

**COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH**  
**MHSA Three-Year Program and Expenditure Plan**  
Proposed Priority Categories, Goals and Strategies

	New	PEI	CSS	WET	Additional Funding	Existing Work Plan Or New Work Plan Name	
<b>CHILDREN</b>							
<b>REUNIFICATION</b>							
<b>Goal 1: Increase support for community reintegration for children reunifying/returning to their homes following DCFS and/or Probation involvement, and/or out-of-home care/placement.</b>							
1. Develop Family Wellness Centers.	X	X	X		X		Family Wellness Resource Center
2. Develop and expand services focused on community reintegration.			X		X		FSP (C-01) and FCCS (C-05)
3. Improve coordination of services between DCFS, Probation and/or DMH for clients moving between systems.			X				FSP (C-01) and FCCS (C-05) (Implement via Child and Family Team Meetings)
4. Increase self-help support groups for children and parents/caregivers, ensuring linguistic capacity reflective of the communities they serve.							
5. Increase mental health and linkage services provided within Juvenile Hall/Camps to assist with transition back to community.							
6. Increase number of Parent Advocates reflective of the community (ensuring linguistic capacity of Parent Advocates).							
<b>CULTURAL COMPETENCY/DISPARITIES</b>							
<b>Goal 2: Decrease disparity of service provision and access for ethnic and cultural groups.<sup>1</sup></b>							
1. Increase education (e.g. to identify early symptoms indicative of mental health issues and to address stigma) and outreach and engagement efforts to parents and caregivers of ethnic and cultural groups ensuring linguistic capacity through expansion of the <i>Promotoras</i> program (and create cultural equivalents of the <i>Promotoras</i> program).	X	X			X		<i>Promotoras</i> /Community Health Workers
2. Increase number of Parent Advocates reflective of the community (ensuring linguistic capacity of Parent Advocates).				X			WET-10
3. Incorporate implementation of the California Reducing Disparities Project (CRDP) recommendations into use of EBP's		X					Child PEI (PEI 1-6)
4. Increase on-site school-based integrated mental health services, including early education settings (e.g., Early Start, Head Start, preschools and							

<sup>1</sup> 'Cultural Groups' throughout this document refers explicitly to LGBTQ, Deaf and Hard of Hearing, Persons Physical Disabilities, smaller ethnic groups and spiritual groups.

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state-funded child developmental centers).						
5. Increase self-help support groups for children and parents/caregivers ensuring linguistic capacity reflective of the communities they serve.						
<b>INDIGENT SERVICES</b>						
<b>Goal 3: Increase services for indigent/uninsurable children and their families.</b>						
1. Expand services for uninsured/indigent children and families (e.g. mental health services for parents/caregivers).		X	X		X	Child PEI (PEI 1-6), FSP (C-01) and FCCS (C-05)
2. Increase on-site school-based integrated mental health services, including early education: early start, best start, head start, preschools and state-funded child developmental centers.	X	X			X	PEI Child
3. Increase self-help support groups for children and parents/caregivers ensuring linguistic capacity reflective of the communities they serve.			X			FSP (C-01) and FCCS (C-05) (implement as a part of FSP and FCCS)
4. Develop Family Wellness Centers						
<b>CONTINUUM OF CARE</b>						
<b>Goal 4: Decrease the gap in services between PEI and intensive services to ensure continuity of care.</b>						
1. Expand services for clients who complete PEI services but continue to need treatment (e.g. medications and ongoing outpatient treatment).			X		X	FCCS (C-05)
2. Provide additional services for clients completing FSP and/or FCCS and needing less intensive services.			X		X	FCCS (C-05)
3. Increase self-help support groups for children and parents/caregivers ensuring linguistic capacity reflective of the communities they serve.			X			FSP (C-01) and FCCS (C-05) (implement via FSP and FCCS)
4. Increase on-site school-based integrated mental health services, including early education: early start, best start, head start, preschools and state-funded child developmental centers.						
5. Provide services for clients that do not meet criteria for PEI or Intensive services (in the "middle").						
<b>Goal 5: Ensure availability of co-occurring substance abuse disorder services and resources for children and families.</b>						
1. Increase provision of ongoing workforce development to increase knowledge, skills and abilities in the provision of COD services.				X	X	
2. Ensure integration of COD assessment and treatment into mental health treatment for children and families.		X				FSP (C-01) and FCCS (C-05)

