COUNTY OF LOS ANGELES

MARVIN J. SOUTHARD, D.S.W.
Director

ROBIN KAY, Ph.D.
Acting Chief Deputy Director

RODERICK SHANER, M.D.
Medical Director

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

BOARD OF SUPERVISORS
GLORIA MOLINA
MARK RIDLEY-THOMAS
ZEV YAROSLAVSKY
DON KNABE
MICHAEL D. ANTONOVICH

DEPARTMENT OF MENTAL HEALTH

http://dmh.lacounty.gov

Reply To: (213) 251-6801
Fax: (213) 252-8752

January 12, 2009

The County of Los Angeles Department of Mental Health hereby submits its request to amend its Mental Health Services Act (MHSA) Agreement to include an increased level of funding for Fiscal Year 2008/2009. The request is for additional Prevention and Early Intervention (PEI) funds to begin PEI Early Start Projects consistent with State Department of Mental Health Information Notice No. 08-27 released September 24, 2008.

Pursuant to the Welfare and Institution Code Local Review Process requirements, a 30-day public comment period was completed December 17, 2008. We additionally presented the PEI Early Start Projects Plan at our November 20, 2008, Mental Health Commission Public Hearing. Please find a summary of comments/questions included in the Appendix of our submission.

If you have any questions or concerns, please contact Gladys Lee at (213) 251-6801.

Sincerely,

Marvin J. Southard, D.S.W.
Director of Mental Health

PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN FACE SHEET
Form No. 1
MENTAL HEALTH SERVICES ACT (MHSA)
PREVENTION AND EARLY INTERVENTION COMPONENT
OF THE THREE-YEAR
PROGRAM AND EXPENDITURE PLAN
Fiscal Years 2007-08 and 2008-09

County Name: **Los Angeles**	Date: **01/12/09**

COUNTY'S AUTHORIZED REPRESENTATIVE AND CONTACT PERSON(S):

County Mental Health Director	**Project Lead**
Name: **Marvin J. Southard, D.S.W.** Telephone Number: 213 738-4601 Fax Number: 213 386-1297 E-mail: MSouthard@dmh.lacounty.gov	Name: **Gladys Lee, LCSW** Telephone Number: 213 251-6801 Fax Number: 213 252-8752 E-mail: **GLLee@dmh.lacounty.gov**
Mailing Address: 550 South Vermont Avenue, Los Angeles, CA 90020	

AUTHORIZING SIGNATURE

I HEREBY CERTIFY that I am the official responsible for the administration of Community Mental Health Services in and for said County; that the county has complied with all pertinent regulations, laws and statutes. The county has not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and the administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2007-08, 2008-09 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief the administration budget and all related program budgets in all respects are true, correct and in accordance with the law. I have considered non-traditional mental health settings in designing the County PEI component and in selecting PEI implementation providers. I agree to conduct a local outcome evaluation for at least one PEI Project, as identified in the County PEI component (optional for "very small counties"), in accordance with state parameters and will fully participate in the State Administered Evaluation.

Signature _____ _____

County Mental Health Director Date

Executed at _____, California

Instructions: Please provide a narrative response and any necessary attachments to address the following questions. (Suggested page limit including attachments, 6-10 pages)

County: Los Angeles **Date: November 9, 2008**

1. The county shall ensure that the Community Program Planning Process is adequately staffed. Describe which positions and/or units assumed the following responsibilities:

a. The overall Community Program Planning Process

The responsibility for the overall community program planning process rests with the Los Angeles County Department of Mental Health's (LAC DMH) Planning Division, working in conjunction with the MHSA Stakeholder Delegates (Delegates). The Delegates represent all the key stakeholder groups required by the State with regards to the various MHSA Plans, including consumers, family members, caregivers, education, law enforcement, health care, mental health providers, to name a few.

The Delegates meet regularly, usually once a month, to engage in deliberations on each of the MHSA Plans. The Delegates meetings are planned by Gladys Lee, District Chief, LAC DMH Planning Division, and Rigoberto Rodriguez, Ph.D., Consultant/Community Planning Facilitator, in consultation with the LAC DMH Executive Management Team (EMT) and the Systems Leadership Team (SLT). Dr. Marvin J. Southard, Director of the LAC DMH, Dennis Murata, M.S.W, Deputy Director, Program Support Bureau, and other members of the Executive Management Team attend these important monthly meetings.

At the August 22, 2008 Delegates meeting, three ad hoc committees were formed to provide informed and thoughtful recommendations on the three PEI Early Start Programs: 1) Suicide Prevention; 2) School-Based Mental Health Initiative; and 3) Stigma and Discrimination Reduction. Each committee of approximately 20 participants was led by two Deputy Directors (with the exception of one Stigma and Discrimination Reduction ad hoc committee, which was co-led by a Deputy Director and Division Chief). Deputy Directors represent the highest level of leadership in the Department (they participate on the Executive Management Team), signaling the importance and seriousness of these ad hoc committees.

The three ad hoc committees met two to three times in August and September and drafted initial concept plans. The concept plans were presented to the Delegates on September 26, 2008, in order to obtain feedback. Based on this feedback, the ad hoc committees met in October to revise their proposals, addressing the comments received from the Delegates. A special session of the Delegates was held on November 7, 2008, to make final recommendations on the three proposals. All three PEI Early Start Proposals were approved unanimously by the Delegates.

b. Coordination and management of the Community Program Planning Process

The Deputy Directors were responsible for the coordination and management of the community program planning process for each of the PEI Early Start ad hoc committees. Each of these committees included at least 20 stakeholders from the Delegates group, but also other community members. (**See Attachment One** for a list of the organizations involved in each ad hoc committee.)

The table below indicates the DMH Deputy Directors leading the ad hoc committees, the number of people who signed up for the ad hoc committees, and the meetings dates for each committee.

PEI Early Start Ad Hoc Committees	DMH Deputy Directors	Participants	Meeting Dates
Suicide Prevention	Carlotta Childs-Seagle, L.C.S.W, Deputy Director, Older Adult Programs Administration Olivia Celis, L.C.S.W, Deputy Director, Child, Youth and Family Program Administration	20 Participants	9.11.08 9.22.08 10.28.08
School Mental Health—Violence Prevention	Sandra Thomas, LCSW, Deputy Director, Specialized Children & Youth Services Bureau Tony Beliz, Ph.D., Deputy Director, Emergency Outreach Bureau	36 Participants	8.29.08 9.12.08 9.19.08 10.30.08
Stigma and Discrimination	Debbie Innes-Gomberg, Ph.D., Deputy Director, Adult Systems of Care Eduardo Vega, M.A., Division Director, Empowerment & Advocacy	30 Participants	9.04.08 9.11.08 9.18.08 10.15.08 10.30.08 11.10.08

c. Ensuring that stakeholders have the opportunity to participate in the Community Program Planning Process

The Delegates is a body of over 80 members representing the State's priority populations (**see Attachment Three** to view the over 40 stakeholder groups represented by this body). For the monthly Delegates meetings, the Planning Division provides logistical support to ensure access to the meetings. This includes translation services for various threshold languages, deaf and hard of hearing participants, and it also includes a stipend for consumers to assist with transportation and other costs incurred getting to and from the meeting.

The consensus-building process used at the Delegates meetings gives all participants the opportunity to share their opinions, and a mechanism is in place whereby members of the public can speak to the Delegates through their representatives. (**See Attachment Two** for a description of the recommendation-making process.)

2. Explain how the county ensured that the stakeholder participation process accomplished the following objectives (please provide examples):

a. Included representatives of unserved and/or underserved populations and family members of un-served/underserved populations

The Delegates also include representatives of unserved and/or underserved populations and family members. Representatives of these stakeholder groups participated in the three ad hoc committees, and also participated in the deliberations of the Delegates on two occasions: September 26, 2008, and November 7, 2008.

In addition, there is a workgroup that meets regularly that represents the interests of under-represented ethnic populations (UREP). This workgroup represents five constituencies, including: (1) African Immigrant/African American; (2) American Indian; (3) Asian and Pacific Islander; (4) Middle Eastern and Eastern European; and (5) Latino. The leadership of the UREP sub-committees has met every month since August 2008 in order to be informed about the multiple MHSA planning processes, and to discuss ways to ensure that their voices are heard throughout these stakeholder processes. Importantly, several members of the UREP leadership group participate actively in the Delegates' deliberations.

b. Provided opportunities to participate for individuals reflecting the diversity of the demographics of the County, including but not limited to, geographic location, age, gender, race/ethnicity and language.

The Delegates represent over 40 stakeholder groups from the following sub-categories: consumers and family members, community advocates, community-based organizations, education, government, healthcare, under-represented ethnic communities and workforce, faith-based organizations, law enforcement and representatives from the eight Service Areas. The Delegates form a body that is essential in creating and developing the various MHSA Plans. (**See Attachment Three**.)

c. Included outreach to clients with serious mental illness and/or serious emotional disturbance and their family members, to ensure the opportunity to participate.

The Planning Division conducted outreach to various stakeholder groups to ensure that they were included in the Delegates. This outreach occurred systematically from July through September 2007, yielding a membership that meets the requirements stipulated by the State for the PEI planning process, including the various priority populations (i.e. After the CSS Plan was approved, the Delegates were reconstituted during the summer of 2007 in order to engage in the remaining MHSA planning activities, including the Prevention and Early Intervention Plan, the Workforce Education and Training Plan, the Information Technology Plan and the Capital Facilities Plan). Representatives and advocates of clients with serious mental illness and/or serious emotional disturbance are key members of the Delegates. They actively participate in all critical deliberations regarding MHSA Plans. In addition, many members of the Los Angeles Client Coalition attend Delegates' meetings on a regular basis.

3. Explain how the county ensured that the Community Program Planning Process included the following required stakeholders and training:

a. Participation of stakeholders as defined in Title 9, California Code of Regulations (CCR), Chapter 14, Article 2, Section 3200.270, including, but not limited to:

- Individuals with serious mental illness and/or serious emotional disturbance and/or their families
- Providers of mental health and/or related services such as physical health care and/or social services
- Educators and/or representatives of education
- Representatives of law enforcement
- Other organizations that represent the interests of individuals with serious mental illness and/or serious emotional disturbance and/or their families

To reiterate, the above-mentioned stakeholder groups are represented in the Delegates, as **seen in Attachment Three**. Representatives of these stakeholder groups participated in the ad hoc committees, but more importantly, played an important role in the final deliberations of the Delegates.

b. Training for county staff and stakeholders participating in the Community Program Planning Process.

The lead consultant, Rigoberto Rodriguez and his team provide on-going training and support on an as needed basis, including development of ad hoc groups, maintaining targeted discussions with each group to ensure the accomplishment of shared goals and objectives, and providing support to various client coalition groups.

In addition to these on-going training and support efforts, information about the focus and structure of the community program planning process for the PEI Early Start Programs was provided at the August 22, 2008, Delegates meeting by Dr. William Arroyo. This presentation explained the purpose of the PEI Early Start Programs, and it also invited people to participate in the ad hoc committees.

Importantly, in light of the experience with the CSS Plan, IT Plan, and WET Plan (and ongoing PEI planning process), Department staff and participating stakeholders have great familiarity with participatory planning processes at the ad hoc committee level. In addition, the ad hoc committees were facilitated by seasoned and high-level Department staff familiar with the principles of inclusive planning.

4. Provide a summary of the effectiveness of the process by addressing the following aspects:

a. The lessons learned from the CSS process and how these were applied in the PEI process.

Two lessons from the CSS process helped guide the PEI Early Start Program planning process. The first lesson was to do as much of the planning at the level of the ad hoc committees. These committees work through their divergences and critical issues at the committee level; more than likely, these issues will also surface at the level of the Delegates. Unlike the CSS process the ad hoc committees achieve consensus on their proposals, to assume ownership over their proposals, and to illustrate or explain how their proposals

addressed the multiple interests of a diverse stakeholder group—including the issues and feedback given them by the Delegates. The members of the ad hoc committees—not just the Department staff—present their proposals to the Delegates.

The second lesson from the CSS process was to have a clear, transparent deliberative process that was also efficient and owned by all the Delegates. Because the Delegates are a recommendation-making body (i.e., final authority over an MHSA Plan rests with other entities, such as the Director of Mental Health, the Los Angeles County Mental Health Commission, the Los Angeles County Board of Supervisors, and the State Department of Mental Health), a two-step process was developed that seeks consensus among the Delegates on a specific proposal and, if not possible, uses a voting process to make a final recommendation on behalf of the Delegates. This recommendation-making process has allowed the Delegates to make recommendations at greater levels of efficiency, while still being attentive to inclusion and support behind a recommendation. (**Please see Attachment Two**.)

b. Measures of success that outreach efforts produced an inclusive and effective community program planning process with participation by individuals who are part of the PEI priority populations, including Transition Age Youth.

There are four measures of success with regards to the outreach efforts and the effectiveness of the community planning process.

First, the MHSA Stakeholder Delegates are a representative body that includes the PEI priority populations, including representatives and advocates of Transition Age Youth. (**Please see Attachment Three**.) Representatives of these groups were involved in the Delegates meetings resulting in recommendations supporting the PEI Early Start Programs.

Second, each PEI Early Start ad hoc committees had between 20 and 37 people sign up, representing key stakeholder groups. (**Please see Attachment One** for a list of different organizations involved in the various ad hoc committee meetings.)

Third, the Department leadership was involved in supporting the PEI Early Start ad hoc committees. This shows institutional commitment and signals the importance of these programs to Los Angeles County.

Fourth, the planning and deliberation process was efficient. With Department leadership support, participatory ad hoc committees, and a strong Delegates recommendation making process, the PEI Early Start Proposals were completed in the course of eleven weeks. For a county as large as Los Angeles, this timeframe is exceptional in light of the inclusive principles used to engage community members.

5. Provide the following information about the required county public hearing:

a. The date of the public hearing:

November 20, 2008, from 1:00-4:00 PM.

b. A description of how the PEI Component of the Three-Year Program and Expenditure Plan was circulated to representatives of stakeholder interests and any other interested parties who requested it.

At the August 22, 2008, Delegates meeting, Dr. William Arroyo gave a presentation describing the purpose of the PEI Early Start Programs and invited Delegates to participate in three ad hoc committees. (The Delegates meeting notes for August 22, 2008, describe the information given to the Delegates.) At the September 26, 2008, Delegates meeting, the Delegates were informed that the formal guidelines for the PEI Early Start Programs were available. The ad hoc committee members received additional and updated information, as this information was made available by the State.

c. A summary and analysis of any substantive recommendations for revisions.

The PEI Early Start proposals will be posted on the MHSA Website for a 30 day public review and comment period. We will also have a public hearing scheduled for November 20, 2008. All substantive comments and recommendations will be reported following the public hearing.

d. The estimated number of participants:

We anticipate approximately 150 to 210 participants at the PEI Early Start Public Hearing on November 20, 2008.

Note: County mental health programs will report actual PEI Community Program Planning expenditures separately on the annual MHSA Revenue and

ATTACHMENT ONE:

ORGANIZATIONS PARTICIPATING IN PEI EARLY START SUB-COMMITTEES

School Mental Health		
• Mental Health Counselor RN (MHCRN) – Transit Sheriff Bureau (TSB) – Crisis Response Unit (CRU) • DMH • MHCRN Hope- Pasadena Police Department • SMH- LAUSD • Long Beach Police Department • Inner City Industry • All 4 Health • Exodus Recovery	• Pacific Clinics • LAPD, Threat Management Unit • LAPD, Mental Evaluation Unit • Community Clinic Association Of LA County • Mental Health Advocacy Services • Association of Human Services Agencies (ACHSA) • SAAC 1, 4, 6.	• Institute for Multicultural Counseling and Education Services (IMCES) • FBI • BACUP • Department of Children and Family Services • Chief Executive Office, LA County
Stigma & Discrimination Reduction		
• All For Health, Health For All • LA Client Coalition • NAMI – Urban Los Angeles • Inner City Industry • Mental Health America • Recovery International	• UCLA • USC • The Center Long Beach • Los Angeles Unified School District • Drumming For Your Life	• Community Clinic Association Of LA County • DMH • Pacific Clinics • Department of Children and Family Services
Suicide Prevention		
• Suicide Prevention Advocacy Network. • Latino Coalition for Mental Health	• Community Clinic Association Of LA County • Los Angeles County CEO • Didi Hirsch • Pacific Clinics • Heritage Center	• Los Angeles Unified School District • ACHSA • Department of Mental Health • Rainbow Sounds

ATTACHMENT TWO:

LOS ANGELES DEPARTMENT OF MENTAL HEALTH
MHSA STAKEHOLDER DELEGATES
RECOMMENDATION-MAKING PROCESS

A. BACKGROUND

The MHSA Stakeholder Delegates (Delegates) for the County of Los Angeles is a multi-stakeholder advisory body that provides recommendations on new MHSA Plans.[1] This document describes the Delegates' recommendation-making process.[2] This recommendation-making process attempts to balance the need to give the Delegates an opportunity to seek consensus on a specific proposal and the need to arrive at a recommendation in an efficient manner.

This recommendation-making process follows two steps. The first step uses dialogue and deliberative methods to build consensus for a proposal. If consensus is not possible, the second step utilizes a voting process and threshold to arrive at a recommendation. The following describes the elements of each step.

B. STEP ONE: SEEK CONSENSUS

1. Start by clarifying that the purpose of the session is to arrive at a recommendation on a specific proposal.

2. Clarify the time boundary and ground rules (e.g., comfort and safety rules) for deliberation.

3. Explore the range of views regarding a particular item by going around the room twice.

4. Limit each comment to one minute, and two comments maximum per person on a proposal. The only exception is when a person is asking a question of clarification. A person can yield his/her time to an 'expert' to provide information on an item. (The facilitator reserves the right to determine if the question of clarification is really an opinion versus a question.)

5. After going around the room twice, test for consensus on the proposal using the tool *Gradients of Agreement* (see tool at the end of this document). In particular, test whether anyone stands to the right of "7" on the *Gradients of Agreement* tool.

6. If nobody is an '8', the proposal passes as a consensus recommendation. However, all those who are a '6' or '7' are invited to write their divergent views on a card and to turn the card in by the end of the session.

---

[1] The formal authority to modify and/or approve the Delegates' recommendations rests in a number of other entities, including the Director of the Los Angeles County Department of Mental Health, the Los Angeles County Mental Health Commission, the Los Angeles County Board of Supervisors and the State Department of Mental Health.

[2] This recommendation-making process was developed with the input of the System Leadership Team (SLT) to ensure inclusive yet efficient modes of decision making. (Among other functions, the SLT assists with the development of work structures and processes for the Delegates and its various committees.)

7. If there is at least one person (or several) who is an '8', the facilitator asks the person (or persons) to provide the reason(s) behind taking such a position and to present an alternative proposal to the Delegates. (It is important to underscore that the group stays together as a whole, without a break out session.)

8. The alternative proposal(s) and the rationale are presented to the Delegates for further consideration, using the same ground rules and deliberative methods stated above.

9. After additional discussion, the facilitator again tests for consensus asking if there is anyone who stands to the right of '7'.

10. If nobody chooses an '8', the proposal is considered as a consensus recommendation. The rationale of the consensus proposal will be written up by the facilitator, and the facilitator will work with those who want their alternative views to be expressed as part of the formal record. These individuals need to be identified at the end of the process so that their views are included in the formal documents.

11. If at least one person chooses an '8', the use of dialogue and deliberative methods shifts to the use of voting procedures to arrive at a recommendation.

C. STEP TWO: VOTING

1. No additional debate will be permitted or modifications to the proposals. (The only questions permitted at this point are those that seek to clarify proposals.) A formal count will be taken of the Delegates eligible and present at the time of the vote.

2. If there is only one proposal before the Delegates, the facilitator will conduct a vote. If the proposal receives at least 55% of the votes from the Delegates who are eligible and present to vote, the proposal will be considered a recommendation from the Delegates.

3. If two proposals are before the Delegates, the Delegates will vote on both proposals. The proposal receiving most votes and reaching the 55% threshold will be considered the Delegates' recommendation.

4. If more than two proposals are before the Delegates, the facilitator will use a polling method to determine the final two proposals. For instance, if three or more proposals are before the Delegates, each Delegate has two votes to identify the top two options. The two proposals receiving the largest number of votes will be the final two options considered by the Delegates.

5. Abstentions on a proposal will be documented, but only the votes cast for or against a proposal will be counted towards the 55% threshold. For instance, if 40 people vote for or against a proposal and 10 people abstain, the 55% threshold applies to the 40 people who cast a vote (i.e., 22 people voting in favor would constitute 55%).

6. The facilitator will document the rationale for the proposal that receives at least 55% of the votes.

7. The facilitator will identify the individuals whose proposals were not adopted and will work with them to write a minority report. The minority report will be incorporated as part of the formal record.

8. If no proposal receives at least 55% of the votes, the proposals will be considered a 'tabled item'. The facilitator will work with the group to identify next steps to bring back the proposal(s) to the Delegates.

D. ADDITIONAL RULES

1. All Delegates need to sign in at the front desk. If they leave the room during the meeting, it is their responsibility to notify staff members that their Alternate will be taking their place.

2. All Delegates (or Alternates filling in for them) need to be seated in the middle of the room in the assigned tables in order to vote.

3. No voting should occur after the end of the designated meeting time.

4. Schedule the deliberation and/or voting on a proposal towards the beginning of the agenda, but make it clear that voting can occur at any time throughout the meeting.

5. The proposals being deliberated or voted upon should be written on a flip chart (or Power Point slides) to ensure that all Delegates understand the options.

6. Key points expressed by the Delegates on a given proposal should be written on flip charts.

7. The facilitator should clearly alert the group that a vote is about to be cast, and give individuals 3-5 minutes to prepare to cast a vote.

8. The facilitator should follow the recommendation-making process as closely as possible, but it should be understood that the facilitator can make judgment calls throughout the process.

GRADIENTS OF AGREEMENT[3]

1	2	3	4	5	6	7	8
Endorse without reservations.	Endorse with minor point of difference.	Agree with some reservations.	Abstain.	Stand aside.	Formally disagree, but will go with majority.	Formally disagree, and request to be absolved from implementation.	Cannot go forward.
I really like the proposal.	I like the proposal.	I can live with the proposal.	I have no opinion on the proposal; Or, I don't have a position on either side.	I don't really like the proposal, but I don't want to hold up the group.	I want my disagreement noted in writing, but I'll support the decision.	I don't want to stop anyone else, but I don't want to be involved in the implementation.	We have to continue the conversation.

[3] Adapted from the tools developed by Community at Work http://communityatwork.com and John G. Ott and Associates.

