

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

STAKEHOLDER ENGAGEMENT ACTIVITIES AND PROCESSES
BYLAWS, POLICIES AND PROCEDURES AND CODE OF CONDUCT

PURPOSE

To establish a uniform set of Bylaws, Policies and Procedures and a Code of Conduct that govern outreach and engagement activities and community stakeholder engagement processes for the Los Angeles County (LAC) Department of Mental Health (DMH). This set of Bylaws, Policies and Procedures and Code of Conduct applies to all stakeholder groups that have access to MHSa Planning, Outreach and Engagement funding, including but not limited to, Service Area Leadership Teams (SALTs), Underserved Cultural Communities (UsCCs) subcommittees, Cultural Competency Committee (CCC), Health Neighborhoods (HNs), clergy engagement activities, Faith-Based Advisory Committee (FBAC), Peer Resource Centers (PRCs) and any other group or activity involved with stakeholder engagement activities and processes. These Bylaws, Policies and Procedures and Code of Conduct acknowledge each group's unique contributions to stakeholder engagement that promote the best and most appropriate mental health services for the groups they represent. LACDMH reserves the right to modify bylaws based on MHSa policy and regulations as needed and will inform each group of necessary changes going forward.

1. STAKEHOLDER ENGAGEMENT PLATFORM OVERVIEW

1.1 Service Area Leadership Teams (SALTs)

The SALTs span all eight geographic Service Areas. They function as local forums for consumers, family members, service providers and community representatives to provide LACDMH with information, input, and recommendations related to the follow:

- Local program/service/system gaps
- Geographic specific and culturally informed mental health service needs
- Natural resources within the community that support mental health well-being for the area
- Activities and events that build capacity and strengthen the community's resilience towards greater community mental health education, stigma reduction, outreach and engagement towards linkage and increased access to mental health services

SALT meetings create a safe space for community engagement and expression related to geographic regions. They are structured to allow a wide range of stakeholders to work collaboratively towards developing community-driven priorities, collecting vital feedback, and developing recommendations for improved services within a geographic area. SALT objectives include providing input and recommendations for:

- Enhanced program designs within a Service Area

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
STAKEHOLDER ENGAGEMENT ACTIVITIES AND PROCESSES
BYLAWS, POLICIES AND PROCEDURES AND CODE OF CONDUCT**

- Community, clinical and technological supports needed
- Quality monitoring activities

1.2 Underserved Cultural Communities (UsCCs)

UsCCs represent the interests of the DMH stakeholders who are part of LAC's historically unserved, underserved, and/or inappropriately served cultural communities. The UsCC are countywide, community-driven, and culturally/ethnic-specific. The seven separate and distinct UsCCs include:

- Black/African Heritage
- Latinx
- Asian/Pacific Islander
- American Indian/Alaskan Native
- Eastern European/Middle Eastern
- LGBTQIA2-S+
- Access for All

UsCCs meetings create a safe space for community engagement and expression related to culturally specific groups across DMH geographic boundaries. They are structured to allow a wide range of stakeholders to work collaboratively towards developing culturally specific community-driven priorities, collecting vital feedback, and developing recommendations for improved services historically marginalized, cultural groups. UsCC objectives include providing input and recommendations for:

- Enhanced program designs for culturally specific groups
- Information technology supports as needed
- Quality monitoring activities related to culturally specific priorities
- Developing and improving services for marginalized and ethnic communities
- Provide culturally specific capacity-building project recommendations.
- Develop community-driven and/or project concepts for consideration to in-reach into specific underserved cultural groups, decrease stigma, increase awareness, promotion and access to necessary mental health services that are culturally congruent and aligned with the diverse populations served by DMH.

