

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

MHSA THREE-YEAR PLAN
Community Planning Process – Worksheets
Session 12



COMMUNITY PLANNING TEAM –
Friday, December 15, 2023
9:30 AM – 12:30 PM

IN-PERSON ONLY MEETING

WELCOME

DEAR MHSA STAKEHOLDERS,

This is a friendly reminder of our upcoming in-person-only Community Planning Team (CPT) session on Friday, December 15, 2023, from 9:30-12:30, at St. Anne's Conference Center, located at 155 N. Occidental Blvd, Los Angeles, CA 90026.

The primary purpose of this session is to update the CPT members and other MHSA stakeholders on the final steps to complete the community planning process for the *MHSA Three-Year Plan*.

Since the December 5th meeting, DMH Workgroup Leads have focused on two core tasks:

- Sorting through all the CPT recommendations to determine which ones are ready to go forward, which CPT recommendations cannot be funded due to MHSA regulations (or other reasons), and which ones require additional feedback from CPT members and stakeholders.
- Conducting an internal review of more than 130 funding proposals that came through the MHSA portal to determine which ones to present to the CPT members and stakeholders for additional feedback.

At the December 15th meeting, we want to focus on three objectives:

1. Describe the process, criteria, and rationale used for the aforementioned tasks.
2. Review the steps through the end of January 2024 to build consensus among CPT members.
3. Discuss how to pivot the CPT's role from 'planning' to 'monitoring' the implementation of the MHSA Three-Year Plan.

As described in the December 5th communication, our intention is to close the planning process on January 26, 2024, and using the month of February to present the draft plan to your constituents and obtain additional feedback.

In March, we anticipate that the Los Angeles County Mental Health Commission will host a public hearing on the proposed plan. After that hearing, the proposed plan will go to the Los Angeles County Board of Supervisors for a final hearing and then sent to the state for final approval.

To continue to stay connected with each other as the proposed plan moves from approval to implementation, we have reserved St. Anne's Conference Center for in-person meetings on the following Fridays (from 9:30-12:30): February 23, March 22, April 26, May 24, and June 28.

We sincerely hope that you will continue to participate actively during the two-year implementation phase that begins on July 1, 2024. Your participation and insights will help guide the implementation phase.

If you are a CPT member and unable to attend the upcoming meeting, please contact us by 5 PM on Thursday, December 14th at communitystakeholder@dmh.lacounty.gov and provide us the name of your alternate.

If you have any questions about this message, please contact us at communitystakeholder@dmh.lacounty.gov

Sincerely

DR. DARLESH HORN, *Division Chief*
MHSA Division of Administration
Los Angeles County Department of Mental Health

AGENDA

FRIDAY, DECEMBER 15, 2023 | 9:30 AM -12:30 PM

PURPOSE	Update the CPT members and other MHSA stakeholders on the <i>MHSA Three-Year Plan</i> community planning process.
OBJECTIVES	<ol style="list-style-type: none"> 1. Describe the process, criteria, and rationale used to sort CPT Recommendations and review MHSA Proposals 2. Review the steps through the end of January 2024 to build consensus among CPT members. 3. Discuss how to pivot the CPT's role from 'planning' to 'monitoring' the implementation of the MHSA Three-Year Plan.
TIME	ITEMS
9:00 – 9:30	Registration
9:30 – 9:45	<ol style="list-style-type: none"> I. Session Opening <ol style="list-style-type: none"> A. Review Agenda & Communication Expectations
9:45 – 10:45	<ol style="list-style-type: none"> II. Part 1: Process, Criteria, Rationale: Sorting CPT Recommendations and Reviewing MHSA Proposals <ol style="list-style-type: none"> A. Rigo Rodriguez, <i>Facilitator</i>, and Dr. Darlesh Horn, <i>Division Chief</i> MHSA Division of Administration
10:45 – 10:50	III. Break
10:50 – 11:30	<ol style="list-style-type: none"> IV. Part 2: Final Planning Steps to Build CPT Consensus <ol style="list-style-type: none"> A. Rigo Rodriguez, <i>Facilitator</i>, and Dr. Darlesh Horn, <i>Division Chief</i> MHSA Division of Administration
11:30 – 11:40	V. Break
11:40 – 12:10	<ol style="list-style-type: none"> 4. Part 3: Pivoting from Planning to Implementation Monitoring Role <ol style="list-style-type: none"> A. Rigo Rodriguez, <i>Facilitator</i>, and Dr. Darlesh Horn, <i>Division Chief</i> MHSA Division of Administration
12:10 – 12:30	<ol style="list-style-type: none"> VI. Closing <ol style="list-style-type: none"> A. Upcoming Meeting Dates B. Meeting Evaluation
12:30	5. Adjourn