ATTACHMENT THREE

LOS ANGELES COUNTY MHSA STAKEHOLDER DELEGATES

Representation	Delegate	Delegate or Alternate Name	Entity	Contact Number	Email Address
Commissions/Advisory Councils-C/AC					
Children's Planning Council	Dr. Cheryl Mendoza, CEO	Sharon G. Watson	The Children's Council of Los Angeles County	213.893.0421	swatson@laccpc.org
	Alt: Lilian Coral	Alt: TBD			-
Commission for Children & Families	Helen Kleinberg	Helen Kleinberg	Commission for Children and Families	213.974.1558	hnkkleinberg@sbcglobal.net
		Alt: Trish Curry	Commission for Children and Families	213.974.1558 626.441.5602	trishacurry2@earthlink.net
Co-Occurring Joint Action Council		Jim O'Connell, CEO	COJAC / Social Model Recovery Sys.	626.332.3145	jimo@socialmodel.com
		Alt: Vivian Brown, PhD, Pres./CEO	COJAC / Prototypes	310.641.7795	protoceo@aol.com
First 5 LA	Jim O'Connell, CEO Social Model Recovery Sys.	Deanne Tilton, First 5 LA Commissioner	First 5 LA	626.455.4585	tiltod@dcfs.lacounty.gov
	Alt: Vivian Brown, PhD President/CEO, Prototypes	Alt: TBD			
Mental Health Commission	Jerry Lubin, Chair	Jerry Lubin, Chair	AICP / MH Commission	213.738.4772	jerry917@earthlink.net
	Alt: Larry Gasco, Vice-Chair	Alt: Larry Gasco, Vice-Chair	MH Commission	213.738.4772	ldgasco@hotmail.com
Narcotics and Dangerous Drugs Commission	Lauraine Barber, 2nd Vice Chair, MS	Lauraine Barber, 2nd Vice Chair	Narcotics and Dangerous Drugs Commission	562.429.6826	lgrams17@aol.com
	Alt: Jack Kearney, Fr.,1st Vice Chair	Alt: Jack Kearney, 1st Vice Chair	Narcotics and Dangerous Drugs Commission	562.461.9446	jpk@familyintervention.com
Service Area Advisory Committees (SAAC)		3 delegates and 3 alternates each			
SAAC I	JoEllen Perkins	JoEllen Perkins	DMH	661.575.1800	jperkins@dmh.lacounty.gov
		Alt: TBD			-
	Bill Slocum	Bill Slocum	Project Return	323.346.0960 ext.228	lwilcant@yahoo.com

		Alt: TBD			-
	Natalie Ambrose	Natalie Ambrose	Community Resident	661.270.1517	namb@earthlink.net
		Alt: TBD			
SAAC II	Eva Carrera	Ron Klein	DMH	818.598.6967	rklein@dmh.lacounty.gov
	Alt: Ron Klein	Alt: Beth Briscoe	DMH	818 598-1944	bbriscoe@dmh.lacounty.gov
	Jim Randall	Jim Randall	DMH	818.708.4511	jrandall@dmh.lacounty.gov
	Alt: William Lemley	Alt: William Lemley	San Fernando Valley Community MHC	818.989.7475	wlemley@sfvcmhc.org
	Emma Oshagan, Pacific Clinics	Emma Oshagan	Pacific Clinics	626.441.4221 ext. 242	eoshagan@pacificclinics.org
	Alt: Eddie Viramontes	Alt: Eddie Viramontes	El Centro de Amistad	818.898.0223	ed.v@elcentrodeamistad.org
SAAC III	Carlotta Childs-Seagle	Alfredo Larios	DMH	213.738.3572	alarios@dmh.lacounty.gov
		Alt: TBD			-
	Gina Perez, Pacific Clinics	Anne Wrotniewski	SAAC III	323.264.8701	AWROTNIEWSKI@ccharities.org
	Alt: David K. Gaffield, San Gabriel Children's Center	Alt: David K. Gaffield	San Gabriel Children's Center	626.859.2089	davidgaffield@sangabrielchild.com
	Bertha Washington, NAMI Pomona	Bertha Washington	NAMI Pomona	909.593.9995	wash350@msn.com
	Earsel Laskey	Alt: Earsel Laskey	DMH/Arcadia MHC	626.821.5858	elaskey@dmh.lacounty.gov
SAAC IV	Ed Vidaurri	Ed Vidaurri	DMH	213.738.3765	evidaurri@dmh.lacounty.gov
	Alt: Larry Hurst	Alt: Larry Hurst	DMH	213.430.6732	lhurst@dmh.lacounty.gov
	Elvie Soldevilla	Elvie Soldevilla	APCTC	213.438.3000 ext.300	esoldevilla@apctc.org
	Alt: Don Edmondson	Alt: Don Edmondson	CA DMH	213.624.1732	dpe70@post.harvard.edu
	Don Parrington	Don Parrington	IMCES	213.381.1250	dparrington@earthlink.net
	Alt: K. Albert Thompson	Alt: K. Albert Thompson	DMH	213.251.6522	athompson@dmh.lacounty.gov
SAAC V	Karen Wiliams	Karen Wiliams	DMH	310.268.2507	kwilliams@dmh.lacounty.gov
	Alt: Patrice Grant	Alt: Patrice Grant	DMH	310.268.2508	pgrant@dmh.lacounty.gov
	Ruth Hollman	Ruth Hollman	SHARE	310.305.8878	ruth@shareselfhelp.org
		Alt: Kate McCauley	Consumer Advocate	323.346.0960 Ext. 230	kmccauley@mhala.org

	Roland Moses	Roland Moses	N/A	310.208.3399	rolandgmoses@msn.com
	Alt: Michi Okano	Alt: Michi Okano	Pacific Asian Counseling Services	310.337.1550	mokano@pacsla.org
SAAC VI	Renee Woodruff	Yolanda Whittington	DMH	323.298.3715	ywhittington@dmh.lacounty.gov
	Alt: Carol Vernon	Alt: Carol Vernon	DMH	310.668.3962	cvernon@dmh.lacounty.gov
	Ray Hernandez	Ray Hernandez	USC School for Early Childhood Education	213-743-6540	Raymond@usc.edu
		Alt: TBD			-
	Eddie Lamon	Eddie Lamon	Community Advocate	310.608.1597	N/A
		Alt: TBD			-
SAAC VII	Ana Suarez	Ana Suarez	DMH	213.738.3499	asuarez@dmh.lacounty.gov
	Alt: Carol Sagusti	Alt: Carol Sagusti	DMH	213.738.3468	csagusti@dmh.lacounty.gov
	Dwayne Clements	Dwyane Clements	DMH/Rio Hondo MHC	562.402.0688	dclements@dmh.lacounty.gov
	Alt: Carmen (Fatima) Baldizon	Alt: Carmen (Fatima) Baldizon	DMH	562.903.5394	Fbaldizon@dmh.lacounty.gov
	Kathy Salazar	Kathy Salazar	MELA Counseling Services Center	323.721.6855	kathy-melacenter@sbcglobal.net
	Alt: Lourdes Caracoza	Alt: Lourdes Caracoza	ALMA Family Services	323.881.3799	lourdesc@almafs.com
SAAC VIII	Jacquelin Wilcoxen	Cathy Warner	DMH	562.435.2337	cwarner@dmh.lacounty.gov
	Alt: Youngsook Kim Sasaki	Alt: Youngsook Kim Sasaki	Long Beach Mental Health Clinic	562.218.4044	ykimsasaki@dmh.lacounty.gov
	Cathy Williamson	Cathy Williamson	DMH/Long Beach South Bay GI	562.435.2207	cwilliamson@dmh,lacounty.gov
	Alt: Romanda Harmon	Alt: Romanda Harmon	Community Advocate	562.746.7878	ROMANDAMARIE@hotmail.com
	Erica Hainley-Jewell	Erika Hainley-Jewell	The Children's Clinic	562.933.0513	ehainley@thechildrensclinic.org
	Alt: Louise Tallen	Alt: Kimberlee Woods	Center for Long Beach	562.434.4455	kimw@centerlb.org
Community Advocates - CA					
Advocate for Homeless and Mentally Ill	Garrison Smith, LA County Homeless Coordinator	Garrison Smith, LA County Homeless Coordinator	Shelter Partnership, Inc.	213.974.4673	gsmith@ceo.lacounty.gov
	Alt: Michael Castillo, Program Specialist Homeless and Housing Unit	Alt: Michael Castillo, Program Specialist	LA County Chief Executive Office	213.974.4652	mcastillo@ceo.lacounty.gov

Client Stakeholder Group	Catherine Bond	Catherine Bond	Project Return, Peer Support Network	323.346.0960 ext.222	cbond@mhala.org
	Alt: Emy Singson-Minami, Recovery Coordinator	Alt: Andrew Posner	Division Director BACUP	213.368.1888 ext. 12	aposner@bacup.net
Client Stakeholder Group (incl. CA Network)		Gaines Lyons, CNMHC Board Director	CA Network of Mental Health Clients	323.346.0960	glyons@mhala.org
		Alt: Ursula Sims	CA Network of Mental Health Clients	213.251.6523	usims@dmh.lacounty.gov
LAC Client Coalition	(1) Audrey Hall	Audrey Hall	Los Angeles County Client Coalition	310.637.9991	ahall80028@aol.com
	Alt: Ana Swett	Alt: Ana Swett	Los Angeles County Client Coalition	310.659.3494	annaswett1@aol.com
	(2) Maria Tan	Maria Tan	Los Angeles County Client Coalition	310.485.2003	mariaftan@yahoo.com
	Alt: Darla Baker	Alt: Darla Baker	Los Angeles County Client Coalition	562.857.9419	dbaker@dmh.lacounty.gov
Mental Health Advocacy Services, Inc.	Jim Preis, Executive Director	Jim Preis, Executive Director	MHAS, Inc.	213.389.2077 ext. 13	jpreis@mhas-la.org
	Alt: Nancy Shea, Senior Attorney	Alt: Nancy Shea, Senior Attorney	MHAS, Inc.	213.389.2077 ext. 18	nshea@mhas-la.org
National Alliance on Mental Illness	Stella March	Stella March	NAMI	310.472.4292	SMARCH@nami.org
	Alt: Keris Myrick	Alt: Keris Myrick	NAMI	626.975.7563	keris_myrick@yahoo.com
Division of Empowerment and Advocacy	Eduardo Vega, Division Chief	Eduardo Vega, Division Chief	DMH	213.251.6580	evega@dmh.lacounty.gov
	Alt: Gwen Lewis-Reid, Assistant Director, OCE	Alt: Gwen Lewis-Reid, Assistant Director, OCA	DMH	213.251.6524	glewisreid@dmh.lacounty.gov
Older Adult	Cynthia Jackson	Cynthia Jackson	Heritage Clinic, Center for Aging Resources	626.577.8480	cjackson@cfar1.org
	Alt: Holly Kiger	Alt: Holly Kiger	Wise and Healthy Aging	310.576.2550 ext. 239	hkiger@wiseandhealthyaging.org
	Carey Temple	Carey Temple	DMH	213.251.6829	ctemple@dmh.lacounty.gov
	Need alternate	Alt:TBD			
Parent Advocate	Carmen Diaz, Board President/UACF	Carmen Diaz, Board President/UACF	United Advocates for Children and Families	213.351.7788	diaz4carmen@yahoo.com

	Alt: Ruth Tiscareno, Lead Parent Partner/Advocate	Alt: Ruth Tiscareno, Lead Parent Partner/Advocate	United Advocates for Children and Families	213.482.9400	rtiscareno@ccsla.org
TAY Representatives	(1) Ms. Heather Carmichael, LCSW Associate Executive Director	Ms. Heather Carmichael, LCSW	My Friend's Place	323.908.0011 ext. 106	hcarmichael@myfriendsplace.org
	Alt: Nick Taylor, Health Education Coordinator	Alt: Nick Taylor, Health Education Coordinator	My Friend's Place	323.908.0011 ext. 124	ntaylor@myfriendsplace,org
	(2)Ronnie E. Thomas, Medical Case Worker II	Ronnie E. Thomas, Medical Case Worker II	DMH	213.923.8020	rthomas@dmh.lacounty.gov
		Alt: D. J. Achtermann	Daniel's Place/Step Up on Second	310.392.5855	kryptospore@yahoo.com
Veteran Rep	Steve Peck	Steven Peck	Community Development Director, US Veterans	562.388.7810	sjpeck@usvetsinc.org
	Alt: Bill Wallace	Alt: Bill Wallace	Clinical Director, US Veterans	562.388.8108	bwallace@usvetsinc.org
Community Based Organizations/Foundations - CBO/F					
Association of Community Human Service Agencies (ACHSA)	(1) Bruce Saltzer, Executive Director	Bruce Saltzer, Executive Director	ACHSA	213.250.5030	bsaltzer@achsa.net
	Alt: Wendy Wang, Mental Health Policy Director	Alt: Wendy Wang, Mental Health Policy Director	ACHSA	213.250.5030	wwang@achsa.net
	(2) Tim Ryder, Executive Director	Tim Ryder, Executive Director	Amanecer Community Counseling Services	213.481.7464 x525	TRyder@CCSLA.org
	Alt: Lynn Brandstater, Executive Director	Alt: Lynn Brandstater, Executive Director	Verdugo Mental Health	818.244.7257	brandstaterceo@vmhc.org
Faith Community Representative	Calvin Hsi, Director Charity Development Department	Calvin Hsi, Director Charity Development Department	Taiwan Buddhist Tzu Chi Foundation, U.S.A.	909-447-7931	Calvin_Hsi@us.tzuchi.org
	Alt: Eugene Taw, M.D. Director of Buddhist Tzu Chi Free Clinic, VP of Taiwan Buddhist Tzu Chi Medical Foundation	Alt: Eugene Taw, M.D.	Taiwan Buddhist Tzu Chi Foundation, U.S.A.	626.281.3383	eugenetaw@roadrunner.com
	Ron Hasson to assist	Ruthie Grey	Faith Community	323.779.2237	Ruthgr3@aol.com
		Alt: TBD	Faith Community		
	Rev. Dr. Paul Lance	Rev. Paul Lance	Southern California Ecumenical Council	310-375-4441	RevLance@Seasideucc.org

	Alt: TBD after 9/20 Board mtg	Alt: TBD			-
Foundation Community Representatives	Mary Rainwater	Mary Rainwater	Integrated Behavioral Health Project	323.876.7468	rainwatermary@msn.com
	Alt: Beatriz Solis	Alt: Beatriz Solis	The CA Endowment	213.928.8736	bsolis@calendow.org
		Bonnie Armstrong	Casey Family Program	626.229.2338	Barmstrong@casey.org
		Alt: TBD			-
Education/Schools - E/S					
Education Coordinating Council (ECC)	Carrie D. Miller, PhD, Program Director	Carrie D. Miller, PhD, Program Director	ECC	213.974.5967	cmiller@ceo.lacounty.gov
	Alt: Sharon G. Watson, PhD Team Leader	Alt: TBD	ECC		-
Los Angeles County Office of Education	Madeline Hall, Chief Grants Officer	Madeline Hall, Chief Grants Officer	LACOE	562.922.6112	hall_madeline@lacoe.edu
	Alt: Ray Vincent	Alt: Ray Vincent	LACOE	562.922.6301	Vincent_Ray@lacoe.edu
Los Angeles Unified School District	Rene Gonzalez, Assistant Superintendent of Student Health	Rene Gonzalez, Assistant Superintendent	LAUSD	213.241.3856	rene.gonzalez@lausd.net
	Alt: John DiCecco, Director Community Partnership and Medical Programs	Alt: John DiCecco, Director	LAUSD	213.241.3872	john.dicecco@lausd.net
Other School Districts	Laurel Bear, PhD, Director, Pupil Services	Laurel Bear, PhD, Director, Pupil Services	Alhambra Unified School District	626.308.2383	bear_laurel@alhambra.k12.ca.us
	Rosalie Finer, Director of Psychological Services Center	Alt: Rosalie Finer, Director Psychological Svcs Ctr	Alliant University, California School of Professional Psychology	626.284.2777 x3402	rosalie@grefin.com
Government - GOV					
Alcohol and Drug Admin.	(1)Yolanda Cordero, Prevention Coordinator Contracts Division	Yolanda Cordero, Prevention Coordinator	LA County Alcohol and Drug Programs Admin.	626.299.4510	ycordero@ph.lacounty.gov
	Alt: Sandy Song, Planner, Planning Division	Alt: Sandy Song, Planner, Planning Division	LA County Alcohol and Drug Programs Admin.	626.299.3234	sasong@ph.lacounty.gov
City of Los Angeles Representative		Paul Freese, Director of Litigation and Advocacy	Public Council	213.385.2977 x109	pfreese@publiccounsel.org
		Alt: Leslie Wise	City of Los Angeles	213.978.1008	leslie.wise@lacity.org

Community and Municipal Services Cluster	Lari Sheehan, Deputy CEO, Chief Administrative Office - Service Integration Branch	Lari Sheehan, Deputy CEO, Chief Executive Office	LA County CEO	213.893.0321	lsheehan@ceo.lacounty.gov
	Need alternate	Alt: TBD	LA County CEO		
Los Angeles County Department of Children and Family Services	Harvey Kawasaki, Division Chief	Harvey Kawasaki, Division Chief	LA County DCFS	213.738.3000	kawash@dcfs.lacounty.gov
	Alt: Michael Rauso, Division Chief	Alt: Michael Rauso, Division Chief	LA County DCFS	213.738.3601	rausom@dcfs.lacounty.gov
Los Angeles County Department of Community & Senior Services	Lorenza Sanchez	Lorenza Sanchez	LA County DCSS	213.738.4045	lsanchez@css.lacounty.gov
	Alt: Roseann Donnelly	Alt: Roseann Donnelly	LA County DCSS	213.738.4238	rdonnelly@css.lacounty.gov
Los Angeles County Department of Health Services	Vicki Nagata, Mental Health Liason	Melissa Christian, Mental Health Liason	LA County DHS	213.240.7834	mchristian@dhs.lacounty.gov
	Alt: Karen Bernstein, Director, Special Programs	Alt: Karen Bernstein, Director, Special Programs	LA County DHS	213.250.8644	kbernstein@dhs.lacounty.gov
Los Angeles County Department of Probation	Andrea Gordon, Director	Andrea Gordon, Director	LA County Probation	323.730.4547	andrea.gordon@probation.lacounty.gov
	Alt: Joseph Delfin, Deputy Probation Officer II	Alt: Joseph Delfin, Deputy Probation Officer II	LA County Probation	323.213.0406	joseph.delfin@probation.lacounty.gov
Los Angeles County Department of Public Social Services	Judith Lillard, Director	Judith Lillard, Program Director	LA County DPSS	562.908.5861	JudithLillard@dpss.lacounty.gov
	Alt: Ken Krantz	Alt: Ken Krantz	LA County DPSS	562.908.6772	KenKrantz@dpss.lacounty.gov
Los Angeles County Sheriff	Karen Dalton	Director Karen Dalton	LA County Sheriff	213.893.5882	ksdalton@lasd.org
	Alt: Commander Detta Roberts	Alt: Commander Detta Roberts	LA County Sheriff	213.893.5918	blroberts@lasd.org
Los Angeles Police Department		Lt. Lionel Garcia	LAPD	213.485.3300	24050@lapd.lacity.org
	Alt:Lt.Rick Wall, Det. Charles Dempsy	Alt: Det. Charles Dempsy	LAPD	213.485.3395	30036@lapd.lacity.org
Los Angeles County Public Defender's Office	Joanne Rotstein, Special Assistant	Joanne Rotstein, Special Assistant	LA County Public Def.	213.974.2811	Jrotstein@pubdef.lacounty.gov
	Alt: Robert Fefferman	Alt: Robert Fefferman	LA County Public Def.	323.226.8167	Rfefferman@lacopubdef.org

Public Health Representative	Cynthia Harding, Director Maternal, Child, Adolescent Health Programs	Cynthia Harding	Los Angeles County of Public Health	213.639.6400	charding@ph.lacounty.gov
	Alt: Jeanne Smart, Director Nursing Family Partnership	Alt: Jeanne Smart, Director Nursing Family Partnership	Los Angeles County of Public Health	213.639.6461	jsmart@ph.lacounty.gov
Other Cities	Bonnie Lowenthal, Vice Mayor	Bonnie Lowenthal, Vice Mayor	City of Long Beach	562.570.6919	bonnie_lowenthal@longbeach.gov
	Alt: Dora Hogan, Manager Employee Benefits and Equal Employment	Alt: Dora Hogan, Manager Employee Benefits	City of Long Beach	562.570.6304	dora_hogan@longbeach.gov
Superior Courts	Tim Dowell	Tim Dowell	Superior Courts	323.226.2944	tdowell@lasuperiorcourt.org
	Alt: Richard Luckham	Alt: Richard Luckham	Superior Courts	323.226.2913	rluckham@lasuperiorcourt.org
Health Care - HC					
Community Health Clinics		Gloria Rodriguez, President/CEO	Community Clinic Association of LAC	213.201.6501	grodriguez@ccalac.org
	Alt: Louise McCarthy	Alt: Louise McCarthy	Community Clinic Association of LAC	213.201.6502	lmccarthy@ccalac.org
Hospital Representative	Mara Pelsman, CEO, Gateways Hospital	Mara Pelsman, CEO	Gateways Hospital	323.644.2000 ext. 274	mpelsman@gatewayshospital.org
		Alt: TBD			-
L.A. CARE	Cheryl Garcia, R.N., UM Liaison	Cheryl Garcia, R.N., UM Liaison	L.A. CARE	213.695.1250 ext. 4136	cgarcia@lacare.org
	Alt: Rus Billimoria, MBBS, MPH	Alt: Rus Billimoria, MBBS, MPH	L.A. CARE	213.695.1250 ext. 4274	rbillimoria@lacare.org
Underrepresented Ethnic Communities & Other Underserved Communities - UREP/OC					
Disabled Community Rep	Richard Kryzaowski	Jennifer Olson	Greater Los Angeles Agency on Deafness, Inc. (GLAD)	323.550.4226	jolson@gladinc.org
		Alt: TBD			
Gay/Lesbian Community Representative	Mark Dennis	Mark Dennis	GLASS	323.456.0801	markd@glassla.org
	Alt: Forest Celstrom	Alt: Forest Colstrom	GLASS	310.358.8727	forestc@glassla.org
UREP Representative (At Large)	Tara Pir	Tara Pir	IMCES	213.381.1250 ext. 228	TaraPirIMCES@msn.com
	Luis Garcia	Luis Garcia	Pacific Clinics	626.254.5000	lgarcia@pacificclinics.org
African / African American	Ron Hasson	Ron Hasson	NAACP	323.464.7616	ronhasson@sbcglobal.net

