Los Angeles County Department of Mental Health

MHSA Three-Year Plan
Community Planning Process
Session 2

Community Planning Team

July 28, 2023
9:00 AM – 12:00 PM

St. Anne's Conference Center
155 N. Occidental Blvd
Los Angeles, CA 90026

WELCOME!

Dear MHSA Community Stakeholders,

We are looking forward to seeing you at the upcoming Community Planning Team (CPT) session this Friday, July 28, 2023, to continue preparing for the *MHSA Three-Year Plan* for fiscal years 2024-25 and 2025-26.

The primary goal for the July sessions is to prepare CPT members for the community planning process. These sessions involve providing foundational information on the community planning process and the Mental Health Services Act, as well as obtaining important feedback to calibrate the planning process in terms of support and expectations.

Friday's session will be in-person at St. Anne's Conference Center, located at 155 N Occidental Blvd, Los Angeles, CA 90026. We encourage everyone to be physically present so that we can meet each other. However, if you need to access the meeting online, please let us know by 12 PM this Thursday, July 27th at MHSAAdmin@dmh.lacounty.gov. This will help us plan accordingly for copies and food. Please use the following link:

Click here to join the meeting
Meeting ID: 223 670 495 924 | Passcode: Yb2dqh
Or call in (audio only): +1 323-776-6996,,461156040#
Phone Conference ID: 461 156 040#

The meeting will focus on three important objectives:

1. Expectations for communication, self-care, and access to ensure that CPT sessions provide a safe and creative space for everyone.
2. Overview of the Mental Health Services Act (MHSA), including a list of MHSA-funded programs.
3. Feedback on stakeholder input questions, the CPT diversity survey, and planning data.

Please review the attached material in preparation for this meeting. If you have any questions about this message, please reach out to us at MHSAAdmin@dmh.lacounty.gov.

Sincerely,

Dr. Darlesh Horn
Division Chief
MHSA Administration Division
Los Angeles County Department of Mental Health

AGENDA

FRIDAY, JULY 28, 2023 | 9:00 AM -12:00 PM

PURPOSE	Prepare the Community Planning Team (CPT) members to be active participants in the community planning process to generate recommendations for the *MHSA Three-Year Plan*.
OBJECTIVES	1. CPT members develop expectations for communication, self-care, and access to ensure that CPT sessions provide a safe and creative space for everyone. 2. DMH provides an overview of the Mental Health Services Act (MHSA), including a list of MHSA-funded programs. 3. CPT members provide feedback on the CPT diversity survey, stakeholder input questions for the August and September meetings, and planning data.

TIME	ITEM
8:30 – 9:00	Registration & Continental Breakfast
9:00 – 9:15	Session Opening: Welcome CPT Members and Review Agenda – *Rigo Rodriguez, Facilitator*
9:15 – 10:00	Safe and Creative Space: Develop Expectations for Communication, Self-Care, and Access – *Rigo Rodriguez, Facilitator*
10:00 – 10:45	MHSA Overview: Provide MHSA Background Information and Review the List of MHSA-Funded Programs – *Dr. Darlesh Horn, Division Chief, MHSA Administration, LACDMH; or Designated DMH Staff*
10:45 – 10:55	Public Comments: 1 Minute Per Person
10:55 – 11:00	Break
11:00-11:45	Stakeholder Feedback: Stakeholder Input Questions, CPT Diversity Survey, and Planning Data – *Rigo Rodriguez, Facilitator*
11:45-11:55	Public Comments: 1 Minute Per Person
11:55-12:00	Closing and Next Steps: *Rigo Rodriguez, Facilitator*
12:00	Adjourn

COMMUNICATION, SELF-CARE & ACCESS GUIDELINES

Over the past 12 months of MHSA-related community stakeholder engagement activities, we have developed the following guidelines for communication, self-care, and access in order to foster a safe and creative space for all participants:

COMMUNICATION EXPECTATIONS

The following communication expectations will help us all build positive and constructive relationships over the course of the planning process.

1. **BE PRESENT**: Be on time and do your best to participate and engage each other in the spirit of conversation and learning.

2. **SPEAK FROM YOUR OWN EXPERIENCE**: Sharing your perspective based on your experiences helps us build community. It helps us find areas where we can relate and connect with each other. It also helps us in hearing and honoring the experiences of others.