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<b>SERVICES FOR COMMUNITY CHILDREN AND FAMILIES (i.e. families not involved in the Child Welfare or Juvenile Justice Systems)</b>									
<b>Goal 6: Increase supportive services to children and families not involved with DCFS or Probation.</b>									
		X	X	X	X	X	X	X	Family Wellness Resource Center
		X		X					Family Crisis Services: Respite Care Program
					X				WET-10
1.	Develop Family Wellness Centers								
2.	Provide respite services for families of children receiving mental health services	X		X				X	
3.	Increase number of Parent Advocates reflective of the community (ensuring linguistic capacity of Parent Advocates).								
4.	Increase education and outreach and engagement efforts to parents and caregivers of ethnic and cultural groups (Same as Goal 2, Strategy 1).								
5.	Increase on-site school-based integrated mental health services, including early education: Early Start, Head Start, pre-schools and State-funded child developmental centers.								
6.	Increase self-help support groups for children and parents/caregivers ensuring linguistic capacity reflective of the communities they serve.								
<b>Goal 7: Increase services to prevent children from entering the Child Welfare and/or Probation systems.</b>									
1.	Increase number of providers with competency to work with the birth-to-five population by increasing birth-to-five trainings.						X		WET
2.	Increase collaboration and coordination of services between DMH, DHS and Regional Center.					X			FSP (C-01) and FCCS (C-05)
3.	Develop specific services for children and families affected by human/sex trafficking, domestic violence and/or sexual abuse.					X		X	FSP (C-01) and FCCS (C-05) (Implement via FSP and FCCS)
4.	Increase number of Parent Advocates reflective of the community (ensuring linguistic capacity of Parent Advocates).								
5.	Develop Family Wellness Centers								
6.	Increase self-help support groups for children and parents/caregivers ensuring linguistic capacity reflective of communities they serve.								
<b>Goal 8: Expand supportive housing for homeless families with child or adult mental health consumers.</b>									
1.	Develop more permanent supportive housing units dedicated to families with child or adult mental health consumers					X			X
2.	Increase permanent supportive housing capacity and options for families with child or adult mental health consumers					X			X

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**TRANSITION AGE YOUTH (TAY)**

<b>ENGAGEMENT</b>		<b>New</b>	<b>PEI</b>	<b>CSS</b>	<b>WET</b>	<b>Expansion of Program?</b>	<b>Additional Funding?</b>	<b>Existing Work Plan Or New Work Plan Name</b>
<b>Goal 1: Enhance TAY's (16-25 years old) personal recovery, wellness, and resiliency.</b>								
1.	Initiate a peer certification process specifically for TAY (16-25 years old) and incorporate peer support services into existing TAY (16-25 years old) services to reduce stigma.				X			WET 9 – Expanded Employment and Professional Advancement Opportunities for Consumers in the Public Mental Health System
2.	Identify specific community outreach and engagement strategies to engage TAY (16-25 years old) in services and supports (i.e. utilizing social media and technology).			X				SN-01 – Systems Navigators
3.	Increase anti-stigma, anti-discrimination and suicide prevention trainings (i.e., presentations; Mental Health First Aid; Question Persuade Refer; Applied Suicide Intervention Skills Training; Recognizing and Responding to Suicide Risk; Columbia Suicide Severity Rating; Safety Planning) and services to TAY (16-25 years old) and to individuals working with TAY (16-25 years old).		X			X	X	ES-1 – PEI Early Start-Suicide Prevention ES-3 – PEI Early Start-Anti-Stigma Discrimination
4.	Initiate peer certification process specifically for TAY. Consolidated as part of Strategy #1)							
<b>Goal 2: Increase TAY's (16-25 years old) awareness and involvement in services.</b>								
1.	Outreach and engage TAY (16-25 years old) who are victims of <i>Commercially and Sexually Exploited Children</i> and educate the community (e.g., service providers; law enforcement; justice system; community-based organizations) regarding this issue.			X				SN-01 – Systems Navigators
2.	Identify and implement effective outreach models for LGBTQ TAY (16-25 years old) – inclusive of all other cultural considerations. (Expand and adapt the <i>Promotoras</i> model as an outreach method for all ethnic and cultural groups. Reference cross-cutting strategy proposal for the expansion/adaptation of <i>Promotoras</i> ).			X				POE-01 – Planning Outreach & Engagement
3.	Outreach and engage TAY (16-25 years old) (e.g., school staff, parents, caregivers) in services in all school settings (i.e., high schools, alternative schools, continuation schools, community colleges, trade/vocational schools,			X				SN-01 – Systems Navigators

