



COMMUNITY PLANNING PROCESS

Los Angeles County Department of Mental Health

COMMUNITY PLANNING TEAM

UPDATE

December 15, 2023 | 9:30 AM - 12:30 PM

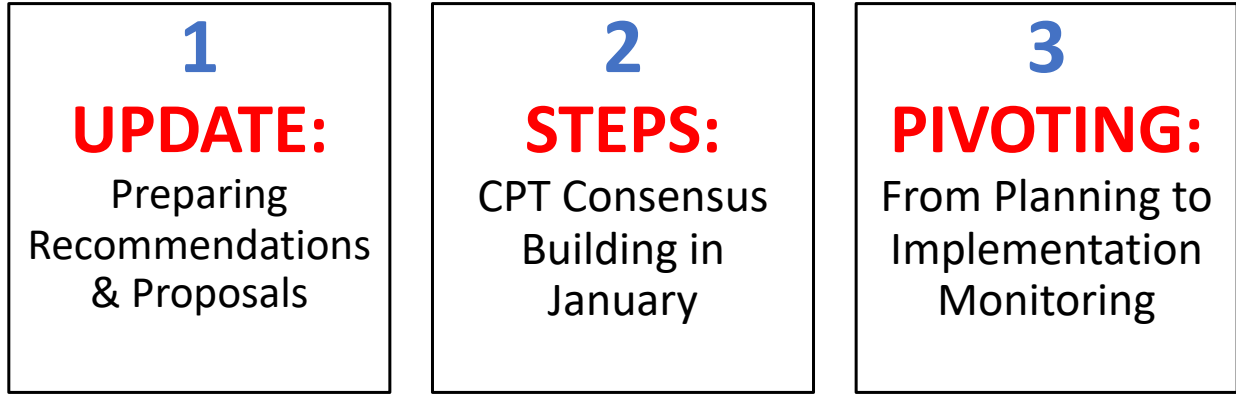
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PURPOSE

UPDATE the CPT members and MHSA stakeholders on the **FINAL STEPS** to complete the community planning process for the *MHSA Three-Year Plan* & start **PIVOTING** to implementation.

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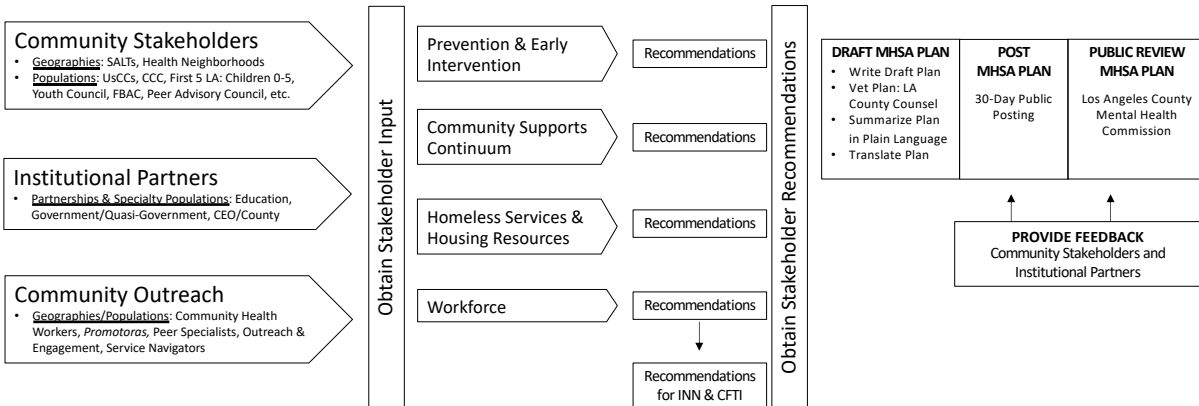
OBJECTIVES



