LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

MHSA THREE-YEAR PLAN
Community Planning Process
Session 5

COMMUNITY PLANNING TEAM
September 5, 2023
9:00 AM – 12:00 PM

St. Anne's Conference Center
155 N. Occidental Blvd
Los Angeles, CA 90026

IN PERSON ONLY

WELCOME

DEAR MHSA STAKEHOLDERS,

We look forward to seeing you at the upcoming Community Planning Team (CPT) meeting on Tuesday, September 5, 2023, to continue our planning efforts for the *MHSA Three-Year Plan* for fiscal years 2024-25 and 2025-26.

The upcoming session will be in-person only. If you are unable to attend, please contact us by this Thursday, August 31st at communitystakeholder@dmh.lacounty.gov to provide us the name of your alternate. You can also observe the session virtually via the following link:

Click here to join the meeting
Meeting ID: 245 923 839 837 | Passcode: uWctrb
Or call in (audio only): +1 323-776-6996,,865836491#
Phone Conference ID: 865 836 491#

(Anyone can view the session, but only people attending the session in-person will be able to participate in the discussions.)

To recap, the July and August sessions focused on three foundational topics to onboard CPT members:

- The structure of the community planning process for the MHSA Three-Year Plan for FY 2024-25 and 2025-26;
- The MHSA components (Prevention and Early Intervention; Community Supports and Services; Workforce Education and Training; Innovations; and Information Technology/Capital Facilities); and
- Population and client data pertaining to DMH and MHSA.

Materials for these sessions can be accessed here: MHSA Announcements - Department of Mental Health (lacounty.gov).

The purpose of the two September sessions is to obtain and analyze community stakeholder input for each of the workgroup areas:

- Prevention and Early Intervention (PEI): Focuses on building protective factors, preventing trauma, eliminating mental health stigma, and intervening at the early onset of mental health challenges. Strategies include prevention, suicide prevention, early intervention, stigma and discrimination reduction, and outreach to increase recognition of early signs of mental illness.
- Community Supports Continuum (CSC): Promotes recovery, hope, and well-being for individuals experiencing serious mental health challenges through a continuum of community supports that includes the following: urgent/emergency services; intensive services; outpatient care services; and access points.
- Homeless Services and Housing Resources (HSHR): Provides mental health services and housing resources for individuals experiencing serious mental health challenges through Homeless Services (i.e., outreach and treatment; and housing supports) and

Housing Resources (i.e., short-term interim housing; and long-term permanent supportive housing).

- Workforce Education and Training (WET): Focuses on recruiting and sustaining a highly qualified and talented workforce for the public mental health system in order to deliver culturally competent, congruent, and effective services for linguistically and culturally diverse mental health consumers who meet Specialty Mental Health service criteria.

We encourage all CPT members to consult their constituencies in September to develop a clear list of their community's needs with regards to each of the aforementioned areas (i.e., PEI, CSC, HSHR, and WET). At the beginning of the September 5th session, community stakeholders will be asked to share their community's specific needs within each area. There will be additional opportunities in future sessions to provide more input. Below is a calendar of the remaining sessions. All sessions are from 9-12 PM. The in-person session will all be held at St. Anne's Conference Center.

DATES	GROUP	MODE
September 5	CPT	In Person Only
September 22	Workgroups	Online Only
October 3	CPT	In Person Only
October 27	Workgroups	Online Only
November 7	CPT	In Person Only
November 17	Workgroups	In Person Only
December 5	CPT	In Person Only
December 15	CPT	In Person Only

The Workgroups will meet at the following times:

TIME	WORKGROUPS	
9:00-10:30	PEI	CSC
10:30-12:00	WET	HSHR

Please review the attached material in preparation for this meeting. If you have any questions about this message, please reach out to at MHSAAdmin@dmh.lacounty.gov.