3. **PRACTICE CONFIDENTIALITY**: The practice of respecting and protecting sensitive information that people share with you helps to builds trust.

4. **STEP UP, STEP BACK**: To ‘step up’ means to being willing to share your thoughts and experiences with others so that your voice is part of the conversation. To ‘step back’ means being aware and mindful that others also need time to speak, and that some people take a little longer to compose their thoughts.

5. **SEEK TO UNDERSTAND AND THEN BE UNDERSTOOD**: Ask questions to understand someone’s view before expressing your view. This helps everyone feel heard and prevent misunderstandings.

TAKING CARE OF YOURSELF & FINDING SUPPORT

If during the session you find yourself feeling uneasy with the content or process, we encourage you to take care of yourself by reaching out to designated people who can help you process thoughts and feelings.

ACCESS

DMH provides the following resources to ensure equitable access for everyone at all meetings:

1. American Sign Language interpreters are provided in person and/or online.

2. Communication Access Real-Time Translation (CART) service is provided in person and/or online:
    a. For in-person sessions, CART service transcription is projected onto a screen with simultaneous transcription; and spaces are reserved at the table(s) closest to the screen.

    b. For online sessions, CART service can be accessed by pressing a link in the Chat Box; if the person cannot access the Chat Box, the link can be obtained by emailing the moderator for the session.

3. Interpretation is provided in Spanish and Korean.

    a. In person interpretation is provided via a headset.

    b. Online interpretation is provided via a telephone line.

4. Meeting materials use a minimum 12-font size in Arial or Times New Roman.

5. Materials are translated into Spanish.

6. Chat Box:

    a. Chat Box is generally available during the session to enable communication for access purposes: i.e., to add links to CART services, telephone lines for interpreters, and other links provided in real time.

    b. When Chat Box is not available, an email address is provided to enable participants to send questions to moderators in real time to participate in the meeting and/or request interpretation and/or CART services.

COMMUNITY GUIDELINES

Please review the “Communication, Self-Care, and Access Guidelines” and write your response to the questions in the table below.

Is there anything else you need to make this a safe and creative space for collective planning?	What can you offer to make these sessions a safe and creative space for others?

As a table (at the meeting), share your thoughts with your group and create a list for the table:

What WE need to make this a safe and creative space for everyone…	What WE can offer each to make this a safe and creative for everyone…

MHSA FOUNDATIONS

BACKGROUND

- As early as 1967 and especially in the early 1990s, the State of California began cutting back its services in state hospitals for people with severe mental health needs. Without adequate funding for mental health services in the community, many people became homeless.

- Prior to MHSA funding, mental health services were significantly deficient. For example, Los Angeles County authorities estimated providing services to only half of those needing public mental health services.

- On November 2, 2004, California voters passed Proposition 63 by a majority. Also known as the millionaires' tax, MHSA seeks to expand and improve mental health services across the state by providing additional funding for services, oversight, and accountability. Proposition 63 became effective as a statute—the Mental Health Services Act (MHSA)—on January 1, 2005.

WHAT IS THE MENTAL HEALTH SERVICES ACT (MHSA)?

- Proposition 63 establishes a 1% tax on personal income above $1 million dollars to fund MHSA programs and projects to greatly improve the delivery of community-based mental health services and treatment across California.

- Welfare and Institutions Code (WIC) 5891 states that MHSA revenues may only fund mental health services, MHSA programs and activities and prohibits these funds from supplanting other existing County funds.

- Since the State of California decentralized its behavioral health system, most MHSA funding is administered by each California county.

MHSA MISSION

MHSA's mission is contained in MHSA Section 3. Purpose and Intent, which states the following: *The people of the State of California hereby declare their purpose and intent in enacting this act to be as follows:*

(a) *To define serious mental illness among children, adults and seniors as a condition deserving priority attention, including prevention and early intervention services and medical and supportive care.*

(b) *To reduce the long-term adverse impact on individuals, families and state and local budgets resulting from untreated serious mental illness.*

(c) *To expand the kinds of successful, innovative service programs for children, adults and seniors begun in California, including culturally and linguistically competent approaches for underserved populations. These programs have already demonstrated their effectiveness in providing outreach and integrated services, including medically necessary psychiatric services, and other services, to individuals most severely affected by or at risk of serious mental illness.*

(d) *To provide state and local funds to adequately meet the needs of all children and adults who can be identified and enrolled in programs under this measure. State funds shall be available to provide services that are not already covered by federally sponsored programs or by individuals' or families' insurance programs.*

(e) *To ensure that all funds are expended in the most cost-effective manner and services are provided in accordance with recommended best practices subject to local and state oversight to ensure accountability to taxpayers and to the public.*

MHSA VISION

MHSA pledges to go beyond business as usual to build a community mental health system where:

- Access to care is easier;
- Services are more effective;
- Out-of-home and institutional care are reduced; and
- Stigma toward those with severe mental health needs no longer exists.