COMMUNICATION + SELF-CARE & SUPPORT

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 build 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

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.

WORKSHEET

Instructions: As you hear the presentations, use this worksheet to jot down notes and questions.

AREAS	NOTES
Process, Criteria, Rationale: Sorting CPT Recommendations and Reviewing MHSA Proposals	
Final Planning Steps to Build CPT Consensus	
Pivoting from Planning to Implementation Monitoring Role	

PROCESS, CRITERIA, & RATIONALE: CPT RECOMMENDATIONS & MHSA PROPOSALS

The following tables describe the process, criteria, and rationale used by the DMH Leads to sort through the CPT Recommendations and MHSA proposals since the December 5th meeting. This is followed by the more specific rubrics that were used for Part 1, Part 2, and Part 3.

PART 1: SORT CPT RECOMMENDATIONS: THREE TYPES

DMH Leads review and sort the <u>CPT recommendations</u> for their Workgroup into one of three buckets:	1. NOT POSSIBLE: MHSA regulations do not allow DMH to fund the recommendation and/or DMH lacks authority to implement.
	2. POSSIBLE <ul style="list-style-type: none"> a. APPROVED: DMH is already implementing (or has already planned for the implementation of) the recommendation with <u>MHSA ongoing funds</u> or recommendation. b. RANK: Need stakeholder feedback. DMH is <u>not</u> already implementing (or planning to implement) the recommendation and has <u>not</u> allocated <u>MHSA one-time funds</u> for this recommendation: CPT members need to rank in order to determine priority for one-time funds.

PART 2: SORT MHSA PROPOSALS: TWO TYPES

DMH Leads review and sort the <u>MHSA proposals</u> for their Workgroup into one of two buckets:	1. NOT POSSIBLE: The proposal does <u>not</u> meet the MHSA Proposal Screening Rubric criteria.
	2. POSSIBLE: The proposal does meet the MHSA Proposal Screening Rubric criteria and need additional stakeholder input in order to rank.

PART 3: RANK – STAKEHOLDER FEEDBACK

Prepare one list of CPT Recommendations and MHSA Proposals that require additional stakeholder feedback.	<ol style="list-style-type: none"> 1. A list that combines the CPT Recommendations and the MHSA Proposals by Workgroup. 2. A rubric to gather scoring data from CPT members and MHSA stakeholders by Workgroup on the CPT Recommendations and MHSA Proposals in order to rank.
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RUBRIC 1: CPT RECOMMENDATIONS

QUESTION/CRITERIA	DESCRIPTION	SCORING	ACTIONS
1. Is the recommendation fundable within the MESA 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

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

RUBRIC 3: SCORING

The purpose of this rubric is to help Workgroup members score each of the CPT Recommendations and MHSA Proposals that need additional feedback. The rubric valorizes addressing 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 adapted from the one used in February 2023 to score MHSA Proposals and will be turned into an MS Form to track feedback. It is important to understand that the results from the scoring are not the same as voting, but rather as data to inform an initial set of recommendations to the members of the CPT Workgroups.

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.'