



# MHSA Steering Committee Draft Charter

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MHSA CHARTER REVIEW AND NEXT STEPS

5.18.23

# RECAP: Timeline

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- August 2022 – November 2022: SC requested that their Exec Committee Update and make necessary changes to the Charter
- January 2023: Draft Charter Provided to SC for review in advance of their February SC Meeting
- February 2023: Draft Charter Presented to SC and was sent back to their Exec Committee for further edits
- March 2023: the MHSA Executive Committee made further edits to reflect February's input
- April 2023: Due to time constraints the SC pushed this agenda item to their May 2023 SC meeting

# MHSA Steering Committee Draft Charter

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The MHSA Draft Charter is a document that states the purpose, composition, responsibilities, authority, and protocols of the MHSA Steering Committee. The intent of this MHSA Draft Charter is to:

- Help the committee deliver and uphold effective governance
- Help guide the committee's advisory making abilities
- Help the committee understand the MHSA Welfare and Institution Codes (WIC) and the California Code of Regulations (CCR) to better advise Sacramento County BHS by having a comprehensive understanding of the MHSA.
- The Charter will be adopted by the committee with the understanding that **the Charter is a living document**

# MHSA Steering Committee: Purpose

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**Purpose:** The MHSA Steering Committee makes program recommendations to the Sacramento County Division of Behavioral Health 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.

# MHSA Steering Committee: Mission Statement

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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 includes: Community Services and Support, Prevention and Early Intervention, Innovation, Capital Facilities, Technological Needs, and an on-going Community Program Planning Process.

# Values

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| 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. | 5. Individuals are treated with respect and afforded the opportunity for self-determination in an environment free of stigma and prejudice.                  |
| 2. A seamless system of coordinated services is available in community settings close to home that are accessible and welcoming to all clients.  | 6. Services promote resilience and are recovery-centered and wellness focused with full integration into all aspects of community life as the ultimate goal. |
| 3. Prevention and early intervention are fundamental to the service system.  | 7. The service system is innovative, accountable, and continually evaluated for effectiveness in improving the quality of life for the individuals served.   |
| 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.  | 8. Consumers and their families have a primary role in planning and evaluating program and personal services in alliance with providers.                     |

# Membership

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

- Consumers (6)
- Family members (6)
- Consumer/Family Member at Large (1)
- Mental Health Board (1)  
(Must be a consumer/family member)
- Mental Health Providers (3)  
*One representing each:*
  - o Children's
  - o Adult
  - o 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:*
  - o Substance Use Prevention and Treatment
  - o Behavioral Health Services (Director)
- Division of Primary Health (1)
- Public Health (1)
- Social Services (3)  
*One representing each:*
  - o Senior and Adult Services
  - o Child Welfare
  - o Department of Human Assistance

# Roles and Responsibilities

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The roles and responsibilities of individual committee members shall be:

1. Adhere to the Steering Committee and Member roles and responsibilities.
2. Consumer and Family Member/Caregiver Members and Alternates: Effective July 1, 2023, will serve for a maximum of a three-year term. Alternate members will fill in behind members who term out. Consumer and Family Members/Caregiver representatives may reapply after their term has expired.

For the purpose of staggering membership turnover, individuals who joined the Steering Committee:

- a. Prior to 2016 term ends on July 1, 2024
  - b. Between 2017 and 2019 term ends on July 1, 2025
  - c. During 2020 to July 1, 2023, term ends on July 1, 2026
3. System partner representatives may serve multiple successive terms at the discretion of their department heads (e.g., Department of Health Services).
  4. The Behavioral Health Director does not serve a specified term but will serve as a standing member of the Committee with normal voting privileges so long as they are in that position.



# Roles and Responsibility (Cont'd)

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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 are unable to attend a meeting, they are to contact the division by telephone (916) 875-MHSA, (CA Relay 711) or via email [MHSA@saccounty.gov](mailto:MHSA@saccounty.gov) within 24 hours of 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 the member will be asked to resign from the committee. If members require an extended leave of absence, they may 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

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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 terms expires may be re-nominated 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. At least a majority (51%) of the Steering Committee members/alternates must be present to hold a vote (quorum 16).

# STEERING COMMITTEE MEETING PROCESS GUIDELINES AND GROUND RULES (Cont'd)

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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 at 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.

# STEERING COMMITTEE MEETING PROCESS GUIDELINES AND GROUND RULES (Cont'd)

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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>.

# MHSA CONSUMER AND FAMILY MEMBER SELECTION COMMITTEE GUIDELINES

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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. A subcommittee composed of four (4) Steering Committee members will review and/or approve membership applications. The subcommittee composition will be at least 50 percent Consumer, Family Member/Caregiver representation. Subcommittee members will serve a one (1) year term and the election cycle will coincide with the annual Executive Committee election.
  - a. Subcommittee will review applications to determine if individual's qualifications and experience are suitable for serving as members/alternates.
  - b. Subcommittee will participate in a confidential vote to determine applicant's membership. Majority vote is required.

# MHSA CONSUMER AND FAMILY MEMBER SELECTION COMMITTEE GUIDELINES (Cont'd)

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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. Applications for the Consumer and Family member seats will expire after one year from date of submission.
5. MHSA Steering Committee members shall recuse themselves when the committee is considering someone from their agency or organization for membership to the committee.
6. 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.

# Reminders

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- The MHSA Steering Committee does not fall under the Brown Act/Roberts Rules etc.
- Must have 16 members and/or alternates present in order to vote (quorum).
- The MHSA SC Charter is a living document and will grow and evolve with the MHSA SC.
- 50% of members/alternates will be client and or family members (20% clients, 20% family members, 10% either client/family).