Sincerely,

Dr. Darlesh Horn, *Division Chief*
MHSA Administration Division
Los Angeles County Department of Mental Health

AGENDA

TUESDAY, SEPTEMBER 5, 2023 | 9:00 AM -12:00 PM

PURPOSE	To begin identifying critical issues to address within each of the MHSA Workgroup areas.
OBJECTIVES	1. Community stakeholders develop a list of critical issues within each of the MHSA workgroup areas: Prevention and Early Intervention (PEI); Community Supports Continuum (CSC); Homeless Services and Housing Resources (HSHR); and Workforce Education and Training (WET). 2. DMH managers share their perspectives on the history and current issues within each of the aforementioned MHSA Workgroup areas. 3. CPT members analyze the critical issues presented by community stakeholders and DMH managers and develop themes.
TIME	ITEMS
8:30 – 9:00	Registration
9:00 – 9:15	Session Opening: Review Agenda – *Rigo Rodriguez, Facilitator*
9:15 – 9:45	Community Stakeholders Identify Critical MHSA-Related Issues Pertaining to PEI, CSC, HSHR, and WET – *Rigo Rodriguez, Facilitator*
9:45 – 10:45	DMH Managers Share Their Perspectives on the History and Current Issues Pertaining to PEI, CSC, HSHR, and WET – *Rigo Rodriguez, Facilitator*
10:45 – 11:00	Break
11:00 – 11:45	CPT Members Discuss the Critical Issues Presented by Community Stakeholders and DMH Managers – *Rigo Rodriguez, Facilitator*
11:45 – 11:55	Public Comments: 1 Minute Per Person
11:55 – 12:00	Closing and Next Steps: *Rigo Rodriguez, Facilitator*
12:00	Adjourn

COMMUNICATION, SELF-CARE, & ACCESS GUIDELINES

Over the past 12 months of MHSA-related community stakeholder engagement activities, we have developed the following guidelines for communication, self-care, and access in order to foster a safe and creative space for all participants:

COMMUNICATION EXPECTATIONS

The following communication expectations will help us all build positive and constructive relationships over the course of the planning process.

1. **BE PRESENT**: Be on time and do your best to participate and engage each other in the spirit of conversation and learning.

2. **SPEAK FROM YOUR OWN EXPERIENCE**: Sharing your perspective based on your experiences helps us build community. It helps us find areas where we can relate and connect with each other. It also helps us in hearing and honoring the experiences of others.

3. **PRACTICE CONFIDENTIALITY**: The practice of respecting and protecting sensitive information that people share with you helps to builds trust.

4. **STEP UP, STEP BACK**: To 'step up' means to being willing to share your thoughts and experiences with others so that your voice is part of the conversation. To 'step back' means being aware and mindful that others also need time to speak, and that some people take a little longer to compose their thoughts.

5. **SEEK TO UNDERSTAND AND THEN BE UNDERSTOOD**: Ask questions to understand someone's view before expressing your view. This helps everyone feel heard and prevent misunderstandings.

TAKING CARE OF YOURSELF & FINDING SUPPORT

If during the session you find yourself feeling uneasy with the content or process, we encourage you to take care of yourself by reaching out to designated people who can help you process thoughts and feelings.

COMMUNICATION, SELF-CARE, & ACCESS GUIDELINES

ACCESS

DMH provides the following resources to ensure equitable access for everyone at all meetings:

1. American Sign Language interpreters are provided in person and/or online.
2. Communication Access Real-Time Translation (CART) service is provided in person and/or online:
    a. For in-person sessions, CART service transcription is projected onto a screen with simultaneous transcription; and spaces are reserved at the table(s) closest to the screen.
    b. For online sessions, CART service can be accessed by pressing a link in the Chat Box; if the person cannot access the Chat Box, the link can be obtained by emailing the moderator for the session.
3. Interpretation is provided in Spanish and Korean.
    a. In person interpretation is provided via a headset.
    b. Online interpretation is provided via a telephone line.
4. Meeting materials use a minimum 12-font size in Arial or Times New Roman.
5. Materials are translated into Spanish.
6. Chat Box:
    a. Chat Box is generally available during the session to enable communication for access purposes: i.e., to add links to CART services, telephone lines for interpreters, and other links provided in real time.
    b. When Chat Box is not available, an email address is provided to enable participants to send questions to moderators in real time to participate in the meeting and/or request interpretation and/or CART services.

