



▶▶ Los Angeles County Department of Mental Health
Prevention Division



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▶▶ Prevention

- Prevention in mental health means a set of related activities to reduce risk factors or stressors for developing a potentially serious mental illness and to build protective factors.
- Example of Protective Factors:
 - Social Connections
 - Concrete Support in Times of Need
 - Knowledge of Parenting and Child Development
 - Social and emotional competence

▶▶ Prevention

- Target population:
 - Individuals who are not currently receiving mental health services,
 - Individuals or large groups of individuals who may be at-risk or at-risk, or
 - Part of the general population to promote prevention in mental health.
- Priority populations include the following:
 - Trauma-exposed individuals;
 - Individuals experiencing onset of serious psychiatric illness;
 - Individuals experiencing extreme stressors; and
 - Underserved cultural populations.

►► Creative Wellbeing: Arts, Schools, and Resilience

- Partnership with Dept. of Arts and Culture
- Creative Wellbeing is an approach for building communities of wellness.
- The model offers non-traditional strategies for promoting mental health and wellness that include culturally relevant, healing-centered, arts-based workshops for youth, as well as professional development, coaching, and emotional support for the adults who work with them.
- The Creative Wellbeing curriculum supports positive youth development and social-emotional learning (SEL) competencies for schools.
- Provides opportunities for non-traditional mental health supports.

Target Population

- Services are offered to staff who are part of:
- School districts with high numbers of systems-impacted students and foster youth
 - Short Term Residential Therapeutic Programs (STRTP)
 - Temporary Shelter Care Facilities (TSCF)
 - Foster Family Agencies (FFA)
 - Other County agencies and initiatives focused on supporting systems-impacted young people (including DMH, DCFS, DHS)

▶▶ Abundant Birth Project

- Provide support to pregnant people in Los Angeles (LA) County from marginalized populations most likely to experience the worst birth outcomes
- Evaluate an innovative prevention approach to addressing economic stability through a randomized control study

Interventions / Supports

- A private-public partnership that seeks to provide support to a minimum of 400 pregnant people in LA County from marginalized populations most likely to experience the worst birth outcomes with a variety of supports for 18 months.
- Participants will be provided with counselors who offer coaching, support, and linkages to services, as requested.
- Additional voluntary services may include post-partum supports, financial coaching, mental health and wellness supports, educational resources, health, and housing assistance, as requested

Expected Outcomes

- Reduction in income volatility, anxiety, depression, and stress, and
- Improvement in birthing outcomes, attitudes about their choices, and setting goals

▶▶ Home Visitation: Deepening Connections and Enhancing Services

- A partnership with First 5 LA (F5LA) to implement the Health Families America (HFA) and Parents as Teachers (PAT) home visiting programs.
- Program will prioritize areas where data indicates there is a high number of families involved with child protective services.
- The partnership will enhance referral pathways between the Los Angeles County Department of Children and Family Services' (DCFS) Prevention and Aftercare Networks (P&A) and the home visiting programs.
- HFA and PAT are evidence-based, research-proven, national home visiting programs that gather family information to tailor services to the whole family and will:
 - Deliver home visits weekly or every two weeks to promote positive parent– child relationships and healthy attachment.
 - Add licensed clinical therapists to support address perinatal and postpartum mental health concerns for participating mothers.

▶▶ LA County Department of Youth Development (DYD)

- LAC Dept of Youth Development (DYD) established in July 2022
- Mission: Support the Development of Youth by building a wide range of programs and services and supports to equitably reduce youth justice system involvement
- History with DMH: PEI previously funded a number of programs through the CEO prior to the establishment of DYD to support and expand community-based pre-arrest youth diversion and restorative practices based on the Youth Development and Diversion (YDD) program model

▶▶ LA County Department of Youth Development (DYD) Credible Messenger Mentoring Model

- Goal: Mentoring by peer youth to increase access to resources and services for young people of color disproportionately negatively impacted by traditional systems and services
- Specific Services to be provided: training of messenger peers, needs assessment of youth to be paired with mentors, 1:1 mentorship by youth with lived experience, group activities to repair harm and nurture healing and wellbeing, emerging crisis intervention, referral and service/resource linkage, engagement with family, networks of care and other related environmental relationships (such as school) that will surround re-entry youth
- Target pop: Youth 18-25, 45 credible peer messengers, to provide mentorship to 400 youth annually in community settings, CBOs and schools (through referrals from school staff or connections to youth and community centers), youth housed in Campus Kilpatrick (through a partnership with the Probation Department) or Short-Term Residential Treatment Placements or Temporary Shelter Care Facilities (through a partnership with the Department of Children and Family Services).
- Outcomes to be achieved: Increase in protective factors reduction in risk-factors consistent with PEI

