



CALIFORNIA BEHAVIORAL HEALTH PLANNING COUNCIL APPLICATION

BACKGROUND

The California Behavioral Health Planning Council (Council) is mandated by federal and state statutes to:

- advocate for children/youth with serious emotional disturbances and adults and older adults with serious mental illness
- review and report on the adequacy and performance of California's public behavioral health system
- advise the Governor and the Legislature on priority issues and participate in statewide planning

There are 40 members on the Council. The Director of the Department of Health Care Services (DHCS) appoints Council members to three-year terms. Planning Council members represent the diverse viewpoints of California's behavioral health community and bring specific expertise and insight from their experiences and organizations. They are not required, however, to provide input nor make decisions on issues based on the position of their organization. Several members represent state departments whose mission affects the behavioral health community such as Education, Vocational Rehabilitation, Social Services and Housing while others may work for a nonprofit organization or have lived experience as a consumer or family member.

MINIMUM REQUIREMENTS

Council Members must have the following to fully participate in Council activities:

- Access to an electronic device with internet connection and a phone to receive calls as well as leave/receive voicemail messages
- Mailing address where documents, including large packets, can be delivered if electronic delivery of materials is not the selected method of delivery
- Ability to independently analyze and think through items on meeting agenda(s) and if discussion is needed outside of the meeting, to contact fellow committee members to discuss

Please Note: Council staff can assist in securing a device, if needed. The Council will provide new members with a mentor that is skilled, experienced, and helpful.

PARTICIPATION EXPECTATIONS

The Planning Council meets face-to-face four times per year. These meetings are scheduled for three days. Planning Council members are expected to attend all Council meetings because their voice is essential to the work of the Council.

The Planning Council has six committees:

- Legislation Committee
- Workforce and Employment Committee
- Housing and Homelessness Committee
- Patients' Rights Committee
- Performance Outcomes Committee
- Systems and Medicaid Committee

The committees work on behavioral health issues that the Planning Council considers to be of the highest priority. Committee work is an integral part of a members' responsibility. Committee members are to review and respond to committee materials, as requested, in a timely manner. Council members are expected to attend and participate in two of the above committees and may also:

- volunteer for work groups, as the need arises
- attend conferences and trainings that are relevant to committee and Council work
- assist with the preparation of written documents for consideration by the Council
- complete assignments by committee-established deadlines

From time to time, Council members may have an opportunity to serve on committees sponsored by other state, federal or legislative entities to work on key areas of policy development. Members are notified of these opportunities to volunteer. If a Council member accepts, he/she serves as a representative of the Planning Council and will be responsible for accurately representing the Council's position. If travel is required, the costs will be reimbursed by the Council in accordance with state travel guidelines.

TIME COMMITMENT

Council member appointments are made for a three-year term. Members can request reappointment for subsequent three-year terms. These are unpaid, volunteer appointments.

Quarterly face-to-face meetings are held in January, April, June and October. The quarterly meetings are scheduled for 3 ½ days because they include both committee meetings as well as full Council General Sessions. Meeting agendas and materials are sent out to members 10-14 calendar days in advance in either electronic or hardcopy format. Member preparation for the meeting and review of materials can take up to 2.5 hours. It is expected that Council members review the meeting materials prior to the meeting in order to fully participate in committee discussions and decisions.

Committees may determine additional meetings are needed to complete work or projects in-between the quarterly meetings. These meetings last 1-2 hours and may occur in Sacramento. Members are expected to prepare for and attend these meetings, as much as possible, as a quorum is needed to conduct business. In-between committee meetings are scheduled to accommodate all committee members and meeting materials will be sent no less than 10 calendar days prior to the meeting date.

TRAVEL

Because the Planning Council represents all of California, the quarterly face-to-face meetings are held in locations around California. Typically, two meetings are held in Southern California, one in the Bay Area, and one in Sacramento.

- Council members are reimbursed for their travel expenses, and in some cases, provided with travel advances. Reimbursement amounts are made pursuant to established state travel rates.
- Council staff will assist members in making their travel arrangements and accommodations.
- Council members are required to submit accurate travel expense claims for reimbursement with necessary receipts within 10 days of completed travel.
- It is expected that Council members will communicate with Council staff immediately if there are any problems with reimbursement, travel arrangements or barriers to their travel.

