

[Example Name of Board/Commission]

Membership Guide (Sample)

Revised October 10, 2024

The following documents are examples. Edit/adjust to fit your needs.

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Additional Resources: The CA Association of Local Behavioral Health Boards & Commissions provides the “Best Practices Handbook”, resources, issue-based information and trainings.

All are available at: www.calbhbc.org. Email: info@calbhbc.com

Acronyms & Abbreviations (Mental/Behavioral Health in California)

Updated Acronym lists can be found at: www.calbhbc.org/acronyms

Acronym/ Abbreviation	Description	Comment / Explanation
24/7	24 hours/day–7 days/week	
504 Plan	School accommodations for students with disabilities	
5150	Welfare & Institutions Code - re: 72 Hour Hold	Gravely disabled/danger to self/others
AAA	Area Agency on Aging	Federal/State Funded
AB 109	Corrections Realignment	Legislation that realigned funding and services from State to local
AB 1234	Ethics Training Requirements	https://locaethics.fppc.ca.gov/login.aspx
ACT	Assertive Community Treatment (Wrap-Around)	Team-based treatment model, providing multidisciplinary, flexible treatment 24/7
ADHD	Attention-deficit/hyperactivity disorder	
ANSA	Adult Needs & Strengths Assessment	
AOD	Alcohol & Other Drugs	Also known as Substance Use
BH	Behavioral Health	Behavioral Health & Substance Use
BHB	Behavioral Health Board	
BHSA	Behavioral Health Services Act	MHSA change to BHSA 1/1/2025
BHSOAC	Behavioral Health Services Act Oversight & Accountability Commission	MHSOAC change to BHSOAC 1/1/2025
BOS	Board of Supervisors	
EQRO	External Quality Review Organization	Conducts annual Medi-Cal audits
CALBHB/C	California Association of Local Behavioral Health Boards / Commissions	
CANS	Child, Adolescent Needs & Strengths Assessment	
CARE Act	Community Assistance, Recovery & Empowerment Act	
CF/TN	Capital Facilities & Technology Needs	

CIT	Crisis Intervention Team	Officers trained in crisis response
CDEP	Community Defined Evidence Practices	www.calbhbc.org/cultural-ssues
CMHC	Community Mental Health Centers	
CBHDA	County Behavioral Health Directors Association of California	
CBHPC	California Behavioral Health Planning Council	State Advisory & Advocacy Council
CMS	Centers for Medicare & Medicaid Services	
ConRep	Conditional Release Program	State-Funded Outpatient Services
CR	Crisis Residential	
CS or CSU	Crisis Stabilization (Unit)	
CPP	Community Program Planning	MHSA Component
CSS	Community Services and Support	MHSA (76% of MHSA programs)
CWS	Child Welfare Services	
DHCS	California's Department of Health Care Services	
DSM-5	Diagnosis & Statistical Manual of Mental Disorders (5th Edition)	
EPSDT	Early & Periodic Screening, Diagnosis & Treatment	Children's Medi-Cal benefit
EQRO	External Quality Review Organization	Conducts annual Medi-Cal audits
FFP	Federal Financial Participation	Federal portion paid for Medi-Cal
FQHC	Federally Qualified Health Center	
FSP	Full Service Partnership	MHSA (BHSA) Wrap-Around Services
FY	Fiscal Year	
HHSA	Health & Human Services Agency	
HIPAA	Health Insurance Portability and Accountability Act	
HMO	Health Management Organization	
HUD	U.S. Department of Housing & Urban Development	
IEP	Individual Education Plan	For students with disabilities

IMD	Institution for Mental Diseases	
INN	Innovations (MHSA/BHSA) Component)	
IP	Integrated Plan (BHSA)	
IST	Incompetent to Stand Trial	Penal Code 1370
Locum Tenens	Providers (such as a doctor) on temporary contracts	
LPHA	Licensed Practitioner of the Healing Arts	
LPS	Lanterman Petris Short Act	
LPT	Licensed Psychiatric Technician	
LVN	Licensed Vocational Nurse	
MAT	Medically Assisted Treatment	Treatment for SUD
MC	Medi-Cal	Term for “Medicaid” in California
MCP	Managed Care Plan	Medical health care delivery system
MH	Mental Health	
MHA	Mental Health America	Advocacy Group
MHB	Mental Health Board	
MHRC	Mental Health Rehabilitation Center	
MHP	County Mental Health Plan	Specialty Mental Health Services provided to MediCal beneficiaries
MHS	Mental Health Services	
MHSA	Mental Health Services Act	Proposition 63 passed in 2004
MHSOAC (BHSOAC)	Mental Health Services Oversight and Accountability Commission	State Commission. Name will change to BHSOAC in 2025 due to Prop 1
MOE	Maintenance Of Effort	
MOU	Memorandum of Understanding	
NAMI	National Alliance on Mental Illness	Advocacy Organization

OA	Older Adult	
OAC	Abbreviation for MHSOAC	State Commission
OT	Occupational Therapist	
PATH	Projects for Assistance in Transition from Homelessness	SAMHSA Grant-Funded
PC 1370 IST	Penal Code: Incompetent to Stand Trial (IST)	Also known as “IST”
PCP	Primary Care Physician	
PEI	Prevention & Early Intervention (MHSA Component)	At least 51% of PEI is to serve individuals 25 and younger
PHI	Protected Health Information	
PIP	Performance Improvement Plans	Medi-Cal Requirement
Prop 1	State Proposition establishing the BHSA (2024)	
Prop 63	State Proposition establishing the MHSA (2004)	
PTSD	Post-Traumatic Stress Disorder	
QIC	Quality Improvement Committee	
RFA	Request for Application	
RFI	Request for Information	
RFP	Request for Proposal	
SAD	Seasonal Affective Disorder	
SAMHSA	Substance Abuse & Mental Health Services Agency	Federal agency
SD/MC	Short-Doyle Program for MH Services (1957)	Linked w/Medi-Cal benefits (1971)

