MENTAL HEALTH SERVICES ACT

THREE YEAR PROGRAM & EXPENDITURE PLAN
FISCAL YEAR 2014-15 THROUGH 2016-17

PROGRAM DESCRIPTIONS

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
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DIRECTOR

DRAFT
November 13, 2013

MHSA Plan Approval Dates.......... 3

Community Services and Supports (CSS)

- CSS Unique Client Count.......... **4**
- New CSS Clients.......... **5**
- CSS Programs.......... **6-14**
- Full Service Partnership Outcomes.......... **15-18**

Prevention and Early Intervention (PEI)

- PEI Unique Client Count **19**
- New PEI Clients.......... **20**
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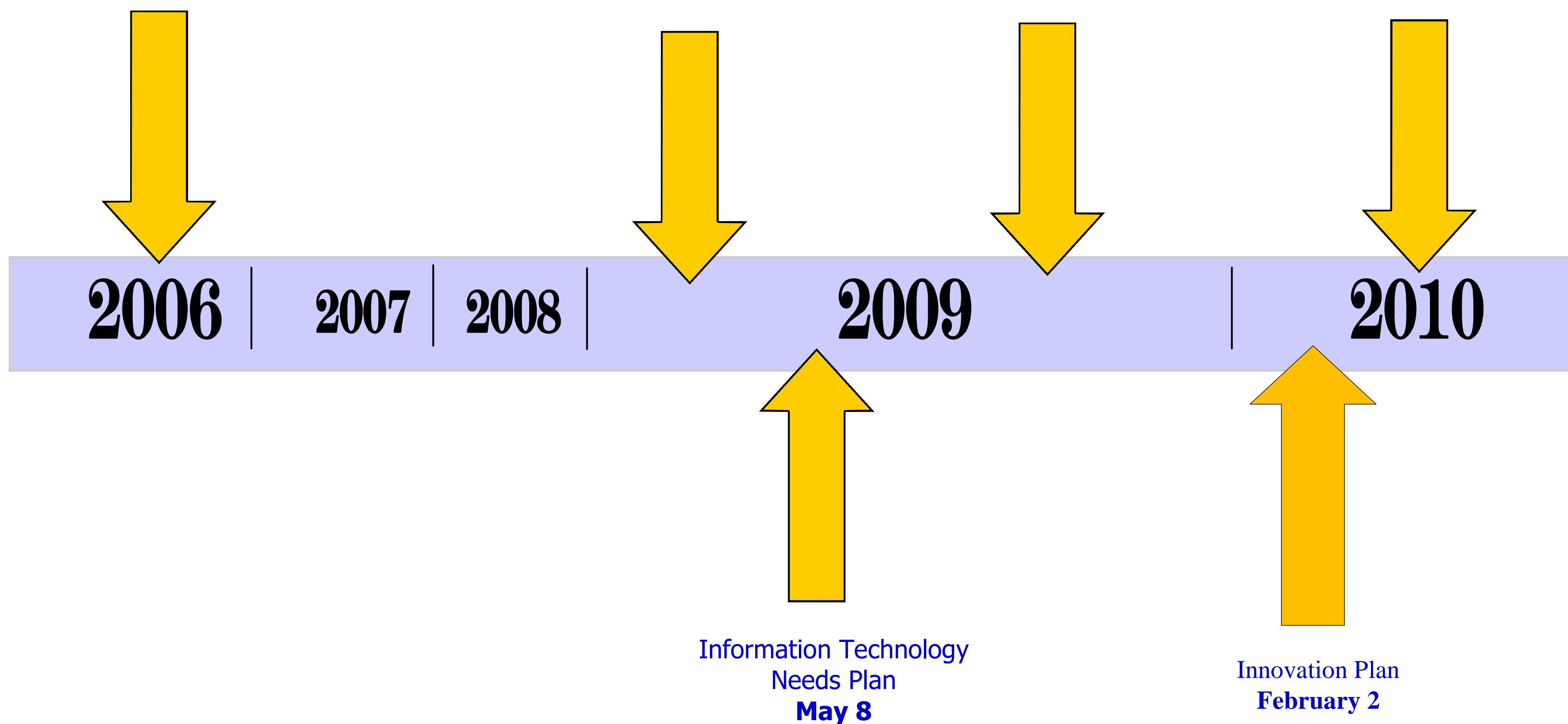
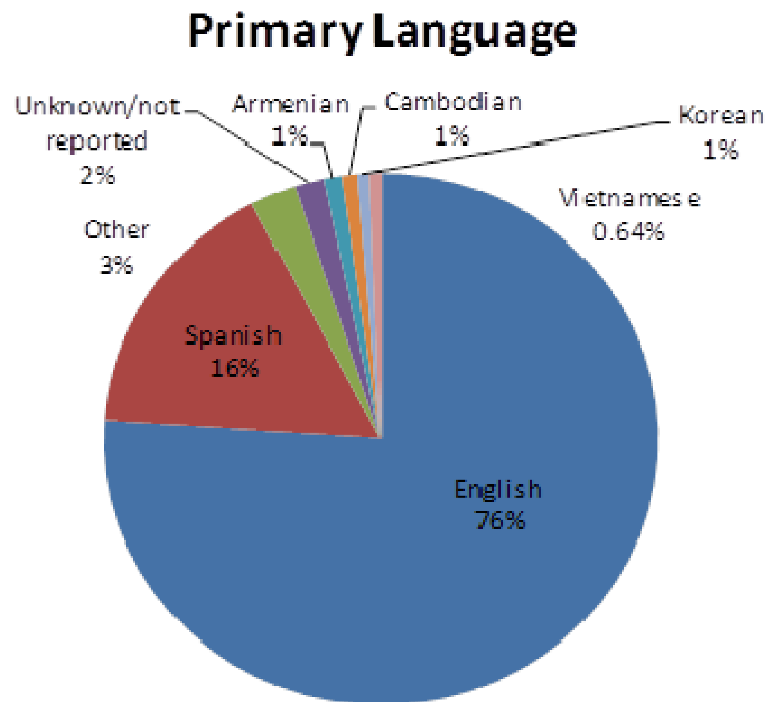
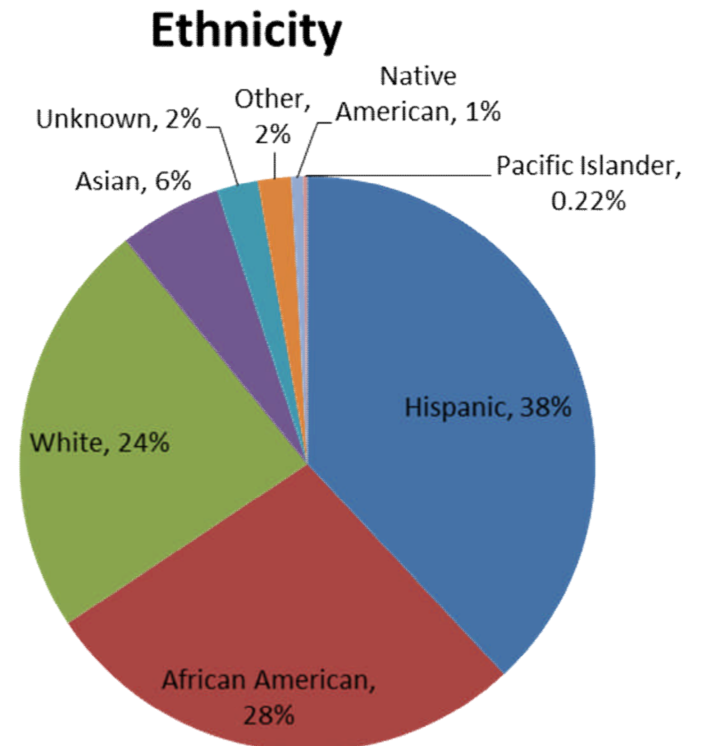
Mental Health Services Act
Plan approval dates by the State



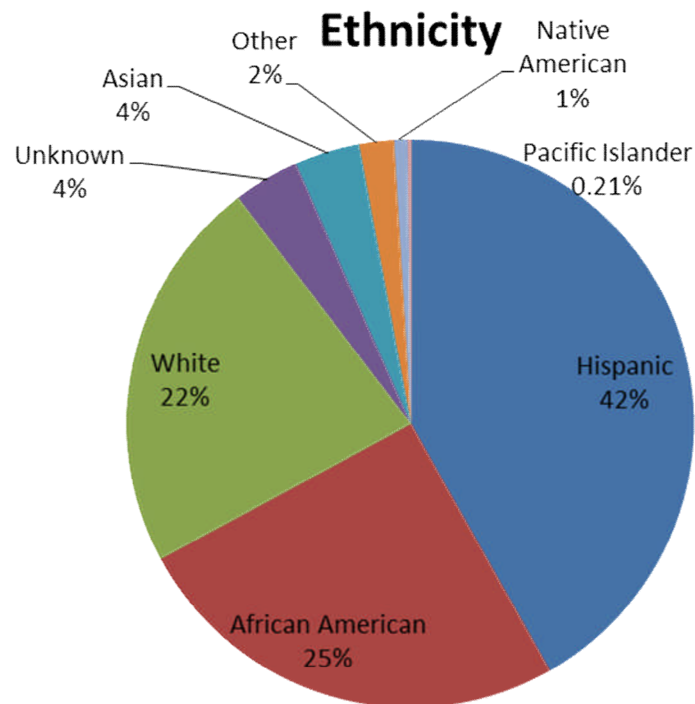
UNIQUE CLIENTS[1] RECEIVING A DIRECT MENTAL HEALTH SERVICE THROUGH THE CSS PLAN: 97,370

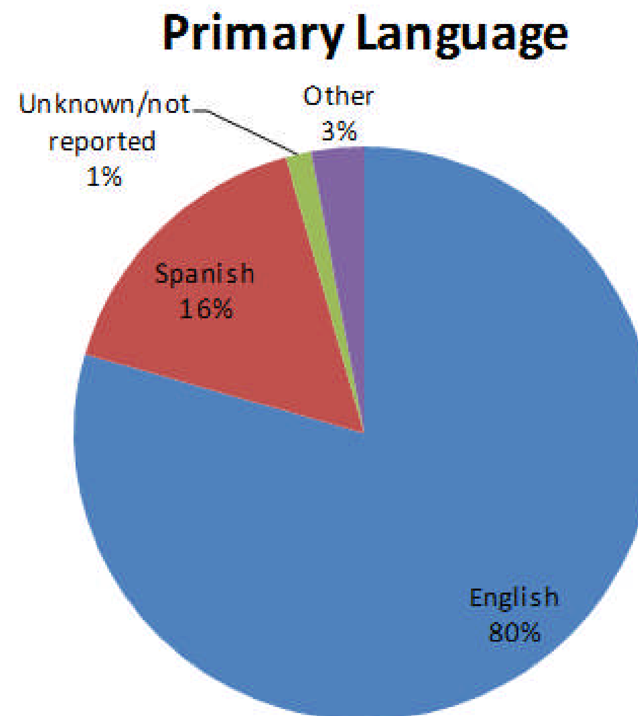




NEW CSS CLIENTS

Number of New Clients[2] Receiving CSS Services Countywide with No Previous MHSA Service:25,093





ADULT FULL SERVICE PARTNERSHIP: A-01

UNIQUE CLIENTS SERVED[1]: 4,534

PROGRAM DESCRIPTION

Adult FSP program is designed for adults, 26-59, who have been diagnosed with a severe mental illness and would benefit from an intensive service program, who are homeless, incarcerated, transitioning from institutional settings, or for whom care is provided solely through the family. Services include a wide array of mental health services, medication support, and linkage to community resources, housing, employment and money management services and assistance in obtained need medical care. Programs target clients from all ethnic communities, with a collaborative focusing specifically on the Asian Pacific Islander communities.

WELLNESS/CLIENT RUN CENTERS: A-02

UNIQUE CLIENTS SERVED[1]: 50,670
CLIENT CONTACTS[3]: 73,394 (COMMUNITY OUTREACH SERVICES)

PROGRAM DESCRIPTION: Wellness/Client Run Centers are self-directed, community-based services staffed by peer and professional support geared toward physical/emotional recovery and increased community integration. Clients at higher levels of recovery are the focal population.

IMD STEP-DOWN FACILITIES: A-03

CLIENT CONTACTS[3]:793

PROGRAM DESCRIPTION: IMD Step-Down Facility programs are designed to provide supportive on-site mental health services at selected licensed Adult Residential Facilities (ARF), and in some instances, assisted living, congregate housing or other independent living situations. The program also assists clients transitioning from acute inpatient and institutional settings to the community by providing intensive mental health, substance abuse treatment and supportive services.

ADULT HOUSING SERVICES: A-04

CLIENT CONTACTS[3]: 1,706

PROGRAM DESCRIPTION: The Adult Housing Services include 14 Countywide Housing Specialists that provide housing placement services primarily to individuals and families that are homeless in their assigned Service Area.

ADULT HOUSING SERVICES: A-04 (CONTINUED)

BELOW IS A LIST OF PROJECTS THAT OPENED DURING FISCAL YEAR 2012-13 THROUGH THE MHSA HOUSING PROGRAM:

Project Name	Occupancy Date	Location		Target Population	Number of Units		MHSA Unit Size					MHSA Capital Loan	MHSA Operating Subsidy	TOTAL
		SA	SD		MHSA	Total Units	Studio	1 BR	2 BR	3 BR	4 BR			
Menlo Family Housing	3/1/2013	4	2	Older Adults (ages 60+)	20	60	0	5	10	5	0	$2,596,600	$0	$2,596,600
Mid-Celis Apartments	3/1/2013	2	3	Single Adults	7	20	0	3	2	2	0	$525,000	$0	$525,000
NoHo Senior Villas	11/1/2012	2	3	TAY (16-25 ages); Single Adults	30	49	0	30	0	0	0	$3,144,900	$3,120,000	$6,264,900
Osborne Place Apartments	11/1/2012	2	3	TAY (16-25 ages)	39	64	30	5	4	0	0	$6,499,460	$400,000	$6,899,460
Step Up on Vine	3/1/2013	4	3	Older Adults (ages 60+)	32	34	32	0	0	0	0	$3,328,000	$0	$3,328,000
				TOTAL	128	227	62	43	16	7	0	**$16,093,960**	**$3,520,000**	**$19,613,960**

JAIL TRANSITION & LINKAGE SERVICES: A-05

PROGRAM DESCRIPTION: Jail Transition and Linkage Services are designed to perform outreach and engage individuals involved in the criminal justice system who are receiving services from jail or jail related services (e.g. court workers, attorneys, etc.). The goal is to successfully link them to community-based services upon their release from jail. The program addresses the needs of individuals in collaboration with the judicial system by providing identification, outreach, support, advocacy, linkage, and interagency collaboration in the courtroom and in the jail. Jail transition and linkage staff work with the MHSA Service Area Navigators as well as service providers to assist incarcerated individuals with accessing appropriate levels of mental health services and support upon their release from jail, including housing, benefits and other services as indicated by individual needs and situations. The goal of these services is to prevent release to the streets, thus alleviating the revolving door of incarceration and unnecessary emergency/acute psychiatric inpatient services.

ADULT FIELD CAPABLE CLINICAL SERVICES: A-06

UNIQUE CLIENTS SERVED[1]:9,792

PROGRAM DESCRIPTION: The Adult Field Capable Clinical Services (FCCS) program provides an array of recovery-oriented, field-based and engagement-focused mental health services to adults. Providers will utilize field-based outreach and engagement strategies to serve the projected number of clients. The goal of Adult FCCS is to build the capacity of DMH to serve this significantly underserved population with specifically trained professional and paraprofessional staff working together as part of a multi-disciplinary team. Services provided include: outreach and engagement, bio-psychosocial assessment, individual and family treatment, evidence-based practices, medication support, linkage and case management support, treatment for co-occurring disorders, peer counseling, family education and support, and medication support.

CHILDREN'S FULL SERVICE PARTNERSHIP: C-01

UNIQUE CLIENTS SERVED[1]:3,097

PROGRAM DESCRIPTION: Children's Full Service Partnership (FSP) program is comprised of resiliency-focused services created in collaboration with family/caretakers and a multidisciplinary team that develops and implements an individualized plan. Child FSPs deliver intensive mental health services and supports to children ages 0-15 who are high need, high risk Seriously Emotionally Disturbed (SED) children and their families/caretakers. Focal populations include children 0-5 with a serious emotional disturbance, children with a mental illness involved with Department of Children and Family Services, schools or the probation system.

FAMILY SUPPORT SERVICES: C-02

CLIENT CONTACTS[3]: 219

PROGRAM DESCRIPTION: Family Support Services (FSS) provide access to mental health services such as individual psychotherapy, couples/group therapy, psychiatry/medication support, crisis intervention, case management linkage/brokerage, parenting education, domestic violence and co-occurring disorder services to parents, caregivers, and/or other significant support persons of FSP enrolled children who need services, but who do not meet the criteria to receive their own mental health services.

NEW SERVICES INITIATED DURING FY 2012-13: In an effort to expand FSS under Child FSP Programs, and in response to feedback gathered from parents/caregivers of Child FSP enrolled clients, Children's Systems of Care Administration (CSOCA) launched the FSS Enhanced Respite Care Pilot Program for Fiscal Years 2012-2014 to provide supportive services to parents and/or caregivers of children with SED. The purpose of the pilot is to provide short-term relief to caregivers that provide in-home care for a Child FSP-enrolled child or youth, between the ages of birth to 15 years. FSS Enhanced Respite Care Services are positive, supportive services intended to help relieve families from the stress and family strain that result from providing constant care for a child with SED, while at the same time addressing minor behavior issues, implementing existing behavioral support plans, and assisting with daily living needs. Eight (8) Child FSP providers participated in the pilot. Agencies agreed to shift up to 30% of their FSS allocation to manual invoicing, resulting in approximately $238,562 for respite services. The Respite pilot was launched in April, 2013; and as of August 2013 a total of 46 families have received respite services.

