9:50-10:00 AM
➢ Now is your Pre-Webinar Opportunity to Check In
➢ Please use the Question Box to introduce yourself or tell us what you learned from Homework

The ABC’s of Advocacy Webinar Series
Webinar B: Best Community Planning Practices in Public Mental Health

Funded by the U.S. Substance Abuse & Mental Health Services Administration (SAMHSA) State Consumer Network Grant

camhpro.org  www.facebook.com/camhpro
The ABC’s of Advocacy Webinar Series

Webinar B: Best Community Planning Practices in Public Mental Health

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This CAMPRO training is based on material originally developed under partnership with Peers Envisioning & Engaging in Recovery Services (PEERS) and revised by CAMPRO with funding from the Mental Health Services Act through the Mental Health Services Oversight Commission (MHSOAC). Many consumer leaders have brought their wisdom to this training. Special thanks to Victoria Meredith for editing.

camhpro.org

www.facebook.com/camhpro
Webinar Format—How to Participate

1. **Polling Questions In-webinar**, click box to choose best answer. We will show poll results.

2. **Raise Hand to Agree to a question posed** by clicking on hand near your name.

3. **Questions box--type in question, an answer to a question or your comment.** We will try to read, send to all and address questions during the web

4. **At the end of the webinar please complete the training evaluation.**

   *You may download all handouts from the control panel*

   **Poll #1 How many on your monitor**
CAMHPRO’s Mission

• The California Association of Mental Health Peer-Run Organizations (CAMHPRO) is a non-profit consumer-run statewide organization

• Members are consumer-run organizations and programs, and individuals.

• Empower, support, and uphold the rights of consumers, eliminate stigma, and advance self-determination and choice.

• Organizational membership and individual member applications are on our website https://camhpro.org/
CAMHPRO Presenters

- Karin Lettau, MS, Director of Training
- Sally Zinman, Executive Director
# Stakeholder Training

<table>
<thead>
<tr>
<th>CAMHPRO Training</th>
<th>Web A: Advocacy Basics</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABC’s of Advocacy Webinar Series</td>
<td>Web B: Best Community Planning Practices</td>
</tr>
<tr>
<td>Local Onsite Advocacy County Workshop</td>
<td>Web C: Community Planning; How to Work it</td>
</tr>
<tr>
<td></td>
<td>D: Delivering the ABC’s of Advocacy (6 hours) Upon request</td>
</tr>
</tbody>
</table>
AGENDA

• What we learned from Webinar A: Advocacy Basics, Stakeholder Regulations, Resources and Homework
• Mental Health Services Act (MHSA) stakeholder community planning best principles & practices applied to different stakeholder roles.
• How it Works: Different types of County meetings and different stakeholder roles and how to prepare
• What to look for in county plans and budgets
• Resources
• Next Steps
Overview

What We Learned from Web A

The MHSA Guiding Principles & Practices
A guide to use the MHSA Core Values applied to gathering meaningful stakeholder input for Community Program Planning

What to Look for in County Plans

County Meetings: How it Works
Variety of Meetings & Stakeholder Roles
Meeting Mechanics and Etiquette
How to Prepare Before, During, After

Summing It Up &

NEXT STEPS
What We Learned from Web A

Advocacy Basics
Web A: Advocacy Basics

• **Advocacy**: Asserting yourself to get your needs or others’ needs met.

• **Stakeholders**: All those affected by mental health issues, consumers, family members and others

• Due to inhumane treatment, stereotypes and stigma (false beliefs), the **Consumer movement** rose, greatly contributing to the mental health recovery vision with key values that include hope, empowerment, respect, choice, social connections, self-determination

• **People CAN & do RECOVER**
• Consumers and the MH community pushed Prop. 63: Mental Health Services Act (MHSA): This is the law to change the system to be recovery-based and consumer and family-driven, that engages underserved groups with funding from a tax on millionaires.

• The MHSA Core Values are based on consumer & family values

• The MHSA demands a robust community stakeholder planning process, but all counties do it differently.

