

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

MHSA ADMINISTRATION & OVERSIGHT DIVISION

**MHSA COMMUNITY PLANNING TEAM CO-CHAIR ORIENTATION**

**I. INTRODUCTION**

This MHSA Community Planning Team (CPT) Co-Chair Orientation is designed to provide Service Area Leadership Teams (SALTs) and Underserved Cultural Communities (UsCCs) Co-Chairs with guidelines and protocols regarding:

- Eligibility, terms, and term limits
- Roles and responsibilities
- Meeting facilitation
- Code of Conduct
- Application process
- Becoming a county vendor

*\*Note: It is each Co-Chair’s responsibility to ensure stipends received from DMH do not impact any Social Security, Section 8 or General Relief benefits currently being received. Any questions or concerns should be directly to those respective agencies for guidance and advice.*

**II. ELIGIBILITY / TERMS / TERM LIMITS**

CPT Co-Chairs play an essential role in assisting DMH in gathering valuable feedback and input for the vast array of diverse communities across Los Angeles County. It is important that individuals serving as CPT Co-Chairs have strong leadership, communication, and organizational skills to effectively conduct meaningful meetings, collect and disseminate information and serve in advisory role to DMH management. They must understand the needs and culture of their community and successfully present this information to other stakeholder groups in respectful and meaningful manner.

CPT Co-chairs must live, work, or receive services in the Service Area in which they wish to represent and serve a two year term beginning on July 1st of the year they are elected by a majority vote of the group. Co-chairs may be re-elected to a second two year term. If elected and serving a second two year term, co-chairs must wait 12 months following the end of the second two year term before running again.

**III. ROLES & RESPONSIBILITIES**

**Meeting Attendance Requirements**

Co-Chairs are expected to attend:

- Monthly co-chair / liaison leadership (e.g., executive leadership committee, etc.) meeting to establish meeting agenda and planning for the larger group
- Monthly sub-committee meeting to facilitate based on agenda established during co-chair / liaison meeting
- Monthly Mental Health Commission Meetings
- Bi-monthly MSHA Community Planning Team (CPT) Meetings, i.e., in-person large group meetings and workgroup meetings
- Bi-annual co-chair orientation meeting (one per year)

**General Responsibilities**

In addition, Co-chairs are responsible for:

- Facilitating participation and input by meeting attendees

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- Developing meeting outcomes and work products
- Representing the interest and official positions of the group at the larger MHSA Community Planning Team and Mental Health Commission meetings,
- Serving in advisory role to DMH by providing feedback from their represented groups during the DMH planning process
- Disseminating information gathered from DMH CPT meetings back to the sub-committee members
- Sharing Service Area level and UsCC stakeholder priorities to DMH and the Mental Health Commission
- Plays an advisory role to DMH to represent their Service Area and UsCC
- Ensuring compliance with the group’s charter
- Enforce the established Code of Conduct for all meeting participants

**Meeting Facilitation**

Co-chairs plays the pivotal role of meeting facilitator and is responsible for establishing an agenda, ensures a professional decorum and adheres to the following protocol:

**1. Call to Order**

Co-chair welcomes assembled members and officially calls the meeting to order by stating the Date, Time, and Name of Group, e.g., SALT 1 or Latino UsCC, etc. Initial activities may include:

- Conducting an ice breaker
- Reminding members to sign in
- Welcome new members or visitors or wish good luck to retiring members and other such announcements.

**2. Reading and Approval of Minutes**

- After reading the minutes, they should be approved by having participants signify approval with an Aye or a Nay for those opposed to the minutes as read.

**3. DMH and CPT Meeting Updates**

- Share any information/reports/handouts gathered at other stakeholder and CPT related meetings with the group

**4. Committee Reports**

**5. Presentations**

**6. Unfinished Business and General Orders**

**7. Community Engagement (Public Comment)**

**8. Announcements**

**9. Meeting Adjournment**

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**IV. CODE OF CONDUCT**

All CPT co-chairs are required to adhere to the CPT Code of Conduct – Attachment #4. CO-chairs are also responsible for ensuring that all participants in their meetings adhere to the CPT Code of Conduct without exception. Failure to adhere to the Code of Conduct will result in suspension as a Co-Chair or participant at all DMH CPT meetings.

**V. APPLICATION PROCESS / STIPENDS**

Individuals interested in becoming a CPT Co-Chair must complete the Co-Chair application and once approved, are able to receive a stipend. Stipends will be distributed monthly at a rate of \$150 per month for the term of the co-chair. Stipends may be withheld should a Co-chair fail to meet the roles and responsibilities listed above and include in the CPT Charter and is solely at DMH discretion.

To receive a stipend for serving as a Co-Chair, you must:

- Have a valid social security number,
- Enroll as a registered LA County vendor, and
- Sign the Co-Chair Attestation – Attachment #3, certifying you have read and understand the rules, regulations, and requirements outlined in this orientation packet.