CHILDREN FIELD CAPABLE CLINICAL SERVICES:C-05

UNIQUE CLIENTS SERVED[1]:8,479

PROGRAM DESCRIPTION: Children's Field Capable Clinical Services (FCCS) program provides an array of resiliency-oriented and field-based mental health services to children and families. Children's FCCS programs provide specialized mental health services delivered by a team of professional and para-professional staff. The focus of FCCS is working with community partners to provide a wide range of services that meet individual needs. The program is designed to provide services to individuals who are isolated, unwilling or unable to access traditional mental health outpatient services due to location/distance barriers, physical disabilities, or because of the stigma associated with receiving clinic-based services.

NEW SERVICES INITIATED DURING FY 2012-13:

In response to the Katie A. class action lawsuit against Los Angeles County, and in accordance with the County settlement agreement, during fiscal year (FY) 2012-2013, DMH used $1,850,000 of the Prudent Reserve to enable eligible agencies providing FCCS to expand the services they provide to include Intensive Field Capable Clinical Services (IFCCS) and Intensive Targeted Case Management (ITCM). These services are specifically intended to address the more intensive mental health needs of Katie A. subclass members and ensure that these youth receive medically necessary mental health services. The Katie A. subclass members are defined as children with open DCFS cases**,** Early and Periodic Screening, Diagnosis, and Treatment(EPSDT)eligibility, and:

1. Are in or being considered for: Wraparound, Therapeutic Foster Care or other intensive services, Therapeutic Behavioral Services, specialized care rate due to behavioral health needs or crisis stabilization/intervention; or
2. Are currently in or being considered for a group home (RCL 10 or above), a psychiatric hospital or 24 hour mental health treatment facility, or has experienced his/her 3rd or more placement within 24 months due to behavioral health needs.

The goal of IFCCS is to preserve the integrity of the family and minimize inpatient psychiatric hospitalizations, out-of-home placements in congregate care settings, and/or placement in juvenile detention centers. IFCCS are individualized, strength-based mental health treatment interventions designed to ameliorate mental health symptoms and behaviors that interfere with a child's functioning. While Child FCCS is typically for individuals birth to age 15 years, the IFCCS is providing services to DCFS youth over age 16 to address the high need of this specialized population. Rehabilitative interventions are aimed at helping the subclass member and their identified support network build and support the child's social and community competencies by building or reinforcing those daily living skills that will assist the child/youth in living successfully at home and in the community. These specialized rehabilitative services include but are not limited to:

1. Educating the child's family about and training the family in managing the child's identified mental health disorder
2. Medically necessary, skill-based remediation of behaviors, including developing and implementing a behavioral plan, with positive behavioral supports and modeling for the child's family and others to assist them in implementing behavior change strategies
3. Improving self-care and self-regulation by addressing behaviors and social skills deficits that interfere with daily living tasks and the avoidance of exploitation by others
4. Improving self-management of symptoms, including assisting with increasing compliance with psychotropic medication
5. Improving social decorum, by addressing social skills deficits and anger management
6. Supporting the development and maintenance of social support networks and the use of community resources
7. Supporting educational objectives through identifying and addressing behaviors that interfere with succeeding in academic programs in the community

Older Adult Full Service Partnership: OA-01

Unique Clients Served[1]:464

Program Description: The Older Adult (OA) FSP program provides services and support to clients ages 60 and older. The OA FSP assists individuals with mental health and substance abuse issues and ensures linkage to other needed services, such as benefits establishment, housing, transportation, healthcare and nutrition care. OA FSP program works collaboratively with the OA client, family, caregivers, and other service providers and offers services in homes and the community. OA FSPs place an emphasis on delivering services in ways that are culturally and linguistically appropriate.

New Services Initiated during FY 2012-13:
Sixty additional countywide OA FSP slots were added. The FSP Integration Pilot Project began 7/1/2013 with Heritage Clinic. The pilot will integrate the FCCS program into an expanded FSP program. The hope is to create a seamless service continuum with the use of funds for services otherwise limited at an FCCS level. The use of Milestones of Recovery Scale (MORS) scores are used to determine the level of care. Ten percent of clients going into the pilot program need to fall within FSP criteria.

Transformation Design Team: OA-02

Program Description: The Older Adult Transformation Team provides system support to develop the infrastructure of older adult services within MHSA. The team will:

- Monitor outcome measures utilized in the FSP & FCCS programs.
- Utilize performance-based contracting measures to promote program services.

Field Capable Clinical Services: OA-03

Unique Clients Served[1]: 2,891

Program Description: An individual must be either 60 years of age and above or be a "transitional age adult (55-59 years) and have a serious and persistent mental illness or have a less severe or persistent Axis I disorder that is resulting in a functional impairment or that places the Older Adult at risk of losing or not attaining a life goal, for example risk of losing safe and stable living arrangement, risk of losing or inability to access services, risk of losing independence.
Services provided include: outreach and engagement, bio-psychosocial assessment, individual and family treatment, medication support, linkage and case management support, treatment for co-occurring disorders, peer counseling, family education and support. FCCS will directly respond to and address the needs of unserved/underserved older adults by providing screening, assessment, linkage, medication support, and geropsychiatric consultation.

Service Extenders: OA-04

Client Contacts[3]:34

Program Description: Service Extenders include peers in recovery, family members and other individuals interested in providing services to older adults as part of the multi-disciplinary FCCS teams. Forty individuals are targeted for providing these services.

OLDER ADULTS TRAINING: OA-05

PROGRAM DESCRIPTION: The Older Adult Training Program will address the training needs of existing mental health professionals and community partners by providing the following training topics: field safety, elder abuse, documentation, co-occurring disorders, hoarding, geriatric psychiatry, geropsychiatry fellowship.

TRANSITIONAL AGE YOUTH FULL SERVICE PARTNERSHIP: T-01

UNIQUE CLIENTS SERVED[1]: 1,683

PROGRAM DESCRIPTION: Transition Age Youth (TAY) FSP program delivers intensive mental health services and support to high need and high-risk Severely Emotionally Disturbed (SED) and Severe and Persistently Mentally Ill (SPMI) TAY ages 16 -25. TAY FSPs place an emphasis on recovery and wellness while providing an array of community and social integration services to assist individuals with developing skill-sets that support self-sufficiency. The foundation of the TAY FSP program is doing "whatever it takes" to assist individuals with accessing mental health services and supports (e.g. housing, employment, education and integrated treatment for those with co-occurring mental health and substance abuse disorders). Unique to FSP programs are a low staff to consumer ratio, a 24/7 crisis availability and a team approach that is a partnership between mental health staff and consumers.

TRANSITIONAL AGE YOUTH DROP - IN CENTERS: T-02

CLIENT CONTACTS[3]: 1,061

PROGRAM DESCRIPTION: TAY Drop-In Centers are intended as entry points to the mental health system for homeless youth or youth in unstable living situations. Drop-In Centers provide "low demand, high tolerance" environments in which youth can find temporary safety and begin to build trusting relationships with staff members who can, connect them to the services and supports they need. Drop-In Centers also help to meet the youths' basic needs such as meals, hygiene facilities, clothing, mailing address, and a safe inside place to rest. Generally, these centers are operated during regular business hours. MHSA funding allows for expanded hours of operation of Drop-In Centers during evenings and weekends when access to these centers is even more crucial.

TRANSITIONAL AGE YOUTH HOUSING SERVICES: T-03

CLIENT CONTACTS[3]: 1,247

PROGRAM DESCRIPTION: There are three housing related systems development investments for the TAY population. These include:

- Enhanced Emergency Shelter Program (EESP) (previously, Motel Voucher Program) for TAY that are homeless, living on the streets and in dire need of immediate short-term shelter while more permanent housing options are being explored. The annual target for EESP is 300 clients.
- Project-Based Operating Subsidies for Permanent Housing to address the long-term housing needs of SED/SPMI TAY who, with sufficient support, could live independently in community settings. The targeted number of youth to secure units with TAY Project-Based Operating Subsidies is 72.
- A team of 8 Housing Specialists develop local resources and help TAY find and move into affordable housing.

TRANSITIONAL AGE YOUTH PROBATION CAMPS: T-04

CLIENT CONTACTS[3]: 2,558

PROGRAM DESCRIPTION: TAY Probation Camp Services provide services to youth ages 16 to 20 who are residing in Los Angeles County Probation Camps; particularly youth with SED, SPMI, those with co-occurring substance disorders and/or those who have suffered trauma.

A multidisciplinary team of parent/peer advocates, clinicians, probation staff, and health staff provide an array of on-site treatment and support services that include the following: assessments, substance abuse treatment, gender-specific treatment, medication support, aftercare planning and transition services. TAY Probation services fund mental health staff at the following probation camps: Camp Rockey-Paige-Afflerbaugh, Camp Scott-Scudder, Camp Holton-Routh, Camp Gonzales, Challenger Complex and Camp Miller-Kilpatrick.

TRANSITIONAL AGE YOUTH FIELD CAPABLE CLINICAL SERVICES: T-05

UNIQUE CLIENTS SERVED[1]: 2,055

PROGRAM DESCRIPTION: The Transitional Age Youth Field Capable Clinical Services (FCCS) program provides an array of resiliency-oriented, field-based and engagement-focused mental health services to TAY and their families. The TAY FCCS program provides specialized mental health services delivered by a team of professional and paraprofessional staff. The focus of the FCCS program is to work with community partners to provide a wide range of services that meet individual needs. The TAY FCCS program is designed to provide services to individuals who are isolated, unwilling or unable to access traditional mental health outpatient services due to location/distance barriers, physical disabilities, or because of the stigma associated with receiving clinic-based services.

ALTERNATIVE CRISIS SERVICES: ACS-01

CLIENT CONTACTS[3]:39,536

PROGRAM DESCRIPTION: Alternate Crisis Services (ACS) provides a comprehensive range of services and supports for mentally ill individuals that are designed to provide alternatives to emergency room care, acute inpatient hospitalization and institutional care, reduce homelessness, and prevent incarceration. These programs are essential to crisis intervention and stabilization, service integration and linkage to community-based programs, e.g. Full Service Partnerships (FSP) and Assertive Community Treatment Programs (ACT), housing alternatives and treatment for co-occurring substance abuse. ACS provides these services and supports to individuals 18 years of age and older of all genders, race/ethnicities, languages spoken.

SYSTEMS NAVIGATOR: SN-01

CLIENT CONTACTS[3]:20,823

PROGRAM DESCRIPTION: Service Area Navigator Teams will assist individuals and families in accessing mental health and other supportive services and network with community-based organizations in order to strengthen the array of services available to clients of the mental health system. Such networking creates portals of entry in a variety of settings that would make the Department's long-standing goal of no wrong door achievable. The Service Area Navigators increase knowledge of and access to mental health services through the following activities:

- Engaging in joint planning efforts with community partners, including community-based organizations, other County Departments, intradepartmental staff, schools, health service programs, faith-based organizations, self-help and advocacy groups, with the goal of increasing access to mental health services and strengthening the network of services available to clients in the mental health system.
- Promoting awareness of mental health issues and the commitment to recovery, wellness and self-help.
- Engaging with people and families to quickly identify currently available services, including supports and services tailored to a client's particular cultural, ethnic, age and gender identity.
- Recruiting community-based organizations and professional service providers to become part of an active locally-based support network for people in the service area, including those most challenged by mental health issues.
- Following up with people with whom they have engaged to ensure that they have received the help they need.

PLANNING OUTREACH & ENGAGEMENT: POE-01

CLIENT CONTACTS[3]: 17,779

PROGRAM DESCRIPTION:

Project 50 is a demonstration program to identify, engage, house and provide integrated supportive services to the 50 most vulnerable, long-term chronically homeless adults living on the streets of Skid Row. Project 50 involves three phases: 1) Registry of homeless individuals; 2) Outreach Team to assess needs, define services and develop plan for service delivery; and 3) Integrated Supportive Services Team to coordinate interagency collaboration for comprehensive care and services. Project 50 serves the most vulnerable, chronically homeless adults in the Skid Row area of downtown Los Angeles across gender and linguistic diversity.

Homeless Outreach and Mobile Engagement Team (HOME), formerly known as HOET, provides county-wide, field-based, and dedicated outreach and engagement services to the most un-served and under-served of the homeless mentally ill population. In this capacity its staff function as the 'first link in the chain' to ultimately connect the homeless mentally ill individual to recovery and mental health wellness services through a collaborative effort with other care giving agencies and county entities. HOME serves predominantly adults and TAY by providing intensive case management services, linkage to health services, substance abuse, mental health, benefits establishment services, transportation, assessment for inpatient psychiatric hospitalizations and any other services required in order to assist the chronically homeless and mentally ill across gender, cultural and linguistic diversity.

Under-Represented Ethnic Populations (UREP)
Through the use of one time funding, the Department has been able to fund projects aimed at serving unserved, underserved and inappropriately served populations with the goal of reducing racial/ethnic disparities. One such example is Training for and Services provided by Promotores de Salud. The purpose of the training is to support the development and increase the capacity of Promotores to perform specialized mental health work with the Latino community, including mental health outreach to the Latino indigent population and monolingual Spanish-speaking communities. Similarly, a mental health worker program has been designed to provide professional support for Latino students interested in entering the mental health field. This project will involve the enhancement of existing mental health paraprofessional training programs.

New Services Initiated during FY 2012-13:

For several years, DMH has participated in a program referred to as the Crossover Youth Multi-disciplinary Team Program (MDT) in cooperation with the Departments of Children and Family Services (DCFS) and Probation. The purpose of the program is to evaluate youth who are the subject of a WIC§ 241.1 hearing (created for those youth who are part of the dependency system and then allegedly commit crimes and become simultaneously part of the Delinquency system) and to make recommendations to the juvenile court regarding the legal status of the referred youth and the services and supports necessary to promote the best interests of the youth and the safety of the community. The program originated with one psychiatric social worker servicing the Pasadena Delinquency Court and has now expanded to allow DMH to participate in the program more fully and provide mental health staffing for the multi-disciplinary teams across the county (there currently are a total of ten Psychiatric Social Workers (PSWs) to cover the ten delinquency courtrooms across Los Angeles County that are participating in this crossover model). The youth are identified in the same manner as the 241.1 youth (who will now be treated as MDT cases). JCMHS PSWs will be required to do the following:

- Review available records of referred youth related to mental health, child welfare, and Probation history. Records will include, but will not be limited to: court files, police reports, current and past mental health reports, Individualized Education Plans (IEPs), psychiatric hospital discharge summaries, and DCFS court reports. Records will be reviewed for the purpose of providing information to the other MDT members during the meetings and for writing reports.
- Consult with case-carrying children's social worker and the assigned deputy probation officer, as well as attorneys, children's advocates, and others on the multi-disciplinary team.
- Conduct comprehensive mental health evaluations of referred youth (when permitted within the guidelines of the multi-disciplinary team) and prepare written reports of findings and recommendations that are then presented to the delinquency judicial officer to assist him/her with disposition.
- Participate in multi-disciplinary team meetings to discuss findings and recommendations and appear in juvenile delinquency court hearings as requested.

The first group was hired between February and July 2012. Between April and December 2012 the five PSWs attended a total of 368 meetings.

The second group of five PSWs came on between March and April 2013. From January through September2013, the ten PSWs have attended a total of 933 meetings.

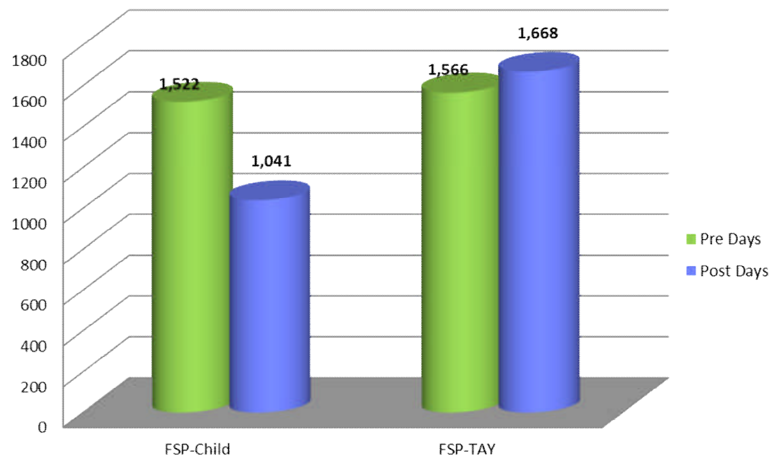
[1] Unique Clients are counted by claims entered into the Integrated System. Data pulled October 24, 2013 for Fiscal Year 2012-13.
[2] Clients may have received a non-MHSA mental health service.
[3] Client contacts are based on Exhibit 6 reporting by program leads for FY 2012-13. Client Run Centers are based on client contacts using Community Outreach Services billing.