1.3 Additional Stakeholder Groups Governed by Stakeholder Engagement Bylaws

Additional stakeholder groups including (but not limited to) the Cultural Competency Committee (CCC), Health Neighborhoods (HNs), Clergy Roundtables, Faith-Based Advisory Committee (FBAC), Peer Resource Centers (PRCs) that have regular meeting structures, Co-Chairs and/or executive committees also are subject to these bylaws, policies, and procedures as they are also outreach and engagement focus and have access to DMH resources for internal work and external projects.

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
STAKEHOLDER ENGAGEMENT ACTIVITIES AND PROCESSES
BYLAWS, POLICIES AND PROCEDURES AND CODE OF CONDUCT**

2. GUIDING PRINCIPLES

Stakeholder groups under these bylaws, policies and procedures and code of conduct are dedicated to achieving memberships and participation reflective of the populations, cultures, and communities they represent and serve. Meeting spaces for these groups create inviting, community-driven platforms for consumers, their family members, community members, cultural brokers, representatives of community grassroots organizations, special interest groups and local neighborhood leaders to voice their opinions, share their concerns and offer their insight, recommendations, and feedback. All groups should strive to produce community-driven priorities and recommendations designed to guide DMH in the development of its needs assessment, service and program planning, implementation, and monitoring. Stakeholder recommendations are also critical to DMH in continuous quality improvement, evaluation, and budgeting considerations.

2.1 Stakeholder Meeting Objectives

Stakeholder groups advise and provide guidance to DMH to ensure its mental health programs and services recognize, include, and appropriately respond to the combination of geographic, cultural, and ethnic variables unique to LAC communities. Stakeholder groups develop meeting activities based on community needs that align with community values, principles, and participation expectations. Objectives include:

- 2.1.1 Ensuring all stakeholder group meetings are open and accessible to the public and meet all accessibility requirements under the ADA.
- 2.1.2 Ensuring that the geographic, cultural, and linguistic needs of participants are met.
- 2.1.3 Actively engaging community members, consumers and their family members, community-based organizations, County Departments, and members of local special interest groups.
- 2.1.4 Creating a community-driven platform, consistent across all stakeholder groups, that allows the voice of stakeholders who are consumers, family members of consumers, community members, cultural brokers (e.g., one who builds relationships to increase community capacity), representatives of community grassroots organizations, etc., to provide advisement and guidance to DMH.
- 2.1.5 Engaging in continued quality improvement activities regarding in-reach to unserved/underserved geographic and cultural groups to expand representation within appropriate stakeholder groups, by engaging stakeholder group members in creating a stakeholder engagement plan to continuously expand representation and membership.

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
STAKEHOLDER ENGAGEMENT ACTIVITIES AND PROCESSES
BYLAWS, POLICIES AND PROCEDURES AND CODE OF CONDUCT**

2.1.6 Including the following key stakeholder categories that represent marginalized and culturally isolated groups/subgroups such as, but not limited to:

- Consumers
- Family members
- Individuals with lived experience
- Peers
- Youth
- Multi-generational (elders)
- Persons with multiple disabilities, including individuals from the deaf and hard-of-hearing community.
- Family members and/or Caregivers
- Cultural Brokers
- Local members of CPT UsCC & SALTs
- Faith-Based organizations (including cultural, spiritual, and ceremonial organizations)
- Grassroots organizations that advocate for the interests of communities of color, immigrants, racial and health equity, cultural inclusion, disability rights, LGBTQIA2-S, age-specific advocacy groups, etc.
- Governmental entities (other than DMH) and line staff of nonprofit organizations that serve communities of color and marginalized/isolated groups

2.1.7 Use the unique cultural practices and organizational contexts of each community to determine membership structures, meeting activities, and related processes that go beyond the requirements stated in this document.