EXERCISE 1: CRITICAL ISSUES

Instructions: At your table, using the definitions provided on pages 1-2 and 9-15, identify the critical issues (e.g., unmet needs, service gaps, and/or other issues) that your community stakeholder group you represent experiences in each of the following areas.

AREAS	CRITICAL ISSUES
Prevention & Early Intervention	
Community Supports Continuum	
Homeless Services & Housing Service	
Workforce Education & Training	

EXERCISE 2: DMH PERSPECTIVES

Instructions: This sheet is available to write down your thoughts as you hear DMH managers present their perspectives on the history and current issues (unmet needs or service gaps) linked to PEI, CSC, HSHR, and WET.

AREA	HISTORY AND CRITICAL ISSUES
Prevention & Early Intervention	
Community Supports Continuum	
Homeless Services & Housing Service	
Workforce Education & Training	

EXERCISE 2: DMH PERSPECTIVES

Instructions: At your table, based on the presentation, what unmet needs or service gaps are already being addressed by DMH? Which ones are not?

AREA	Already Being Addressed	Not Being Addressed
Prevention & Early Intervention		
Community Supports Continuum		
Homeless Services and Housing Service		
Workforce Education and Training		

PREVENTION AND EARLY INTERVENTION

FOCUS: The PEI Workgroup focuses on building protective factors, preventing trauma, eliminating mental health stigma, and intervening at the early onset of mental health challenges. Strategies include prevention, suicide prevention, early intervention, stigma and discrimination reduction, and outreach to increase recognition of early signs of mental illness. We do so with a commitment to Equity, Diversity, and Inclusion.

Services	Description
Prevention	Prevention is implemented through a vast array of programs targeting various protective factors (such as social connections, range of awareness-raising and educational programs aimed at reducing trauma and/or eliminating mental health stigma. These programs are typically operationalized through various community platforms (e.g., schools, faith-based organizations, community-based agencies, etc.) that are part of people's daily routines and trusted networks.
Suicide Prevention	*Section 3735. Suicide Prevention: (a) The County may offer one or more Suicide Prevention Programs as defined in this section. (b) Suicide Prevention Programs means organized activities that the County undertakes to prevent suicide as a consequence of mental illness. This category of Programs does not focus on or have intended outcomes for specific individuals at risk of or with serious mental illness. (1) Suicide prevention activities that aim to reduce suicidality for specific individuals at risk of or with early onset of a potentially serious mental illness can be a focus of a Prevention Program pursuant to Section 3720 or a focus of an Early Intervention Program pursuant to Section 3710. (c) Suicide Prevention Programs pursuant to this section include, but are not limited to, public and targeted information campaigns, suicide prevention networks, capacity building programs, culturally specific approaches, survivor-informed models, screening programs, suicide prevention hotlines or web-based suicide prevention resources, and training and education. (d) The County shall include all of the Strategies in each Suicide Prevention Program as referenced in Section 3735.*
Early Intervention	The early intervention strategy consists of a broad set of services to support individuals displaying signs of the early onset of mental health challenges. The early intervention strategy is implemented through a network of mental health services providers that altogether offer over 40 different short-term Evidence-Based Practices (EBPs) and Community-Defined Practices (CDPs) that have variously been shown to be effective working with specific populations. Typically, these mental health service providers (also called 'legal entities' or 'Medi-Cal Providers') also have the capacity to provide a continuum of supports, from prevention, early intervention, to urgent care.

