

Orientation of New Planning Council Members

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California Mental Health
Planning Council

Overview

- Vision/Mission/Values
- Federal Mandate
- State Mandate
- CMHPC Procedures
 - Contract for Participation
 - Governance Structure
 - Meeting Format
 - Bagley-Keene Open Meeting Act
 - Travel Procedures

Planning Council Vision, Mission, and Values



- Vision Statement The CMHPC envisions a mental health system that makes it possible for individuals to lead full and productive lives. The system incorporates public and private resources to offer community-based services that embrace recovery and wellness. The services are responsive, timely, and accessible to all California's populations.

Mission Statement

- The CMHPC evaluates the mental health system for accessible and effective care. It advocates for an accountable system of responsive services that are strength-based, recovery-oriented, culturally competent, and cost-effective. To achieve these ends, the Council educates the general public, the mental health constituency, and legislators.

Values

- Consumer/family voices, choices, and preferences are heard, embraced, and acted upon
- Consumers are entitled to services that recognize and encourage their strengths and reduce stigma and discrimination
- Consumers/families participate in the individual design, delivery, and evaluation of services
- Family partnerships are developed to involve children and youth in the design, delivery, and evaluation of services
- The Recovery Vision is the paradigm for designing, delivering, and evaluating services
- Services are based on effective practices and quality outcomes that are consumer-driven

Values

- Services embrace a holistic philosophy, which recognizes that the physical and spiritual health of the individual plays a key role in recovery
- Cultural competence is essential for accessible and effective services
- Accessibility of services for diverse populations is the cornerstone of quality services
- In systems of care, mental health services are provided in active collaboration with community services and other service agencies and partners

Federal Mandate

SAMHSA Block Grant



- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Administered by Center for Mental Health Services (CMHS)
- \$56 M federal grant received annually by California

Federal Duties

- Review the State mental health plan required by PL 106-310 and submit to the State any recommendations for modification
- Review the annual implementation report on the State mental health plan and submit any comments to the State

Federal Duties

- Advocate for adults and older adults with SMI, children with SED, and other individuals with mental illnesses or emotional problems
 - Authorizes the Planning Council to become involved in various issues affecting all persons with mental illness
 - Advocate on federal and state legislation
 - Advocate for consumer and family member empowerment in planning and policy development

Federal Duties

ANNUAL



BUDGET

- Annually monitor, review, and evaluate the allocation and adequacy of mental health services within the State
 - Evaluating the mental health system through performance outcome measures
 - Reviewing mental health funding issues
 - Reviewing implementation and evaluation of the MHSA

Federal Composition Requirements

- Adults with SMI who are receiving or have received mental health services
- Families of such adults or families of children with SED
- Public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services
- Not less than 50% are individuals who are not state employees or providers or mental health services

Federal Composition Requirements: State Departments

- Mental Health
- Education
- Vocational Rehabilitation
- Criminal Justice
- Housing
- Social Services
- Health Services (Medicaid)

State Mandate

State Duties

- Advocate for effective, quality mental health programs. Review, assess, and make recommendations regarding all components of California's mental health system
 - DHCS
 - state hospitals
 - local mental health programs
 - MHB/Cs
- Evaluate mental health services from all funding sources
 - Realignment
 - Medi-Cal
 - SAMHSA
 - Mental Health Services Act

State Duties



- Review program performance in delivering mental health services by annually reviewing performance outcome data as follows:
 - Review and approve the performance outcome measures

State Duties



- Report findings and recommendations of programs' performance annually to the Legislature, the State Department of Mental Health, and the local boards
- Identify successful programs for commendation and for consideration of replication in other areas. As data and technology are available, identify programs experiencing difficulties

State Duties

- Advise the Legislature, the CA 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
- Suggest rules, regulations, and standards for the administration of this division

State Duties

- Conduct public hearings on the SAMHSA Block Grant and other topics, as needed
- In conjunction with other statewide and local mental health organizations, assist in the coordination of training and information to MHB/Cs as needed to ensure that they can effectively carry out their duties

State Duties

- Implications for tasks or projects:
 - Advise DHCS by having Planning Council members sit on committees and task forces
 - Provide written comment on State policies and procedures
 - Meet with State Department staff
 - Advise local mental health boards and commissions on key issues

