Sacramento County Behavioral Health Mental Health Services Act (MHSA) Steering Committee Charter

Contents

The Mental Health Services Act General Standards

The MHSA General Standards shall be upheld when any MHSA funds are being utilized.

§ 3320. General Standards.

(a) The County shall adopt the following standards in planning, implementing, and evaluating the programs and/or services provided with Mental Health Services Act (MHSA) funds. The planning, implementation and evaluation process includes, but is not limited to, the Community Program Planning Process; development of the Three-Year Program and Expenditure Plans and updates; and the manner in which the County delivers services and evaluates service delivery.

(1) **Community Collaboration**, as defined in Section 3200.060.
(2) **Cultural Competence**, as defined in Section 3200.100.
(3**) Client Driven**, as defined in Section 3200.050.
(4) **Family Driven**, as defined in Section 3200.120.
(5) **Wellness, Recovery, and Resilience Focused,** as defined in WIC § 5813.5(d).
(6) **Integrated Service Experiences for clients and their families**, as defined in Section 3200.190.

Community Collaboration means a process by which clients and/or families receiving services, other community members, agencies, organizations, and businesses work together to share information and resources in order to fulfill a shared vision and goals.

Note: Cal. Code Regs. Tit. 9, § 3200.060 Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5830(a)(3) and 5866, Welfare and Institutions Code.

Cultural Competence means incorporating and working to achieve each of the goals listed below into all aspects of policymaking, program design, administration, and service delivery. Each system and program are assessed for the strengths and weaknesses of its proficiency to achieve these goals. The infrastructure of a service, program or system is transformed, and new protocol and procedure are developed, as necessary to achieve these goals.

(1) Equal access to services of equal quality is provided, without disparities among racial/ethnic, cultural, and linguistic populations or communities.
(2) Treatment interventions and outreach services effectively engage and retain individuals of diverse racial/ethnic, cultural, and linguistic populations.
(3) Disparities in services are identified and measured, strategies and programs are developed and implemented, and adjustments are made to existing programs to eliminate these disparities.
(4) An understanding of the diverse belief systems concerning mental illness, health, healing and wellness that exist among different racial/ethnic, cultural, and linguistic groups is incorporated into policy, program planning, and service delivery.
(5) An understanding of the impact historical bias, racism, and other forms of discrimination have upon each racial/ethnic, cultural, and linguistic population or community is incorporated into policy, program planning, and service delivery.
(6) An understanding of the impact bias, racism, and other forms of discrimination have on the mental health of each individual served is incorporated into service delivery.

(7) Services and supports utilize the strengths and forms of healing that are unique to an individual's racial/ethnic, cultural, and linguistic population or community.
(8) Staff, contractors, and other individuals who deliver services are trained to understand and effectively address the needs and values of the particular racial/ethnic, cultural, and/or linguistic population or community that they serve.
(9) Strategies are developed and implemented to promote equal opportunities for administrators, service providers, and others involved in service delivery who share the diverse racial/ethnic, cultural, and linguistic characteristics of individuals with serious mental illness/emotional disturbance in the community.

Cal. Code Regs. Tit. 9 § 3200.100 Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5813.5(d)(3), 5868(b), 5878.1(a), Welfare and Institutions Code; and Sections 2(e) and 3(c), MHSA.

Client Driven means that the client has the primary decision-making role in identifying their needs, preferences and strengths and a shared decision-making role in determining the services and supports that are most effective and helpful for them. Client driven programs/services use clients' input as the main factor for planning, policies, procedures, service delivery, evaluation and the definition and determination of outcomes.

Cal. Code Regs. Tit. 9 § 3200.050 Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5813.5(d)(2) and (3), 5830(a)(2) and 5866, Welfare and Institutions Code; and Section 2(e), MHSA.

Family Driven means that families of children and youth with serious emotional disturbance have a primary decision-making role in the care of their own children, including the identification of needs, preferences and strengths, and a shared decision-making role in determining the services and supports that would be most effective and helpful for their children. Family driven programs/services use the input of families as the main factor for planning, policies, procedures, service delivery, evaluation and the definition and determination of outcomes.

Cal. Code Regs. Tit. 9, § 3200.120 Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Section 5822(h), 5840(b)(1), 5868(b)(2) and 5878.1, Welfare and Institutions Code.

Wellness, Recovery, and Resilience Focused: Planning for services shall be consistent with the philosophy, principles, and practices of the Recovery Vision for mental health consumers:

(1) To promote concepts key to the recovery for individuals who have mental illness: hope, personal empowerment, respect, social connections, self-responsibility, and self-determination.
(2) To promote consumer-operated services as a way to support recovery.
(3) To reflect the cultural, ethnic, and racial diversity of mental health consumers.
(4) To plan for each consumer's individual needs.

Authority cited: Section 5813.5(d), Welfare and Institutions Code.

Integrated Service Experience means the client, and when appropriate the client's family, accesses a full range of services provided by multiple agencies, programs, and funding sources in a comprehensive and coordinated manner.

