

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU – MHSA IMPLEMENTATION AND OUTCOMES DIVISION**

**MHSA 3 Year Program and Expenditure Plan Service Area Advisory Committee
Summary of Identified Gaps and Recommendations**

By Age Group:

Child:

New Programs/services:

- Need culturally relevant school-based programs for children ages 4-12 (SAAC 6 recommends FAST practice).
- Child providers should serve parents as well.
- Increase identification of trauma before impairment in functioning occurs.
- Implement Family Resource Centers.
- Develop infant developmental screening and linkage services.
- Family assessments (SAAC 5).
- Create more family-oriented early intervention services, that support parents (case management, for example).
- Develop a Wellness Center or network of providers for children who only need medication support services until they can locate/identify a physician or psychiatrist in the community that can continue psychotropic medications. Clinic psychiatrists are saturated with “meds only” clients making it difficult to schedule new clients who are in treatment but not psychiatric services as well.
- NAMI and parent/family support services located at Child Wellness Centers can help families to locate services in the community and transition their child from outpatient programs into services located in the community.

Service Expansion:

- Restore additional 25 child FSP slots in Service Area 1.
- Expand FCCS capacity in Service Area 1.

Focal populations:

- More emphasis on 0-5 population.

Goal of program/service:

- Decrease juvenile hall involvement of children enrolled in FSP programs.
- FSP should focus more on education goals for children.

Transition Age Youth (TAY):

Goal of program/service:

- Increase job readiness and employment.

New program/service:

- Emotional regulation skills training, in schools (SAAC 3).
- Identify treatment models that work well with pregnant teens.
- Increase Countywide Housing, Employment, Education and Resource Division services and funding to TAY to promote scholarships, college bound programs, attainment of certifications, degrees, or diplomas needed for employment). Provide more CSS dollars to pay for financial aid, college applications and registration fees, SAT prep courses so that TAY can pursue higher education in order to improve mental health outcomes.

Service Expansion:

- Increase TAY slots, particularly for 16 and 17 year olds in Service Area 1 (note- age 17 is adult).
- Increase amount and cost of FSP slots.
- More engagement of the API population with FSP.
- FSP services should focus more on employment and housing.
- Increase funding to add one more drop-in center or expand services of the existing ones. Expand services available at drop-in centers to include assisting with after-school jobs, job training programs, and peer support.

Adult:

New program/service:

- Leverage MHSA housing funding to permanently house more low-income/GR only income adults with mental illness.
- Provide funding to develop Shared Housing collaborations for individuals with mental illness and only GR income.
- Provide subsidies to pay for client's shelter stay for those that do not meet Temporary Shelter Program (TSP) eligibility criteria that way the client pays a portion of their GR income to the shelter and DMH pays the remainder to help pay for a client's shelter stay for up to 6 months. This costs less than the full TSP rate of \$1003 but would give some clients more time to transition to permanent housing in a DMH setting rather than a general population shelter or back to homelessness on the streets.

Goal of program/service:

- Increase emphasis on employment in Wellness Centers.
- Increase emphasis on community involvement in Wellness and Client Run Centers.
- Increase availability of computers for consumer use at Wellness Centers.
- At Wellness Centers, utilize life coaches to increase community engagement and life skills in Wellness Centers and Client-Run Centers (SAAC 4).

- Create a one-stop service at Wellness Centers, with an emphasis on housing and employment.
- Implement employment self-help groups and develop partnerships with local businesses to increase employment opportunities.

Service expansion:

- Expand client run centers that are located where clients reside.
- Increase Wellness Outreach Workers (WOW) to contract providers and increase stipends available.
- Increase adult FSP slots in Service Area 1 to 300.

Older Adult:

New Program/Service:

- Field-based OA outreach teams need training to better discern or screen clients for mental health and health concerns.

Service Expansion:

- Expand capacity of FCCS programs.
- Expand FSP slots in Service Area 1.
- Create older adult Wellness Centers (“wellness centers without walls”)
- Suicide prevention services, particularly for older adults
- Build collaboratives with non-traditional organizations that serve older adults to reduce the stigma of mental health issues for the older adult population.
- OA PEI outreach and education needs to occur in the field in various settings in the community to reach Cambodians, API, and other OA with health and mental health concerns.
- Mental health staff that are providing outreach and education need training to learn how to screen and intervene early in order to reduce worsening of health conditions that may trigger mental health problems.
- The API community needs training on how to screen and identify health conditions that may worsen and trigger mental health issues if not addressed.
- Increase funding for OA Health Navigators that can assist and collaborate with the family members of an OA with navigation/linkage to health benefits, health and mental health services.

