

The Office of Mental Health &  
Substance Abuse Services (OMHSAS)  
Advisory Committees'

PROTOCOL

**Introduction**

In March 2004, members of the Office of Mental Health and Substance Abuse Services' (OMHSAS) Advisory Committees arrived at consensus on an advisory structure to assure that:

1. Consumers, family members, and other stakeholders have the opportunity for meaningful, effective participation in advising OMHSAS;
2. Information is shared broadly and in a timely manner from stakeholders to OMHSAS and from OMHSAS to stakeholders;
3. Valuable networking opportunities are available among stakeholders;
4. There are productive partnerships between OMHSAS and the Advisory Committees.

The OMHSAS Advisory Structure is comprised of three committees and one subcommittee: Children's Behavioral Health Advisory Committee, Adult Behavioral Health Advisory Committee, Older Adult Behavioral Health Advisory Committee, and Youth Subcommittee. The Youth Subcommittee provides youth representation to the Children's and Adult Behavioral Health Advisory Committees. These committees will advise on a broad behavioral mandate to include, but not be limited to, mental health, substance abuse, behavioral health disorders, and cross-system disability.

The OMHSAS Advisory Committees will directly advise the Deputy Secretary.

The OMHSAS Advisory Committees will link to the OMHSAS Quality Management Committee, the Mental Health/Mental Retardation (MH/MR) Advisory Committee, and Department of Public Welfare (DPW) committees, including the Medical Assistance Advisory Committee (MAAC), the Consumer Subcommittee of the MAAC, the DPW Children's Cabinet, and the DPW Cultural Competency Committee.

The OMHSAS Advisory Committees will assume the role of State Mental Health Planning Council within its scope of responsibility.

## **I. Purpose**

The purpose of the OMHSAS Advisory Committees shall be to provide counsel and guidance to the Office of Mental Health and Substance Abuse Services, Department of Public Welfare of the Commonwealth of Pennsylvania, in order to ensure an infrastructure and a full array of mental health, substance abuse, and behavioral health services which comply with the Mission, Vision, and Guiding Principles of OMHSAS, as well as core principles of the Community Support Program (CSP), Child and Adolescent Service System Program (CASSP), Cultural Competency, and Bureau of Drug and Alcohol Programs (BDAP).

### **OMHSAS Mission**

The Office of Mental Health and Substance Abuse Services, in collaboration with other appropriate state offices, will ensure local access to a comprehensive array of quality mental health and substance abuse services that are reflective of the needs of Pennsylvania citizens, effectively managed and coordinated, and responsive to a dynamic and changing health care environment.

### **OMHSAS Vision**

Every individual served by the Mental Health and Substance Abuse Services system will have the opportunity for growth, recovery, and inclusion in their community, have access to culturally competent services and supports of their choice, and enjoy a quality of life that includes family and friends.

### **OMHSAS Guiding Principles**

The Mental Health and Substance Abuse Services System will provide quality services and supports that:

- Facilitate recovery for adults and resiliency for children.
- Are responsive to individuals' unique strengths and needs throughout their lives.
- Focus on prevention and early intervention.
- Recognize, respect, and accommodate differences as they relate to culture/ethnicity/race, religion, gender identity, and sexual orientation.
- Ensure individual human rights and eliminate discrimination and stigma.
- Are provided in a comprehensive array by unifying programs and funding that build on natural and community supports unique to each individual and family.
- Are developed, monitored, and evaluated in partnership with consumers, families, and advocates.
- Represent collaboration with other agencies and service systems.

### **State Mental Health Planning Council Body**

It is the responsibility of all Committee members to be cognizant of and actively participate in fulfilling expectations as representatives of the broad range of individuals served by

OMHSAS, as well as to meet the three primary duties assumed by these committees as the State Mental Health Planning Council. The Federal Public Health Services Act defines the duties, below, and in the excerpts from the Public Health Service Act (Attachment 1).

A. To review plans provided to the Council pursuant to Section 1915(a) by the State involved and to submit to the State any recommendations of the Council for modification to the plans;

B. To serve as an advocate for adults with a serious mental illness, children with a severe emotional disturbance, and other individuals with mental illnesses or emotional problems; and

C. To monitor, review, and evaluate, not less than once every year, the allocation and adequacy of mental health services within the State.

