



**California Association of Local Behavioral Health  
Boards and Commissions**

# **Community Engagement**

**Ensuring Community & Professional Involvement  
At All Stages of the Local Planning Process**

The CA Association of Local Behavioral Health Boards & Commissions (CALBHB/C) supports the work of California's 59 local mental/behavioral health boards/commissions. [www.calbhbc.org](http://www.calbhbc.org)

**Planning Requirements** *of the Behavioral Health Agency*

**Tools & Best Practices** *for:*

Review

Recommendations

**Listening Sessions:** *A tool for engagement & research*

# Planning Requirements *of the Behavioral Health Agency*

## **Cultural Competence Plans** Requirements

## **Performance Improvement Plans (PIPs)** County EQRO Report “PIP Summaries”

## **MHSA\* Community Program Planning (CPP)** Requirements: CPP (One-Page)

\* MHSA: “Mental Health Services Act” [www.calbhbc.org/mhsa-plans--updates](http://www.calbhbc.org/mhsa-plans--updates)

# Cultural Competence Plans

## Local Agency Staff Requirements

Cultural Competence Plans and annual updates are required.

**Website Posting** is required on the county website – <https://dmh.lacounty.gov/ccu/>

**Criteria** – Plans are required to address the following:

1. **Commitment** to cultural competence
2. Updated **assessment** of service needs
3. **Strategies and efforts** for reducing racial, ethnic, cultural, and linguistic mental health disparities
4. Client/family member/community **committee**: integration of the committee within the county mental health system (*Often called the “Cultural Competence Committee”*)
5. Culturally competent **training** activities
6. County's commitment to growing a Multicultural **workforce**: hiring and retaining culturally and linguistically competent staff
7. **Language** capacity
8. **Adaptation** of services

[Los Angeles County 2022 Cultural Competence Plan Update \(460 Pages\)](#)

# Performance Improvement Plan (PIP)

5

## Local Agency Staff Requirements

**Performance Improvement Plans (PIPs)** focus on specific administrative or clinical performance in order to **improve access to** and **quality of Medi-Cal services:**

### **Specialty Mental Health Services (SMHS) PIP**

County & Statewide Reports:

[www.calegro.com/mh-egro](http://www.calegro.com/mh-egro)   [2022-23 L.A. County Report](#)

## DEFINITION

**CPP** is a component of the Mental Health Services Act. It is a state-mandated **PARTICIPATORY** process, requiring community collaboration to:

- 1) **Assess** current capacity
- 2) **Define** populations to be served
- 3) **Strategize:** Determine strategies to provide effective programs that are:
  - a) **Culturally Relevant**
  - b) **Client and Family Driven**
  - c) **Wellness, Recovery and Resilience-focused**
  - d) **Integrated:** Provide an Integrated Service Experience for Clients & Families

# MHSA Community Program Planning (CPP): FUNDING

- Community Services and Supports (CSS) – 76% of Funding
  - **Community Program Planning (CPP) - up to 5% of Funding**
  - Capital Facilities & Technological Needs (CFTN)
  - Workforce Education and Training (WET)
  
- Prevention & Early Intervention (PEI) - 19% of Funding
  
- Innovations (INN) (5 years for INN for small counties) – 5% of Funding

More info at: [www.calbhbc.org/mhsa-plans--updates](http://www.calbhbc.org/mhsa-plans--updates)

## PARTICIPANTS

**CPP** requires the following participants:

- 1) Stakeholders** (listed on next slide)
- 2) Underserved Participants**
- 3) Demographic Diversity**
  - a) Geographic Location
  - b) Age
  - c) Gender
  - d) Race/Ethnicity





# MHSA Community Program Planning:

## STAKEHOLDERS

9

3-Year Plans and Updates shall be developed with local stakeholders, including:

- **Adults** with Severe Mental Illness
- **Seniors** with Severe Mental Illness
- **Families** of Children, Adults & Seniors with Severe Mental Illness
- **Providers** of Services
- **Law Enforcement** Agencies
- **Education**
- **Social Services** Agencies
- **Veterans** and Representatives from Veterans Organizations
- Providers of **Alcohol** and **Drug** Services
- **Health Care** Organizations
- Other important interests.

[CA WIC 5848 \(a\)](#)

# MHSA Community Program Planning (CPP): PROCESS

10

CPP Process requirements include:  
See [CPP One-Pager](#) for detail)

- 1) Staffing
- 2) Training
- 3) Outreach
- 4) Local Review
- 5) Documentation

## Outreach Example:

### Indigenous Wellness Cohort



AMERICAN INDIAN/ALASKA NATIVE COMMUNITY

**INDIGENOUS WELLNESS COHORT:**  
CREATING TOOLS FOR COMMUNITY

We're seeking 25 self-identified Indigenous community members from all areas of Los Angeles County to participate in an 8-week cohort that will support the development of an Outreach and Engagement Toolkit, a training video, and a Community Wellness Forum in November 2021. The goal of this project is to increase community involvement in mental health services and also help wellness providers working with the Indigenous community. Participants will receive a \$200.00 stipend.

**COHORT MEETINGS WILL BE HELD ON THURSDAYS FROM 4PM-6PM ON:**  
July 8th • 15th • 22nd • 29th  
August 5th • 12th • 19th • 26th

Register by Friday, June 18<sup>th</sup>. Participation confirmation will be sent via email.  
For any questions please contact Elena Nourrie at [elena@icowellness.com](mailto:elena@icowellness.com)  
Register: <http://bit.ly/IndigenousWellnessCohort>

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

Need to be connected to mental health services? Call 800-854-7771 (ext. 1) for mental health referrals and crisis services.

