



# Adult System of Care and Gap Analysis/Unmet Needs

## DRAFT Framework/Discussion Only



Prevention and Early Intervention Funded		Community Services and Supports (CSS)/Innovation Funded			Non-MHSA Funded
Prevention Projects	Early Intervention Services	Non-Intensive* Services	Field Based and Intensive* Services	System Support	Specialized Populations
<p><b>Prevention and Early Intervention Programs (PEI)</b></p> <p>PEI focuses on evidence-based, promising or community defined evidence practices, education, support, and outreach to help inform and identify those who may be affected by some level of mental health issues.</p> <p>Specifically, early intervention services are directed towards individuals and families for whom a short-term (usually less than one year), relatively low-intensity intervention is appropriate to measurably improve a mental health situation early in its manifestation.</p> <p>Early intervention services may avoid the need for more extensive mental health treatment, or prevent the</p>	<p><b>Partners in Suicide Prevention (PSP)</b></p> <p>Increasing public awareness of suicide and reducing stigma associated with seeking mental health and substance abuse services. The team offers:</p> <ul style="list-style-type: none"> <li>• Education in community settings</li> <li>• Appropriate tools and resources such as best practices.</li> <li>• Linkage and referral to appropriate services.</li> </ul> <p><b>Anti-Stigma and Discrimination Team</b></p> <p>This innovative program was created to increase public awareness, social acceptance, and inclusion of persons with mental health challenges. The team provides education, training,</p>	<p><b>Wellness Centers</b></p> <p>Services are clinic and field based and designed to sustain recovery from mental illness, allowing consumers to graduate/exit the public mental health system, and achieve full community integration. Peer service providers should comprise at least 50% of the WC team. Services include:</p> <ul style="list-style-type: none"> <li>• Peer directed and self help support groups including individualized problem solving, Wellness Recovery Action Plan (WRAP), Procovery Circles, and other self-help groups.</li> <li>• Self-directed crisis management with clinical supports</li> </ul>	<p><b>Adult Full Service Partnership (FSP)</b></p> <p>FSP services are enrollment based highly intensive field-based team services with a maximum of a 1:15 staff to client ratio. FSP provides on-going support on an at least weekly basis to clients with their recovery and community integration goals. The FSP team provides:</p> <ul style="list-style-type: none"> <li>• Intensive sustained outreach and engagement efforts to both new and ongoing consumers.</li> <li>• 24-7 crisis response.</li> <li>• Majority field-based services</li> <li>• Co-occurring disorders treatment.</li> <li>• Medication support services, as needed.</li> </ul>	<p><b>Outreach and Engagement—CSS-Funded Program</b></p> <p>Service Area-based staff who provide outreach and education to communities on MHSA services</p> <p><b>Temporary Shelter Program</b></p> <p>Resources for individuals/families being outreached to engage in services and assist with permanent housing plan.</p> <p><b>Service Area Navigation—CSS-Funded Program</b></p> <p>Service Area-based</p>	<p><b>Cal Works/GROW</b></p> <p>The Department of Mental Health maintains a collaborative relationship with the Department of Public Social Services (DPSS) to serve the individuals who are part of DPSS' General Relief Opportunities for Work (GROW) program and CalWORKS program. DMH clinics provide clinical assessments and treatment services to GROW and CalWORKS Program participants who identify with an emotional or mental disorder that would otherwise limit or impair their ability to become and/or remain employed to help them increase self-sufficiency and return to work.</p>