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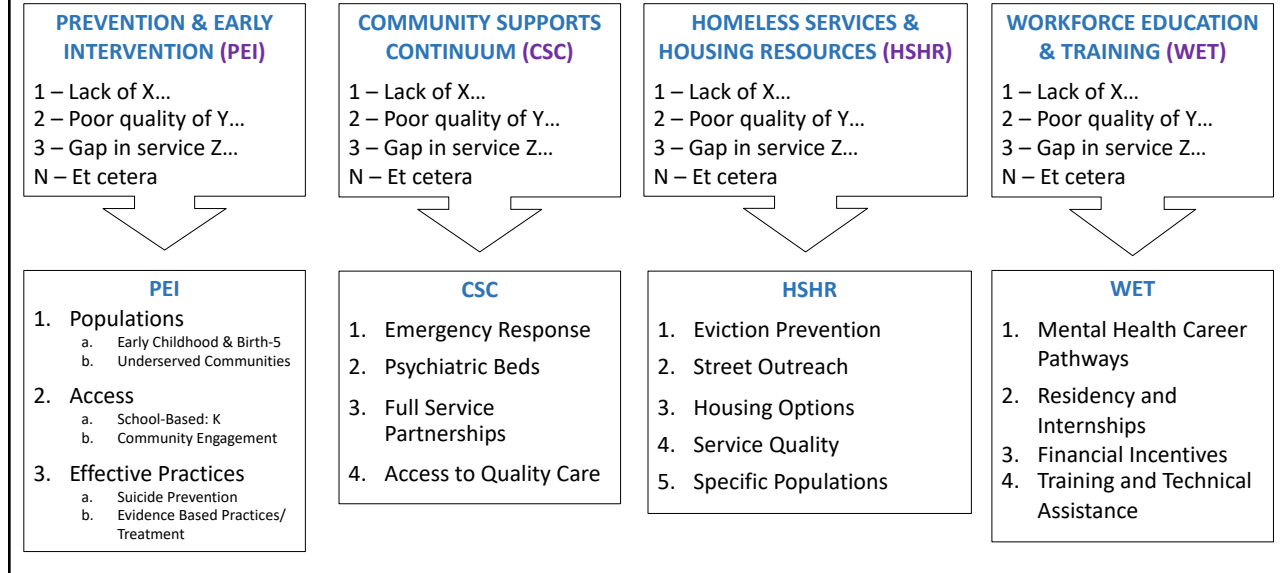
BIRD'S EYE VIEW: COMMUNITY PLANNING PROCESS

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.



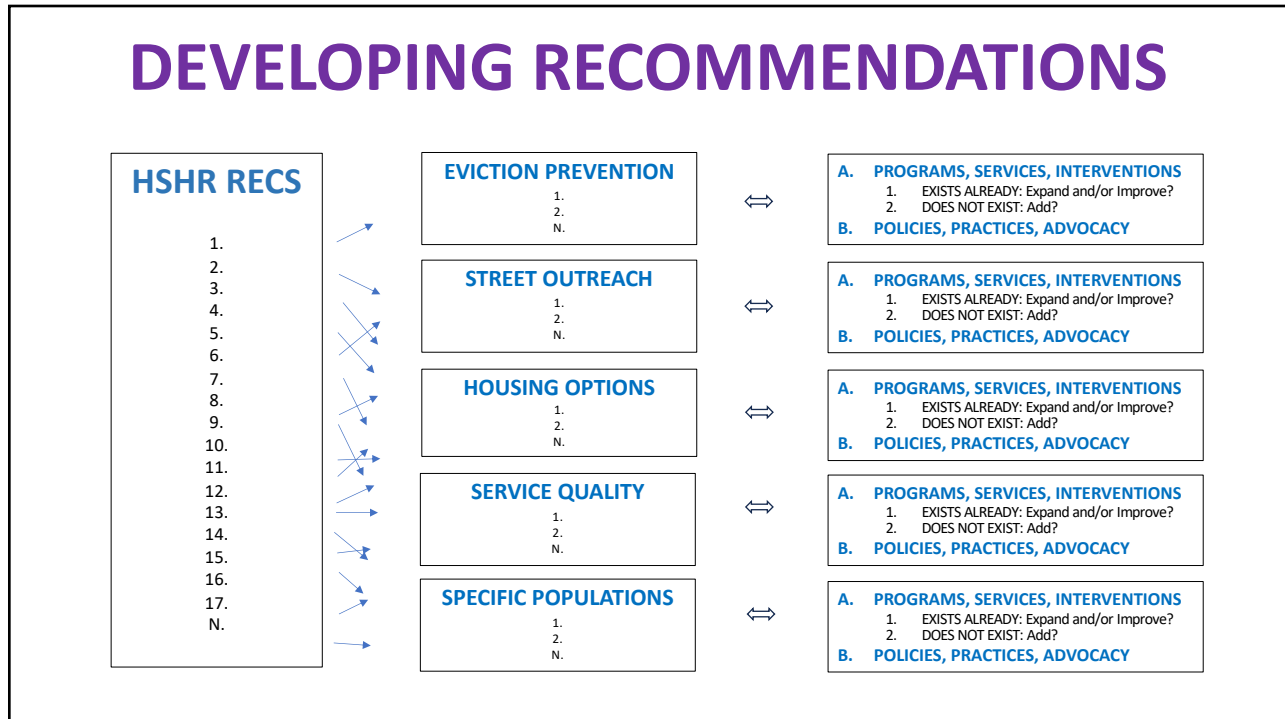
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INPUT TO RECOMMENDATIONS



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DEVELOPING RECOMMENDATIONS



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SORTING RECOMMENDATIONS

A. PROGRAMS, SERVICES, INTERVENTIONS
1. EXISTS ALREADY: Expand and/or Improve?
2. DOES NOT EXIST: Add?

B. POLICIES, PRACTICES, ADVOCACY

● **NOT POSSIBLE:** MHSA prohibits funding or outside of DMH authority.