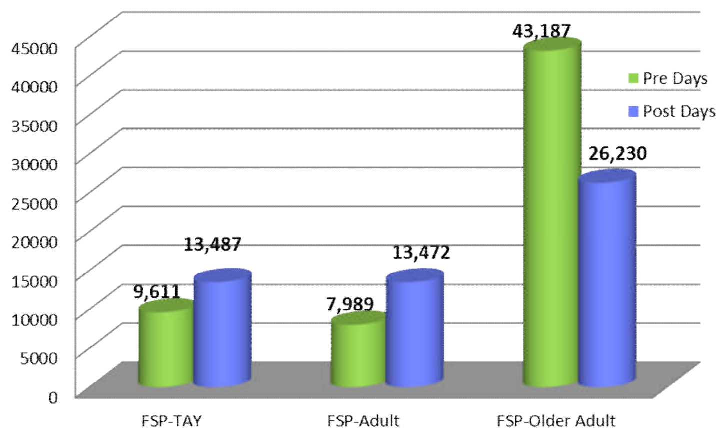
Full Service Partnership Outcomes

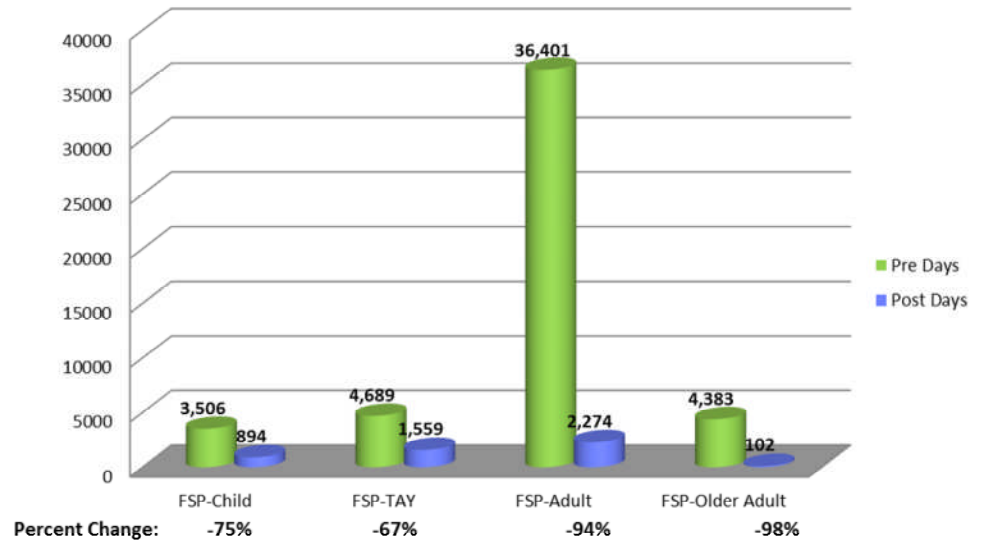
Residential

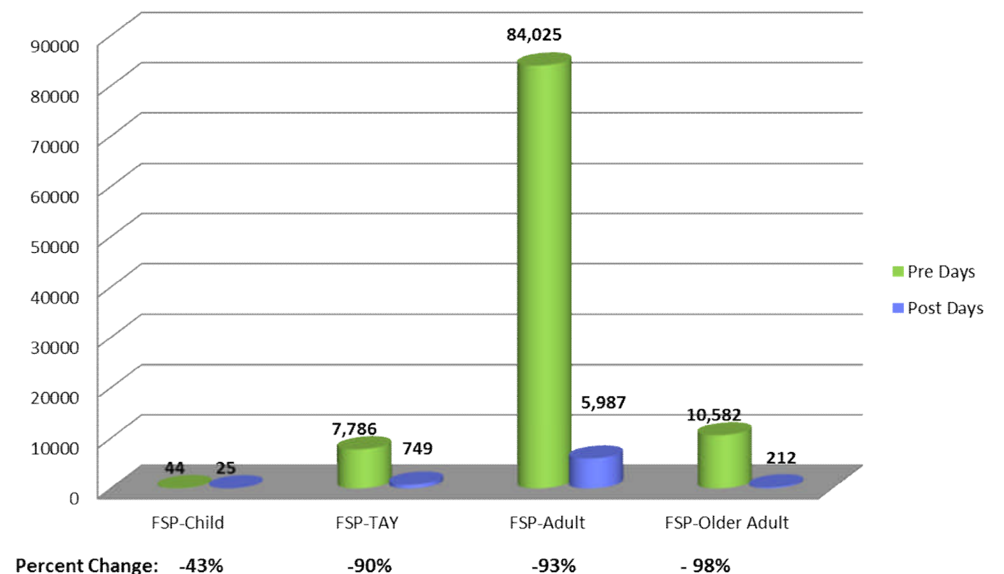
Baselines Included (N):

Child	970
Transitional Age Youth	365
Adult	796
Older Adult	89



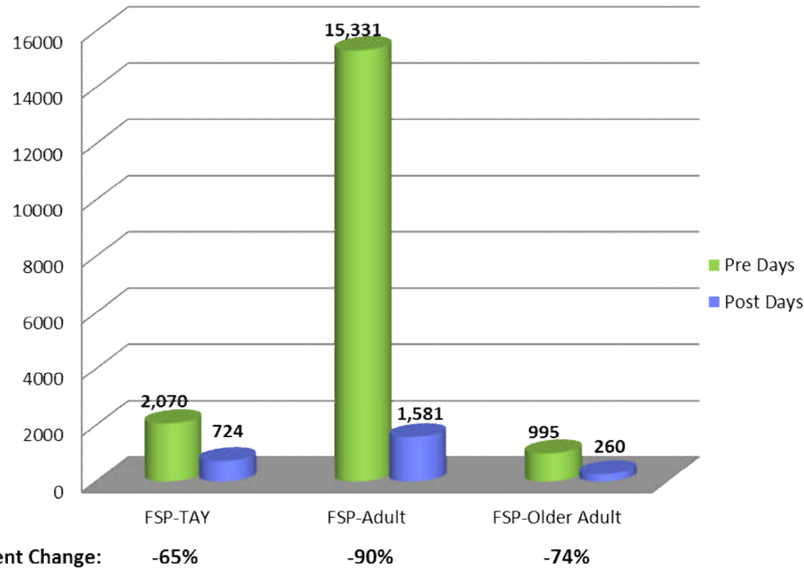




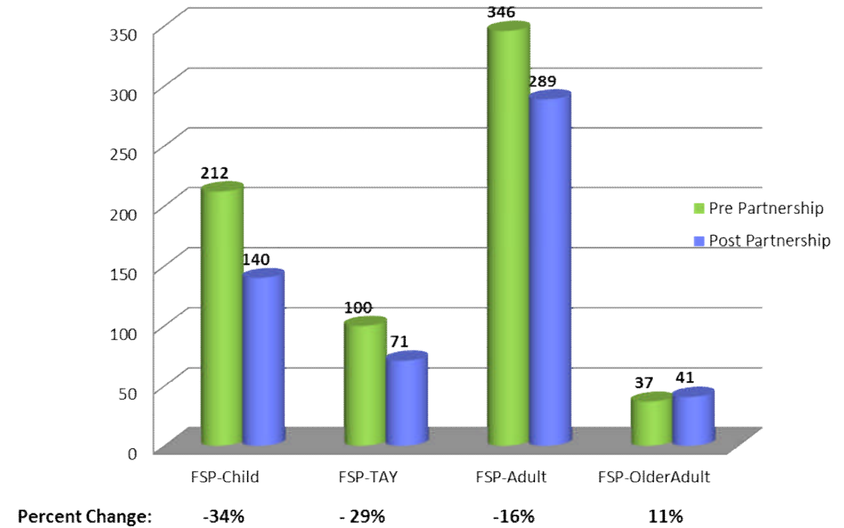


FULL SERVICE PARTNERSHIP OUTCOMES (CONTINUED)

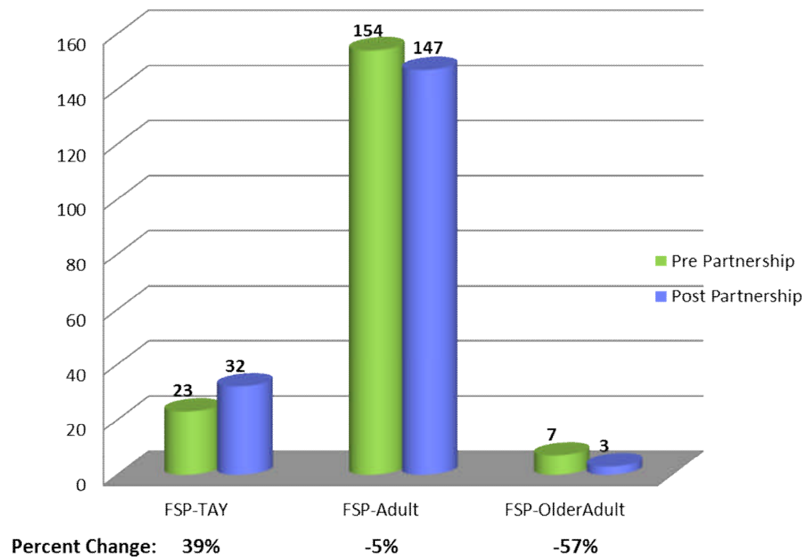
FSP Clients Spent Fewer Days in Jail Post-Partnership



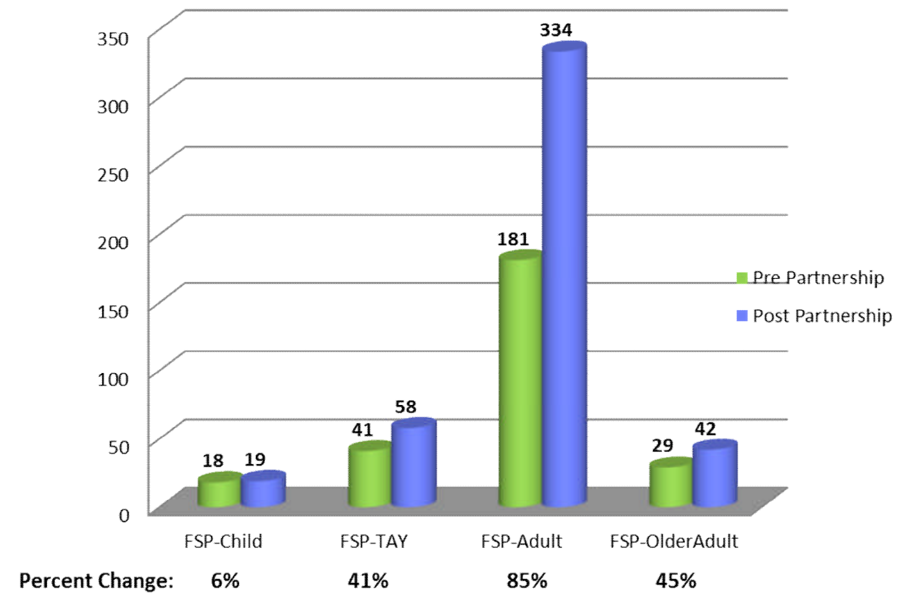
Number of Clients Hospitalized Post Partnership



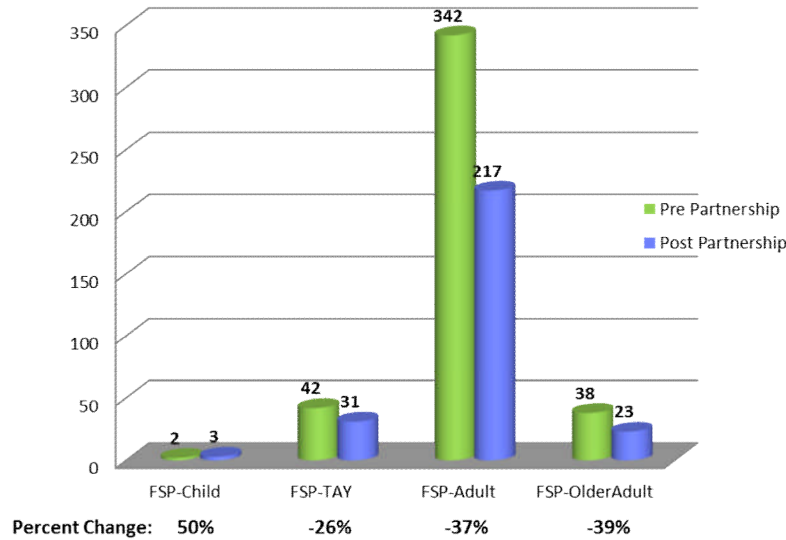
Number of Clients Jailed Post Partnership

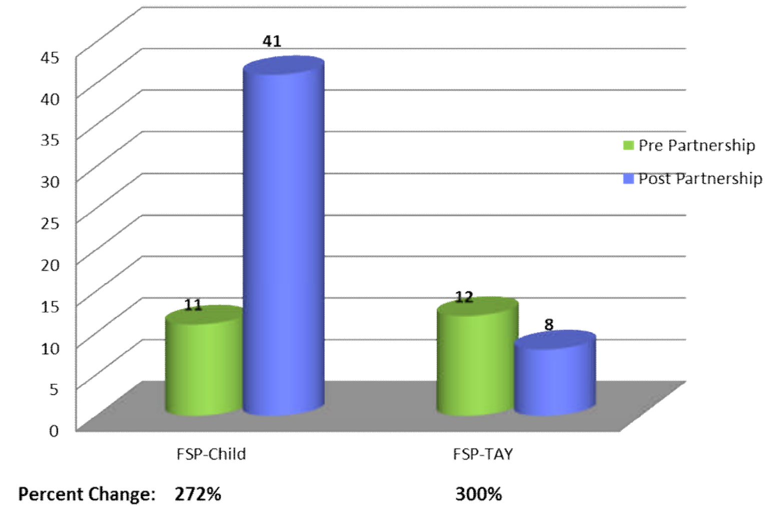


More FSP Clients Live Independently Post Partnership



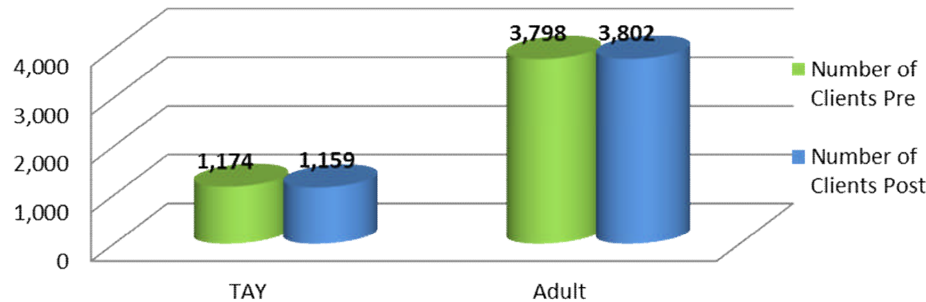
FULL SERVICE PARTNERSHIP OUTCOMES (CONTINUED)



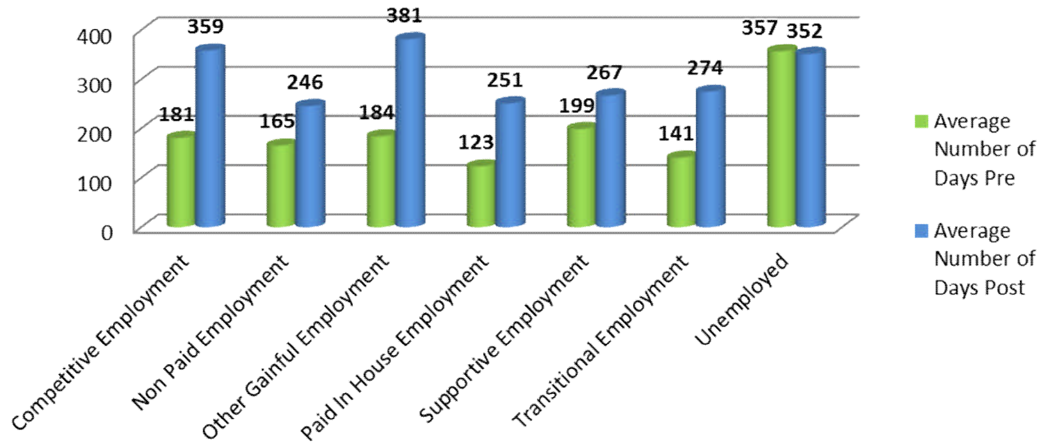


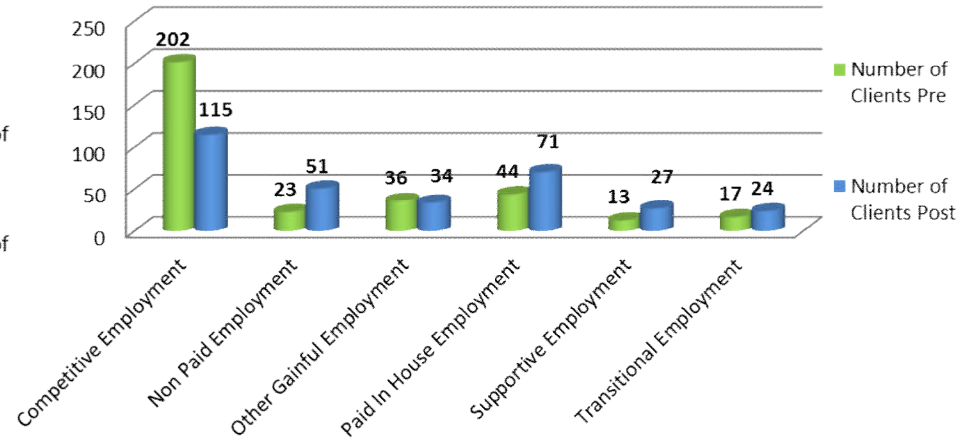
EMPLOYMENT

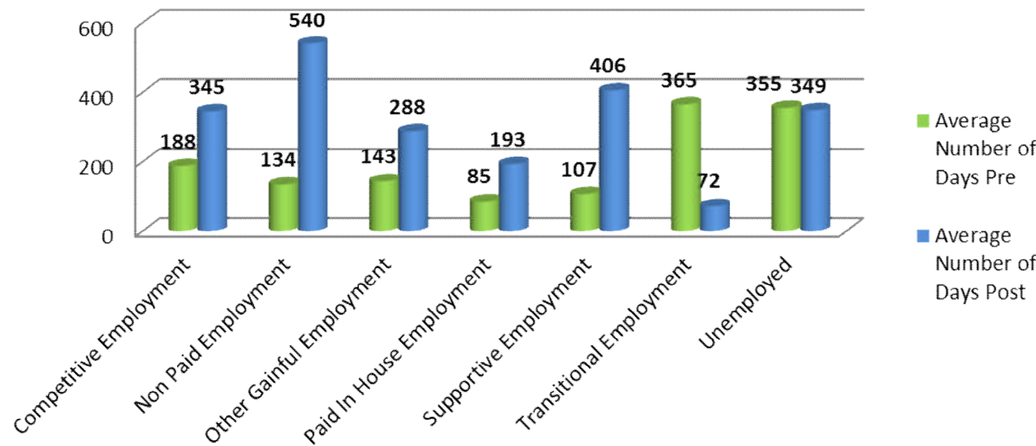
TAY BASELINES INCLUDED (N): 1,210
ADULT BASELINES INCLUDED (N): 3,866
CLIENTS MAY HAVE MORE THAN ONE EMPLOYMENT TYPE AT ANY TIME.

