MHSA: COMMUNITY PROGRAM PLANNING (CPP)

DEFINITION: Community Program Planning (CPP) is the state-mandated, community collaboration process that is used to: assess the current capacity, define the populations to be served and determine strategies to provide effective MHSA-funded programs that are: 1) Culturally Competent; 2) Client and Family-Driven; 3) Wellness, Recovery and Resilience-focused; and 4) Provide an Integrated Service Experience for Clients and their Families. *(See below for state code (CCR and WIC).)

PARTICIPANTS

1) **Stakeholders**
   a. Adults and Seniors with severe mental illness (SMI)
   b. Families of children, adults and seniors with SMI
   c. Providers of Mental Health and/or Related Services
   d. Law Enforcement Agencies
   e. Educators and/or Representatives of Education
   f. Social Services Agencies
   g. Veterans
   h. Representatives from Veterans Organizations
   i. Providers of Alcohol and Drug Services
   j. Health Care Organizations
   k. Other important Interests

2) **Underserved Participants** – Representatives of unserved and/or underserved populations and their family members.

3) **Demographic Diversity:** Reflecting the diversity of the demographics of the county, including but not limited to:
   a. Geographic Location
   b. Age
   c. Gender
   d. Race/Ethnicity

PROCESS

1) **Staffing –** The county shall designate positions and/or units responsible for the coordination and management of the CPP Process to include facilitating participation by the participants listed above.
2) **Training** for county staff and stakeholders as needed.
3) **Outreach** to clients with serious mental illness and/or serious emotional disturbance, and their family members, to ensure the opportunity to participate
4) **Local Review** process must occur prior to submitting 3-year plans and Annual Updates to include a 30-day public comment period followed by a public hearing
5) **Documentation**: MHSA 3-Year Plans and Updates must include a description of the local stakeholder process including:
   a. Date(s) of the meeting(s)
   b. Any other planning activities conducted
   c. Description of the stakeholders who participated in the planning process in enough detail to establish that the required stakeholders were included
   e. Description of how stakeholder involvement was meaningful
   f. Dates of the 30 day review process
   g. Methods used by the county to circulate for the purpose of public comment the draft of the plan to representatives of the stakeholder's interests and any other interested party who requested a copy of the draft plan
   h. Date of the public hearing held by the local mental health board or commission
   i. Summary and analysis of any substantive recommendations received during the 30-day public comment period
   j. Description of substantive changes made to the proposed plan
   k. The local MH/BH agency must provide written explanations (in an annual report) to the governing body and DHCS for any substantive recommendations made by the local MH/BH board/commission that are not included in the final plan or update. (WIC 5848 (b) and (f)

***CCR, 9 CA ADC § 3200, 3200.060, 3200.270**, **3200.90**, **3300, 3315, 3320)** and **WIC 5848(a)**