LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
Community Planning Process - MHSA Three-Year Plan
PREVENTION AND EARLY INTERVENTION

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 3A: Effective Practices – Suicide Prevention

GOAL: Strengthen suicide prevention programs/services

A. PROGRAM, SERVICE, AND/OR INTERVENTION RECOMMENDATIONS

1. Improve or Expand Existing Programs (Exists Already)

Existing Program	Description	Expand/ Improve	CPT Recs
Mental Health First Aid	1. Teaches participants how to identify, understand and respond to signs of mental illnesses and substance use disorders. The training provides the skills needed to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis.	Expand	1
Know the 5 Signs	2. Training provides a common language to identify when someone is suffering, connecting to help, and how to stay emotionally healthy (offered in junior and high school).	Expand	1, 2,
Directing Change	**3.** Statewide efforts to prevent suicide, reduce stigma and discrimination related to mental illness, and to promote the mental health and wellness of students, through film.	Expand	1
It's Real-Teens and Mental Health	4. Intended for high school classes or community settings with groups of teens, ages from 14 to 18, It's Real: Teens and	Expand	1

	Mental Health for High School Students is a 45-minute program that provides young people with mental health education and resources. The program raises awareness about mental health issues, how to start a conversation about mental health, the importance of self-care, and how to reach out for help.		
988 Services/Tool Kit	5. 988 Suicide & Crisis Lifeline officially launched across the United States on July 16, 2022. Comprised of a national network of local crisis centers, 988 counselors provide free, confidential, 24/7 support and resources to people experiencing or affected by suicidal, mental health, and/or substance use crisis. Callers can access this lifesaving service by simply calling or texting 988, or via online chat on their website.	Expand	1, 5
Korean Hotline	6. Aims to break the stigma of mental illness and enhance the mental health awareness so help the community get support right on time to prevent the mental illness worse even to suicide. We also run K-hot line in Korean via texts, social media posts such as YouTube and phone calls.	Improve	5
Question, Persuade, Refer (QPR)	7. Suicide First Aid for gatekeepers: audience will learn how to Question, Persuade and Refer someone to get help and prevent death by suicide.	Expand	2, 3, 4,
NAMI Prevention/Postvention	8. Postvention Training is offered to providers who will respond to a death by suicide and take an active role in coordinating and/ or responding to agency/community in reducing contagion, encouraging safe messaging and media response. Suicide Prevention and Intervention training for service providers includes a review of National Best Practice suicide prevention/intervention policies and procedures specific to social service organizations, interactive case scenarios and discussion on how to integrate key community services for an effective and comprehensive response.	Expand & Improve	2, 3

	In addition, NAMI is also providing: Ending the Silence programming and also has NAMI campus clubs.		
Assessing & Managing Suicide Risk (AMSR)	9. Knowledge-based training that covers 24 competencies required for effective clinical assessment and management of individuals at risk for suicide.	Expand	2,3, 8,
Suicide Loss Groups	10. Adult Group Facilitators are responsible for fostering a community that promotes and encourages a safe and supportive environment where group members can share their grief. Facilitators and co-facilitators are compassionate and caring individuals who can facilitate supportive discussions and maintain appropriate boundaries during the group. Rolled out in 2023 in service areas 1,2,4,8. Will expand to remaining service areas in 2024.	Expand	2, 3, 8
Suicide Prevention Trainings for Parents	11. Talk Saves Lives / Hablar Salva Vidas- A community-based presentation that covers the general scope of suicide, the research on prevention, and what people can do to fight suicide	Expand	2, 4, 5, 6, 8, 9
Los Angeles County Suicide Prevention Network (LASPN) Youth Advisory Board	12. An inclusive group of up to 10 youth (16-24 years old) who advocate for improving mental health and well-being and its related social determinants of health for youth countywide.	Improve	1
Contextual-Conceptual Therapy	13. This is new cutting-edge approach to suicidality, has sought to understand the core *experience* of being suicidal by exploring the language of suicidal persons during suicidal crises. The model will teach participants: the importance of conceptually understanding the bifurcation of the suicidal context, how the suicidal crisis is, at its core level, a crisis of identity. How the crisis can be turned into a liminal opportunity for transformation towards authentic selfhood.	Expand	1, 3
Striving for Zero- Learning	14. This builds on the previous collaborative offered by the California Mental Health Services Authority/Each Mind Matters	Expand	1, 4,