Stigma and Discrimination Reduction	*Section 3725. Stigma and Discrimination Reduction Program. (a) The County shall offer at least one Stigma and Discrimination Reduction Program as defined in this section. (b) "Stigma and Discrimination Reduction Program" means the County's direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families. (1) Examples of Stigma and Discrimination Reduction Programs include, but are not limited to, social marketing campaigns, speakers' bureaus and other direct-contact approaches, targeted education and training, anti-stigma advocacy, web-based campaigns, efforts to combat multiple stigmas that have been shown to discourage individuals from seeking mental health services, and efforts to encourage self-acceptance for individuals with a mental illness. (2) Stigma and Discrimination Reduction Programs shall include approaches that are culturally congruent with the values of the populations for whom changes in attitudes, knowledge, and behavior are intended. (c) The County shall include all of the Strategies in each Stigma and Discrimination Reduction Program as referenced in Section 3735.*
Outreach to Increase Recognition of Early Signs of Mental Illness	*Section 3735. The County shall offer at least one Outreach for Increasing Recognition of Early Signs of Mental Illness Program as defined in this section. (b) "Outreach" is a process of engaging, encouraging, educating, and/or training, and learning from potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness. (c) "Potential responders" include, but are not limited to, families, employers, primary health care providers, visiting nurses, school personnel, community service providers, peer providers, cultural brokers, law enforcement personnel, emergency medical service providers, people who provide services to individuals who are homeless, family law practitioners such as mediators, child protective services, leaders of faith-based organizations, and others in a position to identify early signs of potentially severe and disabling mental illness, provide support, and/or refer individuals who need treatment or other mental health services. (d) Outreach for Increasing Recognition of Early Signs of Mental Illness may include reaching out to individuals with signs and symptoms of a mental illness, so they can recognize and respond to their own symptoms. (e) In addition to offering the required Outreach for Increasing Recognition of Early Signs of Mental Illness Program, the County may also offer Outreach for Increasing Recognition of Early Signs of Mental Illness as a Strategy within a Prevention Program, a Strategy within an Early Intervention Program, a Strategy within another Program funded by Prevention and Early Intervention funds, or a combination thereof. (f) An Outreach for Increasing Recognition of Early Signs of Mental Illness Program may be provided through other Mental Health Services Act components as long as it meets all of the requirements in this section. (g) The County shall include all of the Strategies in each Outreach for Increasing Recognition of Early Signs of Mental Illness Program as referenced in Section 3735.*

COMMUNITY SUPPORTS CONTINUUM

FOCUS: The Community Supports Continuum (CSC) Workgroup focuses on promoting recovery, hope, and well-being for individuals experiencing serious mental health challenges through a continuum of community supports that includes the following: urgent/emergency services; intensive services; outpatient care services; and access points.

Services	Description
Urgent/ Emergency Services	These services are for individuals experiencing an acute mental health crisis and need stabilization. Services include both real-time response and triage services as well as facility-based treatment for stabilization. A. Psychiatric Mobile Response Teams (PMRT): consist of DMH clinicians designated per WIC 5150/ 5585 to perform psychiatric evaluations for involuntary detention of individuals determined to be at risk of harming themselves or others or who are unable to provide food, clothing, or shelter as a result of a mental disorder. B. Law Enforcement Teams (LET): respond to 911 calls involving mentally ill individuals and pairs a Law Enforcement Officer and a DMH clinician who is designated to initiate involuntary hospitalization, in accordance with WIC 5150/5585. LET provides crisis assessment, intervention, and targeted case management services to diffuse potentially violent situations, prepare appropriate documentation to assist in the placement of persons with mental illness in acute inpatient psychiatric facilities, and/or to link these individuals to outpatient mental health services or appropriate community resources. LET and PMRT support one another to optimize capacity. C. Therapeutic Transport Team (TTT): the purpose of TTT is to increase access and quality of mental health services to underserved groups by reducing long waiting periods for transport of individuals placed on involuntary holds, while also reducing the risk for further trauma caused by transportation via ambulance or law enforcement involving restraints. Uses unmarked County vehicles designed with a therapeutic interior to ease the stress of the situation for clients. D. Urgent Care Centers: provide one-stop, same-day, outpatient mental health services, as well as short-term crisis stabilization services. The outpatient program is akin to the more familiar local Urgent Care Centers (UCC) for physical ailments. At a Mental Health UCC, walk-in patients get on-the-spot evaluations for their therapeutic needs and same-day initial clinical appointments. For patients needing short-term crisis

