WELLNESS • RECOVERY • RESILIENCE

MENTAL HEALTH SERVICES ACT
THREE-YEAR PROGRAM & EXPENDITURE PLAN
FISCAL YEARS 2020-21 THROUGH 2022-23

Los Angeles County
Department of Mental Health

Los Angeles County Board of Supervisors
Adopted on _____

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*Formerly Recovery, Resilience and Reintegration

INTRODUCTION

Welfare and Institutions Code Section (WIC) 5847 states that county mental health programs shall prepare and submit a Three-Year Program and Expenditure Plan (Plan) followed by Annual Updates for Mental Health Services Act (MHSA) programs and expenditures. The MHSA Plan provides an opportunity for the Los Angeles County Department of Mental Health (LACDMH) to review its MHSA programs and services and obtain feedback from a broad array of stakeholders on those services. Any changes made to the MHSA programs would need to be in accordance with the MHSA, current regulations and relevant State guidance.

LACDMH engaged in individual community planning processes for each component of the MHSA as guidelines were issued by the California Department of Mental Health. Implementation of each component began after plan approval by either the California Department of Mental Health or the Mental Health Services Oversight and Accountability Commission as shown below:

MHSA Component	Approval Dates
Community Services and Support (CSS) Plan	February 14, 2006
Workforce Education and Training (WET) Plan	April 8, 2009
Technological Needs (TN) Plan	May 8, 2009
Prevention and Early Intervention (PEI) Plan	September 27, 2009
Innovation 1 - Integrated Clinic Model, Integrated Services Management Model, Integrated Mobile Health Team Model and Integrated Peer-Run Model	February 2, 2010
Capital Facilities (CF) Plan	April 19, 2010
Innovation 2 - Developing Trauma Resilient Communities through Community Capacity Building	May 28, 2015
Innovation 3 - Increasing Access to Mental Health Services and Supports Utilizing a Suite of Technology-Based Mental Health Solutions (Renamed to Help@Hand)	October 26, 2017
Innovation 4 - Transcranial Magnetic Stimulation	April 26, 2018
Innovation 5 - Peer Operated Full Service Partnership	April 26, 2018
Innovation 7 - Therapeutic Transportation	September 26, 2018
Innovation 8 - Early Psychosis Learning Health Care Network	December 16, 2018
Innovation 9 - Recovery Supports for Conservatees	September 26, 2018
True Recovery Innovation Embraces Systems that Empower (TRIESTE)	May 23, 2019

The programs funded within each component are described in this document, along with the number of clients served and relevant program outcomes.

DIRECTOR'S MESSAGE

DEPARTMENT OF MENTAL HEALTH
hope. recovery. wellbeing.

JONATHAN E. SHERIN, M.D., Ph.D.
Director

Gregory C. Polk, M.P.A.
Chief Deputy Director

Curley L. Bonds, M.D.
Chief Medical Officer

Dear LA County,

Since its passage, the Mental Health Services Act (MHSA) has provided the County Mental Health Departments of California and the communities they serve with an unprecedented opportunity to partner in developing and tailoring local delivery systems. Building on a decade plus of stakeholder engagement successes, Los Angeles County has made great strides over the past year in standing up a more robust and heavily resourced stakeholder engagement process, known as YourDMH.

Though it has not been easy getting this far, and we still have a long way to go, YourDMH is taking shape in a manner that makes me very proud because it demonstrates a clear commitment to, and investment in, partnership between the department and the community. With that in mind, I extend my deepest appreciation to all who have been involved directly and indirectly in navigating this journey together. The energy and leadership of key guiding bodies in the community, including the Board-appointed Mental Health Commission, the Service Area Leadership Teams, and the Underserved Cultural Communities, alongside the relentless efforts of department staff, have made it possible for us to make major strides in engineering a genuine, deep and wide stakeholder engagement process.

In the Three-Year Plan, you will read about many service expansions and program innovations that are under way in LA County, some of which depend almost exclusively on funding from MHSA. In addition, the plan includes descriptions of efforts to sustain those parts of our system that have proven effective and upon which so many depend each day. In pushing to improve our mental health system, it is my hope that MHSA resources will continue to focus on helping those in most need live freely in dignified environments of choice, develop, grow and maintain quality relationships, and flourish with purpose in pursuit of life's activities.

As always, our Three-Year Plan is the product of a tremendous amount of work, conversation, and collaboration between community groups, advocates, leaders and the department. In the midst of finalizing this document, we have had to confront a truly unprecedented health crisis that has disrupted our process, to put it mildly. That said, at the same time we've had to pivot dramatically in response to the COVID-19 crisis, we have also continued to engage many stakeholders to understand, and best adapt to continue serving, our communities.

In terms of our immediate response to COVID-19, which would not have been possible without MHSA funding, we have worked to ensure access to our core services while also incorporating physical distancing guidelines. Our staff and provider networks have had to rethink where and how to deliver care. Each of the clinics has reached out to our clients to explain how to continue receiving services and, I must say, I am proud of the agility with which we have modified our operations. As one striking example, we moved from a prior baseline of 5%, to roughly 85%, tele-health services in less than a month (while actually increasing our encounter data!).

We have also been devising ways to improve access to resources through support to schools, parks and libraries, aka the "Community Access Platforms", so we can be prepared when they open up. These efforts, central to Prevention strategies described in this plan, will surely be at the heart of our transition from COVID-19 reaction and response, to community reopening and recovery. To that end, we will rely heavily on the relationships we have brokered in setting up access platforms to ensure that referral and navigation are coordinated across LA County.

Of note, we have also broadened our partnership with Headspace by giving all county residents access to free, evidence-based mindfulness resources proven to help reduce stress. In addition, we have expanded and reengineered our department's Help Line to provide emotional support to county residents in need as well as the providers that serve them. We will continue to deploy MHSA funds during this disaster to offer hope, promote recovery and optimize wellbeing.

Heart Forward,

Jon

COUNTY DEMOGRAPHICS

The Los Angeles County (County) Department of Mental Health (LACDMH) is the largest county-operated mental health system in the United States. Serving as the local mental health plan in an area with over 10 million residents, LACDMH ensures access to quality mental health care through its provider network composed of directly operated clinic sites, contracted clinic sites, and co-located sites. These sites provide an array of programs and services to County residents within and beyond the physical clinic facilities in more than 85 cities within its boundaries.

County residents represent one of the most diverse populations. This diverse racial and ethnic makeup are spread across approximately 4,000 miles that the County serves based on eight County defined Service Area (SA) boundaries. The next two tables provide the breakdown by race/ethnicity based on the SAs. Bold values shown in blue and brown in Table 1 represent the highest and lowest percentages, respectively, within each racial/ethnic group and across all SAs and is captured below in Table 2.

Figure 1. Total population by race/ethnicity

SA 1 - Antelope Valley
SA 2 - San Fernando Valley
SA 3 - San Gabriel Valley
SA 4 - Metro
SA 5 - West
SA 6 - South
SA 7 - East
SA 8 - South Bay

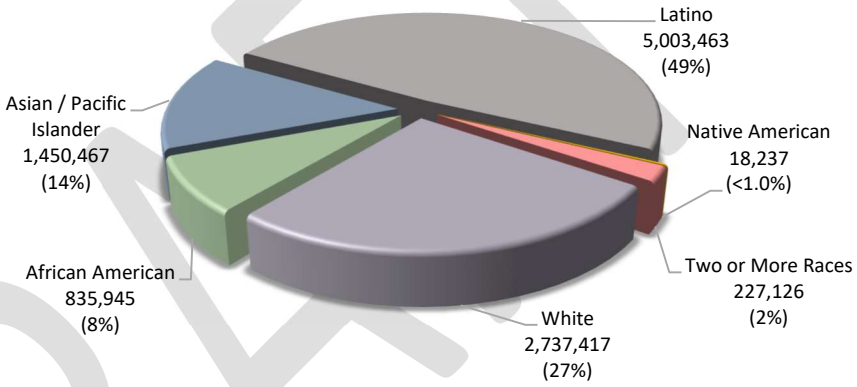

Table 1. Population by race/ethnicity and service area

Service Area (SA)	African American	Asian / Pacific Islander	Latino	Native American	White	Two or More Races	Total
SA 1	60,074	15,302	178,838	**1,442**	125,645	11,164	**392,465**
Percent	15.31%	3.90%	45.57%	**0.37%**	32.01%	2.84%	100%
SA 2	76,613	253,510	916,336	3,597	950,319	58,287	**2,258,662**
Percent	3.39%	11.22%	40.57%	0.16%	42.07%	2.58%	100%
SA 3	63,420	**503,804**	836,668	2,862	360,440	34,106	**1,801,300**
Percent	3.52%	**27.97%**	46.45%	0.16%	20.01%	1.89%	100%
SA 4	59,505	205,093	618,280	2,002	282,493	21,039	**1,188,412**
Percent	5.01%	17.26%	52.03%	0.17%	23.77%	1.77%	100%
SA 5	37,242	91,422	**108,963**	945	**404,894**	**28,365**	**671,831**
Percent	5.54%	13.61%	**16.22%**	0.14%	**60.27%**	**4.22%**	100%
SA 6	**278,788**	**19,519**	731,879	**1,420**	**25,681**	**11,263**	**1,068,550**
Percent	**26.09%**	**1.83%**	68.49%	**0.13%**	**2.40%**	**1.05%**	100%
SA 7	**38,652**	118,205	**969,850**	2,541	170,477	15,024	**1,314,749**
Percent	**2.94%**	8.99%	**73.77%**	0.19%	12.97%	1.14%	100%
SA 8	221,650	243,611	642,646	3,428	417,466	47,878	**1,576,679**
Percent	14.06%	15.45%	40.76%	0.22%	26.48%	3.04%	100%
Total	**835,945**	**1,450,467**	**5,003,463**	**18,237**	**2,737,417**	**227,126**	**10,272,655**
Percent	8.14%	14.12%	48.71%	0.18%	26.65%	2.21%	100%

Data source: ACS, US Census Bureau and Hedderson Demographic Services, 2018
Some totals and percentages reflect rounding.

Table 2. Population by race/ethnicity and service area

Ethnic Group	Highest (in blue)	Lowest (in brown)
African-American	SA 6 (26.09%)	SA 7 (2.94%)
Asian/Pacific Islander	SA 3 (27.97%)	SA 6 (1.83%)
Latino	SA 7 (73.77%)	SA 5 (16.22%)
Native American	SA 1 (0.37%)	SA 6 (0.13%)
White	SA 5 (60.27%)	SA 6 (2.40%)
Two or More Races	SA 5 (4.22%)	SA 6 (1.05%)

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In addition to the racial and ethnic diversity, LACDMH also serves residents across their lifespan. Figure 2 and Tables 3 and 4 below provide a snapshot of the the population breakdown by age group based on the SAs. Bold values shown in blue and brown in Table 3 represent the highest and lowest percentages, respectively, within each age group and across all SAs and is captured in Table 4.

Figure 2. Total population by age group

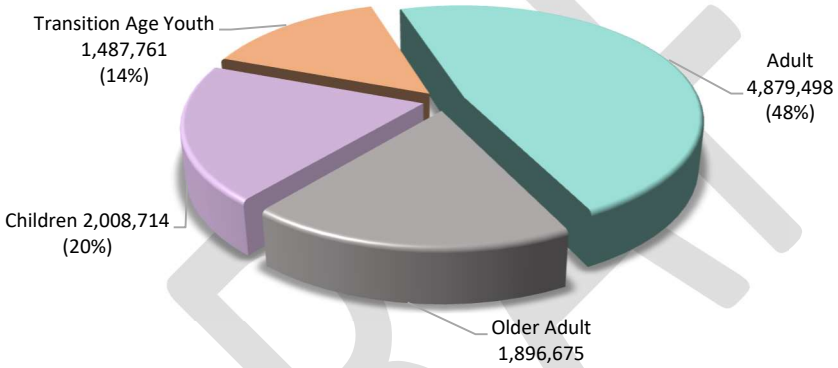

Table 3. Population by age group and service area

Service Area	Age Group						
	0-18	19-20	21-25	26-59	60-64	65+	Total
SA 1	107,823	13,667	**35,620**	**172,624**	21,722	41,009	**392,465**
Percent	27.47%	3.48%	**9.08%**	**43.98%**	5.53%	10.45%	100%
SA 2	509,543	62,196	159,969	1,087,572	137,854	301,530	**2,258,664**
Percent	22.56%	2.75%	7.08%	48.15%	6.10%	13.35%	100%
SA 3	403,888	55,508	136,382	825,869	**112,813**	**266,839**	**1,801,299**
Percent	22.42%	3.08%	7.57%	45.85%	**6.26%**	**14.81%**	100%
SA 4	244,409	**27,224**	73,845	**638,090**	61,286	143,558	**1,188,412**
Percent	20.57%	**2.29%**	6.21%	**53.69%**	5.16%	12.08%	100%
SA 5	**120,204**	22,971	**41,549**	340,661	40,633	105,812	**671,830**
Percent	**17.89%**	3.42%	**6.18%**	50.71%	6.05%	15.75%	100%
SA 6	**316,275**	**40,075**	**97,022**	476,381	**46,518**	**92,279**	**1,068,550**
Percent	**29.60%**	**3.75%**	**9.08%**	44.58%	**4.35%**	**8.64%**	100%
SA 7	342,561	41,852	107,360	597,266	68,134	157,576	**1,314,749**
Percent	26.06%	3.18%	8.17%	45.43%	5.18%	11.99%	100%
SA 8	377,894	44,413	114,225	741,035	91,717	207,395	**1,576,679**
Percent	23.97%	2.82%	7.24%	47.00%	5.82%	13.15%	100%
Total	**2,422,599**	**307,906**	**765,973**	**4,879,501**	**580,677**	**1,315,999**	**10,272,655**
Percent	23.58%	3.00%	7.46%	47.50%	5.65%	12.81%	100%

Data source: ACS, US Census Bureau and Hedderson Demographic Services, 2018
Some totals and percentages reflect rounding.

Bold values shown in blue and brown in Table 3 represent the highest and lowest percentages, respectively, within each age group and across all SAs, and is captured below:

Table 4. Population by race/ethnicity and service area

Age Group	Highest (in blue)	Lowest (in brown)
0-18	SA 6 (29.60%)	SA 5 (17.89%)
19-20	SA 6 (3.75%)	SA 4 (2.29%)
21-25	SA 1 (9.08%) SA 6 (9.08%)	SA 5 (6.18%)
26-59	SA 4 (53.69%)	SA (43.98%)
60-64	SA 3 (6.26%)	SA 6 (4.35%)
65+	SA 3 (14.81%)	SA 6 (8.64%)

SA 1 - Antelope Valley
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EXECUTIVE SUMMARY

PREFACE

In November 2004, California voters supported Proposition 63 and passed the Mental Health Services Act (MHSA) that imposes a 1% income tax on personal income in excess of $1 million. The Act provides the significant funding to expand, improve and transform public mental health systems to improve the quality of life for individuals living with a mental illness. MHSA funds an array of services that starts with prevention and integrates it into a comprehensive system of care to treat the whole person, with focus on wellness, recovery and resilience so that we may keep him/her out of hospitals, off the streets, and out of the jails.

Welfare and Institutions Code (WIC) Section 5847 requires county mental health programs prepare and submit a Three-Year Program and Expenditure Plan ("Three-Year Plan" or "Plan") followed by Annual Plan Updates for MHSA programs and expenditures. The Plan provides an opportunity for the Los Angeles County - Department of Mental Health (LACDMH) to review its existing MHSA programs and services to evaluate their effectiveness. The Plan also allows LACDMH to propose and incorporate any new programs through a robust stakeholder engagement process, should additional funding be available. It is through this Community Planning Process that LACDMH will obtain important feedback from a broad array of stakeholders. Any changes made to any MHSA program must comply with MHSA regulations, as well as relevant State requirements.

PLAN LAYOUT

This Plan describes the programs that are funded by MHSA and is organized by the five MHSA components (Community Services and Supports; Prevention and Early Intervention; Innovations; Workforce Education and Training; and Capital Facilities and Technology Needs).

The information within this report is structured in the following three sections:

- *Actions Since the Last Annual Update*
  This purpose of this section is to capture any and all posted Mid-Year Adjustments that occurred after the adoption of the FY 2019-20 Annual Update. Therefore, the timing did not allow for inclusion into the Annual Update.

- *New and Redesigned Programs and Services*
  The Plan details significant changes that are either being proposed or will be explored within the next three-year period, as highlighted below. For the latter, LACDMH will incorporate changes into a Mid-Year Adjustment or an upcoming Annual Update depending upon the timeline of the proposal.

- *Existing Programs and Services by MHSA Component*
  The Plan provides relevant program outcomes specific to FY 2018-19 for programs previously reflected in the prior Three-Year Plan for FYs 2017-18 through 2019-20 and associated Annual Updates, as well as any Mid-Year Adjustments.

PLAN CHANGES FOR FYs 2020-21 THROUGH 2022-23
NEW AND REDESIGNED PROGRAMS AND SERVICES

A. Community Services and Supports (CSS)

As the largest component with 76% of the total MHSA allocation, CSS was designed with service categories that shape the integrated system of care for clients diagnosed with a serious mental illness. In FY 2018-19, budgeted CSS programs totaled $528 million and approximately 140,000 unique clients received a direct mental health service through CSS.

- *Full Service Partnerships (FSP) Program Redesign*
  To meet the ever-changing needs of vulnerable children and adults in Los Angeles County (County) requires redesign of the existing slot-based programming model to a team-based model. A new FSP pilot program will restructure contracts to include new program parameters and performance-based criteria.

- *Outpatient Care Services -*
  Formerly Recovery, Resilience and Reintegration (RRR)
  Evaluate existing RRR services to consider its transformation to a comprehensive system for Outpatient Care Services countywide. Services focus on outpatient settings that meet a range of needs for individuals who meet the criteria for specialty mental health services and cross all age groups and include community-based, clinic-based, well-being and peer-run services geared toward reintegration into the community.

- *Alternative Crisis Services Redesign*
  Establish an Intensive Care Division that merges services coordinated by Countywide Resources Management (CRM) and Managed Care and Treatment Authorization Request (TAR) units to allow for a single functional division that streamlines and improves client flow across the system through the strategic deployment of a wider array of resources and services than either TAR or CRM is capable of providing on its own.

- *Housing*
  Over the next three years, LACDMH will continue its investment in the development of permanent supportive housing (PSH) for individuals who are homeless and suffering from a mental illness. Since 2008, LACDMH has invested millions toward building and subsidizing PSH units countywide through its MHSA Housing Program, Mental Health Housing Program and Special Needs Housing Program. Through the Statewide No Place Like Home Program which is funded through bond proceeds that will be repaid through MHSA revenues, Los Angeles County is expected to receive approximately $700 million for the capital development and operating subsidies of affordable permanent supportive housing. The units that will be developed with this funding will house the most vulnerable in Los Angeles County. As of May 2020, LACDMH has invested in 141 housing developments across the County with a total of 3,684 MHSA units for eligible tenants and their families through all of these MHSA funded capital development programs.

  LACDMH continues its efforts in the countywide movement to combat homelessness by targeting the population that suffers from a serious mental illness and providing the necessary mental health care and support. The following highlights some of the important LACDMH programs that are funded by MHSA dollars:

- $10 million in MHSA funding was set aside to launch the Housing for Mental Health Program that provides for ongoing rental subsidies, as well as funding for security deposits, utility assistance, and household goods and targets highly vulnerable individuals who are homeless and/or have criminal justice involvement;
- $9 million to enhance the LACDMH Enriched Residential Care Program that provides clients with the assistance needed to obtain and maintain housing at a licensed residential facility;
- $11 million to support the countywide Homeless Outreach and Mobile Engagement (HOME) Teams that provide homeless individuals suffering from a serious mental illness with the services needed to transition them from the streets to PSH, including outreach, engagement and linkage to ongoing mental health services and permanent housing resources.

B. Prevention and Early Intervention (PEI)

PEI is the second largest component of MHSA with 19% of total MHSA allocations. PEI focuses on Prevention services, including education, training, outreach and navigation to individuals and families suffering and/or at risk of developing a mental illness and Early Interventions, including evidence-based treatments. In FY 2018-19, the PEI program budget totaled $192 million, a significant portion of which was for one-time expenditures.

This Plan reflects continued efforts in the expansion of prevention services through access to community platforms that are outside of traditional clinic settings. The success of these efforts is possible as a result of LACDMH's collaboration with the County Board of Supervisors, a number of County departments, as well as other public partners, including the Los Angeles Unified School District, Los Angeles County Office of Education, UCLA, the City of Long Beach and First Five LA.

C. Innovation (INN)

This component of MHSA provides 5% funding for time-sensitive projects that introduce new or improved practices or approaches to the delivery of mental health services. The Plan maintains funding that aligns with the various stages of all INN projects. LACDMH is in the process of evaluating all INN projects for effectiveness and consideration of continued funding. This Plan reflects continuation of certain INN projects to the maximum of five years.

The latest addition to the list of INN projects is the TRIESTE (True Recovery Innovation Embraces Systems That Empower) Project. In May 2019, LACDMH was granted approval by the Mental Health Services Oversight and Accountability Commission to pilot the five-year Trieste Project that provides a comprehensive, human need-based approach to serve people with severe and persistent mental illness and languishing on the streets in the Hollywood region of the County. The pilot project will add significant services to the existing continuum of acute and urgent care, such as 24/7/365 drop-in centers with kinship services delivered by trained and certified peers; a broad continuum of interim and permanent housing types; training, education, and supported employment; and occupational and recreational therapy, all as part of a design that aims to promote not only independence but also inclusion and purpose in community for those receiving services.

D. Workforce, Education and Training (WET)

- *2020-25 WET Five-Year Plan*

  While this Plan reflects WET maintaining its current funding level that include recent transfers from CSS, new funding is anticipated in FY 2020-21. The Office of Statewide Health Professional Development (OSHPD) is gearing up for implementation of the 2020-25 WET Five-Year Plan designed to carry out the vision of MHSA intended to create and enhance the public mental health system workforce. The allocation amount has not been finalized, but distribution is planned to occur by summer 2020. Also, counties are required to contribute a 33% match that must occur by 2025.

  This new funding will allow LACDMH to consider reinitiating a version of the Mental Health Loan Repayment Program. LACDMH will report out in either a Mid-Year Adjustment or upcoming Annual Update that will also address the source of the 33% match.

  In addition, LACDMH plans to expand its existing Second Year Stipend Program to include other classifications, such as psychologists, within the current budgetary allocation. The program currently applies to second year MSW, MFT and nurse practitioner students. Planning is anticipated to take place during FY 2020-21, with implementation during FY 2021-2022.

- *Training*

  LACDMH ensures ongoing training opportunities are available to consumers, County staff, contracted service providers, and community stakeholders in order to provide information about the MHSA funding process, policies and procedures, the Three-Year Plan, and Annual Updates. Training is essential to ensuring these groups have the information needed to provide feedback and input into the programs and services being developed with MHSA funding through a robust Community Program Planning Process (CPPP).

  Over the next three years, LACDMH will implement a training plan that provides targeted trainings on MHSA and the Community Program Planning Process. The training plan will include modules that are developed specifically toward meeting the needs of the follow groups:
  - Consumers and family members;
  - County and county contracted staff; and
  - Other community stakeholders.

  Training will focus on building basic knowledge about MHSA, resources available through MHSA funding and the roles and responsibilities specific to each of these groups.

E. Capital Facilities and Technology Needs (CFTN)

- *Capital Facilities*

  Recent transfers from CSS have occurred to fund the capital development of a network of Restorative Care Villages on County hospital campuses. They will provide a comprehensive system of care that includes a mix of residential beds, peer centers, intensive outpatient services, urgent care services, and wellness centers. The co-location of services on the hospital campuses will provide a continuum of care ranging from outpatient services, urgent care and residential treatment.

- *Technology Needs*
  The MHSA-IT plan includes eight projects. LACDMH continues to implement technology projects consistent with overarching MHSA technology goals that increase consumer and family empowerment and modernize and transform clinical and administrative information systems to facilitate the highest quality, cost-effective services and support for consumer and family hope, recovery and well-being.

COMMUNITY PLANNING PROCESS

LACDMH embarked on a streamlined community planning process to ensure the opportunity for stakeholder input in this Plan. This includes presentation of the proposed Plan by LACDMH executive management in order to receive stakeholder feedback in the following ways:

- Engagement of a broader base of stakeholders through a newly developed process on February 21, 2020; and
- Engagement of the Mental Health Commission (MHC) Executive Committee and the full MHC on February 13 and 27, 2020, respectively.

LACDMH hosted virtual town halls via Skype to provide YourDMH stakeholder communities with updates about COVID-19 issues and how LACDMH is responding and adapting to the situation.

- YourDMH Virtual Town Hall: April 13, 2020, 2 pm
- YourDMH Virtual Town Hall: April 20, 2020, 2 pm

ACTIONS SINCE LAST ANNUAL UPDATE

The FY 2019-20 MHSA Annual Update was adopted on June 4, 2019

- Proposed use of Prevention and Early Intervention (PEI) funding for the My Health LA Program:

  LACDMH proposed the use of approximately $5.7 million of MHSA PEI funding for the enhanced My Health LA Program to provide mental health services, namely prevention services that will reduce risk factors for developing potentially serious mental illness, as well as help build protective factors. The public review and comment period was September 5, 2019 to October 5, 2019. Outcomes will be reported in the MHSA Annual Update for FY 2021-22.

- Proposed transfer of funding from Community Services and Supports (CSS) Plan to Workforce Education and Training Plan:

  The proposed transfer was for the development of a collaborative agreement between LACDMH and the University of California, Los Angeles (UCLA) to accomplish the shared goals of transferring state-of-the-art treatment strategies from academia to the community and a training environment for clinical staff. The public review and comment period was June 11, 2019 to July 10, 2019.

- Proposed transfer of funding from CSS Plan to Capital Facilities Technological Needs Plan (CFTN):

  - The proposed transfer funds the capital development of a network of restorative care services for individuals with a mental illness who are being discharged from County psychiatric emergency services, psychiatric inpatient units and jails. The public review and comment period was May 31, 2019 to June 29, 2019.
  - The proposed funding shift allows for the High Desert Mental Health Urgent Care Center project to move forward. This project consists of a new building, a parking lot, an ambulance drive and landscaping improvements. The public review and comment period was May 8, 2019 to June 6, 2019.
  - The proposed funding shift would allow for the capital facilities partial purchase of a parking lot located at 636 Maple Avenue for the use of Downtown Mental Health Center. The public review and comment period was April 26, 2019 to May 25, 2019.

COMMUNITY PLANNING PROCESS

The goal of the Community Planning Process is to ensure community stakeholders take an active role in advising the County on service needs across all Los Angeles County communities. LACDMH takes a collaborative and inclusive approach to understanding community priorities through a community-driven partnership that engages the large, multicultural and diverse community stakeholder group within the County. The purpose of this collaborative and inclusive approach is to develop shared goals of hope, recovery, and wellbeing. This approach, known as YourDMH, is engaged to produce community-driven stakeholder priorities that provide feedback and guidance to LACDMH in the development of Departmental Action Plans for countywide service provision across the system. It forms planning and development for large system efforts, including the MHSA Three-Year Plan. Partners in YourDMH play an active role in setting the priorities of funding allocations for services funded by MHSA and also provide feedback on priority populations and service models to be implemented.

To ensure resources are aligned with countywide service needs for the current MHSA Three-Year Plan, LACDMH embarked on a streamlined community planning process engaging a wide range of stakeholders' through YourDMH and the general public by executing the following activities to engage stakeholders:

- February 5, 2020 - LACDMH publicly posted a draft of the Executive Summary of the proposed Plan on LACDMH's website for public review and comment;

- February 5, 2020 - LACDMH released an announcement to approximately 10,000 community members that a part of the County's listserv to inform them of the availability of the Executive Summary of the proposed Plan on the LACDMH website;

- February 13, 2020 - The Executive Summary was presented to the Los Angeles County Mental Health Commission Executive Committee. Recommendations received from the Commission were added in to the proposed draft Plan (refer to Appendix A);

- February 21, 2020 - The Plan was presented at a countywide stakeholder meeting through YourDMH. The meeting included an open discussion and comment period on (1) current MHSA program data and outcomes from the previous Plan components which are reflected in the current proposed Plan, and (2) input and recommendations on the new Plan (refer to Appendix A). Stakeholders that attended this meeting included the following groups: the Mental Health Commission (Commission), the Service Area Leadership Teams (SALT), the Underserved Cultural Community groups (UsCCs), and the Community Leadership Team (CLT). The make-up of these groups can be described as follows:

    - <u>Mental Health Commission</u>
      In adherence to W.I.C. Section 5604 W.I.C., which sets very specific membership requirements for Mental Health Commissions, the LACDMH Mental Health Commission is made up of 16 members. Half of the Commissioners are either consumers or families of consumers. Fifty percent of the Commission membership are consumers or the parents, spouses, siblings or adult children of consumers, who are receiving or have received mental health services. Consumers constitute of at least 20% of the total membership. Families of consumers constitute at least 20% of the membership. The role of the Commission is to review and evaluate the community's mental health needs, services, facilities and special programs.

- Service Area Leadership Teams (SALT)
  This group includes eight (8) distinct teams representing the eight service planning areas in Los Angeles County. The role of SALTs is to ensure stakeholder representation based on geographic boundaries in which people are served from each of the service areas. They represent the interest of the underserved/unserved in their geographic areas and any other interest LACDMH stakeholder communities. They also represent the interest of individual parties in general, such as other County departments, law enforcement, schools and any organization that wants to partner with LACDMH to develop a shared vision for mental health services and supports across the County. Each member convenes community stakeholders for the geographic area they represent to develop stakeholder priorities that will advise LACDMH on its planning to develop and improve its services and partnerships.

- Underserved Cultural Communities (UsCC)
  This group includes stakeholder groups from seven cultural communities. The role of the UsCCs is to ensure representation in the planning and development of mental health for the cultural communities they represent. The seven UsCCs represent the interests of LACDMH stakeholders who are part of Los Angeles County's historically unserved, underserved and/or inappropriately served cultural communities, including African/African American, Latino, Asian Pacific Islander, Middle Eastern/Eastern European, Native American/Alaskan Native, LGBTQI2-S, and Access for All. The UsCCs convene monthly in addition to occupying seats on the Service Area Leadership Teams. The role of UsCCs is to provide LACDMH with unique and important community- driven and culturally specific recommendations on service planning and delivery. The ultimate goal of UsCCs is to reduce cultural and ethnic disparities in access to care and service delivery by actively voting on all matters proposed by the SALTs.

- Community Leadership Team (CLT)
  CLT is made up of co-chairs from the SALTs and UsCCs. CLT participants work together to discuss and consolidate stakeholder priorities through a vetting and voting process.

- February 27, 2020 - The Executive Summary was presented to the full Mental Health Commission and the public (refer to Appendix A);

- April 23, 2020 - The Public Hearing was originally scheduled for the entire Mental Health Commission and the public, however, this meeting was cancelled due to the observance of social distancing instructions as a result of the COVID-19 crisis;

- May 27, 2020 - LACDMH publicly posted a draft of the FY 2020-21 through 2022-23 Three Year Plan on LACDMH's website for public review and comment;

- June 25, 2020 - The complete proposed Plan will be presented during a Public Hearing for the Mental Health Commission virtually hosted by LACDMH.

- July 21, 2020 - The complete proposed Plan will be presented to the Los Angeles County Board of Supervisors (Board) and the general public for review, input, and approval. The Plan was formally adopted by the Board on this date.

PLAN CHANGES FOR FYs 2020-21 THROUGH 2022-23
NEW AND REDESIGNED PROGRAMS AND SERVICES

COMMUNITY SERVICES AND SUPPORTS (CSS)

The CSS Plan for LACDMH provides a full array of mental health services, treatment and supports to individuals across the lifespan. These services are predicated on several fundamental commitments that include: (1) promoting recovery for all who struggle with mental health issues; (2) achieving positive outcomes for all who receive mental health services; (3) delivering services in culturally appropriate ways, honoring the difference within communities; and (4) ensuring that services are delivered in ways that address disparities in access to services, particularly disparities affecting ethnic and cultural communities.

The overall CSS Plan consisted of six focal areas:
- Full Service Partnership Services (FSP);
- Outpatient Care Services (Formerly Recovery, Resilience, and Reintegration Services RRR);
- Alternative Crisis Services (ACS);
- Housing Services;
- Linkage to County-Operated Functions/Programs (Linkage); and
- Planning, Outreach, and Engagement Services (POE).

For this new Plan, LACDMH proposes to redesign FSP and ACS programs and services. In addition, LACDMH will explore the redesign of RRR during this timeframe. The following provides a detailed overview of the proposed redesigned programs and services.

A. FSP Redesign Pilot Project

As part of the previous Three-Year Plan for Los Angeles County, FSP programs and services were developed to provide comprehensive mental health services to clients requiring intensive treatment. Services are provided by a multi-disciplinary team based on a specific number of client slots. Services provided to clients enrolled in FSP may include, but are not limited to, 24/7 crisis response (in-person when needed); ongoing intensive mental health treatment; housing services; employment services; and co-occurring mental illness and substance use treatment services. All services are focused on reducing institutional service utilization and increasing recovery rates. FSPs are designed to enable people to create their own plans for recovery with support from professionals and peers, recreational or other therapeutic, and 24/7 support to make their plan a reality. Existing FSP programs serve children between the ages of 0-15; transition age youth (16-25), adults (26-59), and older adults (60+).

To meet the ever-changing needs of vulnerable children and adults in Los Angeles County requiring FSP level supports, LACDMH has determined that the current FSP Program requires programmatic redesign utilizing existing resources that include several program enhancements. As such, LACDMH proposes to invite its current network of contracted Child and Adult FSP program providers to participate in a pilot project that supports the development of a new program redesign. The FSP redesign seeks to address the current need for better-defined programmatic requirements and performance measures to ensure services meet the needs of children and adults requiring the most intensive care and result in better mental health outcomes.

Since the current network of contracted FSP providers already has the infrastructure, expertise and capacity in place to deliver FSP services, it is the most appropriate pool of providers to pilot this program redesign. New providers may require initial support to strengthen their expertise and capacity in working with this population, and therefore may not be able to readily implement a new FSP pilot program. Timely implementation and outcomes for this pilot is needed for LACDMH to refine performance measures that support better client outcomes and an enhanced program package for this population. The goal is to formally roll out a redesigned FSP program system-wide within the next 1-2 fiscal years that includes existing and new providers. LACDMH proposes to implement the entire Child and Adult FSP Redesign will be implemented in phases with the following objectives to be accomplished.

Five different phases are planned to implement the FSP Redesign Pilot Program:

- Phase I
  FSP Redesign Pilot Program development, implementation, and evaluation for existing FSP providers

  Objectives to be accomplished:
  - ✓ Restructure the current program design by developing and finalizing new program parameters, performance-based criteria and scope of work (SOW);
  - ✓ Redesign existing slot-based programming model to a team-based model to better address all aspects of client care needs;
  - ✓ End existing FSP contracts, removing funding and current requirements from providers' Legal Entity Agreements;
  - ✓ Execute new pilot, performance-based FSP contracts with all existing FSP providers which will include the new program parameters, performance-based criteria and SOW using the developed team-based model;
  - ✓ Collect individual and aggregate outcome data on provider service deliver to measure effectiveness of program redesign and team-based approach;
  - ✓ Further develop and refine the SOW and performance-based criteria to finalize new FSP program package based on the evaluation of pilot outcome data.

- Phase II
  Formal FSP Redesign solicitation for existing and new providers

  Objectives to be accomplished:
  - ✓ Develop an open and competitive solicitation to identify qualified providers to provide newly redesigned FSP programming;
  - ✓ Select providers that are successful in the solicitation process and identify awarded capacity/teams by provider selected
  - ✓ Develop a transition plan for any existing clients to be transferred from previous providers that were not selected

- Phase III
  Conduct 1-2-3 Year Formal Evaluation on FSP Redesign

  Objectives to be accomplished:
  - ✓ Collect individual and aggregate outcome data on provider service deliver to measure effectiveness of program redesign and team-based approach;
  - ✓ Further develop and refine the SOW and performance-based criteria and adjustment program based on the evaluation of outcome data.

- Phase IV
  Provide opportunities for potential new FSP providers

  In partnership with UCLA, LACDMH will develop an incubation academy for current Legal Entity providers who do not have FSP to develop capacity to serve our clients who require our highest level of care. Participants from the academy will be receive additional points when LACDMH releases the new solicitation.

- Phase V
  Right-size existing FSP providers who will not continue to provide FSP services in the proposed redesign

  Additionally, current FSP providers who are not able to deliver FSP within the design requirements will be given the option to explore additional funding opportunities to expand other CSS programs and services, such as Recovery, Resilience, and Reintegration (RRR) funding or increase capacity through participating in the incubation academy.

B. Countywide Outpatient Care Services (Formerly Recovery, Resilience and Reintegration)

Existing services cross all age groups and include community-based, clinic-based, well-being and peer-run services geared toward reintegration into the community, including one or more of the following options: (1) Transition-Age Youth (TAY) Drop-In Centers; (2) Field-based and Clinic-based Mental Health Services and Supports; (3) TAY Supported Employment Services; (4) Integrated Care Outpatient Programs; (5) Peer Run Centers, including Peer Run Respite Housing; (6) Wellness Services; and (7) Probation Camp Services co-located mental health services and supports delivered on-site at the Probation Camps, delivered in conjunction with Los Angeles County Department of Health Services Juvenile Court Health Services and the Los Angeles County Office of Education. These services focus on outpatient settings that meet a range of needs for individuals who meet the criteria for specialty mental health services.

Los Angeles County's new Three-Year Plan proposes to build on the programs listed in the previous plan, enhance the integration of these programs, and capitalize on lessons learned to build a responsive and resilient comprehensive system for Outpatient Care Services countywide.

Efforts in the area of Outpatient Treatment Services will be focused on:

1. Building consistency and cohesion
   a. Establishment of core components that are implemented in outpatient programs across all service areas
   b. Core Components that are shared between Legal Entity and Directly Operated outpatient programs
2. Building a seamless continuum of care
   a. Smooth transitions between levels of care
   b. Decrease gaps in care
   c. Building a flexible system that accounts for fluctuations in levels of care needed by a given population of clients

3. Impacting Social Determinants of Health
   a. Integrated services
   b. Whole person perspective
   c. Emphasis on building connections, meaning, and growth
4. Emphasis on keeping people in community, rather than moving into higher levels of care or disengagement
5. Building multilevel community involvement – being responsive to community, integrating into the community, and bringing community into our programs

C. Alternative Crisis Services (ACS) Redesign

Currently, ACS are services coordinated by the LACDMH Countywide Resources Management (CRM) Unit to provide supports that provide more appropriate care to those suffering from mental illness rather than going to medical emergency rooms.

They include the following:

- Residential and Bridging: A multi-disciplinary (including peers) approach to transitioning clients residing in Institutions for Mental Disease (IMD), IMD Step-Down programs, County hospitals, and crisis residential services to live in the unlocked outpatient community settings;
- Urgent Care Centers: Outpatient facilities that provide a full array of mental health services to individuals diagnosed with a mental illness who are in crisis. Services include the ability to provide emergency housing and linkage to other needed supports; and
- Enriched Residential Services: Onsite mental health services provided at selected Adult Residential Facilities, and in some instances, congregate living, assisted living, or other independent living situations. The program also assists clients transitioning from acute inpatient and institutional settings to the community.

LACDMH proposes a redesign of ACS programs and services by creating an Intensive Care Division (ICD), melding the existing ACS programs and services coordinated by LACDMH CRM and the services coordinated by the Managed Care and Treatment Authorization Request (TAR) units. The consolidation of resources and staff into a single functional, streamlined division will improve client flow across the system through the strategic deployment of a wider array of resources and services than either Managed Care or CRM is capable of providing on its own. To ensure success, ICD will assume primary responsibility for the navigation of clients across LACDMH's network of intensive mental health services.

Many Serious Mental illness (SMI) and Serious Emotional Disturbance (SED) populations endlessly cycle between the criminal-justice system and the County's overburdened emergency safety net. LACDMH could do more to actively manage these populations, by ensuring their smooth flow through the County's system of intensive mental health services.

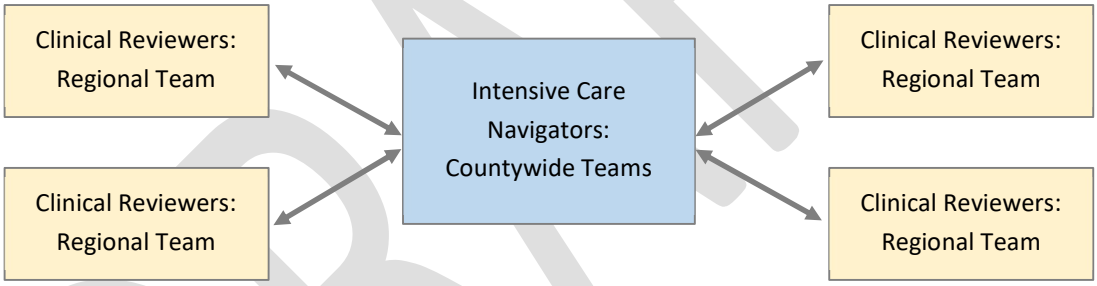
Creating the ICD is a critical first step in improving system flow. However, the current structure and operations of the two major entities within ICD creates barriers to fully addressing this problem. Some of the issues include:

- Operations are currently divided cleanly between Managed Care and CRM according to the levels of care and types of facilities they manage. Over time this has resulted in undesirable variations in clinical review procedures, as well as suboptimal processes for managing client flow between the two entities' domains. In addition, there is no single point of contact helping to guide clients throughout LACDMH's whole intensive system of care.

- Managed Care is moving from a retrospective review and authorization process to a concurrent one. However, under current operations, this concurrent review process will still require manual transmission of information back and forth from providers to Managed Care, a process that is cumbersome and will become even more so as the frequency of communication increases under concurrent review.

To resolve these issues, ICD must transform its structure and operations. Responsibilities within ICD can no longer be divided by levels of care or types of facilities. Instead, work will be divided only according to major functions and staff will be responsible for managing client flow across the entire system of intensive mental health services (including all levels of care and facility types) managed by ICD.

The two major roles envisioned are Clinical Reviewers and Intensive Care Navigators. The figure below and following text describe this division of responsibility in more detail.



Clinical Reviewers are licensed clinicians who operate on teams which are region-based. Each team is dedicated to all ICD facilities, across the intensive mental health services spectrum, within a defined geographic region. Clinical Reviewers regularly rotate between the facilities assigned to their team. At least one physician is assigned to each team to assist with reviews and arbitrate differences between Clinical Reviewers and local providers.

Clinical Reviewers have the following responsibilities:
- Review clinical documentation and work with providers at each facility to collaboratively determine and authorize the most appropriate level of care;
- Provide input and assist with discharge planning; and
- Conduct clinical reviews onsite, in the office, or via telework for facilities in their team's region.

Intensive Care Navigators are medical case workers who operate on teams which are panel-based. Each team is dedicated to a panel of clients which is countywide that is not defined by region or specific facilities. Intensive Care Navigator teams follow clients in their panel throughout the entire intensive system of care until they have been successfully navigated to an appropriate post-ICD program.

Intensive Care Navigators have the following responsibilities:
- Manage waitlists and help locate the most appropriate and convenient facility or program for the level of care authorized by the Clinical Reviewers;
- Help arrange for client placement at the new facility / program and ensure successful client navigation, including to post-ICD programs, e.g. outpatient programs; and
- Conduct intensive care navigation from the office or via telework.

Under the new ICD model, an array of intensive services will be provided, including patient acute psychiatry; subacute facilities; Enriched Residential Services; Crisis Residential Treatment Programs; Urgent Care Centers; and Psychiatric Health Facilities.

ICD will also be authorizing treatment for special treatments such as Day Treatment Intensive, eating disorders, and electroconvulsive therapy. The Continuing Care Unit, located in the Access Center, which is operated by ICD during the day, authorizes ambulance services and transport for subacute admissions when clients are either indigent or when we transfer out-of-county.

Moving ICD to this new structure and operations will allow for the following:
- There are staff (Intensive Care Navigators) who are dedicated to each client and will follow them throughout their entire journey in ICD's intensive system of care to ensure that no client falls through the cracks; and
- There is no need for providers to manually send clinical documentation or other information to LACDMH since the Clinical Reviewers will conduct reviews onsite. This will significantly reduce overhead for providers' staff. Furthermore, providers gain the expertise of another trained clinician to help with conducting reviews and determining the appropriate level of care and discharge plan.

PREVENTION AND EARLY INTERVENTION (PEI)

The previous Three-Year Plan focused on providing Early Intervention Services. PEI funding and Plan implementation activities centered on training a critical mass of clinical staff across LACDMH's directly operated and contracted provider network in approved short-term Evidence Based Practices (EBPs) in order to offer early interventions to targeted populations countywide. Early Intervention are practices directed toward individuals and families for whom a short duration (less than 18 months, with the exception of first break psychosis services) and relatively low-intensity treatment intervention is appropriate to measurably improve a mental health problem or concern very early in its manifestation, thereby avoiding the need for more extensive mental health treatment or services or preventing a mental health problem from getting worse. While LACDMH continues to provide early intervention services, the focus of activities in the new Three-Year Plan will be on expanding prevention services.

Prevention services are those that reduce risk factors or stressors, build protective factors and skills, and increase supports. Prevention promotes positive cognitive, social and emotional development that serves to reduce or prevent mental illness from occurring. LACDMH plans to expand prevention services through an array of community based prevention platforms where at-risk individuals live, work, and congregate, such as schools, public libraries and parks. Community based prevention platforms are spaces and collaborations that seek to provide supportive services to individuals, families and communities outside of traditional clinic settings with the goal of avoiding adverse system involvement. Most prevention platforms and services will be developed in collaboration with other partners, including other County Departments, philanthropic partners, and/or non-contract community based organizations.

- LACDMH plans to utilize the following community based prevention platforms:
  School Based Community Access Platforms (SBCAP) which expand access to prevention services and supports to students and their families to promote individual and community well-being and stability. These platforms include three new initiatives: the Community Schools Initiative with Los Angeles County Office of Education (LACOE), Trauma and Resilience-Informed Early Enrichment (TRiEE) with Los Angeles Unified School District (LAUSD), and Partnerships with Department of Public (DPH) Student Well-Being Centers. These initiatives will support schools in becoming centralized hubs for students and their families to receive greater access to a continuum of mental health care that range from prevention services and supports to assessment and linkage to more intensive medi-cal supported treatments as needed.
  - LACOE Community Schools Initiative (CSI) focuses on both academic and out-of-school factors that impact a student's life for middle and high school children. LACOE CSI target students at 15 LACOE School Districts.

  - Trauma and Resilience-Informed Early Enrichment (TRiEE) with LAUSD focuses on promoting social-emotional wellbeing and resilience for children birth to eight years of age. LAUSD prevention programming targets children at five early education centers and one (1) feeder elementary schools.

  - Partnership with DPH Student Well-Being Centers are school-based centers that provide education on sexual and reproductive health, and promote social/emotional wellbeing for students. These will be located at 50 high school campuses across the County and are operated through a partnership that includes LACDMH, LAUSD, DPH and Planned Parenthood Los Angeles.

- Home Visiting Services provide in-home, intensive supports for pregnant and parenting individuals to promote well-being. Home visiting service providers offer supports and one on one education and modeling for preventative health and prenatal practices for parents in addressing medical needs, prenatal care, diet and nutrition, and reduction in harmful habits such as use of tobacco, alcohol, and illegal substances. They also assist parents in preparing emotionally for the arrival of a new baby, teach and encourage parenting skills, provide health and development education and life coaching to increase economic self-sufficiency, increased formal academic education, increased employment and future individual and family planning.

- Regional Prevention and Aftercare Networks-provide resources for vulnerable children and families to prevent initial or deepening involvement with the child welfare system. These resources offered are community-based and are focused on preventing child maltreatment, abuse and neglect; increasing child safety; and addressing the root causes of family problems and stress to avoid further risk of adverse involvement with public systems. LACDMH in collaboration with Los Angeles County Department of Children and Family Services (DCFS) will provide support and trauma-informed training to community based organizations contracted to provide Prevention and Aftercare services to child welfare involved children, youth and families.

- The Youth Diversion and Development (YDD) Project works in collaboration with Los Angeles County Department of Health Services (DHS) Office of Diversion and Reentry to redirect youth contact with law enforcement by addressing underlying needs through systems of care that prioritize equity, advance well-being, improved mental health, support accountability, and promote public safety. YDD programming seeks to improve legal outcomes for youth at-risk of juvenile justice involvement.

- The Community Based Incubation Academy includes partnerships and capacity building supports for grass roots organizations provided by LACDMH in collaboration with the Los Angeles County Chief Executive Office (CEO) and philanthropic partners. The Academy will provide mentorship, training, and technical assistance to small and mid-sized grassroots community-based organizations interested in expanding their prevention services to the County's most vulnerable residents, geographically sited in the communities they serve.

- Partnerships for at-risk youth with the CEO and the Los Angeles County Metropolitan Transportation Authority to develop a public charter college- preparatory boarding high school (SEEDs School) that will offer a curriculum grounded in science, technology, engineering, art and mathematics (STEAM). The SEEDs School will prepare youth for career and college pathways in the transportation and infrastructure industry while providing on-site support, wellness services and socio-emotional counseling for students.

- Prevention Centered-Mental Health Training Programs for DHS Integrated Correctional Health Services staff focus on training jail mental health staff to provide trauma-informed care to men and women identified as having mental health needs while incarcerated in the Los Angeles County jails. Training services will be provided at four locations: Twin Towers Correctional Facility, Men's Central Jail, Century Regional Detention Facility, and North County Correctional Facilities.

- Patient Health Navigation Services is a program that will support the integrative care provided by the Wellness Center (TWC), a nonprofit community based organization located at the DHS LAC+USC Medical Center. TWC will provide preventative services, including screening, referral and linkage services, to patients referred from the DHS historic General Hospital and

local residents to services provided by DHS, LACDMH and DPH. TWC also provides community engagement activities meant to build a bridge and to improve trust between community members and County government.

- Information and Referral Services for SBCAPs will provide information and referral services via phone/text/chat, and on-site community resource referrals, linkages, and outreach and education services for schools. Information and referral services include presentations and trainings on using the 211 LA County line for referrals to community members, parents and students, and community service organizations. In addition, direct information and referral services will be provided for parents and students, including an initial needs assessment, referrals, follow-up to identify barriers to accessing services, and advocacy or service navigation to assist with service linkages as needed.

- The Information and Referral Services for Victims of Hate Acts project will track and provide support services to individuals that report hate actions against themselves or someone else that result in distress and trauma but are not punishable by law. In collaboration with Los Angeles County 211 (211 LA County) and the Los Angeles County Department of Workforce Development, Aging, and Community Services, LACDMH will provide support, referrals and linkage to callers as requested, reducing the call volume experienced by the LACDMH ACCESS Center Hotline. Rerouting these nonemergency calls to 211 LA County will increase both call capacity and the appropriate handling of nonemergency and emergency calls by LACDMH ACCESS and 211 LA County.

- Regional Prevention Investment Fund (RPIF) community-based projects are designed in collaboration with the Los Angeles County Board of Supervisors to promote well-being and the prevention of mental illness for individuals, families and communities across all five supervisorial districts. Projects target residents experiencing or at risk of experiencing mental health challenges. RPIF projects will advance LACDMH's goal of meeting the holistic mental health needs of individuals and families, from traditional prevention models to recovery supports.

- Expansion of veterans services through the development of a Veterans Access Network (VPAN) which offers greater coordination of resources and services for veterans and their families through the increase of access to care, housing supports and veteran networks. The VPAN will implement strategies for improved data sharing and coordination of services and create a more robust process for greater stakeholder involvement for veterans and their families.

- Expansion of Supports to At-Risk Children living in the Antelope Valley Region, in collaboration with DCFS, by providing mentoring and supportive services to children who are involved or at-risk of involvement in the child welfare system through an organization call Friends of the Children Los Angeles (FOTC-LA). FOTC-LA will provide a professional mentoring model that will enhance supports for children who are most at risk for abuse and/or neglect.

- System Redesign through Foster America Fellows includes five fellows leading specific projects based on human-center design and strategy. The Fellows will be fully embedded full-time with County leadership for at least 18 months to oversee key components of system redesign efforts with the objective of making a measurable difference for County children, youth, and families.

- Public Partnership for Wellbeing (PP4W) in partnership UCLA, LACDMH has developed a training platform (Wellbeing4LA.org) which offers trainings, coaching, consultation and resources related to trauma and resiliency informed services, child development, wellbeing for service providers and numerous other topics. As a response to COVID-19, PP4W uploaded materials to help with the identification and management of symptoms, helpful activities for children and families, Telehealth strategies and more to help the County respond to the pandemic.

- Media and Prevention Supports through a Participation Agreement with the California Mental Health Services Authority (CalMHSA) for in-person and virtual trainings, support, and outreach. Under this agreement, education and materials will be developed on mental health issues to be provided to the genera public and all LACDMH community based platforms to increase awareness of mental illness, available services and supports, risk-factors, and protective and resiliency factors. Under this agreement, LACDMH will also receive consultant services to train regional stakeholders on advocacy activities to support targeted care to at-risk populations.

- LACDMH Suicide Prevention Work Plan development in partnership with the LASPN Countywide Suicide Prevention Strategic Plan and State Plan to ensure focus is on prevention, intervention, crisis response, and postvention. Continued development of a community-based approach that will include strengthening protective factors and promoting well-being and connectedness through education, outreach, stigma reduction, and service delivery. Focus of the work plan will incorporate post COVID-19 recovery in prevention, intervention, crisis, and postvention.

WORKFORCE, EDUCATION AND TRAINING (WET)

A. Five-Year Statewide WET Plan

The new 2020-25 Five-Year WET Training Statewide Plan provides a guide for WET programming starting in 2020-21 through 2025-26 and has been designed to be programmatically flexible based on the level of funding committed. The Office of Statewide Health Professional Development (OSHPD) was tasked with developing programs that create, enhance, and grow the public mental health system workforce throughout the State. The Plan is intended to carry forth the MHSA vision to create a transformed, culturally-competent system that promotes wellness, recovery and resilience to ensure access to services to meet the needs of Californians with serious mental illness and serious emotional disturbance. Through this Plan, resources promote multi-disciplinary and interprofessional training that considers the diverse needs of racial and multicultural communities and other unserved, underserved, and inappropriately served populations across the lifespan of age groups.

This development of the Plan framework is based on two supporting individuals and supporting systems:

- OSHPD will contract with Regional Partnerships created by MHSA to carry out activities that promote the support of individuals throughout their undergraduate and graduate education in exchange for working in the public mental health system and assist with the administrative execution of educational scholarships, clinical graduate student stipends, and educational loan repayments. Los Angeles County is identified as one of five regions in the State.

- Regional Partnerships will directly administer programs that promote the support of systems by expanding peer personnel preparation to include employee development and outreach for persons with lived experience; establishing a Psychiatric Education Capacity Program for psychiatrists and psychiatric mental health nurse practitioners (PMHNP) that will ultimately expand the number of psychiatry residency and PMHNP student programs across the state; and extending and expanding the Train-New-Trainers Psychiatry fellowship for primary care practitioners. Also, if funded, the WET Plan would provide resources to government and non-government stakeholders to enhance and expand the public mental health system workforce by developing and implementing refined evaluation metrics for each WET program component that ensures funds are used effectively and efficiently. Research would also carefully analyze available information to evaluate the supply of and demand for qualified personnel.

OSHPD has organized a data workgroup of county members to define statewide outcomes reporting for the various MHSA WET programs, while gearing up for the grant application process to begin in the Spring 2020 with grant distributions to Regional Partnerships to follow soon after. Regional Partnerships are to contribute a 33% match to any WET Regional Partnership Grant award.

This new funding will allow Los Angeles County to consider reinitiating financial incentive programs, including but not limited to, the Mental Health Loan Repayment Program. This financial incentive program provides educational loan repayment assistant to professionals that counties identify as serving in hard-to-fill and hard-to-retain positions, giving priority to applicants who previously received a scholarship and/or stipend.

LACDMH will report out plans in either a Mid-Year Adjustment or upcoming Annual Update that will also address the source of the 33% match.

B. LACDMH Second Year Stipend Program

LACDMH plans to expand its existing Second Year Stipend Program to include other classifications, such as psychologists, within the current budgetary allocation. The program currently applies to second year MSW, MFT and nurse practitioner students. Planning is anticipated to take place during FY 2020-21, with implementation during FY 2021-2022.

C. Training

LACDMH ensures ongoing training opportunities are available to consumers, County staff, contracted service providers, and community stakeholders in order to provide information about the MHSA funding process, policies and procedures, the Three-Year Plan, and Annual Updates. Training is essential to ensuring these groups have the information needed to provide feedback and input into the programs and services being developed with MHSA funding through a robust Community Program Planning Process (CPPP).

Over the next three years, LACDMH will implement a training plan that provides targeted trainings on MHSA and the Community Program Planning Process. The training plan will include modules that are developed specifically toward meeting the needs of the follow groups:

- Consumers and family members;
- County and county contracted staff; and
- Community stakeholders

Training will focus on building basic knowledge about MHSA, resources available through MHSA funding and the roles and responsibilities specific to each of these groups.

For consumers and family members, LACDMH will develop and implement a series of MHSA 101 Trainings using a hybrid model of online training modules, real-time virtual trainings and small sized in-person training sessions. These trainings will be an hour in length and focus on the following:

- The history and purpose of MHSA;
- The types of programs and services available through MHSA;
- Ways in which to access MHSA services;
- The CPPP and how to get involved; and
- Patients' Rights and the process for submitting complaints for unsatisfactory (or lack of) services.

For County and contracted staff, LACDMH will also develop and implement a series of targeted MHSA 101 trainings that are online and offered through a combination of the online County Learning Net System and virtual real-time training sessions. Trainings will be one to two hours in length and focus on the following:

- The history and purpose of MHSA;
- The types of programs and services available through MHSA;
- MHSA funding and supplantation;
- MHSA guidelines, policies, and procedures;
- The CPPP and strategies for supporting consumers and stakeholders in becoming involved in the CPPP;
- Local Issue Resolution Principles; and
- Patients' Rights.

For community stakeholders, DMH will develop and implement a series of targeted MHSA 101 trainings provided through virtual real-time training sessions. Trainings will be one hour in length and focus on the following:

- The history and purpose of MHSA;
- The types of programs and services available through MHSA;
- The CPPP and strategies for becoming involved; and
- Local Issue Resolution Principles

Trainings will include an opportunity for participants to provide a feedback survey on the usefulness of each training and how the training could be improved to ensure effectiveness.

INNOVATION

A. TRIESTE

The California Mental Health Services Oversight and Accountability Commission (MHSOAC) authorized LACDMH to use MHSA Innovations revenue of $116 million over a five-year period to pilot a comprehensive, human need-based approach to serve people with severe and persistent mental illnesses, with a particular emphasis on those who are homeless. As such, LACDMH intends to implement a pilot project called TRIESTE (True Recovery Innovation Embraces Systems That Empower) that targets the growing number of individuals suffering with untreated SPMI and languishing on the streets in the Hollywood region of Los Angeles County. This pilot will be programmed to mimic the community-based approach made famous in Trieste, Italy, that is renowned for being the jurisdiction that delivers the finest system of mental health care in the world. The pilot project will add significant services to the existing continuum of acute and urgent care, such as 24/7/365 drop-in centers with kinship services delivered by trained and certified peers, a broad continuum of interim and permanent housing types, training, education, supported employment, occupational and recreational therapy, family support, legal and benefits assistance, all as part of a design that aims to promote not only independence but also inclusion and purpose in community for those receiving services. The goal is to improve upon the entire clinical continuum by targeting "wellbeing" as a holistic outcome through services and resources that address the social determinants of health head on.

Hollywood is an ideal location to test this pilot because much of the groundwork to build community support has already been accomplished, as evidenced by the relative lack of community opposition to the recently implemented bridge shelter. The Hollywood business community is strongly invested in making this project a success as demonstrated by the testimony by several business leaders from Hollywood in support of the application to the MHSOAC. LACDMH intends to begin a yearlong stakeholder engagement process with the Hollywood community to solicit input on the design and implementation so that all comers are active participants in the process.

LACDMH is currently in negotiations for a sole source contract with a leading non-profit provider of program services and fiscal sponsorship for over 500 population health projects designed to empower population health researchers, government agencies, nonprofits, and public-private consortia to improve the health and wellbeing of communities across the United States. LACDMH plans to seek approval from the Los Angeles County Board of Supervisors to allow the contractor to initiate the first year of planning that focuses primarily on the stakeholder process and the development of the program itself, as well as to implement the program in years 2 through 5.

B. Timeline of Existing INN Projects

LACDMH is in the process of evaluating all INN projects for effectiveness and consideration of continued funding. This plan, however, does reflect the following projects that require extensions to the original project timeline due to delayed implementation. The timelines will adjust to the 5-year maximum.

Table 5. INN Project extensions

Project	Additional Years
INN 2 - Community Capacity Building to Prevent Trauma	1 year
INN 3 - Help@Hand (formerly Technology Suite)	2 years
INN 4 – Transcranial Magnetic Stimulation	2 years
INN 7 - Therapeutic Transport	2 years

COMMUNITY SERVICES AND SUPPORTS (CSS)

CSS Program Information and Outcomes

As the largest component with 76% of the total MHSA allocation, CSS was designed with service categories that shape the integrated system of care for clients diagnosed with a serious mental illness. In FY 2018-19, budgeted CSS programs totaled $528 million and approximately 140,000 unique clients received a direct mental health service through CSS.

The CSS component of the Plan includes the following programs:

- Full Service Partnership (FSP);
- Outpatient Care Services (Formerly Recovery, Resilience, and Reintegration);
- Alternative Crisis Services (ACS);
- Linkage to County-Operated Functions/Programs (Linkage);
- Housing Services; and
- Planning, Outreach, and Engagement Services (POE).

Table 6. Clients served through CSS in FY 2018-19

Clients Served	New Clients Served
140,153 clients received a direct mental health service: ▪ 40% of the clients are Hispanic ▪ 22% of the clients are African American ▪ 18% of the clients are White ▪ 5% of the clients are Asian ▪ 79% have a primary language of English ▪ 15% have a primary language of Spanish	46,124 new clients receiving CSS services countywide: with no previous MHSA service ▪ 41% of the new clients are Hispanic ▪ 16% of the new clients are African American ▪ 16% of the new clients are White ▪ 77% have a primary language of English ▪ 15% have a primary language of Spanish

Table 7. CSS clients served by service area in FY 2018-19

Service Area	Number of Clients Served	Number of New Clients
SA 1 - Antelope Valley	8,547	2,840
SA 2 - San Fernando Valley	21,778	75,666
SA 3 - San Gabriel Valley	18,262	8,095
SA 4 - Metro	30,065	12,730
SA 5 - West	9,458	4,267
SA 6 - South	22,840	8,258
SA 7 - East	12,886	5,236
SA 8 - South Bay	27,409	12,028

The next few pages provide a summary of information for each CSS program. The summary will include a follow-up on the last approved Three-Year Plan and outcome data for the specific program.

A. FULL SERVICE PARTNERSHIPS (FSP)

FSP programs have several defining characteristics, including providing a wide array of services and supports, guided by a commitment by providers to do "whatever it takes" within the resources available to help individuals within defined populations make progress on their paths to recovery and wellness. Key components of FSP are:

- FSP services are provided by multi-disciplinary teams of professional and paraprofessional and volunteer providers who have received specialized training preparing them to work effectively with children and their families;
- FSP teams provide 24/7 crisis services and develop plans with families to do whatever it takes within the resources available and the recovery plan agreed between the client and the FSP provider team to help clients meet individualized recovery, resiliency, and development and/or recovery goals or treatment plan; and
- FSP teams are responsive and appropriate to the cultural and linguistic needs of the child and their family.

A1. FY 2018-19 FSP Data and Outcomes

As of June 30, 2019, LACDMH had a total of 16,352 FSP slots.

Table 8. FSP summary: age group, slots, average cost per client, and unique clients served

Age Group	Slots	Average Cost per Client	Number of Unique Clients Served
Children (includes Wraparound Child, Intensive Field Capable Clinical Services, and Wraparound TAY)	3,584	$17,891	4,073
TAY, Ages 16-25	1,410	$13,262	2,859
Adult, Ages 26-59 (includes Integrated Mobile Health Team, Assisted Outpatient Treatment, Forensic, Homeless, Measure H and Housing)	10,473	$12,728	7,247
Older Adult, Ages 60+	885	$10,035	1,844

Cost is based on Mode 15 services, not inclusive of community outreach services or client supportive services expenditures.

We assessed the impact of FSP enrollment on client outcomes by measuring changes in the proportions of clients and in the numbers of days spent with homelessness, justice involvement, psychiatric hospitalization, or independent living.

Comparing a client's life before and after, FSP enrollment shows that the program

- Reduces homelessness;
- Reduces justice involvement;
- Reduces psychiatric hospitalization; and
- Increases independent living.

Table 9. Impact of FSP on Post-Partnership Residential Outcomes

FSP Program	Percentage by Clients	Percentage by Days
Homeless		
TAY	21% reduction	70% reduction
Adult	29% reduction	83% reduction
Older Adult	27% reduction	77% reduction
Justice Involvement		
TAY	3% reduction	65% reduction
Adult	18% reduction	82% reduction
Older Adult	16% reduction	72% reduction
Psychiatric Hospitalization		
Child	39% reduction	58% reduction
TAY	46% reduction	61% reduction
Adult	25% reduction	83% reduction
Older Adult	13% reduction	59% reduction
Independent Living		
TAY	30% increase	29% increase
Adult	45% increase	27% increase

Children (n = 11,169); TAY (n = 6,121); Adults (n = 16,594); Older adults (n = 2,479)
Figures represent cumulative changes, inclusive of all clients.

Comparison of residential data for 12 months immediately prior to receiving FSP services (pre-partnership) and for 12 months of residential status while receiving FSP services (post-partnership) for client's outcomes entered through June 30, 2019. Data is adjusted (annualized) by a percentage based on average length of stay in the FSP program. Data must meet data quality standards to be included in the analysis.

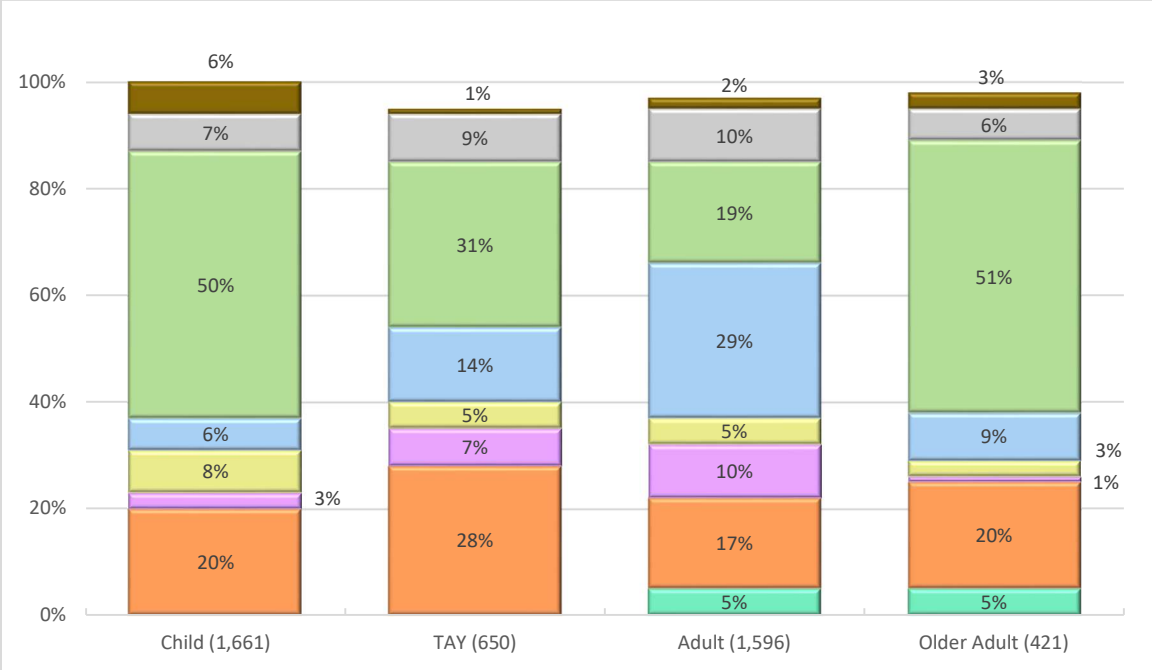
A2. FSP Disenrollment

Disenrollment can apply to either an interruption or a discontinuation of service. An interruption of service is defined as a temporary situation in which the client is expected to return to services within 12 months or less from the date of last contact. A discontinuation of service is defined as a long-term situation in which the client is not expected to return to FSP services for more than 12 months from the date of last contact.

The reasons for disenrollment are as follows:

- Target population criteria not met;
- Client decided to discontinue FSP participation after partnership was established;
- Client moved to another county/service area;
- Client cannot be located after attempts to contact client;
- Community services/program interrupted - client will be detained or incarcerated in the juvenile or adult system for over 90 days;
- Community services/program interrupted - client will require residential/institutional mental health services (IMD, Mental Health Rehabilitation Center or State Hospital)
- Client has successfully met his/her goals such that discontinuation of FSP is appropriate; or
- Client is deceased.

Figure 3. Reasons for FY 2018-19 FSP disenrollments



B. OUTPATIENT CARE SERVICES (FORMERLY RECOVERY, RESILIENCE AND REINTEGRATION)

A continuum of care is critical so clients can receive the care they need, when they need it and in the most appropriate setting to meet their needs.

An array of services designed to meet the mental health needs of individuals in different stages of recovery. There are three Core Service Components, including Community-Based Services, Clinic-Based Services, and Well-Being Services. Each program will provide each client with a combination of one or more of the core components to meet the client's individual needs. Within this continuum are Focused Service Models for specific populations that were originally piloted through the MHSA Innovations Plan and includes the Peer Run Centers, Peer Run Respite Care Homes, Integrated Service Management Model and Integrated Clinic Model. Focused Service Models address the unique needs of their target population through more prescribed service approaches.

These services meet the needs of all age ranges from child to TAY to adults and older adults. While there may be some minor differences in the specific services provided to each population, there is more commonality across age groups than differences. All age groups will have access to assessments, traditional mental health services, crisis intervention, case management and medication support. The intensity, location (community/field or office/clinic) and duration of the service(s) will depend on the individualized need of each client and will likely change over time. While most clients will hopefully move from more intensive to less intensive services, some clients may need more intensive services for periods of time due to a variety of factors. These factors include, but are not limited to, the emergence or exacerbation of a severe mental illness, non-adherence to treatment recommendations, a substance use disorder, exposure to trauma or violence or external psychosocial stressors, such as housing, employment, relationship or legal problems.

Table 10. FY 2018-19 Data for clients served through various outpatient programs

Age Group	Number of Unique Clients Served	Average Cost per Client
Children, Ages 0-15	24,549	$5,656
TAY, Ages 16-25	17,292	$4,020
Adult, Ages 26-59	57,948	$3,108
Older Adult, Ages 60+	14,614	$3,354

Cost is based on Mode 15 services, not inclusive of community outreach services or client supportive services expenditures

B1. TAY Probation Camps

LACDMH staff provides MHSA-funded services to youth in camps operated by the Los Angeles County Probation Department, including youth with SED/SMI. LACDMH staff and contract providers are co-located in these camps along with Probation, Los Angeles County Department of Health Services (DHS) Juvenile Court Health Services (JCHS), and Los Angeles County Office of Education (LACOE). This inter-departmental team provides coordinated care to the youth housed at the camps.

Youth housed in the camps receive an array of mental health services, including assessments; individual group, and family therapy; medication support; and aftercare and transition services. These services are individually tailored to meet the needs of each youth, including co-occurring disorders and trauma. Interventions include evidence-based practices such as Aggression Replacement Training, Adapted Dialectical Behavior Therapy and Seeking Safety. MHSA funding has made it possible for youth to be housed in a broader array of camps and still receive psychotropic medications.

B2. TAY Drop-In Centers

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. They 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. However, MHSA funding allows for expanded hours of operation during the evenings and weekends when access to these centers is even more crucial.

Table 11. Drop-in Center locations

Service Area	Agency	Address
SA 1	Penny Lane Centers Yellow Submarine	43520 Division Street Lancaster, CA 93535
SA 2	The Village Family Services TVFS TAY Drop-In Center	6801 Coldwater Canyon Blvd North Hollywood, CA 91606
SA 3	Pacific Clinics Hope Drop-In Center	13001 Ramona Blvd Irwindale, CA 91706
SA 4	Los Angeles LGBT Center Youth Center on Highland	1220 N. Highland Ave Los Angeles, CA 90038
SA 5	Daniel's Place Step-Up on Second Street, Inc.	1619 Santa Monica Blvd Santa Monica, CA 90405
SA 6	Good Seed Church of God in Christ, Inc. Good Seed Youth Drop-in Center	2814 W. MLK Jr., Blvd Los Angeles, CA 90008
SA 7	Penny Lane Centers With A Little Help from My Friends	5628 E. Slauson Ave Commerce, CA 90040
SA 8	Good Seed Church of God in Christ, Inc. Good Seed on Pine Youth Drop-In Center	1230 Pine Ave Long Beach, CA 90813

B3. Integrated Care Program (ICP)

ICP is designed to integrate mental health, physical health, substance abuse, and other needed care such as nontraditional services to more fully address the spectrum of needs of individuals. The ICP service array will support the recovery of individuals with particular attention to those who are homeless, uninsured. ICP promotes collaboration and partnerships by and between service providers and community-based organizations utilizing an array of services that may include traditional and non-traditional services.

The target population for the ICP is individuals with SMI or SED who meet the Medi-Cal medical necessity criteria for receiving specialty mental health services, including those with co-occurring substance abuse and/or physical health issues, who are economically disadvantaged or uninsured.

B4. Transformation Design Team

The Older Adult Transformation Team provides system support to develop the infrastructure of older adult services within MHSA. The team monitors outcome measures utilized in the FSP utilizes performance-based contracting measures to promote program services.

This team is comprised of two health program analyst positions. The goal of the team is to ensure that our older adult consumers receive appropriate and timely mental health services from our provider agencies, and they do this by providing data and analytic support to their Program Manager and the Client Supportive Services team as they complete their regular site visits. Additionally, the Transformation Team reviews all aspects related to contracts, compliance, service delivery, operations, and budgets, and generates detailed reports to evaluate programmatic design and effectiveness.

B5. Service Extenders

Service Extenders are volunteers and part of the Older Adult RRR inter-disciplinary team. They are consumers in recovery, family members, or other individuals interested in working with older adults. They receive specialized training to serve as members of the team and are paid a small stipend. Service extenders receive supervision from professional clinical staff within the program in which they are placed.

B6. Older Adult Training

The Older Adult Training Program addresses 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, gero-psychiatry fellowship, service extenders and evidence based practices.

The following are achievements/highlights for FY 2018-19:

- Older Adult Consultation Medical Doctor's Series:
  A series of OACT-MD training and consultation was conducted for psychiatrists, nurse practitioners, nurses & mental health clinicians to improve the accessibility and quality of mental health services for older adults.
- Community Diversion & Re-Entry Program for Seniors Training & Consultation Series:
  A series of training and consultation as part of the Older Adult Training & Consultation Team was offered to mental health staff with professional expertise in geriatric medicine, gero-psychiatry, case management/community resources, substance use, and other resources. The ongoing training & consultation is designed to upgrade the training knowledge base and skills of all mental health staff through case presentation and consultation.
- Older Adult Legal Issues/Elder Law Trainings and Consultation:
  As part of ongoing multi-disciplinary Older Adult Consultation team trainings, LACDMH provided training and Elder Law consultation, curriculum training development and coordination on Elder Law for LACDMH and LACDMH-contracted clinical and non-clinical staff on best practices for working with older adult populations.
- Public Speaking Club Graduate Curriculum:
  LACDMH held Speaker Club graduate programs for consumers who successfully completed Public Speaking curriculum to enhance and practice on their public speaking skills. These took place on the third Friday of every month throughout the fiscal year.

- Speaker Club Workshop Training Curriculum:
  This 7-week training session course provided peers with tools and skills to educate the community and advocate for hope, wellness and recovery.
- Hoarding Forum:
  The training will offer differences between interventions and treatments for hoarding disorder. The presentation will describe cultural and socioeconomic differences in to hoarding-related health and safety issues. In addition, the training will cover the importance of an accurate physical and mental health assessment in developing an effective hoarding intervention plans.
- Recognizing and Responding to Suicide Risk:
  This is an interactive training for mental health clinicians who want to acquire competency-based skills for working with consumers who are at risk for suicide. The RRSR training model is based on a set of 24 core clinical competencies developed by a task force of clinical experts collaborating with the American Association of Suicidology and the Suicide Prevention Resource Center.

C. ALTERNATIVE 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. FSP and Assertive Community Treatment programs, housing alternatives, and treatment for co-occurring substance abuse. ACS serves individuals 18 years of age and older of all genders, race/ethnicities, and languages spoken.

In 2019, Countywide Resource Management integrated with the Managed Care Division and changed its name to the Intensive Care Division. It remains responsible for overall administrative, clinical, integrative and fiscal aspects of programs that serve the most severely ill individuals with mental illness. This includes planning, developing, and implementing urgent care centers and enriched residential programs for these specialized populations. Also, it coordinates functions to maximize the flow of clients between various levels of care and community-based mental health services and supports.

C1. Residential and Bridging Program (RBC)

RBC involves psychiatric social workers and peer advocates assisting in the coordination of psychiatric services and supports for TAY, Adults, and Older Adults with complicated psychiatric and medical needs. The program ensures linkages to appropriate levels and types of mental health and supportive services through collaboration with Service Area Navigators, FSP, residential providers, self-help groups, and other community providers. Peer advocates provide support to individuals in subacute settings, Enriched Residential Services (ERS) facilities, and intensive residential programs to successfully transition to community living.

The County Hospital Adult Linkage Program is part of the RBC program. Its mission is to assist in the coordination of psychiatric services for LACDMH clients at County hospitals operated by DHS to ensure clients are discharged to the appropriate level of care and that they are provided relevant mental health, residential, substance abuse, or other specialized programs. This program promotes the expectation that clients are successfully reintegrated into their communities upon discharge and that all care providers participate in client transitions.

C2. Psychiatric Urgent Care Centers (UCC)

Psychiatric/behavioral Health UCCs are Medi-Cal certified and Lanterman Petris Short (LPS) designated free-standing crisis stabilization units that provide rapid access to mental health evaluation and assessment, crisis intervention and medication support 24-hours per day, 7 days per week. UCC's also provide case management for individuals experiencing psychological distress and/or psychiatric crisis. UCC services, including integrated services for co-occurring disorders, are focused on stabilization and linkage to recovery-oriented community-based resources. Clients are permitted to stay in the UCC chair 23 hours and 59 minutes that are licensed by the California Department of Health Care Services.

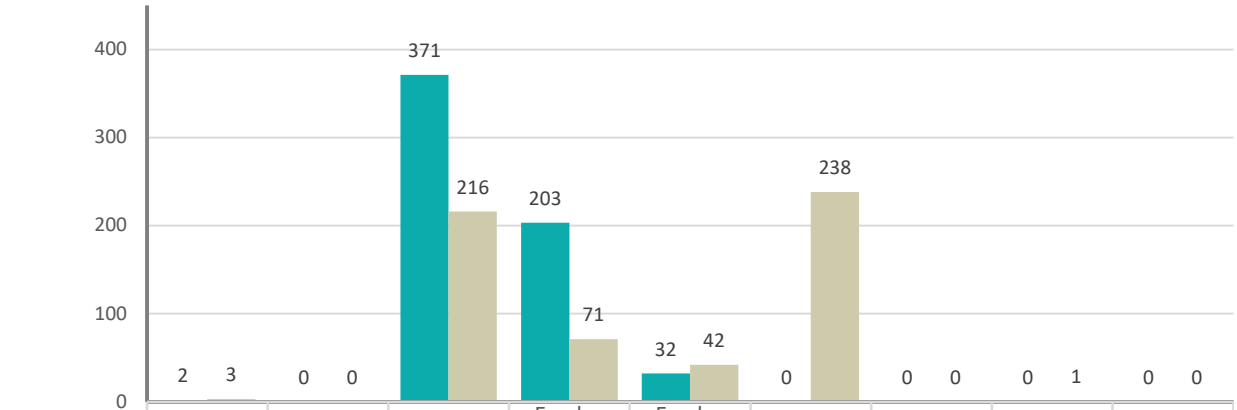
Table 12. Bed capacity and location of the current and future UCCs

Urgent Care Center	Service Area	Location	Open	Beds (Age 18+)	Beds (17 & under)
Exodus (Eastside UCC)	SA 4	Downtown Los Angeles	Yes	22	
Exodus (Harbor UCC)	SA 8	Harbor-UCLA/Torrance	Yes	14	4
Exodus (MLK UCC)	SA 6	MLK/Los Angeles	Yes	16	8
Exodus (Westside UCC)	SA 5	Culver City	Yes	12	
Olive View Community Care Services (OV UCC)	SA 2	Sylmar	Yes	8	
Providence Little Company of Mary OBHC[2]	SA 8	San Pedro	Yes	20	
Star View BHUCC	SA 8	Long Beach	Yes	12	6
Star View BHUCC	SA 3	San Gabriel Valley	Summer 2020	12	6
Telecare (La Casa[1] MHUCC[2])	SA 8	Long Beach	Yes	Varies	

[1] La Casa is an exception; it is not open 24-hours per day, 7 days a week. It is LPS-designated.
[2] MHUCC = Mental Health UCC; OBHC = Outpatient Behavioral Health Center

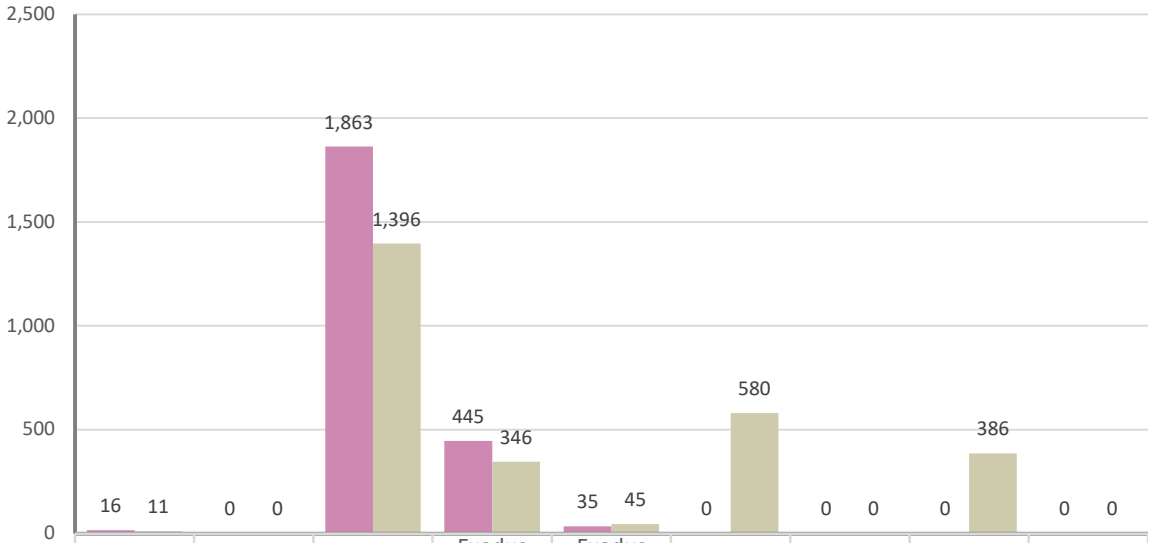
The following graphs provide an overview of current outcomes of the eight UCCs comparing FYs 2017-18 to 2018-19. Olive View UCC has two components: the Crisis Stabilization Unit (CSU) - 7913 and the Outpatient UCC - 7591 that does not operate 24/7. Also, please note that no data was collected in FY 2017-18 for Providence, Star View, and Exodus H-UCLA UCCs. As for Telecare, FY 2017-18 data is reflected below for adult admissions.

