

**Sonoma County Mental Health Services Act (MHSA)
Steering Committee
Mission ↔ Vision ↔ Values**

The Sonoma County Mental Health Services Act (MHSA) Steering Committee will lead the community in evolving a comprehensive, integrated, culturally responsive system of mental health services that promotes resilience, recovery, wellness and stigma-free integration into the fabric of the community. The developing system will be easy to access, responsive to consumers and family members, and allow maximum consumer choice. Services will be research-based, innovative, effective and accountable. The transforming 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 transform the Sonoma County mental health system to provide effective prevention services for the community and early intervention and on-going innovative services for individuals with psychiatric disabilities to achieve a high quality of life.

Values

1.	Everyone who needs help has access to a full array of timely, integrated, and high quality individualized services.
2.	A seamless system of coordinated services is available in community settings close to home.
3.	Prevention and early intervention are fundamental to the service system.
4.	Services build on cultural strengths and are responsive to individual and community needs related to culture, language, age, disability, 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, research-based, 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.

Roles and Responsibilities

MHSA Background and Intent

In November 2004, California voters supported Proposition 63, commonly known as the Mental Health Services Act (MHSA). The MHSA’s intent was to transform California’s public mental health system into a person-centered, prevention-oriented and outcome-generating system, led by the direct involvement and input of consumers, parents, families and diverse underserved communities. The intent language that frames the Act states that MHSA decisions are to be made "in consultation with mental health stakeholders" (California Welfare & Institutions Code 5840(e)).

The purpose and intent of the MHSA is to emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness (WIC) § 5840 (d)):

1.	Suicide	2.	Incarcerations
3.	School failure or dropout	4.	Unemployment
5.	Prolonged suffering	6.	Homelessness
7.	Removal of children from their homes		

The Five MHSA Core Principles:

Counties shall use these standards in planning, implementing and evaluating MHSA funded programs and services (CCR § 3320).



The MHSA further states that training and education programs shall promote the "meaningful inclusion of mental health consumers and family members and incorporate their viewpoint and experiences" (WIC § 5822(h)). County MHSA plans are required to "be developed with local stakeholders including adults and seniors with severe mental illness, families of children, adults and seniors with severe mental illness, providers of services, law enforcement agencies, education, social services agencies and other important interests" (WIC § 5848(a)). Setting aside 5% of the annual revenues for local planning, the Act states that "the planning costs shall include funds for county mental health programs to pay for the costs of consumers, family members and other stakeholders to participate in the planning process..." (WIC § 5892(c)). Source: The California Mental Health Services Act Stakeholder Process: Issues and Approaches, 2008.

Community Program Planning Process

Counties are to ensure that stakeholders 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 (CCR § 3300). Stakeholders shall include (CCR § 3200.270, § 3200.300):

<ul style="list-style-type: none"> • Clients and consumers 	<ul style="list-style-type: none"> • Families of children, adults and seniors clients/consumers
<ul style="list-style-type: none"> • Providers of social services 	<ul style="list-style-type: none"> • Providers of mental health and substance use treatment services
<ul style="list-style-type: none"> • Education field 	<ul style="list-style-type: none"> • Persons with disabilities, including providers
<ul style="list-style-type: none"> • Health care 	<ul style="list-style-type: none"> • Veterans and/or representatives form veterans organizations
<ul style="list-style-type: none"> • Law enforcement 	<ul style="list-style-type: none"> • Other interests (faith-based, aging and adult services, youth advocates, etc.)
<ul style="list-style-type: none"> • College-age youth 	

• **Individuals from diverse cultural and ethnic groups including, but not limited to:**

- Latino
- Chinese
- Native American
- Vietnamese
- Pacific Islander
- African-American
- Filipino
- LGBTQ

The primary role of the Sonoma County MHSA Steering Committee is to assure that recommended MHSA Plans meet the following requirements:

1.	Reflects local needs and priorities
2.	Contains the appropriate balance of services within available resources
3.	Meets the criteria and goals established by the State Mental Health Services Oversight and Accountability Commission (MHSOAC)

MHSA Steering Committee Orientation and Meetings

All MHSA Steering Committee members will be required to attend an initial orientation regardless of previous experience with organizations, committees, workgroups, service providers, etc. (CCR § 3300(b)). The orientation will take place over three meetings in the spring of 2019, on March 25, April 22 and June 3. The planning process will commence shortly after the orientation and the MHSA Steering Committee is expected to meet at a minimum quarterly. A meeting calendar will be distributed to all MHSA Steering Committee members and stakeholders and shared with the public on the BHSO MHSA website. The Steering Committee will not be open to the public, the Stakeholder Committee will be open to the public.

MHSA Steering Committee Responsibilities

The MHSA Steering Committee will provide input on the Community Planning Process and development of the MHSA Three-Year Program and Expenditure Plan (MHSA Plan) and the Annual Updates (CCR § 3300).

MHSA Steering Committee Meetings

The MHSA Steering Committee time commitment will initially involve three, 2-hour, monthly meetings beginning in March 2019 and then four, 2-hour meetings a year. During the three-year planning process, meetings may be held more frequently and/or subcommittees may be established. During MHSA Annual Update years, the meetings may be held on a monthly basis. Every attempt to provide meeting date, time and location well in advance will be made. If an MHSA Steering Committee member is not able to attend a meeting, they will be asked to contact the MHSA Coordinator regarding alternatives. Consistent attendance is valued and members who miss two meetings over the course of a year (12 months) may be removed from the committee. Extenuating circumstances will be considered and the MHSA Steering Committee Co-Chairs will make the final decision. All MHSA Steering Committee meeting dates, agendas and minutes will be posted on the DHS-BHD MHSA website.

Contact Information

For additional questions about the MHSA Steering Committee, please contact the MHSA Coordinator, Melissa Ladrech at Melissa.Ladrech@Sonoma-County.org.