	Alt: Beckelech Woude, Community Advocate	Alt: Beckelech Woude	Community Advocate	310.927.4074 323.294-2511	N/A
American Indian	Glenda Ahhaitty	Benjamin Hale	Community Advocate	N/A	bnavajo@aol.com
	Need Alternate	Alt: Mark Parra	AIDS Project Los Angeles, Native American Programs	213.251.6504	mparra@dmh.lacounty.gov
Asian American and Pacific Islander	Mariko Kahn, Executive Director	Mariko Kahn, Executive Director	Pacific Asian Counseling Services	310.337.1550 ext 2018	mkahn@pacsla.org
	Alt: Dr. Terry Gock, Director, Asian Pacific Family Center	Alt: Terry Gock, Director	Asian Pacific Family Center	626.287.2988	tgock@pacificclinics.org
Eastern European / Middle Eastern	Maral Yeranossian	Angela Savoian	American Releif Society	818. 314-3906	asavoian@hotmail.com
	Alt: Dr. Toma Sherif	Alt: Sherif Toma	IMCES	213-381-1250	sheriftoma@yahoo.com
Latino	Ambrose Rodriguez	Leticia Ximénez	EOB/SA 4	213-738-6193	LXimenez@dmh.lacounty.gov
	Alt: Maria Elana Juarez	Alt: Maria Elana Juarez	The Latino Coalition	213.484.1932	N/A
Workforce - WF					
Academic Partnerships Representative/Universities and Research Representative	Karl Burgoyne, M.D., Professor	Karl Burgoyne, M.D., Professor	Department of Psychiatry, Harbor UCLA	310.222.3137	kburgoyne@dmh.lacounty.gov
	Alt: Mary Read, M.D., Medical Director, Adult Outpatient Clinic	Alt: Mary Read, M.D., Medical Director	Department of Psychiatry, Harbor UCLA	310.222.3344	mread@dmh.lacounty.gov
Academic Partnerships Representative/Universities and Research Representative	Dr. Micki Gress, Director, Assistant Dean for Field Education	Micki Gress, Director, Assistant Dean	USC School of Social Work	213.740.0294	gress@usc.edu
Academic Partnerships Representative/Universities and Research Representative	Alt: Dr. Ferol Mennen, Associate Professor	Alt: Ferol Mennen, Associate Professor	USC School of Social Work	213.740.1295	mennen@usc.edu
AFSCME Union	Steve Hendrickson	Teddy McKenna	AFSCME	626.821.5866	L2712@afscme36.org
	Alt: Brad Stevens, President	Alt: Brad Stevens, President	DMH/Harbor UCLA	310.222.5391	bstevens@dmh.lacounty.gov
SEIU Union	Nate Chittick, Lead Worksite Organizer	Jane Jose	SEIU	213.368.8671	jane.jose@seiu721.org

	Alt: Dr. Michael Alba, clinical psychologist	Alt: Michael Alba, Clinical Psychologist	SEIU	818.832.2400	malba@dmh.lacounty.gov
Staff Advisory Council	Heidi Rotheim, PhD	Heidi Rotheim	DMH	213.738.2988	hrotheim@dmh.lacounty.gov
	Alt: Hector Garcia	Alt: Hector Garcia	DMH/West Valley MHC	213.305.3129	hgarcia@dmh.lacounty.gov
Training Workgroup	Alfredo Larios	Martie Drinan	TQID	213-251.6885	mdrinan@dmh.lacounty.gov
	Need alternate	Alt: Tammy Blair	TQID	213.251-6860	tblair@dmh.lacounty.gov
Other					
At Large	C. Rocco Cheng, PhD, Corporate Director of Prevention and Early Intervention Services	C. Rocco Cheng, Corporate Director	Pacific Clinics	626.960.4020 ext. 208	rcheng@pacificclinics.org
	Richard Van Horn	Richard Van Horn	Mental Health Association in LA County	562.285.1330	rvanhorn@mhala.org
		Deborah Tull	Los Angeles Community College District	310.233.4621	tulld@lahc.edu
		Alt: Bonnie Burstein	Los Angeles Community College District	310.233.4586	bursteb@lahc.edu
		Areta Crowell	Retired Director, County of Los Angeles, DMH	323.463.7535	acrowell13@sbcglobal.net
		Miguel Santana	Deputy Chief Executive Officer, Children & Families Well Being	213.974.4530	msantana@ceo.lacounty.gov
		Alt: Jenny Serrano	Chief Executive Office Srvc. Integration Branch	213.974.4529	jserrano@ceo.lacounty.gov

PEI PROJECT SUMMARY

Form No. 3

County: **Los Angeles County** **PEI Project Name:** **Early Start Suicide Prevention Didi Hirsch 24/7 Crisis Hotline** **Date:** **10/31/08**

.

1. PEI Key Community Mental Health Needs	**Age Group**			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	☒	☒	☒	☒
2. Psycho-Social Impact of Trauma	☒	☒	☒	☒
3. At-Risk Children, Youth and Young Adult Populations	☒	☒		
4. Stigma and Discrimination	☒	☒	☒	☒
5. Suicide Risk	☒	☒	☒	☒

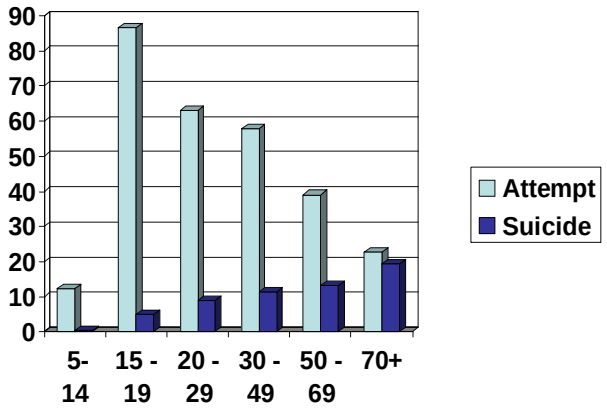
2. PEI Priority Population(s) **Note: All PEI projects must address underserved racial/ethnic and cultural populations.**	**Age Group**			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
A. Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	☒	☒	☒	☒
2. Individuals Experiencing Onset of Serious Psychiatric Illness	☒	☒	☒	☒
3. Children and Youth in Stressed Families	☒	☒		
4. Children and Youth at Risk for School Failure	☒	☒		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	☒	☒		
6. Underserved Cultural Populations	☒	☒	☒	☒

PEI PROJECT SUMMARY

Form No. 3

B. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).

CALIFORNIA DATA
SUICIDE ATTEMPTS



	PEI Age Groups				
	0-15	16-25	26-59	60+	Total
SA 1	0.0	11.2	13.3	23.7	9.9
SA 2	0.2	9.2	10.1	10.9	7.7
SA 3	0.2	3.5	7.6	8.6	5.4
SA 4	0.0	4.3	11.3	16.6	8.4
SA 5	0.0	7.1	11.1	18.7	10.2
SA 6	0.3	3.5	5.9	6.0	3.8
SA 7	1.1	9.0	8.1	9.6	6.5
SA 8	0.0	6.6	9.6	13.2	7.3
	0.3	6.5	9.3	11.9	7.0

Table to the left is based upon California Department of Public Health, Epidemiology and Prevention for Injury Control, Sacramento, CA 2008, and report Self-inflicted Injuries resulting in hospitalization and death rates per 100,000.

Table to the right is Los Angeles County statistics based upon 2003 date of suicide; it is compiled by Service Areas (SA) and Age Groups and is based upon death rates per 100,000.

As data in the two tables reflect, suicide attempts and completed suicides are significant mental health issues across all age groups and impacting every Service Area (SA.)

PEI PROJECT SUMMARY

Form No. 3

3. PEI Project Description:

In keeping with the State's recommendation to increase the capacity and quality of local suicide prevention hotlines, the Department intends to work with **Didi Hirsch Mental Health Center** to transform its existing "**24/7 Crisis Hotline**." Transformation of the crisis hotline will be enhanced by the completion of training of EBP developed to formulate proven interventions and technical assistance and oversight will be provided by **National Institute of Mental Health** (**NIMH**) and **Substance Abuse and Mental Health Services Administration**. (**SAMHSA**). Additionally, the capacity of the Hotline will be increased to serve non-English speaking individuals and their families by the hiring of additional bi-lingual staff.

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
"24/7" Crisis Hotline (transformation)	Individuals:3000 Families: 3000	Individuals: 3000 Families: 3000	Maximum: 6 months
TOTAL PEI PROJECT ESTIMATED *UNDUPLICATED* COUNT OF INDIVIDUALS TO BE SERVED	**Individuals:**3000 **Families**:3,000	**Individuals:** 3000 **Families**: 3,000	Maximum: 6 months

PEI PROJECT SUMMARY

Form No. 3

5. Linkages to County Mental Health and Providers of Other Needed Services

This involves a current network of emergency services provided by such agencies as the 24 hour Access Center, Emergency Outreach Bureau, Law Enforcement and Mental Health Partnerships such as SMART and MET

6. Collaboration and System Enhancements

Los Angeles County will be able to strengthen and build upon existing community resources and create a more comprehensive "safety net" to prevent suicide through its collaboration with other emergency response agencies such as the Fire Department, municipal agencies such as the City of Los Angeles' Crisis Response Team, law enforcement agencies such as SWAT and FBI, and Hospital Emergency Rooms.

7. Intended Outcomes

It is expected that there will be both qualitative and quantitative enhancement of services through this transformation.

- The "24/7 Crisis Hotline" has a history of support by both NIMH and SAMHSA and is part of the National Suicide Prevention Lifeline and has received accreditation by the American Association of Suicidology .
- Quantitative measures will include increased number of responses to individuals, families and community agencies "24/7" Crisis Hotline (transformation) as reflecting in achieving a national standard of care in suicide prevention programs.
- Qualitative measures will include systematic monitoring of the "24/7 Crisis Hotline" in terms of implementation of the ASIST (Applied Suicide Intervention Skills Training) model and by clinical supervision provided by Didi Hirsch staff and with clinical consultation provided by Columbia University to ensure fidelity to defined national standards.

8. Coordination with Other MHSA Components

There will be occasions under which referrals to higher levels of care may be required. This might involve CSS-type programs such as Full Service Partnerships, Field Capable Clinic Services. Additionally, collaboration with the Department's other Early Start PEI programs will be encouraged and will be tied into the Student Mental Health Initiative and Stigma & Discrimination efforts**.** As all of these programs will be in their inception, monthly meetings will be conducted to provide information about each respective program and to coordinate efforts.

PEI PROJECT SUMMARY

Form No. 3

9. Additional Comments

- The Los Angeles County MHSA Stakeholder Delegates includes representatives from the LGBTQ community. Additionally, within the Suicide Prevention Ad Hoc Committee, the LGBTQ community and LGBTQ survivors of suicide were active in the decision making process.

- Within the field of suicide prevention, there are only two agencies providing specialized services: Didi Hirsch 24/7 Crisis Hotline and Pacific Clinics Latina Youth Program. Consistent with the Guidelines of PEI Early Start, we concentrated our efforts on identifying the most viable and capable agencies within the community and either strengthen or expand services to ensure that there was a geographic and age-group focus
- Additionally, the 24/7 Crisis Line will be expanded to include bilingual capacity. In addition, the age group suicide prevention specialist teams will ensure that educational materials are developed for all threshold languages and that outreach is provided to ethnic specific communities to provide public awareness.
- Consistent with the PEI Early Start Guidelines, all the CBO's that will be playing primary roles in the Suicide Prevention Project already have established contractual arrangements with LAC-DMH.
- The Los Angeles County MHSA Stakeholder Delegates includes representatives from the LGBTQ community. Additionally, within the Suicide Prevention Ad Hoc Committee, the LGBTQ community and LGBTQ survivors of suicide were active in the decision making process

PROGRAM	START UP TIME	OPERATIONS
Didi Hirsch 24/7	60 days 60 days 60 days	Step 1 – Contracts developed Step 2 - Transformation of Hotline Step 3 - Expansion of related services
PROGRAM	IN KIND SUPPORT	
Didi Hirsch 24/7	The Crisis Hotline is supported through a SAMHSA grant and annual fund raising efforts. Estimated in-kind $800,000	

PEI PROJECT SUMMARY

Form No. 3

County: **Los Angeles County** **PEI Project Name:** **Early Start Suicide Prevention** **Date:** 11/7/09
Pacific Clinics Latina Youth Program

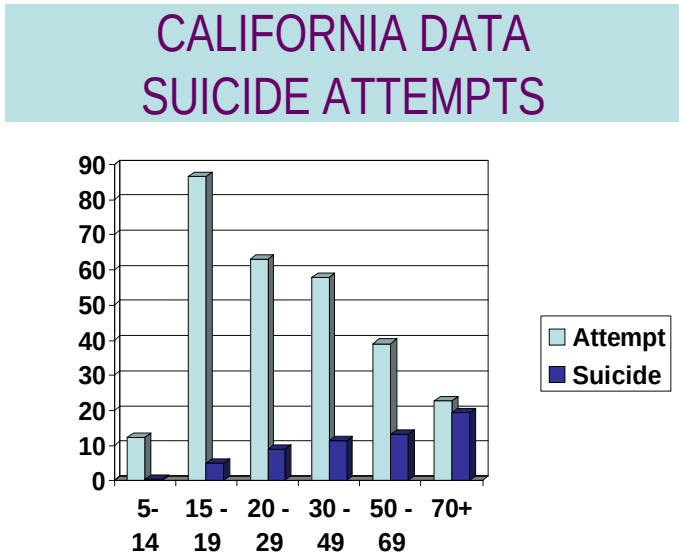
1. PEI Key Community Mental Health Needs	**Age Group**			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	☐	☒	☐	☐
2. Psycho-Social Impact of Trauma	☐	☒	☐	☐
3. At-Risk Children, Youth and Young Adult Populations	☐	☒		
4. Stigma and Discrimination	☐	☒	☐	☐
5. Suicide Risk	☐	☒	☐	☐

2. PEI Priority Population(s) **Note: All PEI projects must address underserved racial/ethnic and cultural populations.**	**Age Group**			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
A. Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	☐	☒	☐	☐
2. Individuals Experiencing Onset of Serious Psychiatric Illness	☐	☒	☐	☐
3. Children and Youth in Stressed Families	☐	☒		
4. Children and Youth at Risk for School Failure	☐	☒		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	☐	☒		
6. Underserved Cultural Populations	☐	☒	☐	☐

PEI PROJECT SUMMARY

Form No. 3

B. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).



	PEI Age Groups				
	0-15	16-25	26-59	60+	Total
SA 1	0.0	11.2	13.3	23.7	9.9
SA 2	0.2	9.2	10.1	10.9	7.7
SA 3	0.2	3.5	7.6	8.6	5.4
SA 4	0.0	4.3	11.3	16.6	8.4
SA 5	0.0	7.1	11.1	18.7	10.2
SA 6	0.3	3.5	5.9	6.0	3.8
SA 7	1.1	9.0	8.1	9.6	6.5
SA 8	0.0	6.6	9.6	13.2	7.3
	0.3	6.5	9.3	11.9	7.0

Table to the left is based upon California Department of Public Health, Epidemiology and Prevention for Injury Control, Sacramento, CA 2008, and report Self-inflicted Injuries resulting in hospitalization and death rates per 100,000.

Table to the right is Los Angeles County statistics based upon 2003 date of suicide; it is compiled by Service Areas (SA) and Age Groups and is based upon death rates per 100,000.

The data provides two important observations: Suicide Attempts peak in the 15 – 19 age group and the completed suicides for the TAY age group is the highest in SA 7, which is a largely Latino community.

PEI PROJECT SUMMARY

Form No. 3

3. PEI Project Description:

Pacific Clinics began providing suicide prevention and early intervention service to Latina youth and their families in 2001 due to the high risk of suicide among TAY Latinas. Pacific Clinics received the SAMHSA Public Health Demonstration Grant for their work. Since then, SAMHSA has recognized the Pacific Clinics program as one of the few models that specializes in cultural/linguistic populations. This project will target at-risk Latino youth and their families. Pacific Clinics will transform their existing program by using an evidence-based screening tool, the Columbia Teen Screen and evidence-based treatment strategies, such as Cognitive Behavioral Therapy (CBT). They will outreach to the Latino community providing information and education regarding suicide risk and protective factors. This outreach will be to community agencies, faith-based organization and other groups, which will permit Latinos to receive information, and access services, without feeling stigmatized. They will also provide early intervention services to Latino youth and their families.

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Pacific Clinics Mental Health Center Latina Youth Program	Individuals: 100 Families: 100	Individuals: 50 Families: 50	Maximum: 6 months
TOTAL PEI PROJECT ESTIMATED *UNDUPLICATED* COUNT OF INDIVIDUALS TO BE SERVED	**Individuals:** 100 **Families**: 100	**Individuals:** 50 **Families**: 50	Maximum: 6 months

5. Linkages to County Mental Health and Providers of Other Needed Services

Pacific Clinics will partner with community agencies, faith-based organization, law enforcement, schools, youth groups, primary care centers, social services agencies, hospitals, and other County departments to provide prevention and early intervention services to Latino youth at risk of suicide and their families.

PEI PROJECT SUMMARY

Form No. 3

6. Collaboration and System Enhancements

Pacific Clinics is well established within the Latino community in the Santa Fe Springs and surrounds areas. They currently have multiple partnerships and collaborations that will ensure that individuals and their families are linked to appropriate services. Many of the mental health service are provided on site at non-mental health agencies to increase service accessibility, reduce stigma, and to integrate services into a seamless system of care. The Pacific Clinics Latina Youth Program will be integrated within the larger system of care in the community; particularly, with the education and primary care communities.

7. Intended Outcomes

- Increase public awareness of suicide prevention and early intervention, including knowledge of risk and protective factors
- Increased number of referrals from educational, faith-based, community and youth organizations
- Increased identification of high risk youth by teacher and other youth personnel
- Ensure that individual and families are linked to appropriate practices.
- Improvement of clinical outcome through the use of evidence based practices, e.g. Columbia Teen Screen, and CBT

8. Coordination with Other MHSA Components

The Pacific Clinics program will be integrated within the continuum of care for those who may need ongoing services. Through MHSA, LACDMH has established a range of services that are available in the community; these include, but are not limited to FSP, FCCS, Drop-in Centers, Wellness Clinics, and Client Run Centers. Coordination of these services will be accomplished by the proposed Suicide Prevention Specialist Teams and existing Service Area Navigators.

9. Additional Comments

- The Los Angeles County MHSA Stakeholder Delegates includes representatives from the LGBTQ community. Additionally, within the Suicide Prevention Ad Hoc Committee, the LGBTQ community and LGBTQ survivors of suicide were active in the decision making process.

PEI PROJECT SUMMARY

Form No. 3

- Additionally, SA 7 had the highest rate of suicides among the TAY population. Because this community is largely Hispanic, this supported the decision to focus on enhancement of the services to this area and age group.

- Within the field of suicide prevention, there are only two agencies providing specialized services: Didi Hirsch 24/7 Crisis Hotline and Pacific Clinics Latina Youth Program. Consistent with the Guidelines of PEI Early Start, we concentrated our efforts on identifying the most viable and capable agencies within the community and either strengthen or expand services to ensure that there was a geographic and age-group focus

- Consistent with the PEI Early Start Guidelines, all the CBO's that will be playing primary roles in the Suicide Prevention Project already have established contractual arrangements with LAC-DMH. This will facilitate the quickest implementation of these various programs.

PROGRAM	START UP TIME	OPERATIONS
Pacific Clinics	60 days 60 days	Step 1 – Contracts developed Step 2 - Transformation of Latina Youth
PROGRAM	IN KIND SUPPORT	
Pacific Clinics	Additional funding would include EPSDT. Estimated in-kind $100,000	

PEI PROJECT SUMMARY

Form No. 3

County: **Los Angeles County** **PEI Project Name:** **Early Start Suicide Prevention** **Date:** **10/31/08**
DMH Suicide Prevention Specialist Teams

1. PEI Key Community Mental Health Needs	**Age Group**			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	☒	☒	☒	☒
2. Psycho-Social Impact of Trauma	☒	☒	☒	☒
3. At-Risk Children, Youth and Young Adult Populations	☒	☒		
4. Stigma and Discrimination	☒	☒	☒	☒
5. Suicide Risk	☒	☒	☒	☒

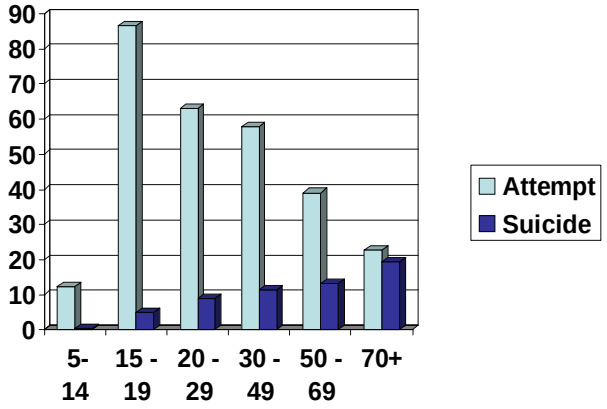
2. PEI Priority Population(s) **Note: All PEI projects must address underserved racial/ethnic and cultural populations.**	**Age Group**			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
A. Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	☒	☒	☒	☒
2. Individuals Experiencing Onset of Serious Psychiatric Illness	☒	☒	☒	☒
3. Children and Youth in Stressed Families	☒	☒		
4. Children and Youth at Risk for School Failure	☒	☒		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	☒	☒		
6. Underserved Cultural Populations	☒	☒	☒	☒

PEI PROJECT SUMMARY

Form No. 3

B. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).

CALIFORNIA DATA
SUICIDE ATTEMPTS



	PEI Age Groups				
	0-15	16-25	26-59	60+	Total
SA 1	0.0	11.2	13.3	23.7	9.9
SA 2	0.2	9.2	10.1	10.9	7.7
SA 3	0.2	3.5	7.6	8.6	5.4
SA 4	0.0	4.3	11.3	16.6	8.4
SA 5	0.0	7.1	11.1	18.7	10.2
SA 6	0.3	3.5	5.9	6.0	3.8
SA 7	1.1	9.0	8.1	9.6	6.5
SA 8	0.0	6.6	9.6	13.2	7.3
	0.3	6.5	9.3	11.9	7.0

Table to the left is based upon California Department of Public Health, Epidemiology and Prevention for Injury Control, Sacramento, CA 2008, and report Self-inflicted Injuries resulting in hospitalization and death rates per 100,000.

Table to the right is Los Angeles County statistics based upon 2003 date of suicide; it is compiled by Service Areas (SA) and Age Groups and is based upon death rates per 100,000.

The data from both demonstrates the need for suicide prevention services across all age groups and within all Service Areas (SA) in Los Angeles County. Because the dynamics of suicide attempts and completed suicides vary across age groups, there is the need to develop appropriate services ranging from prevention focused to early intervention services.

PEI PROJECT SUMMARY

Form No. 3

3. PEI Project Description:

In keeping with the State's recommendation to build a system of suicide prevention and due to the size of Los Angeles County, it is essential to develop an infrastructure to develop, support and coordinate Suicide Prevention and Early Intervention activities. This will be accomplished by the development of **Suicide Prevention Specialist Teams**. The stakeholders acknowledged the need for greater coordination among the diverse communities of Los Angeles County and recommended the creation of these teams. As suicide attempts and completed suicides occur through all age ranges, and require specialized approaches to this problem, 4 teams will be developed for **Children & Youth**, **Transitional Age Youth** (**TAY**) **Adults** and **Older Adults**. These teams will have the responsibility for the following types of activities:

- Increasing public awareness on prevention and early intervention of suicide and reducing stigma associated with mental illness, substance abuse and suicide.
- Offering education to community partners to recognize the risk of suicide and to properly respond.
- Identify appropriate screening tools and evidence based practices for early detection and appropriate intervention.
- Creating linkage and referral to appropriate services and build alliances with community agencies to expand the resource capacity within each age group.
- Teams will develop age-appropriate community partners, e.g. **Children & Youth** with the Educational Community, **TAY** with Youth Groups, **Adults** with Law Enforcement and **Older Adults** with Health Partners.
- Each team will have responsibility for developing a resource directory of age-appropriate community based resources throughout the County and provide quarterly schedules of activities and periodic updates of resources.
- Each team will also have the responsibility of identify ethnic and underrepresented communities and resources that are culturally specific, with priorities being established with services areas, age groups and ethnic communities having higher than average suicide rates for Los Angeles County.
- Members of each team will serve as liaisons to the State Office of Suicide Prevention and participate in county-wide committees to address suicide prevention issues locally.

