

**SOLANO COUNTY HEALTH & SOCIAL SERVICES DEPARTMENT
MENTAL HEALTH DIVISION**

**CONSUMER, FAMILY MEMBER PER DIEMS/CASH STIPENDS FOR PARTICIPATION IN PLANNING AND
IMPLEMENTAION OF MENTAL HEALTH SERVICES**

I. BACKGROUND:

Solano County Department of Health and Social Services, Mental Health Division is fully committed to the involvement of mental health consumers and family members of consumers in planning, developing, providing and evaluating mental health services for consumers of all ages.

The California Welfare and Institutions Code (5600.2) outlines the importance of consumer involvement and engagement in planning for and providing mental health services. The California Welfare and Institutions Code states, "All services and programs for persons with mental disabilities should be client centered, in recognition of varying individual goals, diverse needs, concerns, strengths, motivations and disabilities."

Additionally, according to the principles of the Mental Health Services Act (MHSA), counties are required to develop a consumer and family driven-system in which consumers identify their needs and preferences which drives the policy and financing decisions that affect them.

This policy is intended to describe a mechanism to promote the participation of consumers and family members in key Mental Health Services activities, such as participation in committees, focus groups, program reviews, hiring panels, and Request For Proposal (RFP) review panels.

II. POLICY:

SCMH recognizes that the provision of public mental health services is responsive to the needs of those served when the consumer and family member's voice is respected and listened to. It is the policy of Solano County Department of Health & Social Services, Mental Health Division to reimburse consumer(s), and family member(s) for their participation in Solano County Mental Health (SCMH) services planning and implementation activities, as appropriate and as funding allows. The reimbursement will be through a per diem/cash stipend payment in the form of a gift card or check.

The intent of the per diem/cash stipend is to promote consumer and family member empowerment and involvement in activities that enhance independence, foster hope and resilience, and promote inclusion. The per diem/cash stipends are used to compensate consumers and family members of consumers for their time spent in assisting SCMH with the planning and implementing of services and to defray the costs of transportation, food, or child care, that have been unavoidably incurred as a result of participation in these activities.

Examples of planning efforts include attending focus groups, strategic planning sessions, workshops, trainings, conferences or other SCMH or MHSA committees designed to garner consumer and family member input regarding policy or program related issues that are enhanced by the consumer and family perspective.

III. PROCEDURE:

The following procedure will be utilized for approval and distribution of per diem/cash stipends:

- A. Per diems/cash stipends may be available for the following designated SCMH activities in which a consumer or family member is involved to bring their perspective:
1. Participation in steering committees, workgroups, hiring panels, focus groups, and Request for Proposal (RFP) Review Panels
 2. Participation in trainings.
 3. Certain ongoing committees which may include, but are not limited to:
 - i. MHSA Steering Committee and its subcommittee meetings
 - ii. MHSA Stakeholder meetings
 - iii. Quality Improvement Committee
 - iv. Cultural Competence Committee
 - v. Other committees as designated by the Mental Health Director or his/her designee.
- B. Principles for selecting consumers and family members for participation:
1. Every effort will be made to involve a diverse representation of consumers and family members, especially those often under-represented.
 2. Participation of consumers and family members should not be dependant on financial status. Stipends eligibility will focus on those without salary or other available resources to cover costs or compensate time.
 3. New participants, as well as those with ongoing experience, are always encouraged to participate.
- C. All requests for per diems/cash stipends shall be approved prior to consumer and family member participation by the SCMH Manager who oversees the budget unit containing the available funding. **No retroactive approvals are allowed.** SCMH staff who identifies a need for consumer or family member participation in an activity will consult with the appropriate SCMH Manager around the requirements and objectives for consumer or family participation and the appropriate per diem/cash stipend. To seek prior approval please complete and submit the attached PRIOR APPROVAL REQUEST FORM to the Division Account Clerk or MHSA Coordinator who will then distributed the request to the Solano County Mental Health Manager who oversees the budget unit containing the available funding.
- D. Conditions for awarding per diems/cash stipends:
1. Per diems/cash stipends may include gift cards and/or payments by check. No payments in cash will be made.
 2. Consumers and family members whose employer covers their time spent in designated activities are not eligible for per diems/cash stipends. However, they may be eligible for travel reimbursements, such as mileage or other approved expenses, if those expenses are not covered by their employer.
 3. The value of the per diem/cash stipend will depend of the time spent by the consumer in providing services per day and is determined as follows:
 - i. Time spent in meetings, workgroups, interview panels, RFP review panels, focus groups and like activities:
 - a) 1 – 4 hours: \$10 (check or gift card)
 - b) 5 – 8 or more hours: \$25 (check)
 - ii. Childcare: Childcare per diems are available at a rate of up to \$7.50 per hour for the same amount of time as the time claimed for the designated activity to help with the costs of childcare for a consumer or family member's dependent minor during approved activities. Childcare per diems are not available for overnight coverage regardless of the activity.
 - iii. Trainings: Time spent in training (see above) plus approved actual travel

costs, which may include registration fees. Training per diems are limited to the actual time spent in training and does not include travel time.

