



## Placer County Systems of Care CAMPAIGN FOR COMMUNITY WELLNESS

### **BACKGROUND**

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In November 2004, California voters supported Proposition 63, commonly known as the Mental Health Services Act (MHSA). The MHSA addresses a broad continuum of prevention, early intervention, and intensive service needs, along with the necessary infrastructure, technology, and training elements that will effectively support this system. The MHSA's intent is to transform our public mental health system (PMHS) into a person-centered, prevention-oriented, and outcome-generating system, led by the direct involvement and input from consumers, parents, families, and underserved communities. Language that frames the act states that MHSA decisions are to be made in consultation with mental health stakeholders in the community (California Welfare & Institutions Code 5840 (WIC § 5840), such that all MHSA projects and programs shall be planned, developed, approved, implemented, and monitored through a Community Program Planning (CPP) process.

### **ABOUT the CAMPAIGN for COMMUNITY WELLNESS (CCW)**

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In 2005, Placer County Systems of Care (SOC) with the support of the Mental Health Services Act (MHSA), joined forces with a host of community partners to launch a Community Planning Process (CPP) to transform mental health services through community-based, recovery-focused, culturally competent and innovative approaches. Believing the key to lasting change in mental health care in Placer County is to place residents and community-based agencies in a position of true partnership with the county, the Campaign for Community Wellness (CCW) was created.

The CCW functions as the legislatively mandated Community Planning Process (CPP) to provide input to the implementation of the Mental Health Services Act.

### **STAKEHOLDERS**

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The CCW seeks to serve and represent the community, especially persons dealing with mental illness, either personally or through family association. Specifically, the CCW seeks to strengthen the voice of the often unserved and underserved populations in decision-making around mental health policy and resource allocation, and to place community partners and service recipients in a position of shared responsibility with the county.

The CCW seeks representation from community members who reflect the diversity of the demographics of the county, including, but not limited to, geographic location, age, gender, race/ethnicity, and shall include (CCR 3200.270, 3200.300):

- Clients and consumers
- Families of children, adults and older adults
- Providers of mental health and substance use treatment services
- Providers of social services
- Persons with disabilities, including providers
- Educators
- Healthcare
- Law enforcement
- Veterans and/or representatives from veteran organizations
- College age youth, including Transition Aged Youth



## Placer County Systems of Care CAMPAIGN FOR COMMUNITY WELLNESS

- Other interested groups – (such as faith-based services, older adult services, youth advocates, homeless service providers, survivors of domestic abuse, etc.)
- Individuals from diverse cultural and ethnic groups including, but not limited to:
  - Latino
  - Native American
  - African American
  - Asian
  - Pacific Islander
  - LGBTQ

### **GUIDING PRINCIPLES**

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CCW is committed to supporting MHSa principles for mental health services and initiatives that:

- Transform public mental health systems
- Encourage stakeholder participation, define expectations, and provide explicit feedback on impact
- Build community collaboration and partnerships, using multiple methods of outreach
- Improve cultural responsiveness, access, equity, and inclusivity of the system and its providers
- Promote a consumer/family-driven mental health system for children, transition age youth, adults, and older adults
- Focus on recovery and resiliency
- Integrate mental health service system experiences and interactions
- Expand use of outcomes and accountability in program delivery
- Reduce stigma, discrimination, and barriers to service
- Support the inclusion of peer led activities and employees
- Plan for sustainable programs and solutions
- Build capacity
- Ensure transparency

### **GOVERNANCE AND STRUCTURE**

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The CCW transforms Mental Health and Wellness in Placer County by networking, sharing and providing a forum for creative problem solving at monthly meetings. The role of the CCW is as follows:

- Review MHSa programming and funding
- Hear and review input and recommendations on MHSa programs and funding
- Inform the planning, development, approval, implementation, and monitoring of the 3-year program and expenditure plan
- Encourage public and stakeholder attendance at CCW meetings and events
- Explore service improvements for all mental health services
- Implement program evaluations and monitor quality improvements
- Maintain stewardship of MHSa principles/compliance



## **Placer County Systems of Care CAMPAIGN FOR COMMUNITY WELLNESS**

The open, monthly CCW meetings provide a regular forum for this work. Below is a general outline of how the CCW functions. Attendance at CCW meetings is encouraged and voluntary. The CCW's work is enhanced when stakeholders attend monthly meetings and keep abreast of Placer's unique mission, values, and partnerships. While the community input process is based on consensus, the nature and diverse makeup of attendees necessitate a more focused input relative to some decisions that County Leadership is required to make. Consensus means that someone may not totally agree with an agreed upon input to the County, but can live with it, support it, or not interfere with implementation.