• All Counties are mandated to include meaningful stakeholder participation in planning, budgeting and implementation of mental health services with key regulations for public input on the annual and 3-year plans before approval.
### Web A - MHSA Components Program Examples

<table>
<thead>
<tr>
<th>Component</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Services &amp; Supports (CSS)</td>
<td>- Wraparound Full Service Partnerships (FSPs) usually include housing, Wellness Centers, Consumer/Family Run Programs, Clubhouses</td>
</tr>
<tr>
<td>Prevention &amp; Early Intervention (PEI)</td>
<td>- Suicide Prevention, Anti Stigma, Youth Centers, DV &amp; Trauma Services, children’s school program</td>
</tr>
<tr>
<td>Workforce Education &amp; Training (WET)</td>
<td>- Student Loan Repayment, Peer/Family Support Employment Training, Recruitment &amp; Retention of Ethnic, Racial Diverse</td>
</tr>
<tr>
<td>Innovations (INN)</td>
<td>- Novel short-term to try out, learning project, peer respite centers, Faith Based, Hoarding</td>
</tr>
<tr>
<td>Capital Facilities &amp; Technological Needs (CF/TN)</td>
<td>- Acquiring buildings for recovery-based programs in communities, electronic records transition, tele-psychiatry</td>
</tr>
</tbody>
</table>

Raise your hand if you work or receive services in an MHSA funded program
How’d you do with the Home/Lifework?

• Find out what your county program planning process schedule.
• When and where is your Behavioral Health Board is held.
• Discuss with at least 3 people.

• Polling questions #4, #5, #6:
  • What did you find about your county program planning process?
  • Did you find out when and where your Behavioral Health Board/Council is held?
  • Did you have an interesting discussion with others about this assignment?
The MHSA Guiding Principles & Practices

A guide to use the MHSA Core Values applied to gathering meaningful stakeholder input for Community Program Planning
Based on work CAMHPRO did with Peers Envisioning & Engaging Recovery Services (PEERS) and Resource Development Associates (RDA) on a MHSA Contract through the MHSOAC from 2012 to 2014

The identified principles & planning practices are suggestions that may strengthen local planning processes.

They are rooted in the MHSA values.

CAMHPRO now refers to these guidelines as Best Community Planning Practices.

**All County MHSA Coordinators and Staff have **NOT** received formal training on these practices.**

We believe they are valuable for ALL to use. **Poll #7**
Community Services & Supports-CSS

Consumer & Family Run Programs

Services meet needs of unserved, underserved, inappropriately served

Innovations – INN

Capital Facilities & Tech Needs

Prevention & Early Intervention-PEI

Workforce Education & Training-WET

Community Planning

15 Guiding Principles & Practices

Community collaboration

Client Driven

MHSA Values:

Family Driven

Cultural Competence

Wellness, Recovery & Resilience Focused

Integrated Services

MHSA Values:

Consumer Values:

Hope

Personal Empowerment

Respect

Social Connections

Self-responsibility

Self-determination

Roots, Veins & Fruits of the Mental Health Services Act-MHSA
How’d We Come Up with the MHSA Best Community Planning Practices

• Gathered Info from Each County
  • Focus Groups, Surveys, Key Informant Interviews
  • Study of County Annual Reports on stakeholder planning process

• Inventoried & Analyzed Info
  • Workgroup meeting of stakeholders
  • Built agreement and understanding on MHSA Confirmed 15 MHSA Principles & Practices
How’d We Come Up with the MHSA Best Community Planning Practices continued

• CAMHPRO/PEERS defined practices for 3 groups of Stakeholders

• Charted examples of practices as applied to 3 different groups of Stakeholders to use
  1. County staff or facilitators of planning meetings
  2. Consumer or family member
  3. Community Based Organization (CBO) or service agency or provider

• For more information see CAMHPRO website or go to
1. Use the MHSA values and concepts as a foundation to develop and to conduct all County Community Program Planning (CPP) activities.