See Attachment 1 for further information on the State Mental Health Planning Council.

## **II. Membership**

A. The OMHSAS Advisory Committees will be composed of individual representatives of youth, adult, and older adult individuals who have been served by the behavioral health system, family members of such youth and adults, providers, advocates, professionals, their respective organizations, as well as governmental organizations. At least 51% of the members will be current or former behavioral health consumers and family members. The size of each of the Committees will not exceed 30 members, who shall be appointed by the Deputy Secretary of the Office of Mental Health and Substance Abuse Services.

1. The Youth Subcommittee will be composed of up to 14 youth members ages 14-25, and up to 4 youth mentors up to the age of 30. Additional protocol for the Youth Subcommittee is presented in Attachment 3.

B. The goal in appointing members is to reflect the cultural and demographic diversity of individuals served in the Commonwealth and to maintain an equitable representation among consumer, family, advocate, and professional representatives to the fullest extent possible, while assuring 51% membership of consumers and family members.

C. In January of each year the Executive Committee of the Advisory Committees (the currently serving Co-Chairs of the three Advisory Committees), in collaboration with the Office of Mental Health and Substance Abuse Services, shall be responsible for soliciting candidates for committee membership. Individuals are encouraged to apply for membership; in addition, representative constituent organizations may recommend individuals for membership. All candidates must complete a membership application form.

The Executive Committee shall submit recommendations to the Deputy Secretary of persons to be appointed as members of Advisory Committees. The number of names to be recommended for membership will be equal to or greater than the number of positions to be filled during each year. Appointment to membership will be confirmed by an appointment letter from the Deputy Secretary in May of each year.

D. Nominees appointed by the Deputy Secretary will serve a three-year term on the committees, beginning in July of the year in which appointed. There are no term limits on committee membership.

E. In the event of a vacancy in membership, the unexpired portion of the term shall be filled by a person to be recommended by the Executive Committee and appointed by the Deputy Secretary.

F. An annual orientation for newly appointed members will be conducted in September of each year. The orientation will address such matters as the composition and purpose of the committees, the public behavioral health system, service array, OMHSAS structure, and cultural competency.

G. New members will receive an appointment letter and an Advisory Committee orientation packet within one month after being appointed to an Advisory Committee.

### **III. Structure**

#### **Committee Co-Chairs**

A. Each committee will have Co-Chairs, one of which at all times will be a consumer and/or family member. Committee members shall elect Co-Chairs of each committee for a two-year term, and shall serve until a successor has been duly appointed. Co-Chairs can be re-elected for a maximum of one additional two-year term, after which there must be a minimum of a two-year hiatus before being considered again for the position of Co-Chair.

- Co-Chair positions can only be held by a member of the committee who has served at least one year as a regular member and attended the required 4 out of 6 meetings annually.
- Under no circumstance will Pennsylvania state employees serve in Co-Chair positions.

B. In January of each year\*, the Executive Committee shall be responsible for soliciting nominations of individuals who are qualified and willing to serve as a Co-Chair. One Co-Chair position on each committee will be up for re-election annually. Election of Co-Chairs shall be conducted in each committee by ballot in May, with the term of office to begin at the July meeting. Election shall be by a simple majority vote of those present and voting, providing a quorum has been reached.

*\* Note: A special election was conducted in 2006 electing one co-chair for a one-year term and one co-chair for a two-year term to provide continuity in committee leadership.*

C. Responsibility of Co-Chairs:

- Establish individual and joint session agendas.
- Chair bimonthly committee meetings of individual and joint committee sessions.
- Participate in bimonthly Executive Committee meetings.
- Provide timely review and necessary response to correspondence.
- Provide liaison with the Deputy Secretary and the OMHSAS staff.
- Determine, in conjunction with OMHSAS staff, the need for workgroups.
- Assure correspondence necessary to the function of the committee is completed.
- Assure obligations of the Federal Block Grant are met, including but not limited to participating in Block Grant review meetings and Block Grant conferences.
- Participate in additional activities as requested by the Deputy Secretary, such as OMHSAS Executive Council strategic planning sessions.