MHSA FOCUS

- Increased and targeted access to services for un-served and underserved population
- Prioritizing individuals' recovery and wellness goals
- Implementation of effective and sustainable programs and services
- Administration and oversight of cost-effective expenditures
- Engaging stakeholder in meaningful involvement in the ongoing development and implementation of programs and services based on their individual community needs

MHSA CORE PRINCIPLES

- Client/Family Driven Services
- Cultural Competence
- Community Collaboration
- Service Integration
- Focus on Recovery, Wellness, and Resilience

HOW DOES MHSA WORK?

- Funds programs and services that aim to reduce the long-term adverse impact of untreated mental illness.

- Transforms the public mental health system from fail-first system – often resulting in treatment delivery through the criminal justice system, the courts, and emergency rooms – to a help-first system with a commitment to service, support, and assistance through community-based intensive and preventative treatments and interventions on individual need.

- Addresses a broad continuum of county mental health services for all populations: children, transitional age youth, adults, older adults, families, unserved and underserved.

MHSA COMPONENTS

Community Services and Supports (CSS)

Direct mental health services and supports for children and youth, transition age youth, adults, and older adults. Permanent supportive housing for clients with serious mental health needs. The largest of the 5 components. Includes:

- FULL-SERVICE PARTNERSHIP (FSP): Community collaboration and a “whatever it takes” approach to ensure full spectrum community-based mental health service delivery to individuals from identified focal populations.

- GENERAL SERVICE DEVELOPMENT (GSD): Services that include programs to improve mental health services and supports for all consumers.

- PLANNING OUTREACH AND ENGAGEMENT (POE): Activities aimed at engaging the unserved, underserved, and inappropriately served populations.

- HOUSING: Partnership with the California Housing Finance Agency, CSS provides funding for permanent supportive, affordable housing for individuals with serious mental health needs and their families, especially those who are houseless.

Prevention and Early Intervention (PEI)

Services to engage individuals before the development of serious mental health need or at the earliest signs of mental health struggles. Statewide projects: Suicide Prevention, Student Mental Health Initiative, Stigma and Discrimination Reduction. The second largest of the 5 components, PEI includes:

- PREVENTION: Proactive approach that targets those with risk factors or increases protection factors.

- STIGMA AND DISCRIMINATION REDUCTION (SDR): Training, campaigns and activities to reduce and eliminate barriers that prevent people from accessing mental health services. Services feature anti-stigma education specifically targeting underrepresented communities through outreach utilizing culturally sensitive tools; connecting and linking resources to schools, families, and community agencies; and educating and empowering clients and families.

- SUICIDE PREVENTION: Services and training to strengthen the capacity of existing community resources and creating new collaborative and comprehensive efforts at the individual, family, and community level. Services include: community outreach and education to identify suicide risks and protective factors; linking services, including access to trained suicide hotline agents, to individuals contemplating, threatening, or attempting suicide.

- EARLY INTERVENTION: For individuals and families for whom a short, relatively low-intensity intervention is appropriate to resolve or improve mental health issues and avoid the need for higher levels of care.

Innovation (INN)

Opportunities to design and test time-limited new or changing mental health practices that have not yet been demonstrated as effective, and to fuse such practices into the mental health system, thereby increasing:

- Access to underserved communities,
- Promotion of interagency collaboration, and the
- Overall quality of mental health services

An Innovation project must have one of the following primary purposes:

- Increase access to mental health services to underserved groups;
- Increase the quality of mental health services, including measurable outcomes;
- Promote interagency and community collaboration related to mental health services or supports or outcomes;
- Increase access to mental health services.

Up to 5 percent of MHSA funds received for CSS and PEI may be used for innovative programs that develop, test and implement promising practices that have not yet demonstrated their effectiveness.