<table>
<tr><td></td><td>stabilization, the aim is to prevent the need for hospitalization or other emergency services. For a consumer in crisis, the co-located Crisis Stabilization Unit offers a comfortable, quiet, supervised location for stays of less than 24 hours.</td></tr>
<tr><td>Intensive Services</td><td>These services are for individuals needing higher frequency of supports and consist of teams with lower caseloads that can provide 24/7 supports:

A. <u>Child & Young Adult (YA) Full Service Partnership (FSP):</u> Services are designed to build on the strengths of enrolled individuals age 0-20 and their families, thereby minimizing inpatient psychiatric hospitalizations, out-of-home placements in congregate settings, and/or placements in justice involved centers. Child/YA FSP clients and their families often have co-existing conditions, such as trauma, substance use, homelessness, and involvement with the judicial and/or child welfare systems. Services include but are not limited to individual and family counseling, 24/7 assessment and crisis services, Intensive Care Coordination (ICC), and Intensive Home-Based Services (IHBS).

B. <u>Adult Full Service Partnerships (FSP):</u> Adult FSP programs provide comprehensive, intensive, community-based mental health services to adults ages 21+ with a severe mental illness (SMI). Adult FSP Services aim to help those adults enrolled in Adult FSP Services increase their ability to function at optimal levels, decrease homelessness and incarcerations, and reduce unnecessary medical and psychiatric urgent care and emergency room visits and hospitalizations. For those clients that are homeless, Adult FSP Services will help them transition from street to home by providing immediate and on-going assistance with securing and maintaining housing. Unique to FSP programs are a low staff to client ratio, a 24/7 crisis availability and a team approach that is a partnership between mental health staff and consumers.

C. <u>Intensive Field Capable Clinical Services (IFCCS):</u> available to children and youth age 0-20 with an open Department of Children and Family Services (DCFS) case, the goal is to minimize psychiatric hospitalizations and promote placement stability. Services provided are an array of field-based, trauma-sensitive mental health services delivered countywide and are available 24/7, as needed.

D. <u>Wraparound</u>: a team-based, collaborative process for helping children and youth with special mental health needs, along with their families, learn to identify and use their strengths and community resources to address their individual needs. Services are for DCFS involved families whose children are court-ordered dependents of the dependency court or as wards of the juvenile court, and are exhibiting significant behavioral difficulties at home, school, and community. Probation or Post Adoption children and youth are also eligible for services.</td></tr>
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Outpatient Care Services (OCS)	OCS provides a range of services with the aim of helping consumers and their families achieve their recovery goals, weather crises successfully, and develop and/or strengthen their relationships. Services are provided through directly operated clinics or field-based services in the individual's location of choice. The standard array of Outpatient Care services includes a clinical assessment and one or more of the following services depending on assessed clinical need and participant agreement: • Mental Health Services, including individual and group therapy • Medication Support Services • Targeted Case Management • Crisis Intervention, when necessary • Intensive Care Coordination – Child • Intensive Home-Based Services – Child • Therapeutic Behavioral Services – Child Effective services to our consumers may involve several levels and dimensions of care including linkage to substance abuse treatment, benefits support, vocational training, and other community resources. Populations such as children from birth to age five receive specialized assessments addressing developmental history, milestones, and physical health needs along with assessment of child/caregiver interactions and family history. Services throughout the course of a child's school years through adolescence are aimed at helping children achieve success at school, home, and in the community, and strengthening and empowering family relationships.
Access Points	These services aim to provide multiple access points to information and services. Urgent outpatient evaluations and consultations are sought through the ACCESS Center Help Line at (800) 854-7771, which is available 24/7, or by calling 988. Other access points include: A. Peer Resource Centers (PRC): PRCs are located in various service areas countywide. PRCs provide a safe space for individuals of all ages who may not yet be engaged in mental health services to have a place to go to access resources, attend activity groups, build relationships, and find community support. They are staffed by peers who receive specialized training in best practices for engagement. PRCs can reduce inpatient utilization, substance use, and social isolation, and improve a person's participation in treatment now or in the future. B. Service Area Navigators: Navigators are designated staff who are assigned across age groups to assist individuals and families in accessing mental health and other supportive services and network with community-based organizations to strengthen the array of services available to clients of the mental health system.

