LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

MHSA Three-Year Plan | Community Planning Team

DRAFT Critical Issues: Unmet Needs and Service Gaps

WORKFORCE EDUCATION AND TRAINING (WET)

WET CRITICAL ISSUES (UNMET NEEDS AND/OR SERVICE GAPS)	TRAINING & CAPACITY (A)	MH CAREER PATHWAYS (B)	RESIDENCY/ INTERNSHIP (C)	FINANCIAL INCENTIVES (D)	INNOVATIONS (E)	SYSTEMIC (E)
Lack of training for people already in the Department.	X					
Need to maintain current Department of Mental Health workforce. • Dealing with high levels of stress. • Having to do more with less staff. • Support staff to effectively managing: stress, burnout, compassion fatigue. • Stress will be present, but we must help staff manage it. We cannot eliminate stress.	X				X	X
Lack of clear pathways for people outside of the system who want to enter the system. • Either have an AA, BA or no degree.		X				
Lack of master's level staff who are clinically focused or interns in the system.			X			
Lack of utilizing peers' passion.	X	X	X	X		
Lack of training opportunities for peers to work in clinical settings, certified peer specialist.	X		X			
Lack of practicum opportunities to build capacity with peers.	X	X	X	X		
Lack of value given to peers						X
Difficulty for BIPOC people ability to attain certification to become professionals		X	X			
Lack of interns/staff of color for clients to relate/connect with when going for services • Do they have a similar background? Do they look like me?						X
Lack of staff		X	X	X		X
Lack of an embedded youth employment component in mental health.		X	X			
Lack of opportunities at the high school level to go into the mental health field.		X	X			
Lack of tuition assistance and/or reimbursement program to do financial planning.		X		X		
Need for supports in math (specifically algebra) to increase qualifying staff		X	X			
Lack of effective marketing campaign for mental health services (or careers or both?)		X			X	

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Need for stronger connection with local universities and/or colleges to create pathways and mentorships. • Conduct a pilot program					X	
Lack of workforce retention system for the department, specifically program and line staff. • Need for long-term investment in the system/system rewards/income parity. • PMR/field-based program/PEH				X		
Lack of career planning opportunities in mental health during junior high					X	
Lack of utilizing existing models (ex: STEM-MESA) to ensure potential staff has the capacity needed.					X	
Slow human resource process for hiring new staff.						X
Lack of incentives for new staff (i.e., student loan repayment incentive)				X		
Lack of financial incentives to keep staff in the system.				X		
Need for improved staff retention. • Address roadblocks to keep staff in the department.					X	X
Lack of livable wages for staff						X
Lack of workforce retention system for the department, specifically program and line staff. • Need for long-term investment in the system/system rewards/income parity. • PMR/field based program/PEH					X	
Lack of partnerships with universities to find staff who have similar culturally relevant backgrounds.					X	
Lack of partnerships with community organizations that can better serve communities					X	

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COMMUNITY SUPPORTS CONTINUUM (CSC)

CSC CRITICAL ISSUES (UNMET NEEDS AND/OR SERVICE GAPS)	URGENT/ EMERGENCY SERVICES (A)	INTENSIVE SERVICES (B)	OUTPATIENT CARE SERVICES (C)	ACCESS POINTS (D)	SERVICE QUALITY/ LINKAGE (E)	INNOVATIONS (F)	SYSTEMIC (G)
Lack of sufficient crisis response teams.	X						
Long response times to emergency situations (particularly SA 6)	X						
Lack of sufficient psych beds	X						
Lack of accountability for FSP services.		X			X		
Lack of accountability for FSPs, contract providers and/or directly operated.		X					
Lack of field support teams.		X					
Lack of outpatient care services.			X				
Lack of wellness/drop in centers				X			
Lack of knowledge of services offered by DMH.				X			
Lack of information about emergency services.				X			
Lack of inroads to communicate information to clients.				X			
Lack of clear, relatable presentation/information by DMH.				X			
Lack of access to services due to a systemic bias				X			
Lack of affordable services				X			
Lack of available services				X			
Lack of screening and diagnosis to access resources.				X			
Lack of telehealth access.				X			
Lack of linguistic access (API populations).				X	X		
Lack of linkage to support groups for family, consumers, and veterans.				X			
Lack of Service Area Navigators to enter system to find resources				X			
Lack of TAY Drop-In Center.				X			