3. MEETING STRUCTURE & REQUIREMENTS

3.1 General Requirements

All stakeholder meetings shall convene at least once monthly and be open to the public with business conducted openly and transparently. All meetings will be recorded and all meeting minutes, materials and the meeting recording will be posted and distributed within one week prior to the next scheduled meeting. DMH shall provide reasonable accommodations under the Americans with Disabilities Act (ADA) accommodations to those who require and request them. Accommodations shall include, but are not limited to:

- Interpretation and translation services
- American Sign Language (ASL) services
- Communication Access Real-time Translation (CART)
- Large print
- Other accommodations under ADA

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
STAKEHOLDER ENGAGEMENT ACTIVITIES AND PROCESSES
BYLAWS, POLICIES AND PROCEDURES AND CODE OF CONDUCT**

Meeting agendas will be developed based on discussion on stakeholder groups current activities. Topics may include:

- Presentations (informal and formal) on issues pertinent to the community
- Updates from stakeholder groups' Co-Chairs related to their work and partnership with DMH Liaisons and management.
- Open discussions regarding capacity-building projects and preparing group specific priorities for presentation and discussion at the larger MHSA community and stakeholder planning meetings.
- Advocacy for community priorities and enhancement of mental health system for underserved communities.

Meeting agendas are developed in collaboration with the Co-Chairs, the assigned DMH liaison, and the DMH administrative supervisor/manager before regularly scheduled meetings. All informal and formal presentations, guest speakers, trainings, workshops, etc., must be approved by the administrative supervisor/manager and scheduled by the DMH liaison. Co-Chairs are prohibited from scheduling speakers without prior DMH approval.

Attendance at stakeholder meetings will be recorded using an in-person or electronic sign-in sheet. An attendance report must be submitted quarterly for SALTs to the MHSA Administration mailbox at MHSAAdmin@dmh.lacounty.gov and UsCC@dmh.lacounty.gov for the UsCCs on September 30, December 30, March 30, June 30. An official record of these meetings is created using meeting agendas and minutes.

3.1.1 Speaking in Stakeholder Meetings

Any participant is allowed to speak or ask questions in stakeholder meetings. Comments made in stakeholder meetings for any individual will be timed at two minutes, at which point the individual must yield the floor to other individuals that are waiting speak. Any individual is allowed to get back into the comment queue to request another two minutes to speak. The two-minute speaking rule excludes the individual chairing the meeting and/or providing a time scheduled presentation for the meeting.

Impromptu presentations are not allowed in the meeting unless agreed upon by the membership through an emergency general motion. Otherwise, presentations must be included in the planned agenda that outlines the time allotted to the speaker to present and engage questions and answers.

Issues raised in the meeting for vote on by the membership must be

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
STAKEHOLDER ENGAGEMENT ACTIVITIES AND PROCESSES
BYLAWS, POLICIES AND PROCEDURES AND CODE OF CONDUCT**

placed up for consideration through a voting member raising a formal motion to be stated in the meeting and reflected in the meeting minutes. A second voting member must second the motion, and then the other voting members can vote if they approve, don't approve, or abstain from the vote by show of raised hands (in person or virtually). Votes shall be counted. The minutes shall reflect the voting members that raised and second the motion and the count of votes.

3.2 Stakeholder Group Membership (Composition and Requirements)

Membership shall be open to everyone. When applying to be to be a voting member of a stakeholder group, prospective members shall state the stakeholder backgrounds they represent, and how they plan to represent the interests of the associated stakeholder group. Voting membership shall include individuals from the following primary stakeholder backgrounds:

- Community members, especially those who represent marginalized and culturally isolated groups
- Consumers of mental health services
- Peers, Family Members and Caregivers
- Cultural Brokers
- Local members of the SALTs and UsCCs
- Mental Health, Social Services and Substance Use (non-managerial) providers
- Veterans and Veteran advocacy organizations
- Law Enforcement / Probation
- Developmental Disabilities
- Educational organizations / Academic institutions
- Faith-Based organizations, including cultural, spiritual, and ceremonial organizations
- Grassroots organizations that advocate for the interests of communities of color, immigrants, racial and health equity, cultural inclusion, disability rights, LGBTQI2S, age-specific advocacy groups, etc.
- Governmental entities (other than DMH) and line staff of nonprofit organizations that serve communities of color and marginalized/isolated groups
- Mental Health, Health Equity, Immigration and Homeless advocacy organizations
- Neighborhood Council representatives
- Other County Departments