Figure 4. UCC Admissions – Child (12 and under)



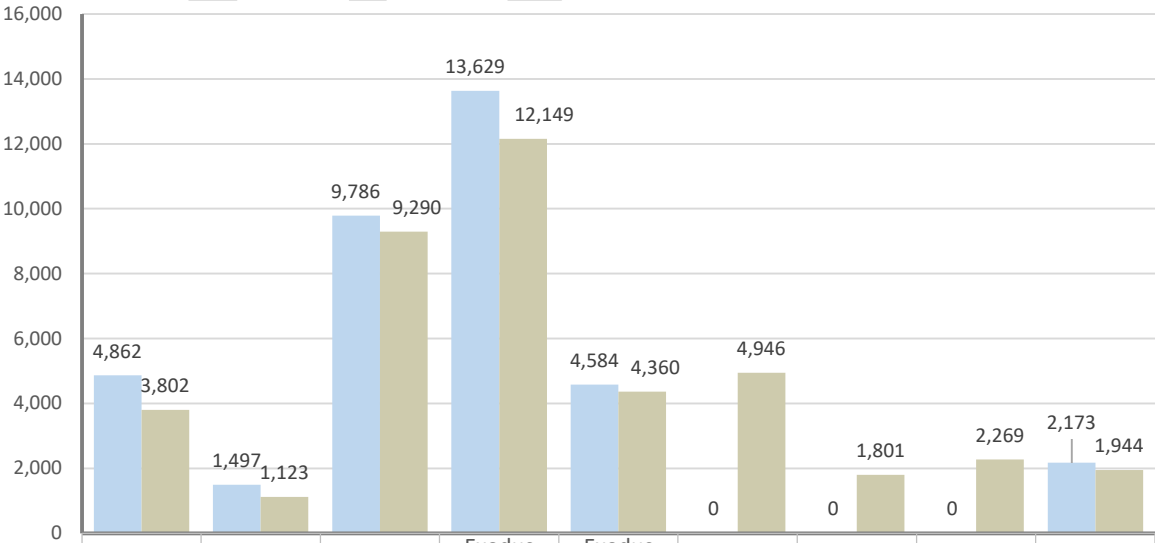
	OV UCC 7591	OV CSU 7913	Exodus MLK UCC	Exodus Eastside UCC	Exodus Westside UCC	Exodus H-UCLA UCC	Providence OBHC	Star View BHUCC	Telecare MHUCC
FY 2017-18	2	0	371	203	32	0	0	0	0
FY 2018-19	3	0	216	71	42	238	0	1	0

Figure 5. UCC Admissions – TAY (ages 13-17)



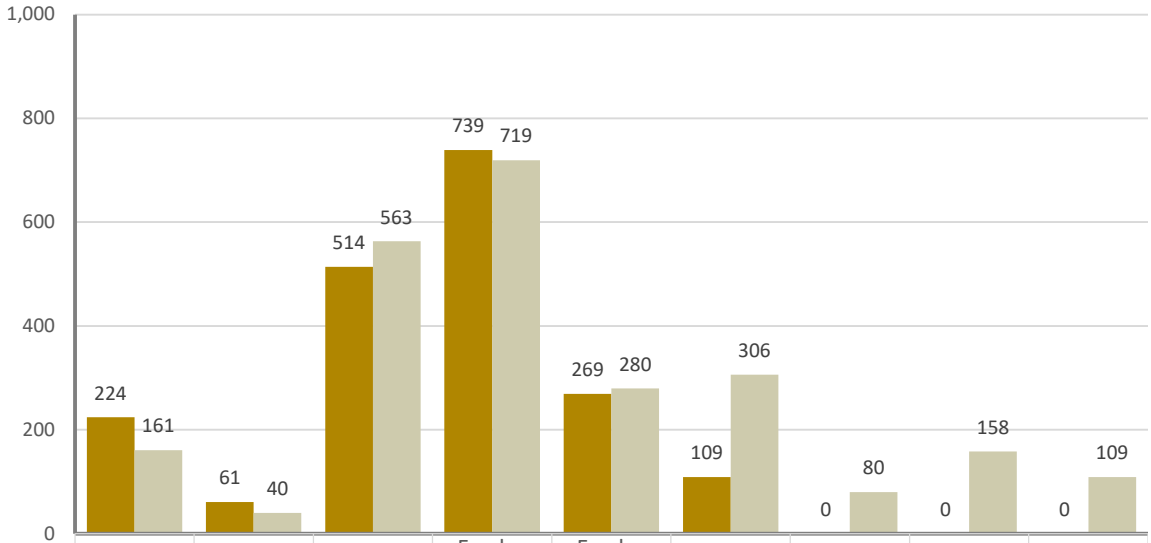
	OV UCC 7591	OV CSU 7913	Exodus MLK UCC	Exodus Eastside UCC	Exodus Westside UCC	Exodus H-UCLA UCC	Providence OBHC	Star View BHUCC	Telecare MHUCC
FY 2017-18	16	0	1,863	445	35	0	0	0	0
FY 2018-19	11	0	1,396	346	45	580	0	386	0

Figure 6. UCC Admissions – Adult (ages 18-59)



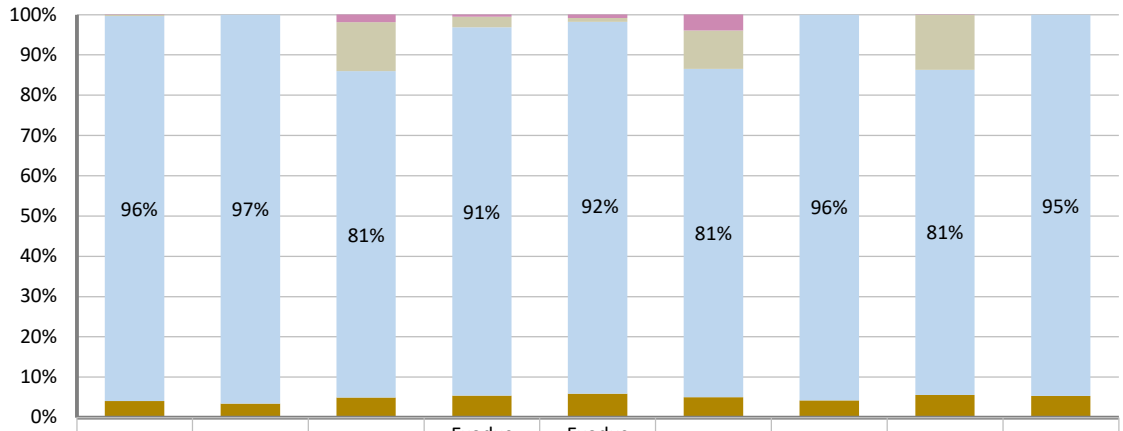
	OV UCC 7591	OV CSU 7913	Exodus MLK UCC	Exodus Eastside UCC	Exodus Westside UCC	Exodus H-UCLA UCC	Providence OBHC	Star View BHUCC	Telecare MHUCC
FY 2017-18	4,862	1,497	9,786	13,629	4,584	0	0	0	2,173
FY 2018-19	3,802	1,123	9,290	12,149	4,360	4,946	1,801	2,269	1,944

Figure 7. UCC Admissions – Older adult (age 60+)



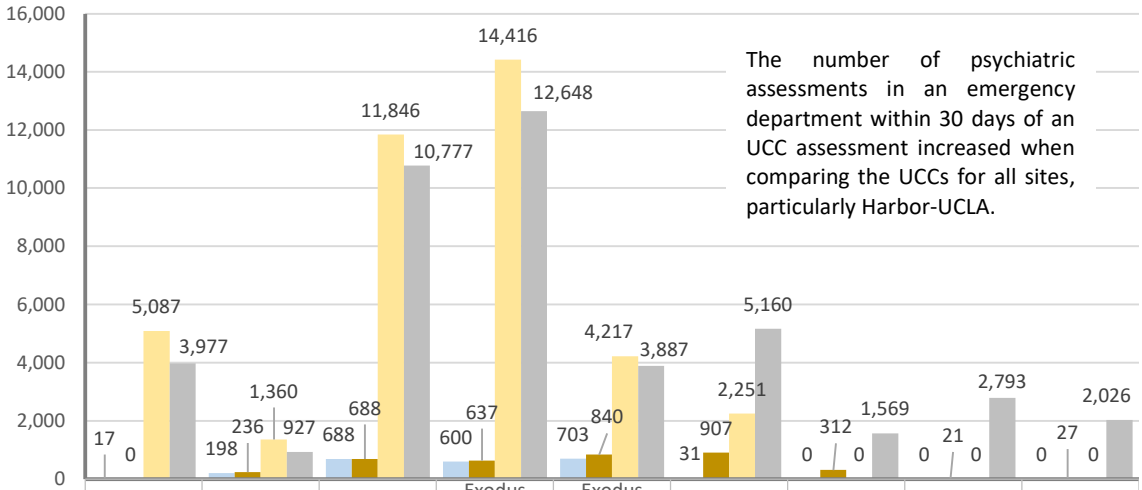
	OV UCC 7591	OV CSU 7913	Exodus MLK UCC	Exodus Eastside UCC	Exodus Westside UCC	Exodus H-UCLA UCC	Providence OBHC	Star View BHUCC	Telecare MHUCC
FY 2017-18	224	61	514	739	269	109	0	0	0
FY 2018-19	161	40	563	719	280	306	80	158	109

Figure 8. FY 2018-19 UCC New admissions by age group



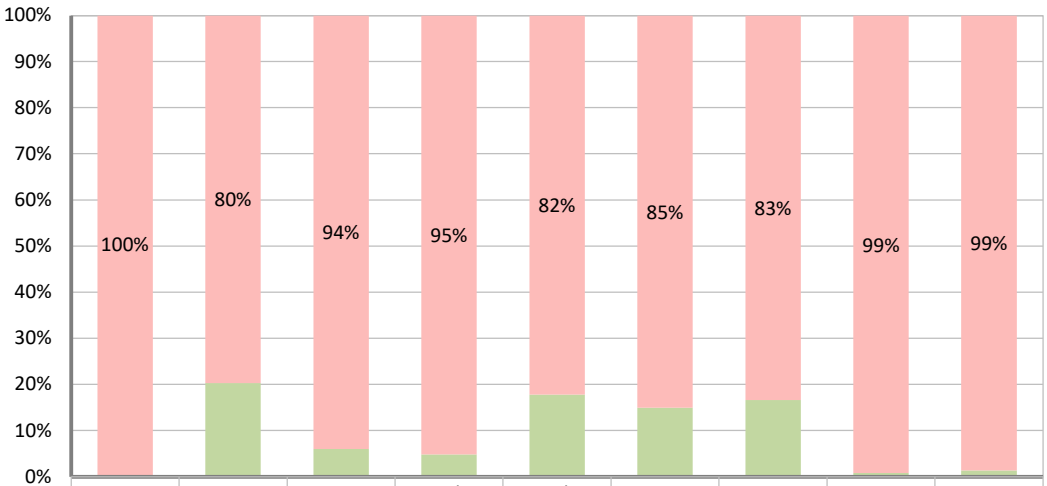
	OV UCC 7591	OV CSU 7913	Exodus MLK UCC	Exodus Eastside UCC	Exodus Westside UCC	Exodus H-UCLA UCC	Providence (OBHC)	Star View BHUCC	Telecare MHUCC
Child	3	0	216	71	42	238	0	1	0
TAY	11	0	1,396	346	45	580	0	386	0
Adult	3,802	1,123	9,290	12,149	4,360	4,946	1,801	2,269	1,944
Older Adult	161	40	563	719	280	306	80	158	109

Figure 9. Clients with a psychiatric emergency assessment within 30 days of an UCC assessment



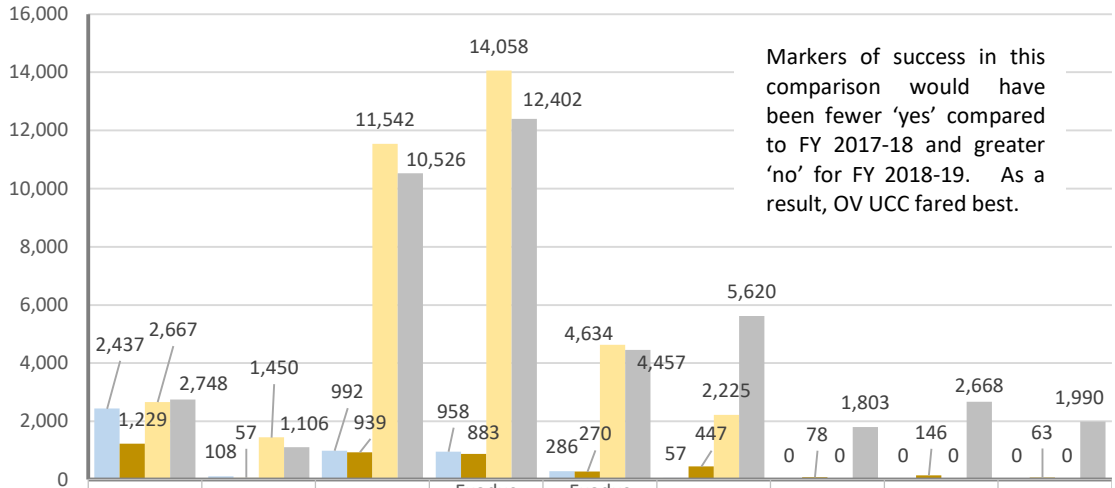
	OV UCC 7591	OV CSU 7913	Exodus MLK UCC	Exodus Eastside UCC	Exodus Westside UCC	Exodus H-UCLA UCC	Providence OBHC	Star View BHUCC	Telecare MHUCC
FY 2017-18 Yes	17	198	688	600	703	31	0	0	0
FY 2018-19 Yes	0	236	688	637	840	907	312	21	27
FY 2017-18 No	5,087	1,360	11,846	14,416	4,217	2,251	0	0	0
FY 2018-19 No	3,977	927	10,777	12,648	3,887	5,160	1,569	2,793	2,026

Figure 10. Percent of clients with an assessment at a psychiatric emergency room within 30 days of an UCC assessment in FY 2018-19



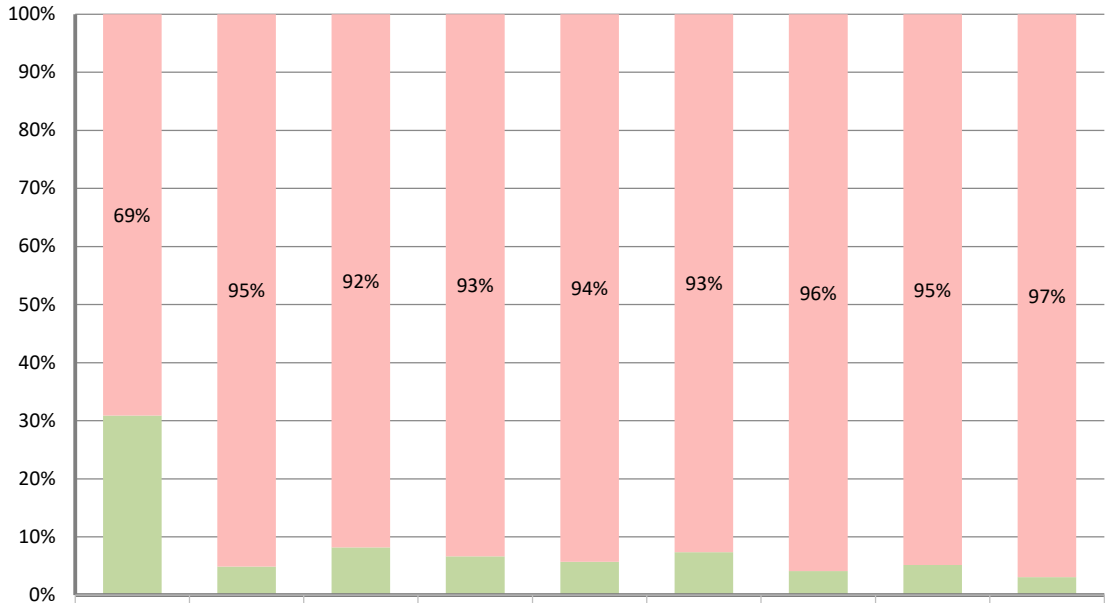
	OV UCC 7591	OV CSU 7913	Exodus MLK UCC	Exodus Eastside UCC	Exodus Westside UCC	Exodus H-UCLA UCC	Providence (OBHC)	Star View BHUCC	Telecare MHUCC
No	3,977	927	10,777	12,648	3,887	5,160	1,569	2,793	2,026
Yes	0	236	688	637	840	907	312	21	27

Figure 11. Clients returning to UCC within 30 days of prior UCC visit



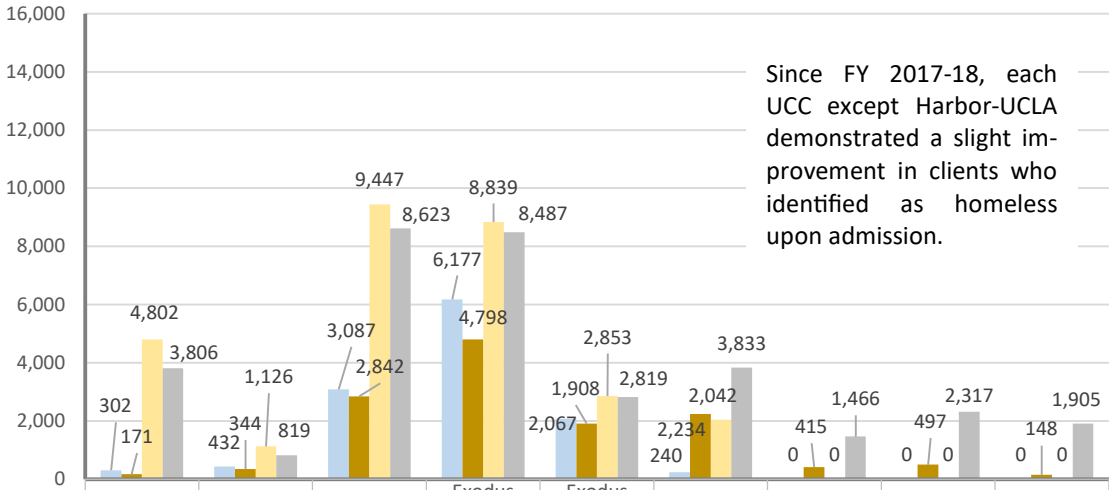
	OV UCC 7591	OV CSU 7913	Exodus MLK UCC	Exodus Eastside UCC	Exodus Westside UCC	Exodus H-UCLA UCC	Providence OBHC	Star View BHUCC	Telecare MHUCC
FY 2017-18 Yes	2,437	108	992	958	286	57	0	0	0
FY 2018-19 Yes	1,229	57	939	883	270	447	78	146	63
FY 2017-18 No	2,667	1,450	11,542	14,058	4,634	2,225	0	0	0
FY 2018-19 No	2,748	1,106	10,526	12,402	4,457	5,620	1,803	2,668	1,990

Figure 12. Percent of clients returning to UCC within 30 days of prior UCC visit in FY 2018-19



	OV UCC 7591	OV CSU 7913	MLK UCC	Eastside UCC	Westside UCC	Harbor-UCLA UCC	Providence (OBHC)	Starview (BHUCC)	Telecare (MHUCC)
No	2,748	1,106	10,526	12,402	4,457	5,620	1,803	2,668	1,990
Yes	1,229	57	939	883	270	447	78	146	63

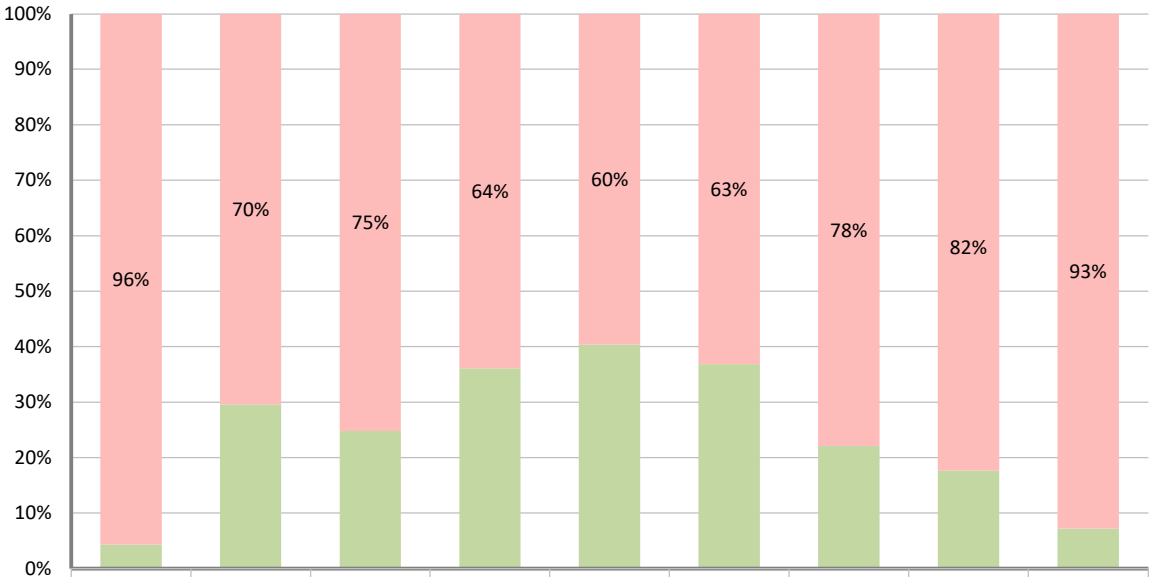
Figure 13. Clients who were homeless upon admission to UCCs



Since FY 2017-18, each UCC except Harbor-UCLA demonstrated a slight improvement in clients who identified as homeless upon admission.

	OV UCC 7591	OV CSU 7913	Exodus MLK UCC	Exodus Eastside UCC	Exodus Westside UCC	Exodus H-UCLA UCC	Providence OBHC	Star View BHUCC	Telecare MHUCC
FY 2017-18 Yes	302	432	3,087	6,177	2,067	240	0	0	0
FY 2018-19 Yes	171	344	2,842	4,798	1,908	2,234	415	497	148
FY 2017-18 No	4,802	1,126	9,447	8,839	2,853	2,042	0	0	0
FY 2018-19 No	3,806	819	8,623	8,487	2,819	3,833	1,466	2,317	1,905

Figure 14. Clients who were homeless upon admission to UCCs



	OV UCC 7591	OV CSU 7913	Exodus MLK UCC	Exodus Eastside UCC	Exodus Westside UCC	Exodus H-UCLA UCC	Providence (OBHC)	Star View BHUCC	Telecare MHUCC
No	3,806	819	8,623	8,487	2,819	3,833	1,466	2,317	1,905
Yes	171	344	2,842	4,798	1,908	2,234	415	497	148

C3. Enriched Residential Services (ERS)

ERS is designed to provide supportive on-site mental health services at selected licensed Adult Residential Facilities, 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. The following graphs provide an overview of FY 2018-19 outcomes of the nine ERS facilities.

Figure 15. Source of client referrals for ERS admissions (n = 1,401)

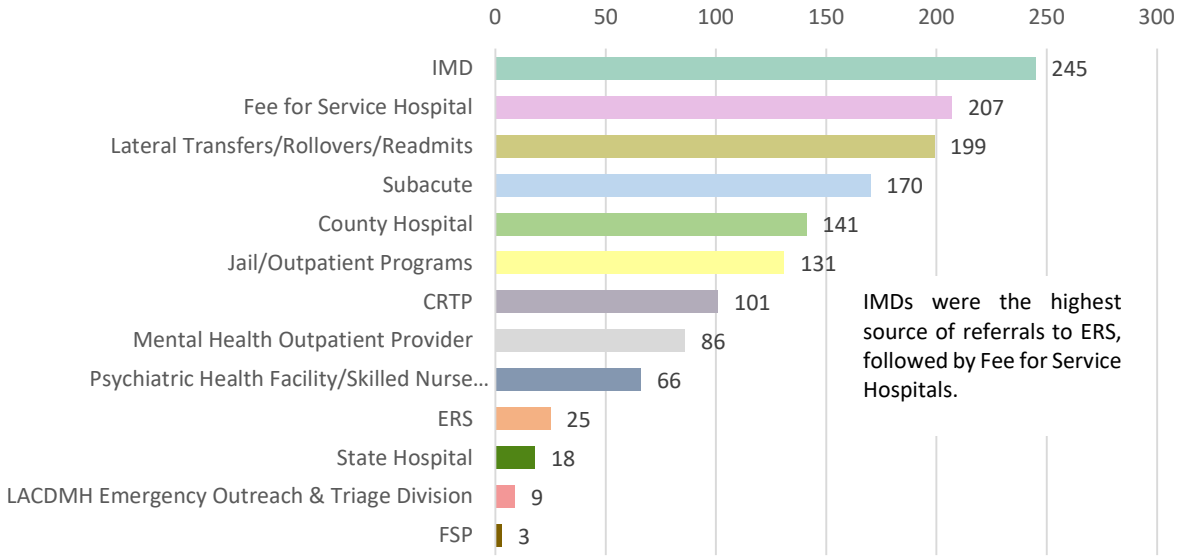
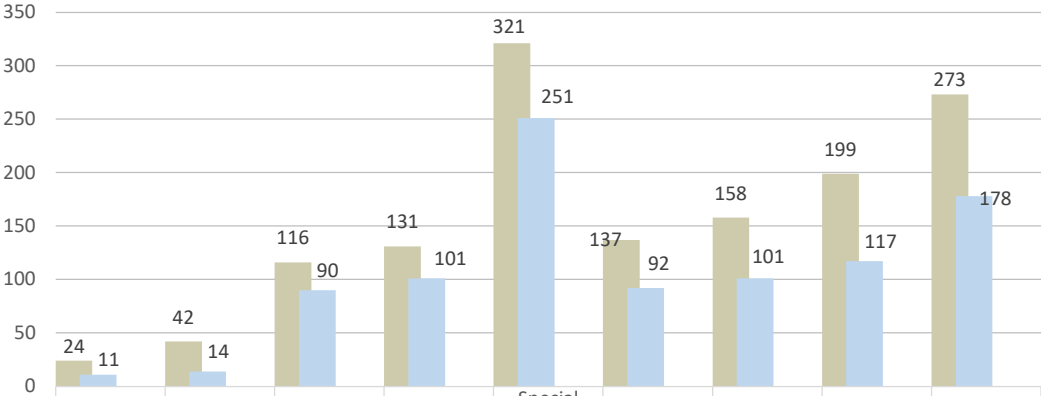
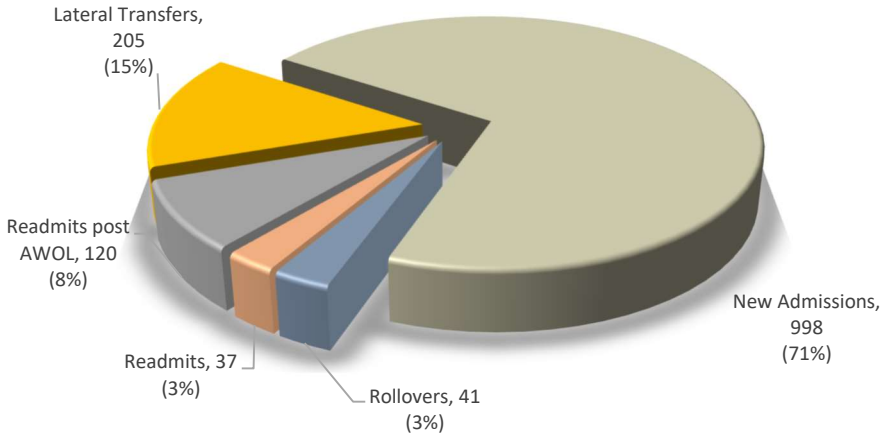


Figure 16. Client admission and discharge rates to ERS facilities (admission n = 1,401; discharge n = 955)



	Bridges	Gateways Satellite	Anne Sippi Clinic	Cedar Street Homes	Special Services for Groups (SSG)	SSG - Special Needs	Normandie Village	Telecare7	Percy Village
Admissions	24	42	116	131	321	137	158	199	273
Discharges	11	14	90	101	251	92	101	117	178
Discharged	46%	33%	78%	77%	78%	67%	64%	59%	65%
Average Length of Stay	413	357	296	153	138	217	200	291	268

Figure 17. Client admission types to ERC facilities (n = 1,401)



Admission types include clients who newly admit into a facility for the current fiscal year (New Admissions); readmit into the same facility as result of an absence (Readmits or Readmits post AWOL); (3) transfer internally to a higher or lower level of care (Lateral Transfers); and (4) change bed type, such as from indigent to Medi-Cal (Rollovers).

C4. Crisis Residential Treatment Programs (CRTP)

CRTPs are designed to provide short-term, intensive, and supportive services in a home-like environment through an active social rehabilitation program that is certified by the California Department of Health Services and licensed by the California Department of Social Services, Community Care Licensing Division. They are designed to improve the lives and adaptive functioning of those they serve. Those admitted to a CRTP can be expected to receive an array of services including self-help skills, peer support, individual and group interventions, social skills, community re-integration, medication support, co-occurring services, pre-vocational / educational support, and discharge planning.

CRTP facilities expected to open in FY 2019-20 will provide 64 more beds.

Table 13. Overview of current and future CRTPs

CRTP	Bed Count	Open
Hillview (includes 3 AB109 slots)	15	Yes
Excelsior House	14	Yes
Jump Street	10	Yes
Exodus	12	Yes
Gateways	16	Yes
CLARE Foundation	16	Yes
Teen Project	16	May 2020
Lacada	16	July 2020
Special Services for Groups (SSG)	16	Delayed
Martin Luther King, Jr.	16	Delayed

Figure 18. Source of Client Referrals for Crisis Residential Facility Admissions (n = 1,056)

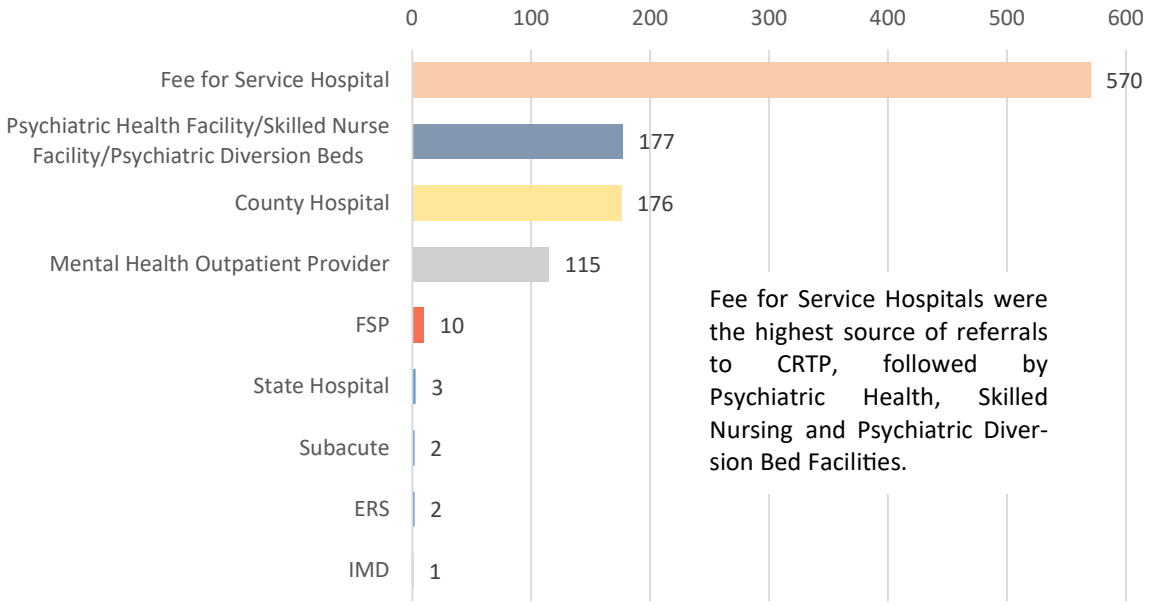
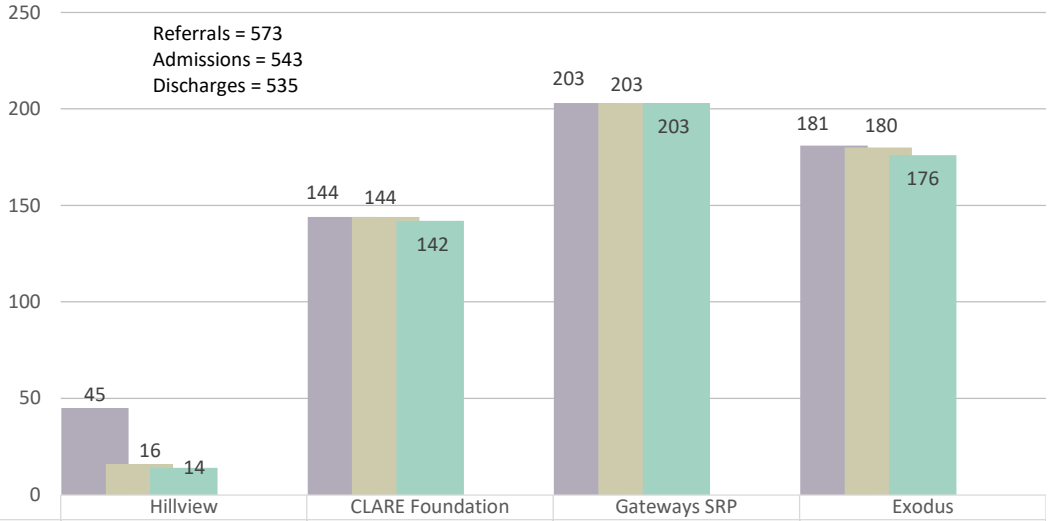


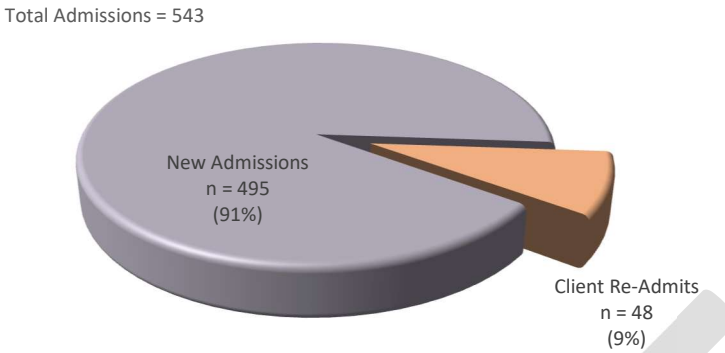
Figure 19. Client referral, admission and discharge rates CRTP admissions



	Hillview	CLARE Foundation	Gateways SRP	Exodus
Total Referrals*	45	144	203	181
Total Admissions	16	144	203	180
Total Discharges	14	142	203	176
Discharged	88%	99%	100%	98%
Average Length of Stay	32	27	26	17

Not all CRTP referrals result in an admission. For FY 2018-19, there were 1,048 CRTP referrals, of those 475 clients 'were no longer referred'. Clients are no longer referred for the following reasons: (1) client discharged from the hospital prior to admission; (2) client declined the CRTP; (3) client discharged to CRTP but decided to no-show; (4) client admitted to another CRTP.

Figure 20. Client admission types to CRTP facilities



*These clients were admitted to a CRTP facility and re-admitted to the same or another CRTP facility within the same FY 2018-19.

The readmission rate for FY 2018-19 is quite low considering the population of clients who qualify for admission to a CRTP:

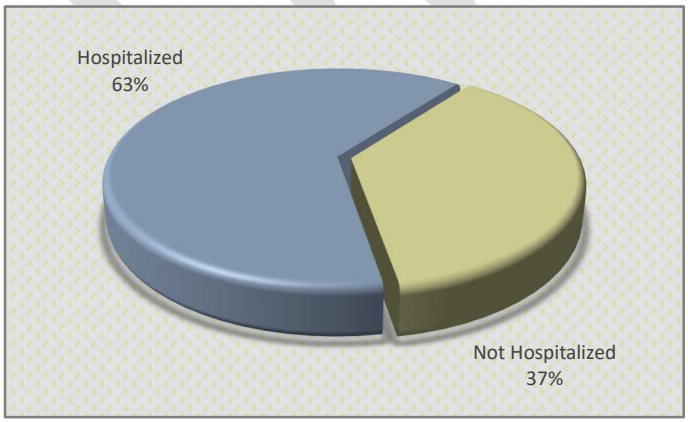
- Frequently admitted to psychiatric emergency services, UCCs or acute inpatient facilities, (e.g., 3 or more admissions within past 12 months or an extended hospital stay of 30 days or more within past 12 months);
- Chronically homeless (e.g., 1 episode of homelessness for one year, or 4 episodes of homelessness within 3 years); or
- Recently released from jail or prison.

C5. Law Enforcement Teams (LET)

The countywide police and mental health co-responder teams consist of LACDMH staff working collaboratively with local police departments in Los Angeles County. The primary mission of LET is to assist patrol officers when responding to 911 calls involving persons with a mental illness. These crisis intervention services are aimed to reduce incarcerations, mitigate police use of force, and allow patrol officers to return quickly to patrol duties.

During FY 2018-19, there were 20,995 calls, of which 66% reported being homeless. Of those calls, there were only 646 (3%) arrests.

Figure 21. Hospitalizations



D. HOUSING

Adult Housing Services include 14 Countywide Housing Specialists that, as part of a Service Area team, provide housing related services to individuals and families that are homeless or at risk of homelessness in their assigned Service Area. The housing related services include but are not limited to assisting consumers complete required paperwork such as housing applications, federal rental subsidies, housing assistance for security deposits, household goods, and/or utility deposit; obtaining third party verifications of income; accompanying consumers to housing interviews with property owners and local housing authorities. An important function of their work is to avert evictions by working closely with property owners or property management companies to resolve the presenting issues. In addition, they conduct community outreach to identify housing resources within their Service Area.

TAY Housing Services include eight Countywide Housing Specialists that are assigned to designated Services Areas as part of Outpatient Services. TAY Countywide Housing Specialists perform similar responsibilities as staff assigned to Adult Housing Services. They focus a significant amount of time on monitoring and coordinating services for individuals who are living in permanent housing in order to break the cycle of homelessness. In addition, the Enhanced Emergency Shelter Program (previously Motel Voucher Program) provides TAY who are homeless, living on the streets and in dire need of immediate short-term shelter while more permanent housing options are being explored.

During FY 2018-19, LACDMH continued its investment in the development of supportive housing for individuals and families living with serious mental illness or a severe emotional disorder, who are homeless or chronically homeless. Through these efforts, LACDMH invested an additional $105.5 million in the development of 24 new MHSA funded developments adding 512 units to the county's overall total. These newly funded housing developments will target various age groups as indicated below.

Table 14. Number of developments by target population in FY 2018-19

Target Population	Number of Developments	Number of Units
TAY	1	15
Adults	16	322
Older Adults	2	27
Families	5	148
Total	24	512

Overall, LACDMH has invested $243 million in the development of supportive housing across Los Angeles County providing capital funding for 83 MHSA funded housing developments and 13 of 83 with capitalized operating subsidies.

As of June 30, 2019, 40 of the 83 MHSA-funded housing developments were occupied by formerly homeless or chronically homeless individuals or families living with SMI or SED residing in 894 units including studios and/or 1 to 4 bedroom apartments. For calendar year 2019, LACDMH housed 1,661 individuals and/or families across its various MHSA-funded housing developments with 205 new residents, 1,098 residents remaining housed, and 144 residents exiting housing reflecting an 89.1% retention rate.

Table 15. Number of developments by target population as of June 30, 2019

Target Population	Number of Developments	Number of Units
TAY	13	167
Adults	40	820*
Older Adults	45	250
Veterans	3	67
Families	15	430**
TOTAL	83	1,734

*24 of 820 units are targeting non-health care eligible veterans
**12 of 430 units are targeting non-health care eligible veterans

D1. Housing Assistance Program (HAP)

HAP uses a variety of funding sources, including MHSA, to assist homeless consumers of mental health services without the financial resources to afford the move-in cost transitioning from homelessness into permanent housing. As shown below, the program is composed of seven components including rental assistance, eviction prevention, security deposits, utility assistance and household goods. As of June 30, 2019, HAP provided financial assistance to 297 individuals/households totaling close to $1.3 million to assist with moving into housing from homelessness or to prevent eviction. The table below reflects the program components that were funded through MHSA funds and the number of individuals served.

Table 16. Number of clients served by program components

Services Provided	Number of Clients	Expenditure
Ongoing Rental Assistance	128	$694,681
One-Time Rental Assistance	5	$1,963
Eviction Prevention	6	$7,009
Household Goods	97	$107,640
Security Deposits	20	$32,701
Utility Assistance	15	$3,188
FHSP Rental Assistance	26	$408,323
Total	297	$1,255,505

Through additional adult FSP Client Supportive Services funding, HAP assisted an additional 105 consumers with the purchase of other goods and/or services to support an individual's ability to remain in the community and live independently during FY 2018-19 totaling approximately $78,000. Similarly through TAY FSP Client Supportive Services funds, HAP assisted 26 TAY mental health consumers with ongoing rental assistance, rental subsidy and move in expenses totaling approximately $77,000.

E. LINKAGE

Programming that works with those in the community to connect them to essential services that include treatment, housing and other mental health service programs throughout the County.

E1. Jail Transition and Linkage Services

Client Contacts: 1,526

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.

E2. Mental Health Court Program

Client Contacts: 6,046

The Mental Health Court Linkage Program has two sub-programs funded by MHSA:

- The Court Liaison Program is a problem-solving collaboration between LACDMH and the Los Angeles County Superior Court. It is staffed by a team of mental health clinicians who are co-located at courts countywide. This recovery-based program serves adults with a mental illness or co-occurring disorder who are involved with the criminal justice system. The objectives of the program are to increase coordination and collaboration between the criminal justice and mental health systems, improve access to mental health services and supports, and enhance continuity of care.

  The Court Liaison Program further aims to provide ongoing support to families and to educate the court and the community at large regarding the specific needs of these individuals. Participation is voluntary and available to those 18 and above. Services include on-site courthouse outreach to defendants, individual service needs assessment, informing consumers and the Court of appropriate treatment options, developing diversion, alternative sentencing, and post-release plans that take into account best fit treatment alternatives and Court stipulations, linking consumers to treatment programs and expediting mental health referrals, advocating for the mental health needs of consumers throughout the criminal proceedings, and supporting and assisting to defendants and families in navigating the court system.

- The Community Reintegration Program (CRP) offers an alternative to incarceration for defendants with a mental illness including those with co-occurring substance abuse. The goal of CRP and its participating providers is to reintegrate clients into the community with the skills and resources necessary to maintain stability and avoid re-arrest. Also, this program provides admission to two specialized mental health contract facilities for judicially involved individuals with mental illness who voluntarily accept treatment in lieu of incarceration.

E3. Service Area Navigation

Client Contacts: 24,970

Service Area Navigator Teams 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, and 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 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; and
- Following up with people with whom they have engaged to ensure that they have received the help they need.

The following charts reflect FY 2018-19 data reported by the Service Area Navigators.

Figure 22. Number of phone contacts and outreach activities

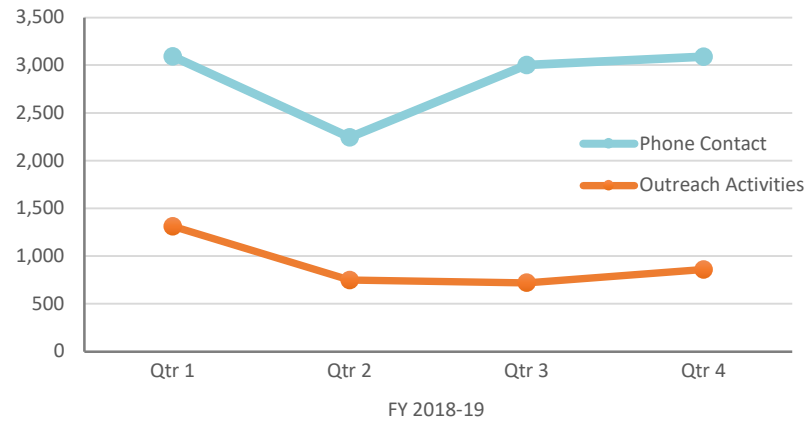


Figure 23. Number of clients referred to FSP services

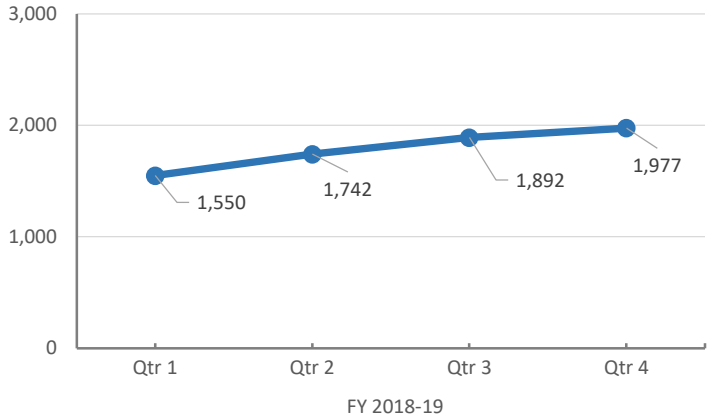
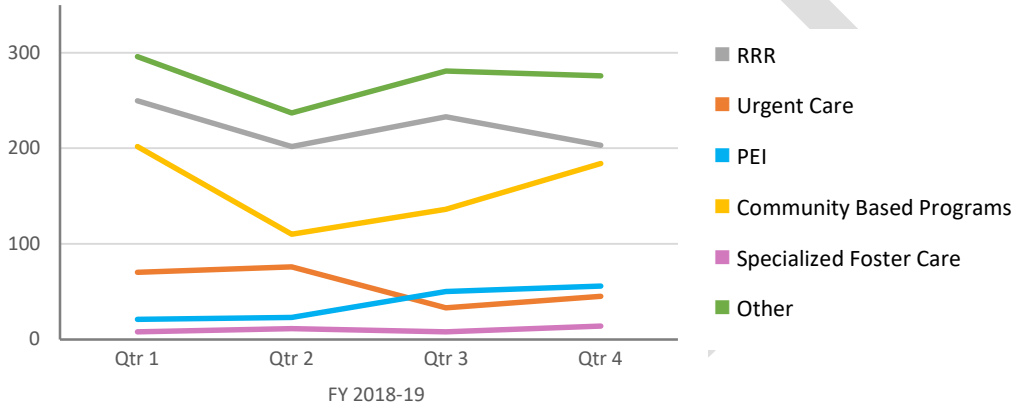


Figure 24. Number of clients referred to Non-FSP services



F. Planning, Outreach and Engagement (POE)

One of the cornerstones of the MHSA is to empower Under-Represented Ethnic Populations (UREP). In June 2007, the LACDMH established an internal UREP Unit. As of January 2016, UREP was renamed as the Underserved Cultural Communities Unit (UsCC) to be inclusive of all cultural communities. The UsCC Unit has established subcommittees dedicated to working with the various underrepresented ethnic and cultural populations in order to address their individual needs. These subcommittees are African/African American; American Indian/Alaska Native; Asian Pacific Islander; Deaf, Hard-of-Hearing, Blind, and Physical Disabilities; Eastern European/Middle Eastern; Latino; and Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, and Two-Spirit (LGBTQI2-S).

Each UsCC subcommittee is allotted one-time funding totaling $200,000 per fiscal year to focus on CSS-based capacity-building projects. This unique opportunity draws on the collective wisdom and experience of community members to determine the greatest needs and priorities in their communities. Project proposals are created and submitted via a participatory and consensus-based approach.

An overview of the projects implemented is provided in the following:

1. African/African American (AAA) UsCC Subcommittee
   Black Immigrant Youth Empowerment Project
   The Black Immigrant Youth Empowerment Project was implemented on July 1, 2018 and was completed on June 30, 2019. This project was developed to engage, empower, and educate the black immigrant community to seek mental health services as well as reduce stigma and increase the capacity of the public mental health system.

   - The implementation of this project was divided into two phases:
     - Phase one is the recruitment and training of 30 black immigrant youth on basic mental health education and public speaking skills.
     - Phase two is the facilitation of 50 community mental health presentations countywide.

   - Outcomes for calendar year 2018
     - Thirty black youth were recruited to be a part of this project
     - Participants were from eight ethnically diverse racial backgrounds including: African American, Afro-Caribbean, Black, Egyptian, Ethiopian, Jamaican, Mexican American, and Nigerian.
     - The training curriculum was completed on December 31, 2018
     - Twenty-five youth completed the training seminars.
     - The community presentations aim to promote mental health services, reduce stigma, and empower community members to access mental health services for themselves and their families.
     - Fifty community mental health presentations were conducted.

2. AAA UsCC Subcommittee
   The African American Mental Health Radio Campaign
   The African American Mental Health Radio Campaign was launched on October 16, 2017 and was completed on January 7, 2018. A local radio station was contracted to produce and broadcast five 30-second and 60-second Public Service Announcements (PSAs) to provide mental health education to the African American community.

- Outcomes for calendar year 2018
  - The PSAs provided culturally sensitive information, education, and resources to the African American community in Los Angeles County. Overall, this radio media campaign successfully helped to reduce stigma, increase mental health awareness, and access among African American community members.
  - The PSAs aired on KJLH radio on a weekly basis for a total of three months. In total, 124 PSAs were aired. A total of 342,000 radio impressions were delivered. The digital display banners on the radio station's website delivered approximately 332,934 impressions. A total of 883,000 impressions and audio streaming were delivered under contract; additional impressions were delivered as bonuses, with a grand total of 2,650,800 impressions. The e-blast total was 116,121 impressions.

3. AAA UsCC Subcommittee
   Life Links - Resource Mapping Project
   This project has been implemented for five consecutive years. Funds were allocated to develop a community resource directory called Life Links. Community resources, service providers, and agencies were identified in south Los Angeles County, where there is a large AAA population. This directory of approximately 300 services and listings of unique interest to specific cultural groups, includes names, addresses, contact information, hotlines, and toll-free numbers.

   - Outcomes for calendar year 2018
     - For the fifth reprint, 15,000 booklets were ordered as of December 2018.
     - To date, there have been over 20,000 Life Links booklets distributed in the County

4. American Indian/Alaska Native (AI/AN) UsCC Subcommittee
   AI/AN Bus Advertising Campaign
   The AI/AN Bus Advertising campaign took place in SA 1 for 12 weeks from January to April 2018. It included the following: 15 taillight bus displays, 12 king-size bus posters, five queen-size bus posters, and 80 interior bus cards. It also included an additional 80 interior bus cards for 12 weeks from April to June 2018, at no additional cost. The goal of this advertising campaign was to promote mental health services, increase the capacity of the public mental health system in Los Angeles County, increase awareness of the signs and symptoms of mental illness, and reduce the stigma associated with mental health conditions for the AI/AN community. This 12-week advertising campaign educated and provided linkage and referrals to AI/AN community members.

   - Outcomes for Calendar Year 2018
     - A total of 12,346,100 impressions were delivered.
     - Advertising took place primarily in the following cities: Lancaster, Palmdale, Littlerock, Lake Los Angeles, and unincorporated areas of the County

5. Asian Pacific Islander (API) UsCC Subcommittee
   API Youth Video Contest: "Go Beyond Stigma!"
   This project was implemented on January 1, 2018 and was completed on March 30, 2019. The API Youth Video Contest project included the recruitment and training of API Youth on mental health issues and resources as well as technical assistance to support the development of 3-minute videos on how mental health issues impact their

life. The videos were submitted as part of a video contest and were showcased at an awards ceremony, which was part of a community event.
The purpose of this project is to provide API youth (ages 16-25 years) an opportunity to share how mental health issues impact their life, family, and community using video in order to increase awareness and knowledge of the signs and symptoms of mental illness and improved access to mental health services for API youth in the County.

- Outcomes for calendar year 2018
  - Three orientations were held for the youth on mental health issues and the art of storytelling
    > Thirty-nine individuals attended the orientations.
    > Their primary languages included Chinese, Cambodian/Khmer, Spanish, Hindi/Urdu, Tagalog and Thai.
    > They included a diverse array of API ethnicities, including Cambodian, Indian, Latino, Taiwanese and Thai.
    > Two trainings were held for the youth on how to develop a mental health video.
    > Ten individuals attended the trainings.
    > Their primary languages included Chinese, Hindi/Urdu, and Thai.
    > They included a diverse array of API ethnicities, including Indian, Taiwanese and Thai.
  - Four teams composed of a total of 12 youth completed the orientation, training, and development of a video.
  - Four videos were submitted for the video contest.
  - Pre- and post-tests were completed by the youth participants in order to measure the impact of the participation on their awareness and knowledge of mental illness. The analysis of these results is still in progress.
  - Surveys were completed by the community members who attended the Awards Ceremony event at the conclusion of the project. The survey assessed the impact of the event on the attendees' awareness and knowledge of mental illness.

6. API UsCC Subcommittee
   The Samoan Outreach and Engagement Program

In 2018, LACDMH utilized CSS funds to continue the Samoan Outreach and Engagement Program in order to increase awareness of mental illness, knowledge of mental health resources in order to increase referrals, and enrollment into mental health services by the Samoan community. LACDMH contracted with Special Services for Groups (SSG) who partners with two Samoan community-based agencies to conduct individual and group outreach, engagement, and referral activities with the Samoan community in SA 8, which has the largest concentration of Samoans within the County. This program completed its third year of implementation on June 30, 2018, during which community outreach was conducted at some colleges, churches, IMD facilities, hospitals, jails, and other community gathering sites. Starting July 1, 2017, the program changed to focus more on referrals. As of 2018, there were a total of 12 referrals made as a direct result of this program, which resulted in two enrollments into mental health services.

7. API UsCC Subcommittee
   API Mental Health Awareness Media Campaigns
   This project includes seven separate campaigns that were completed in April 2019. The campaign implementation took place in May 2018. The goal of the API UsCC Mental Health Awareness Media Campaign 2018 was to target various API communities in Los Angeles County and educate them about signs and symptoms of mental illness, mental health resources, reduce mental illness related stigma, and reduce gaps in mental health service delivery in the various API communities by using media to help link the API communities to the public mental health system.

   LACDMH targeted the following API communities: Cambodian (Khmer), Chinese (Mandarin and Cantonese), Indian (Hindi and English), Filipino (Tagalog and English), Japanese, and Korean. Each media company developed and aired at least one PSA to target the respective target community. LACDMH's banners were developed and posted on their station's website, with a link to the LACDMH website. Some media companies also provided interview segments, outreach events, and community mental health surveys in kind.

   Social media was also utilized where possible. All PSAs, segments, etc., are being posted onto the LACDMH website and used for future outreach purposes. The outcomes are still in progress. All media companies will provide a summary of the airing of the PSAs, etc., as well as viewership information. The ACCESS Helpline is tracking the number of calls received from various racial/ethnic groups by race/ethnicity and language, so that the community impact can be determined. Project summary reports will include summaries of the community surveys that were implemented and community feedback that was gathered.

8. The Deaf, Hard-of-Hearing, Blind, and Physical Disabilities UsCC Subcommittee
   This subcommittee was established January 1, 2018 and held its first UsCC subcommittee meeting on January 30, 2018. The goal of this subcommittee was to reduce disparities and increase mental health access for the deaf, hard-of-hearing, blind, and physically disabled community. This group worked closely with community partners and consumers to increase the capacity of the public mental health system, to develop culturally relevant recovery-oriented services specific to the targeted communities, and to develop capacity-building projects. As of June 30, 2018, this subcommittee has identified four capacity-building projects for FY 2018-19 with a membership roster of over 50 individuals, and is actively recruiting new members.

9. Eastern European/Middle Eastern (EE/ME) UsCC Subcommittee
   The Armenian Mental Health Show
   A local Armenian television station, ARTN TV Station, was contracted to produce, direct, host, and broadcast a weekly mental health show in the Armenian language. The show consisted of 28 half-hour episodes, where various mental health topics were presented. The Armenian mental health show included episodes on the following topics: depression, anxiety, couple's therapy, trauma, and intergenerational issues.

   During the third season, the format of the show changed. It included three phases: 1) an introduction that included opening remarks by a mental health professional and a host (3-5 minutes); 2) a therapy session reenactment facilitated by a mental health professional and included actors and actresses (10-15 minutes); and 3) a TV host and a mental health professional, who explained the therapy session and its process (10

minutes). Each of the actors/actresses were well-known in the community. The show provided an opportunity for the Armenian community to be educated and informed on the symptoms associated with a variety of different psychological disorders and the psychotherapeutic process. It included current psychological issues that are impacting the Armenian community in Los Angeles County. The shows were broadcasted in areas with the largest concentration of Armenians, such as La Cañada, Burbank, North Hollywood, Glendale, Pasadena, Los Angeles, and Montebello.

- Outcomes for calendar year 2018
  - From August 2018 to November 2018, a total of 28 half-hour mental health shows were aired on the local Armenian television station.
  - The format of the show was unique as it was the first time in the history of the TV station that a show was produced showcasing what the psychotherapy process looks like as a marketing tool to reduce mental health stigma within the Armenian community. Based on the feedback provided by the TV viewers, Armenian community members felt that the show was interesting, culturally relevant, educational, and expanded their knowledge regarding mental health and how these issues present within the Armenian community.
  - The result of the shows surpassed all the expectations. It appeared that there was a shift in the thinking of the Armenian community about mental health conditions and its treatment approaches.
  - Since the show began, hundreds and hundreds of ARTN TV viewers have been calling and asking mental health related questions. After the show ended, many community members called ARTN TV requesting for it to continue and even offering new topics for discussion.

10. EE/ME UsCC Subcommittee
    The Arabic, Farsi, and Russian Public Service Announcement Project
    This project was implemented on July 1, 2018 and completed on August 31, 2019. The project sought to increase mental health awareness and education to the Arabic, Farsi, and Russian speaking communities in the County, which are significantly underserved by the public mental health system. A consultant produced, implemented, posted, and tracked 42, 90-second PSAs in the Arabic, Farsi and Russian languages. There were 14 PSAs in each language. The PSAs included celebrities and/or prominent community figures from the three-targeted communities. The consultant was responsible for posting/broadcasting the PSAs for a total of eight months via different social media outlets including, but not limited to Twitter, Facebook, and You Tube. The consultant closely tracked and monitored the viewership of the PSAs and measured its effectiveness.

    - Outcomes for calendar year 2018
      - To date, 10 Arabic, Farsi, and Russian PSAs have been posted on YouTube, Twitter, and Facebook.
      - Some of the topics include post traumatic stress disorder, domestic violence, child abuse, substance abuse, loss and grief, bullying, etc.
      - This project completed on August 31, 2019.

11. Latino UsCC Subcommittee
    The Latino Media Campaign
    The Latino media campaign was launched on May 1, 2017 and completed on July 16, 2018. The commercials were aired on the KMEX television station and KLVE, KRCD, and KTNQ radio stations. KMEX ran a total of 138 television PSAs, a 2-day Homepage takeover, Univision.com geo-LA/Local Los Angeles Rotation - in banner video and social media. KLVE, KRCD, and KTNQ radio stations ran 501 PSAs, a 2-day Homepage takeover, and social media. In addition, 3-minute interviews with the LACDMH ESM were aired weekly on Dr. Eduardo Navarro's program at KTNQ 1020 Radio Station for nine weeks from May 11, 2017 through July 2, 2017. Another 30-minute interview for a PSA was aired on four radio stations on June 12, 2017 and June 25, 2017.

    - Outcomes for calendar year 2018
      - The KMEX report shows that the television campaign delivered a total of 14,501,956 impressions.
      - The KLVE, KRCD, and KTNQ reports showed that the radio campaign delivered a total of 12,200 impressions.
      - Digital campaign delivered 1,106,234 impressions.
      - A gross total of 15,620,390 impressions were delivered from viewers and listeners.
      - The media campaign reached millennials via digital, KLVE Motivational Monday social media posts, and homepage takeovers via Univision.com and at the same time, personally touched the 25-54 age group with their message on KMEX news and novellas.
      - KTNQ 1020 AM live interviews on Tuesdays with the LACDMH ESM aired weekly on Dr. Eduardo Navarro's program were considered by Univision Communications, Inc., "jewels for the community" as it offered advice on topics of importance to the functioning of a happy family.

12. Latino UsCC Subcommittee
    The Latino Mental Health Stigma Reduction Community Theater Project
    The goal of this project was to outreach, educate, and increase knowledge pertaining to mental health services within the Latino community. By utilizing a non-stigmatizing method such as a theatrical play, Latino community members learned about the signs and symptoms associated with mental health and became familiar with the services that are available through LACDMH. The project is scheduled to be completed by May 30, 2020.

13. Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning Intersex, Two-Spirit (LGBTQI2-S) UsCC Subcommittee
    LGBTQI Iranian Outreach and Engagement Project
    The objective of the LGBTQI Iranian Outreach and Engagement Project was to engage, empower, enlist, and enlighten the LGBTQI and non-LGBTQI Iranian community, as well as to promote mental health services, reduce stigma, and increase the capacity of the public mental health system in Los Angeles County. This would enable this often underserved and marginalized population to access mental health services for themselves and empower other community members to access mental health services.

The project involved two phases:

- Phase 1 included eight health and wellness workshops, which provided outreach to Iranian LGBTQI community members and their families, as well as Iranian Student Clubs at local high schools and colleges; and
- Phase 2 included a media campaign targeting Iranian LGBTQI and non-LGBTQI community members through local Iranian talk shows, magazines, newspapers, and radio programs.

▪ Outcomes for calendar year 2018
  - A total of 244 individuals attended the health and wellness workshops. Of those, 213 completed the pre- and post-tests.
  - The results of the pre/post tests showed a significant shift in participant beliefs and knowledge about LGBTQ issues.
  - Resources were provided at the presentations and included mental health resources, social support resources, and physical health resources.
  - Six magazine articles were published in local Iranian magazines: Tehran Magazine and Javanan Magazine.
  - One article was featured on the cover of Tehran Magazine and it was the first time an article related to the LGBTQ community was on the cover of a mainstream Iranian magazine.
  - A total of three PSAs were recorded and aired 200 times on local Iranian radio station, KIRN 670am, between the dates of February 19, 2018 to September 6, 2018.
  - In addition to the airing of the PSAs, KIRN 670am also broadcast 26 programs that lasted 23 minutes each every Sunday between February 25, 2018 to September 2, 2018. The radio programs featured over 18 Iranian LGBTQ allies, activists, and celebrities.

14. Service Area Outreach & Engagement Highlights

▪ Service Area 1 (Antelope Valley)
  - Attended multiple joined and planned activities with 12,045 participants. The population consisted of African American, Latino, White, families, children, consumers, and individuals with various disabilities.
  - Outreach and engagement activities included planning and facilitating well-attended special events, including a back-to-school event, Antelope Valley Community College Job Fair, a popular “Snow Day” event, reaching over 200 individuals, a June Pride event, reaching over 125 individuals, a “Day of Giving” holiday event involving over 350 local residents, and hosting a mental health cafe.
  - LACDMH staff actively participated in the Antelope Valley Homeless Coalition and outreach to individuals at risk of and living with serious mental health conditions at libraries, mobile home communities, substance use treatment programs, mobile shower programs, and retail shopping locations.
  - Clergy breakfasts and roundtables were facilitated in SA 1, engaging diverse local faith community leaders in mental health message dissemination to their congregations.

- Service Area 2 (San Fernando Valley)
  - Attended multiple joined and planned activities with 8,718 participants. The population consisted of Latino, African American, Armenian, White, Asian Pacific Islanders, Russian, Arabic, Iranian, and others.
  - Two back-to-school events, one sponsored by a local health plan and the other by community-based organizations, reached over 300 individuals this year.
  - Suicide postvention messages and resources were provided to hundreds of local residents at a booth at the suicide prevention summit, a Government Day event, and at the LGBTQI2-S mental health conference.
  - Cultural arts were important in SA 2; outreach at the Cinco de Mayo festival engaged over 185 individuals, and 20 consumers, family members, and local residents participated in interactive healing arts workshops.
  - Staff conducted regular outreach at the Pacoima Winter Shelter, reaching hundreds of people experiencing homelessness with mental health support and service access information.
  - Staff met with the Los Angeles Police Department-North Hollywood to brainstorm problem-solving approaches to responding to frequent 9-1-1 callers who have mental health needs.
  - Clergy breakfasts and roundtables were facilitated in SA 2, engaging diverse local faith community leaders in mental health message dissemination to their congregations.

- Service Area 3 (San Gabriel Valley)
  - Attended multiple joined and planned activities with 8,107 participants. The population consisted of Latino, Asian, Pacific Islanders, Veterans, and the community at large.
  - LACDMH information tables were established at the well-attended Parks after Dark summer program, the Winter Wonderland Resource Fair, Veterans Resource Expo, child and family resource fairs, and adult education fairs.
  - LACDMH staff participated in Girls Empowerment Conference, *Adelante Mujer* Latina College and Career Conference at Pasadena Community College, and a Grandparents' Day event, reaching hundreds of individuals in the community with mental health service information.
  - Clergy breakfasts and roundtables were facilitated in SA 3, engaging diverse local faith community leaders in mental health message dissemination to their congregations.

- Service Area 4 (Metro)
  - Attended multiple joined and planned activities with 21,537 participants. The population consisted of Latino, African American, people experiencing homelessness, LGBTQI-2S, and others.
  - Weekly Spanish-language outreach at the Mexican, Salvadoran, and Guatemalan consulates reached hundreds of immigrants with basic information on mental health issues and culturally specific access to care.
  - LACDMH staff facilitated weekly "Therapeutic Thursday" group education sessions on a range of mental health topics with a diverse group of local residents at the Los Angeles State Historic Park in Chinatown.
  - Outreach and engagement staff participated in numerous festivals and activities targeting youth and families in SA 4.

- Service Area 5 (West)
  - Attended multiple joined and planned activities with 2,625 participants. The population consisted of the community at large from underserved cultural communities.
  - Weekly outreach to libraries engaged individuals at risk of and living with serious mental illness in SA 5 in mental health support and linkage to services.
  - A special event reached over 60 members of the Garifuna community with mental health information and service linkages in May.
  - Clergy breakfasts and roundtables were facilitated in SA 5, engaging diverse local faith community leaders in mental health message dissemination to their congregations.

- Service Area 6 (South)
  - Attended multiple joined and planned activities with 5,160 participants. The population consisted of African American, Latino, White, and the community at large.
  - Outreach and distribution of mental health resource information was conducted with hundreds of individuals participating in a local mobile showers program, Parks after Dark, winter holiday events, the 27th Empowerment Congress, and Care Harbor.
  - At the African American Mental Health Conference, over 175 participants received mental health resource information provided by SA 6 staff.
  - Clergy breakfasts and roundtables were facilitated in SA 6, engaging diverse local faith community leaders in mental health message dissemination to their congregations.

- Service Area 7 (East)
  - Attended multiple joined and planned activities with 4,019 participants. The population consisted of the community at large from underserved cultural communities.
  - Field outreach included participating in the South Gate American Indian Resource Fair, Centro Estrella Children's Resource Fair, and Maywood Landlord-Tenant Symposium.
  - Staff disseminated mental health information at job fairs, Veteran events, and activities at local senior centers
  - Clergy breakfasts and roundtables were facilitated in SA 7, engaging diverse local faith community leaders in mental health message dissemination to their congregations.

- Service Area 8 (South Bay)
  - Attended multiple joined and planned activities with 4,891 participants. The population consisted of community at large and underserved cultural communities.
  - Staff reached hundreds of individuals and workers at special events, including the Men's Empowerment Event at California State University, Dominguez Hills, Kingdom Day event, Long Beach Community College, Health in the Park, and the Longshoreman's Headquarters.
  - Clergy breakfasts and roundtables were facilitated in SA 8, engaging diverse local faith community leaders in mental health message dissemination to their congregations.

PREVENTION AND EARLY INTERVENTION (PEI)

PEI Program Information and Outcomes

This section outlines the services and activities associated with the various components of PEI. Over the last year, LACDMH has moved toward a more robust and upstream approach to PEI services. While the focus of early intervention continues to be evidence-based practices, promising practices and community-defined evidence practices, LACDMH is in the process of implementing prevention strategies in settings such as schools and libraries where access platforms are being established. By identifying individuals with specific risk factors, particularly for trauma, and through the promotion of protective factors, such as social connectedness and engagement, a prevention service platform is being developed that:

- Raises awareness of the importance of mental and emotional wellbeing and health, the impact of trauma and the promotion of resilience strategies on systems and communities;
- Builds organizational and community capacity to promote wellbeing and resiliency and to recognize and respond to trauma and mental health needs;
- Builds bridges to mental health care when it is requested; and
- Ensures that requested services are being delivered and achieving intended impact.

Table 17. FY 2018-19 Clients served through PEI

Clients Served	New Clients Served
50,865 clients received a direct mental health service: ▪ 67% of the clients are children ▪ 18% of the clients are TAY ▪ 51% of the clients are Hispanic ▪ 10% of the clients are African American ▪ 8% of the clients are White ▪ 3% of the clients are Asian ▪ 74% have a primary language of English ▪ 23% have a primary language of Spanish	30,369 new clients receiving PEI services countywide: with no previous MHSA service ▪ 23% of the new clients are Hispanic ▪ 5% of the new clients are African American ▪ 4% of the new clients are White ▪ 74% have a primary language of English ▪ 22% have a primary language of Spanish

Table 18. FY 2018-19 Clients served through PEI by Service Area

Service Area	Number of Clients Served	Number of New Clients
SA 1 - Antelope Valley	4,072	2,680
SA 2 - San Fernando Valley	7,926	4,886
SA 3 - San Gabriel Valley	8,996	5,639
SA 4 - Metro	6,797	4,330
SA 5 - West	1,725	1,178
SA 6 - South	6,816	4,424
SA 7 - East	7,362	4,797
SA 8 - South Bay	8,175	4,936

A. EARLY INTERVENTION

Early Intervention is directed toward individuals and families for whom a short (usually less than one year), relatively low-intensity intervention is appropriate to measurably improve mental health problems and avoid the need for more extensive mental health treatment.

Table 19. FY 2018-19 Evidence Based Practices (EBPs)
Note: Some age groups show the specific age(s) of clients served

Early Intervention EBP	Description
Aggression Replacement Training (ART) Children (ages 5-12) Skill Streaming Only Children (ages 12-15) TAY (ages 16-17) Unique Clients Served: 123 Gender: 50% Male, 50% Female Ethnicity: 59% Hispanic, 16% African American, 2% White	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.
Alternatives for Families Cognitive Behavioral Therapy (AF-CBT) Children (ages 4-15) TAY (ages 16-17) Unique Clients Served: 311 Gender: 54% Male, 46% Female Ethnicity: 69% Hispanic, 8% African American, 1% Asian, 3% White	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.
Brief Strategic Family Therapy (BFST) Children (ages 10-15) TAY (ages 16-18) Unique Clients Served: 26 Gender: 46% Male, 54% Female Ethnicity: 50% Hispanic, 4% African American, 8% White	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.
Center for the Assessment and Prevention of Prodromal States (CAPPS) TAY Unique Clients Served: 43 Gender: 63% Male, 37% Female Ethnicity: 68% Hispanic, 5% African American, 9% Asian, 2% White	The focus of CAPPS is to conduct outreach and engagement specifically to those youths 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.
Child-Parent Psychotherapy (CPP) Young Children (ages 0-6) Unique Clients Served: 1,696 Gender: 53% Male, 47% Female Ethnicity: 51% Hispanic, 13% African American, 2% Asian, 8% White	CPP is a psychotherapy model that integrates psycho-dynamic, 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.

Early Intervention EBP	Description
Coordinated Specialty Care Model for Early Psychosis (CSC-EP) Children (ages 12-15) TAY (ages 16-25) Unique Clients Served: 2 Gender: 50% Male, 50% Female Ethnicity: 100% Hispanic	CSC-EP is a team-based, multi-element approach to treating early psychosis. CSC-EP serves youth experiencing the symptoms of early psychosis including onset of psychotic symptoms in the past year, subthreshold symptoms of psychosis, and recent deterioration in youth with a parent/sibling with a psychotic disorder. This collaborative, recovery based treatment approach involves clients and treatment team members as active participants. The program includes various treatment components that focus on reducing and managing symptoms and distress and improving individuals' ability to achieve success in independent roles. Services include comprehensive clinical assessment, medication management, case management, individual and family psychoeducation and support groups including multifamily therapy, and peer and family advocate support. CSC-EP emphasizes shared decision making as a means for addressing the unique needs, preferences, and recovery goals of individuals with early psychosis. CSC services are also highly coordinated with primary medical care, with a focus on optimizing a client's overall mental and physical health.
Crisis Oriented Recovery Services (CORS) Children TAY Adults Older Adults Unique Clients Served: 305 Gender: 41% Male, 59% Female Ethnicity: 59% Hispanic, 12% African American, 3% Asian, 4% White	CORS is a short-term intervention designed to provide immediate crisis intervention, address identified case management needs, and assure hard linkage to ongoing services. The primary objective is to assist individuals in resolving and/or coping with psychosocial crises by mitigating additional stress or psychological harm. It promotes the development of coping strategies that individuals can utilize to help restore them to their previous level of functioning prior to the crisis event.
Depression Treatment Quality Improvement (DTQI) Children TAY Adults Older Adults Unique Clients Served: 176 Gender: 35% Male, 65% Female Ethnicity: 28% Hispanic, 1% African American, 2% Asian, 3% White	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.
Dialectical Behavior Therapy (DBT) Children (ages 12-15) TAY (ages 16-20) Unique Clients Served: 131 Gender: 31% Male, 69% Female Ethnicity: 38% Hispanic, 12% African American, 4% Asian, 33% White	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.

Early Intervention EBP	Description
Families Over Coming Under Stress (FOCUS) Children TAY Adults Unique Clients Served: 216 Gender: 52% Male, 48% Female Ethnicity: 39% Hispanic, 4% African American, 1% Asian, 3% White	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 by building upon existing strengths and positive coping strategies as well as increasing communication and decreasing stress.
Functional Family Therapy (FFT) Children (ages 11-15) TAY (ages 16-18) Unique Clients Served: 57 Gender: 72% Male, 28% Female Ethnicity: 76% Hispanic, 5% African American, 5% Asian, 7% White	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.
Group Cognitive Behavioral Therapy for Major Depression (Group CBT) TAY (ages 18-25) Adults Older Adults Unique Clients Served: 42 Gender: 31% Male, 69% Female Ethnicity: 50% Hispanic, 12% African American, 2% Asian, 22% White	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.
Incredible Years (IY) Young Children (ages 2-5) Children (ages 6-12) Unique Clients Served: 238 Gender: 69% Male, 31% Female Ethnicity: 79% Hispanic, 5% African American, 1% Asian, 4% White	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.
Individual Cognitive Behavioral Therapy (Ind. CBT) TAY (ages 18-25) Adults Older Adults Directly Operated Clinics only Unique Clients Served: 4,249 Gender: 32% Male, 68% Female Ethnicity: 49% Hispanic, 11% African American, 4% Asian, 14% White	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 psycho-education, skills acquisition, contingency management, Socratic questioning, behavioral activation, exposure, cognitive modification, acceptance and mindfulness strategies and behavioral rehearsal.
Interpersonal Psychotherapy for Depression (IPT) Children (ages 9-15) TAY Adults Older Adults Unique Clients Served: 2,014 Gender: 33% Male, 67% Female Ethnicity: 45% Hispanic, 6% African American, 3% Asian, 7% White	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.

Early Intervention EBP	Description
Loving Intervention Family Enrichment Program (LIFE) Children (ages 0-8) Unique Clients Served: 17 Gender: 41% Male, 59% Female Ethnicity: 59% Hispanic, 12% African American	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.
Managing and Adapting Practice (MAP) Young Children Children TAY (ages 16-21) Unique Clients Served: 19,070 Gender: 53% Male, 47% Female Ethnicity: 52% Hispanic, 7% African American, 1% Asian, 6% White	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.
Mental Health Integration Program (MHIP) Formerly known as IMPACT Adults Unique Clients Served: 604 Gender: 25% Male, 75% Female Ethnicity: 64% Hispanic, 9% African American, 4% Asian, 7% White	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.
Multidimensional Family Therapy (MDFT) Children (ages 12-15) TAY (ages 16-18) Unique Clients Served: 3 Gender: 33% Male, 67% Female Ethnicity: 67% Other, 33% White	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.
Multisystemic Therapy (MST) Children (ages 12-15) TAY (ages 16-17) Unique Clients Served: 1,680 Gender: 47% Male, 53% Female Ethnicity: 76% Hispanic, 9% African American, 2% Asian, 8% White	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).
Parent-Child Interaction Therapy (PCIT) Young Children (2-7) Unique Clients Served: 1,538 Gender: 64% Male, 36% Female Ethnicity: 50% Hispanic, 11% African American, 2% Asian, 8% White	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.

Early Intervention EBP	Description
Problem Solving Therapy (PST) Older Adults Unique Clients Served: 22 Gender: 50% Male, 50% Female Ethnicity: 32% Hispanic, 4% African American, 32% White	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.
Program to Encourage Active Rewarding Lives for Seniors (PEARLS) Older Adults Unique Clients Served: 22 Gender: 50% Male, 50% Female Ethnicity: 40% Other, 40% Asian, 20% White	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.
Prolonged Exposure - Post Traumatic Stress Disorder (PE-PTSD) TAY (ages 18-25) Adults Older Adults Directly Operated Clinics Only Unique Clients Served: 39 Gender: 20% Male, 80% Female Ethnicity: 41% Hispanic, 23% African American, 3% Asian, 13% White	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.
Reflective Parenting Program (RPP) Young Children (ages 2-5) Children (ages 6-12) Unique Clients Served: 23 Gender: 65% Male, 35% Female Ethnicity: 82% Hispanic, 9% African American, 9% White	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.
Seeking Safety (SS) Children (13-15) TAY Adults Older Adults Unique Clients Served: 3,039 Gender: 37% Male, 62% Female Ethnicity: 52% Hispanic, 8% African American, 3% Asian, 10% White	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.
Strengthening Families (SF) Children (ages 3-15) TAY (ages 16-18) Unique Clients Served: 16 Gender: 56% Male, 44% Female Ethnicity: 62% Hispanic, 38% Other	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.

Early Intervention EBP	Description
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) Honoring Children, Mending the Circle Children (ages 3-8) Unique Clients Served: 5,712 Gender: 42% Male, 58% Female Ethnicity: 57% Hispanic, 10% African American, 1% Asian, 6% White	This practice for Native American child trauma victims is based on TF-CBT. Treatment goals are to improve spiritual, mental, physical, emotional, and relational wellbeing. The EBP includes traditional aspects of healing with American Indians and Alaskan Natives from their world view.
Triple P Positive Parenting Program (Triple P) Young Children (ages 0-5) Children (ages 6-15) TAY (age 16) Unique Clients Served: 851 Gender: 71% Male, 29% Female Ethnicity: 56% Hispanic, 9% African American, 3% Asian, 4% White	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.
UCLA Ties Transition Model (UCLA TTM) Young Children (ages 0-5) Children (ages 6-12) Unique Clients Served: 23 Gender: 57% Male, 43% Female Ethnicity: 17% Hispanic, 17% African American, 9% Asian, 35% White	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).

Table 20. FY 2018-19 EBP Outcomes since 2009 through June 2019

Early Intervention EBP	Number of Treatment Cycles	Percent Reported Completing the EBP	Mental Health
ART	3,415	42%	- 24% Improvement in mental health functioning
AF-CBT	1,506	51%	- 51% Improvement in mental health functioning - 53% Reduction in symptoms related to posttraumatic stress
BFST	203	65%	- 48% Improvement in mental health functioning - 50% Reduction in behavioral problems
Caring for our Families	734	67%	- 23% Improvement in mental health functioning - 30 % Reduction in disruptive behaviors
CAPPS	192	43%	- 30% Improvement in mental health functioning - 60% Reduction in prodromal symptoms
CPP	6,123	47%	- 54% Improvement in mental health functioning - 19% Reduction in child's mental health functioning following a traumatic event
CBITS	131	71%	- 30% Improvement in mental health functioning - 28% Reduction in symptoms related to posttraumatic stress
CORS	4,098	60%	- 28 % Improvement in mental health functioning
DTQI	1,210	65%	- 47% Improvement in mental health functioning - 55% Reduction in symptoms related to depression
DBT	219	66%	- 28 % Improvement in mental health functioning
FOCUS	609	70%	- 39% Improvement in mental health functioning - 50% Improvement in family functioning
FFT	1,677	66%	- 29% Improvement in mental health functioning
Group CBT	1,138	43%	- 21% Improvement in mental health functioning - 42% Reduction in symptoms related to depression

Early Intervention EBP	Number of Treatment Cycles	Percent Reported Completing the EBP	Mental Health
IY	2,763	64%	- 27% Improvement in mental health functioning - 35% Reduction in disruptive behaviors
Ind. CBT	Anxiety 2,711 Depression 6,174 Trauma 820	Anxiety 45% Depression 43% Trauma 45%	▪ Anxiety - 36% Improvement in mental health functioning - 63% Reduction in symptoms related to anxiety ▪ Depression - 35% Improvement in mental health functioning - 50% Reduction in symptoms related to depression ▪ Trauma - 45% Improvement in mental health functioning - 65% Reduction in symptoms related to posttraumatic stress
IPT	6,778	50%	- 33% Improvement in mental health functioning - 50% Reduction in symptoms related to depression
LIFE	419	65%	- 37% Improvement in mental health functioning - 50% Reduction in disruptive behaviors
MAP	55,495	54%	- 44% Improvement in mental health functioning - 43% Reduction in disruptive behaviors - 55% Reduction in symptoms related to depression - 44% Reduction in symptoms related to anxiety - 48% Reducing symptoms related to posttraumatic stress
MHIP	Anxiety 2,042 Depression 5,690 Trauma 297	Anxiety 39% Depression 34% Trauma 29%	▪ Anxiety - 58% Reduction in symptoms related to anxiety ▪ Depression - 53% Reduction in symptoms related to depression ▪ Trauma - 24% Reduction in symptoms associated with exposure to trauma
MDFT	75	89%	- 25% Improvement in mental health functioning
MST	126	72%	- 46% Improvement in mental health functioning
PCIT	3,871	41%	- 58% Improvement in mental health functioning - 53% Reduction in disruptive behaviors
PST	393	62%	- 28% Improvement in mental health functioning - 45% Reduction in symptoms related to depression
PEARLS	164	49%	- 26% Improvement in mental health functioning - 45% Reduction in symptoms related to depression
PATHS	746	34%	- 37% Improvement in mental health functioning - 33% Reduction in disruptive behaviors
RPP	244	72%	- 9% Improvement in mental health functioning - 15% Reduction in disruptive behaviors
SS	19,773	40%	- 36% Improvement in mental health functioning - 31% Reducing symptoms related to posttraumatic stress
TF-CBT	22,573	55%	- 48% Improvement in mental health functioning - 51% Reducing symptoms related to posttraumatic stress
Triple P	6,066	55%	- 40% Improvement in mental health functioning - 50% Reduction in disruptive behaviors

B. PREVENTION

The following prevention activities and services are geared toward addressing, through awareness, education, training, outreach and/or navigation, the risk factors associated with the onset of mental illness or emotional disturbances, including a focus on enhancing protective factors such as social connectedness and support.

B1. Community Partnerships

LACDMH partners with several county and city agencies, such as the Los Angeles County Departments of Parks and Recreation, Children's and Family Services, Public Health, Sheriff's Department, and Public Library; and the Los Angeles Unified School District (LAUSD) to deliver mental health prevention and promotion programming to populations served by those agencies. Programs with the Public Library and Parks and Recreation are the largest with over 600,000 public contacts in FY 2018-19. Other partner programs served about 25,000 people combined in FY 2018-19.

- *Library Child, Family and Community Prevention Programs*

  This program is intended to increase protective factors, thereby mitigating the impact of risk factors associated with serious psychiatric illness and negative outcomes. It is also intended to serve four primary target populations residing in underserved communities experiencing adversity: 1) young children and their parents/caregivers, 2) school-aged children, 3) TAY, and 4) older adults.

  Library staff were trained to deliver several mental health promotion programs encompassing the following deliverables (see Appendix B for a more detailed report).

Table21. Library Programs deliverables

Library Program	Deliverable
School Readiness Smarty Pants Storytime	75,574 children and adult caregiver contacts
Triple P Library Primary Care Consultations	20 consultations
Triple P Library Discussion Groups	409 discussion groups
Triple P Outreach Primary Care Consultations	982 site visits
Triple P Embedded in School Readiness	23,284 parents reached and 27,366 children attended
Afterschool Programs	25,500 youth attended
Summer Discovery Program	9,868 child and parent attended
STEAM/MākMō	nearly 19,000 attended library programs and more than 43,000 attended outreach events
Young Men of Color/My Brother's Keeper	4,031 youth attended
Youth Empowerment	4,885 youth attended
TAY Outreach and Library Services	932 TAY attended
Career Online High School	30 enrolled and 12 graduated
Book Clubs	138 book clubs

A sample survey of 9,975 unique attendees indicates that the librarians delivering these services are having an impact. Parents are receptive to Triple P Primary Care consultations in parent-child workshops and storytimes. Topics are common concerns like sharing, eating, bedtime and librarians report that the consultations usually end with a parent being thankful for the options suggested as possible solutions. Librarians also commented that talking to parents about the power of appropriate praising and

modeling it for the parents has made positive changes. Some parents have reported back that it has made a positive change in their family dynamics. Additionally, our TAY outreach librarian was trained and was able to implement techniques learned from the Triple P training in her work at the TAY centers.

