



Strategic Planning Retreat

Los Angeles
County Mental
Health
Commission

Prepared by: California
Council of Community
Behavioral Health Agencies
(CBHA)

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Table of Contents

03 INTRODUCTION

04 Background and Purpose

05 History and Purpose of the Los Angeles
County MHC

06 PRE-RETREAT INTERVIEWS

07 Strategic Planning Overview

08 Interview Questions

09 Interview Participation

10 Interview Participation by District

11 DATA COLLECTION

12-19 Interview Results

20 STRATEGIC PLANNING RETREAT

21 Retreat Attendance

22-24 Retreat Feedback

24 ACTION PLAN

25-29 Recommendations

30 Summary/Note from Authors

31 ACKNOWLEDGMENTS

INTRODUCTION



Background & Purpose

The Los Angeles County (LAC) Mental Health Commission (MHC) has contracted with the California Council of Community Behavioral Health Agencies (CBHA) to cultivate its organizational processes and assist in its efforts to develop and implement a strategic planning process.

CBHA is a statewide advocacy and education organization that supports behavioral health clinics serving safety net populations across the state. Through partnering with behavioral health groups and businesses, CBHA aims to impact policy change and support safety net providers and businesses as they work to impact the system inequities, barriers, and disparities that impede access to care.

CBHA team members Dr. Le Ondra Clark Harvey and Dr. Zoe Guttman, behavioral health professionals and consulting experts, led the strategic planning efforts.



In order to collect adequate data and feedback from all relevant avenues of inquiry, the strategic planning initiative included the following:

1. A series of stakeholder interviews throughout the month prior to the Strategic Planning Retreat
2. A day-long Strategic Planning Retreat in Los Angeles, which included Commissioners and DMH staff, as well as members of the public

Consultants constructed an action plan informed by feedback from stakeholders and Commissioners that is summarized in this report.

History & Purpose of the Los Angeles Mental Health Commission

Central to the strategic planning approach is the belief that the context, history, community, and stakeholders surrounding the Commission influence and contribute to its success or failure to meet its mission.

History

The Los Angeles County (LAC) Mental Health Commission (MHC) was formed in October 1957 with section 5604 of the Welfare and Institutions Code.

Mission

- To advise the Los Angeles County Board of Supervisors (BOS) and the Department of Mental Health (DMH) Director on issues impacting the County mental health system.
- To review and approve the procedures used to ensure community and professional involvement at all stages of the planning process.

Vision

For all Los Angeles County individuals, families, and communities to have access to effective mental health care.



PRE-RETREAT INTERVIEWS



Strategic Planning Overview



The aims of the Retreat were to provide guidance for the review and further development of the Commission's goals, values, and purpose.

With this in mind, stakeholder interviews were conducted with:

- LAC Mental Health Commission appointees
- BOS Health Deputies
- DMH Leadership Team members

Questions focused on their role related to the Commission, its current status, and ideas for its optimal functioning.

"THE COMMISSION HAS THE POTENTIAL TO BE IMPORTANT–THE POTENTIAL TO BE INFLUENTIAL AND VISIBLE. RIGHT NOW, IT'S INEFFECTIVE" -INTERVIEW RESPONSE

Data was collected, analyzed, and presented at the Retreat. Additional input was collected by Commissioners in attendance. Members of the public who attended in person and virtually were included in brainstorming sessions and Q&As to provide additional insights and suggestions.

Recommendations were then developed to aid the Commission in being effective in their mission.