● **POSSIBLE 1:** DMH already doing this work and plans to continue.

● **POSSIBLE 2:** DMH not doing this work & needs more feedback.

Workgroup Feedback

1.

2.

3.

5.

N.

A. PROGRAMS, SERVICES, INTERVENTIONS
1. EXISTS ALREADY: Expand and/or Improve?
2. DOES NOT EXIST: Add?

B. POLICIES, PRACTICES, ADVOCACY

A. PROGRAMS, SERVICES, INTERVENTIONS
1. EXISTS ALREADY: Expand and/or Improve?
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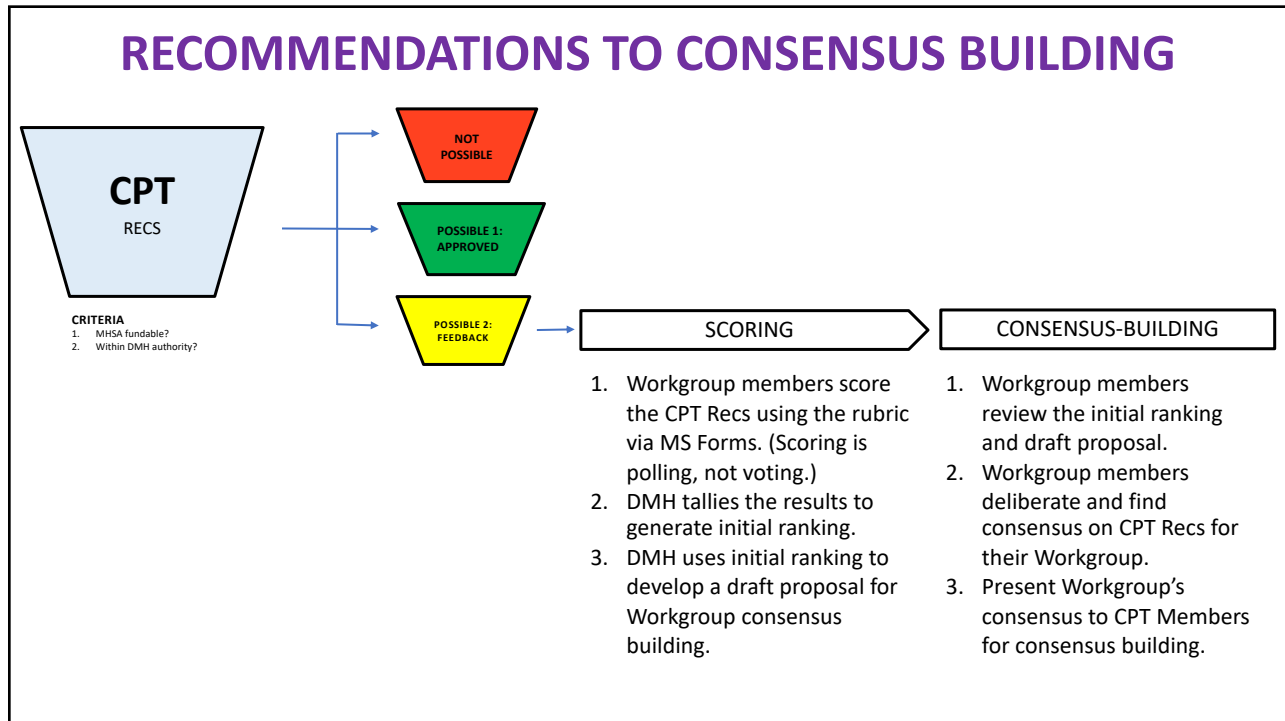
B. POLICIES, PRACTICES, ADVOCACY