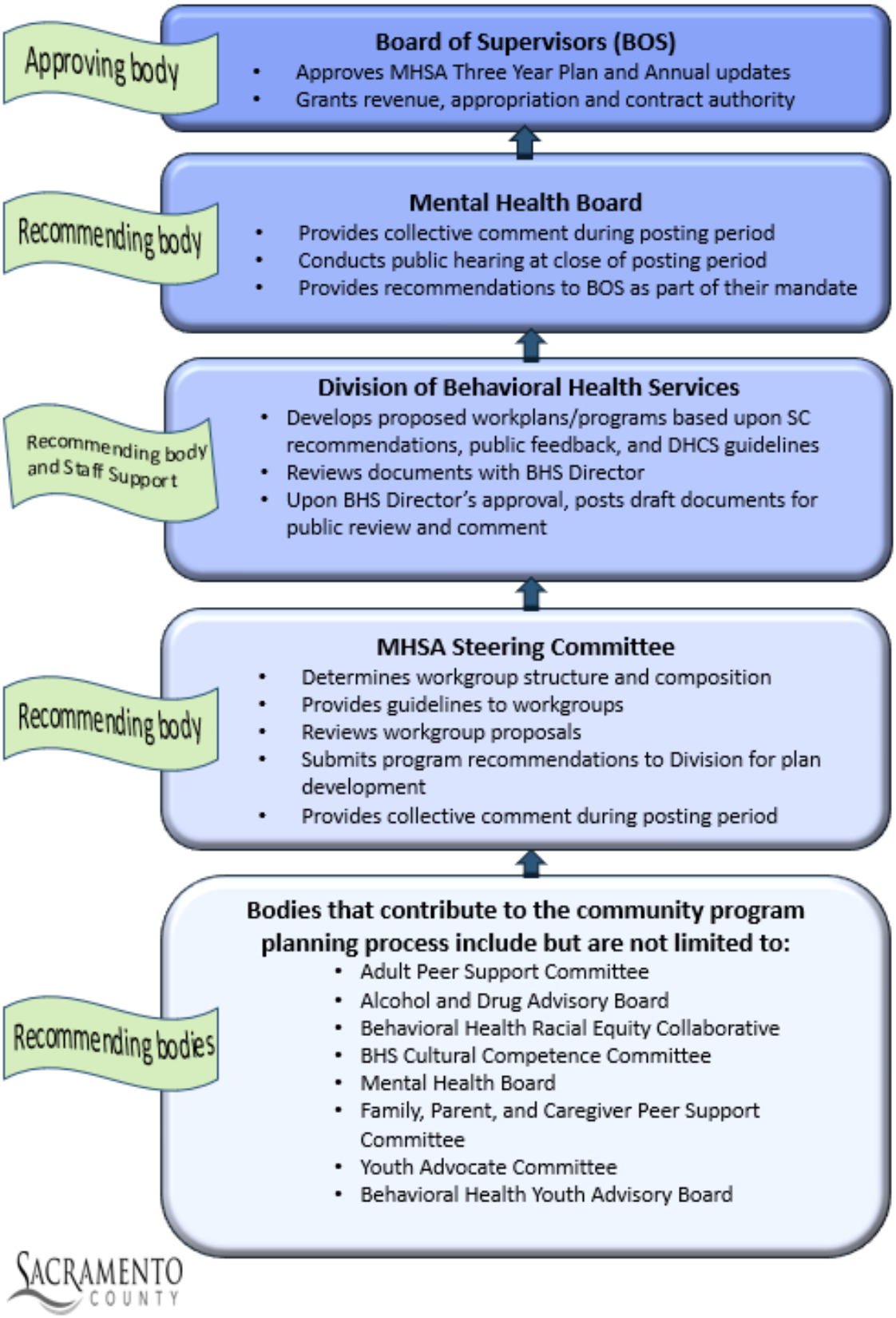
Cal. Code Regs. Tit. 9, § 3200.190 Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5878.1(a), 5802, 5806(b), 5813.5(d) (4) and Section 2(e), MHSA, Welfare and Institutions Code.

Community Program Planning Process

Sacramento County's MHSA Steering Committee ensures that the Community Program Planning Process (CPPP) is utilized as the basis for developing Sacramento County's Three-Year Program and Expenditure Plans and [annual] updates. Sacramento County strives to ensure that stakeholders have an opportunity to participate in the CPPP and that stakeholder participation includes representatives of unserved and/or underserved populations and family members of unserved/underserved populations.

The Sacramento County Mental Health Services Act's Steering Committee ensures that stakeholders who reflect the diversity of the demographics of the county, including but not limited to, geographic location, age, gender, and race/ethnicity, have the opportunity to participate in the CPPP.

Sacramento County MHSA Plan Development - Key Roles & Responsibilities



The Sacramento County Behavioral Health's Mental Health Services Act Steering Committee Charter

PURPOSE

The MHSA Steering Committee makes program recommendations to the Sacramento County Division of Behavioral Health Services for MHSA funding.

VISION

The Sacramento County Mental Health Services Act Steering Committee will lead the community in creating a comprehensive, integrated, culturally and linguistically responsive system of mental health services that promotes wellness, recovery, resilience, and consumer and family-driven services. The transformed system will be easy to access, responsive to consumers and family members, allow maximum consumer choice, and support integration into the community. Services will be research-based, innovative, effective, and accountable. The system will embrace prevention and early intervention and provide seamless services for individuals of all ages. Outcomes will be evaluated based on improvement in the quality of life of individuals served by the system.