- *Parks after Dark (PAD) Program*

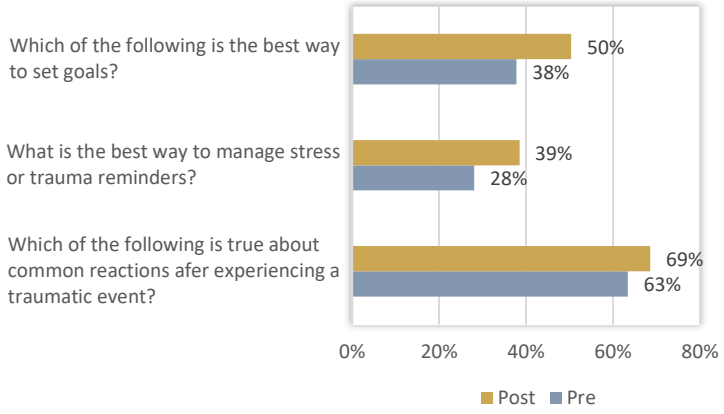
  PAD is a program featuring extended park hours and activities for youth and families to increase physical activity, reduce violence, and enhance health and social well-being among community residents of all ages. By providing PEI services through mental health education, outreach, and early identification (prior to diagnosis), LACDMH can mitigate costly negative long-term outcomes for mental health consumers and their families. PAD is intended to reduce risk factors and increase protective factors which is in support of the MHSA PEI regulations (refer to Appendix C).

  The Department of Parks and Recreation possess great potential to address service gaps by serving as community hubs where mental health and other organizations can provide education and outreach to vulnerable populations, and participants of all ages can easily access a diverse array of important services and resources in a fun and welcoming setting that is less stigmatized than a government building or mental health clinic. With the goal to increase access to free recreational programming and health and social services, total attendance was reported to be 385,717 in FY 2018-19. Of those who completed PAD surveys, 52% were Hispanic/Latino. Approximately 89% of the participants surveyed indicated PAD makes it easier to get the services they need and 90% of surveyed participants indicated PAD makes it easier to spend quality time with their family.

- *Los Angeles Unified School District (LAUSD)*

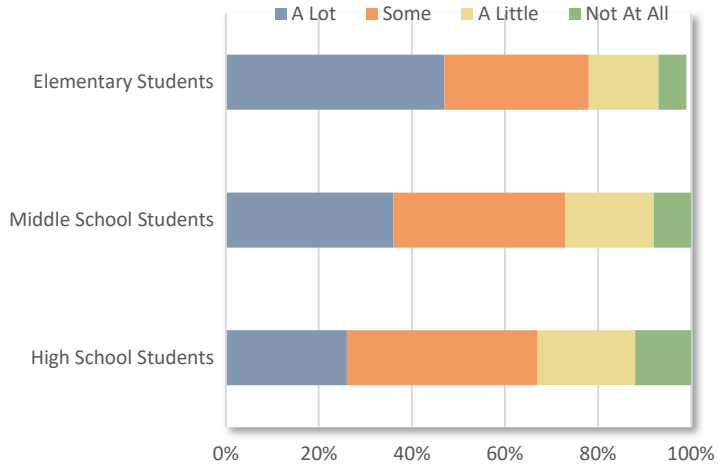
  LAUSD conducts an assortment of mental health promotion interventions with students and their parents, including More Than Sad, Erika's Lighthouse, FOCUS Resilience Curriculum, FOCUS on Parenting, and Triple P. In FY 2018-19, these programs served more than 20,000 students and parents.

Figure 25. FOCUS Resilience Cirriculum Outcomes: Percentage providing the correct response



Among other findings, high school students in the FOCUS Resilience Curriculum reported significant improvements in knowledge about traumatic stress reactions, how to manage stress and trauma reminders, and how to set goals.

Figure 26. Satisfaction with LAUSD prevention services



Upon completion of the health promotion programs, students were asked *"How much did this program help you?"* Elementary school students were most likely to report that the program helped *a lot* (47%). High school students were most likely to report that the program helped *some* (41%).

Table 22. FY 2018-19 Client demographics - LAUSD

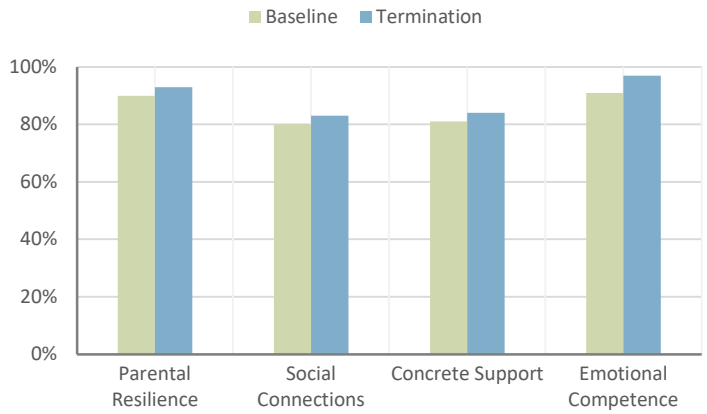
	Count (n = 18,122)			Count (n = 18,122)
▪ Primary Language			▪ Ethnicity	
Arabic	19		Hispanic or Latino	15,531
Armenian	49		Non-Hispanic or Non-Latino as follows:	
Cambodian	5		Filipino	316
Cantonese	30		Other Non-Hispanic or Non-Latino	2,275
English	5,334		▪ Race	
Farsi	3		American Indian	21
Korean	32		Asian	253
Mandarin	4		Black or African-American	1,348
Russian	22		Native Hawaiian or other Pacific Islander	385
Spanish	12,238		White	487
Tagalog	220		Other*	15,531
Vietnamese	19		More than one race	90
American Sign Language	19		Declined to answer	7
▪ Age			▪ Disability	
0-15	14,021		No	16,242
16-25	4,101		Yes	1,880
▪ Gender			Difficulty seeing	2
Male	9,244		Difficulty hearing	75
Female	8,878		Mental domain	1,459
			Physical/mobility domain	11
			Other	333

*Ethnicity and race were collected as one category by LAUSD. Therefore, the 15,531 students identified as Hispanic or Latino were coded as "Other" race. Hispanic and Latino and Filipino were the only ethnicities coded separately from race.

- *Home Visitation Program (HVP) Expansion*

  HVP expansion encompasses three home visiting programs: Healthy Families America (HFA), Parents as Teachers (PAT), and Nurse Family Partnership (NFP). The expansion is intended to augment traditionally delivered HVP services by integrating mental health and protective factor screenings and support to decrease risk factors and increase protective factors. The HVP Expansion will enhance the skills of home visitors who serve high-risk, low-income, pregnant women, or parents/caregivers with children between the ages of 0 and 5 years old, so that they are able to recognize mental health risk factors and refer for mental health treatment when deemed necessary.

Figure 27. NFP Participants: Percentage of Parents' Assessment of Protective Factors (PAPF) scores ≥ 3



In FY 2018-19, there were more than 500 children and 400 mothers engaged in HFA and PAT. There were also more than 600 children and 1,400 mothers served through NFP. Roughly 80% of mothers reported neither anxiety nor depression. Mothers who were assessed with the PAPF showed increases in protective factors from baseline to termination.

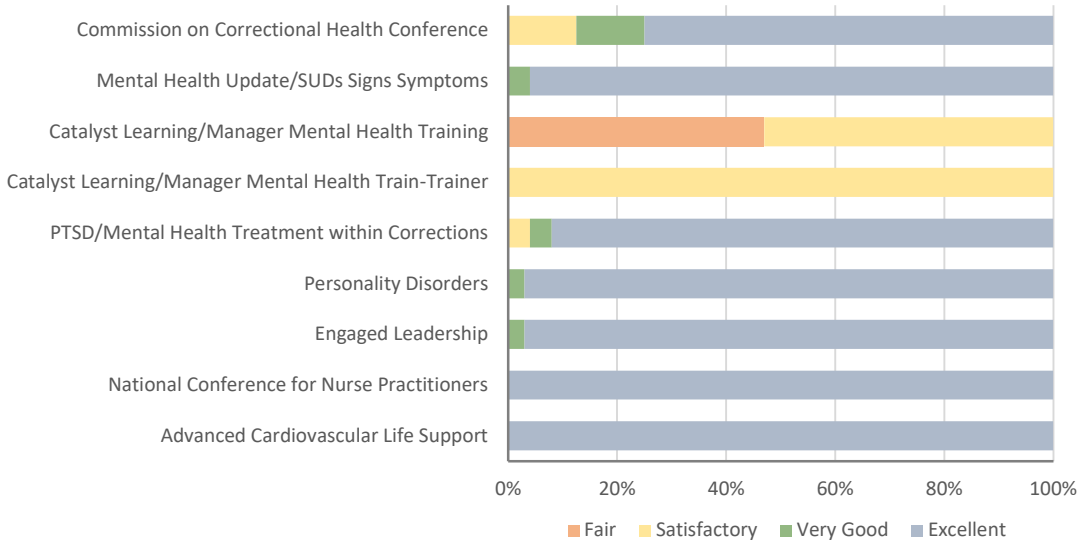
Table 23. FY 2018-19 Client demographics - HVP

	Count (n = 1,657)			Count (n = 1,657)
▪ Primary Language			▪ Ethnicity	
Armenian	2		Hispanic or Latino as follows:	
English	1,088		Caribbean	5
Mandarin	7		Central American	215
Spanish	528		Mexican/Mexican American/Chicano	836
Tagalog	1		Puerto Rican	10
Declined to answer	31		South American	28
▪ Age			Non-Hispanic or Non-Latino as follows:	
0-15	7		African	71
16-25	912		Asian Indian/South Asian	9
26-59	733		Cambodian	1
60 or older	0		Chinese	7
Declined to answer	5		Eastern European	6
▪ Gender Assigned at Birth			European	21
Male	4		Filipino	14
Female	1,187		Japanese	3
Declined to answer	466		Korean	2

▪ Current Gender Identity			Middle Eastern	9
Male	4		Vietnamese	4
Female	1,187		Other	79
Trans	1		More than one ethnicity	43
Genderqueer	1		Declined to answer	164
Declined to answer	464		▪ Race	
▪ Disability			American Indian	14
No	1,229		Asian	44
Yes	693		Black or African-American	183
Difficulty seeing	3		Native Hawaiian or other Pacific Islander	5
Difficulty hearing	6		White	741
Mental domain	67		More than one race	29
Physical/mobility domain	6		Declined to answer	683
Chronic health condition	336		▪ Veteran Status	
Other	275		No	1,518
Declined to answer	48		Declined to answer	139

- *Integrated Correctional Health Services (ICHS)*
  The trainings provided through this project were designed to educate jail mental health staff to better identify, respond, and intervene with men and women identified as having mental health needs while incarcerated in County jails. The correctional health support staff and medical providers perform needs assessments, on-going workshops on health sustainability, group therapy sessions, substance use counseling, medical evaluations, and release planning to inmates. Los Angeles County Department of Health Services administered the LACDMH training evaluation form to the participants at the end of each training. Participants were asked about their satisfaction with meeting the learning objectives. Demographic data was not obtained for the 391 participants in these trainings. Figure 28 shows the percentage of participants rating each training as *fair, satisfactory, very good, or excellent*.

Figure 28. Evaluation of ICHS trainings



- *Permanency Partners Program (P3), Upfront Family Finding (UFF)*

  Research studies have shown that for child welfare system-involved children, placement with relatives helps to minimize trauma, produces fewer placement changes, and increases school stability when compared to those placed with a foster family. Additionally, the consequences of instability and risk factors such as lack of positive social connections, for all children and youth, can result in higher risk for developing a potentially serious mental illness or systems involvement with such as the child welfare and juvenile justice systems.

  The P3 program can improve outcomes for children and youth by providing specific focus on engagement of family and Non-Related Extended Family Members in order to increase placement stability and provide opportunities for social connectedness. Meanwhile, UFF intends to reduce risk of negative outcomes for children and youth due to lack of family support and meaningful social connections as well as resources. These interventions should reduce rates of involvement with law enforcement, use of public assistance, reduction in multiple placements, and family isolation.

  A pre- and post-survey was created to measure social connections and placement stability. Due to the late implementation of the program, the survey was not administered during FY 2018-19; survey data will be collected during FY 2019-20. .

Table 24. FY 2018-19 Client demographics - P3 & UFF

	Count (n = 46)			Count (n = 46)
▪ Primary Language			▪ Disability	
English	39		No	15
Spanish	7		Yes	3
▪ Age			Difficulty hearing	3
0-15	36		Declined to answer	28
16-25	10		▪ Ethnicity	
▪ Gender Assigned at Birth			Declined to answer	46
Male	21		▪ Race	
Female	25		Black or African American	9
▪ Current Gender Identity*			White	31
Male	4		Other	6
Female	11		▪ Veteran Status	
Declined to answer	31		No	46

*Gender Identity was not collected for minors younger than 12 years of age.

- *Prevention and Aftercare (P&A)*

  This program is for children residing in Los Angeles County who are at risk of entering the DCFS system, involved with DCFS, or have exited the child welfare system. All children and families receive services specifically tailored to meet their needs and include one or more of the following:

- community activities, events, and workshops that outreach and engage the family, increase financial literacy, raise awareness of concrete supports that meet basic needs, and/or increase access and utilization of resources, supports and services;
- case navigation: case management services that assess participant needs, provide coaching and empowerment, provide direct linkage and referrals, help participants set goals, allow for skill building, and/or provide economic development.

The P&A agencies administered the Protective Factors Survey (PFS) at enrollment and termination. During FY 2018-19, P&A agencies opened 1,670 cases. Not all cases were assessed at termination due to attrition. The table below reflects the average scores for the PFS at enrollment and termination, as well as the percent change. Note that the average for every protective factor increased from baseline to termination by at least 4%.

Table 25. P&A Protective Factors at enrollment and termination

Protective Factor Assessed	Average Initial Score	Average Final Score	Pre-Post Percent Change
Parental Resilience	5.10	5.67	11.18%
Social Connections	5.20	5.84	12.31%
Concrete Support in Times of Need	3.48	4.07	16.95%
Knowledge of Parenting and Child Development	4.05	4.30	6.17%
Social and Emotional Competence of Children	6.03	6.30	4.48%
Family Economic Opportunity/Development	4.71	5.19	10.19%
Social and Emotional Competence of Adults	5.72	6.03	5.42%
Overall PFS Average	4.90	5.34	8.98%

During FY 2018-19, P&A agencies held a total of 293 one-time events, with an estimated total attendance of 33,000. These events ranged from one-time workshops to larger community events. Since the PFS would not be appropriate for these programs, a one-time event survey was used. A total of 5,164 one-time event surveys were collected. The chart below shows the percentage of participants who agreed with each statement about the one-time workshops.

Figure 29. Evaluation of one-time P&A events

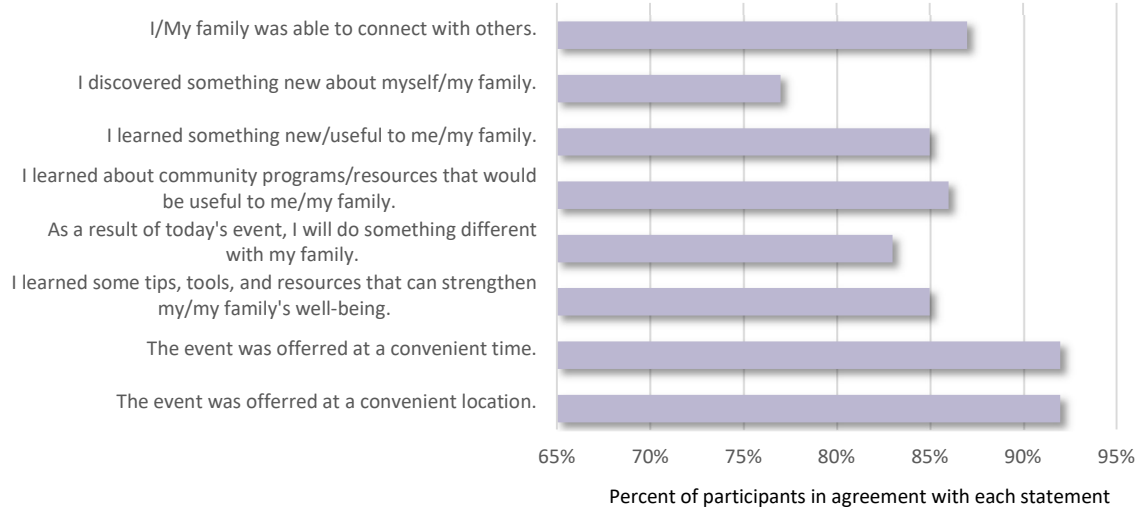


Table 26. FY 2018-19 Client demographics - P&A

	Count (n = 1,670)		Count (n = 1,670)
▪ Primary Language		▪ Ethnicity	
Armenian	1	Hispanic or Latino as follows:	
Cambodian	1	Caribbean	6
Cantonese	42	Central American	194
English	723	Mexican/Mexican-American/Chicano	836
Farsi	1	Puerto Rican	10
Korean	100	South American	36
Russian	2	Non-Hispanic or Non-Latino as follows:	
Spanish	724	African	72
Tagalog	10	Asian Indian/South Asian	18
Vietnamese	2	Cambodian	1
Declined to answer	64	Chinese	48
▪ Age		Eastern European	11
0-15	39	European	20
16-25	136	Filipino	19
26-59	1,201	Japanese	3
60 or older	63	Korean	100
Declined to answer	231	Middle Eastern	7
▪ Gender Assigned at Birth		Vietnamese	2
Male	258	Other	19
Female	1,364	More than one ethnicity	18
Declined to answer	48	Declined to answer	111
▪ Current Gender Identity		▪ Race	
Male	256	American Indian	34
Female	1,370	Asian	188
Trans	1	Black or African-American	176
Genderqueer	1	Native Hawaiian or other Pacific Islander	9
Declined to answer	42	White	417
▪ Disability		Other	610
No	1,166	More than one race	21
Yes	355	Declined to answer	215
Difficulty seeing	50	▪ Veteran Status	
Difficulty hearing	12	Yes	15
Mental domain	76	No	1,579
Physical/mobility domain	47	Declined to answer	76
Chronic health condition	154		
Other	19		
Declined to answer	145		

- *Substance Use Disorder: Trauma-Informed Parent Support (SUD-TIPS)*
  This program provides education, screening, and linkage to substance use treatment, mental health services, and other social support services to adult parents identified by DCFS as substance using. During FY 2018-19, 1,224 individuals were provided with education, while 732 people were screened. During the initial screening, questions were asked to gauge the concrete supports, parental resilience, and social connection. Of those screened, only about two-thirds reported that they have others who will listen when they need to talk about problems or if there is a crisis. About one-third reported that they would not know where to go for help if they had trouble making ends meet, or that they would not know where to go for help if they needed help finding a job. LACDMH and the Los Angeles County Department of Public Health are collaboratively working to determine tools to evaluate the program's effectiveness and intended outcomes.

Table 27. FY 2018-19 Client demographics - SUD-TIPS

	Count (n = 732)			Count (n = 732)
▪ Primary Language			▪ Ethnicity	
Armenian	2		Hispanic or Latino as follows:	
English	587		Central American	39
Farsi	1		Mexican/Mexican-American/Chicano	331
Spanish	131		Puerto Rican	2
Declined to answer	11		South American	7
▪ Age			Non-Hispanic or Non-Latino as follows:	
15-25	155		African	50
26-35	348		Asian Indian/South Asian	3
36 or older	229		Chinese	1
▪ Gender Assigned at Birth			Eastern European	9
Male	281		European	11
Female	441		Filipino	2
Declined to answer	10		Japanese	1
▪ Current Gender Identity			Korean	1
Male	281		Middle Eastern	4
Female	440		Other	46
Trans	1		More than one ethnicity	3
Declined to answer	10		Declined to answer	54
▪ Race			▪ Veteran Status	
American Indian	10		No	732
Asian	6		▪ Disability	
Black or African-American	104		No	732
Native Hawaiian or other Pacific Islander	3			
White	199			
Other	352			
More than one race	28			
Declined to answer	30			

- *Youth Diversion and Development (YDD)*
  The collateral consequences of arrest and incarceration for youth who have justice system involvement remains significant, including an increased risk of dropping out of high school, trauma, substance abuse, and other negative outcomes. The YDD program can improve outcomes for youth by redirecting law enforcement contacts towards addressing underlying needs through systems of care that prioritize equity, advance well-being, support accountability, and promote public safety. The YDD Program is comprised of three components:

  - Annual YDD Summit
    The Annual YDD Summit is a conference designed to provide law enforcement, community-based agencies, other youth-serving agencies, and key stakeholders with training and capacity building. In July 2019, YDD and its My Brother's Keeper partners hosted the second annual Youth Development Summit with approximately 400 people, including youth, community-based organizations, county agencies, law enforcement agencies, advocates, researchers, and funders in attendance both days. In the weeks leading up to the Summit, YDD convened 15 youth members of the Steering Committee each week to facilitate a youth-led planning process for the Summit, including the development of a youth-led video describing a vision for the future of YDD in Los Angeles County and a youth-led session on each day of the Summit.

    In a survey administered to participants at the end of the second day of the Summit, 100% of attendees shared that they learned something that will help inform their work in the future. When asked to indicate strategies that attendees would like to see addressed in a future planning process focused on developing a countywide youth development strategy, the top three strategies selected were: 1) centering youth leaders in planning and decision-making, 2) recommendations for sustainable county funding to support youth development, and 3) building upon local advocacy and research (including youth-led participatory research) that has already taken place to advance youth development efforts in Los Angeles County.

  - Youth Development Services (YDS)
    Intensive case management is provided to youth identified and referred through law enforcement through contracted community-based partners. As YDD contracted providers continue to finalize their partnership agreements with referring law enforcement agencies, they have hired their first Case Managers and begun internal training and community landscape analyses to prepare to receive referrals. YDS enrolled 11 youth between April 2, 2019 and the end of the fiscal year; demographics can be found in the next table. Their outcomes will be available in FY 2019-20.

    Another aspect of YDS is My Brother's Keeper (MBK), a trauma responsive school-based mentorship and youth development program focused on improving high school completion and reducing justice system involvement. Between April and June of 2019, the YDS-MBK providers focused on identifying school sites and laying the foundation for initial expansion in their first quarter of funding. Both school districts identified in Compton and the Antelope Valley began accepting students June 30, 2019. The sample was too small in FY 2018-19 to report demographics or outcomes.

Table 28. FY 2018-19 Client demographics - YDS

	Count (n = 11)			Count (n = 11)
▪ Primary language			▪ Ethnicity	
English	11		Hispanic or Latino as follows:	
▪ Age			Central American	1
0-15	7		Mexican/Mexican-American/Chicano	1
16-25	4		Other	1
▪ Gender Assigned at Birth			Non-Hispanic or Non-Latino as follows:	
Male	11		African	5
▪ Current Gender Identity			More than one ethnicity	3
Male	10		▪ Race	
Another gender identity	1		Black or African-American	5
▪ Disability			Other	3
No	8		More than one race	3
Yes	3			
Mental domain	2			
Other	1			

- YDD Training and Technical Assistance
  The third aspect of the YDD program involves the education, training, and technical assistance necessary to provide Y-Intensive Case Management Services and ensure the success of the YDD Program. On May 21, 2019, YDD held a half-day training for community-based YDS-Diversion providers. The training included an overview of the YDD initiative and program model, project management, and operational tasks.

B2. Prevention: Community Outreach

LACDMH has expanded its PEI Community Outreach Services (COS) in order to achieve the following:

- Increase the number of individuals receiving prevention and early intervention services;
- Outreach to underserved communities through culturally appropriate mental health promotion and education services; and
- Provide mental health education and reduce stigma on mental health issues in our communities.

COS affords an avenue for the LACDMH PEI network to provide services such as education and information to individuals who are not formal clients of the mental health system and providers who are outside the county mental health system. Often individuals, as well as their parents, family, caregivers, and other support system, who need or would benefit from prevention and early intervention mental health services do not seek traditional clinic-based services due to a multitude of factors. Community outreach is a key component in initiating and providing effective mental health supportive services to these individuals.

Most programs are not evidence based practices, but nonetheless have significant data and research indicating the effectiveness of their services. In general, these do not require that staff be clinicians.

Table 29. Programs approved for billing PEI COS

Prevention Program	Description
Active Parenting Parents of children (3-17)	Active Parenting provides evidence-based, video-based, group parenting classes that cover topics including parenting skills training, step-parenting, managing divorce, school success, and character education. Active Parenting classes can be delivered in 1, 3, 4, or 6 group sessions. Curriculum addresses: child development, appropriate discipline, communication skills, decision-making and prevention of risk behaviors.
Arise Children (4-15) TAY (16-25) Adult (26-59) Older Adult (60-64)	Arise provides evidence-based life skills group based curricula and staff training programs. Programs are geared towards at-risk youth; however, the program is adaptable for adults as well. Program content focuses on violence reduction, goal setting, anger management, drug and alcohol avoidance and other life management skills.
Asian American Family Enrichment Network (AAFEN) Parents of Children (12-15) TAY (16-18)	AAFEN is for Asian immigrant parents and/or primary caregivers with inadequate parenting skills to effectively discipline and nurture their teenage children. Because of the cultural and linguistic barriers experienced by many of these immigrant parents, they often feel overwhelmed and incompetent in terms of effectively managing their family lives. Moreover, their children experience reduced family attachment and social functioning, as well as increased family conflict. The children are thus at high risk for emotional and behavioral problems. Their immigrant parents and/or primary caregivers are at high risk for depressive disorders and for being reported to the Los Angeles County Department of Children and Family Services due to corporal punishment.
Childhelp Speak Up and Be Safe Children (3-15) TAY (16-19)	This is a child-focused, school-based curriculum designed to build safety skills within the child while addressing today's societal risks, such as bullying and Internet safety. The program helps children and teens learn the skills to prevent or interrupt cycles of neglect, bullying, and child abuse. The program focuses on enhancing the child's overall sense of confidence regarding safety and promotes respect for self and peers that can be applied to general as well as potentially harmful situations. In addition to increasing children's ability to recognize unsafe situations or abusive behaviors and building resistance skills, lessons focus on helping children build a responsive safety network with peers and adults that the child identifies as safe.
Coping with Stress Child (13-15) TAY (16-18)	This course consists of 15 one-hour sessions, which can be offered at a pace of 2 to 4 times per week, depending on site capabilities and needs. The first few sessions provide an overview of depression, its relationship to stressful situations, and an introduction to other group members. Subsequent sessions focus on cognitive-restructuring skills and techniques for modifying irrational or negative self-statements and thoughts which are hypothesized to contribute to the development and maintenance of depressive disorders.
Erika's Lighthouse: A Beacon of Hope for Adolescent Depression Children (12-14)	Erika's Lighthouse is an introductory depression awareness and mental health empowerment program for early adolescence. The program educates school communities about teen depression, reduces the stigma associated with mental illness, and empowers teens to take charge of their mental health. "The Real Teenagers Talking about Adolescent Depression: A Video Based Study Guide" is a depression and mental health school program designed for middle and high school classrooms and is listed in the Suicide Prevention Resource Center and the American Foundation for Suicide Prevention "Best Practices Registry for Suicide Prevention."
Guiding Good Choices Parents of Children (9-14)	Guiding Good Choices is a five-session parent involvement program that teaches parents of children ages 9-14 how to reduce the risk that their children will develop drug problems. The goal of the program is to prevent substance abuse among teens by teaching parents the skills they need to improve family

Prevention Program	Description
	communication and family bonding. Participants learn specific strategies to help their children avoid drug use and other adolescent problem behaviors and develop into healthy adults. They also learn to set clear family guidelines on drugs, as well as learn and practice skills to strengthen family bonds, help their children develop healthy behaviors, and increase children's involvement in the family.
Healthy Ideas (Identifying Depression, Empowering Activities for Seniors) Older Adults (60+)	This is a community program designed to detect and reduce the severity of depressive symptoms in older adults with chronic health conditions and functional limitations. The program incorporates four evidence-based components into the ongoing service delivery of care/case management or social service programs serving older individuals in the home environment over several months. Program components include screening and assessment of depressive symptoms, education about depression and self-care for clients and family caregivers, referral and linkage to health and mental health professionals, and behavioral activation.
Incredible Years (Attentive Parenting) Parents	The Attentive Parenting program is a 6-8 session group-based "universal" parenting program. It can be offered to ALL parents to promote their children's emotional regulation, social competence, problem solving, reading, and school readiness.
Life Skills Training (LST) Children (8-15) TAY (16-18)	LST is a group-based substance abuse prevention program developed to reduce the risks of alcohol, tobacco, drug abuse, and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. This comprehensive program utilizes collaborative learning strategies taught through lecture, discussion, coaching, and practice to enhance youth's self-esteem, self-confidence, decision-making ability and ability to resist peer and media pressure. LST provides adolescents and young teens with the confidence and skills necessary to successfully handle challenging situations.
Love Notes Children (15) TAY (16-24)	Love Notes consists of 13 lessons for high risk youth and TAY in which they discover, often for the first time, how to make wise choices about partners, sex, relationships, pregnancy, and more. Love Notes appeals to the aspirations and builds assets in disconnected youth.
Making Parenting a Pleasure (MPAP) Parents of children (0-8)	MPAP is a 13-week, 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 geographical background.
More than Sad Parents/Teachers/Children (14-15) TAY (16-18)	This is a curriculum for teens, parents and educators to teach how to recognize the signs of depression. The program for teens teaches how to recognize signs of depression in themselves and others, challenges the stigma surrounding depression, and demystifies the treatment process. The program for parents teaches parents how to recognize signs of depression and other mental health problems, initiate a conversation about mental health with their child, and get help. The program for teachers teaches educators to recognize signs of mental health distress in students and refer them for help. The program complies with the requirements for teacher education suicide prevention training in many states.
Nurturing Parenting Parents of children (0-18)	These are family-based programs utilized for the treatment and prevention of child abuse and neglect. Program sessions are offered in group-based and home-based formats ranging from 5-58 sessions. Programs are designed for parents with young children birth to 5 years old, school-aged children 5-11 years old, and teens 12-18 years old. Developed from the known behaviors that contribute to the maltreatment of children, the goals of the curriculum are: (1) to teach age-appropriate expectations and neurological development of children; (2) to

Prevention Program	Description
	develop empathy and self-worth in parents and children; (3) to utilize nurturing, non-violent strategies and techniques in establishing family discipline; (4) to empower parents and children to utilize their personal power to make healthy choices; and (5) to increase awareness of self and others in developing positive patterns of communication while establishing healthy, caring relationships.
Peacebuilders Children (0-15)	PeaceBuilders is a violence prevention curriculum and professional development program for grades pre-K to 12. Its essence is a common language - six principles, taught, modeled and practiced.
Prevention of Depression (PODS) - Coping with Stress (2nd Generation) Child (13-15) TAY (16-18)	This is the second-generation version of the Coping with Stress program. PODS is an eight-session curriculum developed for the prevention of unipolar depression in adolescents with increased risk. It is not meant to be a treatment for active episodes of depression. It is designed to be offered either in a healthcare setting or in schools.
Positive Parenting Program (TRIPLE P) Levels 2 and 3 Parents/Caregivers of Children (0-12)	Triple P is intended for the prevention of social, emotional, and behavioral problems in childhood, the prevention of child maltreatment, and the strengthening of parenting and parental confidence. Selected Triple P (Levels 2 and 3) is a "light touch" parenting information presentation to a large group of parents (20 to 200) who are generally coping well but have one or two concerns. There are three seminar topics with each taking around 60 minutes to present, plus 30 minutes for question time.
Project Fatherhood Male Parents/Caregivers of Children (0-15) TAY (16-18)	Project Fatherhood program provides comprehensive parenting skills to men in caregiving roles using an innovative support group model. The program was developed to give urban, culturally diverse caregivers an opportunity to connect with their children and play a meaningful role in their lives. The program continues to be recognized nationally for effectively addressing the problem of absentee fathers. Through therapy, support, parenting education and other services, fathers learn to be more loving, responsible parents and active participants in their children's lives.
Psychological First Aid (PFA) All Ages	PFA is an evidence-informed approach for assisting children, adolescents, adults, and families in the aftermath of disaster and terrorism. The practice is a partnership between the National Child Traumatic Stress Network and the National Center for PTSD. The Core Actions of PFA include Contact and Engagement; Safety and Comfort; Stabilization; Information Gathering: Current Needs and Concerns; Practical Assistance; Connection with Social Supports; Information on Coping; and Linkage with Collaborative Services.
School, Community and Law Enforcement (SCALE) Children (12-15) TAY (16-18)	SCALE Program is for Asian immigrant youths who are at high risk for, or are exhibiting the beginning signs of, delinquent behavioral problems. These behavioral problems include, but are not limited to, school truancy, academic failure, association with gang members, and early stages of law enforcement encounter and detention (such as by police or probation officers).
Second Step Children (4-14)	A classroom-based program, this practice teaches socio-emotional skills aimed at reducing impulsive and aggressive behavior while increasing social competence. The program builds on cognitive behavioral intervention models integrated with social learning theory, empathy research, and social information-processing theories. The program consists of in- school curricula, parent training, and skill development. Second Step teaches children to identify and understand their own and others' emotions, reduce impulsiveness and choose positive goals, and manage their emotional reactions and decision-making process when emotionally aroused in developmentally and age-appropriate ways.
Shifting Boundaries Children (10-15)	Shifting Boundaries is a six session, group based, dating violence prevention program that focuses on peer sexual harassment. The intervention consists of classroom-based curricula designed to reduce the incidence and prevalence of dating violence and sexual harassment among middle school students. The program aims to: Increase knowledge and awareness of sexual abuse and harassment; Promote pro-social attitudes and a negative view of dating violence and sexual harassment; Promote nonviolent behavioral intentions in bystanders;

Prevention Program	Description
	Reduce the occurrence of dating and peer violence; and Reduce the occurrence of sexual harassment.
Teaching Kids to Cope Children (15) TAY (16-22)	This 10-session group intervention is designed to reduce depression and stress by enhancing coping skills. Program components include group discussions, interactive scenes, videos, group projects, and homework assignments. Group discussions include a variety of topics, such as family life situations, typical teen stressors, self-perception issues, and interactions with others.
Why Try Children (7-15) TAY (16-18)	Why Try is a resilience education curriculum designed for dropout prevention, violence prevention, truancy reduction, and increased academic success. It is intended to serve low income, minority students at risk of school failure, dropping out of school, substance use/abuse, and/or juvenile justice involvement. Why Try includes solution-focused brief therapy, social and emotional intelligence, and multisensory learning.

The tables below provide information for community outreach demographics.

Table 30. Provider by program type, participant group, and questionnaires submitted

Provider	Program Type	Participant Group	Questionnaire Version
Alma Family Services	MPAP	Parent	RAND Parent Survey
Child and Family Guidance Center	Triple P	Parent Youth	RAND Parent Survey RAND Youth Survey
Community Family Guidance Center	Triple P	Parent	RAND Parent Survey
El Centro De Amistad, Inc.	MPAP	Parent Adult	RAND Parent Survey RAND Adult Survey
Enki Health and Research Systems, Inc.	More than Sad	Parent Youth	RAND Parent Survey RAND Youth Survey
Pacific Asian Counseling Services	COS	Parent	RAND Parent Survey
Rosemary Children's Services	COS	Parent	RAND Parent Survey
VIP Community Health Center, Inc.	MPAP	Parent	RAND Parent Survey
The Whole Child	Active Parenting	Parent	RAND Parent Survey

Since the majority of data submitted was in the form of parent surveys, this analysis focuses on the aggregate of those responses.

Table #31. Age

Age	Count (n = 278)	Percent
0-15	N/A	N/A
16-25	14	6%
26-59	232	92%
60+	6	2%
Declined to answer	9	-
Unknown/missing	17	-

Table #32. Gender

Gender	Count (n = 278)	Percent
Assigned at birth:		
Male	21	8%
Female	234	92%
Declined to answer	4	-
Unknown/missing	19	-
Current identity:		
Male	18	7%
Female	240	93%
Transgender	0	0%
Genderqueer	0	0%
Questioning or unsure	0	0%
Another gender identity	0	0%
Declined to answer	1	-
Unknown/missing	19	-

Table #33. Sexual orientation

Sexual Orientation	Count (n = 278)	Percent
Heterosexual or straight	145	70%
Gay or lesbian	1	< 1%
Bisexual	0	0%
Questioning or unsure	2	1%
Another sexual orientation	59	29%
Queer	N/A	N/A
Declined to answer	33	-
Unknown/missing	38	-

Table #34. Disability

Disability	Count (n = 278)	Percent
Chronic health condition	28	46%
Difficulty seeing	6	10%
Difficulty hearing	5	8%
Difficulty with mobility	8	13%
Mental/cognitive difficulty (not including a mental illness)	14	23%
None/another disability/ decline to answer	189	-
Unknown/missing	36	-

Table #35. Ethnicity

Ethnicity	Count (n = 278)	Percent
Hispanic or Latino:		
Caribbean	2	1%
Central American	34	11%
Mexican	226	70%
Puerto Rican	2	1%
South American	5	2%
Other Hispanic or Latino	25	8%
More than One Hispanic/ Latino Ethnicity	3	1%
Not Hispanic or Latino:		
African	3	1%
Asian Indian/South Asian	5	2%
Cambodian	1	< 1%
Chinese	2	1%
Filipino	2	1%
Korean	1	< 1%
European	7	2%
Other	6	2%
More than one ethnicity	5	2%
Unknown/missing	27	-

Table #36. Race

Race	Count (n = 278)	Percent
American Indian/Alaskan Native	8	7%
Asian	10	9%
Black/African American	6	5%
Native Hawaiian or other Pacific Islander	0	0%
White	87	78%
More than one race	1	1%
Declined to answer	60	-
Unknown/missing	109	-

Table #37. Language

Primary Language	Count (n = 278)	Percent
English	64	25%
Spanish	188	73%
Cantonese, Mandarin, Other Chinese	1	< 1%
Cambodian	1	< 1%
Other	3	1%
Unknown/missing	17	-

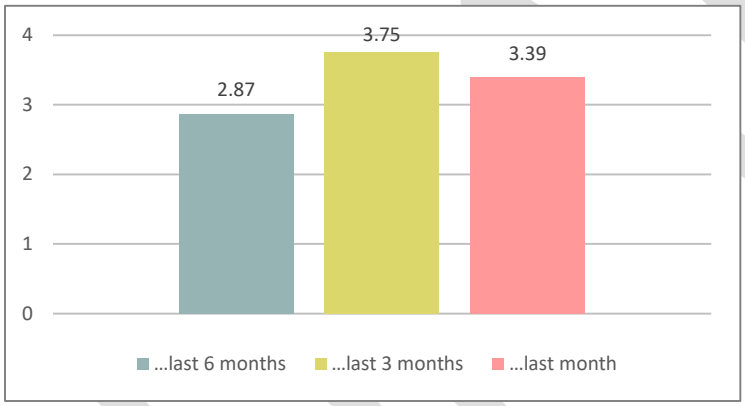
Table #38. Veteran status

Veteran Status	Count (n = 278)	Percent
Yes	5	2%
No	244	98%
Declined to answer	4	-
Unknown/missing	19	-

COS Outcomes

Working with RAND Health researchers, LACDMH developed questionnaires that ask individuals to report on general wellness and risk and protective factors for our COS programs. For each different population (adult, parent, youth), surveys were administered to clients at the start of a prevention activity and follow-up surveys were administered to clients after they participated in the prevention activity.

Figure 30. Average number of times that repeat attendees attended in the prior months (n = 382)

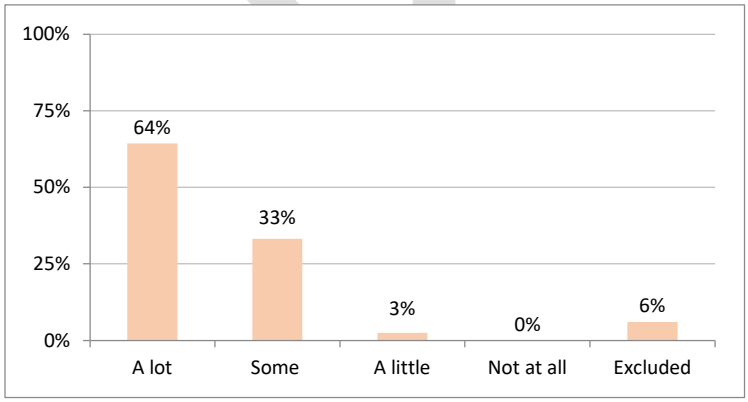


Attendance

Respondents were asked at follow-up how many times they had attended the program in the last six months, three months, and past 30 days

Across all COS prevention providers, there were 382 follow-up surveys which indicated that, on average, parents attended about three times regardless of whether they were enrolled in the program for one month, three months, or six months. However, attendees came the most often over the three months prior to follow-up (on average 3.75 times).

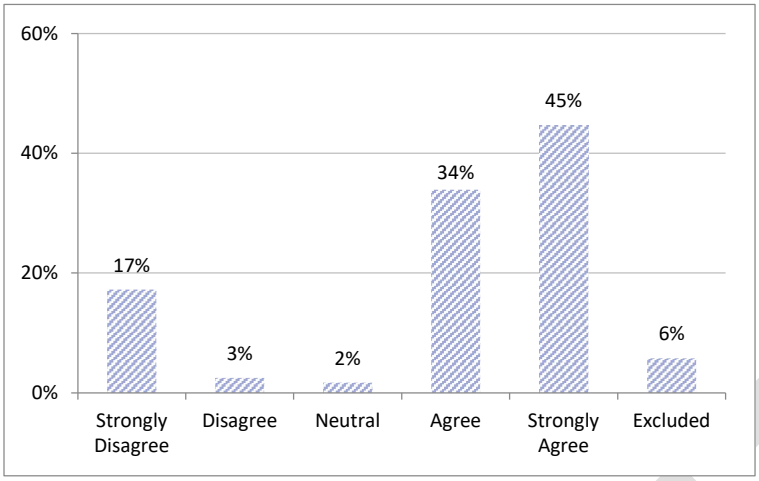
Figure 31. Program helpfulness (n = 371)



Program Helpfulness

Parent program participants were also asked *How much did this program help you*? Almost two-thirds of respondents replied that the program helped *A Lot*, while most of the remaining respondents answered that it helped *Some* (*Figure 2*). None of the 371 parents who answered the question replied that it was *Not at all* helpful. Six percent were excluded due to not answering the question.

Figure 32. Intent to use knowledge (n = 372)

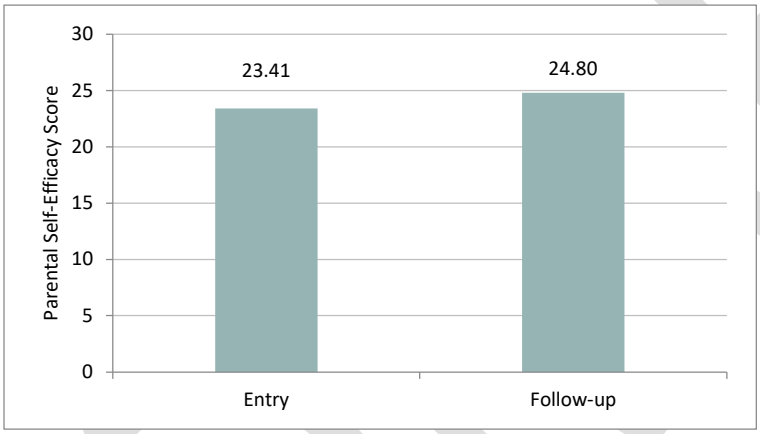


Intent to Use Knowledge

This chart depicts the percentage of respondents completing follow up surveys who strongly disagreed, disagreed, were neutral, agreed, or strongly agreed with the statement *"I plan to use what I learned in this program."*

The error bars suggest the full range of uncertainty using a 95% confidence interval. Six percent of respondents did not answer the question so are excluded. Together, 79% of the Parent program participants *agree* or *strongly agree* with the statement while only 20% of respondents *strongly disagree* or *disagree* with the statement.

Figure 33. Parenting self-efficacy (entry n = 256; follow-up n= 352)

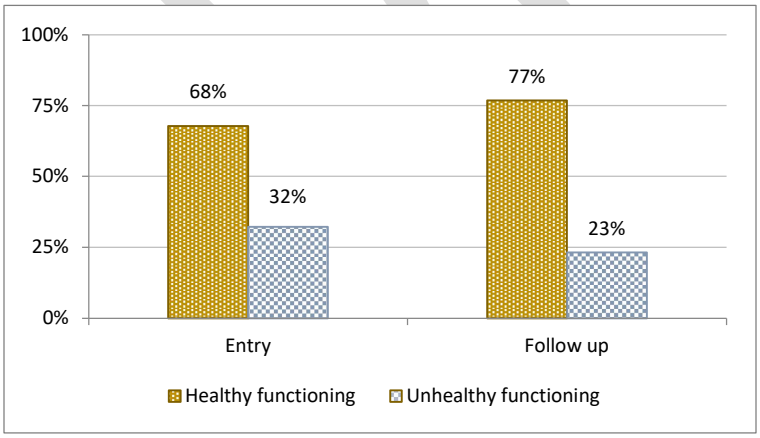


Parenting Self-Efficacy

Parental self-efficacy was measured using a selection of five items from the self-efficacy subscale of the Parenting Sense of Competence measure. Responses are summed together to create a total parental self-efficacy score.

At follow-up, the average parental self-efficacy score increased for respondents from 23.41 to 24.80.

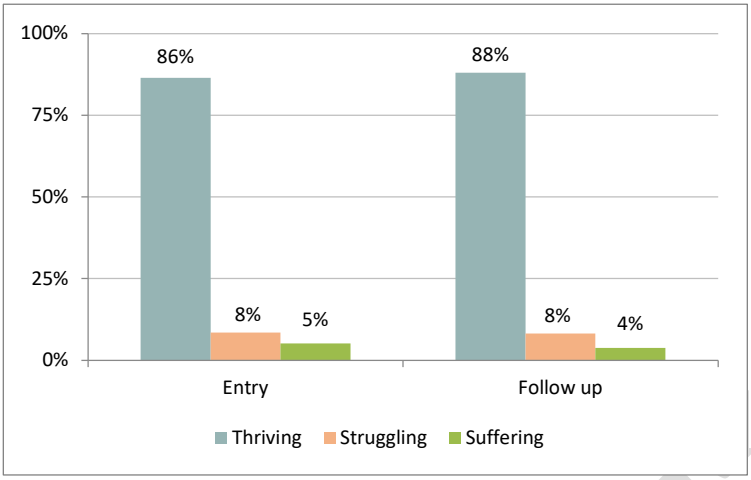
Figure 34. Family functioning (entry n = 253; follow-up n = 345)



Family Functioning

A family functioning score was created by averaging responses to six statements (Figure 5). At follow-up, the percentage of respondents whose average functioning score was categorized as "Healthy" increased from 68% to 77%, while the percentage of respondents whose average functioning score was categorized as "Unhealthy" decreased from 32% to 23%. Note that 9% of participants were excluded at entry, and 10% were excluded at follow-up.

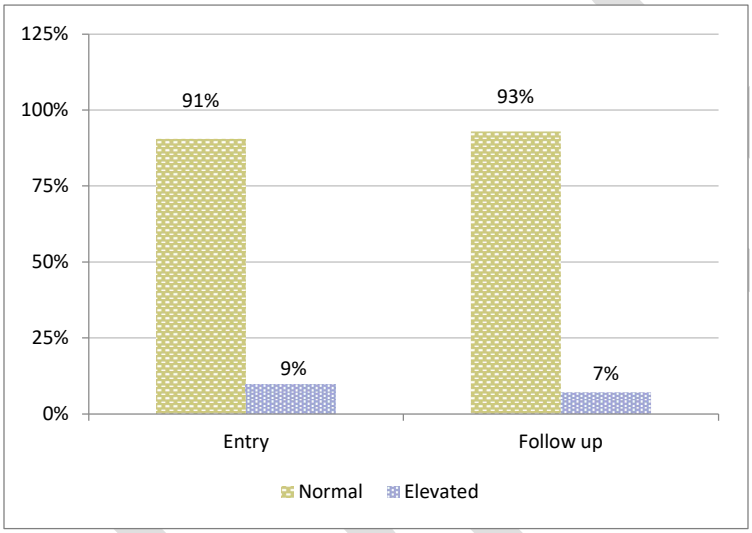
Figure 35. Life satisfaction (entry n = 253; follow-up n = 345)



Life Satisfaction

Respondents were asked to rate how satisfied they were with their life as a whole. At follow-up, the percentage of respondents whose average functioning score was categorized as *thriving* increased from 86% to 88%. Meanwhile, the percentage of respondents whose average functioning score was categorized as *suffering* decreased from 5% to 4%. Two percent of respondents were excluded at entry, and 4% were excluded at follow-up.

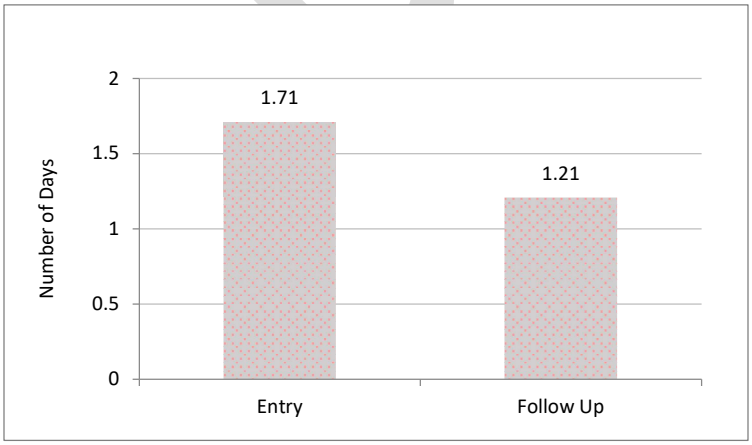
Figure 36. Depressive symptoms (entry n = 243; follow-up n = 338)



Depressive Symptoms

The percentage of respondents that scored within the *normal* range of depressive symptomatology increased from 91% to 93%, while the percentage of respondents that scored within the *elevated* range of depressive symptomatology decreased from 9% to 7%. At entry, 13% of respondents were excluded, while at follow-up, 12% were excluded.

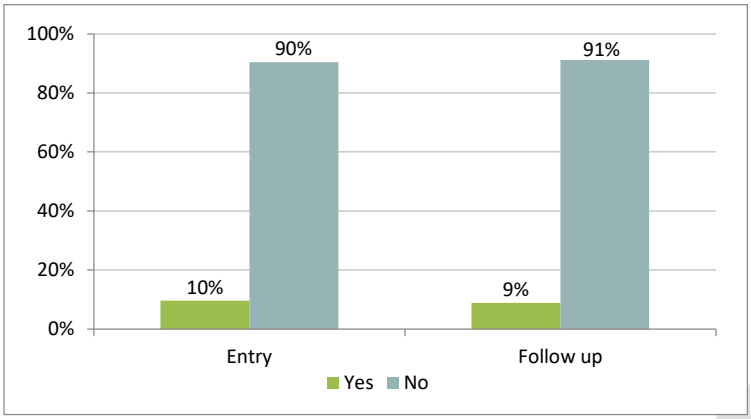
Figure 37. Number of days in the last month respondents were unable to work (entry n = 260; follow-up n = 333)



Psychological Functioning

Respondents were asked how many days in the last 30 days they were totally unable to work or carry out usual activities because of emotional problems. At follow up, respondents reported a decrease in the average number of days that they were unable to work or carry out usual activities because of emotional problems from 1.71 days to 1.21 days.

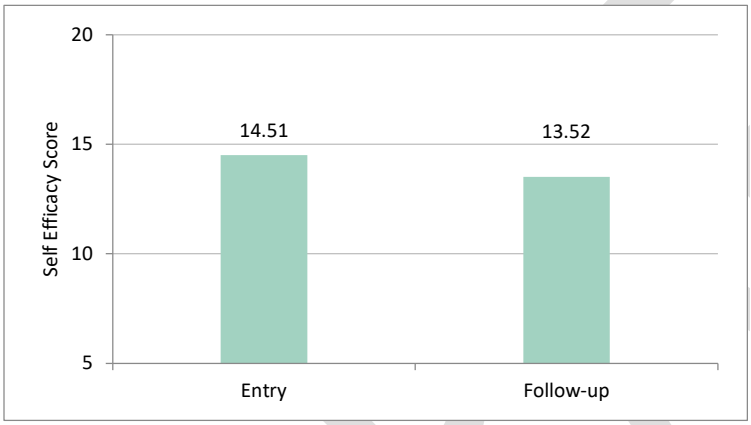
Figure 38. Engaged in treatment (entry n = 270; follow-up n = 361)



Help-Seeking

This chart shows that the percentage of Parent Program participants that reported that they are receiving treatment or counseling for help with emotional problems decreased from 10% at entry to 9% at follow-up. Note that 3% of respondents were excluded at entry and 5% were excluded at follow-up as a result of not answering the question.

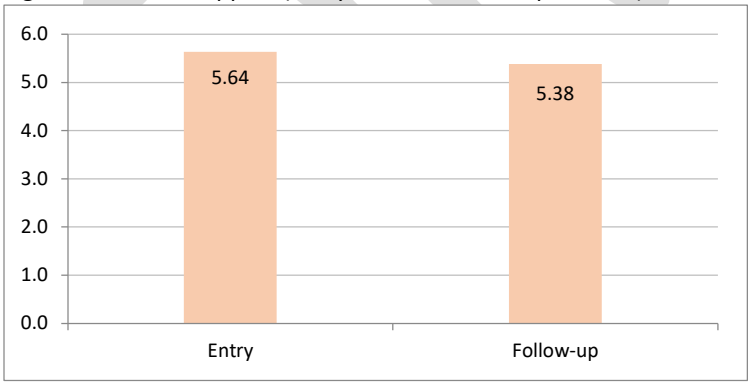
Figure 39. Self-efficacy (entry n = 263; follow-up n = 358)



Self-Efficacy

This chart depicts average self-efficacy scores (based on five statements from the NIH Toolbox Self-Efficacy measure for adults) for respondents who completed entry or follow-up questionnaires. The range is from 5 to 20. The self-efficacy scores for Parent Program participants decreased from 14.51 at entry to 13.52 at follow-up.

Figure 40. Social support (entry n = 270; follow-up n = 368)



Social Support

Respondents were asked to rate statements about their perceived social support, such as "when I am lonely there are several people I can talk to", on a scale from (1) *strongly disagree* to (7) *strongly agree*.

The average score of perceived social support for Parent Program participants Decreased from 5.64 at Entry to 5.38 at follow-up.

C. STIGMA AND DISCRIMINATION

The purpose of Stigma and Discrimination 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.

C1. Mental Health First Aid (MHFA)

MHFA is an interactive 8-hour evidence based training that provides knowledge about the signs and symptoms of mental illness, safe de-escalation of crisis situations and timely referral to mental health services. The use of role-playing and other interactive activities enhances the participants' understanding and skill set to assess, intervene and provide initial help pending referral/linkage to a mental health professional. Participants are also provided information about local mental health resources that include treatment, self-help and other important social supports.

C2. Mental Health Promoters/Promoteres

Many underserved communities have been shown to have high rates of mental health related stigma as well as cultural/linguistic barriers that limit their access to mental health services and mental health resources available. Often these barriers limit/prevent the utilization of mental health services until symptoms are chronic and severe. Underserved communities, such as the API and Latino communities in Los Angeles County show high levels of ongoing disparities in their access and use of public mental health services. The Promotores program represents a promising approach to mental illness & disease prevention as it increases knowledge about mental illness, increases awareness about available mental health services and promotes early use of mental health services. The criteria will be to decrease mental health and stigma.

C3. Outcomes for Stigma and Discrimination

Through training and education, LACDMH has shown positive results in increasing knowledge about mental health and reducing stigma and discrimination towards people with mental illness. Two methods were used to measure the impact of Stigma and Discrimination Reduction (SDR) trainings:

- Method 1: From July 1, 2018 through January 2019, SDR Outcomes Surveys were administered at the start and end of trainings to measures changes in attitudes and behavior toward persons with mental illness and knowledge about mental health. There are two versions of the survey, the SDR Outcomes Survey-Youth version for children/adolescents and the SDR Outcomes Survey-Adult version for adults (ages 18+). Only Adult Survey data were received and are being reported.

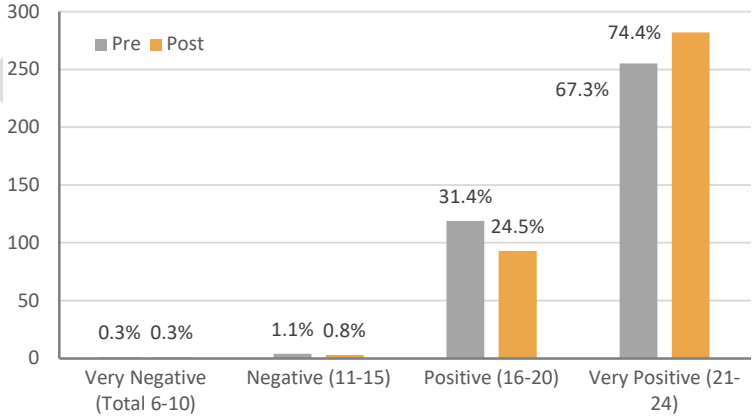
- Method 2: In February 2019, LACDMH changed the assessment method in order to participate in a new statewide effort to assess MHSA Prevention programs, which necessitated adopting a different outcome measure that is only completed following end of training. The survey measures changes in awareness of stigma regarding persons with mental illness, attitudes and behavior toward persons with mental illness, and knowledge about mental health.

FY 2018-19 Results for Method 1 based on 650 surveys received are shown below.

Table 39. FY 2018-19 Survey demographics for Method 1

Gender (n = 527)	Female - 18% Male - 16% Other - 1%	
Ethnicity (n = 537)	Latino - 47% African/African American - 16% White - 14% Asian/Pacific Islander - 17%	American Indian or Alaska Native - 1% Eastern European/Middle Eastern - 1% Other - 4%
Highest Level of Education (n = 480)	Doctoral Degree - 0.4% Master's Degree - 27% Four Year College Degree - 41% Two Year College Degree - 8%	Some College - 17% High School Diploma/GED - 5% Less than High School - 2%
Have you ever received mental health services? (n = 525)	Yes - 43% No - 56% I would rather not answer at this time - 1%	
Age Groups (n = 592)	TAY (16-25) - 14% Adult (26-59) - 81% Older Adult (60+) - 5%	
Primary Language (n = 511)	English - 88% Armenian - 0.2% Cambodian - 0.2% Spanish - 9%	Arabic - 0.2% Farsi - 0.2% Tagalog - 2% Korean - 0.4%
Role (n = 480)	Case Manager - 20% Medical Professional - 13% Mental Health Clinician - 5% Law Enforcement - 4% Substance Abuse Counselor - 1% Clerical/Support Staff - 6%	Mental Health Consumer - 2% Family Member - 3% Student - 14% Community Member - 5% Other - 27%

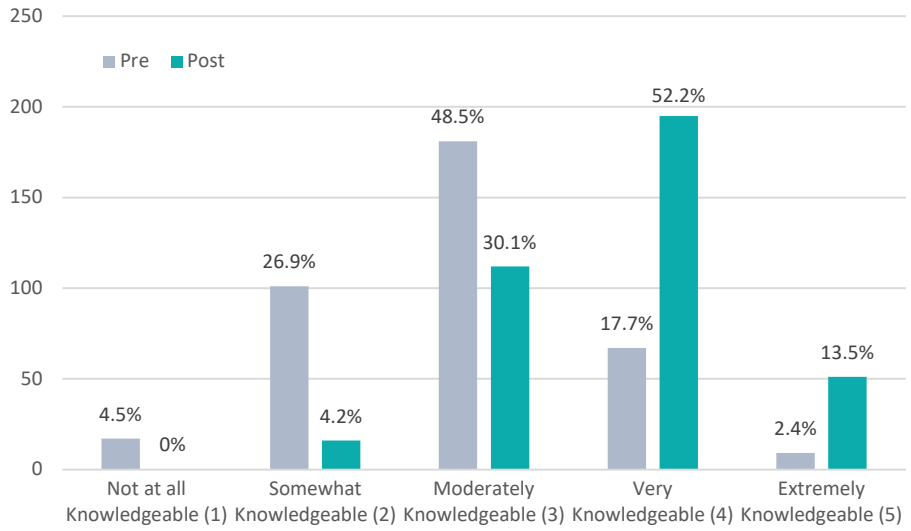
Figure 41. Average attitude score pre- and post-training (n = 379)



The SDR survey has six items that assess attitudes towards persons with mental illness. Scores from the six items are added together to provide a total score, which gives some indication of whether the person completing it tends to have negative or positive perceptions of persons with mental illness. The attitudes total score can fall into one of four ranges: *very negative, negative, positive, and very positive*. An increase in the total scores from "pre" to "post" suggests having more positive perceptions about persons with mental illness, following the training (see figure 41):

- The mean average attitudes score improved by (3%) from "pre" to "post."
- Prior to the training, the average total score was in the *very positive* range; at "post" training, it was still in the *very positive* range.
- Prior to the training, 99% of total scores were in either the *positive* range (119) or *very positive* range (255). At "post" training, 99% were still in either the range of *positive* (93) or *very positive* (282). These results are identical to ones from FY 2017-18 where 99% of participants had both "pre" and "post" scores in either the *positive* or *very positive* range.
- Prior to training, 67% of participants (255) scored in the *very positive* range. Post training, 74% scored in the *very positive* (282), an increase of 7%.

Figure 42. Average knowledge score pre- and post-training (n = 374)



The SDR Outcomes Survey-Adult Version has a seventh item, "Please rate your current level of knowledge about mental health" with five response choices: *not at all knowledgeable, somewhat knowledgeable, moderately knowledgeable, very knowledgeable, and extremely knowledgeable*. A rise in the knowledge score from "pre" to "post" suggests a participant has increased knowledge about mental health (see figure 42):

- The mean average score improved by (32%) from "pre" to "post."
- Ninety-eight percent (98%) of participants either increased their knowledge about mental illness (118) or showed no change (255) because they were already knowledgeable on the subject matter.
- Prior to the training, 69% selected *moderately knowledgeable* (184), *very knowledgeable* (67), or *extremely knowledgeable* (9). Post training, 96% selected *moderately knowledgeable* (114), *very knowledgeable* (198), or *extremely knowledgeable* (51), an increase of 27%.
- Prior to the training, 119 selected either *not at all knowledgeable* or *somewhat knowledgeable*. At "post", 86% of the 119 selected *moderately knowledgeable* (58), *very knowledgeable* (41) or *extremely knowledgeable* (10).

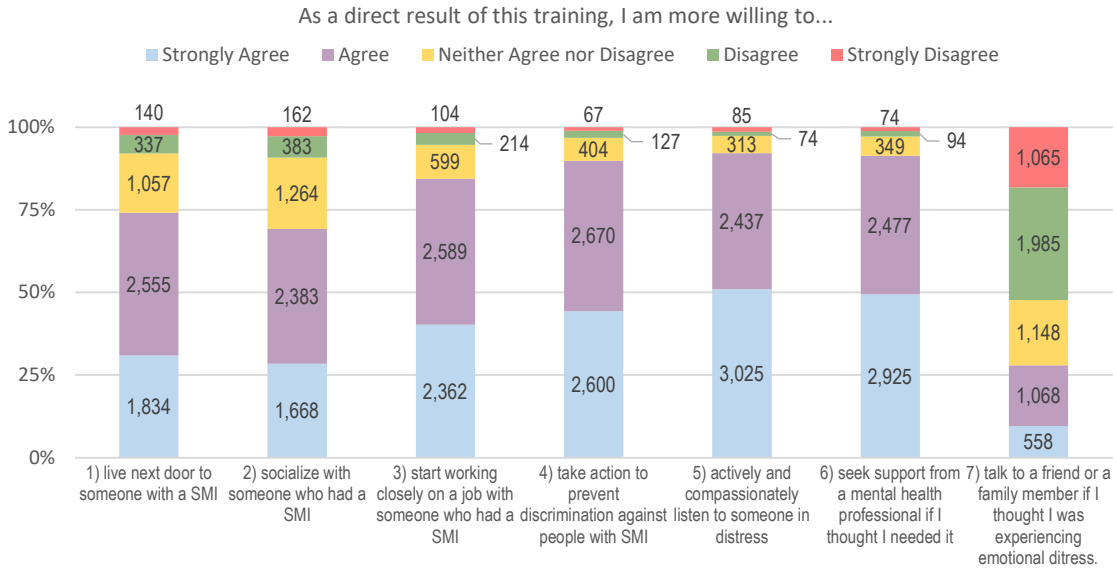
Results suggest: 1) the great majority of participants had positive perceptions about people with mental illness prior to attending the training and their positive perceptions were maintained or improved following training; and 2) training helped many participants increase their knowledge about mental health, even for those with moderate knowledge prior to training. Method 2 results based on 6,313 surveys received in FY 2018-19 are shown below.

Table 40. FY 2018-19 Survey demographics for Method 2

Sex at Birth	Female - 72% Male - 9%	Declined to answer - 19%
Gender Identity	Female - 70% Male - 10%	Declined to answer - 19%
Sexual Orientation	Heterosexual - 60% Bisexual - 1%	Another sexual orientation - 1% Declined to answer - 37%
Ethnicity	Mexican/Mexican-American/Chicano - 57% Central American - 11% Declined to answer - 24%	Other - 8%
Veteran Status	Yes - 43% No - 56%	Declined to answer - 1%
Age Groups	Children (0-15) - 1% TAY (16-25) - 7% Adult (26-59) - 64%	Older Adult (60+) - 8% Declined to answer - 20%
Disability (n = 6,313)	Yes - 8% No - 68%	Declined to answer - 24%
Primary Language (n = 6,313)	English - 12.4% Spanish - 61%	Other - 6.2% Declined to answer - 20.4%
Race (n = 6,313)	White - 47% Black or African American - 1% Asian - 1%	More than one race - 2% Other - 21% Declined to answer - 28%

Through training and education, SDR trainings are intended to decrease stigma and discrimination against people who have a mental illness and increase knowledge about the topic of mental health. Charts below show changes in behavior.

Figure 43. Survey responses

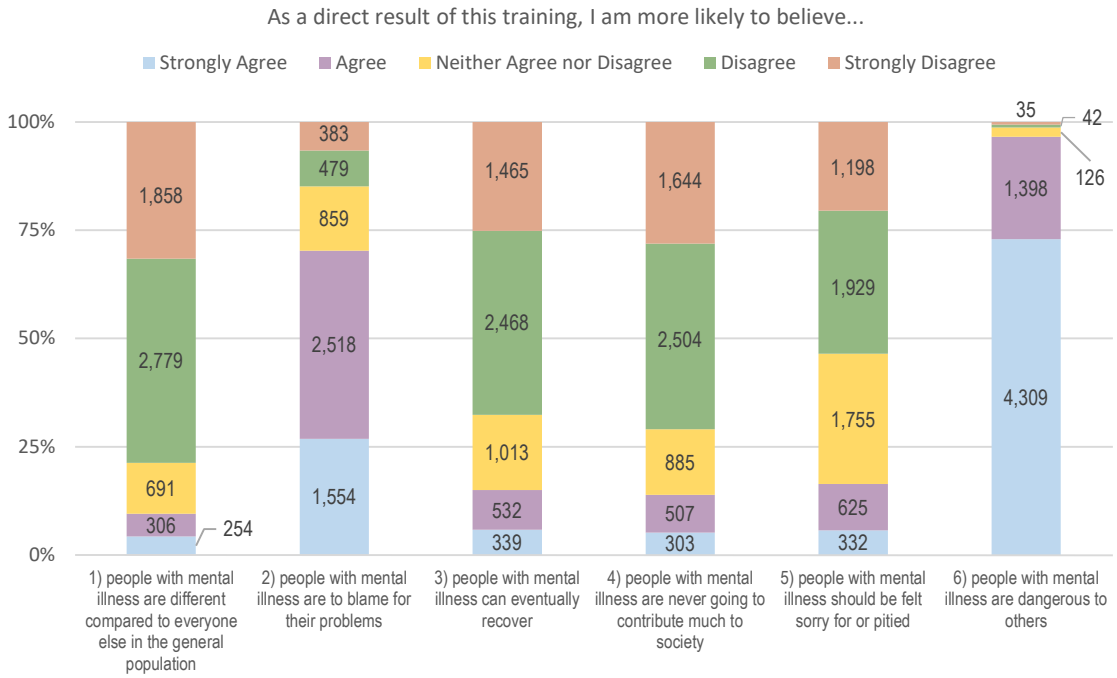


Seven items on the new SDR survey (see figure 43) assess the impact of SDR trainings on participants' willingness to engaging in behaviors that support rather than discriminate against persons with mental illness. Item ratings are: *strongly agree, agree, neither agree nor disagree, disagree, and strongly disagree.* Responses in agreement suggest the participant believes the training positively influenced their future behavior (e.g. willingness to advocate for a person who has a mental illness). Results strongly suggest trainings tended to decrease the likelihood participants will discriminate against and increase the likelihood participants would act in support of people who have a mental illness:

- Across all items, at least two-thirds of participants agreed the training had a positive influence, with:
  - a low of 67% agreeing (36%) or strongly agreeing (31%) the training increased willingness to *"live next door to someone with a serious mental illness"*; and
  - a high of 91% agreeing (42%) or strongly agreeing (49%) the training increased willingness to *"talk to a friend or family if I thought I was experiencing emotional distress."*

- Across all items, 10% or less disagreed, with:
  - a high of 10% disagreeing (7%) or strongly disagreeing (3%) that the training increased their willingness to *"live next door to someone with a SMI"*; and
  - a low of 3% disagreeing (2%) or strongly disagreeing (1%) that the training increased their willingness to *"talk to a friend or family if I thought I was experiencing emotional distress."*

Figure 44. Changes in knowledge and beliefs



Six survey items (see figure 44) assess change resulting from attending an SDR training in knowledge about mental illness and beliefs about mentally ill people. Items may be rated: *strongly agree, agree, neither agree nor disagree, disagree, and strongly disagree*. Responses not in agreement suggest the participant believes training had a positive influence (e.g., decreasing the belief mentally ill people are dangerous) and agreeing to suggest the opposite, for all but the third item. Survey results suggest trainings tended to positively influence participants' knowledge about the topic of mental illness and beliefs about people who have a mental illness:

Across all items, the majority of participants agreed the trainings had a positive influence, with:

- a low of 52% disagreeing (34%) or strongly disagreeing (18%) the training increased their likelihood of believing, "people with mental illness are different compared to everyone else in the general population";
- and a high of 71% disagreeing (43%) or strongly disagreeing (28%) the training increased their likelihood of believing, "people with mental illness should be felt sorry for or pitied"

Results suggest SDR trainings tended to positively influence perceptions about people with mental illness, reduce the likelihood of engaging in behaviors that stigmatize and discriminate against persons with mental illness, and increase knowledge about the topic of mental health.

C4. Older Adults Mental Wellness

For the majority of FY 2018/19, the Older Adult Anti-Stigma and Discrimination Team (OA ASD) was comprised of a Community Services Counselor, a Community Worker, and a Service Extender. Occasionally, other outpatient staff provides assistance, particularly if there is more than one presentation on a given day, or if there is a need for a specific language. The OA ASD Team participated in 240 events during FY 2018-19, outreach to more than 3,456 County residents can be attributed to these events including countywide educational presentations, community events like Resource fairs, community meetings and collaboration with various agencies.

Highlights of OA ASD's accomplishments include:

- Outreached to over 3,456 individuals in Los Angeles County;
- Provided over 240 presentations for seniors;
- Participated in 4 Resource Health Fairs;
- Increased number of workshops in Service Areas 2 and 8;
- Developed another new presentation "Emotional Intelligence" and "Meditation and Mindfulness" to be added to the menu of topics for the Mental Wellness Series.

OA ASD provides prevention services primarily by increasing awareness of Mental Wellness for older adults throughout the County, particularly among underserved and underrepresented communities. We continue to develop new presentation topics for seniors. OA ASD Team collaborates and coordinates with LACDMH contracted agencies to provide clinical back-up and at times coordinate for other languages at the presentations when needed.

Table 41. Presentations by Service Area

Service Area	Area	Number of Presentations
SA 1	Antelope Valley	4
SA 2	San Fernando Valley	72
SA 3	San Gabriel Valley	34
SA 4	LA Metro Area	30
SA 5	West LA Area	21
SA 6	South LA Area	14
	Total	240

This table shows the distribution of presentations offered throughout the County. In comparison to when OA ASD initially began providing presentations for older adults, which required intensive outreach efforts, housing managers in senior housing and activity coordinators in senior centers our sharing our information with each other and now contact the OA ASD Team to request presentations daily.

Table 42. Location of presentations

Type of Facility	Number of presentations
Community Center	7
Senior Center	66
Senior Housing	144
Other (Library, Church, City Hall)	23

This table illustrates the type of facilities where presentations took place. In the past, most of our efforts focused on settings where large audiences of older adults congregate, such as senior centers. Due to an increase in awareness of our presentations, the number of senior housing complexes increased substantially from last year of 165 to 178.

Table 43. Presentation attendance

Facility	Number of People
Community Center	135
Senior Center	1,323
Senior Housing	1,760
Other (Library, Church, City Hall)	238
Total	3,465

This table shows the number of attendances at the different facilities; although there were only 66 Senior Centers visited, they had a larger number of participants in comparison to 144 Senior Housing Facilities.

Table 44. Presentations in various languages

Language	Number of Presentations
Spanish	67
Korean	8
Farsi	3
Mandarin	7
Russian	9

Languages other than English was provided for the presentations: Spanish, Korean, Farsi, Russian, ASL and Mandarin. Request for Spanish has increased due to centers sharing information on the Wellness series.

Table 45. Presentation topics

Presented Topics	Number of Presentations
Bullying	12
Depression and Anxiety	15
Good Sleep	15
Grief and Loss	5
Health, Wellness, and Wholeness	16
Healthy Aging Bingo	28
Hoarding	22
Holiday Blues	30
Isolation	6
Life-Life Transitions	12
Medication Management	7
Preserving your Memory	25
Resiliency	15
Elder Financial Exploitation: Scams	16
Stress Management	3
Substance Use	2
Emotional Intelligence	7
Other (Resource fairs, community meetings)	4

A variety of topics were requested from the Mental Wellness Series and presented. The "Holiday Blues" presentation is very popular during the holidays as it addresses challenges faced by seniors who have experienced losses or feel alone during the holidays and provides some strategies to combat feelings of sadness. "Hoarding" provides helpful information on the difference between hoarding, collecting and cluttering. It helps seniors understand the illness and how to get or help others.

Older Adult goals for FY 2019-20 include the continuation of efforts to outreach in SAs 1 and 6 and to increase presentations at Senior Centers, as well as creation of new presentation.

C5. WhyWeRise Campaign

LACDMH launched a youth-targeted social media campaign, "We Rise/Why We Rise," with an emphasis on empowering youth and increasing awareness of mental health. Targeted to reach youth ages 14-24, the social marketing campaign commenced midway through Mental Health Month and ran from May 19, 2018 to June 10, 2018. The WERISE event was held in the Arts District in Downtown Los Angeles and offered an immersive cultural experience with performances, interactions, and a world-class art exhibition. The event was curated to provoke new conversations and support the empowerment of young people regarding their own mental health and current issues that may impact it. The campaign's message was conveyed by various methods including visual art and spoken word poetry. The campaign was also promoted through social media including Facebook, Instagram, and Twitter.

LACDMH, in partnership with the California Mental Health Services Authority (CalMHSA), commissioned the RAND Corporation to evaluate the campaign outcomes. The RAND team surveyed WERISE attendees in person, analyzed Twitter conversations related to mental health, mental illness and well-being, and conducted a web-based survey of a broader population of County youth ages 14-24 targeted by the campaign. Findings include:

- More than 1,000 youth found that as many as one in five (22%) young people in the 14-24 age group were aware of WERISE campaign.

- The campaign attendees had positive perceptions of the event: 91% of teens and 95% of adults said they would recommend the event to a friend.
- At the event, 90% or more of teens and adults said it made them want to be more supportive of persons experiencing mental illness and they felt more empowered to take care of their own mental well-being.
- Attendees reported an increased awareness of the challenges persons with mental illness face, from stigma to treatment access. In addition, the social media campaign was associated with increased discussion of mental health among Twitter users in the County.
- The RAND team concluded that, overall Los Angeles County's mental health community engagement campaign had impressive outcomes.
- WERISE campaign will be an ongoing project.

Additionally, a new LACDMH intranet was launched for internal stakeholders to access training opportunities, job postings, and other tools. In addition, the LACDMH external website was rebuilt and launched with a streamlined content and new features, focusing on stakeholder engagement.

D. SUICIDE PREVENTION

The 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.

In response to the needs in our community, the Los Angeles County Suicide Prevention Network, with support from LACDMH, has developed a strategic plan for suicide prevention to guide our efforts towards the goal of zero suicides in the County.

Some of the key elements of Los Angeles County's approach to suicide prevention are:

- Focus on fostering prevention and well-being through connections, education, outreach, advocacy and stigma reduction;
- Promote early help seeking where people know the warning signs and resources and are confident to intervene with someone they care about or get help for themselves;
- Ensure a safe and compassionate response during and in response to crises by focusing on stabilization and linkages to services in the least restrictive setting; and
- Implement a system of short- and long-term support for individuals, families, schools and communities following a suicide attempt or death.

D1. Latina Youth Program (LYP)

The primary goals of LYP are to:

- Promote prevention and early intervention for youth to decrease substance use and depressive symptoms, which are major risk factors for suicide.
- Increase youth awareness of high-risk behaviors and provide immediate assessment and treatment services.
- Increase access to services while decreasing barriers and stigma among youth in accepting mental health services.
- Increase family awareness about high-risk behaviors and empower families through education about the benefits of prevention and early intervention and health promotion.
- Enhance awareness and education among school staff and community members regarding substance abuse and depression.

During FY 2018-19, LYP provided direct clinical services, outreach and education to 56 unduplicated clients, who ranged in age from birth to 25 years, and their families. Most clients were within the 16 to 25 age range. Regarding gender, more females (n = 32) than males (n = 24) participated in the program. Regarding ethnicity, the majority of program participants were Latino (n = 47); five participants did not specify their race or ethnicity; two identified as Whites, and two as Asian/Pacific Islander. Sixty-one percent of the clients reported that English is their primary language, while 39% specified that Spanish is their primary language. With regard to diagnostic categories, the greatest percentage of participants presented with depressive symptoms (45%); other affective disorders were reported by 11% of participants; 22% of participants were diagnosed with an anxiety related disorder; 8% of program participants were diagnosed with a neurodevelopmental disorder; and 3% had problems with substance use. Although during this program year,

there were six suicide attempts and 26 instances of client psychiatric hospitalization, none of these were within the LACDMH funded clients. Additionally, LYP experienced no completed suicides.

LYP also provided other services in the community. LYP provided direct services in 31 schools, including 13 elementary, 6 middle and 12 high schools. Educational sessions were held at Back to School nights in all participating schools and self-care/burn-out prevention workshops were presented to school staff. Community outreach sessions focused on suicide prevention in both English and Spanish were held at Carmela Elementary. A Life Skills group at Los Nietos Middle School discussed topics related to self-love, relationships, media literacy, peer pressure, leadership skills, conflict resolution and outlook for the future. Parenting classes were presented in English and Spanish at Los Nietos Middle School and covered child development, discipline, communication skills, resiliency and abuse, substance use, and suicide prevention. Peer support groups were offered at Wilcox Elementary School and Cal State Dominguez Hills. The program staff is trained in seven different EBPs:

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) Honoring Children, Mending the Circle;
- Managing and Adapting Practice (MAP);
- Seeking Safety (SS);
- Interpersonal Psychotherapy for Depression (IPT);
- Individual Cognitive Behavioral Therapy (Ind. CBT);
- Triple P Positive Parenting Program (Triple P); and
- Aggression Replacement Training (ART).

D2. 24/7 Crisis Hotline

The 24/7 Suicide Prevention Crisis Line responded to a total of 102,790 calls, chats, and texts originating from Los Angeles County, including Spanish-language crisis hotline services to 12,075 callers. Korean and Vietnamese language services are also available on the crisis hotline. Additionally, various outreach events were conducted in Los Angeles and Orange County.

Table 46. FY 2018-19 Call analysis

Total calls	102,790
Total chats	10,089
Total texts	17
Total*	84,069

*Calls from Lifeline, Lifeline Spanish, SPC Local Line, Teenline, and Disaster/Distress.

Table 47. Total calls by language

Korean	46
Spanish	12,075
English	90,669
Total	102,790

Figure 45. FY 2018-19 Call, chat and text volume by month

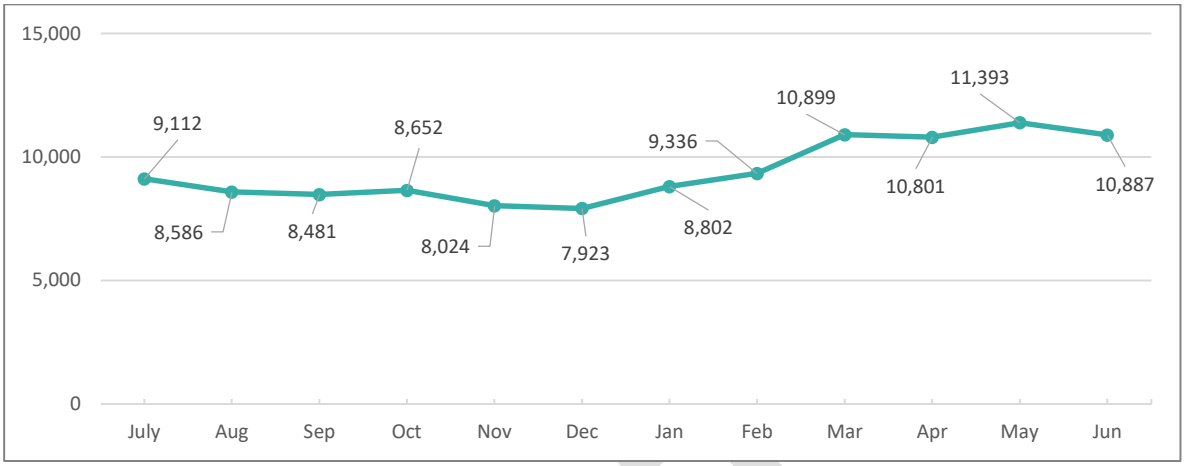


Table 48. Calls and chats by ethnicity

Ethnicity	Call (n = 45,733)	Chat (n = 10,006)
White	37%	65%
Hispanic	37%	13%
Black	9%	10%
Asian	10%	8%
Native American	1%	1%
Pacific Islander	1%	0%
Other Race	4%	0%

Table 59. Calls and chats by age groups

Age Groups	Call (n = 54,327)	Chat (n = 10,006)
5 to 14	6%	18%
15 to 24	39%	52%
25 to 34	26%	18%
35 to 44	12%	6%
45 to 54	8%	4%
55 to 64	7%	2%
65 to 74	3%	1%
75 to 84	1%	0%
85 and up	0%	0%

Table 50. Calls and chats by suicide risk assessment

Suicide Risk Assessment	Calls	Chats
History of psychiatric diagnosis	40%	38%
Prior suicide attempt	27%	22%
Substance abuse - current or prior	17%	4%
Suicide survivor	10%	3%
Access to gun	3%	3%

Presence of the above factors significantly increases an individual's risk for suicide attempts; thus, all callers presenting with crisis or suicide-related issues are assessed for these risk factors. Percentages are calculated based on the total number of calls in which suicide or crisis content was present.

Table 51. Suicide risk status

Suicide Risk Status	Calls (n = 39,610)	Chats (n = 4,192)
Low Risk	45%	54%
Low-Moderate Risk	26%	25%
Moderate Risk	13%	11%
High-Moderate Risk	5%	5%
High Risk	10%	5%
Attempt in Progress	1%	0%

Percentages are calculated based on the total number of callers with reported risk levels.

Risk assessment is based on the four core principles of suicide risk: suicidal desire, suicidal capability, suicidal intent, and buffers/connectedness. A caller's risk level is determined by the combination of core principles present. For example, a caller who reports having only suicidal desire, as well as buffers, would be rated as low risk. A caller with suicidal desire, capability, and intent present would be rated as high risk, regardless of the presence of buffers.

Intervention Outcomes: Self-rated Intent
Callers are asked to answer the question: "*On a scale of 1 to 5, how likely are you to act upon your suicidal thoughts and feelings at this time, where 1 represents not likely and 5 represents extremely likely?*" Callers rate their intent both at the start and end of the call. Note: This data is on calls for which information was reported.