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<p>mental health problem from becoming worse.</p> <p>PEI Models Include:</p> <ul style="list-style-type: none"> <li>Individual Cognitive Behavioral Therapy (CBT) for Depression, Anxiety or Trauma</li> <li>Group CBT for Depression (Group CBT)</li> <li>Interpersonal Psychotherapy (IPT)</li> <li>Crisis Oriented Resolution Services (CORS)</li> <li>Seeking Safety</li> <li>Dialectical Behavioral Therapy (DBT)</li> <li>Families Over Coming Under Stress (FOCUS)</li> <li>Mental Health Integrated Program (MHIP)</li> <li>Prolonged Exposure for Post-Traumatic Stress Disorder (PE)</li> </ul>	<p>and consultation while creating alliances within the community.</p> <p><b>Office of Family Engagement</b></p> <p>The Family Engagement team works to strengthen the voice of families throughout the mental health system by being a voice for families, and empowering the family to skillfully navigate the treatment system to access resources, contacts, and services.</p> <p><b>Promotores</b></p> <p>Community Mental Health education, outreach, and linkage for the Latino population by trained community advocates.</p>	<p>provided, when needed.</p> <ul style="list-style-type: none"> <li>Co-occurring disorders treatment focused on maintaining recovery and sobriety.</li> <li>Medication Support services, and provision of or referral to other MHSA program elements and/or needed community services</li> <li>Housing, employment, and education services</li> <li>Care coordination and provision of peer counseling, family education and support.</li> <li>Healthy Living activities geared towards health education and needed behavioral change.</li> <li>Support for independent living in</li> </ul>	<ul style="list-style-type: none"> <li>Address consumers' needs pre and post hospitalization.</li> <li>Transition consumers toward successful graduation from FSP or referrals to other MHSA program elements and/or needed community supports as appropriate.</li> <li>Care coordination and provision of peer counseling, family education and support.</li> <li>Successful provision of and linkage to needed housing, employment, vocational and educational services.</li> </ul> <p><b>Field Capable Clinical Services (FCCS)</b></p> <p>FCCS Services are</p>	<p>teams that provide referral and linkage services and oversee the coordination of service referrals through the Service Area Impact Units.</p> <p><b>Housing —CSS-Funded Program</b></p> <p>Housing specialists who assist adult clients in obtaining permanent housing. Availability of Housing Projects through CHEERD.</p> <p><b>MHSA Housing Trust Fund</b></p> <p>Supportive services provided to those living in Permanent Supportive Housing (one-time funds).</p>	<p><b>AB 109 Program</b></p> <p>Mental health services for non-revocable parolees</p> <p><b>Jail Mental Health Services</b></p> <p>Mental health and psychiatric services delivered to individuals identified with a mental illness incarcerated in the LA County Jail system.</p> <p><b>County General Funded Services (CGF)</b></p> <p>Outpatient services that may include medication, case management, group, and individual mental health services. Used flexibly by providers to provide services to all age groups.</p>

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<p><b>Veterans and Loved Ones Recovery (VALOR)</b></p> <p>The Valor program was established to reduce homelessness, and to treat mental and physical challenges for the veterans of Los Angeles County and their families. Services are field based and include Mental Health services and case management; assistance with benefits, employment, education, and housing.</p> <p><b>Co-Located Mental Health Services</b></p> <p>Mental Health providers co-located at Health Care sites. This program is designed to ensure bi-directional care for individuals in health care settings with low intensity mental health needs. Services include:</p>	<p><b>Wellness Outreach Workers (WOW)</b></p> <p>Stipend peer volunteer program at Directly Operated sites providing peer support to new and existing consumers. WOW volunteers can be trained to serve in specialized positions. Specialized programs include the Clinic Ambassador Program and the Health Care Navigator Program.</p>	<p>the community</p> <p><b>Client Run Centers (CRC)</b></p> <p>Services are designed to promote Recovery from mental illness, promoting utilization of natural community and peer supports to sustain recovery. Services are 100% designed and provided by peers. Services include:</p> <ul style="list-style-type: none"> <li>Peer directed support groups and individualized problem solving including Wellness Recovery Action Plan (WRAP), Procovery Circles, and other self-help groups.</li> <li>One-on-one peer support to work toward recovery goals.</li> <li>Co-occurring disorders</li> </ul>	<p>community and field based clinical and case management services to improve access to mental health services. Interventions focus on moving clients toward wellness programs and independent use of community resources and supports. The FCCS team provides:</p> <ul style="list-style-type: none"> <li>Co-located service provision in health care or other community based settings.</li> <li>24-7 telephone crisis response.</li> <li>Co-occurring disorders treatment.</li> <li>Medication support services, where needed.</li> <li>Referral to other MHSA program elements and/or</li> </ul>	<p><b>MHSA Housing Program</b></p> <p>Capital and Operating funds for the development of Permanent Supportive Housing dedicated to DMH clients (one-time funds).</p>	

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<ul style="list-style-type: none"> <li>• Evaluation</li> <li>• Assessment</li> <li>• Intervention using the MHIP model</li> <li>• Linkage if indicated</li> </ul>		<p>treatment focused on maintaining recovery and sobriety.</p> <ul style="list-style-type: none"> <li>• Healthy Living activities geared towards health education and needed behavioral change.</li> <li>• Linkage with peer and community developed resources including housing and employment opportunities.</li> <li>• Support for independent living in the community.</li> <li>• Linkage, as needed, for additional services including health care and mental health clinical services.</li> </ul> <p><b>Innovation- Integrated Services Management Model</b></p> <p>Integrated primary care,</p>	<p>needed community services, which may include housing, employment, vocational and/or educational services.</p> <ul style="list-style-type: none"> <li>• Care coordination and provision of peer counseling, family education and support.</li> </ul> <p><b>IMD Step-Down Services</b></p> <ul style="list-style-type: none"> <li>• On-site intensive mental health and supportive services at select Adult Residential Facilities to assist clients transitioning from acute inpatient and institutional settings to the community.</li> </ul>		