3.3 Voting Privileges

Voting privileges are reserved to each stakeholder group. To gain voting privileges in a specific stakeholder group, individuals must attend at least 4 consecutive regularly scheduled in person, virtually, or by telephone

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
STAKEHOLDER ENGAGEMENT ACTIVITIES AND PROCESSES
BYLAWS, POLICIES AND PROCEDURES AND CODE OF CONDUCT**

(excluding trainings and special events) for that group. Members have not attended 4 consecutive meetings for a specific group (verified by electronic or paper sign in sheets) automatically forfeit voting privileges.

During the planning meetings for each stakeholder group, the Co-Chairs, and DMH Liaisons are responsible for verifying the eligible voting membership for the upcoming regularly scheduled stakeholder meeting. Votes in response to motions made during the regular scheduled meeting will be compared to the confirmed voting membership to verify which votes can be counted.

Special note: Given the geographic considerations that impact SALTs, voting privileges are restricted to those who meet the above meeting attendance requirements and also reside, have businesses/places of worship or deliver services in the Service Area.

Voting takes place during scheduled stakeholder group meetings on decision items (i.e. motions) that have been previously discussed in a prior meeting or via email notification at least one week prior to the meeting. Decision items must receive 51% of the voting membership's approval to pass. The assigned DMH Liaison is responsible for tracking attendance and determining which members maintain their voting privilege.

3.4 Co-Chair Elections

Elections for Co-Chairs shall be held annually in May or June to align with the mandatory Co-Chair orientations and the start of the term on July 1, of each year. Voting members in good standing who wish to apply for a vacant Co-Chair position can self-nominate, or be nominated by another, in writing or via verbal announcement at the group's regular, public meeting during the process of elections. The individual may alert the group up to 60 days prior to scheduled election process. During the scheduled elections, the group may consider all nominations towards the formal election.

3.4.1 Co-Chair Election Process

Co-Chair elections must happen in a group's regular public monthly meeting. The election process will begin with a DMH staff person (i.e., the Liaison or MHSAs administrative representative) reviewing the by-laws and the expectations for serving as a Co-Chair. Once this is complete, all meeting participants will have the opportunity to ask questions to gain clarity on the process. This portion of the meeting will end and a formal opening and call for nominations will begin. Any person in the meeting can nominate another person, or themselves. DMH staff will formally close the nomination process. Once nominations are closed, individuals who were nominated will

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
STAKEHOLDER ENGAGEMENT ACTIVITIES AND PROCESSES
BYLAWS, POLICIES AND PROCEDURES AND CODE OF CONDUCT**

be granted two minutes to speak to the group about why they accept or decline the nomination. Nominees may also explain how they intend to serve the group if they are elected. Once speeches are closed, the group will be asked if they are prepared to take a vote, or if they would prefer to open a motion to table the voting until the next public meeting. The voting process can only be delayed until the next regularly scheduled meeting.

Voting is conducted by secret ballot and can be done in-person or virtually. Virtual secret balloting is achieved by participants sending a direct message via the chat to the DMH staff person facilitating the meeting.

3.4.2 Special Elections

Special Elections for the position of Co-Chair may be necessary should an individual:

- be unable to fulfill to duties and responsibilities of a Co-Chair.
- request to leave the group.

Special elections may be done at any time during a fiscal year when necessary, based on the above reason and must follow the same process and rules on the general Co-Chair Election Process outline in Section 3.4.1.

A Special Election requires a 51% majority vote by voting members.

