Behavioral Health Services Act Community Planning Team (BHSA CPT)

#### DRAFT BHSA CPT STAKEHOLDER GROUPS & MEMBERS

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

- 1. A critical mass of <u>160</u> members representing the social and cultural diversity of Los Angeles County across three stakeholder categories:
  - a. People with Lived Experience with Mental Health Needs (MH), Substance Use Needs (SUD), or Both.
  - b. Service Providers representing MH, SUD, or both.
  - c. Systems Representatives representing MH, SUD, or other areas.
- 2. Equal representation for the fields of MH and SUD.
- 3. A majority of representatives (82) formally represent People with Lived Experience in MH and SUD.

CATEGORIES	МН	SUD	Both	Sub-Totals
A. People with Lived Experience	41	41	N/A	82
B. Service Providers	12	12	20	44
C. Systems Representatives	0	0	34	34
Sub-Totals	53	53	54	160

#### **CATEGORY A: PEOPLE WITH LIVED EXPERIENCE (82)**

MH Stakeholder Groups (10) &		SUD Stakeholder Groups (8) &
Number of Representatives (41)		Number of Representatives (41)
Cultural Competency Committee (2)	1.	Cultural Competency Committee (2)
Eligible Adult (1)	2.	Eligible Adult (1)
Eligible Older Adult (1)	3.	Eligible Older Adult (1)
Faith-Based Advocacy Council (2)	4.	Families and/or caregivers of eligible children and
Families and/or caregivers of eligible		youth, eligible adults, and eligible older adults (1)
children and youth, eligible adults, and	5.	Homelessness/People Experiencing Homelessness
eligible older adults (1)		(1)
Homelessness/People Experiencing	6.	People with lived experience with substance use
Homelessness (1)		(inclusive of family, and/or partner, and/or frontline
SALT Co-Chairs (16)		worker representation) (32)
UsCC Co-Chairs (14)	7.	Youth Substance Use Peer Council (25 & Under) (2)
Veterans (1)	8.	Veterans (1)
Youth Mental Health Council (2)		
	Number of Representatives (41) Cultural Competency Committee (2) Eligible Adult (1) Eligible Older Adult (1) Faith-Based Advocacy Council (2) Families and/or caregivers of eligible children and youth, eligible adults, and eligible older adults (1) Homelessness/People Experiencing Homelessness (1) SALT Co-Chairs (16) USCC Co-Chairs (14) Veterans (1)	Number of Representatives (41)Cultural Competency Committee (2)1.Eligible Adult (1)2.Eligible Older Adult (1)3.Faith-Based Advocacy Council (2)4.Families and/or caregivers of eligible4.children and youth, eligible adults, and5.eligible older adults (1)6.Homelessness/People Experiencing6.Homelessness (1)SALT Co-Chairs (16)USCC Co-Chairs (14)7.Veterans (1)8.

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# **CATEGORY B: SERVICE PROVIDERS (48)**

	MH Stakeholder Groups (8) &		SUD Stakeholder Groups (8) &		
	Number of Representatives (12)		Number of Representatives (12)		
1.	Association of Community Human Service	1.	1. California Association of Alcohol and Drug		
	Agencies (ACHSA) (1)		Program Executives (CAADPE) (1)		
2.	Community Health Workers/Promotoras	2.	2. California Opioid Maintenance Providers (COMP)		
	(2)		(1)		
3.	Housing Providers (1)	3.	Housing Providers (1)		
4.	Housing System (1)	4.	Housing System (1)		
5.	5. National Alliance for Mental Illness (1)		Substance Use Counselors (2)		
6.	6. Peer Advisory Council (2)		Substance Use Harm Reduction (2)		
7. Peer Support Specialists (2)		7.	Substance Use Prevention (2)		
8. Service Providers (Non-ACHSA) (2)		8.	Substance Use Treatment (2)		
	Both MH+SUD Stakeholder Groups (5) and Number of Representatives (20)				
	1. Community Based Organizations Working with Youth from Historically Marginalized				
	Communities, and/or Underse	rveo	d Racially and Ethnically Diverse Communities,		
	and/or LGBTQ+ Communities, and/or Victims/Survivors of Domestic Violence and				
	Sexual Abuse (4)				
2. First 5 Los Angeles/Early Childhood O			d Organizations (1)		
	3. Health Neighborhoods (8)				
	4. Labor representative Organizations/Unions (4)				
	5. Los Angeles County Behaviora	l He	alth Commission (2)		
1					

6. Veterans Organization (1)

# CATEGORY C: SYSTEMS REPRESENTATIVES (34)

County (17)	CEO: Executive 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
	Health – Health Promotion (1); Public Social Services(1); Sheriff's Department(1);
	Youth Development (1).
Education (E)	California State University (1): Les Angeles County Office of Education (1): Les Angeles
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	Local Health Jurisdictions: Long Beach (1) and Pasadena (1)
Governments	Most Populous Cities: Glendale (1); Lancaster (1); Long Beach (already included); Los
& Quasi-	Angeles (1); Santa Clarita (1)
Governmental	Quasi-Governments: Disability Insurers (1); Health Care Organizations/Hospitals (1);
Agencies (12)	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).