MISSION STATEMENT

To dramatically transform the Sacramento County mental health system so that all individuals with serious emotional disturbances and psychiatric disabilities achieve a high quality of life through the MHSA programming/funding components, which include: Community Services and Support, Prevention and Early Intervention, Innovation, Capital Facilities, Technological Needs, and an on-going Community Program Planning Process.

VALUES

1. Everyone who needs help has access to a full array of timely, integrated, and high quality individualized services that are culturally and linguistically appropriate and provided by a workforce that mirrors the cultural, racial, ethnic, sexual and gender diversity of the Sacramento community.
2. A seamless system of coordinated services is available in community settings close to home that are accessible and welcoming to all clients.
3. Prevention and early intervention are fundamental to the service system.
4. Services build on cultural strengths and are consistent with the client's beliefs, values, healing traditions, language, age, disability status, gender, sexual orientation, and spirituality.
5. Individuals are treated with respect and afforded the opportunity for self-determination in an environment free of stigma and prejudice.
6. Services promote resilience and are recovery-centered and wellness focused with full integration into all aspects of community life as the ultimate goal.

7. The service system is innovative, accountable, and continually evaluated for effectiveness in improving the quality of life for the individuals served.
8. Consumers and their families have a primary role in planning and evaluating program and personal services in alliance with providers.

MEMBERSHIP

The Steering Committee shall attempt to include members from the following stakeholder groups:

- Consumers (6)
- Family Members/Caregiver (6)
- Consumer/Family Member/Caregiver at Large (1)
- Mental Health Board (1)
  (Must be a consumer/family member)
- Mental Health Providers (3)
  One representing each:
  - Children's
  - Adult
  - Older Adult
- Cultural Competence (1)
- Education (1)
- Juvenile Courts (1)
- Law Enforcement (1)
- Probation (1)
- Veterans (1)
- Division of Behavioral Health Services (2)
  One representing each:
  - Substance Use Prevention and Treatment
  - Behavioral Health Services (Director)
- Division of Primary Health (1)
- Public Health (1)
- Social Services (3)
  One representing each:
  - Senior and Adult Services
  - Child Welfare
  - Department of Human Assistance

Over 50 percent of the Steering Committee membership shall be consumers or the parents, spouses, siblings, or adult children of consumers who are receiving or have received mental health services. At least 25 percent of the total membership shall be consumers. The membership of the Steering Committee is capped at 30 members. To achieve the numbers and percentages above, at least two (2) of the member positions not specifically designated for consumers and/or family member representatives shall be filled with members who are consumers and/or family members in addition to representing another stakeholder group. There is a goal of filling 50 percent of the positions specifically designated for consumer and family members with individuals from culturally diverse backgrounds. Stipends/gift cards will be available to family members and consumers as needed. Each stakeholder group shall appoint a member and an alternate to represent their group.

Note: Steering Committee membership is capped at 30.

The Steering Committee will have two co-chairs, each elected by a majority of the Steering Committee. At least one of the co-chairs must be a consumer/family member.

The County MHSA Program Manager or their designee will serve as the MHSA subject matter expert for the Steering Committee and will be called upon for information and guidance during meetings.

STEERING COMMITTEE MEMBER ROLES AND RESPONSIBILITIES

The roles and responsibilities of individual committee members shall be:

1. Adhere to the Steering Committee and Member roles and responsibilities.
2. Consumers and Family Members/Caregivers and their Alternates: Effective July 1, 2023, will serve for a maximum of a three-year term. Once a primary seated Steering Committee member has termed out, the Alternate will then move onto the primary seat. Consumers and Family Members/Caregivers who term out are welcome to reapply after their term has expired. However, they are subject to the same vetting process as new committee member applicants.
    a. For the purpose of staggering membership turnover, individuals who joined the Steering Committee:
        i. Prior to 2016 will have their term end on July 1, 2024
        ii. Between 2017 and 2019 will have their term end on July 1, 2025
        iii. During 2020 to July 1, 2023 will have their term end on July 1, 2026
3. System partner representatives may serve multiple successive terms at the discretion of their department head (e.g., Department of Health Services).
4. The Behavioral Health Director does not serve specified terms but will serve as a standing member of the Committee with normal voting privileges so long as they are in that position.
5. When a Steering Committee member or alternate's status changes (e.g., the member's child or a transitional age youth ages out) the member is allowed to serve out the year and reapply to represent another stakeholder group.
6. Devote the necessary time to fulfill Committee obligations. Read meeting materials and come to meetings prepared to discuss and take action.
7. Regular attendance at meetings is important. If members will be absent from a meeting contact the division by telephone (916) 875-MHSA, (CA Relay 711) or via email MHSA@saccounty.gov before the meeting date. The Division will contact your alternate to attend in your absence. To be in good standing members should attend, at minimum, four (4) meetings in any six-month period, otherwise member should resign from the committee. If members require an extended leave of absence notify the Selection Committee who will determine whether or under what circumstances such requests will be granted.
8. Represent the broadest needs and concerns of your stakeholder group.
9. Update Committee members on the status and changes occurring in your field of expertise.