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universities, etc.).									
4. Increase outreach to all underrepresented groups (i.e., LGBTQ TAY 16-25 years old; smaller ethnic groups; Deaf and Hard of Hearing; individuals with physical disabilities; and spiritual groups).									
5. Outreach to communities to educate and market available services and programs.									
6. Outreach to TAY (16-25 years old) in local community colleges.									
<b>SCHOOL-BASED SERVICES</b>									
<b>Goal 3: Increase outreach and engagement at schools.</b>									
1. Outreach and engage TAY (16-25 years old) (e.g., school staff, parents, caregivers) in services in all school settings (i.e., high schools, alternative schools, continuation schools, community colleges, trade/vocational schools, universities, etc.).						X			SN-01 – Systems Navigators
2. Incorporate EBP's that address and reduce stigmatization for TAY (16-25 years old) in all school settings.						X			PEI-1 – School Based Services
<b>Goal 4: Increase and incorporate mental health services in all school-based (all levels of schools) health settings.</b>									
1. Provide school-based mental health and supportive services to TAY (16-25 years old) in all different educational systems (i.e. high schools, alternative schools, continuation schools, community colleges, trade/vocational schools, universities, etc.) to achieve academic success.							X		WET-7 – Training for Community Partners (3A Community College Collaboration)
<b>ACCESS TO SERVICES</b>									
<b>Goal 5: Increase TAY (16-25 years old) self-sufficiency.</b>									
1. Ensure that TAY (16-25 years old) involved in and exiting from the Probation system receive appropriate services and supports to successfully achieve goals.						X			PEI-7 – Juvenile Justice Services
2. Increase opportunities to leverage resources for services and supports to crossover TAY (16-25 years old), including parenting TAY (16-25 years old).						X	X		PEI-7 – Juvenile Justice Services
3. Provide supportive employment services (targeting gainful employment) to SED/SPMI TAY (16-25 years old) in permanent supportive housing programs to achieve self-sufficiency.					X		X	X	CSS – TAY Supportive Employment
4. Increase permanent supportive housing capacity and options for TAY (18-25 years old).									

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<b>Goal 6: Prevent the acculturation of TAY (16-25 years old) into the mental health system.</b>						
1. Increase TAY (16-25 years old) FSP and FCCS capacity.		X	X	X		T-01 – Transitional Age Youth Full Service Partnership T-05 – TAY Field Capable Clinical Services
2. Expand TAY (16-25 years old) Drop-In Centers for Service Areas where none currently exist.		X	X	X		T-02 – TAY Drop-in Centers
3. Incorporate training and services (crisis oriented/trauma/co-occurring mental health and substance abuse/anxiety/depression) for TAY (16-25 years old) victims of commercial and sexual exploitation.		X	X	X		PEI-6 – Early Care and Support for TAY
4. Incorporate peer support into TAY (16-25 years old) Drop-In Centers/Wellness Centers/UCCs.						
5. Incorporate space in Adult Wellness Centers and UCCs to focus on TAY (16-25 years old) community.						
6. Leverage existing Probation-funded Day Reporting Centers by co-locating mental health staff.						
<b>Goal 7: Ensure the availability of Co-Occurring Mental Health and Substance Abuse Services (including alcohol and other addictions) for TAY (16-25 years old).</b>						
1. Provide on-going workforce development to increase knowledge, skills, and abilities in the provision of Co-Occurring Disorder services. (Reference cross-cutting strategy proposal for COD.)		X	X	X		WET-B – Training and Technical Assistance
2. Expand the availability of Co-Occurring Disorder services, supports, and resources for TAY (16-25 years old) that are in need. (Reference cross-cutting strategy proposal for COD.)		X	X	X		PEI-6 – Early Care & Support for TAY