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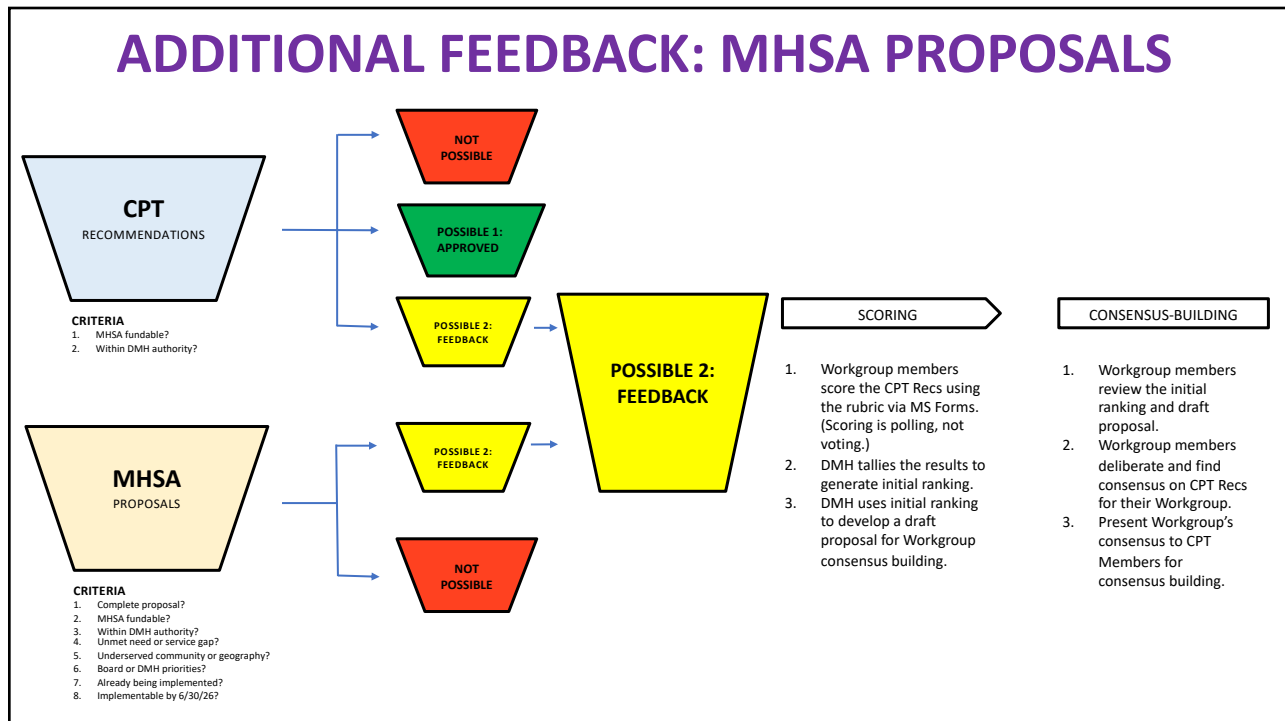
RUBRIC 1: CPT RECOMMENDATIONS

QUESTION/CRITERIA	DESCRIPTION	SCORING	ACTIONS
1. Is the recommendation fundable within the MHSA regulations?	A recommendation is considered fundable if the activities fall within the regulations for CSS and PEI.	NO YES	If NO, categorize as NOT POSSIBLE If YES, move to Q2
2. Does the recommendation fall within DMH's authority to implement?	A recommendation falls within DMH's authority if the activities can be implemented by DMH.	NO YES	If NO, categorize as NOT POSSIBLE If YES, move to Q3
3. The recommendation is possible and approved.	A recommendation is considered <u>possible/approved</u> if DMH is already planning to implement a recommendation and has allocated ongoing funds. If additional funds are needed for expansion beyond what has already been requested, indicate by saying YES. Leave blank if no additional funds are being requested.	NO YES	If YES, categorize as POSSIBLE/APPROVED If NO, move to Q4
4. The recommendation is possible but needs ranking.	A recommendation is considered <u>possible/rank</u> if DMH is <u>not</u> already planning to implement a recommendation and has <u>not</u> allocated ongoing funds. This recommendation will go to CPT Workgroup members to score in order to gather additional information on how to prioritize these recommendations for one-time funds that need to be spent by June 30, 2026.	N/A	Include in a curated list for CPT Workgroups members. The curated list will also include

