LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
Community Planning Process - MHSA Three-Year Plan
Community Planning Team Session

BACKGROUND

FOCUS

- The MHSA Three-Year Plan contains the goals and recommendations to be implemented over the course of two years from July 1, 2024, through June 30, 2026.

COMMUNITY PLANNING STEPS

- Members of the Community Planning Team and/or community stakeholder groups identified critical issues from August through October across four areas:
    - Prevention and Early Intervention (PEI)
    - Community Supports Continuum (CSC)
    - Homeless Services and Housing Resources (HSHR)
    - Workforce, Education, and Training (WET)

- Consultants turned all the 'critical issues' into a list of 'recommendations' (i.e., proposals to address the critical issues) and confirmed this list with CPT members on October 3, 2023.

- DMH staff and consultants clustered all the recommendations based on similarities, created categories, and confirmed the categories with Workgroup members on October 27, 2023.
    - DMH staff identify if the program or service already exists or not.
    - If already exists, if its expand and/or improve

- On November 7, CPT members review and confirm recommendations for specific categories.

    - Clarification: The act of listing the services, programs, interventions does not mean they are endorsed. These will need to be ranked later on.

- On November 17, CPT members review and confirm recommendations for remaining categories.

- On December 5, CPT members review all the recommendations from Workgroups and provide initial ranking.

- On December 15, CPT members build consensus on key recommendations.

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GLOSSARY

1. Goal: Desired change (what we want)

2. Implementation: Action plan (how)

3. Critical Issues: Refers to unmet needs or service gaps.

4. Recommendations: Refers to proposals for action(s) that address unmet needs and/or service gaps.

5. Services: Refers to specific resources and/or support(s) for individuals and/or groups.

6. Programs: Refers to a set of services.

7. Policies: Refers to rules, protocols, standards, and/or criteria that guide and/or structure the delivery of programs, services, and/or interventions.

8. Practice(s): Refers to the specific ways that services are provided and/or delivered.

9. Advocacy: Refers to action that seeks to produce a change in practice, policies, programs, and/or services.

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PREVENTION AND EARLY INTERVENTION (PEI)

CATEGORIES

Category 1A: Populations – Early Childhood/Birth to 5
Category 1B: Populations – Underserved Communities
Category 2A: Access – School-Based: K-12 Schools, Colleges, Universities, and Trade Schools
Category 2B: Access – Community Engagement (Including TAY Advisory Group)
Category 3A: Effective Practices – Suicide Prevention
Category 3B: Effective Practices – Evidence Based Practices/Treatment

PEI CATEGORY 1A: POPULATIONS – EARLY CHILDHOOD/BIRTH TO 5

GOAL: Strong and effective prevention and early intervention programs/services for various stages of childhood from prenatal and birth to five.

A. PROGRAM, SERVICE, AND/OR INTERVENTION RECOMMENDATIONS

1. Improve or Expand Existing Programs (Exists Already)

Existing Program	Description	Expand or Improve	CPT Recs
Intensive Care Coordination	1. Focuses on engagement and support of families and includes Child and Family teaming a practice the puts the child and family in the driver seat. This service is integrated into all outpatient services	Expand	1,2,4, 6,9
Birth to Five Training	2. This year, twelve trainings on core competencies are offered focus on birth to five to expand expertise in the workforce. DMH can look into the next two fiscal years to offer an additional 6-8 trainings in the year. Will Utilize DMH/ UCLA PCOE Fellowship. PEI will work with stakeholders to identify the gap in program/services.	Expand	8.,9
Birth to Five Services	3. DMH services for Birth to 5 include (but are not limited to Incredible Years, Parent Child Interaction Therapy, Triple P, Nurturing Parenting, and Managing and adapting practice. Available trainings are also offered through the DMH/UCLA Public Partnership for Wellbeing.	Expand	8,9,10
Home Visitation	4. DMH offers three models of home visiting services, Deepening Connections and Enhancing Services in	Expand	12,9, 10

	partnership with First 5 LA, Healthy Families America, and Parents as Teachers		
Active Parenting Programs	5. DMH offers programs including Incredible Years, Nurturing Parenting, Triple P, Reflective Parenting, Child Parent Psychotherapy, and Managing and Adapting Practice. Triple P is offered in community settings, including Libraries and offer information directly to Parents	Expand	1,2, 4,9,10
Perinatal Services	6. DMH offers specialty consultation for providers treating perinatal women and offers evidenced based practices such as Interpersonal Psychotherapy (IPT) for postpartum depression (DMH has offered 2 free online Learning pathway for Perinatal training to all staff, from UCLA Prevention Center of Excellence).	Expand	6,7,9, 10