LA County Department of Youth Development (DYD)

▶▶ Youth Development Regions: Increasing Protective Factors

Youth Development Regions: Increasing Access to Youth Development Services and Increasing Protective Factors Through a Regional Approach

- Goal: Support youth by providing or referring to a range of youth development services based on an assessment of the individual strengths, interests, and needs of each youth.
- Specific Services to be provided: through direct service by contracted CBOs or referral and linkage: school engagement services, training on conflict resolution, mentoring/peer support, educational support, employment/career services, social/emotional wellbeing resources, mental/physical health services, arts/creative expression
- Target pop: Youth ages 18-25, served in 3 regions in the county with 8 to 15 CBOs per region (approx. 90 CBOs total) at a cost of \$2K annually per youth, serving approximately 6,500 youth annually
- Outcomes to be achieved: Increase in protective factors reduction in risk-factors consistent with PEI

DHS LAC+USC Medical Center Foundation

▶▶ Patient Health Navigation Services

Mission

Provide prevention and early intervention services, education, support, and outreach to help identify individuals in clinics and the emergency room, who may be experiencing mental health challenges and need support in accessing care. The services provided promote wellness, foster health and prevent unneeded suffering that can result from undiagnosed mental illness. Allowing patients to be linked to mental health education, outreach and early prevention services can decrease the negative long-term outcomes for mental health for our patients who have emergent co-occurring health concerns.

History with DMH

PEI previously funded Patient Navigation Services for one-year to support community-based outreach and referral for combined health and mental health services

▶▶ Stephen A. Cohen Military Family Clinic At VVSD Los Angeles

Goal

To improve the quality of life for veterans, service members, including those from the National Guard and Reserves, and their families to strengthen mental health outcomes and complement existing supports through early recognition of mental health concerns

Target Population

Unserved veterans

Funding Requested

\$1.5M annually (one year through AU, but ongoing through 3 Year Plan)

▶▶ Stephen A. Cohen Military Family Clinic

At VVSD Los Angeles

Services Provided

Evidence-based mental health care along with outreach and timely access to comprehensive case management support and referrals to address early intervention and suicide prevention and provide supports for other stressors like unemployment, finance, housing and legal issues.

The clinic offers emergency services for those in crisis and high quality, accessible and targeted mental health care through a client-centered outpatient care model. The clinic also works to reduce barriers to care and mental health stigma in the community.

Outcomes

Pre/post for PHQ-9, GAD-7, PCL-5, C-SSRS, QLES

Questions?



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INNOVATIONS



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Innovations Proposal

▶▶ Biofeedback Therapies: Los Angeles County Directly Operated Children and Youth Clinic Programs

- Neurofeedback (NFB) Therapy:
 - Non-invasive treatment that encourages the brain to develop healthier patterns of activity. The goal of treatment is not only to change how you think and feel, but also to change your brain on a biological level for better functioning
- Reality Management Technologies:
 - Digital Therapeutics / Frequency Therapy: Uses a holistic approach backed by years of neuroscience and cutting-edge technology to support individuals to have a peak mental, emotional and physical experience.
- Eye Movement Desensitization and Reprocessing (EMDR) and other practices/technologies informed by the community to address trauma

▶▶ Care Court Peer Support

Overview

- The goal of this program is to incorporate Peer Support and advocacy as part of a client centered support team for participants throughout the Care Court Process.
- The ultimate goal of this service is to have peers involved to support individuals and their voluntary participation in mental health services within their own communities to stabilize, heal, and thrive ultimately without the necessity of court updates.

▶▶ Care Court Peer Support

Background

- The implementation of SB1338—the Community Assistance, Recovery, and Empowerment (CARE) Court Program in Los Angeles County allows DMH to lead the county in working with individuals who are struggling to care for themselves and advocate with insight for their own care.
- DMH was ordered by legislation/law to implement the CARE Act/Court. In January 2023, LA County DMH learned it would begin implementation of Care Court in December 2023—a year earlier than mandated by law. The process and options of CARE Court are set by legislation.

▶▶ Care Court Peer Support

Services

Peer Support Team members will be embedded in Care Court multidisciplinary teams to assist with:

- Support prospective care court clients during their court appearances, court related appointments, and other meetings
- Provide transportation and attend appointments with individuals including their health and social appointments, court hearings, or other quality of life activities to aid in the compliance of their mental health care treatment plans
- Participate in community outreach and engagement teams to other stakeholder groups sharing about Care Court programs

▶▶ Care Court Peer Support

Services (continued)

- Engage individuals recently released from jail and/or prison in coordination with other DMH field-based programs to encourage participation in various voluntary services (to avoid Care Court)
- Provide individualized referrals and resources from culturally competent providers for those identifying as members of underserved communities, with military affiliations, and/or conditions which need support to have full and equal access to all services and facilities to meet their needs
- Provide specialized case management for those who have other acute medical concerns and other complex case needs

▶▶ Care Court Peer Support

Innovation & Learning

The Innovation is having peer supporters be active advocates in the planning, implementation, and ongoing treatment teams during Care Court to ensure success in the community.

