MENTAL HEALTH SERVICES OVERSIGHT & ACCOUNTABILITY COMMISSION

Goals, Procedures and Rules of Operation

Adopted 1/27/06

1. Commission Goals

The goals of the Mental Health Oversight and Accountability Commission are reflected in the Purpose and Intent (Section 3) of the Mental Health Services Act:

a) To define serious mental illness among children, adults and seniors as a condition deserving priority attention, including prevention and early intervention services and medical and supportive care.

b) To reduce the long-term adverse impact on individuals, families and state and local budgets resulting from untreated serious mental illness.

c) To expand the kinds of successful, innovative service programs for children, adults and seniors begun in California, including culturally and linguistically competent approaches for underserved populations.

d) To provide state and local funds to adequately meet the needs of all children and adults who can be identified and enrolled in programs under this measure.

e) To ensure that all funds are expended in the most cost effective manner and services are provided in accordance with recommended best practices subject to local and state oversight to ensure accountability to taxpayers and to the public.

2. Commission Responsibilities

Key Commission responsibilities as defined by the Commission include but are not limited to:

a) Providing overarching oversight and accountability for the implementation of the Mental Health Services Act.

b) Redirecting California's mental health system toward transformation, such that all mental health activities and programs stress prevention, early intervention, wellness, recovery and resilience.

c) Ensuring that the perspective and participation of those living with mental illness and their family members are a significant factor in all of the Commission's decisions and recommendations.

d) Promoting a systems approach to the provision of multicultural and multi-linguistic mental health services, activities and programs to eliminate disparities in access to and quality of mental health services.

e) Developing public education strategies to overcome the stigma associated with mental illness.

f) Promoting programs and activities that maximize the impact of the MHSA monies on the mental health of all Californians.

g) Keeping the public and stakeholders informed as to the progress that is being made toward a transformed mental health system that has prevention, wellness, recovery and resilience as its primary goals.

3. Commission Membership

Membership is specified in the Mental Health Service Act and must be in accordance with W&I Code Section 5845 (a), (b) and (c). At the end of the specified three-year term, a member may be reappointed to subsequent terms, but there shall be no right attached to reappointment.

4. Meetings and Attendance

a) The Commission shall, until a lesser frequency is appropriate, meet at least monthly, except in December. Meetings shall be one to two days at the discretion of the Chair.

b) Meetings shall follow the rules laid out in the Bagley-Keene Open Meetings Act (Government Code Sections 11120 – 11132).

c) The Commission expects its members to attend Commission meetings in person and be present for the entire meeting.

d) With regard to the Commission's four statutory appointments, the following shall apply:

(i) The members appointed by the Speaker of the Assembly and the Chair of Senate Rules are expected to fulfill their duties, but may designate one of their staff (consistently the same person) to attend Commission meetings, sit at the Commission table, enter into Commission discussions, but not vote.

(ii) The two constitutional officers shall either attend personally, or designate a delegate with full powers of membership.

e) For all other Commission members (i.e. not identified in subsection (d) immediately above): In the event that a member cannot attend a Commission meeting, he/she may send a delegate to listen and take notes, but that delegate may not sit at the Commission's table nor vote.

f) More than one absence without notice, or three absences with notice, in a calendar year may be cause for the Chair to request the appointing authority to replace the member.

g) A quorum of eleven members shall be present to approve prevention, early intervention and innovation plans and programs. For other discussions, a simple majority of the Commission's membership shall constitute a quorum. *(The Commission wants to further clarify this section at its February, 2006 meeting.)*

h) A public comment time of one hour is integral to each meeting of the Commission. At the discretion of the Chair, comments from the general public shall be limited to three minutes each. If there should be large numbers of persons desiring to comment, then the individual times may be shortened so that each person has the opportunity to speak.

5. Commission Officers

At the first Commission meeting of each calendar year, the Commission shall select a chairperson and vice-chairperson from among its membership. There shall be no limit to the number of terms either may serve.

