Los Angeles County Department of Mental Health

Los Angeles County MHSA Three-Year Plan
Community Planning Process
Session 1

Community Planning Team
July 11, 2023
9:00 AM – 12:00 PM

ONLINE ONLY

WELCOME!

Dear Community Planning Team Members,

Thank you for agreeing to be part of the Community Planning Team that will be developing recommendations for Los Angeles County's *MHSA Three-Year Program and Expenditure Plan* for fiscal years 2024-25 and 2025-26.

We are looking forward to kickstarting the community planning process with you on Tuesday, July 11, 2023, from 9-12. The session will be conducted online using the following link:

> Click here to join the meeting
> **Or call in (audio only)**
> +1 323-776-6996,,985971650#   United States, Los Angeles
> Phone Conference ID: 985 971 650#

If you have not done so already, please fill out the CPT member information form https://forms.office.com/g/FeWS5FQ0uR, so that we can take inventory of the group's diversity.

This packet provides an agenda and an overview of the community planning process. We will review this information at the meeting.

If you have any questions about this message, feel free to reach out to us at MHSAAdmin@dmh.lacounty.gov.

 Sincerely,

Dr. Darlesh Horn
Division Chief
MHSA Administration Division

AGENDA

TUESDAY, JULY 11, 2023 | 9:00-12:00

PURPOSE	Prepare the Community Planning Team to participate actively in the community planning process for the *MHSA Three-Year Plan*, starting FY 2024-25.
OBJECTIVES	1. Welcome the Community Planning Team (CPT) members. 2. Orient the CPT on the purpose, focus, and scope of the community planning process for the *MHSA Three-Year Plan*. 3. Describe the focus for the July 28th session.

TIME	ITEM
9:00 – 9:50	**SESSION OPENING** 1. *Review Meeting Purpose, Objectives, Agenda, and Online Participation Conditions:* Rigo Rodriguez, Facilitator 2. *Provide A Land Acknowledgement to Open the Community Planning Process:* Sylvia Gonzales-Youngblood 3. *Welcome CPT Members and Provide Additional Information about the Community Planning Process:* Dr. Lisa Wong, Director, LACDMH; Kalene Gilbert, LCSW, Mental Health Services Act Coordinator, MHSA Administration, LACDMH; and Dr. Darlesh Horn, Division Chief, MHSA Administration, LACDMH
9:50 – 10:40	**COMMUNITY PLANNING TEAM (CPT)** 1. *Provide An Overview of the CPT and Obtain Feedback:* Rigo Rodriguez, Facilitator and Dr. Darlesh Horn, Division Chief, LACDMH
10:40-10:45	**BREAK**
10:45-10:55	**PUBLIC COMMENTS** 1. *Provide an Opportunity for Members of the Public to Make Comments*
11:55-11:45	**COMMUNITY PLANNING PROCESS (CPP)** 1. *Provide An Overview of the CPP and Obtain Feedback:* Rigo Rodriguez, Facilitator and Dr. Darlesh Horn, Division Chief, LACDMH
11:45-11:55	**PUBLIC COMMENTS** 1. *Provide an Opportunity for Members of the Public to Make Comments*
11:55-12:00	**CLOSING COMMENTS** 1. *Highlight Next Steps for the CPT Meeting on July 28, 2023*: Rigo Rodriguez, Facilitator
12:00	**ADJOURN SESSION**

OVERVIEW

BACKGROUND

This document describes the community planning process to produce Los Angeles County's next *MHSA Three-Year Program and Expenditure Plan* for fiscal years 2024-25 and 2025-26 (*MHSA Three-Year Plan*). State regulations and recommendations from local stakeholders call for a multi-stakeholder and meaningful community planning process to develop recommendations for the local *MHSA Three-Year Plan*. The community planning process described herein aims to answer this call in two interlocking ways:

- Forming a Community Planning Team (CPT) that represents a diverse set of stakeholder groups, with particular attention to ensuring robust representation of people with lived experience as consumers, family members, caregivers, and peers.

