LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

STAKEHOLDER ENGAGEMENT ACTIVITIES AND PROCESSES BYLAWS, POLICIES AND PROCEDURES

EFFECTIVE JULY 1, 2024

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LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

STAKEHOLDER ENGAGEMENT ACTIVITIES AND PROCESSES BYLAWS, POLICIES, AND PROCEDURES

1 PURPOSE

To establish a set of Bylaws, Policies, and Procedures that governs planning and activities for the Behavioral Health Services Act (BHSA) and engagement of community stakeholders of all backgrounds for the Los Angeles County Department of Mental Health (LACDMH/Department).

2 DEFINITIONS/ACRONYMS

1. ADA: refers to the Americans with Disabilities Act
2. ARISE: refers to Anti-Racism, Inclusion, Solidarity and Empowerment Division
3. BHC: refers to the Behavioral Health Commission
4. BHSA CPT: refers to the Community Planning Team, a state-mandated Countywide stakeholder group that collaborates with behavioral health departments to shape mental health and substance use services
5. BH Continuum of Care: refers to the array of programs and services of the integrated care system provided by LACDMH and DPH SAPC that include both BHSA and non BHSA funding
6. CAF: refers to the Client Activity Fund
7. County CEO: refers to the Chief Executive Office
8. DO: refers to Directly Operated clinics managed by LACDMH
9. DPH: refers to the Department of Public Health
10. LACDMH Administration: refers to BHSA Administration and ARISE Division
11. LACDMH ASB: refers to LACDMH Administrative Service Bureau
12. LAC ISD: refers to LAC Internal Services Department
13. SAPC: refers to Substance Abuse Prevention and Control bureau
14. Service Area: refers to how LACDMH divides its jurisdiction into eight distinct geographic Service Areas (SA).

3 STAKEHOLDER ENGAGEMENT PLATFORM OVERVIEW

This set of Bylaws, Policies and Procedures and Code of Conduct apply to all Stakeholder groups that have access to BHSA Planning funding, including but not limited to:

- **Geographic Focused Stakeholder Groups**
  - Service Area Leadership Teams (SALTs)
  - Health Neighborhoods (HNs)
  - Service Area Interfaith Collaboratives and Events/Activities
  - Peer Resource Centers (PRCs) and Clubhouses

- **Population Focused Stakeholder Groups**
  - Underserved Cultural Communities (UsCCs)
  - Peer Advocacy Council (PAC)
  - Youth Advisory Council (YAC)
  - Advisory Councils for Older Adults (OA)
  - Advisory Councils for People Experiencing Homelessness (PEH)
- **Countywide Stakeholder Collaborative Efforts**
  - Faith-Based Advocacy Council (FBAC)
  - Cultural Competency Committee (CCC)
  - Organizations and individuals involved with Stakeholder engagement activities and processes

These Bylaws, Policies, and Procedures acknowledge each group's contributions to engaging Stakeholders and promoting access to the most appropriate level of behavioral health care for the groups they represent while ensuring cultural congruence in services provided across the continuum of care. LACDMH Administration reserves the right to modify the Bylaws, Policies, and Procedures based on BHSA policy and regulations every two years, or as needed. BHSA Administration will update Stakeholders on these changes.

3.1 Geographic Focused Stakeholder Groups

3.1.1 Service Area Leadership Teams

The SALT meetings take place for each of the eight Service Areas. Meetings allow a wide range of Stakeholders to collaborate on priorities, collect vital feedback on LACDMH programs and events, and share ideas to improve access to care and the full continuum of services. SALT meetings provide the Department with information and recommendations related to the following:

3.1.1.1 Gaps in LACDMH programs, services, and systems.

3.1.1.2 Mental health services located in the SA.

3.1.1.3 Resources within the local community that support mental health well-being.

3.1.1.4 Activities and events that build capacity and strengthen the community's resilience by increasing access to mental health services and education, reducing stigma, and engaging with community stakeholders.