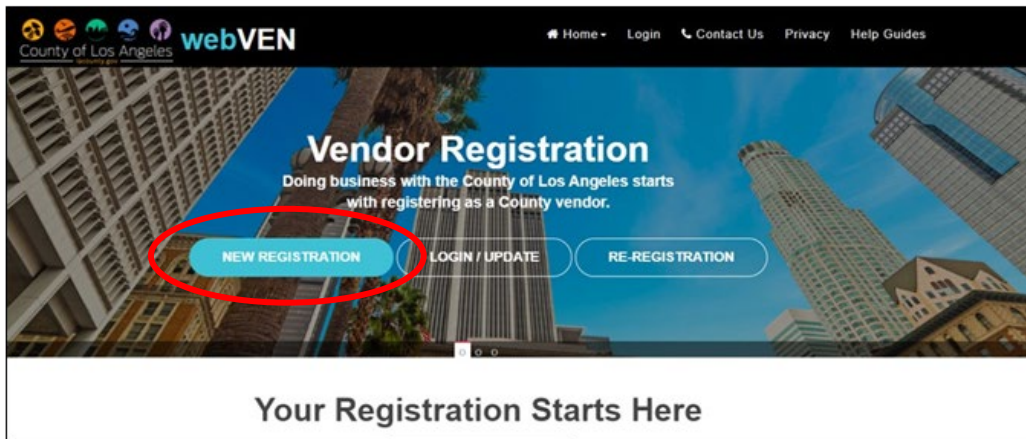
Applicants must also complete and submit a W-9 Request for Taxpayer Identification Number and Certification form (Attachment #2). This information is needed by the County WebVen system which is explained in the next section – Enrolling as a County Vendor.

**NOTE:** Per IRS regulations, the County of Los Angeles will issue an IRS 1099 Miscellaneous Income form to all CPT Co-chairs by January 31 of each year. Should you not receive your form by January 31, please email the Auditor Controller at [GC1099@auditor.lacounty.gov](mailto:GC1099@auditor.lacounty.gov) to request one. Your email to them should include your name, the last four digits of your social security number (tax ID number).

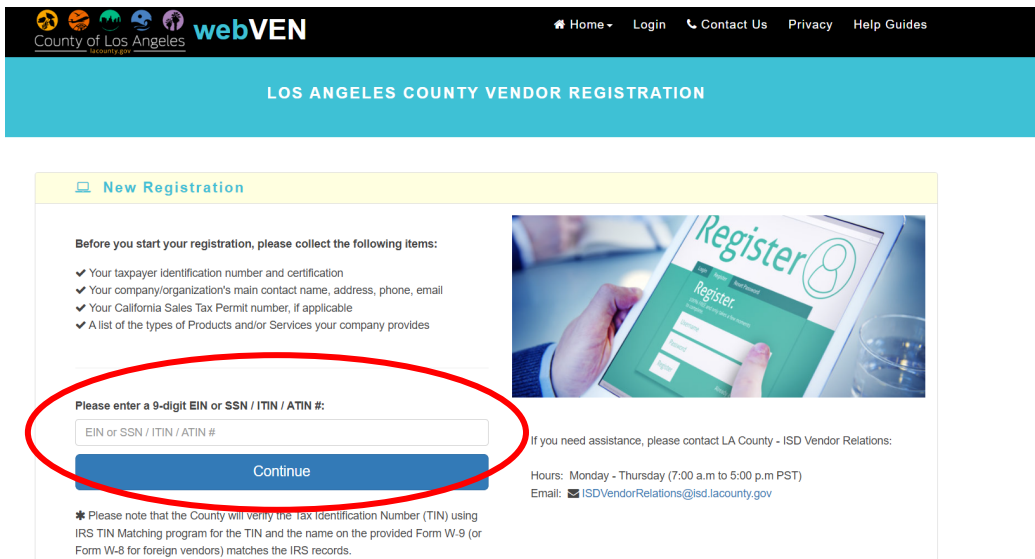
**VI. ENROLLING AS A COUNTY VENDOR**

The first step to enrolling as a LA County vendor is to visit: <https://camisvr.co.la.ca.us/webven/>. Click on NEW REGISTRATION as shown in red below to begin.

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Next, enter your social security number as indicated in the red circle below and click continue:



**Step 1 – Vendor Profile**

Enter the following choices when prompted at the numbered boxes below:

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LOS ANGELES COUNTY VENDOR REGISTRATION

**STEP 1 - Enter Vendor Profile**

Please enter the company/organization profile information. **Fields with asterisk (\*) are required.**

**#1** Organization Type\* Individual  
**#2** TIN Type\* Individual (SSN / ITIN / ATIN)  
 TIN Number\* 32323323

**#3** Legal Business Name\* JANE MI. DOE  
 Alias/DBA Name (Optional)

**#4** Non-Profit\* No  
**#5** 1099 Required\* Yes

**#6** Number of Employees\* 0  
**#7** Business Type\* Other

**#8** Independently Owned\* Yes  
**#9** Gross Revenue\* 0 - 100,000

Click save to complete Step 1. [Save / Next](#)

