



MENTAL HEALTH SERVICES ACT STEERING COMMITTEE CHARTER

OVERVIEW PRESENTATION TO
MHSA STEERING COMMITTEE MEETING
JANUARY 18, 2024

MHSA STEERING COMMITTEE CHARTER

The Mental Health Services Act (MHSA) Steering Committee Charter is a document that outlines the committee's principles, rights, and regulations of the MHSA.

It essentially serves as a constitution, establishing rules and guidelines by which the Committee operates, and provides links, and various resources which support the work of the Committee members, alternates, and the community at large.



BACKGROUND

The charter was revised, updated, and approved by the MHSa Steering Committee on May 18, 2023.



FIND THE CHARTER ON THE MHSA STEERING COMMITTEE WEBPAGE

The screenshot shows a webpage for the MHSA Steering Committee. At the top, there is a navigation bar with 'HEALTH SERVICES' and 'HEALTH SERVICES DIVISIONS'. Below this is a breadcrumb trail: 'Health Services > Behavioral Health Services > MHSA Steering Committee'. The main content area is titled 'MHSA Steering Committee' and includes sections for 'Purpose', 'Vision', and 'Mission Statement'. On the right side, there is a sidebar with a list of links. A red box highlights the link 'Steering Committee Charter'.

Health Services

HEALTH SERVICES ▾ HEALTH SERVICES DIVISIONS ▾ RESOUR

Health Services > Behavioral Health Services > MHSA Steering Committee

MHSA Steering Committee

Purpose

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

Vision

The MHSA 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 new 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 prevention, early intervention and on-going innovative services provided within the local community.

Meeting Place and Time

- MHSA Steering Committee Meetings
- > [2024 Meeting Schedule](#)
- > [2023 Meeting Schedule](#)
- > [Meetings - 2023](#)
- > [Meetings - 2022](#)
- > [Meetings - 2021](#)
- > [Meetings - 2020](#)
- Committee Structure, Members, and Process
- > [Comfort Agreement](#)
- > [Current Committee Roster](#)
- > [MHSA General Standards](#)
- > [MHSA P-5-11](#)
- > [Steering Committee Charter](#)
- > [Vision, Mission, and Values](#)
- > [Join the MHSA Steering Committee \(online application\)](#)
- > [Join the MHSA Steering Committee \(printable application\)](#)

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1. The Mental Health Services Act (MHSA) General Standards
2. Community Program Planning Process (CPPP)
3. Sacramento County MHSA Plan Development – Key Roles and Responsibilities
4. Sacramento County Behavioral Health Services MHSA Steering Committee Charter
5. MHSA Definitions
6. MHSA in Welfare and Institutions Code and California Code of Regulations
7. MHSA SC Membership Application



MHSA GENERAL STANDARDS

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 & Resilience Focused

as defined in Section 5813.5(d)

6. Integrated Experience for Clients & their Families

as defined in Section 3200.190



THE COMMUNITY PROGRAM PLANNING PROCESS (CPPP)



