LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
MHSA Community Planning Team (MHSA CPT)

AGENDA
DATE: Friday January 31, 2025 | 9:30 – 12:30 PM **MEETING LINK**: Click **Join the meeting now** Meeting ID: 221 101 411 058 | Passcode: Cq94iB3k Dial in by phone +1 323-776-6996,,255407060# Phone conference ID: 255 407 060#

OBJECTIVES	1. Share updates on MHSA-related administrative items. 2. Present the MHSA Annual Update for FY 2025-26 and obtain feedback. 3. Review the Proposed BHSA Community Planning Team Stakeholder Groups and Engagement Agreements.

TIME	ITEMS

9:30 – 9:40	**I. SESSION OPENING**
	    A. Land and Labor Acknowledgement
	    B. Communication Expectations
	    C. Agenda Review

9:40 – 10:00	**II. UPDATES ON MHSA-RELATED ADMINISTRATIVE ITEMS**
	    A. <u>Update</u>: Dr. Darlesh Horn, DPA, Division Chief, MHSA Administration & Oversight Division, LACDMH
	    B. <u>Questions</u>

10:00 – 11:00	**III. PRESENTATION & FEEDBACK: MHSA ANNUAL UPDATE, FY 2025-26**
	    A. <u>Presentation (20)</u>:
	        1. Kalene Gilbert, LCSW, Mental Health Program Manager IV, MHSA Administration & Oversight Division, LACDMH
	        2. Robin Ramirez, MPA, Administrative Services Manager III, MHSA Administration & Oversight Division, LACDMH
	    B. <u>Discussion (40 min)</u>:

11:00 – 11:10	**IV. BREAK**

11:10 – 12:20	**V. BHSA COMMUNITY PLANNING TEAM (2025)**
	    A. Part 1: Overview (25 min)
	        1. Review Stakeholder Groups
	        2. Engagement Agreements
	    B. Part 2: Discussion (45 min)

12:20 – 12:30	**VI. CLOSING**
	    A. Next Steps
	    B. Meeting Evaluation

12:30	**VII. ADJOURN**

WORKSHEET 1 **MHSA ANNUAL UPDATE - FY 2025-26**

NAME & EMAIL (OPTIONAL):

1. What questions and/or feedback to you have regarding the MHSA Annual Update - FY 2025-26?

WORKSHEET B – BHSA COMMUNITY PLANNING TEAM

PART 2: STAKEHOLDERS AND ENGAGEMENT AGREEMENTS

NAME & EMAIL (OPTIONAL):

1. Proposed BHSA CPT Stakeholder Categories and Groups:
    A. What do you like about the proposed stakeholder categories and groups?

    B. What questions and/or suggestions do you have?

2. Engagement Agreements:
    A. Collaborative Practices:
        1. What do you like about the existing Collaborative Practices?

        2. What questions and/or suggestions do you have?

    B. Communication Expectations:
        1. What do you like about the existing Communication Expectations?

        2. What questions and/or suggestions do you have?

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DRAFT PROPOSAL: BHSA CPT STAKEHOLDER GROUPS & MEMBERS

PROPOSAL: Establish a BHSA Community Planning Team based on the following principles:

1. A critical mass of <u>159</u> members representing the social and cultural diversity of Los Angeles County across three stakeholder categories: people with lived experience with mental health struggles (MH) and substance use disorder (SUD).
2. A majority of representatives (82) with Lived Experience in MH and SUD.
3. Equal representation for the fields of MH and SUD.

Categories	MH Only	SUD Only	Both MH + SUD	Sub-Totals
A. People with Lived Experience	41	41	0	82
B. Service Providers	12	12	20	44
C. Systems Representatives	0	0	33	33
Sub-Totals	53	53	53	159

CATEGORY A: PEOPLE WITH LIVED EXPERIENCE (82)

MH Stakeholder Groups (10) & Number of Representatives (41)	SUD Stakeholder Groups (8) & Number of Representatives (41)
1. Cultural Competency Committee – MH (2) 2. Eligible Adult (1) 3. Eligible Older Adult (1) 4. Faith-Based Advocacy Council (2) 5. Families and/or caregivers of eligible children and youth, eligible adults, and eligible older adults (1) 6. Homelessness/People Experiencing Homelessness (1) 7. SALT Co-Chairs (16) 8. UsCC Co-Chairs (14) 9. Veterans (1) 10. Youth Mental Health Council (2)	1. Cultural Competency Committee – SUD (2) 2. Eligible Adult (1) 3. Eligible Older Adult (1) 4. Families and/or caregivers of eligible children and youth, eligible adults, and eligible older adults (1) 5. Homelessness/People Experiencing Homelessness (1) 6. People with lived experience with substance use (inclusive of family, and/or partner, and/or frontline worker representation) (32) 7. Youth Substance Use Peer Council (25 & Under) (2) 8. Veterans (1)

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CATEGORY B: SERVICE PROVIDERS (44)