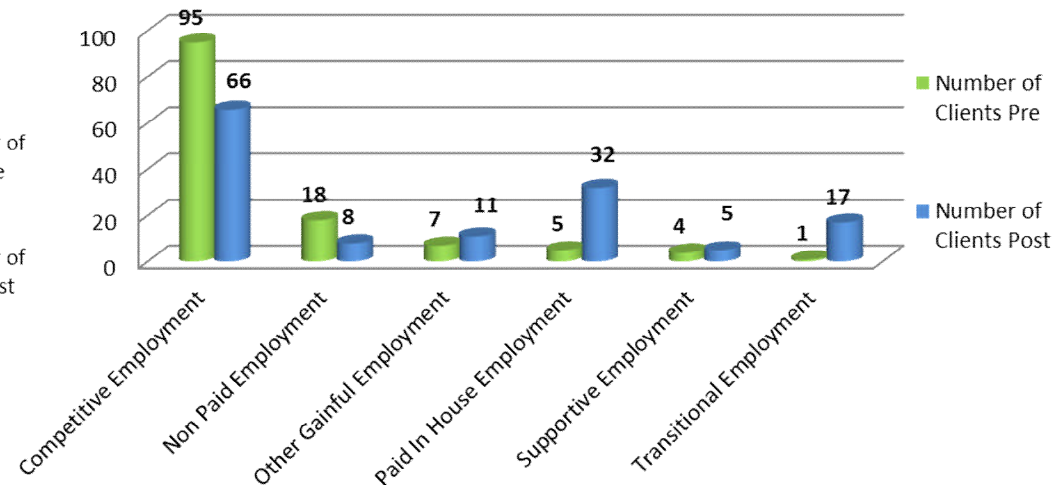


EMPLOYMENT (CONTINUED)

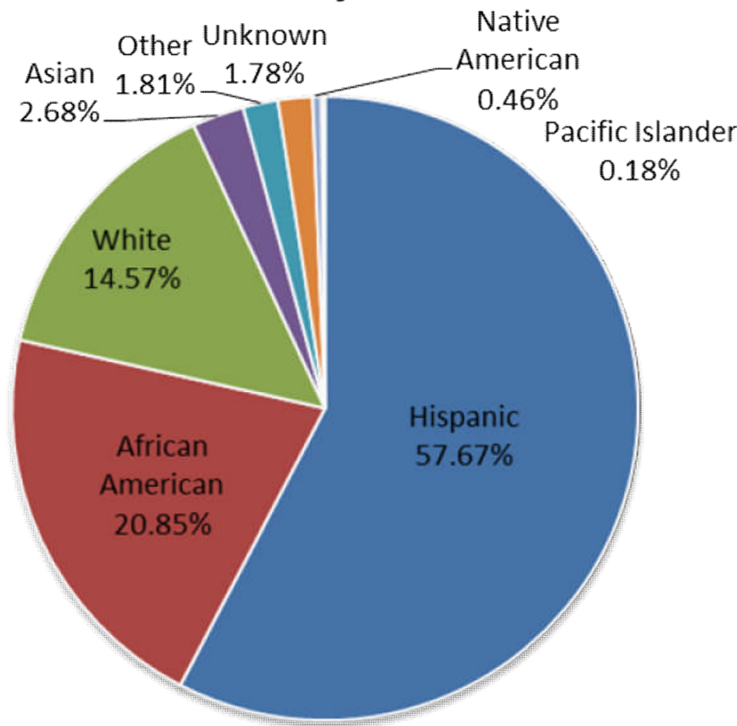


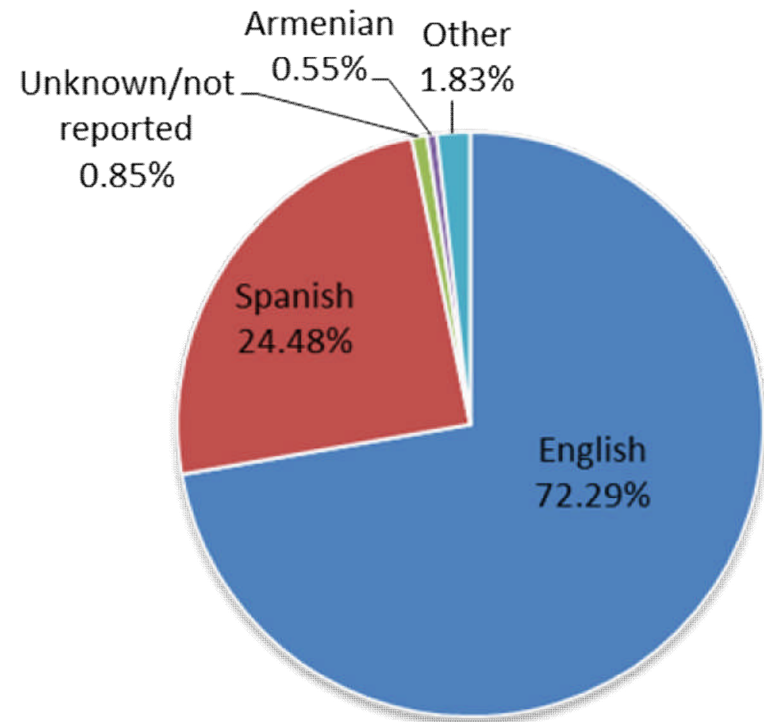




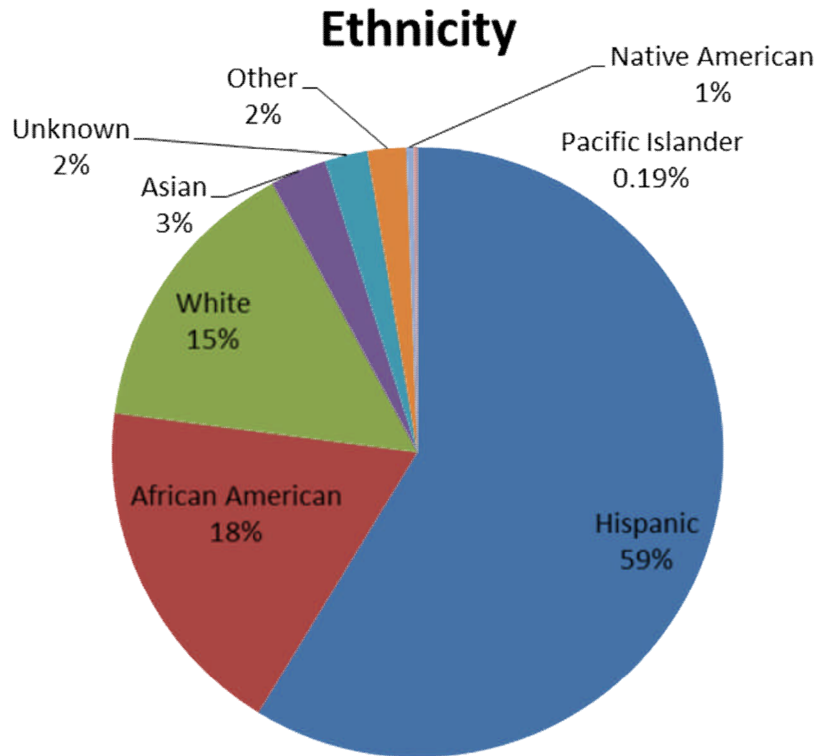


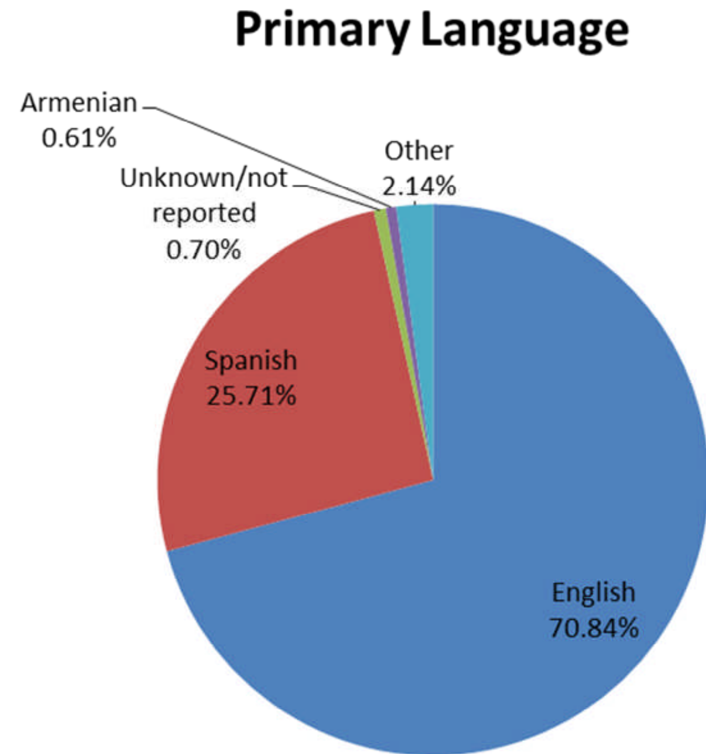
UNIQUE CLIENTS[1] RECEIVING A DIRECT MENTAL HEALTH SERVICE THROUGH THE PEI PLAN: **73,140**





NEW PEI CLIENTS
Number of New Clients[2] Receiving PEI Services Countywide with No Previous MHSA Service: 38,154





[1] Unique Clients are counted by claims entered into the Integrated System. Data pulled October 24, 2013 for Fiscal Year 2012-13.
[2] Clients may have received a non-MHSA mental health service.
[3] Client contacts are based on Exhibit 6 reporting by program leads for FY 2012-13. Client Run Centers are based on client contacts using Community Outreach Services billing.

EARLY INTERVENTION PROJECTS and IMPLEMENTATION:

(EBP-Evidence-Based Practice; PP = Promising Practice; CDE – Community Defined Evidence Practice)

1. PEI Early Start-Suicide Prevention: ES-1

Program Description: The Early Start Suicide Prevention Program provides suicide prevention services through multiple strategies by strengthening the capacity of existing community resources and creating new collaborative and comprehensive efforts at the individual, family, and community level. These services include: community outreach and education in the identification of the suicide risks and protective factors; linking direct services and improving the quality of care to individuals contemplating, threatening, or attempting suicide; access to evidence based interventions trained suicide prevention hotlines; and building the infrastructure to further develop and enhance suicide prevention programs throughout the county across all age groups and cultures.

EBP/PP/CDEs Implemented:

1. 24/7 Crisis Hotline
2. Latina Youth Program
3. Web-based Training for School Personnel on Suicide Prevention
4. Partners in Suicide (PSP) Team for Children, Transition Age Youth (TAY), Adults, and Older Adults

2. PEI Early Start - School Mental Health Initiative: ES-2

Program Description: The Early Start School Mental Health Initiative Program focuses on school mental health needs to reduce and eliminate stigma and discrimination. The program addresses the high need of students with developmental challenges, emotional stressors, and various mental health risks and reduces violence at educational institutions through collaborative efforts and partnerships with the community. This is a comprehensive prevention and early intervention program to prevent violence in schools and create a safe learning environment. The services include eliminating substance use and abuse; addressing any trauma experiences; development of school-based crisis management teams; and training, early screening and assessment of students of concern; and are provided at the earliest onset of symptoms.

EBP/PP/CDEs Implemented:

1. School Threat Assessment and Response Team (START)
2. Service Area 6 School Mental Health Demonstration Pilot*

*Process of being implemented in FY 2013-14

3. PEI Early Start-Anti-Stigma Discrimination: ES-3

Program Description: The purpose of the Early Start Stigma and Discrimination Project is to reduce and eliminate barriers that prevent people from utilizing mental health services by prioritizing information and knowledge on early signs and symptoms of mental illness through client-focused, family support and education and community advocacy strategies. Core strategies have been identified to reduce stigma and discrimination, increase access to mental health services, and reduce the need for more intensive mental health services in the future. The services include anti-stigma education specifically targeting underrepresented communities through outreach utilizing culturally sensitive and effective tools; educating and supporting mental health providers; connecting and linking resources to schools, families, and community agencies; and client and family education and empowerment.

EBP/PP/CDEs Implemented:

1. Family-focused Strategies to Reduce Mental Health Stigma and Discrimination
2. Children's Stigma and Discrimination Reduction Project
3. Older Adults Mental Wellness
4. Profiles of Hope Project
5. Videos

4. School Based Services: PEI-1

Program Description:The School-Based Services Project is intended to (1) build resiliency and increase protective factors among children, youth and their families; (2) identify as early as possible children and youth who have risk factors for mental illness; and (3) provide on-site services to address non-academic problems that impede successful school progress. These programs provide outreach and education; promote mental wellness through universal and selective prevention strategies; foster a positive school climate; offer early mental health intervention services on school sites; and provide training in mental health evidence-based programs to school personnel and providers working with youth and children.

EBP/PP/CDEs Implemented:

1. Aggression Replacement Training
2. Cognitive Behavioral Intervention for Trauma in School
3. Multidimensional Family Therapy
4. Olweus Bullying Prevention Program
5. Promoting Alternative Thinking Strategies
6. Strengthening Families
7. Why Try? Program

5. FAMILY EDUCATION & SUPPORT SERVICES: PEI-2

PROGRAM DESCRIPTION: The purpose of the Family Education and Support Project is to build competencies, capacity and resiliency in parents, family members and other caregivers by teaching a variety of strategies. The project utilizes universal and selective intervention as well as early intervention approaches for children/youth in stressed families. The programs will address the risk factors and protective factors that promote positive mental health, concentrating on parental skill-building through a variety of training, education, individual, group parent, and family interaction methods.

EBP/PP/CDEs IMPLEMENTED:

1. Caring for Our Families
2. Incredible Years
3. Managing and Adapting Practice*
4. Mindful Parenting*
5. Promoting Alternative Thinking Strategies*
6. Nurse-Family Partnership
7. Nurturing Parenting Program
8. Triple P Positive Parenting Program

*Program was added to the PEI Plan after 2009

6. AT RISK FAMILY SERVICES: PEI-3

PROGRAM DESCRIPTION: The At Risk Family Services Project provides training and assistance to families whose children are at risk for placement in foster care, group homes, psychiatric hospitals, and other out of home placements. It builds skills for families with difficult, out of control or substance abusing children who may face the juvenile justice involvement and provides support to families whose environment and history renders them vulnerable to forces that lead to destructive behavior and the disintegration of the family.

EBP/PP/CDEs IMPLEMENTED:

1. Brief Strategic Family Therapy
2. Child-Parent Psychotherapy
3. Families OverComing Under Stress (FOCUS)*
4. Group Cognitive Behavioral Therapy for Major Depression
5. Incredible Years
6. Make Parenting a Pleasure
7. Mindful Parenting*
8. Parent-Child Interaction Therapy
9. Reflective Parenting Program
10. Triple P Positive Parenting Program
11. UCLA Ties Transition Model

*Program was added to the PEI Plan after 2009

7. Trauma Recovery Services: PEI-4

Program Description: The Trauma Recovery Services Project (1) provides short-term crisis debriefing, grief, and crisis counseling to clients, family members and staff who have been affected by a traumatic event; and (2) provides more intensive services to trauma-exposed youth, adults, and older adults to decrease the negative impact and behaviors resulting from the traumatic events. The programs include outreach and education, psychosocial assessment, individual short-term crisis counseling, family counseling, youth and parent support groups, case management, and training for staff that are likely to work with trauma victims.

EBP/PP/CDEs Implemented:

1. Child-Parent Psychotherapy
2. Crisis Oriented Recovery Services
3. Dialectal Behavioral Therapy*
4. Depression Treatment Quality Improvement*
5. Group Cognitive Behavioral Therapy for Major Depression
6. Individual Cognitive Behavioral Therapy*
7. Parent-Child Interaction Therapy
8. Prolonged Exposure Therapy for Posttraumatic Stress Disorder
9. Seeking Safety
10. System Navigators for Veterans
11. Trauma Focused Cognitive Behavioral Therapy

*Program was added to the PEI Plan after 2009

8. Primary Care & Behavioral Health: PEI-5

Program Description: The Primary Care and Behavioral Health Project develops mental health services within primary care clinics in order to increase primary care providers' capacity to offer effective mental health guidance and early intervention through the implementation of screening, assessment, education, consultation, and referral. The goal of the project is to prevent patients at primary care clinics from developing severe behavioral health issues by addressing their mental health issues early on. Behavioral health professionals skilled in consultation and primary care liaison will be integrated within the primary care system. By offering assistance in identifying emotional and behavioral issues at a clinic setting, the stigma associated with seeking out mental health services will be minimized.