Figure 46. Self-rated suicidal intent calls

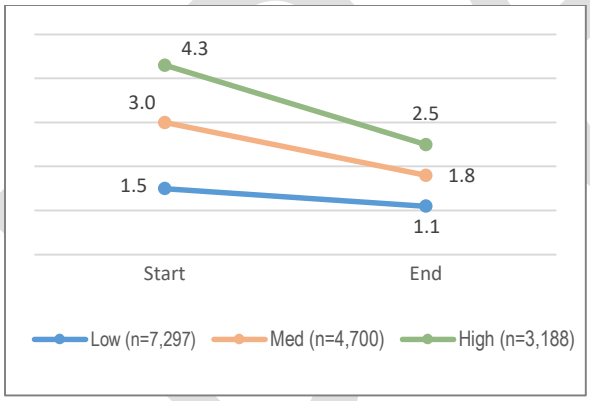
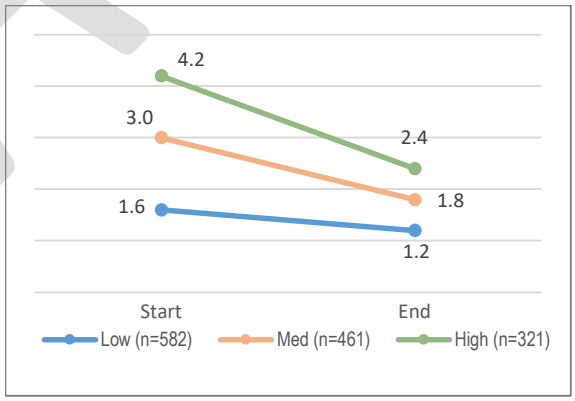


Figure 47. Self-rated suicidal intent chats



Callers rating of suicidal intent at the beginning of the call:
4 or 5 = high or imminent risk; 3 = medium risk; 1-2 = low risk

D3. Partners in Suicide Prevention (PSP) Team

The PSP Team is an innovative program offered by the LACDMH to increase public awareness of suicide and reduce stigma associated with seeking mental health and substance abuse services. The PSP Team is comprised of six staff representing each of the four age groups and includes three Spanish-speaking members offers community education. They are responsible for providing best-practice training models in suicide prevention and offering linkage and referrals to age appropriate services.

PSP Team members participated in 99 suicide prevention events during FY 2018-19, outreaching to more than 2,465 County residents. These events included countywide educational trainings, participation in suicide prevention community events, the 8th Annual Suicide Prevention Summit, and collaboration with various agencies and partners.

Table 52. Number of PSP trainings in FY 2018-19

Training	Number of Trainings Offered	Number of Participants Trained
Applied Suicide Intervention Skills Training (ASIST)	5	100
Question, Persuade and Refer (QPR)	55	1375
Youth Mental Health First Aid (YMHFA)	3	65
Assessing & Managing Suicide Risk (AMSR)	5	100
(Recognizing and Responding to Suicide Risk (RRSR)	4	80

Additional trainings for trainers (building capacity):
- Recognizing and Responding to Suicide Risk: February 18, 2019
- Talk Saves Lives: March 6, 2019
- More than Sad: May 15, 2019

D4. Los Angeles Suicide Prevention Network (LASPN)

LACDMH collaborates with numerous agencies and organizations through the LASPN to support awareness and prevention through education, trainings and outreach. LASPN is a group of mental health professionals, advocates, survivors, providers, researchers and representatives from various agencies and organizations working together to decrease the number of suicides in Los Angeles County. Its mission is to promote public and professional awareness, education, training and engagement regarding suicide prevention, intervention and postvention in Los Angeles County. Through the collaboration of its diverse members, LASPN is working to leverage the talent and resources available locally to work toward comprehensive suicide prevention. LASPN is sponsored by LACDMH and co-facilitated by LACDMH and TEEN LINE.

Key activities during FY 2018-19
- Development of a countywide strategic plan on suicide prevention;
- The annual Suicide Prevention Summit which focused on Veterans and their families and expanded to two days;
- Implementation and coordination of suicide prevention planning and activities across different sectors, populations and systems; and
- Creation and management of the website (www.LASuicidePreventionNetwork.org) to centralize suicide prevention activities throughout the County.

Four workgroups were created to support LASPN
- Data and Strategic Planning: Creates briefs on overall suicide mortality and attempt data, as well as on special populations (e.g., first responders) and best practices (e.g., continuity of care, crisis response). Close collaboration with DPH who provides data specific to Los Angeles County.
- Media, Communications and Messaging: Manages a central website for LASPN and hosts workshops on suicide prevention and working with the media.
- Youth: Explores innovative strategies for a collective impact on youth suicide prevention
- Summit Planning: Plans and organizes the Suicide Prevention Summit.

LASPN Achievements

- Coordinated and hosted LASPN, which recruited 50 additional members from a wide variety of organizations. New key participants include representatives from Hope and Heal Fund; Coalition to Stop Gun Violence; Educational Fund to Stop Gun Violence; Children's Hospital Los Angeles Emergency Department; White Memorial Hospital; Aurora Charter Oaks Hospital; Shields for Families; Wellnest (formerly known as LA Child Guidance); Pacific Clinics; Department of Public Health; Los Angeles County Fire Department; Los Angeles City Fire Department; schools and universities, including UCLA, and Azusa Pacific College; other governmental partners, including CalTrans; and private citizens.
- Launched the LASPN website that provides information about the network, data and resources, as well as tangible tips to get involved in suicide prevention.
- Conducted quarterly meetings to manage collaboration and coordination of suicide prevention activities.

LASPN Sponsored events

- Two half-day workshops titled "Effective Messaging for Suicide Prevention: Tips and Tools for Working with News Media" held on February 5, 2019. A total of 105 people attended the two events.
  - > The morning session was focused on the school setting, specifically targeting public information officers within school districts (and individuals that serve this role as part of their duties), with 53 people attending. Content in the morning session included review of resources specific to the school setting such as the "After a Suicide: A Toolkit for Schools" that provides templates for community with the school community after a suicide.
  - > The afternoon session was open to all types of entities, from law enforcement to community-based organizations, and therefore had a broader focus with 52 people attending.
- Non-Injurious Training with the UCLA-Prevention Center of Excellence on March 19, 2019
- Event with Hope and Heal Fund: A Fund to Stop Gun Violence in California on May 15, 2019 and attended by Los Angeles County Department of Public Health, Hope and Heal Fund, Los Angeles County of Education (LACOE), Coalition to Stop Gun Violence, and Educational Fund to Stop Gun Violence.
- The Suicide Prevention Crisis Now Meeting with RAND and Crisis Now on June 5, 2019. Crisis Now is led by the National Association of State Mental Health Program Directors (NASMHPD) and developed with the National Action Alliance for Suicide Prevention, National Suicide Prevention Lifeline, National Council for Behavioral Health, and RI International.
- The Noah Whitaker, Tulare & Kings Counties Suicide Prevention Task Force meeting on June 13, 2019 to learn about LOSS Teams and how to create countywide LOSS Teams in Los Angeles County that support individuals and communities following a completed suicide.
- The 8th Annual Suicide Prevention Summit "The Hero in Each of Us: Finding Your Role in Suicide Prevention" on September 6, 2018 at the California Endowment.
  - > Each year, LASPN and its members work to coordinate the Summit. A different perspective, best practice and population is highlighted each year to help attendees better understand the role they can play in suicide prevention.
  - > The goal of the 2018 Summit was to help individuals, families, and communities all find their role. Approximately 250 individuals participated in this one-day event

that included four different breakout sessions: Suicide Risk, Means Restriction/Safety, Messaging Matters and After a Suicide.

D5. Suicide Prevention Outcomes

LACDMH has chosen to implement a suicide prevention program in the form of training and education that has shown effectiveness in changing attitudes, knowledge, and/or behavior regarding suicide. Participants in these trainings include, but are not limited to, first responders, teachers, community members, parents, students, and clinicians.

Two methods were used to analyze the impact of these programs:

- Method 1: From July 1, 2018 through February 2019, changes in knowledge about suicide were measured using the suicide prevention pre- and post- survey. Participants complete the "pre" survey, just prior to the training to assess their baseline level knowledge about suicide prevention and then complete the "post" survey shortly after completing the training. Increases in participants' survey scores from "pre" to "post" suggest participants' knowledge about suicide prevention increased as a result of attending trainings.

- Method 2: In February 2019, DMH changed the assessment method in order to participate in a new statewide effort to assess MHSA Prevention programs, which necessitated adopting a different outcome measure administered following the training, only, that does not have separate versions for youth and adults.

The number of surveys received in FY 2017-18 increased by 60% from the previous fiscal year (363). There are two possible causes for the increase: 1) increase in survey collection rates and/or 2) increase in the number of people receiving suicide prevention programs.

FY 2018-19 Results for Method 1 based on 914 surveys received are shown below.

Table 53. FY 2018-19 Survey demographics for Method 1

Gender (n = 841)	Female - 79% Male - 21%	
Ethnicity (n = 827)	Latino - 57% African/African American - 12% White - 13%	Asian/Pacific Islander - 13% Other - 6%
Highest Level of Education (n = 835)	Five or More Years College - 41% Four Year College Degree - 27% Two Year College Degree - 10%	Trade/Vocational School - 8% High School Diploma/GED - 10% Junior High School - 4%
Age Groups (n = 708)	TAY (16-25) - 15% Adult (26-59) - 78% Older Adult (60+) - 7%	

The survey has 9 items and scores are added together to create a total knowledge score that can fall into one of three ranges: *low knowledge, medium knowledge, or high knowledge*. An increase in the total scores from "pre" to "post" suggests having more information about suicide. Survey results for FY 2017-18 suggest participants' knowledge about suicide and suicide prevention increased through training and education:

- The average score increased by 30% from "pre" to "post" (635).
- The average "pre" score fell in the *medium knowledge* range and the average "post" score fell in the *high knowledge* range.

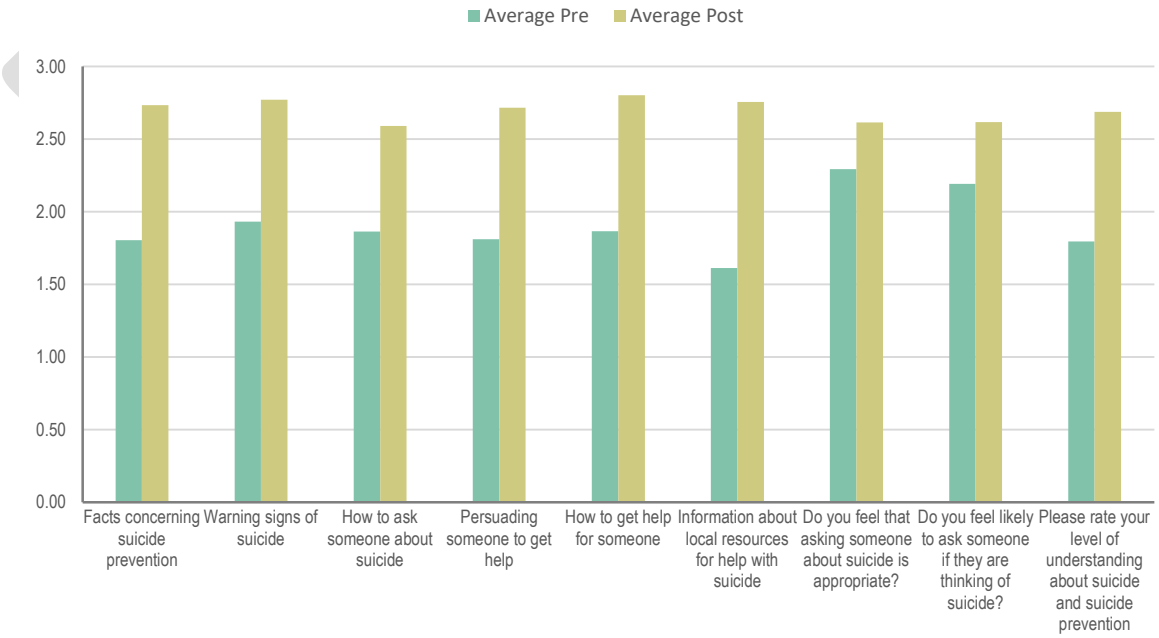
- Prior to training, 16% of participants' (104) scores fell in the *high knowledge* range. Post training, 85% of participants' (540) scores fell in the *high knowledge* range, an increase of nearly 70%
- Prior to training, 33% of participants' (212) scores fell in the *low knowledge* range. Post training, 98% of these participants' scores fell in the *moderate knowledge* range (24%) or *high knowledge* range (76%).

Suicide prevention trainings have shown positive outcomes since inception in FY 2013-14. In FYs 2013-14 and 2014-15 combined, participants showed an average 30% increase, in FY 2015-16 an average 25% increase, in FY 2016-17 an average 24% increase, and in FY 2017-18 an average increase of 27%.

Below is a chart showing the average percent change in score from "pre" to "post" training for each of the 9 suicide prevention survey items in FY 2018-19, and corresponding results.

- Items 1 and 6 showed the greatest improvement in score from "pre" to "post", increasing by 34% and 41%, respectively.
- Items 7 and 8 showed the least improvement in score from "pre" to "post", increasing by 12% and 16%, respectively. These items likely changed less than the others' because: 1) their average "pre" scores were higher than the other items', which created a "ceiling effect," i.e. scores on items 7 and 8 could not improve from "pre" to "post" as much as scores on the other items because there was less room for improvement; and 2) items 1-6 and 9 measure changes in knowledge while items 7 and 8 measure changes in behavior.
- Typically, for instructive interventions like suicide prevention, measures of knowledge show greater change from "pre" to "post" treatment than measures of behavior.

Figure 48. Outcomes for suicide prevention individual items (n = 635)

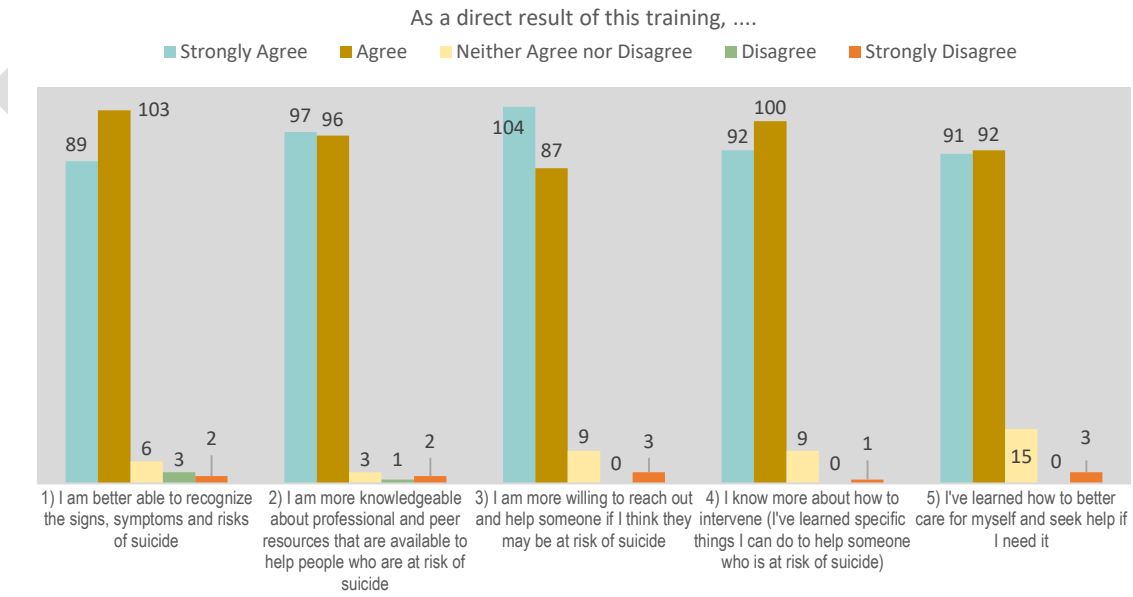


Method 2 results based on 213 surveys received in FY 2018-19 are shown below.

Table 54. FY 2018-19 Survey demographics for Method 2 (n = 213)

Gender Identity	Female - 72% Male - 21%	Genderqueer - 1% Declined to answer - 7%
Assigned Sex at Birth	Female - 71% Male - 21% Declined to answer - 8%	
Age Groups	Children (0-15) - 1% TAY (16-25) - 10% Adult (26-59) - 77%	Older Adult (60+) - 3% Declined to answer - 7%
Race	White - 32% African American - 12% Asian - 7%	Other - 30% Declined to answer - 19%
Sexual Orientation	Heterosexual - 80% Gay/Lesbian - 4% Bisexual - 2%	Queer - 1% Declined to answer - 13%
Ethnicity	Central American - 11% European - 5% More than one ethnicity - 11% Mexican/Mexican-American/Chicano - 30%	Other - 15% Declined to answer - 26%
Veteran Status	Yes - 3% No - 85% Declined to answer - 12%	
Disability	Yes - 6% No - 79% Declined to answer - 15%	
Primary Language	English - 70% Spanish - 13%	Other - 12% Declined to answer - 6%

Figure 49. Responses to suicide prevention training (n = 213)



Note: In the above graph, the count of item responses may not total 213 as the number of persons who did not respond to the item were not included

Survey results indicate training increased a great majority of participants' knowledge related to suicide prevention, with

- 90% selecting *agree* (42%) or *strongly agree* (48%) with the statement, "*As a direct result of this training, I am better able to recognize the signs, symptoms and risks of suicide*";
- 91% selected *agree* (46%) or *strongly agree* (45%) with the statement, *"As a direct result of this training, I am more knowledgeable about professional and peer resources that are available to help people who are at risk of suicide*";
- 90% selecting *agree* or *strongly agree* with the statement, *"As a direct result of this training, I know more about how to intervene (I've learned specific things I can do to help someone who is at risk of suicide)";* and
- 86% selecting *agree* or *strongly agree* with the statement, *"As a direct result of this training, I've learned how to better care for myself and seek help if I need it."*

Results also suggest training increased a great majority of participants' willingness to help persons' at risk for suicide, with 90% selecting *agree* (43%) or *strongly agree* (47%) to the statement, *"As a direct result of this training, I am more willing to reach out and help someone if I think they may be at risk of suicide."*

D5. Directing Change Program

This program educates youth ages 14-25 about the warning signs of suicide, mental health and how to help themselves or a friend with an initiative that engages them in the creation of short films on these topics. Additional services include outreach, parent engagement and trainings for educators and districts focusing on implementing comprehensive school-based suicide prevention policies that resulted in the following outcomes:

- A total of 1,059 youth participated in Directing Change from Los Angeles County.
- More than 7,500 youth, parents, and community members reached through awareness activities created by youth and educators through mini-grants funding to 21 schools.
- A total of 30 mini grants were offered awards after an application and interview process with 168 films submitted from participating mini grant schools.
- A total of 931 students actively involved in the creation of these films.
- More than 7,500 people reached by film screenings and mental health events.
- A total of 60 lessons taught by Directing Change County to 1,146 youth at 10 schools and local organizations on mental health, suicide prevention, safe messaging, and filmmaking tips.
- A total of 323 films created by youth for youth.
- A total of 61 people were trained in suicide prevention and mental health messaging and applied training to judge films.
- More than 1,100 youth from 24 local middle school, high school, and college campuses attended and were inspired at annual red carpet award ceremony.
- More than 30,000 LAUSD teachers and personnel will view at least two of these films in their district-wide suicide prevention online training they complete each summer.
- There was a 651% increase in film submissions from County teams in 2019, from the previous program year (2017-18), and a 181% increase from the beginning of the program in 2012-13.
- There was a 454% increase in youth participants from Los Angeles County in 2019, from the 2017-18 program year (2017-18), and a 228% increase from the beginning of the program in the 2012-13 program year.
- This year, LACDMH sponsored transportation for 15 County schools to attend the awards ceremony. This resulted in funding 950 students and their teachers to

experience the Directing Change Program, watching the top films by students across California about mental health and suicide prevention and hearing firsthand from filmmakers and advocates.

- AB2246 Trainings sponsored by LACDMH in partnership with Directing Change and LACOE that focus on implementing policy change
  > A total of 284 participants were trained, representing 69 school districts/ organizations.
  > Postvention-Responding Effectively to Suicide Incidents Trainings where participants worked in district teams to discuss staff trainings, risk assessments, re-entry procedures, youth and parent engagement and postvention.

For the 2018-19 school year, Technology Enhanced Arts Learning (TEAL) and Directing Change created a partnership that included presentations for all new TEAL cohort teachers that year to learn about the Directing Change Program and receive special consideration in mini grant funding. This partnership resulted in specialized, ongoing workshops for one of the TEAL participants: all 7th and 8th grade AVID students in the Mountain View Unified School District in El Monte, CA. The students received multiple lessons on mental health, suicide prevention, and messaging from a member of the Directing Change team, as well as technical support and lessons on filming, audio recording, and editing from a Los Angeles County Office of Education - Center for Distance and Online Learning team member. Eight AVID classes across three campuses received ongoing support over the course of six weeks, facilitating the submission of 72 films, including ten films that moved on to regional judging with one placing second statewide and the other nine receiving honorable mentions.

D6. School Threat Assessment Response Team (START)

In FY 2018-19, START provided 1,189 services to 306 individuals at either suicidal or homicidal risk: 165 open cases and 141 potential cases. Law enforcement agencies and schools continue to be the two main referral sources. After years of services delivered in the County, START has become one of the major violence crisis management resources in addition to the law enforcement.

The number of referrals increased from 272 in FY 2017-18 to 333 in FY 2018-19. Clinicians triaged and determined their active status: consultation only, limited follow-up for cases either posed no threat, received services from other mental health providers, or declined START services, and active follow-up identifying as open cases.

The program served 86 open cases in FY 2017-18 and 165 in FY 2018-19. In FY 2018-19, 134 male cases and 31 female cases were opened, and 66 of those were between the ages of 0-15; 66 were between the ages of 16-25; 32 were between the ages of 25-59; and 1 was over the age of 59. English was the language spoken by most clients (149) followed by Spanish (13). Close to half of the open cases were identified as Hispanic at 52.12%. The clients identified as white (17.58%) was the second largest ethnic group and african americans/blacks were third at 12.12%. To meet the clients' cultural need, one third of START clinicians are Spanish-speaking.

The reported outcomes for FY 2018-19 were based on a combination of assessment tools, collateral information, clinical observation, and other reliable sources. The three assessment tools consist of Columbia-Suicide Severity Rating Scale (C-SSRS), Structured Assessment of Violence Risk in Youth (SAVRY) and Workplace Assessment of Violence Risk-21 (WAVR-21). These three tools do not quantitatively calculate the risk

levels but present the risk factors. Clinicians subjectively weigh on each risk factor to determine the total risk levels on each tool and then conclude the final risk levels after reviewing the information collected from all sources mentioned above.

For FY 2018-19, the moderate suicidal risk group showed 15.15% and the high suicidal risk group of 14.55% at the beginning of the intervention. With the interventions rendered by START, high suicidal risk group decreased showing a significant drop from 14.55% to 5.45% but a rise from 69.70% to 78.18% in the low suicidal risk group. The overall variation in suicidal risk levels indicated a significant improvement in suicidality presented by the open cases as a result of the program.

Table 55. Change of suicidal risk levels between initial and most recent contacts

Risk Level	Initial Suicidal Risk Level	Most Recent Suicidal Risk Level
High	24 (14.55%)	9 (5.45%)
Moderate	25 (15.15%)	26 (15.76%)
Low	115 (69.70%)	129 (78.18%)
Early Dropout	1 (0.60%)	1 (0.61%)
Total	165	165

In FY 2018-19, the moderate violent risk and high violent risk groups decreased by half in percentages: 44.84% to 22.42% for moderate violent risk group and 10.30 % to 5.45% for high violent risk group. In general, open cases presented a reduction in violent risk levels in both fiscal years.

Table 56. Change of violent risk levels between initial and most recent contacts

Risk Level	Initial Violent Risk Level	Most Recent Violent Risk Level
High	17 (10.30%)	9 (5.45%)
Moderate	74 (44.85%)	37 (22.42%)
Low	72 (43.63%)	117 (70.91%)
Pending to Finalize Assessment*	1 (0.61%)	1 (0.61%)
Early Drop Out	1 (0.61%)	1 (0.61%)
Total	165	165

*Clinician cannot reach the client but is actively following on this case through contacts with other professionals.

START has years of partnership with various threat management teams in the Los Angeles Community College District (LACCD), the largest community college system in the nation. Through its partnership with the Los Angeles County Sheriff's Department and the LACCD, START has established protocol for managing threats in educational settings. The services include, but are not limited to, faculty consultation on threat management; close monitoring of potentially violent individuals; development of threat management plans and interventions specific to individuals; trainings extended to students and their families; and linkage to a wide range of community resources. Additionally, START participates in LAUSD's Threat Assessment Response Partners (TARP) collaborative, and the higher education Threat Assessment Regional Group Evaluation Team (TARGET) to provide on-going consultations and trainings on threat cases. START will continue with its mission to be the driving force in establishing a safe, healthy school environment in the County.

WORKFORCE EDUCATION AND TRAINING (WET)

WET Program Information and Outcomes

The Los Angeles County MHSA - WET Plan seeks to address the fundamental concepts of creating and supporting a workforce (both present and future) that is culturally competent, consumer/family driven, and 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.

A. Training and Technical Assistance: Public Mental Health Partnership (PMHP)

The mission of the University of California, Los Angeles (UCLA)-LACDMH PMHP is to implement exemplary training and technical assistance activities focused on vulnerable populations with serious mental illness in ways that build excellence in public mental health care across the County; and to do so in the context of a transparent, trusting partnership with LACDMH that generates benefits for both UCLA and public health communities. The PMHP is comprised of two sections focused on serious mental illness - the Initiative for Community Psychiatry (ICP) and the FSP Training and Implementation Program.

Table 57 - Number of Trainings Provided by UCLA in FY 2018-19

Training	Number Trained
FSP Training & Implementation Program: 873 total trained	
Coaching about best practices for FSP teams	15
FSP specific training	453
Workshops and capacity building	405
The Initiative for Community Psychiatry: 1,218 total trained	
Develop HOME team program components, requirements, policies and practices	14
Consultation and quality assurance	N/A
Comprehensive training	1,134
Develop system-level best practices	70
Training & Consultation on older adults ➢ Six consultants provided the following: - 43 hours of curriculum development - 12 Didactic Training - 4 CME Seminars - 6 MD Journal Club Seminars	

B. Navigator Skill Development Program

- Health Navigation Certification Training
  This program trains individuals employed as community workers, medical case works, substance abuse counselors, peer specialists, and their supervisors on knowledge and skills needed to assist consumers navigate and advocate in both the public health and mental health systems. During FY 2018-19, this training was offered to 40 participants.

- Family Health Navigation Certification Training
  This program trains staff working with family members of children served in the public mental health system to navigate and advocate medical concerns on behalf of their children's needs in both the public health and mental health systems. During FY 2018-19, this training was offered to 40 participants.

- Interpreter Training Program (ITP)
  ITP offers trainings for bilingual staff currently performing or interested in performing interpreter services and monolingual 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.

Table 58 - ITP Outcomes for FY 2018-19

Training	Number of Attendees
Advanced Interpreting Training in Mental Health Settings	11
Cross Cultural Communication and the Therapeutic Use of Interpreters	12
Increasing Armenian Mental Health Clinical Terminology	29
Increasing Korean Mental Health Clinical Terminology	23
Increasing Mandarin Mental Health Clinical Terminology	28
Increasing Spanish Mental Health Clinical Terminology	103
Introduction to Interpreting in Mental Health	42
Interpreting Program Totals	**248**

C. Learning Net System

LACDMH is developing an online registration system that manages both registration and payment for trainings and conferences coordinated by LACDMH. This system is being developed in multiple phases and projected to be completed FY 2020-21.

D. Charles R. Drew Affiliation Agreement - Pathways to Health Academy Program

This academic and internship program is for high school students in Service Area 6 interested in behavioral health careers including mental health. During FY 2018-19, 14 students participated, with 93% representing un- or under- served communities. Of these students, 57% spoke a second language.

E. Intensive Mental Health Recovery Specialist Training Program

This program prepares individual, mental health consumers and family members, with a minimum of 2 years of college credit, to work in the mental health field as psycho-social (recovery) rehabilitation specialists. This program is delivered in partnership with a mental health contractor and local community college. Successful completion of this program ensures that participants are qualified to apply for case management level career opportunities in the public mental health system.

During FY 2018-19, 45 individuals completed the training. Of these participants, 76% represented individuals from un- or under- served populations, and 51% spoke a second language, other than English.

This program is currently out for solicitation and anticipated to result in a new three-year agreement.

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

- Parent Partners Training Program
  This training program promotes knowledge and skills relevant to individuals interested in working as Parent Advocates/Parent Partners in the public mental health system servicing families and their children. It enhances resilience and wellness understandings increasing the availability of a workforce oriented to self-help, personal wellness and resilience grounded in parent advocate/parent partner empowerment. Lastly, the training program supports employment of parents and caregivers of children and youth consumers. During FY 2018-19, 259 parents were trained.

- Parent Partner Training Symposium
  The three-day symposium was held twice during the fiscal year and was attended by approximately 200 parent partners, each symposium. These training opportunities covered a wide range of topics including integrating care/co-occurring disorders; criminal justice issues; crisis intervention and support strategies; education; employment; homelessness; housing; inpatient/hospitalizations; LGBTQI issues; older adults; residential and group homes; suicide prevention, etc.

F. Continuum of Care Reform (CCR)

Assembly Bill (AB) 403, also known CCR, provides comprehensive transformation of the foster care system with the intent of achieving permanency planning for foster youth and their families. In particular, this legislation brings forth significant changes for group homes and respective providers that necessitate training for legislative compliance and provider readiness. To that end, LACDMH offered the following trainings and include topics subjects such as introduction to mental health, diagnosis/assessment and self-care:

1. Supervision of Vicarious Trauma of Clinicians Providing Trauma-Informed Care to Child Welfare Involved Children, Youth, and Families
   This training addresses, the psychological hazards associated with the provision of care to children, youth and families with trauma histories. It will specifically address the impact of various traumatization on clinicians as well as supervisors of clinicians who work with the complexly traumatized. The role of effective competency-based supervision implementation will be emphasized as a protective factor for clinicians and as a facilitative factor for treatment efficacy for clients. This training will have both a didactic and experiential emphasis. It will provide supervisors with current information in competency-based supervision and how this can be applied to clinicians involved in trauma-informed care. Vignettes will be used to promote application of content to the supervisory role. The experiential component of the workshop will help attendees identify ways to promote their own psychological resilience against vicarious trauma and promote a collective responsibility in supervisees for their own health and wellbeing within the context of trauma work. This training offers subsequent booster sessions to reinforce concepts learned. This training was delivered to 86 individuals.

2. Supervision of Clinicians Providing Trauma-Informed Care to Child Welfare Involved Children, Youth, and Families
   This 6-hour training will review the use of competency-based supervision as a methodology to ensure that the essential components of trauma-informed care are correctly implemented and monitored. Trauma-informed supervision has been demonstrated to be a significant protective factor in conjunction with support of trauma-informed self-care. Trauma-informed supervision refers to security, respect, and trust within the supervisory relationship. Knowledge, skills, and attitudes regarding trauma-

informed care, secondary trauma, the role of supervision within those, and positive self-care practices will be explored. This training will be highly experiential, focused on skills and attitudes with use of vignettes and role-play by the trainer and the participants. This training series includes one (1) didactic training session, and two (2) to three (3) subsequent phone booster sessions to reinforce concepts learned. This training was delivered to 78 individuals.

3. Integrating a Peer Support Program into Children and Youth Serving Systems
   This training is designed primarily to prepare supervisors, managers, and leaders in Short-Term Residential Therapeutic Programs (STRTP) to understand the philosophy and practice of Family Support interventions, CCR core values and outcomes. CCR strives to improve family support and permanent connections for youth through efforts to engage, reunify, or strengthen relationships with family members (e.g. caregivers and siblings) and natural supports as appropriate. Hiring youth and parents/caregivers with lived experience in children serving systems such as child welfare, probation, and STRTPs is essential to achieving family-driven, youth-guided care on the Pathway to Permanency. This training will review family finding techniques to assist with achieving permanency. This training will demonstrate how Youth Advocate and Parent Partner best practices can improve family outcomes and CCR reform effort by complementing clinical treatment and the Child and Family Team planning process. This training was delivered to 117 individuals.

4. Being in the Child Welfare System: A Youth Perspective
   CCR implementation has reshaped the culture of residential treatment. Once CCR is fully implemented, STRTP will be the “last resort” intervention aimed at ensuring the youth stay on a path to permanency. These changes are intended to better meet the needs of the youth involved with the child welfare system and to promote positive outcomes as they transition out of foster care. This training is aimed at ensuring that providers understand the youth’s perspective of being in this system of care. With this understanding, the providers can be better positioned to provide trauma-informed interventions and support. This training will provide an overview and history of child welfare and residential placement, review of possible etiology and context for explaining common behaviors, how to address the needs of the youth from the youth’s perspective, and integrating trauma-informed care principles into supporting the youth on their path to permanency. This training was delivered to 214 individuals.

5. Child and Adolescent Needs and Strengths (CANS) - Overview
   This 6-hour training is designed to provide LACDMH, Los Angeles County Department of Child and Family Services (DCFS), Los Angeles County Probation Department, and Contracted Provider staff with an overview of Transformational Collaborative Outcomes Management (TCOM) and the California Integrated Practice-CANS assessment. TCOM is a framework for managing the business of personal change, and CA IP-CANS is a collaboratively completed measure of youth and family needs and strengths developed to support level of care and intervention planning for child welfare-involved youth. TCOM’s overall framework, key concepts and how its multilevel approach directly benefits children and families will be presented. Participants will learn how CANS facilitates the linkage between the child/adolescent assessment process and the design of individualized service plans. The principles and best practices in using CA IP-CANS as TCOM’s assessment strategy to monitor outcomes and inform care plans for child welfare-involved youth will also be addressed. Using mock vignettes and small group activities, this interactive training session will prepare users for the CANS on-line certification test and use of the CA IP-CANS. This training was delivered to 318 individuals.

6. CANS - Training of Trainers
   This training is designed for LACDMH, DCFS, Probation, and Contract Providers who, following the successful completion of the CA IP-CANS Overview training, wish to provide classroom-based training as well as coaching on the CA IP-CANS to staff within their own organizations. TCOM is a framework for managing the business of personal change, and CA IP-CANS is a collaboratively completed measure of youth and family strengths developed specifically for child welfare-involved youth. Participants will be presented a standard TCOM and CANS training curricula. Key concepts and skills will be practiced through small group discussions, exercises and activities. At the end of the training and once all criteria noted above is met, trainers will be provided access to the certified trainer site on CANStraining.com. Additionally, the standard CANS/TCOM curriculum and other materials used during the training will be available to support certification in the use of the CANS. This training was delivered to 158 individuals.

7. CANS - TCOM for Thought Leaders
   This training is designed for supervisors and managers from LACDMH, DCFS, Probation, and Contract Providers (STRTP and FFA) who are interested in learning about TCOM as a framework for managing the business of personal change. Shifting from managing services (time spent) to managing transformations (helping people change their lives in some important way) is the fundamental objective of TCOM, accomplished through the use of collaborative process. TCOM underlies the California Integrated Practice-CANS (CA IP-CANS) assessment, a collaboratively completed measure of youth and family strengths and needs developed specifically for child welfare-involved youth. The training will present how CA IP-CANS and TCOM facilitate the monitoring of clinical and functional outcomes. An overview of the TCOM framework and the benefits of using TCOM as a business model to meet internal and external demands will also be presented. This training was delivered to 128 individuals.

8. Permanency Values and Skills for Child, Welfare, Probation, and Mental Health Professionals
   Every child needs a “no matter what” family for a lifetime. This includes children with special needs, sibling groups, older adolescents and children across all backgrounds and cultures. Adolescents need lifetime families, skills for successful adulthood and resources to support their safety and well-being. One of the core values of the CCR is permanency. This training supports the goal of permanency for children and youth involved in the child welfare system. Training discussions include understanding the value of taking a “both/and” approach when working with children and youth as well as learning skills and strategies that support achieving a “no matter what” family for every child. Case-based practice interventions are embedded to enhance the application of trauma-responsive, team-based 5-step approach. The training will also provide tools for addressing and working with youth who say “no” to permanency. Lastly, participants are provided strategies to support the achievement of permanency for Child Welfare involved children and youth including those stepping down from residential settings. This training was delivered to 62 individuals.

G. Financial Incentive Programs

- Mental Health Psychiatrist Student Loan Repayment Incentive
  LACDMH offers a financial incentive towards the outstanding balance of student loans for full-time Mental Health Psychiatrists and Supervising Mental Health Psychiatrists who have completed one-year of continuous service at LACDMH and have active, unpaid,

graduate, or medical, student loans. Eligible psychiatrists who have not participated in or have received funds from the Mental Health Psychiatrist Recruitment Incentive program, will receive a maximum annual amount of up to $50,000 for a period of five years which equates to a lifetime total of $250,000. During FY 2018-19, 17 mental health psychiatrists where awarded. Of these awardees, 13 (76%) identified as representing ethnic minorities and 7 (41%) spoke a second language.

- Mental Health Psychiatrist Recruitment Incentive Program
  This program targets recruitment of potential Mental Health Psychiatrist for employment in the public mental health system. For eligible full-time Mental Health Psychiatrists and Supervising Mental Health Psychiatrists who have completed one year of continuous service in LACDMH and who have not participated in or received funds from the Student Loan Repayment Incentive program, a one-time award of $50,000 will be granted consisting of $25,000 upon completion of the first year of continuous service at LACDMH, and an additional payment of $25,000 upon completion of the second year of continuous service. During FY 2018-19, one individual was recruited and awarded.

- Mental Health Psychiatrist Relocation Expense Reimbursement
  Available to full-time, newly hired Mental Health Psychiatrists or Supervising Mental Health Psychiatrists who have been recruited by LACDMH. The maximum reimbursement amount for eligible relocation expenses is $15,000. If the employee leaves LACDMH within one-year from employment start date, the full reimbursement amount must be repaid. During FY 2018-19, 2 individuals were awarded, with 100% representing under- or un- served communities and one (50%) speaking a second language.

- Stipend Program for MSWs, MFTs, and Psychiatric Nurse
  LACDMH provides second-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 2018-19 this program awarded stipends to 4 Nurse Practitioner, 70 MFT and 70 MSW students. During this award cycle, all stipends were awarded. During this cycle, 82% of recipients identified from populations recognized as un- or under- served. Likewise, 71% spoke a threshold language. In addition to the stipends, 6 post-doctoral fellows were also funded as part of the Department's Psychology Post-Doctoral Fellowship Program.

INNOVATION (INN)

INN Program Information and Outcomes

A. INN 2: Community Capacity Building to Prevent and Address Trauma

This project centers on building the capacity of the community to identify and support community members at risk of trauma or experiencing trauma. The project aims to utilize the assets of the community to test strategies that allow local communities to work together in ways that will ultimately lead to better mental health and reductions in trauma, through the building of shared community values, leadership development and community member empowerment.

Through a solicitation process 10 lead agencies, 2 in each County Supervisorial District, were identified to establish community partnerships in geographically-defined communities. The identified communities are those with a concentration of inequalities, including disproportionate levels of poverty, high concentrations of unserved and underserved individuals and poor health and well-being outcomes, including educational and unemployment inequities. Each selected organization and their community partners identified specific strategies from the menu below, based on their community's interests. Beyond the implementation of selected strategies, each community partnership is responsible for building the capacity of the specific communities to work collectively toward supporting community identification and reduction of trauma, as outlined in the solicitation.

Strategies include:

- Building Trauma Resilient Families targeting children ages birth to five and their caregivers who have experienced trauma and/or are at risk for trauma. Activities include assessing and educating families and young children for exposure to Adverse Childhood Experiences (ACES).
- Trauma-Informed Psycho-education and Support for School Communities Training/workshops on recognizing behaviors and symptoms of stress and trauma in children provided to early care/education and school personnel and community mentors who work with children ages 0-15. The workshops would teach simple trauma-informed coping techniques that can be implemented within early care/education and school settings to reduce stress experienced by children.
- Outreach and engagement to TAY (ages 16-25) and TAY peer support groups to outreach and engage TAY who are at risk of or experiencing trauma as a result of homelessness.
- Coordinated employment within a community. Through a standardized employment assessment tool, a network of businesses within a specific community will be created that will provide coordinated job opportunities to individuals who are mentally ill and homeless/formally homeless. Job opportunities will be sought out in the competitive employment market and through the development of social enterprises within the neighborhood.
- Community Integration for individuals with a mental illness with recent incarcerations or who were diverted from the criminal justice system. A community response involving the creation of a consortium of law enforcement, the courts and community agencies designed to reduce re-incarcerations.
- Geriatric Empowerment Model designed to outreach, engage and house homeless older adults.

- Culturally competent non-traditional self-help activities for families with multiple generations experiencing trauma, including engagement, intergenerational story- telling and intergenerational mentorship programs.

Since the implementation of the INN 2 project, there have been a two-day kick off and five Learning sessions, attended by INN 2 lead agencies, community partners and community members, filled with brilliant and informative keynote speakers, along with INN 2 partner presentations. The INN Team has attended, called-in and/or reviewed the minutes from over 250 community partner, provider and TAY network meetings.

With the two-day kick-off event on September 17 and 18, 2018, the agencies worked diligently through the end of the calendar year to complete hiring, attend and/or implement Initial trainings, build partnerships within their communities, establish community partner sub-contract agreements when applicable, develop screening tools and begin to implement their proposed programs. In the first fiscal year of the project, the innovation team provided in excess of 25 trainings solely for INN 2 providers and their community partners/members. There were 51 people hired across the INN 2 projects, 27 subcontract agreements approved, 166 provider trainings provided, 291 INN 2 events, 79 outreach efforts, touching 1,000+ TAY and families, 85 different activities delivered and over 100 community focus groups/meetings conducted.

The inception of the events tracker, and data entered from July 1, 2019 forward, has made the process of tracking events, activities, meetings, trainings and outreach in real time much more accessible. There have been 132 “activities” with 792 participants, 233 “events” attended by 7,896 people, 109 trainings delivered by providers to community partners, communities, etc., educating 2,164 individuals in a number of topics as they relate to trauma. The providers continue to expand their community capacity and to reach out to engage and include new members of the community, since July there have been 239 “community partner and TAY network meetings”, informing 3,496 community partners and members. Lastly, for those projects including a component of “outreach”, there have been 249 outreach events in the past six months, reaching 7,076 individuals.

- Outcome data being collected and any analysis of impact to date
  There are currently 351 partners enrolled who are attached to specific INN 2 projects, with at 80.3% average completion rate of the partnership outcomes. The partner outcomes include the Wilder Collaboration, the Social Network Survey and the Trauma-Informed Partnership Self-Assessment. There are 888 participants enrolled in the iHOMs system set up by the University of California at San Diego evaluation team. The partnership measures being used are the Brief COPE, CD-RISC, ICS and the ARCTIC, at this time with a completion rate of 60%. It should be taken into consideration these outcomes were recently implemented and providers are continuing to collect and enter baseline data across the 3 selected outcome measures, as well as the ARCTIC for Strategy 2. This project is innovative in nature and capturing the intended data during education, events and outreach is not always optimal for a baseline and ongoing collection of measures. We continue to learn and investigate the best manner to go about collecting data to support the intended outcomes of this project.

COUNTY OF LOS ANGELES MHSA INNOVATION 2 PROGRAM

AGGREGATE PARTICIPANT BASELINE OUTCOMES REPORT

Introduction

The overall goal of the Mental Health Services Act (MHSA) – funded Innovations 2 (INN 2) Program is to introduce new strategies with the primary goal of learning and exploring creative and asset-based community capacity building approaches that can be applied to developing trauma resilient communities.

To achieve the goal of building community capacity through the INN 2 program, lead agencies and their community partners will implement one or more of seven (7) strategies, organized by age or targeted populations, as well as intergenerational strategies, each focusing on innovative outreach and community empowerment. The strategies are listed below.

- Building Trauma-Resilient Families
- Trauma-Informed Psycho-Education and Support for School Communities
- Transitional Age Youth (TAY) Support Network
- Coordinated Empowerment within a Community
- Community Integration for Individuals with a Mental Illness and Recent Incarcerations or Diverted from the Justice System
- Geriatric Empowerment Model (GEM)
- Culturally Competent Activities for Multigenerational Families Experiencing Trauma

Learning Sessions: What Have We Learned?

Learning Session 1

- What trauma informed communities means in capacity building through keynote speaker Amy Lansing.
- Panel of INN1 providers sharing their experience.
- Identified top goals: Building the partnership/coalition, Developing a strategic planning process, Developing and implementing a needs assessment, and Engaging the community with public-facing events.

Learning Session 2

- Topics related to mental health: Education, Prevention, Intervention, and Resilience.

Learning Session 3

- What we have learned from others partaking in the same strategy through sharing goals and visions with one another and how to apply and modify recommendations for back home.

Learning Session 4

- How to administer participant measures.
- How to interpret data to shape partnership goals.

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Evaluation

The INN 2 learning questions are intricate and have many levels. Answering them will require integration of robust data from different sources. Learning from both qualitative and quantitative sources will be required to document which strategies are successful at increasing community awareness of trauma and its ability to support community members who have experienced trauma or are at risk of experiencing trauma. It is important to note that the evaluation approach is a plan, which will evolve and grow in parallel with INN 2.

Collecting data and measuring results help ensure that partnership activities and implementation plans remain aligned with the INN 2 goals and vision. Further, collaborating with partnerships will improve our understanding and interpretations of the impact of INN 2 on communities.

Measures

The measurement approach for INN 2 focuses on implementing tools and outcome measures that support continuous learning and real time feedback loops. This approach focuses at two levels of the project:

1. Measurement of the partnerships, to document changes in the strength, capacity, and structure of each partnership.
2. The efficacy, or impact, of capacity building strategies on INN 2 participants.

Measures were selected to provide meaningful and actionable information for both partners and LACDMH (Los Angeles County Department of Mental Health), and to compliment the qualitative approach. All capacity building strategies share the goals of improving participants' resilience and protective factors, such as coping skills and connectedness with the community, as well as increasing access to needed services and supports. This report focuses on the 3 outcome measures completed by INN 2 participants to learn about their perceptions of their resilience, coping skills, and connection with the community.

Measurements for Participant Outcomes

- The COPE Inventory (Brief Version)
- Conner-Davidson Resilience Scale (CD-RISC-10)
- Inclusion of Community in Self (ICS) Scale

Measurements for Partnership Building

- The Wilder Collaboration Factors Inventory
- The Social Network Survey
- Self-Assessment for Trauma-Informed Care

Inclusion of Community in Self (ICS) Scale

The ICS scale is a single-item pictorial measure designed to understand one's perception of connectedness with the community. In the measure, participants are asked to choose between a series of images where one circle represents themselves and the other circle represents the community at large. In using this measure, we hope to see a growth in individual's social connectedness over time.

It is important to note that the definition of the term "community at large" is purposely left undefined so the participant is able to reflect on their own unique community, wherever and whatever it may be.

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Aggregate ICS Scale

n = 460

Participants were asked to select the figure that best described their relationship with the community at large. In the figure below, the blue circle represents the participant, while the orange circle represents the participant's community at large.

1	2	3	4	5	6
					
8.5%	15.2%	20.9%	19.8%	17.4%	18.3%

Discussion: The average score for participants at baseline was 3.77, with 41% of participants in the 3 to 4 range, demonstrating some sense of interconnectedness within the community on average. There is an even distribution of responses across most of the scale, indicating that, at baseline, some participants feel more connected than others. Less than 10% of participants felt disconnected from their community. These results highlight an interesting pattern and we hope to see participants report higher levels of connectedness through participation in INN 2.

Average Score:
3.77

Connor-Davidson Resilience Scale (CD-RISC 10)

The CD-RISC is a 10-item self-reported measure of the personal qualities that enable an individual to thrive when challenged by adversity, otherwise known as resiliency.

Resilience may be viewed as a measure of successful stress coping ability, which varies with time and context. This measure is based on the resiliency model which suggests that internal and external stressors are ever-present and one's ability to cope with these events is influenced by both the successful and unsuccessful adaptations to previous disruptions. As time goes on, we hope to see resilience build among INN 2 participants.

Interpretation of CD-RISC 10 Assessment

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0	1	2	3	4
Not True at all	Rarely True	Sometimes True	Often True	True nearly all the time

Aggregate CD-RISC 10

n = 301

Statements	Average Score
I am able to adapt when changes occur.	3.05
I can deal with whatever comes my way.	2.95
I try to see the humorous side of things when faced with problems.	2.75
Having to cope with stress can make me stronger.	2.88
I tend to bounce back after illness, injury, or other hardships.	3.11
I believe I can achieve my goals, even if there are obstacles.	3.15
Under pressure, I stay focused and think clearly.	2.78
I am not easily discouraged by failure.	2.67
I think of myself as a strong person when dealing with life's challenges and difficulties.	3.10
I am able to handle unpleasant or painful feelings like sadness, fear, and anger.	2.88

LA INN 2 & Other Populations: Average CD RISC 10 Scores

Sample	LA INN 2 Participants	USA General Population*	USA Veterans with PTSD*
Average Scores	29.0/40	32.1/40	23.6/40

*USA General Population: Davidson (2003); *USA Veterans with PTSD: Wingo et al., (2017)

Discussion

The average score for all INN 2 participants at baseline was 29 out of a possible score of 40, with higher scores indicating greater resiliency. The average item level scores ranged from 2.67 or "sometimes true" to 3.15 or "often true". Compared to a US random national sample, INN 2 participants at baseline scored 3 points lower on average, which is to be expected within populations that have experienced trauma. We hope participants feel more resilient through participation in the INN 2 programs, as reflected by an increase in average scores.

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Brief COPE Inventory

The Brief COPE Inventory is a 28-item multidimensional self-report measure to assess a broad range of coping responses. Like many measures of coping, the Brief COPE Inventory is based on the transactional model of stress and coping, in which coping is viewed as a cognitive transaction between individual, environment, and/or context. Participants were asked to indicate their response to certain scenarios using the following scale:

1	2	3	4
I usually don't do this at all	I usually do this a little bit	I usually do this a medium amount	I usually do this a lot

Scores are presented for two overarching coping styles, **avoidant coping** and **approach coping**. Avoidant coping can be linked with poorer physical health and is shown to be less effective at managing anxiety. Approach coping is associated with more helpful responses to adversity, including adaptive practical adjustment, better physical health outcome, and more stable emotional responding. Scoring across the subscales helps identify the use of avoidant and approach coping mechanisms.

Avoidant Coping

- Self-Distraction
- Venting of Emotions
- Behavioral Disengagement
- Denial
- Substance Use
- Self-Blame

Approach Coping

- Positive Reframing
- Use of Instrumental Social Support
- Acceptance
- Use of Emotional Social Support
- Active Coping
- Planning

Other

- Humor *
- Religious Coping *

*Humor and Religious Coping are neither associated with approach nor avoidance coping.

Average Avoidant Coping Score

(n = 293)

24.0/48

Average Approach Coping Score

(n = 285)

35.0/48

Results Summary

From these results we can see that on average INN 2 participants presented more of an **approach coping** style at baseline.

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Aggregate Brief COPE Inventory

Statements	Average Score
I've been turning to work or other activities to take my mind off of things.	2.97
I've been concentrating my efforts on doing something about the situation I'm in.	3.15
I've been saying to myself "this isn't real."	2.11
I've been using alcohol or other drugs to make myself feel better.	1.36
I've been getting emotional support from others.	2.62
I've been giving up trying to deal with it.	1.73
I've been taking action to try to make the situation better.	3.24
I've been refusing to believe that it has happened.	1.81
I've been saying things to let my unpleasant feelings escape.	2.05
I've been getting help and advice from other people.	2.79
I've been using alcohol or other drugs to help me get through it.	1.36
I've been trying to see it in a different light, to make it seem more positive.	2.91
I've been criticizing myself.	2.11
I've been trying to come up with a strategy about what to do.	2.97

Statements	Average Score
I've been getting comfort and understanding from someone.	2.79
I've been giving up the attempt to cope.	1.83
I've been looking for something good in what is happening.	3.14
I've been making jokes about it.	2.29
I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.	2.74
I've been accepting the reality of the fact that it has happened.	3.03
I've been expressing my negative feelings.	2.38
I've been trying to find comfort in my religion or spritual beliefs.	2.82
I've been trying to get advice or help from other people about what to do.	2.79
I've been learning to live with it.	2.96
I've been thinking hard about what steps to take.	3.17
I've been blaming myself for things that happened.	2.14
I've been praying or meditating.	2.95
I've been making fun of the situation.	2.23

Discussion

From these results we can see that at baseline, INN 2 participants perceive that they use more approach coping skills than avoidant coping skills when they confront difficult or stressful events in their lives. At the item level, the average approach item score was a 3, or that they exhibit that behavior "a medium amount". By comparison, participants scored an average of 24 out of 48 on the avoidant coping scale. At the item level, the average avoidant item score was a 2, or that they exhibit that behavior "a little bit". Emotional avoidance is a common reaction to trauma. Although the baseline score for approach coping is fairly high at baseline, we anticipate changes to avoidant coping scores through participation in the INN 2 programs as participants learn more about the impact of trauma and engage with resources and support services within the community.

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Linkage Tracker

The purpose of the linkage tracker is to track referrals and successful linkages to resources and/or support services within the community. Below you can find the total number of referrals made by INN 2 programs, as well as if those referrals were successfully linked. Furthermore, you will find the top 5 referral resources or services across all INN 2 programs.

Total Referrals: 831

Agency provided a participant with information about specific resources and/ or support services to enable or empower the participant to obtain support independently.

Total Linkages: 656

Participant shared that they connected with resource and/or service provided by agency staff.

Linkage Not Made: 19

Participant did NOT connect with resource and/or service provided by agency staff.

Referred: 156

Agency provided a referral for a specific resource and/or service but the participant has not connected yet or has not shared that they connected with referred support.

Top 5	Type of Resource or Service	Total Referrals	Total Linked
1	Healthcare	95	77
2	Housing	84	64
3	Clothing	72	72
4	Legal Support	67	39
5	Transportation	63	63

Discussion: Overall, there have been 831 referrals provided to INN 2 participants, with 656 (79%) successful linkages. From this information we can see that referrals for healthcare services was the most frequently referred resource, with 95 total referrals. Referring participants to obtain clothing resources and transportation services resulted in 100% successful linkages. Referrals that require more steps to become successfully linked, such as obtaining legal support services, may call for more follow-ups by the programs to increase linkage percentages.

Event Tracker

The total amount of events tracked for all INN 2 programs is **1,394 events**. The table below provides information on the top 5 event categories across all INN 2 programs.

Top Event Categories

Top 5 Categories	Type	Number of Events	Overall Number of Attendees
1	Community Outreach	411	113,373
2	Community Event	224	14,256
3	Partnership Meeting	224	3,350
4	Partner Event	90	2,691
5	School/Early Childhood Education (ECE) Engagement	79	2,541

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AGGREGATE PARTNERSHIP OUTCOMES REPORT

Introduction

The overall goal of the Mental Health Services Act (MHSA)-funded Innovation 2 (INN 2) Program is to introduce new strategies with the primary goal of learning and exploring creative and asset-based community capacity building approaches that can be applied to developing trauma resilient communities.

To achieve the goal of building community capacity through the INN 2 program, lead agencies and their community partners will implement one or more of seven (7) strategies, organized by age of targeted populations, as well as intergenerational strategies, each focusing on innovative outreach and community empowerment. The strategies are listed below.

- Building Trauma-Resilient Families
- Trauma-Informed Psycho-Education and Support for School Communities
- Transition Age Youth (TAY) Support Network
- Coordinated Employment within a Community
- Community Integration for Individuals with a Mental Illness and Recent Incarcerations or Diverted from the Justice System
- Geriatric Empowerment Model (GEM)
- Culturally Competent Activities for Multigenerational Families Experiencing Trauma

Learning Sessions: What Have We Learned

Learning Session 1:

- What trauma informed communities mean in capacity building through key note speaker Amy Lansing.
- Panel of INN 1 providers sharing their experience.
- Identified top goals: Building the partnership/coalition, Developing a strategic planning process, Developing and implementing a needs assessment, and engaging the community with public-facing events.

Learning Session 2:

- As these topics relate to mental health:
  - Education
  - Prevention
  - Intervention
  - Resilience

Learning Session 3:

- What we have learned from others partaking in the same strategy through sharing goals and visions with one another and how to apply and modify recommendations for back home.

Evaluation

The INN 2 learning questions are intricate and have many levels. Answering them will require integration of robust data from different sources. Learning from both qualitative and quantitative sources will be required to document which strategies are successful at increasing community awareness of trauma and its ability to support community members who have experienced trauma or are at risk of experiencing trauma. It is important to note that the evaluation approach is a plan, which will evolve and grow in parallel with INN 2.

Collecting data and measuring results help ensure that partnership activities and implementation plans remain aligned with the goals and vision. Further, collaborating with partnerships will improve our understanding and interpretations about the impact of INN 2 on communities.

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MEASURES

The measurement approach for INN 2 focuses on implementing tools and outcome measures that support continuous learning and real time feedback loops. This approach focuses at two levels of the project:

1. Measurement of the partnerships, to document changes in the strength, capacity and structure of each partnership.
2. The efficacy, or impact, of capacity building strategies on INN 2 participants.

Measures were selected to provide meaningful and actionable information for both partners and LA County Department of Mental Health (LACDMH), and to complement the qualitative approach. Outcome measures: While all capacity-building strategies share the goals of improving participants' knowledge, access to needed services and supports, each strategy also has outcomes and goals which are specific for their target populations and communities. These are often referred to as strategy-specific outcomes.

Measurements for Strategy Outcomes

- The Cope Inventory (Brief Version)
- Conner-Davidson Resilience Scale (CD-RISC-10)
- Inclusion of Community is Self (ICS) Scale

Measurements for Partnership Building

- The Wilder Collaboration Factors Inventory
- The Social Network Survey
- Self-Assessment for Trauma-Informed Care

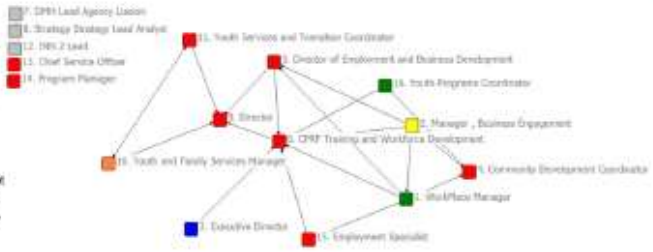
Social Network Analysis

Science to understand the structure, interactions, and relationship among individuals within a network. Below *is an example* social network map. Each partnership will receive their individual full network maps.

Results

INTERPRETATION TIPS

- **Colors:** Different organizations in the partnership.
- **Roles:** Any individuals who did not specify their role for INN 2 are identified by their organization name instead.
- **Key players:** Who has the most arrows pointed at them? Who connects the lead agency with other organizations in the network map?
- **Who is on the periphery of the network, or not included on the map?:** This could mean they did not complete the survey OR it could mean they were not nominated by anyone in the network (i.e. not a "core" part of the collaborative network).
- **The number labels are participant ID:** IDs can be linked to names using roster on the next page; Some individuals completed the Social Network Survey, but did not identify a top-5.



Example Interpretation

As you can see from the figure to the left, the map is relatively small but the key players are part of the agency and are starting to branch out.

Wilder Report

The Wilder report is a 44 item inventory designed to measure twenty two factors that influence the success of collaboration. The wilder factor are grouped into six categories.

The next page will display the current results for the Wilder report by factor as of the August data collection and provide a comparison to baseline scores. The scale to the right indicates the interpretation of the results. This tool measures a variety of factors that influence the success of collaboration. Reflecting on a partnership's scores every six months allows for an opportunity to notice changes in the strength of the partnership over time and to assist future progress and growth.

Wilder Score Interpretation

5	4	3	2	1

Scores of 4.0 to 5.0 - strengths to leverage
Scores of 3.0 to 3.9 - opportunity for growth & deserves discussion
Scores of 2.9 or lower - concern that should be addressed

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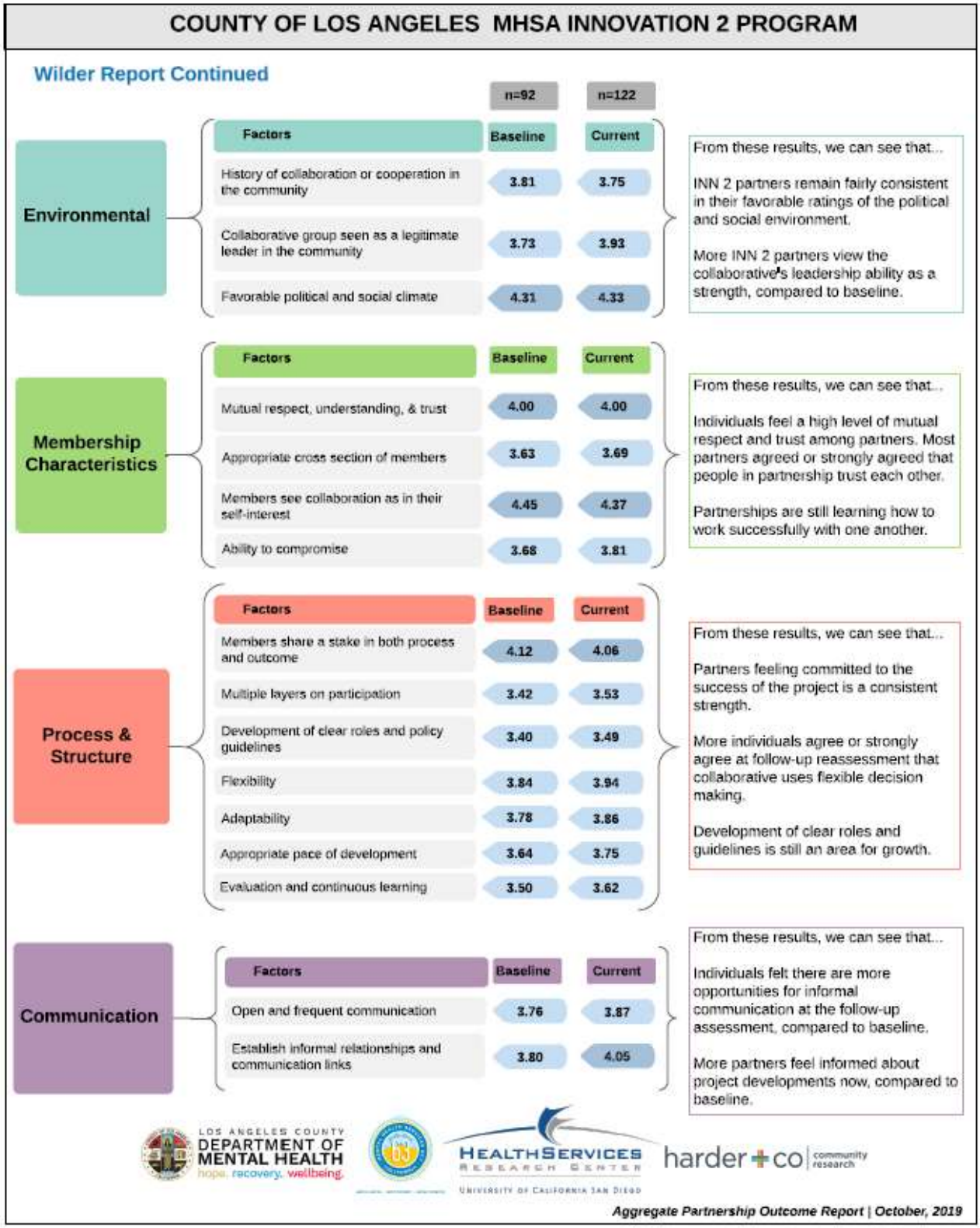
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Wilder Report Continued
n=92
n=122
Environmental
Factors
Baseline
Current
History of collaboration or cooperation in the community
3.81
3.75
Collaborative group seen as a legitimate leader in the community
3.73
3.93
Favorable political and social climate
4.31
4.33
From these results, we can see that...
INN 2 partners remain fairly consistent in their favorable ratings of the political and social environment.
More INN 2 partners view the collaborative's leadership ability as a strength, compared to baseline.
Membership Characteristics
Factors
Baseline
Current
Mutual respect, understanding, & trust
4.00
4.00
Appropriate cross section of members
3.63
3.69
Members see collaboration as in their self-interest
4.45
4.37
Ability to compromise
3.68
3.81
From these results, we can see that...
Individuals feel a high level of mutual respect and trust among partners. Most partners agreed or strongly agreed that people in partnership trust each other.
Partnerships are still learning how to work successfully with one another.
Process & Structure
Factors
Baseline
Current
Members share a stake in both process and outcome
4.12
4.06
Multiple layers on participation
3.42
3.53
Development of clear roles and policy guidelines
3.40
3.49
Flexibility
3.84
3.94
Adaptability
3.78
3.86
Appropriate pace of development
3.64
3.75
Evaluation and continuous learning
3.50
3.62
From these results, we can see that...
Partners feeling committed to the success of the project is a consistent strength.
More individuals agree or strongly agree at follow-up reassessment that collaborative uses flexible decision making.
Development of clear roles and guidelines is still an area for growth.
Communication
Factors
Baseline
Current
Open and frequent communication
3.76
3.87
Establish informal relationships and communication links
3.80
4.05
From these results, we can see that...
Individuals felt there are more opportunities for informal communication at the follow-up assessment, compared to baseline.
More partners feel informed about project developments now, compared to baseline.
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Purpose

Factors	Baseline	Current
Concrete, attainable goals and objectives	3.74	3.97
Shared vision	4.01	4.10
Unique purpose	3.93	4.00

From these results, we can see that...

More individuals feel a shared vision with partners at current follow-up assessment than at baseline.

The greatest change was observed in partners' ratings of having clear and attainable goals.

Resources

Factors	Baseline	Current
Sufficient funds, staff, materials, and time	3.35	3.59
Skilled Leadership	4.10	4.11
Engaged stakeholders	3.66	3.75

From these results, we can see that...

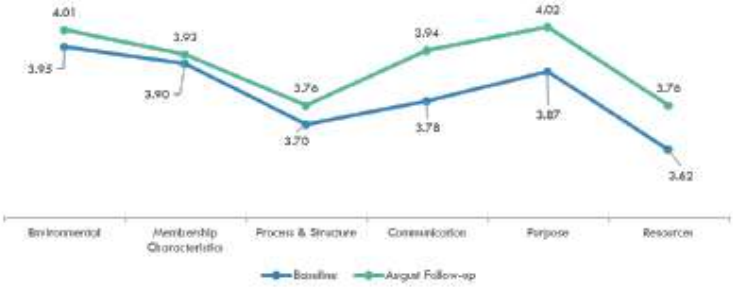
Leadership within the partnerships is a consistent strength (as suggested by the high average factor score).

Staffing and funds are still rated lower, on average, at follow-up.

Results Summary

As we can see from the aggregate data, the year has shown positive trends with scores around "4" or higher which is what we expect to see at this point in time. INN 2 partners, on average, perceive skilled leadership and a favorable political and social climate for change as strengths of the partnership. Individuals also rated Membership Characteristics highly and feel that there is a sufficient level of mutual respect and trust among its members, along with the benefit of collaborating together. The greatest change was observed in partners' rating of feeling as there are more opportunities for informal communication. Development of clear roles and guidelines is still an area for growth among the INN 2 partners, which may improve naturally with time.

The graph below shows the data for results by category.



Results by Category

On average, follow-up scores on the Wilder across all nine INN 2 partnerships are just below or around "4" for all collaboration categories. This is expected at this phase of implementation, as partnerships are currently at very different stages of planning and relationship building. At follow-up, there was an increase in the number of partners who participated in the current Wilder assessment, along with an increase in average scores for all categories over the past six month. Communication and Purpose showed the greatest change, while Environment and Membership Characteristics remained fairly stable. Even though Resource and Process & Structure are still the lowest, progress was made in these areas and these categories may require more time.

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Trauma-Informed Partnership (TIP) Self-Assessment

The Trauma-Informed Partnership Self Assessment was completed by partners for the first time in August & September and is intended as a tool to help organizations assess their knowledge of trauma-informed culture within their partnership.

Individuals are asked to consider how much they agree that the partnership incorporates each practice. Individuals are not evaluating their individual performance or knowledge, but rather, the practices of the partnership as a whole.

Interpretation of the Trauma Self-Assessment

Question 1
What does the word Trauma mean to you?

- Theme 1: Trauma can be one event or an ongoing series of events
- Theme 2: The effects of trauma are long-lasting

Question 2
How would you describe trauma when talking to someone in the community?

- Theme 1: Past experience that may be currently impacting person's life negatively
- Theme 2: Describe trauma in a way to educate the community and offer helpful resources

Question 3
What do you think a trauma-informed community will look like?

- Theme 1: Community should be aware of what people are facing
- Theme 2: Establishing emotional and physical safety for community members and cultivating hopefulness for a bright future

Question 4
What are necessary practices that your partnership can use to support/empower a community to become trauma-informed?

- Theme 1: Constant community engagement is essential for empowering the community
- Theme 2: Activities within the lead agency itself can also empower the community

Question 5
What types of training have you received so far that you believe fall under 'Trauma-informed' training or professional development?

Theme 1 - Theme 5

- Trainings focused on specific populations
- Training focused on specific health needs
- Trainings focused on cultural competency
- Evidence-based
- Community Focused

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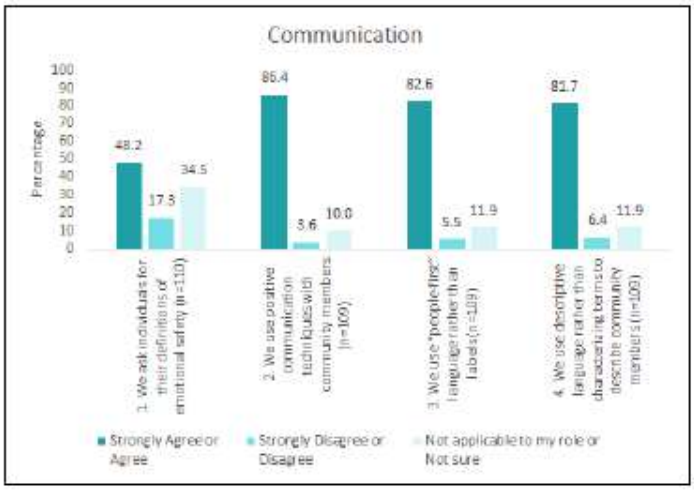
Trauma-Informed Partnership (TIP) Self-Assessment Continued

Below are the baseline results for the TIP Self-Assessment for communication, cultural competency, and training domains. Items in these domains were scored using the following scale: Strongly Agree; Agree; Disagree; Strongly Disagree; Not Applicable to Role; Not Sure.

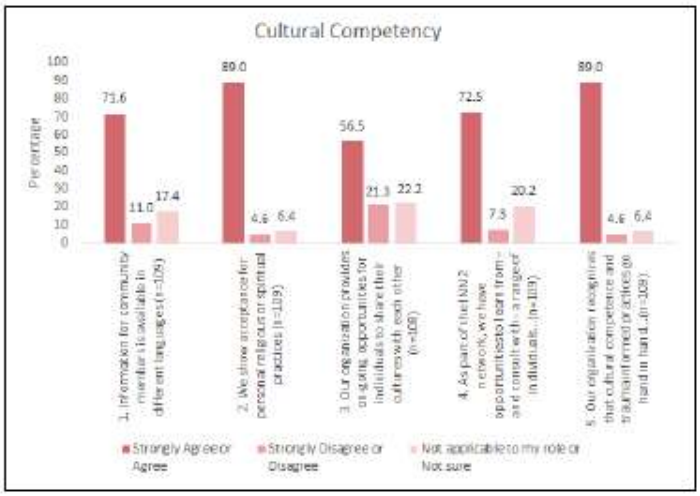
Communication



From these results, we can see that…

Overall, over 80% of partners felt that they use positive communication techniques with community members, use "people-first" language rather than labels, and use descriptive language rather than characterizing terms to describe community members.

Cultural Competency



From these results, we can see that…

Overall, nearly 90% of partners agreed that their organization shows acceptance for personal religious or spiritual practices. There was also strong agreement among partners that cultural competence and trauma informed practices go hand in hand, and that they work to be sensitive to systemic and/or institutional biases that can be re-traumatizing and triggering. The area that has room for most improvement is for organizations to provide on-going opportunities for individuals to share their cultures with each other.

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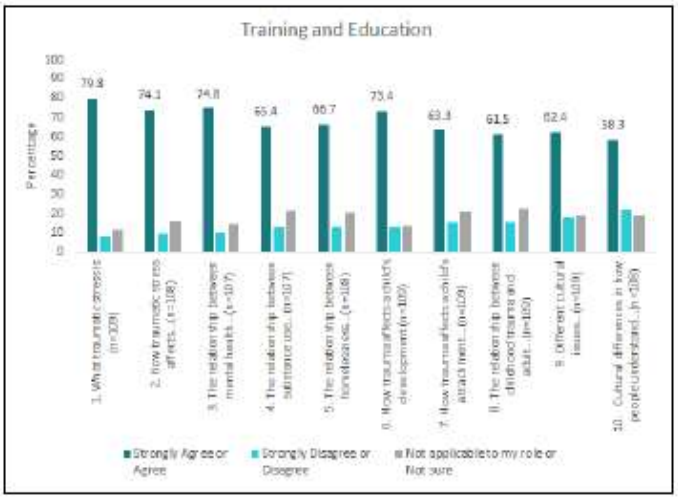
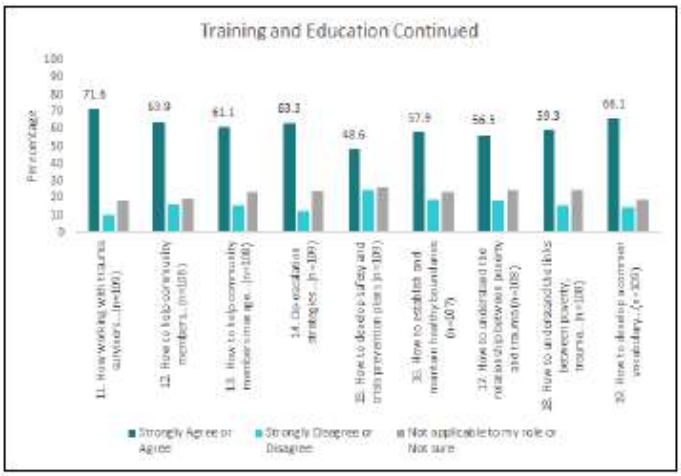
COUNTY OF LOS ANGELES MHSA INNOVATION 2 PROGRAM

Trauma-Informed Partnership (TIP) Self-Assessment Continued



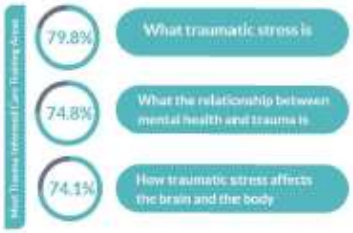


Overall, **74%** of partners reported participating in a trauma-informed care training as part of their role for INN2.

of partners reported participating in a trauma-informed care training as part of their role for INN2.

From the results presented to the left on specific trainings, we can see that...

On average, the areas that partners felt they received most trauma-informed care training on was **what traumatic stress is** (79.8%), **what the relationship between mental health and trauma is** (74.8%) and **how traumatic stress affects the brain and body** (74.1%).



Conversely, the areas that partners felt that they received the least amount of training on was **how to develop safety and crisis prevention plans** (24.8%), **how to establish and maintain healthy boundaries** (18.7%) and **how to understand the relationship between poverty and trauma** (18.5%).

Results Summary: Overall, partnerships show several strengths at baseline for communication and cultural competency. Notable strengths included use of positive communication techniques, acceptance for personal religious or spiritual practices, and understanding that cultural competence and trauma informed practices go hand in hand. Training and education shows both strengths and areas to improve, as would be expected with this category at this time in the initiative. Overall, the majority of INN 2 partners reported participating in trauma-informed care trainings, with training on what trauma-informed care is being an area of strength for INN 2 partners. Trainings on how to develop safety and crisis prevention plans was identified as an area for educational growth and providing more training opportunities that focus on this area could be beneficial for INN 2 partners. It should also be noted that trainings will be dependent on strategy and an individual's role within the organization.

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B. INN 3: Help@Hand (formerly Technology Suite)

Help@Hand (previously known as the Innovation Technology Suite) is a multi-county and city collaborative project, with potential to reach over half of the California population, that aims to use a menu of innovative digital mental health solutions, to increase access to care and wellbeing. Based on initial learnings from the first year of the project, LACDMH focused its local target populations and aims to:

- Focus on engaging college, graduate, and vocational students with a set of technology applications that aim to meet their mental health and well-being needs and/or assist in linking them to appropriate levels of care and supports;
- Improve mental health and well-being of County employees by increasing access and engagement to digital technologies supporting mental health and wellbeing;
- Improve mental health and well-being of County residents by increasing access and engagement to digital technologies supporting mental health and wellbeing; and
- Improve engagement among individuals receiving services at LACDMH through digital mental health and well-being tools.

After receiving approval from the Mental Health Services Oversight and Accountability Commission (MHSOAC) on October 26, 2017, LACDMH entered into an agreement with the California Mental Health Services Authority (CalMHSA), a Joint Powers Authority utilized by counties, to facilitate the administrative functions such as fiscal, contract, and project management, of this multi-county and city project. The participation agreement was approved by the Los Angeles County Board of Supervisors in February 2018. Participating county mental health departments aim to bring technology-based mental health solutions into the public mental health system with objectives to:

- Increase access to the appropriate level of care;
- Reduce stigma associated with mental illness by promoting mental wellness;
- Detect and acknowledge mental health symptoms sooner;
- Increase purpose, belonging, and social connectedness of individuals served; and
- Analyze and collect data to improve mental health needs assessment and service delivery.

Los Angeles, Kern and Mono counties participated in vendor selection for technologies in February 2018 and selected 7 Cups and Mindstrong as initial vendors. In April 2018, Orange and Modoc counties were approved to join the Technology Suite and, in September 2018, 10 additional counties were approved, for a total of 15 counties and cities. During the early summer of 2018, RSE was selected as an outreach, engagement and marketing firm and the University of California, Irvine as the evaluator of the project.

Significant learning was accomplished in the initial phase of the project with the piloting of the first two applications. LACDMH is piloting the Mindstrong care application at Harbor-UCLA's outpatient Dialectical Behavioral Therapy (DBT) program as a strategy to promote early detection of emotional dysregulation. LACDMH also piloted 7Cups as a digital tool (application and web-based) to increase social connectedness through chat and well-being through growth paths and educational, self-help content.

- Status of implementation as of December 1, 2019

  To gain more targeted support with implementation and engagement for this project moving into its second year, LACDMH began working with a contracted project manager with expertise in digital health strategy and implementation. LACDMH also began working with Painted Brain a peer run Los Angeles based community organization with an innovative mental health art and tech focus that utilizes a recovery-oriented peer-to-peer model. In partnership with LACDMH, Painted Brain disseminated a survey to 550

individuals across all eight Service Areas to explore willingness to utilize wellbeing apps and began developing a peer-designed Digital Health Literacy Curriculum to increase digital health literacy among people with mental health needs and as a training tool for current LACDMH peer staff to support the people they serve. This included hosting an Appy Hour to collect community feedback on the initial curriculum modules. The LACDMH Help@Hand team (including LACDMH staff, contracted project manager, and Painted Brain) along with the CalMHSA Peer and Engagement manager also hosted a community meeting to collect feedback on planning and digital health curriculum needs in the County and disseminated surveys to stakeholder groups to collect their input on communication materials associated with the project.

In October 2019, LACDMH launched a Digital Health Employee Learning Collaborative with over 40 participants. The initial Collaborative kick-off started with the development of a replicable process to identify resources to support digital health engagement. The purpose of the Collaborative is to develop readiness for digital health within LACDMH through learning and engagement opportunities. LACDMH will continue to bring key internal stakeholders together periodically to learn and share ideas. The LACDMH Help@Hand Team also designed a trifold "Guide to Well-Being Apps" brochure that offers a quick guide of free digital resources intended to be customized for specific stakeholders within the County.

Significant learning resulted from the initial Help@Hand technology deployments. The CalMHSA Help@Hand collaborative decided to move away from continued use of 7Cups. LACDMH is still currently using the Mindstrong Diary Card and Mindstrong Health app in the Harbor-UCLA DBT clinic, while other counties are exploring different use cases for Mindstrong moving forward. In order to introduce new and expanded technology options to the project, the collaborative ran a wider scale Request for Statement of Qualification (RFSQ) to introduce new and expanded technology options to the project. In September 2019, CalMHSA launched a second RFSQ for the Help@Hand project with the help of Catalyst Health 2.0, an organization with deep expertise with digital health. The RFSQ closed with over 120 submissions and a diverse panel of judges with a variety of backgrounds including technology experts and people with lived experience of mental health issues reviewed all the applications. The LACDMH Help@Hand Team evaluated the vendors for fit with local needs and participated in the demos of the top vendors to explore if their technical and programmatic feasibility meets the Los Angeles County resident's needs. LACDMH is currently developing concept proposals for potential pilots with multiple technology vendors in 2020.

- Outcome data being collected and any analysis of impact to date
  Members of the UCI Evaluation Team completed a post-implementation evaluation site visit at the Harbor UCLA Medical Center on June 10, 2019. The purpose of the site visit was to meet with administrative and clinical leadership and clinical providers who are part of the DBT clinic to learn about their experiences approximately 6 months following the "launch" of Mindstrong.

  Many providers reflected positively on the use of the digital DBT diary card to improve treatment with greater ease of use with the electronic diary card compared to the paper diary cards. The digital diary cards could therefore provide a better view into clients' functioning between sessions, and the data was more useful within sessions. Providers noted several initial challenges to implementation such as the lack of hardware (e.g., computers in provider offices to review client Mindstrong data in session), issues with

integrating Mindstrong into the clinical workflow and the DBT treatment model, and initial reluctance of some providers to try digital tools. Many of these challenges have been addressed due to strong clinical leadership. LACDMH is currently exploring options for expanding the use of a digital diary card.

C. INN 4: Transcranial Magnetic Stimulation (TMS)

LACDMH implemented Mobile TMS as the Innovation 4 project. TMS is FDA approved for the treatment of depression and is a non-invasive treatment that can enhance or suppress the activity of neurons in targeted areas of the brain through the use of electromagnetic stimulation. According to the American Psychiatric Association best practice guidelines for the treatment of major depressive disorder, TMS is now a first-line treatment for depression that has not responded to one antidepressant medication *(APA 2010)* as well as being effective for treatment-resistant depression.

TMS uses precisely targeted magnetic pulses similar to those used in Magnetic Resonance Imaging (MRI) to stimulate key areas of the brain that are underactive in clients with depression. The client reclines comfortably in the treatment chair and is awake and alert during treatment. An electromagnetic coil is then placed directly to the target area of the brain where the device generates magnetic fields that alter the electrical activity of neurons. The enhancing or suppressing of neuron activity depends upon a number of variables including the frequency of the TMS pulses. During treatment, the client hears a clicking sound and feels a tapping sensation on the head. The client can go back to their normal activities immediately after treatment. Treatment can last between 3-45 minutes and is administered once per day for 5 consecutive days per week for 4-8 weeks.

In April 2018, LACDMH was approved to implement a Mobile TMS program via in a mobile van outfitted with the technology, delivered to fully consenting clients receiving services in adult outpatient programs. The target population includes individuals receiving outpatient services that have a depression as a major part of their psychiatric symptoms and *one or more of the following:*

- Resistance to treatment with psychopharmacologic agents as evidenced by a lack of a clinically significant response to at least two psychopharmacologic agents in the current depressive episode; or
- Inability to tolerate psychopharmacologic agents as evidenced by two trials of psychopharmacologic agents from two different agent classes; or
- History of response to TMS in a previous depressive episode; or
- A history of response to electroconvulsive therapy (ECT) in a previous or current episode or an inability to tolerate ECT, or is a candidate for, but has declined ECT and TMS is considered a less invasive treatment option.

Because of the nature of the TMS treatment, individuals with a history of seizure disorder and those with metal implants in the head or upper torso (e.g., cardiac pacemakers) are excluded.

The goals of the INN 4 Mobile TMS project include:

- Provide access to new and effective treatment to clients with chronic and severe mental illness;
- Increase adherence to treatment by bringing the treatment to the client;
- Reduce use of other resources (i.e., psychiatric hospitalization, emergency room visits, intensive supportive services, etc.);
- Improve social and occupational functioning that would lead to successful community reintegration; and

- Increase the quality of life of clients with histories of poorly treated depression.

Overall, the primary purpose of this Innovation project is to improve the quality of mental health services and achieve greater outcomes by providing new and effective treatment to clients with chronic and severe mental illness. This project seeks to introduce a new approach or approach that is new to the overall mental health system, including, but not limited to, prevention and early intervention.

- Status of Implementation as of December 1, 2019
  Provision of service for this project began on May 30, 2019 after obtaining a mobile TMS unit. The mobile TMS unit consists of a customized van that with modifications that allow a small treatment team to deliver TMS treatments within it. Clients of directly operated LACDMH clinics are referred to the TMS program by their outpatient providers (psychiatrists or clinicians). After receiving referrals, clients have an in-person consultation with the TMS program director (Marc Heiser, MD, PhD) during which their symptoms, treatment history, and medical history are reviewed, and a safety screening form and initial symptom rating scales are completed. The treatment is explained and demonstrated for the clients and clients are have the opportunity to ask any questions. If they are interested and the treatment is appropriate, an informed consent form is completed and they are scheduled for their initial treatment.

  At this time, clients are being referred and receiving daily (Monday-Friday) treatments within the mobile TMS unit at one location, the Harbor-UCLA Outpatient Psychiatry Clinic. While the TMS unit has been at one location, the program has received referrals and treated clients from six LACDMH clinics located throughout the County (including Service Areas 2, 3, 5 and 8).