In addition to advertised public monthly CCW meetings, select subcommittees are tasked with developing more focused work, as required on specific subjects and/or with targeted stakeholder groups. Participation in a subcommittee is encouraged by all CCW participants. As outlined below, some subcommittees are permanent standing committees, and meet on a regular basis, while other committees are task oriented and formed at the direction of the Leadership Team to meet imminent community needs.

### **Campaign Development and Community Outreach Subcommittee (subcommittee that is formed and meets as needed as directed by the CCW Leadership team)**

Participation in this subcommittee provides an opportunity for community members, service agencies, and spiritual communities to learn more about the needs of individuals with mental health challenges and identify best practices for responding to unserved and underserved communities in an effective manner. Peer involvement is highly encouraged in this subcommittee to represent consumer voice. The subcommittee may be tasked with reviewing evaluation data and program outcomes annually and making recommendations about program implementation and program changes to ensure transparency and quality improvement. A CCW member that attends this subcommittee when it meets, who is not funded through MHSA, is able to participate in County-organized evaluation team meetings, typically held bi-monthly.

This committee may be formed to identify and implement ongoing strategies for seeking out new partners, community representation, and collaborators in order to network, share, and develop resources among participants to improve mental health services and promote community capacity-building as well as social inclusion, diversity, and equity. Community members are invited to collaborate, educate, and develop resources to improve mental health services in our community and identify best practices for overcoming barriers to access. This committee may be tasked with identifying and implementing strategies to promote mental health awareness and suicide prevention through social marketing, outreach & education. The primary objective is to achieve positive social change and community understanding.

### **MHSA Workforce, Education and Training (WET) Subcommittee (Standing Monthly Subcommittee)**

The Workforce Education and Training (WET) subcommittee's mission is to develop and support a diverse workforce capable of providing client and family driven, culturally and co-occurring competent services, that promote MHSA core values utilizing evidenced-based practices. The WET Advisory subcommittee member's work together to ensure this mission is realized.

### **CCW Leadership Team (Standing Monthly Subcommittee)**

Recommendations for MHSA enhancements and changes are provided by the CCW to a collaborative, Leadership Team. The CCW Leadership Team is selected (as described below) and charged with



## **Placer County Systems of Care CAMPAIGN FOR COMMUNITY WELLNESS**

assuring integrity and consistency to CCW processes. The CCW Leadership Team has responsibility for the CCW's progress and success and provides administrative support to the CCW in general.

The CCW Leadership Team is comprised of four (4) community members who are leaders within their organization and/or the community. At least one of the 4 representatives shall be from a non-funded community agency or community member. Ideal community members would be advocates for various Placer County sub-populations in need of services and have a strong working knowledge of MHSA requirements. Additional consideration would be given to people with lived experience and/or able to represent a consumer voice. In addition, the CCW Leadership Team will include two (or more) senior county leaders, and the Placer County MHSA coordinator(s), who chairs Leadership Team meetings, sets the agenda, and publishes the minutes.

While there are no "term limits" to participation on the CCW Leadership Team, community members are encouraged to rotate off to allow alternate community members to join; bringing new experience and increased diversity- as recommended by Placer County Systems of Care leadership.

When a vacancy for a new CCW Leadership Team position arises, CCW participants will be notified and stakeholders with a strong knowledge of MHSA, in a leadership role in their organization or the community, will be asked to submit a letter of interest OR be nominated for the position by another CCW participant. The incumbent CCW Leadership Team will review applicant qualifications and consider the diversity of the current team in choosing the new member of the team. Final approval of new applicant(s) will occur through majority vote.

### **The Role of County Staff**

The role of the County staff - at all levels of CCW - is to provide administrative support, background information and manage MHSA funds and services. While the CCW is vital to input in decision making and the Community Planning Process, County leadership is responsible for the final decision making and implementation of MHSA funded programs. If staff makes significant changes to recommendations agreed upon by the CCW, they are to bring the changes back to the CCW for review.

### **HOW WE KNOW WE'RE SUCCESSFUL**

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The Campaign for Community Wellness is dedicated to consistent awareness of how effective it is in meeting the objectives listed above. To that end, regular monitoring and evaluation of services delivered by the County and its partner agencies is conducted. Corresponding evaluation, data, outcomes and performance are shared with the CCW and behavioral health services community.