SED	Serious Emotional Disturbance	A diagnosable mental, behavioral, or emotional disorder that results in functional impairment that substantially interferes with or limits a child's role or functioning in family, school, or community activities
SELPA	Special Education Local Plan Areas	Ensures special education service needs are met in all school districts and all county school offices.
SLP	Supported Living Programs	
SMHS	Medi-Cal Specialty Mental Health Services	Provided through County MHPs
SNF	Skilled Nursing Facility	Pronounced “Sniff”
SMI	Serious Mental Illness	A mental, behavioral or emotional disorder that results in serious functional impairment which substantially interferes with or limits one or more major life activities
STP	Specialized Treatment Program	
SUD	Substance Use Disorder	
TA	Technical Assistance	
TAY	Transitional Age Youth	This ranges, but usually refers to ages 16 - 25
TDD/TTY	Telecommunication Device for the Deaf / TeleType	
W&I or WIC	Welfare & Institutions Code (State)	
WET	Workforce Education & Training	An MHSA/BHSA Component
Wraparound	Wrap-Around Services (such as Mental Health, Social Services, Vocational, Housing)	

**[Example] County Behavioral Health Board
Annual Goals for Fiscal Year 2024-25**

General Objectives

A. Fulfill the Mandated Responsibilities and Core Purposes of the Behavioral Health Board

1. Review and evaluate the community’s behavioral health needs, services, facilities, and special problems [Section 5604.2 (a)(1)] Welfare & Institutions Code (WIC)
2. Advise the Board of Supervisors and the [Example] County Behavioral Health Director concerning unmet community needs or other particular aspects of the County’s Behavioral Health Program, as appropriate [WIC §5604.2(a)(3).
3. Review and comment on the county’s performance outcome data and communicate findings to the California Behavioral Health Planning Council (CBHPC) [WIC §5604.2 (a)(7)]
4. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process [WIC §5604.2 (a)(4)]
5. Review any county agreement entered into pursuant to WIC §5650.

B. Maintain an active, involved Behavioral Health Board

1. Achieve full BHB membership that reflects the diversity of the populations served.
2. Maintain a high attendance and participation at all BHB meetings, including all committees and/or workgroups.
3. Maintain representation on appropriate local, regional, and state boards, committees, councils, etc., and regular reporting to the Behavioral Health Board (for example: QIC, CALBHB/C).
4. Complete 100% of scheduled site visits.

Specific Goals and Implementation Plan

Fulfill the Mandated Responsibilities and Core Purposes of the [Example] Behavioral Health Board

1. Review and evaluate the community’s behavioral health needs, services, facilities, and special problems [5604.2 (a)(1) Welfare & Institutions Code (WIC)]
 - a. Participate in the Behavioral Health Division’s Community Planning Process

- (CPP) by attending listening sessions to understand community needs.
 - b. Hold community forums that include service providers and/or consumers.
 - c. Review information provided in stakeholder meetings.
 - d. Review available community data on County Behavioral Health Services.
 - e. Identify behavioral health topics of interest and schedule presentations by representatives of various agencies, contractors, and community groups.
 - f. Review facilities and services through site visits.
- 2. Review and advise the Board of Supervisors** and the [Example] County Behavioral Health Director about unmet community needs or other particular aspects of the County's Behavioral health program, as appropriate.
- a. Create Workgroups to conduct research on specific behavioral health issues and concerns related to the County's behavioral health program. Workgroups will compile and analyze data and provide a written report with recommendations to the Board, the Behavioral Health Director, and, as appropriate, to the Board of Supervisors.
 - b. Serve as liaisons to other health and human service committees and County boards/commissions, both internal and external to the local behavioral health program, in order to understand the behavioral health needs of the community.
- 3. Review and comment on the county's performance outcome data** and communicate its findings to the California Mental Health Planning Council (CMHPC) [WIC §5604.2 (a)(7)]
- a. Establish a Workgroup to evaluate local performance data requested in the California Mental Health Planning Council's annual Data Notebook. The Workgroup will complete the Data Notebook in collaboration with Behavioral Health Division staff and community organizations to ensure that reported data is accurate.
- 4. Review and approve the procedures used to ensure citizen and professional involvement** at all stages of the planning process [WIC §5604.2 (a)(4)]
- a. Encourage community comment at Board meetings.
 - b. Promote public attendance at BHB meetings, through community outreach to targeted community members based on monthly speaker/discussion topics.
 - c. Participate as partners with the local behavioral health program in community planning processes.
 - d. Serve as liaisons to other HHSA committees and County boards/commissions, both internal and external to the local behavioral health program, in order to understand the behavioral health needs of the community.
- 5. Review any county agreement entered into pursuant to WIC §5650**
- a. Review contracts prior to site visits.
 - b. Review proposals for new programs, services, contractors, and facilities.
 - c. Monitor and review the budget process and allocation of funds.

B. Maintain an active and involved Behavioral Health Board.

1. Achieve full BHB membership that reflects the diversity of the populations served.
 - a. Achieve full BHB membership that reflects the diversity of the populations served, including consumers, through recruitment efforts by BHB members, Board of Supervisors, and allied organizations and groups.
2. Maintain a high attendance and participation at all BHB meetings, including Executive Committee meetings.
 - a. Encourage attendance and participation of all members and follow up with members who are absent.
3. Maintain representation on appropriate local, regional, and state boards, committees, councils, etc., and regular reporting to the Behavioral Health Board. Encourage members to represent the BHB on other County committees, boards, and commissions, and at local, regional, and state meetings where behavioral health related topics are being discussed. Represent the BHB at community outreach efforts, involvement in Mental Health Month (May) and other events, as may be appropriate. This will be accomplished by interested BHB members who volunteer for these assignments.
4. Complete 100% of scheduled site visits. In collaboration with the Behavioral Health Division, the Executive Committee will select programs/facilities under contract to provide behavioral health services to the County and will schedule site visits with interested/available BHB members. Written reports of site visits will be submitted to the Executive Committee for preliminary review, followed by a full presentation and open discussion with the entire BHB and public.
5. Provide training opportunities to BHB members.
 - a. Ensure that all BHB members complete the required online Ethics training provided by the State of California.
 - b. Notify BHB members of dates for BHB training facilitated by CALBHB/C.
 - c. Provide new member training for incoming BHB members

**BYLAWS OF THE
[EXAMPLE] COUNTY BEHAVIORAL HEALTH BOARD**

ARTICLE I - NAME

The name of this Board shall be the **[Example] County Behavioral Health Board**.

