



LOS ANGELES COUNTY
**DEPARTMENT OF
MENTAL HEALTH**
hope. recovery. wellbeing.

COMMUNITY PLANNING PROCESS

Los Angeles County Department of Mental Health

CPT WORKGROUPS

Confirming Initial Analysis

October 3, 2023 | 9:30 AM - 12:30 PM

Christian Ponce

Facilitator

(He, Him, His)

10 ANNOUNCEMENTS

Recording + Sign In + Materials + ASL + CART +
Interpretation + Chat Box + Participation + Self-Care
+ Support

#1 RECORDING

This is a public meeting.

We are recording today's session.

#2 ONLINE SIGN-IN SHEET

Use the **QR CODE** or **LINK** in Chat Box
to sign into today's session.

English

Español

#3 MEETING MATERIALS

- Access today's materials via the link in the Chat Box.

Email Contact

communitystakeholder@dmh.lacounty.gov

#4 AMERICAN SIGN LANGUAGE

- ASL interpreters are provided online.
- ASL interpreters are visible on screen.
- Two-way communication camera.

#5 CART SERVICE

Communication Access Real-Time Translation (CART) service is provided in person and/or online

- **IN-PERSON**, available via SCREEN. For **ONLINE**, CART service can be accessed by pressing a link in the Chat Box.
- If you cannot access the link via Chat Box, please email us at communitystakeholder@dmh.lacounty.gov.

#6 LANGUAGE INTERPRETATION

Language Interpretation is provided in Spanish and Korean.

For **ONLINE** participants, please access language interpretation via the telephone lines in the Chat Box

#7 CHAT BOX

CHAT BOX is available during the session for ACCESS purposes:

- To access links to CART services, telephone lines for interpreters, materials, etc., or to communicate with us in case something is happening with these services.
- If you cannot access the links in the **CHAT BOX**, email us at communitystakeholder@dmh.lacounty.gov
- Please do not use the **CHAT BOX** for other purposes unless instructed as part of the process.

#8 PARTICIPATION



**CPT
MEMBERS**

The diagram consists of two blue-outlined ovals. The left oval contains the text 'CPT MEMBERS'. To its right is a plus sign '+'. To the right of the plus sign is another blue-outlined oval containing the text 'MEMBERS OF THE PUBLIC'.

+

**MEMBERS
OF THE
PUBLIC**

#9 SAFE & CREATIVE SPACE

EXPECTATIONS

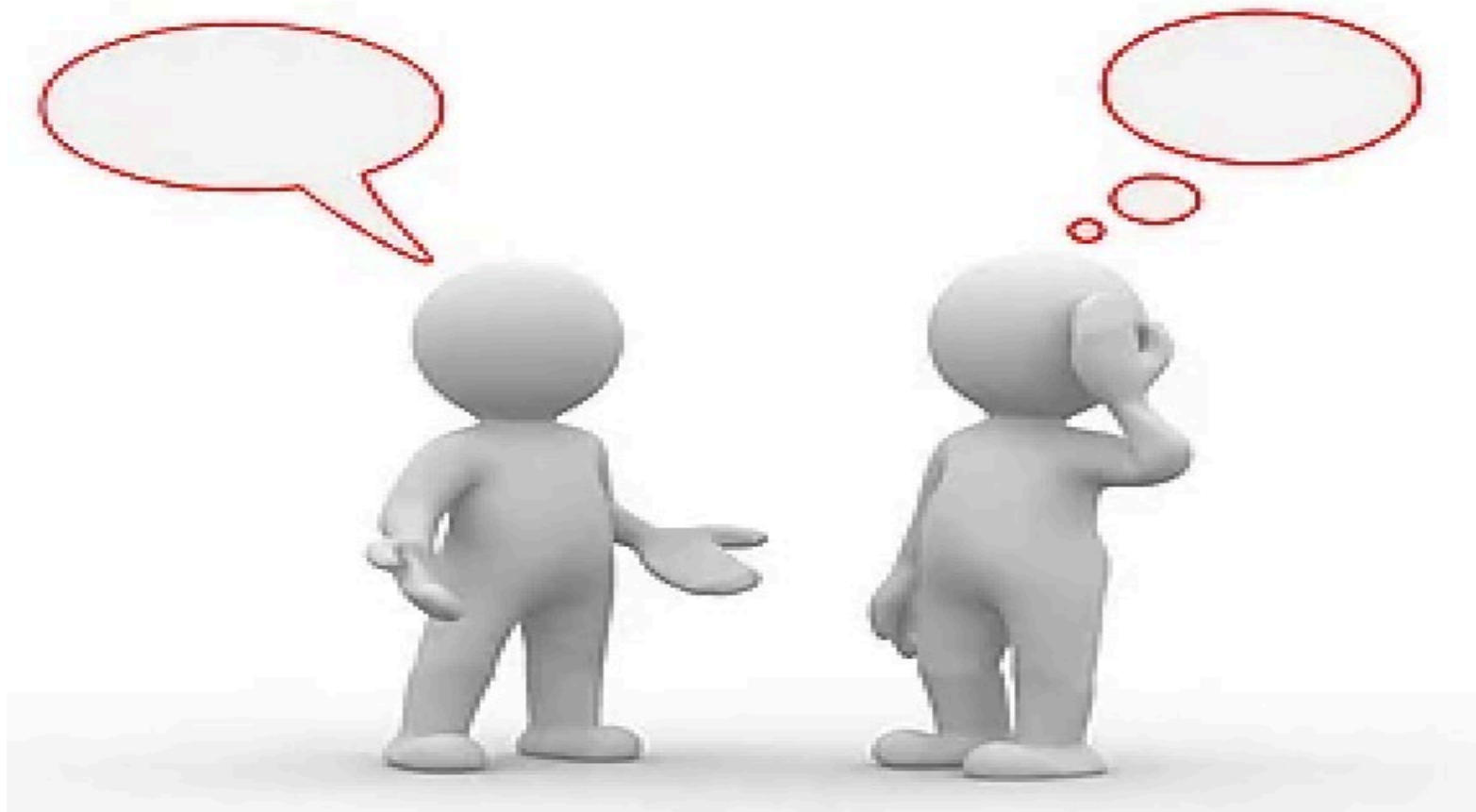
- 1. BE PRESENT**
- 2. SPEAK FROM YOUR OWN EXPERIENCE**
- 3. PRACTICE CONFIDENTIALITY**
- 4. STEP UP, STEP BACK**
- 5. SEEK TO UNDERSTAND AND THEN BE UNDERSTOOD**