3.1.2 Health Neighborhoods

The HNs are geographic collaboratives that bring together health, mental health, and substance use disorder providers to establish and enhance collaborative relationships and promote the integration of whole-person care in each geographic area. There can be multiple HNs in a specific

geographic area depending on the spatial needs of the community served. Other supportive agencies and CBOs also participate in HNs. Participating service providers are linked to an extensive network of governmental and community support including, but not limited to: County and city agencies, educational institutions, housing services, Faith-Based groups, vocational supports, advocacy and non-profit organizations, prevention programs, social services, etc.

3.1.3 Service Area Interfaith Collaboratives and Events/Activities

The SA Interfaith Collaboratives bring together individuals from faith-based organizations and service providers within a specific SA to provide support, education, and create collaborative relationships that integrate mental health support and spirituality. Interfaith collaboratives have monthly meetings to share resources with Faith-Based partners and host events such as Interfaith Breakfasts, educational classes, and symposiums. SA Interfaith Collaboratives also participate in faith-based initiatives countywide, partnering with County CEO Office of Faith, the Countywide Faith Alliance and Faith efforts with other County Departments, including, but not limited to DCFS, DPH Office of Faith initiatives, and Fire and Sherrif's Faith initiatives.

3.1.4 Peer Resource Centers and Clubhouses

Peer Resource Centers (PRC) operate as drop-in centers for consumers to receive daily support, participate in voluntary programming, and engage in meaningful activities and social interactions on a walk-in basis.

LACDMH Clubhouses establish a membership structure for consumers to develop life skills, receive training for employment, and engage in various activities to improve their circumstances. Membership requires the individual to commit three hours each day attending Clubhouse programming that promotes holistic well-being.

3.2 Population Focused Stakeholder Groups

3.2.1 Underserved Cultural Communities

UsCCs represent LACDMH Stakeholders from diverse cultural communities that have been historically unserved, underserved, and/or inappropriately served. The UsCCs are countywide, community-driven, and culturally/ethnic-specific. The seven separate and distinct UsCCs include:

- Access for All
- American Indian/Alaska Native (AI/AN)
- Asian/Pacific Islander (API)
- Black and African Heritage (BAH)
- Latino

- LGBTQIA2-S+
- Middle Eastern/Eastern European (ME/EE)

UsCC meetings have been established to amplify and unify community voices, enhance cultural responsiveness, and promote equity within the behavioral health services system. These forums are intended to be safe, affirming, and collaborative spaces for community members and Department staff. UsCC meetings provide input and recommendations for:

- Programs and services across the BH Continuum of Care regardless of funding source
- Community-Defined practices designed for culturally specific groups
- Developing and improving access to care and quality services for marginalized and ethnic communities towards improved life outcomes and the achievement of statewide behavioral health goals
- Culturally specific capacity-building projects
- Community-driven projects that seek to decrease stigma, increase awareness, and champion access to behavioral health services

3.2.2 Peer Advocacy Council

The PAC is a stakeholder group that focuses on the input and feedback on mental health services from the perspective of individuals with lived experience. Input and feedback received from peers are intended to assist LACDMH and its director/executive management by providing peer insight for the design, development, implementation and ongoing operation of LACDMH programs, services and workforce initiatives that specifically impact and/or are impacted by peers/consumers of services.

3.2.3 Youth Advisory Council

The YAC is a Countywide youth-driven advisory council. Council members are youth between the ages of 13 and 26 who provide input and feedback on county services across all county departments that provide services to the youth population.

3.2.4 Other Ad Hoc Population Focused Stakeholder Groups

- **Advisory Councils for Older Adults (OA)–** Includes ad hoc groups that focus on input and feedback of peers/consumers age 60 and older
- **People Experiencing Homelessness (PEH)** – Includes ad hoc groups that focus on input and feedback of peers/consumers that are unhoused or have lived experience of being unhoused

3.3 Countywide Stakeholder Collaborative Efforts

3.3.1 Faith-Based Advocacy Council

The FBAC was established under the Mental Health Services Act (MHSA). As MHSA transitions to BHSA, FBAC has a strategic plan to work collaboratively with other Faith-Based groups on efforts and activities that

reduce stigma through the integration of Faith Based beliefs, efforts, and activities with programs and services offered through the BH Continuum of Care. Through the integration of traditional and non-traditional behavioral health services and the integration of faith practices, FBAC and its partners promote hope, wellbeing, and recovery. The FBAC, in partnership with LACDMH, the SA Interfaith Collaborations, the CEO Office of Faith, the Faith Alliance and Faith Based efforts with other County Departments, strives to increase the capacity of the public behavioral health system and implement strategies that foster the intersection of mental health treatment and spiritual resources toward whole person's wellness.

