duties of management usually invested in the office of the chairperson of a council, and has other powers and duties as prescribed by the Planning Council. He or she is the official spokesperson of the Planning Council. The Chairperson presides at all meetings of the Planning Council and the Executive Committee. Attachment A contains a job description for this position.

b. Chairperson Elect

The Chairperson-Elect becomes the next Chairperson after the current Chairperson completes his or her term of office. The Chairperson-Elect performs the duties of the Chairperson in his or her absence and performs additional duties as the Chairperson may designate.

c. Past-Chairperson

The Past-Chairperson is a member of the Executive Committee and performs additional duties as the Chairperson may designate.

2. Selection Criteria for Nominating Officers

- a. The Chairperson must meet the minimum qualifications in the job description contained in Attachment A. The Chair-Elect must be able to meet the minimum qualifications in the Chairperson's job description in one year's time.
- b. A nominee must be willing to serve as an officer.
- c. It is recommended that a nominee have served as a chair, vice-chair, or alternate chair of a committee or subcommittee for at least one year.
- d. The nominee should be active in the Planning Council with a good attendance record for Planning Council meetings and committee meetings.
- e. Consistent with the Planning Council's values, the Nominating Committee should consider including a direct consumer or family member in the slate of officers.

3. Election and Term

- a. A Nominating Committee appointed by the Chairperson ~~and ratified by the Planning Council~~ will nominate officers. The Nominating Committee shall consist of five members with one from each appointment category: direct consumers, family members, consumer-related advocates, professionals/providers, and state employees.
- b. Prior to the ~~September-October~~ Planning Council meeting, the Nominating Committee will review the Operating Policies and Procedures, including the job description for the Chairperson, and will recommend any changes to the Planning Council ~~at during the September-October~~ Planning Council meeting. The job description will contain both minimum and desirable qualifications for each office.
- c. The Nominating Committee will ~~approach Planning Council members and encourage Planning Council members~~ them to consider serving as officers.
- d. ~~During the October Planning Council meeting~~ At the first meeting of the calendar year, the Nominating Committee will present its proposed slate of officers. Additional nominations may be made from the floor at that time.
- e. At ~~the each first January meeting of each calendar year~~, the Planning Council will ~~elect-vote for the Chair-Elect~~ all officers. The newly elected officers ~~shall will~~ take office immediately at the opening of the January meeting ~~upon adjournment of the Planning Council meeting~~.
- f. The term of each office shall be one year. A member may be nominated in the future for the same office as long as it will not result in two consecutive terms.

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Committees

The Planning Council has an Executive Committee, standing committees, and ad hoc committees or ~~task forces~~ workgroups. The Executive Committee ~~shall will~~ review and evaluate the committee structure annually.

1. Executive Committee

The Executive Committee consists of the following 12 members:

1. Chairperson
2. Chairperson-Elect
3. Past-Chairperson
4. Standing Committee Chair -- Advocacy
5. Standing Committee Chair – Health Care Reform
6. Standing Committee Chair – Continuous System Improvement
7. Standing Committee Chair – Patient’s Rights
8. Liaison with the Administration
9. Liaison with CMHDA
10. Liaison with CALMHB/C
11. Executive Officer
12. At-large

The goal of the Planning Council, consistent with its value to empower direct consumers and family members, is that the Executive Committee should meet the following composition requirements: five members who are either direct consumers, family members, or consumer-related advocates and four members who are either providers/professionals or state employees. The one at-large position will be used to achieve ~~whatever type of a~~ balance, ~~is-if~~ needed, such as additional consumer or family member representation, ethnic diversity, geographic balance, or target population expertise. Attachment B contains the definitions of each appointment category.

The Executive Committee is responsible for all Planning Council decisions made between ~~meetings of the~~ full Planning Council meetings. The Executive Committee sets agendas for meetings; makes recommendations to the full Planning Council; and, as necessary, takes interim actions consistent with Planning Council policy.

2. Standing Committees

The Executive Committee recommends establishing standing committees to work on ~~a~~ specific topics or issues that ~~is-are~~ not time-limited. Standing committees can be abolished or created as needed. The standing committees are:

- Advocacy Committee
- Health Care Reform Committee
- Continuous System Improvement Committee
- Patients’ Rights Committee

3. Ad Hoc Committees

Ad hoc committees and ~~task forces~~ workgroups are formed to work on specific issues or tasks that are time-~~limited~~.