2. Focus on strengths and aspirations.

3. Leverage existing resources.


5. Plan and prepare for each CPP activity in advance.

6. Develop partnerships.

7. Be transparent.
8. Make the purpose, expectations, and impacts of stakeholder participation explicit.


10. Train stakeholders to meaningfully participate in CPP activities.

11. Be inclusive.

12. Use multiple methods of outreach.

13. Fairness.


15. Plan for the long haul.

Raise your hand if these seem important to you
How do Guiding Principles Apply to Different Stakeholder Groups?

Consumers & Family Members

Community-based agencies, Service providers

County or Facilitator of Meetings

See chart in handout or access at: https://camphro.files.wordpress.com/2016/08/mhsa-best-community-planning-principles-and-practices1.pdf
1. **Use the MHSA values as a foundation** to conduct all Community Program Planning (CPP) activities:
   - Community Collaboration, Cultural Competence, Client & Family Driven, Wellness, Recovery, and Resiliency Focused, Integrated Services

**County or Facilitator:** Bear in mind the power differential between meeting facilitators and attendees, while focusing on everyone’s ability to contribute to common goals. Be open to discussion and sharing decision-making power in the spirit of collaboration.

**Consumers/Family Members:** Consider the points of view of others. Create new partnerships. Keep the greater good in mind.
10. **Train stakeholders** to meaningfully participate in planning

**County or Facilitators:** Make sure that stakeholders have a good, working understanding of county services, functions, and the decision-making process.

**Consumer/Family Members:** Request and participate in training activities – both formal and informal. Ask meeting facilitators questions about the process and how to participate. Then teach what you’ve learned to more consumers/family members.

**Community Agency or Provider:** Request and partner with consumer/family agency expert trainers to train staff/people served. Budget time/$ for staff involvement in community program planning.
8. Make the purpose, expectations, and impacts of stakeholder participation very clear.

**County/Facilitator:** Let stakeholders know how their input will be used.

**Stakeholder:** Respectfully but clearly let the county meeting facilitator know your expectations:

- that your questions will be answered,
- that you will be given feedback about decisions they make,
- and you will be told about any issues that may arise regarding your input during and after the meeting.
7. Be transparent

**County/Facilitator:** Model clear, open, and consistent communication. Be direct about roles, responsibilities, and how much authority participants will have for decision-making throughout the process.

**Consumers/Family Members:** Speak honestly about needs, goals, and possible solutions that might impact you on a personal level as well as on your community.
San Mateo County Behavioral Health & Recovery Services (BHRS)

MHSA Community Program Planning (CPP) process
Three-Year Program and Expenditure Plan FY 14/15 - FY 16/17

Phase 1. Needs Analysis

**Community Input** on experience with mental health services
What’s working well?
What are the gaps in service (populations underserved or unserved, barriers)?
Recommendations for improvement?

**Process:**
1) Review and synthesize various current assessments conducted
   - Community Service Areas planning
   - ODE and Health Equity Initiatives
   - Collaboratives Strategic Plans
2) Seek input on additional service gaps and recommendations; incl process input
   - MHSA Steering Committee
   - Office of Consumer Affairs
   - North County Outreach Collaborative
   - EPA Behavioral Health Advisory Group
   - Follow up with missing voices

April - May

Phase 2. Strategy Development

**Community Input** on MHSA components and programs
Share and discuss Phase 1 findings - is the interpretation appropriate?
Discuss specific MHSA component and program needs and prioritize service gaps
Identify and prioritize strategies

**Process:**
1) Strategy Session with general and large group input/discussion and small group
   breakouts by component (CSS, PEI, WET, INN), large group prioritization
2) Community Input Sessions to share results of Strategy Day and seek add’l input
   - MHSARC
   - Diversity and Equity Council
   - Change Agents
   - Geographic-based (Coast, Nth, Mid, Sth)
3) Review prioritized strategies and draft strategic plan

June - July

Phase 3. Plan Development

**Community Input** on Final Plan

**Process:**
1) Presentation to the Mental Health Steering Committee and Public Comment
   Period opens
2) Public Hearing hosted by the Mental Health and Substance Abuse Recovery Commission
3) BoS adoption of plan
4) Submission of plan to the Mental Health Services Oversight and Accountability Commission

August - September

For questions and/or comments, contact Doris Estremera, MHSA Manager at (650)573-2889 or destremera@smcgov.org