3.3.2 Cultural Competency Committee

The CCC serves as an advisory group to guide the use of culturally congruent practices in all Behavioral Health Programs and Services. It also collects and uses data to inform services that seek to improve outcomes for marginalized groups. The CCC membership includes the cultural perspectives of consumers, family members, advocates, DO providers, contracted providers, and community-based organizations.

3.3.3 Organizations and individuals involved with Stakeholder engagement activities

Additional Stakeholder groups with access to funding from LACDMH BHSA Planning funds are subject to terms and conditions of these Bylaws, Policies, and Procedures.

4 GUIDING PRINCIPLES

Stakeholder groups under these Bylaws, Policies, and Procedures are dedicated to promoting and increasing community membership and participation that reflects LAC's diverse population and the cultures they represent and serve. Meeting spaces are inviting and community-driven for consumers, family members, cultural brokers, and service providers. Stakeholders are encouraged to voice their opinions, share their concerns, and offer their recommendations, insight, and feedback on LACDMH programs and events. All groups strive to produce priorities and recommendations to guide the Department in:

- Developing assessments for community needs.
- Planning, implementing, and monitoring programs and services and their outcomes through data-driven strategies.
- Offering recommendations for the improvement, evaluation, and budget consideration of programs and events.

4.1 Stakeholder Group Objectives

Stakeholder groups collaborate with LACDMH Administration to ensure that the Department's programs and services recognize, include, and appropriately respond to the different geographic, cultural, and ethnic needs of their communities. Stakeholder groups develop activities based on community needs, values, principles, and expectations. Objectives include:

4.1.1 Ensuring all Stakeholder group meetings are open and accessible to the public. Stakeholders must meet all accessibility requirements under the ADA that are requested 10 business days prior to the meeting.

4.1.2 Meeting participants' geographic, cultural, and linguistic needs.

4.1.3 Actively engaging consumers, family members, cultural brokers, service providers, County Departments, and members of special interest groups.

4.1.4 Actively planning and coordinating mental health promotional events (for SALTs) or capacity-building projects (for UsCCs and FBAC) that serve the geographic and/or cultural communities towards mental health education, referral, linkage, and stigma reduction.

4.1.5 Creating a consistent, community-driven platform for all Stakeholder groups, which includes consumers, family members, cultural brokers, service providers, and members of special interest groups.

4.1.6 Engaging in activities for in-reaching to unserved, underserved and inappropriately served groups, expanding representation, and supporting stakeholders in the creation of an engagement plan to increase representation and membership.

4.1.7 Actively recruiting a diverse group of members to participate and support in the Stakeholder groups.

4.2 Stakeholder Groups Co-Chair Executive Committees

All stakeholder groups under these Bylaws, Policies, and Procedure operate with leadership within their groups which includes elected co-chairs or appointment of an Executive Committee by each group. These elected/appointed group leaders collaborate with their respective membership and DMH Liaisons/DMH Program Managers on meeting content and facilitation, managing and planning the budget concerns/goals for their group, and developing community planning and engagement activities and projects that build capacity within the group.