Interview Questions

MENTAL HEALTH COMMISSIONERS	BOARD OF SUPERVISORS/ DEPT. OF MENTAL HEALTH STAFF
1.How long have you served on the MHC/worked for the MHC?	1.How does your position intersect with LA County MHC?
2.How did you learn about the MHC, and how did you get involved?	2.What do you understand the mission and purpose of the MHC to be?
3.In 3 words, describe the MHC.	3.In 3 words, describe the MHC.
4.Do you believe the MHC is effective in carrying out its mission?	4.Do you believe the MHC is effective in carrying out its mission?
5.What is the public perception of the MHC?	5.What is the public perception of the MHC?
6.What are the pressing policy issues the MHC is poised to impact?	6.What are the pressing policy issues the MHC is poised to impact?
7.What are the strengths of the MHC?	7.What are the strengths of the MHC?
8.What are areas for improvement?	8.What are areas for improvement?
9.What does the ideal MHC look like in 2 years (composition, personnel, focal policy areas)?	9.What does the ideal MHC look like in 2 years (composition, personnel, focal policy areas)?
10.Has the MHC led or contributed to policy change during your tenure?	10.Has the MHC led or contributed to policy change during your tenure?
11.What is the relationship between the Commissioners?	11.If not effective, what impedes the MHC from enacting their mission?
12.What is the relationship between Commissioners and Commission staff?	
13.What is the relationship between Commissioners and BOS?	

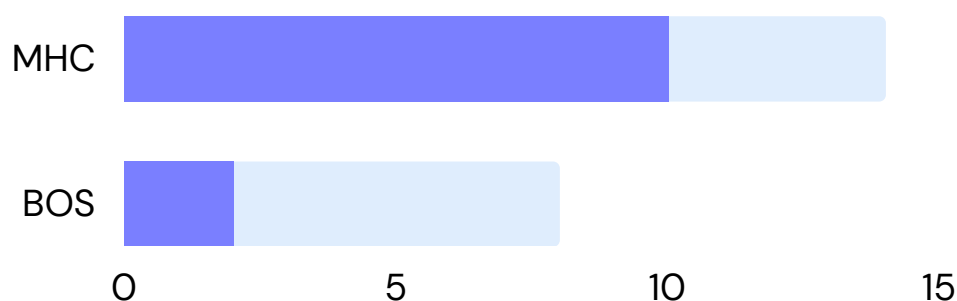
Interview Participation

WHO PARTICIPATED?

Out of 14 **Commissioners**, 10 participated in the interviews.

Out of 8 **Board of Supervisors Health Deputies**, 2 participated in the interviews.

3 members of the **Department of Mental Health Leadership Team** participated in interviews.



71%

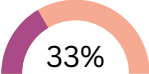



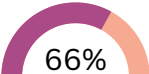
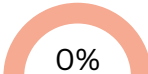
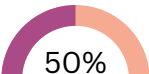
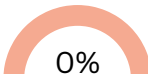


of all Mental Health
Commissioners
participated

29%

of all BOS Health
Deputies
participated

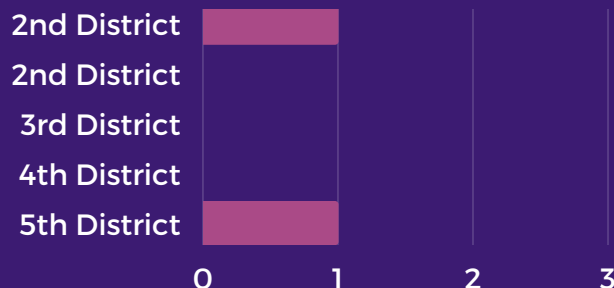
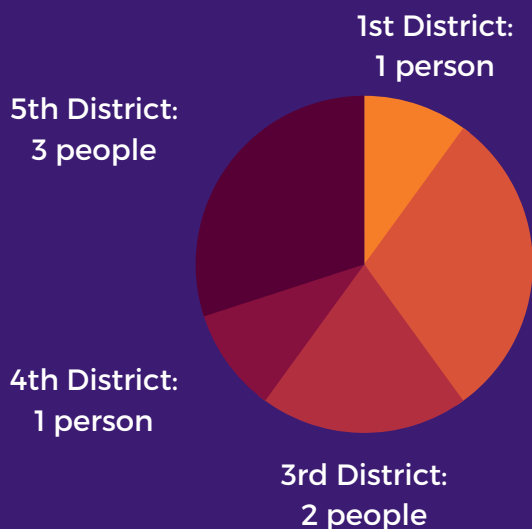
Interview Participation By District

WHO PARTICIPATED BY DISTRICT?