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type	Number of months in operation through June 2009

PEI PROJECT SUMMARY

Form No. 3

	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		
	Prevention	Early Intervention	
Suicide Prevention Specialist Teams	Individuals: 0 Families: 0	Individuals: 0 Families: 0	Maximum: 6 months
TOTAL PEI PROJECT ESTIMATED *UNDUPLICATED* COUNT OF INDIVIDUALS TO BE SERVED	**Individuals:** 0 **Families**: 0	**Individuals:** 0 **Families**: 0	Maximum: 6 months

5. Linkages to County Mental Health and Providers of Other Needed Services

It will also be the responsibility of these Teams to create linkage of individuals and families to needed services within their communities. This might include such activities as: training staff to recognize the risks and warning signs, referrals to support groups for survivors and referrals for mental health services when required. This network of care includes existing resources such as the 24 hour Access Center, Emergency Outreach Bureau, Directly operated and contracted mental health agencies. Emphasis will be placed on the identification of existing age-appropriate and culturally relevant community partners.

6. Collaboration and System Enhancements

Critical to the development of these Suicide Prevention Specialist Teams will be collaboration with the 24/7 Crisis Hotline and the existing range of services that are specifically directed toward suicide prevention and early intervention activities. This will include collaboration with agencies such as Didi Hirsch Mental Health Center and Pacific Clinics which already provide these services. Through our combined efforts, Los Angeles County will be able to strengthen and build upon existing community resources and create a more comprehensive “safety net” to prevent suicide

7. Intended Outcomes

A key element of program success will be in the number of people and agencies receiving training and public awareness about suicide and suicide prevention activities.

- It is expected that during each month of operation, the Teams will have contact with 100 staff members from our community partner agencies.

- It is expected that Teams will provide appropriate training and education to community.
- The Suicide Prevention Specialist Teams are not intended to provide direct services, but to facilitate the creation of a network of services that is reflective of the needs of each community and responsive to all age groups.

Another key element of the program will be creating linkage and referral to appropriate services and build alliances with community agencies to expand the resource capacity within each age group.

- Each team will have responsibility for developing a resource directory of age-appropriate community based resources throughout the County and provide quarterly schedules of activities and periodic updates of resources.
- Each team will also have the responsibility of identify ethnic and underrepresented communities and resources that are culturally specific, with priorities being established with services areas, age groups and ethnic communities having higher than average suicide rates for Los Angeles County.

Finally, members of each team will serve as liaisons to the State Office of Suicide Prevention and participate in county-wide committees to address suicide prevention issues locally.

- Each team will have members participate in both local and statewide committees on suicide prevention activities.

8. Coordination with Other MHSA Components

There will be occasions under which referrals to higher levels of care may be required. This might involve CSS-type programs such as Full Service Partnerships, Field Capable Clinic Services. Additionally, the County's WET plan currently under review includes provisions of the training of community partners in basic mental health issues to assist in the process of outreach and referral of appropriate individuals and families for services. Finally, there will be collaboration with the Department's other Early Start PEI programs will be encouraged and will be tied into the Student Mental Health Initiative and Stigma & Discrimination efforts**.** As all of these programs will be in their inception, monthly meetings will be conducted to provide information about each respective program and to coordinate efforts.

9. Additional Comments

- The Los Angeles County MHSA Stakeholder Delegates includes representatives from the LGBTQ community. Additionally, within the Suicide Prevention Ad Hoc Committee, the LGBTQ community and LGBTQ survivors of suicide were active in the decision making process.

PEI PROJECT SUMMARY

Form No. 3

- The age group suicide prevention specialist teams will ensure that educational materials are developed for all threshold languages and that outreach is provided to ethnic specific communities to provide public awareness.

- Additionally, community capacity will be expanded through (1) outreach and identification of ethnic specific community resources and (2) training and consultation services provided by the Suicide Prevention Specialist Teams.

PROGRAM	IN KIND SUPPORT	
DMH Suicide Prevention Specialist Team	Supervision and consultation of team will be provided by LAC-DMH. Estimated in-kind $80,000	
PROGRAM	START UP TIME	OPERATIONS
DMH Suicide Prevention Specialist Team	60 days 60 days 30 days	Step 1 – Internal approval for hiring Step 2 - Recruitment & Selection Step 3 - Training and deployment

PEI PROJECT SUMMARY

Form No. 3

County: Los Angeles County **PEI Project Name:** Early Start Suicide Prevention Health Care Partners 60+ **Date:** 11/5/08

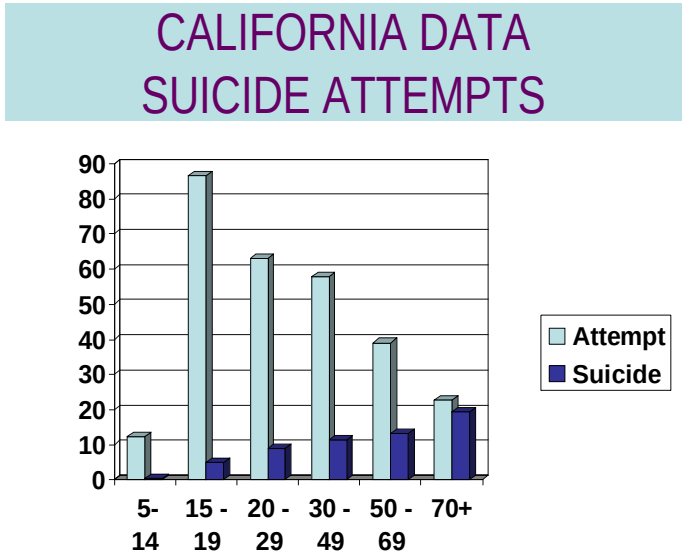
1. PEI Key Community Mental Health Needs	**Age Group**			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	☐	☐	☐	☒
2. Psycho-Social Impact of Trauma	☐	☐	☐	☒
3. At-Risk Children, Youth and Young Adult Populations	☐	☐		
4. Stigma and Discrimination	☐	☐	☐	☒
5. Suicide Risk	☐	☐	☐	☒

2. PEI Priority Population(s) **Note: All PEI projects must address underserved racial/ethnic and cultural populations.**	**Age Group**			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
A. Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	☐	☐	☐	☒
2. Individuals Experiencing Onset of Serious Psychiatric Illness	☐	☐	☐	☒
3. Children and Youth in Stressed Families	☐	☐		
4. Children and Youth at Risk for School Failure	☐	☐		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	☐	☐		
6. Underserved Cultural Populations	☐	☐	☐	☒

PEI PROJECT SUMMARY

Form No. 3

B. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).



	PEI Age Groups				
	0-15	16-25	26-59	60+	Total
SA 1	0.0	11.2	13.3	23.7	9.9
SA 2	0.2	9.2	10.1	10.9	7.7
SA 3	0.2	3.5	7.6	8.6	5.4
SA 4	0.0	4.3	11.3	16.6	8.4
SA 5	0.0	7.1	11.1	18.7	10.2
SA 6	0.3	3.5	5.9	6.0	3.8
SA 7	1.1	9.0	8.1	9.6	6.5
SA 8	0.0	6.6	9.6	13.2	7.3
	0.3	6.5	9.3	11.9	7.0

Table to the left is based upon California Department of Public Health, Epidemiology and Prevention for Injury Control, Sacramento, CA 2008, and report Self-inflicted Injuries resulting in hospitalization and death rates per 100,000.

Table to the right is Los Angeles County statistics based upon 2003 date of suicide; it is compiled by Service Areas (SA) and Age Groups and is based upon death rates per 100,000.

As the Table to the right indicates, individuals over the age of 60 have the highest rates of completed suicide of all age groups.

3. PEI Project Description:

Many agencies that are part of the Older Adult System of Care could potentially develop partnerships to provide co-located mental health services within primary care facilities. It is recognized that among the risk factors associated with

the high rate of suicide among older adults is medical co-morbidity, and - in fact - the risk of suicide increases with each additional medical condition. Older Adults are more likely to seek medical services than mental health services; therefore co-location places mental health professionals within an environment that overcomes the stigma often associated with mental illness. Co-location is a particularly effective intervention when working with underserved ethnic communities as the cultural bias against mental health services is often greater among these groups. Services would include training of health care staff in terms of basic warning signs of depression and/or suicidal ideation. A screening instrument such as the **Patient Health Questionnaire (PHQ-9**) is readily acceptable within health care settings, and can be administered by any staff member. The **PHQ-9** has been demonstrated to be a superior tool for recognizing signs and symptoms of mental illness in older adults, and there are widely accepted EBP models such as **Prevention of Suicide in Primary Care Elderly: Collaborative Trial (PROSPECT)**, which can be readily implemented within health care environments and that brings together the collaboration of medical and mental health services on behalf of the older adult.

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Health Care Partners 60+	Individuals: 30 Families: 60	Individuals: 30 Families: 0	Maximum 6 months
TOTAL PEI PROJECT ESTIMATED *UNDUPLICATED* COUNT OF INDIVIDUALS TO BE SERVED	**Individuals:** 30 **Families**: 60	**Individuals:** 30 **Families**: 0	Maximum 6 months

5. Linkages to County Mental Health and Providers of Other Needed Services

The development of partnerships with health care providers is essential to this project and the inclusion of mental health professionals on site will facilitate appropriate outreach and referral of depressed and/or suicidal older adults**.** Many members of the OASOC are mental health providers and have the experience of working effectively with older adults. These skills will be enhanced with geriatric mental health professionals working in collaboration with medical care staff. Primary care settings will be enhanced by this partnership as well.

6. Collaboration and System Enhancements

The traditional gap that has existed between primary care and mental health will be bridged by such a project, and the referral for mental health services will be enhanced with geriatric mental health specialists on site. Rather than the usual referral process, there can be the "warm hand-off" that will facilitate connecting the older adult to the mental health provider. Both systems of care will be enhanced by this partnership, and the treatment provided to the older adult will be enhanced by the use of EBP. Further, it has been demonstrated that the costs of medical care can be reduced when the psycho-social dimensions of patient care have been effectively addressed, thus making this partnership attractive to the health provider.

7. Intended Outcomes

- Development of partnerships with primary care providers will likely require the development of MOU's that will allow for the provision of mental health services within a health environment.
- Creation of this partnership will also require cross-training of staff from health care and mental health to create a multidisciplinary approach to working effectively with the older adult. Both initial training sessions and periodic multidisciplinary team meetings will be required to develop and enhance working relationships.
- Referral for mental health services and reporting back the results of screenings will facilitate the development of this working relationship between providers.
- Individual and/or family training in basic geriatric mental health issues can be provided routinely and can encourage self-management skills.

8. Coordination with Other MHSA Components

In instances in which Older Adults require another level of care or appropriate to their needs, referrals to CSS activities, such as FSP, FCCS, Wellness Centers can be facilitated. Additionally, current WET plans call for the training of community partners in basic mental health issues. The development of working collaborations with primary care and mental health will be enhanced by these efforts.

9. Additional Comments

PEI PROJECT SUMMARY

Form No. 3

- The Los Angeles County MHSA Stakeholder Delegates includes representatives from the LGBTQ community. Additionally, within the Suicide Prevention Ad Hoc Committee, the LGBTQ community and LGBTQ survivors of suicide were active in the decision making process

- The second age group specific program was directed towards creating partnerships with Primary Care partners to address the high suicide rates among Older Adults throughout the county.

PROGRAM	START UP TIME	OPERATIONS
Health Care Partners 60+	60 days	Step 1 – Development of RFS
	60 days	Step 2 - Solicitation
	30 days	Step 3 – Evaluation
	60 days	Step 4 – Awarding of contract
	60 days	Step 5 – Implementation of services

PROGRAM	IN KIND SUPPORT
Health Care Partners 60+	Integration of geriatric mental health service team within primary care setting will provide staff and facilities. Potential for Medicare and Medi-Cal revenue. Estimated in kind $250,000

PEI PROJECT SUMMARY

Form No. 3

County: Los Angeles County **PEI Project Name:** Early Start Suicide Prevention Expansion of Service Programs **Date:** 11/5/08

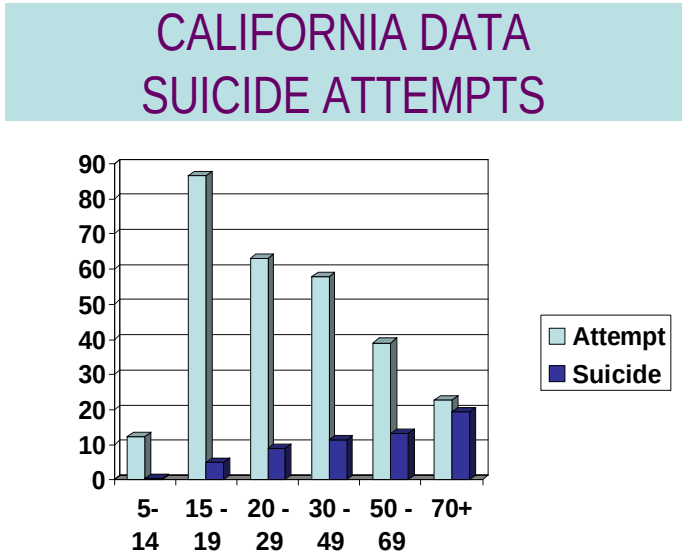
1. PEI Key Community Mental Health Needs	**Age Group**			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	☒	☒	☒	☒
2. Psycho-Social Impact of Trauma	☒	☒	☒	☒
3. At-Risk Children, Youth and Young Adult Populations	☒	☒		
4. Stigma and Discrimination	☒	☒	☒	☒
5. Suicide Risk	☒	☒	☒	☒

2. PEI Priority Population(s) **Note: All PEI projects must address underserved racial/ethnic and cultural populations.**	**Age Group**			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
A. Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	☒	☒	☒	☒
2. Individuals Experiencing Onset of Serious Psychiatric Illness	☒	☒	☒	☒
3. Children and Youth in Stressed Families	☒	☒		
4. Children and Youth at Risk for School Failure	☒	☒		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	☒	☒		
6. Underserved Cultural Populations	☒	☒	☒	☒

PEI PROJECT SUMMARY

Form No. 3

B. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).



	PEI Age Groups				
	0-15	16-25	26-59	60+	Total
SA 1	0.0	11.2	13.3	23.7	9.9
SA 2	0.2	9.2	10.1	10.9	7.7
SA 3	0.2	3.5	7.6	8.6	5.4
SA 4	0.0	4.3	11.3	16.6	8.4
SA 5	0.0	7.1	11.1	18.7	10.2
SA 6	0.3	3.5	5.9	6.0	3.8
SA 7	1.1	9.0	8.1	9.6	6.5
SA 8	0.0	6.6	9.6	13.2	7.3
	0.3	6.5	9.3	11.9	7.0

Table to the left is based upon California Department of Public Health, Epidemiology and Prevention for Injury Control, Sacramento, CA 2008, and report Self-inflicted Injuries resulting in hospitalization and death rates per 100,000.

Table to the right is Los Angeles County statistics based upon 2003 date of suicide; it is compiled by Service Areas (SA) and Age Groups and is based upon death rates per 100,000.

As data in the two tables reflect, suicide attempts and completed suicides are significant mental health issues across all age groups and impacting every Service Area (SA.)

PEI PROJECT SUMMARY

Form No. 3

3. PEI Project Description:

In keeping with the State's recommendation to increase the capacity and quality of local suicide prevention services, the Committee recommends multiple approaches:
(1) Expansion of suicide prevention hotline to increase capacity to serve underrepresented and ethnic communities;
(2) Develop support groups for survivors of suicide attempts and family members bereaved by a suicide
(3) Partner with hospitals for follow-up care following a suicide attempt
(4) Partner with law enforcement and first responders to enhance the capacity and appropriateness of their response to suicide
(5) Develop partnerships with Primary Care to collaborate in the screening and early intervention activities especially older adults.
(6) Train community agencies in EBP models e.g. **Applied Suicide Intervention Skills Training (ASIST)** to increase the community's capacity to appropriately and effectively respond to suicide.

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Expansion of Suicide Prevention Hotline Services (to underserved and ethnic communities)	Individuals: 200 Families: 50	Individuals: 100 Families: 25	Maximum: 6 months
Support Groups for Survivors and Bereaved	Individuals: 50 Families: 25	Individuals: 50 Families: 25	Maximum: 6 months
Partnerships with Hospitals for After-care	Individuals: 25 Families: 00	Individuals: 10 Families: 5	Maximum: 6 months
Partnerships with Law Enforcement & First Responders	Individuals: 100 Families: 50	Individuals: 100 Families: 50	Maximum: 6 months
Training of Community Partners	Individuals: 100 Families: 00	Individuals: 100 Families: 00	Maximum: 6 months
Older Adult Primary Care Partnership	Individual: 60 Families: 20	Individual: 60 Families: 20	Maximum: 6 months

PEI PROJECT SUMMARY

Form No. 3

	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		
TOTAL PEI PROJECT ESTIMATED *UNDUPLICATED* COUNT OF INDIVIDUALS TO BE SERVED	**Individuals:** 535 **Families**: 145	**Individuals:** 420 **Families**: 125	Maximum: 6 months

5. Linkages to County Mental Health and Providers of Other Needed Services

In order to respond to the need for additional services across every Service Area in the county and to virtually all age groups, it is essential to expand services and to create linkages to vital community partners. This involves the current network of emergency services provided by such agencies as the 24 hour Access Center, Emergency Outreach Bureau, Law Enforcement and Mental Health Partnerships such as SMART and MET and Hospitals and Hospital Emergency Rooms.

6. Collaboration and System Enhancements

Los Angeles County will be able to strengthen and build upon existing community resources and create a more comprehensive "safety net" to prevent suicide through its collaboration with other emergency response agencies such as the Fire Department, municipal agencies such as the City of Los Angeles' Crisis Response Team, law enforcement agencies such as SWAT and FBI, and Hospital Emergency Rooms. Additionally, there needs to be greater linkage between DMH directly operated Contract Agencies and other suicide prevention agencies to create a more effective interface between telephone-based emergency services such as ACCESS Center, Emergency Outreach Bureau, 24/7 Crisis Hotline, Teen Line and crisis response (field-based) teams.

7. Intended Outcomes

- Increasing the capacity of suicide prevention hotline services to underrepresented and ethnic communities
- Provide support groups for survivors of suicide attempts and family members bereaved by a suicide loss
- Develop collaborations with hospitals to coordinate after-care following a suicide attempt to ensure linkage with appropriate community resources.

- Train law enforcement and first responders to respond effectively and appropriately to individual and families impacted by suicide and suicide attempts.
- Develop collaborations with primary care facilities that serve older adults to provide screening and early intervention services.
- Training community agencies including Underserved Communities, Education, Consumers and Families, and Social Services to expand the outreach and engagement of all sectors of the community towards suicide prevention activities.

8. Coordination with Other MHSA Components

There will be occasions under which referrals to higher levels of care may be required. This might involve CSS-type programs such as Full Service Partnerships, Field Capable Clinic Services. Additionally, collaboration with the Department's other Early Start PEI programs will be encouraged and will be tied into the Student Mental Health Initiative and Stigma & Discrimination efforts**.** As all of these programs will be in their inception, monthly meetings will be conducted to provide information about each respective program and to coordinate efforts.

9. Additional Comments

- The Los Angeles County MHSA Stakeholder Delegates includes representatives from the LGBTQ community. Additionally, within the Suicide Prevention Ad Hoc Committee, the LGBTQ community and LGBTQ survivors of suicide were active in the decision making process.

- Within the field of suicide prevention, there are only two agencies providing specialized services: Didi Hirsch 24/7 Crisis Hotline and Pacific Clinics Latina Youth Program. Consistent with the Guidelines of PEI Early Start, we concentrated our efforts on identifying the most viable and capable agencies within the community and either strengthen or expand services to ensure that there was a geographic and age-group focus.

- The 24/7 Crisis Line will be expanded to include bilingual capacity.

- Consistent with the PEI Early Start Guidelines, all the CBO's that will be playing primary roles in the Suicide Prevention Project already have established contractual arrangements with LAC-DMH. This will facilitate the quickest implementation of these various programs.

Form No. 3

PEI PROJECT SUMMARY

PROGRAM	START UP TIME	OPERATIONS
Didi Hirsch 24/7	60 days	Step 1 – Contracts developed
	60 days	Step 2 - Transformation of Hotline
	60 days	Step 3 - Expansion of related services
PROGRAM	IN KIND SUPPORT	
Didi Hirsch 24/7	The Crisis Hotline is supported through a SAMHSA grant and annual fund raising efforts. Estimated in-kind $800,000	

PEI PROJECT SUMMARY

Form No. 3

County: **Los Angeles County** **PEI Project Name:** **Early Start Suicide Prevention Web-Based Training of School Personnel** **Date:** **11/5/08**

1. PEI Key Community Mental Health Needs	**Age Group**			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	☒	☒	☐	☐
2. Psycho-Social Impact of Trauma	☒	☒	☐	☐
3. At-Risk Children, Youth and Young Adult Populations	☒	☒		
4. Stigma and Discrimination	☒	☒	☐	☐
5. Suicide Risk	☒	☒	☐	☐

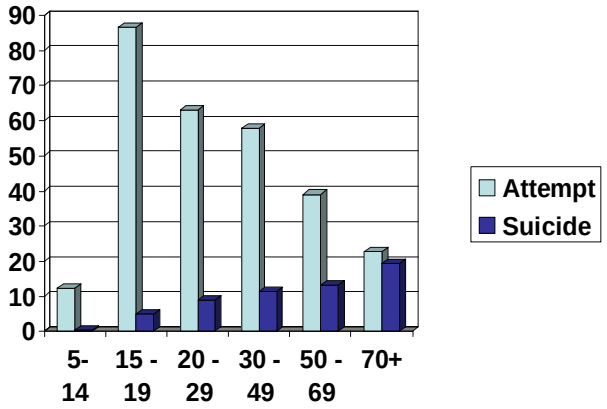
2. PEI Priority Population(s) **Note: All PEI projects must address underserved racial/ethnic and cultural populations.**	**Age Group**			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
A. Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	☒	☒	☐	☐
2. Individuals Experiencing Onset of Serious Psychiatric Illness	☒	☒	☐	☐
3. Children and Youth in Stressed Families	☒	☒		
4. Children and Youth at Risk for School Failure	☒	☒		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	☒	☒		
6. Underserved Cultural Populations	☒	☒	☐	☐

PEI PROJECT SUMMARY

Form No. 3

B. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).

CALIFORNIA DATA
SUICIDE ATTEMPTS



	PEI Age Groups				
	0-15	16-25	26-59	60+	Total
SA 1	0.0	11.2	13.3	23.7	9.9
SA 2	0.2	9.2	10.1	10.9	7.7
SA 3	0.2	3.5	7.6	8.6	5.4
SA 4	0.0	4.3	11.3	16.6	8.4
SA 5	0.0	7.1	11.1	18.7	10.2
SA 6	0.3	3.5	5.9	6.0	3.8
SA 7	1.1	9.0	8.1	9.6	6.5
SA 8	0.0	6.6	9.6	13.2	7.3
	0.3	6.5	9.3	11.9	7.0

Table to the left is based upon California Department of Public Health, Epidemiology and Prevention for Injury Control, Sacramento, CA 2008, and report Self-inflicted Injuries resulting in hospitalization and death rates per 100,000.