Collaborative for California	technical assistance team. The Mental Health Services Oversight and Accountability Commission is forming a multi-county collaborative to support the development and implementation of local suicide prevention strategic planning and program delivery. The Commission is inviting all counties to join its Striving for Zero Suicide Prevention Strategic Planning Learning Collaborative. This collaborative will deliver technical assistance and support to participating counties to share lessons learned, help expand each county's capacity to build a system of suicide prevention and align with California's Strategic Plan for Suicide Prevention. The Striving for Zero Learning Collaborative has been a unique opportunity for counties around California to support one another in creating strategic plans and coalitions that address our common goal of striving for zero suicides in our state.		
Olweus Bully Prevention Programming (OBPP)	15. An Evidence Based Practice (EBP) proven to prevent and reduce bullying. OBPP is a systems-change program which intervenes at the school, classroom, individual, and community levels to impact everyone who comes in contact with the students. OBPP aims to restructure the elementary, middle, and high school environment to reduce opportunities and rewards for bullying. OBPP has been more thoroughly evaluated than any other bullying prevention/reduction program so far. DMH trains up to 35 schools per year.	Expand	1
CDPH Youth Suicide Prevention Program Pilot Partnership with DPH and DMH	16. Offers the following activities/interventions: a. 1. Surveillance b. Rapid Reporting c. Crisis Response. d. General Suicide Prevention e. Evaluation Suicide Deaths/Attempts: Both suicide attempts and suicide deaths Target population: Youth (LA County residents under age 25)	Improve	1, 4

i-Prevail	17. Can be accessed through any device connected to the internet. The iPrevail platform offers a one-of-a-kind network of mental health support. From interactive lessons, chats with peer support coaches, to topic-based community support groups, you can see your progress being made & connect with other people going through similar life experiences all in one place.	Expand language	1
Veteran Programming	18. Suicide Prevention Trainings offered to agencies and the Veteran community by Veteran Peer Access Network (VPAN). Los Angeles Veterans Suicide Review Team (VSRT). The VSRT conducts mortality reviews to increase protective factors in the Veteran community to prevent future death by suicides.	Expand	2, 3

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

Program or Service Recommendation	**DMH &/or Partner**	**CPT Recs**
1. Explore partnerships to expand the suicide support groups available within DMH, including but not limited to general loss and grief; LGBTQIA2-S support groups; culturally responsive support groups; and faith/spiritual support groups.	Partner	
2. Explore utilizing the MY3 mental health app to further reach and connect with individuals who are at-risk for suicide or experiencing thoughts of suicide with a responsive support network.	Partner	
3. Explore programs and services for individuals who have/are suffering as a result of human sex trafficking trauma.	Partner	
4. Explore programs that provide evidence-based practices for the LGBTQIA2-S population related to suicide prevention.	Partner	
5. Explore suicide prevention programs that address and provide services for young black males (ages 18-25).	Partner	
6. DMH will explore effective non-traditional programs, services and forms of healing for those suffering from mental health issues.	Partner	
7. Identify programs that offer/have focus on older adults.	DMH/ Partner	

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

1. Ensure that cultural responsiveness and accessibility is embedded throughout all DMH programs and services.
2. DMH will continue to offer programs and services utilizing trauma informed and responsiveness interventions. [11]
3. DMH will work with stakeholders to brainstorm and implement strategies to best communication and sharing the suite of mental health programs and services currently being offered by the department. [10]
4. DMH will continue to strengthen and improve a system-wide warm handoff for clients who seek and/or need other services to prevent drop off or not following through with need mental health supports.
5. Continue to strengthen referral support for families and children suffering from: trauma lived experiences. [7, 8]

CPT RECOMMENDATIONS (through 10/27)

