

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
CHILDREN’S SYSTEMS OF CARE AND MHSA PREVENTION BUREAU**

**Prevention and Early Intervention
Development of Regional Prevention Networks for
At-Risk Children, Youth and Families
Mid-Year Adjustment to the MHSA 3 Year Program and Expenditure Plan
Fiscal Years 2017-18 through 2019-20**

November 22, 2017

Background

The Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan (Plan) addresses identified service gaps in key unserved and underserved focal populations. The Plan provides an opportunity for the Los Angeles County Department of Mental Health (DMH) to review MHSA funded programs and services and solicit feedback from stakeholders on those services. Through the implementation of MHSA, DMH has made great strides to create a continuum of services for each age group ranging from prevention to early intervention to an array of intensive community services and supports.

The stakeholders identified a gap in service programs focused on providing trauma-informed prevention and early intervention supports for at-risk children, youth and families. DMH proposes to leverage MHSA Prevention and Early Intervention (PEI) funding to expand mental health services and supports to augment existing services provided by the Department of Children and Family Services (DCFS) and their subcontractors, Department of Health Services (DHS), and the Department of Public Health (DPH) to children and youth currently or at-risk of involvement with DCFS and/or Probation Department (Probation) services. The goal of this expansion is to implement a set of strategies that will:

- 1) Expand and augment existing early intervention supports for children and youth involved in the child welfare system with a focus on:
 - reducing prolonged detention of children and youth in the system;
 - minimizing foster care placement and/or permanency disruptions; and
 - monitoring ongoing care and reinforce engagement in services
- 2) Augment existing preventative community supports provided to at-risk children and youth to promote protective factors and diminish risk factors for entering the child welfare system and/or probation services. The proposed preventative services will increase outreach and training through:
 - DCFS Regional Prevention and Aftercare Networks (P&As); and
 - DPH home visiting services

- 3) Provide training to Regional Prevention Network partners about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness when serving at-risk children, youth and families.

Target Population

Expanded services provided through the proposed expansion programs will create opportunities to serve DCFS involved children and youth (birth to 21 years of age) and their parents/relatives and other caregivers and children/youth at risk of involvement with DCFS and/or Probation. Proposed services will promote integrated services with other County Departments and community partners serving this population.

MHSA Components

The proposed expansion projects are programs identified as Prevention and Early Intervention components: Prevention, Early Intervention, and Outreach for Increasing Recognition of Early Signs of Mental Illness.

Proposed Plan Change and Expansion Project Descriptions

The following are proposed expansion projects/changes to the MHSA Three Year Program and Expenditure Plan by PEI Component.

I. Early Intervention Projects (Estimated Cost: \$6 Million Annually)

1. **Expansion of mental health services provided to DCFS involved children and youth at County operated Medical Hubs:** LA County Medical Hubs are responsible for providing medical services to DCFS involved children and youth. Hubs provide (1) initial medical examinations for children placed into foster care; (2) forensic evaluations for assessment of children who are suspected victims of physical abuse, sexual abuse, or neglect; (3) ongoing primary care as the medical home for DCFS involved children and youth; and (4) follow up exams for children and youth seen at home by a DCFS Public Health Nurse. Currently, DMH provides mental health services to 1,400 children annually through the 4 existing county operated Hubs located at Harbor-UCLA Medical Center, High Desert Regional Health Center, Martin Luther King, Jr. Multi-Service Ambulatory Care Center, and Olive View-UCLA Medical Center. Greater service capacity is needed to serve additional children that would benefit from mental health early interventions, specifically the provision of evidence based practices, including Seeking Safety and Managing and Adapting Practices (MAP). DMH proposes to hire fifty-two (52) mission critical staff to provide these additional services at 4 existing Hubs and eighteen (18) staff for 2 new Hubs. Hub staff will provide mental health clinical assessments and brief early intervention evidence based mental health treatment. This expansion will enhance the trauma-informed care package that will be provided to children/youth and their families and provide community and multi-agency support. It is estimated that the proposed expansion will allow DMH to serve over 17,000 DCFS children/youth per year across all Medical Hubs sites.

Outcomes:

In addition to collecting required demographic data for children and youth served by this expansion, the Youth Outcome Questionnaire for Early Intervention Strategy will be used to collect early intervention outcomes data and will be administered at the beginning of assessment or treatment and at the end of the evidence-based practice. The estimated annual cost of \$6 Million includes the cost 52 new positions for existing 4 Hubs (\$4.4 Million annually) and 18 new positions for 2 new Hubs (\$1.6 Million annually).