5 STAKEHOLDER MEETING STRUCTURE AND REQUIREMENTS

5.1 General Requirements

Stakeholder meetings are not governed by the Brown Act; therefore, the following meeting structure and general requirements will be used to ensure meetings are structured in an open, yet orderly fashion. All Stakeholder groups that represent a geographical, cultural, and countywide collaborative group perspective shall convene at least monthly. The BHSA CPT meets quarterly and offers an array of monthly subject matter workgroups and forums for participants. All meetings are open to the public with business conducted openly and transparently. All meetings are recorded, and all meeting minutes, materials, and recordings are made available, posted, and distributed within one week prior to the next scheduled meeting. LACDMH shall provide reasonable accommodation under the ADA to those who require and request it at least 10 business days

before the meeting. DMH Liaisons should submit all accommodation requests directly to the ARISE Division at ARISELAS@dmh.lacounty.gov for further requests, protocols and direction. Accommodation shall include, but is not limited to:

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

Meeting agendas will be based on the Stakeholder group's current activities. Topics include:

- Presentations (formal or informal) on issues pertinent to the community
- Updates from LACDMH Liaisons and LACDMH Administration
- Open discussions regarding capacity-building projects and group specific priorities for presentation and discussion at the larger BHSA CPT meetings
- Advocacy for priorities and recommendations for the behavioral health system

Meeting agendas are developed in collaboration among the group's elected Co- Chairs, the LACDMH Liaison, and/or the LACDMH Administration before regularly scheduled meetings. All formal and informal presentations, guest speakers, trainings, and workshops must be approved by the group's LACDMH Administration and scheduled by the Liaison. Co-Chairs are prohibited from scheduling speakers without prior LACDMH approval.

Attendance at Stakeholder meetings shall be recorded and submitted by the Liaison using an in-person or electronic sign-in sheet. SALT and UsCC attendance reports must be submitted quarterly on September 30, December 30, March 30, June 30 to the following email boxes:

SALTs - communitystakeholder@dmh.lacounty.gov

UsCCs - UsCC@dmh.lacounty.gov

5.2 Stakeholder Group Membership (Composition and Requirements)

Membership shall be open to eligible participants ages 12 and older. When applying to become a General voting member of a Stakeholder group, prospective members shall state the Stakeholder group and their interests. Voting members shall include individuals from the following primary Stakeholder backgrounds:

- Consumers of mental health services and/or individuals with lived experience
- Community members, especially those who represent marginalized and culturally isolated groups
- Peers, Family Members, and Caregivers of Consumers
- Cultural Brokers (one who builds relationships to increase community capacity)
- Members of the BHSA CPT, SALTs and UsCCs
- Youth (12-17)
- Transitional Aged Youth (16-25)
- Individuals and multi-generational families
- Justice involved individuals
- Law Enforcement / Probation
- Non-Managerial Mental Health, Social Services, and Substance Use providers
- Individuals representing cities in Los Angeles County
- Individuals representing local agencies on aging
- Individuals representing various types of housing, support and providers
- Veterans and Veteran advocacy organizations
- Persons living with disabilities including individuals from the deaf and hard of-hearing community, individuals with low vision, and other physical disabilities
- Developmental Disability Organizations
- 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, LGBTQI2-S+, age-specific advocacy groups, etc.
- Governmental entities and other County Departments (other than LACDMH)
- Commissioners from non-BHSA boards Behavioral Health, Health Equity, Immigration and Homeless advocacy organizations
- Individuals who represent health care service plans, including Medi-Cal managed care plans
- Neighborhood Council representatives
- Tribal and Indian Health Programs Representatives

5.2.1 Speaking in Stakeholder Meetings

All participants are allowed to speak or ask questions during Stakeholder meetings. Individual comments made in Stakeholder meetings will be limited to two minutes, at which point the individual must yield the floor to other individuals waiting to speak. Individuals may get back into the comment queue to request another two minutes to speak. The two-minute speaking rule excludes the individual chairing the meeting, individuals with a scheduled presentation in the agenda, and individuals requesting ADA accommodation. For individuals requesting ADA accommodation, an additional one minute will be permitted.

5.2.2 Presentations

Impromptu presentations are not permitted in the meeting unless the membership agrees through an emergency general motion. The LACDMH Liaison gives the final approval. Otherwise, presentations must be listed on the planned agenda that outlines the time allotted for the speaker to present and respond to questions and answers.