		MHC Commissioners	BOS Deputies
1st District	1 out of 3 Commissioners; the 1 BOS deputy.	 33%	 100%
2nd District	All 3 Commissioners; neither of the 2 deputies.	 100%	 0%
3rd District	2 of the 3 Commissioners; the 1 BOS deputy did not attend.	 66%	 0%
4th District	1 of the 2 Commissioners (note: one seat vacant); neither of the 2 deputies.	 50%	 0%
5th District	All 3 Commissioners; the 1 BOS deputy.	 100%	 100%

MHC Commissioners

BOS Deputies



DATA COLLECTION



Interview Results

In 3 words, **describe** the MHC:



*Results from Commissioners, BOS deputies, and DMH staff combined.
For individual results, see next page.

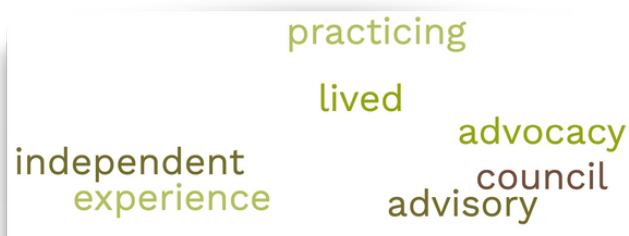
Interview Results

In 3 words, **describe** the MHC:

Commissioners



BOS Deputies



DMH Team



Interview Results



What are **strengths** of the MHC?

"Great place to elevate conversations about mental health."

"Good group of people who are underutilized."

"Diversity on the Commission – racially, ethnically."

"Bring credible experience that mental health leaders need to hear."

"Unique expertise & lived experience."

"Smart people with a lot to offer. Need to harness."

"Provide an outside voice & perspective about bureaucracy."

"Commissioners are competent and accomplished."

"Impressed – conscientious, knowledgeable, compassionate."

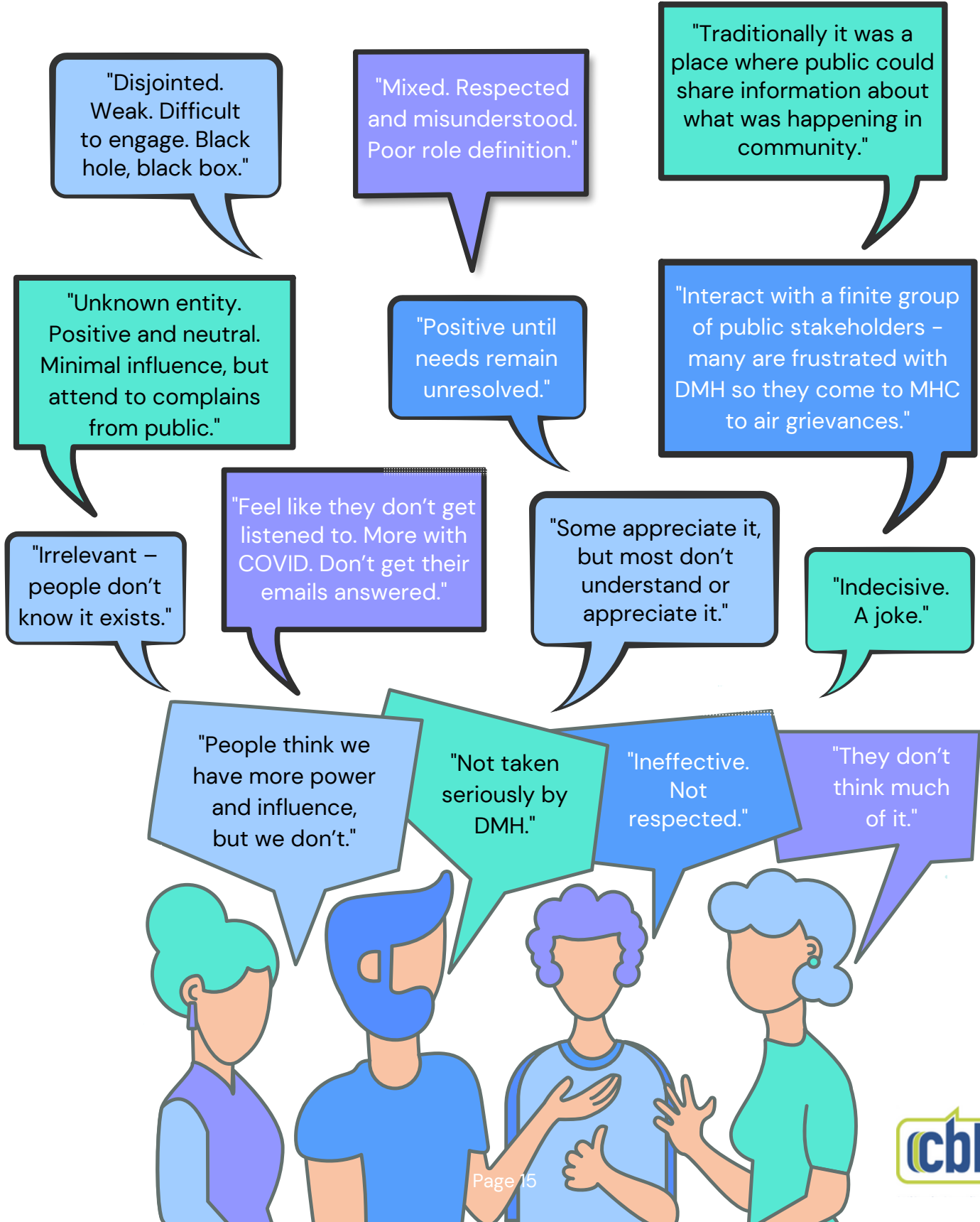
"Committed. Passion for making a difference."