D. Co-Chair Vacancy:

In the event of a vacancy in a committee Co-Chair position, the unexpired portion of the term will be filled by a person selected in a Special Election.

- The Executive Committee will solicit nominations of individuals qualified and willing to serve as a Co-Chair.
- A ballot of nominees will be presented to the committee membership where the vacancy is held.
- Election shall be by a simple majority of those present and voting, providing a quorum has been reached.

**Executive Committee**

An Executive Committee of the OMHSAS Advisory Committees will be comprised of the Co-Chairs of the Children's, Adult, and Older Adult Committees to provide a structure for the coordination of the Advisory Committee's activities, concerns, and issues. The Executive Committee will be responsible for development of agendas, completing required correspondence, making recommendations of specific tasks, and assignment of workgroups to develop information and recommendations on these issues, and making decisions on behalf of the Committee between meetings. The Co-Chairs are to assure Committee members are informed of actions taken by the Executive Committee between regularly scheduled Committee meetings.

The Executive Committee will act as the Membership Committee, having the authority to recommend to the Deputy Secretary persons to be appointed to the three committees.

### **Committee Workgroups**

#### **A. Committee Structure and Membership**

The formation and purpose of Committee Workgroups will be the determination of Committee Co-Chairs in conjunction with OMHSAS to assist in issue-focused, task-oriented, time-limited work of the committees. Advisory Committee and non-Advisory Committee members may be appointed to participate in workgroups, to assure the necessary representation and expertise needed to meet the goals of the workgroup. When establishing workgroups, attention will be given to workgroup membership composition, with the goal to achieve appropriate representation of stakeholders as well as geographical and cultural representation of members. Workgroup members may identify an alternate to attend in the event they are not able to participate; however, it is the responsibility of the workgroup member to provide background and information necessary to allow for effective participation of the alternate.

#### **B. Committee Process**

- Individual Committee or Joint Committee establishes need for workgroup.
- Workgroup develops draft timeline and “work product.”
- Timeline and draft work product are distributed to the committee for comment via email or at regularly scheduled meeting of the committee.
- Comments considered in final product, and final product distributed to the committee.

### **IV. Conduct of Business**

A. The business and affairs of the Advisory Committees and workgroups shall be managed by the chairpersons. Administrative support and technical assistance will be provided by OMHSAS.

B. Notice of meetings, including the agenda for the meeting, shall be distributed to the membership not less than five working days if written, or not less than 48 hours if electronically, prior to the meeting.

C. Voting – Only voting committee members and alternates may vote on committee issues. Any action before committees will be presented by formal motion, seconded, and voted on by members. For voting purposes, 1/3 of all voting committee members will constitute a quorum. A simple majority of the quorum will constitute approval of any motion.

## **Meetings and Attendance**

The OMHSAS Advisory Committees can only be effective if members attend regularly and participate in discussion, development of issue statements and recommendations, and respond to requests from OMHSAS.

Meetings will occur six times per year. During the last meeting of the calendar year meetings will be scheduled for the next calendar year. The Executive Committee has the prerogative of rescheduling meetings for legitimate reasons such as scheduling conflicts or weather.

Members must RSVP promptly when notified of meetings in order to allow for adequate copies of materials and food. All members are expected to attend at least 4 of the 6 regularly scheduled meetings annually. If members fail to RSVP and do not attend the required meetings, the Committee Co-Chair(s) will contact the member to determine their interest in continuing on the Committee. At the discretion of the Executive Committee, members may be dismissed for lack of attendance and unexplained absences.

Attendance alone does not make a good Committee member. Assisting the Co-Chairs in keeping the Committee focused on the task at hand, respectful participation in discussion, and support of consensus decisions are valuable assets in Committee members.