  - Hiring: We have hired a psychiatric technician to assist in providing TMS treatments for clients. We are in the process of hiring a mental health nurse and a community worker.

  - Expansion: Due to the early success of the TMS treatments and the demand from clients and clinicians/psychiatrist, we are in the process of establishing a second site for another TMS device in Service Area 2 (San Fernando Mental Health).

  - Presentation/Education: In addition, we have continued to provide outreach and education to the community regarding the mobile TMS program. This has been accomplished through educational presentations to clinicians and other providers at LACDMH clinics. The Mobile TMS Project and TMS more broadly was also presented to providers and stakeholders at the 2019 16th Annual Statewide Conference for Integrating Substance Use, Mental Health, And Primary Care Services (“Brain Stimulation in Psychiatry”, Marc Heiser MD, PhD).

- Number of clients served
  As of December 1, 2019, the program has received 31 referrals. We have completed 24 consultations and 19 clients have received TMS treatments. Twelve of these clients have completed treatment a full treatment course while 4 remain in treatment as of December 1, 2019. Clients received an average of 39 TMS sessions during a course of treatment.

Three clients did not complete a full treatment course. Of the three that did not complete, only one was due to difficulty tolerating the treatment. One of the others could not complete the treatment course due to entry into a residential substance use program. The other client who did not complete a full course of TMS had an exacerbation of unrelated medical problems that made it too difficult to attend daily treatments.

- Outcome data being collected and any analysis of impact to date
  The Overarching Learning Questions for this project include the following:
  - Will these individuals be adherent with a mobile TMS treatment program?
  - Is TMS an effective treatment for this population?
  - Does TMS for depression lead to improvement in comorbid symptoms (i.e., substance use, psychotic symptoms, etc.)?
  - If TMS is an effective treatment for this population, should the program be expanded to treat a larger part of the population?

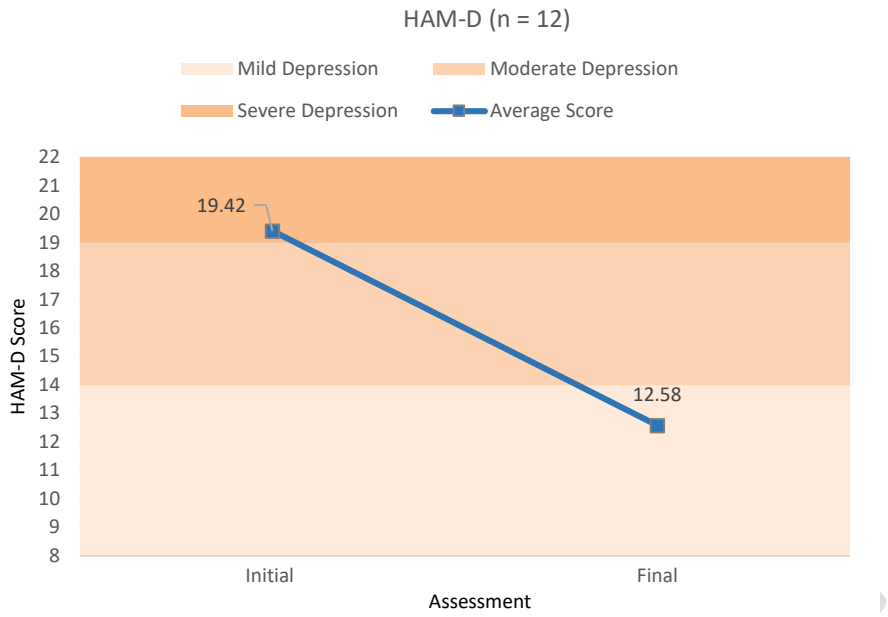
  To assess the impact of TMS, depression outcome measures are administered at the beginning of treatment and weekly throughout the course of treatment. Measures include the following: Quick Inventory of Depressive Symptoms (QIDS-SR-16, client rated), the Hamilton Depression Rating Scale (HAM-D, clinician rated), and the Patient Health Questionnaire (PHQ-9, client rated). Client satisfaction with TMS is also assessed at the end of each session, utilizing a verbal check in, and using a client satisfaction survey at the end of treatment. These assessment tools enable clinicians to track improvements in depressive symptoms and functional outcomes that can, in turn, will be used to judge the efficacy of this program.

  Below is a summary of the data gathered for the 12 clients who completed TMS treatment between May 1, 2019 and December 1, 2019. Data included is for clients who received at least two treatments of TMS and completed the respective measure at least twice.

  - Hamilton Depression Rating Scale (HAM-D)
    The HAM-D is one of the longest standing, most widely used measures of depression in research and clinical practice. The HAM-D is a clinician completed measure that includes 17-items. Total scores of 0-7 indicate no depression; scores of 8-13 indicate mild depression, scores of 14-18 indicate moderate depression, scores of 19-22 indicate severe depression, and scores 23-50 indicate very severe depression.

    For the clients who received TMS treatment during this period, the average starting HAM-D score was 19.42, which indicates severe depression. At the end of treatment, the average score was 12.58, which indicates mild depression. There was an average change in score from the beginning to end of treatment of 6.84, which indicates that there was an overall improvement in depressive symptoms.

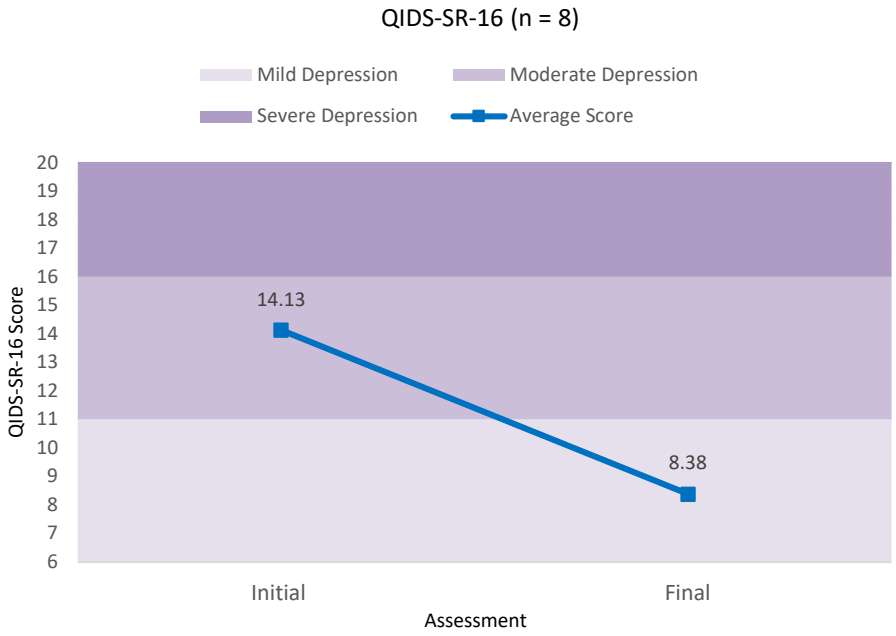
Figure 50. Summary of average HAM-D scores for Mobile TMS clients



- Quick Inventory of Depressive Symptomatology-Self-Report (QIDS-SR-16)
  The QIDS-SR-16 is a 16-item self-report measure of depressive symptom severity derived from the 30-item Inventory of Depressive Symptomatology (IDS). There are nine depression symptoms measured across the 16 items (sleep, mood, appetite/weight, concentration, view of self, suicidal ideation, interest, fatigue, and psychomotor). Scores 1-5 indicate no depression; scores of 6-10 indicate mild depression; scores of 11-15 indicate moderate depression; scores of 16-20 indicate severe depression; scores 21-27 indicate very severe depression.

  For the clients who received TMS treatment during this period, the average starting QID-SR-16 score was 14.13, which indicates moderate depression. At the end of treatment, the average score was 8.38, which indicates mild depression. There was an average change in score from the beginning to end of treatment of 5.75, which indicates that there was an overall improvement in depressive symptoms during the course of TMS treatment.

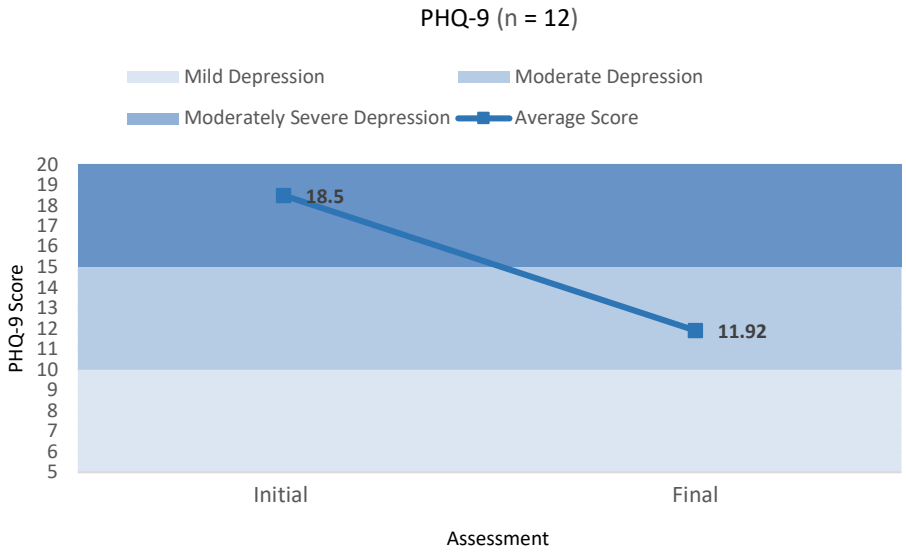
Figure 51. Summary of average QIDS-SR-16 scores for Mobile TMS clients



- Patient Health Questionnaire (PHQ-9)
  The PHQ-9 is a concise, self-administered tool for assessing depression. It incorporates DSM-IV depression criteria with other leading major depressive symptoms into a brief self-report instruments that are commonly used for screening and diagnosis, as well as selecting and monitoring treatment. Scores of 0-4 indicate minimal depression; scores of 5-9 indicate mild depression; scores of 10-14 indicate moderate depression; scores of 15-19 indicate moderately severe depression; and scores 20-27 indicate severe depression.

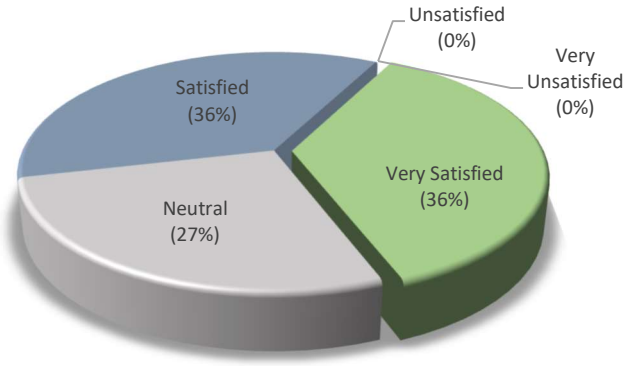
  For the clients who received TMS treatment during this period, the average starting PHQ-9 score was 18.50, which indicates moderately severe depression. At the end of treatment, the average score was 11.92, which indicates moderate depression. There was an average change in score from the beginning to end of treatment of 6.58, which indicates that there was an overall improvement in depressive symptoms during the course of TMS treatment.

Figure 52. Summary of average PHQ-9 scores for Mobile TMS clients



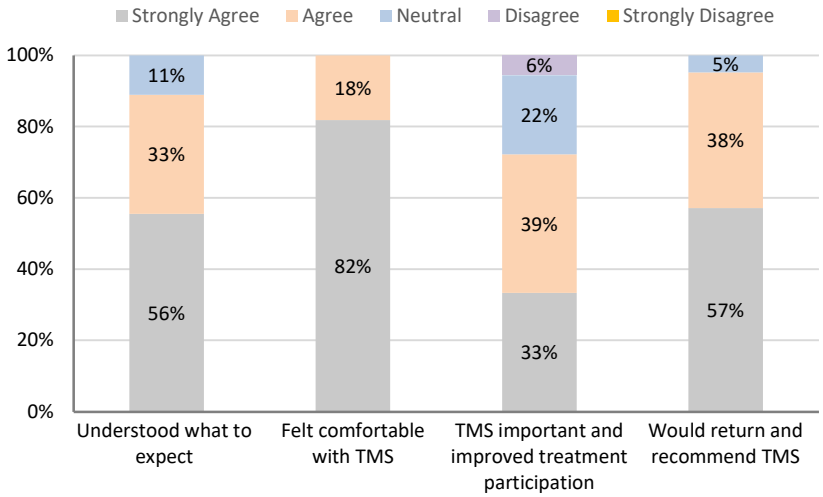
- TMS Client Satisfaction Survey
  The TMS client satisfaction survey was developed by LACDMH and was completed by clients at the end of treatment. The Satisfaction Survey includes 11 items that assess satisfaction with various aspects of TMS treatment and the impact of TMS on the client's overall well-being and functioning. Overall, a majority (73%) of respondents were *very satisfied* or *satisfied* with their TMS experience.

Figure 53. Overall satisfaction with Mobile TMS services (n = 11)



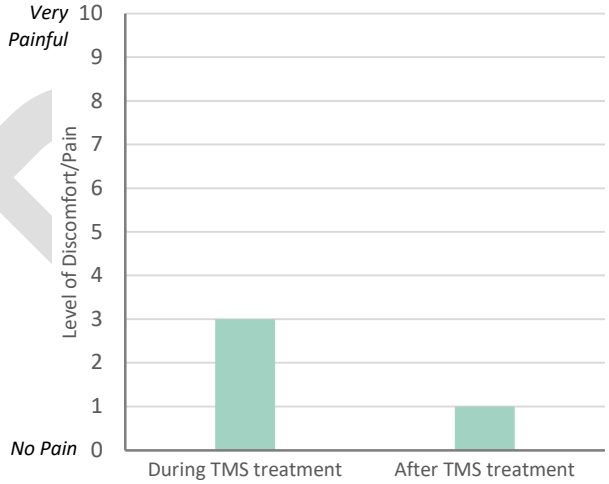
TMS Treatment Experience: A majority of respondents (89%) *strongly agreed* or a*greed* that they understood what to expect before starting TMS treatment. All respondents (100%) *strongly agreed* or a*greed* that they felt comfortable while receiving TMS services. As well, a majority of respondents (72%) *strongly agreed* or a*greed* that TMS services have been an important part of their treatment and that TMS services have improved their participation in their treatment. Finally, a majority of respondents (95%) *strongly agreed* or a*greed* that they would return for more TMS treatments in the future if recommended by their clinician and would recommend TMS to others if they are experiencing depression.

Figure 54. Feedback on Mobile TMS experience



Clients were asked to rate their discomfort/pain during TMS treatments and after TMS treatments on a scale of 1-10, with 1 corresponding to *no pain* and a score of 10 corresponding to v*ery painful*. On average, respondents felt mild discomfort/pain during TMS treatments (*3 out of 10*) and no discomfort/pain after TMS treatments (*1 out of 10*). Clients most often described discomfort/pain as "annoying" and the the discomfort usually decreased over the course of treatment and resolved after treatment.

Figure 55. Average level of discomfort/pain during and after Mobile TMS treatments (n = 9)



- Perceived Benefits of TMS Services

  Clients were asked how they felt they benefitted from participating in TMS services. As a result of TMS services, 71% of respondents stated that they that they felt happier and felt less worried/anxious. Fifty-seven percent of respondents stated that they felt less frustrated and 43% of respondents stated that they had more contact with family/friends and also had more motivation to engage in meaningful activities. 29% of respondents stated that their ability to focus increased, that they ate better, and that they had an increased abilty to do the things that they wanted to do. As well, 14% of respondents

stated that, as a result of TMS services, they felt less body pain, felt more relaxed, had more energy, had more self-confidence, and got along better with family/friends.

D. INN 5: Peer Support Specialist Full Service Partnership

LACDMH received approval from the MHSOAC on April 26, 2018 to implement 2 teams comprised mostly of peer support specialists to provide FSP level services. PeerSS FIRST will utilize a team primarily staffed by individuals with lived experience as mental health consumers or family members, supported by clinical staff, to provide intensive field-based services to individuals with multiple challenges including justice involvement. Two contracted PeerSS FIRSTs will each serve a caseload of 50 individuals. Each PeerSS FIRST will provide a full array of mental health services ranging from peer support to medication management as well as 24-hour on-call coverage.

Successful implementation of PeerSS FIRST will expand the role of peers from an adjunct or supportive service provider to a leading member of the treatment team and the primary contact for every service recipient. PeerSS FIRST will prove the effectiveness of peer staff and peer-based services.

Solicitation documents are under final review with an anticipated release date in January or February 2020.

E. INN 7: Therapeutic Transportation (TT)

LACDMH received approval from the MHSOAC on September 27, 2018 to implement 20 teams across the County and across multiple shifts to transform the County's approach to responding to individuals placed on an involuntary hold or at significant risk of being placed on a hold through engagement, support and recovery-focused interventions. TT is a collaboration with the Psychiatric Mobile Response Teams (PMRT). TT uses specially equipped vans driven by a clinic driver and staffed with mental health clinicians and peer support specialist. Staff offer a supportive and expedited response to transportation, as well as initiate supportive case management to begin the recovery of mental health symptoms and/or trauma from the first point of contact. TT staff are trained in multiple crisis scenarios, engagement, therapeutic support and de-escalation approaches. Each van is equipped with technology making it possible for clients and staff to communicate with tele-psychiatry services as needed. Each team will respond to PMR) request either to transport a client who is on a hold or to intervene on the streets to avoid the need for an involuntary hold.

TT staff may transport a client and/or their family members when the staff determine the client requires transportation for emergent or non-emergent situations. TT staff determines appropriateness of the client based on an evaluation and observation of the clients current behaviors and if there is no risk involved with transporting the client. TT may be utilized to transport a client to a clinic, urgent care center and any other social service agency. TT will decrease wait time and improve response times for PMRT and transportation. It will provide an opportunity for the team to remain with the client until admission is complete and decrease any trauma they may experience through-out the transport process.

Status of Implementation as of December 1, 2019:

- Policies and Procedures have been created and approved by the Clinical Policy Committee.
- The recruitment for positions has begun with a number of staff hired.

F. INN 8: Early Psychosis Learning Healthcare Network

LACDMH received approval from the MHSOAC for this multi-county 5-year project on December 17, 2018 and is implementing the Portland Identification and Early Intervention (PIER) program to identify and comprehensively treat individuals ages 12-25 who are at clinical high risk for psychosis (prodromal) or have experienced their first psychotic episode. Five providers were selected through a solicitation to provide PIER services and will receive training in December 2019.

PIER is one of several coordinated specialty care models for this population. The Early Psychosis Learning Healthcare Network will allow counties who use a variety of coordinated specialty care models to collect common outcome data, be able to use it to inform treatment and engage in cross-county learning informed by outcome data. DMH is currently in negotiations with University of California (UC), Davis in order to finalize the contract to participate in the Learning Health Care Network.

Once the contract is finalized and Human Subjects Review is completed, UC Davis will collaborate with LACDMH to begin developing an Advisory Board along with a stakeholder focus group to help identify what type of consumer outcome measures should be collected as part of this project. A software application will be developed integrating the selected outcome measures with stakeholder input on the interface and ease of use. LACDMH will also provide three years of historical data that will be used as a comparator group for data analysis. Programs will also undergo fidelity reviews to determine the types of services offered by each program and how closely services provided adhere to accepted practices.

Additionally, on November 19, 2019, LACDMH participated in the Statewide Implementation of Early Psychosis Care in California symposium at UC Davis. Counties, universities, providers and stakeholders discussed the trends for expansion and evaluation of Early Psychosis on the state and national level. Break-out sessions followed where participants problem solved about how to create statewide data collection strategies, how to engage private insurance providers, how to expand Early Psychosis services in rural and remote counties and identifying training and technical assistance needs across the state.

TECHNOLOGICAL NEEDS

FY 2018-19 Project Accomplishments

LACDMH is implementing technology projects consistent with overarching MHSA technology goals of increasing consumer and family empowerment and modernizing and transforming clinical and administrative information systems to facilitate the highest quality, cost-effective services and support for consumer and family hope, recovery and wellbeing. The MHSA-IT Plan includes eight projects (see Appendix D for a more detailed report).

I. EHR ENHANCEMENTS: Continuous Process Improvements

Project Status:	Project Start Date:	Project End Date:
On Schedule	12/01/2017	06/30/2020

Project Objectives: Improve Quality of Care; Improve Care Coordination Project enhances the Integrated Behavioral Health Information System (IBHIS) to improve workflow, productivity, and usability.

Accomplishments: Added OrderConnect e-Prescribing of Controlled Substances (EPCS). Sixty-six percent of psychiatrists were using by June 30, 2019. Implemented CareConnect direct secure messaging inbox so providers can exchange patient health information between Meaningful Use Certified EHRs.

II. CONSUMER/FAMILY ACCESS TO COMPUTING RESOURCES EXPANSION

Project Status: On Schedule	Project Start Date:	Project End Date:
	07/01/2017	06/30/2022

Project Objectives: Improve Beneficiary Progress/Outcomes
Joint project with Los Angeles County Department of Public Library that empowers consumers and families to use computer technology to access and manage health information to improve communication with providers, make more-informed decisions, and promote recovery, well-being, resiliency, and autonomy.

Accomplishments: Upgraded hardware and software in all 27 existing consumer/family labs at directly operated clinics and wellness centers. Added devices to new Peer Resource Center.

III. HEALTHCARE ENTERPRISE ANALYTICS: Technology Framework

Project Status:	Project Start Date:	Project End Date:
On Schedule	07/01/2017	12/31/2021

Project Objectives: Improve Quality of Care; Improve Beneficiary Progress/Outcomes
Project provides value-based care through pervasive analytical insight. Leverages new architecture to integrate vast amounts of data and provides thorough data analysis, reporting, and dashboarding.

Accomplishments: Established new cloud-based platform. Completing Data Warehouse redesign.

IV. VIRTUAL CARE: Telepsychiatry Expansion

Project Status:	Project Start Date:	Project End Date:
On Schedule	07/01/2018	06/30/2020

Project Objectives: Improve Access to Care
Initial project reduced inconvenience to clients due to lack of local qualified clinicians, improved linguistically matched care, and brought services to older adult home visits. This project modernizes equipment and expands program to additional sites and use cases.

Accomplishments: Upgraded technology in 27 existing consumer/family labs at clinics and wellness centers. Completed Proof of Concept for Telepsychiatry Equipment Home Use by Psychiatrists.

V. RESOURCE SEARCH/PERFORMANCE DASHBOARDS

Overall Project Objectives:

For agile automation response to meet business needs, LACMH developed a single cloud portal entry for online customer service and administrative solutions that helps LACDMH and its contract providers manage customer service cases and fosters continuity and high quality throughout the LACDMH customer service system. Several applications are already in production with others in the works.

- Network Adequacy Certification Tool (NACT) State Submission

Project Status:	Project Start Date:	Project End Date:
On Schedule	02/28/2018	03/07/2019

Project Objectives: Improve Access to Care (service access and availability)
To fulfill state Final Rule network adequacy requirements, this project automates extraction of data from the NACT and supplements with IBHIS and legacy IS claiming data to document details of the Mental Health Provider Network for Los Angeles County for Quarterly Submission of Network Adequacy Certification.

Accomplishments: Project was completed. LACDMH is in compliance with state requirements.

- Provider Directory

Project Status:	Project Start Date:	Project End Date:
On Schedule	02/28/2018	05/01/2019

Project Objectives: Improve Access to Care (service access and availability)
To comply with the Medicaid Final Rule, this project makes the comprehensive LACDMH Provider Directory available to beneficiaries in both electronic and print formats (upon request). It includes both directly operated as well as contract providers, groups, and individuals.

Accomplishments: Project was completed. Interactive solution can display locations on GIS maps and print as PDF that meets ADA requirements for sight-impaired beneficiaries and is machine readable.

- Mental Health Resource Locator & Navigator (MHRLN)

Project Status:	Project Start Date:	Project End Date:
On Schedule	05/10/2018	12/20/2019

Project Objectives: Improve Access to Care (capacity management)
Project builds application that will track availability of beds at 24-hour mental health treatment facilities in LACDMH's network of care, such as psychiatric acute inpatient hospitals, sub-acute hospitals, and residential treatment facilities. Will allow users to look up bed availability based on filtering criteria and geo location.

Accomplishments: Developed Proof of Concept. Presented demo to Board of Supervisor deputy; received approval to proceed with full application build.

- Patients' Rights Change of Provider

Project Status:	Project Start Date:	Project End Date:
On Schedule	05/10/2018	12/20/2019

Project Objectives: Improve Quality of Care
Project empowers clients by automating the process by which they can request any change in provider services they are receiving from LACDMH directly operated centers or contracted Legal Entities.

Accomplishments: Project was completed. Application meets reporting requirements for CMS Medi-Cal Specialty Mental Health Consolidation Waiver program.

- Patients Complaints and Grievance Portal

Project Status:	Project Start Date:	Project End Date:
On Schedule	04/20/0218	12/15/2019

Project Objectives: Improve Quality of Care
Project creates a portal application for the general public, including clients and family members, to report grievances and appeals online, while also allowing LACDMH Patients' Rights Office staff to more easily receive, track and triage grievances and appeals to ensure they are resolved timely.
Accomplishments: Completed Phase I. The Patients Complaints and Grievance portal is available as of 1/30/2019.

- Finance & Operations

Project Status:	Project Start Date:	Project End Date:
On Schedule	10/1/2018	07/30/2020

Project Objectives: Improve Operational Efficiency
Project develops a centralized budgeting and expense tracking system for the LACDMH Chief Information Office Bureau.
Accomplishments: Completed Proof of Concept for Use Case #1 - Project (IBHIS) budgeting and expense tracking.

VI. DIGITAL WORKPLACE: MOBILITY, COLLABORATION AND PRODUCTIVITY TOOLS

Overall Objectives: Enabling a digital workplace is the foundation of digital business transformation. LACDMH is improving mobility, collaboration and productivity tools to provide a continuous experience for LACDMH clinic based staff across devices, platforms and locations with investments in areas such as wireless infrastructure, virtualization technology and workspace aggregators, among others. Initially, at least ten clinics will become Digital Workplaces. Note: Part 4: Enterprise Mobility & Security was completed in FY 2017-18.

Part 1: WI-FI Access at LACDMH Clinics and Admin Sites

Project Status: On Schedule	Project Start Date:	Project End Date:
	07/01/18	06/30/2019

Project Objectives: Improve Operational Efficiency
Implements employee and guest wireless access (Wi-Fi) at LACDMH clinics to provide ease of system access to online resources for LACDMH and other department staff. Wi-Fi supports a mobile work style so work can happen anywhere with a more continuous experience across devices, platforms and locations.

Accomplishments: Added Wi-Fi to 40 more sites, bringing total LACDMH sites with Wi-Fi capability to 51.

Part 2: Video Conferencing/Webcasting

Project Status: On Schedule	Project Start Date:	Project End Date:
	07/02/2018	06/30/2020

Project Objectives: Improve Operational Efficiency
The 4,751 square miles of Los Angeles County present extreme challenges to staff seeking to collaborate on everything from case conferences and care planning to stakeholder meetings and required trainings. This project brings LACDMH staff, peers, and other department workers together through use of specialized large video and web conferencing devices to share audio, video and project documents no matter staff locations. Improves communication and collaboration, saves travel time and increases productivity.

Accomplishments: First generation Hubs are in active use at 20 LACDMH locations, including the Peer Resource Center. Two next generation Hubs are being configured and tested.

Part 3: Workforce Augmentation-Language Translation Provider Directory

Project Status: On Schedule	**Project Start Date:** 10/02/19	**Project End Date:** 11/13/2019

Project Objectives: Improve Access to Care (service access and availability)
Project creates a translation service for the Provider Directory, a cloud-based searchable listing of LACDMH and contracted provider locations in and around LAC that provide mental health services. Translation of information into the nine (9) languages mandated for the County will be available: Spanish, Cantonese, Vietnamese, Korean, Mandarin, Tagalog, Farsi, Russian, and Arabic.

Accomplishments:
Technical environment is being created; translation service prototype is under development.

Part 4: Phone System Modernization

Project Status: On Schedule	**Project Start Date:** 07/25/2019	**Project End Date:** 06/30/2021

Project Objectives: Improve Operational Efficiency
As Mental Health workers become increasingly mobile, providing ability to be connected and reachable from anywhere is critical in supporting the constituents under the care of LACDMH. This project implements a modern Unified Communication and Collaboration (UCC) system that replaces legacy phones.
Accomplishments: Started deployment for Pilot 1 at Pasadena clinical site. Started planning for deployment at IT support site.

VII. INTEGRATION MODERNIZATION: Migration to iPaaS

Project Status: On Schedule	**Project Start Date:** 07/01/2017	**Project End Date:** 06/30/2022

Project Objectives: Improve Care Coordination
Project modernizes LACDMH's integration strategy and infrastructure by adopting a comprehensive cloud based integration platform as a service (iPaaS) solution that easily expands to accommodate the growing volume of data exchange transactions, and readily adapts to new collaborative care data sharing needs. Solution will serve as new conduit for Contract Providers to submit claims to LACDMH (and share client data).

In addition, since the LACDMH and the Los Angeles County Department of Public Health (DPH) share contracted health providers, the departments will partner in the implementation of the Health Agency IPaaS.

Accomplishments: Competed migration of all current integration environments to newest product version (interim step). Deployed Proof of Concept solution to new iPaaS development environment.

VIII. IT ASSET MANAGEMENT (ITAM) MODERNIZATION

Project Status: On Schedule	**Project Start Date:** 07/01/2017	**Project End Date:** 06/30/2022

Project Objectives: Improve Operational Efficiency
All IT assets must be properly tracked and managed to reduce costs, reduce risk and improve the availability of technologies used by workers in the delivery of care. This project implements an enterprise level Asset Life Cycle Management solution to provide an accurate account of costs and risks to maximize business value of technology strategy, architecture, funding, contractual and sourcing decisions.

Accomplishments: Configured all core and custom ITAM features. Began gathering and formatting of hardware inventory data.

CAPITAL FACILITIES

A. Downtown Mental Health Parking Lot

LACDMH transferred $4 million of funding of CSS to CFTN for the purpose of purchasing a parking lot located at 636 Maple Avenue for the use of Downtown Mental Health Center. The additional parking is required for clients and for increased staffing. Notice of intention will be published and December 10, 2019 is set to receive comment and consummate the proposed.

B. High Desert Mental Health Urgent Care Center

LACDMH transferred approximately $10.5 million of CSS funding to CFTN funding which would allow for the capital facilities High Desert Mental Health Urgent Care Center project to move forward. This project consists of a new building that is approximately 9,900 square feet on 5.98 of the 20.89-acre lot that will include a parking lot, an ambulance drive, and landscaping improvements. Expected date of completion is 2020.

C. Restorative Care Services

In an effort to fully serve clients in the least restrictive and most clinically enriching manner, LACDMH is transferred $35 million in CSS funding to the CFTN plan. This transfer would fund the capital development of a network of restorative care services on campuses across the County for individuals with a mental illness who are being discharged from County psychiatric emergency services, psychiatric inpatient units and jails. The Restorative Care Villages would be located on the campuses of LAC-USC, Martin Luther King, Olive View, Rancho Los Amigos and High Desert hospitals. The campuses would be comprised of a mix of residential beds, peer centers, intensive outpatient services, urgent care services and wellness centers. All programs are anticipated to be operations by the end of 2021.

- LAC+USC Campus
  - > 64 Crisis Residential Treatment Program (CRTP) Beds (partially funded by California Health Facilities Financing Authority (CHFFA))
- MLK Behavioral Health Center
  - > 32 Psychiatric Health Facility (PHF) Beds (16 adolescent, 16 adult)
  - > 80 Mental Health Rehabilitation Center (MHRC) Beds
  - > 16 CRTP Beds (partially funded by CHFFA)
  - > PEER Resource Center
  - > Hawkins Outpatient Center Replacement
  - > Intensive Outpatient Program
  - > Community Re-Entry Program
  - > 32 Office of Diversion Reentry (ODR) Housing Beds
  - > Conference Center and Shared Spaces Build Out
- Olive View Campus
  - > 80 CRTP Beds (partially funded by CHFFA)
  - > Urgent Care Center (partially funded by CHFFA)
  - > Mental Health Wellness Center
- Rancho Los Amigos Campus
  - > 80 CRTP Beds (partially funded by CHFFA)
- High Desert Campus
  - > Urgent Care Center

EXHIBIT A: BUDGET

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary

County: Los Angeles

Date: 5/20/20

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2020/21 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	367,615,578	230,301,499	168,366,994	3,468,374	36,361,602	116,483,541
2. Estimated New FY2020/21 Funding	473,143,760	118,285,940	31,127,879			
3. Transfer in FY2020/21 a/	(20,800,000)			20,800,000		
4. Access Local Prudent Reserve in FY 2020/21						-
5. Estimated Available Funding for FY2020/21	819,959,338	348,587,439	199,494,873	24,268,374	36,361,602	
B. Estimated FY2020/21 MHSA Expenditures	537,060,149	216,956,851	71,540,933	23,068,175	34,874,546	
C. Estimated FY2021/22 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	282,899,189	131,630,588	127,953,940	1,200,199	1,487,056	
2. Estimated New FY2021/22 Funding	473,143,760	118,285,940	31,127,879			
3. Transfer in FY2021/22 a/	(27,400,000)			21,900,000	5,500,000	
4. Access Local Prudent Reserve in FY2021/22						0
5. Estimated Available Funding for FY 2021/22	728,642,949	249,916,528	159,081,819	23,100,199	6,987,056	
D. Estimated FY2021/22 Expenditures	537,060,149	187,277,464	56,666,096	23,068,175	6,019,546	
E. Estimated FY2022/23 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	191,582,800	62,639,064	102,415,723	32,024	967,510	
2. Estimated New FY2022/23 Funding	473,143,760	118,285,940	31,127,879			
3. Transfer in FY2022/23 a/	(28,088,187)			23,036,151	5,052,036	
4. Access Local Prudent Reserve in FY2022/23						0
5. Estimated Available Funding for FY2020/21	636,638,373	180,925,004	133,543,602	23,068,175	6,019,546	
F. Estimated FY2022/23 Expenditures	527,060,149	174,613,304	35,645,755	23,068,175	6,019,546	
G. Estimated FY2022/23 Unspent Fund Balance	109,578,224	6,311,700	97,897,847	0	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2020	116,483,541
2. Contributions to the Local Prudent Reserve in FY 2020/21	0
3. Distributions from the Local Prudent Reserve in FY 2020/21	0
4. Estimated Local Prudent Reserve Balance on June 30, 2021	116,483,541
5. Contributions to the Local Prudent Reserve in FY 2021/22	0
6. Distributions from the Local Prudent Reserve in FY 2021/22	0
7. Estimated Local Prudent Reserve Balance on June 30, 2022	116,483,541
8. Contributions to the Local Prudent Reserve in FY 2022/23	0
9. Distributions from the Local Prudent Reserve in FY 2022/23	0
10. Estimated Local Prudent Reserve Balance on June 30, 2023	116,483,541

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Los Angeles Date: 5/20/20

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CSS Programs						
1. Full Service Partnerships	308,064,403	130,912,283	119,918,630	0	47,331,617	9,901,873
2. Recovery, Resilience & Reintegration	485,034,661	191,261,000	190,807,174	0	89,742,775	13,223,712
3. Alternative Crisis Services	133,648,155	86,114,714	39,659,815	0	2,631,407	5,242,219
4. Planning Outreach & Engagement	14,980,509	14,857,725	122,784	0	0	0
5. Linkage Services	37,670,077	33,926,302	1,705,991		22,797	2,014,987
6. Housing	39,068,490	39,068,490	0	0	0	0
CSS Administration	41,998,368	40,919,635				1,078,733
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	1,060,464,663	537,060,149	352,214,394	0	139,728,596	31,461,524

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CSS Programs						
1. Full Service Partnerships	308,064,403	130,912,283	119,918,630	0	47,331,617	9,901,873
2. Recovery, Resilience & Reintegration	485,034,661	191,261,000	190,807,174	0	89,742,775	13,223,712
3. Alternative Crisis Services	133,648,155	86,114,714	39,659,815	0	2,631,407	5,242,219
4. Planning Outreach & Engagement	14,980,509	14,857,725	122,784	0	0	0
5. Linkage Services	37,670,077	33,926,302	1,705,991		22,797	2,014,987
6. Housing	39,068,490	39,068,490	0	0	0	0
CSS Administration	41,998,368	40,919,635				1,078,733
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	1,060,464,663	537,060,149	352,214,394	0	139,728,596	31,461,524

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CSS Programs						
1. Full Service Partnerships	308,064,403	130,912,283	119,918,630	0	47,331,617	9,901,873
2. Recovery, Resilience & Reintegration	485,034,661	191,261,000	190,807,174	0	89,742,775	13,223,712
3. Alternative Crisis Services	133,648,155	86,114,714	39,659,815	0	2,631,407	5,242,219
4. Planning Outreach & Engagement	14,980,509	14,857,725	122,784	0	0	0
5. Linkage Services	37,670,077	33,926,302	1,705,991		22,797	2,014,987
6. Housing	29,068,490	29,068,490	0	0	0	0
CSS Administration	41,998,368	40,919,635				1,078,733
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	1,050,464,663	527,060,149	352,214,394	0	139,728,596	31,461,524

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Los Angeles Date: 5/20/20

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs						
PEI-01 SUICIDE PREVENTION	21,795,886	21,721,224	59,729	-	14,359	574
PEI-02 STIGMA DISCRIMINATION REDUCTION PROGRAM	4,478,230	4,478,230	-	-	-	-
PEI-03 PREVENTION	74,933,673	74,173,486	625,280	-	112,761	22,146
PEI-04 EARLY INTERVENTION	241,819,107	79,407,548	91,589,848	-	69,013,020	1,808,691
PEI-05 OUTREACH	22,753,204	21,005,344	1,145,274	-	579,605	22,981
PEI Administration	16,171,019	16,171,019				
Total PEI Program Estimated Expenditures	381,951,119	216,956,851	93,420,131	0	69,719,745	1,854,392

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs						
PEI-01 SUICIDE PREVENTION	21,795,886	21,721,224	59,729	-	14,359	574
PEI-02 STIGMA DISCRIMINATION REDUCTION PROGRAM	4,478,230	4,478,230	-	-	-	-
PEI-03 PREVENTION	45,754,286	44,994,099	625,280	-	112,761	22,146
PEI-04 EARLY INTERVENTION	241,319,107	78,907,548	91,589,848	-	69,013,020	1,808,691
PEI-05 OUTREACH	22,753,204	21,005,344	1,145,274	-	579,605	22,981
PEI Administration	16,171,019	16,171,019				
Total PEI Program Estimated Expenditures	352,271,732	187,277,464	93,420,131	0	69,719,745	1,854,392

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs						
PEI-01 SUICIDE PREVENTION	21,795,886	21,721,224	59,729	-	14,359	574
PEI-02 STIGMA DISCRIMINATION REDUCTION PROGRAM	4,478,230	4,478,230	-	-	-	-
PEI-03 PREVENTION	33,090,126	32,329,939	625,280	-	112,761	22,146
PEI-04 EARLY INTERVENTION	241,319,107	78,907,548	91,589,848	-	69,013,020	1,808,691
PEI-05 OUTREACH	22,753,204	21,005,344	1,145,274	-	579,605	22,981
PEI Administration	16,171,019	16,171,019				
Total PEI Program Estimated Expenditures	339,607,572	174,613,304	93,420,131	0	69,719,745	1,854,392

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Los Angles Date: 5/20/20

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Inn #2 Community Capacity Building	26,000,000	26,000,000				
2. INN # 3 Technology Suite	8,817,943	8,817,943				
3. Inn # 4 Transcranial Magnetic Stimulation Center	1,020,193	1,020,193				
4. Inn #5 Peer Support Specialist Filed-Based Intensive Recovery Services Teams	3,008,500	2,468,500	504,000			36,000
5. Inn #7 Therapeutic Transportation	3,250,158	3,250,158				
6. Inn # 8 Early Psychosis Learning Health Care Network	1,569,944	1,569,944				
7. True Recovery Innovation Embraces Systems That Empower	26,225,000	26,225,000				
INN Administration	2,189,195	2,189,195				
Total INN Program Estimated Expenditures	72,080,933	71,540,933	504,000	-	-	36,000

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Inn #2 Community Capacity Building	21,000,000	21,000,000				
2. INN # 3 Technology Suite	0	-				
3. Inn # 4 Transcranial Magnetic Stimulation Center	1,020,193	1,020,193				
4. Inn #5 Peer Support Specialist Filed-Based Intensive Recovery Services Teams	3,008,500	2,468,500	504,000			36,000
5. Inn #7 Therapeutic Transportation	3,250,158	3,250,158				
6. Inn # 8 Early Psychosis Learning Health Care Network	513,050	513,050				
7. True Recovery Innovation Embraces Systems That Empower	26,225,000	26,225,000				
INN Administration	2,189,195	2,189,195				
Total INN Program Estimated Expenditures	57,206,096	56,666,096	504,000	0	0	36,000

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Inn #2 Community Capacity Building	-					
2. INN # 3 Technology Suite	-	-				
3. Inn # 4 Transcranial Magnetic Stimulation Center	1,020,193	1,020,193				
4. Inn #5 Peer Support Specialist Filed-Based Intensive Recovery Services Teams	3,008,500	2,468,500	504,000			36,000
5. Inn #7 Therapeutic Transportation		3,250,158				
6. Inn # 8 Early Psychosis Learning Health Care Network		492,709				
7. True Recovery Innovation Embraces Systems That Empower	26,225,000	26,225,000				
INN Administration	2,189,195	2,189,195				
Total INN Program Estimated Expenditures	32,442,888	35,645,755	504,000	0	0	36,000

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Los Angles Date: 5/20/20

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Training and Technical Assistance	10,905,455	10,905,455				
2. Mental Health Career Pathway	2,160,000	2,160,000				
3. Financial Incentive	5,987,208	5,987,208				
4. Residency	2,666,328	2,666,328				
WET Administration	1,349,184	1,349,184				
Total WET Program Estimated Expenditures	23,068,175	23,068,175	0	0	0	0

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Training and Technical Assistance	10,905,455	10,905,455				
2. Mental Health Career Pathway	2,160,000	2,160,000				
3. Financial Incentive	5,987,208	5,987,208				
4. Residency	2,666,328	2,666,328				
WET Administration	1,349,184	1,349,184				
Total WET Program Estimated Expenditures	23,068,175	23,068,175	0	0	0	0

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Training and Technical Assistance	10,905,455	10,905,455				
2. Mental Health Career Pathway	2,160,000	2,160,000				
3. Financial Incentive	5,987,208	5,987,208				
4. Residency	2,666,328	2,666,328				
WET Administration	1,349,184	1,349,184				
Total WET Program Estimated Expenditures	23,068,175	23,068,175	0	0	0	0

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Los Angles Date: 5/20/20

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. MLK Child & Family Wellbeing Center	1,224,000	1,224,000				
2. Olive View Campus -Urgent Care Center	10,465,000	10,465,000				
3. Olive View Campus -Mental Health Wellness Center	10,544,000	10,544,000				
4. High Desert Campus -Urgent Care Center	6,622,000	6,622,000				
CFTN Programs - Technological Needs Projects		1,377,288				
5. EHR Strategy: IBHIS	363,000	363,000				
6. Consumer/Family Access to Computing Resources	500,000	500,000				
7. Healthcare Enterprise Analytics (Data Warehouse Redesign)	0					
8. Virtual Care (Telepsychiatry Expansion)	1,300,000	1,300,000				
9. DMH Resource Search/Performance Dashboards	500,000	500,000				
10. Hybrid Integration Platform	1,479,258	1,479,258				
11. Digital Workplace: Wifi at Clinics	500,000	500,000				
12.	0					
CFTN Administration	0	0				
Total CFTN Program Estimated Expenditures	33,497,258	34,874,546	0	0	0	0

County: Los Angles Date: 5/20/20

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0	0				
2.	0	0				
CFTN Programs - Technological Needs Projects						
5. EHR Strategy: IBHIS	1,377,288	1,377,288				
6. Consumer/Family Access to Computing Resources	363,000	363,000				
8. Healthcare Enterprise Analytics (Data Warehouse Redesign)	500,000	500,000				
9. Virtual Care (Telepsychiatry Expansion)	0					
10. DMH Resource Search/Performance Dashboards	1,300,000	1,300,000				
11. Hybrid Integration Platform	500,000	500,000				
12. Digital Workplace: Wifi at Clinics	1,479,258	1,479,258				
13.	500,000	500,000				
CFTN Administration	0	0				
Total CFTN Program Estimated Expenditures	6,019,546	6,019,546	0	0	0	0

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
CFTN Programs - Technological Needs Projects						
4. EHR Strategy: IBHIS	1,377,288	1,377,288				
5. Consumer/Family Access to Computing Resources (paid to Library -	363,000	363,000				
7. Healthcare Enterprise Analytics (Data Warehouse Redesign)	500,000	500,000				
8. Virtual Care (Telepsychiatry Expansion)	0					
9. DMH Resource Search/Performance Dashboards	1,300,000	1,300,000				
10. Hybrid Integration Platform	500,000	500,000				
11. Digital Workplace: Wifi at Clinics	1,479,258	1,479,258				
12.	500,000	500,000				
CFTN Administration	0	0				
Total CFTN Program Estimated Expenditures	6,019,546	6,019,546	0	0	0	0

EXHIBIT B: MHSA COUNTY COMPLIANCE CERTIFICATION

[Document inserted after the Board of Supervisors adopts the plan. This document is signed by the Director of Mental Health.]

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EXHIBIT C: MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

[Document inserted after the Mental Health Commission approves the plan (one month after the public hearing). This document is to be signed by the Director of Mental Health and then forwarded to the Los Angeles County Auditor Controller for signature.]

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EXHIBIT D: MENTAL HEALTH COMMISSION APPROVAL LETTER

[Letter is inserted after the Mental Health Commission approves the plan. Approval is usually given at the meeting following the public hearing.]

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EXHIBIT E: LOS ANGELES COUNTY BOARD OF SUPERVISORS ADOPTED LETTER AND STATEMENT OF PROCEEDINGS

[Insert the letter once the plan has been adopted by the Board.]

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APPENDICES

APPENDIX A:
Community Planning Process
February 13, 2020: MHC Executive Committee Meeting

Los Angeles County
Mental Health Commission
"Advocacy, Accountability and Oversight in Action"

First District	Second District	Third District	Fourth District	Fifth District
Hilda L. Solis	**Mark Ridley-Thomas**	**Sheila Kuehl**	**Janice Hahn**	**Kathryn Barger**
D. Imelda Padilla-Frausto	Harold Turner	Merilla McCurry Scott, PhD	Patrick Ogawa	Brittney Weissman, MPP
Susan Friedman	Kita Curry, PhD	Rev. Kathy Cooper Ledesma	Kevin Acebo	Judy Cooperberg, MS, CPRP
Luis R. Orozco	Reba Stevens	Stacy Dalgleish	Michael Molina	Vacant

EXECUTIVE COMMITTEE MEETING

1st Vice Chair	2nd Vice Chair	Chair	Members-at-Large	
Stacy Dalgleish	Harold Turner	Brittney Weissman	Susan Friedman	Patrick Ogawa

Thursday, February 13, 2020 / *Jueves, 13 de Febrero de 2020*
10:00 am

Location:
550 S. Vermont Ave. Los Angeles, CA 90020
12th Floor Executive Conference Room

Agenda

I. **Call to Order**

II. **Action: Approve Exec. Minutes Jan. 2019**/*Acción: Approvar Actas Ejecutivas de Enero 2019*

III. **Chair Updates** / *Actualización de Brittney Weissman, Chair*

IV. **DMH Update** / *Actualización de Department of Mental Health*

a. **Mental Health Services Act Presentation** / *Presentación de Servicios de Salud Mental*

V. **MHC Organizational Development** / *Desarrollo Organizacional del MHC*

VI. **Non-Agenda Public Comments** / *Comentarios públicos no pertenecientes a la Agenda*
Public Comment: No individual presentation shall be for more than two (2) minutes. Commission members will not respond to presentation. However, the Commission may give direction to Department staff following a presentation. If you have a matter, you wish to discuss, please wait for the end of the meeting or exit the meeting to a quiet place for your privacy.

Comentario del público: Ninguna presentación individual deberá ser superior a dos (2) minutos. Los miembros de la Comisión no responderán a la presentación. No obstante, la Comisión podrá orientar al personal del Departamento tras una presentación. Si usted tiene un asunto, desea discutir, por favor espere al final de la reunión o salga de la reunión a un lugar tranquilo para su privacidad.

VII. **Adjourn** / *Aplazado*

To join by conference call: (888) 204-5987 ► Access Code: 9639884#
Para unirse por conferencia telefónica: (888) 204-5987 ► Código de acceso: 9639884#

NOTICE: Notice is hereby given that the order of consideration of matters on this agenda may be changed without prior notice. All items may be heard in a different order than listed on the agenda. / *Se hace notar que el orden de consideración de los asuntos en este orden del día puede cambiarse sin previo aviso. Todos los puntos pueden ser escuchados en un orden diferente al que figura en el orden del día.*

Address: 550 South Vermont. 12th Fl. Los Angeles, CA 90020
E-mail: MHCommission@dmh.lacounty.gov Website: http://dmh.lacounty.gov/about/mental-health-commission/

MHSA
Three-Year Program and Expenditure Plan

Fiscal Years 2020-21 to 2022-23

Presentation to the
Executive Committee of the
Mental Health Commission
February 13, 2020

LOS ANGELES COUNTY
DEPARTMENT OF
MENTAL HEALTH
hope. recovery. wellbeing.

Our mission is to optimize the hope, wellbeing and life trajectory of Los Angeles County's most vulnerable through access to care and resources that promote not only independence and personal recovery, but also connectedness and community reintegration.

MHSA THREE-YEAR PLAN COMMUNITY PLANNING PROCESS

- The Community Planning Process (CPP) is used to obtain feedback from a broad array of stakeholders on this MHSA Three-Year Plan.
- CPP Meeting Dates
  - Feb 13, 2020 - Mental Health Commission Executive Committee Meeting
  - Feb 21, 2020 - Countywide Stakeholder Meeting
  - Feb 27, 2020 - Mental Health Commission Meeting
- On February 5, 2020, a draft version of the Executive Summary to the MHSA Three-Year Plan was posted. This Plan covers fiscal years (FY) 2020-21, 2021-22, and 2022-23. The Summary provides a high-level synopsis of the proposed changes to the previous Three-Year Plan for FYs 2017-18, 2018-19 and 2019-20.
- The purpose of today's meeting is to discuss these changes in greater detail in order to obtain feedback as DMH continues its work on the Three-Year Plan.
- MHSA Public Hearing
  - Apr 23, 2020 - Vote on Plan at conclusion of Public Hearing

Slide 2

EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT

Community Services and Supports (CSS) Component

Overview

- Largest MHSA component with 76% of the total MHSA allocation
- For clients with a diagnosed serious mental illness
- FY 2018-19 - Approximately 140,000 unique clients received a direct mental health service
- CSS budget totaled $528 million

Programs and Services

- Full Service Partnership (FSP)
- Recovery, Resilience, and Reintegration (RRR)*
- Alternative Crisis Services (ACS)
- Linkage Services (Linkage)
- Housing
- Planning, Outreach, and Engagement (POE)

** RRR proposed to rename to Outpatient Treatment Services*

SLIDE 3

EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT

CSS - Full Service Partnerships (FSP)

Data for FY 2018-19

- Intensive services for those requiring multi-disciplinary supports and 24/7 access to care
- Over 16,000 unique clients served:
  - 25% Child
  - 18% TAY
  - 45% Adult
  - 12% Older Adults
- Outcomes
  - Reduces homelessness
  - Reduces justice involvement
  - Reduces psychiatric hospitalization
  - Increases independent living

Proposed Change in Three-Year Plan

FSP Redesign from slot-based programming model to a team-based model

A new FSP pilot program will:

- Restructure contracts to include new program parameters for all ages
- Add performance-based criteria to contracts to ensure continuous improvement of client care
- Incentivize providers for improved client outcomes in reductions in homelessness, justice involvement, psychiatric hospitalization and increases in independent living

SLIDE 4

EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT

CSS - Recovery, Resilience, and Reintegration (RRR)
New Name: Outpatient Treatment Services

Data for FY 2018-19

- Services in outpatient settings that are designed to support those suffering from serious mental illness in maintaining stability and continuing care in the most appropriate settings based on need
- Approximately 114,000 unique clients served:
  - 21% Child
  - 15% TAY
  - 51% Adult
  - 13% Older Adults
- Outcomes
  - Care designed to meet the mental health needs of individuals at different stages of recovery

Consideration in Three-Year Plan

Explore the restructuring to Outpatient Treatment Services

- Transition RRR into a comprehensive system for Outpatient Treatment Services countywide
- Integrate and leverage RRR programs with non-MHSA outpatient services to create greater access to services for clients of all ages
- Create an outpatient mental health system that provides seamless referral and care for the client based on need regardless of payment source

SLIDE 5

EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT

CSS - Alternative Crisis Services (ACS)

Data for FY 2018-19

- Provides a comprehensive range of services and supports designed to provide alternatives to emergency room care, acute inpatient hospitalization and institutional care
- Approximately 69,831 unique clients served:
  - 68% in Urgent Care Centers
  - 30% by Law Enforcement Teams
  - 2% through Enriched Residential Services
- Outcomes
  - Care designed to meet the needs of individuals that can be better served through resources other that emergency room/institutional care
  - Reduction in homelessness
  - Prevention of incarceration

Proposed Change in Three-Year Plan

- Redesign Alternative Crisis Services that includes:
  - Establishing an Intensive Care Division (ICD) that merges services coordinated by Countywide Resources Management (CRM) and Managed Care and Treatment Authorization Request (TAR) units
  - Allowing for a single functional division that streamlines and improves client flow

SLIDE 6

EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT

CSS - Housing

Data for FY 2018-19

- Development of permanent supportive housing (PSH) for individuals and families living with serious mental illness or a severe emotional disorder address the needs of those that are homeless and/or at risk of homelessness
- Housing supports also seek to prevent clients from experiencing chronic homelessness
- Housing investments:
  - 512 new housing units developed
  - 1,734 total units available through DMH

Outcomes

- Millions of dollars invested toward building and subsidizing PSH units countywide through its MHSA Housing Program, Mental Health Housing Program and Special Needs Housing Program
- Through the State's No Place Like Home Program, LACDMH is investing significant MHSA funds for capital development projects and operating subsidies to house the most vulnerable in Los Angeles County
- In total, LACDMH has invested in 141 housing developments across the County with a total of 3,692 MHSA units for eligible tenants and their families

EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT

CSS - Housing

Continued Programming in Three-Year Plan

- Continue investments in the development of permanent supportive housing (PSH) for individuals who are homeless and suffering from a mental illness
- $10 million in MHSA funding was set aside to launch the Housing for Mental Health Program that provides for ongoing rental subsidies, as well as funding for security deposits, utility assistance, and household goods
- $9 million to enhance the LACDMH Enriched Residential Care Program that provides clients with the assistance needed to obtain and maintain housing at a licensed residential facility
- $11 million to support the countywide Homeless Outreach and Mobile Engagement (HOME) Teams that provide homeless individuals suffering from a serious mental illness with the services needed to transition them from the streets to PSH, including outreach, engagement and linkage to ongoing mental health services and permanent housing resources

EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT

Prevention and Early Intervention (PEI) Component

Overview

- Second largest MHSA component with 19% of the total MHSA allocation
- Focus on providing preventative and early intervention strategies, education, support and outreach to those at risk of developing mental illness or experiencing early symptoms
- FY 2018-19 - Approximately 51,000 unique clients received a direct mental health service
- PEI budget totaled $192 million

Programs and Services

- Prevention
- Early Intervention
- Suicide Prevention
- Stigma and Discrimination Reduction

SLIDE 9

EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT

PEI Component

Data for FY 2018-19

- Focus on reducing risk factors and increasing protective factors that prevent the onset or exacerbation of serious and persistent mental illness
- 50,865 clients received a direct mental health service
- 30,369 new clients receiving PEI services Countywide with no previous MHSA service

Outcomes

- Raises awareness of the importance of mental and emotional wellbeing and health, the impact of trauma
- Promotion of resilience strategies on systems and communities
- Building organizational and community capacity to promote wellbeing and resiliency and to recognize and respond to trauma and mental health needs
- Building bridges to mental health care when it is requested

SLIDE 10

EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT

PEI Component

Continued Programming in Three-Year Plan

Community Based Platforms to further increase access to preventative supports and trauma-informed communities through collaborations with

- Other County Departments to provide co-location of services in Communities
- Community Based Organizations to ensure grass-root supports to individuals, communities and families
- UCLA to design interactive, trauma-focused training platform through the Center of Excellence

SLIDE 11

EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT

PEI Component

Community Based Platforms

Programming and co-location of services through other County departments

- Parks and Recreation
- Libraries
- Public Social Services
- Health Services
- Children and Family Services
- Arts Commission
- Public Health
- Chief Executive Office

Initiatives to Increase Awareness and Access

Partnerships focusing on community hubs and innovative strategies

- Community Schools Initiative
- Regional Prevention Fund
- Transforming LA Through Partnerships
- Veterans Peer Access Network (VPAN)
- Foster America
- Friends of the Children

SLIDE 12

EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT

Workforce Education & Training (WET) Component

Overview

- Focused on creating and supporting a workforce that is culturally competent, consumer/family driven and promotes the transformation of mental health services to a strength based approach that is inclusive of recovery, resilience and wellness
- FY 2018-19, budget totaled $23 million

Programs and Services

- Training and Technical Skills
- Learning Net
- Navigator Skill Development Program
- Interpreter Training Program
- Intensive Mental Health Recovery Specialist Training Program

SLIDE 13

EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT

WET Component

Overview

- The Office of Statewide Health Professional Development (OSHPD) is gearing up for implementation of the 2020-25 WET Five-Year Plan
- Five-Year WET Plan will seek to enhance the public mental health system workforce
  - Allocation amount has not been finalized, but distribution is planned to occur by summer 2020
  - Counties are required to contribute a 33% match that must occur by 2025

Consideration in Three-Year Plan

- LACDMH to consider the:
  - Mental Health Loan Repayment Program that is managed by OSHPD
  - Underserved Cultural Community Graduate Recruitment Program that targets interested individuals from highly unserved/underserved populations within various ethnic group
  - Other local financial incentive programs
- LACDMH will report out in either a Mid-Year Adjustment or upcoming Annual Report that will also address the source of the 33% match

SLIDE 14

EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT

Innovation (INN) Component

Overview

- Provides 5% funding for time-sensitive projects that introduce new or improved practices or approaches to the delivery of mental health services.
- The Plan maintains funding that aligns with the various stages of all INN projects
  - INN 2 - Health Neighborhoods ($84M)
  - INN 3 - Technology Suites ($33M)
  - INN 4 - Transcranial Magnetic Stimulation "TMS" ($2.4M)
  - INN 5 - Peer Operated FSP ($9.9M)
  - INN 7 - Therapeutic Transport ($16.3M)
  - INN 8 - Early Psychosis Learning Network ($4.5M)
  - INN 9 - Conservatee Support ($16.3M)
  - TRIESTE ($116.0M)

Proposed Change in Three-Year Plan*

The following projects will require extensions to the original project timeline due to delayed implementation. The timelines will adjust to the 5-year maximum.

- INN 2 Health Neighborhoods ($84M)
  Additional 1-year extension
- INN 3 Technology Suites ($33M)
  Additional 2-year extension
- INN 4 TMS ($2.4M)
  Additional 2-year extension
- INN 7 Therapeutic Transport ($16.3M)
  Additional 2-year extension

** Was not reflected in Executive Summary posted February 5, 2020*

SLIDE 13

MHSA Three-Year Program and Expenditure Plan FYs 2020-21 to 2022-23

Questions and Feedback

SLIDE 14

OFFICE OF THE MENTAL HEALTH COMMISSION

Executive Committee Highlights -Thursday, February 13, 2020

Brittney Weissman, Chair, Presiding

Commissioners	Staff	Guest
Brittney Weissman	Pinki Mehta	Esiquio Reyes
Patrick Ogawa	Crystal Kibby	JoAnn Freeman
Stacy Dalgleish	Angel Baker	Elizabeth Dandino
Harold Turner	Lisa Wong	Aurenda Jones
Susan Friedman	Greg Polk	Algarcia Torres
	Debbie Innes-Gomberg	Maria Elena Felipe
	Kim Nall	

I. Roll Call

II. ACTION: Approve meeting minutes from January 9, 2020. **Minutes approved unanimously by vote**

III. Chair Updates –

Chair meeting with Hospital Commission – Chair spoke with Hospital Commission to plan a meeting to discuss MHC's community outreach coordination. Commissioners Weissman, Dalgleish and Friedman will meet with Hospital Commission as the next step.

Town hall debrief – Town hall was fabulous however, the day was to long. Dr. Sherin will ask the Cause Communication Team to improve coordination of agenda items and reduce town hall event time.

New Commissioner – Luis R. Orozco, LCSW, was appointed by Supervisor Hilda Solis, 1st District

New Health Deputy – Martha Molina, Supervisor Kathryn Barger, 5th District. Chair met with new health deputy who stated the district continues to interview candidates for vacancy.

ACTION – Place "Information Train" updates on agenda as standing item

IV. DMH Update/Action Items – Crystal Kibby, DMH Board Liaison

ACTION Items

- ODR – The request for DMH response to ODR is pending gathering information from Dr. Sherin
- RAND report – Send report to Commissioners

Update on Health Agency – The board will approve the new structure of AHI (Alliance for Health Integration) at next Tuesday's board meeting. AHI continues its idea to rotate chairs.

Mental Health Services Act Presentation – Greg Polk, Chief Deputy Director, Operations, and Staff MHSA Three Year Plan Community Planning Process (CPP) covers fiscal years 2020-2023 and is used to obtain feedback from stakeholders on the plan. The CPP issued a draft version of the Executive Summary (handout) to cover the proposed changes to the previous three years:

Community Services and Supports (CSS) Components – Largest component with 76% MHSA allocation

- Full Service Partnership (FSP)
- Recovery, Resilience, and Reintegration (RRR)
- Alternative Crisis Services (ACS)
- Linkage Services (Linkage)

- Housing
- Planning, Outreach, and Engagement (POE)

Prevention and Early Intervention (PEI) Components – second largest component 19% of MHSA allocation

- Prevention
- Early Intervention
- Suicide Prevention
- Stigma and Discrimination Reduction

Workforce Education & Training (WET) Components

- Training and Technical Skills
- Learning Net
- Navigator Skill Development Program
- Interpreter Training Program
- Intensive Mental Health Recover Specialist Training Program

Innovation (INN) – 5% funding for time-sensitive projects that introduce new/improved practices

INN 2 - Health Neighborhoods ($84M)
INN 3 - Technology Suites ($33M)
INN 4 - Transcranial Magnetic Stimulation "TMS"($2.4M)
INN 5 – Peer Operated FSP ($9M)
INN 7 – Therapeutic Transport ($6M)
INN 8 – Early Psychosis Learning Network ($4.5M)
INN 9 – Conservatee Support ($16.3M)
TRIESTE - ($116M)

Action Items from Commissioners

1. Inform MHC what incentives and the number of incentives are for providers (FACT SHEET)
2. CSS-Housing Component (slide 7) How many people can be housed in the 512 new housing units
3. For each component, add dollars projected and spent, breakdown for each SA and ethnic populations, youth, and seniors.
4. Describe CalMHSA mini grants and WeRISE?
5. Follow up on customer service complaints from clients regarding treatment from clinic staff
6. Many constituents believe the Executive Summary is the extent of the MHSA annual report. Please add note - this is not the full report just a summary of the annual report.

V. MHC Organizational Development

Discussion: Support for MHC and how MHC relates to DMH

There is possibly a conflict of interest between DMH and MHC because MHC is an advisory board and reports to the board of supervisors

Possible suggestions:

1. MHC staff be external because MHC reports to board
2. MHC given more autonomy and independent of DMH

3. Consultant to oversee MHC. Request to Executive Office to oversee MHC staff was unsuccessful.

VI. Non-Agenda Public Comments

- Esiquio Reyes – SA 2 implemented showers for homeless that is good but it does not help homeless who are living on the streets. It does not provide the daily needs.
- JoAnn Freeman – Mistakenly participated in peer support instead of peer advocate program due to lack of training. The manager bullied her and others in the peer support program.

ACTION: Standing agenda items (Executive Committee and/or Full Commission)

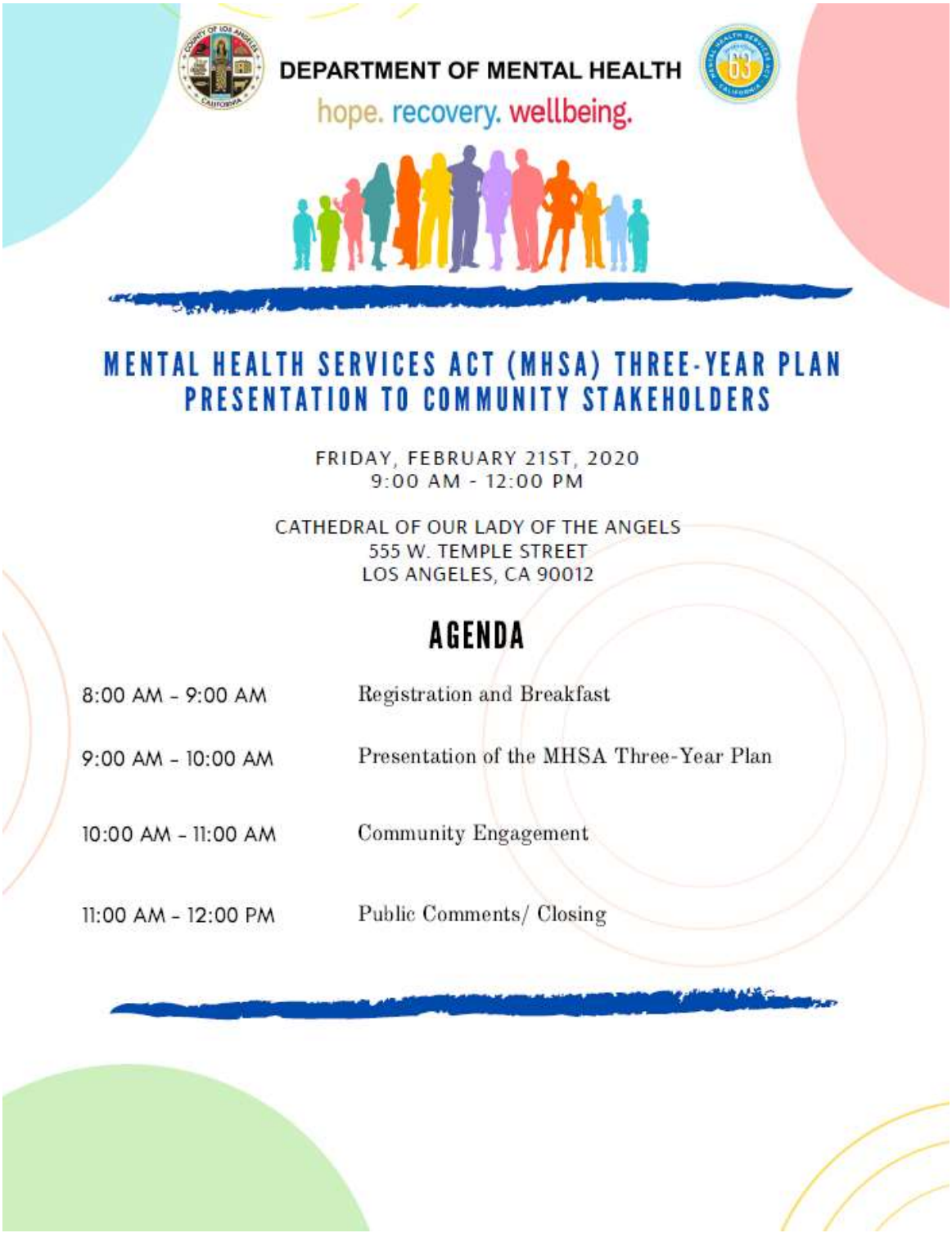
- MHC Priorities Committee Update
  a) Criminal Justice (Molina, Acebo, Ogawa – February 27)
  b) Integration (no MHC commitment – March 26)

VII. Adjourn

Next Meeting – Thursday, March 12, 2020 @ 10:00 am – 12:00 pm DMH Headquarters – 12th Floor Exec Conf Rm

Highlights prepared by – Canetana Hurd

APPENDIX A:
Community Planning Process
February 21, 2020: Stakeholder Meeting



DEPARTMENT OF MENTAL HEALTH

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LEY DE SERVICIOS DE SALUD MENTAL (MHSA) PLAN DE TRES AÑOS PRESENTACIÓN A LAS PARTES INTERESADAS DE LA COMUNIDAD

VIERNES 21 DE FEBRERO DE 2020
9:00 AM - 12:00 PM

CATHEDRAL OF OUR LADY OF THE ANGELS
555 W. TEMPLE STREET
LOS ANGELES, CA 90012

AGENDA

8:00 AM - 9:00 AM	Registro y desayuno
9:00 AM - 10:00 AM	Presentación del plan trienal de MHSA
10:00 AM - 11:00 AM	Participación de la comunidad
11:00 AM - 12:00 PM	Comentarios públicos / Clausura

MHSA
Three-Year Program and Expenditure Plan

Fiscal Years 2020-21 to 2022-23

Presentation to the Countywide Stakeholder Meeting
February 21, 2020

LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH
hope. recovery. wellbeing

Our mission is to optimize the hope, wellbeing, and life trajectory of Los Angeles County's most vulnerable through access to care and resources that promote not only independence and personal recovery, but also connectedness and community reintegration.

MHSA Three-Year Program and Expenditure Plan Presentation

- Overview of the Community Planning Process (CPP) and Timeline
- Review of Existing and Proposed New Programs and Services by MHSA Component
  - Community Services and Supports Component
  - Prevention and Early Intervention Component
  - Workforce Education and Training Component
  - Innovations Component
- Questions and Feedback
- Facilitated Roundtable Discussions by MHSA Component
- Report Back on Roundtable Discussions
- Public Comment Period

MHSA THREE-YEAR PLAN
COMMUNITY PLANNING PROCESS

- The Community Planning Process (CPP) is used to obtain feedback from a broad array of stakeholders on the MHSA Three-Year Plan (Plan) for Fiscal Year (FY) 2020-21, 2021-22, and 2022-23.

CPP Activities and Meeting Dates:

- Feb 5, 2020 - a draft version of the Executive Summary of the Plan was posted for public review and comment.
- Feb 13, 2020 - the Executive Summary to the Plan was presented to the Mental Health Commission Executive Committee. Input and recommendations were received that will be reflected in the final version of the Plan.
- Feb 21, 2020 - Today's Countywide Stakeholder Meeting will provide a presentation on the Plan components and allow for stakeholder discussion and input on the Plan

Upcoming Important Dates:

- Feb 27, 2020 - Mental Health Commission Meeting will allow for stakeholder discussion and input on the Plan's proposed new/continued programs and activities
- March 23, 2020 - The full version of the draft Plan will be posted at the DMH Website.
- April 23, 2020 - Public Hearing to receive a Vote on the Plan

EXISTING AND PROPOSED NE PROGRAMS AND SERVICES BY MHSA COMPONENT
COMMUNITY SERVICES AND SUPPORTS (CSS) COMPONENT

Overview

- Largest MHSA component with 76% of the total MHSA allocation
- For clients with a diagnosed serious mental illness
- For FY 2018-19
  - Approx. 140,000 unique clients received a direct service
  - 46,124 new clients served with no previous MHSA service (41% Hispanic, 16% African American, 16% White, 77% have a primary language of English, 15% have a primary language of Spanish

SA	# of Clients	# of New Clients
I	8,547	3,840
II	21,778	75.66
III	18,262	8,095
IV	30,065	12,730
V	9,458	4,267
VI	12,840	6,258
VII	12,886	5,236
VIII	27,409	12,028

EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT
COMMUNITY SERVICES AND SUPPORTS (CSS) COMPONENT

Full Service Partnership (FSP)

FY 2018-19 Data by Program/Service

- 3,584 Child Slots-4,073 Served
- 1,410 TAY Slots-2,859 Served
- 10,473 Adult Slots-7,247 Served
- 885 OA Slots-1,844 Served
- Reduces:
  - homelessness
  - incarceration
  - Hospitalization
- Increases:
  - Independent Living

Proposed Changes in the Three-Year Plan

- Redesign from slot-based programming model to a team-based model
- Restructure FSP contracts to include new program parameters for all ages
- Add performance-based criteria to FSP contracts to ensure continuous improvement of client care
- Incentivize providers for improved client outcomes in reductions in homelessness, justice involvement, psychiatric hospitalization and increases in independent living

EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT
COMMUNITY SERVICES AND SUPPORTS (CSS) COMPONENT

Recovery, Resilience, and Reintegration (RRR)

FY 2018-19 Data by Program/Service

- 24,549 Children Served
- 17,292 TAY Served
- 57,948 Adults Served
- 14,614 Older Adults Served
- Provides Community-Based Services, Clinic-Based Services and Wellbeing Services, including:
  - TAY Probation Camps
  - TAY Drop In Centers
  - Integrated Care Program
  - OA Training

Proposed Changes in the Three-Year Plan

- Change Name to **Outpatient Treatment Services**
- Transition RRR into a system providing Outpatient Treatment Services countywide for clients with high acuity
- Integrate and leverage RRR programs to create greater access to services for clients of all ages
- Create an outpatient mental health system that provides seamless referral and care for the client based on need regardless of payment source

EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT
COMMUNITY SERVICES AND SUPPORTS (CSS) COMPONENT

Alternative Crisis Services (ACS)

FY 2018-19 Data by Program/Service

- Residential Bridging-linkage services for clients with co-occurring mental health and medical issues
- 8 Urgent Care Centers located in SAs 2, 4, 5, 6, and 8, aprrox. 122 Beds, 47,435 client contacts
- Enriched Residential Services -1,401 admissions
- 10 Crisis Residential Treatment Centers with a total of 147 Beds
- Law Enforcement Teams fielded 20,995 calls, of which 668 reported being homeless. Of those calls, there were only 646 (3%) arrests.

Proposed Changes in the Three-Year Plan

Redesign Alternative Crisis Services that includes:

- Establishing an Intensive Care Division (ICD) that merges services coordinated by Countywide Resources Management (CRM) and Managed Care and Treatment Authorization Request (TAR) units
- Allowing for a single functional division that streamlines and improves client flow

EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT
COMMUNITY SERVICES AND SUPPORTS (CSS) COMPONENT

Housing

FY 2018-19 Program/Services

- Continued to expand Interim Housing and Permanent Housing resources dedicated to individuals and families living with serious mental illness or a severe emotional disorder that are homeless and/or at risk of homelessness
- Two new grants awarded for an additional 277 Shelter Plus Care certificates
- Expanded housing supportive services through Intensive Case Management Services and Housing FSP to individuals and their families living in Permanent Supportive Housing
- Housing supports seek to prevent clients from returning to homelessness
- Implementation of the LACDMH Enriched Residential Care Program that provides clients with the assistance needed to obtain and maintain housing at a licensed residential facility
- Housing capital investments of $65 million through Los Angeles County Development Authority, $15 million of which was dedicated to housing for veterans

EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT
COMMUNITY SERVICES AND SUPPORTS (CSS) COMPONENT

Housing

Capital Investments from 2008 to Present

- Investment of $243 million in capital funding for 83 permanent housing developments
- 13 of 83 housing developments also received operating subsidies
- The 83 housing developments target the below target families, transition age youth, adults and older adult populations and are in each Service Area
- 40 of the 83 developments (894 units) are open and occupied by formerly homeless or chronically homeless individuals or families living with serious mental illness or severe emotional disorder
- The remaining 43 developments are in various stages of development

EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT
COMMUNITY SERVICES AND SUPPORTS (CSS) COMPONENT

Housing

Continued Work in the Three-Year Plan

- Continue investments in the capital development of permanent supportive housing (PSH) for individuals who are homeless and suffering from a mental illness through No Place Like Home
- Continue to expand supportive services to those that are living in PSH
- Launching the Housing for Mental Health Program that provides for ongoing rental subsidies, as well as funding for security deposits, utility assistance, and household goods to individuals that are homeless and have high acuity that are served in FSP programs
- Continue investing in efforts to strengthen Licensed Residential Facilities
- Expansion of the Homeless Outreach and Mobile Engagement (HOME) Teams that provide homeless individuals suffering from serious mental illness that may need hospitalization and/or to be on conservatorship with the services needed to transition them from the streets to PSH, including outreach, engagement and linkage to ongoing mental health services and permanent housing resources

EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT
PREVENTION AND EARLY INTERVENTION (PEI) COMPONENT

Overview

- Second largest MHSA component with 19% of the total MHSA allocation
- Focus on providing preventative and early intervention strategies, education, support and outreach to those at risk of developing mental illness or experiencing early symptoms
- Programs/Service Components include:
  - Prevention
  - Early Intervention
  - Suicide Prevention
  - Stigma and Discrimination Reduction

EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT
PREVENTION AND EARLY INTERVENTION (PEI) COMPONENT

Priority Populations

- The Mental Health Services Oversight and Accountability Commission has established the following PEI Priorities for the Plan
  - Childhood trauma and prevention and early intervention to deal with the early origins of mental health needs;
  - Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan;
  - Youth outreach and engagement strategies that target secondary school and transition age youth with a priority on partnership with college mental health programs;
  - Culturally competent and linguistically appropriate prevention and intervention;
  - Strategies targeting the mental health needs of older adults; and
  - Early identification programming of mental health symptoms and disorders, including but not limited to anxiety, depression, and psychosis
- DMH will align proposed programs in the Plan with these priorities as appropriate

EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT
PREVENTION AND EARLY INTERVENTION (PEI) COMPONENT

FY 2018-19 Data by Program/Service

- Approximately 51,000 unique clients received a direct service
  - 7% children, and 18% TAY
  - 51% Hispanic, 10% African American, 8% White, and 3% Asian
  - 74% primary language of English and 23% primary language of Spanish
  - 30,369 new clients (23% Hispanic, 5% African American, 4% White, 74% primary language of English and 22% primary language of Spanish)
  - Below are clients served by Service Area

Service Area	Number of Clients Served	Number of New Clients to the Service Area
I. Antelope Valley	4,072	2,680
II. San Fernando Valley	7,936	4,886
III. San Gabriel Valley	8,996	5,639
IV. Metro	6,797	4,330
V. West	1,725	1,178
VI. South	6,816	4,424
VII. East	7,362	4,797
VIII. South Bay	8,175	4,936

EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT
PREVENTION AND EARLY INTERVENTION (PEI) COMPONENT

FY 2018-19 Data/Outcomes by Program/Service

- 79 PEI Programs/Projects, 32 Prevention Programs, 38 Early Intervention Programs, 16 Evidence Based Practices, 13 Promising Practices, 9 Community Defined Programs
- Raised awareness of the importance of mental and emotional wellbeing and health, and the impact of trauma through outreach training and partnerships;
- Promoted resilience strategies on systems and communities;
- Built organizational and community capacity to promote wellbeing and resiliency and to recognize and respond to trauma and mental health needs;
- Built bridges to mental health care when it is requested

EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT
PREVENTION AND EARLY INTERVENTION (PEI) COMPONENT

Continued in the Three-Year Plan

- Expand Community Based Platforms that increase access to preventative supports and trauma-informed communities through **collaborations with other County Departments**, including but not limited to Libraries, Parks, DCFS, DPH, DPSS, CEO, and WDACs.
- Expand Community Based Platforms that increase access to preventative supports and trauma-informed communities through **community initiatives that increase access and awareness**, including but not limited to School Based Community Access Platforms, Veterans Peers Access Platforms, Transforming LA (Incubation Academy), and Regional Prevention Fund.
- Collaborate with UCLA on development and launch of an interactive, trauma-focused training platform through the Center of Excellence.
- Assess CalMHSA Mini-Grants
- Assess We Rise Campaign

EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT
WORKFORCE EDUCATION AND TRAINING (WET) COMPONENT

Overview

- Focused on creating and supporting a workforce that is culturally competent, consumer/family driven and promotes the transformation of mental health services to a strength based approach that is inclusive of recovery, resilience and wellness

Programs and Services

- Integrated Peer Development Programming delivered to 117 individuals
- Training and Technical Skills
- Learning Net
- Navigator Skill Development Program
- Interpreter Training Program
- Intensive Mental Health Recovery Specialist Training Program, 45 individuals completed training, 76% represented under-represented pops, 51% spoke another language other than English

EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT
WORKFORCE EDUCATION AND TRAINING (WET) COMPONENT

Continued Work in the Three-Year Plan

- The Office of Statewide Health Professional Development (OSHPD) is gearing up for implementation of the 2020-25 WET Five-Year Plan
- Five-Year WET Plan will seek to enhance the public mental health system workforce
  - Allocation amount has not been finalized, but distribution is planned to occur by summer 2020
  - Counties are required to contribute a 33% match that must occur by 2025

LACDMH to consider the:

- Mental Health Loan Repayment Program that is managed by OSHPD
- Underserved Cultural Community Graduate Recruitment Program that targets interested individuals from highly unserved/underserved populations within various ethnic group
- Other local financial incentive programs
- LACDMH will report out in either a Mid-Year Adjustment or upcoming Annual Report that will also address the source of the 33% match

EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT
INNOVATIONS (INN) COMPONENT

Overview

- Provides 5% funding for time-sensitive projects that introduce new or improved practices or approaches to the delivery of mental health services.

- INN projects
  - INN 2 - Community Capacity Building to Prevent Trauma
  - INN 3 - Technology Suites
  - INN 4 - Transcranial Magnetic Stimulation "TMS"
  - INN 5 - Peer Operated FSP
  - INN 7 - Therapeutic Transport
  - INN 8 - Early Psychosis Learning Network
  - INN 9 - Conservatee Support
  - TRIESTE

EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT
INNOVATIONS (INN) COMPONENT

Continued Work in the Three-Year Plan

The following projects will require extensions to the original project timeline due to delayed implementation. The timelines will adjust to the 5-year maximum.

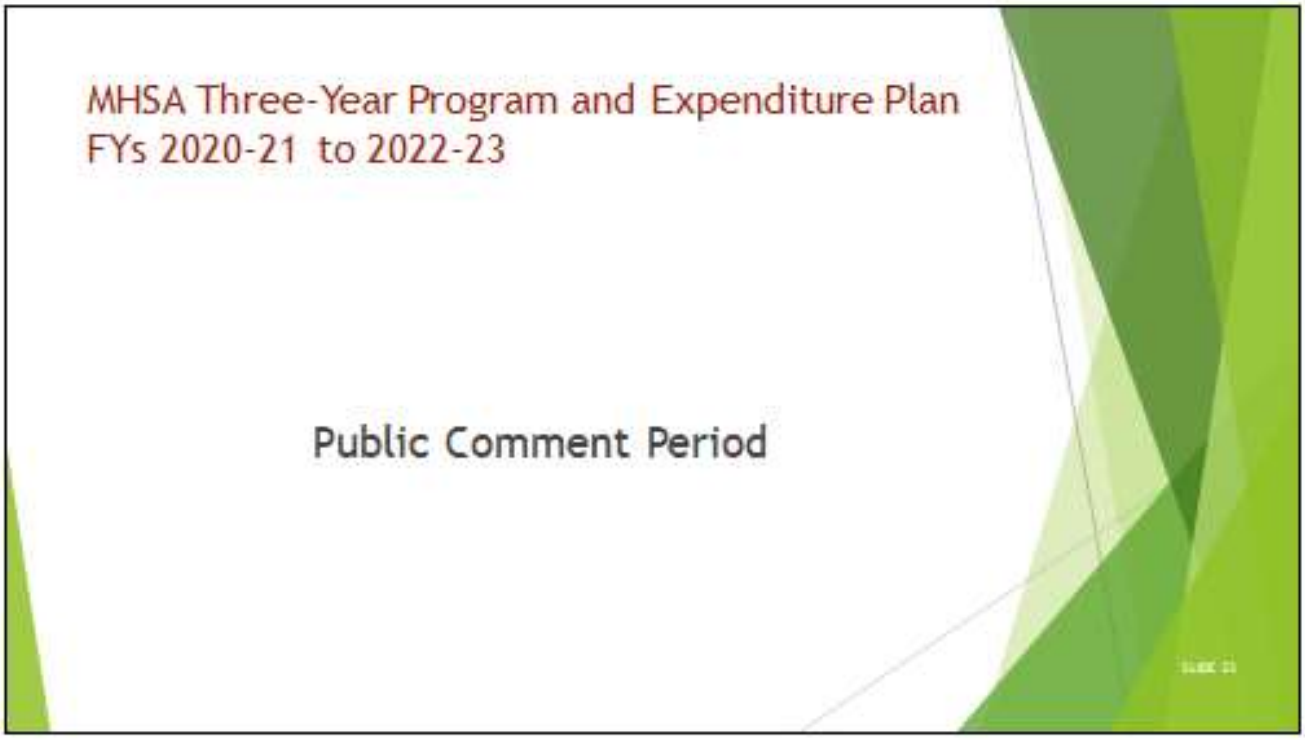
- INN 2 Community Capacity Building to Prevent Trauma-Additional 1-year extension
- INN 3 Technology Suites-Additional 2-year extension
- INN 4 TMS - Additional 2-year extension
- INN 7 Therapeutic Transport-Additional 2-year extension

MHSA Three-Year Program and Expenditure Plan
FYs 2020-21 to 2022-23

Questions and Feedback


MHSA Three-Year Program and Expenditure Plan
FYs 2020-21 to 2022-23
Roundtable Discussions


MHSA Three-Year Program and Expenditure Plan
FYs 2020-21 to 2022-23
Report Back on Roundtable Discussions


MHSA Three-Year Program and Expenditure Plan
FYs 2020-21 to 2022-23
Public Comment Period


MHSA Three-Year Program and Expenditure Plan
FYs 2020-21 to 2022-23
THANK YOU FOR YOUR PARTICIPATION

"This text is being provided in a rough draft format. Communication Access Realtime Translation (CART) is provided in order to facilitate communication accessibility and may not be a totally verbatim record of the proceedings."