- Conducting a Community Planning Process (CPP) that offers meaningful engagement opportunities for stakeholder groups to provide input and generate recommendations, while offering equitable supports to ensure participation for all groups.

Before describing the CPP, we want to answer two important questions.

Question 1: Why are we only including two fiscal years? Isn't this plan supposed to cover three years?

Back in 2020-21 as COVID-19 ravaged our communities, the State gave all counties a one-year extension to submit their *MHSA Three-Year Plan*. The current *MHSA Three-Year Plan* ends in fiscal year 2023-24, but it was supposed to end in 2022-23 (our current fiscal year) if we had not received an extension. However, the State has notified all counties that *MHSA Three-Year Plans* must revert to the original three-year fiscal year cycle prior to the pandemic to ensure reporting consistency across all counties. Los Angeles County's *MHSA Three-Year Plan* will therefore cover only two fiscal years from 2024-25 and 2025-26. Importantly, this two-year time horizon will not affect the community planning process. We will develop a two-year budget to support the priorities emerging from this planning process.

Question 2: How will the Governor Newsom's proposal to modernize MHSA affect the community planning process?

As you may know, Governor Newsom proposed a modernization of the MHSA that includes redefining the MHSA Program categories and allocations in the following way:

Current Categories and Allocations	Proposed Categories and Allocations
CSS 76% (includes FSP, outpatient, and crisis), PEI 19%, INN 5%.	Housing 30% (does not fund mental health services), FSP 35%, Flexible Funding 15%, Early Intervention 15%, and Prevention 5%.

It is important to underscore that the Governor's proposal is not yet policy. It is a proposed ballot measure for the March 2024 election that must be approved by voters to be implemented. If this ballot measure passes, the new allocations will go into effect in July 2026, at the earliest. This means two things for us. First, the Governor's proposal does not affect the design of our current community planning process because the two fiscal years covered by the next *MHSA Three-Year Plan* (2024-25 and 2025-26) will be completed by the time the Governor's proposal is implemented (in the event the ballot measure passes). Also, as you will see in the community planning process, we have a workgroup focus on Homeless Services and Housing Supports. This can be a space for early discussions on this topic. The MHSA Administration will keep the stakeholder group up to date on any changes to the language of this proposal. Should the ballot measure pass, DMH plans to incorporate these changes into the future community planning process.

PART 1: COMMUNITY PLANNING TEAM

The Community Planning Team (CPT) is the diverse, multi-stakeholder entity responsible for agreeing on recommendations for the *MHSA Three-Year Plan*. Consisting of 95 members, the CPT structure embodies three central commitments to a community-driven community planning process:

a. A commitment to including a broad range of community and systems stakeholders. For this CPT, 73% (69 out of 95) of the members represent community voices, non-governmental organizations, and service provider networks.

b. A commitment to robust representation of people with lived experience, by establishing a minimum threshold of 20%-to-30% of the total CPT being people with lived experience as consumers, clients, family members, caregivers, and peers. (This threshold is a floor, not a ceiling; the percentage can be higher.)

c. A commitment to mirror as much as possible the demographic and cultural diversity of Los Angeles County.

CPT members should be available for two meetings a month. One meeting is for the CPT general meetings, while the second meeting is for the CPT Workgroups. Please put all these dates on your calendar. These dates were selected after an extensive analysis of the current calendar of stakeholder group meetings. We attempted to avoid conflict with standing stakeholder meetings.

- CPT Meetings: These will land on Tuesdays on the dates indicated below from 9 AM to 12 PM. The in-person sessions will be held at St. Anne's Conference Center, located at 155 N. Occidental Ave, Los Angeles, CA 90002.

