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)):

- Improve functioning
- Improve living situation
- Create a primary care connection
- Reduce jail days
- Reduce psychiatric, inpatient, crisis situations
- Improve education status
- Improve employment status

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)).


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 (persons with lived experienced)
- 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

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)

Applying to Participate on Santa Clara County’s MHSA SLC

On May 21, 2019, the County of Santa Clara Board of Supervisors approved a 30-member MHSA Stakeholder Leadership Committee, increasing five-client/consumer dedicated seats to serve on the committee. Members must be at least 18 years old and reflect the diversity, background and lived 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 Team will review applications and select members that represent
the stakeholders as described above. The SLC recommendations will be shared with the BHS Leadership 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.

2019 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 during the summer of 2019, following the selection of new MHSA SLC members. The planning process will commence shortly after the orientation and the MHSA SLC is expected to meet twice a month through December 2019. 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). The upcoming planning process will focus on the FY20 MHSA Annual Plan Update.

MHSA SLC Meetings

The MHSA SLC’s time commitment will involve an estimated 6-10, 2-hour meetings a year. During the three year planning process, meetings may be held at least 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 Senior Manager 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 Sr Manager, at evelyn.tirumalai@hhs.sccgov.org or (408) 885-5785.