5.2.3 Issues/Actions Requiring a Vote

Issues/Actions that are raised during the meeting that require membership approval must be placed for consideration when a voting member raises a formal motion. The member voicing the motion must state their name and state the motion. The motion must be recorded and reflected in the meeting minutes. A second voting member must state their name and second the motion, then the other voting parties can vote to approve, reject, or abstain from the vote by show of raised hands (in person or virtually). Votes shall be counted. Meeting minutes shall reflect the number of votes and the number of voters who motioned.

5.3 Voting Privileges

Voting eligibility shall fall under two distinct categories: General membership votes and Durable membership votes. The LACDMH Liaison will determine if an election is for General membership or Durable membership vote. Voters are encouraged to attend monthly meetings to stay updated with the stakeholder group and cast informed votes during the election process.

General membership votes will typically be for one-time consideration such as SALT events, community activities, and meeting presentations. General membership voters must attend two meetings prior to eligibility to vote. They may start voting at the third meeting they attend.

Durable membership votes shall include longer term impact on the group including Co-Chair elections, capacity-building projects, and CPT representation and voting. To acquire Durable membership voting, individuals

must attend six nonconsecutive meetings for their group within the last year. Individuals can attend meetings in-person, virtually on Teams, or by telephone. Members must sign in to the meeting electronically or in-person.

To maintain Durable membership voting, individuals must attend six regular monthly meetings in the last year, excluding special training and events. Failure to meet this requirement revokes Durable membership voting.

Voting takes place during regularly scheduled monthly meetings on decision items (e.g., motions, events and capacity-building projects) that have been discussed in a prior meeting or via email notification at least one week before. Decision items must receive 51% of the voting membership's approval to pass.

Given the geographic considerations that impact SALTs, Durable and General voting are restricted to those who meet the above attendance requirements and reside, have businesses, or receive mental health services in the SA. For UsCCs, voting is restricted to those who meet the above attendance requirements and are a member of the UsCC group.

SALTs and UsCCs are separate entities. Members may only have Durable voting privileges for a maximum of one SALT and one UsCC. For example, an individual may be eligible for General voting membership for multiple SALTs and UsCCs.

However, an individual can only be eligible for Durable voting membership for one SALT and one UsCC selected by the individual.

Liaisons are responsible for tracking monthly meeting attendance to validate members' General and Durable voting eligibility. BHSA Administration will provide a tracking template for Liaisons to utilize (Exhibit I-Attachment IV). All votes will be verified by the Liaison. Voter identity will not be publicized and only be used by LACDMH.

5.4 Co-Chair Qualifications

Required qualifications for Co-Chairs include:

5.4.1 Demonstrated investment in their Stakeholder group and a connection to a network of diverse organizations.
5.4.2 Commitment to coordinate with LACDMH, other Stakeholder groups and their Co-Chairs, local organizations, and the public at large.
5.4.3 Willingness to promote, report, and inform their community about LACDMH, and vice-versa informing LACDMH on their community.
5.4.4 Well-regarded as a positive role model to Stakeholder members.
5.4.5 Displays strong and effective leadership, facilitation, and communication.

5.4.6 Shows consistency, reliability, direction, and a goal to attend all Stakeholder group meetings.

5.4.7 Conducts business and all interactions in a professional, dignified, and respectful manner.

5.4.8 Ability to de-escalate conflict and redirect discussions back to the approved agenda.

5.4.9 Permanent, full-time resident of Los Angeles County.

5.4.10 Co-Chair behavior must not violate the Code of Conduct (Exhibit II).

5.5 Co-Chair Responsibilities - Meeting Facilitation and Stakeholder Group Representation

Co-Chairs solely represent the interests of their stakeholder group and serve effectively and dutifully in their advisory role to LACDMH. The Co-Chair must not advocate on behalf of their own self-interest. Co-Chairs facilitate Stakeholder group meetings with the support of Liaisons and the LACDMH Administration. Prior to the monthly meetings, Co-Chairs are expected to:

5.5.1 Meet with assigned LACDMH Liaisons and Administration to plan agendas.

5.5.2 Address issues pertaining to community concerns and the administrative function, goals, and objectives of the Stakeholder group.