July 11	August 8	September 5	October 3	November 7	December 5

- CPT Workgroup Meetings: These will land on the Fridays on the dates indicated below from 9 AM to 12 PM. The in-person sessions will be held at St. Anne's Conference Center, located at 155 N. Occidental Ave, Los Angeles, CA 90002.

July 28	August 25	September 22	October 27	November 17	December 15

We prefer holding these sessions in-person, so that we can interact with each other in a more dynamic way than what online sessions allow. However, we understand that some of you might need to access the sessions online. For this reason, we will be able to offer a hybrid option for general sessions (when everyone is together at the same time in one discussion). Due to technology and staffing constraints, we are unable to commit to providing a hybrid option when conducting breakout groups during in-person sessions.

Based on recommendations from the Community Leadership Team and other community stakeholder groups on March 30, 2023, and subsequent consultations with DMH managers throughout April 2023, the CPT includes five categories with a corresponding number of representatives.

Stakeholder Categories	Number
1. Community Leadership Team	30
2. Community Stakeholder Groups	39
3. County Departments	17
4. Education System	5
5. Government/Quasi-Government Agencies	4
Total	95

The following is a breakdown of stakeholder groups and the number of representatives per stakeholder group. (The rationale for these numbers is presented at the end of this sections.)

STAKEHOLDER CATEGORY 1: COMMUNITY LEADERSHIP TEAM

Service Area Leadership Teams (SALTs): *Co-chairs of the various SALTs.*

Service Area Leadership Teams (SALT)	Representatives
1. Service Area Leadership Team 1	2
2. Service Area Leadership Team 2	2
3. Service Area Leadership Team 3	2
4. Service Area Leadership Team 4	2
5. Service Area Leadership Team 5	2
6. Service Area Leadership Team 6	2
7. Service Area Leadership Team 7	2
8. Service Area Leadership Team 8	2
Total	16

Underserved Cultural Communities (USCCs): Co-Chairs of the various UsCCs.

Underserved Cultural Communities	Representatives
1. Access 4 All	2
2. American Indian/Alaska Native	2
3. Asian Pacific Islander	2
4. Black and African Heritage	2
5. Eastern European/Middle Eastern	2
6. Latino	2
7. LGBTQIA2-S	2
Total	14

STAKEHOLDER CATEGORY 2: COMMUNITY STAKEHOLDERS

Community Stakeholders: *Presented in alphabetical order, these stakeholders include three types: (a) mental health planning, advisory, and advocacy bodies; (b) service providers supporting different consumer populations; and (c) people working within specific roles in the system (i.e., Peer Specialists, Community Health Workers/Promotoras, etc.).*

Community Stakeholder Groups	Representatives
1. Association of Community Human Service Agencies (ACHSA)	1
2. Community Health Workers|*Promotoras*	2
3. Cultural Competency Committee	2
4. Faith-Based Advocacy Council	2
5. First 5 Los Angeles	1
6. Housing/Homelessness	1
7. Los Angeles County Client Coalition	1
8. Los Angeles County Mental Health Commission	2
9. National Alliance for Mental Illness (NAMI)	1
10. Peer Advisory Council	2
11. Peer Specialists	2
12. Service Providers (Non-ACHSA)	2
13. Unions (1 per union)	4
14. Veterans	2
15. Youth Mental Health Council	2
Total	27

Health Neighborhoods: *Health Neighborhoods are collaborative networks of services providers operating with specific places across the different Service Areas in Los Angeles County.*

Health Neighborhoods	Representatives
1. SA 1 – Health Neighborhood	1
2. SA 2 – Health Neighborhood (Northeast San Fernando Valley)	1
3. SA 2 – Health Neighborhood (Panorama City/Van Nuys)	1
4. SA 3 – Health Neighborhood (El Monte)	1
5. SA 3 – Health Neighborhood (East San Gabriel Valley)	1
6. SA 4 – Health Neighborhood (Boyle Heights)	1
7. SA 5 – Health Neighborhood (Palms/Mar Vista)	1
8. SA 5 – Health Neighborhood (Venice/Marina Del Rey)	1
9. SA 5 – Health Neighborhood (Pico/Robertson)	1
10. SA 6 – Health Neighborhood	1
11. SA 7 – Health Neighborhood	1
12. SA 8 – Health Neighborhood	1
Total	12