ARTICLE II - AUTHORITY

The authority of the **[Example] County Behavioral Health Board** is established pursuant to California Welfare and Institutions Code (WIC) 5604.

ARTICLE III - DUTIES

The duties of the Behavioral Health Board (as defined in section 5604.2 and 5963.03 of the Welfare and Institutions Code) are as follows:

1. Review and evaluate the community's public behavioral health needs, services, facilities, and special problems in any facility within the county or jurisdiction where behavioral health evaluations or services are being provided, including, but not limited to: schools, emergency departments, and psychiatric facilities.
2. Review any county agreements entered into pursuant to Section 5650. The local behavioral health board may make recommendations to the Board of Supervisors regarding concerns identified within these agreements.
3. Advise the [Example] County Board of Supervisors and the [Example] County Behavioral Health Director as to any aspect of the local behavioral health program. Local behavioral health boards may request assistance from the local patients' rights advocates when reviewing and advising on mental health or substance use disorder evaluations or services provided in public facilities with limited access.
4. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process. Involvement shall include individuals with lived experience of mental illness and/or substance use disorder and their families, community members, advocacy organizations, and behavioral health professionals. It shall also include other professionals that interact with individuals living with mental illnesses/substance use on a daily basis, such as education, emergency services,

employment, health care, housing, law enforcement, local business owners, social services, seniors, transportation, and veterans.

5. Submit an annual report to the Board of Supervisors on the needs and performance of the behavioral health system of the County of [Example].
6. Review and make recommendations on applicants for the appointment of a local director of behavioral health services. The board shall be included in the selection process prior to the vote of the governing body.
7. Review and comment on the county's performance outcome data and communicate its findings to the California Mental Health Planning Council.
8. Assess the impact of the realignment of services from the state to the county on services delivered to clients and on the local community.
9. Perform such additional duties as may be assigned to the Behavioral Health Board by the [Example] County Board of Supervisors.
10. Behavioral Health Services Act (BHSA) Duties from WIC Code Section (5963.03)
 - a. Conduct BHSA Hearing: The Behavioral Health Board established pursuant to Section 5604 shall conduct a public hearing on the draft three-year integrated plan [optional: "and annual updates"] at the close of the 30-day comment period.
 - b. Review/Recommendations on Adopted BHSA Plan: The Behavioral Health Board shall review the adopted plan or update and make recommendations to the local mental health agency or local behavioral health agency, as applicable, for revisions. The local mental health agency or local behavioral health agency, as applicable, shall provide an annual report of written explanations to the local governing body and the State Department of Health Care Services for any substantive [see (f) below] recommendations made by the local mental health board that are not included in the final plan or update.

For purposes of this section, "substantive recommendations made by the local behavioral health board" means any recommendation that is brought before the board and approved by a majority vote of the membership present at a public hearing of the local behavioral health board that has established its quorum.

ARTICLE IV - MEMBERSHIP

A. **Membership Requirements:** Membership is defined in accordance with California Welfare & Institutions Code (WIC) Section 5604 to include:

1. The Behavioral Health Board shall consist of 10 or more members, depending on the preference of the County, appointed by the governing body, except that boards in counties with a population of less than 80,000 may have a minimum of five members. A county with more than five supervisors shall have at least the same number of members as the size of its board of supervisors.
2. One (1) member shall be a member of the Board of Supervisors.
3. Fifty percent (50%) of the board membership shall be consumers, or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received behavioral health services. Within these categories:
 1. One (1) of these members shall be an individual who is 25 years of age or younger.
 2. At least twenty percent (20%) of the total membership shall be consumers, and at least 20 percent (20%) shall be families of consumers.
4. In counties with a population of 100,000 or more, at least one (1) member of the board shall be a veteran or veteran advocate. In counties with a population of fewer than 100,000, the county shall give a strong preference to appointing at least one member of the board who is a veteran or a veteran advocate.
 1. For purposes of this section, “veteran advocate” means either a parent, spouse, or adult child of a veteran, or an individual who is part of a veterans organization, including the Veterans of Foreign Wars or the American Legion.
 2. To comply with clause (i), a county shall notify its county veterans service officer about vacancies on the board, if a county has a veterans service officer.
5. At least one member (1) of the board shall be an employee of a local education agency.
(ii) To comply with clause (i), a county shall notify its county office of education about vacancies on the board
6. Membership should reflect the ethnic, cultural, racial and LGBTQ+ diversity of the clients served in the county.
7. The Behavioral Health Board is encouraged to include individuals who have experience with and knowledge of the mental health system, such as members of the community that engage with individuals living with mental illness in the course of daily operations, such as representatives of county offices of education, large and small businesses, hospitals, hospital districts, physicians practicing in emergency departments, city police chiefs, county sheriffs, and community and nonprofit service providers.
8. Except as provided in the next paragraph, a member of the board or the member's spouse shall not be a full-time or part-time county employee of a county behavioral health service, an employee of the State Department of Health Care Services, or an employee of, or a paid member of the governing body of, a behavioral health contract agency.

9. A consumer of mental health services who has obtained employment with an employer described in paragraph (1) and who holds a position in which the consumer does not have any interest, influence, or authority over any financial or contractual matter concerning the employer may be appointed to the board. The member shall abstain from voting on any financial or contractual issue concerning the member's employer that may come before the board.
10. If it is not possible to secure membership as specified from among persons who reside in the county, the [Example] County Board of Supervisors may substitute representatives of the public interest in behavioral health who are not full-time or part-time employees (except as noted below*) of the county behavioral health service, the State Department of Behavioral Health, or on the staff of, or a paid member of the governing body of, a behavioral health contract agency. *Section 5604 of the California Welfare and Institutions Code (3) (d) (1) and (2) states that Consumers may be employed by county behavioral health services or behavioral health contract agency as long as they don't have any financial or contractual interest, and are not allowed to vote on any financial or contractual issues concerning their employer that may come before the Board.
11. Terms of Office: Terms for each member of the Behavioral Health Board shall be three years. Members shall be limited to two consecutive three year terms unless waived by a majority vote of the [Example] County Board of Supervisors.
12. Compensation: No member shall be compensated for duties performed as a member of the Behavioral Health Board. Notwithstanding the previous sentence, a member may be reimbursed for the actual costs of attending meetings, conferences or similar gatherings if attendance at the meeting, conference or similar gathering is approved in advance in writing by the Behavioral Health Board Chair and the [Example] County Behavioral Health Director.