### **FUNDING**

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MHSA funding is awarded through a collaboratively informed and ultimately competitive process held approximately every three years. This is the primary means of allocating funds. Requests for capital facilities and technology projects or one-time, time-sensitive requests for funding outside of this regular 3-year process must first be submitted to staff for review. All requests are dependent on available funding. Requests must be related to and supported by the existing county MHSA Plan and must leverage other resources that serve Placer residents. If staff finds the request for funding to be unresponsive to these expectations, they will notify the CCW Leadership Team of the decision not to fund. If the request is responsive, staff will forward the request to the Leadership Team who will review the request and determine if wider community input is needed. The Leadership Team will have the authority to negotiate and develop scope of work and budget. The Leadership Team will provide an



## Placer County Systems of Care CAMPAIGN FOR COMMUNITY WELLNESS

informational update to the CCW subsequent to any request – regardless of its status. The criteria for specific requests for Capital or Technological projects are available on the campaign website.

The process for Housing opportunities (where time is often of the essence) must necessarily differ from this process. However, Housing opportunities will be reported by staff to the Leadership Team. Discussion and action related to housing opportunities are developed in by an ad hoc Housing committee made of members with expertise in this area. The Leadership Team will be advised of progress on any Housing project and reports made to CCW as appropriate.

### MEETINGS

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The CCW generally meets monthly, on the fourth Friday of the month, from 10:00am to 12:00pm at various locations in the County. **All meetings are open to the public.** A current schedule can be found on the CCW website ([www.placerccw.org](http://www.placerccw.org)). The CCW uses a collaborative, sharing meeting style in order to increase connections between members and facilitate an open and transparent consideration of the strengths and challenges of the system. A community organization may be asked to facilitate the CCW meetings to promote stakeholder inclusion. CCW leadership is critical in guiding conversations at each public CCW meeting, ensuring all voices are heard, and seeking continuous improvement in the collaborative process. Minutes are taken at all CCW meetings and posted on the CCW website to record key decisions and conversations at each meeting,

### COMMUNICATIONS

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CCW meeting agenda and materials are sent out to CCW members at least one week before the meeting. For purposes of transparency, meeting materials and other documents and information about CCW are available on the CCW [www.placerccw.org](http://www.placerccw.org). The CCW produces an electronic **E Currents** newsletter that includes resources and information relevant to mental wellness and events in Placer. **E Currents** is distributed to over 1000 mental health stakeholders. Requests to subscribe to the newsletter are emailed to [info@placerccw.org](mailto:info@placerccw.org).

### OTHER MHSA REQUIRED RELATIONSHIPS

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The Campaign for Community Wellness has advisory and reporting responsibilities to other groups and decision-making bodies, including:

#### **Mental Health, Alcohol and Drug Advisory Board**

The Mental Health, Alcohol and Drug Advisory Board (MHADAB) is comprised of a group of board-appointed community members representing consumers, family members, and public interest stakeholders who promote citizen and consumer participation in provision and evaluation of the mental health systems of care. As part of providing oversight, Board members assist in establishing measurable service delivery outcomes; review and make recommendations to annual performance contracts; and advise the Board of Supervisors on issues relevant to the mental health and substance use services that are provided in Placer County.

#### **Placer County Board of Supervisors**

The Placer County Board of Supervisors is responsible for the administration of all MHSA funds and programs, including approving all MHSA plans. The Board of Supervisors must approve any contract that



## Placer County Systems of Care CAMPAIGN FOR COMMUNITY WELLNESS

results from the MHPA Plans.

### **State of California, Department of Health Care Services**

The California Department of Health Care Services completes the final review of MHPA Plans. This agency also distributes MHPA funding to counties.

### **Mental Health Services Oversight and Accountability Commission (MHSOAC)**

Provides vision, accountability and leadership, in collaboration with clients, their family members, and underserved communities, to ensure Californians understand mental health is essential to overall health. Makes available training and technical assistance and evaluation for Prevention and Early Intervention activities and provides approval of county Innovation plans. The MHSOAC reviews and approves all county 3-year plans, annual updates, and annual Revenue and Expenditure Reports.

### **CalMHPA**

CalMHPA provides member counties a flexible, efficient, and effective administrative/fiscal structure focused on collaborative partnerships and pooling efforts in (1) Development and implementation of common strategies and programs; (2) Fiscal integrity, protections, and management of collective risk; and (3) Accountability at state, regional, and local levels.