STAKEHOLDER CATEGORY 3: COUNTY DEPARTMENTS

County Departments: *These County entities play a critical role collaborating with DMH to deliver services and supports to consumers, clients, family members, and caregivers.*

County Departments	Representatives
1. CEO	1
2. CEO Anti-Racism, Diversity & Inclusion	1
3. Department of Aging and Disability	1
4. Department of Children and Family Services	1
5. Department of Health Services	1
6. Department of Justice, Care & Opportunities	1
7. Department of Military and Veterans Affairs	1
8. Department of Public Health	2
9. Department of Public Social Services	1
10. Department of Youth Development	1
11. Firefighters/First Response	1
12. Libraries	1
13. Parks and Recreation	1
14. Probation	1
15. Public Defender	1
16. Sheriff	1
Total	17

STAKEHOLDER CATEGORY 4: EDUCATION SYSTEM

Education System: *These K-12 school districts and institutions of higher education are critical partners in the delivery of mental health services and the workforce development strategies, among other items.*

Education	Representatives
1. Los Angeles Unified School District	1
2. Los Angeles County Office of Education	1
3. Los Angeles Community College District	1
4. California State University	1
5. University of California	1
Total	5

STAKEHOLDER CATEGORY 5: GOVERNMENT/QUASI-GOVERNMENTAL AGENCIES

Government/Quasi-Government: *These agencies are city governments with their own health jurisdiction; or quasi-governmental entities that play critical planning, coordination, or resource management functions that impact mental health.*

Government/Quasi-Government	Representatives
Cities with Health Departments	
1. Long Beach	1
2. Pasadena	1
Quasi-Governmental	
1. LAHSA	1
2. Los Angeles County Regional Centers	1
Total	4

FEEDBACK – COMMUNITY PLANNING TEAM

1. What do you like about the Community Planning Team?

2. What questions do you have about the Community Planning Team?

3. What suggestions do you have regarding the Community Planning Team?

4. Any other comments?

PART 2: THE COMMUNITY PLANNING PROCESS

Beginning in early July 2023 and ending in March 2024, the CPP unfolds in three phases:

Phase	Focus
Phase 1: *Stakeholder Input* (July through September 2023)	During this phase, stakeholder groups will have an opportunity to provide input on what they view as the key mental health needs of their respective communities. DMH will leverage its stakeholder engagement system, which consists of over 30 stakeholder groups that meet monthly and possess essential perspectives on how to best address the mental health needs of populations within their geographies. At least thirty-five meetings transpire each month, ranging from Service Area Leadership Teams, Underserved Cultural Communities, Health Neighborhoods, a Peer Advisory Council, a Faith-Based Advocacy Council, to name a few.
Phase 2: *Stakeholder Recommendations* (October through December 2023)	During this phase, stakeholder groups will focus developing recommendations in four areas: Prevention and Early Intervention (PEI); Community Supports Continuum (CSC); Homeless Services and Housing Resources (HSHR), and Workforce (WKF). Stakeholders will analyze all the information and assess all suggestions obtained during the first phase and generate recommendations.
Phase 3: *CPP Closing* (January through March 2024)	The *MHSA Three-Year Plan* will be drafted, translated, summarized in plain language, and vetted by County Counsel in January 2024. In February, the draft *MHSA Three-Year Plan* will be posted for a 30-day public comment period. Stakeholder groups will be invited to review the plan and gather comments during their monthly sessions. The last phase culminates in March 2024, with the Los Angeles County Mental Health Commission's review of the proposed *MHSA Three-Year Plan.*

Phase 1: Stakeholder Input – July, August, September 2023

The CPP begins with onboarding stakeholders in on July 11 and 28, 2023.