3.4.3 Ineligibility

- All DMH employees
- Former DMH employees without two complete fiscal years of separation of service from the Department
- Managerial staff of DMH contracted providers
- Any individual with real or perceived conflict of interest that is brought to the attention of the DMH Liaison and DMH management by any member can be discussed.
- Effective July 1, 2026, individuals previously employed or serving on the LAC Board of Supervisors, or their appointed Deputies or MH Commission members, must have separated from that role for a period of two consecutive years before becoming eligible for nomination and election to a stakeholder group Co-Chair.

3.4.5 Co-Chair Requirements

Once elected, Co-Chairs for all stakeholder groups must:

- Attend a mandatory Co-Chair Orientation annually in July and complete all required forms that allow MHS Administration to process Co-Chair stipends

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
STAKEHOLDER ENGAGEMENT ACTIVITIES AND PROCESSES
BYLAWS, POLICIES AND PROCEDURES AND CODE OF CONDUCT**

- Attend and chair a minimum of 75% of the agenda planning meetings for their stakeholder group
- Attend and chair a minimum of 75% of the scheduled monthly Stakeholder group meetings,
- Attend a minimum of 75% of the MHSA large Stakeholder (i.e. Community Planning Team/CPT) meetings and provide input on behalf of their stakeholder group

Note: SALT co-chairs must additionally attend a minimum of 75% of the monthly Mental Health Commission (MHC) meetings, and prepare and present a report out of the activities for their SALT at the MHC meetings

3.5 Co-Chair Terms

All Co-Chairs serve for a period of no more than two fiscal years. Co-Chair terms must start at the beginning of a Fiscal Year (July 1) the first year and expire at the end of a Fiscal Year (June 30) of the second year.

To facilitate this standardization, elections shall be conducted in the month of May or June, and the new Co-Chair shall assume duties on July 1.

3.5.1 Term Limits

Elected Co-Chairs are limited to no more than two full terms in the Co-Chair role. Once serving as a Co-Chair for two terms, individuals cannot be reelected to any stakeholder group Co-Chair position for the next two consecutive fiscal years.

3.5.2 Abbreviated Term

When a Co-Chair vacates or is removed from the position prior to the end of the term, another voting member in good standing may be nominated and elected through a special election process. (See Section 3.4.2 Special Elections).

The Co-Chair selected through the Special Election will serve out the two-year term for the Co-chair in which they are replacing to complete the term (See Section 3.5.1 Term Limits)

If a Co-chair that was voted in through a special election process selects to serve their own 2-year term, they must be nominated and elected during a general election process (See Section 3.4.1 Co-Chair Election Process). Term limitations will then apply to their term. (See Section 3.5.1 Term Limits)

3.6 Co-Chair Responsibilities

Co-Chairs shall demonstrate respectful and professional conduct at all Departmental meetings and in the community. This includes treating partner

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
STAKEHOLDER ENGAGEMENT ACTIVITIES AND PROCESSES
BYLAWS, POLICIES AND PROCEDURES AND CODE OF CONDUCT**

Co-Chairs, leadership from other stakeholder groups, committee members, DMH staff and the community at large in a dignified and respectful manner.

Co-Chairs advocate on behalf of their stakeholder group and shall demonstrate the ability to carry out their advisory role to DMH effectively and respectfully.

3.6.1 Meeting Facilitation and Stakeholder Group Representation

Co-Chairs facilitate stakeholder group meetings with the administrative support of the DMH liaisons and the administrative team. They participate in meetings between Co-Chairs, assigned liaisons, and the administrative supervisor/manager to plan the agenda, address emerging community issues/concerns, and address issues pertaining to the administrative function, goals, and objectives of the stakeholder group.

Co-chairs are responsible for working with the DMH Liaison to ensure meeting minutes are taken/recorded and attendance is recorded/tracked to ensure tracking of the eligibility status of voting members, and notifying those whose term of eligibility has nearly expired.

Co-Chairs represent the interests and official positions of their stakeholder group at DMH's MHSa Planning and CPT meetings and other relevant platforms such as the Monthly Mental Health Commission meetings. They are responsible to ensure that stakeholder group members abide by the Bylaws, Policies, and Code of Conduct during stakeholder group meetings.