ADDITIONAL RESPONSIBILITIES

- Participate in statewide planning
- Review and comment on the bi-annual application for funding from the Substance Abuse and Mental Health Services Administration (SAMHSA)
- Participate in the public hearings on the state mental health plan, SAMHSA block grant, etc.
- Assist in the coordination of training and information to county mental/behavioral health boards
- Monitor, review and evaluate the allocation and adequacy of behavioral health services within the state
- Advise the Legislature and Department of Health Care Services on behavioral health issues and priorities
- Participate in Planning Council leadership skill development for potential committee and Council chairperson appointments
- Communicate with Council staff immediately if there are any problems or questions related to the business of the Planning Council

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CALIFORNIA BEHAVIORAL HEALTH PLANNING COUNCIL

- Mr.
 Ms.
 Other _____

FIRST MIDDLE LAST

1. Residence address: _____

Mailing address: _____

2. Telephone number: _____

E-mail: _____

3. What year were you born? _____

4. Gender: Male Female Other _____

5. Ethnicity: _____

6. Please explain why you wish to serve on the California Behavioral Health Planning Council.

7. The Council seeks diversity in perspective and experience amongst its members. Indicate any perspective and/or experience you would bring to the Council. Please select which groups (if any) you have knowledge/connection with below.

- | | | |
|---|---|---|
| <input type="checkbox"/> Native American | <input type="checkbox"/> Veteran | <input type="checkbox"/> Education |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Law Enforcement/
Criminal Justice | <input type="checkbox"/> Foster Care/
Juvenile Justice |
| <input type="checkbox"/> African American | <input type="checkbox"/> LGBTQ | <input type="checkbox"/> Latino |
| <input type="checkbox"/> Child/Adolescent/Youth | <input type="checkbox"/> Rural California | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> Substance Use Disorder | <input type="checkbox"/> Other _____ | |

8. The Council has four (4) appointment categories. Please mark which category in which you are seeking appointment. You can select more than one.

Consumer-Related Advocate (please explain) (representatives of organizations advocating on behalf of persons with behavioral health disabilities):

- Consumer
- Family Member
- Professional/Provider (please identify): _____

9. Council membership requires travel by air and/or car four (4) times a year, sitting for long periods of time, listening to presentations, public speaking to Council members, and reviewing documents in electronic or paper form in order to prepare for meetings. Are you able to perform all of these activities?

YES NO

If "no", please describe: _____

10. Category which most accurately describes your current status:

- | | | |
|--------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Student | <input type="checkbox"/> Employed | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Veteran | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Other _____ | | |

11. Please attach a resume or Curriculum Vitae (CV) which also indicates any professional licenses/certificates you hold and any organizations/societies to which you belong.

12. Please provide two (2) contacts as reference to your connection to the behavioral health community in California.

13. Are you a citizen of a country other than the United States?

YES NO

If yes, what country? _____

Please note: Answering “Yes” to any of the following questions will not automatically disqualify you from consideration. However, please explain any “yes” answers on the space provided below.

14. Are you currently, or have you ever been, under federal, state or local investigation for possible violation of a criminal law or ordinance?

YES NO

15. Have you ever been disciplined or cited for a breach of ethics or unprofessional conduct by, or been the subject of a complaint to, any court, administrative agency, professional association, disciplinary committee, or other professional group?

YES NO

16. Have you ever been publicly identified in person or by organizational members, with a particularly controversial national, state or local issue or produced documents or presentations on particularly controversial issues?

YES NO

17. Have you ever had any association with any person, group or business venture which could be used, even unfairly, to impugn or attach your character and qualifications for the requested appointment; or, do you know of anyone who might take any steps, overtly or covertly, to attach your appointment?

YES NO

Please explain below if you answered “YES” to any of the questions 14-17. Attach additional pages if needed.

Question # _____

Explanation:

AUTHORIZATION AND RELEASE

I understand that in connection with this application for appointment, a background check may be conducted. I hereby authorize the release of any and all information pertaining to me from available records and hereby release all such agencies or individuals who furnish such information from liability for damages which may result from furnishing the information requested.

The personal and medical information collected on and with this form is confidential, subject to the Department of Health Care Services (DHCS) Notice of Privacy Practices that can be found in the [Notice of Privacy Practices](#). The Department of Health Care Services needs the information to ensure appointments on the Council achieve a balance of appointment category, demography, geography, gender, and ethnicity. DHCS will not use or share the information for other purposes except with your permission or as permitted by law. You must provide all information requested on this form. If you do not provide all information requested, we cannot appropriately screen your applications against current Council appointment needs. In most cases, the individual(s) to whom this information pertains has the right to access it. DHCS is authorized to collect this information pursuant to Welfare and Institutions Code 5771 and PL-102-321. This privacy notice provided here is required by California Civil Code 1798.17.

SIGNATURE

DATE

For faster delivery, please send your electronic or scanned application by e-mail to:

Inbox@cbhpc.dhcs.ca.gov

Or mail your completed hard copy application to:

Department of Health Care Services
C/O CA Behavioral Health Planning Council
Attn: Tyler Sadwith, Deputy Director of
Behavioral Health
MS 2706 PO Box 997413
Sacramento, CA 95899-7413