6. Commission Staff

a) A Search Committee, appointed by the Chair, shall select and nominate an Executive Director from among a group of qualified candidates. The Search Committee's nomination will be forwarded to the Commission for its ratification. The Director of the State Department of Mental Health will then forward, with comments, the nomination to the Secretary of Health and Human Services, who will then forward the nomination with comments to the Governor for appointment.

b) The Executive Director shall serve at the pleasure of the Commission, consistent with the appointing authority. The position is exempt from civil service rules and protections.

c) With input from the Commission, the Chair, Vice Chair and Executive Director shall work together to set annual goals for the Executive Director. With input from the Commission, the Chair and Vice Chair will conduct an annual review of the Executive Director's performance.

d) The Executive Director shall select all other Commission staff, in such number and with expertise as required, consistent with civil service rules, and as allowed for in the Commission's budget. The Executive Director retains hire and dismissal authority with respect to all Commission staff.

e) The Executive Director shall retain, as well as dismiss, consultants and other special experts as allowed for in the Commission budget.

f) In consultation with the Commission, the Commission Committees' Co-Chairs, the Director of the State Department of Mental Health and the Executive Director, the Chairperson and Vice Chair shall develop an annual Commission budget for approval by the Commission. The Commission will forward its adopted budget to the Director of the Department of Mental Health for inclusion in the Department of Mental Health annual budget process, which is subject to the overall state budget process.

g) On an annual basis and in consultation with the Chair, Vice Chair and Commission, the Executive Director will propose the Commission's annual work plan to the Commission for its approval.

7. Structure of Commission Committees

a) As part of its Year-One Work Plan, the Commission established six standing committees:

i. Prevention/Early Intervention Committee
ii. Innovation Committee
iii. Community Services and Supports Committee
iv. Capital Facilities Committee
v. Education and Training Committee (Work Force Development)
vi. Measurement and Outcomes Committee

b) The Commission Chair shall appoint two co-chairs for each standing committee from among the Commission's membership, one of who shall be a consumer or family member of a consumer. Each year the Commission Chair may reappoint committee co-chairs.

c) Any Commissioner may elect to serve on any committee.

d) Committees shall have a maximum of 15 members and shall include public membership. Of this public membership, two shall be consumers and two shall be family members of consumers. Public membership of each committee shall be from among persons recruited and / or approved by the committee co-chairs. In their recruitment and appointment, committee co-chairs shall pay special attention to issues related to cultural diversity and competency.

e) Commission staff and/ or consultants will staff each committee.

8. Charge of Standing Committees

a) Integrate Commission's priorities into the committee's work

b) Ensure communication and information exchange between the Commission and DMH in the subject areas assigned to the committee.

c) For the subject areas assigned to the committee, make recommendations to the Commission regarding the Commission's review of and comment on the DMH draft county plan requirements prior to the adoption of those guidelines by DMH.

d) With respect to Prevention / Early Intervention Plans and Innovation Plans, the assigned committee shall work closely with the full Commission to determine the direction, priorities and overall approach for both the Commission's review of and comment on the DMH draft county plan requirements for these two plans as well as any committee recommendation regarding the Commission's approval, denial or amendment of these Prevention / Early Intervention and Innovation County Pans.

e) With respect to Community Services and Supports Plans, Capital Facilities Plans, and Education and Training Plans, the assigned committee shall make recommendation to Commission regarding Commission's review of and comment on these county plans.

f) Take the lead on structuring opportunities for Commission education in and policy discussion about the committee's assigned subject areas.

g) Ensure the researching of the relevant literature and the incorporation of that research into the Commissions' work in the committee's assigned subject areas.

h) Take the lead in developing the substantive content for Commission hearings in the committees' assigned subject areas.

i) Coordinate public and stakeholder input into their work as appropriate.

j) Focus the Commission's work on measurement and outcomes in the committees' assigned subject areas.

9. Additional Responsibilities for Particular Standing Committees

a) Measurement and Outcomes Committee

i. Assists the other Commission committee's in their work on measurement and outcomes.

ii. Assists the Commission in determining the Commission's role in the area of measurement and outcomes.

b) Capital Facilities Committee

i. As appropriate, Committee prepares comments for Commission review and recommendation on the feasibility and / or advisability of major capital projects.

ii. Collaborates on behalf of the Commission with state and other funding agencies to maximize the impact of capital dollars.

c) Education and Training Committee (Workforce Development)

i. Collaborates with the Planning Council and the Department of Mental Health on the development of the Five Year Workforce Plan. The Committee shall ensure that workforce factors that limit the effectiveness of mental health services such as geographic maldistribution, lack of cultural competence, under use of evidence-based practice, and shortages of personnel trained to meet the needs of children, senior and multi-cultural communities are addressed in the Five Year Workforce Plan.

ii. Ensures family / consumer centrality in workforce development plans, including the expansion of employment opportunities for consumers and family members in mental health settings.

iii. Ensures culturally competent outreach to underserved groups for recruitment into the mental health field.