



County of Orange Behavioral Health Services Mental Health Services Act

Steering Committee Operations Guidelines

2012/13

Mental Health Services Act (MHSA) Steering Committee Operations Guidelines

Purpose of 2012/13 Guidelines:

- To maintain existing effective Steering Committee policies and practices and institute new ones that will enable the Steering Committee to evolve to the next level of professionalism.
- To position the Steering Committee for timely, effective decision-making so that it can maximize the County's ability to secure as much MHSA funding as possible and ensure that the funding is allocated for identified county needs and priorities.

Topics

- A. Role of the Steering Committee
- B. Role of Subcommittees
- C. Size and Composition of the Steering Committee
- D. Steering Committee Meeting Attendance
- E. Subcommittee Meeting Attendance
- F. Steering Committee Decision-Making
- G. Role of Behavioral Health Services (BHS) Administration
- H. Role of Stakeholder Focus Groups
- I. Role of Community Action Advisory Committee (CAAC)
- J. Role of Center of Excellence (COE)

A. Role of the Steering Committee:

The primary functions of the Steering Committee, at a minimum, are to:

1. Be fully educated about the status of MHSA funding availability and requirements, as well as the status of Orange County MHSA program implementation.
2. Assist the County to identify challenges in the development and delivery of MHSA-funded services and make recommendations for strategies to address these challenges.
3. Remain informed about current stakeholder meetings and the funding and program recommendations made by members of these groups.
4. Review all MHSA funding proposals and provide critical feedback to ensure that funding is allocated to services for identified needs and priorities.
5. Make timely, effective decisions that maximize the amount of funding secured by Orange County and preclude Orange County from losing funding for which it is potentially eligible.
6. Support the County's ability to meet both State funding requirements and Orange County funding needs.
7. Make recommendations regarding future MHSA allocations so funds will be used to provide services for identified needs and priorities.

B. Role of Subcommittees

There are four sub-committees:

1. CSS Adults and Older Adults
2. CSS Children and TAY
3. Innovation/Workforce Education and Training (WET)
4. Prevention and Early Intervention (PEI). PEI staff will also attend CSS meetings to answer questions about how PEI programs impact CSS services

The purposes of Subcommittee meetings are to:

1. Provide detailed information on MHSA services to a group that has a special interest in programs for a specific age group or has a special interest in programs funded by a particular MHSA component.
2. Increase stakeholder participation and involvement in decision making.
3. Empower subcommittee members to make recommendations on service needs, types of programs, and measurable outcomes.
4. Inform Subcommittee members about MHSA programs/services so that they can take a leadership role in explaining to the whole Steering Committee and the community-at-large how MHSA funds are being used and the impact of MHSA programs.

Steering Committee meetings will be held every other month (odd numbered months). On months where there is no Steering Committee meeting, Subcommittee meetings will be held. Subcommittee members may add or cancel Subcommittee meetings as appropriate.

At Subcommittee meetings, BHS staff will provide in-depth information on MHSA programs. Subcommittee Co-Chairs are responsible for facilitating their Subcommittee meetings and will make recommendations on behalf of the Subcommittee to the entire MHSA Steering Committee on issues regarding the allocation of new funds or cuts in funding. Decisions of the Subcommittees will be determined by consensus as much as possible, or by vote of the simple majority of members present when not.

Chairs or Co-Chairs of each subcommittee are responsible for reporting back to the MHSA Steering Committee on discussions and recommendations from the subcommittees. Members of Subcommittees are asked to make a one year commitment to attend and participate in meetings. In addition to Steering Committee members and alternates, members of the public may each join no more than two Subcommittees.

Public members will make up no more than 20% of each Subcommittee. Interested public may fill out an application available through the MHSA office, on the MHSA website, or through one of the Subcommittee Co-Chairs. Applications will be submitted to the Co-Chairs and to the Center of Excellence. Applications will be reviewed and approved by the Co-Chairs of the relevant subcommittee in consultation with Center of Excellence staff.

