



COMMUNITY PLANNING

Los Angeles County Department of Mental Health

CPT WORKGROUPS

Confirming Initial Analysis

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

1

Rigo Rodríguez

Facilitator

(He, Him, His)

2

10 ANNOUNCEMENTS

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

3

#1 RECORDING

This is a public meeting.

We are recording today's session.

4

#2 ONLINE SIGN-IN SHEET

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

English

Español

5

#3 MEETING MATERIALS

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

Email Contact

communitystakeholder@dmh.lacounty.gov

6

#4 AMERICAN SIGN LANGUAGE

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

7

#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.

8

#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

9

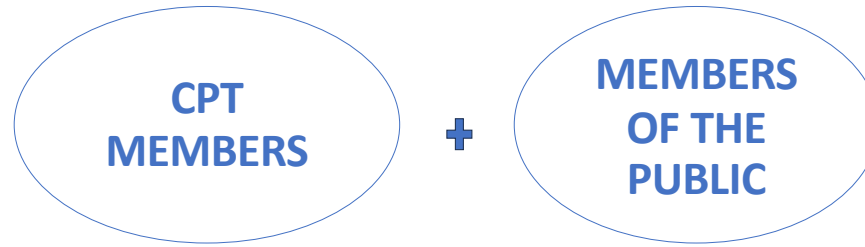
#7 CHAT BOX

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.

10

#8 PARTICIPATION



11

#9 SAFE & CREATIVE SPACE

12

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**

13

#10 SELF CARE & SUPPORT

14

TAKE CARE OF SELF & SEEK SUPPORT

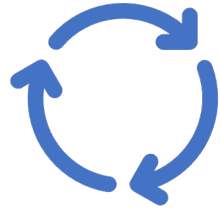
- If during the session you find yourself feeling uneasy with the topic or dialogue, we encourage you to take care of yourself and seek support. Please reach out to if you need assistance with processing your thoughts and feelings. **Kelly Wilkerson, LCSW**, and **Dr. Luis Guzmán**.

15

QUESTIONS



16



SESSION #8

Confirming Categories for Consensus Building

October 27, 2023

17

PURPOSE

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

18

OBJECTIVES

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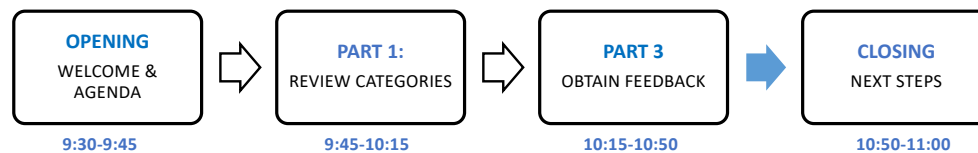
Share **initial analysis** of the critical issues raised by community stakeholders

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

19

AGENDA



20

DEPARTMENT OF MENTAL HEALTH
 MHSA Three-Year Plan: FY 2024-26

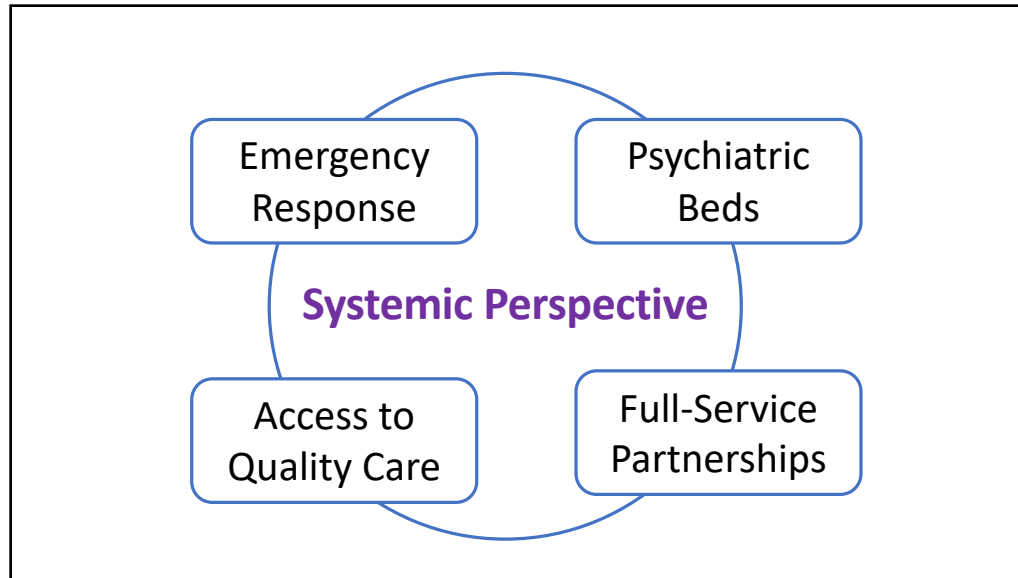
COMMUNITY PLANNING WORKGROUP MEETING
 Community Supports Continuum (CSC)
 Department’s Initial Analysis & Response
 10/27/23 | 9:30-11:00 AM

21

Community Supports Continuum
 49 Recommendations: 4 Categories

CATEGORY 1	CATEGORY 2	CATEGORY 3	CATEGORY 4
Improve emergency response	Increase number of psychiatric beds	Increase access to and improve efficacy of Full-Service Partnerships (FSPs)	Increase access to quality care

22



23

Community Supports Continuum

Next Steps

CATEGORY 1	CATEGORY 2	CATEGORY 3	CATEGORY 4
Improve emergency response	Increase number of psychiatric beds	Increase access to and improve efficacy of Full-Service Partnerships (FSPs)	Increase access to quality care
NOVEMBER 7	NOVEMBER 17	DECEMBER 5	DECEMBER 17
Discuss Solutions & Build Workgroup Consensus for <u>Specific Solutions</u> within Categories	Discuss Solutions & Build Workgroup Consensus for <u>Specific Solutions</u> within Categories	Discuss Solutions & Build Consensus for <u>Solutions within Categories</u> for Workgroups and CPT	Build Consensus among <u>CPT Members</u> for Solutions for the MHSA Three-Year Plan.