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		<p>mental health and substance abuse services provided to seriously mentally ill individuals with one or more co-occurring disorders from 5 different ethnic communities. Services include non-traditional healing approaches as well.</p> <p style="text-align: center;"><b>Innovation-Integrated Clinic Model</b></p> <p>Integrated primary care, mental health and substance abuse services provided at a co-located site to seriously mentally ill individuals with one or more co-occurring disorders.</p>	<p><b>Innovation-Integrated Mobile Health Team</b></p> <p>Field-based teams provide integrated health, mental health and substance abuse services to the most vulnerable individuals and families that are homeless, using a housing first model to assist them with obtaining and maintaining affordable permanent housing.</p>		

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		<p><b>Innovation-Peer Run Services</b></p> <ul style="list-style-type: none"> <li>• PRISM- Peer-run support services designed to increase service engagement and whole health outcomes for seriously mentally ill adults with one or more co-occurring disorders.</li> <li>• PRRCH – Short term residential respite services provided by peers targeting clients who need a respite from an ongoing living situation in order to avoid more intensive interventions.</li> </ul>			

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Prevention Projects Gap/Unmet Needs	Early Intervention Services Gap/Unmet Needs	Community Based Recovery Services Gap/Unmet Needs	Field Based and Intensive* Services Gap/Unmet Needs	System Support Gap/Unmet Needs	Outpatient Services Gap/Unmet Needs
<p><b>Prevention and Anti-Stigma Projects</b></p> <p>Expansion of Promotores, Service Extenders and Wellness Outreach Worker programs; to ensure availability in all Service Areas and availability for new volunteers.</p> <p>Increase in culturally sensitive suicide prevention and anti-stigma prevention efforts, particularly to Asian Pacific Islander and Hispanic American communities.</p>	<p><b>PEI</b></p> <p>Identification of evidence based practices addressing psychotic symptomology and other prodromal mental health issues.</p> <p>Identification of evidence based practices in group format.</p> <p>Identification of evidence based practices addressing untreated long term trauma.</p> <p>Ensuring model fidelity and sustainability of properly trained staff providing effective EBPs.</p>	<p><b>Wellness Services</b></p> <p>Wellness services need expansion to accommodate participants at various stages of recovery, from new FCCS or FSP graduates to those ready to transition to community or health based mental health services. Some providers will need expanded Wellness funding to fill gaps in their continuum of care.</p> <p>Wellness Programs cannot accommodate housing where needed.</p> <p>Client Run Centers are not available in all service areas.</p>	<p><b>FSP</b></p> <p>Some services areas lack adequate FSP services to ensure available capacity when needed. Not all outpatient sites have FSP capability.</p> <p>Need to identify strategies to increase flow from FSP to lower levels of care.</p> <p>Need to identify agreed-upon graduation markers for FSP.</p> <p><b>FCCS</b></p> <p>FCCS cannot accommodate housing needed for clients with use of CSS funds.</p> <p>FCCS availability is inconsistent across</p>	<p><b>Navigation</b></p> <p>Need to ensure availability of positions for Peer Health Care Navigators to support MHSA Outpatient programs.</p> <p><b>Healthcare Integration</b></p> <p>Integration of support for healthcare needs at all levels of care – including communication and navigation networks with local health care homes and assuring connections with primary care.</p> <p><b>Housing</b></p> <p>The alignment of existing services with DMH clients living in</p>	

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			<p>programs and service areas. Establish staff to client ratio and expectations for treatment.</p>	<p>site-based housing is a model that is not meeting the needs of the developers, property managers and tenants in many cases. Need on-site mental health services specifically connected to Permanent Supportive Housing sites.</p> <p>The MESA Housing Program funds are almost fully depleted. Need more one-time funds committed to develop more housing unit Housing</p> <p>There is an opportunity to invest in a local Flexible Housing Subsidy Pool that can be used to provide on-going subsidies for Permanent Supportive Housing for DMH clients.</p>	
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				<p>There is an opportunity to invest in a local Flexible Housing Subsidy Pool that can be used to provide on-going subsidies for Permanent Supportive Housing for DMH clients.</p> <p><b>Employment</b></p> <p>Need more innovative employment services/programs to assist clients with their vocational and educational goals and improve outcomes in this area.</p>	
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