3.6.2 Leadership Committee Meetings

Co-Chairs are responsible for working with the DMH Liaison to schedule leadership meetings to develop the agenda, events, and projects that will be engaged monthly by their stakeholder group.

4. CODE OF CONDUCT

DMH is committed to ensuring that each person who attends a stakeholder group meeting is treated with respect and dignity. The Stakeholder Meeting Code of Conduct (Attachment I), shall be adhered to by Co-Chairs, voting and nonvoting meeting members/participants, DMH staff, contracted staff, and members of the public, without exception.

The Code of Conduct shall be included in each general stakeholder meeting agenda the first meeting of every fiscal year and shall be reflected in the July

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
STAKEHOLDER ENGAGEMENT ACTIVITIES AND PROCESSES
BYLAWS, POLICIES AND PROCEDURES AND CODE OF CONDUCT**

meeting minutes for all stakeholder groups record. According to this Code of Conduct, Co-Chairs and Meeting participants (voting and nonvoting members) may be asked to cease any disruptive or inappropriate behavior and will be expected to comply immediately. Verbal warnings to refrain from such behavior will be issued according to the Code of Conduct. Co-Chairs and DMH Liaisons shall remain unbiased in their recommendations and decision making related to Code of Conduct violations.

A Co-Chair who violates the Code of Conduct may be removed from his or her position by a 2/3 majority vote from the stakeholder group's voting membership at which point they will become a general meeting member/participant.

Meeting participants (voting and nonvoting) that violate the Code of Conduct and display continued disruptive behavior may result in temporary removal or suspension from the meeting until a safe meeting space can be restored.

5. DMH / LIAISON RESPONSIBILITIES

DMH shall provide stakeholder groups with staff liaisons to assist with the facilitation of stakeholder group meetings. Liaisons shall remain impartial, not allow their own bias to influence the process and ensure that the information provided by the stakeholder group is generated by the membership and not unduly influenced by the DMH Liaison.

5.1 Membership Recruitment

DMH Liaisons shall assist with the recruitment of community members and community partners and participate in outreach and engagement activities to increase community attendance at each of the stakeholder group meetings.

5.2 Meeting Facilitation

DMH Liaisons may assist Co-Chairs with meeting facilitation and ensuring official group decisions are communicated to DMH and the facilitators of the MHSA Stakeholder Community Planning meetings. Liaisons shall ensure that DMH provides adequate cultural competency training and staffing to support stakeholder group efforts.

5.3 Minutes

DMH Liaisons may assist with taking minutes for meetings using the minutes template provided by MHSA Administration and uploading meeting minutes and other relevant documentation to the MHSA section of the DMH website to help inform the community.

5.4 Logistics

DMH Liaisons are responsible to coordinate all logistics and provide administrative oversight for the stakeholder group meetings, including, but

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
STAKEHOLDER ENGAGEMENT ACTIVITIES AND PROCESSES
BYLAWS, POLICIES AND PROCEDURES AND CODE OF CONDUCT**

not limited to, the reasonable accommodations under ADA, translation of materials, interpretation services, securing meeting venues, meeting notes, distributing meeting announcements and reminders, scheduling presentations, training, workshops, and guest speakers, and the provision of resources for virtual engagement at meetings.

5.5 Reports and Data

DMH Liaisons shall communicate requests from groups for departmental data and/or reports to relevant entities within DMH and help make data or reports available to groups as allowable. They shall provide data reflecting the needs of each stakeholder group based on age, gender, ethnicity, and service needs, and include data on all ethnic/cultural subgroups. DMH Liaisons shall communicate key MHSA planning information to the stakeholder groups. Liaisons shall communicate the stakeholder group and Leadership Committees' goals and decisions to DMH and follow up with stakeholder group concerns and questions. Written materials shall be clear, and jargon free to assist the community to understand important issues and components.