MH Stakeholder Groups (8) & Number of Representatives (12)	SUD Stakeholder Groups (8) & Number of Representatives (12)
1. Association of Community Human Service Agencies (ACHSA) (1) 2. Community Health Workers/*Promotoras* (2) 3. Housing Providers (1) 4. Housing System (1) 5. National Alliance for Mental Illness (1) 6. Peer Advisory Council (2) 7. Peer Support Specialists (2) 8. Service Providers (Non-ACHSA) (2)	1. California Association of Alcohol and Drug Program Executives (CAADPE) (1) 2. California Opioid Maintenance Providers (COMP) (1) 3. Housing Providers (1) 4. Housing System (1) 5. Substance Use Counselors (2) 6. Substance Use Harm Reduction (2) 7. Substance Use Prevention (2) 8. Substance Use Treatment (2)
Both MH+SUD Stakeholder Groups (5) and Number of Representatives (20)	
1. First 5 Los Angeles/Early Childhood Organizations (1) 2. Health Neighborhoods (12) 3. Los Angeles County Behavioral Health Commission (2) 4. Unions (4) 5. Veterans Organization (1)	

CATEGORY C: SYSTEMS REPRESENTATIVES (33)

County (16)	CEO: Office (1); Anti-Racism, Diversity & Inclusion (1) Departments: Aging and Disability (1); Children and Family Services (1); Firefighters/First Responders (1); Health Services (1); Justice, Care & Opportunities Department (1); Military and Veterans Affairs (1); Parks and Recreation(1); Libraries (1); Probation/Juvenile Justice (1); Psychiatric Hospitals(1); Public Defender(1); Public Social Services(1); Sheriff's Department(1); Youth Development (1).
Education (5)	California State University (1); Los Angeles County Office of Education (1); Los Angeles Community College District (1); Los Angeles Unified School District (1); University of California (1).
Local Governments & Quasi-Governmental Agencies (12)	Local Health Jurisdictions: Long Beach (1) and Pasadena (1) Most Populous Cities: Glendale (1); Lancaster (1); Long Beach (already included); Los Angeles (1); Santa Clarita (1) Quasi-Governments: Disability Insurers (1); Health Care Organizations/Hospitals (1); Los Angeles Homeless Services Authority (1); Managed Care Plans (1); Regional Centers (1); Tribal and Indian Health Program designees established for Medi-Cal Tribal consultation purposes (1).

PROPOSAL: ENGAGEMENT AGREEMENTS

COLLABORATIVE PRACTICES & COMMUNICATION EXPECTATIONS

Over the course of the past three years, the MHSA CPT members have developed and used the following 'collaborative practices' and 'communication expectations' to encourage and support respectful, creative, and productive interaction among all BHSA CPT members, including County staff.

The COLLABORATIVE PRACTICES cover four areas that guide the relationship between DMH (now DPH, too) and CPT members.

Areas	Practices
Meaningful Engagement	Engage community stakeholders in a meaningful way that includes the following practices: 1. Establish a clear purpose, objectives, and phases for the overall community planning process. 2. Reach out to a broad range of community and systems stakeholders to participate in the community planning process. 3. Involve stakeholders in generating data, analyzing information, and issuing recommendations versus simply asking them to endorse already made decisions. 4. Provide enough information on a given proposal in order to issue an informed recommendation (e.g., population served, geographical area, funding amount, budget, etc.). 5. Give participants enough time to review materials in advance of meetings. 6. Make progress from meeting to meeting towards the stated objectives within a reasonable timeline, so that participants are not rushed into making recommendations. 7. Ensure respect and decorum during the meetings, free of personal attacks; and 8. Loop back with community stakeholder groups to communicate a recommendation, decision, and/or plan.
Efficient Communication & Coordination	Meaningful engagement depends heavily on efficient communication and coordination that includes: 1. Enough advance notice of meeting dates and times. 2. Sufficient and relevant information in plain language. 3. Translated materials at the same time as English materials. 4. Information provided on a timely basis at least one week before the meetings. 5. Avoid setting meetings that structurally conflict with existing community stakeholder meetings that are known (e.g., SALT & UsCC meetings, etc.).

	6. A centralized email address where a staff person can answer questions. 7. An updated, centralized list of participants to ensure everyone is receiving information.
Accessible Meetings	Ensure the following conditions at all meetings to eliminate barriers to full participation: 1. Offer financial support to consumers/clients to offset costs of participation (e.g., transportation, etc.). 2. Use different ways to engage each other in meetings, e.g., different locations and times, and modes of access (e.g., in-person, online, etc.). 3. Offer interpretation (i.e., ASL, Spanish, Korean, and other threshold languages) and CART services at every meeting. 4. Provide materials in the appropriate font size for those who request it. 5. Ensure contrast between text and background (avoid light text on light background, or dark text on dark background). 6. Embed titles/descriptions when using pictures (including graphs and diagrams). 7. Provide food if meetings are more than two hours.

The COMMUNICATION EXPECTATIONS guide the interaction and communication among everyone involved in the CPT meetings.

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 views that are rooted in your experiences helps us build community. It helps all of us find areas where we can relate and connect with each other.

3. PRACTICE CONFIDENTIALITY: The practice of respecting and protecting sensitive information that people share with you helps to builds 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.