II. Prevention Projects (Estimated Cost: \$39 Million Annually)

- 1. Provide community based activities and supports that seek to prevent at-risk children, youth and families from developing a potentially serious mental illness through the expansion of the DCFS Prevention Aftercare Networks:** DCFS contracts with ten (10) community-based providers for the provision of P&A services. There is a P&A provider located in each of the eight (8) County Service Planning Areas (SPAs) and 2 countywide providers for services to American Indians and Asian Pacific Islanders. P&As provide community based services and supports with the aim of stopping child maltreatment before it occurs, mitigating risk factors associated with child abuse/neglect and/or reentry into the child welfare system. DMH proposes to augment P&As services by providing support to the P&As to offer preventative mental health services to at-risk children, youth, and families. P&As prevention services will focus on hosting community based activities and events that provide at-risk children/youth and families with an array of information on available mental health and other local supports that promote physical, social and mental health wellbeing and outcomes. Education and supports provided to at-risk children/youth and families will focus on decreasing risk factors for developing a potentially serious mental illness. Risk factors experienced by P&A clients include, but are not limited to adverse childhood experiences, severe trauma, ongoing stress, poverty, family conflict or domestic violence, social isolation, and traumatic losses. Prevention education and supports provided through this expansion will seek to increase protective factors for P&A clients against developing a potentially serious mental illness. Protective factors of focus include increasing parental resilience in addressing life challenges; increasing social connections to networks of support when needed; increasing knowledge of parenting and child development and skills; and increasing social and emotional competence.

In addition to collecting required demographic data for children, youth and families served by this expansion, the Protective Factors Survey will be used to collect prevention outcomes data. The estimated annual cost of expansion for P&As is \$14 Million. Up to \$2.1Million (15%) of this amount will be used

for administrative staffing and costs needed to support this expansion and to collect required outcomes data.

2. **Provide community based activities and supports that seek to prevent at-risk children, youth and families from developing a potentially serious mental illness through the expansion of DPH Home Visiting services.** In 2016, the LA County Board of Supervisors passed a Board motion to offer home visiting programs to serve expectant and parenting families across the County. DPH is the lead County Department for coordination of this effort and currently oversees several home visiting contracts. DMH proposes to augment home visiting services by providing support to home visiting programs to offer information to clients on mental health and other services and supports that improve physical, social and mental health wellbeing and outcomes. Community based prevention activities seek to reduce risk factors for developing a potentially serious mental illness. Risk factors experienced by families served by home visiting programs include, but are not limited to adverse childhood experiences, severe trauma, ongoing stress, exposure to drugs or toxins (pre- and post-natal), poverty, family conflict or domestic violence, social isolation, and traumatic losses. Prevention services offered to home visiting clients through this expansion will promote the increase protective factors against developing a potentially serious mental illness. Protective factors of focus include increasing parental resilience in addressing life challenges; increasing social connections to networks of support when needed; increasing knowledge of parenting and child development and skills; and increasing social and emotional competence.

In addition to collecting required demographic data for children, youth and families served by this expansion, the Protective Factors Survey will be used to collect prevention outcomes data. The estimated annual cost of expansion of Home Visiting is \$25 Million. Up to \$3.7 Million (15%) of this amount will be used for administrative staffing and costs needed to support this expansion and to collect required outcomes data.

III. **Outreach for Increasing Recognition of Early Signs of Mental Illness Projects (Estimated Annual Cost: \$3.5 Million Annually)**

1. **Augment DHS diversion programs for at-risk youth by providing support for education and training for potential responders.** DMH proposes to augment diversion services provided by DHS and DCFS to at-risk youth through outreach and training of provider staff serving this population. The focus of this expansion effort is to provide learning opportunities to individuals responding to youth with a potential mental illness with the intent of reducing the risk of involvement with the Probation system. Potential responders will receive education and information through the regional DCFS Prevention and Aftercare Networks. Potential responders

may include families, school personnel, community service providers, and law enforcement personnel. Education and information will focus on recognizing and responding effectively to early signs of potentially severe and disabling mental illness in youth served.

Information to be collected on the impact of this outreach will be the number of potential first responders outreached to annually, the settings which the first responders were engaged and the types of potential responders(DCFS staff, probation staff, etc.). The estimated cost of this expansion is \$3.5 Million annually. Up to \$525,000 (15%) of this amount will be used for administrative staffing and costs needed to support this expansion and to collect required outcomes data.

Budget Considerations

The proposed expansion of \$48.5 million will utilize unspent PEI funds.