EBP/PP/CDEs Implemented:

1. Alternatives for Families – Cognitive Behavioral Therapy
2. Incredible Years
3. Mental Health Integration Program (formerly IMPACT)
4. Triple P Positive Parenting Program

9. Early Care & Support for Transition Age Youth: PEI-6

PROGRAM DESCRIPTION: The Early Support and Care for Transition-Age Youth Project (1) builds resiliency, increase protective factors, and promote positive social behavior among TAY; (2) addresses depressive disorders among the TAY, especially those from dysfunctional backgrounds; and (3) identifies, supports, treats, and minimizes the impact for youth who may be in the early stages of a serious mental illness. Emancipating, emancipated, and homeless TAY are a special focus of this project.

EBP/PP/CDEs IMPLEMENTED:

1. Aggression Replacement Training
2. Center for the Assessment and Prevention of Prodromal States*
3. Group Cognitive Behavioral Therapy for Major Depression
4. Interpersonal Psychotherapy for Depression
5. Multidimensional

*Process of being implemented in FY 2013-14

10. Juvenile Justice Services: PEI-7

PROGRAM DESCRIPTION: The Juvenile Justice Services Project builds resiliency and protective factors among children and youth who are exposed to risk factors that leave them vulnerable to becoming involved in the juvenile justice system; promotes coping and life skills to youths in the juvenile justice system to minimize recidivism; and identifies mental health issues as early as possible and provide early intervention services to youth involved in the juvenile justice system. Services are to be provided at probation camps throughout the County, residential treatment facilities, health clinics, community settings, and other non-traditional mental health sites.

EBP/PP/CDEs IMPLEMENTED:

1. Aggression Replacement Training
2. Cognitive Behavioral Intervention for Trauma in School
3. Functional Family Therapy
4. Group Cognitive Behavioral Therapy for Major Depression
5. Loving Intervention for Family Enrichment
6. Multidimensional Family Therapy
7. Multisystemic Therapy
8. Trauma Focused Cognitive Behavioral Therapy

11. Early Care & Support for Older Adults: PEI-8

Program Description: The purpose of the Early Care and Support Project for Older Adults is to (1) establish the means to identify and link older adults who need mental health treatment but are reluctant, are hidden or unknown, and/or unaware of their situation; (2) prevent and alleviate depressive disorders among the elderly; and (3) provide brief mental health treatment for individuals. Services are directed at older adults, their family members, caregivers, and others who interact with and provide services to this senior citizen population.

EBP/PP/CDEs Implemented:

1. Cognitive Behavioral Therapy for Late Life Depression
2. Crisis Oriented Recovery Services
3. Interpersonal Psychotherapy for Depression
4. Program to Encourage Active Rewarding Lives for Seniors (PEARLS)
5. Problem Solving Therapy*

*Program was added to the PEI Plan after 2009

12. Improving Access for Underserved Populations: PEI-9

Program Description: The Improving Access for Underserved Populations Project is intended to (1) build resiliency and increase protective factors among monolingual and limited English-speaking immigrants and underserved cultural populations, lesbian/gay/bisexual/transgender/ questioning (LGBTQ) individuals, deaf/hard of hearing individuals, blind/visually impaired individuals and their families; (2) identify as early as possible individuals who are a risk for emotional and mental problems; and (3) provide culturally and linguistically appropriate early mental health intervention services. The programs will provide outreach and education as well as promote mental wellness through universal and selective prevention strategies.

EBP/PP/CDEs Implemented:

1. Group Cognitive Behavioral Therapy for Major Depression
2. Nurse-Family Partnership
3. Prolonged Exposure Therapy for Posttraumatic Stress Disorder
4. Trauma Focused Cognitive Behavioral Therapy

13. American Indian Project: PEI-10

Program Description: The American Indian Project (1) builds resiliency and increase protective factors among children, youth and their families; (2) addresses stressful forces in children/youth lives, teaching coping skills, and divert suicide attempts; and (3) identifies as early as possible children and youth who have risk factors for mental illness. The programs will provide outreach and education; promote mental wellness through universal and selective prevention strategies; offer early mental health intervention services at comfortable, non-stigmatizing localities; and involve multi-generations in the American Indian children and youth's lives. An important emphasis is on preventing suicide among American Indian youth, given the high rate among this population.

EBP/PP/CDEs Implemented:

1. American Indian Life Skills*
2. Trauma Focused Cognitive Behavioral Therapy: Honoring Children, Mending the Circle*

*Process of being implemented in FY 2013-14

PEI PRACTICES IMPLEMENTED:

(AS OF OCTOBER 1, 2013 AND PENDING IN 2014)

	PROGRAM NAME	DESCRIPTION	AGE GROUPS SERVED (AGE LIMITS)	PREVENTION AND/OR EARLY INTERVENTION	PEI PROJECT(S)
1	**Aggression Replacement Training (ART)**	ART is a multimodal psycho-educational intervention designed to alter the behavior of chronically aggressive adolescents and young children. Its goal is to improve social skills, anger control, and moral reasoning. The program incorporates three specific interventions: skill-streaming, anger control training, and training in moral reasoning. Skill-streaming teaches pro-social skills. In anger control training, youths are taught how to respond to their hassles. Training in moral reasoning is designed to enhance youths' sense of fairness and justice regarding the needs and rights of others.	Children (ages 5-12) – Skillstreaming Only Children (ages 12-15) TAY (ages16-17)	Prevention & Early Intervention	4, 9, 10
2	**Alternatives for Families – Cognitive Behavioral Therapy (AF-CBT)**	AF-CBT is designed to improve the relationships between children and parents/ caregivers in families involved in physical force/coercion and chronic conflict/hostility. This practice emphasizes training in both intrapersonal and interpersonal skills designed to enhance self-control, strengthen positive parenting practices, improve family cohesion/communication, enhance child coping skills and social skills, and prevent further instances of coercion and aggression. Primary techniques include affect regulation, behavior management, social skills training, cognitive restructuring, problem solving, and communication.	Children (ages 4-15) TAY (ages 16-17)	Early Intervention	8
3	**American Indian Life Skills Program (AILSP)**	AILSP is designed to build life skills and increase suicide prevention skills for American Indian high school students. It is designed to promote self-esteem, identify emotions and stress, increase communication and problem solving skills, and recognize and eliminate self-destructive behavior (including substance use). AILSP provides American Indian children and TAY information on suicide and suicide intervention training and helps them set personal and community goals. To be implemented early 2014.	Children (ages 14-15) TAY (ages 16-18)	Prevention	13
4	**Brief Strategic Family Therapy (BSFT)**	BSFT is a short-term, problem-oriented, family-based intervention designed for children and adolescents who are displaying or are at risk for developing behavior problems, including substance abuse. The goal of BSFT is to improve a youth's behavior problems by improving family interactions that are presumed to be directly related to the child's symptoms, thus reducing risk factors and strengthening protective factors for adolescent drug abuse and other conduct problems.	Children (ages 10-15) TAY (ages 16-18)	Prevention & Early Intervention	6

	PROGRAM NAME	DESCRIPTION	AGE GROUPS SERVED (AGE LIMITS)	PREVENTION AND/OR EARLY INTERVENTION	PEI PROJECT(S)
5	**Caring for Our Families (CFOF)**	Adapted from the "Family Connections" Model, CFOF includes community outreach, family assessment, and individually tailored treatment programs. The goal is to help families meet the basic needs of their children and reduce the risk of child neglect. The core components include emergency assistance/concrete services; home-based family intervention (e.g., outcome-driven service plans, individual and family counseling); service coordination with referrals targeted toward risk and protective factors; and multi-family supportive recreational activities.	Children (ages 5-11)	Prevention & Early Intervention	5, 6
6	**Center for the Assessment and Prevention of Prodromal States (CAPPS)**	The focus of this CAPPS PEI Demonstration Pilot will be to conduct outreach and engagement specifically to those youth who are experiencing their first-break psychosis and early onset of serious mental illnesses with psychotic features. In order to mitigate mental health challenges and reduce the progression of these challenges into mental health diagnoses, this project will also engage families and significant others of the youth as well as the youth themselves in PEI services. To be implemented in 2014.	TAY	Prevention & Early Intervention	9
7	**Child-Parent Psychotherapy (CPP)**	CPP is a psychotherapy model that integrates psychodynamic, attachment, trauma, cognitive-behavioral, and social-learning theories into a dyadic treatment approach. CPP is designed to restore the child-parent relationship and the child's mental health and developmental progression that have been damaged by the experience of domestic violence. CPP is intended as an early intervention for young children that may be at risk for acting-out and experiencing symptoms of depression and trauma.	Young Children (ages 0-6)	Early Intervention	6,7
8	**Cognitive Behavioral Intervention for Trauma in School (CBITS)**	CBITS is an early intervention for children who have experienced or have been exposed to traumatic events and are experiencing difficulty related to symptoms of Posttraumatic Stress Disorder (PTSD), depression, or anxiety. To improve access to mental health care, services are delivered within the school setting by clinical staff as part of multi-disciplinary treatment teams. CBITS intends to reduce the impact of trauma-related symptoms, build resilience, and increase peer and parental support for students at-risk of school failure.	Children (ages 10-15) TAY	Prevention & Early Intervention	4,10
9	**Crisis Oriented Recovery Services (CORS)**	DTQI is a comprehensive approach to managing depression that utilizes quality improvement processes to guide the therapeutic services to adolescents and young adults. The psychoeducation component helps individuals learn about major depression and ways to decrease the likelihood of becoming depressed in the future. The psychotherapy component assists individuals who are currently depressed to gain understanding of factors that have contributed to the onset and maintenance of their depression and learn ways to treat their disorder.	Children TAY Adults Older Adults	Prevention & Early Intervention	7

	Program Name	Description	Age Groups Served (Age Limits)	Prevention and/or Early Intervention	PEI Project(s)
10	**Depression Treatment Quality Improvement (DTQI)**	DBT serves individuals who have or may be at risk for symptoms related to emotional dysregulation, which can result in the subsequent adoption of impulsive and problematic behaviors, including suicidal ideation. DBT incorporates a wide variety of treatment strategies including chain analysis, validation, dialectical strategies, mindfulness, contingency management, skills training and acquisition (core mindfulness, emotion regulation, interpersonal effectiveness, distress tolerance and self-management), crisis management, and team consultation.	Children (ages 12-15) TAY (ages16-20)	Early Intervention	8,9
11	**Dialectical Behavior Therapy (DBT)**	Didi Hirsch provides 24/7 crisis hotline services in English, Spanish, and Korean. Support services are provided to attempters and/or those bereaved by a suicide, as well as consultation to law enforcement and first responders. This practice builds community capacity by offering evidence-based training in the Applied Suicide Intervention Skills Training (ASIST) and safe TALK models. In FY 2011-12 the Hotline responded to 23,223 calls.	TAY (18-25) Adults Older Adults Directly Operated Clinics only	Prevention & Early Intervention	7
12	**Early Start Suicide Prevention - 24/7 Crisis Hotline**	Didi Hirsch provides 24/7 crisis Hotline services in English, Spanish, and Korean. Support services are provided to attempters and/or those bereaved by a suicide, as well as consultation to law enforcement and first responders. This practice builds community capacity by offering evidence-based training in the Applied Suicide Intervention Skills Training (ASIST) and safe TALK models. In FY 2011-12 the Hotline responded to 23,223 calls.	Children TAY Adults Older Adults	Prevention	1
13	**Early Start Suicide Prevention – Latina Youth Program**	Pacific Clinics provides 24/7 bilingual (Spanish) emergency and information telephone counseling, consultation and education to schools regarding suicide risk factors among teens. It also provides education and support services in the community about warning signs and risk factors for suicide among youth. The program has expanded to include male as well as female youth, 14 to 25 years of age, who are identified as being "at risk" for suicide.	Children TAY Adults Older Adults	Prevention	1
14	**Early Start Suicide Prevention – Web-based Training for School Personnel on Suicide Prevention**	The Los Angeles County Office of Education (LACOE), Center for Distance and Online Learning (CDOL) was contracted to design, develop, and maintain a website dedicated to provide critical online information and materials on suicide prevention, intervention, and postvention for school personnel, parents, and students in all 80 K-12 school districts in Los Angeles County. Launched in January 2011, the website has been widely publicized throughout the County, State (through the Office of Suicide Prevention), and at national conferences and meetings of various suicide prevention networks/organizations (including a recent Webinar on "Responding after a Suicide: Best Practices for Schools," sponsored by the Suicide Prevention Resource Center).	Children TAY Adults Older Adults	Prevention	1

	PROGRAM NAME	DESCRIPTION	AGE GROUPS SERVED (AGE LIMITS)	PREVENTION AND/OR EARLY INTERVENTION	PEI PROJECT(S)
15	**Early Start Suicide Prevention – Partners in Suicide (PSP) Team**	PSP is designed to increase public awareness of suicide and reduce stigma associated with seeking mental health and substance abuse services. The Team offers education, identifies appropriate tools, such as evidence-based practices, and provides linkage and referrals to age-appropriate services. PSP team members participate in suicide prevention events including Countywide educational trainings, suicide prevention community events, and collaboration with various agencies and partners.	Children TAY Adults Older Adults	Prevention	1
16	**Early Start School Mental Health – School Threat Assessment Response Team (START)**	The START program developed 21 teams composed of a law enforcement officer and a DMH clinician who partner with 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. Staff conducts school threat assessments and provides intervention and case management services to those who meet criteria for the START program.	Children TAY Adults Older Adults	Prevention	2
17	**Early Start School Mental Health – Service Area 6 School Mental Health Demonstration Program**	The School Mental Health PEI Demonstration Pilot (SMHPEI Demonstration Pilot) will provide school-based mental health outreach and education, on-site school crisis intervention, a peer support network, and early screening. Proposals to serve the northern and southern parts of SA 6 are currently being evaluated, and it is expected that programs will start in 2014.	Children TAY	Prevention	2
18	**Early Start Stigma and Discrimination – Family-Focused Strategies to Reduce Mental Health Stigma and Discrimination**	The Los Angeles County Alliance for the Mentally Ill is implementing "Family-focused Strategies to Reduce Mental Health Stigma and Discrimination" for consumers' families and parents/caregivers. Services include education about mental illness, treatment, medication, and rehabilitation, as well as teaching communication and coping skills. The program includes a family support bureau training program, parental support services, and consultative services.	Adults Older Adults	Prevention	3
19	**Early Start Stigma and Discrimination – Children's Stigma and Discrimination Reduction Project**	The project provides education to parents and the community through two distinct curricula. A 10-week course developed specifically to reduce stigma includes healing and communication tools to promote mental wellness and creating a world that is empathic to children. A 12-week curriculum, developed by United Advocates for Children and Families on childhood mental illnesses which includes topics such as grief and loss, and navigating the multiple systems, e.g. mental health, juvenile justice, and DCFS.	Adults Older Adults	Prevention	3

	Program Name	Description	Age Groups Served (Age Limits)	Prevention and/or Early Intervention	PEI Project(s)
20	**Early Start Stigma and Discrimination – Older Adults Mental Wellness**	The Older Adult Anti-Stigma and Discrimination Team (OA ASD) outreaches to residents through countywide educational presentations, community events, and collaboration with various agencies. OA ASD increases awareness on mental well-being for older adults throughout Los Angeles County, particularly among underserved and underrepresented communities. Presentations are available in 5 different languages: English, Spanish, Korean, Chinese and Farsi.	Older Adults	Prevention	3
21	**Early Start Stigma and Discrimination – Profiles of Hope Project**	The Profiles of Hope and accompanying Public Service Announcements (PSAs) aim to show that anyone can be subject to the stigma a mental illness has traditionally carried, and change their minds about how they support and view others with a diagnosis of mental illness. "Profiles of Hope," a 60-minute film, promotes an anti-stigma message for those diagnosed with mental illness and has been broadcast on local television stations along with the PSAs.	TAY Adults Older Adults	Prevention	3
22	**Early Start Stigma and Discrimination – Videos**	Six high-profile personalities, experienced and passionate advocates in promoting hope, wellness and recovery, donated their time and talent to create 10-15 minute anti-stigma and discrimination videos that are aired on various television stations, including: Latina boxing champion Mia St. John; CSI-Las Vegas actor and musician Robert David Hall; actress and author Mariette Hartley; psychiatrist in recovery Clayton Chau, M.D., Ph.D.; Veteran General Hospital actor Maurice Bernard; and US Vets CEO Steve Peck, M.S.W.	TAY Adults Older Adults	Prevention	3
23	**Families Over Coming Under Stress (FOCUS)**	Family resiliency training for Military families, couples, and children who experience difficulties with multiple deployments, injuries, PTSD, and combat operational issues. FOCUS believes that poor communication skills and combat operational stress leads to distortions in thinking and family detachment. Treatment is delivered to couples and/or the family as a whole by building upon existing strengths and positive coping strategies as well as increasing communication and decreasing stress.	Children TAY Adults	Prevention &Early Intervention	3
24	**Functional Family Therapy (FFT)**	FFT is a family-based, short-term prevention and intervention program for acting-out youth. It focuses on risk and protective factors that impact the adolescent, specifically intrafamilial and extrafamilial factors, and how they present and influence the therapeutic process. Major goals are to improve family communication and supportiveness while decreasing intense negativity these families experience.	Children (ages 11-15) TAY (ages16-18)	Early Intervention	7,12