Committee Policies and Procedures

1. Each Planning Council member is required to serve on one standing committee. Planning Council leadership will make assignments to the committees based on expertise and an attempt to most evenly distribute ~~–as well as balancing the committees as much as possible by distributing~~ consumers, family members,

- providers, consumer-related advocates, and state representatives amongst the committees.
2. Planning Council staff will distribute an annual survey to council members prior to the October meeting. Planning Council leadership will use the results of this survey to appoint a committee chair and vice chair ~~annually~~-by the January meeting.
 3. To assist them in their work, committees may ~~use state consultants or other consultants~~invite individuals to serve as consultants who are not Planning Council members but who possess special knowledge, skill, or background relative to the committee's jurisdiction. The Executive Officer must approve ~~use of paid consultants~~such invitations. Subject to the approval of the Executive Officer and availability of travel funds, a committee chair may offer to pay ~~the for~~ travel expenses for consultants to attend quarterly meetings.
 4. The committee Chairperson, Vice-Chair, or Planning Council staff may decide on the need for ~~a~~meetings in addition to quarterly in-person meetings. Planning Council staff will make meeting arrangements and notify committee members of the meetings by telephone or by mail. Planning Council staff will support committee activities by providing issue analyses, background documents, and other necessary materials.
 5. Between committee meetings, committee chairs will inform ~~the~~ Planning Council staff of any significant developments relating to the committee's projects.
 6. Committees may appoint members who are not Planning Council members to serve on their committees in order to enhance the expertise of the committee. These members are voting members of the committee.
 7. Members who have non-voting status at the General Session of the Planning Council are given the right to vote at committee meetings.

Representing the Planning Council

Selection of Planning Council Members to Attend Training/Conferences

The Planning Council maintains a list of various organizations' annual trainings, conferences, and events. The council will periodically solicit volunteers ~~from time to time~~ to travel to ~~various organizations' conferences, trainings, or other~~these events on behalf of the Planning Council. Once all ~~members~~-interested ~~in participating in an event~~ members have submitted their names, the Executive Officer and the Chairperson will evaluate and ~~choose~~select a representative(s) ~~or representatives~~ based on how closely he or she matches the scope and purpose of the event. The following criteria will be used in making this determination:

- Experience and seniority (for policy development)
- Council member's attendance at previous trainings, conferences, and events
- New member (for training purposes)
- Regular attendance and active participation
- Subject matter expertise

- ~~• Ethnic diversity~~
- ~~• Direct consumer/family member parity~~
- Specific criteria required by the requesting organization

Council members should explore whether their employer will fund or reimburse for traveling and attending these events.

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- Council members are expected to share the information/knowledge gained from these events with their committee.

Roles and Accuracy of Planning Council Positions

Individual members may be called upon to represent the Planning Council before the Legislature, ~~the Department of Mental Health~~state departments, ~~and or~~ other groups. In addition, individual members may wish to represent the Planning Council at particular forums.

In any forum, members must indicate whether they are representing the Planning Council or are speaking as individuals. Individuals may represent the Planning Council only when authorized by the Chairperson or Executive Officer, ~~and~~ ~~Members~~ are responsible for representing the Planning Council's positions accurately.

Personal Projects

Planning Council members are to use their status as Planning Council members only when doing official business of the Planning Council. ~~They~~ ~~Members~~ are not ~~allowed~~ authorized to use their positions as Planning Council members to obtain information for personal projects.

Media Policy

The Planning Council will refer all media inquiries to the Executive Officer. The Executive Officer will use the steps outlined below when contacted by the media:

- ◆ Provide the reporter with the information ~~that they seek~~sought if she possesses that information or refer to other staff as appropriate based on expertise
- ◆ Arrange for an interview with the appropriate Planning Council member ~~if that person who~~ -is the best source of information provided that the member knows ~~they he or she is~~ ~~are~~ speaking on behalf of the Planning Council and ~~has to~~ must accurately represent the position of the Planning Council
- ◆ Work with the Department's Public Information Officer if the request for information is politically sensitive

Attendance Policy

During the quarterly meetings, the full Planning Council meets all day Thursday and half the day on Friday. Committee meetings are held on Wednesday afternoon. Planning Council meetings are an integral part of how the Planning Council conducts business because the bulk of the council's work is done during these times. As such, attendance at full council and committee meetings is essential. The purpose of having an attendance

policy is to ensure that the Planning Council can operate effectively and efficiently. Attendance records for full council meetings and committee meetings are maintained by the Executive Officer.