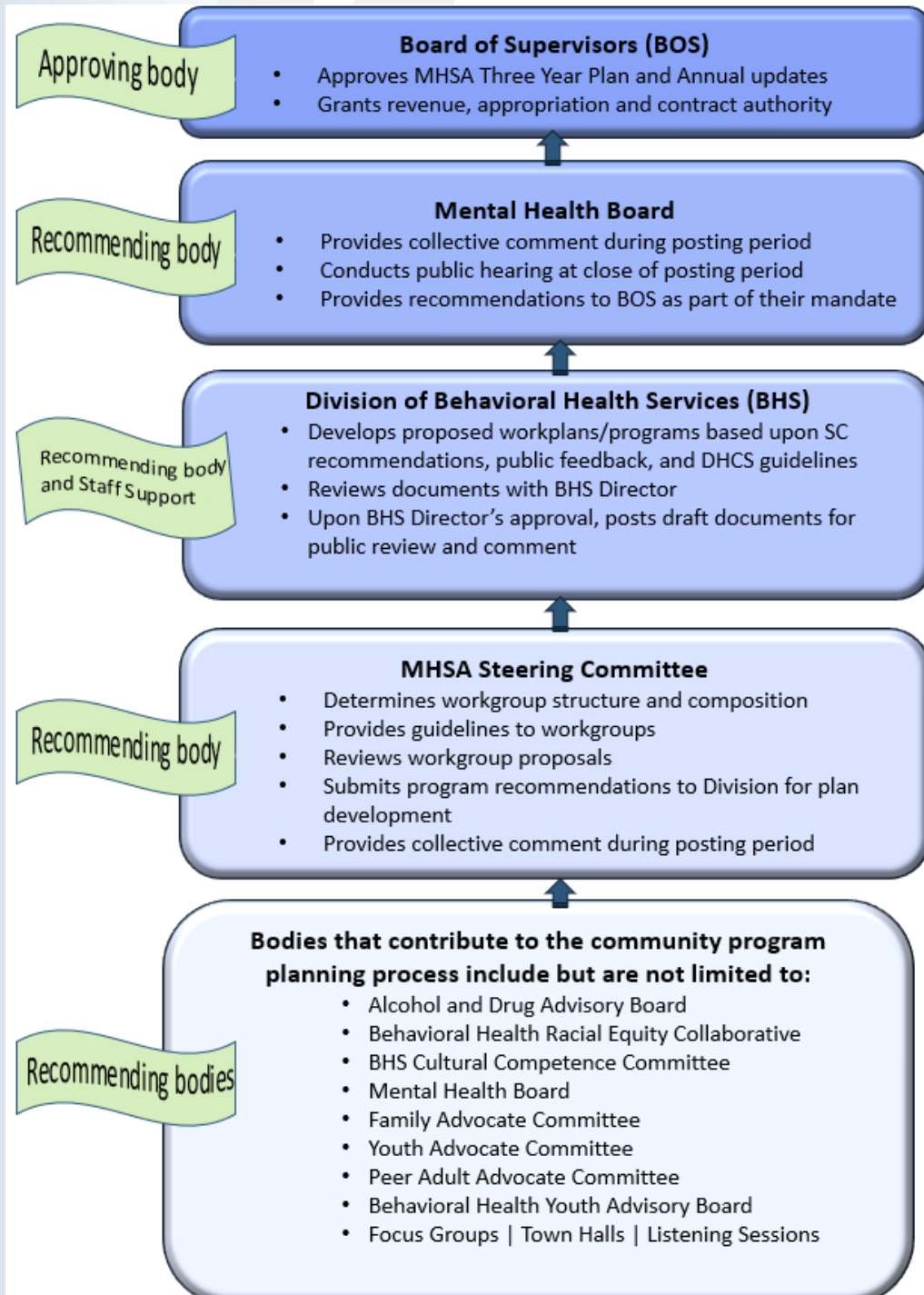
SACRAMENTO COUNTY

Sacramento County strives to ensure that stakeholders have an opportunity to participate in the CPPP. Stakeholders include representatives of unserved and/or underserved populations and family members of unserved/underserved populations.

The MHSA 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.



PLAN DEVELOPMENT - KEY ROLES & RESPONSIBILITIES



PURPOSE, VISION, MISSION, VALUES

PURPOSE



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

The MHSA 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.



VISION

PURPOSE, VISION, MISSION, VALUES CONTINUED

MISSION



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.