C. Size and Composition of the Steering Committee:

The Behavioral Health Director shall appoint a Steering Committee to represent the broad interests of the citizens of Orange County concerning the

MHSA. The Behavioral Health Director shall be the sole party to appoint and remove members from the Steering Committee consistent with MHSA community planning requirements.

1. Maintain the existing 65 positions on the committee and expand the number as appropriate to ensure the broadest representation possible.
2. Each organization serving on the Committee must have a designated representative and no more than one assigned alternate.
3. Should an organization wish to appoint a different representative, it must contact the MHSA Office before the membership can be changed.

D. Steering Committee Meeting Attendance:

1. The designated representative or the alternate must be present at all meetings and attend the meeting in its entirety.
2. The designated representative must attend the majority of the meetings. Meetings are held on the first Monday of every odd numbered month barring a County Holiday.
3. One excused absence per organization per year is acceptable. If both the designated representative and alternate will be absent for a meeting, it is mandatory that you notify the MHSA office at MHSA@ochca.com.
4. Representatives must sign-in prior to being seated at the committee tables and must display their identification to participate in discussions and in the decision-making process.
5. Meetings will be professionally facilitated and will start and end at designated times.

E. Subcommittee Meeting Attendance

1. Subcommittee members are expected to attend all Subcommittee meetings.
2. If a Subcommittee member cannot attend, he or she must inform the Subcommittee Chair or Co-Chair and the Center of Excellence prior to the meeting to request an excused absence.
3. Should a member accrue three or more unexcused absences from a Subcommittee meeting in a one-year period, that person will be dropped from the membership list for that Subcommittee.

F. MHSA Steering Committee Decision-Making:

1. Decisions will normally be made via consensus.
2. Consensus is defined as agreement of all committee members that they will either support the decision or at least not block it from going forward.
 - A “yes” means that the decision will be actively supported or at a minimum nothing will be done to undermine the success of the decision.
 - The goal in effective consensus decision-making is to find ways to say “yes” wherever possible and to say “no” only when absolutely necessary and when a member is prepared to stop the proposed decision [as stated] from moving forward.
 - If consensus cannot be reached, a vote will be taken of members present and a majority (51%) will move the decision forward.
3. Only those representatives officially designated to participate in decision-making by their organization may participate in discussions/decisions and sit at the Committee tables.
4. There will be time for Public Comment at the end of each meeting. Each comment should be related to MHSA business and last no longer than three minutes.

G. Role of BHS Administration

The Health Care Agency (HCA) will make the decisions on MHSA budget items and expenditures. The Steering Committee will provide HCA with critical feedback necessary to make these funding and program decisions.

The HCA Contract Development and Management division will be responsible for developing, soliciting, negotiating, and administering all human services contracts for HCA. Its objective is to provide for the fiscal and operational integrity of HCA by utilizing the competitive bidding process to obtain the most cost-effective services; providing effective and efficient contract development and administration; and providing oversight of contract services to safeguard the County's financial resources.

H. Role of Stakeholder Focus Groups:

1. Work with HCA staff in identifying service needs and priorities, funding gaps and potential programs.

2. Develop funding and program recommendations for consideration and review by the Steering Committee.

I. Role of Community Action Advisory Committee (CAAC):

1. Provide a diverse group of clients and family members to give input on Behavioral Health Services provided by the County or county-contracted providers and make recommendations to overcome barriers to accessing services.
2. Remain informed on MHSA funding availability, provide feedback, and make recommendations to HCA and the Steering Committee on funding MHSA services.
3. Assist HCA in ensuring that these services are high quality, accessible, culturally competent, client-driven, client and family-centered, recovery and resiliency-based, and cost-effective.

J. Role of Center of Excellence:

The Center of Excellence (COE) will provide support for Steering Committee and Subcommittee meetings and other MHSA-related events; have oversight and responsibility for the planning processes for the MHS Integrated Plan and Annual Plan Updates. The COE will also be responsible for the coordination and timely submission of all MHSA plans, reports, and other required documents.