	Program Name	Description	Age Groups Served (Age Limits)	Prevention and/or Early Intervention	PEI Project(s)
25	**Group Cognitive Behavioral Therapy for Major Depression (Group CBT)**	Group CBT focuses on changing an individual's thoughts (cognitive patterns) in order to change his or her behavior and emotional state. Treatment is provided in a group format and assumes maladaptive, or faulty, thinking patterns cause maladaptive behaviors and negative emotions. The group format is particularly helpful in challenging distorted perceptions and bringing thoughts more in-line with reality. Cultural tailoring of treatment and case management shows increased effectiveness for low-income Latino and African-American adults.	TAY (ages 18-25) Adults Older Adults	Prevention &Early Intervention	6,7,9,10,11
26	**Incredible Years (IY)**	IY is based on developmental theories of the role of multiple interacting risk and protective factors in the development of conduct problems. Parent training intervention focuses on strengthening parenting competency and parent involvement in a child's activities to reduce delinquent behavior. Child training curriculum strengthens children's social/emotional competencies. Teacher training intervention focuses on teachers' classroom management strategies, promoting pro-social behaviors and school readiness.	Young Children (ages 2-5) Children (ages 6-12)	Prevention &Early Intervention	5,6,8
27	**Individual Cognitive Behavioral Therapy (Ind. CBT)**	CBT is intended as an early intervention for individuals who either have or may be at risk for symptoms related to the early onset of anxiety, depression, and the effects of trauma that impact various domains of daily living. CBT incorporates a wide variety of treatment strategies including psychoeducation, skills acquisition, contingency management, Socratic questioning, behavioral activation, exposure, cognitive modification, acceptance and mindfulness strategies and behavioral rehearsal.	TAY (18-25) Adults Older Adults Directly Operated Clinics only	Prevention &Early Intervention	6,7,8,9,10
28	**Interpersonal Psychotherapy for Depression (IPT)**	IPT is a short-term therapy (8-20 weeks) that is based on an attachment model, in which distress is tied to difficulty in interpersonal relationships. IPT targets the TAY population suffering from non-psychotic, uni-polar depression. It targets not only symptoms, but improvement in interpersonal functioning, relationships, and social support. Therapy focuses on one or more interpersonal problem areas, including interpersonal disputes, role transitions, and grief and loss issues.	Children (ages 9-15) TAY Adults Older Adults	Prevention &Early Intervention	9,11
29	**Loving Intervention Family Enrichment Program (LIFE)**	An adaptation of Parent Project, LIFE is a 22-week skills-based curriculum implemented with parenting classes/support groups, youth mental health groups, and multi-family groups for parents with children at risk of or involved with the juvenile justice system. The program was designed for low-income Latino families with monolingual (Spanish) parents of children at high-risk of delinquency and/or school failure.	Children (ages 10-18)	Early Intervention	10

	PROGRAM NAME	DESCRIPTION	AGE GROUPS SERVED (AGE LIMITS)	PREVENTION AND/OR EARLY INTERVENTION	PEI PROJECT(S)
30	**Make Parenting a Pleasure (MPAP)**	MPAP is a group-based parent training program designed for parents and caregivers of children from birth to eight years of age. The program addresses the stress, isolation, and lack of adequate parenting information and social support that many parents experience. MPAP begins by recognizing the importance of parents as individuals, and builds on family strengths and helps parents develop strong support networks. The curriculum focuses first on the need for self-care and personal empowerment, and then moves from an adult focus to a parent/child/family emphasis.	Children (ages 0-8) TAY Adults Older Adults	Prevention	5,6,9
31	**Managing and Adapting Practice (MAP)**	MAP is designed to improve the quality, efficiency, and outcomes of children's mental health services by giving administrators and practitioners easy access to the most current scientific information and by providing user-friendly monitoring tools and clinical protocols. Using an online database, the system can suggest formal evidence-based programs or can provide detailed recommendations about discrete components of evidence-based treatments relevant to a specific youth's characteristics. MAP as implemented in L.A County has four foci of treatment, namely, anxiety, depression, disruptive behavior, and trauma.	Young Children Children TAY (ages 16-21)	Prevention &Early Intervention	4,5,6,7
32	**Mental Health First Aid (MHFA)**	MHFA is a public education program that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders. An interactive 8-hour course, MHFA presents an overview of mental illness and substance use disorders and introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact, and overviews common treatments. Participants learn a 5-step action plan encompassing the skills, resources and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care.	TAY Adults Older Adults	Prevention	5,12
33	**Mental Health Integration Program (MHIP) formerly known as IMPACT**	MHIP delivers specialty mental health services to Tier 2 PEI and Low-Income Health Plan (LIHP)/Healthy Way LA enrollees with less intense mental health needs who are appropriately served through focused, time-limited early intervention strategies. An integrated behavioral health intervention program is provided within a primary care facility or in collaboration with a medical provider. MHIP is used to treat depressive disorders, anxiety disorders or PTSD, and to prevent a relapse in symptoms.	Adults	Prevention &Early Intervention	8,11
34	**Mindful Parenting Groups (MP)**	MP is a 12-week parenting program for parents and caregivers of infant, toddler and preschool children at risk for mental health problems and disrupted adoptions. Parents/caregivers and children are grouped in tight developmental cohorts with no more than 4-6 months difference in age for the children.	Young Children (ages 0-3)	Early Intervention	6

	Program Name	Description	Age Groups Served (Age Limits)	Prevention and/or Early Intervention	PEI Project(s)
35	**Multidimensional Family Therapy (MDFT)**	MDFT is a family-based treatment and substance-abuse prevention program to help adolescents to reduce or eliminate substance abuse and behavior/conduct problems, and improve overall family functioning through multiple components, assessments, and interventions in several core areas of life. There are also two intermediate intervention goals for every family: 1) helping the adolescent achieve an interdependent attachment/bond to parents/family; and 2) helping the adolescent forge durable connections with pro-social influences such as schools, peer groups, and recreational and religious institutions.	Children (ages 12-15) TAY (ages 16-18)	Early Intervention	4,9,10
36	**Multisystemic Therapy (MST)**	MST targets youth with criminal behavior, substance abuse and emotional disturbance, as well as juvenile probation youth. MST typically uses a home-based approach to reduce barriers that keep families from accessing services. Therapists concentrate on empowering parents and improving their effectiveness by identifying strengths and developing natural support systems (e.g. extended family, friends) and removing barriers (e.g. parental substance abuse, high stress).	Children (ages 12-15)TAY (ages 16-17)	Early Intervention	10
37	**Nurse Family Partnership (NFP)**	Registered nurses conduct home visits to first-time, low-income mothers, beginning during pregnancy and continuing through the child's second birthday. Nurses begin 60-90 minute visits with pregnant mothers early in their pregnancy (about 16 weeks gestation). Registered nurses visit weekly for the first month after enrollment and then every other week until the baby is born. Visits may continue until the baby is two years old. Provided in conjunction with the L.A. County Department of Public Health.	Young Children (ages 0-2)	Prevention &Early Intervention	5,12
38	**Olweus Bullying Prevention Program (OBPP)**	OBPP is designed to promote the reduction and prevention of bullying behavior and victimization problems for children. The program is based on an ecological model, intervening with a child's environment on many levels: the individual children who are bullying and being bullied, the families, the teachers, and students with the classroom, the school as a whole, and the community. School staff has the primary responsibility for introducing and implementing the program.	Children (ages 6-15)	Prevention	4
39	**Parent-Child Interaction Therapy (PCIT)**	PCIT provides highly specified, step-by-step, live-coaching sessions with both the parent/caregiver and the child. Parents learn skills through didactic sessions to help manage behavioral problems in their children. Using a transmitter and receiver system, the parent/caregiver is coached in specific skills as he or she interacts in specific play with the child. The emphasis is on changing negative parent/caregiver-child patterns.	Young Children (ages 2-7)	Prevention &Early Intervention	6,7
40	**Problem Solving Therapy (PST)**	PST has been a primary strategy in IMPACT/MHIP and PEARLS. While PST has generally focused on the treatment of depression, this strategy can be adapted to a wide range of problems and populations. PST is intended for those clients who are experiencing short-term challenges that may be temporarily impacting their ability to function normally. This intervention model is particularly designed for older adults who have diagnoses of dysthymia or mild depression who are experiencing early signs of mental illness.	Older Adults	Early Intervention	11

	PROGRAM NAME	DESCRIPTION	AGE GROUPS SERVED (AGE LIMITS)	PREVENTION AND/OR EARLY INTERVENTION	PEI PROJECT(S)
41	**Program to Encourage Active Rewarding Lives for Seniors (PEARLS)**	PEARLS is a community-based treatment program using methods of problem solving treatment (PST), social and physical activation and increased pleasant events to reduce depression in physically impaired and socially isolated older adults.	Older Adults	Prevention &Early Intervention	11,12
42	**Prolonged Exposure – Post Traumatic Stress Disorder (PE-PTSD)**	PE-PTSD is an early intervention, cognitive behavioral treatment for individuals experiencing symptoms indicative of early signs of mental health complications due to experiencing one or more traumatic events. Individual therapy is designed to help clients process traumatic events and reduce their PTSD symptoms as well as depression, anger, and general anxiety.	TAY (ages 18-25) Adults Older Adults Directly Operated Clinics Only	Early Intervention	7,10,12
43	**Promoting Alternative Thinking Strategies (PATHS)**	PATHS is a school-based preventive intervention for children in elementary school. The intervention is designed to enhance areas of social-emotional development such as self-control, self-esteem, emotional awareness, social skills, friendships, and interpersonal problem-solving skills while reducing aggression and other behavior problems. Skills concepts are presented through direct instruction, discussion, modeling, storytelling, role-playing activities, and video presentations.	Children (ages 5-12)	Prevention &Early Intervention	4
44	**Reflective Parenting Program (RPP)**	RPP consists of a 10-week workshop that includes instruction, discussions and exercises to involve parents in topics such as temperament, responding to children's distress, separation, play, discipline, and anger as they relate to issues in their own families. The workshops help parents /caregivers enhance their reflective functioning and build strong, healthy bonds with their children.	Young Children (ages 2-5) Children (ages 6-12)	Early Intervention	6
45	**Seeking Safety (SS)**	SS is a present-focused therapy that helps people attain safety from trauma or PTSD and substance abuse. It consists of 25 topics that focus on the development of safe coping skills while utilizing a self-empowerment approach. The treatment is designed for flexible use and is conducted in group or individual format, in a variety of settings, and for culturally diverse populations.	Children (ages 13-15) TAY Adults Older Adults	Early Intervention	7,9
46	**Strengthening Families (SF)**	SF is a family-skills training intervention designed to enhance school success and reduce substance use and aggression among youth. Sessions provide instruction for parents on understanding the risk factors for substance use, enhancing parent-child bonding, monitoring compliance with parental guidelines, and imposing appropriate consequences, managing anger and family conflict, and fostering positive child involvement in family tasks. Children receive instruction on resisting peer influences.	Children (ages 3-15) TAY (ages 16-18)	Prevention & Early Intervention	4

	Program Name	Description	Age Groups Served (Age Limits)	Prevention and/or Early Intervention	PEI Project(s)
47	**Trauma Focused Cognitive Behavioral Therapy (TF-CBT)**	An early intervention for children who may be at risk for symptoms of depression and psychological trauma, subsequent to any number of traumatic experiences, particularly those individuals who are not currently receiving mental health services. Services are specialized mental health services delivered by clinical staff, as part of multi-disciplinary treatment teams. Program is intended to reduce symptoms of depression and psychological trauma, which may be the result of any number of traumatic experiences (e.g., child sexual abuse, domestic violence, traumatic loss, etc.), for children and TAY receiving these services.	Young Children Children TAY (ages16-18)	Early Intervention	7,9,10,12
48	**Trauma Focused CBT (TF-CBT): "Honoring Children, Mending the Circle"**	This practice for Native American child trauma victims is based on TF-CBT. Treatment goals are to improve spiritual, mental, physical, emotional, and relational well-being. Traditional aspects of healing with American Indians and Alaskan natives from their world view are included. Training to begin late 2013/2014.	Children	Early Intervention	13
49	**Triple P Positive Parenting Program (Triple P)**	Triple P is intended for the prevention and early intervention of social, emotional and behavioral problems in childhood, the prevention of child maltreatment, and the strengthening of parenting and parental confidence. Levels Two and Three, which focus on preventive mental health activities, are being implemented through community-based organizations. Levels Four and Five, which are early interventions parenting and teen modules, are being implemented by DMH directly operated and contract agencies.	Young Children (ages 0-5) Children (ages 6-15) TAY (age 16)	Prevention& Early Intervention	5,6,8
50	**UCLA Ties Transition Model (UCLA TTM)**	UCLA TTM is a multi-tiered transitional and supportive intervention for adoptive parents of high-risk children. Families participate in three 3-hour psycho-educational groups. Additional service and support options are available to families, including older children, for up to one year (e.g., monthly support sessions, adoption-specific counseling, home visiting if child is less than age 3, interdisciplinary educational and pediatric consultation).	Young Children (0-5) Children (ages 6-12)	Early Intervention	6
51	**Veterans System Navigators**	Military veterans engage veterans and their families in order to identify and link them to support and services tailored to the particular cultural, ethnic, age and gender identity of those seeking assistance. Navigators also engage in joint planning efforts with community partners, including veterans groups, veterans administration, community-based organizations, other County Departments, schools, faith-based organizations, etc. with the goal of increasing access to mental health services and strengthening the network of services available to veterans. Provided in conjunction with the L.A. County Department of Military and Veterans Affairs.	TAY Adults Older Adults	Prevention	7

PREVENTIONPROGRAMS:

IMPLEMENTED BY COMMUNITY BASED ORGANIZATIONS
Fiscal Years 2011-12, 2012-13 and 2013-14

SELECTION OF PREVENTION AGENCIES

In October 2011 a Request for Information (RFI) was sent to 103 qualified agencies on the MHSA Master Agreement List. These agencies did not have a current funded contract with DMH, were not government entities, school districts, community colleges or community partners. The funding was for FY 12-13 (one-year) at $100,000 per agency. Services could be provided countywide or in specific service areas. There were six prevention-only programs to be funded under the PEI plan. All age groups were to be served. Three programs were specifically for TAY and two were for children and their parents.

Sixty agencies submitted responses to the initial inquiry and 55 agencies submitted supporting documentation and descriptions of their proposed programs in the second phase. In May 2012, the Board approved funding for 54 Community Based Organizations (CBOs).The remaining agency was a for-profit agency and was disqualified. After being approved, two agencies did not follow through with implementation due to internal agency financial problems and closed their offices. The remaining 52 agencies could begin providing services as soon as the signed executed contracts were finalized. Many agencies were able to begin providing services in June 2012.

PROGRAMS FUNDED

Agencies responding to the RFI could select among six programs that were intended to prevent and minimize the impact of mental health issues for consumers and their families. These included:

- Making Parenting a Pleasure (MPAP) is a promising practice, group-based parent training program designed for parent educators of parents and/or caregivers of children from birth to eight years of age. The program is designed to address the stress, isolation, and lack of adequate parenting information and social support that many parents experience. The curriculum focuses first on the need for self-care and personal empowerment, and moves from an adult focus to a parent/child/family emphasis. Its content is adaptable and flexible to fit a wide range of parent education programs and has broad appeal to families from a wide spectrum of socioeconomic, educational, cultural and geographic conditions.
- Outreach and Education Pilot (OEP) for Underserved Populations focuses on assisting racial/ethnic minorities and underserved communities in Los Angeles County. By providing community-based outreach, educational workshops, case management, individual counseling, group sessions delivered by and for targeted communities, services can occur in culturally appropriate settings, which can range from community events to faith-based organizations, as well as other community-based organizations, primary care settings, community centers, and schools. Such activities are intended to help identify situations in which educational programs may lessen the impact or prevent more serious mental health issues from occurring.
- Outreach and Education Pilot (OEP) for Transition Age Youth:
    - at-risk of or involved with juvenile justice system and at-risk for School Failure
    - at-risk or on Probation
    - at-risk of Substance Abuse

  Services to TAY at-risk populations include community-based outreach, educational workshops, case management, individual counseling, group sessions, to TAY and their caregivers. Service delivery sites include juvenile probation settings, group homes, schools, community centers, community-based organizations, faith centers, and other non-traditional mental health settings.

PROGRAMS FUNDED (continued)

- Positive Parenting Program (Triple P) is an evidence-based practice that is a multi-level parenting and family support strategy designed to prevent and treat behavioral, emotional, and developmental problems in children by enhancing the knowledge, skills and confidence of parents. While acknowledging and respecting the diversity of family types and cultural backgrounds, the program builds on existing parenting strengths, and focuses on increasing parents' abilities to self-regulate and self-monitor their parenting skills. The Triple P system has interventions for individual families and small to large groups of parents. Interventions are available in a variety of delivery formats with varying levels of intensity including individual sessions, group sessions, seminars for large groups, self-help materials (self-help book and a self-directed online application), and mass media outreach and engagement materials.