- CPT Meeting on July 11, 2023: This meeting describes of the overall community planning process and provides a global picture of Los Angeles County's population and mental health needs.

- CPT Workgroups on July 28, 2023: This meeting provides more contextual information for each MHSA component, using the following CPT Workgroups: Prevention and Early Intervention (PEI); Community Supports Continuum (CSC); Homeless Services and Housing Resources (HSHR); and Workforce (WKF). It is important for all participants to have the following information as the embark upon the process of providing recommendations:

Areas	Questions
1. How does this MHSA component (PEI, CSC, HSHR, and WKF) currently operate?	• What are the services provided within this MHSA component? • How have these services evolved over time? • How many people are served through these services? • How do people know about these services? How do they connect to them? • What partnerships, if any, are in place to deliver these services? • What is the current budget for these services?
2. What are the strengths and gaps of current services?	• What are the strengths of the current services? • What are the gaps in the current services (i.e., unmet needs, areas to improve, etc.)?
3. What are some possible solutions?	• What has been tried already? • What seems to be promising? • What else is in the works?

During the Stakeholder Input phase, we will gather input from community stakeholders and institutional partners in the following areas:

Area	Possible Questions
Prevention	1. What resource (or resources) does your community and/or institution already have to prevent trauma and/or mental health issues? 2. What helps people access and/or obtain current resources to prevent trauma and/or mental health issues? 3. What resource(s) is your community and/or institution missing that can make a difference in preventing trauma and/or mental health issues? 4. What keeps people from accessing and/or obtaining these resources? 5. Other
Early Intervention	1. What resource (or resources) already exists in your community and/or institution to help a person experiencing early onset of mental health issues from becoming more severe? 2. What helps people access and/or obtain current resources to prevent trauma and/or mental health issues? 3. What resource does your community and/or institution need to help a person experiencing early onset of mental health issues from becoming more severe? 4. What keeps people from accessing and/or obtaining these resources? 5. Other
Community Supports Continuum	1. For individuals experiencing more severe mental health struggles, what resource or resources already exist in your community and/or institution to help address their immediate needs and support their movement towards recovery and well-being? 2. What helps them access and/or obtain current resources to address their mental health challenges?

	3. For individuals experiencing more severe mental health struggles, what is missing in your community and/or institution that can help them to help address their immediate needs and support their movement towards recovery and well-being? 4. What keeps people from accessing and/or obtaining these resources? 5. Other
Homeless Services and Housing Resources	1. For individuals experiencing more severe mental health struggles, what resource or resources already exist in your community and/or institution to help address their immediate housing needs and support their movement towards permanent housing? 2. What helps them access and/or obtain current homeless services and housing resources? 3. What is missing in your community and/or institution that can help them to address their immediate housing needs and support their movement towards permanent housing? 4. What keeps people from accessing and/or obtaining these resources? 5. Other
Workforce	1. What workforce opportunities exist in the context of the mental health system? 2. How do people access these opportunities? 3. What is missing? 4. What keeps people from accessing these opportunities? 5. Other

Phase 2: Stakeholder Recommendations – October, November, December 2023

During the Stakeholder Recommendations phase, each CPT Workgroup generates recommendations using a two-step process:

Workgroup	Step 1: Analysis	Step 2: Recommendations
PEI	Based on all the information gathered: • What are key takeaways? • What are the implications for (a) Prevention and (b) Early Intervention?	Based on your analysis, • What do you recommend for (a) Prevention and (b) Early Intervention? • Recommendations for INN? • What do we agree with?
CSC	Based on all the information gathered: • What are key takeaways? • What are the implications for (a) Emergency Services, (b) Intensive Services, (c) Outpatient Care Services, and (d) Access Points?	Based on your analysis, • What do you recommend for (a) Emergency Services, (b) Intensive Services, (c) Outpatient Care Services, and (d) Access Points? • Recommendations for INN? • What do we agree with?
HSHR	Based on all the information gathered: • What are key takeaways? • What are the implications for (a) HOME, (b) Project-Based Housing, (c) Tenant-Based Housing?	Based on your analysis, • What do you recommend for (a) HOME, (b) Project-Based Housing, (c) Tenant-Based Housing? • Recommendations for INN? • What do we agree with?
WKF	Based on all the information gathered: • What are key takeaways? • What are the implications for (a) Training & Capacity Building, (b) Hiring, (c) Retention & Promotion?	Based on your analysis, • What do you recommend for (a) Training & Capacity Building, (b) Hiring, (c) Retention & Promotion? • Recommendations for INN? • What do we agree with?

The following calendars describe the flow for the three planning phases, includes a visual roadmap for the process.

PHASE 1: CALENDAR STAKEHOLDER INPUT CALENDAR

STAKEHOLDERS	JULY CPT 7/11 CPT WG 7/28	AUGUST CPT 8/8 CPT WG 8/25	SEPTEMBER CPT 9/5 CPT WG 9/22
Institutional Partners & Specialty Populations • Education • Government/Quasi-Government CEO/County	Focus: Partnerships (7/28) Qualitative Questions: • What resources are available? • What are the needs? • What are the unmet needs? • What are the priorities?	Focus: Specialty Populations • Child Welfare System • Co-Occurring Disorders • Justice-Involved • Unhoused/Homeless • Veterans • Children, TAY, Adults, Older Adults	Focus: Complete remaining sessions for institutional partners and Specialty Populations
Community Stakeholder Sessions Geographies • SALTs • Health Neighborhoods Populations (Examples) • UsCCs, CCC, First 5 LA, Youth Council, FBAC, Peer Advisory Council	Focus: PEI, CSC, HSG, WKF Qualitative Questions: • What are the needs? • What resources are available? • What are the unmet needs? • What are the priorities?	Focus: PEI, CSC, HSG, WKF Qualitative Questions: • What are the needs? • What resources are available? • What are the unmet needs? • What are the priorities?	Focus: Finish engaging community stakeholders around PEI, CSC, HSG, and WKF questions.
Community Outreach Efforts • Community Health Workers/*Promotoras* • Peer Specialists • Outreach & Engagement • Service Navigators	Focus: Outreach Activities • Encourage attendance at Community Stakeholder Sessions • Provide information via community meetings, texts, one-on-one sessions, etc; & obtain information from community members.	Focus: Outreach Activities • Provide information via community meetings, texts, one-on-one sessions, etc. • Drive up attendance at Community Stakeholder Sessions	Focus: Continue driving up attendance to community stakeholder groups, and finish collecting information for populations, sub-populations, communities, and geographies.