- iv. Travel: Travel expenses are available in the form of bus passes or mileage reimbursement. Mileage reimbursements are based on the number of miles driven and figured from the rate set forth by the IRS Standard Mileage Rate. Mileage reimbursement may not exceed \$40.00 for any single SCMH event or activity.
- v. Family Members of consumers are only eligible for reimbursement of actual expenses or mileage traveled to and from event/activity.

E. Reimbursement process: The MHSA Coordinator will manage the administration of all per diems/cash stipends and the division Accounting Clerk will maintain detailed agendas, sign-in sheets, and per diem/stipend request form for all approved eligible activities.

Confirmation of eligibility for per diems/cash stipend is handled by sign in sheets and by the approved form completed by the individual receiving the per diem/cash stipend.

1. Sign in sheets must include the individual's name and signature, plus the date, location and time of the activity. Following the activity, a copy of the agenda, sign in sheet and the completed Per Diem/Stipend Request Form is given to the SCMH Manager for review and approval.
2. Once approved by the SCMH Manager, the paperwork is forwarded to the Accounting Clerk for processing.
3. There will be no exceptions made to this approval process.
4. The SCMH Manager or designated staff person is responsible for ensuring that participants receive and complete forms in a timely manner, but no later than the last day of the month in which the activity occurred.
5. All documentation will be retained on file in Mental Health Administration for a period of three years.

F. Exclusions and Limitations:

1. The Attendance of public meetings that are held to offer opportunities for general public input or for attendees to gain knowledge, will not qualify for per diems/cash stipends. Example — attendance at a Local Mental Health Board meeting, community forum, or Board of Supervisors meeting for personal knowledge.
2. These procedures are not intended to be a promise or contract with any individual or group, and this per diem/cash stipend program is subject to availability of funds.
3. Each per diem/cash stipend reimbursement can not exceed \$40.00 for any single SCMH event/activity.
4. Per diem/cash stipends are limited to consumers and family members of consumers who live in Solano County.
5. No consumer or family member shall be provided stipends for more than two leadership committees at the same time without specific approval by the Mental Health Director or his/her designee.

G. Monitoring of per diems/cash stipends:

1. MHSA Coordinator, under the direction of the Mental Health Director, is responsible for the oversight of this procedure and will periodically review all payments of per diem/cash stipends to ensure consistent application of these guidelines.

**PER DIEM/CASH STIPEND REQUEST FORM
SOLANO COUNTY, DEPARTMENT OF HEALTH & SOCIAL SERVICES
MENTAL HEALTH SERVICES ADMINISTRATION
275 BECK AVE, MS 5-250
FAIRFIELD, CA 94533**

PLEASE PRINT – Payment is to be mailed to:

Name: _____
Address: _____
City & Zip: _____
Telephone: _____ Email: _____

I am a: Consumer _____ Family Member _____

I attended the following Solano County Mental Health Activity to provide consumer or family member perspective:

Date Attended: _____
Time Attended: _____
Total Number of Hours: _____
Reimbursement request for: _____

To receive per diem/cash stipends this form must be signed by the individual shown above.

This form must also be signed by the facilitator or coordinator of the Solano County Mental Health activity for which you attended or served.

Name & Signature – Consumer/Family Member **Date**

Name & Signature – Facilitator/Coordinator of Activity **Date**

Name & Signature – Solano County Mental Health Manager **Date**

**Please return this form completed and signed to:
MHSA Coordinator/Project Manager/Facilitator prior to leaving event**

You will receive the per diem/cash stipend approximately 8 weeks after the completed form is turned in, approved and processed.

PER DIEM/CASH STIPEND PRIOR APPROVAL REQUEST FORM
SOLANO COUNTY, DEPARTMENT OF HEALTH & SOCIAL SERVICES
MENTAL HEALTH DIVISION
275 BECK AVE, MS 5-250
FAIRFIELD, CA 94533

To receive prior approval for a per diem/cash stipend, please complete this form and submit it to the Solano County Mental Health Manager who oversees the budget unit of the stipend, prior to the event/activity. All requests will be reviewed for approval and are subject to availability of funds. **(No retroactive approvals allowed.)** Please see the Solano County Health & Social Services Department, Mental Health Division Policy and Procedures for Consumer, Family Member Per Diems/Cash Stipends for additional information.

Requestor: _____

Event/Activity: _____

Date(s) of Event/Activity: _____

Length of Event/Activity: _____

Objective of Event/Activity: _____

Briefly describe how the participation of the consumer(s) or family member will help to obtain the goals and/or objectives set forth by Solano County Mental Health.

Type of reimbursement requested: _____

#of consumers or family members participating: _____

Name & Signature – Requestor

Date

Name & Signature – Solano County Mental Health Manager

Date

Please return this form completed and signed to:
Division Accounting Clerk
or MHSA Coordinator

PLEASE NOTE: At the activity, the consumer or family member must complete the PER DIEM/CASH STIPEND REQUEST FORM and you must turn it in with a copy of the agenda and sign in log from the activity to receive reimbursement.