B. Process and Participation Requirements: A member of the Behavioral Health Board must:

1. Be appointed by the [Example] County Board of Supervisors.
2. Take the Oath of Office administered by the Clerk of the [Example] County Board of Supervisors.
3. Maintain a satisfactory meeting attendance record to Behavioral Health Board meetings and other assignments.
4. [*The following is required in some counties*] Comply with all applicable regulations of the Fair Political Practices Commission, including, but not limited to, preparing and filing FPPC Form 700, if required, within 30 days of appointment and annually prior to April 1st of each year.

5. Keep any confidential information obtained while performing duties as a Behavioral Health Board member confidential.
6. Participate in site visits of a behavioral health facility or program, at least once per year, unless excused by the Executive Committee.
7. The activities and affairs of individual members of the Behavioral Health Board, when acting as Board members, shall be conducted, and powers exercised, by and under the direction of the Behavioral Health Board and these bylaws.

C. Recruitment of Members

1. Responsibility for Recruitment. Recruitment of prospective members of the [Example] County Behavioral Health Board shall be the responsibility of individual members of the [Example] County Board of Supervisors and members of the Behavioral Health Board who may recommend appointees to the Board of Supervisors. An effort will be made to recruit individuals who have experience with and knowledge of the behavioral health system. This would include members of the community that engage with individuals living with mental illness in the course of daily operations, such as representatives of county offices of education, large and small businesses, hospitals, hospital districts, physicians practicing in emergency departments, city police chiefs, county sheriffs, and community and nonprofit service providers.
2. Board of Supervisors Recruitment. Board Supervisors are encouraged to nominate individuals from their respective district to facilitate wider representation across [Example] County, for a total of five Behavioral Health Board members to be nominated and appointed by the Board of Supervisors. The Board of Supervisors may accept more than one nomination from each district based on interest and willingness of community members to serve.
3. Recruitment by the Behavioral Health Board. Interview and Recommendation. All applicants, except those nominated directly by the Board of Supervisors, shall initially be interviewed by at least two members of the Behavioral Health Board. Names of the applicants recommended shall be presented to the full Behavioral Health Board for its consideration. Those applicants recommended by the Behavioral Health Board shall then be referred to the Board of Supervisors with a recommendation they be appointed to the [Example] County Behavioral Health Board.

ARTICLE V - MEETINGS

1. Annual Meetings. There shall be a regular meeting, which shall constitute the annual meeting of the Behavioral Health Board, to be held on the second Monday of July of each

year at which time a meeting schedule (that includes regular meeting day, time and location (including virtual location if any)) will be adopted for the next twelve months, and elections held. If the second Monday of July falls on a Holiday, the meeting shall be held on the third Monday of July.

2. Regular Meetings of the Behavioral Health Board may be held at such time and place as is established by the annual meeting schedule.
3. Special Meetings. Special meetings, for any purpose or purposes related to the business of the Behavioral Health Board, may be called at any time by the Chair of the Board or by a majority of the Board members.
4. Notice of Annual and Regular Meetings. Meeting agendas shall be posted 72 hours in advance on the county website and given to each member of the Behavioral Health Board by one or more of the following methods: (a) by personal delivery of written notice; (b) by first class mail, postage prepaid; (c) by fax transmittal or e-mail of written notice; or (d) by telephone, text or email, either directly to the member or to a person at the member's office or home who would reasonably be expected to communicate that notice promptly to the member. Notices sent by first class mail shall be deposited in the U.S. Mail not less than five days before the time set for the meeting. Notice given by personal delivery, fax, E-mail, or telephone shall occur at least 72 hours before the time set for the meeting. The notice shall be posted at least 72 hours prior to the meeting in a location that is freely accessible to members of the public.
5. Notice of Special Meeting. A special meeting may be called at any time by the Chair of the Behavioral Health Board or by a majority of the Behavioral Health Board members. Notice of special meetings shall be posted 24 hours in advance on the county website and shall be provided to each member of the Behavioral Health Board and to local media that has requested notice. The notice shall be delivered personally or by any other means and shall be received at least 24 hours before the time of the meeting as specified in the notice. The notice shall specify the time and place of the special meeting and the business to be transacted or discussed. No other business shall be considered at these meetings by the Board. The notice shall be posted at least 24 hours prior to the special meeting in a location that is freely accessible to members of the public.

ARTICLE VI - OFFICERS

1. Officers of the Board. The officers of the Board shall consist of a Chair and Vice-Chair.

2. Election of Officers. The offices of Chair and Vice-Chair shall be elected at the annual meeting of the Board and those elected shall serve for a term of at least one but not more than two consecutive years. It is the non-binding policy of the Board that the Vice-Chair will be the person that will normally be elected to serve as Chair in the year following service as Vice-Chair.

If the Chair's office is vacated prior to the end of the one year term, the Vice Chair shall assume the Chair's office and a replacement Vice Chair shall be nominated at the next regularly scheduled meeting. The election vote for the new Vice Chair shall be held at the next regularly scheduled meeting following the nomination meeting.

ARTICLE VII - DUTIES OF OFFICERS AND OTHER BOARD POSITIONS

Duties of the Officers of the Board. The duties of the officers of the Behavioral Health Board shall be as follows:

1. Chair: It shall be the duty of the Chair to prepare the agenda for and preside over all regular and special meetings of the Board; to appoint Committee and Work Group chairs; coordinate existing Committees and Work Groups; serve as an ex-officio member of all Committees and Work Groups; call special meetings of the Board when necessary; and be in regular consultation with the [Example] County Director of Behavioral Health.
2. Vice-Chair: It shall be the duty of the Vice-Chair to assist the Chair in the execution of duties and to perform Chair duties during the Chair's absence. In case of the resignation, leave of absence, or the death of the Chair, the Vice-Chair shall perform such duties as are imposed on the Chair until such time as the Behavioral Health Board elects a new Chair.
3. Upon the expiration of his or her term of office, or in the case of resignation, each Officer shall turn over to his or her successor, without delay, all records and materials pertaining to the office.