Planning Council Attendance

The Planning Council has established a policy of meeting in person four times per year (quarterly). All members will be notified ~~annually a year in advance~~ of the meeting schedule for the year. Planning Council members are expected to attend ~~as many all~~ quarterly meetings ~~as possible each year~~. If a Planning Council member misses two ~~or more~~ meetings in a 12-month period, the Chairperson of the Planning Council will send a letter to that member with a copy to the Director of the Department of ~~Mental Health~~ Health Care Services (DHCS). The letter should clearly state that, by missing two meetings in a year, the member is not participating in 50 percent of the Planning Council's activities, and therefore, cannot adequately contribute. A member who misses three meetings in a 12-month period or does not actively participate in the Planning Council's activities will be referred to the Director of ~~the Department of Mental Health~~ DHCS, who may ask that member to resign. If a member is planning to miss a quarterly meeting, he or she must contact the Executive Officer as soon as possible.

Attending a committee meeting or the Executive Committee meeting on Wednesday or one of the committee meetings on Thursday morning does not ~~count as~~ constitute being in attendance at the full session on Thursday afternoon or Friday.

Committee Attendance

Committee meetings ~~occur~~ are held both during the quarterly 2-day Planning Council meetings and ~~in between Planning Council meetings~~ monthly, as needed. Meetings held independently from the quarterly Planning Council meetings are usually scheduled based on a poll to determine the date that most members can attend. Committee members are expected to attend as many committee meetings as possible. ~~The Planning Council's committees are an integral part of how the Planning Council conducts business. The purpose of having an attendance policy is to ensure that the Planning Council's committees can operate effectively and efficiently.~~

Attendance records from each committee meeting will be maintained. If a committee has difficulty achieving a quorum due to the continued absence of a committee member, the committee chairperson will discuss with the member the reasons for his or her absence. If the problem persists, the committee chair can request that the Executive Committee remove the member from the committee.

Leaves of Absence

A request for a leave of absence must be submitted in writing to the Executive Officer. The request must include the duration of the leave, and must be approved by the leadership team.

Reimbursements

The Executive Committee is charged with reviewing and monitoring the travel budget. Planning Council members are reimbursed for expenses incurred within the following parameters:

1. The Planning Council's budget may necessitate limitations on travel and require the Executive Officer, in consultation with the Chairperson, to prioritize the types of travel that are authorized.

2. Reimbursement is governed by California Department of Personnel Administration and DHCS Travel Rules and Policy Memos, and applicable Government Code.

Board of Control Rules.—Reimbursement ~~is amounts are~~ limited to actual and necessary expenses the rates specified at the following link:

<http://www.calhr.ca.gov/employees/Pages/travel-reimbursements.aspx>.

This website includes information on lodging, meals and incidentals, and personal vehicle mileage reimbursement.

3. All expenses over \$25 require receipts and must be original and pre-printed with the name of the business. The State Controller's Office (SCO) requires all receipts show a zero balance or a minus credit balance. Reimbursement for parking is for actual costs only. No receipt is required if parking is less than \$10 for one continuous period of parking. Long-term parking is suggested and preferred for overnight stays.

34. Planning Council members are reimbursed only for approved Planning Council business, which is defined as follows:

- a. attending Planning Council meetings;
- b. attending Planning Council committee meetings; and
- c. representing the Planning Council at other forums when the Chairperson authorizes the Planning Council member to do so. Reimbursement is limited to occasions when the Planning Council member is participating as a representative of the Planning Council. The Planning Council member must make the request to the Executive Officer, who will consult with the Chairperson, at least two weeks prior to the event. Whenever possible, members shall request reimbursement from other sources.