1. Increase suicide prevention programs/services for youth.
2. Offer more 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
3. Increase suicide prevention programs to address:
   - General suicide education and prevention
   - Families being able to identify the red flags for suicide.
   - If no funds allocated for education and prevention suicides will happen.
   - Clients with disabilities
4. Provide effective suicide prevention hotline.
5. Provide sufficient suicide prevention services for parents.
6. Increase parenting classes focused on prevention.
7. New programs parent navigator programs. Struggling to look at CA . Hiring people with lived experiences.
8. Increase access to more resources by clients and their family.
9. Unable to message effectively and deliver services to meet parents' needs.
10. Strengthen the referral support for groups suffering from: trauma, lived experiences, family members and children (clubs).
11. Recognize and treat anxiety and depression related to disabilities due to traumatic illness, injury, and aging.

PEI CATEGORY 3B: EVIDENCE BASED PRACTICES/TREATMENT

GOAL: Increase use of evidence-based practices and community defined evidence

A. PROGRAM, SERVICE, AND/OR INTERVENTION RECOMMENDATIONS

1. Improve or Expand Existing Programs (Exists Already)

Existing Program	Description	Expand/ Improve	CPT Recs
Mental Health First Aid Training	1. Offered throughout the County with the DO clinics and the Community Providers. DMH also has the Health Neighborhood Faith Based Liaisons. We can expand using the Mental Health Promoters, community providers, and directly operated programming.	Expand	1, 2, 13, 14, 18, 19
EBPs & CDEs	2. DMH currently has 36 EBPs and CDEs. (*See document: EI Evidence Based/ Promising Practices/ Community Defined Programs*)	Improve	3 – 7, 10, 11
Children and Youth Behavioral Health Initiative	3. Provides grants to CBOs to expand the number of community-defined evidence practices (CDEP)	Expand	4, 5, 6
Evidence-based interventions for parents	4. DMH provides programs including but not limited to: Incredible Years, Nurturing Parenting, Triple P, Make Parenting a Pleasure, Active Parenting, Project Fatherhood, UCLA SEEDS, PCIT, Reflective Parenting, FOCUS, Child Parent Psychotherapy, Functional Family Therapy, Multisystemic Therapy, and Managing and Adapting Practice.	Expand	4, 5, 6, 10, 11, 15
CAL AIM	5. DMH offers trainings through Quality Assurance and Outcomes Division regarding performance measures, clear process and implementation.	Expand	8, 9
EBP: Sexual Abuse & Trauma	6. DMH offers Seeking Safety is a present-focused, coping skills therapy to help people attain safety from trauma and/or substance abuse. Trauma-Focused Cognitive Behavior Therapy (TF-CBT) is an early intervention for children		10, 12

	(ages 3-18) who may be at risk for symptoms of depression and psychological trauma, subsequent to any number of traumatic experiences, particularly those individuals who are not currently receiving mental health services. Multi-Systemic Therapy (MST) targets youth with criminal behavior, substance abuse and emotional disturbance, as well as juvenile probation youth. MST typically uses a home-based approach to reduce barriers that keep families from accessing services. Functional Family Therapy (FFT) is a family-based, short-term prevention and intervention program for acting-out youth. It focuses on risk and protective factors that impact the adolescent, specifically interfamilial and extra-familial factors, and how they present and influence the therapeutic process. Major goals are to improve family communication and supportiveness while decreasing intense negativity these families experience. Cognitive Behavioral Therapy (CBT) is intended as an early intervention for individuals who either have or may be at risk for symptoms related to the early onset of anxiety, depression, and the effects of trauma that impact various domains of daily living.		