ARTICLE VIII - COMMITTEES

1. The following Standing Committee is created:

An Executive Committee. The Executive Committee, will be composed of the current and past Chair, Vice Chair, and three Members-at-Large. The term of Executive Committee members shall coincide with their terms as members of the Board. The Executive Committee shall be responsible for the overall management of the activities

and business of the Behavioral Health Board. This includes, but is not necessarily limited to, the following:

- a. Establishing and overseeing of Ad Hoc Committees (short term workgroups); coordinating selection and implementation of site visits; approving Behavioral Health Board agendas; drafting policies and procedures for Behavioral Health Board approval; and selecting Work Group and Committee chairs on the recommendation of the Behavioral Health Board Chair.
 - b. Selection of Members-at-Large. Any member of the Behavioral Health Board, other than the Chair, Vice-Chair and past Chair, can potentially be a Member-at-Large. In July of each year, the Chair, Vice-Chair and past Chair, will make recommendations for three Members-at-Large to be approved by vote of the Behavioral Health Board each August. Prior to the vote on these recommendations, the floor will be open to Board members for additional nominations. Members-at-Large will attend and participate in Executive Committee meetings. Members-at-Large will have voting rights during Executive Committee meetings.
2. Standing Committees may be established or eliminated by the Behavioral Health Board. Standing Committees have ongoing responsibilities concerning a particular subject matter that is not time limited. Committees and Work Groups will conduct meetings in accordance with the Brown Act (Government Code Section 54950 et seq.) to the extent applicable.

ARTICLE IX - ATTENDANCE & VACANCIES ON THE BOARD

1. All Behavioral Health Board members are required to contact the Behavioral Health Board Chair or staff liaison to the BHB prior to a meeting if they are unable to attend. Failure to do so will result in an unexcused absence.
2. A Board member may be deemed by the Executive Committee to have ceased their duties as a Behavioral Health Board member based on attendance and/or performance of other assigned duties. If after review the Executive Committee determines the member should be removed, a recommendation will be made to the full Behavioral Health Board. Upon a two thirds vote, the Behavioral Health Board may recommend the removal of the member to the Board of Supervisors.

3. When a vacancy occurs, the staff liaison to the BHB shall advise the Board of Supervisors and the Executive Committee will commence the recruitment for a replacement.

ARTICLE X - RESIGNATIONS AND LEAVES OF ABSENCE

1. Any member may resign effective upon giving notice to the Chair, the Vice Chair or the staff liaison to the Behavioral Health Board.
2. A Board Member who does not wish to resign and who needs leave from board commitments, may request a leave of absence for personal reasons. The request must be submitted in writing to the Chair of the Behavioral Health Board. The Executive Committee may approve his or her request for a period of time that does not exceed 6 months.

ARTICLE XI - MEETINGS, QUORUMS, AND RULES OF ORDER

1. The Behavioral Health Board shall meet monthly or as scheduled on the Board's approved annual calendar of meetings.
2. A quorum shall consist of 50% plus one of the appointed members. Members who are on an approved leave of absence will not count toward establishing a quorum.
3. Meetings of the Behavioral Health Board shall be governed by Rosenberg's Rules of Order and shall comply with the Brown Act.

ARTICLE XII - AMENDMENTS TO BYLAWS

These bylaws may be amended at any meeting of the Behavioral Health Board by a two-thirds vote of its membership when reasonable advance notice has been given as described below.

The Behavioral Health Board shall use the following procedure when amending the Bylaws.

1. Proposals for change shall be noticed on the Behavioral Health Board agenda and a written copy sent to all [Example] County Behavioral Health Board members a minimum of five days prior to the meeting date on which proponents wish consideration and a vote on the change.

- a. The Behavioral Health Board must approve the change by a two-thirds majority of those members in attendance at a regular or special meeting at which a quorum is present.
- b. The change, as approved, is to be signed and dated by the Behavioral Health Board Chair.
- c. The changed and revised copy of the Bylaws is then forwarded to the [Example] County Board of Supervisors for their review and approval.
- d. A copy of approved changed Bylaws is to be provided to each [Example] County Behavioral Health Board member at the next regularly scheduled meeting.
- e. Approved Bylaws are to be filed with the Behavioral Health Agency staff liaison. Additionally, an appropriate historical log of all Bylaw changes and the date of the change are to be maintained by the behavioral health agency staff liaison. The historical log is to be distributed to all Behavioral Health Board members whenever “Proposals for Changes” are distributed.
- f. All members will be provided with a set of the current Behavioral Health Board Bylaws and Policies and Procedures.

ARTICLE XIII - POLICIES AND PROCEDURES

The Behavioral Health Board may establish Policies and Procedures on matters not covered by these Bylaws.

Meeting Etiquette (Proposed Ground Rules)

- Show up, be on time, be prepared
- Leave outside concerns outside
- Listen respectfully and appreciatively
- Speak to the question or issue, not in response to a person
- No side talk
- Be open-minded and objective: be informed by your expertise - decide based on evidence
- Practice active listening
- Be brief, stay on point; no speech making
- Say what you think, not what others think
- Respect confidentiality
- Allow the facilitator (usually the Chair) to 'direct speaking traffic'
- Cell phones and pagers on silent

Person First Language

When speaking about people with mental illness or substance use issues, it is important to use "person-first language", terminology that is positive and reflective of the person first.

Generic phrases such as "the mentally ill", "schizophrenic" or "addict" are not appropriate since they convey a lack of appreciation for and depersonalize the individual. These terms communicate and reinforce the discriminatory notion of a special and separate group that is fundamentally unlike the rest of "us."

The use of person-first language such as "a person with schizophrenia," "an individual with bipolar disorder", or "people with mental illnesses" communicates first that they are people and second that they have an illness. Use of person-first language, although sometimes wordy, is important and requires that we be mindful of what we present to the public.