Workforce Education and Training (WET)

Enhancement of the mental health workforce through continuous education and training programs:

- Supports programs designed to create and support a workforce (present and future) that is culturally competent, provides consumer/family centered mental health services, and adheres to the principles of wellness, recovery, and resilience.

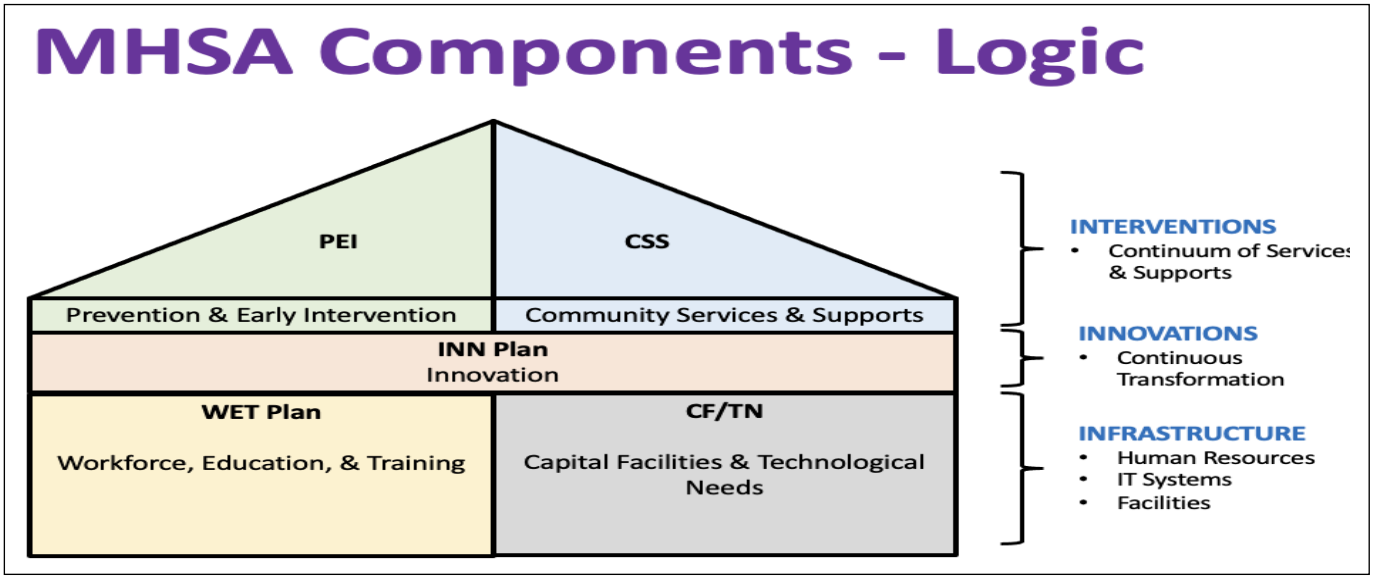
- Aims to train more people to remedy the shortage of qualified individuals who provide services to address severe mental health needs. Counties may use funds to promote employment of mental health clients and their family members in the mental health system and increase the cultural competency of staff and workforce development programs.

Capital Facilities and Technological Needs (CFTN)

Building projects and improvements of mental health services delivery systems using the latest technology.

- Increase and improve existing capital facilities infrastructure and support technology projects to accommodate the implementation of MHSA plans.

- Finance necessary capital and infrastructure to support implementation of other MHSA programs. It includes funding to improve or replace technology systems and other capital projects.



MHSA OVERSIGHT

State Department of Mental Health

- The former SDMH was responsible for planning the sequential phases of development for the five MHSA components and overseeing county implementation of MHSA

State Department of Health Care Services (DHCS)

- DHCS is primarily responsible for overseeing local mental health agencies' spending of MHSA funds.

- DHCS contracts with each county for the following components: PEI programs; Children's services; and Adult services

MHSA Oversight & Accountability Commission (OAC)

- The OAC oversees MHSA implementation; develops strategies to overcome stigma; reviews and approves innovation's projects; and provides technical assistance and training to counties, providers, and stakeholders.

MHSA REPORTING

MHSA Three Year Program and Expenditure Plan & MHSA Annual Update

- Welfare and Institutions Code (WIC) Section 5847 states that county mental health programs shall prepare and submit a *Three-Year Program and Expenditure Plan* (Plan) followed by *Annual Updates* for Mental Health Services Act (MHSA) programs and expenditures.