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

Program or Service Recommendation	**DMH &/or Partner**	**CPT Recs**
1. Explore possibility of utilizing Eye movement desensitization and reprocessing (EMDR) therapy.	Partner	7
2. Explore partnership with Parents Anonymous to provide culturally responsive support to families, parents, children and youth.	Partner	

3. Explore possibility of utilizing/offering Foster All Wisdom Program for foster adoptive parents, along with neurofeedback therapy.	Partner	
4. Explore strengthening and increasing number of self-help support groups, including but not limited: Self-Help Clearing House	Partner	
5. Explore integrating the evidence-based practice: Shared Recovery Housing for early intervention for youth.	Partner	
6. Explore offering non-traditional, culturally responsive EBPs: Positive Indian Parenting and Honoring Children.	Partner	15, 19
7. DMH will explore effective non-traditional programs, services, and forms of healing for those suffering from mental health issues, specifically underserved populations including, but not limited to: LGBTQIA2-S, deaf and hard of hearing.	Partner	16
8. Explore program/service offering electroencephalographic biofeedback (EGG) neurofeedback for children 0-5.	Partner	
9. Explore partnership with Drumming for Life to offer: Life Skills Drumming program; Reading and Rhythm.	Partner	
10. Review the culturally responsive evidence-based practices from the Underserved Cultural Communities (UsCC) to be offered county-wide.	Partner	23
11. Explore programs/services that can take mental health support to the unhoused population where they are.	Partner	
12. Explore a partnership with law enforcement departments to offer/support suicide prevention programs/services. [23]	Partner	
13. Explore developing a centralized phone number dedicated to crisis support without having to contact law enforcement that can provide care on the streets and resources for experts.	Partner	20

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

1. Ensure that cultural responsiveness and accessibility is embedded throughout all DMH programs and services. [21, 22, 23]
2. DMH will continue to offer programs and services utilizing trauma informed and responsiveness interventions.
3. DMH will work with stakeholders to brainstorm and implement strategies to best communication and sharing the suite of mental health programs and services currently being offered by the department.
4. DMH will continue to review community defined evidence/practices to determine which qualify as evidence-based practices (ongoing internal process). [23]

5. DMH will continue to explore and implement strategies (within regulations) to limit the loss of clinicians/staff being trained and leaving before training is complete.
6. Recommend DMH to educate and inform community based organizations and other partners regarding LGBTQIA2-S community and needs. [17]

CPT RECOMMENDATIONS (through 10/27)

1. Train more people using 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.
2. Increase training for Mental Health First Aid facilitators.
3. Increase the use of evidence-based practices (EBP) and community-defined practices (CDE) focused on promoting safe, stable nurturing relationships (relational health) to heal trauma and prevent toxic stress.
4. Increase the use of community-defined evidence practices reducing mental health disparities among the most underserved, marginalized communities.
5. Increase the amount of evidence-based services for more diverse parents/children/youth that are community based.
6. Implement evidence-based intervention, Parents Anonymous on weekly basis to diverse families.
7. Needs to be timely engagement and culturally relevant evidence-based practices (EMDR)
8. Implement training with clearly defined performance measures, clear process and implementation (such as QA/QI).
9. Unclear about the difference it makes to collect tons of data [QA/QI]
10. Integrate early intervention with clients who have sexual abuse trauma who have resorted to substance abuse.
11. Improve intervention at the early onset.
12. Evidence based trauma informed practices for underserved communities who are facing trauma.
    - Adolescent facing grief
    - Trauma informed care for birth to 5 years
    - Active parenting program
    - Perinatal care
    - Focus needs to be threaded through all recommendations and added to action recommendations.
13. Training clergy, developing curriculum that includes mental health training while doing seminary training.
14. Recommend that chaplains be included in the group and in the group previously mentioned regarding mental health training. Should include existing pastors.

15. Develop and implement culturally relevant non-traditional PEI programming such as: therapeutic models, increased partnership with cultural CBOs and Transgender Gender Expansive (TGX) communities.
16. PEI programming to recommend nontraditional programming, community based therapeutic models, increased partnership with our cultural CBOs.
17. 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.
18. Increase amount of mental health education at faith centers
19. Increase partnership with faith-based organizations (houses of worship) to provide services at the local level.
20. Create a centralized phone number for crisis support without having to contact law enforcement, provide care on the streets, and provide funds for experts.
21. Increase the level of cultural humility within the department.
22. Integrate a racial equity lens to address the culturally responsive emphasis needed.
23. Important for DMH to provide and reimburse for integration of cultural practices into evidence-based therapy services to help people want to seek services and remain in treatment.