HOMELESS SERVICES AND HOUSING RESOURCES

FOCUS: The Homeless Services and Housing Resources (HSHR) provides mental health services and housing resources for individuals experiencing serious mental health challenges through Homeless Services (i.e., outreach and treatment; and housing supports) and Housing Resources (i.e., short-term interim housing; and long-term permanent supportive housing).

Services	Description
Homeless Services	A. Outreach and Treatment: Services for people experiencing homelessness (PEH) through a variety of countywide programs such as Full Service Partnerships and programs under DMH's Countywide Engagement Division including Homeless Outreach & Mobile Engagement (HOME) Program, Veteran Peer Access Network (VPAN), Men's and Women Reentry, Enhanced Care Management, Skid Row Concierge Program, Assisted Outpatient Treatment, and Hollywood 2.0 as well as other programs in the outpatient system of care. These programs offer a continuum of services and supports and actively seek to find the appropriate type of housing based on the individual's need. B. Housing Supports: This includes programs that support individuals that were formally homeless such as the Intensive Case Management Services, Housing Services and Supports Program, Prevent Homelessness and Promote Health. This also includes the new MHSA Innovation Interim Housing Outreach Program (IHOP) that will serve individuals in Interim Housing settings. All of these programs provide field-based and on-site housing retention services with the goal of supporting individuals in the recovery and preventing returns to homelessness.
Housing Resources	A. This includes short-term housing such as Interim Housing and permanent housing accessed through Federal and local housing subsidies including Section 8, Continuum of Care, Flexible Housing Subsidy Pool and the Enriched Residential Care Program. This also includes flexible funding to support individuals in a variety of housing settings that provide funding to pay for security deposits, furniture, household goods and eviction prevention.

WORKFORCE, EDUCATION, AND TRAINING

FOCUS**:** The WET Workgroup focuses on recruiting and sustaining a highly qualified and talented workforce for the public mental health system in order to deliver culturally competent, congruent, and effective services for linguistically and culturally diverse mental health consumers who meet Specialty Mental Health service criteria.

Strategies	Description
Training/ Capacity Building	Providing training and building capacity to ensure that the current public mental health workforce has the skills and competencies to deliver culturally competent and congruent and effective services for linguistically and culturally diverse mental health consumers.
Recruitment and retention	Create a comprehensive plan to recruit and retain public mental health staff, including the following strategies: ▪ Utilize and optimize financial incentives ▪ Recruit graduating student trainees in DMH programs ▪ Recruitment fairs at graduate programs ▪ Streamline hiring processes ▪ Advertise to local and national professional organizations ▪ Eliminate barriers for specific classes of individuals, e.g., individuals with justice system involvement needing expungements where the County and federal regulations allow ▪ Create opportunities for additional education for purposes of advancement ▪ Create MH Career pathways within DMH and to get to DMH (career pathway guidance*),* ▪ Create pathways for advancement as clinicians move into administrative positions. Learn from DHS and DPH. ▪ Develop solutions to retain and promote staff through strategies that reduce burnout, address wage inequities, and provide incentives (such as bonuses, loan repayment, etc.).
Recruit and Optimize the Use of Peer Staff	• Certified peers and non-certified peers (individuals with lived experience as a client or family members. • Fully integrate peers into the public mental health system of care and articulate expectations for the workforce on the role of peers as treatment team members. • Include appropriate supports for the peer workforce, such as mentorship at the level of the clinic or other training programs. • Identify supports for peers as they fully enter the workforce, including support with documentation and ensuring pay is adequate.
Residency, Student Training	▪ Increase student training opportunities in public mental health sites ▪ Ensure training and supervision support student skill growth and will provide a strong foundation for future employment ▪ Build relationships with graduate programs to further support the public mental health system