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CSC CRITICAL ISSUES (UNMET NEEDS AND/OR SERVICE GAPS)	URGENT/ EMERGENCY SERVICES (A)	INTENSIVE SERVICES (B)	OUTPATIENT CARE SERVICES (C)	ACCESS POINTS (D)	SERVICE QUALITY/ LINKAGE (E)	INNOVATIONS (F)	SYSTEMIC (G)
Lack of warm handoffs.					X		
Pre-diagnosis or under-diagnosis for Black and Brown men.					X		
Lack of culturally competent services.					X		
Lack of safe and respectful space.					X		
Illicit drug use in housing programs.					X		
Clinicians and providers lack diversity of the client base.					X		
Lack of diverse clinicians.					X		
Lack of peer supports.					X		
Lack of 24/7 emergency services staffed by peers/professionals.					X		
Lack of transportation to obtain services.					X		
Lack of adequate aftercare program/services (after law encounter)					X		
Lack of services post-incarceration support due to federal government exclusion.					X		
Long waitlist/lack of timely services.							X
Long wait times to obtain services.							X
Lack of services to individual survivors of Domestic Violence.							X
A lot of staff shortages.							X
A challenging hiring process.							X
Delayed access to hires.							X
Lack of hiring peers to address staff shortages.							X
Lack of peer support (7% of budget)							X

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CSC MOVE TO OTHER WORKGROUPS	WET	PEI	HSHR	OTHER
Lack of employment.	X			
Lack of training.				
Lack of effective suicide prevention hotline.		X		
Lack of intervention at the early onset.		X		
Lack of family shelter/housing.			X	
Lack of housing options.			X	
Lack of providing housing and community partnerships.			X	
Lack of quick response to missing children.				
Lack of services for TAY.				
Lack of coordination with individuals with developmental delays.				
Lack of diversion/housing services for justice involved			X	

HOMELESS SERVICES AND HOUSING RESOURCES (HSHR)

HSHR CRITICAL ISSUES (UNMET NEEDS AND/OR SERVICE GAPS)	PREVENT HOUSELESSNESS (A)	HELP PEH FIND HOUSING (B)	PROVIDE HOUSING (C)	PROVIDE SUPPORTS (D)	SYSTEMS DEVELOPMENT (E)
Increase services and supports to prevent housing evictions • Eviction prevention trainings • Eviction prevention supports • Expungement of eviction history	X			X	
Strengthen mental health outreach work • Increase mental health street teams and resources • Amplify the HOME criteria of Gravely Disabled because it excludes too many PEH encountered by the Outreach Team.		X			
Improve how DMH addresses TAY housing needs • Strengthen coordination with DCFS and Probation		X	X		
Strengthen communication and connection to mental health and housing services • Improve reliable communication with TAY DMH Navigators: The primary obstacle we have faced as a team is our inability to establish communication with TAY DMH Navigators regarding youth matched into TH from the (Enhanced Emergency Shelter Program) EESP TAY Beds. We continue to encounter communication barriers despite our efforts to contact them through email and participation in ATC meetings. Furthermore, our efforts to utilize the ATC meetings as a platform for case consultation has also proven unproductive as the TAY division do not attend the ATC meetings. • Increase post-therapeutic services and supportive measures: The concern that has emerged from providers is regarding the lack of post-therapeutic services and supportive measures extended to the youth referred from EESP DMH beds. Additionally, no aftercare services are provided to these individuals. This has impeded a smooth transition into TH beds. Providers from SPAs 2, 3, 4, and 7 have expressed their apprehensions regarding the influx of youth transitioning from DMH to their TH beds without the necessary support structures in place. Providers have shared strategies on how to combat low communication between both parties. Considering a *DMH Liaisons for each SPA* would be an integral piece for ensuring a		X	X		

HSHR CRITICAL ISSUES (UNMET NEEDS AND/OR SERVICE GAPS)	PREVENT HOUSELESSNESS (A)	HELP PEH FIND HOUSING (B)	PROVIDE HOUSING (C)	PROVIDE SUPPORTS (D)	SYSTEMS DEVELOPMENT (E)
successful outcome between EESP to TH. A liaison would help to bridge the gap between the two systems and cultivate strategic coordination for the betterment of services for a person experiencing homelessness.					
Increase access to PSH for justice involved populations.		X	X	X	
Increase use of peer specialist to help individuals in all forms of housing. [B/D]		X		X	
Use peer specialists to avoid repeating behaviors.		X		X	
Improve how veterans find out about and access housing supports. [B]		X		X	
Increase shelter and housing options for families.			X		
Increase/Improve Interim Housing • When an individual in need of shelter (e.g. individual transitioning from incarceration after our Emergency Shelters "admission period has closed") cannot access our Emergency Shelters, are there other resources available to meet the need immediately? • Explore how MHSA funds can be used to support access to other types of shelter (existing or to be developed). • Increase access to crisis housing for folks who are both symptomatic with SMI and are unhoused or can no longer remain with family. • For those in Interim Housing, create an option for provision of temporary care while waiting for an appointment/connection to DMH. For example, co-located DMH staff fill this gap in Interim Housing.			X		
Increase Permanent Supportive Housing units • Contain and/or reduce ICMS costs • Reduce stress on property management • Increase capital investment			X		
Increase shared recovery housing			X		
Increase continuum of beds • Different kinds of housing			X		
Contain costs per bed at less than $100K			X		
Increase DMH ERC slots for PEH providers.			X		