Table to the right is Los Angeles County statistics based upon 2003 date of suicide; it is compiled by Service Areas (SA) and Age Groups and is based upon death rates per 100,000.

PEI PROJECT SUMMARY

Form No. 3

3. PEI Project Description:

Teachers and other school personnel do not currently receive training in the identification of suicide risk and protective factors among children and youth. Senate Bill 1378, known as the Jason Flatt Act, allows teachers to receive up to 2 hours of suicide prevention training during one of their regularly scheduled training days. This project will develop a web site that could be accessed by teachers, other school personnel, and other youth workers, so that they will be aware of the risk and protective factors of suicide.

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Distance and Online Learning for Suicide Prevention	Individiuals:600 Families: 0	Individuals: 600 Families: 0	Maximum: 6 months
TOTAL PEI PROJECT ESTIMATED *UNDUPLICATED* COUNT OF INDIVIDUALS TO BE SERVED	**Individuals:600** **Families**: 0	**Individuals: 600** **Families**: 0	Maximum: 6 months

5. Linkages to County Mental Health and Providers of Other Needed Services

The Center for Distance and Online Learning for Suicide Prevention web site will also the Los Angeles County ACCESS number should teachers become aware of someone who shows the warning signs. The web site will also list referrals to 24/7 crisis hotlines.

PEI PROJECT SUMMARY

Form No. 3

6. Collaboration and System Enhancements

The need for teachers, parents, and youth personnel to be training in the risk and protective factors of suicide is evident by the high rates of suicide among 10 to 25 year olds. The increased knowledge of teachers, parents, and youth workers of the warning signs of suicide will necessitate collaboration with mental health services for the at-risk children and their families. Therefore, collaboration will be important with our mental health providers that are on school campuses

7. Intended Outcomes

Teachers and other youth personnel will be able to identify risk and protective factors for youth suicide

- Youth personnel will be able to identify risk and protective factors for youth suicide
- Parents will receive information that will make them aware of the warning signs of youth suicide
- As a result of the increased knowledge of risk and protective factors, early intervention will be sought thus decreasing the rates of suicide

8. Coordination with Other MHSA Components

The increased knowledge of suicide risk and protective factors may necessitate interventions. These may include referrals to higher levels of care such as CSS-type programs such as Full Service Partnerships and Field Capable Clinical Services. Collaboration will occur with the Department's other Early Start PEI programs, and will be tied in to the Student Mental Health Initiative and Stigma & Discrimination efforts. Since all these programs will be in their inception, monthly meetings will be conducted to provide information about each respective program and to coordinate efforts.

9. Additional Comments

- The Los Angeles County MHSA Stakeholder Delegates includes representatives from the LGBTQ community. Additionally, within the Suicide Prevention Ad Hoc Committee, the LGBTQ community and LGBTQ survivors of suicide were active in the decision making process.

- Los Angeles County Office of Education has the existing web technology that could be employed in delivering suicide prevention training to all of the 81 school districts within Los Angeles County.

PEI PROJECT SUMMARY

Form No. 3

PROGRAM	START UP TIME	OPERATIONS
Web-Based Training	60 days 60 days	Step 1 – Contract developed Step 2 - Inauguration of web-based
PROGRAM	IN KIND SUPPORT	
Web-Based Training	Los Angeles County Office of Education is providing all the classrooms and technology required to deliver web-based training. Estimated in kind $500,000	

Enclosure 3A

County of Los Angeles Department of Mental Health
PEI Revenue and Expenditure Budget Worksheet
(Suicide Prevention)

Form No. 4

Instructions: Please complete one budget Form No. 4 for each PEI Project and each selected PEI provider.

County Name: Los Angeles County Department of Mental Health Date: 11/17/2008

PEI Project Name: 5. Suicide Risk

Provider Name (if known):

Intended Provider Category:

Proposed Total Number of Individuals to be served:	FY 07-08	0	FY 08-09	14,485
Total Number of Individuals currently being served:	FY 07-08	0	FY 08-09	10,200
Total Number of Individuals to be served through PEI Expansion:	FY 07-08	0	FY 08-09	4,285
Months of Operation:	FY 07-08	0	FY 08-09	6 months

	Total Program/PEI Project Budget		
Proposed Expenses and Revenues	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages	$0	$258,012	$258,012
	$0	$0	$0
	$0	$0	$0
	$0	$0	$0
b. Benefits and Taxes @ 16.10 %	$0	$49,511	$49,511
c. Total Personnel Expenditures	$0	$307,523	$307,523
2. Operating Expenditures			
a. Facility Cost	$0	$0	$0
b. Other Operating Expenses	$0	$106,620	$106,620
c. Total Operating Expenses	$0	$106,620	$106,620
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
24/7 Crisis Hotline	$0	$227,584	$227,584
Latina Youth Program	$0	$189,687	$189,687
Health Care Partners 60+	$0	$177,186	$177,186
Web-Based Training	$0	$129,090	$129,090
Suicide Prevention Services	$0	$531,360	$531,360
a. Total Subcontracts	$0	$1,254,907	$1,254,907
4. Total Proposed PEI Project Budget	$0	$1,669,050	$1,669,050
B. Revenues (list/itemize by fund source)			0
	$0	$0	$0
	$0	$0	$0
		$0	$0
1. Total Revenue	$0	$0	$0
5. Total Funding Requested for PEI Project	$0	$1,669,050	$1,669,050
6. Total In-Kind Contributions	$0	$1,730,000 $0	$1,730,000 $0

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
Prevention and Early Intervention (PEI) Early Start Projects

Project Name: Suicide Prevention

Budget Narrative-FY 2008-2009

Line Item **Description/Justification**

Personnel Expenditures:

A. Total of 8 FTE's :
   - Please see the "Cost Analysis" page and the full item narratives that follow. Note that these pages provide the full breakdown of items including: Position Title, Number of Positions, Annual Salary, Employee Benefits, and Total Salary Including Salary and Employee Benefits (S&EB)

   - The "Description of FTE" Functions page provides a brief overview of the anticipated roles and responsibilities for each requested position.

B. Total including 16.10% for benefits and taxes

Operating Expenditures:

B. Total estimated expenses including space, computers, local printer, training, office supplies, estimated mileage, travel, mobile communications, county telephone, telecom system.

Subcontracts/Professional Services:

A. There are a total of 4 Programs that will be implemented under the Suicide Prevention Project. The contracts and subcontracts have not been awarded and are therefore unknown at this time.

Total amount of funding requested: $1,669,050

Total estimated amount of "in-kind" funding is: $1,730,000
(A complete breakdown of in-kind estimates is provided under the "additional comments section of each project)

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
BUDGET AND FINANCIAL REPORTING DIVISION
SALARY AND EMPLOYEE BENEFITS COST ANALYSIS
FY 2008-09 WEIGHTED AVERAGE RATES

ATTACHMENT BR - III

SERVICE AREA/BUREAU: PEI EARLY START -SUICIDE PREVENTION
UNIT DESCRIPTION:
UNIT CODE:

1	2	3	4	5	6	9	8	7	10
LINE NO.	UNIQUE NO.	ITEM # & SUB LETTER	TITLE OF POSITION	ORDINANCE POSITIONS	FTE's	ANNUAL SALARY	SALARY SAVINGS -9.69%	NET SALARY	EB RATE 31.9778%	TOTAL S&EB
PART I.										
NEW POSITIONS:										
1	[redacted]	09035A	PSYCHIATRIC SOCIAL WORKER II	4	4.00	299,010	(28,974)	270,036	86,352	356,388
2		09002A	MEDICAL CASE WORKER II	4	4.00	217,014	(21,029)	195,985	62,672	258,657
3							-	-	-	-
4							-	-	-	-
5							-	-	-	-
6							-	-	-	-
7							-	-	-	-
8							-	-	-	-
9							-	-	-	-
10							-	-	-	-
11							-	-	-	-
12							-	-	-	-
13							-	-	-	-
14							-	-	-	-
15							-	-	-	-
16							-	-	-	-
17							-	-	-	-
18							-	-	-	-
19							-	-	-	-
20							-	-	-	-
21							-	-	-	-
22							-	-	-	-
23							-	-	-	-
24							-	-	-	-
25							-	-	-	-
26							-	-	-	-
			TOTAL S&EB	8	8.00	516,024	(50,003)	466,021	149,024	615,045

258,012.00 6 Months 307,523
325,974
(18,452)

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
Prevention and Early Intervention (PEI) Early Start Projects

Description of FTE Functions

(Suicide Prevention)

Psychiatric Social Worker II will:

- Provide training and consultation to school personnel, service providers and law enforcement officers around issues of bullying, self-esteem, suicide, homicide, and victimization.
- Conduct psychiatric assessments to students at risk
- Provide case management and linkage services for any at risk student

Medical Case Worker II

- Evaluates the medical and/or mental health status of patients/clients to develop an effective treatment plan
- Provide direct services such as post-operative care, at home care, nursing home and extended care
- Incumbents interview, counsel and assist patients/clients with social problems in relation to illness, treatment and recovery

County: Los Angeles **PEI Project Name: School Mental Health Initiative**
Program Name: School Threat Assessment Response Team (START)
Date: November 13, 2008

Complete one Form No. 3 for each PEI project. Refer to Instructions that follow the form.

1. PEI Key Community Mental Health Needs	**Age Group**			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	☐	☐	☐	☐
2. Psycho-Social Impact of Trauma	☒	☒	☒	☐
3. At-Risk Children, Youth and Young Adult Populations	☒	☒		
4. Stigma and Discrimination	☒	☒	☒	☐
5. Suicide Risk	☒	☒	☒	☒

2. PEI Priority Population(s) **Note: All PEI projects must address underserved racial/ethnic and cultural populations.**	**Age Group**			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
A. Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	☒	☒	☒	☐
2. Individuals Experiencing Onset of Serious Psychiatric Illness	☒	☒	☒	☐
3. Children and Youth in Stressed Families	☒	☒		
4. Children and Youth at Risk for School Failure	☒	☒		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	☒	☒		

B. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).

As part of the local community planning process, the County of Los Angeles Department of Mental Health convened a series of meetings with mental health stakeholders' county-wide to discuss the State's School Mental Health Initiative. A Work Group was formed and was led by two Deputy Directors. Deputy Directors are the highest level of leadership in the Department (they participate in the Executive Management Team), signaling the importance and seriousness of these ad hoc committees. The Deputy Directors were responsible for the coordination and management of the community program planning process for the Early Start School Mental Health Initiative.

The School Mental Health Initiative Work Group met on 8/29/08, 9/12/08, 9/19/08 and 10/30/08. Thirty-six participants signed up as members. An average of 21 members attended each Work Group meeting with a range in attendance of 16 to 36 stakeholders. The attendees represented schools, drug and alcohol agencies, law enforcement and an average of eight contract mental health provider agencies. They were tasked with developing a plan for meeting the mental health needs of students who face significant developmental challenges, emotional stressors and mental health risks. The members discussed the growing mental health needs of students including but not limited to increased incidents of school violence, increased number of suicide risks, growing service system obstacles that prohibited needed mental health care like fiscal reductions in healthcare, for example. Also discussed was the importance of early intervention and evidence-based support that reflects reduced mental health risks with successful early prevention and intervention.

The Workgroup identified key school mental health need areas, which included eliminating the stigma of mental health, reducing and/or eliminating rampant substance use and abuse, and addressing the psycho-social impact of trauma experienced by students. The group identified key risk indicators, which could include under-served and inappropriately served cultural, racial, and ethnic populations who are unlikely to seek help from any traditional mental health service.

Another focus that the Work Group addressed was students at risk for committing targeted school violence, specifically, the need to have students of all ages attend school in a safe, constructive, welcoming environment. This includes an environment free from violence, bullying, victimization, and other demoralizing and hostile behaviors.

The Work Group agreed on a concept paper which proposed to address the areas identified above and presented the paper to MHSA delegates and other stakeholders on 9/26/08 and 11/7/08 where the concept paper was further discussed. Recommendations by this group were made and the proposal was augmented to address these recommendations

3. PEI Project Description: (attach additional pages, if necessary)

The START program will develop 21 teams composed of a law enforcement officer and a DMH clinician who will partner with all levels of educational institutions (K-12 through higher education), school based mental health programs,

substance abuse programs and other social service providers in the community to prevent school violence. An integral part of the program is the development of school-based crisis management teams which help identify students at risk. The concept of Crisis Management Teams (CMT) is a centralized multidisciplinary approach to looking at any student of concern. These concerns or issues may be brought by students, faculty, parents, administrators or ancillary staff to the Team's attention. Each student, issue or situation will be thoroughly assessed and recommendations and intervention strategies will be put in place. The CMT provides a single, comprehensive means to assist any student of concern, not just those at risk for school violence, thus providing an opportunity for prevention and early intervention for any student at risk on the school campus. The program components include training, early screening and identification, assessment, intervention and, case management and monitoring.

The phenomenon of premeditated school shootings has been experienced throughout the nation. The tragedies have resulted in loss of life with associated acute and long-term emotional harm to victims, survivors, educational institutions, and community.

In response to this particular type of school violence, the United States Secret Service and the United States Department of Education performed a detailed analysis of targeted school violence and published the "Final Report and Findings of the Safe School Initiative: Implications for Prevention of School Attacks in the United States" in May 2002. The majority of the school shooters profiled in this report exhibited a pattern of maladjustment and behaviors of concern that predated the student's final act of violence. The Report also identified a number of key findings such as the importance of developing preventive measures including protocols and procedures for responding to and managing threats and other behaviors of concern.

In Los Angeles County, the Department of Mental Health's Emergency Outreach Bureau (EOB) has responded to numerous incidents of potential school violence in elementary, middle, high school and college campuses. Timely intervention prevented a school tragedy. The need for a comprehensive prevention and intervention program in elementary, middle, high schools, community colleges, trade schools, and universities is readily apparent.

At present, EOB and the Los Angeles Police Department (LAPD) have developed a School Threat Assessment and Response Team (START) limited to the City of Los Angeles designed to address the need for a comprehensive threat prevention and management program. Its success has already prevented several school tragedies. Recognizing the need for a countywide effort, the DMH School Mental Health Initiative Work Group supports, in concept, a School Threat Assessment and Response Team in partnership with:

Four-year colleges and universities
Private and faith-based educational institutions
Los Angeles Unified and Other School Districts

Los Angeles County Office of Education
Community colleges and technical schools
Local City, County, and Federal law enforcement agencies

The focus of the community planning process addressed students at risk for committing targeted school violence, specifically, the need to have students of all ages attend school in a safe, constructive, welcoming environment. This includes an environment free from violence, bullying, victimization, and other demoralizing and hostile behaviors. When these negative behaviors occur, it creates an environment for students to act out in a lethal manner. Since there is no recognized profile for a school shooter, it covers all populations and ethnicities. Once the identification is complete a very thorough risk assessment is conducted which will not only assess the immediate risk for school violence, but will assess and articulate any other issues the student is having. Once these issues are identified they will be addressed with linkage to the appropriate agency and continued monitoring.

The major outcome, of course, is to prevent school violence, but the strategy to accomplish this is to identify students at risk early and get them the assistance they need.

START services will be delivered wherever the services are most effectively provided including at the student's home, school, and/or other community settings. The student will be linked with other services that are not traditionally defined as mental health.

A few of the implementations partners will be K-12 schools as well as institutions of higher learning, co-occurring disorder, training and treatment programs, suicide prevention and treatment programs, trauma focused treatment programs, Parent Teacher Associations, Peer counseling and training and support anti-bullying programs, anti-stigma programs, job readiness training programs as well as any other program needed to improve student's ability to succeed.

The START Program will provide services in all Service Areas. Service Area 2, 4, 5 and 6 is served largely by LAUSD. LAUSD's student population is 72.8% Hispanic, 11.2% African American, 3.7% Asian and 8.9% Caucasian, non Hispanic, targeting 3 of the most underserved populations in Los Angeles County. The START Program's work in these service Areas as well as Service Area 1, 3, 7 and 8 where these underserved populations will be targeted as well as American Indian, ensures a focus on those in most need throughout the County. Emphasis will be placed on areas and school districts that have no formalized school violence programs or crisis management teams. These districts tend to be in underserved areas such as Acton, Paramount, and the smaller school districts. Private and charter schools will also be included in all areas of Los Angeles County including the city of Los Angeles. LAUSD has a recognized model for threat assessment in place; therefore they will not require the same enhancements that a small district with no resources will need. In LAUSD's jurisdiction, a START team will be assigned to each of their smaller districts or clusters to interact with

the principals and understand the nuances of each in order to provide each cluster with assistance or resources that they may need.

The START project includes the following strategies designed to achieve specific outcomes.

1. Training and Program Consultation: This strategy is designed to increase situational awareness among school administrators, faculty, parents, students, campus security, and local law enforcement on the behaviors and characteristics typically found among school shooters.

> START will provide educational and training programs for select audiences designed to improve participant understanding about the dynamics of school shooters and the importance of timely identification, intervention and case monitoring. The training will focus on 2 areas risk/threat assessment and the formation of multidisciplinary Crisis Management Team (CMT). Consultation will be provided to institutions interested in developing crisis management teams (CMT) focusing on students of concern.

2. Early Screening and Identification: START will provide educational institutions with case-by-case consultation on students or situations of concern. Educational institutions will be supported in adopting a multidisciplinary/multi agency team approach consisting of internal and external experts (CMT). This approach has proven to be successful in preventing and managing violence in other settings.

3. Assessment: START will dedicate staff resources to assist schools in completing a comprehensive assessment of the student, situation, support system, and other factors relevant to the perceived, implied, or stated threat.

4. Intervention: START will collaborate with educational institutions to provide a response appropriate to the situation at hand. Response options may include arrest or detention, involuntary psychiatric hospitalization, voluntary outpatient psychiatric treatment, residential placement, substance abuse education and treatment, anger management , job training, and a myriad of other services not traditionally thought of as mental health including meetings with Judges, DA and defending attorneys should the threat be litigated as well as monitoring and case management services.

5. Case Management & Monitoring: Resources will be available to provide post-intervention services including case consultation, case management, linkage, follow-up, and periodic review of risk factors. Early identification, intervention, case management and monitoring are critical to the prevention of a school tragedy.

Key Milestones:

The first key milestone for the START Program is the training of educators, COD specialists, campus police, mental health professionals and law enforcement on risk, threat assessment and the formation of Crisis Management Teams.

Two trainings, targeted at community colleges, vocational schools and 4 year colleges and Universities have already taken place. The first was held on May 27, 2008 at the California Endowment Center with 200 in attendance. The second was held on October 7, 2008 at the Westchester LAPD Training Academy with an additional 200 in attendance. The third in the services for institutions of higher learning is scheduled for February 26, 2009 in cooperation with Los Angeles Sheriff Department. At this conferences, the schools with Crisis Management Teams often known as Care and Concerns Committees will present their models. This will help develop a best practice model for Crisis Management Teams.

Conferences scheduled for March and June 2009 are in the planning stages targeting K-12 educators, administration, resources offices, school community, mental health professionals, providers not traditionally though of as mental health and local law enforcement. The conferences will also focus on identification, risk/threat assessment and Crisis Management Teams. These conferences also provide a unique opportunity for school districts to meet, share information and network.

A second milestone are presentations to be made at several districts' PTA Association meetings and School Peer Support meetings in an effort to acquaint parents and students the latest information on the issues that put students and schools at risk. These presentations will begin in February 2009. The training of these groups in risk assessment (what to look for), anti bullying campaigns and the like may need to wait until the fall as the monies for these projects will begin to appear in April and the school year ends the middle of June.

The third milestone will be the client identification and assessment component will begin in April 2009.

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
START: Strategies: • Training and Program Consultation • Early Screening and Identification • Assessment • Intervention • Case Management and Monitoring	Individuals: (Training) 400 Families: 50 Students: 50	Individuals: Early screening 100 Assessments - 75 Interventions – 50 Case Mgmt - 50 Families: 0	Six
TOTAL PEI PROJECT ESTIMATED *UNDUPLICATED* COUNT OF INDIVIDUALS TO BE SERVED	**Individuals: 400** **Families**: **50** **Students: 50**	**Individuals: 100** **Families**: **0**	Six

5. Linkages to County Mental Health and Providers of Other Needed Services

The value of Crisis Management Teams, one of the focuses of the program, is that it brings together a multidisciplinary team to look at any student of concern brought to the team by faculty, auxiliary staff, students, parents and the like. Although the main focus is on threats any student at risk for a myriad of issues will likely come to the attention of the team. This will allow for prevention and early intervention, and referral to an infinite number of services limited only by the issues presented. These services will include mental health, substance abuse, anger management, education enhancement (tutoring) parenting classes, anti-bullying programs, job training, DPSS, DCFS, primary care physicians, just to name a few. A periodic review of the students and their situation and ongoing monitoring and case management will round out the services.

6. Collaboration and System Enhancements

The START Program will allow us to leverage resources by providing more training and consultation to those school districts with no risk/threat assessment services and to enhance those districts who have well established risk/threat assessment services. This project collaborates with everyone on the school's multidisciplinary team as well as to faster communication among City, County and Federal Law Enforcement agencies, mental health, educators, and community agencies not traditionally defined as mental health to comprehensively treat each individual. Services will be individualized for each student or educational institution based on the situation at hand. The Crisis Management Team approach, as previously stated, is a multidisciplinary component to assist with any issue plaguing a student. This necessitates that all partners much communicate with one another to resolve the issues at hand. It also partners providers who have not traditionally worked together such substance abuse providers and law enforcement. The benefits derived from the collaborations will help sustain the project.

7. Intended Outcomes

For Individuals, the School Threat Assessment Response Team (START) Project will provide:

- Early identification of children at risk of suicide/school violence
- Decreased bullying and victimization in the school system
- Decrease the number of threats of violence on campus
- Decrease suicide risk and attempts
- Reduce school violence
- Reduce stigma and discrimination

For system and program outcomes, the School Threat Assessment Response Team (START) Project will:

- Increase teacher skills in early identification resulting in decreased suicide/school violence
- Develop of care and Crisis Management Teams/Care and Concern Committees within educational institutions
- Provide tools for schools on screening and identification
- Provide approaches designed to support peer-to-peer and caretaker/family training in educational system
- Increase collaboration to achieve positive outcomes for both students and schools (e.g., avoidance of student incarceration, increased use of mental health services)

As a result of the program, educational institutions will have a structured system in place for faculty and students to bring their concerns about suicide/school violence, a comprehensive process for assessing the student and the situation. Intervention will be put into place to de-escalate the situation and provide immediate service to the student.

In order to measure success, the project proposes to use the PEI Logic Model methodology to address the four components of planning, program implementation, person-and-system-level outcomes and long term impact. The logic model will serve as a template to further expand the Project's prevention and early intervention activities for individuals and families, identify changes in these areas for mental heath and non-mental health partner organizations and the results anticipated in these organizations, and the long-term community area. The logic model will be also used to address the individual/family, program/system, and long-term community respective to linkages, system enhancement, education, contracts, and other areas.