# Tools & Best Practices *for:*

## Review

Below are suggested key elements when reviewing mental health offerings:

- 1) **Accessibility** – Are offerings accessible and engaging to the population that you represent? Do they need to be scaled?
- 2) **Recommended Practices** – Do offerings meet the needs of the population that you represent?
  - a. Clients and Family Members Treated with Dignity and Respect?
  - b. Culturally Responsive/Relevant?
  - c. Evidence-Based? (*and culturally appropriate*)
  - d. Trauma-Informed?
  - e. Include Peer Providers?
  - f. Community Defined Evidence Practices? (*if applicable*)
  - g. Wellness-Focused?
- 3) **Sustainability** – Are programs sustainable? What gaps/barriers need to be addressed?
- 4) **Performance** – What is the impact of mental health offerings on the population that you represent? Resource: [Performance Outcome Data](#)

# Tools & Best Practices *for:*

## Recommendations

### 1) Identify Issues

- Meetings, listening sessions, public forums, personal contacts/experience
- Presentations (by staff, community advocates, contractors)
- Liaisons – Participate with community organizations, cultural groups, religious organizations, neighborhood groups, and other local organizations.
- Performance Outcome Data: [www.calbhbc.org/performance/los-angeles](http://www.calbhbc.org/performance/los-angeles)

### 2) Research

- Speakers, Panels and/or Staff Reports *that can inform the issue*
- Co-Chairs and/or workgroup to *discuss and draft recommendation*
- Full Committee/Team/Group *discuss and finalize recommendation*

### 3) Advise – Recommend goals and services that meet the diverse needs of your community! Advise the:

- Mental Health Commission
- Mental Health Department Staff

# Listening Sessions

*for* Engagement and Research

“Listening Sessions” are a suggested tool for Mental Health Department staff.

- 1. Outreach**
- 2. Recommended Components**
- 3. Facilitator Guide**
- 4. Requested Conduct**

# Listening Sessions: Outreach

**A. Engage Leadership:** Establish relationships with leaders of organizations (examples: Hispanic Chamber of Commerce, Tribal Organization, Older Adult Community Center, Hmong Community Group, LGBTQ+ Group, Religious Institution). Request an **individual meeting** with leaders (request 1/2 hour meeting) to learn how they became involved with the organization, and what they care about related to mental/behavioral health.

**B. Listening Sessions** - Collaborate with organizational leadership to facilitate “Listening Sessions” with their membership, staff and the people they serve.

*See “Recommended Components” & “Facilitator Guide” on the following slides.*

**C. Increase Effective Offerings**

- Incorporate “Listening Session” comments into planning efforts
- Maintain relationships to increase and sustain collaboration and engagement

# Listening Sessions: Recommended Components

- 1) **Facilitators – Review “Facilitator Guide” and “Conduct” in advance** with facilitators (facilitators can be mental/behavioral health agency staff, or individuals from the community organization)
- 2) **Room(s) that can accommodate small group conversation(s)** (ideally no more than 6 people per conversation group).
- 3) **Opening remarks** from Organizational Leadership & Mental/Behavioral Health Staff, that includes
  - **Description of objectives**, such as: To learn people’s personal experience (“stories”) related to mental/behavioral health, including issues/gaps/barriers and successes in order to identify ways to increase effective mental/behavioral health offerings to the community, including community practices known to the particular group to be beneficial to mental wellness.
  - **Explain “Listening Session” Format:** Explain that we will break down into small groups of 6 people for ½ hour listening sessions. Each group will have a facilitator (facilitator could be behavioral health staff or individuals from the community organization)
- 4) **Closing Remarks** - Reconvene everyone for closing remarks from Organizational Leadership and Mental/Behavioral Health Staff.

# Listening Sessions: Facilitator Guide

## Facilitator Guide

1. Group(s) of 6 people or less (seated in circle if possible). One facilitator per group.
2. Everyone should have a chance to speak (5 minutes/person)
3. Ask people to “**Listen**”, and **not react** to each other (Review “**Conduct**” Slide 17)
4. Explain that we are looking especially for “Stories” around issues or successes. Stories have a beginning, a middle and an end.
5. Ask for permission to interrupt (to redirect, clarify, or allow next person to speak.)
6. Take notes and/or ask someone in the group to also take notes. People are also welcome to write their experiences on the colored paper provided ([Sample Form \(Word\)](#), [\(PDF\)](#) on slide 18)



# Listening Sessions: Requested Conduct

17

1. Focus on **Listening** to each person – *Not Reacting*
2. **One person** speaks at a time – *No side bars*
3. Focus on **Personal Experience** (“Story”)
4. Keep **Comments Short** if possible – *Do not monopolize.*
5. Silence **Cell Phones** (*if possible*)
6. **Person-First Language**

**Listening Session**  
**Regarding Mental Health Issues/Feedback**  
**(e.g. Crisis Services, Housing, Employment, Children, Older Adults)**

**Gaps:** Do you have a story regarding issues affecting you, your family or your community?

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**Successes:** Do you have a story regarding the successful impact of a mental health program?

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Name (Optional) \_\_\_\_\_

# Thank you!

**Community and professional involvement throughout the planning process is key to increasing and sustaining successful services.**

**You are experts in your own experience,  
and that expertise is welcome and needed.**

**Thank you for helping to increase mental wellness!**

# Resources

## **Cultural Issues**

[www.calbhbc.org/cultural-issues](http://www.calbhbc.org/cultural-issues)

## **Issue Pages (35+)**

[www.calbhbc.org/newsissues](http://www.calbhbc.org/newsissues)

## **Mental Health Services Act**

[www.calbhbc.org/mhsa-plans--updates](http://www.calbhbc.org/mhsa-plans--updates)

## **Performance**

[www.calbhbc.org/performance](http://www.calbhbc.org/performance)

## **Trainings**

[www.calbhbc.org/training](http://www.calbhbc.org/training)