HSHR CRITICAL ISSUES (UNMET NEEDS AND/OR SERVICE GAPS)	PREVENT HOUSELESSNESS (A)	HELP PEH FIND HOUSING (B)	PROVIDE HOUSING (C)	PROVIDE SUPPORTS (D)	SYSTEMS DEVELOPMENT (E)
Eliminate site control to expand types of housing [C			X		
Improve Permanent Supportive Housing Services • Improve how case managers interact with tenants • Improve treatment in housing • Improve safety/sense of safety • Improve accountability with regards to receiving needed services • Intensive Case Management Services [DHCS]				X	
Improve wraparound supports: Strengthen case management and wraparound supports				X	
Improve safety in housing units (e.g., domestic violence, drug dealing, gangs, etc.) [D]				X	
Improve how people connect people to organic social supports to prevent isolation. [D]				X	
Improve coordination between DMH housing providers and the crisis response team for each Service Area for warm handoffs.					X
Provide a list of organizations with housing resources in order to connect with community leaders, particularly faith community leaders.					X
Improve the data system/platform so that there is better communication between PEH providers and DMH.					X

HSHR MOVE TO OTHER WORKGROUPS	WET	CSC	PEI	OTHER
Trainings • Provide conservatorship support for PEH providers • Provide trainings on mental health to PEH providers • Provide more training on domestic violence and housing for PEH providers • Provide more cross-trainings for PEH providers • Provide empathy training to PEH providers • Provide job training programs in housing contexts • Create a training or education program for faith communities to partner with DMH for those living in that housing to be in community and to reduce weight on County to find people places of worship.	X			
Increase FSP Housing Supports: FSP has client supportive services under CSC		X		
Improve Psychiatric Medical Response Team (PMRT) – Community Services Continuum • Reduce response time • Improve initial evaluation/assessment • Improve linkage to Interim Housing • Improve linkage to needed services		X		
Increase number of FSP slots for Outreach Teams		X		
Improve the process by which PEH providers connect to DMH (i.e., clarify process and eligibility, improve responsiveness, and reduce wait times)		X		
Reduce wait times to connect PEH to DMH so that LAHSA can more quickly “match” resources with mental health criteria.		X		

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PREVENTION AND EARLY INTERVENTION

PEI CRITICAL ISSUES (UNMET NEEDS AND/OR SERVICE GAPS)	PREVENTION (A)	SUICIDE PREVENTION (B)	EARLY INTERVENTION (C)	STIGMA & DISCRIMINATION REDUCTION (D)	OUTREACH (E)	CROSS-CUTTING* (D)	SYSTEMIC ** (E)
Lack of school-based programming around mental health	X						
Lack of mental health curriculum in educational institutions ○ Mental Health K-12 ○ Mental Health colleges / universities	X						
Lack of sufficient suicide prevention for youth [B]		X					
Suicide Intervention is prevention ○ Education and training for families on how to recognize red flags and prevent. ○ Even if you save one life, it is worth it		X					
Lack of sufficient suicide prevention programs • Funding allocation for suicide education and prevention • Education: Do families know how to identify red flags for suicide • If no funds allocated for education and prevention suicides will happen.		X					
Suicide prevention for parents		X					
Lack of Mental Health First Aid Training ○ Train clergy and families in suicide prevention ○ Focus on youth aged 13-16 as this is when symptoms appear. ○ NAMI family training (recognize symptoms of mental health) ○ Connect clergy and family members to DMH support services.		X					
Lack of mental health education support for faith centers							
Lack of training for Mental Health First Aid facilitators							
Lack of evidence-based and community-defined practices focused on promoting safe, stable nurturing relationships (relational health) to heal trauma and prevent toxic stress			X				
Lack of sufficient community-defined evidence practices (CDEP)			X				