24

Category 1: Improve emergency response.

Examples

1. Increase information about emergency services.
2. Provide sufficient crisis response teams.
3. Mobile response teams culturally competent.
4. Reduce response times to emergency situations (particularly SA 6).
5. Increase 24/7 emergency services staffed by peers/professionals.
6. Community organizations able to qualify for RFPs
 - a. Provide de-escalation services working with PD
 - b. Mental health crisis responses – fund more peer respite
 - c. More comm based orgs providing those resources in the community (specifically de-escalation services) – support comm based orgs be a legal entity, etc.
 - d. Lack of community organizations who qualify for RFP to provide needed services/programs

25

Category 2: Increase number of psychiatric beds.

Example	Background
1. Provide sufficient psychiatric beds.	<ul style="list-style-type: none"> • Types of psychiatric beds, Alliance, in-patient, temporary, Intensive Care Division, Youth Beds, Care Court, Jails, etc.

26

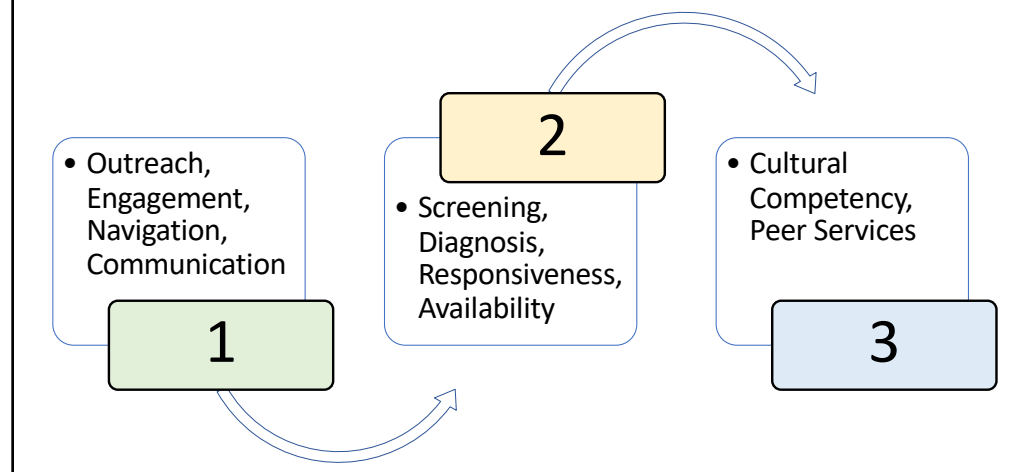
Category 3: Increase access to and improve efficacy of FSPs.

EXAMPLES

1. Improve accountability for FSP services.
2. Improve accountability for FSPs, contract providers and/or directly operated.
3. Increase field support teams.

27

Category 4: Increase access to quality care.



28

Category 4: Increase access to quality care.

Outreach, Engagement, Navigation, Communication

1. Increase **knowledge** of services offered by DMH.
2. Strengthen collaboration with DMH to **increase reach**, depth of community outreach.
3. Increase/strengthen DMH's **outreach and recruitment** services.
4. Provide clear, relatable presentation/**information** by DMH.
5. Increase **awareness** of services provided under CSC
6. Increase inroads to **communicate** information to clients.
7. Improve utilization of Service Area **Navigators** to enter system to find resources.
8. Develop system for **collaborating** with schools and library to allow access and services available to the public.

29

Category 4: Increase access to quality care.

Screening, Diagnosis, Responsiveness, Availability, Linkage

1. Increase/improve **screening and diagnosis** to access resources.
2. Improve **pre-diagnosis or under-diagnosis** for Black and Brown men.
3. Reduce **waitlist/lack of timely services**.
4. Reduce **wait times** to obtain services.
5. Provide **affordable services**
6. Increase/improve outpatient care services.
7. Improve **response** to parents/caregivers whose children (regardless of age) are missing.
8. Increase **availability** of services
9. Improve **warm handoffs**.
10. Provide **safe and respectful space**.
11. Provide **transportation** to obtain services.

30

Category 4: Increase access to quality care.

Screening, Diagnosis, Timeliness, Availability, Linkage

1. Increase access to **telehealth** services.
2. Increase/improve **wellness/drop-in centers**.
3. Provide **TAY Drop-In Center**.
4. Improve **services for TAY**.
5. Need to have someone who has a **substance abuse and mental health** (both backgrounds) to support people with both problems
6. Increase/improve **linkage to support groups** for family, consumers, and veterans.
7. Provide **aftercare program/services** (after law encounter).
8. Provide mental health services focused on **women veterans with trauma symptoms** from active duty.
9. Increase/improve services to individual **survivors of Domestic Violence**.
10. A succinct follow up and training approach to services within the **BAH participants** in the communities
11. Improve coordination with individuals with **developmental delays**.

31

Category 4: Increase access to quality care.

Cultural Competency

1. Increase/improve linguistic access (API populations).
2. Provide culturally competent services.
3. A BAH review panel for BAH related care court cases, so the people in these cases are not being taken advantage of by the process.
4. Increase peer supports.
5. Increase 24/7 emergency services staffed by peers/professionals.
6. Increase hiring peers to address staff shortages.
7. Increase peer support (7% of budget)

32

ADD POLLING QUESTION

33

MEETING EVALUATION

34