As a result of the START Program there will be enhanced quantity and quality of co-operative relationships with various organizations and systems. This will be evident through the creation of the multidisciplinary Crisis Management Teams. For the first time in many school districts, student issues will be brought to a centralized committee for assessment and early intervention. This will provide student, parents and faculty the services they need before a crisis develops. There will be greater access to services, mental health and others as well as a decrease in bullying, acting out behavior and threats made to a school campus.

8. Coordination with Other MHSA Components

Once the student's needs are identified, they will be linked to as many MHSA CSS programs as is appropriate, particularly Full Service Partnerships for Child, TAY and Adults, jail and juvenile justice linkage/collaboration and, Alternative Crisis Services. The program will also coordinate service delivery with the County's WET plan currently under review as it pertains to the training of community partners in suicide prevention, threat assessment, and intervention. Additionally, in order to assist teachers, educational administration, and campus police to prevent incidence of school violence, these personnel will be assisted in accessing training in identifying students with a variety of mental health needs. Linkage of school personnel to broader mental health training will help in achieving positive mental health outcomes before students reach crisis levels. START will collaborate closely with the County's other PEI projects including suicide prevention, stigma and discrimination, psycho-social impact of trauma. Linkage of school personnel and multi-agency partners to other PEI programs will be a key component of START in order to address the need for a continuum of prevention and early intervention services.

9. Additional Comments

- The MHSA Stakeholder Delegates include representatives of the LGBTQ community. Input on the School Mental Health Initiative Project from the LGBTQ was provided specifically the Gay and Lesbian Adolescent Social Services (GLASS) agency at several community planning meetings between 8/22/08 – 11/20/08.

- The information that was used in determining needs and priority populations for this project was gathered from many sources. US Secret Services, US Department of Education, as well as local law enforcement, school districts (public and private) and local institutions of higher education provided data that assisted DMH in funding decisions.

- In terms of community capacity and strengths, there are isolated school districts and agencies that have a mechanism in place for assessing and preventing the risk of violence for their students/clients. This Project would complement current mechanisms in place by some school districts and agencies to assess and prevent school violence by providing a comprehensive structured model to assess students/ clients in all of the school districts and institutions of higher education in LA County.

- To insure a reduction of Mental Health disparities, education of families and students in prevention and intervention efforts on school violence and school mental health services will be conducted by clinicians that are language proficient and will use culturally competent methods. Cultural norms will be attended to in the discussion of school violence and school mental health. We have requested translation for the materials to be used in the family and student's training.

- Consistent with PEI Early Start Guidelines, CBO's and non-mental health providers were involved in the conceptualization of the Project as Workgroup members. Agreements with CBO's and non-mental health providers will be developed in advance of the project planning and implementation phases Workgroup. Members representing CBO's and non-mental health providers provided valuable feedback regarding the ancillary services that will be required for effective prevention and early intervention of school violence and related school mental health issues. Memorandums of Understandings will be developed during the planning phases and will make operational the recommendations of the Workgroup regarding collaboration with CBO's and non-mental health providers.

- **Milestone Timeline**

PROGRAM	TIMEFRAME	OPERATIONS
START		<u>Training and Program Consultation:</u>
	30 days	Milestone 1 – Identify model for threat assessment and crisis management
	45 days	Milestone 2 – Train staff and institutions on model on threat assessment and crisis management
	completed	Milestone 1 – Threat awareness and collaboration conference #1 with institutions of higher education
		Milestone 2 - Threat awareness and collaboration conference #2 with institutions of higher education
	completed	Milestone 3 - Threat awareness and collaboration conference #3 with institutions of higher education
	completed	Milestone 4 – Threat awareness and collaboration conference #4 with K-12 institutions
		Milestone 5– Education/awareness meetings with District PTA's, School Peer Support Groups
	60 days	<u>Early Screening and Identification:</u>
	90 days	Milestone 1 – Early screening and identification, assessment, intervention, case management and monitoring
	90 days	
Service Area 6	60 days	Milestone 1 – Develop RFS

School Mental Health Initiative	60 days 30 days 60 days 60 days	Milestone 2 - Solicitation Milestone 3 – Evaluation Milestone 4 – Award contract(s) Milestone 5 – Implement services

- **In kind Support**

PROGRAM	IN KIND SUPPORT
START	1. Educational institutions provide classrooms, audio visual equipment, duplication of training materials for conferences, and awareness training events. Estimated in-kind contribution: $100,000.00 2. Meeting rooms for early screening and identification of student at risk for school violence. Estimated in-kind contribution: $10,000.00 3. School personnel time (teacher, school administrators, and campus police/resource officers) to meet with START to collaborate on student issues. Estimated in-kind contribution: $150,000.00
Service Area 6 School Mental Health Initiative	1. County of Los Angeles' Department of Mental Service Area 6 Administration will provide one (1.0 FTE) Mental Health Services Coordinator I and one (1.0 FTE) Psychiatric Social Worker II to coordinate the Demonstration Project and to provide clinical consultation and prevention and early intervention services to augment the project. Estimated in-kind contribution: $210,000

PEI PROJECT SUMMARY

Form No. 3

County: Los Angeles **PEI Project Name: School Mental Health Initiative**
Program: Service Area 6 School Mental Health Prevention and Early Intervention Early Start Demonstration Project **Date: 11/12/08**

Complete one Form No. 3 for each PEI project. Refer to Instructions that follow the form.

1. PEI Key Community Mental Health Needs	**Age Group**			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	☒	☒	☐	☐
2. Psycho-Social Impact of Trauma	☒	☒	☐	☐
3. At-Risk Children, Youth and Young Adult Populations	☒	☒		
4. Stigma and Discrimination	☒	☒	☐	☐
5. Suicide Risk	☒	☒	☐	☐

2. PEI Priority Population(s) **Note: All PEI projects must address underserved racial/ethnic and cultural populations.**	**Age Group**			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
A. Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	☒	☒	☐	☐
2. Individuals Experiencing Onset of Serious Psychiatric Illness	☒	☒	☐	☐
3. Children and Youth in Stressed Families	☐	☐		
4. Children and Youth at Risk for School Failure	☒	☒		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	☒	☒		
6. Underserved Cultural Populations	☒	☒	☐	☐

PEI PROJECT SUMMARY

Form No. 3

B. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).

As part of the local community planning process, the County of Los Angeles Department of Mental Health convened a series of meetings with mental health stakeholders county-wide to discuss the state's School Mental Health Initiative. The stakeholders reviewed the findings of the Mental Health Services Oversight Accountability Commission and out of this meeting a Student Mental Health Initiative Ad Hoc Workgroup was formed. The Workgroup was tasked with developing a plan for meeting the mental health needs of students who face significant developmental challenges, emotional stressors and mental health risks. The Workgroup discussed the growing mental health needs of students including but not limited to increased incidents of school violence, increased number of suicide risks, growing service system obstacles that prohibited needed mental health care like fiscal reductions in healthcare, for example. The Workgroup discussed the importance of early intervention and evidence-based support that reflects reduced mental health risks with successful early prevention and intervention.

The Workgroup discussed key school mental health need areas, which included reducing the disparities in access to mental health services, eliminating the stigma of mental health, reducing and/or eliminating rampant substance use and abuse, and addressing the psycho-social impact of trauma experienced by students. The Workgroup identified key risk indicators, which could increase the likelihood of mental health services, which include underserved, un-served and inappropriately served cultural, racial, and ethnic populations who are unlikely to seek help from any traditional mental health service either because of stigma or ethnic, racial or social intolerance, (such as members from various ethnically diverse communities or lesbian, gays, bisexuals, transgender or questioning persons), students at risk of serious mental illness, particularly those experiencing their first psychotic break, children and youth at risk for school failure due to unaddressed emotional, behavioral, and familial problems; and children and youth whose familial conditions place them at high risk of behavioral and emotional problems as a result of unsafe or unhealthy living environments.

An Ad Hoc Committee Member provided a summary of data accumulated by the Los Angeles Children's Planning Council, United Way of Los Angeles, and other LA County Departments. According to these reports, communities with high rates of poverty are most likely to:

- Have disparities in access to mental health services
- Have children and youth in stressed families,

- Have high-rates of trauma exposure
- Have underserved populations, and
- Have children and youth at risk of or experiencing juvenile justice involvement.

The data reflected all regions, communities, and service planning areas in Los Angeles County. Of all the regions identified in the data, the community of South Los Angeles had the highest rate of poverty. This community also has disproportionate rates of youth involved with the criminal justice system, has low academic performance, has high rates of high school failure, high drop-out rates, high rates of substance use and abuse including high rates of arrests for possession of illicit substances, high rates of gang violence, high rates of youth and children in out-of-home placement, and a high propensity for school violence as a result of changing community cultural and ethnic transitions, which has resulted in community racial violence or ethnic tension. Given the analytical discussions, the data presented, the MHOA Commission's findings, and the key risk factors that are consistent in the South Los Angeles community, it was decided to support a Service Area 6 School Mental Health Prevention and Early Intervention Early Start Demonstration Program in the community of South Los Angeles.

The Service Area 6 School Mental Health Prevention and Early Intervention Early Start Demonstration Program identified four key areas to address using the following strategies:

- School-based Targeted Mental Health Prevention and Early Intervention Outreach and Engagement
- Peers Embracing Empowerment and Resilience (P.E.E.R.) Support Network
- Early Screening, Identification and Mental Health Consultation
- Partners in Student Achievement

PEI PROJECT SUMMARY

Form No. 3

3. PEI Project Description: (attach additional pages, if necessary)

The Service Area 6 School Mental Health Prevention and Early Intervention Early Start Demonstration Program will serve as a prevention and early intervention program that will augment existing gaps in school-based mental health programs at the primary, middle, and high school levels in order to reduce and/or eliminate the possible propensity for children, adolescents, and youth of developing a mental disorder that could lead to a lifetime prevalence of mental illness. This program will also serve transitionally age youth at the high school level, which will increase student knowledge of suicide risk indicators, reduce incidents of suicide or suicide attempts, reduce stigma and discrimination related to mental health, increase assess to services, and reduce disparities in access to services in order to assist young people into leading healthy and productive lives.

The program will specifically target underserved, un-served, and inappropriately served ethnic populations and cultural populations with specific linguistic needs; children and youth in stressed families, particularly youth in out-of-home placement, substance abusing and dependent youth, youth involved in the criminal justice system, youth involved with gangs, trauma exposed youth, youth with histories of school violence; youth impacted by community violence, and children and youth at risk for school failure.

The program will provide school-based mental health prevention and early intervention services, on-site school crisis intervention, and mental health services to children, youth, and families. These agencies will serve as a primary resource linkage for those youth who require long-term treatment. The agencies will partner with a pre-selected school cluster feeder system, which will include primary, middle, and high-schools. The school clusters will be selected based on the community risk factors, which include schools with histories of violence, high failure and drop-out rates, substance use and dependency, cultural and ethnic underserved and un-served populations, high rates of gang violence, and high rates of children and youth in out-of-home placement.

The services will be provided on-site at the primary, middle, high-school. The Service Area 6 School Mental Health Prevention and Early Intervention Early Start Demonstration Program will be located in South Los Angeles, which comprises 65.9% Latino and 28.2% African-American. This community also has the youngest population in the County of Los Angeles and has the highest poverty rate in the county. Additionally, South Los Angeles has the highest rate of

children in out-of-home placement, according to the Department of Children and Family Services data reports, has the highest rate of children and youth involved in the criminal justice system, according to the Department of Probation data reports, and has the highest school failure and drop-out rates according to Los Angeles Unified School District data reports. The project will provide the following programs:

1. ***School-based Targeted Mental Health Prevention and Early Intervention Outreach and Engagement*** – The School-based Targeted Outreach and Engagement is a mental health education and awareness program that will target students in the primary, middle, high-school, and collegiate settings. This program will specifically target students who are at risk of school failure, students who exhibit indicators that place them at high risk for suicide, students who are at risk for developing a psychotic illness and are experiencing signs or symptoms that are indicative of high risk for psychotic illness, and culturally, ethnic, and racially diverse students who are unlikely to seek help from any traditional mental health service because of stigma and discrimination. This program will utilize promising preventative psycho educational approaches that may include but not be limited to mental health education using educative techniques, games and posters can be used as visual and interactive aids in breaking the silence about mental health; students will be informed about the signs of suicide and the importance of removing the stigma of "snitching" in order to save the life of a fellow student; intervention efforts will include bullying prevention and addressing the culture of "snitching" to encourage student disclosure of potentially life-threatening and life-saving information.; and launching a vigorous stigma reduction and elimination campaign that focuses on eliminating the barriers to mental health awareness. These outreach and engagement efforts will also include early identification of students with mental health concerns who seek help, including universal voluntary screenings in partnership with families and caregivers. Outreach and engagement efforts will also include un-served and underserved culturally and ethnically diverse families including the ability to provide these services in the threshold languages of the students and their families.

2. ***Peers Embracing Empowerment and Resilience (P.E.E.R.) Support Network*** – The P.E.E.R. Support Network are peer-to-peer self-help, peer-led and peer-based activity social support groups, which include on-line social support networks, face-to-face, and text messaging support groups. The peer support network will focus on building and creating positive mutual support that promotes and affirms self-acceptance, normalcy, and personal crisis support and peer-counseling to create a peer community of unconditional support and validation. The peer network would also help students effectively address issues of trauma, grief and loss, identity issues, relationships, homesickness, and academic achievement pressure as well as provide each other with mental health and emotional support which students would find useful for themselves and each other.

3. ***Early Screening, Identification and Mental Health Consultation*** - The Early Screening, Identification and Mental Health Consultation program will provide mental health screenings including self-screening tools, brief counseling including problem-solving, crisis intervention, and mental health consultation. Those students who may present with mental health problems will be assessed for appropriate referrals and linkages. If the student presents with problems that could be managed with brief, short-term treatment, two or three sessions, the program will provide the brief counseling. If it is determine that the student's problems require more intensive treatment, the student will be referred to a mental health provider. The program will provide mental health consultation to teachers and other health professionals. The program will also utilize evidenced-based practices, promising practices, community practices, and culturally competent practice prevention and early interventions to meet the needs of children, youth, and students.

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
School-based Targeted Mental Health Prevention and Early Intervention Outreach and Engagement	Individuals: 75 Families:	Individuals: Families:	6
Peers Embracing Empowerment and Resilience (P.E.E.R.) Support Network	Individuals: 25 Families:	Individuals: Families:	6
Early Screening, Identification and Mental Health Education	Individuals: Families:	Individuals:75 Families:	6
	Individuals: Families:	Individuals: Families:	

PEI PROJECT SUMMARY

Form No. 3

	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
TOTAL PEI PROGRAM ESTIMATED *UNDUPLICATED* COUNT OF INDIVIDUALS TO BE SERVED	**Individuals:100** **Families**:	**Individuals:75** **Families**:	

5. Linkages to County Mental Health and Providers of Other Needed Services

Linkages to County Mental Health Providers – The Service Area 6 School Mental Health Prevention and Early Intervention Early Start Demonstration Program providers are members of the service area mental health provider consortium with established partnerships and program collaborations. The Demonstration Program providers will leverage its resources by bridging the gap between prevention and treatment. As part of the network of care, the Demonstration Program providers will also participate in the area-wide Systems Navigation Linkage and Coordination to ensure that persons who fall within the treatment component of the mental health intervention spectrum will be served. Persons who are screened in the prevention and early intervention program will be referred to the appropriate level of care based on their mental health need.

Linkages to Other Needed Services - The Service Area 6 School Mental Health Prevention and Early Intervention Early Start Demonstration Program providers will coordinate a sustained integration of services delivery to include non-mental health partners such as faith-based organizations, primary care providers, substance abuse treatment providers, domestic violence treatment providers, homeless housing providers, after-school recreational providers, community family resource centers, and other community-based social service organizations. Additionally, we have a long-standing partnership with

the Los Angeles Unified School District who will be a primary partner in this project along with other municipal school districts.

6. Collaboration and System Enhancements

The Los Angeles Unified School District – The Los Angeles Unified School District has a long- standing collaborative relationship with the Department of Mental Health and with the various primary, middle, and high-schools located within LA Unified School District in South Los Angeles. Currently, LA Unified School District has partnered with the Department of Mental Health to provided school-based mental health services to students who are at risk of school failure as a result of behavioral and/or learning difficulties. The Service Area 6 School Mental Health Prevention and Early Intervention Early Start Demonstration Program will build upon this existing relationship to provide school-based prevention and early intervention services. The Project providers will build upon existing relationships with school administrators, social workers, nurses, teachers, and other school professionals to reduce and or prevention suicide risks, substance abuse and dependency, and school failure. This partnership will build upon the existing community-based mental health and primary care system by coordinating our collective efforts to collaborate with one another. This partnership ensures that existing mental health school-based service providers will serve as a bridge to blend prevention and early intervention with other resources as needed.

7. Intended Outcomes

For Individuals, the Service Area 6 School Mental Health Prevention and Early Intervention Demonstration Project will:

- Reduced suicide risks and attempts
- Increased school success rates
- Increased access to mental health services
- Increased mental health awareness
- Reduced behavioral problems
- Increased problem-solving capacities
- Reduced number of youth experiencing juvenile justice involvement
- Increased academic achievement
- Reduced school violence

- Reduced frequency of school suspensions, expulsions and drop-out rates
- Reduce or abstinence from substance use/abuse

For system and program outcomes, the Service Area 6 School Mental Health Prevention and Early Intervention Demonstration Program will:

- Strengthen existing relationships with educational systems
- Expand opportunities to form partnerships with other school districts in South Los Angeles
- Reduce system barriers to access for services in mental health and primary care settings

8. Coordination with Other MHSA Components

Community Supports Services – For students (i.e., children, youth, and transitionally age youth) who meet criteria for intensive services like the Full Service Partnership programs, less intensive services like Field Capable Clinical Services, or recovery-oriented services, like the Wellness Centers, will be linked to those services via the County's Systems Navigation Linkage process.

Workforce Education and Training – The Service Area 6 Student Mental Health Prevention and Early Intervention Demonstration Program providers will be able to avail themselves of the training and education curriculum currently being developed the County of Los Angeles to increased their clinical competencies in all evidenced-based, promising, community-supported, and cultural competent clinical practices.

Technology – Students receiving prevention and early intervention services will have access to computers at the Wellness Centers and Client-Run Centers to participate in their on-line and internet-based peer support groups. They will also receive basic computer skills training and technical support if needed.

Other Early Start Prevention and Early Intervention Initiatives - The Service Area 6 Student Mental Health Prevention and Early Intervention Demonstration will collaborate with the Stigma and Discrimination Prevention and Early Intervention Early Start Project and the Suicide Prevention Early Start Project to provide and obtain consultation, receive and provide referrals, and collaborate on joint projects.

PEI PROJECT SUMMARY

Form No. 3

9. Additional Comments

- The MHSA Stakeholder Delegates include representatives of the LGBTQ community. Input on the School Mental Health Initiative Project from the LGBTQ was provided specifically the Gay and Lesbian Adolescent Social Services (GLASS) agency at several community planning meetings between 8/22/08 – 11/20/08.

- The information that was used in determining needs and priority populations for this project was gathered from many sources. US Secret Services, US Department of Education, as well as local law enforcement, school districts (public and private) and local institutions of higher education provided data that assisted DMH in funding decisions.

- In terms of community capacity and strengths, there are isolated school districts and agencies that have a mechanism in place for assessing and preventing the risk of violence for their students/clients. This Project would complement current mechanisms in place by some school districts and agencies to assess and prevent school violence by providing a comprehensive structured model to assess students/ clients in all of the school districts and institutions of higher education in LA County.

- To insure a reduction of Mental Health disparities, education of families and students in prevention and intervention efforts on school violence and school mental health services will be conducted by clinicians that are language proficient and will use culturally competent methods. Cultural norms will be attended to in the discussion of school violence and school mental health. We have requested translation for the materials to be used in the family and student's training.

- Consistent with PEI Early Start Guidelines, CBO's and non-mental health providers were involved in the conceptualization of the Project as Workgroup members. Agreements with CBO's and non-mental health providers will be developed in advance of the project planning and implementation phases Workgroup. Members representing CBO's and non-mental health providers provided valuable feedback regarding the ancillary services that will be required for effective prevention and early intervention of school violence and related school mental health issues. Memorandums of Understandings will be developed during the planning phases and will make operational the recommendations of the Workgroup regarding collaboration with CBO's and non-mental health providers.

PEI PROJECT SUMMARY

Form No. 3

- **Milestone Timeline**

PROGRAM	TIMEFRAME	OPERATIONS
START		<u>Training and Program Consultation:</u>
	30 days	Milestone 1 – Identify model for threat assessment and crisis management
	45 days	Milestone 2 – Train staff and institutions on model on threat assessment and crisis management
	completed	Milestone 1 – Threat awareness and collaboration conference #1 with institutions of higher education
		Milestone 2 - Threat awareness and collaboration conference #2 with institutions of higher education
	completed	Milestone 3 - Threat awareness and collaboration conference #3 with institutions of higher education
	completed	Milestone 4 – Threat awareness and collaboration conference #4 with K-12 institutions
		Milestone 5– Education/awareness meetings with District PTA's, School Peer Support Groups
	60 days	<u>Early Screening and Identification:</u>
	90 days	Milestone 1 – Early screening and identification, assessment, intervention, case management and monitoring
	90 days	
Service Area 6 School Mental	60 days	Milestone 1 – Develop RFS

PEI PROJECT SUMMARY

Form No. 3

Health Initiative	60 days 30 days 60 days 60 days	Milestone 2 - Solicitation Milestone 3 – Evaluation Milestone 4 – Award contract(s) Milestone 5 – Implement services

- **In kind Support**

PROGRAM	IN KIND SUPPORT
START	1. Educational institutions provide classrooms, audio visual equipment, duplication of training materials for conferences, and awareness training events. Estimated in-kind contribution: $100,000.00 2. Meeting rooms for early screening and identification of student at risk for school violence. Estimated in-kind contribution: $10,000.00 3. School personnel time (teacher, school administrators, and campus police/resource officers) to meet with START to collaborate on student issues. Estimated in-kind contribution: $150,000.00
Service Area 6 School Mental Health Initiative	1. County of Los Angeles' Department of Mental Service Area 6 Administration will provide one (1.0 FTE) Mental Health Services Coordinator I and one (1.0 FTE) Psychiatric Social Worker II to coordinate the Demonstration Project and to provide clinical consultation and prevention and early intervention services to augment the project. Estimated in-kind contribution: $210,000

Enclosure 3A

County of Los Angeles Department of Mental Health
PEI Revenue and Expenditure Budget Worksheet
(School Mental Health Initiative)

Form No. 4

Instructions: Please complete one budget Form No. 4 for each PEI Project and each selected PEI provider.