PURPOSE, VISION, MISSION, VALUES CONTINUED



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 – SYSTEM PARTNERS

Stakeholder Group:	Appointed by:
Mental Health Board*	Mental Health Board
Mental Health Director	Division of Behavioral Health Services Director
Service Provider - Children	Association of Mental Health Contractors
Service Provider - Adults	Association of Mental Health Contractors
Service Provider - Older Adults	Association of Mental Health Contractors
Law Enforcement	Criminal Justice Cabinet
Senior and Adult Services	Department of Child, Family & Adult Services Director
Education	Sacramento County Office of Education
Department of Human Assistance	Department of Human Assistance Director
Substance Use Prevention and Treatment	Department of Health Services Director
Cultural Competence	Cultural Competence Committee
Child Welfare	Department of Child, Family & Adult Services Director
Primary Health	Department of Health Services Director
Public Health	Department of Health Services Director
Juvenile Court	Presiding Judge
Probation	Chief of Probation
Veterans	Department of Human Assistance

MEMBERSHIP – CLIENT/FAMILY/CAREGIVER

Stakeholder Group:	Appointed by:
Consumer - TAY	Selection Subcommittee
Consumer - TAY	Selection Subcommittee
Consumer - Adult	Selection Subcommittee
Consumer - Adult	Selection Subcommittee
Consumer - Older Adult	Selection Subcommittee
Consumer - Older Adult	Selection Subcommittee
Family Member/Caregiver of Child age 0-17 Yrs	Selection Subcommittee
Family Member/Caregiver of Child age 0-17 Yrs	Selection Subcommittee
Family Member/Caregiver of Adult age 18-59 Yrs	Selection Subcommittee
Family Member/Caregiver of Adult age 18-59 Yrs	Selection Subcommittee
Family Member/Caregiver of Older Adult age 60+ Yrs	Selection Subcommittee
Family Member/Caregiver of Older Adult age 60+ Yrs	Selection Subcommittee
Family Member/Consumer At-large	Selection Subcommittee

MEMBER ROLES AND RESPONSIBILITIES



1. Adhere to the Steering Committee (SC) member roles and responsibilities.
2. Consumers and Family Members/Caregivers and their Alternates will serve a three-year term. Once a primary member has termed out, the Alternate will then move onto the primary seat. Termed out members are welcome to reapply, and they are subject to the same vetting process as new applicants.
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 a specified term but will serve as a standing member of the SC with normal voting privileges while in that position.
5. When a SC 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.

MEMBER ROLES AND RESPONSIBILITIES CONTINUED



6. Devote the necessary time to fulfill SC obligations. Read meeting materials and come to meetings prepared to discuss and take action.
7. Regular attendance is important, and if member will be absent from a meeting, contact the division by telephone (916) 875-MHSA or via email MHSA@SacCounty.gov. 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.
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.

GUIDELINES AND GROUND RULES

1. There shall be a six-member Executive Committee to develop meeting agenda items. One member will be the Behavioral Health Director. The remaining five members will be elected by the Committee (including the two co-chairs). The term limit for the Executive Committee is two years.
2. There will be an annual election to determine Executive Committee members.
3. SC 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 and end on time. Participants are asked to come to the meetings a few minutes early, prepared and ready to begin.
6. To establish voting quorum at least the majority (51%) of the SC members/alternates must be present.



GUIDELINES AND GROUND RULES CONTINUED

7. Votes will be taken on when a SC member has made a motion and that motion is seconded by another SC member.
8. All SC members, including co-chairs shall be entitled to vote at any SC meeting, aside from those votes in which members have a conflict of interest.
9. Alternates are permitted to vote 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 SC members can participate at a SC meeting.
13. If a SC member 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.

GUIDELINES AND GROUND RULES

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 SC will use data to inform its recommendations.
18. The SC 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 SC meetings will also be posted to the [MHSA website](#).



SELECTION SUBCOMMITTEE

The MHSA SC 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 % 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) SC members. The Subcommittee's composition will be at least 50 percent SC 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 SC will engage in outreach efforts to recruit consumer and family member SC candidates from a broad range of stakeholder groups throughout the community.
4. The SC will help consumer and family member SC 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. SC 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.



THANK YOU!



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(916) 875- MHSA