5.5.3 Report data to LACDMH using templates provided by BHSA Administration (Exhibit I)

5.5.4 Represent solely the interests and official position of their Stakeholder group at LACDMH's BHSA CPT meetings, monthly BHC meetings, and other relevant platforms.

5.5.5 UsCC and FBAC Capacity Building Projects: Co-Chairs for these groups are responsible for facilitating brainstorming and group discussions related to planning capacity-building projects, leading the discussion, drafting, and developing content for the Statement of Work (SOW) under the BHSA Master Agreement. Co-Chairs will collect input from the Stakeholder group on any updates or changes to the SOW requested by its voting members. Co-Chairs will communicate these changes to the Liaison.

5.5.6 Attend BHC Meetings and collaborate on the written and verbal report with the LACDMH Liaison. The Written Report uses a template provided by BHSA Administration (Exhibit I). The Written Report template should be completed during discussion with the group membership and should provide monthly updates and activities for the group. Liaisons shall assist Co-Chairs to prepare the monthly written report for BHC general meetings (i.e. exclude Executive Committee Meetings). The report should highlight key activities and identify ways in which the BHC can work collaboratively with the group to address issues and challenges reported. The report shall be submitted to: communitystakeholder@dmh.lacounty.gov.

A verbal report is also required for the monthly general BHC meetings (i.e. exclude Executive Committee Meetings). The Liaison facilitates discussion with the group to identify the individual giving the verbal report during the public comment period of the regular BHC meeting. Reports should not be a word-by-word reading of the written version. Liaisons shall assist the individual with developing a cohesive verbal report for the allocated three minutes.

5.6 Co-Chair Attendance Requirements

Co-Chairs must notify the LACDMH Liaison in advance of any planned or unplanned absence. A pattern of repeated absences from required Co-Chair activities may result in suspension or abandonment of the Co-Chair position.

5.6.1 Co-Chairs for all Stakeholder groups must commit to attend:

- Annual Co-Chair Orientation in July
- In-person BHSA Stakeholder CPT meetings to provide input on behalf of their Stakeholder group
- 100% of the Joint Outreach and Engagement meetings
- In-person monthly BHC public meetings to present a written and verbal report on their SALT, CCC, or UsCC activities

5.6.2 Co-Chairs must commit to chair:

- 100% of the agenda planning for their Stakeholder group in collaboration with the LACDMH Liaison
- 100% of their monthly Stakeholder Group Meetings

5.7 Leadership Committee Meetings

Co-Chairs are responsible for working with the LACDMH Liaison to schedule and attend monthly leadership/planning meetings. Co-Chairs shall develop the agenda, events, and projects that will be discussed and voted on at their monthly Stakeholder group meetings.

5.8 Co-Chair Terms

All Co-Chairs terms last two fiscal years. Terms start on the first of the fiscal year (July 1) and expire at the end of the second fiscal year (June 30). To facilitate this standardization, elections shall be conducted in either May or June, and the new Co-Chair shall assume duties on July 1, providing they have completed or scheduled the following:

5.8.1 Complete Mandatory Co-Chair Orientation and Packet (Exhibit III)
5.8.2 Register as a County vendor
5.8.3 Submit the Co-Chair application at the beginning of every fiscal year
5.8.4 Sign and agree to the LACDMH Co-Chair Statement of Duties (Exhibit III)

6 LACDMH LIAISON RESPONSIBILITIES

LACDMH shall provide Stakeholder groups with LACDMH Liaisons to assist with Stakeholder group meetings and prioritize a safe space for all participants. Liaisons are impartial, non-voting members who are willing to collaborate with the Department and Stakeholders. Liaisons represent LACDMH and must ensure agendas and dialogue are relevant to the Department. Liaison responsibilities include, but are not limited to:

- Apply and enforce the bylaws to support stakeholder meetings
- Identify and mentor potential future Co-Chairs
- Collaborate on a written and verbal report for the monthly BHC Meetings using a template provided by BHSA Administration (Exhibit I)
- Submit activity report each month to poeadmin@dmh.lacounty.gov
- Track and report meeting attendance for the purposes of future voting activities (Exhibit I)
- Facilitate CAF trainings to Stakeholder group members
- Track and save all onboarding documentation for CAF and Co-Chairs
- Verify information in the CAF application (name, address, and vendor number) matches LAC system records
- Process CAF invoices within 30 days of the monthly claim

6.1 Membership Recruitment

Liaisons shall participate in outreach and engagement activities on behalf of BHSA Administration. Liaisons assist with recruitment efforts to help diversify and increase group membership. Liaisons must consider that members represent a range of backgrounds, including age, ethnicity, race, sexual orientation, gender, geographic location, and socioeconomic status.

6.2 Meeting Facilitation and Code of Conduct Support

Liaisons assist facilitating stakeholder group meetings by enforcing the Bylaws, Policies, and Procedures, and ensuring official group decisions are communicated to BHSA Administration.

Liaisons must ensure meetings are a comfortable and safe space for stakeholders, Co-Chairs, and LACDMH staff. Liaisons will support the coordination of cultural competency training for Co-Chairs.

LACDMH Administration, with administrative access to the Stakeholder meeting on MS Teams, reserves the right to make final decisions on the safety and efficiency of meetings.

6.3 Attendance

Liaisons track and record the voter eligibility status of group members. Attendance will be recorded virtually or in-person through a sign-in sheet, the MS Teams meeting chat, or an electronic sign-in sheet. Liaisons will notify members if their

term eligibility has nearly expired.

Liaisons monitor the attendance of Co-Chairs to ensure they maintain their eligibility to serve as Co-Chair and receive a monthly Co-Chair stipend. Liaisons must also ensure that Co-Chairs submit their Co-Chair Agreement at the beginning of the fiscal year, regardless if the Co-Chair receives a stipend or not. Liaisons shall:

- Initiate all monthly meetings by notifying participants the meeting will be recorded and transcribed with MS Teams
- Uphold proper meeting decorum and inform participants the meeting will be terminated if there is a disruption
- Track attendance for General members and elected Co-Chairs to verify General voting rights and Durable voting rights (Exhibit I)
- Review and verify that submitted paperwork, such as stipend applications and CAF invoices, match with LACDMH records
- Verify that Co-Chair information (name, email, phone number, vendor number) is accurate and up to date
- Submit quarterly attendance reports and annual Co-Chair applications to BHSA Administration (CAFCoChair@dmh.lacounty.gov)
- Alert BHSA Administration (cafcochair@dmh.lacounty.gov) of any changes in Co-Chair status including new and terminated Co-Chairs

6.4 Minutes

Liaisons use a template for meeting minutes provided by the BHSA Administration (Exhibit I). Liaisons identify the individual who will take minutes for the meeting. Artificial Intelligence in any form cannot be used to take minutes.

Liaisons must develop and set the meeting agenda based on minutes from the previous meeting. Liaison must send the agenda and the draft minutes of the previous meeting to the distribution list one week prior to the next scheduled meeting. Once the minutes and relevant documentation from the previous meeting have been approved, the minutes will be uploaded and published on the Departmental microsite.

6.5 Logistics

Liaisons must coordinate all logistics and provide administrative support for the Stakeholder group meetings, including, but not limited to:

- ADA-approved accommodation
- Translated materials, such as presentations and agendas
- Interpretation services for the threshold languages

- Locate and secure meeting venues
- Distribute meeting announcements and reminders
- Identify the completion and delivery of meeting minutes
- Record and transcribe meetings for members to access later
- Supply resources for virtual meetings
- Attend the Enhanced MS Teams Safety Training
- Schedule presentations, trainings, workshops, and guest speakers

LACDMH Administration must be given administrative access to all Stakeholder group meetings to help maintain proper decorum as necessary.

6.6 Reports and Data

Reports and Data shall be clear and free of jargon/acronyms.