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# DRAFT ENGAGEMENT AGREEMENTS

# **COLLABORATIVE PRACTICES**

The <u>COLLABORATIVE PRACTICES</u> cover four areas that guide the relationship between DMH and DPH and the BHSA CPT members.

AREAS	PRACTICES
AREAS Meaningful Engagement	<ul> <li>PRACTICES</li> <li>Engage community stakeholders in a meaningful way that includes the following practices: <ol> <li>Establish a clear purpose, objectives, and phases for the overall community planning process.</li> <li>Reach out to a broad range of community and systems stakeholders to participate in the community planning process.</li> <li>Involve stakeholders in generating data, analyzing information, and issuing recommendations versus simply asking them to endorse already made decisions.</li> <li>Provide enough information on a given proposal in order to issue an informed recommendation (e.g., population served, geographical area, funding amount, budget, etc.).</li> <li>Give participants enough time to review materials in advance of meetings.</li> <li>Make progress from meeting to meeting towards the stated objectives within a reasonable timeline, so that participants are not rushed into making recommendations.</li> <li>Ensure respect and decorum during the meetings, free of personal attacks; and</li> <li>Loop back with community stakeholder groups to communicate a recommendation, decision, and/or plan.</li> </ol></li></ul>
Efficient Communication & Coordination	<ul> <li>Meaningful engagement depends heavily on efficient communication and coordination that includes:</li> <li>1. Enough advance notice of meeting dates and times.</li> <li>2. Sufficient and relevant information in plain language.</li> <li>3. Translated materials at the same time as English materials.</li> <li>4. Information provided on a timely basis at least one week before the meetings.</li> <li>5. Avoid setting meetings that structurally conflict with existing community stakeholder meetings that are known (e.g., SALT &amp; UsCC meetings, etc.).</li> <li>6. A centralized email address where a staff person can answer questions.</li> <li>7. A centralized and updated list of participants to ensure everyone is receiving information.</li> </ul>
Accessible Meetings	<ul> <li>Ensure the following conditions at all meetings to eliminate barriers to full participation:</li> <li>1. Offer financial support to consumers/clients to offset costs of participation (e.g., transportation, etc.).</li> </ul>

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AREAS	PRACTICES
	<ol> <li>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.).</li> <li>Offer interpretation (i.e., ASL, Spanish, Korean, and other threshold languages) and CART services at every meeting.</li> <li>Provide materials in the appropriate font size for those who request it.</li> <li>Ensure contrast between text and background (avoid light text on light background, or dark text on dark background).</li> <li>Embed titles/descriptions when using pictures (including graphs and diagrams).</li> <li>Provide food if meetings are more than two hours.</li> </ol>

## COMMUNICATION EXPECTATIONS

The <u>COMMUNICATION EXPECTATIONS</u> guide the interaction and communication among everyone involved in the CPT meetings.

AREAS	PRACTICES
Be Present	Be on time and do your best to participate and engage each other in the spirit of conversation and learning.
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.
Practice Confidentiality	The practice of respecting and protecting sensitive information that people share with you helps to builds trust.
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.
Seek To Understand, Then Be Understood	Ask questions to understand someone's view before expressing your view. This helps everyone feel heard and prevent misunderstandings.

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# BHSA COMMUNITY PLANNING PROCESS (BHSA CPP ROADMAP)