7. Transparency
7. Transparency

WORKGROUPS/COUNCILS
Inclusive of clients & family, that focus on priorities for children, adults & older adults

INPUT
Two-way communication, Information on the MHSA & collection of community input

San Diego County
Mental Health Services Act
Community Planning Process

MENTAL HEALTH BOARD
Reviews plan, provides recommendations & support; Hosts public hearing

BOARD of SUPERVISORS
Reviews and approves annual update (expenditure plan)

Internal Experts & Other Sources

- Gap Analysis
- Unserved & Underserved
- Evaluation/Outcomes
- Evidence Based Practices

Informs the process
3. **Leverage existing resources.** Partnerships, collaboration, sharing, establish unity and build on success.

*County/Facilitator:* Tap into established community partnerships to reach a wider audience and expand collaborations.

*Consumer/Family member:* Identify what is working well and include that in the recommendations. Offer community resources, locations and connections that can help meeting facilitators to reach and include more people.
**12. Use multiple methods of outreach** for a broader audience

- **County/Facilitators:** Go where the people are already meeting and active, especially those beyond purely mental health-related venues. Build on momentum of existing community partnerships and share resources. Consider technologies to overcome barriers of geography.

- **Consumer/Family members:** Provide County information on community agencies as good partners to reach more people, venues as alternative meeting locations to include people otherwise excluded; and strategies to reach more diverse participants.
13. Dedicate efforts to increase accessibility. Fairness, safety and a welcoming environment. Use universal accessibility guidelines for planning and conducting meetings. Consider technologies that may overcome barriers of language, institutional isolation and disability.

- **Example Situation:** Key stakeholders include a group of immigrants granted asylum who experienced torture, and the stakeholder process site is located next to a military complex.

- **Example Solution:** Request a different location to be trauma-responsive and to allow participation of all stakeholders. Ask for accommodations whenever needed.
32. Leverage existing resources.
&
12. Use multiple methods of outreach.
&
13. Increase Accessibility

- **County/Facilitator:** Use agency and community resources to be effective and broaden outreach.

- **Consumer/Family members:** Take collective action, take action together to meet objectives that are part of holistic or overall goals. Consider how institutions and issues are interconnected.
5. Plan and prepare for each Community Program Planning activity in advance, that meetings are well organized, conducted in a language stakeholders speak/understand, & facilitators are respectful of stakeholders’ cultures.

- **County/Facilitator:** Consider the meeting atmosphere and take steps to maintain a warm, open and welcoming environment; prepare all information important to discussions that are anticipated, as well as feedback related to previously discussed issues.

- **Consumer/Family member:** Participate at a level that is personally appropriate and comfortable, researching issues to be discussed beforehand and preparing positions individually and collectively.
5. Plan and prepare for each Community Program Planning activity in advance

MHSA Steering Committee
Sacramento
County Meetings: How it Works

Variety of Meetings & Stakeholder Roles
Meeting Mechanics and Etiquette
How to Prepare Before, During, After
How it Works & How to Participate at Meetings

Reasons for Meetings:

Special Stakeholder Meetings: To gather Input or Feedback from stakeholders specifically on new proposed ideas, community needs, programs or policies, e.g. MHSA stakeholder planning

Regular/Monthly Meetings: For standing members to evaluate, discuss, plan, make decisions on a plan, approve, to put a plan for a new program or policy into action, and to discuss old business. This usually includes a time for non-members to briefly give public comment on the topic before a vote for approval begins.

Stakeholder Involvement:

• As county/facilitator of Special Meetings, or
• As standing member of regular meetings, or
• As general public stakeholder giving public comment, input or feedback in special or regular meetings