2. Add New Programs and/or Interventions (Does Not Exist)

Program or Service Recommendation	DMH &/or Partner	CPT Recs
1. Increase awareness and access to Birth to Five services through: Health Promoters, Awareness campaigns, increasing visibility of resources through websites and social media, targeting strategies to reach underserved communities	DMH	
2. Implement a Parent Navigator program familiar with community based resources, social service agency resources, and DMH Programming	DMH	

B. ACTION RECOMMENDATIONS: POLICY, PRACTICE, AND/OR ADVOCACY

1. Complete development of a Transition Aged Youth Advisory Group. Expand.
2. Partner with and fund CBOs to deliver new programming and where possible to expand existing programming. Expand.

CPT RECOMMENDATIONS (through 10/27)

1. Provide more active parenting classes.
2. Increase parenting classes focused on prevention.
3. Create more effective messaging and deliver services to meet parents' needs.[QUESTION]
4. Increase engagement from DMH with parents, children, youth focused on what they need since they are experts and know what they need best.
5. Strengthen parent and youth leadership team to improve ACES and policies.
6. Increase amount of prenatal support.
7. Increase the number of perinatal services and supports for mothers needing mental and emotional help.

8. Implement prenatal to five years old programs in all Directly Operated clinics.
9. Increase PEI focus on early childhood issues.
10. Increase number of mental health services/programs focused on early childhood (0-5 years old).
11. Increase Psych-Education groups that are focused on first time parents (children zero to five years old).
12. Increase the capacity of home visitation programs to conduct more home visits.

BACKGROUND

DMH addresses prevention and early intervention of mental health issues through:

- DMH is currently addressing birth to five mental health needs via Intensive Care Coordination that focuses on engagement and support of clients/families, which is a Medi-Cal entitled service. Related to this, the Department has been providing training to clinicians on Child and Family Teaming, which put the child and family in the driver seat for determining what services are needed.
- The EBP program review process is an ongoing action for PEI in order to show services that can be effective across age groups. Currently there are 34 EBPs that have training for providers and outcomes collection. A focus for EBPs are identifying and confirming culturally appropriate EBPs.
- Interpersonal Therapy (IPT) is a form of psychotherapy that focuses on relieving symptoms by improving interpersonal functioning. A central idea in IPT is that psychological symptoms can be understood as a response to current difficulties in everyday relationships with other people.
- Cognitive Behavioral Therapy (CBT) is designed to improve the relationships between children and parents/caregivers in families involved in physical force/coercion and chronic conflict/hostility. This practice emphasizes training in both intrapersonal and interpersonal skills designed to enhance self-control, strengthen positive parenting practices, improve family cohesion and communication, enhance child coping skills and social skills, and prevent further instances of coercion and aggression. Primary techniques include affect regulation, behavior management, social skills training, cognitive restructuring, problem solving, and communication.
- Throughout the year, twelve trainings on core competencies are offered focus on birth to five. DMH can look into the next two fiscal years to offer an additional 6-8 trainings in the year. PEI will work with stakeholders to identify the gap in program/services.
- A gap in services that has been uplifted in this process, expanding and offering birth to five services in directly operated clinics and community providers. We will look into collaborating with the right community partners to identify the exact program/service needed. Develop those partnerships and begin integrating them.
- Home Visitations: Deepening Connections and Enhancing Services, is a partnership with First 5. This is a new program that was first implemented FY 23-24.
- PEI also offers Healthy Families America (HFA) and Parents as Teachers (PAT).

PEI CATEGORY 1B: POPULATIONS – UNDERSERVED COMMUNITIES

GOAL: Improve the cultural and linguistic capacity of prevention and early intervention programs/services to reach hard to reach underserved populations

A. PROGRAM, SERVICE, AND/OR INTERVENTION RECOMMENDATIONS

1. Improve or Expand Existing Programs (Exists Already)

Existing Program	Description	Expand or Improve	CPT Recs
Transforming Los Angeles	1. Supports CBOs with training and grant supports, expand and include CBO's which focus on underserved cultural communities	Expand	13,14, 15
Mental Health Promoters/ Promotores	2. The Promoters program aims to reduce mental health stigma. Particularly in underserved community by increasing awareness about mental health issues and improving access to culturally and linguistically appropriate resources provided by trained community members	Expand	20, 22
Mental Health service sites and programming that target underserved populations	3. DMH offers culturally specific services through both Directly operated and Contracted providers that service the American Indian, API, Black/African Heritage, Latino, and Middle Eastern communities. Transitional Age Youth (TAY) and Older Adults.	Expand and Augment to Other UsCCs	13, 18, 20, 21, 23,