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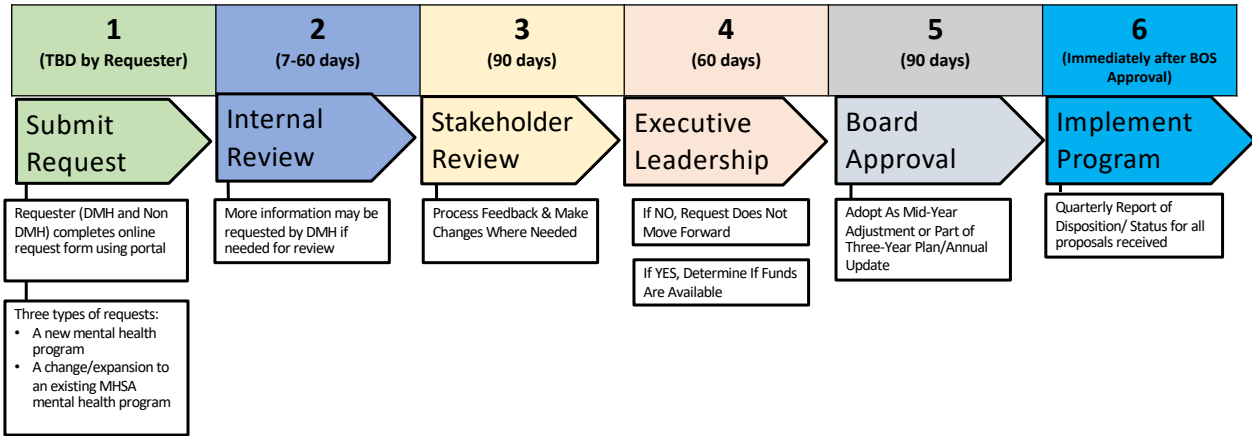


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FUNDING REQUESTS: REVIEW PROCESS