Language to Avoid

- Mentally ill (or "The Mentally Ill") • Crazy, nuts, etc.
- Mentally defective or disturbed • Emotionally challenged
- Differently-abled • Victim or sufferer • Addict • Alcoholic

Person-First Language:

- Individual with lived experience of mental illness • Person with a substance use condition
- Person with an alcohol use disorder • Person with schizophrenia • Person with a mental illness • Person with bipolar disorder • Person with a psychiatric or psychological disability

**[Example] County Behavioral Health Board
FY 2025-2026 Meeting Schedule**

The *[Example] County Behavioral Health Board* meets the second Monday of each month from 5:00 pm to 7:00 pm at 12345 Elle Street, HHSB Building M, “Oaks” Conference Room, Example, CA

INSERT UPDATED MEETING SCHEDULE HERE

Example:

July 14, 2025

August 11, 2025

September 8, 2025

October 13, 2025

November 10, 2025

December 15, 2025

January 12, 2026

February 9, 2026

March 9, 2026

April 13, 2026

May 11, 2026

June 8, 2026

*Member Roster - Example***[Example] County Behavioral Health Board Member Roster**

3 year term

<u>Name</u>	<u>Representing</u>	<u>Date(s) Appointed</u>	<u>Term Expires</u>
Ajax Thompson	Consumer (25 or under)	05-06-24	01-01-27
Emma Cartwright	Veteran <i>and</i> Family Member of Consumer	07-25-24	01-01-27
Marlene Smith	Family Member of Consumer	01-09-25	01-01-27
Lucas Thompson	Staff of Local Education Agency <i>and</i> Consumer	01-01-24	01-01-27
Ethan Miller	Family Member of Consumer	02-06-24	01-01-27
Kristine Clark	Family Member of Consumer	01-03-25	01-01-27
Liam Peterson	Interested and Concerned Citizen	11-03-23	01-01-26
Sophia Cooper	Interested and Concerned Citizen	06-26-24	01-01-27
Noah Cooper	BOS Member <i>and</i> Consumer	01-08-24	01-01-27
Mason Richardson	Family Member of Consumer	11-05-24	01-01-27
Bennett Foster	Family Member of Consumer <i>and</i> Consumer	07-06-24	01-01-27
Alexander King	*BOS APPOINTEE Family Member of Consumer-or-Consumer	02-15-24	01-01-27
Abigail Scott	Consumer	03-25-23	01-01-26
James Turner	Interested and Concerned Citizen	07-05-24	01-01-27
Manuel French	Interested and Concerned Citizen	06-12-23	01-01-26

Policies and Procedures

Policies and Procedures - Expense Policy

County of [Example]
County of [Example] Behavioral Health Board
1234 Ajax Street
Fontaine, California 95988-1234
(123) 123-4567, Fax (123) 456-7890

John Doe, Board Chair
Jane Doe, Board Vice-Chair

Behavioral Health Board Member Reimbursement of Expenses
Policy #12-34, Effective 1/1/2025

POLICY

5604.3 W&I Code states:

(a) The Board of Supervisors may pay from any available funds the actual and necessary expenses of the members of the Behavioral Health Board of a community behavioral health service incurred incident for the performance of their official duties and functions. The expenses may include travel, lodging, childcare and meals for the members of an advisory board while on official business as approved by the director of behavioral health programs.

(b) Governing bodies are encouraged to provide a budget for the local behavioral health board, using planning and administrative revenues identified in subdivision (c) of Section 5892 [see below], that is sufficient to facilitate the purpose, duties, and responsibilities of the local behavioral health board.

WIC 5892 (c) The allocations pursuant to subdivisions (a) and (b) shall include funding for annual planning costs pursuant to Section 5847 and 5963.03. The total of these costs shall not exceed 5 percent of the total of annual revenues received for the fund. The planning costs shall include funds for county behavioral health programs to pay for the costs of consumers, family members, and other stakeholders to participate in the planning process and for the planning and implementation required for private provider contracts to be significantly expanded to provide additional services pursuant to Part 3 (commencing with Section 5800) and Part 4 (commencing with Section 5850).

PROCEDURES:

Submit a written request to the BHB Chair, or the Chair's designee. The request must include a breakdown of the details of the expense, and how the expense will benefit the business of the BHB, including how the expense relates to the current BHB Goals and Objectives.

The Chair, or the Chair's designee, will address any concerns or questions with the requesting member, and submit the request to the Executive Committee. The Executive Committee will consider the request, funds available and budget priorities, including the benefit to the Behavioral Health Board's goals, objectives and priorities. If the request is not approved, the applicant can appeal to the Behavioral Health Board.

If the request is not approved by the BHB, there is no further appeal.

Approved requests are then forwarded to the Director of the Behavioral Health Division for approval or denial. The Director's action is final.

After expenses are incurred, the member will submit to the Chair, or the Chair's designee, the appropriate County Claim form with all required receipts and documentation. The claim should be submitted to the BHB staff liaison for processing.

Expense Authorization Form

Name: _____

Name of Board/Commission: _____

Name of meeting, training, conference, etc.: _____

Date(s) (include travel days (if any)): _____

Location city: _____

Cost Categories	Anticipated Amount
Registration	\$
Lodging	\$
Airfare / Train / Bus / Uber / Lyft / Taxi / Mileage (Circle one)	\$
Meals	\$
Bridge Tolls	\$
Parking	\$
Other Costs*	\$
*Please Describe "Other Costs" (Example: Childcare)	
Mileage	\$

Attachments: Please attach event description information (such as agenda or flyer).
Charges may not exceed those approved on this form and/or department policy allowances.

Authorized Signatures (Chair, Behavioral Health Director and/or designee:)

Signature _____ Date _____

Signature _____ Date _____

Expense Reimbursement Form

Dates:							
Expenses	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
Registration							
Airfare							
Lodging							
Breakfast							
Lunch							
Dinner							
Tolls/Parking							
Uber/Taxi							
Mileage							
Other Costs*	\$						
*Please Describe "Other Costs" (Example: Childcare)							

Daily Totals:							
Grand Total:							

I hereby certify that the above is a true statement of the travel expenses incurred by me, and I have not and will not receive reimbursements for them from other entities.

Signature: _____

Receipts: Please attach receipts.

Recruitment of a Behavioral Health Director

County of [Example]
County of [Example] Behavioral Health Board
1234 Ajax Street
Fontaine, California 95988-1234
(123) 123-4567, Fax (123) 456-7890

John Doe, Board Chair
Jane Doe, Board Vice-Chair

Behavioral Health Board Participation in the Recruitment Process of a Behavioral Health Director

Policy #07-05, Effective January 1, 2025

PURPOSE

The purpose of this policy and procedure is to ensure effective Behavioral Health Board involvement in the selection process of the Behavioral Health Director for [Example] County Health and Human Services.

