

Community Engagement

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



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

MHSOAC
Mental Health Services
Oversight & Accountability Commission

Role of Local MH/BH Boards/Commissions

- MHS Community Program Planning
- Cultural Competence Plans

MHSA Community Program Planning (CPP)

- Definition
- Funding
- Participants
- Process
- Tools for Staff & Stakeholders
 - Data
 - Conduct
 - Listening Sessions



Role of Local MH/BH Boards/Commissions

“**REVIEW** and **APPROVE** the procedures used to ensure citizen and professional involvement at all stages of the planning process...” (WIC Duty #4)

MHSA Community Program Planning (CPP)

- Requirements: CPP One-Pager
- Staff Presentations/Updates throughout the year
- Member(s) attend CPP public events and/or stakeholder meetings
- Review CPP information in MHSA Plans/Updates, including MHSA Innovation Plans

Cultural Competence Plans

- Requirements: CA Department of Health Care Services is in the process of updating plan requirements.
- Staff Presentations/Updates
- Member(s) attend Cultural Competence Planning Meetings
- Review and approve Cultural Competence Plans

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**

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- 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

MHSA Community Program Planning (CPP): **PARTICIPANTS**

CPP is a state-mandated **PARTICIPATORY** process, requiring the following participants:

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



MHSA Community Program Planning: **STAKEHOLDERS**

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 \(a\)](#)

Community Program Planning (CPP): PROCESS

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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 18th. Participation confirmation will be sent via email.
For any questions please contact Elena Nourrie at 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 for Staff & Stakeholders:

PERFORMANCE OUTCOME DATA

Children & Youth	Criminal Justice	Employment	Hospitalization	Housing
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www.calbhbc.org/performance

<u>Alameda</u>	<u>Humboldt</u>	<u>Merced</u>	<u>San Bernardino</u>	<u>Solano</u>
<u>Alpine</u>	<u>Imperial</u>	<u>Modoc</u>	<u>San Diego</u>	<u>Sonoma</u>
<u>Amador</u>	<u>Inyo</u>	<u>Mono</u>	<u>San Francisco</u>	<u>Stanislaus</u>
<u>City of Berkeley</u>	<u>Kern</u>	<u>Monterey</u>	<u>San Joaquin</u>	<u>Sutter-Yuba</u>
<u>Butte</u>	<u>Kings</u>	<u>Napa</u>	<u>San Luis Obispo</u>	<u>Tehama</u>
<u>Calaveras</u>	<u>Lake</u>	<u>Nevada</u>	<u>San Mateo</u>	<u>Tri-City</u>
<u>Colusa</u>	<u>Lassen</u>	<u>Orange</u>	<u>Santa Barbara</u>	<u>Trinity</u>
<u>Contra Costa</u>	<u>Los Angeles</u>	<u>Placer</u>	<u>Santa Clara</u>	<u>Tulare</u>
<u>Del Norte</u>	<u>Madera</u>	<u>Plumas</u>	<u>Santa Cruz</u>	<u>Tuolumne</u>
<u>El Dorado</u>	<u>Marin</u>	<u>Riverside</u>	<u>Shasta</u>	<u>Ventura</u>
<u>Fresno</u>	<u>Mariposa</u>	<u>Sacramento</u>	<u>Sierra</u>	<u>Yolo</u>
<u>Glenn</u>	<u>Mendocino</u>	<u>San Benito</u>	<u>Siskiyou</u>	

Tools for Staff & Stakeholders:

CONDUCT

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1. Active **Listening** www.calbhbc.org/conduct
2. Focus on **Issues**
3. **Person-First Language**
4. **No Swearing**
5. **No Personal** Attacks or Criticism (of self or others).
6. **One person** speaks at a time – No side bars.
7. Keep **Comments Short** if possible—Do not monopolize.
8. Limit **Acronyms** –“When in doubt, spell it out.”
9. Silence **Cell Phones**

Facilitator Guide

1. Groups of 6 people or less (seated in circle if possible)
2. Everyone should have a chance to speak (5 minutes/person)
3. Ask people to “**Listen**”, and **not react** to each other
4. 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 \(Word\)](#), [\(PDF\)](#)).

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?

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

Name (Optional) _____

Resources

Conduct

www.calbhbc.org/conduct

Cultural Issues

www.calbhbc.org/cultural-issues

Mental Health Services Act

www.calbhbc.org/mhsa-plans--updates

Performance

www.calbhbc.org/performance

Trainings

- [MHSA Community Program Planning](#)
Includes: [Recorded Training](#) [One-Pager](#)
- [MHSA: Role of MHB](#) (15 Minute Module)
- [MHSA: Fiscal](#) (15 Minute Module)
- [Unconscious Bias](#) (Recording)

Issue Briefs

[Board & Care](#)

[Children & Youth TAY](#)

[Criminal Justice](#)

[Crisis Care Continuum](#)

[Disaster Prep/Recovery](#)

[Employment](#)

[LGBTQ+](#)

[Older Adults](#)

[Performance](#)

[Suicide Prevention](#)

More at: www.calbhbc.org