



# LOS ANGELES COUNTY COMMISSION FOR CHILDREN AND FAMILIES

*Celebrating 29 Years of Advocacy & Achievement*

500 West Temple Street, Hall of Administration, Room B-22, Los Angeles, CA 90012

Phone: 213/974-1558 Fax: 213/633-5102

[www.lachildrenscommission.org](http://www.lachildrenscommission.org)

May 22, 2013

Marvin J. Southard, D.S.W., Director  
County of Los Angeles  
Department of Mental Health  
550 South Vermont Blvd.  
Los Angeles, CA 90020

RE: RECOMMENDED SERVICE FOR CHILDREN AND TRANSITION AGE  
YOUTH (TAY) TO BE INCLUDED IN THE NEXT MENTAL HEALTH  
SERVICES ACT (MHSA) 3-YEAR PLAN

Dear Dr. Southard,

California and the County of Los Angeles are fortunate indeed to be beneficiaries of a public initiative which funds needed prevention and intervention services for children and Transition Age Youth (TAY). The second Mental Health Services Act (MHSA) three-year cycle will begin in 2014. We are aware that planning by the Department of Mental Health (DMH) has already begun.

The Commission for Children and Families respectfully submits the enclosed suggestions for inclusion in the 3-Year Plan which is in development by DMH. We have divided our recommendations by "New Initiatives" for children and TAY, meaning those services not currently funded through MHSA, "Continued Initiatives, meaning those services currently funded which we see as essential to maintain, and several recommendations on implementation. We would be happy to discuss any of these proposals further with all concerned.

We appreciate your willingness to consider these recommendations.

Sincerely,

Genevra Berger, Chair  
Commission for Children and Families

GB:SDI:ma

c: Board of Supervisors  
Executive Officer, Board of Supervisors  
Chief Executive Officer  
Chief Probation Officer  
Director, Department of Children and Family Services  
Los Angeles County Mental Health Commission  
Los Angeles County Probation Commission  
Children, Health, Mental Health Deputies  
County Counsel

## COMMISSIONERS

Genevra Berger  
**Chair**

Susan F. Friedman  
**Vice Chair**

Helen A. Kleinberg  
**Vice Chair**

Carol O. Biondi  
Patricia Curry  
Ann Franzen

Dr. Sunny Kang  
Daphne Ng

Steven M. Olivas, Esq.  
Sandra Rudnick

Becky A. Shevlin  
Adelina Sorkin, LCSW/ACSW  
Martha Trevino Powell

Sylvia Drew Ivie  
**Executive Liaison**

**Commission for Children and Families Recommendations  
for the Next MHSA 3-Year Plan**

The vision of the Commission for Children and Families is that Mental Health Services Act (MHSA) funding be utilized to provide the critically necessary prevention and intervention services to give children and youth the chance to live a self-sufficient and productive life. The Mental Health Services Act gives us a rare and welcome opportunity to help children and families before they become entwined in the child welfare and/or criminal justice system.

Toward that end, we propose the following recommendations that provide for outreach to potential clients, coordination among County departments and community-based organizations, and programmatic funding using the best Evidence-Based Practices. Our recommendations are grounded in professional literature, including the Harvard Brain Studies for children ages 0-3<sup>1</sup>, the Conrad N. Hilton Foundation Report<sup>2</sup> on the significantly poorer outcomes of youth who transition to the justice system, and many other studies too numerous to mention.

**I. New Initiatives for 0-5 Children**

- a) Increase the number of professional people trained in dealing with children, especially in Preventive and Early Intervention programs.
- b) Identify and provide supportive services for fathers of young children.
- c) Evaluate and expand the best Evidence-Based Practices (EBPs) for dealing with early childhood trauma. Establish referral resources and education outreach on the evaluated program.
- d) Co-locate part-time mental health workers in Women Infants and Children (WIC) offices to counsel young mothers in the foster system.

**II. New Initiatives for Transition Age Youth (TAY)**

- a) Provide enhanced services by the Departments of Mental Health (DMH), Health Services (DHS), and Public Health (DPH) to address co-dependent youth especially for TAY.
- b) Provide programs and services for pregnant and parenting teens. These services should include screenings for perinatal depression, support groups for pregnant teens in foster care, and creation of a pilot with DHS to support maternal depression services in obstetrical and gynecological clinics in public hospitals.
- c) Identify and fund appropriate mental health services for youth who are victims of sexual exploitation and sex trafficking.