"Provide oversight to DMH & hold them accountable."



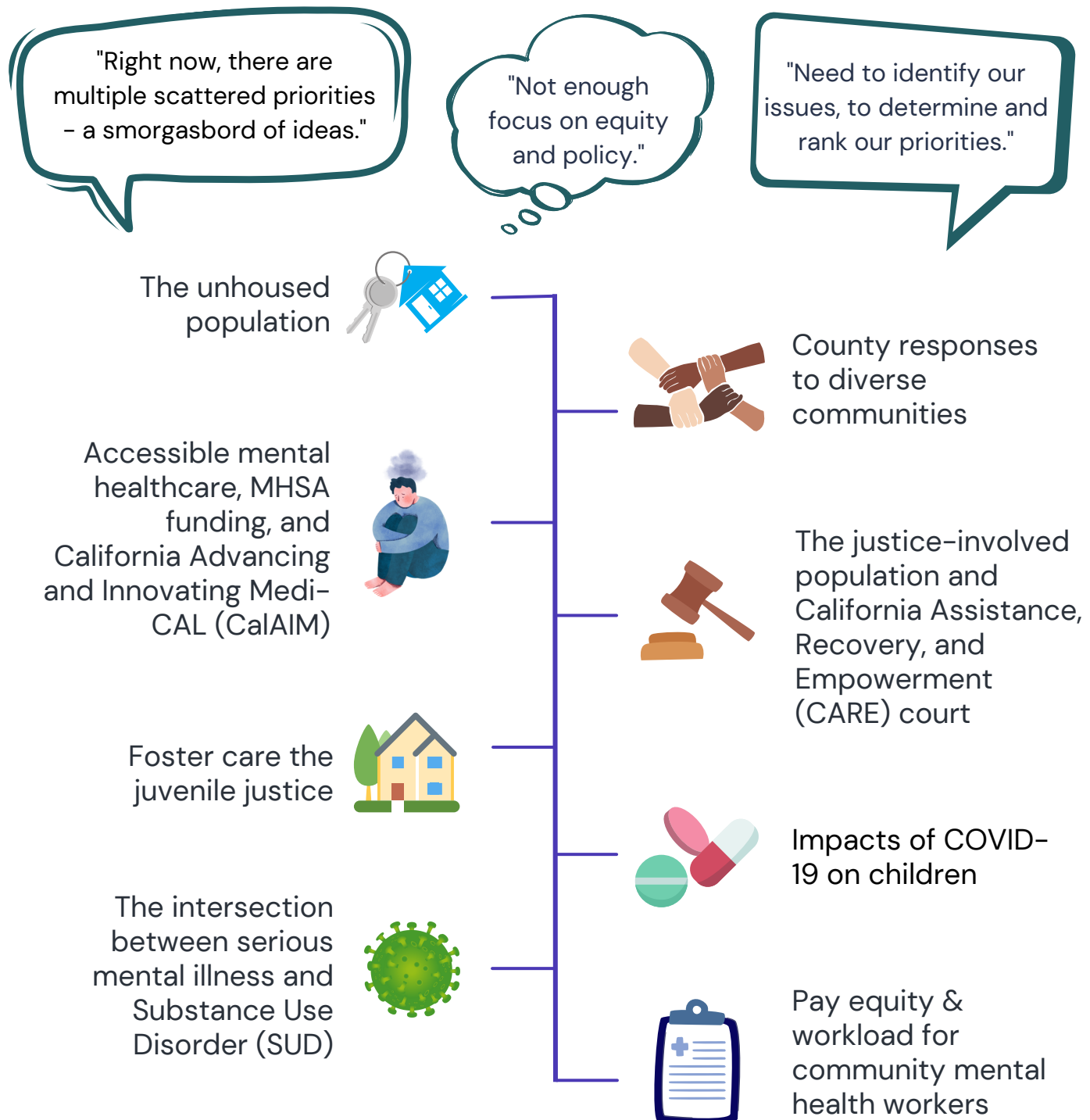
Interview Results

What is the **public perception** of the MHC?



Interview Results

What are the pressing **policy issues** the MHC is poised to impact?



Interview Results

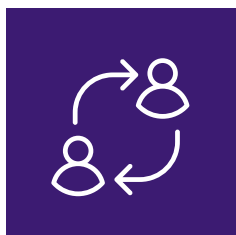
If not effective, what **impedes** the MHC from enacting their mission?



Commission Structure

- Requires greater diversity of membership
- Imbalanced power dynamic with BOS & BOS member
- Chairs lack the power to set agenda or direct policy discussions

"Not poised to impact policy due to MHC structure. More ceremonial."



Inconsistent Staff

- Relationship with BOS staff varies by district
- Lack of feedback from BOS staff
- Inconsistent relationship with and commitment from DMH staff



Lack of Training

- Lack of sufficient instruction related to what it means to serve on the Commission
- Lack of training around the mission of the Commission

"Struggling to find cadence and pace."



Lack of Focus

- Commissioners busy with other jobs cannot devote adequate time to the Commission or regularly attend meetings
- Scattered priorities and contention/debate, but little action or influence

Interview Results

What are areas for improvement?



Additional training on mission and expectations



Better communication from and access to BOS staff



Dedicated, knowledgeable, and responsive DMH staff



Clearer & more transparent relationship with DMH



Increased involvement in stakeholders and local communities



Greater diversity of Commission membership

Interview Results

What does the **ideal MHC** look like in two years (composition, personnel, focal policy areas)?

01 Increased Training & Clarity

- Clearly communicated expectations
- Precise training in the Commission's mission, expectations, and structure, including in relation to DMH & BOS

02 Consistent & Dedicated Staff

- Support from DMH staff
- Preferably less turnover
- Potentially additional staff who focus on outreach/publicity
- Regularly meetings with BOS health deputies

03 Communication with DMH & BOS

- Have scheduled times to present core initiatives to DMH leads, as well as clear, rank-ordered priorities
- Build respect and act as allies with DMH (e.g., could collaborate on priorities and advocate to BOS on behalf of DMH)

04 Commission Structure

- Regular attendance by Commissioners
- Potentially meet more than once a month
- Each member should serve on at least one subcommittee
- More diversity and lived experience
- Add youth representative

05 Commission Priorities

- Foster an active involvement in policy development
- Focus on and develop clear priorities & issues

06 Commission Activities

- Visit with stakeholders and community members to gather information
- Speak at events (e.g., promote the behavioral health workforce)

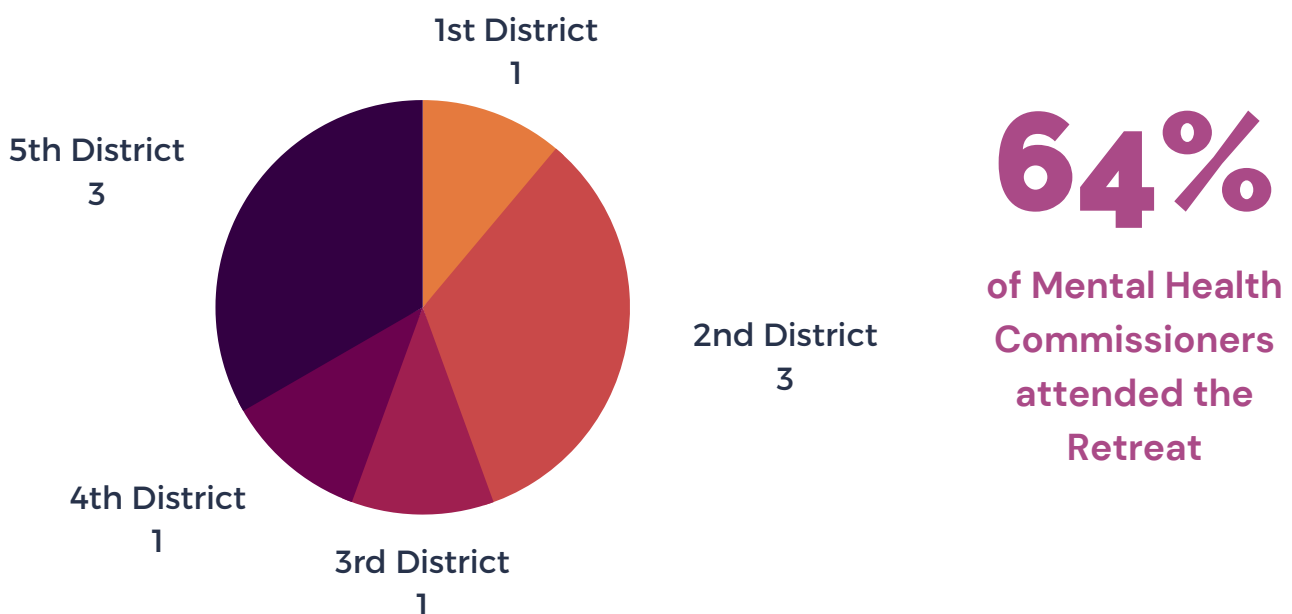
STRATEGIC PLANNING RETREAT



Retreat Attendance

WHO ATTENDED?

In total, **9 out of 14 Commissioners** attended the Strategic Planning Retreat:



DMH staff attended in-person.

Members of the public in attendance had their own table and workgroup. They were included in all brainstorming sessions. Virtual attendees also provided feedback via the chat function and the telephone during the two public comment sections.

Retreat Feedback



WHAT WAS DISCUSSED?

- The Commission's mission & functioning
- Roles and responsibilities
- Perceptions and results from the interviews conducted prior to the Retreat
- Areas for improvement
- Avenues for success
- Steps for moving forward to be effective in the Commission's mission

VIEWS IN THE ROOM LARGELY ECHOED FEEDBACK FROM THE SURVEY:

"People have generally positive perceptions, until their needs remain unresolved."



Strengths & Perceptions

- Grants access to related spaces/communities
- Sense of importance in eyes of public
- Exposure, including nationally, and potential power
- Open ear for public



Potential Relevant Policies

- Social determinants of health, SUD, and MHSA funding
- Reducing silos and participating in site visits
- The mechanisms of partial programs and DMH
- Childcare and support for children for mothers on disability

Retreat Feedback

How to Improve

There was ample feedback in the room from Commissioners and members of the public – both in person and online – on how the Commission can **improve its work** and be **more effective in its mission to serve**.

Much of this feedback echoed what was collected from the interviews.

"I wish they had better follow-up after public comment. People need to feel heard, without judgment."

"MHC would benefit from more administration, like management tracking systems from DMH."

"The Commission needs a better understanding of the MHSA to be effective. They are also currently not in compliance with MHSA guiding principles around stakeholder engagement."

"The Commission should support promotoras and local vendors, whose basic needs are not supported and are given no tools for community outreach. They are subject to the same responsibilities as DMH employees without the benefits."

"They should be speaking at events to promote the behavioral health workforce. They could be addressing the gaps prevalent during the Pandemic."

"Bring back innovation conferences, cultural conferences, and county-wide activity fund."


"They should be going out into the communities, like working within SALT groups."

All feedback was integrated into the following Recommendations.

ACTION PLAN



Recommendations




"I'm hopeful—there's an opportunity with every new chair to make the MHC functional and effective."


CBHA has compiled the following

Recommendations, informed directly by:

1. Interviews with Commissioners, BOS deputies, and DMH leadership staff
2. Feedback from Commissioners in person at the Strategic Planning Retreat
3. Public and stakeholder feedback, both in-person and online



"MHC meetings should become water cooler chat—meetings that are relevant, that people want to attend, and that are spoken about after."



"The MHC should be a safe space for consumers."

To be successful in their mission of serving the community, we encourage the Commission to develop the infrastructure necessary to act on the following recommendations.

Recommendations

"How to improve? We need active committee structure. We need to be willing to excuse Commissioners who aren't working."

1) Policies & Procedures

Policies and Procedures need to be clearly defined and followed.

Attendance

- BOS should track Commissioner attendance
- Encourage DMH representatives and BOS Deputies to have consistent attendance

Retreats

- Should include a mechanism for members of the public to participate in person and virtually
- Should be held at least biannually as Commissioners work towards actualizing the Strategic Planning goals

Administration

- Introduce term limits for Commissioners (4–6 yrs)
- Improve accountability through assessments for Commissioners and related staff (e.g., skip-level meetings, 360 reviews)
- Consider holding meetings in the evening to increase attendance by members of the public
- Increase Commissioner engagement in subcommittees

"Relationship with BOS staff is mostly unidirectional. With DMH, there's confusion about roles and loyalties of staff."

2) Staffing

Prioritize relationship building and cohesion, respect, and boundaries between Commissioners and staff.

- Clearly define roles, responsibilities, and expectations
- Encourage BOS deputies to meet regularly with Commissioners
- Prioritize training for DMH staff, especially around the Brown Act and MSHA, to enable them to best meet the needs of the Commission

Recommendations

"MHC meetings should become water cooler chat-meetings that are relevant, that people want to attend, that are spoken about after."

3) Priorities & Agenda

Be proactive and strategic to increase attendance, interest, and engagement. Prioritize engagement not only from Commissioners, BOS deputies, and DMH staff, but also from stakeholders and consumers.

Preparation

- Provide Commissioners access to the agenda and materials in advance to encourage Commissioners to prepare and engage on content
- Enable public access to the agenda in time for input or suggestions
- Translate all materials in Spanish and any other language requested by stakeholder groups
- Use plain language and no technical terms, jargon, or verbiage

Agenda/Priorities

- Present fewer PowerPoint presentations and more strategy and content discussion
- Meet with BOS deputies on a regular basis to identify the priorities of the Supervisors and share information about the MHC proceedings
- Empower the executive committee to analyze priorities and identify alignment to create cohesion
- Encourage consistent involvement of DMH representatives at the MHC meetings
- Include presentations from community members at the MHC meetings (e.g., Service Area Leadership Teams (SALTs), Underserved Cultural Communities (UsCC) subcommittees)
- Include recurring reports from allied groups on agenda (e.g., Youth Commission, DMH budget)

"Agenda is scattered. No standing agenda items. Need to determine priorities. Needs to better understand people with lived experience. Need to follow through on conversations and tasks."

Recommendations

"We need onboarding and training. Mentorship. Historical context. There's a lack of education about what serving means. No training."

4) Training & Education

Training and Education need to be prioritized for all Commissioners and staff.

- Establish accountability measures for training, which should include—at a minimum—completing all California Association of Local Behavioral Health Boards & Commissions (CAL BHB/C) trainings
- Include additional relevant training (e.g., financial literacy training on DMH budgets)
- Require staff and Commissioners to understand MHSA and the Welfare and Institutions (WIC) code sections that define the MHC, its mission, and requirements for conducting public meetings

"People who call in to provide public comment should not feel judged, but heard. They should be met with grace."

5) Public Comment & Follow-Up

Establish methods to enable the public to have full participation at meetings.

- Extend public comment time beyond the current 2-minute maximum
- Establish a transparent feedback process for responding to issues raised by members of the public
- Enable faster response times for follow-up when members of the public share feedback in person, online, or via email to the Commission and its staff

Recommendations

"Meetings should focus on the community, not the Commission."

6) Community Outreach

Prioritize stakeholder engagement and establish plans to support allied behavioral health workers.

DMH and BOS Involvement

- Meet with DMH to discuss areas of overlap and partnerships to raise the Commission's visibility
- Review DMH and BOS event calendars and community planning budgets to better plan how to reach underserved populations (e.g., town halls, toy drives, food giveaways, picnics)
- Include the Office of Consumer Family Affairs in activities and follow-up

Social Media

- Establish social media presence to promote the work of the Commission and encourage members of the public to access the Commission

Community Focus & Involvement

- Create accountability around who is responsible for community outreach to ensure that people are informed about the MHC
- Empower local coalitions by identifying ways to support allied workers (e.g., collaborate with and support local community workers, peer workers, and promotoras who have strong ties and access to communities)
- Regularly meet with stakeholders, including UsCC subcommittees, SALTs, and working groups within SALT communities
- Engage in site visits, as well as tours of communities and relevant stakeholders (e.g., hold a Commission meeting at SALT meeting sites)
- Include individuals with lived experience in community outreach events to recognize community voices, showcase expertise, and empower individuals

"Need to move in a direction of representing cultural diversity and lived experience so that there is true reflection of the community."

The LA MHC has a rich history. Its existence is tied to the MHSA and serving as an advisory group to the LA DMH as they oversee services for the populations the MHSA funding is intended to benefit. **The behavioral health landscape has changed drastically since the advent of MHSA, and thus the MHC should continue to be dynamic and nimble in order to remain relevant and impactful.**

We found that the MHC, despite being comprised of a diverse array of expert voices, is not fully operationalizing its mission. As outlined in this summary report, many impediments exist that prevent this. In order to change the perception that many have and enhance the impact of the MHC, an inward look is needed.

We commend the MHC for engaging in preliminary steps to do this work with CBHA. High-level recommendations include:

- **Training of Commissioners and staff**
- **Mechanisms for sharing data with the appointing authorities—the Board of Supervisors**
- **Improved policies and procedures for meetings, including consideration of term limits**
- **Inclusion of any stakeholder groups who may not be represented on the MHC**
- **Improved, scheduled, and regular outreach to the public**

It is our hope that the reflection of data from various stakeholders interviewed will aid the MHC as they embark on a journey to actualize the mission.

—Drs. Le Ondra Clark Harvey and Zoe Guttman

“ —

"There are those who MAKE things happen, those who WATCH things happen, and those who WONDER what happened. I encourage you to make things happen."

— ”

—Rusty Selix, Founder of CBHA and co-author of Proposition 63, speaking at his final CBHA Policy Forum in 2018

Acknowledgements

We appreciate the participation of various stakeholders during the interviews and Strategic Planning Retreat, including the LA MHC Commissioners, DMH staff, MHC staff, Board of Supervisors Health Deputies, and members of the public.

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