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ADULTS	New	Expansion	PEI	CSS	WET	Additional Funding	Existing Work Plan Or New Work Plan Name
<b>AVAILABILITY OF SERVICES</b>							
<b>Goal 1: Ensure Equitable Resources Among Service Areas According to Population Needs</b>							
1. Complete a gap analysis to identify gaps in levels of service in each service area and expand FSP, FCCS, and Wellness services as needed to fill identified gaps.		X		X			
2. Expand culturally specific services at all levels of care to meet the needs of underrepresented ethnic and cultural groups			X	X			
3.							
<b>Goal 2: Ensure Availability of Co-Occurring Disorder Services and Resources for clients in need.</b>							
1. Ensure ongoing workforce development to increase knowledge, skills, and ability for service providers					X		
<b>CONTINUITY OF CARE</b>							
<b>Goal 2: Ensure Continuity of Care Between Systems</b>							
1. Improve or redesign transitional services to individuals leaving forensic settings to increase/enhance linkage.					X	X	
2. Implement strategies to assist clients with the transition to lower levels of care.			X	X			
3. Implement strategies to ensure integration of health, mental health, and substance abuse services.			X	X	X	X	
<b>Goal 3: Revisit Wellness Definition to Meet Current Community and Program Needs</b>							
1. Create a level of care after Wellness for individuals who just need basic services or need a "lifeline" following graduation.		X		X		X	
a. Consider new strategies such as Community Integration Support Services model							
b. Create a one-stop wellness center to address housing and employment needs							
2. Create an expanded definition of "Wellness Centers" to be culturally sensitive		X		X			
a. Develop a model that accepts a center without walls to package wellness activities, which promote integrating the person in recovery into the community.							
b. Develop a model to meet the needs of monolingual ethnic populations.							

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DISPARITIES						
Goal 4: Reduce Cultural and Ethnic Disparities						
<b>1. Expand Outreach and Engagement teams to ensure that disparity is addressed in underrepresented ethnic and cultural groups.</b> a. The teams must meet the cultural and language needs of underrepresented ethnic and cultural groups.	X			X	X	
<b>2. Ensure service availability for underrepresented ethnic and cultural groups by increasing number of staff to meet cultural and language needs of underrepresented ethnic and cultural groups.</b> a. Prioritize staff with language capability in hiring practices; b. Expand the <i>Promotoras</i> program Countywide as well as accept the validity of cultural equivalents of the <i>Promotoras</i> program for other underrepresented ethnic and cultural groups.	X	X	X	X	X	
<b>3. Identify and implement EBP's, Community-Defined Practices, and Promising Practices for underrepresented ethnic and cultural groups.</b> a. Include promising practices that are culturally competent; b. Identify those practices that are willing to adapt their evaluations tools to be translated and culturally appropriate for underrepresented ethnic and cultural groups.		X	X		X	



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OLDER ADULTS		New	PEI	CSS	WET	Additional Funding	Existing Work Plan or New Work Plan Name
<b>ACCESS TO SERVICES</b>							
<b>Goal 1: Expand capacity to meet the increasing need.</b>							
1.	Increase number of FSP slots and increase FCCS capacity, including funding for indigent OA			X		X	Program Expansion: OA FSP Program Expansion: OA FCCS
2.	Increase use of technology for service delivery such as laptops, tele-psychiatry and tele-therapy.		X				
3.	Increase number of Service Extenders.		X			X	Program Expansion: Service Extenders
<b>Goal 2: Improve transitions to appropriate levels of care.</b>							
1.	Provide OA specialists at Adult Wellness Centers.		X			X	New Program: OA Wellness Teams
2.	Expand FCCS/FSP Integration pilot.		X				
3.	Provide Wellness/Client-Run centers or programming for Older Adults in each Service Area, including "wellness without walls" which promotes wellness through a set of services instead of the use of a specific space.		X			X	
<b>COMMUNITY INTEGRATION</b>							
<b>Goal 3: Integrate mental health services into the community.</b>							
1.	Increase senior housing options and other supportive housing options.		X			X	
2.	Provide sensitivity training for community partners outside of DMH in working with OA with mental illness.				X		
3.	Provide information, education, and consultation to veteran programs for OA veteran-specific services.		X				
<b>CULTURAL COMPETENCY</b>							
<b>Goal 4: Reduce disparities for ethnic and cultural groups.</b>							
1.	Increase linguistic capability of staff.		X				
2.	Increase cultural appropriate services and cultural competency of staff.				X		
3.	Create culturally sensitive wellness centers for UREP populations through the use of technology, e.g. "wellness without walls."		X			X	

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**WORKFORCE**

<b>Goal 5: Increase skill set of clinical staff working with OA consumers.</b>					
1. Provide ongoing workforce development in the use, knowledge, skills and abilities in the provision of services to older adults with co-morbidities, medical conditions, disabilities and substance use/abuse including prescription drug abuse.			X		
2. Provide training of Services Extenders and community volunteers to provide peer and family support for Older Adult clients.			X		
3. Provide training on Hoarding to assist Older Adults to maintain a safe and clean living environment.			X		