---

<sup>1</sup> The Science of Early Childhood Development; Children's Emotional Development is Built into the Architecture of their Brains; Early Childhood Mental Health, [www.developingchild.harvard.edu](http://www.developingchild.harvard.edu)

<sup>2</sup> Young Adult Outcomes Of Youth Exiting Dependent Or Delinquent Care In Los Angeles County; Supported by the Conrad N. Hilton Foundation, <http://file.lacounty.gov/bos/supdocs/73165.pdf>

- d) Fund Psychiatric Social Workers (PSWs) to: 1) support Crossover Prevention Delinquency Project as needed; 2) support child and family teams for teens up to age 21 or 24 preparing to transition from foster care; 3) develop after-care services; and 4) support ongoing services for the 241.1 Project.
- e) Create housing programs for TAY forming a continuum of care that would connect the foster and Probation youth needing special support because of mental health challenges. The continuum would include emergency shelter, transitional housing and planned affordable permanent housing. Provide housing specialists who would work directly with youth prior to their exit from foster care or Probation to connect the youth to appropriate housing and support to meet their needs.
- f) Provide a continuum of aftercare services for both Probation and foster care youth who are returning to their communities.
- g) As part of a prevention plan and to ensure a successful transition from foster care and Probation, work with Community and Senior Services and other relevant entities to identify and assist youth with mental health needs in finding a job, job training, and appropriate workplace behavior.
- h) Develop a pilot for 13-15 year-old foster youth who re-enter the Department of Children and Family Services (DCFS) system and need mental health support (13-15 years-olds have the highest rates of re-entry).
- i) Continue or newly initiate Prevention and Early Intervention (PEI) or Community Services and Supports (CSS) services for youth in the Probation camps.
- j) Continue Full Service Partnership (FSP) services for those Probation youth leaving the camps and transitioning to the community.
- k) Continue FSP and appropriate prevention services for youth who are Home on Probation (HOP) to reinforce placement and ensure that the youth remain in the community instead of in Probation camps.

**III. New initiatives for all Ages**

- a) Connect the DCFS differential response to hotline calls to EBPs in Mental Health.
- b) Link Prevention Initiative Demonstration Project (PIDP) families to DCFS differential response for referral to EBPs in Mental Health.
- c) Collaborate and contract with faith-based organizations to provide mental health services for prevention and aftercare services.
- d) Enhance communication with schools in order to increase utilization on school campuses of Cognitive Behavioral Intervention for Trauma in Schools (CBITS).

- e) Work with First 5 LA to connect EBPs to Best Start work. Work with Best Start communities to connect to EBPs for parenting.
- f) Build in a plan for sustainability for First 5 grants including Parent-Child Interaction Therapy (PCIT) and future Best Start grants.

**IV. Continued Funding All Ages**

- a) Provide respite care for caregivers including birth-parents, relatives, adoptive parents and reunifying families.
- b) Ensure initial provision of Multidisciplinary Assessment Team (MAT) mental health assessments and appropriate treatment for all children detained and repeat assessments prior to court appearances.
- c) Fund training for professionals to work with 0-5 children, TAY, pregnant and parenting teens, sexually abused and trafficked youth, and fathers of foster youth.
- d) Continue or newly initiate PEI or CSS services for youth in the Probation camps.
- e) Continue FSP services for those Probation youth leaving the camps and transitioning to the community.
- f) Continue FSP and appropriate prevention services for youth who are HOP to reinforce placement and ensure that the youth remain in the community instead of in Probation camps.
- g) Support school-based health clinics with MHSA funds for student services such as drug and alcohol addiction to prevent criminal justice involvement at further points in their lives.
- h) Provide necessary services to support the work of the mental health court for children and TAY; MHSA funds should be used wherever appropriate in conjunction with programs and services to support the mental health needs of children and TAY.

**V. Addressing Implementation**

- a) Re-organize the System Leadership Team (SLT) membership to reflect a more inclusive community and advocate stakeholder process less populated by DMH employees and providers. Stakeholders from the communities should be more representative of all age groups and should be participants in the new planning process. All SLT committee meetings should be noticed and open to the public under the Brown Act.

- b) Address capacity building challenges in order to meet the need for more mental health support for children and TAY. Areas of particular need for providers for young children, such as the Antelope Valley, should be made a priority.
- c) Evaluate EBPs servicing young children regarding the efficacy of each program for the particular ages and problems to be addressed. One size does not fit all youth.
- d) Set aside funding for outreach to develop bridges for referral of foster youth from DCFS hotline calls, 2-1-1 calls (especially of young women exhibiting signs of perinatal depression), or other community agencies well positioned to identify the need for mental health support for such youth.
- e) Review and change the role of the TAY Navigators to reflect their original supportive services. The initial document for CSS programs included several efforts to support TAY by 15 TAY System Navigators. Over time, the role of the TAY Navigators has changed from the initial intent. Also review and enhance the role of the housing specialists who dispensed emergency shelter vouchers and advised youth on housing. We hope to see these programs continued and re-invigorated.
- f) Continue other successful programs under CSS and PEI for children and TAY.