STEERING COMMITTEE MEETING PROCESS GUIDELINES AND GROUND RULES

1. There shall be a six member Executive Committee that shall develop meeting agenda items. One member will be the Behavioral Health Director. The remaining five (5) members shall be elected by the Steering Committee, two of which will be the Steering Committee co-chairs. All executive committee members (excluding the Behavioral Health Director) will serve on the executive committee for a maximum of two years with the goal of staggering turnover. Executive Committee members whose term expires may re-nominate at the next election cycle.
2. There will be an annual election cycle to determine incoming Executive Committee members to fill behind individuals who have termed out.
3. Steering Committee Members may have items placed on the agenda with the agreement of a majority of the members present or by agreement of the Executive Committee.
4. The co-chairs are responsible for convening meetings, helping develop meeting agendas, and ensuring adherence to the process and MHSA requirements.
5. The meetings will strive to start on time and end on time. Participants are asked to come to the meetings a few minutes ahead of time, prepared and ready to begin.
6. To establish a voting quorum at least the majority (51%) of the Steering Committee members/alternates must be present.
7. Votes will be taken on Steering Committee items when a Steering Committee member has made a motion, and that motion is seconded by another Steering Committee member.
8. All Steering Committee members including co-chairs shall be entitled to vote at any Steering Committee meeting, aside from those votes in which members have a conflict of interest.
9. Alternates are permitted to vote at meetings when the primary representative from their stakeholder group is not present.
10. A consumer/family member alternate may be asked (but is not required) to serve as an alternate for another stakeholder group if the primary or designated alternate is not present at a meeting.
11. When the primary representative from their stakeholder group is present, alternates are invited to speak during the public comment period.
12. Only “named” primary or alternate Steering Committee members can participate in a Steering Committee meeting.
13. In the event that the primary or alternate is unavailable for an extended period of time, they may request a leave of absence. Their appointing body or organization may identify a representative in their absence.
14. Members will take responsibility for recusing themselves from voting if there is a conflict regarding a particular issue. Other members may politely point out a possible conflict that a member might not perceive, and the group will collaboratively decide whether a conflict exists.

15. Decisions will be made by a simple majority of the quorum present, excluding abstentions. A tied vote does not pass.
16. A roll call vote will be taken as needed.
17. The Steering Committee will use data to inform its recommendations.
18. The Steering Committee shall consider workgroup analysis and recommendations when taking action and actions will not be revisited due to the absence of a member.
19. Meetings minutes will be taken by MHSA staff. All minutes and documents discussed at Steering Committee meetings will also be posted to the MHSA website at: https://dhs.saccounty.gov/BHS/MHSA.

STEERING COMMITTEE MEETING SCHEDULE

The Steering Committee will determine its meeting schedule based on workload demands.

Arrangements for an interpreter, translation or reasonable accommodations will be made as needed for each meeting. Requests are to be submitted to the Division of Behavioral Health Services one week prior to the meeting. For reasonable accommodations, please contact Anne-Marie Rucker at (916) 875-3861 (CA Relay 711) or ruckera@saccounty.gov.

MHSA CONSUMER AND FAMILY MEMBER SELECTION COMMITTEE GUIDELINES

The MHSA Steering Committee and Executive Committee is responsible for recruiting and selecting consumer and family members to serve as Steering Committee members and alternates.

1. There is a goal of filling 50 percent of the positions specifically designated for consumer and family members with individuals from culturally diverse backgrounds.
2. The Selection subcommittee will be comprised of four (4) Steering Committee members. The Subcommittee's composition will be at least 50 percent Steering Committee members representing Consumer, Family Member/Caregivers. Subcommittee members will serve a one (1) year term and the election cycle will coincide with the annual Executive Committee election.
    a. The Selection Subcommittee is charged with reviewing applications of consumers and family members to determine whether the applicant's qualifications and experience are suitable for serving as primary and alternate members.
    b. The Selection Subcommittee will participate in a confidential vote to determine applicant's membership. Majority vote is required.
3. The MHSA Steering Committee will engage in outreach efforts to recruit consumer and family member Steering Committee candidates from a broad range of stakeholder groups throughout the community.
4. The MHSA Steering Committee will help consumer and family member Steering Committee members be effective contributors to the MHSA process through education and other activities.

5. Applications for the Consumer and Family member seats will expire after one year from date of submission.
6. MHSA Steering Committee members shall recuse themselves when the committee is considering someone from their agency or organization for membership to the committee.
7. Applicants will be selected based upon their proven leadership potential, ability to elevate the voice of the constituency they represent, relevant experience, and capability to contribute to the deliberations of the committee.

MENTAL HEALTH SERVICES ACT (MHSA) DEFINITIONS

"Adult" means an individual 18 years of age through 59 years of age.

"Bridge Funding" means funding that the County used which enabled the County to continue to provide services/programs from the date the funding for the program(s) or a portion of the program(s) specified below ended, until the County's initial Community Services and Supports component of the County's Three-Year Program and Expenditure Plan was approved and Mental Health Services Act funds became available. The use of bridge funding is limited to the following programs:

(1) The Children's System of Care Services.
(2) Integrated Services for the Homeless Mentally Ill.
(3) The Mentally Ill Offender Crime Reduction Act.