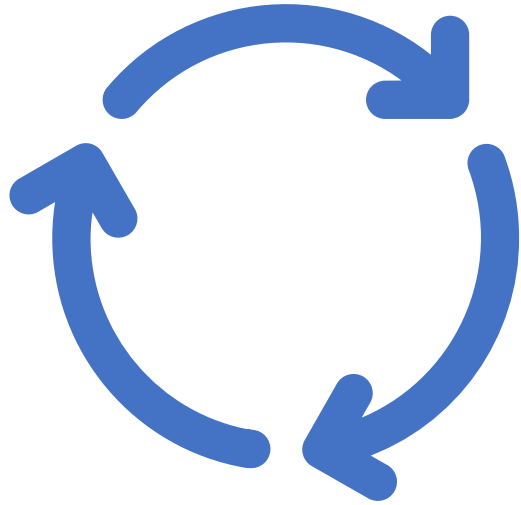
#10 SELF CARE & SUPPORT

TAKE CARE OF SELF & SEEK SUPPORT

- If during the session you find yourself feeling uneasy with the topic or dialogue, we encourage you to take care of yourself and seek support. Please reach out to if you need assistance with processing your thoughts and feelings. **Kelly Wilkerson, LCSW**, and **Dr. Luis Guzmán**.

QUESTIONS





SESSION #8

Confirming Categories for Consensus Building

October 27, 2023

PURPOSE

Build agreement on the key categories for consensus building in November and December.

OBJECTIVES

1

Share **initial analysis** of the critical issues raised by community stakeholders

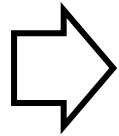
2

Provide **feedback** on the key categories for consensus building.