• Poll #8
<table>
<thead>
<tr>
<th>County Meeting</th>
<th>Frequency</th>
<th>Input—Your Role</th>
<th>Type of Input</th>
</tr>
</thead>
</table>
| Mental Health Board, BH Council—ADVISORY, DECISION MAKING | Usually 1x/month              | General public comment each month, & sometimes specific, (public hearing after 30 day release of Draft plans) | • Gather info, identify gaps in services  
• Give input on plans |
| Board of Supervisors—BOS, FINAL DECISIONS on County plans & budget | Several times a month         | General public comment & specific comment on agenda action items before vote.     | • Gather info  
• Input on plans |
| County MH Planning Council/Committee, PLANNING ADVISORY | Monthly or only by project    | Public Comment more informal usually. May raise issues of influence.             | Decision-making, plan if member                   |
| County System of Care (Adult, Children’s, TAY, Cultural Comp. Housing, QI…) Council ADVISORY | Usually 1x/mo. If exist       | Public Comment more informal usually.                                            | Input on plans if members,                        |
## County Special Stakeholder Planning Meetings

<table>
<thead>
<tr>
<th>County Meeting</th>
<th>Frequency</th>
<th>Input—Your Role</th>
<th>Type of input</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key informant interviews--of diverse representatives of groups--CAN HAVE HIGH IMPACT</td>
<td>As needed for Community Planning</td>
<td>Same prepared questions, individual</td>
<td>Gather info, gaps</td>
</tr>
<tr>
<td>Focus Groups done for diverse groups--CAN HAVE IMPACT</td>
<td>As needed for Community Planning</td>
<td>Discuss prepared questions/review something</td>
<td>Gather info, gaps</td>
</tr>
<tr>
<td>MHSA Regional Forums, Town Halls, 30-200 people CAN HAVE IMPACT</td>
<td>Usually throughout County</td>
<td>Open to all</td>
<td>Gather info, gaps Feedback on plan</td>
</tr>
<tr>
<td>Surveys/Questionnaires</td>
<td>As needed</td>
<td>Wide distribution</td>
<td>Gather info, gaps</td>
</tr>
<tr>
<td>Workgroups, (may be composed of members from regular County meetings) Strategy Roundtable CAN HAVE HIGH IMPACT</td>
<td>By project</td>
<td>Often closed</td>
<td>Planning</td>
</tr>
</tbody>
</table>

Raise your hand if you’ve been to any of these type meetings
Sample MHSA Community Planning Impact

**Gathering Info INPUT:**
- ID funding
- ID service
- Gap in Community

**Gathering INPUT:**
- County begins community planning & conducts further needs assessment.
- Focus Groups, Surveys, Interviews, Community Input Sessions

**DECISIONS/PLANNING**
- County forms advisory/stakeholder steering committee or workgroup to create plan. Strategy Roundtables to get needs assessment and develop plan.

**INPUT on Proposed Plan**
- Formal 30 day notice of plan & public hearing (comment) at MHB for stakeholder input before County Admin makes final changes.

**INPUT on Plan**
- Plan provided to County & for presentation to stakeholder community meetings.

**DECISIONS/PLANNING**
- Series of activities for reporting back to stakeholders. More strategy roundtables to refine plan.

**INPUT/FEEDBACK**
- County Administration submits final plan to Board of Supervisors for vote. Public Comment.

Plan ready to go out to community for request for proposal.
Know Your Laws

- **The Behavioral Health Board or Council shall review:**
  - Draft Annual Update Plan
  - Draft 3 year Program & Budget Plan

- **Circulated for review and comment for at least 30 days to representatives of stakeholder interests...”**

- **Before Vote: At the close of the 30–day comment period...conduct a public hearing on the ... [1.] draft three-year program and expenditure plan and [2.] annual update**

- **...review the adopted plan or update and make recommendations to the county mental health department for revisions.”** *(Welfare & Institutions Code, Section 5848. (a & b))*

- **Board of Supervisors make final approval**
Using an Agenda to Navigate Meetings

Different types of meetings have different structures and procedures.