PEI CRITICAL ISSUES (UNMET NEEDS AND/OR SERVICE GAPS)	PREVENTION (A)	SUICIDE PREVENTION (B)	EARLY INTERVENTION (C)	STIGMA & DISCRIMINATION REDUCTION (D)	OUTREACH (E)	CROSS-CUTTING* (D)	SYSTEMIC ** (E)
• To reduce mental health disparities among the most underserved, marginalized communities							
Lack of evidence-based services for more diverse parents/children/youth that are community based			X				
Many issues in the PEI group to focus on, as it pertains to children, youth, families in regard to mental health.			X				
Lack of active parenting classes							
Lack of access to resources, not only for the client but also the family							
Unable to message effectively and deliver services to meet parents' needs							
Lack of engagement with parents/children/youth what they need, as they are experts and know best							X
Lack of supports for domestic violence							
Lack of prenatal supports						X	
Lack of perinatal services and supports for mothers needing mental and emotional help						X	
Lack of efforts to decriminalize mental illness ● In public spaces a mental health crisis is negatively viewed and police can only take them to jail; poor people are more likely to be taken to jail when having a mental health crisis in public.				X			X
Inadequate referral for support groups ○ Trauma ○ Lived experience ○ Family members ○ Children (clubs)			X				
Lack of Peer & Family/Caregiver support groups and classes			X				
Lack of linguistic competency							

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Lack of translation for people of different dialects • Not treated fairly when obtaining services						X	
Lack of culturally relevant and linguistically accessible mental health services for API and African communities.						X	
Lack of culturally relevant services for AI/AN and African American populations • Emotional Emancipation Circles which focus on African Americans population.						X	
Lack of cultural humility						X	
Lack of a racial equity lens: culturally responsive emphasis needed.						X	
Lack of investment in service promotion ● Update booklets ● Resource guides ● Leverage technology to promote services						X	
Lack of support for navigating services due to technological divide						X	
Lack of peer involvement, peer services (respite home, drop-in center/Hot Spot), peer support, and training for peers							X
Lack of training with clearly defined performance measures, clear process, and implementation [QA/QI]							X
Unclear about the difference it makes to collect tons of data [QA/QI]							X
Lack of senior services/centers							
Lack of youth services							
Lack of resources in community-based settings (e.g., every park, recreation, community space)							X
Lack of community-based supports						X	

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Lack of Investment in programming in all SPAs (including 6)							
Lack of stakeholder participation in SALTs							X
Many silos and barriers that keep CBOs/systems from working together and engaging in cross-sector collaboration							X
Lack of understanding of how each system works							X
Lack of shared ownership and community leadership to ensure accountability and results							X
Lack of a mental health strategy to break the school jail pipeline			X	X			X
The lack of local control for PEI services							X
Inappropriate use of Western, monolithic concepts of healing are monolithic targeting communities of color							X
Prevalence of racism, classism, sexism that exists in systems and impacts services, supports, and outcomes							X
Many policies harm and exclude communities of color.							X

*CROSS CUTTING – qualities we want all programs and services within PEI that we want/need.
**SYSTEMIC – Critical issue that goes beyond PEI (workgroup) into MHSA and/or DMH.

PEI MOVE TO OTHER WORKGROUPS	WET	CSC	HSHR	OTHER
Lack of employment opportunities for TAY [WET?]	X			
Education opportunities for business and entrepreneurship	X			
		X		
Lack of timely engagement when there is an urgent need for services		X		
Lack of access to 988 services		X		
Long waiting lists		X		
Poor treatment of clients/poor customer mental health services		X		

PEI MOVE TO OTHER WORKGROUPS	WET	CSC	HSHR	OTHER
Lack of investment in wraparound services				
Existence of a 'benefits cliff': public benefits for clients: they have all the services and then services end abruptly.		X		
Lack of a tiered approach public benefits (cash and food assistance) that addresses transition due to increased income and decreased benefits. • Use legislation to change policy		X		
Lack of resources to access Medical		X		
Lack of financial supports				
Inadequate Substance Abuse Disorder (SUD) services and lack of accountability		X		
Lack of SUD services (ie. treatment services)		X		
Prevalence of racial homelessness: highlight certain issues or concerns and inform the homeless workgroup that they could focus on.			X	
Lack of focus on Homelessness Prevention Services: How do you identify specific actions?			X	
High cost of living			X	
Lack of education opportunities for home ownership			X	
Lack of TAY Housing—TAY launch			X	
Preventing Houselessness ● Messaging and education that funding is available and for whom ● Clear application and eligibility criteria ● Affordable housing access for families and individuals			X	
Lack of eviction prevention support			X	