AGENDA

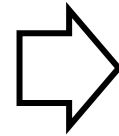
OPENING
WELCOME &
AGENDA

11:00-
11:15



PART 1:
REVIEW CATEGORIES

11:15-11:45



PART 3
OBTAIN FEEDBACK

11:45-12:20



CLOSING
NEXT STEPS

12:20-12:30

DEPARTMENT OF MENTAL HEALTH

MHSA Three-Year Plan: FY 2024-26

COMMUNITY PLANNING WORKGROUP MEETING

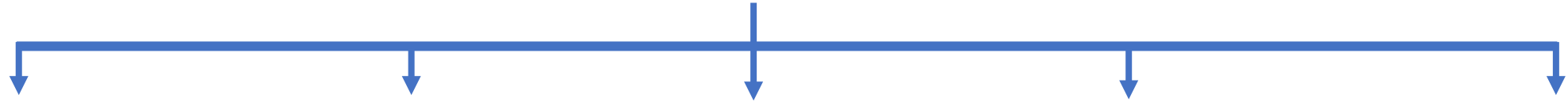
PREVENTION AND EARLY INTERVENTION

Department's Initial Analysis & Response

10/27/23

Prevention and Early Intervention

79 Recommendations: 3 Categories



CATEGORY 1: Populations		CATEGORY 2: Access		CATEGORY 3: Effective Practices	
Early Childhood: Birth to 5	Underserved Communities	School-Based: K-12 Schools & Colleges & Universities	Community Engagement	Suicide Prevention	Evidence Based Practices/Treatment

POPULATIONS

- Birth-to-5
- Underserved Communities

Systemic Perspective

EFFECTIVE PRACTICES

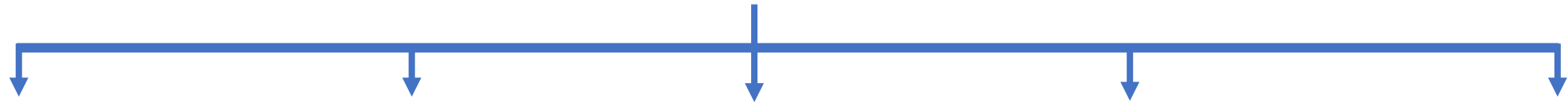
- Suicide Prevention
- EBPs/Treatment

ACCESS

- School-Based
- Community Engagement

Prevention and Early Intervention

NEXT STEPS



CATEGORY 1: Populations		CATEGORY 2: Access		CATEGORY 3: Effective Practices	
Early Childhood: Birth to 5	Underserved Communities	School-Based: K-12 Schools & Colleges & Universities	Community Engagement	Suicide Prevention	Evidence Based Practices/Treatment

NOVEMBER 7	NOVEMBER 17	DECEMBER 5	DECEMBER 17
Discuss Solutions & Build <u>Workgroup Consensus</u> for <u>Specific Solutions</u> within Categories	Discuss Solutions & Build <u>Workgroup Consensus</u> for <u>Specific Solutions</u> within Categories	Discuss Solutions & Build Consensus for <u>Solutions</u> <u>within Categories</u> for Workgroups and CPT	Build Consensus among <u>CPT Members</u> for Solutions for the MHSa Three-Year Plan.

Category 1: Populations

Early Childhood - Birth to Five

1. Provide more active **parenting classes**
2. Increase **parenting classes** focused on prevention.
3. Unable to message effectively and deliver services to meet **parents'** needs
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**.

Category 1: Populations

Early Childhood - Birth to Five

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 Pysch-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.

Category 1: Populations

Underserved Communities - Examples

1. Develop and implement culturally relevant non-traditional PEI programming such as: therapeutic models, increased partnership with cultural CBOs and Transgender Gender Expansive (TGX) communities.
2. PEI programming to recommend nontraditional programming, community based therapeutic models, increased partnership with our cultural CBOs
3. 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.
4. Hire more therapists that come from the community to increase accessibility and remove barriers for getting services.
5. 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
6. More PEI funding to meet the needs of the BAH community
7. Increase the funding amount of PEI to meet the needs of the BAH community.
8. 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
9. Increase the amount or reach of services into the Spanish speaking communities.

Category 1: Populations

Underserved Communities - Examples

10. Increase the capacity to translate (and interpret) into different dialects to facilitate obtaining services.
11. Increase accessibility via culturally and linguistically access to mental health services for Asian Pacific Islander (API) and African communities.
12. Increase the amount of culturally relevant services for the American Indian/Alaska Native (AI/AN) and African American populations.
13. Integrate a racial equity lens to address the culturally responsive emphasis needed.
14. Inappropriate use of Western, monolithic concepts of healing are monolithic targeting communities of color
15. Prevalence of racism, classism, sexism that exists in systems and impacts services, supports, and outcomes
16. Many policies harm and exclude communities of color.
17. Conduct an impact analysis of the affect the decrease in PEI funding from the state on African American programs
18. 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

Category 2: Access

School Based: K-12 & College/Universities

1. Increase school-based program focused on mental health.
2. Implement mental health curriculum in educational institutions, such as:
 - Mental Health K-12
 - Mental Health colleges / universities
3. Implement a mental health strategy to break the school to jail pipeline.
4. Increase the integration of prevention and early intervention programs into schools to help children deal with their trauma, PTSD, stigma and substance abuse.
5. Strengthen DMH partnerships with schools and prevention and early intervention strategies for children in afterschool programs.