"Capital Facilities and Technological Needs" means projects for the acquisition and development of land and the construction or renovation of buildings or the development, maintenance, or improvement of information technology for the provision of Mental Health Services Act administration, services, and supports. Capital Facilities and Technological Needs do not include housing projects.

"Capital Facilities and Technological Needs Account" or "CFTN Account" means money in a County's Local Mental Health Services Fund that the County allocates for CFTN or transfers from the CSS Account for CFTN.

"Capitalized Operating Subsidy Reserve" means funds set aside at, or before, permanent loan closing for the purpose of supplementing income for the payment of operating expenses.

"Children and Youth" means individuals from birth through 17 years of age.

(1) Individuals aged 18 and older who meet the conditions specified in Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the California Government Code are considered children and youth and are eligible to receive services.

"Client" means an individual of any age who is receiving or has received mental health services. As used in these regulations, the term "client" includes those who refer to themselves as clients, consumers, survivors, patients, or ex-patients.

"Client Driven" means that the client has the primary decision-making role in identifying his/her needs, preferences and strengths and a shared decision-making role in determining the services and supports that are most effective and helpful for him/her. Client driven programs/services use clients' input as the main factor for planning, policies, procedures, service delivery, evaluation and the definition and determination of outcomes.

"Community Collaboration" means a process by which clients and/or families receiving services, other community members, agencies, organizations, and businesses work together to share information and resources in order to fulfill a shared vision and goals.

"Community Program Planning" means the process to be used by the County to develop Three-Year Program and Expenditure Plans, and updates in partnership with stakeholders to:

(1) Identify community issues related to mental illness resulting from lack of community services and supports, including any issues identified during the implementation of the Mental Health Services Act.
(2) Analyze the mental health needs in the community.
(3) Identify and re-evaluate priorities and strategies to meet those mental health needs.

"Community Services and Supports Account" or "CSS Account" means the money in a County's Local Mental Health Services Fund that the County allocates for Community Services and Supports programs and services as described in Article 6.

"Community Services and Supports Component or CSS Component" means the section of the Three-Year Program and Expenditure Plans that refers to service delivery systems for mental health services and supports for children and youth, transition age youth, adults, and older adults. These services and supports are similar to those found in Welfare and Institutions Code sections 5800 et. seq. (Adult and Older Adult Systems of Care) and 5850 et. seq. (Children's System of Care).

"County" means the County Mental Health Department, two or more County Mental Health Departments acting jointly, and/or city-operated programs receiving funds per Welfare and Institutions Code Section 5701.5.

"Cultural Competence" means incorporating and working to achieve each of the goals listed below into all aspects of policymaking, program design, administration and service delivery. Each system and program is assessed for the strengths and weaknesses of its proficiency to achieve these goals. The infrastructure of a service, program or system is transformed, and new protocol and procedure are developed, as necessary to achieve these goals.

(1) Equal access to services of equal quality is provided, without disparities among racial/ethnic, cultural, and linguistic populations or communities.
(2) Treatment interventions and outreach services effectively engage and retain individuals of diverse racial/ethnic, cultural, and linguistic populations.
(3) Disparities in services are identified and measured, strategies and programs are developed and implemented, and adjustments are made to existing programs to eliminate these disparities.
(4) An understanding of the diverse belief systems concerning mental illness, health, healing and wellness that exist among different racial/ethnic, cultural, and linguistic groups is incorporated into policy, program planning, and service delivery.
(5) An understanding of the impact historical bias, racism, and other forms of discrimination have upon each racial/ethnic, cultural, and linguistic population or community is incorporated into policy, program planning, and service delivery.
(6) An understanding of the impact bias, racism, and other forms of discrimination have on the mental health of each individual served is incorporated into service delivery.
(7) Services and supports utilize the strengths and forms of healing that are unique to an individual's racial/ethnic, cultural, and linguistic population or community.
(8) Staff, contractors, and other individuals who deliver services are trained to understand and effectively address the needs and values of the particular racial/ethnic, cultural, and/or linguistic population or community that they serve.

(9) Strategies are developed and implemented to promote equal opportunities for administrators, service providers, and others involved in service delivery who share the diverse racial/ethnic, cultural, and linguistic characteristics of individuals with serious mental illness/emotional disturbance in the community.

"Department" means the State Department of Health Care Services.

"Family Driven" means that families of children and youth with serious emotional disturbance have a primary decision-making role in the care of their own children, including the identification of needs, preferences and strengths, and a shared decision-making role in determining the services and supports that would be most effective and helpful for their children. Family driven programs/services use the input of families as the main factor for planning, policies, procedures, service delivery, evaluation and the definition and determination of outcomes.

"Financial Incentive Programs Funding Category" means the funding category of the Workforce Education and Training component of the Three-Year Program and Expenditure Plan that funds stipends, scholarships, and the Mental Health Loan Assumption Program for the purpose of recruiting and retaining Public Mental Health System employees.

"Full Service Partnership" means the collaborative relationship between the County and the client, and when appropriate the client's family, through which the County plans for and provides the full spectrum of community services so that the client can achieve the identified goals.