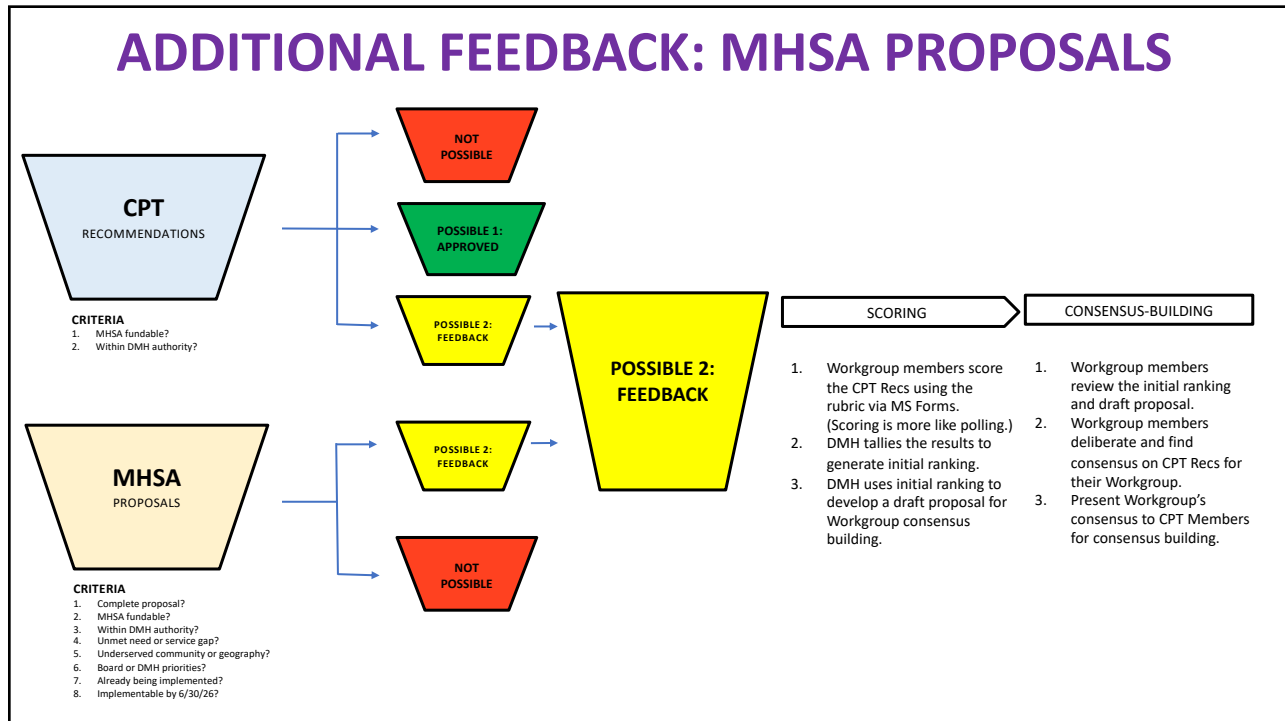
DEADLINE:
October 3, 2023

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RUBRIC 2: MHSA PROPOSALS

WHO	CRITERIA/QUESTION	DESCRIPTION	SCORING	ACTIONS
MHSA TEAM	1. Is the proposal complete?	Proposal is considered complete if it includes full information.	NO YES	If NO, set aside. If YES, move to Q2
	2. Is the proposal fundable within the MHSA regulations?	Proposal is considered fundable if the activities fall within the regulations for CSS and PEI.	NO YES	If NO, set aside. If YES, move to Q3
	3. Does the proposal fall within DMH's authority to implement?	Proposal falls within DMH's authority if the activities can be implemented by DMH or contract providers.	NO YES	If NO, set aside. If YES, move to Q4
DMH LEADS	4. Does the proposal address at least one unmet need or service gap?	Proposal addresses an unmet need or service gap identified by CPT members and/or MHSA stakeholders, and/or demonstrates that an unmet need or service gap exists.	NO YES	If NO, move to Q5 If YES, move to Q7
	5. Does the proposal target an underserved community or geography?	Proposal provides data demonstrating the population or geography is unserved, underserved, or inappropriately served.	NO YES	If NO, move to Q6. If YES, move to Q7
	6. Does the proposal address at least one priority of the Board of Supervisors or DMH?	Proposal addresses at least one of the priorities of the Board of Supervisors or DMH.	YES NO	If NO, set aside. If YES, move to Q7
	7. Is DMH (directly or via contract agency) already providing the service or serving the population?	DMH already (a) serves the population; has a program conducting this work, whether directly operated or contracted.	YES NO	If YES, set aside. If NO, move to Q7
	8. Is the proposed serve or project designed to be completed by 6/30/26 and not need ongoing funds?	Proposed service/project is designed (a) to end by June 30, 2026 and (b) not need ongoing funds beyond the closing date.	NO YES	If NO, set aside. If YES, move to Q8

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CLOSING THE MHSA CPP: FINAL STEPS

STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6
Send MATERIALS & FEEDBACK LIST and MS FORMS LINK by <u>Friday, December 22</u> .	Score CPT RECS & MHSA PROPOSALS by <u>Friday, January 5</u> .	On <u>Tuesday, January 16</u> , Workgroups review DRAFT MHSA PLAN for their Workgroups and build consensus.	On <u>Friday, January 26</u> , CPT reviews and builds consensus on overall DRAFT MHSA PLAN .	DRAFT MHSA PLAN completed by early February and posted for public comment	Present DRAFT MHSA PLAN to community stakeholders and obtain feedback over the course of February.

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FEEDBACK LIST

- The Feedback List will contain the **CPT RECOMMENDATIONS** and **MHSA PROPOSALS**.
- **MHSA PROPOSALS** will consist of brief description of the proposed Program, Service, or Intervention and the target population(s) and/or geography.
- **MHSA PROPOSALS** will not contain the name of the organization or the amount, to ensure comparable information to the CPT Recommendations.

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SCORING RUBRIC

- The rubric valorizes the **CRITICAL ISSUES** (i.e., unmet needs and/or service gaps) and **EQUITY CONCERNS** (i.e., underserved populations and/or geographies) identified via the community planning process.
- This rubric has been streamlined and adapted from the February 2023 rubric to score **MHSA PROPOSALS** and will be turned into an online **MS FORM** to collect data and track feedback.
- Workgroup members will use the rubric to score the each of the **CPT RECOMMENDATIONS** and **MHSA PROPOSALS**.
- The scoring is polling, not voting. It will generate information to shape the initial draft recommendations for each Workgroup.

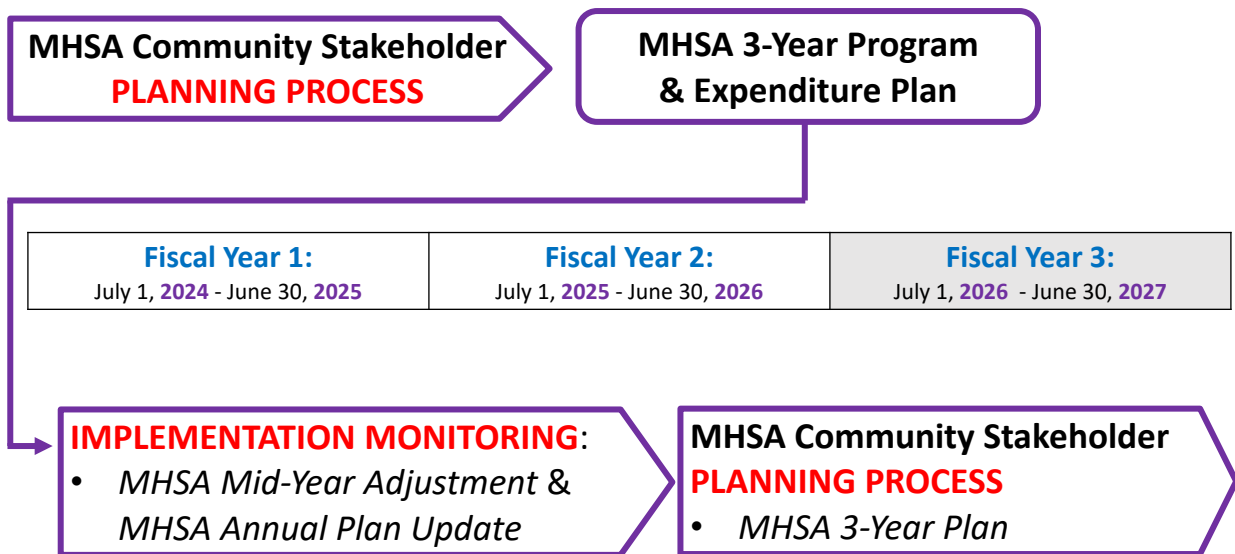
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RUBRIC 3: SCORING RUBRIC