## **VI) Staff Support**

- A. OMHSAS will provide adequate staff to ensure effective committee, subcommittee, and workgroup coordination.
- B. OMHSAS staff leads the development and submission of the Block Grant proposal.
- C. OMHSAS will provide, at a minimum, the following support functions:
  - 1) Meeting arrangements
  - 2) Distribution of mailings
  - 3) Set-up for meetings
  - 4) Records of expenses
  - 5) Attendance and recording of meeting outcomes
  - 6) Travel reimbursement
  - 7) Inter-office distribution of committee business
  - 8) Liaison with Committee Co-Chairs
  - 9) Liaison with Executive Committees
  - 10) Travel and overnight arrangements
  - 11) Sunshine notification
- D. OMHSAS staff will support committee and workgroup functions and business as required. This includes responding to committee requests for information on any pertinent issues. Appropriate OMHSAS staff are expected to attend committee meetings.

**VII) Travel and Reimbursement - *Made for consumers and family members.***

- A. If individuals are members based on organization nomination, the member organizations are expected to pay for attending members’ expenses for participation at committee meetings.
- B. For individuals who are participants and not connected to an organization that has adequate resources to support reimbursement, expenses for ordinary travel, meals, lodging, and childcare in connection with committee business will be reimbursed by the Commonwealth, subject to the specific guidelines for these reimbursements and availability of funds.
- C. Commonwealth rules for documentation, utilization of vouchers, and adherence to state rates apply in all cases.

See Attachment 2 for further policy and procedures outlining Travel and Reimbursement.

**VIII) Sunshine Laws**

- A. Council meetings are subject to the Sunshine Law and notification under the law.
- B. The general public, interested individuals, and organizations are welcome to attend council meetings.

**IX) Protocol Revision**

- A. This protocol will be reviewed annually by the Executive Committee, and recommended amendments will be submitted to the Committees for approval if changes are indicated.

**Excerpts from the**

**PUBLIC HEALTH SERVICE ACT**

**STATE MENTAL HEALTH PLANNING COUNCIL**

- (a) In General – A funding agreement for a grant under section 1911 is that the State involved will establish and maintain a State mental health planning council in accordance with the Conditions described in this section.
- (b) Duties – A condition under subsection (a) for a Council is that the duties of the Council are:
  - (1) to review plans provided to the Council pursuant to section 1915(a) by the State involved and to submit to the State any recommendations of the Council for modifications to the plans;
  - (2) to serve as an advocate for adults with a serious mental illness, children with a severe emotional disturbance and other individuals with mental illnesses or emotional problems; and
  - (3) to monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the State
- (c) Membership
  - (1) In General – A condition under subsection (a) is that the Council be composed of residents of the State, including representatives of
    - (A) 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;
    - (B) public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services
    - (C) adults with serious mental illnesses who are receiving (or have received) mental health services; and
    - (D) the families of such adults or families of children with emotional disturbance.

- (2) Certain Requirements – A condition under subsection (a) for a council is that –
  - (A) with respect to the membership of the Council, the ratio of parents of children with a serious emotional disturbance to other members of the Council is sufficient to provide adequate representation of such children in the deliberations of The Council; and
  - (B) not less than 50 percent of the members of the Council are individuals who are not State Employees or providers of mental health services.
- (c) Definition-For purposes of this section, the term “Council” Means a State mental health planning council.

**Attachment 2**

**GUIDELINES FOR REIMBURSABLE EXPENSES FOR OMHSAS  
ADVISORY COMMITTEES / MENTAL HEALTH PLANNING COUNCIL  
AND ADVISORY WORKGROUPS**