• The agenda will be your basic guide to
  • what will be discussed,
  • what may be decided,
  • in what order
  • when and how you may provide input
Agenda for Gathering Stakeholder Input/Feedback

Town hall event, community forum or focus group usually

- Single topic or issue
- Presentation on topic(s)
- Type of input feedback desired
- Participants comment, question, discuss
- Time limit on comments
Agenda at Planning/Decision Making Meetings

Regular, formal or ongoing committees or boards, usually

- Several issues or topics
- For each topic a presentation or update
- Questions and discussion by regular committee members
- If the committee will vote/take other action, public comment will be taken
- Rules for conducting meetings (Robert’s Rules of Order)
Meeting Culture and Etiquette: What to Expect & How to Prepare: Before a Meeting, Collaborate to Plan

- **Come 15 minutes early**
- **Ask for and review agenda, past meeting minutes**—official notes of what was covered and decided in previous meetings.
- **Collaborate with others**
  - Find out who your allies and supporters are
  - Prepare in advance, especially if a key issue is at stake
  - Study Agenda—most, like Behavioral Health Board, must be available at least 3 days in advance online, sign up to receive email notices
  - Study Background Materials if available in advance
- **Learn with/from peers how meetings work**
  - Agenda, Minutes
  - Annual plan
  - Brown Act
Meeting Culture and Etiquette: What to Expect & How to Prepare: During a Meeting

• Observe Etiquette
  • Notice interactions, how people dress, act in the audience and on the council
  • Mechanics of meeting: Robert’s Rules of Order?

• Listen, take notes & network to find more allies and supporters

• Collaborate with others
  • If addressing an issue during public comment, divide different points among peers
Peer Support Before & After A Meeting
Collaborate to Plan & Debrief

• Debrief and Learn with Peers
  • Discuss what worked
  • What could improve and lessons learned
  • Next steps for re-grouping

• You are part of *something larger than yourself*—the people who agree with you, the communities you represent, a community of advocates
What to Look for in County Plans
Plans Reviewed by Mental Health Board/Council

- Draft MHSA Annual Plan & Update
- Draft MHSA Three Year Program & Expenditure Plan
- Counties must submit documentation describing the review process
Read the MHSA Plan

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Expenditures by Functional Area
Total Budget: $564.3 million

Study your County Expenditures
What to Look for in Draft Plans and Expenditures—examples

• **Peer program preferences**
  - Are Peer Support specialists in all county programs?
  - Are services in the community & accessible to target population?
  - Is there a County recovery orientation?
  - Does each Program require meaningful Client/Family Advisory Groups?
  - Are there enough Peer-run and Peer-operated services?

• **Outcomes**
  - Are outreach efforts engaging unserved, underserved, inappropriately served?
  - Are all age groups & are racial/ethnic/cultural, and LGBTQ groups being served appropriately
  - Are people living in Board & Cares and other institutions being assisted to progress & to integrate into living in the community independently?
What to Look for in Draft Plans and Expenditures—examples

• **Budget**
  
  • Are Consumer/Family Member employment positions in the MH system being sustained/grown?
  
  • Is there **ongoing County funding for Peer Workforce Education & Training (WET) programs**, since previous county WET- specific funds are expiring?
  
  • Are there Peer-Run Respite/Crisis facilities being funded under any of the MHSA monies?

**Poll #10**
Summing it Up &
What did we learn today?

• **Stakeholders have a purpose and input in all public County meetings:**
  • Regular meetings, ongoing where proposals or decisions are made,
  • Special meetings, like for community program planning for gathering stakeholder input/feedback to improve services
What did we learn today?

• **Mechanics of meetings**: Agendas, minutes and draft plans are guides for how meetings run and details of County plans: the what, why, how, for whom, and where services are planned.

• **County facilitators and stakeholders have a great guide**, the MHSA Best Stakeholder Community Planning practices to ensure meaningful stakeholder involvement, when it is used.
Homework

• Attend a public County meeting or look for one to watch online and study the meeting culture and etiquette. Take notes on what you notice.

• Write a couple sentences on how you, your agency, or your County can better practice the MHSA Best Stakeholder Practices for Community Program Planning based on what you learned here.