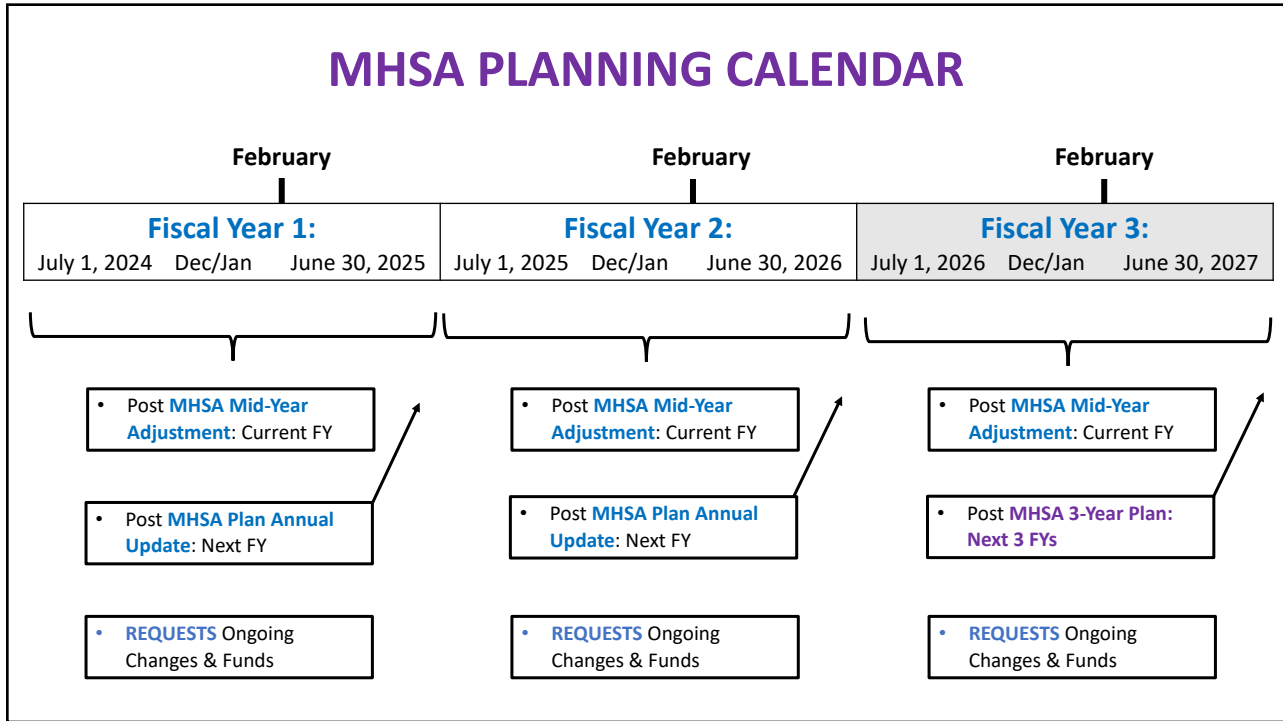
NUMBER	VALUE	DESCRIPTION
4	Very Strong	The recommendation or proposal <u>very strongly</u> addresses critical issues (unmet needs and/or service gaps) <u>and</u> equity concerns of underserved populations and/or geographies identified via the MHSa community planning process and Workgroup discussions.
3	Strong	The recommendation or proposal <u>strongly</u> addresses critical issues (unmet needs and/or service gaps) <u>and</u> equity concerns of underserved populations and/or geographies identified via the MHSa community planning process and Workgroup discussions.
2	Moderate	The recommendation or proposal <u>moderately</u> addresses critical issues (unmet needs and/or service gaps) <u>and</u> equity concerns of underserved populations and/or geographies identified via the MHSa community planning process and Workgroup discussions.
1	Weak	The recommendation or proposal <u>weakly</u> addresses critical issues (unmet needs and/or service gaps) <u>and</u> equity concerns of underserved populations and/or geographies identified via the MHSa community planning process and Workgroup discussions.
0	Very Weak	The recommendation or proposal <u>very weakly</u> addresses critical issues (unmet needs and/or service gaps) <u>and</u> equity concerns of underserved populations and/or geographies identified via the MHSa community planning process and Workgroup discussions.
N/O	No Opinion	I choose not to rate this recommendation or proposal. I am aware that this amounts to giving the recommendation or proposal a '0.'