- The MHSA Plan provides an opportunity for the Los Angeles County Department of Mental Health (LACDMH) to review its MHSA programs and services and obtain feedback from a broad array of stakeholders on those services. Any changes made to the MHSA programs would need to be in accordance with the MHSA, current regulations, and relevant State guidance.

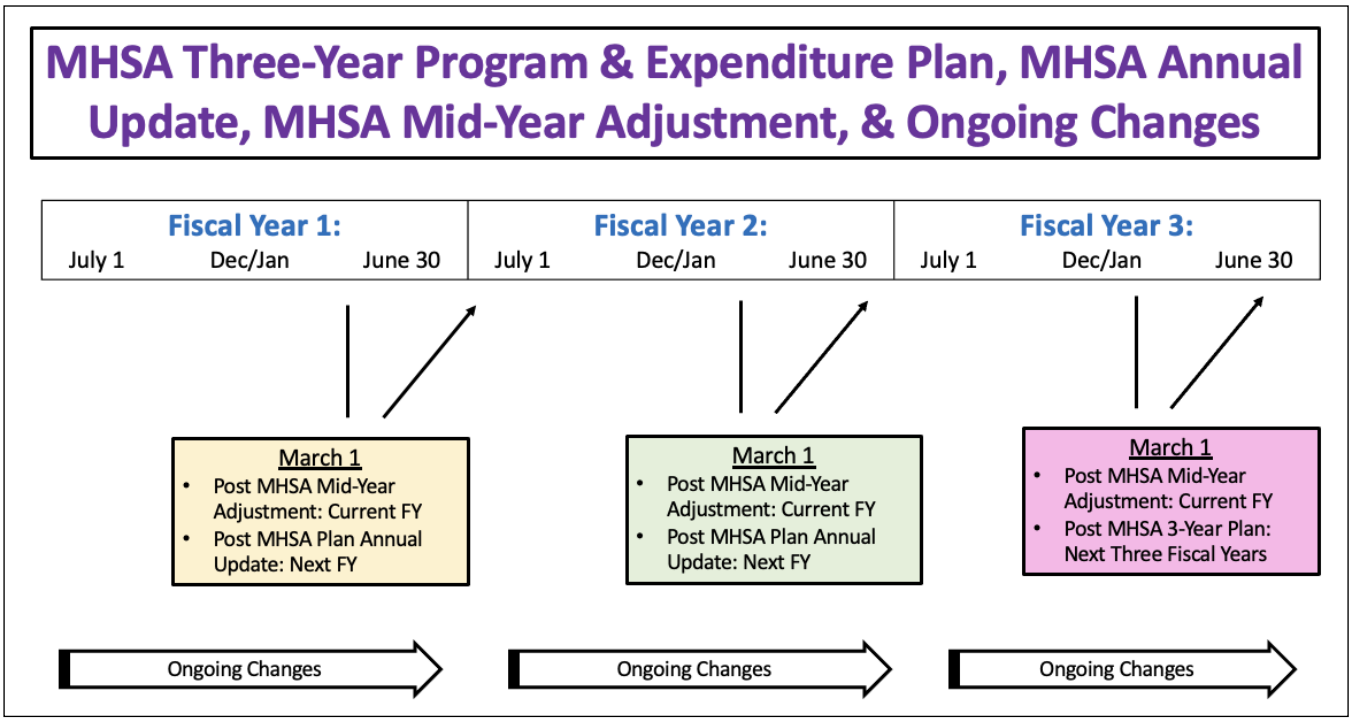
MHSA Mid-Year Adjustment

For updates, other than the *MHSA Annual Update*, the County shall conduct a local review process that includes:

- A 30-day public comment period: The County shall submit documentation, including a description of the methods used to circulate, for the purpose of public comment, a copy of the update, to representatives of stakeholders' interests and any other interested parties who request the draft.

- A summary and analysis of any substantive recommendations.

- A description of any substantive changes made to the proposed update that was circulated.



STAKEHOLDER ENGAGEMENT

California Code of Regulations

- Title 9 CCR 3300 requires CA Counties to provide a Community Program Planning Process (CPPP) for developing MHSA Three-Year Plans and Annual Updates and to ensure stakeholders have an opportunity to participate in the CPPP (referred to as CPP).