FEBRUARY 21, 2020

DEPARTMENT OF MENTAL HEALTH
MHSA 3-YEAR PLAN
CATHEDRAL OF OUR LADY OF THE ANGELS,
LOS ANGELES, CA
8:00 AM – 1:00 PM

WE'LL START IN ABOUT TWO MINUTES.

RIGO RODRIGUEZ: GOOD MORNING, LET'S GO AHEAD AND GET STARTED. WELCOME TO THE -- WHAT ARE WE HERE FOR? MY NAME IS RIGO RODERICK SHANER AND IT'S A PLEASURE TO BE HERE WITH YOU. IT'S A PLEASURE TO SEE SOME FOLKS THAT I'VE WORKED WITH OVER THE PAST, I DON'T KNOW, 10 YEARS. I TOOK A LITTLE HIATUS THE LAST FOUR YEARS BUT IT'S A PLEASURE TO BE BACK HERE, AROUND THIS VERY, VERY IMPORTANT AREA. SO THE PURPOSE OF TODAY IS REALLY TO HAVE A PUBLIC COMMUNITY ENGAGEMENT SESSION WITH YOU AROUND THE MHSA THREE-YEAR PLAN. THAT'S THE PURPOSE THAT BRINGS US TOGETHER AND LET ME JUST MAKE SOME ANNOUNCEMENTS ON THE FRONT END, BEFORE WE JUMP INTO THE WORK. FIRST F NEED INTERPRETATION/TRANSLATION, PARTICULARLY INTO SPANISH OR KOREAN, PLEASE GO OVER TO THE BACK AND AVAIL YOURSELVES OF THE EQUIPMENT. I WISH I COULD SPEAK IN KOREAN, BUT I'LL DO IT IN SPANISH.

[SPEAKING SPANISH]

ALSO, CART SERVICES ARE PROVIDED SO IF YOU NEED THEM, PLEASE COME OVER TO THE TABLE OVER IN THE FRONT, PARTICULARLY FOR FOLKS WHO ARE DEAF AND HARD OF HEARING. THERE ARE SERVICES TO MAKE SURE THAT COMMUNICATION IS CLEAR AND AVAILABLE TO YOU AS WELL. ALSO, WE HAVE SOME FOLKS JOINING US ON SKYPE AND SO, THANK YOU FOR JOINING US THAT WAY. WHAT WE'RE GOING TO DO TODAY, FOR THOSE OF YOU THAT ARE ON SKYPE, WE WILL GO THROUGH THE PRESENTATIONS, AS I'LL DESCRIBE IN MORE DETAIL IN A SECOND. BUT WHEN WE GET TO THE POINT, THE PART ABOUT PUBLIC COMMENTS, AS YOU TYPE IN YOUR QUESTIONS, YOU'LL CREATE A CUE. WHEN WE DO PUBLIC COMMENTS, WE'LL ALTERNATE BETWEEN PEOPLE THAT ARE HERE AND ASK A QUESTION AND A QUESTION THAT CAME IN VIA SKYPE. IN TERMS OF PARKING, YES, YOU DON'T HAVE TO PAY FOR PARKING BUT HAVE YOU TO GET A VOUCHER AND SO I BELIEVE THE VOW R VOUCHERS ARE OVER IN THE REGISTRATION TABLE IF I'M CORRECT. SO MAKE SURE YOU GET YOUR VOUCHER SO YOU DON'T HAVE TO PAY. IF YOU WANT TO PAY, THAT'S UP TO YOU. CAN'T STOP YOU FROM PAYING. ALL RIGHT. AGAIN, LET ME GO OVER THE PURPOSE. THE PURPOSE TODAY IS TO PRESENT LET ME JUST SAY, THE THREE-YEAR PLAN AND TO SOLICIT PUBLIC INPUT ON THE PROGRAMMING THAT YOU'LL HEAR WITH. SO THAT'S THE BASIC PURPOSE. IN TERMS OF THE OBJECTIVES, THERE ARE TWO OBJECTIVES FOR TODAY. THE FIRST ONE IS TO UNDERSTAND THE MHSA THREE-YEAR PLAN AND WE HAVE WONDERFUL SPEAKERS UP HERE THAT

WILL WALK YOU THROUGH THE CORE COMPONENTS OF THAT. AND THE SECOND AND PERHAPS MOST IMPORTANT OBJECTIVE FOR TODAY IS FOR YOU TO PROVIDE INPUT. INTO WHAT YOU'RE ABOUT TO HEAR.

HERE'S THE FLOW FOR THE DAY, WE'LL HAVE ABOUT AN HOUR, OR 60 MINUTES TO, THAT THE PRESENTERS WILL USE. ALTOGETHER, THEY ARE NOT GOING TO TEACH TAKE AN HOUR. AND I'LL BE THE MONITOR. WE'LL TRY TO STAY WITHIN THAT HOUR. THEN WE HAVE A DISCUSSION OR INPUT SESSION. I'LL DESCRIBE THAT IN A SECOND. AT THE END, WE'LL HAVE REPORT-OUTS AND HAVE OPPORTUNITY FOR PUBLIC COMMENTS. SO THIS IS HOW THIS IS GOING TO WORK. SO PUBLIC COMMENTS ARE GOING TO BE AVAILABLE MULTIPLE TIMES THROUGHOUT TODAY. THE FIRST ONE WILL BE WHEN WE HAVE BREAK-OUT SESSIONS AND THEN AT VERY END, YOU'LL ALSO HAVE ANOTHER TUNE TO SHARE YOUR THOUGHTS AS MEMBERS OF THE PUBLIC. WHEN YOU SHARE YOUR THOUGHT AT THE VERY END, AS A MEMBER OF THE PUBLIC, WE WILL BE ASKING YOU TO FILL OUT A PUBLIC COMMENT CARD. WE'LL HAVE THE MICROPHONES ON BOTH SIDES OF THE STAGE, YOU'LL BE ABLE TO HAIR YOUR THOUGHTS BUT BE SURE TO FILL OUT THE PUBLIC COMMENT CARD, THAT WAY WE HAVE A RECORD THAT YOU SPOKE AND ALSO THAT YOU WERE HERE. WE'RE WITHING TO START OFF WITH THE PRESENTATION OF THE THREE-YEAR PLAN IN A SECOND. SO THEY ARE GOING TO TAKE, AS A MENTIONED, ABOUT AN HOUR. AFTER THEY'RE DONE, WE'RE GOING TO BREAK UP INTO GROUPS, WHEREVER YOU'D LIKE TO GO BE BUT WE HAVE FIVE STATIONS AROUND THE ROOM. WHEN WE GET TO THAT POINT, I'LL GIVE YOU MORE DETAILED INSTRUCTIONS WANT IN THE GENERAL SENSE, WHAT WE'RE GOING TO DO IS WE'LL BREAK UP INTO DIFFERENT GROUPS WE'RE GOING TO HAVE ABOUT AN HOUR'S WORTH OF OPPORTUNITY TO GO AROUND THE STATIONS, HOWEVER MANY STATIONS YOU WANT TO GO TO AND THERE, YOU'RE GOING TO SHARE YOUR COMMENTS AND YOUR THOUGHTS. AGAIN WHEN, WE TRANSITION INTO THAT SECTION, I'LL GIVE YOU MORE INSTRUCTION SO YOU CAN BE STRATEGIC AND CLEAR ABOUT WHERE YOU WANT TO INVEST YOUR TIME. SO FAR SO GOOD? CLEAR, EVERYONE? COOL. WITH THAT, I'M GOING TO GIVE THE MIC OVER TO I BELIEVE GREG.

>> MIKE: GOODS MORNING, THANK YOU FOR BEING PART OF THIS PROCESS. WE REALLY APPRECIATE YOU GUYS COMING OUT AND BEING A PART OF THE PROCESS. WE WANT TO MAKE THIS AN INTERACTIVE. SO ALL THE INPUT YOU GIVE US IS IMPORTANT WEIGHT LOOK FORWARD TO ALL THE INPUT AND WHAT WE WANT TO TRY TO DO IS INCORPORATE WHATEVER YOU GUYS GIVE US AS FEEDBACK, TO MAKE SURE THIS IS AN INTERACTIVE PROCESS, WE WANT TO MAKE YOU GUYS A PART OF THE PROCESS AND MOVING FORWARD, WE WANT TO INCLUDE YOU GUYS AS A BIG PIECE OF THIS WHOLE PROCESS. IT'S IMPORTANT THAT YOU GUYS, ANY IDEAS YOU GUYS HAVE IN THESE BREAKOUT SESSIONS, IT'S IMPORTANT THAT YOU GUYS MENTION THAT SO WE CAN HAVE SOME DIALOGUE ABOUT IT AND SEE IF WE CAN INCLUDE IT IN OUR PROCESS. I CAN'T STRESS ENOUGH THE IMPORTANCE OF HAVING A STAKEHOLDER PROCESS AND YOU GUYS BEING A PART OF THE PROCESS AND JUST MOVING FORWARD, THE WHOLE MANTRA OF THE DEPARTMENT IS TO MAKE SURE THAT YOU GUYS ARE INCLUSIVE IN EVERYTHING WE DO. SO WE'RE JUST TRYING TO STRIVE AND DO THAT TODAY. SO WITH THAT, I WANT TO START GOING THROUGH, I THINK YOU GUYS HAVE A HANDOUT THAT'S ALSO UP ON DISPLAY HERE.

WE'LL START TALKING ABOUT ACTIVITIES AROUND THE PLANNING PROCESS. ON FEBRUARY 5, THE INITIAL DRAFT WAS POSTED.

FEBRUARY 13: WE HAD THE EXECUTIVE SUMMARY MEET WEALTH MENTAL HEALTH COMMISSION.

FEBRUARY 21: WE'RE HERE TO HAVE A DISCUSSION WITH YOU ABOUT THE PRESENTATION. JUST SOME KEY UPCOMING DATES ON FEBRUARY 27. WE HAVE A MENTAL HEALTH COMMISSION MEETING WHICH WE'LL ALLOW THE STAKEHOLDERS TO HAVE INPUT WITH THE COMMISSION AT PRESENT.
MARCH 23: WE'LL HAVE A FULL VERSION OF THE DRAFT PLAN POST ON THE DMH WEBSITE.
APRIL 23: WE'LL HAVE THE PUBLIC HEARING TO VOTE ON THE PLAN. GETTING KIND OF RIGHT INTO THE WHOLE THREE-YEAR PLAN.
THERE ARE THREE MAJOR COMPONENTS THE THEIR. THE FIRST PIECE I'M GOING TO DISCUSS IS THE CSS PLAN. THAT PLAN, WE GET ABOUT $500 MILLION A YEAR ROUGHLY ON THAT AVERAGE, EVERY YEAR. IT'S LIKE 76% OF THE DOLLARS THAT WE GET FROM MHSA. SOME OF THE HIGHLIGHTS FOR '18- '19, WE STARTED WITH 140,000 CLIENTS. WE HAD 46,000 NEW CLIENTS SERVED WITH NO PREVIOUS MHSA SERVICE. THIS IS THE PIECE WHERE WE HAVE THE MOST FLEXIBILITY. AND SO WE TRY TO BE AS FLEXIBLE AS WE CAN BE WITH THE DOLLARS THAT WE SPEND HERE. AND AS I MENTIONEDERER, THE $500 MILLION IS USUALLY THE AMOUNT WE GET EVERY YEAR. WE'LL TALK ABOUT NOW, SOME OF THE ' 18-'19 HIGHLIGHTS THAT WERE FUNDED WITH THAT $500 MILLION. THERE WERE OVER 3500 CHILD SLOTS WITH ABOUT 4000 PEOPLE SERVED. THERE WAS ABOUT 1400 TAY SLOTS, WITH 2800 SERVE -- OVER 2800 SERVED. AND 10,000 ADULT SLOTS AND ONLY ABOUT 7200 SERVED. WE HAVE 10,000 SLOTS, I THINK IT'S BECAUSE OF A RAMP-UP PERIOD, THAT'S WHY THAT NUMBER IS LOW ON THE SERVE SIDE. AND ADULTS, WE HAVE AAIGHT 5.

GOING MORE TO A TEAM BASE. GOING INTO A DEEPER DIVE, OF WHAT WE'RE DOING NEXT YEAR, I'M GOING TO HAND THE MICROPHONE OVER TO LISA OUR DIRECTOR AT CSS AND SHE CAN GIVE US MORE INFO ON IT.

>> LISA: GOOD MORNING, EVERYONE. THERE ARE A LOT OF CHANGES COMING UP AND WE THINK IT'S GOING TO BUILD A STRONGER, MUCH MORE RESPONSIVE SYSTEM. SOME OF OUR STRUCTURAL CHANGES WE HAVE STREAMLINED THE AGE GROUPS. WE HAVE STREAMLINED THE SERVICE MODELS, AND WE HAVE EXPANDED THE RESOURCES AVAILABLE SO THAT PROVIDERS WILL BE ABLE TO APPROPRIATELY RESOURCE THEIR PROGRAMS. I KNOW A LOT OF WHAT WE HEARD FROM PROVIDER FEEDBACK IS WITH THIS VERY HIGH POPULATION, EVEN WITH THE 15-TO-1 CASE LOAD RATIO, WE REALLY WEREN'T ABLE TO COMPLETE THE NEEDS AND WE WEREN'T APPROPRIATELY RESOURCED SO WE HAVE CHANGED THE STAFFING PATTERN, WE HAVE MADE IT RICHER AND WE THINK THIS WILL BETTER ADDRESS THE NEEDS OF THIS HIGH ACUITY POPULATION. THERE WILL BE NEW CONTRACT DOCUMENTS, THAT INCLUDES NEW SERVICE EXHIBITS, DETAILED WITH A LOT OF DEDETAIL AND CLEAR EXPECTATIONS, REGARDING SERVICE REQUIREMENTS. WE'RE GOING TO HAVE A NEW FUNDING MODEL THAT AS GREG MENTIONED, IS NOT SLOT-BASED BUT REALLY ABOUT A MULTI DISCIPLINARY TEAM, TAKING CARE OF AN ENTIRE POPULATION OF FOLKS. WE HAVE NEW OUTCOMES AND INCENTIVE STRUCTURES. THIS IS SOMETHING VERY EXCITING FOR OUR PROVIDERS. THERE WILL BE CERTAIN BENCHMARKS THAT WE WILL PUT FORTH. IF THEY ARE ABLE TO MEET THOSE BENCHMARKS, THEY'LL HAVE MONETARY INCENTIVE PAYOUTS. ALSO, THERE IS GOING TO BE SOME RIGHT SIZING, AS I MENTIONED AND WHILE IT WILL RESULT IN THE DECREASE IN THE NUMBER OF WHAT WE HAVE CALLED SLOTS IN THE PAST, IT ACTUALLY WILL BE AN INCREASE IN THE NUMBER OF CLIENTS THAT WE'RE SERVING. YOU KNOW, ALONG WITH THESE CHANGES, WE ARE ALSO PUTTING IN PLACE, A VERY ROBUST

SYSTEM OF SUPPORT. THIS INCLUDES WORK WITH UCLA IN PUTTING OUT OUR LEARNING COLLABORATIVES, AND DIFFERENT TRAINING TO SUPPORT FOLKS ALL THE WAY THROUGHOUT THE YEARS SO THERE'S CONTINUOUS LEARNING, CONTINUOUS IMPROVEMENT AND ALSO A LOT OF TECHNICAL ASSISTANCE WILL BE PROVIDED. WE KNOW THAT THIS IS A BIG LIFT FOR OUR SYSTEM BUT WE'VE BEEN DOING FSP PER OVER A DECADE NOW AND WE HAVE GOT A LOT WONDERFUL LESSONS LEARNED ABOUT WHAT THE BEST PRACTICES ARE SO WE THOUGHT THIS WAS A GREAT TIME TO DO A TRANSFORMATION WHERE WE CAPITALIZE ON THE LEARNING WE HAVE HAD SO FAR AND WE HEAD FORWARD, LOOKING FORWARD TO A LOT OF GROWTH AND EVOLUTION FOR FSP. THANK YOU.

>> MIKE: THANK YOU, LISA. JUST TO ADD A COUPLE MORE COMMENTS TO THAT. LISA MENTIONED THE EFFORT SPEED PROJECT. WE PROVIDED, SOME OF THE PROVIDERS HAD A LOT OF INPUT ON HOW WE MOVE FORWARD, THIS NEW FSP PROGRAM, ONCE THIS PROGRAM TAKES OFF, I THINK IN THE NEXT YEAR OR SO WE'LL TAKE A LOOK TO SEE HOW WE CAN IMPROVE IT AND TAKE A LOOK AT LESSONS LEARNED. SO THIS IS AN EVOLUTION. AGAIN, I KEEP STRESSING, IT'S IMPORTANT THAT YOU GUYS BE A PART OF THE PROCESS SO YOU UNDERSTAND, THERE'S NO HIDDEN AGENDAS HERE. EVERYTHING'S GOING TO BE ON THE FLOOR. THERE'S NOTHING WE'RE GOING TO HIDE.

>> LISA: I THINK THIS WAS ESPECIALLY A CONSIDERATION, GIVING THAT WE'RE FOLK AUG.S ON THE HIGHEST ACUITY, NOT AT RISK FOR FSP. WE HAVE TO BUILD THAT CAPACITY TO MAKE SURE THERE'S NOT A GAP IN SERVED INS. ONE OF THE THINGS, THERE ARE CERTAIN ELEMENTS THAT ARE GOING TO BE CORE COMPONENTS TO OUT PATIENT SERVICES AND WE WANT TO MAKE SURE THAT IS A CONSISTENT FOUNDATION THROUGHOUT OUR OUT PATIENT SERVICES WE ALSO REALLY WANT TO FOCUS ON WHAT WE DO ON CHANGING THOSE SOCIAL DETERMINANTS OF HEALTH THAT DR. SHARON TALKS ABOUT QUITE OFTEN AND YOU KNOW, WE ARE LOOKING AT THE WHOLE PERSON, NOT JUST OKAY, ARE WE AMELIORATING SYMPTOMS, DO THEY HAVE A SHELTER OR A PLACE TO STAY. ARE WE GIVING YOUR CLIENTS THE BEST CHANCE AT HAVING A RICH AND FULL LIFE, OF HAVING RELATIONSHIPS AS WELL AS THINGS LIKE MATERIAL STABILITY, HOUSING STABILITY, FOOD STABILITY, THOSE SORTS OF THINGS. SO WE WANT TO CREATE WELCOMING ENVIRONMENTS IN ALL OF OUR OUTPATIENT SERVICES. WE ALSO WANT TO MAKE SURE THAT EACH ONE HAS A BASIC CORE OF GROUPS THAT CAN BE EXPECTED OF DIFFERENT OUTPATIENT INTERVENTIONS, EVP'S THAT CAN BE EXPECTED AND THERE'S A LOGICAL PROGRESSION FOR FOLKS. WHETHER YOU'RE COMING OUT OF FSP OR YOU'RE COMING DIRECTLY INTO AN OUT PATIENT PROGRAM, YOU WILL KNOW WHAT YOU CAN EXPECT, THE ARRAY OF SERVED INS AVAILABLE TO YOU AND HAVE THE SUPPORT THAT'S NEEDED. ONE AREA THAT WE'RE GOING TO BE REALLY EMPHASIZING IN THE COMING YEARS IS EMPLOYMENT SERVICES. WE'RE LOOKING AT STARTING AN OCCUPATIONAL THERAPY PILOT PROGRAM TO SUPPORT SPECIALIZED EMPLOYMENT SERVICES. WE FOUND THAT A LOT OF OUR CLIENTS ARE INTERESTED IN WORK AND WOULD LIKE TO GET INTO THAT. WE THINK THAT'S AN IMPORTANT PART ABOUT HAVING A FULL AND RICH LIFE I THINK THIS IS A STEP FORWARD N BUILDING A NICE FORUM FOR OUR OUT PATIENT SERVICES.

>> MIKE: LISA MENTIONED THE SOCIAL DETERMNANTS OF HEALTH. WHICH IS A HUGE COMPONENT FOR DR. SHARON. HE WANTS US TO FOCUS ON SOCIAL DETERMINANTS. WE THINK IT'S KEY TO RECOVERY, SO WE WILL PUT AS MUCH DOLLARS AS WE CAN TO ENSURE THAT THERE'S SOCIAL DETERMINANT OF HEALTH FUNDING AVAILABLE. NEXT PIECE OF.

OUR CRS:TARS, WE OPEN ABOUT 8 URGENT CARE CENTERS THROUGHOUT THE COUNTY, WHICH GAVE US ABOUT 122 BEDS AND OVER 47,000 CLIENTS. WE HAVE SOME ARS'S, RIP, RESIDENTIAL SERVICES, ABOUT 1400 ADMISSIONS THERE. THEN WE HAD 10 CRISIS RESIDENTIAL TREATMENT CENTERS WITH ABOUT 147 BEDS. I'M QUITE SURE YOU GUYS ARE FAMILIAR WITH THE MOTION THAT WAS PASSED BY THE BOARD WHERE WE'RE TRYING TO IDENTIFY OVER 500 NEW BEDS IN THE COUNTY, WHICH IS A HUGE EFFORT. I MEAN, WE'RE MAKING EVERY EFFORT POSSIBLE TO TRY TO IDENTIFY BEDS. BASED ON A MOTION THAT WAS PASSED BY THE BOARD A FEW MONTHS AGO. THE ACS PIECE, WE HAVE A DIRECTOR OF ACS DOCTOR, AMANDA AND SO I'LL COME AND HAVE HER TALK A LITTLE BIT ABOUT ACS

>> AMANDA: IF YOU LOOK AT OUR NETWORK, OUR NETWORK GOES FROM TRIAGE TO IN-PATIENT TO SUBACUTE, IMD TO WHAT IS CALLED "SUBACUTE" OR "IMD STEP-DOWN." SO ACS INCLUDES URGENT CARE, CRS:TARS AND IMD STEP-DOWN. SO WHAT WE'RE LOOKING AT DOING IS INCREASING
THE FLOW VIA PERFORMANCE-BASED CONTRAST AND WE WANT TO INCREASE THE FLOW SO THAT WE CAN INCREASE CAPACITY AND GET MORE OF OUR CLIENTS AND OUR BENEFICIARIES IN TO GET CAUGHT CARE AT THE RIGHT TIME AND AT THE RIGHT PLACE SO THAT WE CAN LISTEN TO WHAT THEY NEED AT THE RIGHT TIME. WE'RE REALLY WANTING TO GET YOUR FEEDBACK SO THAT WE CAN GET MORE PERSONS IN THE RIGHT PLACE AND WE REALLY NEED YOUR FEEDBACK SO THAT WE CAN GET MORE IMPROVEMENT IN THE NETWORK.

>> GREG: THIS ISALLY HOUSEKEEPING HERE. ONE THING I FORGOT TO DO. I'M SORRY. I APOLOGIZE, WAS INTRODUCE EVERYBODY. I THINK I SHOULD HAVE STARTED THERE. WE HAVE (INDISCERNIBLE) OUR PEIS: SERMED ALKAAS ^ PROBLEM. YOU MET DR. AMANDA RUE EASE. WE HAVE DEPUTY DIRECTOR, MARIA (INDISCERNIBLE) CHOICE DEPUTY DIRECTOR OVER OUR HOUSING. DEBBIE BEGINSBERG OVER OUR OUTCOMES AND THEN WE HAVE LISA, FROM OUR OUTPATIENT SERVICES, DEPUTY DIRECTOR. I APOLOGIZE FOR NOT INTRODUCING THEM EARLIER.

NEXT COMPONENT. BIG COMPONENT. HOUSING, A LOT OF MONEY OUT OF OUR MHSA FUNDS ARE DIRECTED TOWARDS HOUSING. LOTS AND LOTS GOING ON AROUND HOW LONG. YOU'RE FAMILIAR WITH THE NO PLACE LIKE HOME NAT STATE HAS. OUR DEPUTY DIRECTOR MARIA FONC IS VERY INSTRUMENTAL, IN MAKING SURE THE HOUSING NEEDS OF THE COMMUNITY IN WHICH WE SERVE ARE ADHERED TO AND SO I DON'T WANT TO TRY TO TOUCH WHAT SHE DOES WITH HOUSING
I'M JUST GOING TO KICK THAT TO HER.
>> MARIA: THANK YOU. GOOD MORNING. I KNOW THAT MANY OF OUR STAKEHOLDERS, IF NOT KNOT ALL OF YOU, ARE SO CONCERN ABOUT THE HOMELESS CRISIS WE HAVE IN LOS ANGELES. WITH 60,000 PEOPLE WHO ARE HOMES ON ANY GIVEN DAY AND IT'S ESTIMATED ABOUT 25% OF THOSE PEOPLE HAVE A SERIOUS MENTAL ILLNESS. SO I WANTURE TO KNOW, AND I THINK YOU HOPEFULLY DO KNOW THIS, DMH IS A VERY IMPORTANT COMPONENT AND PARTNER IN THE WORK THAT'S BEING DONE IN LOS ANGELES TO END HOMELESSNESS. WE ARE PARTNERED WITH LOS ANGELES HOMELESS SERVICES AUTHORITY, AND THE C.E.O.'S HOMELESS INITIATIVE STAFF. I'M GOING TO TALK A LITTLE BIT ABOUT THE INVESTMENTS WE HAVE MADE AND CONTINUE TO EXPAND TO ADDRESS THESE ISSUES. SO STARTING WITH 2018-19 WE CONTINUED

TO EXPAND OUR INTERIM HOUSING NETWORK. WE CONTINUED TO LOOK FOR INTERIM HOUSING PROVIDERS THAT WE CAN CONTRACT WITH THAT WILL 7 PEOPLE
-- THAT WILL SERVE PEOPLE WHO ARE HOMELESS. WE CONTINUE TO EXPAND OUR PERMANENT HOUSING NETWORK AND THE SERVICES THAT WE PROVIDE TO PEOPLE, WHO
HAVE MOVED INTO PERMANENT HOUSING THAT WERE HOMELESS, THAT HAVE A SERIOUS MENTAL ILLNESS. WE TO THAT THROUGH OUR CASE MANAGEMENT SERVICES CONTRACTS AND OUR HOUSING FSP PROVIDING HOW LONG. WE APPLIED FOR TWO NEW GRANTS THAT WERE AWARDED THROUGH THE H.U.D.
WHICH HAPPENS IN LOS ANGELES AND THAT ALLOWED US TO EXPAND OUR HEALTHCARE RESOURCES WHICH ARE SUBSIDIES FOR PEOPLE WHO HAVE A MENTAL ILLNESS. BRINGING OUR TOTAL UP TO ABOUT 2000 THAT WE CONTROL AND MANAGE IN OUR DEPARTMENT.

WE ALSO IN 2018 THROUGH 2019, WE IMPLEMENTED A PROGRAM CALLED THE BRIDGE RESIDENTIAL CARE PROGRAM, NOT TO BE CONFUSED WITH AMANDA AND RICH'S RESIDENTIAL SERVICES PROGRAM, WHICH IS CONFUSING. WE MOLDED THIS PROGRAM AFTER DHS'S PROGRAM AND WE ALIGNED OUR RESOURCES TOGETHER. AND THIS ALLOWS US TO HELP PAY FOR THE RENT
OF PEOPLE LIVING RESIDENTIAL FACILITIES AND PAGAN ENHANCED RATE FOR PEOPLE WITH MORE COMPLEX ISSUES THAT ALLOWS THE RESIDENTIAL PROVIDERS TO WORK WITH THOSE CLIENTS. SO THAT WAS IMPLEMENTED IN 18-19. THEN WE CONTINUED TO MAKE CAPITAL INVESTMENTS IN HOUSING. IN THIS YEAR WE INVESTED $65 MILLION THROUGH THE LOS ANGELES COUNTY DEVELOP AUTHORITY. $15 MILLION OF THAT WAS DEDICATED FOR THE CAPITAL DEVELOPMENT OF HOUSING FOR VETERANS. THEN WE ALSO, THROUGH A STAKEHOLDER PROCESS, WE GOT A LOT OF FEEDBACK AND INTEREST IN HAVING A NOFA THAT FOCUSED SPECIFICALLY ON ALTERNATE HOUSING MODELS. $11.5 MILLION WENT OUT FOR ALTERNATIVE HOW LONG MODELS.
13 OF THOSE PROJECTS WERE ALSO FUNDING THE OPERATING SUBSIDIES TO MAKE THE UNITS FORDABLE TO OUR CLIENTS THE REST OF THEM HAVE SUBSIDIES FROM THE HOUSING DEPARTMENTS. THAT'S HOW THEY'RE AFFORDABLE. THE HOUSING WE ARE INVESTED IN, SERVES POPULATION, FAMILIES, TRANSITION-AGED YOUTHS, ADULTS AND OLDER ADULTS AND THEY ARE ALL IN OUR SERVICE AREAS. SO OF THE QUESTION DEVELOPMENTS, SOME ARE STILL BEING BUILT N DIFFERENT STAGES OF DEVELOPMENT, BUT 40 HAVE OPENED WHICH ACCOUNTS FOR 894 UNITS. I WANT YOU TO KNOW THAT EVEN THOSE 894 UNITS M IT'S NOT JUST 894 PEOPLE. THAT BREAKS DOWN OF THOSE 894 UNITS SOME ARE SINGLES AND ONE BEDROOMS H TYPICALLY COULD HAVE ONE PERSON IN THEM. BUT WE ALSO HAVE 65 TWO-BEDROOMS, 37 THREE-BEDROOMS AND 8 FOUR-BEDROOM UNITS WHICH SERVE LARGE FAMILIES. I KNOW THAT'S ALWAYS BEEN AN ISSUE OVER THE YEARS. ARE WE SERVING FAMILIES AND I CAN ACTUAL, THAT WE ARE. AND A FOUR-BEDROOM APARTMENT WITH SERVE A FAMILY OF EIGHT PEOPLE AND WE DO HAVE VERY LARGE FAMILIES THAT WE ARE 7ING WHO ARE HOMELESS. SO THE CONTINUED WORK THAT WE'RE DOING, WE CONTINUE TO MAKE INVESTMENT IN THE CAPITAL DEVELOPMENT OF HOUSING. I MENTIONED NO PLACE LIKE HOME. YOU'RE PROBABLY ARC WEAR OF THAT.
PROPOSITION 2 THAT WAS PASSED. THAT IS BRINGING $700 MILLION, IT'S ESTIMATED, TO LOS ANGELES COUNTY TO CONTINUE TO INVEST IN HOW LONG. THEY ALREADY HAD THE FIRST ROUND OF FUNDING, NOTICE OF FUNDING AVAILABILITY GO OUT AND INVESTING IN ABOUT $430

MILLION IN PROJECTS THAT ARE GOING TO BE COMING ONLINE IN THE NEXT SEVERAL YEARS. WE CONTINUE TO EXPAND OUR SUPPORTIVE SERVICE THAT IS WE PROVIDE TO PEOPLE THAT HAVE MOVED INTO PERMANENT HOUSING THAT WERE HOMELESS. I THINK RIGHT NOW, NOT JUST OUR PIPELINE AND THE WHOLE PIPELINE IN THE COUNTY, THERE'S OVER 6000 UNITS THAT ARE IN THE PIPELINE, IN STAGES OF DEVELOPMENT THAT WILL BE COMING ONLINE OVER THE NEXT COUPLE OF YEARS.

WE ARE LAUNCHING THE HOUSING FOR MENTAL HEALTH PROGRAM. THIS CAME OUT OF THE STAKEHOLDER PROCESS RELATED TO THE FSP REDESIGN OR TRANSFORMATION.
THERE WAS RECOGNITION FROM OUR TAKE HOLDER THAT IS WE NEED LOCAL HOUSING SUBSIDIES THAT WE CAN USE TO SERVE OUR MOST VULNERABLE PEOPLE. WE'RE NOT JUST USING THE FEDERAL SUBSIDIES THAT OUR CLIENTS QUALIFY FOR. AND WE HAVE TO USE THE COORDINATED ENTRY SYSTEM TO FILL THOSE OTHER UNITS. SO THROUGH THIS INVESTMENT, WE'RE ABLE TO 7 PEOPLE IN OUR FULL-SERVICE PARTNERSHIP PROGRAMS, FOCUSING ON PEOPLE IN OUR HOMELESS PARTNERSHIP PROGRAM AND OUR FULL SERVICE PARTNERSHIPS THAT 7S PEOPLE INVOLVED IN THE CRIMINAL JUSTICE SYSTEM. AND SO WE HAVE BEGUN THAT PROGRAM AND LOOKING TO MOVE PEOPLE INTO HOUSING FOR THAT PROGRAM. WE CONTINUE TO INVEST AND STRENGTH STRENGTHENING A LICENSE AND RESIDENTIAL FACILITY NETWORK AND JUST IN CASE YOU DON'T KNOW WHERE THAT IS, IT'S COMMONLY CALLED BOARDING CARE. I THINK PEOPLE REFER TO THEM AS BOARDING CARE HOMES. SO WE ARE WORKING VERY HARD WITH HOUSING FOR HEALTH, TO REALLY STRENGTHEN THAT NETWORK OF BOARDING CARE TO STEM THE TIDE OF BOARDING CARES THAT ARE
CLOSING AND ACTUALLY TRYING TO GROW THAT NETWORK AND CONTINUING TO MAKE INVESTMENTS IN THOSE EFFORTS. AND THEN LASTLY, I'LL JUST MENTION THAT WE ALSO HAVE OUR HOMELESS OUTREACH
TEAMS HOMELESS OUTREACH AND MOBILE ENGAGEMENT TEAMS, THEY ARE CONTINUING TO EXPAND AND REALLY, ARE DEDICATED TO SERVE PEOPLE ON THE STREETS WHO ARE THE MOST VULNERABLE, WHO MAY NEED HOSPITALIZATION, WHO MAY NEED TO BE ON CONSERVATORSHIP, AND TARGETING EFFORTS ON THE MOST DIFFICULT SITUATIONS TO ENGAGE THEM AND HELP THEM MOVE OFF THE
STREETS. GREGG: JUST A COUPLE OF COMMENTS. HUGE, HUGE, DOLLARS ON TRYING TO MAINTAIN BOARDING CARE. ONCE A BOARDING CARE GOES AWAY, IT'S HARD TO GET THEM BACK. IT'S HARD TO GET PEOPLE TO FIND THEM IN CERTAIN NEIGHBORHOODS. WE WANT TO INVEST AS MUCH AS WE CAN AROUND BOARDING CARE.
WE ARE TRYING TO LEVERAGE FEDERAL AND STATE DOLLARS TO, DRAW DOWN MONEY TO PUT TOWARDS THIS PLATFORM. IT WOULD BE GREAT. SO THAT'S ANOTHER EMPHASIS WE'RE GOING TO TRY TO DO IN THE HOMELESS AREA. LOTS OF CONNECTIONS TO OTHER ENTITIES THROUGHOUT L.A. TO TRY TO SEE IF WE CAN SOLVE THIS HOMELESS PROBLEM THE BEST WE CAN

NEXT COMPONENT I WANT TO TALK ABOUT IS P.E.I.
WE GET ABOUT $100 MILLION A YEAR IN PEI. THIS IS EARLY INTERVENTION STRATEGIES WE TRY TO WORK ON. INTERVENTION, IT'S SUICIDE PREVENTION AS WELL AS STIGMA AND DISCRIMINATIONS REDUCTION. HUGE EFFORT. A LOT OF CONNECTIVITIES WITH OTHER COUNTY

DEPARTMENTS WE WORK WITH PUBLIC LIBRARIES, DEPARTMENT OF SOCIAL SERVICES. PARKS AND RECREATIONS. A LOT OF AREAS WE CAN INFLUENCE. SO A LOT OF EFFORTS AROUND THAT FROM THE DEPARTMENT. WE TRY TO KEEP THOSE RELATIONSHIPS WITH OTHER COUNTY DEPARTMENTS. HUGE INVESTMENT IN THAT, OTHER ENTITIES IN SUICIDE PREVENTION AND THINGS OF THAT NATURE. TO TALK ABOUT SOME OF THE 18-19 HIGHLIGHTS, WE HAD ABOUT 5PEI PROGRAMS. KIND OF GET MORE INTO THE DETAIL, I'M GOING TO LET OUR PEI SERMED ALKAAS ^ EXPERT TALK ABOUT IN A LITTLE MORE DETAIL.

>> GOOD MORNING. SO AS GREG MENTIONED, I MEAN, HISTORICALLY IN 18-19 AND PREVIOUS YEARS, WE HAVE REALLY FOCUSED ON '18-' 19
THIS RECENT YEAR, AND GOING INTO THE COMING YEAR, THREE-YEAR PLAN, WE'RE REALLY FOCUSING ON COMMUNITY ACCESS PLATFORMS, AND REALLY LOOKING INTO COMMUNITIES SO THAT WE CAN SERVE PEOPLE WHERE THEY ARE TO KEEP THEM IN PLACE.
SO HOPEFULLY, THEY CAN GET THE SUPPORT THAT THEY NEED WHERE THEY ARE. WHETHER IT BE IN THEIR SCHOOLS, IN THEIR COMMUNITY LIBRARIES, WHEN THEY GO TO DPSS OFFICE OR OTHER PLACES. SO WE HAVE REALLY MADE A CONCERTED EFFORT UNDER THE LEADERSHIP OF DR. SHARON TO REALLY PARTNER, AS GREG SAID, WITH THE OTHER COUNTY DEPARTMENTS. WE HAVE SEVERAL INITIATIVES THAT ARE MOVING FORWARD RIGHT NOW PARTNERING WITH OTHER DEPARTMENTS, TO FIND PEOPLE WHERE THEY ARE AND ASSESS THEM TO SEE IF THERE ARE OTHER, MAYBE NOT NECESSARILY DIRECT SERVICES, MENTAL HEALTH SERVICES BUT IF THERE ARE OTHER THINGS WE CAN OFFER THEM IN SUPPORT WITH OTHER DEPARTMENTS SO TO KEEP THEM WELL AND IN PLACE. THE OTHER EFFORT WE'RE DOING, IS REALLY FOCUSING ON COMMUNITY INITIATIVES THAT INCREASE ACCESS AND AWARENESS. WE'RE DOING THAT IN SEVERAL WAYS. ONE WAY IN WHICH WE HAVE OUR SCHOOL-BASED COMMUNITY ACCESS PLATFORM. WE ARE CURRENTLY WORKING WITH LACOS: SERMED ALKAAS ^ AND LAUSD -- WITH LACOS: SERMED ALKAAS ^ AND LAUSD. IN MANY CASES WE ONLY GET AN OPPORTUNITY TO INTERACT WITH PARENTS OR THOSE THAT ARE UNDER REPRESENTED OR THOSE THAT DON'T COME INTO OUR CLINICS. WE ONLY HAVE THE OPPORTUNITY TO INTERACT WITH THEM WHEN THEY TAKE THEIR CHILDREN TO SCHOOL. SO PART OF WHAT THE SCHOOL-BASED PLATFORM IS DESIGNED TO DO IS MAKE SCHOOLS THE HUB SO THAT THE CHILDREN ARE GETTING WHAT THEY NEED AND WHEN THEIR PARENTS COME TO PICK THEM UP, THAT WE HAVE SOCIAL WORKERS IN PLACE AT THE SCHOOL SITES. WE'RE PROVIDING TRAININGS TO THE TEACHERS AND ADMINISTRATORS SO THEY ARE TRAUMA INFORMED AND THEY ARE ABLE TO SUPPORT FAMILIES WHEN THEY ARRIVE AND NEED SUPPORT. ONE OF THE OTHER VERY EXCITING OPPORTUNITIES THAT WE ARE MOVING FORWARD WITH
IS OUR TRANSFORMING L.A., FOR MANY OF YOU I'VE SEEN IN THE ROOM, I'VE MET YOU ON OTHER OCCASIONS AND THAT'S THE INCUBATION ACADEMY, IF YOU KNOW THAT'S TRANSFORMING L.A. OR THE INCUBATION CARRIED MOST WE DID A SMALLER EFFORT MONTHS AGO OR YEARS AGO AND NOW WE'RE EXPANDING THAT SO THAT WE CAN BRING IN GRASS-ROOTS ORGANIZATIONS THAT REALLY, REALLY HAVE TO TRUST AND THE KNOW-HOW OF DIFFERENT COMMUNITIES TO BEGIN TO TRY AND BUILD CAPACITY TO HOPEFULLY BECOME A PART OF OUR PREVENTION PROVIDER NETWORK AT SOME POINT IN TIME. SO WE ARE ALSO FOCUSING IN ON THAT EFFORT WE ALSO HAVE THE REGIONAL PREVENTION FUND, WE ARE

WORKING CLOSELY WITH ALL THE SUPERVISOR DISTRICTS TO LOOK AT PREVENTION PROJECT OR NEEDS WITHIN EACH SUIT DISTRICT THAT ARE SPECIFIC TOTE NEEDS OF THE COMMUNITIES IN THOSE DISTRICTS AND WE REALLY PROVIDE AN INVESTMENT TO PROVIDE ADDITIONAL SERVICES IF THAT AREA. THE LAST THING I'LL SAY, ARE OTHER OPPORTUNITIES FOR BOLSTERING PREVENTION EFFORTS. ONE IS THAT WE'RE WORKING VERY CLOSELY WITH, CLA TO BUILD OUT OUR TRAINING PLATFORM. MANY OF OUR PARTNERS, WHETHER IT'S COUNTY DEPARTMENT, SCHOOLS, UCLA IS GOING INTO THOSE SCHOOLS, PROVIDING TRAUMATICA-IN
FORMED TRAINING. AND ALSO BUILDING A PLATFORM WHERE FOLKS CAN GO ON, MUCH LIKE YOUTUBEOR ANY OTHER VERY EASY ACCESSIBLE PLATFORM TO GO ON AND RECEIVE TRAINING TO WATCH VIDEOS ASK SO WE ARE WORKING DIRECTLY WITH -- AND SO WE ARE WORKING DIRECTLY ARE UCLA ON DOING THAT AND MOVING FORWARD WITH OTHER EFFORTS LIKE MINI-GRANTS THROUGH OUR CONTRACT WITH CAL MESA AND OUR "WE RISE" CAMPAIGN. THOSE ARE SOME OF THE ACTIVITIES GOING FORWARD THAT WE WILL GO INTO THE NEW THREE-YEAR PLAN AND I THINK THAT'S IT.

>> GREG: WE PUT A LOT EMPHASIS ON THE SCHOOL. AND THE ONE THING ABOUT PEI, WE STRUCK TOLL SPEND PEI DOLLARS BECAUSE OF THE GUARD RAILS AND I THINK THOSE GUARD RAILS OF COURSE LOOSENED A LITTLE BIT. A LOT OF PEIS: SERMED ALKAAS ^ DOLLARS ARE BEING SPENT. NOT ONLY SPENT, BUT PEOPLE WANT MORE. THERE'S A CAP ON WHAT WE HAVE. AND TO THE EXTENT WE CAN HIT THESE PLAT FORMS LIKE SCHOOLS AND INCUBATION ACADEMIES.

TO THE EXTENT WE CAN, THAT'S A HUGE EFFORT BY DR. SHARON AND I AT THE STATE LEVEL TO TRY TO PUSH THE NFL A LITTLE BIT, MORE FOCUSED ON OUTCOMES AND REDUCE AROUND HOW YOU SPIN AND WHEN YOU SPEND AND WHEN THE AUDITOR COMES AND VISITS YOU. GIVE US THE DOLLARS AND HOLD US ACCOUNTABLE. I THINK THAT'S WHAT WE WANT. THERE HAS TO BE A 2.0 OF MHSA. IT WAS GOOD WHEN THEY STARTED. I'M SURE YOU GUYS HAVE HEARD ABOUT THE POSSIBLE REDIRECTION OF MHSA FUNDS FOR HOMELESSNESS AND WE'RE TOTALLY AGAINST THAT. I THINK THE BOARD IS TOTALLY AGAINST IT. IF THEY ARE GOING TO REDIRECT MHSA DOLLARS TOWARDS HOMELESS, WE WANT TO DEAL WITH PEOPLE THAT ARE HOMELESS WITH SMIS: SERMED ALKAAS ^ AND NOT JUST (INDISCERNIBLE) HOMES GROUP. SO HUGE PUSH-BACK. DR. SHARON IS PROBABLY UP IN SACRAMENT OH, TWO, THREE DAYS A WEEK AROUND THIS EFFORT OF TRYING NOT TO GET THOSE FUNDS REDIRECTED BECAUSE WE SAID IF YOU REDIRECT IT TO HOMELESSNESS, HOW DO YOU PROVIDE THE SERVICES FOR THE CLIENTS AND OUR FOCUS IS, AGAIN, IF WE'RE GOING TO REDIRECT IT, WE'RE GOING TO REDIRECT IT TO HOMELESS WITH SMI. AND I THINK THAT'S THE PIECE THEY ARE FORGETTING, THE WHOLE REASON BEHIND MHSA. SO MORE TO COME ON THAT AND I'M QUITE SURE THAT WILL BE A LOT OF CONVERSATION ABOUT THAT MOVING FORWARD.

THE NEXT COMPONENT IS WORKFORCE INVESTMENT AND TRAINING. WET.
ALLOWING DOCTORS TO COME IN AND WORK FOR THE DEPARTMENT. HUGE EFFORT AROUND WORKFORCE TRAINING. THERE ARE A COUPLE THINGS GOING ON AT THE STATE. IN THE PAST, THEY DID NOT REQUIRE A MATCH. NOW, THEY RIGHTLY 33% MATCH TO DRAW DOWN, WE'RE PROBABLY INVESTING $3 MILLION. IT'S NOT SEALED YET, BUT I HEARD WE'RE GOING TO DRAW DOWN ABOUT $10 MILLION BACK FROM THE STATE. SO WE'RE LOOKING TO INVEST THAT MONEY WISELY AND THE WET PROGRAM, A BIG PROGRAM FOR THE DEPARTMENT AND THIS IS WHERE ALL THE TRAINING IS AND WE'RE PRETTY FORTUNATE TO HAVE DEBBIE. SHE'S BEEN DEALING

WITH IMMUNIZATIONS DAY 1. SO I'M GOING TO PASS THIS TO DEB AND HE SHE CAN TALK ABOUT THE WET PROGRAM.

>> DEBBIE: THANK YOU AND GOOD MORNING. AS MANY MUCH YOU PROBABLY KNOW, EVERY 5 YEARS, THE STATE DEVELOPS A 5-YEAR WET PLAN. FOR WORKFORCE EDUCATION TRAINING AND I THINK WE HAVE AN OPPORTUNITY TO MATCH SOMETHING LIKE $10 MILLION WITH 33% AND SO THAT WILL GIVE US SOME REAL OPPORTUNITIES. ONE OF THE THINGS THE STATE HAS EMPHASIZED IS THE QUICKER COUNTIES CAN MOVE FORWARD WITH IMPLEMENTING THE PROGRAMS THE MORE WE DID DEMONSTRATE OUTCOMES AND PER LIKELY, WE CAN CONTINUE THESE PROGRAMS INTO THE FUTURE. SOME OF THE THINGS WE'RE DOING, ARE FOCUS GROUPS AROUND STAKE WITH STAKEHOLDERS AROUND THESE IDEAS.
OFFICE OF STATEWIDE HEALTH PROGRAMS OR UNDER SERVED CULTURAL COMMUNITY GRADUATE RECRUITMENT PROGRAMS, THAT TARGET INTERESTED INDIVIDUALS FROM HIGHLY UNSERVED OR UNDER SERVED POPULATIONS, WITHOUT VARIOUS ETHNIC AND CULTAL GROUPS. OTHER LOCAL FINANCIAL INCENTIVE PROGRAMS, THOSE ARE FAIRLY EASE EASY TO GET OFF THE GROUND. YOU JUST NEED OSHPOD TO BE ABLE TO MANAGE THOSE. AND WHATEVER WE WIND UP DECIDING AND IMPLEMENTING, WE WILL INCLUDE THAT AS A MID-YEAR ADJUSTMENT IN OUR NEXT ANNUAL UPDATE BECAUSE IT'LL BE AFTER THIS THREE-YEAR PLAN IS APPROVED. SO THAT'S WET.

>> GREG: I THINK THE KEY TO WET, DEBBIE MENTIONED AFTER THE PLAN, BUT IT'S IMPORTANT TO HAVE A DISCUSSION ABOUT WHAT AS STAKEHOLDERS YOU WANT TO BE A PART OF, FOR THE WET PROGRAM. IN THE BREAK OUT SESSIONS IT'S PERSON THAT YOU BE HEARD SO WE CAN BE CONSIDERED FOR INCLUSION INTO THE PROGRAM.

THE NEXT POINT I WANT TO TALK ABOUT IS INNOVATION. THESE ARE DOLLARS TO INTRODUCE NEW PROGRAMS AND WE HAVE SEVERAL INNOVATION PROJECTS GOING RIGHT NOW AND ONE IS THE (INDISCERNIBLE) PROJECT. THAT PROJECT IS $116 MILLION PROJECT. HUGE PROJECT IS LOCATED IN HOLLYWOOD IN THE HOLLYWOOD AREA THAT WE'RE STARTING TO WORK O.
MORE TO COME ON THE
TARA: RIESTE PROJECT. I THINK THE BIG ONE IS THE THERAPEUTIC TRANSPORT. I'M GOING TO LET DEBBIE GIVE INFORMATION BUT THE THERAPEUTIC TRANSPORT IS A HUGE ONE FOR THE BOARD. DEB KE GIVE YOU A LITTLE MORE INSIGHT ON THE INNOVATION PROJECTS.

>> DEBBIE: I'M BACK. SO WE HAVE A NUMBER OF INNOVATION PROJECT GOING ON AT MOMENT THAT ARE ACTIVE COMMUNITY CAPACITY BUILDING TO PREVENT TRAUMA ABOUT A YEAR AND A HALF INTO WHAT WAS INITIALLY A 4-YEAR PROJECT. WHAT THE DEPARTMENT HAS DECIDED TO DO IS REQUEST FOR ALL OF OUR ACTIVE INNOVATION PROJECTS THAT THEY BECOME 5-YEAR PROJECTS AS OPPOSED TO THE NUMBER OF YEARS THAT WE ORIGINALLY PROPOSED. AS SOME OF YOU KNOW, INNOVATION PROJECTS CAN BE UP TO 5 YEARS SO WE'RE GOING TO REQUEST THAT. BUTT COMMUNITY CAPACITY PROJECT IS DOING VERY WELL. WE HAVE QUARTERLY LEARNING SESSIONS AND I THINK BASED ON THE OUTCOME SO FAR, IT'S MAKING AN IMPACT, IN TERMS OF THE PARTNERSHIPS AND COMMUNITIES. THE TECHNOLOGY SUITE IS NOW CALLED "HELP AT HAND" AND WE'RE IMPLEMENTING NEW PROJECTS, INCLUDING THE USE OF AN ELECTRONIC DIARY CARD IN OUR DIALECTICAL BEHAVIOR PROGRAM AT HARVARD UCLA. IT'S ALLOWING TECHNOLOGY TO REALLY HELP CLINICIAN ASKS CLIENTS LOOK AT EMOTIONAL STABILITY.

TRANSCRANIAL MAGNETIC STIMULATION. RIGHT NOW, IT'S AT HARVARD-UCLA AND WILL BE GOING THROUGHOUT THE COUNTY, OVER ITS NOW HOPEFULLY, FIVE YEARS, AS OPOSE TO FOUR YEARS. I THINK 19 CLIENTS HAVE BEEN SERVED SO FAR. WE HAVE SEEN DECREASES IN DEPRESSION ASK CLIENTS AS WELL AS SIGNIFICANT CONSUMER SATISFACTION. WE'RE STILL TRYING TO GET PEER-OPERATED FSP AND THERAPEUTIC TRANSPORT OFF THE GROUND. ONE IS LIKELY TO BE CONTRACTED AND THE OTHER WE'RE TRYING TO MOVE FORWARD AS QUICKLY AS POSSIBLE W. THE LEARNING PSYCHOSIS NETWORK IS AN OPPORTUNITY TO BE ABLE TO USE OUR EARLY PSYCHOSIS PROGRAMS, EARLY IDENTIFICATION AND REFERRAL PROGRAMS TO BE ABLE TO JOIN A STATEWIDE NETWORK TO BE ABLE TO COLLECT ROBUST OUTCOMES ON EARLY PSYCHOSIS CLIENTS, AS WELL AS BE ABLE TO UTILIZE THOSE IN TREATMENT.

AND WE'RE NOT CLEAR WHETHER WE'RE GOING TO BE IMPLEMENTING INFO VISION 9, WHICH IS CONSERVE TEE SUPPORT. IF WE WENT, WE WILL LET YOU KNOW, AND LET THE OAC KNOW AND THAT'S IT.

>> GREG: THANK YOU. THANK YOU, DEBBIE. RIGHT NOW WE'RE GOING TO OPEN IT UP FOR SOME GENERAL QUESTIONS BEFORE WE MOVE INTO THE DIFFERENT GROUPS BUT FIRST OF ALL, I'D LIKE TO THANK THE PANEL. THIS IS A GREAT GROUP. SINCE I'VE BEEN AT DMH OVER THE LAST COUPLE OF YEARS, THEY HAVE BEEN PRETTY GOOD. THEY REALLY UNDERSTAND THE JOURNEY. YOU KNOW, ALL THE PEOPLE SITTING UP HERE, I'D JUST LIKE TO THANK PERSONALLY FOR ALL THE HARD WORK THEY PUT FORTH, TRYING TO MOVE THE DEPARTMENT IN A WAY THAT DR. SHARON AND I ARE TRYING TO MOVE IN. ALL ARE INSTRUMENTAL. I JUST. TO SAY THANK YOU TO THEM.
[APPLAUSE].
I'D ALSO LIKE TO SAY THANK YOU TO ANGEL BAKER AND HER CREW FOR PUTTING TOGETHER.
[APPLAUSE].
THIS IS NOT AN EASY TASK. I JUST WANT TO SAY THANK YOU TO THEM AND I CAN TURN IT BACK OVER TO MR. RIGO SUAVE NOW.
(LAUGHTER).

>> RIGO: CAN YOU ALL HEART MUSIC IN THE BACKGROUND. THAT WAS A 1980'S REFERENCE. SO LET'S DO THIS. LET'S TAKE ABOUT FIVE OR 10 MINUTES AT MOST, JUST TO GET ANY QUESTIONS OF UNDERSTANDING ABOUT WHAT WAS PRESENTED. IF YOU HAVE SOME GENERAL QUESTIONS ABOUT WHAT YOU HEARD AND THEN WE'LL TAKE 10 MINUTES. AT 10 MINUTES, WE'LL CLOSE AND THEN I'LL GIVE THE INFORMATION ON HOW WE'RE GOING TO DO INPUT IN A SECOND. I'VE GOT AT LEAST FIVE HANDS UP. REMEMBER YOUR NUMBER ARE 1, 2, 3, 4 AND 5, WHEN WE'RE DONE WITH ROMALIS, WE'LL DO ANOTHER ROUND. REMEMBER YOUR NUMBER. LET ME GIVE YOU THE MIC HERE. OKAY. QUESTIONS OF UNDERSTANDING ARE JUST LIKE, AM I HEARING WHAT I HEARD YOU SAY."
WHEN WE BREAK OUT INTO SMALL GROUPS, WE'LL DO THAT FOR ABOUT AN HOUR. THERE, CAN YOU ALSO ENGAGE THE PERSON IN A DEEPER KIND OF DIALOGUE. DOES THAT MAKE SENSE IS THIS GO FOR IT.? NUMBER ONE. STATE YOUR NAME.
AUDIENCE MEMBER: HI. MELANIE STOPIC. I'VE GOT TWO QUESTIONS. THE FIRST ONE HAS TO DO WITH YOUR PROGRAMS AND PROGRESS FOR HOUSING. IT WAS MENTIONED THAT THERE WILL BE THESE UNITS, DEVELOPMENT UNITS. ONE OF THE THINGS AS FAMILIES THAT WE KNOW IS THAT OUR LOVED ONCE WITH SEVERE MENTAL ILLNESS NEED CONSTANT MENTORING. THEY CAN'T LIVE ALONE, EVEN IF THEY ARE STABLE. WITH THIS PROGRAM -- WILL THIS PROGRAM

INCLUDE FAMILIES THAT ARE ABLE TO LIVE WITH THEIR LOVED ONE OR SOME OTHER PERSON THAT MAYBE YOU OR DMH WOULD TRAIN TO BE ABLE TO DO THAT, TO KEEP THEM STABLE, AND NOT LIVING ALONE? THAT'S ONE QUESTION.

>> RIGO: WHAT'S THE QUESTION?

AUDIENCE MEMBER: WOULD FAMILIES BE ABLE TO LIVE WITH THEIR LOVED ONE IN THESE UNITS.

>> SO THESE UNITS, THEY CALL THEM APARTMENTS SO FAMILY MEMBERS CAN LIVE WITH THEIR LOVED ONE. IF IT'S APPROVED BY THE HOUSING AUTHORITY. SO YOU CAN. FAMILY THAT HAVE A LOVED ONE OR A SPOUSE OR CHILDREN OR ADULT CHILDREN AND PARENTS THAT CAN LIVE WITH THEM. THE SUBSIDY THAT IS PROVIDED BY THE HOUSING AUTHORITY IS PRORATED, IF YOU WILL, DEPENDING ON THE DIFFERENT FAMILY MEMBERS. THE PERSON THAT RECEIVES THE SUBSIDY, IS THE PERSON WITH THE DISABILITY BUT WE AGREE. SUPPORTS ARE SO. AND FOR SOME PEOPLE, THEY DO HAVE FAMILIES AND THAT'S ALSO WHY WE HAVE THE SUPPORTIVE SERVICES THAT ARE ONSITE, THAT ARE PROVIDED TO ALL THE PEOPLE LIVING IN THE HOUSING AND THAT IS, IT'S NOT THE SAME AS FAMILY BURK IT'S A SIMILAR -- BUT IT'S A SIMILAR FUNCTION AND WE AGREE THAT'S VERY IMPORTANT.

AUDIENCE MEMBER: THAT'S WONDERFUL. ON THE BOARD AND CARE'S HELP, I FORGOT WHO WAS PRESENTING IT. WHAT KIND OF HELP WOULD YOU GIVE BOARD AND CARES? BECAUSE THEY ARE FACING SERIOUS POSSIBLE BEDBUGS.

>> SO THAT'S A BIG WE HAVE DONE A LOT OF WORK AND PART TELEVISION IS HELPING THEM HAVE MORE FUNDING. SO THE BOARD AND CARES, YOU KNOW, THEY ARE REALLY FACING A FINANCIAL CRISIS. THE STATE SAYS THE RATE IS A THOUSAND 69 A MONTH AND OTHER BOARD OF CARES ARE PROVIDING CARE AND SUPER VISION, ONLY $35 A DAY. SO PART OF OUR PROVISION IS PROVIDING -- THEY ARE GETTING MORE FUNDING COMING IN SO THEY CAN PROVIDE MORE SERVICES TO THE PEOPLE. PART OF THE SUPPORT WE'RE PROVIDING THEY MENTIONED GOING FORWARD IS THAT WE HAD A BIG STAKEHOLDER PROCESS AND ONE OF THE THINGS WE HEARD LOUD AND CLEAR IS THAT BECAUSE THE BOARD AND CARES HAVEN'T HAD MUCH MONEY, THEY HAVE A LOT OF DEFERRED MAINTENANCE. SO WE'RE GOING TO PROVIDE OPPORTUNITIES FOR THEM TO APPLY FOR FUNDING TO DO THINGS LIKE FIX THEIR AIR CONDITIONER OR GET NEW FURNITURE, PAINT OR GET THEIR CARPETS. THERE'S ALSO WORK WE'RE DOING, TO HELP THEM FORM AN ASSOCIATION SO THEY HAVE MORE OF AN ADVOCACY VOICE AND THEN WE CAN SPEND HALF A DAY TALKING ABOUT BOARD AND CARE. THERE'S ALSO A LOT OF LEGISLATIVE FIXES GOING ON. YOU MIGHT KNOW THAT THE COUNTY BEHAVIORAL HEALTH DIRECTOR'S ASSOCIATION ASKED THE GOVERNOR FOR 500 MILL CONDOLLARS THAT WOULD GO TO THE BOARD AND CARES STATEWIDE. THERE'S A COUNTY CO-SPONSOR. THE BOARD OF SUPERVISORSER VISORS SENT A 5-SIGNATURE LETTER TO THE GOVERNOR, ASKING HIM TO SUPPORT IT. SO THERE'S JUST A LOT OF ADVOCACY AND FINANCIAL HELP THAT WE'RE DOING TO TRY AND HELP THE BOARD AND CARE NETWORK.

>> RIGO: AS YOU CAN TELL, THIS TOOK ABOUT 5-MINUTE, I'M STILL GOING TO GO THROUGH THESE FIRST 5. I'LL DO THREE MORE RIGHT AFTERWARDS. BUT LIKE THIS KIND OF QUESTION, YOU CAN THEN COME TO THE HOUSING BREAKOUT SESSION AND BE ABLE TO HAVE A DEEPER DISCUSSION BECAUSE OTHERWISE, WE'RE NOT GOING TO BE ABLE TO GO DEEP ON SOME OF THESE QUESTIONS. THOSE THAT ARE ABOUT TO ASK QUESTIONS. I ENCOURAGING YOU TO, IF IT'S A QUESTION THAT BELONGS OVER AT THE SMALL GROUP SESSION IF YOU CAN POSTPONE YOUR QUESTION, BUT AGAIN, WE HAVE GOT FOUR MORE FOLKS TO GO.

>> I'M A CONSUMER OF DMH I APPRECIATE THIS COMMUNITY'S STAKEHOLDER PROCESS. I'VE BEEN INVOLVED SINCE 2004. IT'S GREAT TO SEE THIS HAPPENING AGAIN. I SEE A LOT DIRECTED FUNDING TOWARDS OUR HOMELESS ISSUE AND I WAS WONDERING, ONE OF THE THINGS I DIDN'T SEE HERE IS HOW MANY OF LOS ANGELES COUNTY DMH INDISARE CURRENTLY HOMELESS. AND HOW MANY ARE AT RISK OF BEING HOMES. I'D LIKE TO KNOW THAT INFORMATION AS WE'RE TARGETING THESE PARTICULAR ISSUES. THE, ISSUE BEING SAYS, LATINOS ARE THE LARGEST NUMBER OF PEOPLE WITHIN THE COUNTY AND THE ONCE RECEIVING SERVICES. HOW IS THE COMMUNITY PLANNING PROCESS ACTUALLY BEING USED TO ENGAGE THE LATINO COMMUNITY, ESPECIALLY SOME OF OUR NON-BILINGUAL ENGLISH SPEAKERS.

>> RIGO: THE SECOND IS COMMUNITY ENGAGEMENT TO INCLUDE.

>> THE FIRST QUESTION. I'LL TAKE. REGARDING HOW MANY CLIENTS ARE HOMELESS. SO IN THE COUNTY, WE'RE DOING A LOT OF WORK TO TRY TO TRY TO UNDERSTAND THAT NUMBER MUCH HOW MANY PEOPLE ARE HOMELESS. WE SERVE ABOUT 250,000 PEOPLE A YEAR AND WE JUST GOT A REPORT FROM THE C.E.O. THAT INDICATES 1 IN 7 OF OUR CLIENTS ARE HOMES. THAT'S USING DATA MATCHING WITH LASA AND LOOK AT WHO THEY KNOW WHO ARE HOMELESS, WHO WEAN WHO ARE HOME LITTLE, AND DEPARTMENT OF SOCIAL SERVICES KNOWS WHO IS HOMELESS. I WANT TO SAY IT'S THIRTY-SOMETHING THOUSAND. I HAVE A REPORT ON THIS. I DON'T HAVE IT IN FRONT OF ME. THE QUESTION OF RISK OF HOMELESS KNOW, THERE'S INTERESTING WORK GOING ON AND WE ARE PARTNERING IN THE COUNTY WITH THE CALIFORNIA POLICY LAB WHO IS DOING, THEY HAVE BEEN DOING PRODUCTIVE ANALYTICS, LOOKING AT THE COUNTY'S DATA TO TRY AND DETERMINE WHO IS AT RISK OF BECOMING HOMELESS, AND THERE'S A NEW PROGRAM BEING IMPLEMENTED VERY SOON, A HOMELESS PREVENTION UNIT, REALLY TRYING TO DETERMINE. SO WE DO NOT KNOW REALLY, WHO'S AT RISK OF HOMELESS RIGHT NOW. THERE IS WORK GOING ON IN THE COUNTY TO TRY TO FIGURE THIS OUT AND TARGET THOSE PEOPLE TO TRY TO PREVENT THEIR HOMELESSNESS.

>> GREG: IN REGARDS TO YOUR SECOND QUESTION. I THINK AVENUES LIKE THIS IS ONE AREA THEY CAN BE HEARD. THERE'S THE USCC'S AND LOCAL COMMUNITY GROUP THAT IS THEY CAN PARTICIPATE IN. THEY ARE ALWAYS WELCOMED TO COME HERE AND BE A PART OF THIS HUGE STAKEHOLDER PROCESS TO BE HEARD ABOUT THE, YOU KNOW, BE A WHOLE PROCESS OF THE LATINO COMMUNITY.

AUDIENCE MEMBER: OKAY. THANK YOU FOR BEING HERE AND SHARING ALL THIS INCREDIBLE INFORMATION. I NOTICED THERE'S SOMETHING ABOUT CONSERVATORS, A PROGRAM TO HELP THEM AND POSSIBLY CONSERVEATEES AND IT MIGHT BE DISBANDED. I REALLY HOPE THAT DOESN'T HAPPEN, AND I HOPE THERE'S A WHOLE INITIATIVE TO HELP WITH THESE ISSUES OF CONSERVERSHIP ACROSS THE BOARD. THE OTHER ISSUE IS (INDISCERNIBLE) CURRENT DISORDERS, AND I WONDER WHAT SYSTEMIC PLAN THERE IS. I DON'T SEE DR. JERRY -- DR. JEREMY MARTHA DRINAN UP ON THIS STAGE. THANK YOU.

>> RIGO: A CONSERVATOR ORSHIP, AND CORE (INDISCERNIBLE) SERVICE.

>> SO THIS IS REGARDING THE INNOVATION PROJECT?

AUDIENCE MEMBER: THE CONSERVATORSHIP WAS UNDER THAT.

>> RIGO.THERE WAS A MENTION OF CAN BE TEES.

>> THIS WAS BASICALLY GOING TO FUND TWO DYADS PER SERVICE AREA TO BE ABLE TO PROVIDE RECOVERY SUPPORT TO CONSERVE TEES, LIVING IN THE --. BUT WE'LL TAKE THAT BACK.

RIGO RODRIGUEZ: AGAIN, IF THE RESPONSE ISN'T COMPLETE, YOU CAN GO TO THE STATION AND FOLLOW UP WITH THAT. ALL RIGHT.

>> GREG: THAT'S A HUGE EFFORT AROUND AND DR. MARTHA DRINAN IS A BIG PART OF THAT. YOU KNOW, WORKING WITH HIM AND OUR CONSERVATION ^ SIDE, IT'S A BIG EFFORT MOVING FORWARD.

RIGO RODRIGUEZ: (INDISCERNIBLE) DISORDERS.

>> GREG. THAT IS IT.

AUDIENCE MEMBER: -- MY NAME IS AMPARO. AND I HAVEN'T HEARD OF THE PEER OPERATED FSB AND PERHAPS I CAN GO INTO THAT BREAKOUT GROUP. CAN YOU SHARE A LITTLE BIT ABOUT THAT BECAUSE I HAVEN'T HEARD ABOUT IT BEFORE?

>> IT'S THE IDEA OF HAVING TWO FULL-SERVICE PARTNERSHIP TEAMS THAT ARE COMPRISED OF PURIST -- LIVED EXPERIENCE, IN ADDITION TO A PSYCHIATRIST PRESCRIBER AND CLINICAL SUPERVISOR. IT'S TAKING A MULTI DISCIPLINARY TEAM, AND PRIMARY USING PEERS SO WE WANT TO TEST WHETHER THAT MODEL WILL WORK.

RIGO RODRIGUEZ: THANKS FOR THAT CLARIFICATION.

AUDIENCE MEMBER: I HAVE TWO QUESTIONS FOR NOW. ONE IS WHAT WILL BE THE, YOUR QUALITY IMPROVEMENT PROCESS FOR EACH OF THESE EFFORTS BECAUSE I HEARD NO DISCUSSION ABOUT THAT. THE OTHER QUESTION IS, HOW DOES THIS ALIGN WITH YOUR STRATEGIC PLAN BECAUSE IT DOESN'T GO INTO THE DETAIL THAT YOU DO AND ONE OF THE ISSUES IS TRAUMA, AS IT RELATES TO HOW ARE CHILDREN ARE EXPERIENCING THE TOXIC ENVIRONMENT THAT THEY LIVE IN.

>> YOU SAID QUALITY IMPROVEMENT AS IT RELATES TO WHAT?

AUDIENCE MEMBER: EACH OF THE DIFFERENT PLANS. THE PROBLEM THAT HAPPENS IS WHEN YOU IMPLEMENT THINGS, IF YOU DON'T HAVE A QUALITY IMPROVEMENT PLAN, YOU CONTINUE TO REDO THE SAME OLD NONSENSE THAT GOES ON AND ON AND ON AND YOU NEVER IMPROVE THE OUTCOMES FOR CHILDREN AND FAMILIES SO I'M HOPING THERE IS A PROCESS. I JUST DIDN'T HEAR S: TARA.

>> THANK YOU FOR ASKING THAT. I'M SMILING BECAUSE I THINK IT'S SUCH A RELEVANT QUESTION AND POINT. YOU KNOW, OUR QUALITY IMPROVEMENT PLAN IS GOING TO BE MUCH MORE COMPREHENSIVE AND WE'RE GOING TO BE LOOK AT STRATEGIES TO BE ABLE TO DO QUALITY IMPROVEMENT ON A BROADER LEVEL. ONE OF THE THINGS KAYLEEN GILBERT IS LOOK AT, IS THE OPPORTUNITY TO USE QI.

PRINCIPLES.

RIGO RODRIGUEZ: THERE'S A SECOND QUESTION ABOUT STRATEGIC FUND.

>> GREG: WE'RE GOING TO TIE THIS TO OUR STRATEGIC PLAN. THAT'S AN EFFORT WE'RE WORKING ON RIGHT NOW.

RIGO RODRIGUEZ: ALL RIGHT. SO I HAVE, I HAVE TO KEEP MOVING. SO I HAVE THREE FOLKS. ONE, I KNOW MARCUS. ONE. TWO AND THEN THERE'S SOMEBODY HERE IN THE FRONT. THREE. AND AT THE END OF THIS THIRD ONE WE'RE GOING TO BREAK INTO THE SMALL GROUPS SO YOU CAN GO DEEPER ON THE DUG. SO WHO HAS NUMBER ONE. GO FOR IT.

AUDIENCE MEMBER: GOOD MORNING, DANIEL CURTIS AND I'M A PARENT OF A CHILD WITH A SERIOUS MENTAL ILLNESS.

WHAT IS BEING DONE TO INCREASE DECREASE THE.

PRESENTED BY GETTING BEDS FOR OUR PATIENTS THAT NEED THEM. BECAUSE I THINK THAT NEEDS TO BE FIRST.

>> CAN YOU SAY MORE ABOUT EXCLUSIONS.

AUDIENCE MEMBER: SUPPORTIVE HOUSING HAS CERTAIN EXCLUSIONS. SOME OF THOSE INCLUDE THINGS LIKE HAVING A VIOLENT CRIME HISTORY WHERE SOME MAY HAVE A MISDEMEANOR BATTER CHARGE FROM 20 YEARS AGO, BUT THAT MEANS THEY DON'T QUALIFY FOR SUPPORTIVE HOUSING.

>> OKAY. SO MANY OF OUR UNITS ARE SUBSIDIZED FROM THE HOUSING AUTHORITIES, THEY GET FUNDING FROM H.U.D. AND THEY DO, AS YOU MENTIONED, SOMETIMES HAVE EXCLUSIONS. WE WORKED WITH OUR HOUSING AUTHORITIES TO TRY TO GET THEM TO JUST USE THE H.U.D. EXCLUSIONS WHICH ARE PEOPLE WHO ARE REGISTERED SEX OFFENDER FENDER OR THEY MANUFACTURED METHAMPHETAMINE IN A HOW LONG AUTHORITY UNIT. BUT WE'RE STILL WORKING WITH THEM TO GET THEM TO REDUCE THEIR EXCLUSIONS. BUT I THINK THAT'S Y ALSO IT'S IMPORTANT THAT WE ARE MAKING INVESTMENTS IN SUBSIDIZING HOUSE WITHING LOCAL SUBCITIS. THEN WE ARE NOT BOUND BY THE HOUSING AUTHORITY EXCLUSIONS THAT THEY HAVE. WE'RE DOING A LOT WORK WITH PROPERTY MANAGER WHO IS THEMSELVES, SOMETIMES CREATE THEIR OWN EXCLUESES THAT ARE NOT REQUIRED BY THE HOUSING AUTHORITIES. REQUEST WE HEAR THAT HAPPENING, I CAN ACTUAL, THERE'S SO MUCH ADVOCACY GOING ON BY OUR STAFF, AND OUR CASE MANAGERS THAT ARE WORKING WITH A PROPERTY MANAGER TO SAKER YOU CANNOT DO THIS AND THAT, WHEN YOU SAY YOU ARE GOING TO TAKE OUR CAPITAL DEVELOPMENT MONEY TO BUILD THESE UNITS, YOU TOLD US WHO OUR POPULATION WAS AND THAT'S WHAT YOU NEED TO SERVE.

REASONABLE ACCOMMODATIONS, OUR CASE MANAGERS WORK TO HELP CLIENTS. AS FOR REASONABLE ACCOMMODATIONS WHEN THERE ARE EXCLUSIONS, SUCH AS A VIOLENT HISTORY AND THEY ARE SAYING THEY DON'T WANT TO ACCEPT SOMEONE. SO WE HELP OUR PEOPLE APPLY FOR REASONABLE ACCOMMODATIONS. SO WE'RE TRYING TO ADDRESS THAT ISSUE FROM MANY DIFFERENT DIRECTIONS.

RIGO RODRIGUEZ: SO PI IS THE MOST FUNDED.

>> GREG: CSS. THAT'S ABOUT $500 MILLION. CSS. COMMUNITY -- COMMUNITY SERVICES SUPPORT.

RIGO RODRIGUEZ: SO IF YOU HAVE MORE QUESTIONS AROUND THAT PARTICULAR PLAN, WE'LL BE MEETING ON THIS STATION HERE LAST TWO. STARTING WITH MARK.

AUDIENCE MEMBER: ONE CONCERN THAT I HAVE THAT THE PEER SUPPORTERS WHO HAVE BEEN WORKING WITH A PSYCHIATRIST, MIGHT BE CO-OPTED. THE IDEA, THAT WAS MENTIONED AT IF I RECALL, THE DOORS TO WELL-BEING ABOUT A COUPLE WEEKS AGO FROM -- I FORGOT THE NAME OF THE PERSON THAT DID THAT. SO THE CONCERN THAT THIS PEER SUPPORTING GROUP, START SINGING THIS SONG THAT THE PSYCHIATRIST COULD BE DOING AM THAT'S NOT THEIR ROLE.

>> SO THE QUESTION IS THERE'S A CONCERN AROUND THE COOPT OF THE PEER SUPPORT?

AUDIENCE MEMBER: YES.

>> LET ME TURN IT TO THE SPEAKERS.

>> DEBBIE: THANKS, AND THAT'S ONE OF REASONS WHY IT'S AN INNOVATION PROJECT. WE WANT TO LEARN WHETHER PEERS CAN CONTINUE TO BE TRUE PEERS WHEN THEY'RE WORK WITH

LICENSED PROFESSIONALS. SCOTT HANATA IS THE LEAD ON THAT. YOU MAY WANT TO TAKE YOUR OCCURRENCE TO HIM. SO IT'S ALL ABOUT LEARNING SO WE'LL FIND THIS O.

RIGO RODRIGUEZ: AND OUR LAST PERSON WAS.

>> MY NAME IS VELVET VICTORIAN. I'M CONCERN TO KNOW ABOUT THE --

>> MY NAME IS VELVET.

>> HOW ARE WE GOING TO BETTER HOLD THEM ACCOUNTABLE BECAUSE I KNOW ONE PARTICULAR AGENCY THAT I'VE TALKED TO THOUSANDS OF PEOPLE THAT SAID THEY WENT THERE. THEY DIDN'T GET THE HELP THEY NEEDED AND I, MYSELF WENT THERE AND THEY WROTE IN WHY I NEEDED THE HELP THAT I NEEDED. HOUSING AGENCY THAT IS FUNDED THROUGH DMH AS WELL AS WELL.

>> DEBBIE: IN THE THREE-YEAR PLAN, WE LIST THE OUTCOMES FOR EACH THAT WE'RE SERVING. I'D ENCOURAGING TO YOU TAKE A LOOK AT THAT.

IT'S NOT BIENNALES, BUT OBVIOUSLY, THE DEPARTMENT AS PART OF ITS MANAGEMENT PROGRAMS DOES LOOK AT OUTCOMES ALONG WITH OTHER FACTORS. THANK YOU.

RIGO RODRIGUEZ: OKAY. GOING ELSE?

>> GREG: JUST ONE LAST THING, I FORGOT TO THANK MY SPECIAL SISTER, CYNTHIA. WITHOUT HER, I'M TOTALLY LOST. I JUST WANT TO THANK HER AND MAKE SURE I DO THAT.

RIGO RODRIGUEZ: HE'S SO LOST HE FORGOT TO THANG HER. THANK YOU MUCH. SO HERE'S WHAT WE'RE GOING TO DO NEXT. WE'LL NEED TO TALK BRIEFLY BEFORE YOU GO INTO THE SMART GROUPS. HERE'S WHAT WE'RE GOING TO DO. WE'RE GOING TO SPEND 60 MINUTES, PROVIDING INPUT AND GIVE ME A MINUTE.

RIGO RODRIGUEZ: SO SLIGHT CHANGE IN PLANS BUT YOU'LL STILL HAVE AN OPPORTUNITY TO DELVE INTO THE INPUT. SO WHAT WE'RE GOING TO DO IS -- I SHOULD TAKE THE INSTRUCTIONS OUT BECAUSE IT'S GOING TO MESS EVERYONE UP. WHAT WE'RE GOING TO DO, WE'LL HAVE 30 MINUTES FOR INPUT. BUT HERE THE WAY THE PROCESS IS GOING TO WORK. YOU WILL SELF-SELECT INTO ONE OF THE FIVE AREAS. OVER HERE, AREA 1 WILL BE CSS, THE COMMUNITY SERVICES AND SUPPORTS, AND THAT'S THE FSP AND WHAT YOU HEARD IS THE RRR. CHANGING TO POTENTIAL COMMUNITY OUTPATIENT. IF YOU'RE INTERESTED IN THAT, THE COMMUNITY SERVICES AND SUPPORT TEAM, COME TO THIS AREA. IF YOU'RE INTERESTED IN PREVENTION AND EARLY INTERVENTION, YOU WOULD COME TO THIS AREA. OVER HERE, YOU'D HAVE HOUSING SO IT'S 1, 2, 3 WOULD BE HOUSING. THEN FOR INNOVATIONS, WORKFORCE EDUCATION TRAINING ASK CAPITAL PROJECTS, YOU'LL GO TO THAT SECTION. FOR ALTERNATIVE CRISIS SERVICES, YOU'LL COME TO THIS SECTION HERE. AND I BELIEVE EACH ONE OF YOU WILL BE FACILITATORS. SO OUR PRESENTERS ARE GOING TO BE FACILITATORS AT THOSE SITES. NOW, WHEN YOU GET TO THAT ONE OF THE KEY RULES TO THIS PROCESS IS SELF-SELECTION AND THE LAW OF TWO FEET. SELF-SELECTION MEANS YOU GO TO THE AREA THAT YOU'RE MOST INTERESTED IN AND YOU CAN STAY THERE ALL 30 MINUTES. AND USE YOUR OWN 30 FEET TO GO TO ANOTHER GROUP. THAT'S THE LAW OF TWO FEET. IT'S SELF-SELECTION WHERE YOU WANT TO BE AT. WHEN YOU ARE THERE, THERE ARE TWO BASIC QUESTIONS WE WANT YOU TO KIND OF THINK ABOUT. ONE IS WHAT DID YOU LIKE ABOUT WHAT YOU HEARD RELATED TO THAT PLAN. AND THEN SECONDLY, WHAT SUGGESTIONS DID YOU HAVE. WHAT DO YOU THINK COULD BE IMPROVED RELATIVE TO WHAT YOU HEARD? WHAT YOU'RE GOING TO DO, YOU'LL HAVE 30 MINUTES AND AFTER THE 30 MINUTES WE'LL RECONVENE. EACH OF THESE FACILITATORS WILL GIVE HIGHLIGHTS OF THE DISCUSSION ABOUT 3 TO 5 MINUTES OR SO AT MOST, JUST TO MAKE SURE THAT WHAT WAS SAID IN THAT GROUP IS SHARED IN PUBLIC. SO EVERYBODY CAN HEAR IT. THE AMOUNT OF TIME REMAINING AND WE HAVE UNTIL 12:00 THEN WE WILL CONTINUE THE PUBLIC COMMENT PERIOD SO THAT IF THERE'S GOING ELSE YOU WANT TO ADD BEYOND WHAT YOU HEARD FROM THE REPORT-OUTS, WE'LL HAVE TIME TO KEEP ENGAGING YOU IN ADDITIONAL PUBLIC COMMENTS SO YOU'LL HAVE MORE OPPORTUNITY THERE. IS THE PROCESS CLEAR SO FAR? SO IT IS NOW 10 -- WE'RE GOING TO GIVE YOU 10 MINUTES TO TRANSITION, BUT ALSO, IT WILL BE A BREAK. SO AT 103-5AND I'LL LET YOU KNOW WHEN HAVE YOU TWO MORE MINUTES. YOU WANT TO BE AT YOUR STATION SO WE CAN BEGIN PROCESS. IF YOU HAVE ANY QUESTIONS FOR ME. COME UP HERE AND ASK ME AND I'LL MAKE SURE TO CLARIFY ANY QUESTIONS YOU V. THANK YOU.

[BREAK TAKEN]

QUESTION MARK?

WHAT DID YOU SAY?

YOU'LL HAVE 30 MINUTES FOR INPUT. AND ALL OF THIS WILL BE FOLLOWED BY A 3 TO 5 MINUTE REPORT OUT. JUST SOME NORMS FOR DIALOGUE. ONE SPEAKER AT A TIME. TAKE SPACE. MAKE SPACE. SOME OF YOU ARE VERY COMFORTABLE SHARING YOUR THOUGHTS AND THAT'S GREAT AND SOME OF YOU MIGHT NOT. SOME OF YOU NEED TO TAKE SPACE. SOME OF ARE QUIET. MAKE SPACE.