School Mental Health Initiative (SMHI)

County Name: Los Angeles County Department of Mental Health Date: 3/13/2009

PEI Project Name: **SMHI** 4. Children and Youth at Risk for School Failure

Provider Name (if known):

Intended Provider Category:

Proposed Total Number of Individuals to be served:	FY 07-08	0	FY 08-09	1075
Total Number of Individuals currently being served:	FY 07-08	0	FY 08-09	300
Total Number of Individuals to be served through PEI Expansion:	FY 07-08	0	FY 08-09	300
Months of Operation:	FY 07-08	0	FY 08-09	6 months

	Total Program/PEI Project Budget		
Proposed Expenses and Revenues	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages	$0	$0	$0
	$0	$1,043,442	$1,043,442
	$0	$0	$0
	$0	$0	$0
b. Benefits and Taxes @ 16.10 %	$0	$200,227	$200,227
c. Total Personnel Expenditures	$0	$1,243,669	$1,243,669
2. Operating Expenditures			
a. Facility Cost	$0	$0	$0
b. Other Operating Expenses	$0	$404,381	$404,381
c. Total Operating Expenses	$0	$404,381	$404,381
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
	$0	$0	$0
Service Area 6 School Mental Health Demonstration Project	$0	$250,000	$250,000
	$0	$0	$0
a. Total Subcontracts	$0	$250,000	$250,000
4. Total Proposed PEI Project Budget	$0	$1,898,050	$1,898,050
B. Revenues (list/itemize by fund source)			0
Medi-Cal	$0	$0	$0
	$0	$0	$0
		$0	$0
1. Total Revenue	$0	$0	$0
5. Total Funding Requested for PEI Project	$0	$1,898,050	$1,898,050
6. Total In-Kind Contributions		$470,000	$470,000

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
Prevention and Early Intervention (PEI) Early Start Projects

Project Name: School Mental Health Initiative (SMHI)

Budget Narrative-FY 2008-2009

Line Item **Description/Justification**

Personnel Expenditures:

A. Total of 23 FTE's :
   - Please see the "Cost Analysis" page and the full item narratives that follow. Note that these pages provide the full breakdown of items including: Position Title, Number of Positions, Annual Salary, Employee Benefits, and Total Salary Including Salary and Employee Benefits (S&EB)

   - The "Description of FTE" Functions page provides a brief overview of the anticipated roles and responsibilities for each requested position.

B. Total including 16.10% for benefits and taxes

Operating Expenditures:

B. Total estimated expenses including space, computers, local printer, training, office supplies, estimated mileage, travel, mobile communications, county telephone, telecom system.

Subcontracts/Professional Services:

A. There are a total of 2 Programs that will be implemented under the SMHI Project. The contracts and subcontracts have not been awarded and are therefore unknown at this time.
   The total amount to fund this category is: $250,000

Total amount of funding requested: $1,898,050

Total estimated amount of "in-kind" funding is: $470,000
(A complete breakdown of in-kind estimates is provided under the "additional comments section of each project)

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
BUDGET AND FINANCIAL REPORTING DIVISION
SALARY AND EMPLOYEE BENEFITS COST ANALYSIS
FY 2008-09 WEIGHTED AVERAGE RATES

ATTACHMENT BR - III

SERVICE AREA/BUREAU: PEI EARLY START -SCHOOL MH
UNIT DESCRIPTION: START
UNIT CODE:

1	2	3	4	5	6	9	8	7	10
LINE NO.	UNIQUE NO.	ITEM # & SUB LETTER	TITLE OF POSITION	ORDINANCE POSITIONS	FTE's	ANNUAL SALARY	SALARY SAVINGS -9.69%	NET SALARY	EB RATE 31.9778%	TOTAL S&EB
PART I.										
NEW POSITIONS:										
1	[redacted]	05280A	SENIOR MENTAL HEALTH COUNSELOR, RN	4	4.00	450,635	(43,667)	406,968	130,139	537,107
2		05278A	MENTAL HEALTH COUNSELOR, RN	5	5.00	530,958	(51,450)	479,508	153,336	632,844
3		08697A	CLINICAL PSYCHOLOGIST II	1	1.00	96,370	(9,338)	87,032	27,831	114,863
4		09038A	SUPVG PSYCHIATRIC SOCIAL WORKER	1	1.00	83,521	(8,093)	75,428	24,120	99,548
5		09035A	PSYCHIATRIC SOCIAL WORKER II	9	9.00	672,771	(65,192)	607,579	194,290	801,869
6		02096A	SECRETARY III	1	1.00	46,587	(4,514)	42,073	13,454	55,527
7		04726A	MNTL HLTH CLINICAL PROGRAM HEAD	1	1.00	120,011	(11,629)	108,382	34,658	143,040
8		04729A	MENTAL HEALTH ANALYST II	1	1.00	86,030	(8,336)	77,694	24,845	102,539
9							-	-	-	-
10							-	-	-	-
11							-	-	-	-
12							-	-	-	-
13							-	-	-	-
14							-	-	-	-
15							-	-	-	-
16							-	-	-	-
17							-	-	-	-
18							-	-	-	-
19							-	-	-	-
20							-	-	-	-
21							-	-	-	-
22							-	-	-	-
23							-	-	-	-
24							-	-	-	-
25							-	-	-	-
26							-	-	-	-
			TOTAL S&EB	23	23.00	2,086,883	(202,219)	1,884,664	602,673	2,487,337

1,043,441.61 6 Months 1,243,669
1,318,288
(74,620)

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
Prevention and Early Intervention (PEI) Early Start Projects

Description of FTE Functions

(School Mental Health Initiative)

Senior MH Counselor RN

- Provide supervision to the nurses in all the law enforcement/mental health START Project
- Provide training to schools, service providers and law enforcement around issues of concern for at-risk students
- Complete any necessary staffing schedules, check and monitor staff logs, track numbers and types of calls and any other administrative duties required by the Program Head

MH Counselor RN will:

- Provide information on medication to clients, families, educators, and other services providers
- Conduct psychiatric assessments to students at risk
- Provide consultation to school personnel, service providers and law enforcement officers, around issues of bullying, self-esteem, victimization, and other issues
- Provide case management and linkage services for any at risk student.

Clinical Psychologist II will:

- Provide research data to implement departmental or service programs, or collaborates on multidisciplinary investigations.
- Select, administer, and interpret psychological tests for the diagnosis and evaluation of mentally disturbed, emotionally or physically handicapped, or socially maladjusted patients.
- Provide direct patient care, counseling, individual and group therapy
- Supervises and instructs trainees in the field of clinical psychology.

Supervising Psychiatric Social Worker

- Provide supervision to PSW I and PSW II's in each of the law enforcement/mental START Project components.
- Provide training to schools, service providers and law enforcement around issues of concern for at-risk students

Psychiatric Social Worker II will:

- Provide training and consultation to school personnel, service providers and law enforcement officers around issues of bullying, self-esteem, suicide, homicide, and victimization.
- Conduct psychiatric assessments to students at risk
- Provide case management and linkage services for any at risk student

Senior Secretary III

- Schedules meetings and takes minutes
- Follows up on assignments for District Chief
- Prepares correspondence
- Interfaces with Mental Analyst on budget and administrative functions

Description of FTE Functions

Budget Narrative
School Mental Health Initiative

FTE Functions

MH Program Head

- Provide management of the day-to-day operations of the START Project
- Provide on-going consultation to law enforcement agencies, school districts, community agencies/service providers
- Assists District Chief in planning, development, and daily operation of the Project

MH Analyst II

- Assist District Chief in overseeing budget, human resource and administrative duties.
- Gathers statistics and other data for entry into outcome data applications and analysis for program improvement and monitoring.

School Threat Assessment and Response Team (START)

PEI PROJECT SUMMARY

Form No. 3

County: Los Angeles **PEI Project Name: Stigma and Discrimination**
Program Name– Client-Focused Strategies
Date: 11/4/08

1. PEI Key Community Mental Health Needs	**Age Group**			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	☒	☒	☒	☒
2. Psycho-Social Impact of Trauma	☐	☒	☐	☐
3. At-Risk Children, Youth and Young Adult Populations	☒	☒		
4. Stigma and Discrimination	☒	☐	☒	☒
5. Suicide Risk	☐	☐	☐	☐

2. PEI Priority Population(s) **Note: All PEI projects must address underserved racial/ethnic and cultural populations.**	**Age Group**			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
A. Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	☐	☐	☐	☐
2. Individuals Experiencing Onset of Serious Psychiatric Illness	☒	☒	☐	☐
3. Children and Youth in Stressed Families	☒	☒		
4. Children and Youth at Risk for School Failure	☒	☒		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	☐	☐		
6. Underserved Cultural Populations	☒	☒	☒	☒

B. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).

An Ad Hoc workgroup was developed of interested stakeholders and key informants including some DMH staff, and convened by two members of the DMH Executive Management Team, the Deputy Director for Adult Systems of Care and the Director of the (client and family) Empowerment and Advocacy Bureau. The representation in the group spanned age groups, ethnicities, clients, family members, the health care community and the Department of Children and Family Services. The group met 4 times to develop consensus on the plan. Twenty-seven community stakeholders participated in the workgroup in addition to DMH staff

The workgroup utilized information provided by the Mental Health Services Act Oversight and Accountability Commission and national research and policy resources on mental illness stigma, to understand the elements of stigma and discrimination. Subsequently the group employed the State Guidelines for PEI Early Start projects and relied upon the collective experience and expertise of workgroup members to form recommendations for project directions and funding percentages within the proposal. Decisions related to Under-represented Ethnic Populations (UREP) projects resulted from local LA County population data and MHSA implementation data.

The final Plan was submitted to the Los Angeles MHSA Mental Health Stakeholders group on Friday Nov 7, 2008 for approval and comment.

3. PEI Project Description: (attach additional pages, if necessary)

Client-Focused Strategies:

Projects in this category target the reduction of stigma and discrimination exclusively through client contact including community education, outreach, empowerment and advocacy. Projects in this category will include:

- Consumer speakers' bureaus targeting a variety of consumers but particularly those from Under-Represented Ethnic Populations (UREP).
- Adding a peer advocate to each of 8 Service Area Navigation Teams to reduce stigma and discrimination within the mental health system.

Projects may also include peer support , education and awareness and anti-stigma campaigns on a variety of issues that impact mental illness, including clients with co-occurring substance use and mental disorders, those with sensory disabilities and those from the Lesbian Gay Bisexual and Questioning communities.

4. Programs

PEI PROJECT SUMMARY

Form No. 3

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Client-Focused Strategies	Individuals: 200 Families: 50	Individuals: 800 Families: 150	April, 2009
TOTAL PEI PROJECT ESTIMATED *UNDUPLICATED* COUNT OF INDIVIDUALS TO BE SERVED	**Individuals: 200** **Families**: 50	**Individuals: 800** **Families**: 150	

5. Linkages to County Mental Health and Providers of Other Needed Services

It is envisioned that all projects associated with the 3 core strategies to reduce stigma and discrimination would link to the LA County Department of Mental Health either through the Office of Empowerment and Advocacy, local Service Area Navigation Teams or through mental health clinics. This proposal would also link schools, communities, under-represented ethnic communities and family organizations into plan to address reducing stigma and discrimination in order to increase access to mental health services.

6. Collaboration and System Enhancements

This plan represents a significant investment in utilizing families and clients to work in conjunction with DMH to educate advocate and support local communities to address the stigma and discrimination barriers related to accessing and providing mental health services. Consistent with the intent of the MHSA- Prevention and Early Intervention Plan, eliminating the barriers that prevent people from seeking mental health care will ultimately reduce the need for more intensive mental health services later.

PEI PROJECT SUMMARY

Form No. 3

7. Intended Outcomes

The plan will reduce the stigma and discrimination-related barriers to individuals accessing mental health services, in the following ways:

- Expand community awareness of recovery and resilience as related to psychiatric illness
- Increase the number of individuals and families from UREP and other under-represented communities that access mental health services.
- Increase client community integration and social inclusion through connections to non-service oriented employment, social groups and other events
- Increase client self-efficacy and motivation for recovery through reducing self-stigma
- Increase the number of individuals and families able to refer those is need to mental health services and related support services.

8. Coordination with Other MHSA Components

Anti-stigma and discrimination projects will directly tie into local mental health services and supports. Reduced stigma and increased information and education on mental illness signs and symptoms will ultimately lead to increased access to mental health services, including Full Service Partnerships and Wellness Centers, funded by MHSA. The addition of a peer advocate on Service Area Navigation Teams will allow those MHSA-funded teams to educate and advocate in local communities to reduce stigma and discrimination. Projects under the Stigma and Discrimination Plan Strategy Areas will be coordinated through dedicated staff at the DMH Empowerment and Advocacy division in coordination with the DMH MHSA and Planning and Outreach Units.

9. Additional Comments (optional)

PEI PROJECT SUMMARY

Form No. 3

The following comments and timeline are in direct response to inquiries and for further clarification covering the entire Anti-Stigma and Discrimination Project and the three subsequent Programs:

▪ Stakeholders from the larger delegates group and from local communities were given the opportunity to participate on the 3 workgroups via the Delegates meetings as well as local PEI and community planning groups. The LGBTQ community was involved in the Stigma and Discrimination (S & D) work group as well as in several local community planning efforts for the larger PEI plan. Their presence helped craft programs that will target anti-stigma programs for the LGBTQ population.

▪ For S & D, the workgroup identified 3 primary ways to address S & D as well as programs under each strategy (client-focused, family support and education and community advocacy strategies). The group voted on the relative weighting of each strategy which corresponded to funding allocations for each strategy.

▪ Since the passage of Proposition 63, the family and client communities have mobilized in a significant manner within our county. Family members and consumers have been and continue to be hired by our department, as well as our contractors, to advocate and participate in community development. They are integral partners to the S & D plan.

▪ The speakers' bureaus to enhance the public speaking skills for advocacy is a program under the client-focused strategies. Under community advocacy strategies, one program will be to developing culturally effective strategies for community education and stigma reduction within the under-represented ethnic populations.

▪ Anti-stigma and discrimination efforts require the labor of entire communities. Los Angeles County DMH recognizes the enormous value of community organization and therefore established a goal to involve local community CBOs, employers, educational institutes and other community entities in efforts to reduce stigma and discrimination.

. PROGRAM	TIMEFRAME	OPERATIONS
Client Focused Strategies	60 – 90 days	Step 1 – Develop Statement of Work and appropriate bid process, including approval through County Counsel and CEO
	60-90 days	Step 2 - Select providers under each strategy through competitive bid
	60 days	Step 3 - Prepare Board letters and establish legal entity contracts.

PEI PROJECT SUMMARY

Form No. 3

County: Los Angeles **PEI Project Name: Stigma and Discrimination – Family Support and Education Strategies** **Date:** 11/4/08 Complete one Form No. 3 for each PEI project. Refer to Instructions that follow the form.

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	☒	☒	☒	☒
2. Psycho-Social Impact of Trauma	☐	☐	☐	☐
3. At-Risk Children, Youth and Young Adult Populations	☒	☒		
4. Stigma and Discrimination	☒	☒	☒	☒
5. Suicide Risk	☐	☐	☐	☐

2. PEI Priority Population(s) **Note: All PEI projects must address underserved racial/ethnic and cultural populations.**	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
A. Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	☐	☐	☐	☐
2. Individuals Experiencing Onset of Serious Psychiatric Illness	☒	☒	☐	☐
3. Children and Youth in Stressed Families	☒	☒		
4. Children and Youth at Risk for School Failure	☒	☒		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	☐	☐		
6. Underserved Cultural Populations	☒	☒	☒	☒

PEI PROJECT SUMMARY

Form No. 3

B. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).

An Ad Hoc workgroup was developed of interested stakeholders and key informants including some DMH staff, and convened by two members of the DMH Executive Management Team, the Deputy Director for Adult Systems of Care and the Director of the (client and family) Empowerment and Advocacy Bureau. The representation in the group spanned age groups, ethnicities, clients, family members, the health care community and the Department of Children and Family Services. The group met 4 times to develop consensus on the plan. Twenty-seven community stakeholders participated in the workgroup in addition to DMH staff.

The workgroup utilized information provided by the Mental Health Services Act Oversight and Accountability Commission and national research and policy resources on mental illness stigma, to understand the elements of stigma and discrimination. Subsequently the group employed the State Guidelines for PEI Early Start projects and relied upon the collective experience and expertise of workgroup members to form recommendations for project directions and funding percentages within the proposal. Decisions related to Under-represented Ethnic Populations (UREP) projects resulted from local LA County population data and MHSA implementation data.

The final Plan was submitted to the Los Angeles MHSA Mental Health Stakeholders group on Friday, November 7, 2008, for approval and comment.

3. PEI Project Description: (attach additional pages, if necessary)

Family Support and Education Strategies involves family members providing education and support to the public, providers and other family members across different cultures and languages including:

- Anti-stigma education campaigns geared toward various cultural communities
- Family education and support
- Education to mental health providers on the importance of family support and involvement

PEI PROJECT SUMMARY

Form No. 3

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Family Support and Education	**Individuals:200 Families:400**	**Individuals:1400 Families:600**	**6 months**
TOTAL PEI PROJECT ESTIMATED *UNDUPLICATED* COUNT OF INDIVIDUALS TO BE SERVED	**Individuals: 200 Families: 400**	**Individuals: 1400 Families: 600**	

5. Linkages to County Mental Health and Providers of Other Needed Services

It is envisioned that all projects associated with the 3 core strategies to reduce stigma and discrimination would link to the LA County Department of Mental Health either through the Office of Empowerment and Advocacy, local Service Area Navigation Teams or through mental health clinics. This proposal would also link schools, communities, under-represented ethnic communities and family organizations into plan to address reducing stigma and discrimination in order to increase access to mental health services.

6. Collaboration and System Enhancements

This plan represents a significant investment in utilizing families and clients to work in conjunction with DMH to educate, advocate, and support local communities to address the stigma and discrimination barriers related to siting, accessing and

providing mental health services. Consistent with the intent of the MHSA- Prevention and Early Intervention Plan, eliminating the barriers that prevent people from seeking mental health care will ultimately reduce the need for more intensive mental health services later.

7. Intended Outcomes

The plan will reduce the stigma and discrimination-related barriers to individuals accessing mental health services, in the following ways:

- Expand community awareness of recovery and resilience as related to psychiatric illness
- Increase the number of individuals and families from UREP and other under-represented communities that access mental health services
- Increase client self-efficacy and motivation for recovery through reducing self-stigma
- Build resources for family engagement and culturally effective approaches to stigma and discrimination reduction that involve families and local communities
- Increase the number of individuals and families able to refer those is need to mental health services and related support services

8. Coordination with Other MHSA Components

Anti-stigma and discrimination projects will directly tie into local mental health services and supports. Reduced stigma and increased information and education on mental illness signs and symptoms will ultimately lead to increased access to mental health services, including Full Service Partnerships and Wellness Centers, funded by MHSA. The addition of a peer advocate on Service Area Navigation Teams will allow those MHSA-funded teams to educate and advocate in local communities to reduce stigma and discrimination. Projects under the Stigma and Discrimination Plan Strategy Areas will

be coordinated through dedicated staff at the DMH Empowerment and Advocacy division in coordination with the DMH MHSA and Planning and Outreach Units.

9. Additional Comments (optional)

PEI PROJECT SUMMARY

Form No. 3

County: Los Angeles **PEI Project Name: Stigma and Discrimination – Community Advocacy**
Strategies Date: 11/4/08 Complete one Form No. 3 for each PEI project. Refer to Instructions that follow the form.

1. PEI Key Community Mental Health Needs	**Age Group**			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	☒	☒	☒	☒
2. Psycho-Social Impact of Trauma	☐	☐	☐	☐
3. At-Risk Children, Youth and Young Adult Populations	☒	☒		
4. Stigma and Discrimination	☒	☒	☒	☒
5. Suicide Risk	☐	☐	☐	☐

2. PEI Priority Population(s) **Note: All PEI projects must address underserved racial/ethnic and cultural populations.**	**Age Group**			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
A. Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	☐	☐	☐	☐
2. Individuals Experiencing Onset of Serious Psychiatric Illness	☒	☒	☐	☐
3. Children and Youth in Stressed Families	☒	☒		
4. Children and Youth at Risk for School Failure	☒	☒		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	☐	☐		
6. Underserved Cultural Populations	☒	☒	☒	☒

PEI PROJECT SUMMARY

Form No. 3

B. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).

An Ad Hoc workgroup was developed of interested stakeholders and key informants including some DMH staff, and convened by two members of the DMH Executive Management Team, the Deputy Director for Adult Systems of Care and the Director of the (client and family) Empowerment and Advocacy Bureau. The representation in the group spanned age groups, ethnicities, clients, family members, the health care community and the Department of Children and Family Services. The group met 4 times to develop consensus on the plan. Twenty-seven community stakeholders participated in the workgroup in addition to DMH staff.

The workgroup utilized information provided by the Mental Health Services Act Oversight and Accountability Commission and national research and policy resources on mental illness stigma, to understand the elements of stigma and discrimination. Subsequently the group employed the State Guidelines for PEI Early Start projects and relied upon the collective experience and expertise of workgroup members to form recommendations for project directions and funding percentages within the proposal. Decisions related to Under-represented Ethnic Populations (UREP) projects resulted from local LA County population data and MHSA implementation data.

The final Plan was submitted to the Los Angeles MHSA Mental Health Stakeholders group on Friday Nov 7, 2008 for approval and comment.

3. PEI Project Description: (attach additional pages, if necessary)

Community Advocacy Strategies:
Stigma reduction and anti-discrimination advocacy strategies focused on the larger community which are not performed exclusively by clients or family members including:

- Developing culturally effective strategies for community education and stigma reduction in Under-Represented Ethnic Populations (UREP).
- Strategies to combat not-in-my-backyard (NIMBY) related concerns to the siting of mental health services.
- Systemic approaches to stigma reduction involving documenting recovery transformation efforts and successes.

PEI PROJECT SUMMARY

Form No. 3

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Community Advocacy	**Individuals: 300 Families: 100**	**Individuals:500 Families:200**	**6 months**
TOTAL PEI PROJECT ESTIMATED *UNDUPLICATED* COUNT OF INDIVIDUALS TO BE SERVED	**Individuals: 300 Families: 100**	**Individuals: 500 Families: 200**	

5. Linkages to County Mental Health and Providers of Other Needed Services

It is envisioned that all projects associated with the 3 core strategies to reduce stigma and discrimination would link to the LA County Department of Mental Health either through the Office of Empowerment and Advocacy, local Service Area Navigation Teams or through mental health clinics. This proposal would also link schools, communities, under-represented ethnic communities and family organizations into plan to address reducing stigma and discrimination in order to increase access to mental health services.

PEI PROJECT SUMMARY

Form No. 3

6. Collaboration and System Enhancements

This plan represents a significant investment in utilizing families and clients to work in conjunction with DMH to educate, advocate and support local communities to address the stigma and discrimination barriers related to siting, accessing and providing mental health services. Consistent with the intent of the MHSA- Prevention and Early Intervention Plan, eliminating the barriers that prevent people from seeking mental health care will ultimately reduce the need for more intensive mental health services later.

7. Intended Outcomes

The plan will reduce the stigma and discrimination-related barriers to individuals accessing mental health services, in the following ways:

- Expand community awareness of recovery and resilience as related to psychiatric illness
- Increase the number of individuals and families from UREP and other under-represented communities that access mental health services.
- Increase client community integration and social inclusion through connections to non-service oriented employment, social groups and other events
- Increase options for the siting of mental health and housing programs within local communities
- Increase client self-efficacy and motivation for recovery through reducing self-stigma
- Increase the number of individuals and families able to refer those is need to mental health services and related support services.