MHSA-Funded Initiatives Should Engage…

According to Title 9 CCR 3300, MHSA-funded programs should include the following stakeholders:

1. Families of Children, Adults, and Seniors with serious mental illness or severe emotional disturbance
2. Providers of Mental Health Services
3. Law Enforcement Agencies
4. Education and Social Services agencies
5. Veterans and representatives from Veterans organizations
6. Providers of alcohol and drug services
7. Health Care organizations
8. Other important interests

Meaningful Stakeholder Engagement

Title 9 CCR 3300 also stipulates that “meaningful stakeholder involvement should be reflected in mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocation.”

LOCAL MHSA PLAN APPROVAL PROCESS

- Los Angeles County Local Stakeholders
- Los Angeles County DMH Director
- Los Angeles County Mental Health Commission
- Los Angeles County Board of Supervisors
- California Department of Health Care Services and Oversight and Accountability Commission

LIST OF MHSA-FUNDED PROGRAMS

See attachment.

QUESTIONS

After hearing the presentation, what questions do you have?

Questions	Response(s)

FEEDBACK

STAKEHOLDER INPUT QUESTIONS

We would like feedback from CPT members on the questions below to help generate community stakeholder input in August and September. These questions attempt to balance four principles:

- Simplicity: We don't want to require too much technical MHSA knowledge as a condition for community participation, although some key concepts might need to be explained in everyday language or additional context provided to encourage meaningful participation.
- Asset Orientation: We don't want to presuppose a deficit orientation and assume that communities lack resources to support their mental health.
- Consistency: We want to use a similar set of questions across all groups.
- Flexibility: We assume that some community stakeholder groups might want to ask additional questions tailored to their group.

Prevention – Proposed Questions
Focus: Proactive approach that targets those with risk factors or increases protection factors. 1. What resource (or resources) do people in your community already have that helps to prevent trauma and/or mental health issues? 2. What helps people in your community access resources to prevent trauma and/or other mental health issues? 3. What resource (or resources) is missing in your community that can make a difference in preventing trauma and/or mental health issues? 4. What keeps people in your community from accessing resources to prevent trauma or other mental health issues? 5. Other input?
What do you like? What suggestions do you have?

Early Intervention – Proposed Questions

Focus: For individuals and families for whom a short, relatively low-intensity intervention is appropriate to resolve or improve mental health issues and avoid the need for higher levels of care.

1. What resource (or resources) already exists in your community to help a person address the early onset of a mental health issue (or issues)?

2. What helps people in your community access resources to address the early onset of a mental health issue (or issues)?

3. What early intervention is missing that can make a difference in helping a person in your community resolve and/or better address the early onset of a mental health issue?

4. What keeps people in your community from accessing early intervention resources?

5. Other comments?

What do you like? What suggestions do you have?

Community Supports Continuum – Proposed Questions

Focus: Direct mental health services and supports for children and youth, transition age youth, adults, and older adults.

1. For individuals in your community experiencing more severe mental health struggles, what resource (or resources) already exists in your community to address their mental health need(s) and support their movement towards recovery and well-being?

2. In your community, what helps individuals experiencing more severe mental health struggles to access resources that address their needs?

3. For individuals in your community experiencing more severe mental health struggles, what service (or services) is missing to address their mental health need(s) and support their movement towards recovery and well-being?

4. For individuals in your community experiencing more severe mental health struggles, what keeps them from accessing services that address their mental health need(s) and support their movement towards recovery and well-being?

5. Other comments?

What do you like? What suggestions do you have?

Homeless Services & Housing Resources – Proposed Questions

Focus: Permanent supportive housing for clients with serious mental health needs.

1. For individuals in your community experiencing more severe mental health struggles, what resource (or resources) already exists in your community to address their immediate housing needs and support their movement towards permanent housing?

2. In your community, what helps individuals experiencing more severe mental health struggles to access homeless services and housing resources?

3. For individuals in your community experiencing more severe mental health struggles, what service (or services) is missing to address their immediate housing needs and support their movement towards permanent housing?

4. For individuals in your community experiencing more severe mental health struggles, what keeps them from accessing homeless services and housing resources?

5. Other questions?

What do you like? What suggestions do you have?

Workforce Education & Training – Proposed Questions
Focus: Enhancement of the mental health workforce through continuous education and training programs 1. What education and training programs and opportunities currently exist that enhance the mental health workforce? 2. How do people access the current mental health workforce education and training programs? 3. What education and training programs are missing that can help enhance the mental health workforce? 4. What keeps people from accessing current mental health education and training programs? 5. What can be done to increase access to mental health education and training programs? 6. Other questions?
What do you like? What suggestions do you have?