"Full Service Partnership Service Category" means the service category of the Community Services and Supports component of the Three-Year Program and Expenditure Plans, under which the County, in collaboration with the client, and when appropriate, the client's family plans for and provides the full spectrum of community services so that children and youth, transition age youth, adults and older adults can achieve the identified goals.

"Full Spectrum of Community Services" means the mental health and non-mental health services and supports necessary to address the needs of the client, and when appropriate the client's family, in order to advance the client's goals and achieve outcomes that support the client's recovery, wellness and resilience.

"Fully Served" means clients, and their family members who obtain mental health services receive the full spectrum of community services and supports needed to advance the client's recovery, wellness, and resilience.

"General System Development Service Category" means the service category of the Community Services and Supports component of the Three-Year Program and Expenditure Plans under which the County uses Mental Health Services Act funds to improve the County's mental health service delivery system for all clients and/or to pay for specified mental health services and supports for clients, and/or when appropriate their families.

"Individual Services and Supports Plan" means the plan developed by the client and, when appropriate the client's family, with the Personal Service Coordinator/Case Manager to identify the client's goals and

describe the array of services and supports necessary to advance these goals based on the client's needs and preferences and, when appropriate, the needs and preferences of the client's family.

"Innovation Account" or "INN Account" means the money in a County's Local Mental Health Services Fund that the County allocates for Innovative Projects as described in Article 9.

"Innovation Component" means the section of the Three-year Program and Expenditure Plan that consists of one or more Innovative Projects.

"Innovation Funds" means the Mental Health Services Fund distributed to the County pursuant to Welfare and Institutions Code Section 5892, subdivision (a)(6).

"Innovative Project" means a project that the County designs and implements for a defined period and evaluates to develop new best practices in mental health services and supports.

"Integrated Service Experience" means the client, and when appropriate the client's family, accesses a full range of services provided by multiple agencies, programs, and funding sources in a comprehensive and coordinated manner.

"Investment Gain" means any realized earning, less any realized loss, on Local Mental Health Services Fund money invested by a County, including capital gains, dividends, and interest.

"Investment Loss" means a realized reduction in principle of Local Mental Health Services Fund money invested by a County.

"Linguistic Competence" means organizations and individuals working within the system are able to communicate effectively and convey information in a manner that is easily understood by diverse audiences, including individuals with Limited English Proficiency; individuals who have few literacy skills or are not literate; and individuals with disabilities that impair communication. It also means that structures, policies, procedures, and dedicated resources are in place that enable organizations and individuals to effectively respond to the literacy needs of the populations being served.

"Local Mental Health Services Fund" means a County account that holds Mental Health Services Fund money and any Investment Gain on that money.

"Mental Health Career Pathway Programs Funding Category" means the funding category of the Workforce Education and Training component of the Three-Year Program and Expenditure Plan that funds education, training and counseling programs designed to recruit and prepare individuals for entry into and advancement in jobs in the Public Mental Health System.

"Mental Health Loan Assumption Program" means a program to make payments to an educational lending institution on behalf of an employee who has incurred debt while obtaining an education, provided the individual agrees to work in the Public Mental Health System for a specified period, in a capacity that meets the employer's workforce needs.

"Mental Health Services Act" means the laws that took effect on January 1, 2005, when Proposition 63 was approved by California voters and codified in the Welfare and Institutions Code.

"Mental Health Services Act Housing Program Service Category" means the service category of the Community Services and Supports component of the Three-Year Program and Expenditure Plans under which Mental Health Services Act funds, administered through the California Housing Finance Agency, are used to acquire, rehabilitate, or construct permanent supportive housing for clients with serious mental illness and provide operating subsidies.

"Mental Health Services Fund" means a fund in the State Treasury, established pursuant to Welfare and Institutions Code section 5890(a), to hold tax revenue generated pursuant to Revenue and Taxation Code section 17043, which is distributed to Counties to fund Mental Health Services Act programs and services.

"Older Adult" means an individual 60 years of age and older.

"Outreach and Engagement Service Category" means the service category of the Community Services and Supports component of the Three-Year Program and Expenditure Plan under which the County may fund activities to reach, identify, and engage unserved individuals and communities in the mental health system and reduce disparities identified by the County.

"Prevention and Early Intervention Account" or "PEI Account" means the money in a County's Local Mental Health Services Fund that the County allocates for PEI programs as described in Article 7, or transfers from the CSS Account for PEI programs as described in Article 7.

"Prevention and Early Intervention Component" means the section of the Three-Year Program and Expenditure Plan intended to prevent mental illnesses from becoming severe and disabling.

"Prevention and Early Intervention funds" means the Mental Health Services funds allocated for prevention and early intervention programs pursuant to Welfare and Institutions Code section 5892, subdivision (a)(3).

"Planning Estimate" means the estimate provided by the Department to the County of the maximum amount of Mental Health Services Act funding that the County can request.

"Project-Based Housing" means the unit(s) of an apartment complex, duplex, triplex, or other structure leased and/or purchased by the County for the purpose of providing housing.

"Prudent Reserve" means Local Mental Health Services Fund money held by a County for use as described in sections 5847(b)(7), (f), and 5892(b)(1) of the Welfare and Institutions Code.

"Public Mental Health System" means publicly funded mental health programs/services and entities that are administered, in whole or in part, by the Department or County. It does not include programs and/or services administered, in whole or in part, by federal, state, county or private correctional entities or programs or services provided in correctional facilities.

