

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

BOARD POLICY

Date Issued 1/24

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WRITTEN BY Lisa Morse	REVIEW BY Latina K. Cates	AUTHORIZED BY SCCCMHA Board	

I. APPLICATION:

- SCCCMHA Board
- SCCCMHA Providers & Subcontractors
- Direct-Operated Programs
- Community Agency Contractors
- Residential Programs
- Specialized Foster Care

II. POLICY STATEMENT:

It shall be the policy of the St. Clair County Community Mental Health Authority (SCCCMHA) Board to maintain one (1) Advisory Council whose purpose is to obtain the input of those supported by SCCCMHA, families of those supported by SCCCMHA, and other citizens/stakeholders in topical areas determined by management to be brought to the attention of the Council. The Council is advisory in nature and not intended to duplicate staff work or SCCCMHA Board policy making. The Advisory Council serves as one avenue of meeting the CARF and MDHHS requirements of; (1) input from individuals served and other stakeholders; (2) consumerism requirement; (3) its inclusion requirement: “recognizing and accepting people with mental health needs as valued members of the community.”

III. DEFINITIONS:

- A. Consumerism: the active promotion of the interest, service needs, and rights of mental health consumers.
- B. Inclusion: recognizing and accepting people with mental health needs as valued members of their community.
- C. Stakeholder: an individual or group who has an interest in a particular item, who may or may not have something to gain as a result of their involvement.

IV. STANDARDS:

- A. Advisory Council: there will be one (1) Advisory Council; representing and advocating for children and adults with mental illness or a serious emotional disturbance, and those with intellectual/developmental disabilities.

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B. Membership

1. Number: The Council will have 11 – 15 members.
2. Representation: The membership must represent those served, family members of those supported, at least one (1) SCCCMHA Board member (who acts as the liaison to the SCCCMHA Board) and other community citizens/stakeholders/advocacy organizations/service agencies (e.g. RESA, DHHS, MRS, The Arc, etc.). Geographic areas of SCCCMHA: South and SCCCMHA: West shall be represented.
3. Participation: Members must be able to participate and contribute to the meeting.
4. Application: Individuals wanting to be considered for Council membership must complete the application and forward it to Program Director. Term: The Advisory Council members will serve three (3) year terms, beginning in April of each year. Appointments may occur at other times throughout the year if there are vacancies.

C. Officers: The Council will elect a Chair and a Vice-Chair who will serve for one (1) year terms.

D. Meetings

1. Annual Meeting: The Council will have an annual meeting that will be held in April of each year. The agenda will be developed by the Program Director or designee with the existing Chair and Vice Chair. The first order of business will be to accept nominations for the newly appointed members and to elect the new year's Chair and Vice Chair.
2. Regular Meetings: The Council will meet monthly; in person is preferred but remote participation can occur if participation can be ensured.
3. Agenda: There may or may not be standing agenda items.
4. Meetings will be held in compliance with the Open Meetings Act.

E. Voting/Quorum/Rules

1. A simple majority (over one-half) of the eligible voting members shall constitute a quorum for the transaction of any business at any regular or special meetings of the SCCCMHA Advisory Council.
2. Each Council member gets one (1) vote.
3. All matters requiring voting may be passed with a simple majority vote of members present.
4. The latest version of Robert's Rules of Order shall prevail.

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F. Duties and Responsibilities: May include but not limited to priorities in the following areas:

1. Designated policies.
2. Program planning development.
3. The Agency's Integrated Health environment.
4. Customer service and marketing information.
5. The outcome of the Agency's Need Assessment.

G. Committees: The Council may from time to time form subcommittees as needed to implement its duties and responsibilities.

H. Staff Support: Management will assign a clerical staff and a program staff as support to the Advisory Council.

V. PROCEDURES:

A. **Applicant**

1. Complete the SCCCMHA Advisory Council Application
2. Submit completed application the SCCCMHA Administration/Program Director.

B. **Program Director**

1. Ensure application goes to SCCCMHA Advisory Council for recommended membership.
2. Notifies applicant of application status / appointment.

VI. REFERENCES:

- A. CARF 2023 1.C.2.a.(1), 1.D.1
- B. MDHHS – CMH Contract – Inclusion Practice Guideline, Consumerism Practice Guideline
- C. PIHP- CMH Contract – Inclusion Practice Guideline, Consumerism Practice Guideline
- D. Robert's Rules of Order
- E. Open Meeting Act of Michigan

VII. EXHIBITS:

- A. St. Clair County Community Mental Health Advisory Council Member Application For

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Appointment.

VIII. REVISION HISTORY:

Dates issued 07/16, 07/17, 07/18, 01/19, 01/20, 01/21, 02/22, 01/23.

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH ADVISORY COUNCIL MEMBER
APPLICATION FOR APPOINTMENT

Dear Interested Applicant:

Please fill out the following application to serve on the St. Clair Community Mental Health Authority Advisory Council, hereinafter referred to as the CMH Advisory Council. Applicants must reside in St. Clair County.

Please return the application to:
St. Clair County Community Mental Health Authority
Attn: Program Director
3111 Electric Avenue, Port Huron MI 48060

If you need assistance completing the application please contact:
Kathleen Gallagher
(810) 966-7857
KGallagher@scccmh.org

* PERSONAL INFORMATION *(Please print)*

Name: _____

Address (Home): _____

Telephone: (H) _____ (C) _____

E-Mail Address: _____

* PLEASE DESCRIBE WHY YOU WANT TO SERVE ON THE ADVISORY COUNCIL AND WHAT YOU BELIEVE YOU CAN CONTRIBUTE. *(Attach additional pages as necessary)*

* PLEASE PROVIDE INFORMATION IN THE FOLLOWING AREAS AS APPLICABLE.

Employment History:

Service on other Boards of Directors or Councils:

Community Involvement:

* WHICH OF THE FOLLOWING DO YOU BELIEVE YOU REPRESENT? *(Check all that apply)*

- Self - Individual served
- Family member/Parent
- Severe Emotional Disturbance population
- Intellectual Developmental/Disabilities population
- Mental Illness population
- Substance Use Disorder population
- Community at large

* IN WHICH OF THE FOLLOWING AREAS DO YOU HAVE EXPERIENCE? *(Check all that apply)*

- Commercial/Industrial
- Legal Affairs
- Community Affairs
- Mental Health
- Education
- Minority/Multi-cultural
- Faith Communities
- Social Services
- Finance
- Trade Unions
- Government
- Volunteer
- Health Services
- Other: (e.g. recovery)

* ARE YOU EMPLOYED BY ANY PROVIDER ORGANIZATION OR INDIVIDUAL SERVED?

- NO
- YES, Explain: _____

* SOME THINGS YOU SHOULD KNOW ABOUT THE COMMITMENT YOU ARE CONSIDERING.

The Advisory Council's primary responsibility is to advise the SCCCMHA Board, Executive Director in the following area: Some purposes of the Advisory Council beyond the items for discussion mentioned above: incorporate meaningful participation and input in to strategic planning, program development, being responsive to the needs of the Agency, the individual's served, families and communities, focus on the range of services provided and geographic concerns, if any.

The Council will meet every month at St. Clair County Community Mental Health, 3111 Electric Avenue, Port Huron, MI. You should have a reliable source of transportation in order to attend these meetings.

I certify the above information is accurate and true.

Applicant Signature

Date