**Step 2 – Payment Address**

Please ensure you complete all required fields which are identified by a red asterisk \*. **Special note – enter no at the CA Sales Tax Permit prompt circled below.**

webVEN  
 County of Los Angeles

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Please enter the Payment address and the Contact Information. **Fields with asterisk (\*) are required.**

\*Address 1  
 Address 2  
 \*City  
 \*Country United States of America  
 \*State California  
 \*County LOS ANGELES  
 \*Zip Zip+4  
 \*CA Tax Status IN STATE  
 \*CA Sales Tax Permit

\*Contact Name  
 \*Phone Ext.  
 Alternate Phone Ext.  
 Fax Ext.  
 Alternate Fax Ext.  
 \*Email  
 Alternate Email

Click save to complete Step 2. [Save / Next](#)

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**Step 3 - Enter IRS -W9 Certification**

**> STEP 3 - Enter IRS W-9 Certification**

To register as a Los Angeles County vendor you are required to complete the Taxpayer Identification Number and Certification information (IRS Form W-9).  
Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Fields with asterisk (\*) are required.**

**1. Name (as shown on your income tax return)\***  **2. Business name/disregarded entity name (Alias Name)**

**3. Federal Tax Classification\***

Please select a tax classification of the entity/person whose name is entered on line 1 above.

-- OR --  -- OR --

The Tax Class field is required.

**4. Exemptions (Codes apply only to certain entities, not individuals)**

Exempt Payee Code (if any)  Exemption from FATCA reporting (if any)

**5. Address\* (number, street, and apt. or suite no.)**

**6. City\***  **State\***  **Zip\***  **Zip+4**

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

**7. Certification\***  **Signature\***  **Date\***  **Taxpayer Identification Number (SSN/EIN)\***

Be sure to click the green box at the bottom as circled below

**W-9 Requirements & Certification**

**Under penalties of perjury, I certify that:**

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions:**  
Disregard item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply.

**Definition of a U.S. person**  
For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Step 4 – Searching for Commodities**

Enter volunteer in box circled below so it will self-populate with VOLUNTEER SERVICES (AID IN LOCATING VOLUNTEERS) and click on save/next at the bottom.

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Clear Search Commodity/Service Description Keyword **At least one commodity/service must be selected in order to continue.**

Showing 1 to 15 of 6884 entries. (Filtered from 6884 total entries)

Code	Description
005	ABRASIVES
Select	00505 ABRASIVE EQUIPMENT AND TOOLS
Select	00514 ABRASIVES, COATED: CLOTH, FIBER, SANDPAPER, ETC.
Select	00521 ABRASIVES, SANDBLASTING, METAL
Select	00528 ABRASIVES, SANDBLASTING
Select	00542 ABRASIVES, SOLID: WHEELS, STONES, ETC.
Select	00556 ABRASIVES, TUMBLING (WHEEL)
Select	00563 GRINDING AND POLISHING COMPOUNDS: CARBORUNDUM, DIAMOND, ETC. (FOR VALVE GRINDING COMPOUNDS SEE CLASS 075)
Select	00570 PUMICE STONE
Select	00584 STEEL WOOL, ALUMINUM WOOL, AND COPPER WOOL
Select	010 ACOUSTICAL TILE, INSULATING MATERIALS, AND SUPPLIES

Click Save to complete Step 4. [Save / Next](#)

**Step 5 – Create User Account**  
Complete as instructed below:

Please create your user login account information. **Fields with asterisk (\*) are required.**

**Your Name\***

First Name

Last Name

**Your Email\***

**UserID\*** (Between 5 to 20 characters, no spaces and special characters)

**Password\***

**Confirm Password\***

Password requirements:

1. Between 8 to 16 characters
2. At least 1 numeric character
3. At least 1 alphabetical character
4. At least 1 special character (!, @, #, \$, %, \*)

Click on the registration steps above to expand the panels and review/edit your information.  
When completed, click the Finished button to submit your vendor registration:

[Save / Finished](#)

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**Getting Help with WebVen**

Should you need assistance with your WebVen registration, please contact:

**LA County ISD Vendor Relations**  
(323) 267-2725  
Monday – Thursday, 7am to 5pm  
ISDVendorRelations@isd.lacounty.gov

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**VII. DMH SUPPORT**

DMH highly values and appreciates the CPT Co-Chairs and want to support them in any way possible. The best way to request assistance, information or want to express a question or concerns it to send an email to: [communitystakeholder@dmh.lacounty.gov](mailto:communitystakeholder@dmh.lacounty.gov). This mailbox is monitored regularly so your inquiry will be routed to the appropriate manger, analyst, or support staff expeditiously.

**Email ALL the following fully completed attachments to:** [communitystakeholder@dmh.lacounty.gov](mailto:communitystakeholder@dmh.lacounty.gov)

- Attachment # 1 – Co-Chair Application
- Attachment #2 – W-9 IRS Tax Form
- Attachment #3 – CPT Co- Chair Attestation
- Attachment #4 – Code of Conduct