Category 2: Access

Community Engagement - Examples

1. Implement literacy program that helps develop intellect to become productive members of the community
2. Increase use of NAMI prevention services/resources, such as: mental health coloring book, presentations for middle and high school students, back to school resources, mental health college guide, free online card game (Call it Out Loud).
3. Implement resources for children (similar to those of NAMI) with middle and high schools students to address challenges in relationships, life and mental health.
4. Increase amount of mental health education at faith centers
5. Increase partnership with faith-based organizations (houses of worship) to provide services at the local level.
6. More effective engagement with mental health clients
7. Many issues in the PEI group to focus on, as it pertains to children, youth, families in regard to mental health.
8. Increase access to more resources by clients and their family.
9. Increase support for domestic violence.
10. Support the outreach engagement process so people in need can be effectively serviced
11. Increase DMH efforts to decriminalize mental illness, especially for those with mental illness in public spaces.
12. Strengthen the referral support for groups suffering from: trauma, lived experiences, family members and children (clubs).
13. Increase the amount of Peer and Family/Caregiver support for groups and classes.
14. Strengthen DMHs linguistic competency.

Category 2: Access

Community Engagement - Examples

15. Increase the level of cultural humility within the department.
16. Increase investment in service promotion, such as updated booklets, resource guides and leverage technology to promote services.
17. Increase support for navigating services to address the technological divide.
18. Increase marketing/publicity of existing resources that address social determinates of health online (website and social media).
19. Increase the use of peer services, peer support and training for peers.
20. Increase the use of peers to do early intervention work on the streets and in schools.
21. Increase the amount of senior services and centers.
22. Increase the amount of youth services.
23. Increase the number of resources in community-based settings (e.g., every park, recreation, community space).
24. Increase amount of investment in programming in all SPAs (including 6).
25. Increase stakeholder participation across all SALTs.
26. Inform the department and providers on the support needed for sex workers.
27. Increase legal support for community organizations to apply for master agreement. Streamline the RFP process for community organizations.
28. Create a centralized phone number for crisis support without having to contact law enforcement, provide care on the streets, and provide funds for experts.
29. Reduce the silos and barriers that keep CBOs and systems from working together to engage in cross-sector collaborations/solutions.

Category 3: Effective Practices/Treatment

Suicide Prevention – Examples

1. Increase suicide prevention programs/services for youth.
2. Offer more suicide Intervention is prevention
3. Education and training for families on how to recognize red flags and prevent.
4. Even if you save one life, it is worth it
5. Increase suicide prevention programs to address:
6. General suicide education and prevention
7. Families being able to identify the red flags for suicide
8. If no funds allocated for education and prevention suicides will happen.
9. Provide sufficient suicide prevention services for parents.
10. Provide effective suicide prevention hotline.

Category 3: Effective Practices/Treatment

Evidence Based Practices/Treatment - Examples

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.

Category 3: Effective Practices/Treatment

Evidence Based Practices/Treatment - Examples

5. Increase 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.

CPT POLLING

Please respond to the following statement using the options below: The proposed categories include the critical issues that I want to address. *Por favor responda a la siguiente declaración usando las opciones a continuación: Las categorías propuestas incluyen los temas críticos que quiero abordar.*

- A. Strongly Agree/*Totalmente de acuerdo*
- B. Agree/*De acuerdo*
- C. No Opinion/*Sin opinión*
- D. Disagree/*No estoy de acuerdo*
- E. Totally Disagree/*Totalmente en desacuerdo*

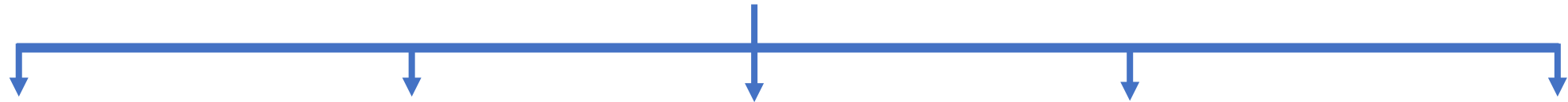
CPT POLLING

If you disagree or totally disagree, please share your thoughts and propose categories that can better include the critical issues you want to address. *Si no está de acuerdo o está totalmente en desacuerdo, comparta sus opiniones y proponga categorías que puedan incluir mejor los problemas críticos que desea abordar.*

Add your comments in the chat box.

Prevention and Early Intervention

NEXT STEPS



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MEETING EVALUATION