Each prevention program provides one or more types of services including : case management and/or individual services; workshops or seminars (one-time-only services); and group sessions (multiple session services). Information on the 52 prevention programs funded, age groups served, and service areas is provided below:

Prevention Program	Age Group Served	No. Agencies Funded	Service Areas
Making Parenting a Pleasure (MPAP)	Parents of Children (ages 0-8 years)	11	1, 2, 3, 4, 6, 7, 8
OEP for TAY At-Risk of or Involved with the Juvenile Justice System and At-Risk for School Failure	TAY (ages 16-25)	8	2, 4, 6, 8
OEP for TAY At-Risk or on Probation	TAY (ages 16-25)	3	1, 2, 4, 6, 8
OEP for TAY At-Risk of Substance Abuse	TAY (ages 16-25)	7	2, 3, 4, 6, 7, 8
OEP for Underserved Populations	All Ages	16	2, 3, 4, 5, 6, 7, 8
Positive Parenting Program (Triple P) Levels 2 and 3	Parents of Children (ages 0 – 12 years)	7	2, 3, 4, 5, 6, 7, 8

PROGRAMS FUNDED (continued)

Populations Served	
Racial/Ethnic Minority Groups	Special Populations
1. African/African American (including Ethiopian) 2. Asian (Cambodian, Chinese, Korean, Filipino, Japanese, Thai, Vietnamese) 3. Hispanic/Latino 4. Native American/American Indian 5. Pacific Islander (Hawaiian, Samoan, Tongan) 6. Middle Eastern (Persian)	1. Military families and veterans 2. LGBTQ individuals and their families/support groups 3. Widows, single parents 4. Bereaved spouses and their grieving children 5. Foster children

OUTCOME SURVEYS

Post-program outcome surveys were developed for each of the six prevention programs. Agencies administered the surveys after the participants completed the specific services at the agency (case management/individual service; workshop/seminar; group session/service). The surveys ask participants to 1) provide demographic characteristics about themselves; 2) indicate the types of services they received or participated in; 3) rate their levels of satisfaction with program services; and 4) respond to a set of outcome questions about the programs overall. Agencies were trained in administering the surveys and were advised that it was mandatory to hand out the surveys to their participants. The survey results accounted for a significant part of their program evaluations.

Prevention Program	Post-Program Outcome Surveys
Triple P	• Program I: Primary Care Intervention • Program I: Seminars • Program I: Discussion Group
MPAP	• Program II: Group Session
OEP: Juvenile Justice/School Failure	• Program III: Case Management/Individual Service • Program III: Workshop/Seminar • Program III: Group Sessions/Series
O & E: Probation	• Program IV: Case Management/Individual Service • Program IV: Workshop/Seminar • Program IV: Group Sessions/Series
O & E: Substance Abuse	• Program V: Case Management/Individual Service • Program V: Workshop/Seminar • Program V: Group Sessions/Series
O & E: Underserved Populations	• Program VI: Case Management/Individual Service • Program VI: Workshop/Seminar • Program VI: Group Sessions/Series

Evaluation of Prevention Programs

The contracts for PEI prevention services specified the criteria, method of data collection, and performance targets that each agency was expected to achieve.

Performance-Based Criteria		
Criteria	**Method Of Data Collection**	**Performance Targets**
1. Contractor maintains accurate records of participants (children, TAY, adults, and/or older adults; parents, family members, and/or caregivers) attending Contractor's PEI Prevention Program. Contractor will at minimum provide its PEI Prevention program to participants as detailed in the Fee Schedule in Los Angeles County Supervisorial District(s) during the contract term.	Contractor centralizes an accurate record that tracks children, TAY, adults, and/or older adult family members and/or caregiver participants by using sign-in sheets.	Contractor maintains an accurate and complete database, including sign-in sheets, and required reports are submitted to DMH on or before due date every month.
2. Contractor increases the number of underserved and/or underrepresented participants in the PEI Prevention Program.	Contractor establishes collaborative relationships with community-based organizations used by underrepresented and/or underserved constituents, and utilizes these relationships to provide PEI Prevention Program services to these populations.	Contractor maintains an accurate and complete database, including the number of PEI Prevention Program participants, and submits required reports to DMH on or before due date each month.
3. Contractor's protocols used are consistent with one or more missions of the PP, EBP, or DMH's OEP Pilot Prevention program.	Contractor's verification of staff training and utilization of training and/or course/class curriculum.	100% of Contractor's PEI Prevention Program participants receive services consistent with the PP, EBP, or OEP Pilot Prevention program.
4. Contractor participates in all of the training sessions mandated by the PEI Program.	Sign-in sheets from training sessions.	100% of all mandatory trainings are attended by required Contractor staff.
5. Contractor has completed Program outcome measures as detailed in the Statement of Work (SOW) and as determined by DMH.	Contractor completes appropriate outcome measures in a format and schedule designated by DMH. An evaluation tool (e.g. pre- and post-training screening survey) is to be administered by Contractor to each PEI Prevention Program participant.	Contractor uses a DMH-approved evaluation tool (pre- and post-training screening survey) at each PEI Prevention Program event. Contractor maintains an accurate and complete database, including copies of the evaluation tool, and ensures required reports are submitted to DMH on or before due date each month.

Evaluation of Prevention Programs (Continued)

Performance-Based Criteria		
Criteria	Method Of Data Collection	Performance Targets
6. Contractor participates in the mandatory PEI meetings.	Sign-in sheets from PEI meetings.	100% of all mandatory monitoring sessions are attended by Contractor.
7. Contractor participates in the mandatory PEI monitoring sessions and submits all required monitoring reports.	Sign-in sheets. Reports from the PEI Evaluation Consultants regarding the Contactor's participation and outcomes.	100% of all mandatory monitoring sessions are attended and required monitoring reports are submitted by Contractor.

PEI staff conducted site visits to each of the 52 prevention agencies and provided technical assistance on-site and/or at the DMH office as needed. For consideration of an additional year of funding for FY 13-14, agencies were evaluated based on the achievement of their deliverables, population served, program design/program implementation and participant satisfaction.

Evaluation Category	Objectives / Outcomes	Data Sources
Deliverables	• The agency will meet 100% of its deliverables as specified in the contract • As of December 31, 2013, the agency will meet 50% or greater of its contract	• Invoices submitted as of December 31, 2013 and as of March 31, 2013. • Agency monthly reports of services (information on financial claiming and the monthly report, compliance with contract Statement of Work, numbers of persons served, group size, program documents, persons delivering services) • Agency's completed timeline/budget form
Population Served	• Agency serves the number of persons specified in their contract • Agency serves the population indicated in their proposal and contract	• Pre-site visit questionnaire • Agency site visits • Post-Program Outcome Surveys • Agency monthly reports
Program Design and Implementation	• The agency is implementing the program approved by DMH or the agency is following the protocols of MPAP or Triple P • The agency has a well thought-out program that meets the needs of their target populations • Staff has been trained in MPAP, Triple P, or the agency has provided training regarding this program	• Agency site visits • Agency documentation regarding their PEI program, such as curriculum, reports, manuals, brochures, outreach materials, etc. • Participant sign-in sheets • MPAP, Triple P and Mental Health First Aid sign-in sheets • Attendance at prevention provider meetings
Participant Satisfaction	• Participants are satisfied to very satisfied with the services received	• Post-Program Outcome Surveys

A summary report of the first year of the PEI Prevention Programs is currently being written. It includes an analysis of the post-program outcome surveys as well as a program review including strengths and successes, challenges and concerns, lessons learned, and recommendations.

OUTCOMES:

PEI metrics were chosen based on input from practice developers, a review of the outcome measure literature and input from providers and other stakeholders. In addition, cost, length of instrument and languages an instrument has been translated into were factors related to measures selection.

A general measure and focus of treatment specific measure is administered at the beginning of treatment and at the end of treatment, with pre- and post-treatment changes analyzed. If the treatment lasts greater than six months, both measures are given again at the six-month marker.

While DMH has focused most of its initial PEI evaluation efforts on outcome measures training, use of the PEI OMA (web-based application) and identifying successful strategies to increase the percentage of pre-post matched comparisons in order to evaluate the effectiveness of PEI, the following trends are emerging in terms of the effectiveness of evidence-based practices for a PEI population:

At the program level:

- **Managing and Adapting Practice (MAP):** This practice encompasses several foci of treatment, including anxiety, trauma, depression and disruptive behavior disorders. While the matched pairs are relatively low at this point, both children and parent/caregivers have endorsed the strongest positive change related to the treatment of disruptive behavior disorders, with **67%** of parents endorsing positive change on the Youth Outcome Questionnaire (YOQ) and **57%** endorsing positive change on the Eyberg Child Behavior Inventory (ECBI), **40%** of children endorsing positive change on the YOQ-SR, and **55%** endorsing positive change on the ECBI. Overall, matched pair results to date indicate that parent/caregivers are endorsing positive change related to MAP **64%** of the time, with a **45%** improvement in functioning achieved and children are endorsing positive change **55%** of the time, with a **41%** improvement in functioning achieved. All comparisons are made at the beginning and at the end of treatment.
- **Triple P Parenting:** This practice aimed at reducing parenting and family difficulties has resulted in a **38%** positive change as endorsed by parents and a **22%** positive change as endorsed by children on the YOQ-SR. The practice has also demonstrated 58-60% positive reliable change in parent/caregiver ECBI scores.
- **Trauma Focused Cognitive Behavioral Therapy:** For the 64 agencies providing trauma focused services, **74%** of the recipients of this practice self-identify as Latino. Both children and parent/caregivers have endorsed positive change on the YOQ. Parents endorsed a **38%** improvement in their children's overall functioning, while children reported a **35%** improvement in their overall functioning, representing **51%** and **47%** reliable change percentage, respectively. On average, parents report a **37%** improvement and children report a **42%** improvement in trauma symptoms on the Post Traumatic Stress Disorder Reaction Index (PTSD-RI) after completing Trauma Focused Cognitive Behavioral Therapy.
- **Incredible Years:** This practice aimed at improving parenting skills and reducing family difficulties has an average client age of 8. Sixty-six percent of clients are male and **81%**are Latino. A comparison between pre and post-average scores for the ECBI and the YOQ shows a reduction in symptoms below the clinical cutoff. Reductions in average scores range from **17% to 33%.**
- **Group CBT for Depression:** This practice aimed at reducing early course depression has demonstrated on average a **35%** reduction in symptoms as measured by the PHQ-9 and a **21%** reduction in overall symptoms as measured by the Outcome Questionnaire (OQ- 45.2), representing **38% to 43%** positive reliable change respectively.

At the program level (continued)

- **Aggression Replacement Training (ART):** Sixteen agencies are providing this practice aimed at treating disruptive behavior disorders in 12-17 year olds. When comparing pre and post-treatment average scores for the ECBI, the practice has led to **14 to 25%** reductions in symptoms and **11 to 25%** reductions in average scores pre and post-treatment on the YOQ-Parent and YOQ-SR.
- **Seeking Safety:** A robust implementation involving 73 contract agencies and county-operated programs has demonstrated, as measured by the PTSD-RI and the Outcome Questionnaire/YOQ-SR & YOQ (parent and self-report), significant reductions in trauma. Average symptom reduction after completion of the practice for children and their parent/caregiver ranges from **29% to 35%** depending upon the questionnaire. Average symptom reduction for adults aged 18 and above is **20%**, with reductions seen below the clinical cutoff for the PTSD-RI for adults.
- **Child Parent Psychotherapy:** Thirty-one contract agencies and county operated programs are providing this practice geared to treat trauma in young children ages 0–6 and their parent/caregivers. This practice has yielded a **62%** improvement in trauma symptoms as measured by the YOQ-Parent.
- **Crisis Oriented Recovery Services (CORS):**Thirty-two contract and county operated programs are providing this brief treatment model to address situational crises. Adults and children who completed the six session model experience a **21%** improvement as measured by the OQ 45.2 and YOQ-SR respectively. Parents reported a **33%** improvement in their child's symptoms.

The Los Angeles County MHSA Workforce Education and Training Plan, approved April 8, 2009, seeks to address the fundamental concepts of creating and supporting a workforce (both present and future) that is culturally competent, consumer/family driven and that promotes the transformation of mental health services to a strength based approach that is inclusive of recovery, resilience and wellness. Such tenets are cornerstones of MHSA. The Plan provides opportunities to recruit, train and re-train public mental health staff to meet those mandates.

For the County of Los Angeles, personnel shortages remain a constant concern. In particular, the need for bilingual and bicultural personnel to provide services to the underserved unserved populations is critical. In addition, there is a shortage of personnel with expertise relevant to working with the following populations: children/tay, lgbtq, veterans, and older adults.

1 **155 staff trained through the Recovery Oriented Practice (formerly known as Public Mental Health Workforce Immersion)** During FY 2012-13, 155 individual staff members of the public mental health workforce attended the Public Mental Health Workforce Immersion into MHSA	**6** **512 individuals attended the Community College Collaborative Symposiums** The symposiums were held on three campuses across the County.
2 **Licensure Examination Preparation** Previous Annual Update data reflected approved participants from multiple fiscal years. In order to accurately reflect the participant data, it is not being reported by Fiscal Year. During FY 11-12, 89 participants were approved, while 192 were for FY 12-13.	**7** **678 faculty and students attended MHSA presentations or MHSA mini-immersion**
3 **42 individuals completed the Health Navigator Skill Development Program** 21 have received certification and 18 are working towards the necessary hours for full certification. Three participants are no longer working/volunteering in the public mental health system	**8** **145 participants completed the Intensive Mental Health Recovery Specialist Training Program**
4 **36 individuals completed Advance Peer Support Training** These individuals are currently employed in the mental health system in a peer advocate capacity.	**9** **138 supervisors completed the Recovery Oriented Supervision Training**
5 **27 mental health consumers completed the Core Peer Advocate Training** These consumers are interested in becoming part of the public mental health workforce as mental health peer advocates.	**10** **124 staff members participated in the Interpreter Training Program**

1-Workforce Education and Training (WET) Coordination

This program provides the funding for the MHSA WET Administrative unit. WET Administration is tasked with implementation and oversight off all WET-funded activities.

2 -WET County of Los Angeles Oversight Committee

The WET County of Los Angeles Oversight Committee was active throughout the development of the WET plans and will continue to provide recommendations to the LACDMH. The Committee is composed of various subject matter experts, representing many underserved ethnicities in our County.

3 -Transformation Academy without Walls

Public Mental Health Workforce Immersion into MHSA (Recovery Oriented Practices)
Since 2007-2008, this program offers public mental health staff (i.e., clerical, clinical staff to program administrators) a three day immersion program on the tenets of MHSA. The training incorporates the MHSA experience including consumers sharing their recovery journey. Upon completion, staff is expected to acquire an understanding of the recovery oriented approach and incorporate these concepts into practice in their practice. The delivered curriculum also addresses the integration of mental health, physical health and co-occurring disorders.

During FY 2012/2013, 155 individual staff members of the public mental health workforce attended this training.

Public Mental Health Workforce Immersion into MHSA – No change is expected during FY 2013/2014.

Licensure Preparation Program (LPP)
Implemented during FY 2011/2012, this program funds licensure preparation study materials and workshops for unlicensed social workers, marriage and family therapists, and psychologists. All accepted participants must be employed in the public mental health system and have completed the required clinical hours to take the mandatory Part I and Part II of the respective licensure board examinations.

Licensure Preparation Program (LPP) – The Licensure Preparation Program will continue with no significant changes for FY 2013-2014.

Health Navigator Skill Development Program
In preparation for health care reform, this program trains individuals (peer advocates, community workers and medical case workers) on knowledge and skills needed to assist consumers navigate and likewise advocate for themselves in both the public health and mental health systems. This 52 hour course uniquely incorporates a seven hour orientation for participants' supervisors and is intended to support the participants' navigator role. During FY 2012/2013, 88% of participants represented un or underserved populations.

Health Navigator Skill Development Program – This program will continue with no significant changes during FY 2013/2014.

3 -Transformation Academy without Walls (Continued)

Outcomes

Public Mental Health Workforce Immersion into MHSA

During FY 2012/2013, 155 individual staff members of the public mental health workforce attended this training.

Licensure Preparation Program (LPP)

Licensure outcomes for this program are pending due to participants scheduling of their examinations and subsequent notification of testing results. Thus far, 50% of participants who received assistance from the first two fiscal years have passed the respective licensure test. The number of participants for each specific exam is as follows:

Examination	FY 11-12	FY 12-13	Total
MSW - Part I	27	36	38
MSW - Part II	0	61	32
MFT - Part I	40	31	16
MFT - Part II	13	37	19
Psychologist - Part I	0	23	9
Psychologist - Part II	9	4	9
TOTAL	**89**	**192**	**281**

Health Navigator Skill Development Program

Forty-two individuals have completed the training and21 have received certification. Of those 18 are working towards the necessary hours for full certification. Three are no longer working/volunteering in the public mental health system.

5 - Recovery Oriented Supervision Trainings

The goal of the Recovery Oriented Supervision Training and Consultation Program (ROSTCP) is to increase the capacity of the public mental health system to deliver best practice recovery-oriented mental health services. The ROSTCP is designed for individuals interested in becoming a supervisor, front line supervisor or managers. They will assume important leadership roles to teach, support, and elevate the recovery and resilience philosophies among direct service staff in the public mental health system. The ROSTCP will train supervisors and managers across all age groups and includes public mental health programs. Two-hundred and forty individuals are trained annually.

During FY 2012/2013, 138 participants completed the program. Fifty-nine percent of the participants represented individuals from un- or under- served populations and 42% spoke one of the thirteen threshold languages of the County of Los Angeles.

The ROSTCP program will not undergo any significant changes during FY 2013-2014.

6 - Interpreter Training Program

The Interpreter Training Program (ITP) offers trainings for bilingual staff that currently performs or is interested in performing interpreter services to English speaking mental health providers. The use of linguistically and culturally competent interpreters is important to bridging the language and cultural gap in the delivery of services in public mental health. This training opportunity consists of the following: 3-Day Introduction to Interpreting Training; Advanced Interpreting Training; and monolingual English speaking Provider focused training entitled "How to Use Interpreters in a Mental Health Setting".

FY 2012/2013 Outcomes:

Training Title	Total
3-Day Training (Intro)	74
Advanced Training - Part I	15
Advanced Training - Part II	12
Provider Training	23
Total	**124**

7 - Training for Community Partners

Community College Collaboration

This training engages the college student, faculty and the community at large at their respective community colleges. Collaborative events provide information regarding recovery oriented mental health services in the community and ways to access them.