PHASE 2: CALENDAR STAKEHOLDER RECOMMENDATIONS

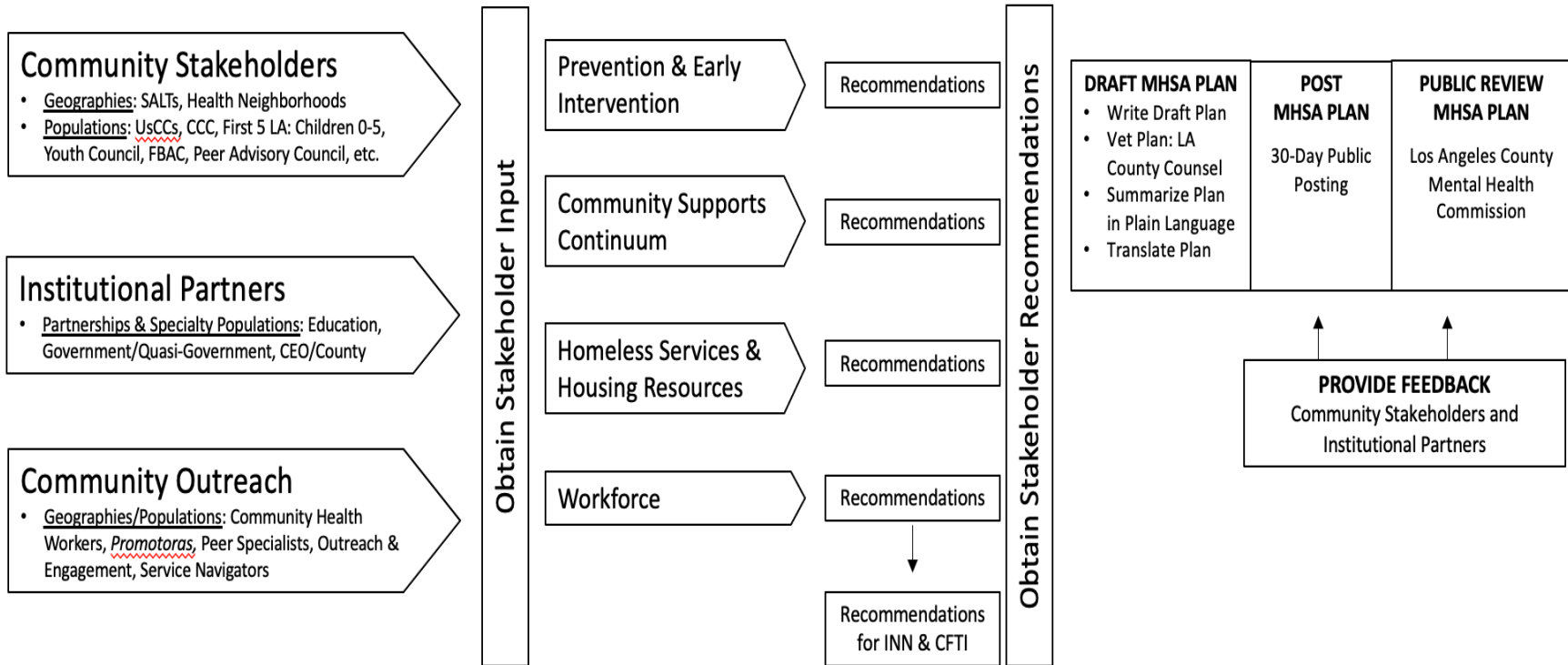| WORKGROUP	OCTOBER CPT 10/3 WG 10/27	NOVEMBER CPT 11/7 WG 11/17	DECEMBER CPT 12/5 WG 12/15
Prevention & Early Intervention	Focus: Analysis & Initial Priorities Based on all the information gathered: • What are key takeaways? • What are the implications for (a) Prevention and (b) Early Intervention?	Focus: Recommendations • What do you recommend for (a) Prevention and (b) Early Intervention? • Recommendations for INN?	Focus: Finding Agreement • Round 1: What do we agree with? (12/5) • Round 2: What do we agree with? (12/15)
Community Supports Continuum	Focus: Analysis & Initial Priorities Based on all the information gathered: • What are key takeaways? • What are the implications for (a) Emergency Services, (b) Intensive Services, (c) Outpatient Care Services, and (d) Access Points?	Focus: Recommendations • What do you recommend for (a) Emergency Services, (b) Intensive Services, (c) Outpatient Care Services, and (d) Access Points? • Recommendations for INN?	Focus: Finding Agreement • Round 1: What do we agree with? (12/5) • Round 2: What do we agree with? (12/15)
Homeless Services & Housing Resources	Focus: Analysis & Initial Priorities Based on all the information gathered: • What are key takeaways? • What are the implications for (a) Homeless Services and (b) Housing Resources?	Focus: Recommendations • What do you recommend for (a) Homeless Services and (b) Housing Resources? • Recommendations for INN?	Focus: Finding Agreement • Round 1: What do we agree with? (12/5) • Round 2: What do we agree with? (12/15)
Workforce	Focus: Analysis & Initial Priorities Based on all the information gathered: • What are key takeaways? • What are the implications for (a) Training & Capacity Building, (b) Hiring, (c) Retention & Promotion?	Focus: Recommendations • What do you recommend for (a) Training & Capacity Building, (b) Hiring, (c) Retention & Promotion? • Recommendations for INN?	Focus: Finding Agreement • Round 1: What do we agree with? (12/5) • Round 2: What do we agree with? (12/15)