5. d.—The Executive Officer will provide written confirmation to the Planning Council member authorizing that reimbursement for travel to meetings authorized pursuant to by subsection "c" ~~above has been authorized.~~

46. Planning Council members shall submit travel claims in a timely manner within 60 days of each incident of travel. This enables to enable the Executive Officer to monitor the travel budget effectively. All proof of payment documents should be submitted with your claim. Tape and label all small receipts to a blank 8 ½" by 11" sheet of white paper. Several receipts can be taped on each page. The Executive Committee is charged with reviewing the travel budget.

56. Planning Council members shall use the least expensive airfare possible for Planning Council business. Generally, the least expensive rates are those the State negotiates

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each year with air carriers. The Executive Officer will send instructions for accessing the reduced rates to all members upon appointment. The Executive Officer will update Planning Council members as procedures change.

67. Planning Council members shall use the least expensive ground transportation possible for Planning Council business. Use of rental cars must be approved in advance in writing by the Executive Officer. The Executive Officer may authorize the use of rental cars as a reasonable accommodation under special circumstances. However, in general, the least expensive mode of transportation will be approved.

~~78. Planning Council members using their personal telephones to make long distance phone calls concerning Planning Council business can be reimbursed for that expense on their travel claim forms. State travel reimbursement policy requires that a copy of the telephone bill be attached to the travel claim. In addition, the name of the party called must be written on the telephone bill.~~

Positions on Legislation

A flowchart on the Planning Council's process for analyzing and supporting bills is at Attachment C.

1. At the beginning of each calendar year, the ~~Executive Advocacy~~ Committee will recommend a legislative platform to be adopted by the Planning Council. This platform is based on mental health policy and program issues on which the Planning Council has consensus.
 - a. When staff identify newly introduced bills that fall within the Planning Council's legislative platform, these bills are assigned approved positions immediately and a position letter is sent to the author and appropriate committee chairs.
 - b. These approved positions are noted on the cover sheet of the legislative bill file that is distributed to Planning Council members ~~in a bi-weekly memo at the April and June quarterly meetings.~~
 - c. Any Planning Council member who is concerned about a position taken on a bill that falls within the purview of the legislative platform may request that it be reevaluated by the Executive Committee
 - d. If a bill is substantially amended, staff reviews the bill to determine if it is still within the purview of the legislative platform. If not, the bill will go back to the ~~Legislation, Regulations, and Funding Advocacy~~ Committee for deliberation.
2. Staff will analyze other legislation that does not fall within the purview of the legislative platform and make recommendations on positions to the ~~Legislation, Regulations and Funding Advocacy~~ Committee. When analyzing legislation, staff will consult with Council members concerning bills in their areas of expertise. Staff will also refer to the positions of California Association of Social Rehabilitative Agencies (CASRA), Los Angeles County, California Mental Health Directors Association (CMHDA), and other relevant mental health sources. Staff will recommend positions that are consistent with what they perceive to be the Planning Council's consensus on the issue. These positions will be forwarded to the Advocacy Committee for deliberation.

3. 4. The ~~Legislation, Regulations, and Funding Advocacy~~ Committee adopts positions on all other bills by consensus. Those positions are:
 - Support
 - Support if Amended
 - Oppose
 - Oppose unless Amended
 - Watch (neutral)
5. Staff will draft and send a position letters to the author(s) of the bill and the appropriate legislators/legislative committee chair. An electronic copy is also sent to all council members and posted to the CMHPC website. The letter is signed by the Chair of the Advocacy Committee.
6. Planning Council members are responsible for reviewing those positions and notifying the Planning Council office of any concerns about the positions.
7. Planning Council members who are concerned about a position taken on a bill ~~may request a copy of the bill from staff~~ should contact the Advocacy Committee Chair. If, after evaluating the bill, a Planning Council member is still opposed to the position adopted by the ~~Legislation, Regulations and Funding Advocacy~~ Committee, ~~staff the Advocacy Committee~~ will communicate those concerns about the bill to the Executive Committee for action.
8. The Executive Committee will reevaluate the positions on ~~the bills to which and discuss the issue with the~~ Planning Council members who has the objection. If the Committee upholds ~~its the~~ original position, that position will stand. ~~A Planning Council member may request a poll by mail of the whole Planning Council or that the bill be scheduled for discussion at the next meeting. The member may then opt to draft and send a letter of minority dissention which clearly outlines points of departure from the Council's majority position.~~ In the interim, the decision of the Executive Committee will stand so that the Planning Council may be active in advocating for the bill.
9. ~~If a bill is discussed by the full Planning Council, the Planning Council will decide which position to take by majority vote. When a bill's subject matter is controversial, after following steps from section 2 above, the Advocacy Committee may bring the bill to the full Planning Council to decide a position by majority vote.~~

Requests for Support or Endorsements

The Planning Council does not endorse individuals for employment or public office. The Planning Council will consider supporting requests for endorsements of grants from organizations to ~~whom~~ which the Planning Council is required by statute to give advice, from organizations whose requests are consistent with the principles and values in the *California Mental Health Master Plan*, and from organizations whose requests are consistent with our legislative platform. The Executive Committee will be consulted on all requests.

Funding of CMHPC Functions and Activities by Outside Entities

This policy is adopted pursuant to the following statutory authority of the Planning Council:

Welfare and Institutions Code §5772. The California Mental Health Planning Council shall have the powers and authority necessary to carry out the duties imposed upon it by this chapter, including, but not limited to, the following:

- (q) To accept any gift, donation, bequest, or grants of funds from private and public agencies for all or any of the purposes within the purview of the California Mental Health Planning Council, subject to the approval of the Department of Finance.

This policy also applies to funds not directly received by the CMHPC that are solicited on behalf of projects sponsored by the CMHPC but administered by an outside fiscal agent.

The CMHPC and its committees may accept funding from outside entities or individuals under the following guidelines and conditions:

1. Any committee or project soliciting financial donations or in-kind assistance must receive approval from the CMHPC Executive Committee prior to final acceptance of the donation.
2. The Executive Committee shall use the following criteria when deciding whether a donation, either financial or in-kind, should be accepted:
 - ◆ The proposed donation will not result in a direct financial, regulatory, or “influence” benefit to the donor or to an individual who is affiliated with the CMHPC.
 - ◆ The proposed donation does not present a conflict of interest or create a potential negative public perception of conflict or impropriety for the CMHPC or its affiliated committees.
 - ◆ The donation must be “unrestricted” and should not dictate program content for the activity or event or imply any anticipated ~~afecte~~effect on the policy decisions of the CMHPC.

**JOB DESCRIPTION: CHAIRPERSON
CALIFORNIA MENTAL HEALTH PLANNING COUNCIL**

Availability and Visibility

The Chairperson should be able to devote a substantial amount of time to Council activities, including:

- attending Planning Council meetings;
- attending meetings with Director of ~~Mental Health~~Department of Health Care Services in Sacramento every other month;
- attending statewide meetings of major constituency groups;
- testifying at legislative hearings periodically; and
- having frequent telephone contact with the Executive Officer and the Chairperson-Elect.

Leadership

The Chairperson should possess the following knowledge, skill, and attributes:

- understand the Planning Council's statutory duties and role in state government;
- demonstrate a commitment to the Planning Council's mission and goals;
- serve as a consensus builder to unify the diverse membership of the Planning Council on issues of common concern;
- be skilled at conducting meetings and leading a group towards satisfactory decision making.

Being a recognized participant in mental health issues with various local, state, or national mental health constituency groups is desirable but not required.

Political Skills

The Chairperson should possess the following political skills:

- understand the State's legislative process and demonstrate a willingness to participate in the legislative arena; and
- understand the role of the State's Administration and how it functions, and demonstrate a willingness to work with the Administration;

Knowing key legislators and Administration officials is desirable but not required. Possessing all the above skills on the federal level is desirable but not required.

Interpersonal Skills

The Chairperson should possess the following qualities:

- openness to change;
- the capacity to be flexible on issues; and
- conducting himself or herself in a way that is sensitive to and respectful of the diverse sensibilities of Planning Council members and persons in the audience

DEFINITIONS OF APPOINTMENT CATEGORIES

WIC Section 5571 (b)(2) -- State Department Representatives

PL 102-321 defines these state departments as follows:

the principal State agencies with respect to --

- (i) mental health, education, vocational rehabilitation, criminal justice, housing, and social services; and
- (ii) the development of the plan submitted pursuant to title XIX of the Social Security Act; (State Medi-Cal Plan)

WIC Section 5771 (b)(3) -- Direct Consumer, Family Members, and Advocates

1. Persons with mental disabilities

PL 102-321 defines this group as "adults with serious mental illnesses who are receiving (or have received) mental health services."

2. Family members of persons with mental disabilities

PL 102-321 defines this group as "families of such adults or families of children with serious emotional disturbance."

3. Representatives of organizations advocating on behalf of persons with mental disabilities

Organizations whose purpose is to advocate for the rights of persons with mental disabilities or for their access to high quality mental health services. To comply with the requirement of PL 102-321 that "not less than 50 percent of the members of the Council are individuals who are not State employees or providers of mental health services," this category must exclude organizations composed of providers of mental health services.

WIC Section 5771 (b)(4) -- Representatives of Mental Health Constituency Organizations

PL 102-321 generally describes this category as "public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services."

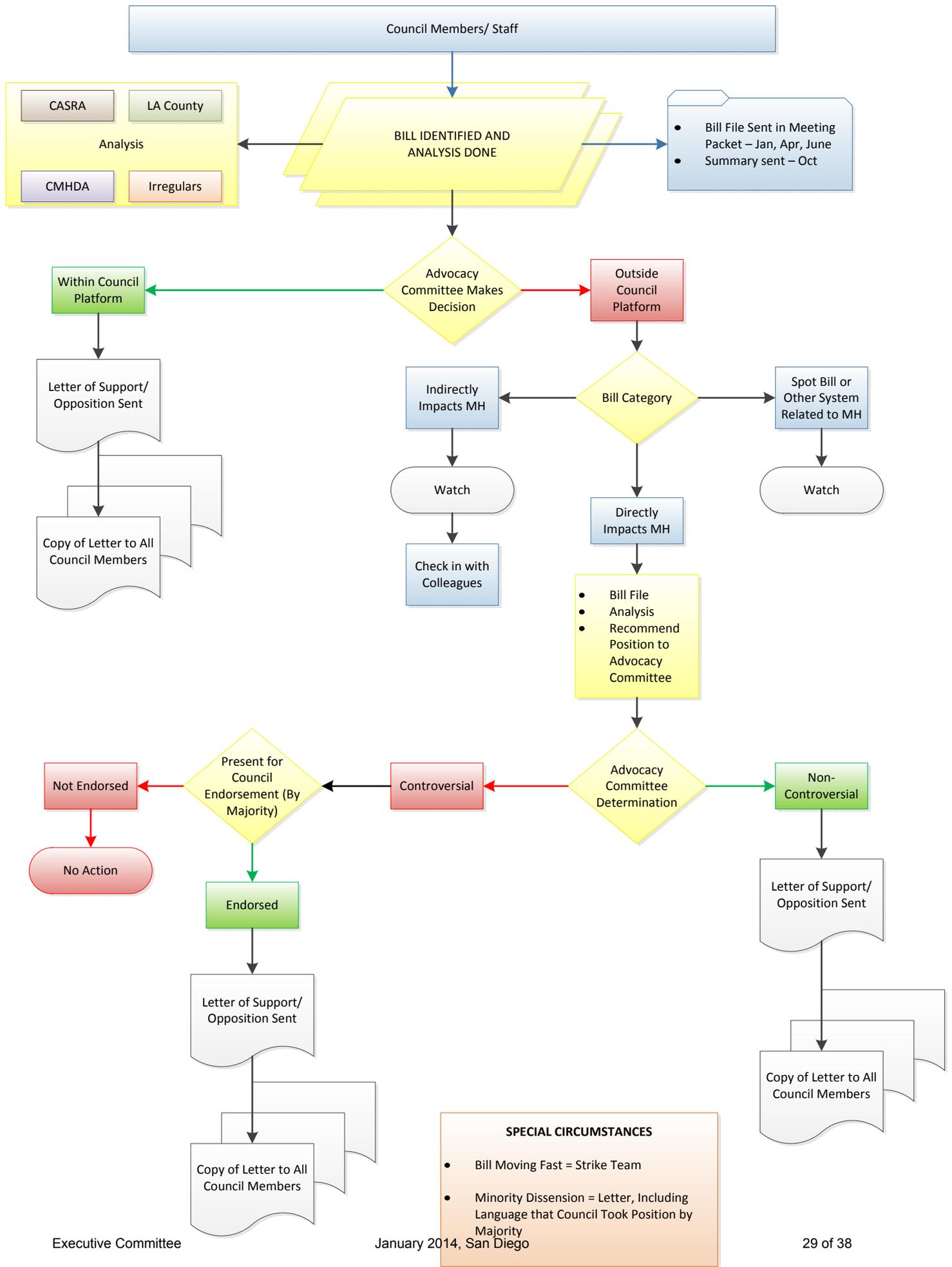
1. Mental health professional organizations

Organizations composed of members possessing graduate degrees and licenses qualifying them to provide mental health services.

