

Steering Committee Structure, Roles, & Process

Background

In November 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). The MHSA gives money to counties to help people and families who have mental health needs. To access these funds, counties will develop 5 different substantive plans. The first plan is called the Community Services and Supports (CSS) plan.

The Santa Cruz County Board of Supervisors formally authorized the County's first three-year CSS plan to be submitted for State approval in December 2005. The California Department of Mental Health approved the County's plan in June 2006.

To support the effective implementation of the CSS plan and to help design and support the County's future MHSA planning efforts, the Board of Supervisors authorized the County's Health Services Agency to create a MHSA Steering Committee. An interim group was selected to assist with this task.

Although the Santa Cruz Board of Supervisors and the Mental Health Director, with recommendations from the Local Mental Health Board, have legal responsibilities for implementation of the State-approved plan, within these formal decision making structure it is the hope and intention of the Board of Supervisors and the Mental Health Director that every decision made in regards to the MHSA is part of a developing and ongoing working partnership with the community of Santa Cruz County, especially people receiving services and family members. Steering Committee members will function as essential community representatives, along with the broader Local Mental Health Board, in the collaborative work needed to further the shared goal of an overall transformation of the mental health system to support and enhance recovery and resiliency for all people.

The Board of Supervisors and the Mental Health Department recognize that shared commitment is required for transforming our community's mental health system and promoting mental health for all of Santa Cruz County residents. The Board of Supervisors and the Mental Health Department have invited the creation of the MHSA Steering Committee to ensure that we are continually engaging and supporting community members to join this effort to promote recovery and the overall mental health and well-being of all residents.

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Recommendations:

The Interim Steering Committee

1. The current Interim Steering Committee, appointed by the Director of the Health Services Agency at the direction of the Board of Supervisors, is intended to convene until the Board of Supervisors and the Health Services Agency Director approve the formal purpose, role, and structure of the permanent Steering Committee.
2. The responsibilities of this Interim Steering Committee include developing recommendations for:
 - a. The purpose, role, and structure of the permanent Steering Committee; and
 - b. The initial focus and responsibilities of the workgroups to assist with the implementation of the Community Services and Supports plan; and
 - c. Ensuring the inclusion and engagement of clients, family members, and other community stakeholders in the ongoing MHSA process.

The Permanent Steering Committee

1. The Santa Cruz County Mental Health Director will solicit recommendations from the community to develop the membership of the permanent Steering Committee, to be approved by the Board of Supervisors. It is recommended that membership begin with staggered terms, with half the membership serving for a 2-year cycle and the other half for a 3-year cycle with ongoing 2-year terms.
2. The composition of the Steering Committee must reflect inclusion and diversity in all of its forms, to ensure balance among people receiving services, family members, staff, contractors, and advocates, as well as representation of the geographic, ethnic, age and other demographic features of our county. With this need for diversity and balance in mind, as well as a desire to keep the number of Steering Committee members to between 12-16, we suggest that the MHSA Steering Committee include:
 - People currently participating in services
 - Family members of people participating in services
 - Community-based providers
 - Department representatives,
 - Representatives from partnering County Departments (including law enforcement)
 - Representative from the Local Mental Health Board
 - Schools
 - SEIU

The Steering Committee members selected should represent the age groups in the MHSA and ethnic/cultural diversity of our community (e.g., Children/TAY/Family (0-21), TAY (18-25), Adults (26-59), Older Adults (60+), Latino, African American, Asian, and American Indian, as well as North and South County.

3. The permanent Steering Committee has three primary functions:
 - a. Oversee current implementation of plans approved to date as well as future plans. Specifically, the Steering Committee will create processes and review/generate data to:

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- Offer recommendations for implementation of those parts of the plan where implementation issues remain based on reports and feedback from the workgroups;
 - Evaluate and monitor effectiveness of the plan in achieving intended outcomes to recommend plan revisions / improvements over time.
 - Offer recommendations about how to improve implementation over time—e.g., identify cross-cutting themes in the plan and opportunities for learning and innovation; and
 - Assess progress and impact of implementation over time; and
 - Develop recommendations and assist in MHSA education/information dissemination within the community.
- b. Work with the Mental Health Department to develop and oversee planning for future MHSA plans. Specifically, the Steering Committee will create processes and generate data to:
- Effectively engage people participating in services, family members, line staff, mid-level managers and senior Department staff, community partners, primary care physicians, law enforcement, and other essential stakeholders; and
 - Develop recommendations for future plans MHSA and related plans.
- c. Ensure synergy among all MHSA related plans/initiatives and coordinate with other community groups as needed to ensure these plans promote the development of effective overall MH system transformation consistent with community needs/goals.
4. The role of the permanent Steering Committee is distinct from the role of the Local Mental Health Board (LMHB). The LMHB makes overarching recommendations about the operations of the Mental Health Department, including MHSA implementation. The Steering Committee, specifically, oversees MHSA planning and implementation. To ensure effective coordination and communication between the two bodies, the LMHB will have a representative on the Steering Committee and LMHB members are encouraged to participate in the MHSA workgroups. The Steering Committee requests the support of the LMHB members in accessing community participation in MHSA oversight through workgroup representation and participation.
5. Commitments of the Steering Committee to the larger Santa Cruz Community: The members of this Steering Committee and workgroups will need to attend monthly meetings and participate on a selected workgroup. In a larger sense these members must also be committed to the values of recovery and resilience and to the transformation of the mental health system.

The Workgroups

1. The Steering Committee is committed to developing processes that engage increasing numbers of diverse groups and stakeholders across the County in efforts to promote mental health and wellness and improve outcomes for people who receive mental health services. To this end, we are creating a number of workgroups that will:
 - a. Offer feedback through the Steering Committee to the Mental Health Department about implementation issues related to the CSS plan; and

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- b. Help implement planning and engagement processes related to future MHSA plans for Santa Cruz County; and
 - c. Create intentionally diverse workgroup membership (e.g., culture, age, skills, experience); and
 - d. Be sensitive to the diversity within the workgroups and ensure that information brought forward from the workgroups represents the diversity of the community.
2. It is our intention to focus the first four workgroups on the four age groups identified in the CSS plan:
 - a. Child/Youth/TAY 0-21 and their families;
 - b. Transition Age Youth (SMI/Recovery) 18-25 (and their families where appropriate);
 - c. Adults 26-59; and
 - d. Older Adults 60 and older.
 3. The Steering Committee will modify and/or create additional workgroups as implementation issues and state requirements for future MHSA plans become clearer. The Interim Steering Committee has an expressed interest in forming workgroups that also meet the specific needs of our community. This means that additional workgroups may be formed for: Consumer and Family Member Involvement/Empowerment, Dual Diagnosis, MHSA Evaluation, Trans-age group, Overall Community Involvement, Stigma Reduction, Mental Health Public Relations, etc. The formation of these workgroups will depend upon the interest and desires expressed by the community through the actions of Committee Members.
 4. It is recommended that each workgroup have a work process that ensures inclusion of people participating in services, family members, community providers, and Department representatives. The workgroups are envisioned as open structures where resource people from the community will contribute/ participate as needed/desired.
 5. The first task of these four workgroups will be to offer specific feedback to the Mental Health Department about the implementation issues and opportunities identified by the Steering Committee and the Mental Health Department in a series of meetings during the summer-fall of 2006. Examples of these issues/opportunities include: Final design and location of Wellness Centers; Development of effective outreach and engagement strategies to the Latino Community; and Older Adult Program development and launch.
 6. Each workgroup will have shared leadership, as represented by two co-chairs. Their role is to:
 - a. Have leadership that represents the community and the Mental Health Department
 - b. Have age group expertise about their workgroup
 - c. Use their networks and organizational resources to provide support for the workgroup
 - d. Commit their time and energy as Steering Committee members and to lead their workgroup
 - e. Develop subgroups within their workgroup as needed—e.g., housing, programs, dual diagnosis

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- f. Bring recommendations from their workgroup to the Steering Committee and information from the Steering Committee to their workgroup.
7. Staff of the MH Dept will need to ensure that the SC receives data/information and other supports as required to carry out their functions and responsibilities.