6.6.1 Monthly Written and Verbal Reports for the BHC

The Written Report uses a template provided by BHSA Administration (Exhibit I). The Written Report template should be completed during discussion with the group membership and should provide monthly updates and activities for the group. Liaisons shall assist Co-Chairs to prepare the monthly written report for BHC general meetings (i.e. excludes Executive Committee Meetings). The report should highlight key activities and identify ways in which the BHC can work collaboratively with the group to address issues and challenges reported. The report shall be submitted to: communitystakeholder@dmh.lacounty.gov.

A verbal report is also required for the monthly general BHC meetings (i.e. excludes Executive Committee Meetings). The Liaison facilitates discussion with the group to identify the individual giving the verbal report during the public comment period of the regular BHC meeting. Reports should not be a word-by-word reading of the written version. Liaisons shall assist the individual with developing a cohesive verbal report for the allocated three minutes.

6.6.2 Demographic Data

Liaisons shall provide demographic data utilizing the template provided by BHSA (Exhibit I). Demographic data includes: age, gender, ethnicity, and service needs, and data on all ethnic/cultural groups.

6.6.3 Planning Data

Liaisons shall share key BHSA planning data and reports to Stakeholder groups. Liaisons shall communicate Stakeholder groups' questions and concerns to BHSA Administration.

6.6.4 Data Requests

Liaisons shall request departmental data and reports from the BHSA

Stakeholder & Community Engagement Administrative Unit and distribute information to Stakeholders. Liaisons shall report updates, changes, and relevant information from the Stakeholder group to BHSA Administration.

6.7 Approval of CAF Stipend Claims

Liaisons are responsible for reviewing, approving, processing, and maintaining record of CAF stipend claims as follows:

6.7.1 Verify the forms are accurate and updated with the correct name, address, and vendor number, and that forms are completed and signed

6.7.2 Approve stipend claims with an electronic signature

6.7.3 Submit completed CAF claim forms electronically to: CAFCoChair@dmh.lacounty.gov

Liaisons shall keep an accurate and updated log of CAF stipend claims. Liaison must retain these records for two consecutive fiscal years. Prior to receiving stipends for meetings, individuals must complete a mandatory CAF Orientation annually to process the CAF stipend (Exhibit IV).

6.8 Annual Budget

LACDMH provides each Stakeholder group with an annual budget to engage in planning and capacity building activities. Capacity building activities include securing adequate meeting space, providing light refreshments, planning programming, training, and engagement for the group. LACDMH will support Stakeholder groups in hosting or participating in events and projects that align with BHSA goals and planning guidelines. Durable voting members must vote and approve proposals that use portions of the annual budget. Each group's budget allocation will be confirmed at the beginning of each fiscal year (July 1).

6.9 Planning Projects for UsCCs and the FBAC

Liaisons for UsCCs and FBAC are responsible for supporting Co-Chairs in writing and finalizing the SOW for planning projects under the BHSA Master Agreement. Liaisons are responsible for submitting the finalized Statement of Work to BHSA Administration for processing the solicitation under the BHSA Master Agreement.

Liaisons also monitor the implementation of planning projects and share challenges and issues for resolve with the Co-Chairs. Liaisons ensure contract compliance and payment under the fee schedule based on the Master Agreement. Liaisons and Co-Chairs will schedule regular meetings with contracted agencies to address implementation timelines and challenges to ensure outcome measures are captured, collected and reported to BHSA Administration.

7 ADOPTION

Now therefore, these Bylaws, Policies, and Procedures, and all associated Exhibits contained herein for BHSA Stakeholder Engagement Activities and Processes under the LACDMH are adopted and are issued to all Stakeholder groups.

Revisions or updates to these Bylaws, Policies, and Procedures will be made in accordance with State or local regulations.

LACDMH will revise and update the adopted bylaws based on the two-year election cycle. Input, feedback, and recommendations to revise the bylaws may be received at any time during the two-year cycle. During election years (even numbered) input must be received on or before April 15th. Input, recommendations, and feedback should be submitted to communitystakeholder@dmh.lacounty.gov.