POLICY

Up to three Behavioral Health Board members will be involved in the selection process of the Behavioral Health Director. They will review applications and resumes submitted to the Agency, participate on interview panels, and assist in the selection of one or more "approved candidates" whom the Agency may pursue through hiring.

PROCEDURES

1. Selection of Behavioral Health Board Delegates

The Behavioral Health Board will select a group of up to three members that will represent the Board in the selection process.

2. Resume Review

The designated Behavioral Health Board members will meet with the Agency Director and Acting Behavioral Health Director to conduct a confidential review of vetted candidates. The purpose of this review is to become familiar with the background of the applicants; and to ensure that the selection of the top candidates to proceed to full interviews is appropriate.

3. Main Interviews and Selection of Finalists

The designated Behavioral Health Board members may participate in the "main interview" of each candidate. The main interview consists of each candidate being interviewed on the same day by a sequence of two or more interview panels. The panels include representatives from providers, agency management, and staff of the Behavioral Health Division. Each interviewer rates each candidate in accordance with pre-established protocol that indicates whether the interviewer recommends inclusion of each candidate in the list of "finalists" and then prioritizes the finalists. A finalist is a candidate who, standing on his or her own merits, the interviewer considers qualified and appropriate to be hired for the job. Taking this input into consideration, the Agency Director determines whether there are finalists to continue in the recruiting process and, if so, prioritizes them. The Director may continue recruitment of finalists through the final selection process.

4. "Reality Check Interviewing"

HHSA staff then conducts such additional interviewing of one or more finalists as they consider necessary to ensure that any candidate to whom an offer will be made understands the community, the agency, and the requirements of the position.

5. Agency Selection of Finalist

Based on the results of any additional interviewing in step #4 (e.g. The top candidate decides he or she doesn't want the job, displays problematic behaviors, etc.) the Agency Director selects one candidate and recommends him/her to the County Executive Officer (CEO) and Board of Supervisors. The director will also provide a report on the selection process to the Behavioral Health Board.

6. CEO Approval

The CEO or their designate may further interview the recommended candidate. The CEO then approves the candidate.

7. Appointment by Board of Supervisors

The Board of Supervisors appoints the final candidate.

Members - Recruitment of Members

County of [Example]
County of [Example] Behavioral Health Board
1234 Ajax Street
Fontaine, California 95988-1234
(123) 123-4567, Fax (123) 456-7890

John Doe, Board Chair
Jane Doe, Board Vice-Chair

Behavioral Health Board Recruitment Policy and Procedure
Policy #12-34, Effective January 1, 2025

PURPOSE

The purpose of this policy and procedure is to ensure an efficient process for filling existing and anticipated vacancies on the [Example] County Behavioral Health Board (BHB).

POLICY

All existing and anticipated vacant positions on the BHB will be filled in a timely manner. Recruitment and member selection processes will meet all BHB CA WIC 5604 requirements in order to ensure required representation, with an emphasis on achieving a diverse membership (ethnic, racial, sexual orientation) of individuals who have experience with the behavioral health system and/or the sectors which it intersects.

PROCEDURES

Existing BHB members

Application for Reappointment and Discontinuation of Membership:

Existing Behavioral Health Board members who are due for membership renewal shall be contacted by the staff liaison to the Behavioral Health Board no later than the October meeting to determine if the member is interested in being reappointed for another term. Board terms are three years in length and expire on December 31st of the third year.

Existing BHB members who decide to reapply for another term shall indicate their interest to the staff liaison to the BHB. The staff liaison to the BHB shall notify the Clerk of the Board of Supervisors (BOS).

Existing BHB members who choose to resign during the course of their existing term shall notify the Chair of the BHB, the Vice Chair of the BHB, or the staff liaison to the BHB. The staff liaison to the BHB shall notify the County Board of Supervisors regarding the vacancy.

Recruitment of New BHB members

When BHB positions become vacant, and upon receipt of the written notice from the BHB member leaving the Board, the staff liaison to the BHB shall immediately inform the Clerk of the BOS of the following information: 1.) The date of the vacancy. 2.) The type of the vacancy (i.e. consumer, family member, individual 25 years of age or younger, veteran, local education agency staff and/or interested/concerned citizen.) The staff liaison to the BHB shall have the primary responsibility of ensuring that the recruitment is targeted to the type of vacancy necessary to ensure that the composition of the BHB meets BHB By-Law and other regulatory guidelines.

If qualified applications are received by the Clerk of the BOS during any application period, they shall be forwarded to the staff liaison to the BHB.

Each applicant will be interviewed by at least two representatives of the BHB. The representatives shall pass on their recommendations to the full BHB and the BHB at its next regularly scheduled meeting shall finalize its recommendations to the BOS.

Policies and Procedures - Resignation Example

MM/DD/YEAR

Subject: Resignation

To the *[Example] County Behavioral Health Board,*

I'm informing you that I am resigning from my position as member of *[Example] County Behavioral Health Board* as of: MM/DD/YEAR.

I thank you for the opportunity to participate on the *[Example] County Behavioral Health Board.*

Sincerely, *Your name here*

Site Visit Policy & Procedure

PURPOSE: Site visits provide an opportunity to “review and evaluate the community’s behavioral health needs, services, facilities and special problems”. (*Statutory Duties: WIC 5604.2*) The purpose of this protocol is to define the policy and procedures for Behavioral Health Board members to complete site visits.