2. Mental health providers' organizations

Organizations composed of public or private entities providing mental health services.

3. California Coalition for Mental Health



X INFORMATION

TAB SECTION: 3

___ ACTION REQUIRED: None

DATE OF MEETING: 1/15/14

PREPARED BY: Adcock

DATE MATERIAL

PREPARED: 12/18/13

AGENDA ITEM: CMHPC Mandates Work Plan

ENCLOSURES: • CMHPC Mandates Work Plan

OTHER MATERIAL RELATED TO ITEM:

ISSUE:

This is an updated plan which presents all the 'action' statutes for review and discussion by Executive Committee members. The Executive Officer will discuss priorities for the 2014 year.

California Mental Health Planning Council Work Plan

Introduction

The California Mental Health Planning Council (CMHPC) is mandated in both federal and state law with specific requirements around reviewing, assessing, advocating and recommending for effective services that are accessible and promote the recovery and wellness of Californian's living with mental illness. This work plan depicts several of the CMHPC's central functions (as stated in law), activities to fulfill the functions, frequency or timeline, and outputs including use of the results where appropriate.

Description

The CMHPC is a 40-member advisory body to the Governor, the Legislature, the Director of Health Care Services, local boards and local programs. Membership is primarily consumers and family members, with some professionals and providers, advocates and eight state department representatives. This composition provides a robust and unique perspective for advocacy and advice. The Council is structured in committees to address emerging as well as long-term issues in the mental health landscape.

The CMHPC has many federal and state statutes which direct the Council to perform certain mandates. While the Council has a large membership and several staff for support, there are finite resources. This work plan will serve to focus the Council's resources and actions to those items where the Council has expertise, a clear mandate and can have the greatest impact.

Mental Health Planning Council Functions as mandated by statute:

Federal Public Law (PL) 106-310	Council Activity	Timeline or Frequency	Output
<ul style="list-style-type: none"> Review the State mental health plan required by PL 106-310 and submit to the State any recommendations for modification 	Annual review of CA SAMHSA BG application	Annually	Letter to DHCS
<ul style="list-style-type: none"> Review the annual implementation report on the State mental health plan required by PL 106-310 and submit any comments to the State 	Annual review of CA Implementation Report	Annually	Letter to DHCS
<ul style="list-style-type: none"> Advocate for adults with serious mental illness, children with a severe emotional disturbance, and other individuals with mental illnesses or emotional problems 	Legislative advocacy, Participation on HCR and other issue-specific committees. participation on work groups and committees such as CCMH, CSPC, MHSA Partners, CALMHB/C, etc.	Ongoing	Position letters to Legis, Letters to state/fed officials, reports on specific topics,
<ul style="list-style-type: none"> Monitor, review, and evaluate annually the allocation and adequacy of mental health services within the State. 	TBD	Annually	
<p>Welfare and Institutions Code (WIC) 5772 - The California Mental Health Planning Council shall have the powers and authority necessary to carry out the duties imposed upon it by this chapter, including, but not limited to, the following:</p>			
<ol style="list-style-type: none"> To advocate for effective, quality mental health programs. 	Legislative testimony. Participation on HCR and other issue-specific committees, , participation on work groups and, committees e.g., CSPC MHSOAC, CCMH, CALMHB/C, EPSDT POS and WET Adv Cmte.	Ongoing	Position letters to Legislature, Letters to state/fed depts., Reports on specific topics. Input on draft policy, regulations and other documents at both state and federal levels.