8. Coordination with Other MHSA Components

PEI PROJECT SUMMARY

Anti-stigma and discrimination projects will directly tie into local mental health services and supports. Reduced stigma and increased information and education on mental illness signs and symptoms will ultimately lead to increased access to mental health services, including Full Service Partnerships and Wellness Centers, funded by MHSA. The addition of a peer advocate on Service Area Navigation Teams will allow those MHSA-funded teams to educate and advocate in local communities to reduce stigma and discrimination. Projects under the Stigma and Discrimination Plan Strategy Areas will be coordinated through dedicated staff at the DMH Empowerment and Advocacy division in coordination with the DMH MHSA and Planning and Outreach Units.

9. Additional Comments (optional)

Enclosure 3A

County of Los Angeles Department of Mental Health
PEI Revenue and Expenditure Budget Worksheet
(Anti-Stigma and Discrimination)

Form No. 4

Instructions: Please complete one budget Form No. 4 for each PEI Project and each selected PEI provider.

11/17/2008

County Name: Los Angeles County Department of Mental Health Date:

PEI Project Name: 4. Stigma and Discrimination

Provider Name (if known):

Intended Provider Category:

Proposed Total Number of Individuals to be served:	FY 07-08	0	FY 08-09	6100
Total Number of Individuals currently being served:	FY 07-08	0	FY 08-09	0
Total Number of Individuals to be served through PEI Expansion:	FY 07-08	0	FY 08-09	6100
Months of Operation:	FY 07-08	0	FY 08-09	6 months

	Total Program/PEI Project Budget		
Proposed Expenses and Revenues	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages	$0	$156,601	$156,601
	$0	$0	$0
	$0	$0	$0
	$0	$0	$0
b. Benefits and Taxes @ 16.10 %	$0	$30,050	$30,050
c. Total Personnel Expenditures	$0	$186,651	$186,651
2. Operating Expenditures			
a. Facility Cost	$0	$0	$0
b. Other Operating Expenses	$0	$61,065	$61,065
c. Total Operating Expenses	$0	$61,065	$61,065
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
Client-Focused Strategies	$0	$338,060	$338,060
Family-Focused Strategies	$0	$377,457	$377,457
Community Advocacy Strategies	$0	$478,967	$478,967
a. Total Subcontracts	$0	$1,194,484	$1,194,484
4. Total Proposed PEI Project Budget	$0	$1,442,200	$1,442,200
B. Revenues (list/itemize by fund source)			0
	$0	$0	$0
	$0	$0	$0
		$0	$0
1. Total Revenue	$0	$0	$0
5. Total Funding Requested for PEI Project	$0	$1,442,200	$1,442,200
6. Total In-Kind Contributions	$0	$0	$0

In-Kind Contributions Unknown at This Time

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
Prevention and Early Intervention (PEI) Early Start Projects

Project Name: Anti-Stigma and Discrimination

Budget Narrative-FY 2008-2009

Line Item **Description/Justification**

Personnel Expenditures:

A. Total of 4 FTE's :
   - Please see the "Cost Analysis" page and the full item narratives that follow. Note that these pages provide the full breakdown of items including: Position Title, Number of Positions, Annual Salary, Employee Benefits, and Total Salary Including Salary and Employee Benefits (S&EB)

   - The "Description of FTE" Functions page provides a brief overview of the anticipated roles and responsibilities for each requested position.

B. Total including 16.10% for benefits and taxes

Operating Expenditures:

B. Total estimated expenses including space, computers, local printer, training, office supplies, estimated mileage, travel, mobile communications, county telephone, telecom system.

Subcontracts/Professional Services:

A. There are a total of 3 Programs that will be implemented under the SMHI Project. The contracts and subcontracts have not been awarded and are therefore unknown at this time.
   The total amount to fund this category is: $1,194,484

Total amount of funding requested: $1,442,200

Total estimated amount of "in-kind" funding is: While we anticipate in-kind funding, the estimated dollar amount is unknown at this time.

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
BUDGET AND FINANCIAL REPORTING DIVISION
SALARY AND EMPLOYEE BENEFITS COST ANALYSIS
FY 2008-09 WEIGHTED AVERAGE RATES

ATTACHMENT BR - III

SERVICE AREA/BUREAU: PEI EARLY START-Anti Stigma & Discrimination
UNIT DESCRIPTION:
UNIT CODE:

1	2	3	4	5	6	9	8	7	10
LINE NO.	UNIQUE NO.	ITEM # & SUB LETTER	TITLE OF POSITION	ORDINANCE POSITIONS	FTE's	ANNUAL SALARY	SALARY SAVINGS -9.69%	NET SALARY	EB RATE 31.9778%	TOTAL S&EB
PART I.										
NEW POSITIONS:										
1	[redacted]	04729a	MENTAL HEALTH ANALYST II	2	2.00	172,060	(16,673)	155,387	49,689	205,076
2		08149a	MENTAL HEALTH SERVICES COORD II	1	1.00	74,569	(7,226)	67,343	21,535	88,878
3		00889a	ADMINISTRATIVE ASSISTANT III	1	1.00	66,573	(6,451)	60,122	19,226	79,348
4							-	-	-	-
5							-	-	-	-
6							-	-	-	-
7							-	-	-	-
8							-	-	-	-
9							-	-	-	-
10							-	-	-	-
11							-	-	-	-
12							-	-	-	-
13							-	-	-	-
14							-	-	-	-
15							-	-	-	-
16							-	-	-	-
17							-	-	-	-
18							-	-	-	-
19							-	-	-	-
20							-	-	-	-
21							-	-	-	-
22							-	-	-	-
23							-	-	-	-
24							-	-	-	-
25							-	-	-	-
26							-	-	-	-
			TOTAL S&EB	4	4.00	313,202	(30,350)	282,852	90,450	373,302

156,600.81 6 Months 186,651
197,850
(11,199)

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
Prevention and Early Intervention (PEI) Early Start Projects

Description of FTE Functions

(Anti-Stigma and Discrimination)

MH Analyst II

- Assist District Chief in overseeing budget, human resource and administrative duties.
- Gathers statistics and other data for entry into outcome data applications and analysis for program improvement and monitoring.

Mental Health Services Coordinator II

- Provides highly responsible administrative staff support for the planning, coordination, and implementation of mental health services and legal requirement with public, private and community agencies.
- Serves as liaison between the Department of Mental Health and public and private agencies.

Administrative Assistant III

- Analyzes, evaluates, and makes recommendations for organizing, staffing financing, and operation of major new departmental functions or major modifications of existing programs.
- Conducts management studies of component organizations of the department to determine if acceptable management practices are being used and departmental policies enforced to assess organization, staffing, and financing, to define and report problem areas, and to develop recommendations for the solution of problems uncovered.

Enclosure 3B

PEI Administration Budget Worksheet

Form No. 5

County: Los Angeles County Department of Mental Health

Date: 11/17/2008

	Client and Family Member, FTEs	Total FTEs	Budgeted Expenditure FY 2007-08	Budgeted Expenditure FY 2008-09	Total
A. Expenditures					
1. Personnel Expenditures					
a. PEI Coordinator					$0
b. PEI Support Staff					$0
c. Other Personnel (list all classifications)					$0
Mental Health Analysts (7 positions)					$0
Admin. Services Manager (2 positions)					$0
Support staff (3 positions)					$0
12 total		12	$0	$477,430	$477,430
d. Employee Benefits:16.10%				$91,615	$91,615
e. Total Personnel Expenditures			$0	$569,045	$569,045
2. Operating Expenditures					
a. Facility Costs					$0
b. Other Operating Expenditures				$160,855	$160,855
c. Total Operating Expenditures			$0	$160,855	$160,855
3.County Allocated Administration					
a. Total County Administration Cost			$0	$0	$0
4. Total PEI Funding Request for County Administration Budget			$0	$729,900	$729,900
B. Revenue					
1 Total Revenue			$0	$0	$0
C. Total Funding Requirements			$0	$729,900	$729,900
D. Total In-Kind Contributions			$0	$0	$0

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
Prevention and Early Intervention (PEI) Early Start Projects

Administration

Budget Narrative-FY 2008-2009

Line Item **Description/Justification**

Personnel Expenditures:

A. Total of 12 FTE's :
   - Please see the "Cost Analysis" page and the full item narratives that follow. Note that these pages provide the full breakdown of items including: Position Title, Number of Positions, Annual Salary, Employee Benefits, and Total Salary Including Salary and Employee Benefits (S&EB)

   - The "Description of FTE" Functions page provides a brief overview of the anticipated roles and responsibilities for each requested position.

B. Total including 16.10% for benefits and taxes $569,045

Operating Expenditures:

B. Total estimated expenses including space, computers, local printer, training, office supplies, estimated mileage, travel, mobile communications, county telephone, telecom system $160,855

Total amount of funding requested: $729,900

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
BUDGET AND FINANCIAL REPORTING DIVISION
SALARY AND EMPLOYEE BENEFITS COST ANALYSIS
FY 2008-09 WEIGHTED AVERAGE RATES

ATTACHMENT BR - III

SERVICE AREA/BUREAU: PEI EARLY START-Admin
UNIT DESCRIPTION:
UNIT CODE:

1	2	3	4	5	6	9	8	7	10
LINE NO.	UNIQUE NO.	ITEM # & SUB LETTER	TITLE OF POSITION	ORDINANCE POSITIONS	FTE's	ANNUAL SALARY	SALARY SAVINGS -9.69%	NET SALARY	EB RATE 31.9778%	TOTAL S&EB
PART I:										
NEW POSITIONS:										
1	[redacted]	04731A	MENTAL HEALTH ANALYST III	2	2.00	201,962	(19,570)	182,392	58,325	240,717
2		04729A	MENTAL HEALTH ANALYST II	3	3.00	258,090	(25,009)	233,081	74,534	307,615
3		01003A	ADMINISTRATIVE SERVICES MANAGER II	2	2.00	176,354	(17,089)	159,265	50,929	210,194
4		02216A	SENIOR TYPIST-CLERK	1	1.00	41,445	(4,016)	37,429	11,969	49,398
5		04727A	MENTAL HEALTH ANALYST I	2	2.00	154,380	(14,959)	139,421	44,584	184,005
6		01849A	SENIOR DEPARTMENTAL PERSONNEL TEC	1	1.00	75,125	(7,280)	67,845	21,695	89,540
7		00907A	STAFF ASSISTANT I	1	1.00	47,504	(4,603)	42,901	13,719	56,620
8							-	-	-	-
9							-	-	-	-
10							-	-	-	-
11							-	-	-	-
12							-	-	-	-
13							-	-	-	-
14							-	-	-	-
15							-	-	-	-
16							-	-	-	-
17							-	-	-	-
18							-	-	-	-
19							-	-	-	-
20							-	-	-	-
21							-	-	-	-
22							-	-	-	-
23							-	-	-	-
24							-	-	-	-
25							-	-	-	-
26							-	-	-	-
			TOTAL S&EB	12	12.00	954,861	(92,526)	862,334	275,755	1,138,089

477,430.41 6 Months 569,045
603,188
(34,144)

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
Prevention and Early Intervention (PEI) Early Start Projects

Description of FTE Functions

(Administration)

MH Analyst III

- Assists the District Chief to formulate, plan and implement policies, procedures, and programs.
- Participates in work measurement studies, systems and procedure analysis and in determining data processing needs of the region or bureau with the various central administrative specialists.

MH Analyst II

- Assist District Chief in overseeing budget, human resource and administrative duties.
- Gathers statistics and other data for entry into outcome data applications and analysis for program improvement and monitoring.

Administrative Services Manager II

- Supervises technical staff providing personnel services in departmental classification, recruitment, selection and policy development.
- Supervises technical staff engaged in analyzing and recommending solutions for problems of organization, budget, systems and procedures, or facilities planning.

Senior Typist Clerk

- Reviews for accuracy and conformity to established procedures the work of others performing preliminary operations in the course of the flow of work.
- Prepares correspondence requiring the application of highly specialized knowledge and discrimination in the selection of data or interpretation of laws, rules, or policies.

Mental Health Analyst I

- Confers with the representatives of County Counsel, Chief Administrative Office, and other public and private agencies regarding the program.
- Prepares, administers, and interprets mental health policies and programs.

Senior Departmental Personnel Technician

- Counsels employees, employee groups, and management in matters involving procedure, regulations, problems, grievances, and discipline; prepares cases and represents the department in hearings.
- Initiates and develops recruitment programs, including advertising, contact with public and private agencies and organizations, and liaison with other County departments.

Description of FTE Functions

Staff Assistant I

- Analyzes and makes recommendations to the unit manager for the resolution of problems of work procedure and space allocation; and may participate in the implementation of changes resulting from recommendations.
- Prepares reports and projections of workload and staffing for the manager of the unit.

Enclosure 3C

PREVENTION AND EARLY INTERVENTION BUDGET SUMMARY

Form No. 6

Instruction: Please provide a listing of all PEI projects submitted for which PEI funding is being requested. This form provides a PEI project number and name that will be used consistently on all related PEI project documents. It identifies the funding being requested for each PEI project from Form No. 4 for each PEI project by the age group to be served, and the total PEI funding request. Also insert the Administration funding being requested from Form No.5 (line C).

County:	Los Angeles
Date:	March 12, 2009

		Fiscal Year			Funds Requested by Age Group			
#	List each PEI Project	FY 07/08	FY 08/09	Total	*Children, Youth, and their Families	*Transition Age Youth	Adult	Older Adult
	Suicide Prevention	$0	$1,669,050	$1,669,050	$357,817	$547,504	$293,272	$470,457
	School Mental Health Initiative	$0	$1,898,050	$1,898,050	$529,610	$1,005,870	$329,609	$32,961
	Anti-Stigma and Discrimination	$0	$1,442,200	$1,442,200	$360,550	$360,550	$360,550	$360,550
	Administration	$0	$729,900	$729,900	$183,044	$278,180	$145,252	$123,424
	Total PEI Funds Requested:	$0	$5,739,200	$5,739,200	$1,431,021	$2,192,104	$1,128,683	$987,392

***A minimum of 51 percent of the overall PEI component budget must be dedicated to individuals who are between the ages of 0 and 25 ("small counties" are excluded from this requirement).**

COUNTY OF LOS ANGELES - DEPT. OF MENTAL HEALTH
BUDGET & FINANCIAL REPORTING DIVISION
MENTAL HEALTH SERVICES ACT
EARLY START PEI FOR FY 2008-09

Description	Suicide Prevention	School Mental Health Initiative	Anti-Stigma & Discrimination	Administration	**Total Early Start PEI Plan Update**
DMH					
Salary	$ 258,012	$ 1,043,442	$ 156,601	$ 477,430	$ 1,935,485
Employee Benefits	49,511	200,227	30,050	91,615	371,403
					-
Space	44,000	166,500	22,000	66,000	298,500
Computer	6,000	17,250	3,000	9,000	35,250
Local Printer	3,200	9,200	1,600	4,800	18,800
Training	2,400	6,900	1,200	3,600	14,100
Office Supplies	25,820	77,081	20,665	39,655	163,221
Mileage	800	2,300	400	1,200	4,700
Travel	400	1,150	200	600	2,350
Cell Phone	2,800	8,050	1,400	4,200	16,450
County Telephone	3,200	9,200	1,600	4,800	18,800
Telecom System	18,000	106,750	9,000	27,000	160,750
Sub Total - DMH	414,143	1,648,050	247,716	729,900	3,039,809
Contract					
Gross EPSDT					-
Gross Non EPSDT					-
MHSA	1,254,907	250,000	1,194,484		2,699,391
Flex					-
Consultation					-
Sub Total - Contract	1,254,907	250,000	1,194,484	-	2,699,391
Grand Total	**$ 1,669,050**	**$ 1,898,050**	**$ 1,442,200**	**$ 729,900**	**$ 5,739,200**
Revenue					
Non EPSDT FFP	$ -	$ -	$ -	$ -	-
EPSDT FFP					-
EPSDT SGF					-
MHSA	1,669,050	1,898,050	1,442,200	729,900	5,739,200
Total Revenue	**$ 1,669,050**	**$ 1,898,050**	**$ 1,442,200**	**$ 729,900**	**$ 5,739,200**

C:\Users\Ansara\AppData\Local\Temp\BCL Technologies\NitroPDF6\@BCL@A8080266\@BCL@A8080266

COUNTY OF LOS ANGELES

MARVIN J. SOUTHARD, D.S.W.
Director

Robin Kay Ph.D.
Acting Chief Deputy Director

RODERICK SHANER, M.D.
Medical Director

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

BOARD OF SUPERVISORS

GLORIA MOLINA
YVONNE B. BURKE
ZEV YAROSLAVSKY
DON KNABE

DEPARTMENT OF MENTAL HEALTH

MENTAL HEALTH SERVICES ACT (MHSA) PREVENTION AND EARLY INTERVENTION (PEI) EARLY START PROGRAMS

(AVAILABLE FOR PUBLIC REVIEW)

November 18, 2008

The Los Angeles County Department of Mental Health (LACDMH), as required under the Mental Health Services Act (MHSA), is opening a public review and comment period for the Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Early Start Projects. The PEI Early Start Projects are funded by an increase of the LACDMH PEI Planning Estimate. The increased Planning Estimate in the amount of $11, 678,400 will be added to the total base funding of the PEI Plan.

The 30 day public review and comment period will begin November 18, 2008 and end December 17, 2008. The document under review will be posted on the LACDMH website http://dmh.lacounty.info/mhsa and hard copies will be available at the LACDMH Planning Division, 695 S. Vermont Avenue, 15th Floor, Los Angeles, CA 90020. Any member of the public may request a hard copy of the document by contacting DMH at 213-251-6801.

To provide input, recommendations and comments, please call 213 251-6801 or email your comments to Gladys Lee at GLLee@dmh.lacounty.gov or submit written comments to:

Los Angeles County Department of Mental Health
Planning Division
Attention: PEI Early Start Project
695 S. Vermont Avenue, 15th Floor
Los Angeles, CA 90005

County of Los Angeles Department of Mental Health

Prevention and Early Intervention (PEI) Early Start Projects

Summary of Comments from the Mental Health Commission Public Hearing and 30-day Public Review and Comment Period

A Mental Health Commission Public Hearing was held on November 20, 2008 on the PEI Assignment Letter with the three Statewide Initiatives: Anti Stigma/Discrimination, School Mental Health Initiative and Suicide Prevention. Comments and suggestions are received from stakeholders such as commission members, the public, clients, various mental health organizations, employees, etc... from various cities of Los Angeles County. Also, some comments and suggestions were received in Spanish and translated. Comments and suggestions received are mixed and range from stakeholders agreeing and embracing the initiatives to various concerns on the initiatives and some suggestions. The following are some examples of comments and suggestions received from the general public. Comments are as a result of our 30-day Public Review and Comment period as well as our Public Hearing..

"More needs to be done to prevent mental illness before children are born with problems, such as related to alcohol abuse or drugs." "Reducing "stigma" related to mental illness begins in the home teaching families to care and support those who are mentally impaired."

"In San Jose, CA last week, an engineer who was terminated, came back and shot and killed two of his co-workers." It would be beneficial to give laid off workers, as they exit their company mental health resources and referrals, (county providers) to avoid loss of life, and decompensation.""Outreach and engagement to corporations (EAP) depts. For laid-off or displaced workers."

"We hope that as anti-stigma and discrimination planning moves forward, programs include efforts to train primary care providers to improve their response to mental health conditions." "Additional resources in this area are essential."

"I agree to give Dr. Southard the Power plus permission to write the Authority Letter Re: The Funds for the initiatives Suicide – Student M.H. Initiative, Stigma + Discrimination Reduction." "Also aid to the women that are released from incarceration to have support of transportation to go to the wellness Centers to continue to get help and services"

"MHSA should (under PEI Funding) consider the transportation needs of consumers in seeking treatment specifically for their well being."" Transportation services should be made available to those patient/inmates being release from jails."" Additionally, ambulance transportation for <u>all</u> consumers detained under 5150WIC either by DMH or Law Enforcement."

County of Los Angeles Department of Mental Health

Prevention and Early Intervention (PEI) Early Start Projects

"This initiative is a God send. It is so important to pick-up some of the children who would otherwise struggle by themselves."" This would also help the kids that go to college and were never diagnosed in high school."" It will end up helping Transitional Age Youth across the board."

"We're happy to see a more comprehensive approach to student mental health in the SPA 6 Demonstration Project – not just attempts to address "school shooters". The MHSOAC specifically identifies school health centers as desirable school-based programs to address student mental health concerns."" We hope as efforts go forward, projects will build upon these existing foundations to create a comprehensive system for students."

"The "START" SA-6 is an example." "The bullying is a great issue that needs addressing." "I support this program" "Again I am very interested what happens when the funds run out."

"Suicide prevention is an important issue, especially for the TAY population." "No one can read a child's mind, so we need people who are privy to the possibility that orphan kids need extra attention or help." "It comes from the bottom up."

"I support this initiative of early intervention on suicide and prevention." "More focus is needed for the prevention of suicide in the schools."

Translated Spanish Comments and Suggestions:

"We need more education in the system of mental health and other areas now because there is a lot of stigma and discrimination." "The youth need a lot of motivation to pursue careers in mental health and information in the schools about racism towards immigrants and the teachers need to be trained in mental health as well."

"You need to be aware that the Latino community has a lot of needs concerning what has been mentioned in the presentations and we would like information." " We would also like training so that we are educated and feel part of the community as well as being able to participate with our families, and part of the community."" Help us, support us."

Los Angeles County Department of Mental Health
Mental Health Services Act (MHSA)
Prevention and Early Intervention (PEI)
Early Start Projects
30 day Review and Comment Period
November 18, 2008 – December 17, 2008

PUBLIC REVIEW

Personal Information (OPTIONAL)	
Name: SEAN E. ZULLO	
Agency/ Organization: CHOICES RECOVERY SERVICES	E-mail address: SEANZULLO@yahoo.com
Mailing Address: PO BOX 40119, LONG BEACH, CA 90804	

Comments

- What percentage of the stakeholders utilized in the development of the PEI -Early Start Program and Expenditure Plan represent agencies/organizations/groups previously not part of MHSA to date? Put another way, new voices at the table?
- What percentage of PEI -Early Start Program and Expenditure Plan "Proposed Projects" represent those of new MHSA providers, or those proposed in collaboration with new providers?
- What provisions have been developed to ensure participation (program development, implementation, service delivery) by underserved/unserved populations and UREP within the Stigma and Discrimination Reduction component of the PEI -Early Start Program and Lxpenditure Plan?
- Any provision for the encouragement of innovative PEI -Early Start Program and Expenditure Plan project development?

Any member of the public may submit written comments on or before December 17, 2008. Written comments can be submitted on this form by e-mail to GLLee@dmh.lacounty.gov. or by letter addressed to:

Los Angeles County Department of Mental Health
Chief Information Office Bureau
Attention: Gladys Lee
695 S. Vermont Ave, 15th Floor
Los Angeles, CA 90005
Fax # (213) 252-8752