- 1) Consumer and family members of the OMHSAS Advisory Committees/Mental Health Planning Council and Advisory Workgroups are offered reimbursement of expenses in connection with official meetings of the Advisory Committees and Workgroups. However, the Commonwealth has a limited amount of funds available for such expenses. Therefore, restrictions on the use of such funds is a necessary element of management and resources.
  - a) **Travel**
    - i) Commonwealth travel regulations will be followed when requesting reimbursement for travel expenses. ***Travel by air is not an allowable expense.***
    - ii) Travel expenses will be certified using the appropriate voucher forms; **receipts for tolls are required for reimbursement.**
    - iii) Members must use the most direct, least expensive route to and from the meeting in order to reduce the amount of mileage and road tolls. The Bureau retains the right to adjust requests for mileage and tolls in accordance with Comptroller guidelines.
    - iv) Members are encouraged to cooperate with other members in arranging for travel. Car pools, shared room accommodations, and any other cost-reduction measures are strongly encouraged. Advance requests for cost-reduction measures not normally expected as a travel expense may be submitted in writing to OMHSAS for approval, e.g., rental of van to transport members from the same area. OMHSAS will respond to such requests in writing. A copy of this response must be filed with the Expense Voucher.
  - b) **Advance Requests**
    - i) Members requiring lodging or travel advances must respond to the OMHSAS staff noted on the meeting announcement ***by the deadline given on the meeting announcement*** to allow for issuance of necessary hotel and advance orders. If members do not meet the deadlines stated, they will be responsible for making their own arrangements and will need to submit an Expense Voucher with the proper receipts to be reimbursed after the fact. Such requests must be approved by Shelley Bishop of the Deputy’s Office. Individuals making their own arrangements for reimbursed lodging must contact OMHSAS to gain approval of the lodging rate.
    - ii) All hotel and advance orders must be documented on an Expense Voucher after use and reconciled against actual costs; this could result in a repayment of advanced funds to the Commonwealth by the committee member or payment of additional funds to the committee member. If this is

not completed within 60 days of the meeting, expenses incurred may become the responsibility of the committee member.

**c) Dependent Care**

- i) Parents who need assistance with dependent (child or adult parent) care in order to attend meetings may petition OMHSAS through Shelley Bishop of the Deputy's Office *in advance of the meeting* for such reimbursement. Requests must state the amount requested and the person or agency to whom the reimbursement is being paid, including Social Security number or tax number of the dependent care provider. Approval will be granted in writing. A copy of the approval letter must be filed with the Expense Voucher to obtain reimbursement. Maximum allowable reimbursement is \$5.00 per hour, \$40.00 per day.

**d) Meal Expense**

- i) A per diem payment to cover approved meal expenses will be provided either through an advance or reimbursement process. Per diem amounts will be based upon the most current State/DPW guidelines for the area the meeting will be held. Advance or reimbursement forms will need to be completed and submitted for an individual to be able to receive per diem funds. Per diem meal expense will *not* be paid for any meals provided by OMHSAS at Advisory Committees or Workgroup meetings.
- 2) Consumer and family members who are employed by or represent professional, business, or advocate organizations are required to petition their organizations for reimbursement. Commonwealth funds are to be used only in such instances where the organization is unable to provide reimbursement and such inability would prohibit attendance at the meeting. Written notice of rejection of the request is required to allow for Commonwealth reimbursement.
- 3) Submission of all reimbursement requests, hotel, and advance orders must occur *within 60 days after the meeting* or they may become the responsibility of the member.
- 4) Exceptions to these guidelines may be considered when requested in writing to the Deputy Secretary.
- 5) These guidelines may be revised by the Deputy Secretary if resource allocations change. Written notice of any changes will be provided to all current Advisory/Workgroup members.

## Attachment 3

### PROTOCOL FOR YOUTH SUBCOMMITTEE

#### Membership

The Youth Subcommittee of the OMHSAS Advisory Committee will be composed of up to 14 youth members, ages 14- 25 and up to 4 youth mentors up to the age of 30. This membership will reflect:

- Statewide representation of youth members, ages 14-25 from the following geographic regions:
  - 3 Youth from South East
  - 2 Youth from North Central
  - 2 Youth from South Central
  - 3 Youth from the South West
  - 2 Youth from the North West
  - 2 Youth from the North East
- Four Youth Mentor positions who are:
  - Former youth and/or transition-age service recipients
  - Up to the age of 30
  - Experienced as advocates and/or youth supporters

#### Subcommittee Function

- Subcommittee members will meet bimonthly the day before the OMHSAS Advisory Committees.
- 2 voting representatives of the Subcommittee will attend the Children's Committee to convey the consensus of the Youth Advisory Subcommittee to the Children's Committee, and 2 voting representatives will attend the Adult Committee to do the same.
  - These representatives will be floating sets which youth representatives will rotate through based on youth experience, passion for the issues at hand, and ability to convey youth consensus.