2. Add New Programs and/or Interventions (Does Not Exist)

Program or Service Recommendation	DMH or Partner	CPT Recs
1. Develop and implement culturally relevant, non-traditional programs in partnership with CBOs	DMH	14
2. Increase awareness of existing services in the community through health promoters, awareness campaigns, increasing visibility through websites and social media		18,20,22
3. Implement a program to education CBOs regarding LGBTQIA-S+ community needs and creating welcoming environments. Focus on schools and religious institutions.	DMH	15

B. ACTION RECOMMENDATIONS: POLICY, PRACTICE, AND/OR ADVOCACY

1. Increase workforce capacity to serve monolingual populations and underserved populations through more focused recruitment efforts (hiring fairs in local community), increase promoting awareness of job opportunities in local communities and schools.
2. Increase workforce capacity to serve monolingual populations and underserved populations through more education and training opportunities, including a focus on youth to promote interested in mental health.
3. Maintain a racial equity lens in program implementation through use of tools such as the CEO equity explorer.
4. New and expanded program to focus on underserved communities, API, BAH, American Indian, LGBTQIAS+, Individuals with Disabilities, and Middle Eastern Communities.
5. For new and expanded programs, increase investment in CBO service and expand the number of providers that work with underserved cultural communities.
6. Conduct an impact analysis of the effects of a possible reduction of PEI funding on underserved communities.

CPT RECOMMENDATIONS (through 10/27)

(Numbering continues from PEI Category 1A)

13. Develop and implement culturally relevant non-traditional PEI programming such as: therapeutic models, increased partnership with cultural CBOs and Transgender Gender Expansive (TGX) communities.
14. PEI programming to recommend nontraditional programming, community based therapeutic models, increased partnership with our cultural CBOs.
15. Educate existing CBOs regarding LGBTQIA2-S+ community and needs, as well as schools, religious institutions – how to create a supportive and welcoming environment where clients feel respected/affirmed/etc.
16. Hire more therapists that come from the community to increase accessibility and remove barriers for getting services.
17. Plan an effect outreach and inform BAH of the PEI programs that a Plan an effect outreach and inform BAH of the PEI programs that are available re available.
18. Increase the funding amount of PEI to meet the needs of the BAH community.
19. Transforming Families (organization) – working w/ whole family systems around providing services for family, TGX, multiple groups, family integrated model, increase continued support for those youth, how do you apply it and ensure being done in an intersectional way, expand across County.
20. Increase the amount or reach of services into the Spanish speaking communities.
21. Increase the capacity to translate (and interpret) into different dialects to facilitate obtaining services.
22. Increase accessibility via culturally and linguistically access to mental health services for Asian Pacific Islander (API) and African communities.
23. Increase the amount of culturally relevant services for the American Indian/Alaska Native (AI/AN) and African American populations.
24. Integrate a racial equity lens to address the culturally responsive emphasis needed.

25. Inappropriate use of Western, monolithic concepts of healing are monolithic targeting communities of color.
26. Prevalence of racism, classism, sexism that exists in systems and impacts services, supports, and outcomes.
27. Many policies harm and exclude communities of color.
28. Conduct an impact analysis of the affect the decrease in PEI funding from the state on African American programs.
29. Facilitate the process to file taxes, benefits, public benefits, difficult to access, meet w/ financial providers to educate regarding how to support LGBTQ+ in navigating systems.
30. New Pilot with DCFS to expand placement stabilization for TAY and minimize placement disruptions.
31. Expand TAY services in an intentional manner – high needs areas, culturally congruent services, linguistically appropriate, services that meet the needs of the youth requesting services.
32. Add and expand mental health programming for older adults to improve social determinants of health and increase protective factors.

BACKGROUND

DMH is currently focusing on underserved populations. PEI's focus is reaching underserved populations.

- Integration of ARDI …..
- PEI consistently meets across UsCCs, Health Neighborhoods and faith-based council to inform PEI on the programming for underserved populations.
- AAPI Community Empowerment – designed to have a greater reach into the AAPI population
- American Indian population has a modified version of…
- PEI currently conducts presentations on services available (known as PEI 101) for providers who serve the underserved populations.
    - PEI will increase the number of presentations with core providers and communities.
- PEI is looking into increasing interpretation services within services to increase accessibility.
- PEI will look into conducting additional presentations at community colleges and universities to inform them of the available services.
- PEI is currently partnered with the Trevor Project, RISE Trainings and RISE trainings to support the LGBTQIA2-S population.
- PEI also has clinical consultation groups available
- PP4W
- DMH and UCLA – Wellbeing for LA Learning Center – trainings and child fellowship available.
- I Prevail