



LOS ANGELES COUNTY
**DEPARTMENT OF
MENTAL HEALTH**
hope. recovery. wellbeing.



BEHAVIORAL HEALTH SERVICES ACT COMMUNITY PROGRAM PLANNING

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BHSA CPP LAUNCH

March 28, 2025

9:30 AM - 12:30 PM

BHSA CPP PROCESS

PHASE 1: OUTREACH & INPUT	PHASE 2: RECOMMENDATIONS	PHASE 3: CONSENSUS
April May June	July August September	October November December
FOCUS: Foundation Building + Outreach & Input	FOCUS: Workgroup Recommendations	FOCUS: Stakeholder Agreement

FOUNDATION BUILDING

BHSA CPT

- Affirm Shared Vision.
- Charter Workgroups focused on Integrated Plan topics.
- Analyze MH & SUD Systems, Data & Disparities.

OUTREACH & INPUT

Stakeholder Groups

- Forums
- Focus Groups
- Interviews

WORKGROUPS

- Workgroups are open to the public for full participation.
- Workgroups conduct analysis focused on specific topics and produce recommendations to the BHSA CPT for the Integrated Plan, addressing disparities.

BHSA CPT

- Reviews Workgroup recommendations for the Integrated Plan.
- Builds consensus on key recommendations for the Integrated Plan.

DRAFT BHSA CPP PROCESS

PHASE 4: INTEGRATED PLAN APPROVAL

DRAFT <small>INTEGRATED PLAN</small>	POST <small>INTEGRATED PLAN</small>	HOLD <small>PUBLIC HEARING</small>	APPROVE <small>INTEGRATED PLAN</small>		
JANUARY	FEBRUARY	APRIL	MAY	MAY/JUNE	JUNE
<ul style="list-style-type: none"> • Department Directors review. • Write draft Integrated Plan. • LA County Counsel vets Integrated Plan. • Summarize Integrated Plan in plain language. • Translate Integrated Plan. 	<ul style="list-style-type: none"> • 30-Day Public Posting • Collect and summarize feedback from stakeholder groups. 	<ul style="list-style-type: none"> • Los Angeles County Behavioral Health Commission holds a Public Hearing on the Integrated Plan and proposes changes (if any). 	<ul style="list-style-type: none"> • Los Angeles County Board of Supervisors reviews Integrated Plan, makes changes (if any), and votes to approve. 	<ul style="list-style-type: none"> • California Department of Health Care Services (DHCS) - Submission and review. 	<ul style="list-style-type: none"> • Commission for Behavioral Health (CBH) - Submission and review.

BHSA CPP ROADMAP

Preparation & Frameworks	Jan	<ul style="list-style-type: none"> • 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 feedback, and modify frameworks, as appropriate.
	Feb	<ul style="list-style-type: none"> • Capture current understanding of Behavioral Health and integrated care from the perspective of community stakeholders. • Share scope of Behavioral Health within the context of BHSA, including a continuum that covers SUD and MH service categories. • Discuss the Integrated Plan requirement in relation to the continuums. • Provide an overview of Community Program Planning (CPP) Roadmap.
	Mar	<ul style="list-style-type: none"> • Finalize stakeholder groups, engagement agreements, and CPP. • Review consensus building and decision-making process. • Finalize BHSA Member Information Form to document the social-cultural diversity of CPT members. • Conduct BHSA kickoff session on Friday, March 28th.

BHSA CPP ROADMAP

1 Foundation Building and Outreach & Input	Apr	<ul style="list-style-type: none"> • Provide a more in-depth review of the MH and SUD continuums. • Provide BHSA 101 presentation to community stakeholders (including Behavioral Health, Continuums, Integrated Plan, etc.).
	May	<ul style="list-style-type: none"> • Review unmet needs and service gaps. • Obtain information from community stakeholder groups on unmet needs and service gaps pertaining to MH and SUD.
	Jun	<ul style="list-style-type: none"> • Review unmet needs and service gaps.
2 Recom- mendations	Jul	<ul style="list-style-type: none"> • Workgroups discuss and prioritize needs within Workgroup.
	Aug	<ul style="list-style-type: none"> • Workgroups develop recommendations to address priorities.
	Sep	<ul style="list-style-type: none"> • Workgroups agree on recommendations for CPT, and articulate areas of divergence.
3 Consensus Building	Oct	<ul style="list-style-type: none"> • CPT members review Workgroup recommendations and begin building consensus on recommendations.
	Nov	<ul style="list-style-type: none"> • CPT members build consensus on Workgroup recommendations.
	Dec	<ul style="list-style-type: none"> • CPT members agree on recommendations and articulate areas of divergence.

BHSA CPP ROADMAP

4 Integrated Plan Approval	January	<ul style="list-style-type: none"> • Department Directors review. • Write draft Integrated Plan. • LA County Counsel vets Integrated Plan. • Summarize Integrated Plan in plain language. • Translate the Integrated Plan.
	Feb	<ul style="list-style-type: none"> • 30-Day Public Posting
	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	<p>California Department of Health Care Services reviews Los Angeles County's BHSA Integrated Plan.</p> <p>Commission for Behavioral Health reviews Los Angeles County's BHSA Integrated Plan.</p>
Implementation	Jul	Implementation of BHSA Integrated Plan begins.

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STAKEHOLDER CATEGORIES & GROUPS

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

1. A critical mass of 160 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

	MH	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) & Number of Representatives (41)	SUD Stakeholder Groups (8) & Number of Representatives (41)
<ol style="list-style-type: none"> 1. Cultural Competency Committee (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) 	<ol style="list-style-type: none"> 1. Cultural Competency Committee (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)

CATEGORY B: SERVICE PROVIDERS (48)

MH Stakeholder Groups (8) & Number of Representatives (12)	SUD Stakeholder Groups (8) & Number of Representatives (12)
<ol style="list-style-type: none"> 1. Association of Community Human Service Agencies (ACHSA) (1) 2. Community Health Workers/<i>Promotoras</i> (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) 	<ol style="list-style-type: none"> 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)	
<ol style="list-style-type: none"> 1. Community Based Organizations Working with Youth from Historically Marginalized Communities, and/or Underserved 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 Organizations (1) 3. Health Neighborhoods (8) 4. Labor representative Organizations/Unions (4) 5. Los Angeles County Behavioral Health Commission (2) 6. Veterans Organization (1) 	

CATEGORY C: SYSTEMS REPRESENTATIVES (34)

County (17)	<p><u>CEO</u>: Executive Office (1); Anti-Racism, Diversity & Inclusion (1)</p> <p><u>Departments</u>: 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).</p>
Education (5)	<p>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).</p>
Local Governments & Quasi-Governmental Agencies (12)	<p><u>Local Health Jurisdictions</u>: Long Beach (1) and Pasadena (1)</p> <p><u>Most Populous Cities</u>: Glendale (1); Lancaster (1); Long Beach (already included); Los Angeles (1); Santa Clarita (1)</p> <p><u>Quasi-Governments</u>: 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).</p>