• Discuss with at least 3 people.
### Mendocino County Behavioral Health Advisory Board

**Meeting Schedule 2018**

<table>
<thead>
<tr>
<th>Month</th>
<th>Date</th>
<th>Time</th>
<th>Location</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>17th</td>
<td>10:00</td>
<td>WISC Office Atlantic Room 472 E. Valley Road, Willits and Seaside Room 778 S. Franklin St., Fort Bragg</td>
<td>Via Video Conferencing</td>
</tr>
<tr>
<td>February</td>
<td>21st</td>
<td>10:00</td>
<td>Redwood Valley</td>
<td></td>
</tr>
<tr>
<td>March</td>
<td>21st</td>
<td>10:00</td>
<td>Conference Room 1, 1120 S. Dora St., Ukiah and Seaside Room 778 S. Franklin St., Fort Bragg</td>
<td>Via Video Conferencing</td>
</tr>
<tr>
<td>April</td>
<td>18th</td>
<td>10:00</td>
<td>Yuki Trails Conference Room, 23000 Henderson Rd., Covelo</td>
<td></td>
</tr>
<tr>
<td>May</td>
<td>16th</td>
<td>10:00</td>
<td>WISC Office Atlantic Room 472 E. Valley Road, Willits and Seaside Room 778 S. Franklin St., Fort Bragg</td>
<td>Via Video Conferencing</td>
</tr>
<tr>
<td>June</td>
<td>20th</td>
<td>10:00</td>
<td>Boonville Veterans Building 14470 Hwy 128</td>
<td></td>
</tr>
<tr>
<td>July</td>
<td>18th</td>
<td>10:00</td>
<td>Seaside Room 778 S. Franklin St., Fort Bragg and Conference Room 1, 1120 S. Dora St., Ukiah</td>
<td>Via Video Conferencing</td>
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<tr>
<td>August</td>
<td>15th</td>
<td>10:00</td>
<td>Point Arena 225 Main Street, Point Arena</td>
<td></td>
</tr>
<tr>
<td>September</td>
<td>19th</td>
<td>10:00</td>
<td>Conference Room 1, 1120 S. Dora St., Ukiah and Seaside Room 778 S. Franklin St., Fort Bragg</td>
<td>Via Video Conferencing</td>
</tr>
</tbody>
</table>

### CA County Behavioral Health Board Meetings, Websites & Members

**Revised Feb/2019**

- We could find when, where, if of consumers, names & affiliation.

<table>
<thead>
<tr>
<th>County</th>
<th>County Local Boards &amp; Commissions Website</th>
<th>CAMHPRO Added Meeting Date, Time, Location &amp; Member App.</th>
<th>Agenda, Minutes Accessible</th>
<th># Consumer Members of Total</th>
<th>Names of C/F Members listed</th>
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<td>1. Alameda</td>
<td><a href="http://www.acgov.org/boths.htm">http://www.acgov.org/boths.htm</a></td>
<td><a href="http://www.adchcs.org/nrh/meetings.htm">http://www.adchcs.org/nrh/meetings.htm</a></td>
<td>Most recent Agenda &amp; Minutes</td>
<td>5/15 Consumer or FM</td>
<td>Names, Districts, vacancies; No Affiliation</td>
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<td>Pop: 1.35 Mil.</td>
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<td>1/23/19 vacancy</td>
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<td>1/23/19 vacancies</td>
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<td>9/23/19</td>
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Visit Your Behavioral Health Board Meet? See CAMHPRO Chart of County BHB
Type in the question box your Questions or Comments
Next Training

• **What:** Webinar C: Community Stakeholder Planning; How to Work It

• **When:** In two weeks 10:00 AM

• **Registration:**
  [https://attendee.gotowebinar.com/register/5649432977026437123](https://attendee.gotowebinar.com/register/5649432977026437123)

• **What will be covered:**
  • Use of the Best MHSA stakeholder community planning practices
  • How to Work It: Putting the pieces together
  • How to compose and give public comment.
  • How to get on decision-making boards/councils.
  • Next steps to being a meaningful stakeholder.

• **Access to recordings of all webinars, slides, materials, and resources at**
  [https://camhpro.org/webinars/](https://camhpro.org/webinars/)
Please Complete Post-Survey Right After This!

• It only takes a minute
• Thank you in advance!

Raise you hand if you learned something today!
Thank you for your commitment!

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• sallyzinman@gmail.com

Karin Lettau, MS
• Director of Training, CAMHPRO
• klettau7@gmail.com