"Public Mental Health System Workforce" means current and prospective Department and/or County personnel, County contractors, volunteers, and staff in community-based organizations, who work or will work in the Public Mental Health System.

"Redistributed Funds" means monies from the Reversion Account that the State Controller distributes to other counties as specified in sections 5892(h)(1) and 5899.1(a) of the Welfare and Institutions Code.

"Regional Partnership" means a group of County approved individuals and/or organizations within geographic proximity that acts as an employment and education resource for the Public Mental Health System. The group may include educational and employment service entities, individuals and/or entities within the Public Mental Health System, and individuals and/or entities that have an interest in the Public Mental Health System, such as county staff, mental health service providers, clients, and clients' family members.

"Residency and Internship Programs Funding Category" means the funding category of the Workforce Education and Training component of the Three-Year Program and Expenditure Plan that funds psychiatric residency programs and post-secondary mental health internship programs in order to increase the number of licensed and/or certified individuals employed in the Public Mental Health System.

"Reversion Account" means an account within the Mental Health Services Fund to hold funds reverted from counties pursuant to sections 3420.50, 3420.55 and 3420.60.

"Reversion Period" means the length of time a County has to spend its Local Mental Health Services Fund money before the funds become subject to reversion. The length of time varies depending on a County's population and the component account to which the County allocates the money, as provided in sections 3420.50, 3420.55 and 3420.60.

"Small County" means a County in California with a total population of less than 200,000, according to the most recent estimate by the California State Department of Finance, as of the first day of the fiscal year.

"Stakeholders" means individuals or entities with an interest in mental health services in the State of California, including but not limited to: individuals with serious mental illness and/or serious emotional disturbance and/or their families; providers of mental health and/or related services such as physical health care and/or social services; educators and/or representatives of education; representatives of law enforcement; and any other organization that represents the interests of individuals with serious mental illness/ and/or serious emotional disturbance and/or their families.

"Supported Employment Services" means vocational rehabilitation activities provided to a client and/or a family member of a client for the purpose of obtaining, sustaining, and enhancing their employment.

"Training and Technical Assistance Funding Category" means the funding category of the Workforce Education and Training component of the Three-Year Program and Expenditure Plan that funds consultation and/or education to assist those providing services and supports to individuals, clients and/or family members of clients who are working in and/or receiving services from the Public Mental Health System.

"Transition Age Youth" means youth 16 years to 25 years of age.

“Underserved” means clients of any age who have been diagnosed with a serious mental illness and/or serious emotional disturbance and are receiving some services but are not provided the necessary or appropriate opportunities to support their recovery, wellness and/or resilience. When appropriate, it includes clients whose family members are not receiving sufficient services to support the client's recovery, wellness and/or resilience. These clients include, but are not limited to, those who are so poorly served that they are at risk of homelessness, institutionalization, incarceration, out-of-home placement or other serious consequences; members of ethnic/racial, cultural, and linguistic populations that do not have access to mental health programs due to barriers such as poor identification of their mental health needs, poor engagement and outreach, limited language access, and lack of culturally competent services; and those in rural areas, Native American Rancherias and/or reservations who are not receiving sufficient services.

“Workforce Education and Training” means the component of the Three-Year Program and Expenditure Plan that includes education and training programs and activities for prospective and current Public Mental Health System employees, contractors, and volunteers.

“Workforce Education and Training Account” or “WET Account” means the money in a County's Local Mental Health Services Fund that the County allocates for Workforce Education and Training as described in Article 8, or transfers from the CSS Account for Workforce Education and Training as described in Article 8.

“Workforce Staffing Support Funding Category” means the funding category of the Workforce Education and Training component of the Three-Year Program and Expenditure Plan that funds staff needed to plan, administer, coordinate, and/or evaluate Workforce Education and Training programs and activities.

The MHSA definitions above were pulled directly from the California Code of Regulations. To learn more, visit Mental Health Services Act in California Welfare and Institutions Code (WIC) (as of January 2020) and MHSA in California Code of Regulations (CCR).

- § 3200.010. Adult.
- § 3200.020. Bridge Funding.
- § 3200.022. Capital Facilities and Technological Needs (CFTN).
- § 3200.025. Capital Facilities and Technological Needs Account or CFTN Account.
- § 3200.028. Capitalized Operating Subsidy Reserve.
- § 3200.030. Children and Youth.
- § 3200.040. Client.
- § 3200.050. Client Driven.
- § 3200.060. Community Collaboration.
- § 3200.070. Community Program Planning Process.
- § 3200.079. Community Services and Supports Account or CSS Account.
- § 3200.080. Community Services and Supports Component or CSS Component.
- § 3200.090. County.
- § 3200.100. Cultural Competence.
- § 3200.110. Department.
- § 3200.120. Family Driven.
- § 3200.125. Financial Incentive Programs Funding Category.
- § 3200.130. Full Service Partnership.
- § 3200.140. Full Service Partnership Service Category.
- § 3200.150. Full Spectrum of Community Services.
- § 3200.160. Fully Served.