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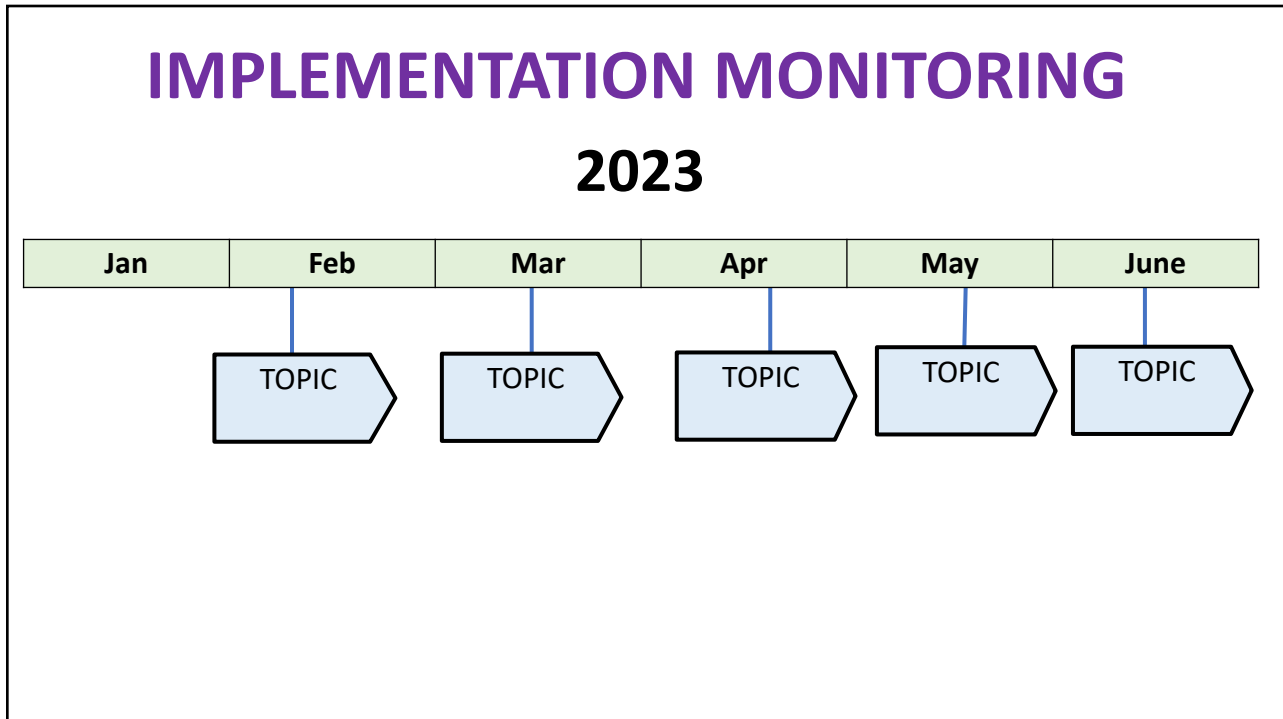
MHSa STAKEHOLDER ENGAGEMENT (IDEAL)



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TABLE DIALOGUE

- How can we prepare the CPT to **PIVOT** from planning to implementation monitoring?

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UPCOMING MEETINGS

St. Anne's
Conference Center
9:30-12:30

DATES	GROUP	MODE
JANUARY 16	CPT	In Person Only
JANUARY 26	CPT	In Person Only
FEBRUARY 6	CPT	In Person Only
MARCH 19	CPT	In Person Only
APRIL 2	CPT	In Person Only
MAY 7	CPT	In Person Only
JUNE 4	CPT	In Person Only

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MEETING EVALUATION (12/15/23)

ENGLISH



SPANISH