PHASE 3: CALENDAR CPP CLOSING – STAKEHOLDER FEEDBACK

After the draft *MHSA Three-Year Plan* is written, stakeholder feedback is still necessary in February and March 2024. This will ensure that the final *MHSA Three-Year Plan* is informed by community stakeholder comments.

JANUARY Prepare *MHSA Three-Year Plan*	FEBRUARY 30-Day Public Posting	MARCH Public Hearing
	• Draft *MHSA Three-Year Plan* is posted for public comments.	• Los Angeles County Mental Health Commission convenes public hearing.
• Draft the *MHSA Three-Year Plan* • Translate the MHSA Three-Year Plan • Produce a summary in plain language • Translate the summary into threshold languages • Vet the document by County Counsel	**Community Stakeholder Sessions** • Present summary at Community Stakeholder sessions and obtain feedback. <u>Geographies</u> • SALTs • Health Neighborhoods <u>Populations (Examples)</u> • UsCCs, CCC, First 5 LA, Youth Council, FBAC, Peer Advisory Council	**Community Stakeholder Sessions** • Present feedback from engagement process in February 2024.
	Institutional Partners • Education • Government/Quasi-Government CEO/County	**Institutional Partners** • Present feedback from engagement process in February 2024.

FIGURE 1. COMMUNITY PLANNING PROCESS ROADMAP – *MHSA THREE-YEAR PLAN FY 2024-25 & 2025-26*

PHASE 1: INPUT	PHASE 2: RECOMMENDATIONS	PHASE 3: CPP CLOSING
July | August | September	October | November | December	January | February | March
FOCUS: Understand needs, review data, generate suggestions.	**FOCUS**: Analyze needs, assess options, develop recommendations	**FOCUS**: Final stakeholder feedback and plan approval.

Community Stakeholders
- <u>Geographies</u>: SALTs, Health Neighborhoods
- <u>Populations</u>: UsCCs, CCC, First 5 LA: Children 0-5, Youth Council, FBAC, Peer Advisory Council, etc.

Institutional Partners
- <u>Partnerships & Specialty Populations</u>: Education, Government/Quasi-Government, CEO/County

Community Outreach
- <u>Geographies/Populations</u>: Community Health Workers, *Promotoras*, Peer Specialists, Outreach & Engagement, Service Navigators

Obtain Stakeholder Input

Prevention & Early Intervention → Recommendations

Community Supports Continuum → Recommendations

Homeless Services & Housing Resources → Recommendations

Workforce → Recommendations

Recommendations for INN & CFTI

Obtain Stakeholder Recommendations

DRAFT MHSA PLAN
- Write Draft Plan
- Vet Plan: LA County Counsel
- Summarize Plan in Plain Language
- Translate Plan

POST MHSA PLAN
30-Day Public Posting

PUBLIC REVIEW MHSA PLAN
Los Angeles County Mental Health Commission

PROVIDE FEEDBACK
Community Stakeholders and Institutional Partners

FEEDBACK – COMMUNITY PLANNING PROCESS

1. What do you like about the Community Planning Process?

2. What questions do you have about the Community Planning Process?

3. What suggestions do you have regarding the Community Planning Process?

4. Any other comments?

FEEDBACK – TODAY'S SESSION

1. What did you like about today's session?

2. What can be improved for next session?

3. Any other comments?