5.6 Verifying Countywide Activity Fund (CAF) and Co-Chair Stipends

DMH Liaisons monitor and track the eligibility status of voting members (Voting Members Rules Apply-See Section 3.3 Voting Privileges) that are eligible to request Client Activity Fund (CAF). They shall provide confirmation to MHSA Administration of CAF requests to be reimbursed through meeting attendance records and signing CAF forms for community member's participation in meetings. Prior to individuals receiving CAF for meetings they attend, they must complete a mandatory CAF Orientation annually in July and complete all required forms that allow MHSA Administration to process the CAF stipend.

DMH Liaisons monitor and track the attendance requirements of Co-Chairs (See Section 3.4.5 Co-Chair Requirements) to ensure they maintain their eligibility to serve as a Co-Chair and receive a monthly Co-Chair stipend. They shall provide confirmation to MHSA Administration that Co-Chairs maintain eligibility to be reimbursed Co-Chair stipend through meeting attendance records and quarterly submission of the names of the current sitting Co-Chairs for the stakeholder group. This quarterly submission will include the names and updated contact information (email and phone) for the Co-Chairs for the group and the verified meetings attended and chaired for that quarter. Prior to individuals receiving a Co-Chair stipend for their leadership role, they must complete a mandatory Co-Chair Orientation annually in July and complete all required forms that allow MHSA Administration to process the monthly Co-Chair stipend.

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
STAKEHOLDER ENGAGEMENT ACTIVITIES AND PROCESSES
BYLAWS, POLICIES AND PROCEDURES AND CODE OF CONDUCT**

Note on No double claiming restriction: Co-Chairs for any stakeholder group are restricted from receiving a CAF stipend for any reason or any meeting while collecting a Co-Chair stipend.

5.7 Annual Budget

DMH provides each stakeholder group with an annual budget to provide funding to secure adequate meeting space, provide light refreshments and purchase promotional items to recruit new members. In addition DMH provides support for events and projects that each stakeholder group would like to host or participate in as a group as long as it is approved by the voting membership of the group.

Annual budget amounts for each group will be confirmed at the beginning of each fiscal year in July and MHSA Administration will provide training on the process for each group to access funding in their annual budget. Annual trainings will be provided in collaboration with the Mental Health Commission.

5.8 Capacity Building Projects -For UsCCs and FBAC

DMH Liaisons and Co-Chairs for UsCCs and FBAC are responsible for facilitating brainstorming and group discussions related to capacity-building projects.

Co-chairs for these groups are responsible for leading the discussion in developing the details for the Statement of Work (SOW) for these projects and collect input from the stakeholder group on any updates or changes requested by its voting members

DMH Liaisons are responsible for the process in writing the SOW for the capacity-building projects and assisting with the administrative processes pertaining to the solicitation process. Liaisons are also responsible for closely monitoring the implementation of the capacity-building projects to ensure that the contracted vendors comply with all contractual obligations as stated on the SOW. Liaisons shall ensure that all deliverables defined in the SOW are completed as specified in the project and meet with the vendor as necessary to:

- follow up on the status of the project
- ensure the project is being implemented in a timely manner consistent with the SOW
- ensure outcomes measures are captured, collected, and reported.

6. ADOPTION

Now therefore, these Bylaws, Policies, and Procedures and Code of Conduct for Stakeholder Engagement Activities and Processes under the Los Angeles

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
STAKEHOLDER ENGAGEMENT ACTIVITIES AND PROCESSES
BYLAWS, POLICIES AND PROCEDURES AND CODE OF CONDUCT**

County Department of Mental Health are adopted and are issued to all stakeholder groups.

Revisions or updates to these can be made to comply with State or local regulations for which DMH must comply.

DMH will review the guidelines annually (July) with all stakeholder groups to receive input and recommendations to be considered for revision by DMH.

Attachment 1: **STAKEHOLDER MEETINGS CODE OF CONDUCT CODE OF CONDUCT**