

Mental Health Board

Mental Health Services Act Committee

Governing Rules Statement of Purpose Vision Statement Decision Making Process Meeting Guidelines

Adopted November 15, 2006

Governing Rules

- 1) The name of the Mendocino County Mental Health Services Act Steering Committee shall be changed to the Mendocino County Mental Health Services Act Committee (MHSA Committee).
- 2) The MHSA Committee shall be a committee of the Mental Health Board to ensure that state open meeting and public notice laws are adhered to.
- 3) The Mental Health Board shall be the deciding entity for making final MHSA plan recommendations to the Mental Health Services Director, to the Mendocino County Board of Supervisors, and ultimately to the California Department of Mental Health and/or Oversight and Accountability Commission.
- 4) For one year commencing January 1, 2007, the MHSA Committee and Mental Health Board shall meet, discuss, and make advisory decisions jointly on a quarterly basis during a regularly scheduled Mental Health Board meeting (e.g., the third Wednesday of February, May, August, November in order to coincide with projected state MHSA Component roll-out timelines). During 2007, while the new MHSA Components are being rolled out, it may be that the joint meeting may need to occur two times a quarter (e.g., the 3rd Wednesday of the month following those noted above) to accommodate discussion and advisory decision-making. A reassessment will be conducted at the end of 2007.
- 5) In order to expand participation in the MHSA Committee to include important interests not currently represented, the existing seats held by Mental Health Board members and those seats appointed by the Mental Health Board MHSA Committee chair shall be vacated. The 10 (ten) Mental Health Board consumer and consumer/family positions will insure that these particular stakeholder interests are comprehensively represented in MHSA discussions and decisions. Qualified individuals interested in the MHSA shall be encouraged to apply for vacant Mental Health Board seats.
- 6) The newly formed MHSA Committee must include representation from community stakeholder entities and important interests. Individual stakeholder representation (and alternates) shall be chosen by the entity that holds a seat on the MHSA Committee. In addition, geographic and cultural/ethnic representation must also be included. The Mental Health Board, the Mental Health Services Director, and the MHSA Coordinator shall collectively determine entity and interest seats with client, family, geographic and cultural/ethnic representation included.

7) The MHSA Coordinator shall maintain a MHSA Committee Spreadsheet that includes stakeholder seat, representative's name and contact information, stakeholder type, geographic representation, cultural/ethnic representation, and meeting attendance. The Mental Health Board meeting attendance standard shall apply to the MHSA Committee (e.g., 3 consecutive missed meetings shall constitute a vacancy).

8) The Mental Health Board chair shall conduct the combined Mental Health Board/MHSA Committee meetings. The Mental Health Board shall maintain the direction/action/decision item minutes of these meetings. The expense for MHSA Committee related tasks, minutes, and member transportation shall be budgeted for under MHSA planning and paid for with MHSA dollars or Mental Health Services dollars.

9) For the combined MHSA Committee and Mental Health Board meetings all shall abide by the Statement of Purpose, Vision Statement, Consensus Gradient of Agreement, and Meeting Guidelines adopted by the original MHSA Steering Committee on October 27, 2005.

10) The Mental Health Services Director and/or MHSA Coordinator should institute, and the MHSA Coordinator shall maintain MHSA Working Advisory Groups as needed for each Component of the MHSA Plan, and for assistance with MHSA program implementation protocols. Clients and family members shall be included in the Working Groups. These Working Groups are necessary to draw from the technical or special interest expertise available within the County. These Working Groups shall advise the Mental Health Board/MHSA Committee either by attending and/or presenting at relevant meetings and/or through the MHSA Coordinator and/or Director.

11) The Mental Health Board and Mental Health Services Director shall seek approval of the Board of Supervisors that the Board of Supervisors has formally assigned maintaining the Mental Health Services Act Committee as an additional assigned duty of the Mental Health Board.

Statement of Purpose

We believe in recovery. To share the meaning and essence of recovery with others, we will create a MHSA Plan for Mendocino County that we can be proud of, that is inclusive of the assessment and planning work that has already been done, and condenses ideology and philosophy into clear language and workable program(s) that will be approved by the Board of Supervisors and by the State Mental Health Department. To carry our planning work into the real world, we will reach out to those with unmet needs, work to reduce stigmas and bias in our communities and systems, and educate ourselves in order to better integrate cultural competence in mental health services. We will create a vehicle for continuing input and evaluating progress as the county continues the process of transforming the delivery of mental health services and supports.

Vision Statement

The MSHA Steering Committee will design, adopt, and build programs that are innovative and transformative. Services and supports will be planned and delivered by and for clients and families and with the involvement of clients and families, focusing on wellness, recovery, and resilience. Services will be accessible in terms of both time and location, and they will be integrated through seamless collaboration among agencies, informal networks, and clients and families. Services will be culturally appropriate for under-served ethnic and rural communities. All clients participating in services will have access to Full Service Partnerships and an increased array of community options. People living with the challenges of mental illness will feel that they belong, be empowered to be responsible for their own recovery, have opportunities for meaningful use of their time and talents, have networks of supportive relationships and wraparound services, and have safe and adequate housing. They will not suffer incarceration, institutionalization, or out-of-home and involuntary placements.

Decision Making Process and Meeting Guidelines

We are committed to consensus. To reach consensus, we will use a 5 part "gradient of agreement" process proposed by Steering Committee members. When conversation appears to be winding toward conclusion or a concrete result to be adopted by the group, an individual participant or facilitator may call for the gradient's use to take a "straw poll" on the degree of consensus. If time is short or conversation does not appear to be reaching a consensus, the group may decide it must resort to an 80/20 supermajority voting procedure, with a feature that can include a written minority opinion written into the meeting record.

Only SC members will vote. Alternates will vote only if acting as substitutes.

Gradients of Agreement

- 1- Accept without reservation
- 2- Accept, but with Reservation
- 3- Neutral, Neither Agree Nor Disagree
- 4- Prefer Not to Accept, but Will Go Along with Majority Opinion
- 5- Strongly Object and Will Seek to Block Action

(Start with #5 when counting votes)

Meeting Guidelines

- Let facilitator guide the process to keep us in the flow
- Use common courtesy
- One person speaks at a time. No side talk
- No Interrupting (unless facilitator needs to maintain flow)
- Stay as involved as you can. Give notice if you're taking a break
- Respect each other's freedom. Refrain from forcing on others your ideas of how things are or ought to be done
- Stay within agreed-upon time limits unless the group decides to extend