	Council Activity	Timeline or Frequency	Output
Executive Committee	<p>2. To review, assess, and make recommendations regarding all components of California's mental health system, and to report as necessary to the Legislature, the State Department of Health Care Services, local boards, and local programs.</p>	Ongoing	Data Notebook, reports on specific aspects of public mental health, position letters to Legis, letters to Director of DHCS.
	<p>3. To review program performance in delivering mental health services by annually reviewing performance outcome data as follows:</p> <ul style="list-style-type: none"> To review and approve the performance outcome measures. 	Monthly	
January 2014, San Diego	<ul style="list-style-type: none"> To review the performance of mental health programs based on performance outcome data and other reports from the State Department of Health Care Services and other sources. 	Ongoing	Written reports distributed to DHCS, County MH Directors, County MH Boards and legislative representatives.
	<ul style="list-style-type: none"> To report findings and recommendations on programs' performance annually to the Legislature, the State Department of Health Care Services, and the local boards. 	Ongoing	Written reports distributed to DHCS, County MH Directors, County MH Boards and legislative representatives
	<ul style="list-style-type: none"> To identify successful programs for recommendation and for consideration of replication in other areas. As data and technology are available, identify programs experiencing difficulties. 	Biennial	Award announcement, notices to legislative representatives and county mental health director.
	<p>4. When appropriate, make a finding pursuant to Section 5655 that a county's performance is failing in a substantive manner. The State Department of Health Care Services shall investigate and review the finding, and report the action taken to the Legislature.</p>	Annually	Written reports distributed to DHCS, County MH Directors, County MH Boards and legislative representatives.

	Council Activity	Timeline or Frequency	Output
5. To advise the Legislature, the State Department of Health Care Services, and county boards on mental health issues and the policies and priorities that this state should be pursuing in developing its mental health system.	Legislative testimony, position letters, input on policy, regulations and other program documents.	Ongoing	Reports/papers on specific aspects of public mental health, position letters to Legis, letters to Director of DHCS.
6. To periodically review the state's data systems and paperwork requirements to ensure that they are reasonable and in compliance with state and federal law.	Joint work group with DHCS and MHSOAC	Monthly	
7. To make recommendations to the State Department of Health Care Services on the award of grants to county programs to reward and stimulate innovation in providing mental health services.	n/a		
8. To conduct public hearings on the state mental health plan, the Substance Abuse and Mental Health Services Administration block grant, and other topics, as needed.	Hold public forums around the state on specific topics	Annually	Written reports distributed to DHCS, County MH Directors, County MH Boards and legislative representatives.
9. In conjunction with other statewide and local mental health organizations assist in the coordination of training and information to local mental health boards as needed to ensure that they can effectively carry out their duties.	Coordinate training needs with CiMH and CALMHB/C	Ongoing	
10. To advise the Director of Health Care Services on the development of the state mental health plan and the system of priorities contained in that plan.	Same as #5 above	Ongoing	Written input on policy, regulations and other program documents.
11. To assess periodically the effect of realignment of mental health services and any other important changes in the state's mental health system, and to report its findings to the Legislature, the State Department of Health Care Services, local programs, and local boards, as appropriate.	2012 Panels on AB 109 and 2014 Panels on AB 114.	Periodic	Written reports distributed to DHCS, County MH Directors, County MH Boards and legislative representatives.

	Council Activity	Timeline or Frequency	Output
12. To suggest rules, regulations, and standards for the administration of this division.	Same as #5 above and participation on CA Stakeholder Process Coalition.	Ongoing	Written input on policy, regulations and other program documents.
13. When requested, to mediate disputes between counties and the state arising under this part.	When requested	As needed	
14. To employ administrative, technical, and other personnel necessary for the performance of its powers and duties, subject to the approval of the Department of Finance.	n/a		
15. To accept any federal fund granted, by act of Congress or by executive order, for purposes within the purview of the California Mental Health Planning Council, subject to the approval of the Department of Finance.	n/a		
16. To accept any gift, donation, bequest, or grants of funds from private and public agencies for all or any of the purposes within the purview of the California Mental Health Planning Council, subject to the approval of the Department of Finance.	n/a		
WIC 5820 - Each OSHPD five-year WET plan shall be reviewed and approved by the Planning Council.	Participate in OSHPD WET Advisory Committee; Coordinate Council review/approval of 5-Yr Plan	Monthly	Input on policy and development of the 5-Year Plan. Review and Approval of the Plan in January 2014.
WIC 5821 - The Planning Council shall advise the OSHPD on education and training policy development and provide oversight for the department's education and training development.	Participate in OSHPD WET Advisory Committee	Ongoing	