PLANNING DATA

At the August 8th and 25th Community Planning Team meetings, we will review data to give CPT members a big picture view of mental health needs in Los Angeles County using metrics and parameters drawn from the table below. We will collect your questions at these sessions and provide additional information during the September CPT sessions.

#	Metrics	Parameters
1.	Los Angeles County Population	• Service Area • Race/Ethnicity • Age Groups • Gender
3.	Population Enrolled in Medi-Cal	• Race/Ethnicity • Age Group • Gender • Primary Language
4.	Penetration Rates	• Total Population • Medi-Cal Eligible • FPL 138%
5.	Access to Care	• People getting into Services • Adult/Older Adult and Child/TAY • Timely and Untimely by SA
6.	DMH Consumers Served in Outpatient Programs	• Race/Ethnicity • Age Group • Gender • Primary Language
7.	MHSA Consumers Served in Outpatient Programs	• By MHSA Program • By Fiscal Year • Age Group • Service Area • Race/Ethnicity • Supervisorial District • Primary Language • Evidence Base Practice (EBPs) – for PEI – Early Intervention Program
8.	Cost per MHSA Client (Cost is based on Mode 15 services and not inclusive of community	• By MHSA Program • By Fiscal Year • Age Group

#	Metrics	Parameters
	outreach services or client supportive services. Cost per client is available for FSP, Outpatient Care Services, Alternative Crisis Services and PEI: Early Intervention Services.)	• Service Area
9.	Full Service Partnership Disenrollments	• Program • Fiscal Year
10.	Alternative Crisis Services – Urgent Care Centers	• By Fiscal Year • New Admissions by Age Group • Clients returning to UCC within 30 days of prior UCC visit • Housing situation upon admission • Clients with a psychiatric emergency assessment within 30 days of a UCC assessment
11.	Enriched Residential Services	• Source of client referrals for ERS admissions • Client admission and discharge rates to ERS facilities • Client admission types to ERC facilities

CLOSING REFLECTIONS

Purpose: Gather feedback on today's session.

Instructions: Please share your reflections on today's session, as it will help us improve the process for our next session. Turn in this sheet before you leave. You can choose to keep this anonymous or put your name.

Questions
1. How do you feel about today's session?
2. What worked well today?
3. What can be improved?
4. Anything else you want to share?

CALIFORNIA CODE OF REGULATIONS
MHSA COMMUNITY PLANNING PROCESS

COMMUNITY PROGRAM PLANNING PROCESS

9 CCR § 3300 Community Program Planning Process

(a) The County shall provide for a Community Program Planning Process as the basis for developing the Three-Year Program and Expenditure Plans and updates.

(b) To ensure that the Community Program Planning Process is adequately staffed, the County shall designate positions and/or units responsible for:

(1) The overall Community Program Planning Process.

(2) Coordination and management of the Community Program Planning Process.

(3) Ensuring that stakeholders have the opportunity to participate in the Community Program Planning Process.

(A) Stakeholder participation shall include representatives of unserved and/or underserved populations and family members of unserved/underserved populations.

(4) Ensuring that stakeholders that 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 Community Program Planning Process.

(5) Outreach to clients with serious mental illness[1] and/or serious emotional disturbance, and their family members, to ensure the opportunity to participate.

(c) The Community Program Planning Process shall, at a minimum, include:

(1) 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.

(2) Participation of stakeholders, as stakeholders is defined in Section 3200.270.

(3) Training.

(A) Training shall be provided as needed to County staff designated responsible for any of the functions listed in 3300(b) that will enable staff to establish and sustain a Community Program Planning Process.

[1] NOTE: The term 'serious mental illness' is in the California Code of Regulations.

(B) Training shall be offered, as needed, to those stakeholders, clients, and when appropriate the client's family, who are participating in the Community Program Planning Process.

(d) Beginning with Fiscal Year 2006-07, or in fiscal years when there are no funds dedicated for the Community Program Planning Process, the County may use up to five (5) percent of its Planning Estimate, as calculated by the Department for that fiscal year, for the Community Program Planning Process.

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5840, 5848(a), 5892(c), and 5813 Welfare and Institutions Code.