During FY 2012/2013, participants attended three collaborative symposiums were held at community college campuses across the County:

Campus (Service Area)	Total Participants
West Los Angeles College (SA 5)	119
Los Angeles Trade Technical College (SA 4)	286
Citrus College (SA 3)	107
Total	**512**

7 - Training for Community Partners (Continued)

Faith Based Roundtable Pilot Project

This project is designed for clergy and mental health staff to come together to address the mental health issues of the individuals and communities they mutually serve. It provides an opportunity for faith-based clergy to understand recovery focused mental health services and mental health personnel to understand and integrate spirituality in the recovery process. During FY 2012/2013, this program expanded to Service Areas 2 and 4. The participant breakdown for these 2 SAs was:

Round Table Composition	SA 2	SA 4
DMH Staff	4	6
Clergy	5	6
Total	**9**	**12**

There will be no significant change to the program model in FY 2013-14.

8 - Intensive Mental Health Recovery Specialist Training Program

Mental Health Rehabilitation Specialist Training will prepare consumers and family members with a Bachelor's degree, advanced degree, equivalent certification, to work in the field of mental health as psycho-social rehabilitation specialists. This 12-16 weeks program is delivered in partnership with mental health contractors and the local community colleges. Successful completion of this program ensures that participants are qualified to apply for career opportunities in the public mental health system.

Two contractors delivered this training to 145 individuals interested in employment in the public mental health system. As of October 2013, 69 participants (47.5%) have secured employment.

No changes are anticipated during FY 2013/2014.

9 - Expanded Employment and Professional Advancement Opportunities for Consumers in the Public Mental Health System

Peer Advocate Training prepares individuals interested in work as mental health peer advocates in the public mental health system. During FY 2012/2013, certificated training included core peer advocate training, advanced peer advocate training, and Train-The-Trainer. This training was designed to train no less than 60 individuals. The targeted population for each training component was:

a. Core Peer Advocate Training: For mental health consumers interested in becoming part of the public mental health workforce as mental health peer advocates.

b. Advanced and Train-The-Trainer training: For individuals who are currently employed in the mental health system in a peer advocate capacity.

Program	Total Graduates
Basic Peer Advocate	27
Advanced Peer Advocate	36
Train-the-Trainer	9
TOTAL	**73**

10 - Expanded Employment and Professional Advancement Opportunities for Parent Advocates, Child Advocates and Caregivers in the Public Mental Health System

This training program is designed to provide knowledge and technical skills to Parent Advocates/Parent Partners who are committed to: the work of family support for mental health; supporting the employment of parents and caregivers of children and youth consumers in our public mental health system; and/or promoting resilience and sustained wellness through an emphasis on increasing the availability of a workforce oriented to self-help, personal wellness and resilience techniques that are grounded in parent advocate/parent partner empowerment.

This program is anticipated to begin major implementation during the latter part of FY 2013/2014.

11 - Expanded Employment and Professional Advancement Opportunities for Family Members in the Public Mental Health System

The proposed trainings would prepare family members of consumers to develop or augment skills related to community outreach, advocacy and leadership and decrease barriers to employment. These trainings would include such topics as public speaking, navigating systems, and resource supports for consumers and families. Priority will be given to those family members coming from targeted communities particularly those culturally and linguistically underserved in the County of Los Angeles (i.e., Spanish speaking, Asian Pacific Islanders, etc.).

This program is now funded with MHSA WET dollar effective FY 2013/2014.

12 - Mental Health Career Advisors

This program is designed to fund career advisor services in the effort to meet the workforce needs of the public mental health system, Services will include: the provision of ongoing career advice, coordination of financial assistance, job training, mentoring and tutoring and information sharing and advocacy. The Mental Health Career Advisors will essentially function as a one-stop shop for upward career mobility.

A pilot program is intended to be implemented during FY 2013-14.

13- High School Through University Mental Health Pathway

The County of Los Angeles will promote mental health careers to high school, community college and university students, particularly in communities or areas of the County where ethnically diverse populations reside.

A pilot program is intended to be implemented during FY 2013-14.

14 - Market Research and Advertising Strategies for Recruitment of Professionals in the Public Mental Health System

Market research and advertising strategies can assist in defining ways of attracting and targeting new professionals into the public mental health field. The goal is to establish collaboration with an academic institution, research institute or think tank to conduct market research and then formulate advertising strategies based on that research. Studies would include designing research to target more bilingual staff, as well as staff to serve ethnic minority communities, addressing cultural variances and access factors. Indirectly, these efforts may also support the retention of current staff or encourage their further professional development.

To date, no formal market research has been completed to address these issues.

15 - PARTNERSHIP WITH EDUCATIONAL INSTITUTIONS TO INCREASE THE NUMBER OF PROFESSIONALS IN THE PUBLIC MENTAL HEALTH SYSTEM (IMMERSION OF FACULTY-MFT, MSW, ETC)

College Faculty Immersion Training Program – Immersion training services update college and graduate school faculty on the current best practices and requirements for the human services workforce. This program delivers in class presentation to students: on the core tenets of MHSA; consultative services with faculty on recovery oriented curriculum enhancement; and MHSA mini immersion training opportunities where students and faculty learn first about the benefits of MHSA and the recovery process.

During FY 2012/2013, a total of 678 faculty and students received curriculum consultation, attended the MHSA presentations or MHSA mini-immersion.

No changes are expected during FY 2013/2014.

16 - RECOVERY ORIENTED INTERNSHIP DEVELOPMENT (RECOVERY ORIENTED AND INTEGRATED CARE INTERNSHIP TRAINING PROGRAM)

A component of this program includes establishing training that targets supervising field instructors employed in the public mental health system (PMHS) and their student interns. The purpose of this program is to 1) promote recovery oriented and integrated care principles and 2) establish standards for student training critical for the preparation of the future PMHS workforce. Field instructors will have an opportunity to increase their exposure, knowledge and expertise in recovery oriented and integrated care principles; as well as augment student interns' classroom instruction through training and supervised direct service experience.

Implementation is projected to begin during FY 2013/2014.

19 - PUBLIC MENTAL HEALTH WORKFORCE FINANCIAL INCENTIVE PROGRAM

The Public Mental Health Workforce Financial Incentive Program represents a consolidation of WET Plans #19 (Tuition Reimbursement Program) and #22 (Loan Forgiveness Program). This program is intended to deliver educational/financial incentives to individuals employed in the public mental health workforce, as well as serve as a potential recruitment tool.

Tuition Reimbursement Program

This tuition reimbursement program will provide tuition expenses for those individuals interested in enhancing skills relevant to mental health workforce needs. It will include peer advocates, consumers, family members, parent advocates and professionals employed in directly operated and contracted agencies. Tuition reimbursement students will be expected to make a commitment to continue working in the public mental health system. Additionally, those candidates who are bilingual/bicultural and/or willing to commit to working with unserved and underserved communities in the County will be given priority.

Loan Forgiveness Program

Striving to meet MHSA expectations of a linguistically and culturally competent workforce, Los Angeles County will explore loan forgiveness programs as a supplement to the loan forgiveness programs developed by the State.

This program is expected to be implemented during FY 2013/2014.

21 - STIPEND PROGRAM FOR PSYCHOLOGISTS, MSWS, MFTS, PSYCHIATRIC NURSE PRACTITIONERS, AND PSYCHIATRIC TECHNICIANS

LACDMH provides 2nd year students with education stipends in the amount of $18,500 in exchange for a contractual obligation to secure employment in a hard-to-fill area of the county for a minimum of 1 year. This program targets students who are linguistically and/or culturally able to service the traditionally unserved and underserved populations of the County.

During FY 2012/2013 this program was available to 20 MFT, 20 MSW, and two Nurse Practitioners students were funded. In addition to these stipends, PEI allocations funded an additional 2 Nurse Practitioner, 32 MSW, and 32 MFT stipends. However, no Nurse Practitioner stipends were awarded.

In addition to the stipends, 6 post-doctoral fellows were likewise funded. No significant change is expected for this program.

CONTRACT PROVIDER TECHNOLOGY PROJECT (CPTP)

PROJECT STATUS: On Schedule
BUDGET STATUS: Within Approved Budget
PROJECT START DATE: 3/19/2008
PROJECT END DATE: 6/30/2018

PROJECT OBJECTIVES: The primary objective is to provide a means for non-governmental agency Short-Doyle Contract Providers within the LAC-DMH provider network to obtain the funding necessary to fully participate in the County's Integrated Information Systems Infrastructure and address their technological needs consistent with the MHSA Capital Facilities and Technological Needs Guidelines.

INTEGRATED BEHAVIORAL HEALTH INFORMATION SYSTEM (IBHIS)

PROJECT STATUS: On Schedule
BUDGET STATUS: Within Approved Budget
PROJECT START DATE:4/1/2009
PROJECT END DATE:3/1/2015

PROJECT OBJECTIVES: To acquire commercial-off-the-shelf (COTS) and proven software with the necessary clinical functionality to support the delivery of quality mental health services consistent with the Mental Health Services Act and integrated with administrative and financial functionality.

PERSONAL HEALTH RECORD AWARENESS & EDUCATION

PROJECT STATUS: Not Started
BUDGET STATUS: N/A
PROJECT START DATE: To be determined
PROJECT END DATE: To be determined

PROJECT OBJECTIVES: Through the stakeholder process, LAC-DMH received considerable feedback suggesting that many mental health consumers have limited awareness of Personal Health Record (PHR) and how a PHR may be used as a recovery and wellness tool. The written and online PHR awareness and education materials developed through this project will be used to increase consumer/family understanding and awareness. In addition, Mental Health Services Providers are part of the targeted audience to promote a collaborative therapeutic relationship.

CONSUMER/FAMILY ACCESS TO COMPUTER RESOURCES

PROJECT STATUS: On Schedule
BUDGET STATUS: Within Approved Budget
PROJECT START DATE:1/19/2010
PROJECT END DATE:06/30/2018

PROJECT OBJECTIVES:

- Promote consumer/family growth and autonomy by increasing access to computer resources, relevant health information and trainings.
- Provide basic computer skills training to consumers allowing them to effectively utilize the computer resources made available to them.
- Provide appropriate access to technical assistance resources when needed.

DATA WAREHOUSE RE-DESIGN

PROJECT STATUS: On Schedule
BUDGET STATUS: N/A
PROJECT START DATE: July 2013
PROJECT END DATE: To be determined

PROJECT OBJECTIVES: Redesign the current data warehouse to support the data requirements of the Department of Mental Health's new Integrated Behavioral Health Information System (IBHIS) as well as new data collected from MHSA programs such as Prevention & Early Intervention (PEI), Workforce Education and Training and Innovation. The re-designed data warehouse will include the full scope of MHSA program and service data including clinical, administrative, and financial and outcomes data.

TELEPSYCHIATRY IMPLEMENTATION

PROJECT STATUS: On Schedule
BUDGET STATUS: Within Approved Budget
PROJECT START DATE:7/1/2010
PROJECT END DATE:6/30/2018

PROJECT OBJECTIVES: To address service disparities among remote and underserved populations by implementing networked videoconferencing at multiple service locations to allow provision of direct telepsychiatry treatment services to clients by psychiatrists and specialty tele-consultation between psychiatrists and primary care providers.

PROGRAM GOAL

Four models test different approaches to the integration of mental health, primary care and substance abuse services for clients with serious mental illness and one or more co-occurring disorders. The Integrated Clinic Model, Community-designed Integrated Services Management Model, and Integrated Mobile Health Team Model began services in the 4th quarter of FY 2011-12. The Integrated Peer-Run Model began services late in the 4th quarter of FY 2012-13. The Department established a contract with the University of California, San Diego for the evaluation of the Innovation project. After conducting focus groups on proposed outcome measures in September, 2012 measures were selected and providers were trained on the use of the measures and how to enter outcome data into the UCSD electronic data system. Quarterly learning sessions with all providers began in October, 2012, with a focus on service integration and use of outcome data for learning purposes and quality improvement.

The programs will be evaluated by model and program according to:

- Health status of clients served
- Mental health status of clients served
- Substance use patterns of clients served
- Degree of integrated service attained
- Client satisfaction
- Community satisfaction
- Cost effectiveness
- Degree to which programs in certain models enhance client quality of life through the reduced use of psychiatric and medical emergency departments, reduced psychiatric hospitalizations, increases in employment and education and reductions in homelessness and increases in clients living independently.

While services were initially scheduled to end at the end of FY 2013-14, due to late start-up and the need for additional time to extend the learning on mental health and physical health integration. Specifically:

- Programmatic, fiscal and clinical strategies to support integrated care for each model has required significant and critical changes on the part of DMH and providers
  - Funding uninsured client medical care
  - Funding care coordination activities
  - FQHC support
  - Culturally relevant outreach and engagement and service delivery
- Does integrated care produce better behavioral health outcomes?
- Is there a difference in client behavioral health outcomes if the integrated service is located at an FQHC vs. an outpatient mental health clinic?
- Do models differentially impact client behavioral health outcomes?
- Identify successful strategies to create integrated community-based networks that support community health and wellness.
- Identify the role of non-traditional services in the outreach and engagement process and in overall improved health for specific ethnic populations.
- Identify, implement and replicate success strategies to create team-based care.
- Identify successful strategies to fund integrated care prior to payment reform.

PROGRAM GOAL (CONTINUED):

On July 17, 2013 the System Leadership Team approved a motion to extend the Innovation Project so that each model will have three fiscal years to engage in the learning described above. As such, the Integrated Clinic Model, Community-designed Integrated Services Management Model, and Integrated Mobile Health TeamModel will be extended through FY 2014-15 and the Integrated Peer Run Model will be extended through the end of Fiscal Year 2015-16.

1.COMMUNITY-DESIGNED INTEGRATED SERVICES MANAGEMENT MODEL (ISM)

CLIENT CONTACTS[3] FOR FY 2012-13: 2,305

The Community-Designed Integrated Service Management Model (ISM) envisions a holistic model of care whose components are defined by specific ethnic communities and also promotes collaboration and community based partnerships to integrate health, mental health, and substance abuse services together with other needed non-traditional care to support the recovery of consumers.

The five ethnic communities targeted are African Immigrant / African American, American Indian / Alaska Native, Asian Pacific Islander/ Eastern European / Middle Eastern and Latino.

The ISM model consists of discrete teams of specially-trained and culturally competent "service integrators" that help clients use the resources of both formal (i.e. mental health, health, substance abuse, child welfare, and other formal service providers) and nontraditional (i.e., community defined healers) networks of providers, who use culturally-effective principles and values. The ISM Model services are grounded in ethnic communities with a strong foundation of community based, non-traditional, and natural support systems such as faith-based organizations.

2. INTEGRATED CLINIC MODEL (ICM)

CLIENT CONTACTS[3] FOR FY 2012-13: 134

The Integrated Clinic Model (ICM) is designed to improve access to quality culturally competent services for individuals with physical health, mental health and co-occurring substance use diagnoses by integrating care within both mental health and primary care provider sites. ICM's are staffed with multidisciplinary professional teams and specially trained peer counselors and paraprofessionals.

ICMs provide: Recovery Oriented Assessments, Mental Health Treatment Services, Co-occurring Substance Use Services, Peer Counseling and Self Help, Primary Care Services, Homeless/Housing Services, Care Management, Wellness Activities and Outreach.

3. INTEGRATED MOBILE HEALTH TEAM MODEL (IMHT)

CLIENT CONTACTS[3] FOR FY 2012-13: 1,675

The Integrated Mobile Health Team (IMHT) service model is designed to improve and better coordinate the quality of care for individuals with a mental illness and their families, if appropriate, who are homeless or have recently moved into Permanent Supportive Housing (PSH) and have other vulnerabilities. Vulnerabilities include but are not limited to age, years homeless, co-occurring substance abuse disorders and/or physical health conditions. Improving the quality of care will be accomplished by having multidisciplinary staff that provide mental health, physical health and substance abuse services work as one team, under one point of supervision, operate under one set of administrative and operational policies and procedures and use an integrated medical record/chart. The program is designed to provide the level of services necessary to support clients to successfully transition from homelessness into PSH and to improve their mental health and co-occurring disorders.

4. INTEGRATED PEER-RUN MODEL

The Innovative Integrated Peer Run Model: Peer-Run Integrated Services Management (PRISM) and Peer-Run Respite Care Homes (PRRCH) are peer-operated and member driven community based, recovery oriented, holistic alternatives to traditional mental health programs. PRISM offers linkage to health, mental health, substance abuse, and housing services as part of a program designed to empower individuals to sustain their own recovery. PRRCH offers guests a short-stay voluntary opportunity to grow through distress in a warm, safe, and healing environment while engaging in recovery focused supportive services as desired.

[1] Unique Clients are counted by claims entered into the Integrated System. Data pulled October 24, 2013 for Fiscal Year 2012-13.
[2] Clients may have received a non-MHSA mental health service.
[3] Client contacts are based on Exhibit 6 reporting by program leads for FY 2012-13. Client Run Centers are based on client contacts using Community Outreach Services billing.

Estimated Los Angeles County MHSA Budget:

Fiscal Year	CSS*	PEI*	INN*	Total*
2012-13	$343.1	$88.8	$22.7	$454.6
2013-14	$303	$78.4	$20.1	$401.5
2014-15	$332.8	$86.1	$22.1	$441.0
2015-16	$314.2	$81.3	$20.8	$416.3
2016-17	$351.9	$91.1	$23.3	$466.3

*Reported in millions of dollars

Total does not reflect current WET, CFTN or WET Regional Partnership funds.
Not inclusive of EPSDT, FFP or unspent funds from prior Fiscal Years
Fiscal Year budgets 2013-14 through 2016-17 are estimates based on projections by Mike Geiss, Fiscal Consultant for CMHDA.

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