Anticipated Results of Peer Support:

- The client rates of voluntary participation with mental health treatment programs will be achieved with less outreach activities and time frames
- The notable increase in one's level of overall health, functioning, and wellbeing will be achieved in a shorter time frame
- The longevity of the average length of outpatient treatment will be higher than other non-peer dominant outreach, engagement, and voluntary treatment interventions compared with other clinical settings

Questions?



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Interim Housing

▶▶ Multidisciplinary Assessment & Treatment Teams

Overview

The goal of this program is to create new regional, field-based, multidisciplinary teams dedicated to serving people experiencing homelessness (PEH) who are living in interim housing.

The project is designed to address current gaps in behavioral health and physical health services, substance use treatment, support interim housing stability, facilitate transition to permanent housing and prevent a return to homelessness.

This proposal was developed from recommendations established by the Homeless Initiative planning process.

Interim Housing

▶▶ Multidisciplinary Assessment & Treatment Teams

Community Engagement

LA County Homeless Initiative Planning:

August-October 2022

18 virtual Listening Sessions that drew more than 750 attendees

- 8 Service Planning Area (SPA) Sessions, one in each SPA
- 7 City/Councils of Government (COG) Sessions, one in each COG area
- 2 Sessions with People with Lived Expertise
- 1 Countywide Session in Spanish

Interim Housing

▶▶ Multidisciplinary Assessment & Treatment Teams

Community Engagement (Continued)

August –October 2022

- 10 Stakeholder Planning Meetings
- One Homeless Service Provider (Executive Director) Meeting
- Five Homeless Rehousing System Lead Agency planning meetings
- Four Homeless Strategy Lead Department Agency Meetings

November 8, 2022

- Recommendations released

November 8-22, 2022

- Public Comment period

Interim Housing

▶▶ Multidisciplinary Assessment & Treatment Teams

Housing & Homeless Incentive Program (HHIP)

HHIP Top Priorities for Investment through Stakeholder process included:

- Activities of Daily Living Expansion Strategy which will provide funding for:
 - DHS's physical health nurses that are part of the multidisciplinary teams
 - Caregiving services in interim housing for people with ADL needs
 - Enhanced services funding to support health plan members in Adult Residential Facilities and/or Residential Care Facilities for the Elderly

Interim Housing

▶▶ Multidisciplinary Assessment & Treatment Teams

Program Details

- The Interim Housing Multidisciplinary Assessment and Treatment Teams will serve all eight Service Areas in Los Angeles County and will be comprised of staff from DMH, DPH-SAPC and DHS-HFH in an effort to ensure the full spectrum of client needs can be addressed.
- Teams will be assigned to support interim housing sites. The current interim housing inventory in Los Angeles County is approximately 220 sites and 14,376 beds. The additional 11 interim housing sites in the pipeline provide an additional 1,037 beds to support PEH.

Interim Housing

▶▶ Multidisciplinary Assessment & Treatment Teams

The Innovation

The key elements that make this project innovative are:

- The implementation of dedicated field-based multidisciplinary teams that are specifically outreaching, engaging and providing direct mental health, physical health and substance use services to clients in interim housing at their interim housing location, which is an entirely new service setting. This includes 24/7 crisis response.
- The partnership with the managed care organizations that will allow the County to leverage private resources from local health plans to support interim housing client needs.

Interim Housing

▶▶ Multidisciplinary Assessment & Treatment Teams

Learning Questions

- By implementing this innovative project, LACDMH intends to learn if having dedicated field-based, multidisciplinary teams serving interim housing sites result in the following:
- Increased access to mental health services and co-occurring SUD services by interim housing residents? - Increased exits to permanent housing?
- Decreased exits to homelessness?

Interim Housing

▶▶ Multidisciplinary Assessment & Treatment Teams

Learning Questions (Continued)

- Interim housing provider staff increasing their knowledge and skills when serving individuals with severe mental illness and feeling more confident in being able to serve this population in their interim housing sites? The proposed budget will cover 5 years of programming.
- Does on-site and timely access to substance use treatment in interim housing settings reduce the incidence of overdose related fatalities and increase substance use recovery outcomes for Interim Housing residents?

Questions?



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