Staffing modifications:

- All Nurse Practitioners to OA FSP programs.

By MHSA Component:

Workforce Education and Training:

- Recruit more Spanish-speaking clinicians.
- Peer advocate training (non-specific).
- Increase training for school administrators and teachers on mental illness.

- Develop a conference for better practices with older adults, inviting well-established organizations that serve older adult ethnic populations.
- Provide funding to hold a training symposium at LA Harbor College and Cal State Dominguez Hills to train their faculty and staff, students, and the community at large.
- To develop a culturally competent workforce, fund a peer-run career development ladder and train peers from different underrepresented populations.
- To develop a culturally competent workforce: Provide funding (e.g., stipends) and training for TAY Peers to be trained as career advisors to other TAY peer advocates.
- Provide funding (e.g., stipends) and training for OA peers to be trained as career advisors for other OA peer advocates.

Prevention and Early Intervention/Outreach and Engagement:

- Increase parental education on mental illness signs and symptoms.
- Develop Public Service Announcements for PEI programs, focused on teen and other populations.
- Increase awareness of mental illness signs and symptoms in middle and high school to decrease stigma.
- Educate community on the impact of trauma and treatment options.
- Educate law enforcement on mental health issues.
- Ensure culturally competent outreach, engagement and triage, with a focus on families.
- Outreach and engage more older adults into services.
- Domestic violence services
- Parenting services
- Suicide prevention services, particularly for older adults
- Increase suicide prevention services in schools.
- Trauma Focused Cognitive Behavioral Therapy (TF-CBT) good with foster care kids (SAAC 1).
- Parent Child Interaction Therapy (PCIT) – not as good at engaging families (SAAC 1).
- Managing and Adapting Practice (MAP) works well in school environments, with the diversity of symptom presentation (SAAC 1).
- Expand visibility and capacity of Nurse Family Partnership program.
- Increase NAMI educational opportunities in Service Area 1.
- Build collaboratives with non-traditional organizations that serve older adults to reduce the stigma of mental health issues for the older adult population.
- Integrate NAMI onto school campuses.
- Adopt practices that promote parent/family education on mental health advocacy for their children.
- Outreach and engage teen victims of domestic violence.
- Promote protective factors who are at risk of becoming victims of teen domestic violence (and presumably mentally ill).
- Based on outcomes for the Olweus Bullying Prevention program, consider expanding it.
- Consider as part of a selection process, PEI practices that have materials and outcome measures available in the threshold languages.
- Provide one-time costs to cover vehicles to transport parents/family members and targeted populations to community mental health outreach and education events.
- Provide one-time costs to lease space at faith or community-based facilities that are trusted by the community for mental health outreach and education to underserved populations.

- Allow these one-time costs per PEI prevention only provider as well as PEI mental health contract provider.
- Study whether these one-time costs for vehicles or leasing facility space resulted in increased positive outcomes and effectiveness of these programs.

General:

- Need additional housing.
- Increase opportunities for “shared housing”.
- Relax boundaries between child and TAY services.
- Explore use of therapy pets (unspecified)
- Ensure Spanish translation of materials distributed at SAAC meetings.
- Ensure access to FSP services.
- Increase continuity between services.
- Ensure FCCS staff are trained on appropriate evidence-based practices.
- Promote train-the-trainer models.
- Establish a coalition of housing providers (SAAC 1).
- Incorporate CRDP plans into use of EBPs.
- Several SAACs recommended rental subsidies for FCCS or Wellness Centers – this is currently against MHSA regulations.
- Substance use needs to be added to outcomes.
- Increase flexibility of providers being able to shift MHSA funds across programs and age groups.
- Increase PEI training funds to contract providers so that they can work with existing EBP developers and trainers to provide more specific LGBTQ train-the-trainer trainings in order to better address the needs and appropriately treat the specific needs of this population.