HERE ARE THE QUESTIONS.
THE QUESTION AGAIN IS, WHAT DID YOU LIKE AND WHAT QUESTIONS DID YOU HAVE.
>>
>> MY OPINION WHAT I LIKED, IS THERE WAS A LOT MORE DETAIL, GIVEN TOWS, RATHER THAN WHAT I SAW ON THE WEBSITE, DEALING WITH PREVENTION. AND THAT YOU WERE ASKING EVERYBODY TO RESPOND TO. I THINK THERE'S A MISCOMMUNICATION AND CONFUSION BECAUSE THE WEBSITE ONLY SHOWS SEVERAL THE NEW SHIFT TO FOCUS INTO A MORE CONVENTION FOCUS, -- INTERVENTION FOCUS. VERSUS AN EARLIER INTERVENTION FOCUS. THERE'S THE P AND THE E. SO THE "P" IS PREVENTION AND THE EI IS EARLY INTERVENTION S: ANITA H. LE. WE TALK ABOUT EARLY INNER VENTION, WE'RE TALKING ABOUT EVIDENT BASED PRACTICES. FOCUSED ON CLINICAL PRACTICES, DIRECT SERVICE TO CLIENTS AND WE HAVE A NUMBER OF THEM AND WE WITH CHIME IN ABOUT THAT. THE FOCUS FOR THIS NEW THREE-YEAR PLAN -- AND EIS:SERMED ALKAAS ^ HAS BEEN THE FOCUS. SO THE NEW FOCUS FOR THIS NEW THREE-YEAR PLAN IS THE "P" BECAUSE WE ALREADY HAVE AN ESTABLISHED STABLE SYSTEM OF EARLY INTERVENTION PRACTICES. SO THE NEW PLAN IS FOCUSING PREVENTION NOT TO DO WITH DIRECT SERVICES. IT'S SERVICES TO COMMUNITY PLATFORMS, AS I MENTIONED EARLIER, WE'RE GOING OUT TO SCHOOLS, CHURCHES, LIBRARIES, WHERE PEOPLE THAT IS NOT A DIRECT SERVICE. THAT IS MORE SUPPORT IN FINDING OUT WHAT FOLKS NEED, IF THEY DO NEED EARLY INNER VENTION OR OTHER ACCESS IS
>> DO YOU WANT ME TO FINISH THE ANSWER, BEFORE WE ASK ANOTHER QUESTION? SO WITHIN LIKE, 10 YEARS AGO WHEN WE STARTED, WE FOCUSED -- SO ABOUT 10 YEARS AGO, WE HAD A THREE YEAR STAKEHOLDER PROCESS, AND EACH SERVICE AREA -- 54 (INDISCERNIBLE) SPACE PRACTICES. OVER THE LAST 10 YEARS, WE HAVE IMPLEMENTED ABOUT 34 AND WE HAVE PROBABLY ABOUT 6 OR 7 THAT WE REALLY ROBUSTLY USE. BUT THERE'S NOTHING, WE'RE STILL CONTINUING TO DO THAT WORK. WITH THIS THREE-YEAR PLAN IS, IT'S ENHANCING MORE PREVENTION SERVICES. IF YOU GUYS REMEMBER IN 2016, WE KIND OF ROLLED OUT THE COS PROGRAMMING FOR LE'S TO ADD A LITTLE BIT MORE PREVENTION TO DRAW DOWN SOME.
SERVICES. SO THIS IS EXPANSION OF THE PREVENTATIVE SERVICES. SO I THINK TO IF THERE'S ANXIETY OR WORRIED, WE'RE NOT GETTING RID OF THE EBP'S OR WIPING OUT THAT PART. BUT WE'RE TRYING TO BUILD AND HAVE MORE OF A FULLER PICTURE. SO I HOPE THAT HELPS YOU GUYS.
>> THAT IS MORE HELPFUL. BECAUSE WHEN YOU LOOK AT THE -- I'M SORRY. I DON'T WANT TO TAKE UP TIME. BUT WHEN WE LOOK ON, AND YOU'RE ASKING FOR INPUT FROM THE COUPITY. WHEN WE LOOK ONLINE, IT SAYS THESE ARE THE EBP'S OR PIEEI'S THAT ARE GOING TO BE DONE. I DON'T THINK IF THAT'S JUST EXPANSION ON WHAT YOU'RE ALREADY DOING BECAUSE IT DOES NOT STATE THAT.
>> AND YOU KNOW WHAT, WE'RE GOING TO CLARIFY THAT.
AUDIENCE MEMBER: SO IT LEADS ME TO BELIEVE THAT IT'S GONE.
>> SO WHAT I WANT EVERYONE TO KNOW IS THAT WHAT YOU'RE SEEING ON LINE AT THIS POINT IS A VERY ABBREVIATED INVESTIGATION OF WHAT YOU'RE GOING TO SEE.
AUDIENCE MEMBER: SEE, I DIDN'T KNOW THAT.
>> THE PLAN IS GOING TO BE POST BOD MARCH 23. SO YOU WILL HAVE A FULL PLAN WITH ALL OF THE EBP'S THAT WE'RE DOING, INCLUDING -- THE (INDISCERNIBLE) AND PLUS THE

PREVENTION PLATFORMS SO MARCH 23 IS REALLY WHERE YOU WANT TO EXTEND YOUR FOCUS TO VIEW THE FULL PLAN.
AUDIENCE MEMBER: OKAY. SO I'M ALSO PREVENTION AND EARLY INTERVENTION. BUT THIS QUESTION IS AROUND EARLY INTERVENTION. I DID NOT HEAR GOING ABOUT THERAPEUTIC (INAUDIBLE) AND WHEN I WAS WORKING, WE HAD A THERAPEUTIC (INAUDIBLE) WHICH WAS EXTREMELY SUCCESSFUL AND ESPECIALLY FOR THE THREE AND 4 YEARS OLD WHO HAVE BEEN TRAUMATIZED. I'M ON THE COMMISSION FOR CHILDREN AND FAMILY SERVICES. THOSE ARE OUR KIDS. THE FOSTER CARE KIDS IN THE SYSTEM AND MANY OF THEM ARE BABIES AND THEN VERY YOUNG PRESCHOOLERS AND YOU KNOW THAT IF THEY DON'T GET SERVICES, THEY CONTINUE TO DEVELOPMENTAL HEALTH ISSUES AND BEHAVIORAL. SO I'M INTERESTED IN WHAT DOES THIS PLAN, DO YOU HAVE THERAPEUTIC PRESCHOOLS NOW AND IF SO, HOW MANY AND IS THERE A PLAN TO DO THAT.
>> SO WHAT I CAN SAY ABOUT WHAT WE'RE DOING WITH PRESCHOOL AGED YOUTH IS THERE A PROGRAM THAT WE'VE BEEN -- THAT WE'VE BEEN PILOTING.
AUDIENCE MEMBER: I CAN'T HEAR YOU.
AUDIENCE MEMBER: AND SHE NEEDS TO HEAR YOU OVER THERE.
>> I NEED A MICROPHONE. SO WHAT I CAN TELL YOU, I KNOW THAT WE HAVE DONE, EVEN SINCE OUR LAST THREE YEAR PLANNING PROCESS, IS THAT WE PILOTED, WE'RE PILOTING A PROGRAM CALLED "SEEDS" OUT OF UCLA AND IT'S SPECIFICALLY TARGETS PRESCHOOLERS AND IT'S SPECIFICALLY RELATED TO CHILDREN THAT ARE TRAUMATIZED AND HAVING SOME BEHAVIOR ISSUES AND TRYING TO SUPPORT THE EDUCATORS, THE TEACHERS, AS WELL AS THE YOUTH. AND SO THAT'S A PROGRAM WE HAVE DONE. S.E.E.D.S.
LIKE SEEDS LIKE YOU'RE PLANNING A SEED. AND SO --
AUDIENCE MEMBER: DOES THAT INCLUDE MENTAL HEALTH SERVICES BECAUSE YOU TALK ABOUT TEACHERS AND THEY DO NEED, YOU KNOW, WE DO NEED TRAINING THERE BUT ALSO, THESE KIDS AND THE PARENTS OR THE FOSTER PARENTS, THEY NEED SOME HELP IN BEHAVIORAL MANAGEMENT AND THE KIDS THEMSELVES IN WORK THROUGH, LIKE PLAY THERAPY, WORKING THROUGH THEIR TRAUMA.
>> I CAN TELL YOU SPECIFICALLY ABOUT THIS PILOT. IT'S WORK WEALTH TEACHER WHO IS TRAIN THEM ON HOW TO WORK WITH THE STUDENTS BUT WITHIN THE PILOT, IF THE CHILDREN AND THE FAMILIES NEED SERVICES, THEY CAN BE LINKED TO SERVICES AND THAT'S KIND WHATEVER WE'RE DOING. WE'RE REALLY LOOKING AT THE IMPACT OF THE PROGRAM AND THE SUCCESS OF THE YOUTH AND THE FAMILIES BECAUSE IT'S ALSO BUILDING A RESILIENCY FOR THAT CHILD NOT TO BE KICKED OUT OF A PRESCHOOL.
AUDIENCE MEMBER: YES.
>> SO YOU'RE REALLY TRYING TO PROVIDE A GOOD ENVIRONMENT FOR THE CHILD TO LEARN AND THRIVE AND AWW SUPPORT THE EDUCATOR AND THE PARENT. IT'S, YOU KNOW, I MEAN, THAT REALLY IS THE GOAL. SO THERE IS A LOT OF AWARE KNOW. IF THIS IS A PROGRAM THAT IS SUCCESSFUL AND WE FIND THAT WE'RE GETTING THE RESULTS WE WANT, THEN THAT'S SOMETHING WE'RE GOING TO LOOK TO EXPAND. RIGHT NOW, THAT'S BEEN THE FOCUS. I KNOW THERE'S BEEN A LOT OF INITIATIVES AND WE'LL TALK ABOUT OUR SCHOOL-BASED SERVICES AND SCHOOL-BASED TEAMS. THAT'S REALLY WHAT THAT PREVENTION, AND WE HAVE TO HELP KIDS BE SUCCESSFUL IN SCHOOL.

>> DEFINITELY. AND SO I AM ACTUALLY NOT THE EXPERT. ONE OF OUR BIG KEY FOCUS IS SCHOOL-BASED PLATFORMS. I MENTIONED IT REALLY BRIEFLY EARLIER AND WE'RE WORKING WITH LAUSD AND LACO. LAUSD IS A DISTRICT WITHIN LACOBUT IT FITS. AND LAUSD'S SCHOOL-BASED PLATFORM IS REALLY FOCUSING ON EARLY EDUCATION. SO I WILL HAVE TO TALK TO YOU A LITTLE BIT MORE ABOUT THAT. THAT'S THE PROGRAM THAT SHE AND CONCHI, WHO'S NOT HERE TODAY.

>> FOR LAUSD. WE FUNDED SOCIAL WORKERS THAT WOULD BE COLOCATED IN THEIR --
AUDIENCE MEMBER: CAN SHE SPEAK UP LOUD.
>> LAUSD. TO HIRE A TEAM OF SOCIAL WORKERS THAT IS COLOCATED IN THEIR 0 TO 8 PROGRAMS AND SO AT THE EARLY EDUCATION CENTERS. SO THEY ARE BEING TREATED BY UCLA IN I BELIEVE THE S.E.E.D.S. CURRICULUM. SO THEY ARE BEING TRAINED IN THE S.E.E.D.S. CURRICULUM, THEY ARE TRAINING THE TEACHERS, THEY HAVE THE SOCIAL WORKERS IN THE CLASSROOM, TOO. SO THEY REALLY INVOLVE WORKING WITH THE STUDENT, HELPING THE TEACHER AND THE PARENT WORK WITH THE STUDENT WITH ANY BEHAVIORAL ISSUES THEY ARE HAVING. IT'S A VERY COLLABORATIVE EFFORT. LAUSD SELECTED THE EARLY ED INSTRUCTING THEY WANTED TO CO-LOCATE THE SOCIAL WORKERS AT. THAT STARTED THIS YEAR.

>> THE IDEA ALSO IS THAT THEY WOULD FOLLOW THE KIDS, THE FEEDER SCHOOLS, THE ELEMENTARY SCHOOLS THAT GO LONG AS THE CHILDREN GROW, THAT THE ELEMENTARY KIDS WILL HAVE THE SERVICESERVICE THE SUPPORT ALONG THE WAY.
AUDIENCE MEMBER: (INAUDIBLE).

>> THAT IS CORRECT. THAT IS GOING TO BE A THREE-YEAR PILOT SO YOU ALL KNOW, IT IS PREVENTION FUNDING. WE FUNDED 15 DISTRICTS THROUGH LACO. BUT THE DIFFERENCE IS LACO'S INVESTMENT IS FOCUSING ON MIDDLE SCHOOL AND HIGH SCHOOL. SO THERE'S 15 OF THOSE AND THEY'RE SPREAD PRETTY EQUITABLY ACROSS THE DISTRICT, WE MADE SURE OF THAT, VERSUS THE LAUSD INVESTMENT WHICH IS FIVE EARLY EDUCATION CENTERS AND THEN THE FEET ARE ELEMENTARY SCHOOLS FROM THOSE EEC'S.SO THERE'S THREE YEARS OF PREVENTION FUNDING THAT WE HAVE INVESTED TO GET OUTCOMES TO SEE IF THIS IS THE MODEL THAT WE SHOULD REPLICATE MOVING FORWARD. OKAY. I HAD ONE OVER HERE FIRST.
AUDIENCE MEMBER: SO I REALLY LIKE THIS. I HAVE TO TELL YOU. I'M A BIG SUPPORTER OF THE PEI AND I DEFINITELY REALLY AM FOCUSED ON THE CULTURAL COMPETENT. JUST FOLLOWING UP ON WHAT WAS MENTIONED, BUT QUALITY CONTROL. ONE OF THE THINGS THAT I WISH I WOULD HAVE SEEN IN THIS PARTICULAR PROGRAM ARE OUR LATINO POPULATION HAS HAD A SIGNIFICANT DROP IN RATES. AND WE HAVE OUR MIGRANT POPULATION. THAT ARE NOT GET SERVICES I WONDER IF THERE COULD BE A PEI PROGRAM, THAT SUPPORTS OUR IMMIGRANT POPULATION, THAT ARE, INCLUDING OUR LATINO AND OUR IMMIGRANT POPULATION THAT ARE REALLY AFRAID TO GO TO OUR CLINICS. WE HAVE, YOU KNOW, THE PUBLIC ISSUE FOR THE WHOLE STATE. WE HAVE THE LACK OF STAFF. SOMETIMES COMPETENCE IS A SIGNIFICANT FACTOR. WE HAVE OPEN HOSTILITY FOR SOME OF OUR IMMIGRANTS OR LATINO POPULATIONS, EVEN GO GOING TO SOME OF OUR COMMUNITY ENGAGEMENT PLACES. BUT I WAS WONDERING IF THERE IS A WAY TO STRENGTHEN THE WORK THAT THEY DO TO REALLY HELP OF SOME OF THESE COMMUNITIES BECAUSE THAT'S REALLY WHERE THEY ARE GOING.

>> SURE AND TO PROVIDE THEIR FEEDBACK AND INPUT ABOUT WHAT THEY NEED. SO WE REALLY VALUE OUR LATINO YOUTH AT SCC. WE KNOW, THAT LATINO ARE THE MAJORITY --
AUDIENCE MEMBER: 5 MILLION PEOPLE.

>> POPULATION IN LOS ANGELES COUNTY. SO WE REALLY TRY TO TAKE THE FEEDBACK, BACK. THROUGHOUT ORIGINAL PREVENTION FUND, I CAN SAY THIS AND WE WILL TAKE THE FEEDBACK, BACK TO FIGURE OUT HOW WE CAN BOLSTER EFFORTS TO ADDRESS SOME OF WHAT YOU ARE MENTIONING. ONE OF THE THINGS THOUGH THAT WE HAVE DONE WITH THE PREVENTION FUND IF YOU GUYS HEARD ME EARLIER. WE HAVE A REGIONAL PREVENTION FUND IN WHICH WE FUNDED $6 MILLION FOR EACH DISTRICT TO REALLY IDENTIFY PREN-RELATED PROJECTS THAT ARE IMPORTANT WITHIN EACH DISTRICT. AND ONE OF THE THINGS THAT THE SCHOOL DISTRICT INVESTED IN IS SUPPORT FOR UNACCOMPANIED MINORS. SO THAT'S THAT MIGRANT POPULATION YOU'RE SPEAKING ABOUT, AND REALLY EXPANDING SERVICES THROUGH OUR CONTRACTORS TO REALLY SUPPORT AND ADDRESS FOLKS THAT ARE PART OF THAT POP PLAY.
I KNOW, THAT'S ONE OF OUR RELATIVELY NEW EFFORTS MOVING FORWARD. BUT WE WILL TAKE BACK THE FEEDBACK AND FIGURE OUT IF THERE ARE OTHER THINGS.
AUDIENCE MEMBER: THE $6 MILLION, IS THAT SOMETHING THAT PRIMARY GOING TO BE, WORKING WITH THE SACK.
>> IT'S TOTALLY DIFFERENT. SO THERE'S THE USC C FUND. THAT'S A TOTALLY DIFFERENT PROCESS. BUT WHAT THE DEPARTMENT, WITH PREVENTION DOLLARS, WE FUNDED A REGIONAL PREVENTION FUND AND IT'S $6 MILLION PER SUIT DISTRICT. SO WHAT THAT REGIONAL PREVENTION FUND IS, IS FOR SOUP DISTRICTS TO FIGURE OUT WHAT ARE THE MAJOR ISSUES IN THEIR AREAS THAT THEY WANT TO FOCUS ON AND BUILD PROJECTS TO GET OUTCOMES ON. SO FOR INSTANCE, IF FOR SOUP DISTRICT 2, IT MAY BE HOMELESS KNOW. FOR SOUP DISTRICT 1 OTHER THEY REALLY FOCUS ON THE UNACCOMPANIED MINORS AND MIGRANT POPULATION. SO DISTRICTS HAVE VERSUS THINGS THEY WANT TO FOCUS ON ASK THAT REGIONAL FUND IS MEANT TO SUPPORT IN THAT YEAH CAN I GIVE YOU MORE INFORMATION ON THAT IF YOU'D LIKE. SO I HAVE ONE BACK HERE. THEN YOU.
AUDIENCE MEMBER: OUR FUNDS OUR CAN FUNDS FROM THE PEI BE USED TO PROJECTS AND PROGRAMS THAT HAVE ALREADY BEEN STARTED THROUGHOUT THE COUNTY TO HELP. SOY THE PROJECTS THAT ARE IN PLAY RIGHT NOW, HAVE A GREATER ROLE IF SLOWING THE DEVELOPMENT OF MENTAL ILL KNOWS OR DRUG ADDICTION PATTERNS WITHIN THE INDIVIDUALS.
>> I'M GOING TO WALK UP TO YOU. I GOT EVERY OTHER WORD. AID.
AUDIENCE MEMBER: CAN FUNDS FROM PEI BE USED THROUGHOUT THE COUNTY RIGHT NOW, THAT ARE BEING UTILIZED BY THE HOMES POPULATION TO HELP SLOW OR PLAY A GREATER ROLE IF SLOWING THE DEVELOPMENT OFLESS THINK AND DRUG ADDICTION PATTERNS. AS OF RIGHT NOW, A LOT OF THE PROGRAMS ARE UNDER FUNDED AND THEY ARE NOT PLAYING MORE OF A ROBUST WAY TO ACTUALLY VOTE DEVELOPMENT OF MENTAL ILLNESSES SO A LARGE PORTION OF PEOPLE DON'T HAVE MENTAL ILLNESS ... (INAUDIBLE).
>> PREVENTING PEOPLE FROM SLIDING FURTHER INTO NEEDING MENTAL HEALTH PROGRAMS IN OUR CLINICS. SO THEY DON'T BECOME A PART OF OUR PERSISTENTLY MENTALLY ILL POPULATION. ONE OF THE THINGS THAT OUR PREVENTION IS DESIGNED TO DO. NOT THE EARLY INTERVENTION. EARLY INTERVENTION IS WHEN YOU'VE BEEN IDENTIFIED AS HAVING A MENTAL ILLNESS, AND A PARTICULAR PRACTICE IS REALLY DESIGNED TO HELP YOU. PREVENTION IS REALLY BEFORE YOU ARE IDENTIFIED AS HAVING A DYING NOSABLE ILLNESS, BUT THERE MAY BE SOME ISSUES THAT YOU POINT TO THAT YOU'RE AT RISK FOR DEVELOPING A MENTAL ILLNESS. SO YES. THE ANSWER TO THE QUESTION IS IT SHOULD DEFINITELY BE USED TO SUPPORT PEOPLE IN PLACE, THAT MAY BE AT RISK OF HOMESNESS, THAT HAVE BEEN YOU KNOW, MAYBE

EXPERIENCE TRAUMA. WE DON'T WANT THEM TO BECOME A PART OF OUR SMIS:SERMED ALKAAS ^ OWE SED POPULATION. SO WE REALLY WANT TO PROVIDE SUPPORT IN PLACE, TO PREVENT THEM FROM SYSTEM INVOLVEMENT OR FURTHER SYSTEM INVOLVEMENT.

AUDIENCE MEMBER: SO MY QUESTION, I LOVE HEARING S:TARA . SO THE QUESTION IS, WHAT DID YOU LIKE. SO I REALLY LIKE THAT YOU OUTLINED THE COMMUNITY-BASED OUTREACH. I THINK THAT'S IMPORTANT. AS A PERSON OF COLOR AND A THERAPIST THAT PRIMARY SERVES CHILDREN AND FAMILIES OF COLOR, PARTICULARLY BLACK PERSONS, I THINK WE HAVE TO BRING INTO A GROUP, THAT TRUST AND TRAUMA. I THINK THERE NEEDS TO BE SOME PREVENTION THERE. SO THERE WAS A BOARD MEETING. THEY PASSED A MEASURE IN L.A. IN WHICH DOULA SERVICES WERE AUTHORIZED, AND THEY WERE SUPPOSED TO FIND FUNDING. MY QUESTION IS INTEGRATIVE HEALTH, LIKE ACUPUNCTURE, I DON'T GO ARC THE DOULA SERVICES, INTERNAL MENTAL HEALTH, THAT PREVENTATIVE SERVICE THAT IS WILL REALLY HELP THE FAMILY FUNCTION MUCH BETTER AND IT'S NOT EARLY INTERVENTION BURK SOME PEOPLE MAKE IT LOOK LIKE THAT BECAUSE IT'S LIKE, DOULA. BUT IT'S REALLY ALL THAT PREVENTATIVE WORK BECAUSE IT'S HELPING FATHER, HELPING MOTHER. CAN YOU SPEAK TO INNOVATIVE MEDICINE, FUNCTIONAL MEDICINE F THAT'S INCLUDED IN THIS, AS EVIDENCE-BASED?

>> FOR SPECIFIC INTERVENTION LIKE I MENTIONED TO YOU PRIOR. WE HAD A VERY (INDISCERNIBLE) PROCESS. IF THERE'S NEW PRACTICES, IN APRIL OF '18, WE HAD A PROVIDER MEETING. SO WE HAVE LE'S THAT ARE CONTRACTED TO CONTRACT CARE FOR SERVICES AND EARLY INTERVENTION.

RIGO RODRIGUEZ: 10 MORE MINUTES. 10 MORE MINUTES.

>> IF THERE'S A PROGRAM OR PROJECT THAT A PROVIDER SAYS, HEY, WE HAVE EVIDENCE, CAN YOU DEFINE EVIDENCE. AND WE REALLY WOULD LIKE TO CONSIDER HAVING THIS PROGRAM TO CONSIDER. WE HAVE AN APPLICATION PROCESS. WE REVIEW THAT. WE GO OVER ALL THE EVIDENCE. WE DON'T JUST SEARCH, YOU KNOW, WE SEARCH IN THE COMMUNITY, WE SEARCH NAGLY, INTERNATIONAL LEAST WHATEVER YOU WANT TO DO IN LOS ANGELES COUNTY, YOU WANT TO MAKE SURE IT'S QUALITY. WE WANT TO MAKE SURE IT'S ACCESSIBLE, THE CLIENT IN SERVICE AREA 1 GOING TO RECEIVE THE SAME QUALITY LEVEL OF CARE IN SERVICE -- SO IF THERE'S A PROGRAM OR PROJECT. BUT AS FAR AS THE MEDICAL MODEL OR KIND OF WHAT YOU'RE ASKING. I'M NOT QUITE SURE YET. AND I'M JUST BEING HONEST. BUT I DO KNOW THAT WE ARE --

>> EVERYWHERE. ALL THE INSURANCES, EVERYBODY'S CREATING, BECAUSE THE DATA IS HERE. WHAT DATE ALIKE, IT'S OUT THERE A LOT. YOU CAN GO AND GATHER. IT'S NOT JUST (INAUDIBLE).

>> AND LET ME CLARIFY. THERE ARE A LOT OF THINGS HAPPENING IN OUR COMMUNITY THAT IS WE'RE ARC WEAR OF, THAT WE HAVE PARTNERSHIPS WITH PUBLIC HEALTH, THERE'S WORK GROUPS THAT ARE HAPPENING SO THERE'S A LOT PEOPLE WITHIN OUR COUNTY FAMILY THAT ARE WORKING ON ADDRESSING WHAT YOU'RE MENTIONING. I JUST NEED FOR THIS PLAN AND PEI FUNDING, I'M NOT SURE WHERE THAT'S AT YET. AND I THINK THAT'S SOMETHING WE HAVE TO CONTINUE TO DIALOGUE ABOUT ASK & WE PROBABLY DON'T HAVE THE BEST ANSWER FOR YOU TODAY. IN JUST FAIR KNOW. I THINK THERE'S A LOT OF MOVING PARTS WITH THAT.

>> WELL, AND WHAT I WANT TO ADD TO THAT, AND WE'RE PROBABLY GOING TO TAKE ONE MORE QUESTION, BECAUSE WE ONLY HAVE 10 MINUTES AND I WANT TO DO OUR WRAP UP. I APOLOGIZE. I THOUGHT THERE WERE GOING TO BE NOTE CARDS.

>> IT'S IN THE FOLDER. THERE'S QUESTIONS IN YOUR FOLDER.

>> IF YOU HAVE ANY FEEDBACK, AND THERE WILL BE A PUBLIC COMMENT PERIOD AFTER THIS. BUT I WILL SAY, TOO. ON THE PREVENTION FRONT THAT'S ONE OF THE REASONS WHY WE'RE DOING THE INCUBATION ACADEMY. TO BRING THE INCUBATION ACADEMY. YOU MAY ALSO KNOWN KNOW IT AS "TRANSFORMING L.A.," THAT'S AN APPLICATION PROCESS THAT'S OPEN RIGHT NOW. THAT WAS THE PURPOSE OF REALLY THAT, UNDER CARRIE'S LEADERSHIP, WE DID A SMALLER EFFORT A FEW YEARS BACK. BUT WE REALLY WANT TO BE COMMUNITY ORGANIZATION, GRASS-ROOTS ORGANIZATION, SMALL MEETING SITES THAT ARE DOING THESE VERY INTEGRATIVE KIND OF HEALTH TYPE SERVICES TO THE FOREFRONT AND REALLY WORK WITH YOU TO BUILD CAPACITY TO CONTRACT WITH THE DEPARTMENT. SO THAT WE CAN INTEGRATE SOME OF THESE COMMUNITY DEFINED PRACTICES INTO OUR SYSTEM OF CARE AND IT CAN BE MORE WOVEN INTO THE WORK WE DO, RATHER THAN SEEING PEOPLE.

>> LIKE ON THE EI SIDE.

AUDIENCE MEMBER: YEAH, I REALLY DO THINK IT IS. THAT'S I DIDN'T WANTED TO BRING IT UP. THIS IS WHAT WE FALL BACK ON WHEN DMH DOESN'T FUND. THE MEDICAL MODEL. THAT'S WHY I'M BRINGING IT UP THAT I THINK WE HAVE TO ALSO, WITH MENTAL HEALTH, PARTICULARLY WHEN WORKING WITH FOSTER CARE CHILDREN, TO ADDRESS THE PAIR SYMPATHETIC. ALL OF THAT SCIENCE AND STUFF -- THAT PARASYMPATHETIC. ALL THAT IS SCIENCE AND STUFF.

>> THE DEPARTMENT HAS HAD A SIGNIFICANT AMOUNT OF CONVERSATIONS WITH A CARE PLAN. SO WE ARE ENGAGING WITH L.A. CARE I KNOW FOR SURE RIGHT NOW AND LOOKING AT WHAT WE'RE CALLING MILD TO MODERATE. THAT'S BASICALLY WHAT YOU'RE TALKING ABOUT. IT'S NOT THE CEMENTALLY ILL. IT'S THE MODEL TO MOLD. AT THE PEOPLE THAT GET CAUGHT BETWEEN, DO I GO TO THE HOSPITAL OR DO I GO TO THE CLINIC. BECAUSE I DON'T FEEL GOOD. BUT MAYBE I DIDN'T KNOW WHERE I FIT. SO WE ARE HAVING THAT DIALOGUE. THERE'S A LOT OF DIFFERENT EFFORTS GOING FORTH LAST COMMENT.

>> THERE'S A PROGRAM OPERATION PROGRAM THAT IS IN SPANISH BUT MY QUESTION ABOUT THAT IS (INDISCERNIBLE) OTHER LANGUAGES.

CAPTIONER: CAN YOU REPEAT HER QUESTION, PLEASE?

>> HER QUESTION IS, THERE'S A PROGRAM CALLED PROMATORAS, FOCUSED ON THE SPANISH, SUPPORTS FOR SPANISH POPULATION AND SHE'S ASKING IS THERE AN EFFORT TO DO IT FOR OTHER POPULATIONS AND OTHER LANGUAGES. SO WHAT WE'RE DOING, THAT'S A MOVING TARGET. WE DO HAVE PROMOTERS AND PROMOTERS, IS BASICALLY PROMOTORS. BUT I THINK THERE'S LIKE, FOUR. THERE'S LIKE MIDDLE EASTERN.

>> CHINESE AND VIETNAMESE.

>> I KNOW THAT FOR A FACT. BUT WE ARE MOVING INTO THE DIRECTION OF REPLICATING THE PROMOTORA MODEL.

AUDIENCE MEMBER: YOU'RE SUPPOSED TO BE DOING THE AFRICAN COMMUNITY, TOO. I HAVEN'T HEARD GOING ABOUT IT.

AUDIENCE MEMBER: THE SPANISH SPEAKING ONE. BUT SINCE I GOT INTEGRATED, I HAVE NOT INDISIN SPANISH. I'M JUMPING ALL THE AREAS. LIKE ARE WE GOING TO GET INTEGRATION SPEAKING.

>> A CONVERSATION ABOUT HOW MANY PRESENTATIONS ARE IN DIFFERENT LANGUAGES, I THINK. I KNOW DEBBIE, SHE'S ACTUALLY FACILITATING THE GROUP OVER THERE. SHE IS OUR MANAGER AND PROMOTERS. SO THAT WOULD BE THE PERSON. FOR THE PROMOTORES.

>> I WANT TO MAKE SURE WE REPORT AND CAPTURE WHAT WE TALK EARLIER. WHAT WE HEARD WAS THAT THERE WAS MORE DETAIL GIVEN THAN WHAT WAS GIVEN AT THE PREVIOUS PRESENTATION AND THAT YOU WANT MORE DETAIL SO THAT HOPEFUL LEAKER THE NEXT MEETING, THERE WILL BE EVEN MORE DETAIL AND AGAIN, THE FULL REPORT IS BEING TO BE POSTED BUT (INAUDIBLE) ON THE WEBSITE, EVERYTHING THAT SHOULD BE UP THERE IS NOT QUITE UP THERE YET.

WE DO HAVE A MODEL WHICH IS SEEDS -- (INAUDIBLE) FOR LITTLE KIDS. BUT ALSO, PARENTS AND FAMILY, AND FOR 0 TO 5 --

>> THE SEEDS PROGRAM FOR YOUNG KIDS. SO THAT IS ALSO DONE THROUGH OUR CURRENT SCHOOL-BASED PLATFORMS THAT WE ARE WORKING WITH LAUSD ON THEIR EDUCATION (INAUDIBLE) LIKE THE COMMUNITY OUTREACH, THEY LIKE THE COMMUNITYITY OUTCOME POINT OF THE PROGRAM. AND THERE ARE OTHER COMMUNITIES OR OTHER LANGUAGES, OTHER GROUPS THAT WILL HAVE THE BENEFIT, THE PROMOTORE MODEL, AND SPANISH LANGUAGE. DID I GET THAT RIGHT?

SERMED ALKAAS:

SERMED ALKAAS:

SERMED ALKAAS:

SERMED ALKAAS:

SERMED ALKAAS:

SERMED ALKAAS:

SERMED ALKAAS: >> IF YOU GO ON THE OTHER SIDE TO READ, SHE CAN HEAR YOU.

>> YOU KNOW WHAT, I WAS THE LOUDEST THING GROWING UP. AS I GET OLDER, I THINK I GET QUIETER.

SO THESE ARE THE SUGGESTIONS WE GOT. WE NEED TO INCREASE THE DETAIL ON THE WEBSITE ABOUT THE EBP'S BECAUSE IT'S A LITTLE CONFUSING THAT WE MAY BE ADDING OR CONTINUING OUR EXISTING LIST. WE'RE NOT GETTING RID OF.

RIGO RODRIGUEZ: WORK MORE MINUTES TO GO. TWO MORE MINUTES.

>> AND AGAIN, THE NEED TO FOCUS ON MORE SERVICES FOR, IN TERMS OF THERAPY AND PRESCHOOLS, TO SERVE 0 TO 5 POPULATION. AND THEN THAT WE NEED MORE SERVICES FOR IMMIGRANT POPULATION, OUR LATINO POPULATION, INCREASED CAPACITY SINCE THEY ARE A HUGE PART OF THE POPULATION IN THE COUNTY AND WE NEED TO MAKE SURE WE'RE CAPTURING OUR VOICES AND THEIR NEEDS AND WE MAKE SURE THAT WE BEGIN TO LOOK AT STRATEGIES IN WAYS TO HAVE INTEGRATIVE HEALTH TO DO SOME OF THE THINGS SUCH AS THE DOULAS, AND THE NONTRADITIONAL MEDICINE OR THE NON-WESTERN MEDICINE APPROACHES AND WE CAN INFUSE THAT INTO WHAT WE DO (INAUDIBLE).

AND THEN, OF COURSE, WE MAKE SURE THAT WE PURSUE, CONTINUE TO PURSUE HAVING THE PROMOTOR'S MODEL.

>> AND FOR THE AFRICAN COMMUNITY.

>> AND THE AFRICAN COMMUNITY SPECIFICALLY.

AUDIENCE MEMBER: CAN I JUST ADD ONE MORE THING WE CAN SUGGEST. IS THAT WE LOOK AT ALL OF THE CAPACITY-BUILDING PROJECTS THAT OF COURSE DONE BY THE USC C ASK SEE WHICH ONE WE SHOULD ACTUALLY IMPLEMENT COUNTY WIDE. BASED ON THE OUTCOMES. BECAUSE WE HAVE DONE OVER THE PAST 7, 8 YEARS, A LOT OF DIFFERENT CAPACITY-BUILDING PROJECTS

AND A LOT OF THEM OR SOME OF THEM ARE VERY GOOD AND THEY ARE COMMUNITY BASED AND THEY ARE A GREAT OUTCOME.

>> AND SEE HOW THEY CAN LEND TO A BROADER --

RIGO RODRIGUEZ: BROADER PREVENTION MODEL AND IMPLEMENTED COUNTY WIDE.

>> I THOUGHT I HEARD YOU TALK ABOUT THE INCUBATION. AND I WAS WONDERING, PERHAPS, THERE MIGHT BE A WAY TO MAKE IT MORE ACCESSIBLE TO YOUR ORGANIZATION, ESPECIALLY NONPROFITS AND PEERS TO MAKE SURE THAT AS WE'RE BUILDING CAPACITY, WE'RE ALSO BUILDING PEER SERVICE CAPACITIES. LIKE I'VE BEEN FAMILIARIZING MYSELF AND IT'S JUST SO COMPLICATED TO GET UNDER THE MAFTIR AGREEMENT AND THE INCUBATION PROCESS Z MAYBE STREAMLINING IT SO IT'S MORE ACCESSIBLE.

>> SO WE HAVE SORT OF AN EVEN MORE FOCUS ON BASICALLY, PEER PROJECTS, PEER ORGANIZATIONS TO BUILD UP CAPACITY FOR PEERS. YES. DEFINITELY.

>> IF I CAN PIGGYBACK ON THAT. WE WERE JUST TALKING ABOUT THAT. I'M (INDISCERNIBLE) NONPROFIT AND I PROVIDE SERVICES IN SPANISH BUT NOBODIES ABOUT IT. SO OUR THERAPY GROUPS ARE SMALL TO ZERO POPULATION BECAUSE THE POPULATION DOESN'T KNOW THAT WE EXIST.

RIGO RODRIGUEZ: LET'S DO 4 MORE MINUTES TO KIND OF FINISH UP.

>> AND I'VE BEEN TRYING TO GET ON THE MASTER AGREEMENT LIST, BUT I'M POWER 1.

>> SURE. WELL I CAN TELL YOU AND I'LL JUST SAY THIS. THE DEADLINE FOR THE INCUBATION ACADEMY WAS EXTENDD TO MAY. I BELIEVE IT'S MAY 11. DON'T QUOTE ME. YOU CAN E-MAIL MOST I BELIEVE IT'S MAY 11. BUT I KNOW FOR A FACT, IT IS MAY. AND WHAT WE WANT TO DO IN BETWEEN BECAUSE I DEFINITELY HONOR YOUR COMMENT. I MEAN, WE HAVE GOTTEN SO MANY COMMENTS ABOUT HOW DIFFICULT IT IS, ESPECIALLY WHEN YOU'RE A PARTY OF 1 AND YOU MAY NOT HAVE THE CAPACITY TO DO ALL THESE THINGS. SO WE HAVE EXTENDED IT AND IN THAT INNER RIM, WE ARE GOING TO REACH OUT TO EVERYBODY THROUGHOUT WEBSITE ON DIFFERENT TRAININGS OR, YOU KNOW, SESSIONS WHERE WE CAN, EVEN IF YOU BRING IF YOUR STUFF, AND LOOK THROUGH YOUR DOCUMENTS THAT HELP YOU WITH THAT PROCESS SO YES. STAY TUNED. BUT JUST SO YOU KNOW, THE LINE HAS BEEN EXTENDED.

AUDIENCE MEMBER: WHAT WAS YOUR NAME?

>> MY NAME IS DARLISH. I'LL GIVE YOU MY CARD.

I WILL, BECAUSE I WANT EVERYONE TO HAVE AN OPPORTUNITY TO GET UP ASK STRETCH. ASK TAKE A LITTLE 1-MINUTE BREAK BEFORE WE START BACK. I WILL LEAVE MY CARD. IF YOU HAVE QUESTIONS ABOUT INCUBATION, JUST E-MAIL ME. AND I WILL GIVE YOU AS MUCH INFORMATION AS YOUR HEART DESIRES. OKAY. SO I THINK WE GOT OUR FEEDBACK. I WANT TO SAY TO YOU ALL, I SO APPRECIATE YOUR TIME AND YOUR ENERGY IN FEEDBACK. I WANT TO GIVE EVERYBODY AN OPPORTUNITY, KIND OF LIKE GET UP AND STRETCH.

...

...

WEEKEND LET'S GO AHEAD AND RECONVENE, IF YOU ALL CAN COME BACK TO THE CENTER TABLES FOR A BRIEF REPORT OUT. THANK YOU MUCH. WE WILL START IN EXACTLY THREE MINUTES. THREE MINUTES WE'LL START THE HIGHLIGHTS.

RIGO RODRIGUEZ: FACILITATORS, CAN YOU START COMING UP HERE SO THAT WE CAN PROVIDE THE HIGHLIGHTS AGAIN, FEEL FREE TO BRING THE TRIPOD IF YOU NEED IT OR YOU COULD ALSO JUST DELIVER THE HIGHLIGHTS VERBALLY.

RIGO RODRIGUEZ: IF YOU'RE NOT GOING TO BE INVOLVED IN THIS PART, CAN YOU JUST STEP OUTSIDE SO WE CAN FINISH THIS UP.

>> DR. FRANK: WE HAD A CAN YOU FEEL GROUP THAT HAD A LOT OF COMMENTS WE'RE GOING TO START ON WHAT DID THEY LIKE. THEY LIKE THAT WOULD CAPITAL DEVELOPMENT FUNDS ARE BEING USED TO BUILD UNITS, AND THAT WE ARE BUILDING S: TARA. A.Y. UNITS ALTHOUGH THEY DID SAY WE NEEDED MORE. THEY LIKE THAT WOULD I WAS HERE. I JUST WANT TO POINT THAT O. THAT'S WHAT SOMEONE LIKED THEY LIKED THAT WE'RE HELPING BOARDING CARES AND THEY FELT LIKE WE WERE REALLY COVERING ALL THE BASES, AS IT RELATED TO HOUSING AND WE HAD 83 NEW DEVELOPMENTS BEING IN PROCESS OR OPEN. SO WE FOCUS MORE ON SUGGESTIONS. WHICH I THINK IS HOW IT SHOULD BE. ONE SUGGESTION WAS THAT WE GO TO THE NEIGHBORHOOD COUNCIL MEETINGS AND TALK ABOUT THE WORK THAT WE'RE DOING. ANOTHER IS THAT WE HAVE CLASSES IN COMMUNITIES OR HOUSING FOR OLDER ADULT THAT IS WE CAN BRING MENTAL HEALTH SERVICES IN THERE TO DO CLASSES AND EDUCATION TO PROVIDE SUPPORT TO OLDER ADULTS IN THEIR HOUSING. THE SUGGESTION WAS TO MAKE PEOPLE AWARE OF AVAILABLE HOUSING AND PEOPLE CAN GO AND SEE, WHERE DO WE HAVE INTERIM AND PERMANENT HOUSING. RECENTLY, THE C.E.O. PUT OUT A GIS MAPPING THAT SHOWS INTERIM HOUSING, SO WE HAVE GOT TO MAKE SURE PEOPLE KNOW ABOUT THAT THEY SUGGESTED THAT WE HAVE A SYSTEM FOR HOUSING PROVIDERS TO LIST THEIR RESOURCES THAT WE ALLOW SHARED HOUSING TO BE LISTED AND ON THE DIFFERENT HOW LONG LISTINGS, SOME PEOPLE SAID THEY DIDN'T SEE HOUSING THAT WE FOCUS ON HOMELESS PREVENTION, THAT WE WORK ON ISSUES OF AFFORDABILITY AND RENT CONTROL, LEGAL PROTECTION AND TENANT RIGHTS. LOOK AT INDIVIDUAL DIFFERENCES AND THE LENGTH OF TIME THAT THEY WERE HOMES. SO THE PEOPLE THAT WERE HOMELESS LONGER, THAT WE HELP THEM FIRST. SUGGESTION THAT WE HELP WITH HOUSING NAVIGATIONS, PARTICULARLY WHEN S: TARAAY WAS BROUGHT UP. HELPING S: TARAAY AND HELPING PEOPLE FIND HOUSE SEEING THEIR CERTIFICATES AND VOUCHERS DO NOT EXPIRE. WE HAVE MORE DROP-IN CENTERS. SOME OF THEM CALLED THEM BRUSH SPOT WHERE IS THEY CAN GO AND SHOWER AND EAT AND THEY CAN HAVE MENTORS AND GET HELP. WE HAVE ACCOUNTABILITY FOR HOMES SERVICE WORKERS, INCLUDING TRAINING ON TRAUMA THAT WE MAKE SURE OUR WORKERS CAN WORK MOST EFFICIENTLY. SUGGESTION THAT WE HAVE LONG-TERM RESIDENTIAL TREATMENT, THAT WE HAVE MORE PSYCHIATRIC HOSPITALS. DATA INTEGRATION AND COORDINATE BETWEEN DIFFERENT SYSTEMS, THAT WE PROVIDE INFORMATION ABOUT THE HOUSING PROGRAM EXPANSIONS FOR ANXIETIES, AGENCIES THAT MIGHT HAVE DMH MONEY, HOW CAN THEY GET MONEY TO PROVIDE HOMELESS SERVICES. THAT WE HELP PEOPLE FEEL A PART OF THE COMMUNITY AND HELP THE COMMUNITY SEPTEMBER PEOPLE THAT ARE IN THEIR COMMUNITY. AND THAT PEOPLE ARE TREATED WITH DIGNITY, WE STREAMLINE PROCESS FOR CONTRACTING AND THAT THERE IS QUALITY OVERUSING THAT COVERED IT.

RIGO RODRIGUEZ: THAT WAS EXACTLY THREE MINUTES.

AUDIENCE MEMBER: GRIEVANCE PROCEDURE.

>> DR. FRANK: THAT WE MAKE SURE WE KNOW WHAT THE GRIEVANCE PROCEDURES ARE. YES, THAT WAS ONE. AND MONEY ODE. O. YEAH, SHE HAD A VERY INTERESTING IDEA THAT FAMILIES GET MONEY TO PROVIDE THE SUPPORTS TO THEIR LOVED ONES, RATHER THAN HAVING THE SYSTEM ALWAYS HAVE TO GET FUNDING TO PROVIDE SUPPORTIVE SERVICES. THANK YOU.

SERMED ALKAAS:
SERMED ALKAAS:
>> DEBBIE: SO WE DID WET, INNOVATION AND CAPITAL FACILITIES. FAMILY MEMBER TRAINING TO SUPPORT FAMILY MEMBERS. AND INCLUSION OF FAMILIES WITH PEERS, AND THIS IS THE IDEA OF INNOVATION 5, NOT JUST FOCUSING ON PIERCE BUT ALSO FOCUSING ON FAMILY MEMBERS. A CONCERN WAS BASICALLY TO ENSURE THAT TRAUMA TRAINERS DO NOT PERPETUATE TRAUMA. SO LOOKING AT THAT. AND A RECOMMENDATION IN THE SAME ONE AROUND IMPLICIT BIAS TRAINING FOR ALL TRAINERS. ENSURE THE PROGRAM IS READY TO IMPLEMENT BEFORE IT IS BEING PROMOTED. THAT WOULD BE A GOOD THING AND IN TERMS OF WORKFORCE EDUCATION TRAINING RECIPIENTS FOR THESE DOLLARS THAT WE'RE TALKING ABOUT. ELIMINATE ANY SELECTION BIAS IN TERMS OF PROJECTS, FOR THE RECIPIENTS. NEED FUNDING FOR ACCOMMODATIONS FOR THOSE WITH PHYSICAL DISABILITIES. THERE WERE A COUPLE OF DISCUSSIONS UNDER THE COMMUNITY CULTURAL GROUP FOR PHYSICAL DISABILITIES AND PARTICULARLY, AS IT RELATES TO THE ABILITY TO DEVELOP A PROJECT AND THEN DEPARTMENT TAKES IT OVER TO BE ABLE TO CREATE TRAINING AND HAVING THE CC TO COB LABRATE.
WORKFORCE STRATEGIES TO INFUSE SERVICES IN SKID ROW, INCLUSIVE OF PEOPLE THAT LIVE IN THE AREA BECAUSE TO AVOID PEOPLE COMING INTO THE AREA, GETTING SCARED THEN LEAVING.
TARA: AY OR YOUTH COUNCILS. LINK. THE USC C WITH WET TO CREATE EMPLOYMENT OPPORTUNITIES FOR PEOPLE WHO ARE IN THE USCC'S. PEER SPECIALISTS, WORKING WITH LAW ENFORCEMENT WAS AN IDEA. AND THEN USING TECHNOLOGY TO TRAIN THE WORKFORCE. THIS WOULD BE AROUND THE TECHNOLOGY SUITE AND HOW WE WOULD INFUSE TECHNOLOGY TO TRAIN PEOPLE. AND THEN THERE WAS A REQUEST TO DEFINE PORSCHES.
RIGO RODRIGUEZ: THAT WAS IN TWO AND A HALF MINUTES. WOW. YOU'LL HAVE PUBLIC COMMENT OPPORTUNITY AT THE END.
>> WE HAD A VERY LIVELY GROUP. SO WE'LL START WITH WHAT THEY LIKED. THEY LIKE THAT WOULD THERE WAS MORE DETAIL GIVEN IN THIS PARTICULAR STAKEHOLDER MEETING
, Then WHAT WAS PREVIOUSLY GIVEN AND THE LAST MEETING. I THINK AS WE HAVE DISCUSSED, AS WE MOVE ALONG AND GET MORE INFORMATION AND INPUT
WE'RE ABLE TO PROVIDE FOR DETAIL, AND HAVE MORE IN-DEPTH CONVERSATION AND THAT WE CLASSIFIED, THERE WAS SOME CONFUSION ABOUT THE WEBSITE.
THAT THE SUMMARY POSTED ON THE WEBSITE AND NOT THE PLAN AND WE CLARIFIED IT WOULD BE POSTED AROUND MID MARCH.
THERE WAS A COMMENT ABOUT THERAPEUTIC PRESCHOOLS AND HAVING MORE INTENSIVE SERVICE FOR OUR-5 POPULATION

THEY APPRECIATED THAT THERE WERE SOME ADDITIONAL PEREI PROGRAMS THAT WERE COMING ON THESE COMMUNITY BASED PLATFORMS AND THAT OUTREACH WAS A KEY OPPONENT OF PREVENTION AND THAT WE'RE DOING IT AT COMMUNITY LEVEL. THERE WAS LIKE THAT WE ARE STILL DOING THE PROMOTORES. WE STILL HAVE PROMOTORES MODEL INTO OTHER ETHNIC GROUPS, LANGUAGES THROUGHOUT OUR PROMOTERS AND SPECIFICALLY WANTED TO SEE MORE OF THAT FOR THE AFRICAN AMERICAN OR AFRICAN COMMUNITIES AND THAT WE WANT TO HAVE MORE MONOLINGUAL PROMOTER SPANISH TRAININGS.
ALSO, THE LAST LIKE IS THAT PEIS:SERMED ALKAAS ^ HAS BEEN HELPFUL TO IMPROVE ACCESS TO MENTAL HEALTH TREATMENT. BECAUSE OF EXPANDING PEI

FOLKS ARE BECOME MORE AWARE OF THEIR OPTION IN SERVICES THAT THEY ARE ABLE TO RECEIVE. SO I'LL MOVE TO SUGGESTIONS. SOME OF THE SUGGESTIONS THAT WE RECEIVED IS THAT WE DO NEED TO CONTINUE TO INCREASE THE DETAIL ON OUR EBP'S ON OUR WEBSITE. THERE WAS CONFUSION THAT MAYBE SOME OF THEM ARE GOING AWAY, THAT WE HAVEN'T BEEN HIGHLIGHTING THE EXISTING EBP'S SO WE CLARIFY THAT WOULD WE ARE STILL DOING THE EBP'S THAT WE HAVE DONE IN THE PAST. SO WE NEED TO CLARIFY MORE THE DETAILS AROUND AT OUR SITE. ASK THAT WE EXTEND OR EXPAND SERVICES FOR OUR MIGRANT POPULATION, OUR SPANISH POPULATION, GIVEN THAT THEY ARE A LARGE PART OF THE LOS ANGELES COUNTY POPULATION, THAT THERE'S MORE SERVICES FOR THEM AND THEY ARE ABLE TO PROVIDE MORE INPUT INTO SERVICES.

RIGO RODRIGUEZ: SORRY, I'M TRYING TO MOVE IT ALONG.

>> DARLISH: ONE OF THE CONGRATULATIONS WE HAD, IS THE INTEGRATION OF ALTERNATIVE PRACTICES INTO OUR TRADITIONAL MENTAL HEALTH SYSTEM, MEANING, USING DOULAS AND NONTRADITIONAL MEDICINES AND HOW DOES THAT PLAY INTO SUPPORTING FOLKS WITH THEIR WELL-BEING, AND IF PREVENTION CAN BE USED TO SUPPORT SOME NONTRADITIONAL PRACTICES FOR WELL-BEING. AGAINPRO MOTEERAS, EXTENDING TO AND THERE WAS A LARGE FOCUS ON INCUBATION ACADEMY AND CAPACITY BUILDING PROJECTS THAT COULD BE IMPLEMENTED COUNTY WIDE. ONE OF THE SUGGESTIONS WAS THERE ARE PROJECTS THAT OF COURSE DONE BY R USCC'S. DONE BY THOSE COMMUNITY BUS IF THOSE PROJECTS WERE SUCCESSFUL. WHY COULDN'T THEY BE REPLICATED AND EXPANDED TO OTHER POPULATIONS. LASTLY WAS THAT THERE SHOULD BE INCREASED INFORMATION ABOUT HOW TO APPLY TO THE INCUBATION ACADEMY AND HOW AGENCIES CAN RECEIVE SUPPORT IN DOING THAT.

[APPLAUSE].

RIGO RODRIGUEZ: WE DISCUSSED THAT THE INTENSIVE CARE DIVISION IS MERGING AND THAT MERGE IS INCLUDING THE TREATMENT AUTHORIZATION UNIT AND WHAT WAS PREVIOUSLY KNOWN AS COUNTY WIDE RESOURCE MANAGEMENT. IN THAT MERGE, WHAT WE'RE DOING IS AND WE DISCUSSED THAT IT IS INCLUDING TWO TEAMS A TEAM OF CLINICAL REVIEWERS, AND A TEAM OF NAVIGATORS. AND ONE OF THE IDEAS THAT WE HAVE, WE'RE GOING TO PILOT OR WE'RE GOING TO DO A PROJECT THAT WILL HAVE CLINICAL NAVIGATORS, AND WE'RE GOING TO ASSIGN THE NAVIGATORS A POINT OF CONTACT THAT WILL FOLLOW LOCATIONS THROUGH THE SYSTEM, FROM IN-PATIENT TO ENHANCED RESIDENTIAL SERVICES, AS THEY GO THROUGH THE LEVEL OF CARE. AND THAT WAS ONE OF THE THINGS THIS TEAM LIKED. AT A LIKE THAT WOULD WE'RE GOING TO INCREASE THE BEDS IN THE SYSTEM URGENT CARE IS A GOOD IDEA. RESIDENTIAL BED AND IT IS BEDS IN THE SYSTEM AS A WHOLE. WE SPENDED TO FOCUS ON SUGGESTIONS. SO THE SUGGESTIONS THAT THEY VOICED WERE CONCERNS ABOUT GETTING PERSONS INTO SERVICES AS A WHOLE. THERE'S A GLUT IN THE SYSTEM AND WE DISCUSSED THAT EVEN IF WE ADDRESSED INCREASED (INAUDIBLE) IN THE SYSTEM, IT'S SORT OF LIKE MOVING THE BUBBLE. WE DISCUSSED IMPROVING COORDINATION BETWEEN DEPARTMENT OF HEALTH SERVICES, DMH AND THE SHERIFFS AND WE DISCUSSED IMPROVING THE NETWORK.

THERE WERE CONCERN ABOUT THE IND PLAN, AND MOVING INDIVIDUALS FROM HOSPITAL BEDS ACROSS FROM OTHER HOSPITAL BEDS AND THERE WAS AN APPEAL WITH REDESIGNING MHSA AS A WHOLE. OTHER SUGGESTIONS IN THEY SUGGESTED THAT THE NAVIGATOR BE A PERSON THAT WAS AN ACTIVE NAVIGATOR AND THAT THE NAVIGATORS AS A WHOLE BE OTHER THANS THAT COULD BE ON CALL AND PERSONS THAT BEING BE RESPONSIVE. THEY SUGGESTED A

PARTNERSHIP WITH QUALITY OF LIFE, TEAMS AND WITH HOME TEAMS AND PARTNERSHIPS WITH QUALITY LIAISONS. WITH COURT LIAISONS. THOSE WERE THE SUGGESTIONS THAT WE RECEIVED. THERE WERE SUGGESTIONS, AND I'LL PASS IT ON TO LISA.

>> LISA: OKAY WE COVERED FSP AND OUR OUTPATIENT PROGRAMS AND ALTHOUGH I'M NOT SURE WHY, "WHAT DID YOU LIKE" IS EMPTY. THERE WEREN'T A LOT OF COMMENTS ABOUT WHAT FOLKS LIKED ABOUT WHAT WAS SHARED. SOME OF THAT IS THE FACT THAT WE WERE TRANSFORMING FSP. FOLKS LIKE THAT WOULD WE WERE GOING TO BE MORE SPECIFIC ABOUT WHAT THE REQUIREMENTS WERE. THERE'S POSITIVE COMMENTS ABOUT THE STAFFING PATTERNS THAT ARE GOING TO BE REQUIRED NOW AND THAT THERE WILL BE LOWER CASE LOADS AND CERTAIN KINDS OF STAFF WHO WILL BE MANDATED; THAT WE'RE GOING TO HAVE SUPPORT FOR THE TRANSITION, AND ALSO THAT THE TRANSITION WOULD BE PHASED IN. NOW SOME OF THE SUGGESTIONS. HOW DO FAMILIES RECEIVE SUPPORT? LIKE, HOW DO WE INVOLVE FAMILIES MORE AND WE SHARED THAT THERE WAS A TRAINING PLAN WITH UCLA TO BE ABLE TO INCORPORATE FAMILY INTUSE TREATMENT. SOMEBODY HAS SUGGEST AID DISCIPLINE CHIEF FOR FAMILIES. THEY SAID -- SUGGESTED A DISCIPLINE CHIEF FOR FAMILIES. A NEED FOR MORE PARENT ADVOCATES. COMPREHENSIVE EXPLANATION FSP AND STAFFING PATTERNS, THERE WERE DOCUMENTS WE CAN GIVE OUT NOW, BUT OUR FINAL SERVICE EXHIBIT HAS TO GO THROUGH COUNTY COUNSEL AND CHAIR. KNOW WHAT THE PAYMENT SOURCES ARE. WE DISCUSSED SOME OF THAT. HOW WE WANT TO TAKE AWAY ANY BARRIERS THAT PAYMENT SOURCES WOULD CAUSE. AND RELATED TO PAYMENT WAS THE ISSUE OF FOLKS WHO ARE UNDOCUMENTED, WHO HAVE TO END UP STAYING IN FSP BECAUSE THERE'S NO FUNDING TO KEEP THEM HOUSED, OTHERWISE, ALTHOUGH THEY ARE NOT AT THAT LEVEL OF MENTAL HEALTH ACUITY. WE TALKED ABOUT THE PARTNERSHIPS WITH THE HOUSING DIVISION TO FIND MORE WAYS TO SUBSIDIZE HOUSING. CLEAR DEFINITION OF HIGH ACUITY. WE CLARIFIED THAT. WHEN WE SAY HIGH ACUITY WHAT, WE MEAN IS OUR SPMIPOPULATION. SEVERE AND PERSISTENT MENTAL ILLNESS. FS: ANITA H. LEHC'S. SOMEBODY HAD REQUESTED THAT WE CAN HELP PARTNERSHIPS BETWEEN FS: ANITA H. LEHC'S AND BEHAVIORAL HEALTH. SOME OF THEM HAVE WORKED OUT. MANY OF THEM HAVE NOT. WE MAYBE NEED TO HAVE SOME KIND OF MOUOR SOME SORT OF UNDERSTANDING OF SHARED PARAMETERS AND EXPECTATIONS AND CHANGING THE STRUCTURE OF INTEGRATIVE HEALTH, ALSO RELATE TO THE FS: ANITA H. LEHC ISSUE. SO THAT'S IT. -- F.

>> LET’S GIVE THEM A ROUND OF APPLAUSE, FOR FACILITATING AND SUMMARIZE THE KEY POINTS IN SUCH AN EFFICIENT WAY. SO THANK YOU. WE ARE NOW ON THE LAST PART OF TODAY, WHICH IS PUBLIC COMMENTS. LET ME JUST SAY 8 A LITTLE ABOUT THAT. IT'S 113-6SO WE HAVE FROM NOW UNTIL 115-5BECAUSE WE'LL USE THE LAST 5 MINUTES TO GIVE YOU SOME ANNOUNCEMENTS AND CLOSE THE SESSION. SO IN TERMS OF PUBLIC COMMENTS, HOW MANY OF YOU ARE GOING TO, IT'S A ONE-MINUTE PUBLIC COMMENT. HOW MANY OF YOU ARE INTERESTED IN GIVING PUBLIC COMMENT? RAISE YOUR HAND. KEEP YOUR HANDS UP SO I CAN COUNT. (COUNTING OKAY. SO LET'S DO THIS. I'M GOING TO PUT THE MIC RIGHT THERE. IF CAN YOU JUST COME UP. MAKE SURE HAVE YOU YOUR PUBLIC COMMENT CARDS FILLED OUT. AND THERE'S TWO WAYS OF PROVIDING PUBLIC COMMENT TODAY. YOU CAN COME UP HERE AND SPEAK OR YOU CAN JUST ALSO WRITE OUT YOUR COMMENT AND LEAVE IT AT THAT TABLE IN THE CENTER. WE'LL PICK IT UP, AND TELL YOU WHAT WE'LL DO WITH ALL OF THAT INFORMATION AT THE END.

LASTLY, FOR PUBLIC COMMENTS, THIS IS THE SECTION WHERE YOU'RE GOING TO SPEAK TO MR. POPE BUT HE'S NOT GOING TO RESPOND TO YOU BECAUSE IT'S JUST PUBLIC COMMENTS. WE'RE TYPING THEM UP AND THEN MR. POLK WILL ALSO DESCRIBE WHAT WE'LL BE DOING WITH THAT COMMENT. ALL RIGHT. LET ME PUT THE MIC UP HERE AND YOU CAN COME TO THE FRONT. I'LL LET YOU KNOW WHAT YOU HAVE 10 SECONDS TO GO WHO'S GOING TO KEEP THE COMMENT CARDS IN CAN YOU COME UP HERE?

IF YOU CAN START BY STATING YOUR NAME. AND THEN I'LL JUST LET YOU KNOW WHEN YOU HAVE 10 SECONDS TO GO AND WHEN YOU'RE TIME IS UP.

AUDIENCE MEMBER: I WANT TO THANK EVERYONE, ESPECIALLY DMH. THIS PLAN IS HOPEFUL. THERE ARE THINGS THAT REALLY GIVE ME HOPE AS A FAMILY MEMBER. THERE ARE MANY FAMILIES WHO ARE NOT HERE, BUT I HAVE TO SAY THERE IS STILL A DISCONNECT BETWEEN WHAT FAMILIES ARE EXPERIENCING, AND WHAT THE THREE-YEAR PLAN PROVIDE, ALTHOUGH IT'S GREAT IMPROVEMENT. WE FOCUS A LOT ON THE HOMES RIGHT NOW, AND THAT'S GREAT. AND THAT'S VERY IMPORTANT. BUT A LOT OF FAMILIES ARE HAVING A PROBLEM PUTTING THEIR LOVED ONE IN CARE WHICH IS NECESSARY FOR CEMENTAL ILL KNOW, FOR LONG-TERM RESIDENTIAL CARE THAT ISN'T DISRUPTED AND WE DON'T SEE THAT YET. THE OTHER THING IS QUALITY ASSURANCE, AND OVERSIGHT AND ACCOUNTABILITY OF THE SERVICES BECAUSE THEY ARE NOT VERY GOOD. SO YOU CAN INSTALL ALL KINDS OF PROGRAMS BUT IF THERE IS NO ONE LOOKING INTO WHAT THEY ARE DOING AND HOW THEY ARE DOING S: TARA THEY MEAN NOTHING. FOR EXAMPLE, ACUTE CARE --

RIGO RODRIGUEZ: TIMES UP.

AUDIENCE MEMBER: OKAY. ACUTE CARE KICKS PEOPLE OVERNIGHT. ACUTE HOSPITALIZATION KICKS PEOPLE OUT IN TWO, THREE DAYS. THEY ARE BASICALLY USELESS.

RIGO RODRIGUEZ: THANK YOU SOY MUCH. THANK YOU. NEXT PERSON.

AUDIENCE MEMBER: I'M A MENTAL HEALTH PROVIDER. I'M A THERAPIST WORKING IN SCHOOLS, WORKING WITH OF MAL TOGETHER, PRIMARY WITH WOMEN OF COLOR AND THEIR FAMILIES. THERE'S BEEN A LOT OF DATA COMING OUT LATELY, HOW BLACK FAMILIES DON'T COME BACK TO SERVICES SO THEY START, DMH SERVICES, CLINICAL SERVICES AND THEY DON'T STAY. SO MY QUESTION TO US, ALL OF US IN THE ROOM IS HOW CAN WE MAKE SURE THE PROVIDERS ARE HAPPY AND HEALTH AND HE WELL AND DOING GOOD WORK FOR THEIR CLIENTS AND NOT RUSHING TO DO THEIR PAPERWORK AND NOT TRYING TO QUIT AND LOOK FOR JOBS WHILE THEY'RE DOING IT BECAUSE THE CLIENTS ARE FAILING THIS, AND THERE'S ALREADY A LACK OF TRUST IN OUR COMMUNITY AND THAT'S WHAT I'M SPEAKING S: TARA. SO WHATTESTS ARE REALLY, REALLY OUT THERE, TRYING TO MAKE SURE WE RECRUIT PROVIDER WHO IS LOOK LIKE THE CLIENTS YOU'RE SERVE SERVING, WHO UNDERSTAND THE ISSUES THEY ARE GOING THROUGH. AND DON'T RUSH TREATMENT BECAUSE THERE'S PAPERWORK TO GO DONE. THANK YOU.

AUDIENCE MEMBER: I'M A CONSUMER OF DMH. I'M HERE, BASICALLY, JUST TO TALK ON BEHALF OF THE CONSUMERS, ASK DMH OF THE COUNTY, AND PLANNING PROCESS, SINCE THE MAY HAVE R MHSA WAS PASSED, WE HAVE A CONSUMER PROCESS THAT HAS DISAPPEARED. AND I HEAR COMMENTS SAYING IT IS A COMMUNITY, AND IT ISN'T. JUST LOOKING AT THE AUDIENCE TODAY SHOULD REALLY SPEAK TO THAT. IN PARTICULARLY, I'M TALKING ABOUT LARGEST STAKEHOLDER GROUP IN THE COUNTY. OUR LATINO AND SPANISH-SPEAKING POPULATION. THIS PARTICULAR DOCUMENTATION, WHILE WE HAVE TRANSLATORS, WASN'T EVEN AVAILABLE IN SPANISH

DESPITE THE FACT WE REQUESTED IT WEEKS IN ADVANCE.THIS HAS BEEN A CONTINUOUS PROCESS AND Its DISADVANTAGE BEING BOTH TO THE TAXPAYERS AND THE STATE OF CALIFORNIA AND OTHER STATUSES OF LOS ANGELES COUNTY, PARTICULARLY, OUR CONSUMERS. IT MORNING WHEN ARRIVED HERE, I MET ONE OF OUR CONSUMERS, THREE YEARS AGO WAS TRYING TO GET SERVICES. YOU KNOW WHERE HE WAS? OUTSIDE SLEEPING IN A TENT. I WONDER IF PERHAPS THE COUNTY, IN THIS PARTICULAR PROCESS, IT DOES NOT LEAVE THE -- HELP THE PEOPLE IT WAS MEANT TO HELP. PLEASE DO NOT LEAVE THE LATINOS WINE. WE OWE IT TO THEM.

RIGO RODRIGUEZ: THANK YOU VERY MUCH. NEXT.

AUDIENCE MEMBER: OKAY. MY NAME IS SONNY WHIPPLE. I'M THE PAST COACH OF THE ALASKA AMERICAN NATIVE. IN REGARDS TO PEI ON PAGE 7. I ASKED THIS QUESTION THREE YEARS AGO AT SLS: TARAA. HOW COME AMERICAN INDIANS ARE NOT INCLUDED IN THE DATA OR THE STATISTICS. THE AMERICAN INDIANS WHO HAVE BEEN HERE LONG BEFORE THESE OTHER CULTURAL GROUPS YOU HAVE ON HERE. SO IF THERE'S ANY TIME I CAN GET AN ANSWER TO THAT BECAUSE WE'VE BEEN ACCUSED OF BEING, THAT WE SEGREGATE OURSELVES AND THAT'S FURTHERREST FROM THE TRUTH. SO IF WE GET ANSWERS TO THAT, I APPRECIATE IT. THANK YOU.

AUDIENCE MEMBER: FIRST I WANT TO SAY THANK YOU FOR FINALLY PROVIDING MORE DETAIL OF YOUR THREE-YEAR PLAN. AND HAVING THIS MEETING SO WE WOULD LEARN ABOUT THAT. I WANT TO HIGHLIGHT THE IMPORTANCE OF CHILDREN 0 TO 5 AND ALL THE EFFORTS THAT ARE REQUIRED AND Specially TO SERVE THEIR NEEDS, ESPECIALLY AS IT RELATE TO THE TOXIC ENVIRONMENT THESE CHILDREN AND THESE FAMILIES LIVE IN. MY COLLEAGUE TALKED ABOUT HISPANIC UPON FAMILY. YOU'VE GOT SOME CHARGED NONSENSE GOING ON WITH THE GOVERNMENT AND THAT'S ACTUALLY TRAUMATIZING THESE CHILDREN AND THESE FAMILIES, AND THEN YOU HAVE THE FACT THAT BECAUSE OF THE IMPLICIT BIAS THAT IS EXIST IN SCHOOLS AND THINGS OF THAT NATURE BECAUSE THERE'S NOT ENOUGH TRAINING, THERE'S TRAUMA THAT'S GOING ON FOR AFRICAN-AMERICAN KIDS BECAUSE THEY ARE BEING PUT OUT BECAUSE PEOPLE DON'T UNDERSTAND WHY THEY ARE ACTING THE WAY THEY ARE. WHAT'S GOING ON AND HOW TO DEAL WITH IT FROM A TRAUMA-INFORMED CARE PLAY.

RIGO RODRIGUEZ: THANK YOU MUCH FOR YOUR COMMENT. NEXT.

AUDIENCE MEMBER: GOOD MORNING, THOMAS WRIGHT. I'M A REGISTERED ADDICTION SPECIALIST. I'D LIKE TO BRING THE ATTENTION TO FOSTER YOUTH. WE HAVE AN INCREASE IN OUR CHURCHES THAT WE HAVE NOT ONLY FOSTER YOUTH THAT, I MEAN, THE PREVENTION COULD BE USED. THESE ARE CHILDREN WHO HAVE HAD THEIR CHILDHOOD TRAUMAS, MAYBE WE COULD APPLY SOME OF THIS TRAINING TOWARDS THE FOSTER CARE PROGRAM THAT HOUSES. THEY ARE BECOMING HOMES AND OF THE FEMALES ARE BECOMING PREGNANT.JUST WANT TO BRING THE AWARENESS TOWARDS FOSTER CARE. THOMAS WRIGHT.

RIGO RODRIGUEZ: THANK YOU.

AUDIENCE MEMBER: GOOD MORNING. DANIEL CURTITY, I'M HERE AS A PARENT OF SOMEONE WITH A SERIOUS MENTAL ILLNESS. THE COMMENTS I WANT TO MAKE TODAY. I THINK IT'S IMPORTANT FOR EVERY EMPLOYEE OF DMH TO BE RESPONSIVE TO THE PATIENTS THAT THEY TAKE CARE OF AND ACCOUNTABLE AND THAT MEANS PICKING UP THE PHONE IN YOUR OFFICE. I CAN'T SAY HOW MANY TIMES I'VE CALLED AND REQUESTED HELP FOR INFORMATION AND I COULDN'T GET IT. AND I NEED IT TO END. AND IN ADDITION TO THAT, I THINK SOME OF THE THINGS I COULDN'T TOUCH ONBECAUSE I WAS IN ANOTHER GROUP. I THINK IT'S IMPORTANT TO

LOOK INTO A STUDENT LOAN FORGIVENESS PROGRAM TO, ATTRACT QUALIFIED PROVIDERS. IT'S IMPORTANT TO TARGET PROFESSIONAL THAT IS MIGHT HAVE LIVED WITH SERIOUS MENTAL ILLNESS OR FAMILY MEMBERS WITH SERIOUS MENTAL ILLNESS BECAUSE THEY ARE THE MOST PASSIONATE. I THINK ONE OF THE MOST IMPORTANT THINGS DMH CAN LOOK INTO DOING IS WORKING ON THINGS LIKE A TREE HOUSE PROGRAM WHERE WE CAN TRACK PATIENT COMPLIANCE, WHY THEY FALL OUT, WHAT THE LATEST IS IN CARE AND HOW WE CAN PREVENT THAT, AS WELL AS THE NUMBER OF ADMISSIONS THAT PATIENTS HAVE.

RIGO RODRIGUEZ: THANK YOU MUCH.

>> EZEKIEL REYES: EVEN IF A PERSON IS HOUSED, THIS DOES NOT CHANGE THE COGNITIVE PROCESS THAT ORIGINALLY DEVELOPED MANY YEARS BEFORE THE SITUATION AND THE SIMPLE FACT IS HOUSING AND HOMELESS INDIVIDUALS ARE TWO SEPARATE THINGS BUT EVERYBODY SEEMS TO THINK THEY ARE THE EXACT SAME THING. SO WE NEED TO BE HITTING IT ON THE MAP.

RIGO RODRIGUEZ: IS THERE ANYONE ELSE, IN ADDITION TO MARK? OKAY.

AUDIENCE MEMBER: CAN I DO IT TWICE.

(LAUGHTER).

I'VE GOT A COUPLE THINGS GOING FIRST THING, THE (INAUDIBLE) HAS THEIR MEETING THE SECOND FRIDAY OF THE MONTH, PROBABLY, I THINK 10:00 OR 12:00 CALIFORNIANS, LIVING ACTIVE, INDEPENDENT AND FREE WANT THEY WANT PEOPLE TO ATTEND. YEAH, 630S. SPRING STREET SO PLEASE COME. ALSO, ON MARCH 13 AND 14, THERE IS GOING TO BE A CONFERENCE, THE WESTERN RECOVERY CONFERENCE TAKING PLACE AT THE SERVICE AREA AT SHARE AND WE WANT PEOPLE TO ATTEND. LARGELY IF CAN YOU GET, YOU TALKED ABOUT HERE WE CAN BRING SOME OF THE PROGRAMS THAT WILL BE HEARD AT THE WESTERN CONFERENCE, AND I'LL BE HERE.

RIGO RODRIGUEZ: 10 MORE SECONDS.

AUDIENCE MEMBER: SO WE WOULD LIKE PEOPLE TO COME TO THE CONFERENCE. IT'S DOLLARS FOR CONSUMERS AND $50 FOR PEOPLE WHO ARE NONCONSUMERS.

RIGO RODRIGUEZ: THANK YOU MUCH, MARK FOR YOUR COMMENTS. NEXT PERSON.

AUDIENCE MEMBER: MY NAME IS TRAINA HARRIS, I'M SERVICE AREA 6 COCHAIR. I WAS JUST INFORMED YESTERDAY ABOUT THIS SO COMMUNICATION IS KEY. TRANSPARENCY IS KEY. DELIVERING THE MESSAGE UNIFORMLY TO ALL STAKEHOLDERS AND APPEARANCE AND CONSTITUENTS IS VERY IMPORTANT. SO THAT WE CAN REPLICATE THE MESSAGE THAT DMH -- WE NEED TO HAVE THIS MESSAGE, CROSS FUNCTIONAL LEAKER DISTRIBUTED TO EVERYBODY THAT IS IN THIS TOGETHER, RIGHT? THERE'S A LOT OF PEOPLE THAT WOULD HAVE LIKED TO HAVE BEEN HERE. I'M SURE THIS IS A WONDERFUL FACILITY WE COULD HAVE ALL SHARED MORE IDEAS, TOO.

WHAT DOES HOMELESSNESS LOOK LIKE? I'M A MOTHER OF FIVE. I HAVE 4 SMALL CHILDREN. I CURRENTLY AM WITHOUT HOUSING RIGHT NOW. I HAVE A JOB. IT'S NOT JUST AFFORDABLE HOUSING.IT'S LOW INCOME HOUSING THAT IS IMPORTANT. TO PROVIDE SOLUTIONS TO PEOPLE. DAYCARE IS AN ISSUE. AFFORDABILITY IS AN ISSUE. WE DON'T WANT TO JUST SERVE PEOPLE IN UNDER SERVED AREAS AND HAVE THEM BE IN SUBPAR AREAS TO RECEIVE SERVICES. SERVICES ARE VERY IMPORTANT. I'M SO GLAD THAT YOU GUYS HAVE A MOBILITY TEAM BUT 10 IS NOT ENOUGH. LET'S NOT JUST FOCUS ON 1% OF THE PEOPLE OF THE POPULATION. THANK YOU.

RIGO RODRIGUEZ: THANK YOU FOR YOUR COMMENTS. THANK YOU.

AUDIENCE MEMBER: PATRICIA RUSSELL. PAST CO-CHAIR FOR SIX YEARS, SERVICE AREA 2. ONE OF THE WAYS I COPE WITH MY OWN SAD KNOW, HAVING A SON WITH OCCURRING DISORDERS AND OUT OF THE E.R.'S AND HOSPITALS AND SOMETIMES JAIL, IS TO BE AN ADVOCATE. WE FAMILY MEMBERS NEED MORE HELP. THERE NEEDS TO BE MORE SERVICES FOR US TO GIVE US SUPPORT BECAUSE WE'RE ON THE FRONT LINE AND WE GO THROUGH A ROLLER COASTER AND HELL, AND NAMIIS GREAT. BUT WE HELP OUR LOVED ONCE, RATHER THAN HELP OURSELVES. I REALLY HOPE WE HAVE A FAMILY DISCIPLINE CHIEF THAT CAN CREATE MORE FAMILY SERVICES FOR US. THANKS.

AUDIENCE MEMBER: I'M AMY AND I'M A CONSUMER AND I WOULD LIKE IF POSSIBLE TO HAVE MORE HELP FOR PEOPLE THAT ARE BEYOND NEED OF 22 FOR AUTISM AND MENTAL HEALTH, BECAUSE I DON'T SEE THE SERVICES, ESPECIALLY IN THE COUNTY OF LANCASTER SO IF THAT COULD BE DONE, I PLEASE WOULD BEG OF THAT.

THANK YOU.

[APPLAUSE].

RIGO RODRIGUEZ: I THINK THIS CONCLUDES THE PUBLIC COMMENT SECTION. SO LET ME BRING THE MIC BACK UP HERE.

>> GREG: THANK YOU, RIO GRANDE O. IN CLOSING, WE APPRECIATED YOU GUYS COMING OUT AND BEING A PART-PROCESS AND HOPEFULLY, YOU GUYS CAN CONTINUE TO GIVE US VALUE AND GIVE US INFORMATION TO MAKE THIS BETTER. ALSO, THE QUESTION IS ALWAYS, WHAT DO WE DO WITH THIS INFORMATION. WHAT WE'RE PLANNING ON DOING IS TAKE ALL OF THESE CHARTS AND SEEING HOW WE CAN INCORPORATE THEM INTO OUR THREE-YEAR PLAN. WE WILL DO EVERYTHING WE CAN TO ADD HERE TO SOME OF THE THINGS THAT YOU GUYS ASKED US TO DO SO. SO MOVING FORWARD, OUR NEXT STEPS ARE TO INCLUDE AS MUCH AS WE CAN, YOUR SUGGESTIONS INTO OUR PLAN. WE WILL TRY TO HIGHLIGHT THOSE SUGGESTIONS IN OUR PLAN SO YOU GUYS WILL KNOW, WE WERE SERIOUS ABOUT THIS WHOLE PROCESS, AND THIS IS A PROCESS WE WANT TO KEEP ON TRACKTRACKING KEEP AN INTERACTIVE PROCESS MOVING FORWARD. WITH THAT, I'D LIKE TO SAY, THANK YOU GUYS FOR COMING AND HAVE A NICE WEEKEND.

RIGO RODRIGUEZ: HAVE A GREAT WEEKEND. THANK YOU.

MHSA 3-year Plan Community Planning Process
STAKEHOLDER MEETING – FOCUS GROUP QUESTIONS and Responses
February 21, 2020

By Plan Component

Plan	What did you like?	What suggestions do you have?

HOUSING	• Capital development funds being used to build units
	Q: How long before units are sold?
	  ○ Development must be used for 55 years for the same purpose
	• Emphasis on TAY
	Q: How are the housing vouchers used?
	  ○ Clients with SMI are matched through CES
	Q: Does foster case have to be closed?
	  ○ Question related to DCFS, if eligible, they can be matched
	• Likes that Maria is here
	• Helping Board & Care
	• Bases covered
	• 83 new housing developments
	  ○ Now up to 141
	  ○ TAY can access adult units but 362 new units for TAY in the works in city/county
		• Go to neighborhood council meetings & talk about what we're doing
		• Have classes in communities with older adults in their housing
		Q: Are there stakeholder groups dedicated to housing?
		  ○ Yes, many public meetings & policy summits exist related to housing
		• Make people aware of available housing
		  ○ County is developing GIS mapping system
		  ○ DMH lists IHP beds online
		• System for housing providers to list their resources
		• Share housing not listed, should be added since it is beds available for people
		• Focus on homeless prevention
		• Work on issues with affordability/rent control
		• Legal protection/tenant rights
		• Look at individual differences in length of time homeless when considering housing
		• Help with housing navigation
		• PR campaign to outreach to landlords
		• More drop in centers/"refresh spots"
		  ○ Include showers, food, mentors, clothing, washing machines, peer support
		• Accountability for homeless service workers including training (trauma)
		• Long Term residential treatment that is high quality
		• Provide money to families reduce financial burden
		• More Psych hospitals (poor farm)

Plan	What did you like?	What suggestions do you have?
		• Data integration / coordination between other systems • Provide info about hosing program expansions for agencies • Helping people feel a part of community & helping community accept people • Ensure people are being treated with dignity • Streamline process for contracting for housing providers • Quality oversight
PEI	• Detail was given • Clarified confusion from website • SEEDS therapeutic environment for parents/family & teachers • Appreciate PEI programs • That outlined community outreach in prevention • Promotoras – Spanish – monolingual supports • COS/PEI has been helpful to improve access to MH Tx	• Website to increase detail on EBP's • Therapeutic preschools? • Cultural competency got immigrant population – need linguistic capacity • Integration of alternative practices e.g. doula, mat MH, yoga • Promotores in other languages plus community (e.g. AA) • Capacity building projects to implement countywide • Increase accessibility for peer programs in Incubation Academy to get on Master Agreement • Incubation Academy details on applying
FSP/RRR	• Multi-disciplinary approach across FSP • Excited about upcoming changed ins FSP	• Eval. on the relationship for Integrated/Innovations Projects • Using FSP funds/outpatient program to house indigent clients; alternative ways/funding to house undocumented clients • Building capacity for providers serving clients with autism over the age of 18 • How do families receive support? • Need for more parent advocates • Comprehensive explanation of FSP and staffing patterns • Know what the payment sources are? • Clear def. of high acuity • FQHC • Changing the structure of Integrated Health
INN/WET/CAPITAL PROJECTS		• Family Training to support inclusion of families with peers (INNS)

Plan	What did you like?	What suggestions do you have?

		• Concern-Ensure Trauma Trainers do not perpetuate trauma
		  ○ Recommend Implicit Bias Training
		• Ensure Program is ready to implement when it is being promoted
		• WET – decrease selection bias in projects – recipients
		• Need – funding for accommodations for those with physical disabilities (UsCC)
		• Disseminate these suggestions at PRC
		• Training development initiated by UsCC – facilitation training for accommodations with people with physical disabilities – DMH
		  ○ Clarification. Next steps for DMH and process between UsCC & DMH
		• Ensure UsCCs & continue to have input into development/implementation
		• Workforce strategies to infuse services in skid row – inclusive of people in that community
		• TAY/Youth councils
		• Link UsCCs with WET for employment opportunities
		• Peer specialists working with Law Enforcement
		• Using technology to train workforce (WET)
		• Define what a “Peer” is

APPENDIX A:
Community Planning Process
February 27, 2020: Full MHC Meeting

Los Angeles County
Mental Health Commission
"Advocacy, Accountability and Oversight in Action"

First District	Second District	Third District	Fourth District	Fifth District
Hilda L. Solis	**Mark Ridley-Thomas**	**Sheila Kuehl**	**Janice Hahn**	**Kathryn Barger**
Imelda Padilla-Frausto	Harold Turner	Merilla McCurry Scott, PhD	Patrick Ogawa	Brittney Weissman, MPP
Susan Friedman	Kita Curry, PhD	Rev. Kathy Cooper Ledesma	Kevin Acebo	Judy Cooperberg, MS, CPRP
Luis Orozco	Reba Stevens	Stacy Dalgleish	Michael Molina	Vacant

MENTAL HEALTH COMMISSION MEETING

THURSDAY, FEBRUARY 27, 2020
11:30 AM

LOCATION: Hall of Administration 500 West Temple Street, Los Angeles, CA 90012 Room 739

Brittney Weissman, Chair, Presiding

AGENDA

I. Call to order
- a. Roll Call – *Canetana Hurd*
- b. Introduction: Office of Consumer & Family Affairs

II. Action Item: Approve December Minutes

III. Department of Mental Health Report
- a. Mental Health Services Act (MHSA) 3-Year Plan Presentation
- b. DMH Update – *Dr. Curley Bonds, Medical Director*

IV. Public Comment – Non-Agenda Items (limit to 2 minutes)

V. Service Area Leadership Team (SALT) Co-Chair Reports

VI. Chair Announcements

VII. Commissioner Reports

VIII. Adjourn

REASONABLE ACCOMMODATIONS: The meeting room is wheelchair accessible. Assistive listening devices and interpreters are available through the Mental Health Commission Staff. Requests for disability related modifications or accommodations, aids or services may be made to the Mental Health Commission office no less than 72 hours prior to the meeting date by phoning 213.738.4772. **NOTICE**: Notice is hereby given that the order of consideration of matters on this agenda may be changed without prior notice. All items may be heard in a different order than listed on the agenda.

