

 County of Sacramento Department of Health Services Division of Behavioral Health Services Policy and Procedure	Policy Issuer (Unit/Program)	MHSA
	Policy Number	MHSA-100-001
	Effective Date	10-17-06
	Revision Date	9-05-23
Title: Gift Card Distribution		Functional Area: Stakeholder Involvement
Approved By: <i>Signed version available upon request</i> Jane Ann Zakhary Division Manager, Division of Behavioral Health Services		

Background/Context:

The Mental Health Services Act (MHSA) represents a comprehensive approach to the development of community based mental health services and supports for the residents of California. One of the MHSA General Standards, and a Division Core Value, is consumer and family involvement in implementing programs under the MHSA. Specifically, counties are to increase the level of participation and involvement of clients and families in all aspects of the public mental health system, including, but not limited to: planning, outreach, policy development, service delivery and evaluation.

Purpose:

The Division of Behavioral Health Services values the input and involvement of consumers (youth and adults) and family members in developing, managing, implementing and providing mental health services. This value is in alignment with the vision regarding the MHSA. In promoting the value of involving consumers and family members, the Division supports the practice of compensating consumers and family members for their participation.

Details:

1. Administration and Oversight

MHSA will administer the gift cards and ensure appropriate oversight.

 - a. Gift cards will be kept in a locked file cabinet.
 - b. All activities for which gift cards are provided must be pre-approved by the MHSA Program Manager or designee.
 - c. Consumers and family members will sign a form indicating receipt of the gift cards and time spent on the MHSA activity. (Attachment I)
 - d. The signed forms will be kept in a binder in the same locked file cabinet as the gift cards.

2. Rate of Compensation
 - a. Consumers and family members will be compensated at a rate not to exceed \$20.00 per hour.
 - b. Time spent on MHSA related activities must be tracked. The tracking will depend on the type of activity involved, but could include sign-in sheets, verification by the activity lead, etc.
 - c. In some situations, the MHSA Program Manager or designee may determine the length of time allowed for a particular activity.
3. Allowable Activities
 - a. Consumers and family members may be compensated for MHSA related activities, including but not limited to:
 - i. Outreach activities
 - ii. Membership on MHSA Steering Committee, workgroups, advisory and planning committees
 - iii. Panel member for Request for Application evaluation process
4. Exclusions
 - a. Gift cards will not be provided for attendance at Public Hearings, events and/or gatherings unless the consumer or family member has been asked to attend and it is pre-approved by the MHSA Program Manager or designee.
 - b. Gift cards will not be provided for participation in activities that are not directly related to MHSA.
 - c. Gift cards will not be provided if a consumer or family member participates in an activity and their participation is considered part of paid work time, either through the County or another employer.
5. Timeline for Gift Card Disbursement
 - a. By the end of the week following an event with consumers and family members qualified to receive gift cards, cards in inventory will be assigned for disbursement and attached to completed stipend receipt forms.
 - b. An attempt to schedule pickup or delivery of every card to be disbursed will be made within two weeks of the event. If unsuccessful, good faith attempts will be made to follow up with the consumer or family member for later pickup/delivery.
 - c. Any gift cards not picked up and/or delivered after good faith attempts within four (4) months of the event will be returned to unassigned status. Unsigned stipend receipts for these undisbursed gift cards will be kept in the stipend receipt binder with associated printed emails/notes showing disbursement attempts.

6. Cash Reimbursement
There will be no cash reimbursements provided by the Division.

References/Attachments:

Attachment 1 – Gift Card Stipend Distribution Tracking Form

Related Policies:

PP-BHS-MHSA 100-002 Three-Year Plans and Updates

Distribution:

Enter X	DL Name	Enter X	DL Name
X	Behavioral Health Staff		Children's Contract Providers
	Mental Health Treatment Center		
	Alcohol and Drug Services		
	Adult Contract Providers		

Contact Information:

MHSA@saccounty.gov

County Executive

Ann Edwards

Deputy County Executive

Chevon Kothari

Social Services

**Department of Health Services**

Timothy W. Lutz, Director

Divisions

Behavioral Health Services

Primary Health

Public Health

Departmental Administration

County of Sacramento

**Sacramento County Mental Health Services Act
Consumer/Family Member Stipend Card**

Name	
Address	
City & Zip	
Telephone	
Email	

Description of activity	
Date of activity	
Number of hours	
Disbursement today (this receipt)	
Total Compensation (YTD)*	

Card #	Access/Sequence #

*Consumers and family members will be compensated at a rate not to exceed \$20.00 per hour. A maximum of twenty-nine \$20 stipend cards or equivalent (\$580) may be provided per calendar year.

To receive stipend card(s), this form must be signed by the individual named above and the MHSA Program Manager or designee.

Consumer/Family Member Signature

Date

Program Manager or Designee Signature

Date