PHASE	MONTH	MILESTONES
Preparation & Frameworks	Jan	• Generate information on community stakeholders' understanding of Behavioral Health and Integrated Behavioral Health System using a survey.
		• Share proposed frameworks for BHSA Community Planning Team (CPT) Stakeholder Groups and Engagement Agreements, obtain
	Feb	<ul> <li>feedback, and modify frameworks, as appropriate.</li> <li>Capture current understanding of Behavioral Health and integrated care from the perspective of community stakeholders.</li> <li>Share scope of Behavioral Health within the context of BHSA, including a continuum that covers SUD and MH service categories.</li> </ul>
		<ul> <li>Discuss the Integrated Plan requirement in relation to the continuums.</li> <li>Provide an overview of Community Program Planning (CPP) Roadmap.</li> </ul>
	Mar	<ul> <li>Finalize stakeholder groups, engagement agreements, and CPP.</li> <li>Review consensus building and decision-making process.</li> <li>Finalize BHSA Member Information Form to document the social- cultural diversity of CPT members.</li> <li>Conduct BHSA kickoff session on Friday, March 28<sup>th</sup>.</li> </ul>
1 Foundation Building	Apr	<ul> <li>Provide a more in-depth review of the MH and SUD continuums.</li> <li>Provide BHSA 101 presentation to community stakeholders (including Behavioral Health, Continuums, Integrated Plan, etc.).</li> </ul>
and Outreach & Input	May	<ul> <li>Review unmet needs and service gaps.</li> <li>Obtain information from community stakeholder groups on unmet needs and service gaps pertaining to MH and SUD.</li> </ul>
	Jun	Review unmet needs and service gaps.
2	Jul	Workgroups discuss and prioritize needs within Workgroup.
Recom-	Aug	Workgroups develop recommendations to address priorities.
mendations	Sep	• Workgroups agree on recommendations for CPT, and articulate areas of divergence.
3 Consensus	Oct	• CPT members review Workgroup recommendations and begin building consensus on recommendations.
Building	Nov	CPT members build consensus on Workgroup recommendations.
	Dec	• CPT members agree on recommendations and articulate areas of divergence.
4 Integrated Plan Approval	January	<ul> <li>Department Directors review.</li> <li>Write draft Integrated Plan.</li> <li>LA County Counsel vets Integrated Plan.</li> <li>Summarize Integrated Plan in plain language.</li> <li>Translate the Integrated Plan.</li> </ul>
	Feb	30-Day Public Posting

LA COUNTY DMH AND DPH-SAPC Behavioral Health Services Act Community Planning Team (BHSA CPT)

PHASE	MONTH	MILESTONES
	Mar	Collect and summarize feedback from stakeholder groups.
	Apr	Los Angeles County Behavioral Health Commission holds a Public
		Hearing on the Integrated Plan and proposes changes (if any).
	May	Los Angeles County Board of Supervisors reviews Integrated Plan, makes
		changes (if any), and votes to approve.
	Jun	California Department of Health Care Services reviews Los Angeles
		County's BHSA Integrated Plan.
		Commission for Behavioral Health reviews Los Angeles County's BHSA
		Integrated Plan.
Implementation	Jul	Implementation of BHSA Integrated Plan begins.

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#### DRAFT BHSA CPT MEMBER INFORMATION FORM

We want the BHSA CPT members to mirror the social and cultural diversity of Los Angeles County. The Member Information Form (MIF) is a tool to gather the BHSA CPT members' diversity. <u>Providing</u> information is entirely voluntary. You can choose to not to provide any or all information requested. Information will be kept confidentially with designated staff members and will be shared publicly only in aggregate terms (i.e., without personally identifying information).

#### **SECTION 1: CONTACT INFORMATION**

First Name	Last Name	Pronouns	Mobile Phone	
Home Phone	Office Phone	Email Address	Work Address	
Mobile Number	For your mobile phone	Yes		
Use:	messages (i.e., meeting reminders, urgent updates, others)? No			No

#### **SECTION 2: LIVED EXPERIENCE**

Which Lived Experience(s) do represent as your primary one on the BHSA Community Planning Team (CPT)?

<ul> <li>Consumer of Mental Health (MH) Services (past or</li> </ul>	<ul> <li>Consumer of Substance</li> <li>Use Disorder (SUD) Services</li> </ul>	<ul> <li>Consumer of Co-Occurring (COD) Services (past or</li> </ul>
present)	(past or present)	present)
Caregiver - MH	Caregiver - SUD	Caregiver – COD
Family Member - MH	Family Member - SUD	Family Member - COD
□ Other:	□ Other:	□ Other:

Please select all other Lived Experience(s) you bring to the Community Planning Team:

Domestic Violence	Homeless/Houseless	Veteran	Other		

### **SECTION 3: DIVERSITY**

AGE

Age Range			
0-15	16-25	26-59	60+

### DISABILITY<sup>1</sup>

Do you have a disability?							
None		Yes	Prefer not to answer				
lf yes, selec	t all that apply to you:						
Туре	Includes						

<sup>&</sup>lt;sup>1</sup> Adapted from Yale University. *Types of Disabilities*. Downloaded on March 1, 2025. <u>https://usability.yale.edu/web-accessibility/articles/types-disabilities</u>

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Auditory	Hard of Hearing; Deafness
Cognitive,	Attention Deficit Hyperactivity Disorder; Autism Spectrum Disorder; Memory
Learning,	Impairments; Perceptual Disabilities (also 'learning disabilities')
Neurological	Seizure disorders. (Can also include mental health disabilities causing difficulty
	focusing, processing, and understanding information.)
Physical	Amputation; Arthritis; Paralysis; Repetitive Stress Injury
Speech	Muteness; Dysarthia; Stuttering
Visual	Color blindness; Low Vision; Blindness

### GEOGRAPHY

If you represent a Service Provider or Community Based Organization, select the Service Area (or Service Areas) where you deliver services in Los Angeles County.

