

## **Santa Clara County Behavioral Health Services Department**

### **2018 Mental Health Services Act Stakeholder Leadership Committee 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 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.*

#### **The Five MHSA Core Principles:**

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

Community Collaboration (CCR § 3200.060)

Cultural Competence (CCR § 3200.100)

Consumer and Family Driven Mental Health Services (CCR § 3200.50, § 3200.120)

Wellness Focus: Recovery and Resilience (WIC § 5806, § 5813.5)

Integrated Service Experience (CCR § 3200.190)

## **Community Program Planning Process**

Counties 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):

- Clients and consumers
- Families of children, adults and seniors clients/consumers
- Providers of mental health and substance use treatment services
- Providers of social services
- Persons with disabilities, including providers
- Education field
- Health care
- Law enforcement
- Veterans and/or representatives from veterans organizations
- College-age youth
- Other interests (faith-based, aging and adult services, youth advocates, etc.)
- Individuals from diverse cultural and ethnic groups including, but not limited to:
  - Latino
  - Chinese
  - Vietnamese
  - Native American
  - Pacific Islander
  - African-American
  - Filipino
  - LGBTQ

The primary role of the MHSa SLC is to assure that the recommended MHSa Plan

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

## **Applying to Participate on Santa Clara County's MHSa SLC**

Twenty-five members will be selected to serve on the new MHSa SLC. Members must be at least 18 years old and reflect the diversity, background and experience of the stakeholders described above. Members will serve up to three years with possible re-selection through a similar application process. The SLC will be co-chaired by the Behavioral Health Board Chair (when not available, a designated BHB alternate will serve in this role) and the Director of Behavioral Health Services Department (BHSD).

The MHSa SLC Selection Committee, comprised of representatives from the Office of Family and Consumer Affairs and Ethnic & Cultural Communities Advisory Committee (ECCAC), a Behavioral Health Board member, a BHSD Division Director and the MHSa Coordinator will review applications and select members that

represent the stakeholders as described above. The SLC recommendations will be shared with the Executive Team and the Director will send invitations to the selected members.

Going forward, the Department will review MHSA SLC applications annually, in January, or as needed based on MHSA SLC membership changes over the course of each year.

### **2018 MHSA SLC Orientation and Meetings**

All MHSA SLC 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 in early February 2018, following the selection of MHSA SLC members. The planning process will commence shortly after the orientation and the MHSA SLC is expected to meet twice a month through April 2018. A meeting calendar will be distributed to all of the MHSA SLC members and stakeholders and shared with the public on the BHSD MHSA website.

### **MHSA SLC Responsibilities**

The MHSA SLC 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). The MHSA SLC will also open the required 30-Day public comment period for the Draft MHSA Plan and, in collaboration with the Behavioral Health Board, will facilitate a public hearing (CCR § 3315).

### **MHSA SLC Meetings**

The MHSA SLC's time commitment would involve an estimated 6-10, 2-hour meetings a year. During the three year planning process, meetings may be held monthly. During MHSA Annual Update years, the meetings may be held on a bimonthly to quarterly basis. Every attempt to provide meeting date, time and location well in advance will be made. If an MHSA SLC member is not able to attend a meeting, they would 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 SLC Co-Chairs will make the final decision.

The MHSA SLC meetings are open to the public and will include time for public comment, as well as a means for submission of written comments. All MHSA SLC meeting dates, agendas and minutes will be posted on the BHSD MHSA website.

### **Contact Information**

For additional questions about the MHSA SLC please contact Evelyn Tirumalai, MHSA Coordinator, at [evelyn.tirumalai@hhs.sccgov.org](mailto:evelyn.tirumalai@hhs.sccgov.org) or (408) 885-5785.