## Placer County Systems of Care CAMPAIGN FOR COMMUNITY WELLNESS

### Appendix A – Related Regulations

The MHSA CPP process is defined in California Codes and Regulations (CCR § 3300). By law, County MHSA CPP processes must adhere to the following general standards:

- **Community Collaboration:** a process by which clients and/or families receiving services, other community members, agencies, organizations, and businesses work together to share information and resources in order to fulfill a shared vision and goals (Title 9, California Code of Regulations, §§3320 and 3200.060).
- **Cultural Competence:** meaning equal access is provided to equal quality of services to all racial/ethnic, cultural, and linguistic communities. Disparities are identified and strategies developed to eliminate disparities. Cultural competence means that program planning and service delivery takes into account diverse belief systems and the impact of historic forms of racism and discrimination on the mental health of community members. Services and supports utilize strengths and forms of healing that are unique to an individual's racial/ethnic, cultural, and linguistic community. Service providers are trained to understand and address the needs and values of the particular communities they serve, and strategies are developed and implemented to promote equal opportunities for those involved in service delivery who share the cultural characteristics of individuals with Serious Mental Illness (SMI) and/or Serious Emotional Disturbance (SED) in the community (summarized from Title 9, California Code of Regulations, §§3320 and 3200.100).
- **Integrated Services Experience:** meaning the client, and when appropriate the client's family, accesses a full range of services provided by multiple agencies, programs and funding sources in a comprehensive and coordinated manner (Title 9, California Code of Regulations, §§3320 and 3200.190).
- **Client Driven:** meaning the client has the primary decision-making role in identifying his/her needs, preferences and strengths and a shared decision-making role in determining the services and supports that are most effective and helpful for him/her. Client-driven programs/services use clients' input as the main factor for planning, policies, procedures, service delivery, evaluation, and the definition and determination of outcomes (Title 9, California Code of Regulations, §§3320 and 3200.050).
- **Family Driven:** meaning families of children and youth with serious emotional disturbance have a primary decision-making role in the care of their own children, including the identification of needs, preferences, and strengths, and a shared decision-making role in determining the services and supports that would be most effective and helpful for their children. Family-driven programs/services use the input of families as the main factor for planning, policies, procedures, service delivery, evaluation, and the definition and determination of outcomes (Title 9, California Code of Regulations, §§3320 and 3200.120).
- **Wellness, Recovery and Resilience focused:** meaning planning for services shall be consistent with the philosophy, principles, and practices of the Recovery Vision for mental health consumers: "To promote concepts key to the recovery for individuals who have mental illness: hope, personal empowerment, respect, social connections, self-responsibility, and self-determination. To promote consumer-operated services as a way to support recovery." (MHSA Section 7, W&I §5813.5(d))

MHSA CPP processes, per legislation and regulations, must include the following participants and processes:

- **Clients and family members:** Involvement of clients with serious mental illness and/ or serious emotional disturbance and their family members in all aspects of the Community Program Planning Process (WIC, § 5848(a)).
- **Broad-based constituents:** Participation of stakeholders defined by Welfare and Institution Code Section 5848a as 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, veterans, representatives from veterans organizations, providers of alcohol and drug services, health care organizations, and other important interests (WIC, § 5848a).



## Placer County Systems of Care CAMPAIGN FOR COMMUNITY WELLNESS

- Underserved populations: Participation from representatives of unserved and/or underserved populations and family members of unserved/underserved populations (CCR, 9 CA § 3300).
- Diversity: Stakeholders that “reflect the diversity of the demographics of the County, including but not limited to, geographic location, age, gender, and race/ethnicity, and have the opportunity to participate in the Community Program Planning Process” (CCR, 9 CA § 3300).

MHSA CPP processes, per regulation must include:

- Training (CCR, 9 CA §3300).
- Outreach to clients with serious mental illness and/or serious emotional disturbance, and their family members, to ensure the opportunity to participate (CCR, 9 CA §3300).
- A local review process prior to submitting the Three-Year Program and Expenditure Plans or Annual Updates that includes a 30-day public comment period (CCR, 9 CA § 3315).

Counties must submit documentation of Three-Year Program and Expenditure Plans and Annual Updates that includes:

- A description of methods used to circulate copies of the draft Three-Year Program and Expenditure Plan or Annual Update to representatives of stakeholders' interests and any other interested parties who request the draft for the purpose of public comment.
- Documentation that a public hearing was held by the local mental health board/commission, including the date of the hearing.
- A summary and analysis of any substantive recommendations.
- A description of any substantive changes made to the proposed Three-Year Program
- Expenditure Plan or annual update that was circulated (CCR, 9 CA § 3315).