

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH CHILDREN'S SYSTEMS OF CARE



System Leadership Team - Proposal for the Family Wellness Resource Center

Background

The MHSA Three Year Program and Expenditure Plan addresses identified service gaps in key unserved and underserved focal populations. The plan provides an opportunity for the Los Angeles County Department of Mental Health (DMH) to review MHSA programs and services and solicit feedback from stakeholders on those services. Through the implementation of MHSA, DMH has made great strides to create a continuum of services for each age group ranging from prevention to early intervention to an array of intensive community services and supports.

The stakeholders identified a gap in service programs focused on providing ongoing support for children who do not continue to need intensive services and who are transitioning to a lower level of care. Currently, upon completion of an intensive mental health program such as Child Full Service Partnership (FSP) or Child Field Capable Clinical Services (FCCS) children are often kept in high intensity programs to maintain services, referred to their primary care physician for monitoring and medication support and outpatient services, referred to a limited number of County General Funded programs, or mental health services are discontinued leaving them unserved and/or inappropriately served. Family Wellness Resource Centers (FWRC) and Self-Help Support Groups for children and families have been identified as services and supports in need of expansion to address this unmet need.

Proposed Change/Program Description

DMH Children's System of Care (CSOC) request the elimination of the proposed Community Support and Services (CSS) work plans added through the MHSA Three Year Plan entitled Family Wellness/Resource Centers (FWRC) and Self-Help Support Groups for Children and consolidating them together to create the Family Wellness Work Plan to include children as a focal population. This new service within the CSS Wellness work plan will fill the gap identified above with FWRCs which include self-help support groups for families and children. Services at FWRCs will include mental health assessments and treatment, medication support, case management and linkage to resources. The FWRCs, funded by the Wellness work plan, will expand mental health services and the ability to address the needs of children, their parents/relatives and other caregivers who require minimal support to securely continue their journey towards obtaining and maintaining resilience and wellness in the community.

FWRCs will assist children, their parents/relatives and other caregivers to develop resiliency and maintain healthy families in the community. FWRCs will offer opportunities for innovative approaches to enhance family and community development which may include healthy living, gardening/nutrition and extracurricular activities. FWRCs will provide access to services on site and linkages in the community which strengthen and empower children and their families/caregivers thereby fostering hope, wellness and resilience.

Parent Advocates/Partners are an integral component of FWRCs. They have children who are currently receiving or who previously received services from the public mental health system. Their experience and guidance is essential to engage parents/relatives and other caregivers in services.

System Leadership Team Proposal for the Family Wellness Resource Center January 20, 2016 Pg. 2

Self-help support groups housed within the FWRC's will target children, their parents/relatives and other caregivers who have support needs which include, but are not limited to trauma and loss, child development and healthy attachment, self-awareness, communication skills, substance abuse, violence and healthy living. These groups will provide a supportive network for children/youth dealing with mental illness and life experiences, engage parents/relatives and other caregivers who have children involved in the mental health system, improve coordination of services and improve outcomes for children with mental health and other behavioral issues.

Target Population

Expanded services provided under the Wellness work plan will create opportunities to serve children (birth to 21 years of age), their parents/relatives and other caregivers and promote community partnerships. The FWRCs are specifically designed to target children who do not continue to need an intensive level of services and would be transitioning to a lower level of care.

MHSA Component

Community Services and Supports (CSS) outpatient services, Wellness work plan.

Intended Program Outcomes

- Address service gaps for children/youth, their parents/relatives and other caregivers by creation
 of a new level of care
- Increased timely access to services and community awareness of mental health services.
- Improved communication for children/youth in family and peer relationships.
- Improved competence and confidence in parents/relatives and other caregivers of children with mental health issues.
- Enhance collaboration between parents/relatives and other caregivers and community partners.

Proposed Outcome Tool

Youth Outcome Questionnaire (YOQ)

Budget (MHSA)

The proposed work plan will utilize the current allotment of funds delineated in the MHSA Three Year Plan. No additional funds will be requested.