- § 3200.170. General System Development Service Category.
- § 3200.180. Individual Services and Supports Plan.
- § 3200.181. Innovation Account or Inn Account.
- § 3200.182. Innovation Component.
- § 3200.183. Innovation Funds.
- § 3200.184. Innovative Project.
- § 3200.190. Integrated Service Experience.
- § 3200.195. Investment Gain.
- § 3200.197. Investment Loss.
- § 3200.210. Linguistic Competence.
- § 3200.213. Local Mental Health Services Fund.
- § 3200.215. Mental Health Career Pathway Programs Funding Category.
- § 3200.217. Mental Health Loan Assumption Program.
- § 3200.220. Mental Health Services Act.
- § 3200.225. Mental Health Services Act Housing Program Service Category.
- § 3200.227. Mental Health Services Fund.
- § 3200.230. Older Adult.
- § 3200.240. Outreach and Engagement Service Category.
- § 3200.244. Prevention and Early Intervention Account or PEI Account.
- § 3200.245. Prevention and Early Intervention Component.
- § 3200.246. Prevention and Early Intervention Fund.
- § 3200.250. Planning Estimate.
- § 3200.251. Project-Based Housing.

- § 3200.252. Prudent Reserve.
- § 3200.253. Public Mental Health System.
- § 3200.254. Public Mental Health System Workforce.
- § 3200.254.1. Redistributed Funds.
- § 3200.255. Regional Partnership.
- § 3200.256. Residency and Internship Programs Funding Category.
- § 3200.257. Reversion Account.
- § 3200.258. Reversion Period.
- § 3200.260. Small County.
- § 3200.270. Stakeholders.
- § 3200.275. Supported Employment Services.
- § 3200.276. Training and Technical Assistance Funding Category.
- § 3200.280. Transition Age Youth.
- § 3200.300. Underserved.
- § 3200.310. Unserved.
- § 3200.320. Workforce Education and Training.
- § 3200.323. Workforce Education and Training Account or WET Account.
- § 3200.325. Workforce Staffing Support Funding Category.

SACRAMENTO COUNTY

Mental Health Services Act (MHSA) Steering Committee
Membership Application for Consumer or Family Member/Caregiver

Apply online by clicking here!

PURPOSE:
The MHSA Steering Committee makes recommendations to the Sacramento County Division of Behavioral Health Services for MHSA programming and funding. Consumers and Family Members/Caregivers with lived experience are valued and bring an important voice to the MHSA Steering Committee.

ROLE:
MHSA Steering Committee members are expected to:

- Effectively and respectfully engage clients, family members, and other community stakeholders through a broad participation process, including the creation of workgroups, to develop Sacramento County's MHSA plans;
- Review and rank program proposals developed with stakeholder input; and
- Make specific program recommendations to the Division of Behavioral Health Services consistent with MHSA goals, guidelines, and requirements.

1. MHSA Steering Committee meetings are held the 3rd Thursday of each month from 6:00-8:00 pm.

   Due to COVID-19 and for the safety of members and participants, beginning April 2020 MHSA Steering Committee meetings will be virtual/phone conference until further notice. **Please acknowledge that you are able to attend these meetings regularly.**

   ☐ Yes, I can attend meetings regularly

2. Please share your contact information:

   First Name: _____ Last Name: _____

   City/Town: _____ ZIP/Postal Code: _____

   Email address: _____ Phone Number: _____

3. What is your race/ethnicity? (Check all that apply)

   ☐ White or Caucasian ☐ Hispanic or Latino ☐ American Indian or Alaska Native
   ☐ Black or African American ☐ Asian or Asian American ☐ Native Hawaiian or other Pacific Islander
   ☐ Another race: _____

4. Which age group do you belong to?

   ☐ 16-25 ☐ 26-54 ☐ 55-59 ☐ 60+

5. Are you a consumer and/or a family member/caregiver of a consumer?

   ☐ Consumer ☐ Family Member/Caregiver of a Consumer

6. Please indicate the position(s) you are applying for:

   ☐ Youth Consumer ☐ Family Member/Caregiver of Child
   ☐ Adult Consumer ☐ Family Member/Caregiver of Adult
   ☐ Older Adult Consumer ☐ Family Member/Caregiver of Older Adult

7. Check all that you identify with:

   ☐ Current or Former Foster Youth ☐ Faith Community/Spirituality
   ☐ Current or Former Homeless ☐ Veteran ☐ LGBTQ+

8. Are you interested in being:

☐ Primary Representative (attend every meeting) ☐ Alternate Representative (attend when requested/needed) ☐ Either

9. Please tell us about your experience working with individuals or community groups to improve mental health and wellness.

10. Please describe your reason/s for applying to the MHSA Steering Committee.

11. We value lived experience and recognize every individual has strengths and skill sets to contribute. What are some you would bring to the MHSA Steering Committee?

12. Please provide any additional information about your experience or background that you want us to consider.

Please return your completed application via mail, fax or email to:

Andrea Crook MS, MHSA Program Manager
Grantland L. Johnson Center for Health & Human Services
7001-A East Parkway, Suite 500
Sacramento CA 95823-2501
Fax: (916) 875-1490
Email: MHSA@SacCounty.gov
Attn: MHSA Steering Committee

Your application will be reviewed, and a representative may contact you if there are any questions.