,			0					
All	SA1	SA2	SA3	SA4	SA5	SA6	SA7	SA8

### LANGUAGE

Please select your primary language:

Armenian	English	Mandarin	Spanish	Other
Cambodian	Farsi	Other Chinese	Tagalog	
Cantonese	Korean	Russian	Vietnamese	

Not including your primary language, please select the language(s) you are fluent in:

Armenian	English	Mandarin	Spanish	Other
Cambodian	Farsi	Other Chinese	Tagalog	
Cantonese	Korean	Russian	Vietnamese	

# RACE & ETHNICITY<sup>2</sup>

Select your 'race' and ethnicity. If multiple 'races', check all that apply.

Race	Ethnicity/Ancestral Heritage (Examples)	Your Ethnicity
White	English, French, Dutch, German, Irish, Italian, Polish,	
	Scottish, Norwegian, etc.	
Hispanic or	Colombian, Cuban, Dominican, Guatemalan, Mexican,	
Latino	Mexican American, Puerto Rican, Salvadoran, etc.	
Black or African	African American, Barbadian, Ethiopian, Ghanian, Haitian,	
American	Jamaican, Nigerian, Somali, South African, etc.	
🛛 Asian	Asian Indian, Cambodian, Chinese, Filipino, Hmong,	
	Japanese, Korean, Pakistani, Vietnamese, etc.	
American Indian	Blackfeet Tribe, Native Village of Barrow Inupiat Tribal	
or Alaska Native	Government, Navajo Nation, Tlingit, etc.	

<sup>&</sup>lt;sup>2</sup>Adapted from the US Census Bureau. *Updates to Race/Ethnicity Standards for Our Nation*. Downloaded on March 1, 2025. https://www.census.gov/about/our-research/race-ethnicity/standards-

updates.html#:~:text=The%20key%20revisions%20in%20the,as%20a%20new%20minimum%20category.

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Middle Eastern or	Algerian, Egyptian, Iranian, Iraqi, Israeli, Kurdish, Lebanese,	
North African	Moroccan, Syrian, etc.	
Native Hawaiian	Chamorro, Chuukese, Fijian, Mashallese, Tongan Native	
or Pacific Islander	Hawaiian, Palauan, Samoan, Tahitian, etc.	
Multiple Races:		
Check all that		
apply above.		

### **SEXUAL ORIENTATION & GENDER IDENTITY<sup>3</sup>**

#### Part 1: Sexual Orientation

Lesbian	Bisexual	Something Else:
Gay	Queer	Don't Know
Straight or heterosexual	Pansexual	Prefer not to answer

#### Part 2: Current Gender Identity

Female/woman/girl	Transgender female/woman/girl	Don't know
Male/man/boy	Transgender male/man/boy	Prefer not to answer
Nonbinary, genderqueer, or not	Another gender:	
exclusively female or male		

Sex assigned at birth (on your original birth certificate)

Female	Male	X/Another sex:	Don't know	Prefer not to answer

# PARTICIPATION SUPPORTS

Check all the support(s) you need to participate for meetings. (If something is missing, please use the "Other" option to write it in.)

American Sign Language (ASL)	Seating: up front, aisle access, other
CART services	Technology: Phone or tablet for meeting
Language Interpretation: Yes or No	surveys
<ul> <li>If yes, Which one?</li> </ul>	Transportation
Print Materials: Large font	Other:

Do you have any dietary requirements or allergies?

□ None	Vegetarian	Gluten free
Peanut allergy	🛛 Vegan	□ Other

Anything else you would like to share with the DMH and DPH-SAPC Administration Team regarding yourself for consideration as a member of the BHSA Community Planning Team?

<sup>&</sup>lt;sup>3</sup> Adapted from National LBGTQIA+ Health Education Center – A Program of the Fenway Institute. Ready, Set, Go! A Guide for Collecting Data on Sexual Orientation and Gender Identity. Downloaded on March 1, 2025.

https://www.lgbtqiahealtheducation.org/wp-content/uploads/2022/05/TFIE-64\_Updates2022\_ReadySetGo\_10\_18\_22.pdf