POLICY & PROCEDURE

1. Each member shall participate in a minimum of one site visit per year.
2. Site visits can be performed by a maximum of four Board members.
3. The Behavioral Health Board (BHB) Administrative Liaison provides current facilities lists on an annual basis to be reviewed by the Executive Committee. These lists will include both county run services and contracted services.
4. The Executive Committee, with input from the BHB, chooses which sites to visit and provides this list to the BHB Administrative Liaison. Note: Additional sites can be considered throughout the year at the request of BHB members and approval by the Executive Committee.
5. The BHB Administrative Liaison identifies targeted months that site visits could be held and canvasses which board members are available during those months. The BHB Secretary then develops the schedule of site visits.
6. The site visit calendar for each year will be distributed during a BH Board meeting, and one person of each team will serve as the Lead Reviewer.
7. Approximately one month prior to a site visit, the BHB Administrative Liaison will provide:
 1. A “Site Visit Observations” form (to Facility/Program). Note: the contractor is given the form for informational purposes. The form is to be completed during the site visit. Contractors are welcome to offer information in advance if desired.
 2. Site Contact (name/email/phone) (to Lead Reviewer)
 3. Current Contract (to include Scope of Work and Budget) Information (to Site Visit Team)
8. The Lead Reviewer will contact the Site Contact and Site Visit Team to schedule the site visit.
9. Prior to the site visit, the BHB Administrative Liaison will forward to the Site Visit Team
 1. Copies of recent reports to the Napa County HHS Mental Health Division (if any)
 2. A blank “Site Visit Observations” form (for use during visit.)
10. After conducting the site visit, the Lead Reviewer will provide the Site Visit Team’s completed “Site Visit Observations” to the BHB Chair and Administrative Liaison to be included for review at the next Executive Committee Meeting. After approval by the Executive Committee, the report may be scheduled for presentation at the next BHB meeting.
11. Concerns raised from site visits should be addressed by the Behavioral Health Director and/or BH Division staff with follow-up information reported to the Board.

*Site Visits Observation Form***[EXAMPLE] COUNTY BEHAVIORAL HEALTH BOARD
FACILITY/PROGRAM OBSERVATION REPORT**

BY: _____
Board Member Names

This Report Is Based On A Personal Visit From One Or More Members Of The **[Example] County Behavioral Health Board**

Date Of Site Visit: _____
Program/Facility Name: _____
Street Address: _____

Program Supervisor/Contact
(Name & Phone #):

Observations / Staff Interview

1. How does the staff interact with individuals? For example, does the staff appear compassionate, patient, caring, rushed, indifferent or perfunctory?

2. Are individual grievance procedures prominently posted? **Y/N**
Are grievance forms readily available to the individual? **Y/N**
Is the current Patients' Rights Advocates contact information posted?
(Call the phone number to verify.) **Y/N**

3. What are desired outcomes/treatment goals? How often are these achieved?

4. What are two or three obstacles your program, staff and individuals face which may make it difficult to achieve these outcomes/goals?

5. (Will not apply to all programs): Do some individuals require re-entry to the program/facility after discharge? If yes, what percentage return and why?

6. (Will not apply to all programs): How many individuals are engaged in your program? How often do they visit? What programs are the best attended?

7. What efforts are made to provide linguistically and culturally competent services/programs? Do the people you serve reflect the ethnic/cultural/racial and LGBTQ+ make-up of the community?

8. Does your agency's Board of Directors, owners or management include any behavioral health consumer members? **Yes / No**

9. Does your agency's staff include any peer providers? **Yes/No**
Are peer providers consumers or family members/caretakers of adults with mental illness and/or SUD? Are they paid or volunteers?

10. How many people seeking services/involvement did your organization turn away over the course of a year? Why? (Qualifications? Behavioral? Medical? Waiting List? Other?)
Please specify:

11. Is there any other aspect of the program you'd like to share with us today?

SITE VISIT SUMMARY

BEHAVIORAL HEALTH BOARD MEMBERS TO COMPLETE THESE QUESTIONS
AFTER VISITING THE PROGRAM

1. What is your overall impression Of The Facility/Program, including strengths and limitations?

2. Any recommendations for this Facility Or Program for the Behavioral Health Board to consider?

3. Other comments:

AD HOC COMMITTEES (Work Groups)

I. DEFINITION: Ad hoc committees:

- A. Serve only a limited or single purpose
- B. Are time limited and are dissolved when their specific task is completed.
- C. Contain less than a quorum of board/commission members. (Note: In some counties, ad hocs may contain only 2 members due to local statutes.)
- D. Do not meet on a regular fixed-meeting basis.
- E. Are exempt from complying with the Brown Act if all of the above conditions are met.

II. FUNCTION: Special problems (eg lack of local residential facilities for adults with mental illness) and projects (such as Annual Reports, Data Notebooks, reviewing MHSA Plans, and individual Site/Program Visits)* are often best facilitated by a small committee that can work together outside of the board/commission meeting. The job of the ad hoc is to:

- A. Conduct research meetings
- B. Compile and analyze information
- C. Report back (in writing and/or verbally) to the board/commission.

* Reminder: Ad Hocs are time-limited (usually a few months).

III. IMPLEMENTING AN AD HOC – The following are suggested steps. Board leadership or the Chair may use a less formal process, provided that the ad hoc created is exempt from complying with the Brown Act (meets criteria in the definition above).

- A. Work Plan (Written Draft). The draft work plan should include:
 - 1. An Ad Hoc (or Work Group) Name
 - 2. A description of the purpose of the Ad Hoc that links the proposed work to one or more of the WIC 5604.2 Duties or Annual Goals.
 - 3. The number of proposed members for the workgroup
 - 4. A description of how the work group will accomplish its purpose (identify people to meet with, documents to review, etc.)
 - 5. An approximate schedule of tasks and target date of completion (begin, submit report to Executive Committee, report to board)
- B. Role of Executive Committee (EC):
 - 1. Review each ad hoc proposal submitted in writing.
 - 2. Review and approve or deny the request.
 - 3. Review and identify aspects of the plan that require revisions, including, but not limited to:
 - a. Areas that are unclear or too broad.
 - b. Areas that may be unnecessary or out of the scope of the board/commission duties or goals.
 - c. Clarifications regarding how the work group plan goals can be met.
 - 4. EC or Board/Commission Chair appoints an ad hoc chairperson
 - 5. EC provides written approval

Policies and Procedures - Workgroup Proposal

[EXAMPLE] COUNTY BEHAVIORAL HEALTH BOARD
Workgroup (Ad Hoc) Proposal

SUBMITTED BY: _____ **DATE:** _____

NAME OF WORKGROUP: _____

ANNUAL GOAL/OBJECTIVE WORKGROUP WILL CONTRIBUTE TOWARDS:

PURPOSE OF WORKGROUP:

THE WAY THIS WORKGROUP WILL ACCOMPLISH ITS PURPOSE WILL BE:

NUMBER OF PEOPLE NEEDED FOR WORKGROUP: _____

SCHEDULE OF TASKS AND TARGET DATE FOR COMPLETION:

RESOURCES NEEDED FOR WORKGROUP:

APPROVED BY: _____ **DATE:** _____

COMMENTS:

