# **UPDATE: CPT PROCESS**

THEMES, DIRECTION, CHALLENGES, AND NEXT STEPS FOR THE MHSA COMMUNITY PLANNING PROCESS As of 11/16/23



## **CPT Current Status and Outcomes**

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- CPT members and other stakeholders were asked to select one or more workgroups to participate in: CSC, PEI, Housing, WET
- Currently 4 stakeholder feedback sessions have been completed with each of the 4 Workgroups
  - There are two additional sessions scheduled to complete the process for receiving feedback from the CPT on development of the draft MHSA 2-year plan: Nov 17<sup>th</sup> and Dec 5<sup>th</sup>
- Feedback for each workgroup reflects:
  - Focus categories for needed programs and services,
  - The goal for each category
  - how that goal can be accomplished through expansion and/or improving existing programs and services and/or adding new services

### Update: 4 Workgroups and CPT Feedback Categories

#### Community Supports Continuum (CSC)

- Categories:
  - 1. Emergency Response
  - 2. Psychiatric Beds
  - 3. Full Service Partnerships (FSP)
  - 4. Access to Quality Care

#### Prevention and Early Intervention Services (PEI)

- Categories:
  - 1. Target Pops: Early Childhood, Birth-5 years old and Underserved Communities
  - 2. Access: School based, Community Engagement
  - 3. Effective Practices: Suicide Prevention, EBPs

#### Homeless Services and Housing Resources (HSHR)

- Categories:
  - 1. Eviction Prevention
  - 2. Street Outreach
  - 3. Service Quality
  - 4. Types of Housing
  - 5. Resources for specific populations

#### Workforce

- Categories:
  - 1. Career Pathway
  - 2. Recruitment
  - 3. Retention
  - 4. Training
  - 5. Capacity Building

### Update: CPT Themes across 4 Workgroups

Improve access to care through several program expansions and planning, outreach and engagement efforts

- Equity
- Cultural Competency across programs and services
- Expand Resources for Special Populations
- Expand opportunities for partnerships and funding with CBOs
- Increased focus on involvement for individuals with lived experience
- Provide training and information on resources to staff, peers and communities on:
  - Services
  - Housing
  - Outreach Programs
  - Education and Career Pathways to enter the MH System
- Expand career pathways to address staffing shortages
- Increase awareness of existing resources through outreach and engagement

### **Update: Community Planning Process Challenges**

#### Time Flies....

Very tight timeline (usually only 2 weeks) between stakeholder meetings, to collect feedback, synthesizing info, reporting out, posting, developing next agenda and next steps and working with various units to engage stakeholder feedback towards developing the Plan

#### New Process, New People....

- Shift from YourDMH to CPT created a larger stakeholder body with many new people without foundational knowledge of MHSA. Level setting can be challenging but is critical
- All stakeholders (new and seasoned) needed to understand the new processes developed for the CPT. Orientation of stakeholders has taken more time than initially planned/calendar

#### The Coordination Domino Effect....

- Meeting coordination is complex, and time intensive to ensure technical set up and prep for virtual/hybrid meetings, full ADA accommodations must be secured with a limited number of available vendors, translation, posting, distribution of information
- Many set up items are interconnected/dependent and if there is an unplanned failure for one item, other items are impacted causing delays and potential cancellation of meetings

#### Logistic Limitations....

Meeting time/space/transportation/accessibility is limited to accommodate as many individuals that would like to be involved. We aim for greater inclusion but logistics have been limiting



## Description Key Steps of the Community Panning Process

## **KEY STEPS – COMMUNITY PLANNING PROCESS**

**STEP 1**: CPT members and stakeholders identified critical issues (unmet needs & service gaps) in four areas.

**STEP 2:** Consultants turned critical issues into recommendations and confirmed them with CPT members.

**STEP 3:** Consultants and DMH staff clustered the recommendations into draft categories and confirmed them with CPT members.

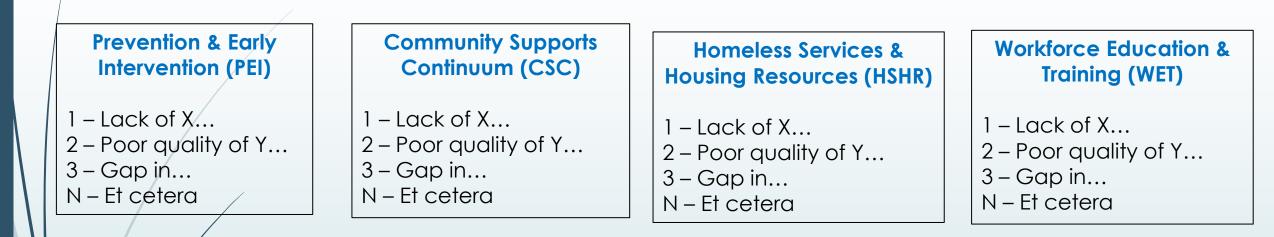
**STEP 4:** DMH staff coded the CPT recommendations within each category and confirmed them with CPT members.

STEP 5A: DMH coded what is possible (or not) to fund under MHSA regulations and/or DMH authority.

STEP 5B: DMH internally reviewed MHSA proposals for one-time funds, FY 2024-25 and 2025-26.

**STEP 6:** CPT members rank options and build consensus.

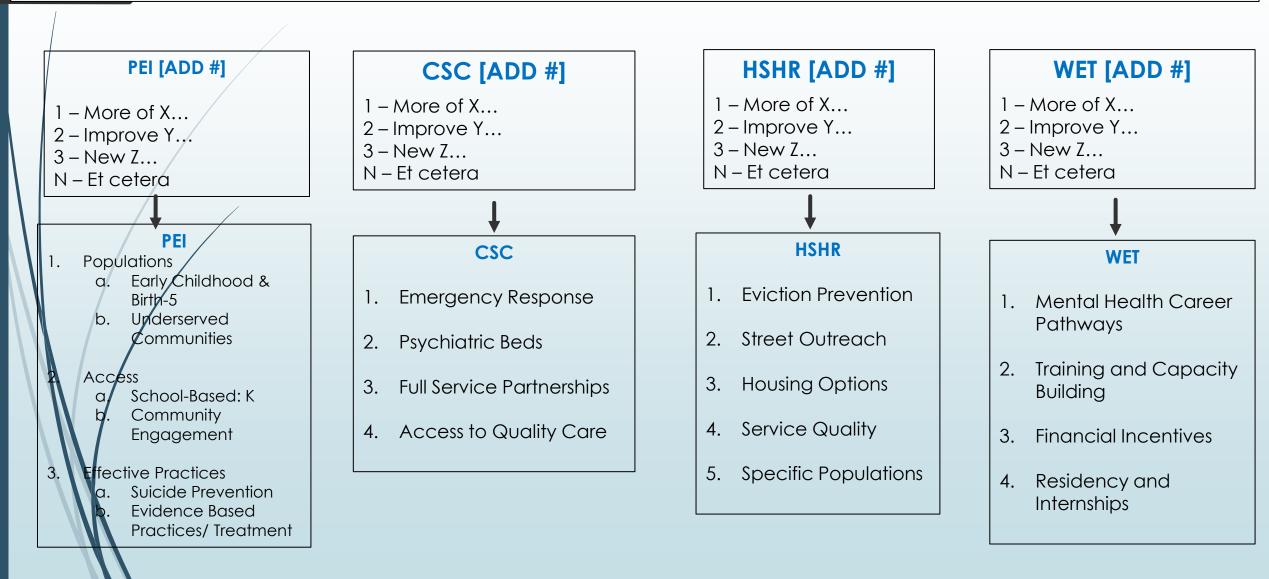
# **STEP 1:** CPT members and stakeholders identified critical issues (unmet needs & service gaps) in four areas.



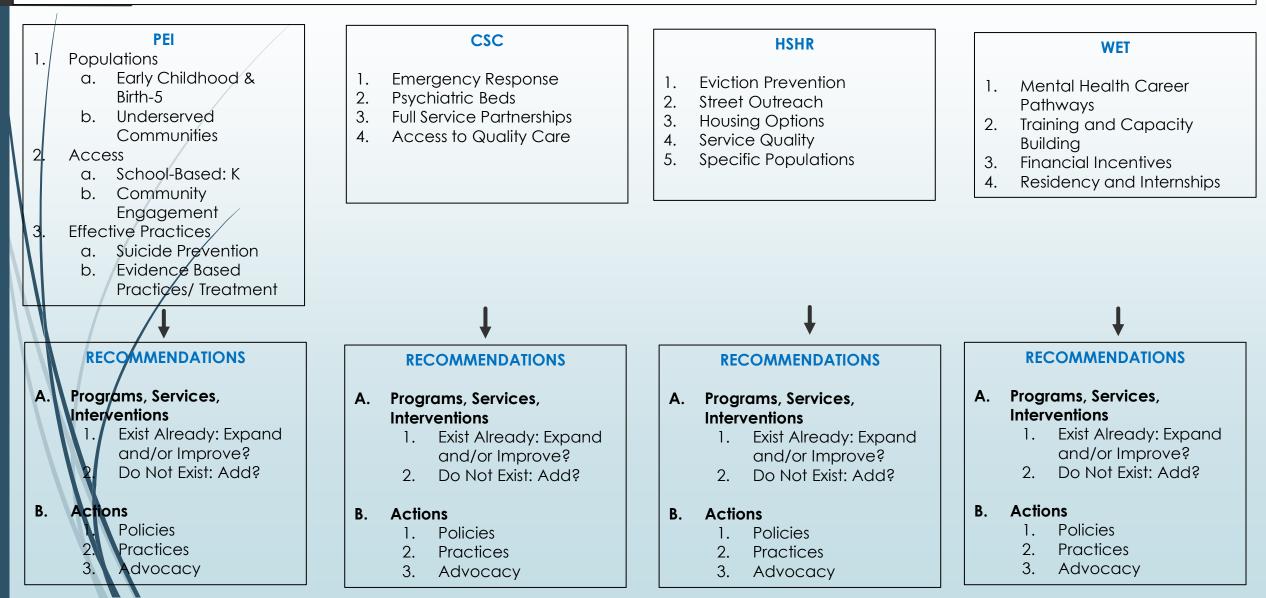
**STEP 2:** Consultants turned critical issues into recommendations and confirmed them with CPT members.

PEI	CSC	HSHR	WET
1 – More of X 2 – Improve Y 3 – Create Z N – Et cetera	1 – More of X 2 – Improve Y 3 – Create Z N – Et cetera	1 – More of X 2 – Improve Y 3 – Create Z N – Et cetera	1 – More of X 2 – Improve Y 3 – Create Z N – Et cetera

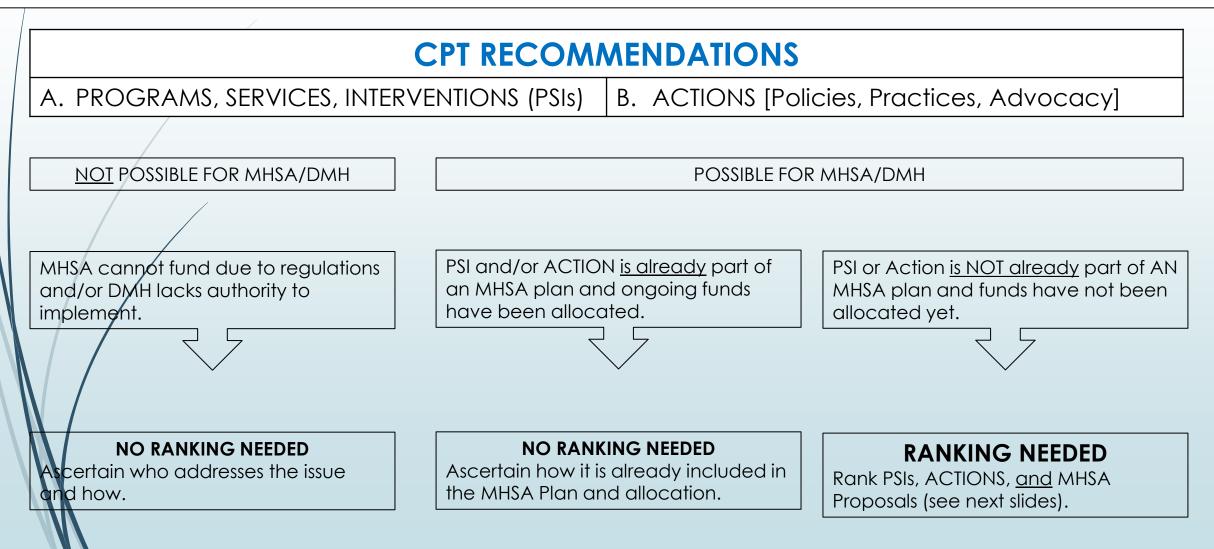
# **STEP 3:** Consultants and DMH staff clustered the recommendations into draft categories and confirmed them with CPT members.



# **STEP 4:** DMH staff coded the CPT recommendations within each category and confirmed them with CPT members.



**STEP 5A:** DMH codes what is possible (or not) to fund under MHSA regulations and/or DMH authority.

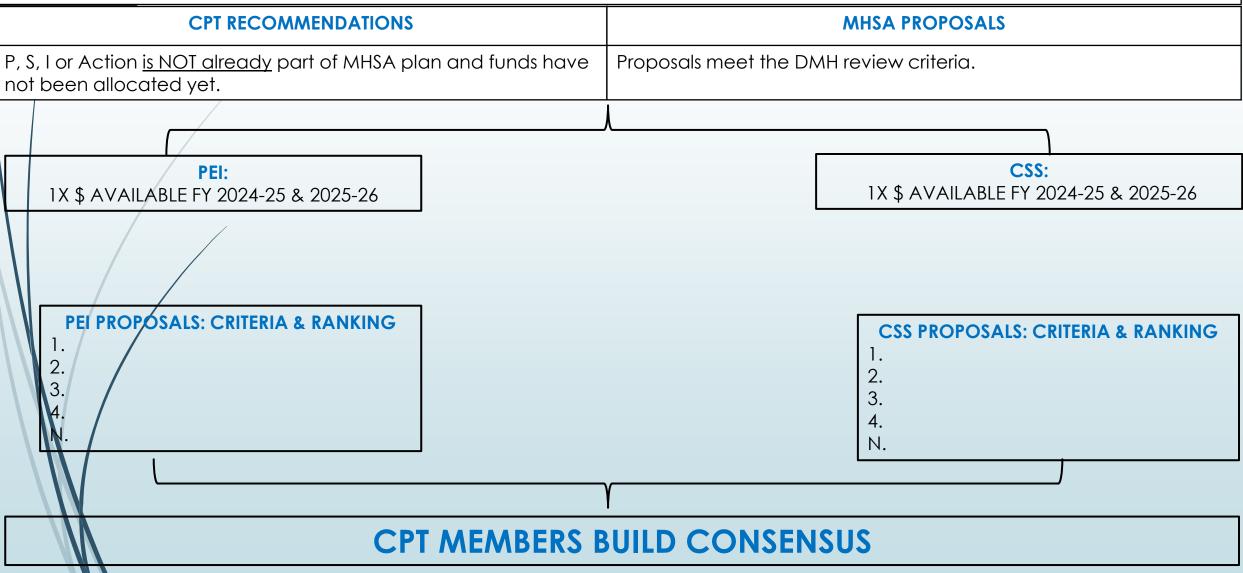


## **STEP 5B:** DMH internally reviews MHSA proposals for 1X funds, FY24-25 thru 25-26.

### **MHSA PROPOSALS: DECISION TREE**

	REVIEW QUESTIONS		RESPONSE	ACTION	
	1.	Is the proposal within the scope of MHSA?	Yes or No	If NO, proposal does not move forward. If YES, move to Question 2.	
	2.	Is DMH already implementing this work (directly or contracted)?	Yes or No	If NO, move to Question 3. If YES, proposal does not move forward.	
	3.	Can the proposal be implemented & funds spent by June 30, 2026, to avoid reverting funds back to the state?	Yes or No	If NO, proposal does not move forward. If YES, move to Question 4.	
	4.	Does the proposal address unmet mental health needs or mental health service gaps?	Yes or No	If NO, proposal does not move forward. If YES, move proposal to RANKING.	

### **STEP 6:** CPT members rank options and build consensus.



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Join our Mailing List



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