CMHPC Operating Procedures

Contract for Participation

■ Values

- Empowering consumers and families

■ Attendance

- Expected to attend all quarterly meetings
- Letter from DHCS if two meetings missed in 12-month period
- Asked to resign if three meetings missed in 12-month period

■ Deliberation and Decision-making

- Appointees act as individuals not representatives of organizations
- Diverse viewpoints represented on Planning Council
- Tolerance for disagreement encouraged; polarization into factions discouraged

Contract for Participation

- Leadership Development
 - Priority placed on helping members acquire skills to become committee chairs and officers: Mentorship Forum
- Meeting Preparation
 - Materials sent a week or more in advance of meetings
 - Quarterly meeting packets require 4-6 hours to read (at least initially)

Contract for Participation

- Serving on Committees
 - Advocacy
 - Health Care Reform
 - Continuous System Improvement
- Actively participate in committee work
- Representing the Planning Council
 - Must be asked by Chairperson to represent Planning Council
 - Responsible for accurate representation of our positions
 - If speaking as an individual, be clear about it

Mentors



- On same committee as you, if possible
- Available by phone to answer your questions
- Will be seated next to you at Planning Council meetings

2013 Meeting Dates

Meeting	Date	Location
January	16 -17 - 18	San Diego
April	17 - 18 - 19	Ontario
June	19 - 20 - 21	Burlingame
October	16 - 17 - 18	Sacramento
January 2014	15 - 16 - 17	San Diego
April 2014	16 - 17 - 18	Anaheim

Meeting Format

■ Wednesday

- 9:30 a.m. – 12:00 p.m.
 - Executive Committee
- 1:30 p.m. – 5:00 p.m.
 - Health Care Reform Cmte
 - Advocacy Committee
 - Continuous System Improvement Committee
- 6:00 p.m. – 8:30 p.m.
 - Patient's Rights Committee

■ Thursday

- 8:30 a.m. - 12:00 p.m.
 - Planning Council General Session

■ Thursday

- 1:30 p.m. - 5:00 p.m.
 - Planning Council General Session
- 5:15 p.m. – 6:00 p.m.
 - Mentorship Forum

■ Friday

- 8:30 a.m. - 12:00 p.m.
 - Planning Council General Session

Governance Structure

- Officers/Leadership
 - Chairperson
 - Chair-elect
 - Past-Chair
- One-year terms
- Election at January meeting
- Committee chairs/vice chairs appointed by Leadership
- Executive Committee
 - Officers (3)
 - Committee Chairs (4)
 - CMHDA Liaison (1)
 - DMH Liaison (1)
 - At-large (1)
- Balance of direct consumers, family members and providers

Bagley-Keene Open Meeting Act

- Can only act on items that appear on posted agenda
- Agenda must be posted 10 days in advance of meeting
- Public is entitled to comment on all agenda items

Travel Expense Claim Worksheet

1. Date you departed _____
2. Destination _____
3. Time you departed from your home _____
4. Date you returned _____
5. Time you reached your home _____
6. If you drove to the airport or the meeting, round trip mileage _____
7. If you drove, your license plate number _____
8. Any bridge tolls _____
9. Purpose of trip: _____
10. Send all of the following receipts if you incurred any of these expenses:

You must submit all your receipts except for your meals. (For example: Airline itinerary, parking, shuttle and hotel bill with a zero balance etc.) You may also submit any Planning Council business phone bills, but you must indicate for each call who you spoke with and the business conducted.

Check List:

- Airline ticket (original ticket required or itinerary receipt for ticketless travel)
- Hotel receipts (receipt should have a “zero balance”)
- Parking receipts
- Taxi or shuttle receipts

Per Diem Breakdown:

Breakfast (leave at or before 6:00 a.m. and end at or after 9:00 a.m.) up to \$6.00

Lunch (leave at or before 11:00 a.m. and end at or after 2:00 p.m.) up to \$10.00

Dinner (leave at or before 4:00 p.m. and end at or after 7:00 p.m.) up to \$18.00

Incidentals (can only be claimed for every 24 hour period) up to \$6.00

Total up to \$40.00

Day 1

B _____

L _____

D _____

I _____

Day 2

B _____

L _____

D _____

I _____

Day 3

B _____

L _____

D _____

I _____

Day 4

B _____

L _____

D _____

I _____