

California Mental Health Planning Council

Executive Committee

Friday, November 20, 2015

1501 Capitol Avenue
Suite 3001
Sacramento, CA 95814

Conference Call Line

Toll-free 1-866-742-8921 Participant code 5900167

Time	Topic	Presenter or Facilitator	Tab
9:00	Welcome and Introductions	Cindy Claflin, Chairperson	
9:05	Review/Decision regarding Area of Council Focus in 2016-17	Cindy Claflin and All	1
9:30	Discuss and Finalize EO Evaluation Criteria for 2016	Cynthia Burt and All	2
10:15	Public Comment	Cindy Claflin, Chairperson	
10:20	New Business	Cindy Claflin, Chairperson	
10:30	Adjourn		

The scheduled times on the agenda are estimates and subject to change.

Committee Members:

Cindy Claflin Steven Grolnic-McClurg
Monica Wilson Adam Nelson
Jo Black Daphne Shaw
Noel O'Neill Walter Shwe
Susan Wilson Jane Adcock

If reasonable accommodations are needed, please contact Chamenique at (916) 552-9560 at least 5 working days prior to the meeting date.

1 TAB SECTION

DATE OF MEETING 11/20/15

MATERIAL
PREPARED BY: Adcock

DATE MATERIAL
PREPARED 10/19/15

AGENDA ITEM:	Review/Decision re: Area of Focus for 2016-17
ENCLOSURES:	

BACKGROUND/DESCRIPTION:

At the October 2015 Council meeting, ideas were solicited from members for possible areas of Council focus in 2016-17. Below are the ideas to be considered and decided by Executive Committee at their November meeting. This will allow sufficient time for the Data Notebook to be created and released by April 18, 2016.

The ideas for consideration are:

Children and youth

Integration of substance abuse

Aging

Strategic shifting of populations from IMDs

Service delivery to foster youth

Individuals who have BH and DD disorders

Deinstitutionalization

Aging and substance abuse

Racial/Ethnic Disparities

CCBHC

2 TAB SECTION

DATE OF MEETING 11/20/15

MATERIAL
PREPARED BY: Adcock

DATE MATERIAL
PREPARED 10/19/15

AGENDA ITEM:	Determine Exec Officer Annual Evaluation Criteria for 2016
ENCLOSURES:	Draft Proposal

BACKGROUND/DESCRIPTION:

At the September meeting of the Executive Committee, the proposed process for an annual evaluation of the Executive Officer was accepted. It was agreed that the Committee would discuss and finalize the evaluation criteria for the 2016 evaluation at the October meeting however, all the information was not available. Attached is the proposed process, with proposed criteria, to start the discussion.

CALIFORNIA MENTAL HEALTH PLANNING COUNCIL

EXECUTIVE OFFICER EVALUATION

METHODOLOGY:

Annual evaluation is facilitated and compiled by a contract consultant from input by staff and Planning Council members with self-assessment by Executive Officer (EO). Executive Committee reviews and approves evaluation report and the Officer Team delivers it to the EO in January.

Bi-annual evaluation includes criteria material covered in the annual evaluation as well as those performance objectives the Council and EO agree cannot be completed within one evaluation year.

The bi-annual evaluation includes the same Annual Evaluation participants. Additionally, includes all relevant outside governmental and collaborating entities as determined by the criteria—(e.g. Department of Health Care Services, Office of Statewide Planning and Development, Mental Health Services Oversight and Accountability Commission, Office of Health Equity, County Behavioral Health Directors, REMHDCO, NAMI, CA stakeholder Process Coalition, with self-assessment by Executive Officer).

TIMELINE:

In order to be effective and useful, an evaluation should be completed in a timely and effective manner. The evaluation participants and the person being evaluated (EO) should agree on both the performance objectives, the evaluation criteria, and the time required to meet the objectives. To that end, a proposed timeline is:

October: Executive Officer, Executive Committee and evaluation consultant establish specific performance objectives (annual and bi-annual) and decide on evaluation criteria

November: Begin evaluation process of prior year, distribute documents to respective participants, and establish response timeline for participants

December: Complete evaluation process and prepare evaluation report for Executive Committee review

January: Officer Team meets with Executive Officer to present/review evaluation report

(Suggested) PERFORMANCE CRITERIA:

Annual Evaluation

General:

Planning Council Criteria:

- Represent CMHPC at various statewide and national meetings (specify)
- Make presentations on behalf of the CMHPC
- Oversee CMHPC legislative advocacy program, including help select legislation to track, review staff analyses, review position papers, attend legislative hearings, testify on legislation as necessary, apprise Council on status of legislation via written report at established intervals
- Facilitate the release of reports prepared by staff through Council member action in committee, or as a whole, which serve to fulfill the Council mandates, to inform public policy and priorities and to advance the Council's role in California's public mental health system
- Supervise CMHPC staff: prepare meeting agendas, organize presentations, perform research, utilize performance indicators through data collection and interpretation, facilitate committee work plan action/follow up
- Demonstrate improved efficiencies with Council operations (e.g. understanding and inclusion of Council mandates, Roberts Rules of Order, quarterly meeting logistics and travel arrangements, member recruitment, orientation and welcome)

Staff Criteria:

- Provides clear instructions about assignments
- Provides sufficient technical assistance, resources, and support to complete assignments
- Provide direction to assist with prioritization of workload, interactions with Council members
- Reviews work products and provides edits/direction
- EO is open to ideas from staff about Council activities, processes, direction, workload, etc.
- EO is accessible to staff

Executive Officer:

- Self assessment on above criteria, including description of activities to achieve the objectives

Bi-Annual Evaluation

All of the Above Elements of Annual Evaluation *and*

- Demonstrated progress towards transition to becoming a behavioral health council
- Demonstrated progress towards CMHPC marketing of work, public awareness development
- Demonstrated progress towards collaborative relationships with Department of Health Care Services and other governmental agencies and constituencies
- Demonstrated progress towards ongoing relationship with California legislators/staffers

(Proposed) SCORING CRITERIA:

Although it may appear subjective, a Likert Scale valuing each of the elements of either the annual or bi-annual performance evaluation may prove useful to the respective evaluators. It has the advantage of eliminating an “all or nothing” approach to an evaluation; while at the same, time allows the evaluator the opportunity to weight their responses. Therefore, on a scale of 1 to 5, the following would apply:

0. Do not know
1. Does not perform
2. Performs minimally well (between 0-25% of the time)
3. Performs occasionally well (between 25% to 50% of the time)
4. Performs relatively well (between 50% and 75% of the time)
5. Performs exceptionally well (between 75% and 100% of the time)

Summing the responses or averaging the responses could be a more empirical method of determining the final score for the evaluation. Of course, this would require the Executive Committee to determine what they consider a “passing”, “needs improvement” or “outstanding” numerical value required for the Executive Officer to be successful.

Additionally, the Executive Committee will have to determine what demonstrated progress means in establishing the bi-annual performance objectives