HISTORY

1. New article 3 (sections 3300-3360) and section filed 12-29-2006 as an emergency; operative 12-29-2006 (Register 2006, No. 52). A Certificate of Compliance must be transmitted to OAL by 4-30-2007 or emergency language will be repealed by operation of law on the following day.

2. New article 3 (section 3300-3360) and section refiled 5-1-2007 as an emergency; operative 5-1-2007 (Register 2007, No. 18). A Certificate of Compliance must be transmitted to OAL by 8-29-2007 or emergency language will be repealed by operation of law on the following day.

3. New article 3 (section 3300-3360) and section refiled 8-23-2007 as an emergency; operative 8-30-2007 (Register 2007, No. 34). A Certificate of Compliance must be transmitted to OAL by 12-28-2007 or emergency language will be repealed by operation of law on the following day.

4. Certificate of Compliance as to 8-23-2007 order transmitted to OAL 12-28-2007 and filed 2-13-2008 (Register 2008, No. 7).

This database is current through 7/29/22 Register 2022, No. 30
9 CCR § 3300, 9 CA ADC § 3300

CALIFORNIA CODE OF REGULATIONS
TITLE 9 - REHABILITATIVE AND DEVELOPMENTAL SERVICES DIVISION 1
DEPARTMENT OF MENTAL HEALTH
SECTION 3200.270 - STAKEHOLDERS

UNIVERSAL CITATION: 9 CA Code of Regs 3200.270

STAKEHOLDERS

"Stakeholders" means individuals or entities with an interest in mental health services in the State of California, including but not limited to:

- individuals with serious mental illness and/or serious emotional disturbance and/or their families;
- providers of mental health and/or related services such as physical health care and/or social services;
- educators and/or representatives of education;
- representatives of law enforcement;
- and any other organization that represents the interests of individuals with serious mental illness/ and/or serious emotional disturbance and/or their families.
  Cal. Code Regs. Tit. 9, § 3200.270

Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5814.5(b)(1) and 5848(a), Welfare and Institutions Code.

1. New section filed 12-29-2006 as an emergency; operative 12-29-2006 (Register 2006, No. 52). A Certificate of Compliance must be transmitted to OAL by 4-30-2007 or emergency language will be repealed by operation of law on the following day.

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This section was updated on 5/23/2020 by overlay.

LOCAL REVIEW PROCESS

Cal. Code Regs. Tit. 9, § 3315 - Local Review Process
Current through Register 2022 Notice Reg. No. 14, April 8, 2022

(a) Prior to submitting the Three-Year Program and Expenditure Plans or annual updates to the Department, the County shall conduct a local review process that includes:

(1) A 30-day public comment period.

(A) The County shall submit documentation, including a description of the methods used to circulate, for the purpose of public comment, a copy 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.

(2) Documentation that a public hearing was held by the local mental health board/commission, including the date of the hearing.

(3) A summary and analysis of any substantive recommendations.

(4) A description of any substantive changes made to the proposed Three-Year Program and Expenditure Plan or annual update that was circulated.

(b) For updates, other than the annual update required in Section 3310(c), the County shall conduct a local review process that includes:

(1) A 30-day public comment period.

(A) The County shall submit documentation, including a description of the methods used to circulate, for the purpose of public comment, a copy of the update, to representatives of stakeholders' interests and any other interested parties who request the draft.

(2) A summary and analysis of any substantive recommendations.

(3) A description of any substantive changes made to the proposed update that was circulated.

NOTES:
Cal. Code Regs. Tit. 9, § 3315
Note: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5848(a) and (b), Welfare and Institutions Code.

1. New section filed 12-29-2006 as an emergency; operative 12-29-2006 (Register 2006, No. 52). A Certificate of Compliance must be transmitted to OAL by 4-30-2007 or emergency language will be repealed by operation of law on the following day.

2. New section refiled 5-1-2007 as an emergency; operative 5-1-2007 (Register 2007, No. 18). A Certificate of Compliance must be transmitted to OAL by 8-29-2007 or emergency language will be repealed by operation of law on the following day.

3. New section refiled 8-23-2007 as an emergency; operative 8-30-2007 (Register 2007, No. 34). A Certificate of Compliance must be transmitted to OAL by 12-28-2007 or emergency language will be repealed by operation of law on the following day.

4. Certificate of Compliance as to 8-23-2007 order transmitted to OAL 12-28-2007 and filed 2-13-2008 (Register 2008, No. 7).