Next Commission Meeting: March 26th, 2020, 11AM @ the Hall of Administration, 500 West Temple St. Los Angeles, CA 90012, Room 739

Address: 550 South Vermont Ave. 12th Fl, Los Angeles, CA 90020
E-mail: MHCommission@dmh.lacounty.gov **Website**: https://dmh.lacounty.gov/about/mental-health-commission/

Los Angeles County
Mental Health Commission
"Advocacy, Accountability and Oversight in Action"

Primer Distrito	Segundo Distrito	Tercer Distrito	Cuarto Distrito	Quinto Distrito
Hilda L. Solis	**Mark Ridley-Thomas**	**Sheila Kuehl**	**Janice Hahn**	**Kathryn Barger**
Imelda Padilla-Frausto	Harold Turner	Merilla McCurry Scott, PhD	Patrick Ogawa	Brittney Weissman, MPP
Susan Friedman	Kita Curry, PhD	Rev. Kathy Cooper Ledesma	Kevin Acebo	Judy Cooperberg, MS, CPRP
Luis Orozco	Reba Stevens	Stacy Dalgleish	Michael Molina	Vacante

MENTAL HEALTH COMMISSION MEETING

JUEVES 27 DE FEBRERO DE 2020
11:30 AM

UBICACIÓN: Salón de Administración 500 West Temple Street, Los Ángeles, CA 90012 Sala 739

Brittney Weissman, Chair, Presiding

AGENDA

I. **Llamada a pedido**
   a. Roll Call – *Canetana Hurd*
   b. Introducción: Oficina de Asuntos del Consumidor y la Familia

II. **Tema de acción**: Aprobar el Acta de Deciembre

III. **Informe del Departamento de Salud Mental**
   a. Presentación del plan de 3 años de la servicios de salud mental (MHSA)
   b. Actualización de DMH – *Dr. Curley Bonds, Director Medical*

IV. **Comentario público** – Puntos no del orden del día (límite a 2 minutos)

V. **Informes de Copresidente de la SALT**

VI. **Anuncios de la presidencia**

VII. **Informes de la Commissioners**

VIII. **Adjourn**

ADAPTACIONES RAZONABLES: La sala de reuniones está adaptada para silla de ruedas. Los dispositivos de escucha de asistencia y los intérpretes están disponibles a través del personal de la Comisión de Salud Mental. Las solicitudes de modificaciones o adaptaciones relacionadas con la discapacidad, ayudas o servicios pueden hacerse a la oficina de la Comisión de Salud Mental no menos de 72 horas antes de la fecha de la reunión llamando al 213.738.4772. **AVISO**: Se da aviso de que el orden de consideración de los asuntos en este punto del orden del día puede cambiarse sin previo aviso. Todos los temas se pueden escuchar en un orden diferente del orden del día.

Próxima reunión de la Comisión: 26 de marzo de 2020, 11AM @ the Hall of Administration, 500 West Temple St. Los Angeles, CA 90012, Sala 739

Address: 550 South Vermont Ave. 12th Fl, Los Angeles, CA 90020
E-mail: MHCommission@dmh.lacounty.gov **Website**: https://dmh.lacounty.gov/about/mental-health-commission/

MHSA
Three-Year Program and Expenditure Plan

Fiscal Years 2020-21 to 2022-23

Presentation to the
Mental Health Commission
Meeting
February 27, 2020

LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH
hope. recovery. wellbeing.

Our mission is to optimize the hope, wellbeing, and life trajectory of Los Angeles County's most vulnerable through access to care and treatment that promotes self-determination, personal recovery, full community connectedness, and community reintegration.

MHSA Three-Year Program and Expenditure Plan Presentation Overview

- Review of the Community Planning Process (CPP) and Timeline
- Review of Existing and Proposed Programs and Services by MHSA Component
  - Community Services and Supports Component (CSS)
  - Prevention and Early Intervention Component (PEI)
  - Workforce Education and Training Component (WET)
  - Innovations Component (INN)
- Questions and Feedback

MHSA THREE-YEAR PLAN COMMUNITY PLANNING PROCESS

- The Community Planning Process (CPP) is used to obtain feedback from a broad array of stakeholders on the MHSA Three-Year Plan (Plan) for Fiscal Years (FYs) 2020-21, 2021-22, and 2022-23.

CPP Activities and Meeting Dates:

- Feb 5, 2020 - A draft Executive Summary of the Plan was posted on DMH's website for public review and comment.
- Feb 13, 2020 - The Executive Summary was presented to the Mental Health Commission Executive Committee. Input and recommendations received will be reflected in the final version of the Plan.
- Feb 21, 2020 - The Countywide Stakeholder Meeting provided a presentation on the Plan components allowing stakeholders to discuss data and outcomes from the previous 3-year Plan components and provide input on the new Plan. Input and recommendations received will be reflected in the final version of the Plan.
- Feb 27, 2020 - Today's Mental Health Commission Meeting will allow for stakeholder discussion and input on the Plan's proposed new/continued programs and activities.

Upcoming Important Dates:

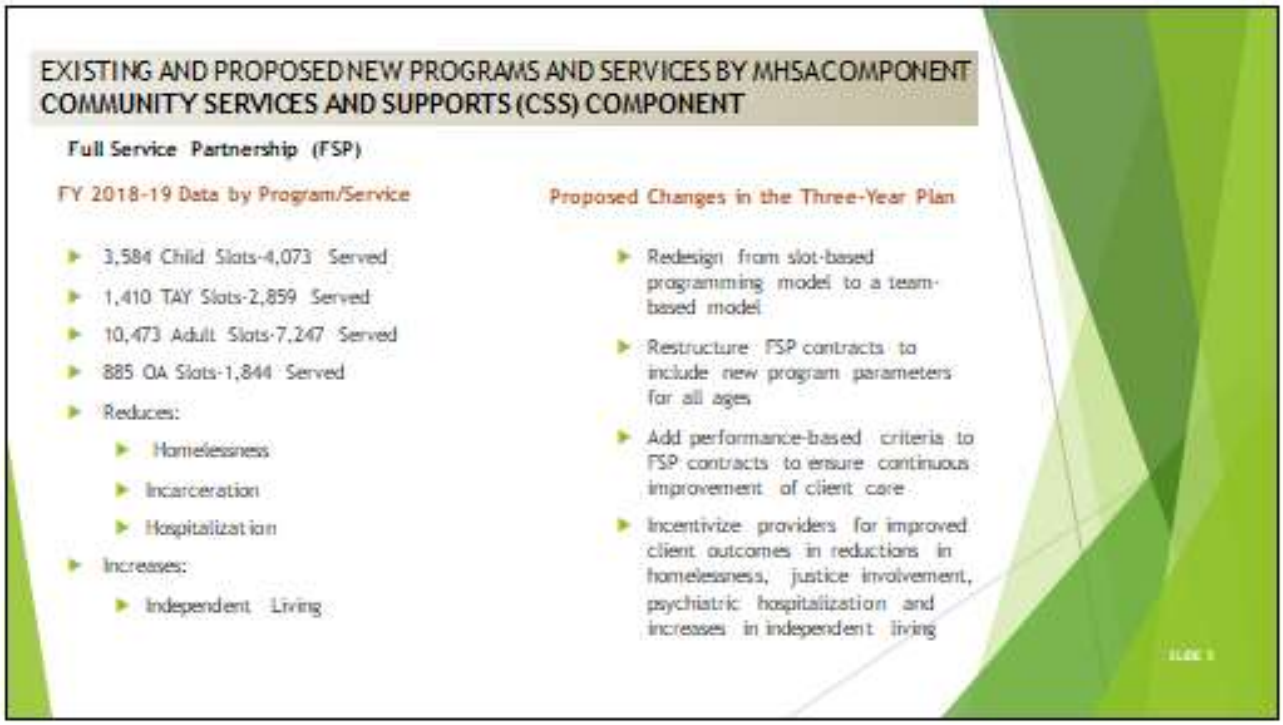
- March 23, 2020 - The full version of the draft Plan will be posted at the DMH Website.
- April 23, 2020 - A Public Hearing will be held to receive a Vote on the Plan's approval.

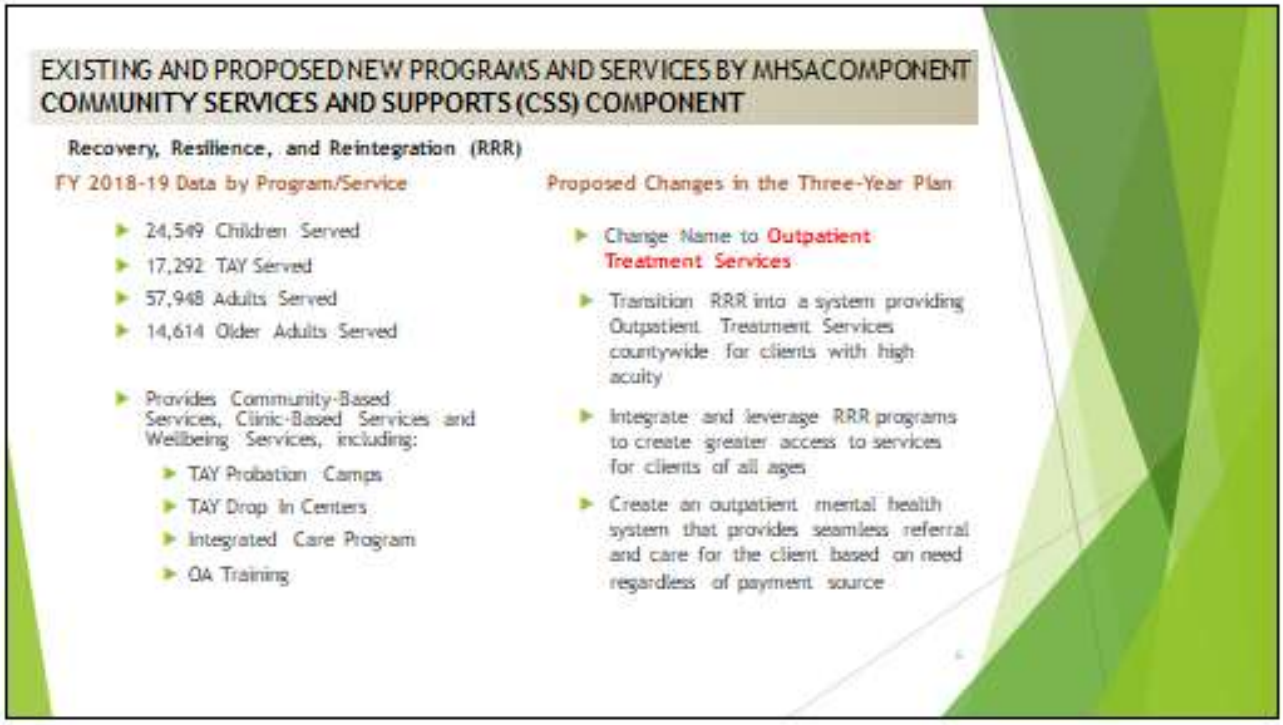
EXISTING AND PROPOSED NE PROGRAMS AND SERVICES BY MHSA COMPONENT
COMMUNITY SERVICES AND SUPPORTS (CSS) COMPONENT

Overview

- CSS is the largest MHSA component with 76% of the total MHSA allocation
- CSS Programs and services are for clients with a diagnosed serious mental illness
- For FY 2018-19
  - Approx. 140,000 unique clients received a direct service
  - 46,124 new clients served with no previous MHSA service (41% Hispanic, 16% African American, 16% White, 77% have a primary language of English, 15% have a primary language of Spanish

SA	# of Clients	# of New Clients
I	8,547	2,840
II	21,778	75,66
III	18,262	8,095
IV	30,065	12,730
V	9,458	4,267
VI	22,840	8,258
VII	12,886	5,236
VIII	27,409	12,028


EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT
COMMUNITY SERVICES AND SUPPORTS (CSS) COMPONENT
Full Service Partnership (FSP)
FY 2018-19 Data by Program/Service
3,584 Child Slots-4,073 Served
1,410 TAY Slots-2,859 Served
10,473 Adult Slots-7,247 Served
885 OA Slots-1,844 Served
Reduces:
Homelessness
Incarceration
Hospitalization
Increases:
Independent Living
Proposed Changes in the Three-Year Plan
Redesign from slot-based programming model to a team-based model
Restructure FSP contracts to include new program parameters for all ages
Add performance-based criteria to FSP contracts to ensure continuous improvement of client care
Incentivize providers for improved client outcomes in reductions in homelessness, justice involvement, psychiatric hospitalization and increases in independent living


EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT
COMMUNITY SERVICES AND SUPPORTS (CSS) COMPONENT
Recovery, Resilience, and Reintegration (RRR)
FY 2018-19 Data by Program/Service
24,549 Children Served
17,292 TAY Served
57,948 Adults Served
14,614 Older Adults Served
Provides Community-Based Services, Clinic-Based Services and Wellbeing Services, including:
TAY Probation Camps
TAY Drop In Centers
Integrated Care Program
OA Training
Proposed Changes in the Three-Year Plan
Change Name to Outpatient Treatment Services
Transition RRR into a system providing Outpatient Treatment Services countywide for clients with high acuity
Integrate and leverage RRR programs to create greater access to services for clients of all ages
Create an outpatient mental health system that provides seamless referral and care for the client based on need regardless of payment source

EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT
COMMUNITY SERVICES AND SUPPORTS (CSS) COMPONENT

Alternative Crisis Services (ACS)

FY 2018-19 Data by Program/Service

- Residential Bridging-linkage services for clients with co-occurring mental health and medical issues
- 8 Urgent Care Centers located in SAs 2, 4, 5, 6, and 8, aprrox. 122 Beds, 47,435 client contacts
- Enriched Residential Services -1,401 admissions
- 10 Crisis Residential Treatment Centers with a total of 147 Beds
- Law Enforcement Teams fielded 20,995 calls, of which 66% reported being homeless. Of those calls, there were only 646 (3%) arrests.

Proposed Changes in the Three-Year Plan

Redesign Alternative Crisis Services that includes:

- Establishing an Intensive Care Division (ICD) that merges services coordinated by Countywide Resources Management (CRM) and Managed Care and Treatment Authorization Request (TAR) units
- Restructure allows for a single functional division that streamlines and improves client flow

EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT
COMMUNITY SERVICES AND SUPPORTS (CSS) COMPONENT

Housing

FY 2018-19 Program/Services

- Continued to expand Interim Housing and Permanent Housing resources dedicated to individuals and families living with serious mental illness or a severe emotional disorder that are homeless and/or at risk of homelessness
- Received two new grants awarded for an additional 277 Shelter Plus Care certificates
- Expanded housing supportive services through Intensive Case Management Services and Housing FSP to individuals and their families living in Permanent Supportive Housing
- Continued housing supports seek to prevent clients from returning to homelessness
- Implementation of the LACDMH Enriched Residential Care Program that provides clients with the assistance needed to obtain and maintain housing at a licensed residential facility
- Continued housing capital investments of $65 million through Los Angeles County Development Authority, $15 million of which was dedicated to housing for veterans and $11.5 million for Alternative Housing Models

EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT
COMMUNITY SERVICES AND SUPPORTS (CSS) COMPONENT

Housing

Capital Investments from 2008 to Present

- Investment of $243 million in capital funding for 83 permanent housing developments that include 1,762 units dedicated to individuals with serious mental illness
  - 13 of 83 housing developments also received operating subsidies
- The 83 housing developments target families, transition age youth, adults and older adult populations and are in each Service Area
- 40 of the 83 developments (894 units) are open and occupied by formerly homeless or chronically homeless individuals or families living with serious mental illness or severe emotional disorder.
  - The breakdown of the 894 units is 419 studios, 365 1-bedroom, 65 2-bedroom and 37 3-bedroom and 8 4-bedroom units.
- The remaining 43 developments are in various stages of development

EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT
COMMUNITY SERVICES AND SUPPORTS (CSS) COMPONENT

Housing

Continued Work in the Three-Year Plan

- Continue investments in the capital development of permanent supportive housing (PSH) for individuals who are homeless and suffering from a mental illness through No Place Like Home
- Continue to expand supportive services to those that are living in PSH as new developments open and lease up
- Launching the Housing for Mental Health Program that provides ongoing rental subsidies, as well as funding for security deposits, utility assistance, and household goods to individuals that are homeless and have high acuity that are served in FSP programs
- Continue investing in efforts to strengthen Licensed Residential Facilities
- Expansion of the Homeless Outreach and Mobile Engagement (HOME) Teams that provide homeless individuals suffering from serious mental illness that may need hospitalization and/or to be on conservatorship with the services needed to transition them from the streets to PSH, including outreach, engagement and linkage to ongoing mental health services and permanent housing resources

EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT
PREVENTION AND EARLY INTERVENTION (PEI) COMPONENT

Overview

- PEI is the second largest MHSA component with 19% of the total MHSA allocation
- Focus on providing preventative and early intervention strategies, education, support and outreach to those at risk of developing mental illness or experiencing early symptoms
- Programs/Service Components include:
  - Prevention
  - Early Intervention
  - Suicide Prevention
  - Stigma and Discrimination Reduction

EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT
PREVENTION AND EARLY INTERVENTION (PEI) COMPONENT

Priority Populations

- The Mental Health Services Oversight and Accountability Commission (MHSOAC) has established PEI Priorities for the new 3-Year Plan
- In the previous 3-Year Plan, DMH allocated PEI funding based on the below priority populations

PEI	% Allocation
Suicide Prevention	2%
SOR	1%
Strengthening Family	12%
Trauma	26%
Families Under Stress	40%
At Risk Youth	14%
Vulnerable Communities	3%
	100%

- The new 3-Year Plan will continue to align PEI programs and services with the above priority populations, as appropriate and in line with the MHSOAC guidelines.

EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT
PREVENTION AND EARLY INTERVENTION (PEI) COMPONENT

FY 2018-19 Data by Program/Service

- Approximately 51,000 unique clients received a direct service
  - 7% children, and 18% TAY
  - 51% Hispanic, 10% African American, 8% White, and 3% Asian
  - 74% primary language of English and 23% primary language of Spanish
  - 30,369 new clients (23% Hispanic, 5% African American, 4% White, 74% primary language of English and 22% primary language of Spanish)
  - Below are clients served by Service Area

Service Area	# of Clients Served	# of New Clients by the Service Area
I: Antelope Valley	4,072	2,680
II: San Fernando Valley	7,926	4,886
III: San Gabriel Valley	8,996	5,639
IV: Metro	6,797	4,330
V: West	1,725	1,178
VI: South	6,816	4,424
VII: East	7,362	4,797
VIII: South Bay	8,175	4,936

EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT
PREVENTION AND EARLY INTERVENTION (PEI) COMPONENT

FY 2018-19 Data/Outcomes by Program/Service

- 79 PEI Programs/Projects, 32 Prevention Programs, 38 Early Intervention Programs, 16 Evidence Based Practices, 13 Promising Practices, 9 Community Defined Programs
- Early Intervention Programs significantly reduce symptoms pre and post treatment
- Raised awareness of the importance of mental and emotional wellbeing and health, and the impact of trauma through outreach training and partnerships;
- Promoted resilience strategies on systems and communities;
- Built organizational and community capacity to promote wellbeing and resiliency and to recognize and respond to trauma and mental health needs;
- Built bridges to mental health care when it is requested

EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT
PREVENTION AND EARLY INTERVENTION (PEI) COMPONENT

Continued in the Three-Year Plan

- Expand Community Based Platforms that increase access to preventative supports and trauma-informed communities through **collaborations with other County Departments**, including but not limited to Libraries, Parks, DCFS, DPH, DPSS, CEO, and WDACs.
- Expand Community Based Platforms that increase access to preventative supports and trauma-informed communities through **community initiatives that increase access and awareness**, including but not limited to School Based Community Access Platforms, Veterans Peers Access Platforms, Transforming LA (Incubation Academy), and Regional Prevention Fund.
- Collaborate with UCLA on development and launch of an interactive, trauma-focused training platform through the Center of Excellence.
- Assess CalMHSA Mini-Grants
- Assess We Rise Campaign

EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT
WORKFORCE EDUCATION AND TRAINING (WET) COMPONENT

Overview

- Focused on creating and supporting a workforce that is culturally competent, consumer/family driven and promotes the transformation of mental health services to a strength based approach that is inclusive of recovery, resilience and wellness

Programs and Services

- Integrated Peer Development Programming -delivered to 117 individuals
- Training and Technical Skills
- Learning Net
- Navigator Skill Development Program
- Interpreter Training Program
- Intensive Mental Health Recovery Specialist Training Program, 45 individuals completed training, 76% represented under-represented pops, 51% spoke another language other than English

EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT
WORKFORCE EDUCATION AND TRAINING (WET) COMPONENT

Continued Work in the Three-Year Plan

- The Office of Statewide Health Professional Development (OSHPD) is gearing up for implementation of the 2020-25 WET Five-Year Plan
- Five-Year WET Plan will seek to enhance the public mental health system workforce
  - Allocation amount has not been finalized, but distribution is planned to occur by summer 2020
  - Counties are required to contribute a 33% match that must occur by 2025

LACDMH to consider the:

- Mental Health Loan Repayment Program that is managed by OSHPD
- Underserved Cultural Community Graduate Recruitment Program that targets interested individuals from highly unserved/underserved populations within various ethnic group
- Other local financial incentive programs
- LACDMH will report out in either a Mid-Year Adjustment or upcoming Annual Report that will also address the source of the 33% match

EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT
INNOVATIONS (INN) COMPONENT

Overview

- Provides 5% funding for time-sensitive projects that introduce new or improved practices or approaches to the delivery of mental health services.

- INN projects
  - INN 2 - Community Capacity Building to Prevent Trauma
  - INN 3 - Technology Suites
  - INN 4 - Transcranial Magnetic Stimulation "TMS"
  - INN 5 - Peer Operated FSP
  - INN 7 - Therapeutic Transport
  - INN 8 - Early Psychosis Learning Network
  - INN 9 - Conservatee Support
  - TRIESTE

EXISTING AND PROPOSED NEW PROGRAMS AND SERVICES BY MHSA COMPONENT
INNOVATIONS (INN) COMPONENT

Continued Work in the Three-Year Plan

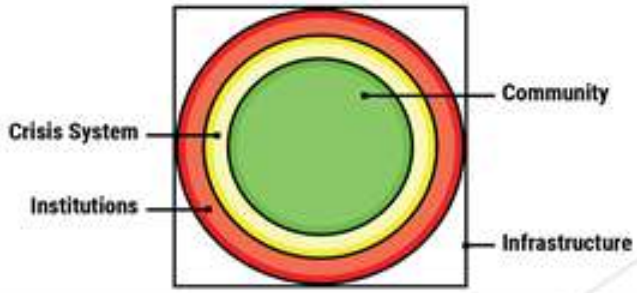
The following projects will require extensions to the original project timeline due to delayed implementation. The timelines will adjust to the 5-year maximum.

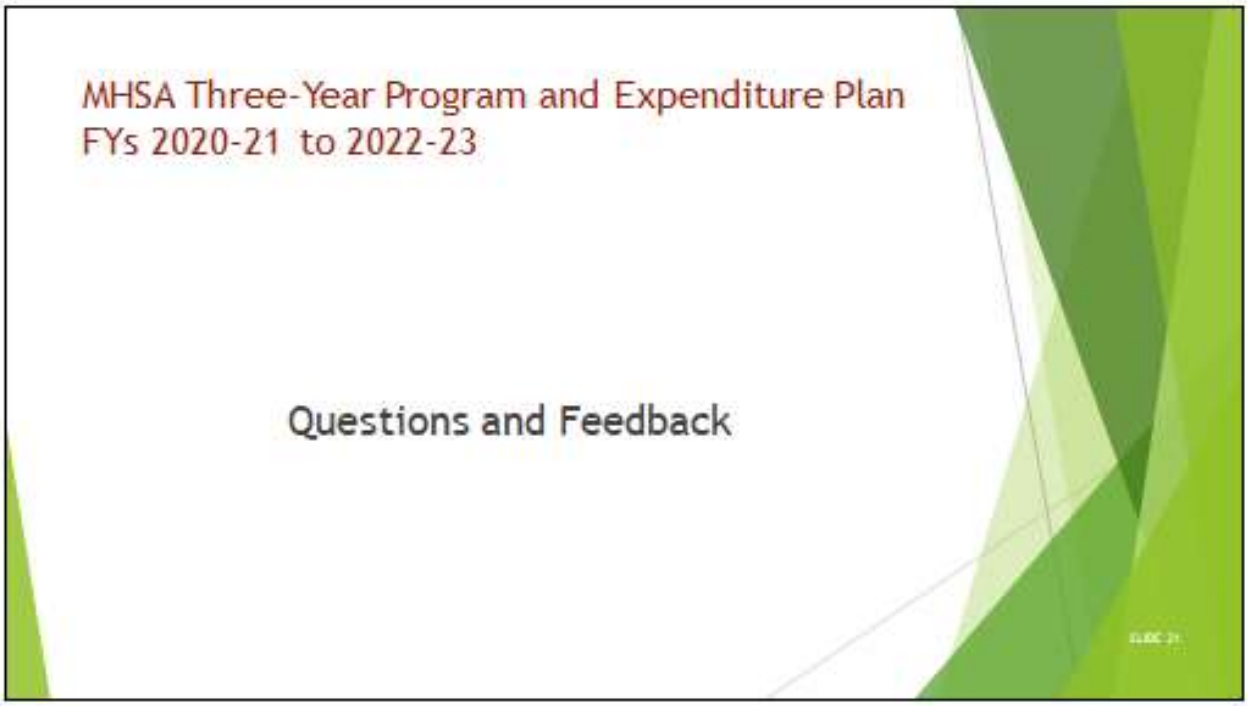
- INN 2 Community Capacity Building to Prevent Trauma-Additional 1-year extension
- INN 3 Technology Suites-Additional 2-year extension
- INN 4 TMS - Additional 2-year extension
- INN 7 Therapeutic Transport-Additional 2-year extension

MHSA Three-Year Program and Expenditure Plan FYs 2020-21 to 2022-23 and the DMH Strategic Plan

- DMH will align programs and services in the 3-Year plan with DMH's Strategic Plan which is focused on 4 major Domains: Community, Crisis System, Institutions and Infrastructure
- The Plan will identify how programs and services fit within each domain and the expected outcomes to achieve the goals of the Strategic Plan

DOMAINS FOR OUR STRATEGY




MHSA Three-Year Program and Expenditure Plan
FYs 2020-21 to 2022-23
Questions and Feedback


MHSA Three-Year Program and Expenditure Plan
FYs 2020-21 to 2022-23
THANK YOU FOR YOUR PARTICIPATION

County of Los Angeles – Department of Mental Health

OFFICE OF THE MENTAL HEALTH COMMISSION

Thursday, February 27, 2020

Meeting Minutes

Brittney Weissman, Chair, Presiding

APPROVED:

DISCUSSION
Call to Order
a. **Roll Call**: Canetana Hurd Present: Commissioners Susan Friedman, Reba Stevens, Stacy Dalgleish, Kevin Acebo, Judy Cooperberg, Patrick Ogawa, Imelda Padilla-Frausto, Merilla M. Scott, Luis Orozco, and Brittney Weissman – **QUORUM PRESENT** Absent Excused: Commissioners Kathy Cooper-Ledesma, Kita Curry, Harold Turner, Mike Molina New Commissioner - Chair introduced Luis Orozco appointed by Supervisor Hilda Solis, 1st District. Commissioner Orozco is an LCSW with 14-years of experience in the mental health field. b. **Introduction of OCFA Staff** (Office of Consumer and Family Affairs) c. **Action Item** – Approve December 2019 Minutes On motion of Commissioner Cooperberg, seconded by Commissioner Dalgleish, this item approved by unanimous vote and two abstentions.
Department of Mental Health Report
Mental Health Services Act (MHSA) 3-Year Plan Presentation – Greg Polk, Chief Deputy Director, Operations Review of the Community Planning Process (CPP) and timeline Review of existing and proposed programs and services by MHSA components: • Community Services and Supports (CSS) • Prevention and Early Intervention (PEI) • Workforce Education and Training (WET) • Innovations (INN) ***Attachment*** – MHSA Three-Year Program and Expenditure Plan Presentation Overview – {insert link} Vacancy Rate and Organization Action Item Update - Edgar Soto, Administrative Deputy III Mr. Soto reported approximately 300+ new hires, transfers, and promotions processed for clinical and non-clinical classification vacancies. Front line staff do quasi-clinical functions not captured in the clinical data. DMH is currently working on a mechanism that separates administrative staff who act as clinical staff. **New Action Item** – Please capture demographic information like race, ethnicity, and language data for these classifications (Padilla-Frausto).

DISCUSSION
Action Item Update – Customer Service in clinics Martin Jones, Program Manager III reported each visitor receives a welcome packet containing clinic and staff information, schedules and lists of local and countywide services. Welcome packets provided in the various languages. **DMH Update – Dr. Curley Bonds. Chief Medical Director** 1. Organizational Structure a. Key appointments – none new b. Training for supervisors will start in the next couple of months through a partnership with UCLA. This will be a time limited training designed to help those who were great clinicians, but who might not have all of the skills needed to excel as supervisors. c. Physician Registry – will launch in early April or May. The registry allows DMH psychiatrists and outside psychiatrists to work with us on days off. Should reduce our reliance on Locums Tenans contracts. 2. Updates around Program/Services, emphasis around integrated approach; and Headspace a. Since launching Headspace in mid-December, over 1,129 DMH employees have registered for Headspace. b. Our workforce has meditated over 48,000 hours! 3. Contemporary problems/issues/solutions a. Coronavirus – DPH is lead agency for the county informing residents of the virus b. DMH is providing info about bullying and harassment/discrimination through print media and by collaborating with the American Academy of Pediatrics **New Action Item** – Who or where does DMH capture a data collection to track criminal justice? (Acebo) **Action Items status** 1. Provide location information on number of mental health courts – *Completed by Dr. Bonds* 2. Provide timeline for MHSA budget – *Completed by Greg Polk* 3. Provide information on McArthur Pilot (Acebo) – *Completed by Dr. Bonds* 4. Invite Administrative Deputy III (Edgar Soto) to report on organization and vacancies – *Completed*
SALT (Service Area Leadership Team) Co-Chair Report
SALT 1 - Jean Harris, Co-Chair Summarized SA 1 focus on budget to expand SALT. SALT selected top five priorities from a survey of 16 priorities. Street company presented on its key mission to employ and train homeless individuals for jobs.
SALT 2 – Patricia Russell, Member

DISCUSSION
SALT continues to develop voting members, priorities, and addressing co-occurring disorders
SALT 4 – Carmen Perez, Co-Chair SALT continues to recruit more members and market the SALT. Key services needed in the service area are adolescent beds and translators for the undocumented population, and more services for youth.
SALT 8 – Paul Sansbury, Co-Chair Continue restructuring the SALT. Ask all groups for accountability to report out. Address homelessness and B&C. Connect and provide support to the local B&C. Plan a retreat for peer mentoring group. Peer mentoring group meeting changed from meeting before SALT to meeting after the SALT.
Public Comment – Non Agenda Items
Public Comments – Chair Weissman 1. **Patricia Russell** – Announced if you are interested in learning more about the MHSA 3-year Plan meeting on February 21 at the Cathedral go to her Youtube channel (video), PATRICIARUSSELLMENTALHEALTH. 2. **Barbara Wilson** – Spoke on two issues: 1) Grateful for the focus, positive response from the Governor but B&C facilities are still closing specifically due to lack of funding, and 2) What is the connection between ODR, courts, role of Volunteers of America, Twin Towers, etc. 3. **Jean Harris** – Ask Commission to review and submit a letter regarding the MHSOAC proposed changes to rules & regulations before the March decision. PIER program not available in service area 1. 4. **Jim "The Hat"** – Announced the Western Recovery Conference 5. **Amparo Ostojic** – Concerned that the new FSP team based model instead of slots as was before will result in unsuccessful outcomes. 6. **Johana Lozano** – Spoke on six problems with the MHSA planning process eliminates the voices of consumers. 7. **Sandra Flores** – Commented the legal system courts for mentally ill are difficult to navigate. Thanked the OCFA for helping her with a tremendous issue. 8. **Esiquio Reyes** – Spoke on homelessness. 9. **Daniel Kwong** – Distributed an article, "Homelessness and Health: The Connection Requires the Health Care Industry to Act" by John Baackes, LA Care CEO.
Chair Announcements
MHC Organizational Development Update • Chair announced MHC Executive Assistant and staff continues to support the Commission. Crystal Kibby handle content, data, and line of inquiry under the management of Angel Baker. • Town halls held quarterly would continue. Coordinate town hall, strategic plan and budget update into a 3 hour meeting. • Next town hall is Thursday, April 23, 2020 in SA 3, location TBA • MHC Priorities – Fellow Commissioners move forward on priorities. Self-organize teams and provide updates for March meeting:

DISCUSSION
1. Integration of services (team is forming) 2. Criminal justice reform and Jail Debate (Ogawa, Acebo, Molina, and Turner) 3. Homelessness (Friedman and Dalgleish) • Nomination for MHC Executive Office positions upcoming in March.
Mental Health Commissioners' Report
Forfeit Commissioners' report due to time limits
Adjourn/Next Meeting
Next Meeting – Thursday, March 26, 2020 – Hall of Administration – Room 739, 500 W. Temple Street, Los Angeles 90012 at 11 am

Meeting highlights submitted by Canetana Hurd

APPENDIX B
Prevention Program: Library Child, Family and Community Prevention Programs

Introduction

This report for the fourth quarter (April, May, June) also includes data from the first, second and third quarters when available. The narrative is cumulative and covers the Library's programming experience commencing with the beginning of the fiscal year in July 2018.

The required reporting components are:

- Outputs, outcomes, and narrative report based on data from all data gathering tools, including tools that the Library was using in addition to the implementation of the LACDMH-designed surveys;
- Copies of Library Program Survey Records;
- Complete database template including data collected from Library Program Survey Records, LACDMH-designed surveys, training lists, etc.; and
- Completed DSO Standard Invoice Template (submitted separately)

All records, paper or digital, will be retained for a period of 10 years per LACDMH instruction.

Database Template Notes

Parent, TAY, Older Adult Surveys and Child (15 yrs & younger) Surveys

This database template only includes data from the period that we were using the LACDMH survey tools, roughly from mid-November to mid-December 2018. Before those survey tools were available, the Library captured program outputs (number of programs, number of attendees) using a Wufoo online form completed by library managers every two weeks. When use of the LACDMH-approved survey tools was temporarily halted due to customer service concerns, the Library returned to the Wufoo online form to continue to collect data. By February 12, 2019, libraries began to distribute and collect the updated surveys at Library programs. The output data in this report reflects the combined results from both the LACDMH-approved survey tools (both iterations) and the Library's Wufoo online form.

- Staff trained after Sept 5, 2018
  This is a listing of library staff delivering PEI services that have completed one or more of the following LACDMH training sessions:
  > Mental Health First Aid (MHFA) - 8 hours
  > Youth Mental Health First Aid (YMHFA) - 8 hours
  > Relationships: The Buffer to Toxic Stress - 2 hours
  > Access to Care - 2 hours

  The Library was already conducting MHFA training on a regular schedule (explained below). This tab includes only those staff trained after September 5, 2018. Additional training sessions are planned and we have been in communication with LACDMH to arrange staff training for the other required LACDMH courses (YMHFA, Relationships, Access to Care).

- Staff trained prior to Sept 5, 2018
  This list consists of library staff that completed MHFA training conducted by LACDMH staff or library staff. The earliest training session took place in 2014 and those participants now need to recertify. The Library will be working towards that recertification along with continuing the certification of other staff.

This listing includes cumulative costs for staff delivering PEI programming through the fourth quarter.

A. School Readiness – Smarty Pants Storytime

- Deliverables
  - One school readiness program offered each week at 85 libraries for 10 weeks = 850 programs
  - Programs will reach 30,000 parents and children

  This storytime was developed to be a core library service. It is offered throughout the year, taking time off only for planning the next set of storytimes, so the number of programs and customers served will exceed the goal by a large measure.

Description	Q1	Q2	Q3	Q4	Total	Goal	Percent
Number of Smarty Pants Storytimes	1,164	474	891	719	3,248	850	382.12%
Number of children and adult caregivers	32,955	9,885	18,572	18,162	75,574	30,000	251.91%

- Survey Data

  When parents reported a language other than English was primarily spoken at home, it was nearly always Spanish. Chinese followed Spanish distantly for primary language spoken at home.

  During the fourth quarter *agree* and *strongly agree* responses were prevalent, with *strongly agree* far surpassing *agree*. This correlates with what we believed - that parents do believe storytime is beneficial for their children and try to attend whenever possible. Most parents recognized protective factors in the program content and responded positively. Sharing comments such as "*I love this program*," and *"Kids look forward to this program every week!"*

- Program Accomplishments

  During the fourth quarter, librarians continued to implement the revamped Smarty Pants Storytime, focusing on school readiness skills and modeling best literacy practices to parents, continued from the third quarter. Librarians continued to use the training manual for after-training support.

  Caregivers were offered opportunities to take home and keep a small tool (a shaky egg, easy-grip toddler crayons, small books, etc.) or a brief guide that describes an interactive parent-child activity that can be done at home. These tools and guides can be used at home to encourage more practice with their child/children. This take-home component is required in all Smarty Pants Storytimes.

  Youth Services Coordinators reviewed Smarty Pants Storytime plans to make sure that librarians were using what they learned in training and that the required caregiver education element (Parent Patter) is included. Additionally, incoming staff were trained in one-on-one sessions by Youth Services Coordinators to facilitate Smarty Pants Storytime. Coordinators continued to visit each library to personally observe storytimes, to confirm the expected practices are in place, and coach librarians as needed.

- Program Challenges
  Consistency in implementation continued to remain a challenge during the fourth quarter. As was reported in the third quarter, every organization has staff that are good at quick changes and others that need more time and support. Additionally, staff promotions and transfers to new positions required that the Youth Services Coordinators periodically needed to train and deploy new hired staff. The Youth Services Coordinators continued to monitor and to coach librarians as people changed locations or positions, whether briefly or permanently. The Coordinator's oversight and observation visits continued to ensure that all librarians would rise to the expected level of performance.

B. Triple P – Library Primary Care Consultations

- Deliverables
  - Three library visits each week to provide Primary Care Consultations at Family Place programs such as Storytime and Parent-Child Workshops = 157 sessions

Description	Q1	Q2	Q3	Q4	Total	Goal	Percent
Number of Primary Care Consultations		0	14	6	20	157	12.78%

- Survey Data
  There was no survey data for the Primary Care Consolations at Family Place programs during the fourth quarter. Survey data was collected from Reading Machine Childcare provider visits. Surveys were distributed at the beginning of the visits and at the end of the visits (for the quarter). Childcare providers were asked questions that dealt with their knowledge of early literacy, the Reading Machine's early literacy activities, and their awareness of services provided by Los Angeles County Public Library. The Childcare providers' responses were overwhelming positive to all questions, with comments like, "*We love the fingerplays,"* and "*The Reading Machine staff have been awesome, all of our children love them and are looking forward to the next visit."*

- Program Accomplishments & Challenges

The decrease in Reading Machine staff continued into the fourth quarter. Not wanting to stop services on one of the routes, we temporarily re-assigned the Primary Triple P Librarian to Reading Machine Librarian duties. We then had a librarian that promoted during the fourth quarter and in addition to the reduced staff, that librarian needed to split her time between Reading Machine and her new position. This left us unable to return the Primary Triple P Librarian to her intended duty during the fourth quarter.

During the fourth quarter, Triple P Librarians were tasked with conducting Triple P Primary Care Consultations and Discussion Groups. We were short-staffed for the Reading Machine and we were unable to assign two Triple P-trained Management Fellows to conduct Triple P Primary Care Consultations because we had one Management Fellow out on leave. During the fourth quarter, the number of Library Discussion Groups decreased significantly.

Additionally, *Embedded Triple P in School Readiness* had an attendance goal of 3,000 caregivers and staff have already achieved a contact level of over 10,620 caregivers. During the fourth quarter of grant cycle we have surpassed the contact level. Because these parental contacts are also resulting in Primary Care Consultations by Triple P staff, we have been able to achieve and exceed the goal with the other staff.

C. Triple P – Library Discussion Groups

- Deliverables
  - Primary Triple P Librarian will visit 4 libraries each week to offer Triple P Discussion Groups in the designated communities = 209 sessions

Description	Q1	Q2	Q3	Q4	Total	Goal	Percent
Number of Discussion Groups		195	24	190	409	209	195.69%

- Survey Data
  The 190 brief discussion group sessions during the fourth quarter were pulled from Triple P Librarian monthly program reports and entered into the narrative report and were not added to the database. The individual monthly reports from the Triple P Librarians are not scanned into the library database and only 11 sessions were captured on the Library Record tab.

- Program Accomplishments & Challenges
  We continued to have issues gathering caregivers together without their children, the solution was for the Triple P Librarians to hold brief discussion group sessions following Storytime or in conjunction with other planned events to meet the goal during the fourth quarter. We found that if we linked the discussions with another program or activity such as Smarty Pants Storytime, a craft or lunch at the library, caregivers were more likely to be available to participate in the discussion groups. This model proved to be extremely effective. Increasing attendance and participation. One of the most important discoveries was that we needed to provide an activity or task for the children so that the caregiver was available to listen and participate in the discussion.

D. Triple P – Outreach Primary Care Consultations

- Deliverables
  - Reading Machine Librarians will visit 2 sites per day on 4 days each week in the designated communities = 835 site visits
  - Reading Machine Librarian services will include:
    > Offering Primary Care Consultations after storytimes to adult caregivers
    > Offering activity kits for literacy skill building and aiding parents in recognizing potential cognitive or emotional issues

Description	Q1	Q2	Q3	Q4	Total	Goal	Percent
Number of site visits		533	226	223	982	835	117.60%
Number of Primary Care Consultations		40	7	0	45	NA	NA

- Survey Data
  Recipients of this service are not surveyed.

- Program Accomplishments
  During the fourth quarter, the Reading Machine continued to deliver high-energy storytimes to home day care locations, preschools and Headstart sites while modeling early literacy skills for caregivers to support them as they care for young children, ages 0 - 5 years. Storytime and STEM kits were also created and made available to teachers and providers at these locations. These kits allowed caregivers/providers to extend children's learning and exploration with developmentally appropriate Early Literacy and STEAM activities.

- Program Challenges
  During the fourth quarter, we continued to experience staffing level challenges which required us to assign Triple-P trained librarians to step-in to assist. Additionally, one Reading Machine staff member promoted to another position at a new location, we had to borrow the staff member from her new assignment to assist with Reading Machine program coverage. We have worked diligently to continue visiting the day care locations, preschools and Headstart sites even while experiencing staffing challenges.

D. Triple P – Embedded in School Readiness

- Deliverables
  - 15 specially-trained Librarians
  - Each librarian will provide services at 5 Family Programs (Storytime, Parent-Child Workshops, etc.) each week for a total of 3,750 programs (15 x 5 x 50 weeks)
    > 3,000 parents will be reached in these programs
  - Each librarian will provide 5 afterschool programs each week for a total of 3,750 programs
    > 1,200 children will be reached in these programs

Description	Q1	Q2	Q3	Q4	Total	Goal	Percent
15 Triple-P trained librarians (not cumulative)	15	14	14	14	14	15	NA
Number of family programs attended	145	897	743	739	2,524	3,750	47.6%
Number of parents reached	1,549	6,955	7,838	6,942	23,284	3,000	776.13%
Number of afterschool programs provided	198	738	766	842	2,544	3,750	67.84%
Number of children attending	1,699	8,678	7,499	9,490	27,366	1,200	2280.5%

- Survey Data
  The surveys completed in the storytimes or afterschool programs that these librarians participated in were reported under the *School Readiness – Smarty Pants Storytime* or *Afterschool* portions of this report. There is no survey data specifically for the Triple P contacts made in those programs.

- Program Accomplishments

The Library was required to complete specialized training offered by the vendor *Triple P America* so that librarians would be permitted to offer Primary Care Consultations and Discussion Groups. The Library has trained 79 staff in 4 cohorts (April 23, June 28, 2018, January 14, and April 29) and purchased authorized resources from *Triple P America*. The attendees of the trainings during the third and fourth quarters included newly hired librarians and the additional Coordinators who oversee program implementation in the libraries and in the field.

The librarians delivering these services are having an impact. Parents are receptive to Triple P Primary Care Consultations in Parent-Child Workshops and Storytimes. Topics are common concerns; hitting, interrupting, sharing, eating, bedtime, etc. and librarians report that the consultations usually end with a parent being thankful for the options suggested as possible solutions. Librarians also commented that talking to parents about the power of appropriate praising and modeling it for the parents has made positive changes. Some parents have reported back that it has made a positive change in their family dynamics. Additionally, our TAY outreach librarian was trained and was able to implement techniques learned from the Triple P training in her work at the TAY centers.

- Program Challenges
  After recruiting, hiring, and training 15 librarians we had a reduction is staffing. We have 14 of the 15 Triple-P Librarians delivering these services in the fourth quarter.

  We have determined that the number of programs to meet the goal was too aggressive and didn't allow for librarians to attend training, participate in meeting, staff absences, and vacations. Additionally, some librarians – just because of geography – have longer distances to drive between libraries or are in areas where even driving a short distance takes a long time and it makes it difficult to service multiple sites in one day.

E. Afterschool Programs

- Deliverables
  - 2 afterschool programs each week at 20 designated libraries (no fiscal year goal was stated)
  - A total of 12,000 youth served at these programs

Description	Q1	Q2	Q3	Q4	Total	Goal	Percent
Number of afterschool programs	277	269	518	511	1,575	NA	NA
Number of youth attendees	3,814	3,986	8507	9193	25,500	12,000	212.5%

- Survey Data
  This sample size is a smaller fraction of number of attendees in the program. Of the completed surveys for the fourth quarter, the youth were generally within target program age, 5 - 10 years old. When surveys were completed by children, during the fourth quarter, the answers were heavily weighted to *strongly agree* followed by *agree* in the protective factor questions and the program quality questions. This is an indication that staff are making appropriate and engaging programming choices; ones that kids are able to relate to including factors such as learning about other points of view, being reflective, and getting along with others.

When parents completed the surveys for very young children, they also chose *strongly agree* followed by *agree* very often. There were minimal responses of *neither agree or disagree* or *not applicable* rating selection in the protective factors on the Afterschool Programs surveys.

- Program Accomplishments
  Librarians have offered a large variety of programming to kids who use the library as a safe place to go after school. They've included open-ended art and applied art projects such as weaving and painting, STEAM programs of all kinds, gardening, activities based on books or events, games, and much more. They've added additional programs in subjects that kids want more of and offered passive activities that kids could complete when it was convenient for them.

  The librarians delivering these LACDMH-funded programs report positive effects like building relationships with regular attendees, seeing a kid not participate week after week and then joining in for the first time, and opportunities to talk to parents about their child's positive behaviors like cooperation and help with straightening up after an activity.

- Program Challenges
  Scheduling librarians to cover all the deliverables and still attend required library meetings and training events and covering absences and vacations has been a challenge for each regional area. Additionally, librarians felt isolated from being 'on-the-go' so much and wished for more peer support. We held meetings every other month for this group of librarians, their Coordinators, and the Youth Services Administrators. Librarians were able to share successes with peers, ask for help or ideas from the group, and hear consistent messaging about what was, and was not, part of the services under this grant. The meetings continue to be successful and librarians report that they appreciate the support the receive and the ability to communicate and interact with their colleagues in the ongoing meetings.

F. Summer Discovery Program (SDP)

- Deliverables
  - 1 cultural family program each week for 3 weeks at 85 libraries (255 programs)
    > These programs will only occur during SDP (May, June, July, August)
  - A total of 8,000 parents and children will attend these programs

Description	Q1	Q2	Q3	Q4	Total	Goal	Percent
Number of cultural programs	157			124	194	255	61.57%
Number of attendees	5,776			4,092	9,868	8,000	123.35%

- Survey Data
  When surveys were completed by children, during the fourth quarter, the answers were heavily weighted to *strongly agree* followed *by agree* in the protective factor questions and the program quality questions.

  When surveys were completed by adults during the fourth quarter, *agree* and *strongly agree* responses were prevalent, with *agree strongly* far surpassing *agree*. Once again, we find that youth and adults understand the opportunities to access free high-quality cultural programs and activities to engage the entire family at the Library.

- Program Accomplishments
  Summer programming in the library provides families with free high-quality activities to help engage children in learning, exploring, and discovery when they are not in school. Cultural programs at the Library generally fall into two major categories – mirrors (reflective) and windows (looking outward). Reflective programs connect with aspects of a child's own culture, or ancestral culture, and promote confidence, pride, and connection within a community of shared cultural identities. Programs that look outward provide bridges to understanding other perspectives, tolerance, and connection with a bigger and more diverse community.

- Program Challenges
  Because of the discontinuation of funding from LACDMH for cultural programs, Youth Services staff had to delay to giving direction to librarians regarding scheduling programs for SDP for the fourth quarter. Librarians, in turned delayed scheduling programs that required funding for facilitators unless the libraries had funding support from other sources, such as Friends of the Library until very late in the grant cycle when they were informed that they programming funds were available.

G. STEAM/MākMō

- Deliverables
  The staffing of six teams is 100% funded by LACDMH (Librarian I & Library Assistant I) while the staffing of four teams is 50% funded by LACDMH (Library Assistant I only). The MOU/SOW deliverables were stated for the 100%-funded teams only so they are reported separately on the chart below.

  - Six teams will each complete 1 program each month at 85 locations = 6,120 library programs
  - Fiscal year total attendees at these library programs = 17,000 attendees
  - Six teams will each attend 3 outreach events each month = 216 outreach events
  - Fiscal year total attendees at these outreach events = 16,000 attendees

Description	Q1	Q2	Q3	Q4	Total	Goal	Percent
100% LACDMH-funded number of library programs							
Central 1	23	52	57	35			
East 1	21	47	50	28			
East 2	9	35	50	27			
North 2	13	35	47	32			
West 1	22	65	67	34			
West 2	30	58	56	39			
Total of 100% teams	118	292	327	195	932	6,120	15.23%
50% LACDMH-funded number of library programs							
Central 2	17	49	52	33			
North 1	22	35	53	24			
South 1	40	69	42	33			
South 2	NA	NA	13	12			
Total of 50% teams	79	153	160	102	494		

Description	Q1	Q2	Q3	Q4	Total	Goal	Percent
Total of 100% & 50% teams	197	445	487	297	1,426	6,120	23.3%
100% LACDMH-funded library program attendees							
Central 1	462	714	552	516			
East 1	354	529	437	289			
East 2	254	662	701	235			
North 2	261	365	451	310			
West 1	423	919	724	353			
West 2	514	699	567	450			
Total 0f 100% teams	2,268	3,888	3,432	2,153	11,741	17,000	69.6%
50% LACDMH-funded – library program attendees							
Central 2	401	646	694	572			
North 1	580	562	651	290			
South 1	698	885	482	401			
South 2	NA	NA	140	150			
Total of 50% teams	1,679	2,093	1,967	1,413	7,152		
Total of 100% & 50% teams	3,947	5,981	5,399	3,566	18,893	17,000	111.14%
100% LACDMH-funded number of outreach events							
Central 1	11	14	14	14			
East 1	13	12	14	6			
East 2	18	18	20	18			
North 2	12	8	3	2			
West 1	11	2	14	10			
West 2	11	10	5	2			
Total of 100% teams	76	64	70	52	262	216	121.30%
50% LACDMH-funded number of outreach events				Provided			
Central 2	13	11	7	10			
North 1	10	9	5	4			
South 1	9	7	0	1			
South 2	NA	NA	NA	NA			
Total of 50% teams	32	27	12	15	86		
Total of 100% & 50% teams	108	91	82	67	348	216	161.00%
100% LACDMH-funded outreach event attendees							
Central 1	2,391	2,149	995	1,103			

Description	Q1	Q2	Q3	Q4	Total	Goal	Percent
East 1	616	1,662	2,022	815			
East 2	1,282	1,476	747	1,711			
North 2	2,268	1,204	379	364			
West 1	815	171	570	865			
West 2	2,120	2,313	1,248	1,277			
Total of 100% teams	9,492	8,975	6,141	6,135	30,743	16,000	192.14%
50% LACDMH-funded outreach event attendees							
Central 2	3,655	1,600	724	778			
North 1	561	1,951	141	614			
South 1	565	1,891	0	13			
South 2	NA	NA	NA	0			
Total of 50% teams	4,781	5,442	865	1,405	12,493		
Total of 100% & 50% teams	14,273	14,417	7,006	7,540	43,236	16,000	270.22%

- Survey Data

  During the fourth quarter, the STEAM/MākMō program continued to deliver high quality STEAM programs focusing primarily on Science, Technology, and Engineering programs. The MākMō teams provide programs to a variety of age groups and venues. Along with dedicated programs at each of the 85 Los Angeles County Public Library locations, the teams provided programming at all three of the Library's Book Kiosk sites (Carmelitos Senior Housing, Maravilla Senior Housing and Cedar Springs Transition Age Youth Housing), and Central Juvenile Hall. MākMō teams also visited a variety of outreach events, elementary schools, and community events to provide programming and/or information about library resources. As part of their iCount Library Equity Action Plan, the teams also focused on creating and providing programs to better serve the needs of the older adult population and adults with disabilities.

  Fourth quarter survey results mirrored those of the third quarter in that *strongly agree* and *agree* responses far surpassed ratings for most age groups. Parents and Older Adults recognized protective factors in the program content and responded positively. Of the combined 651 surveys collected from Older Adults (68), Parents (116), TAYs (95) and Children (372) there were only 115 responses of *neither agree or disagree,* 19 *disagree,* and 0 *strongly disagree*. The survey questions that appeared to have received the greatest number of *strongly agree* responses were *safe place for me* and *good use of time.* However, both responses were the prevalent responses with all age groups for all questions.

  There were minimal responses of *neither agree or disagree* or *not applicable* rating selection in the protective factors in the STEAM/MākMō surveys. As noted in previous quarter reports, it could be that STEAM/MākMō program content is harder to connect to prevention factors. Or perhaps program delivery is not designed in such a way as to make connections to prevention factors recognizable to participants. Fifty seven perfect of the STEAM/MākMō surveys were completed by or for children.

- Program Accomplishments
  The number of MākMō library programs in the fourth quarter decreased from numbers recorded in the third quarter. This was in part due to the transferring or promoting of MākMō Librarians into other positions. This was particularly difficult for the North Teams who had vacancies for both a Librarian and a Library Assistant for the entire quarter, one vacancy at each location. The South 1 Team also had only a Library Assistant as the Librarian transferred to another position in the third quarter. The remaining teams continued to provide programs at their assigned libraries and willingly provided support for those libraries without a MākMō Librarians or Library assistant.

  There was also an approximate 37% decrease of attendees at MākMō Library programs during the fourth quarter, but this could be attributed to the focus on MākMō Teams providing more programs to older adults and adults with disabilities. Attendance at children's programs is typically greater than adult programs, which could account for the drop of in number of attendees. MākMō librarians reported very low attendance at Adult programs, however some of the memorable comments received on surveys this quarter were from MākMō programs that were attended by older adults and adults with disabilities. "*Thank you for making us a part of your event."* – Customer with disabilities. "*Thank you for this program, I work with adults with disabilities and enjoy this activity very much and brought happiness to each and every one of my clients."* – Group leader. As well as from older adults. "*Articulate, compassionate well-informed presenter who added social responsibility to her lesson. Facilitated a genuinely productive learning session that was enjoyed and age appropriate."* - A Grandma.

  In a report from the Librarian who provided programming at Nueva Maravilla Senior Housing, a MākMō program was mentioned and how the program on bees and the activity of making a bee hotel, "*brought sheer joy and lots of questions about other insects that may inhabit the hotel, and how to maintain and care for the hotel*."

  Despite the decrease in both the number of MākMō library programs and outreach events, the number of attendees at MākMō Teams at both library programs and outreach events exceeded the expectations of the grant. The expectation for attendance was 17,000 for library programs and 16,000 for outreach events. By the end of the fourth quarter the total attendance at Library programs for the 100% LACDMH-funded teams was 11,741 and 7,152 for the 50% LACDMH-funded teams for a total of 18,893 library customers who attended quality STEAM knowledge and skills programs.

  For MākMō outreach events, the number of outreach events and the attendees were both greater than expected. The goal for the 6 - 100% LACDMH – funded teams was set at 216 programs, however the teams provided 262 programs and the 50% LACDMH-funded team provided 348 programs and the attendance for both team's outreach events totaled 43,236, which was a 170.25% increase above the 16,000 goal.

- Program Challenges
  One of the greatest challenges of the STEAM/MākMō program continued to be the hiring and retention of both Librarians and Library Assistants to staff the MākMō Teams. As during the third quarter, the staffing changes had impact on the deliverables for this quarter.

  Without a Librarian for the entire fourth quarter, the Library Assistant for the South 1 team continued to provide successful programming by scheduling programs that required only

one MākMō staff to be present. When needed, Librarians from other teams willingly provided support, but providing programs was still was a challenge for a single member team. The Librarian and Library Assistant for the North Team worked in a similar manner to provide programs over a large geographical location but had to cut back on the number of programs as well.

With the reduction of LACDMH funding, Los Angeles County Public Library MākMō Teams will continue to take STEAM programs outside the Library walls and into communities, but with only 6 Librarians and 3 Library Assistants. Instead of 10 teams of both a Librarian and a Library Assistant, there will be only 3 vehicles that will have a team of two library staff. The projection is that the number of programs will be reduced by 50% and the program capacity will be reduced to 11,500 opportunities to provide STEAM programs to communities of need.

H. Young Men of Color/MBK

- Deliverables
  - 20 programs designed to reach young men of color
  - 500 youth will attend

The County's youth mentoring program, the basis of this part of the LACDMH grant, continued to have challenges into the fourth quarter. The library was able to bring on four MBK Peer advocates and held Thirteen programs under the MBK initiative in addition to the continuation of the Barbershop Books program.

Barbershop Books is a program of the Reading Holiday Project that creates child-friendly reading spaces in barbershops and provides early literacy training to barbers. By linking fun books and interactive conversations about reading with respected community members in a male-centered space, these reading centers help black boys ages 4-8 to identify as readers. Through LACDMH funding, there are reading centers in 10 barbershops and these centers are serviced weekly by a liaison who replenishes books, talks to boys and their parents about the library, and processes new library card applications. The site liaison has made 56 visits to barber shops through the end of this quarter. During this quarter, liaisons have processed 29 student library cards.

The ten locations are:
- It's All About You – Gardena
- VIP Barbershop – Compton
- Shades of Hair – Compton
- Faded & Braided Barber & Beauty Shop – Compton
- Gaines Family Barber Shop – Compton
- St. Julian Barber Shop – Compton
- L & D's Barber Shop – Compton
- Next Level Barber-Beauty Shop – Los Angeles (90061)
- Soulful Shears – Rancho Palos Verdes
- Hair Architects – Los Angeles (90045)

To follow-up on the Microsoft DigiCamps, we continued our partnership with Microsoft and have trained of 25 staff members during the fourth quarter so they will be able to offer short-format programs similar to the initial DigiCamps at Lennox and Compton.

Description	Q1	Q2	Q3	Q4	Total	Goal	Percent
Number of programs			1	15	16		
Barbershop Books		10	10	10	10		
DigiCamps		2	0	0	2		
Total number of programs					16	20	80%
Number of youth in attendance			62	165	227		
Barbershop Books		400	360	1200	1,960		
Digi-Camps		111			111		
Total number of attendees					4,031	500	806.1%

- Survey Data
  Shop owners participating in Barbershop Books report a range of 10 – 50 young boys coming to their shop each week. One barber reported that kids "come right in here and get to reading…they even have the sound effects down" for their favorite books. Though the number is undoubtedly higher, we are reporting program attendance of at least 8 boys per site for each week during this quarter.

- Program Accomplishments
  Barbershop Books puts books and reading directly into the places where black boys congregate and wait to have their hair cut. And it connects them with older adults who are excellent role models as business owners and skilled technicians. One of our MBK Peer Advocates reported "*To see them engage with a book is such a unique thing because a lot of the time the narrative is that they don't read, or they can't read or that they don't enjoy reading. But to see them pick it up, it defeats that narrative*."

  During the fourth quarter, we were able to partner with Scholastic's National Student Poets Program to bring Ariana Smith, the National Student Poet for the West Region to present poetry workshops at both St. Julian Barber shop and East Rancho Dominguez Library and at a local middle school in Compton. During the 60-minute programs, the National Student Poet discussed poetry, shared her poetry and poetry from famous poets and then worked with the attendees to create their own poems.

  While DigiCamps focused on introducing young people of color to technology, it also introduced career paths to those who may not have seen it as possibility before. During this quarter, 25 Librarians, Library Assistants, and MBK Peer Advocates received train the trainer training from Microsoft on May 10 & 17, 2019 as a next step for DigiCamps so that the Library can offer the DigiCamp programming in additional communities throughout the county.

  During the fourth quarter, the MBK consultant focused programming on building financial, social, career, and business literacy in the program participants. Programs offerings included: Side-Hustle Savvy, Get Your Money Right!, Know Your Rights, Preparing for Employment, Summer Employment and No College For Me, What are My Options? Programs were offered at library locations: View Park Bebe Moore Campbell, Lennox, La Puente, Compton and Hawthorne and focused on providing information and resources for

their intended audiences. The Library partnered with the Los Angeles Unified School District to present an all-day workshop at Gardena High School in May 2019.

- Program Challenges
  During the fourth quarter, we continued to struggle with brining on MBK Peer Advocates. Library staff continued to assist with visits to the barbershops. We continued to experience delays bringing additional MBK Peer Advocates. Although the hiring process was challenging, 4 new MBK Peer Advocates were hired and they were able to assist with programs during the fourth quarter. Because of the challenges with onboarding the MBK Peer Advocates many of the programs for the MBK program were postponed until the fourth quarter.

I. Youth Empowerment

- Deliverables
  - 2,000 youth (combined attendance target) will attend:
  - 26 Adult 101 programs
  - 26 bullying prevention programs
  - 26 personal safety programs

  Fifty youth will attend 13 TAB activities

Description	Q1	Q2	Q3	Q4	Total	Goal	Percent
Number of Adult 101 programs	58	43	87	93	194	26	746.2%
Number of bullying prevention programs	13	23	26	2	38	26	146.2%
Number of personal safety programs	6	1	7	1	8	26	30.7%
Attendees (combined) at these programs	548	545	903	450	2,446	2,000	122.3%
Number of TAB activities	98	75	124	101	398	13	3,061.5%
Attendees at these TAB activities	620	485	775	559	2,439	50	4878%

- Survey Data
  During the fourth quarter *agree* and *strongly agree* responses were prevalent, with Agree Strongly far surpassing Agree with youth survey respondents. For the parents/caregivers that submitted responses, Agree and Strongly Agree were prevalent with the respondents with very few *neither agree* or *disagree* responses.

- Program Accomplishments
  Bullying prevention programs (delivered by Get Safe) were completed by the end of the fourth quarter. Adult 101 programs and TAB activity exceeded the goal in the previous quarter and continued during the fourth quarter. The Teen Services Coordinator and Teen Librarians continued to develop new Adult 101 programming kits that kept the choices fresh while replenishing the materials for existing program kits that continued to be popular. In addition to the traditional Adult 101 format, librarians devised a way to offer mini-Adult 101 programs as an add-on to TAB activities or when there are a group of teens at the library in need of engagement. Mini-Adult 101 topics can be anything from sewing on a button, tying a tie or folding laundry.

- Program Challenges
  We have been using the vendor Get Safe as one of two principle sources for high-quality bullying prevention and/or personal safety training classes for young people. One of our Management Fellows was tasked with identifying and vetting additional vendors for future programs but we were unsuccessful in identifying a vendor to provide the service during the fourth quarter.

J. TAY Outreach & Library Services

- Deliverables
  - A minimum of 7 sites, selected in collaboration with LACDMH, will be visited by a librarian who will give personal instruction in accessing and using library resources, setting up and maintaining a library account, learning how to discover programs of interest, and navigating transportation issues to get to libraries when needed
  - Supplies useful to youth experiencing homelessness or in situations of poverty will be made available (i.e. backpacks with notebooks, flash drives, power banks, paperback books, etc.)
  - 1,000 TAY will participate in these programs (the number of site visits was not specified in the MOU/SOW)

Notes: The TAY Librarian began site services in September 2018 while also providing support at the embedded library at Los Padrinos Juvenile Hall. She became fully engaged as the full-time TAY Librarian in December 2018. She is still making attempts to coordinate site visits with staff at Covenant House and The Good Seed in order to implement visits there. Penny Lane Center is visited twice each month while the other sites are visited weekly.

Description	Q1	Q2	Q3	Q4	Total	Goal	Percent
Number of site visits							
Covenant House (Hollywood)	0	0	0	1			
Daniel's Place (Santa Monica)	1	7	8	8			
The Good Seed (South LA)	0	0	0	7			
LGBT Youth Center (Hollywood)	1	7	10	8			
Penny Lane Center (Lancaster)	2	2	5	5			
Step-Up on Vine (Hollywood)	0	3	10	7			
The Village (North Hollywood)	0	3	9	8			
Total	4	22	42	46	104	NA	
Number of attendees							
Covenant House (Hollywood)	0	0	0	2			
Daniel's Place (Santa Monica)	15	49	67	66			
The Good Seed (South LA)	0	0	0	28			
LGBT Youth Center (Hollywood)	11	87	114	112			
Penny Lane Center (Lancaster)	21	23	63	60			
Step-Up on Vine (Hollywood)	0	15	60	38			
The Village (North Hollywood)		9	54	40			
Total	47	183	358	344	932	1,000	93.2%

- Survey Data
  There is no survey data for this program in this quarter.

- Program Accomplishments
  Despite a gradual roll-out of staff fully devoted to this program we were on target to reach the goal by the end of the fiscal year. Due to the discontinuation of funding to the TAY Librarian position, staff needed to wrap up outreach to the centers during the fourth quarter, prior to the end of the grant cycle which kept us from reaching the goal. The TAY Librarian reported that she noticed a big impact, especially working with youth experiencing homelessness and being able to provide them with toiletries, blankets, water bottles, and backpacks full of school supplies, helped to her and the library to become a trusted resource.

  More than 12 new library card users were signed up during the fourth quarter. She has also been interacting with both fathers and mothers. She hands out age-appropriate backpacks with early literacy materials and distributes newborn parenting kits. The TAY Librarian continues work to interject passive library program elements into daily activities. Most recently by creating a list of resources that supports a gardening club at Step Up on Vine, that includes books and online classes linked to the library's digital downloads.

- Program Challenges
  As noted above, efforts continue to bring the remaining 2 sites, Covenant House and The Good Seed online continued into the fourth quarter, with successful outreach visits at both Covenant House (1) and The Good Seed (7) by the end of June 2019. Although numbers grew since the previous quarter, we decreased in totals due to the discontinuation of the program and the necessitation of final "wrap-up" visits to each location.

L. <u>Career Online High School (COHS)</u>

- Deliverables
  - Identify TAY adults eligible for COHS, confirm that enrollees are assigned to an Academic Coach, monitor the student's progress and consult with any LACDMH-involved staff as needed
  - 200 enrolled participants with a 100% graduation rate (individual graduations may not be completed within the time frame of this grant period)

Description	Q1 & Q2	Q3	Q4	Total	Goal	Percent
Number of enrolled students	10	3	17	30	200	15%
Number of graduating students	7	5	NA	12	NA	NA

- Survey Data
  There is no survey data for this program in this quarter.

- Program Accomplishments
  There are currently 17 TAY adults enrolled in COHS who are on their way to graduating with a high school degree, the basic level of education required by many employers who offer living-wage jobs. The COHS curriculum will improve their employability skills and increases the chances of their eventual placement in a job or career with opportunities for growth and advancement.

Although the number of students TAY adults enrolled in the COHS program did not nearly reach the deliverable goal of 200 enrolled participants, the program continues to grow. The program began in 2015 but there were only 2 graduates in 2015 and 2016. In 2017, the number of graduates jumped to 12 and to 38 in 2018. During this fourth quarter, a graduation was held for 51 graduates of the program and an additional 38 students are on target to graduate this year.

COHS has been selected to receive the County of Los Angeles Quality and Productivity Commission's *Community Inclusion Award for* Career Online High School: Diplomas for Adults. This is one of the Commission's Special Awards and recognizes quality and/or productivity improvements that demonstrably and meaningfully benefit underserved communities, populations and/or geographies.

- Program Challenges
  Identifying and enrolling eligible Tay adults remained the challenge it had been in the second and third quarters. Efforts to reach the age group targeted continued at TAY centers by both LACDMH and Library staff, at libraries, and through Library media tools (web site, social media, etc.). Although the outreach efforts did have an impact on TAY adults, the greater impact was seen in the enrollment and graduation of adult students. The Library continues to provide designated laptops and MiFi designated for COHS students and is working with marketing on strategies to increase participation by TAY adults.

  One successful outcome, due to the efforts of Compton Library's Community Library Manager, who has shared information about COHS to a women empowerment meeting hosted at the library, has brought about a possible collaboration with Department of Corrections and Rehabilitation Division. Another collaboration from the meeting, that will hopefully bring more TAY adults into the program has begun with Compton College. The President of Compton College has reached out to Public Library to begin using library meeting rooms to host events to recruit students to attend local community colleges.

  Public Library staff will also be participating later this summer New Student Welcome Day at Compton College. The President of Compton college is hoping that students, who only need to 18 year or older to attend Compton College, will be inspired to enroll in Public Library's COHS and earn their high school diplomas.

M. Book Clubs
- Deliverables
  - Three low-income TAY/OA housing sites, selected in collaboration with LACDMH, will have book kiosks
  - Up to 4 monthly book clubs at each site = up to 12 book club programs per month (144 fiscal year)
  - Each book club program will have 6 adult participants = up to 72 attendees per month (864 fiscal year)

Description	Q1	Q2	Q3	Q4	Total	Goal	Percent
Number of book clubs							
Cedar Springs	1	3	3	3			
Carmelitos			3	3			
Nueva Maravilla			3	3			
Total	1	3	9	9	22	144	15.3%
Number of attendees							
Cedar Springs	0	7	2	2			
Carmelitos			9	21			
Nueva Maravilla			26	21			
Total	0	7	37	44	88	864	10.2%

- Survey Data

  Cedar Springs serves a mixed population including TA), tenants with a mental health diagnosis and low-income families. Some of the residents work at the café or the adjacent store to earn necessary customer service and managerial skills. Those who participated in the book club, held at Dave & Maggie's Café, are between the ages of 19-34 years old, high school graduates working towards earning their Associates or Bachelor's Degree. Some of the residents work at the café or the adjacent store to earn necessary customer service and managerial skills.

  Carmelitos and Nueva Maravilla Senior Housing are public housing development owned and managed by the Housing Authority of the County of Los Angeles. Out of the 700+ units, 155 (each sites) are strictly for seniors and adults with disabilities.

  Self-reported beliefs, feelings, and behaviors indicative of protective factors for the fourth quarter were all *agree* or *strongly* agree with no *neither agree/disagree* responses. During a program in May, one resident shared with the Librarian, "*how much she looked forward to coming to the program and how it has helped her deal with her ongoing depression as a result of living alone."*

- Program Accomplishments

  During the fourth quarter books clubs continued at all three kiosk sites - Cedar Springs, Carmelitos, and Nueva Maravilla Senior Housing. After receiving negative feedback from book club attendees, the Librarian began encouraging residents to read any books and asked them share what they have read. The Librarian was able to encourage some residents to check out selected Book Club titles, but most residents did not finish reading the book because of lack of interest in the title or did not finishing reading due to time. On average, less than half the residents who checked out a Book Club title finished reading the book in time for the books club.

  However, the Librarian was able to engage the attendees in discussing the books selected or in other books they had read. For example, out of the six residents at the Carmelitos site that checked out *Lovely Bones*, only two were able to finish it in time for the book club. However, the Librarian was able to engage the participants into discussing the book. Residents discussed how the book "*forced us to think about uncomfortable things, such as death, grief, and the unknowable"* and also talked about "*remembering to lives is more important than latching onto things that are out of our control."*

At the Nueva Maravilla site, out of the seven residents who checked out *Water for Elephants*, only three finished in time for the book club. The Librarian engaged the group in a discussion about the Great Depression as it was the time setting for the title. Some of the residents were willing to share their thought and stories of their own lives during that time period and the Librarian felt that *"through their collective experiences, they came through tougher, wiser, and kinder."*

The Librarian was also successful in connecting residents to reading through other activities scheduled at the sites. In April, residents at each site were encouraged to create Black-out Poetry in celebration of National Poetry month. For other programs, the Librarian would bring books that connected to the programs and residents borrowed or looked through books on painting of great artists for a painting program and LGBTQ books brought for June Pride programs.

Although the number of Book Clubs and attendance did not meet the deliverable of:
- Up to 4 monthly book clubs at each site = up to 12 book club programs per month (144 fiscal year)
- Each book club program will have 6 adult participants = up to 72 attendees per month (864 fiscal year)

By the end of the fourth quarter, the number of other programs and the attendance at these programs when added to the Book Club programs and attendance came close to these deliverables. If the number of Book Club programs is added to the number of programs, the total number of programs at the sites is 138 which is 96% of the program deliverables and the total number of attendees to the programs of 766 is 88.65% of the deliverables.

Description	Q1	Q2	Q3	Q4	Total	Goal	Percent
Total Programs							
Cedar Springs	7	12	12	15	46		
Carmelitos	0	6	16	16	38		
Nueva Maravilla	0	0	16	16	32		
Total	7	18	44	47	116	144	80.5%
Number of attendees							
Cedar Springs	6	50	41	30	127		
Carmelitos	0	47	75	97	219		
Nueva Maravilla	0	0	212	120	332		
Total	6	97	328	247	678	864	78.5%

- Program Challenges

  All kiosks continue to experience varying degrees of technical problems and the units have not worked as promised by the manufacturer, but the issues were much fewer by the fourth quarter. Library staff continue to work with kiosk representatives to resolve these issues and maintain the kiosk collections and residents seem to be using the kiosks to check out books and DVDs.

  Interest and the ability for residents to attend programs continued to be challenging at the Cedar Springs site during the fourth quarter. In May, the staff at Cedar Spring reached

out to Public Library to meet and discuss how to encourage participation in the book club, held at Dave & Maggie's Café. Library staff met with the staff at Cedar Springs and discussed ideas on improving the attendance. These included; changing the time of the programs, changing the day of the scheduled programs, offering programming for the TAY residents, who are parents, on parenting skills and programs for their children, and using the kiosk to support movie programs were some of the ideas discussed.

Unfortunately, with the reduction of LACDMH funding the Book Kiosk sites lost the services of a dedicated Librarian and the discussed changes are no longer available. These housing centers will receive on-site supportive library services for maintaining the book kiosk only. Los Angeles Library is still providing MākMō visits for those sites who request visits, but the programming resources available is, at best, once a month rather than 4 times a month.

Data Utilization & Lessons Learned

Because of the negative customer feedback on the initial surveys, the Library proposed an alternate, shorter survey that still measures protective factors and asks for nominal demographic information (age and primary language). After working with LACDMH to revise the survey, it was approved for distribution and libraries began collecting data on the shorter survey during the week of February 12 and continued to use the survey through the end of the fourth quarter.

Overall Program Accomplishments

Smarty Pants Storytime was introduced and continues at all 85 libraries and continues to impact the way that librarians teach and model early literacy skills and engagement to parents, caregivers and their children.

During the fourth quarter the additional MākMō mobile units with the expanded teams of one librarian and one library assistant continued to create additional opportunities for engagement during STEAM programming at library locations and in the community. Reading Machine, staff has managed to deliver services to 226 sites and at outreach events despite having a fraction of the staff.

We have installed book kiosks in collaboration with LACDMH, in 3 low-income TAY/OA housing sites and celebrated with the community with a grand-opening event during the third quarter. All three kiosks are being used for daily library services to the residents at these partnership sites. As funding was discontinued for this service, programming and service to the TAY/OA housing sites needed to be decreased by the month of June to allow the Librarian to provide alternate library resources for the program participants and wrap up that service. However, the servicing of book kiosks will be taken over by the MākMō staff.

Overall Program Challenges

During the fourth quarter, challenges were typically related to staffing and data entry. We lost staff in both the Reading Machine, Triple P, MBK and MākMō programs. We continued to see the most impact in Reading Machine, having to pull the librarians from Triple P Primary Care Consolations to the Reading Machine severely impacted the goal numbers. Additionally, prior to March 2019 there was one Library Administrator overseeing the LACDMH grant in Youth and Adult and Digital Services.

Administrative staff ran into challenges with spending within the budgeted categories and with approval from DHM funds were moved from School Readiness, Youth Empowerment, and MBK

to Steam/MākMō, Triple P, and Afterschool allow Youth Services staff to be to expend the funds successfully by the end of the Fiscal Year.

We continued to have issues with data entry. Because there was no funded position in LACDMH funding for data entry, we have had to pull staff from the Youth Services department to enter data that are tasked with other responsibilities. Even with their work on data entry, we continued to be behind on data entry. Additionally, because of the program changes or prior instructions, Triple P Librarians did not list the impromptu Parent Groups on the surveys that they submitted, and that information had to be found in individual monthly narrative reports. Because of the delay on data input, the quarterly narrative could not be finished and submitted by the due date.

Collaborative Efforts

Partnerships have always been key to more impactful library programming, and it was no different when developing LACDMH-funded programs. We worked with LACOE, Reading Holiday Project (Barbershop Books), schools, Microsoft, Office of Child Care, County Parks, Housing Authority of the County of Los Angeles and more.

In addition, there was substantial intra-library support from all sections in order to bring programs to fruition.

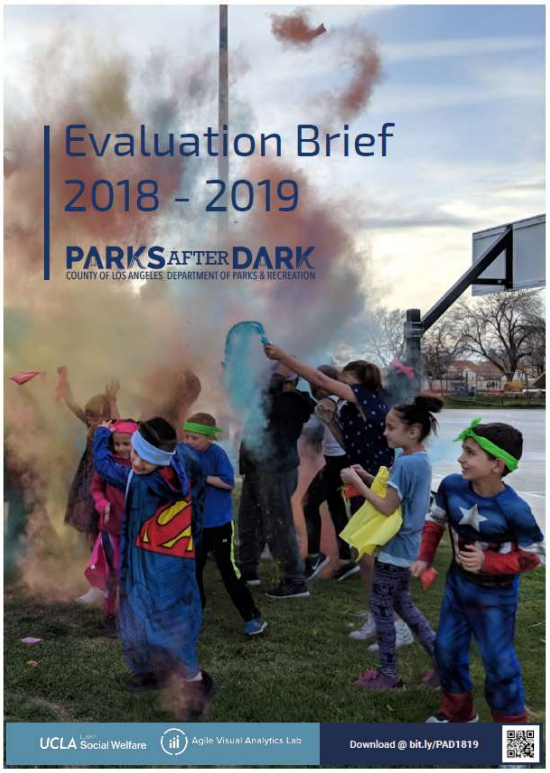
Overall Impact

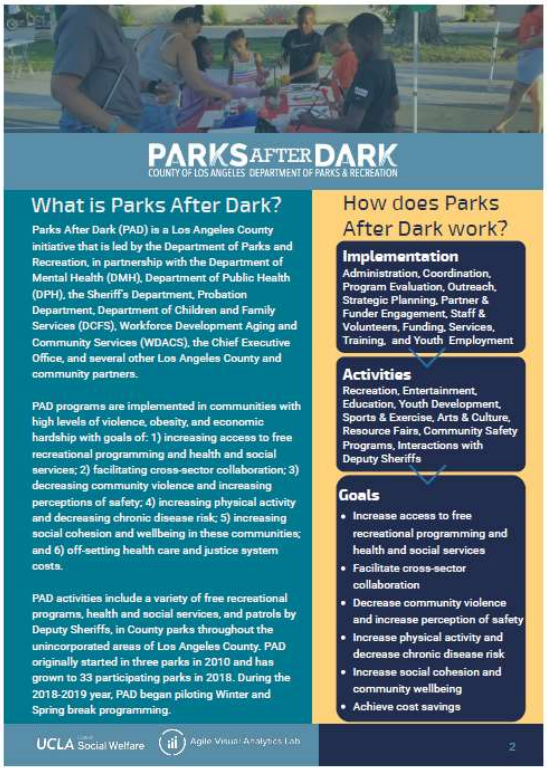
Through funding from LACDMH, the mobile programs (MākMō and Reading Machine) have allowed us to reach people in the community who have not been able to access library services in the traditional way – going to a library. Additionally, they begin to understand what the library can offer, and many have signed-up for library cards through our outreach efforts. Barbershop Books continues to leverage positive male role models in community gathering spots as a means to inspire youth to read and we continue to hear from our Barbershop Books participants about the impact that the books at their locations is having. The TAY Outreach Librarian is reaching young people who are navigating the early years of adulthood which may or may not include the added impact of navigating parenthood. During the fourth quarter when the TAY Outreach Librarian was wrapping up with site staff and the youth, she received nothing but positive feedback on how service to the TAY sites made impact during the short time that we were able to provide service. At the end of fourth quarter, staff and youth let the TAY Outreach Librarian know that they had begun to look forward to the activities, books and incentives provided to them.

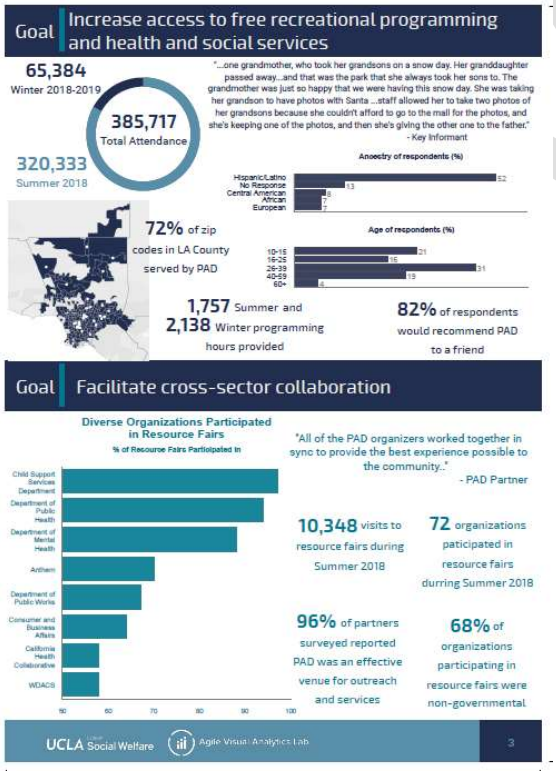
Services and programs have been enhanced for those who can get to a library as well. Staff, who are on the front lines of program implementation, have shared stories of impact from grateful older adults, TAY, parents/caregivers, and youth. Triple P-trained staff have already helped many parents realize that childcare issues are not problems that have to be endured in silence and that they can receive help and find ways to engage positively with their children. Parents also know that the Library is a caring partner in helping to prepare their children for success in school. School-age children who previously did not have structured after-school opportunities now have engaging activities designed to help them learn about themselves and others.

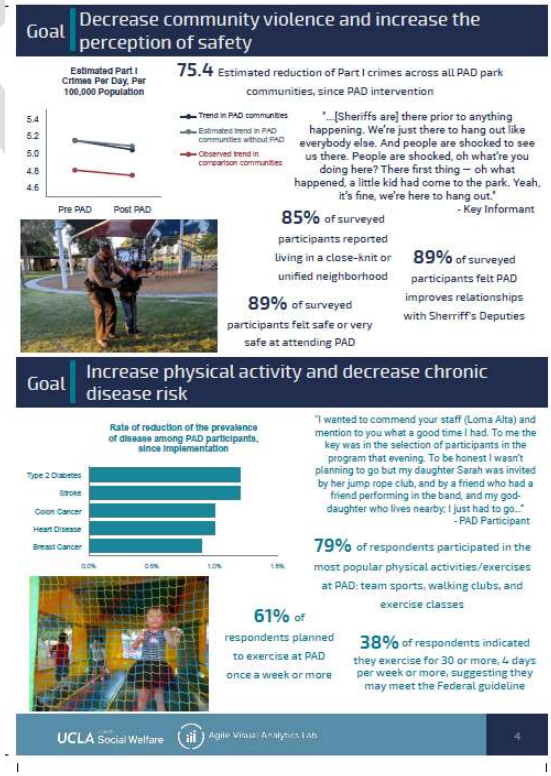
Overall, whether inside or outside of libraries, LACDMH funding created impactful experiences possible each day across the county and will continue into the FY 2019-20 in the programs that continue to be supported.

APPENDIX C
Prevention Program: Parks after Dark

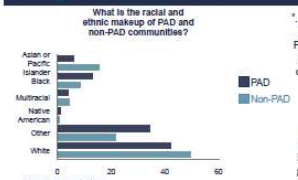








Goal | Increase social cohesion and community wellbeing



"...So, she was telling us that if it wasn't for PAD, her kids will not be able to participate in any PAD programs, or the type of programs that we offer, because the types of programs that we offer are typically an expensive program if you take this out somewhere else to do it."
- Key Informant

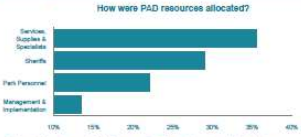
89% of surveyed participants indicated PAD makes it easier to get services they need

89% of surveyed participants felt in a crisis they have other to talk to

91% of surveyed participants indicated PAD helps them to get to know their neighbors better

90% of surveyed participants indicated PAD makes it easier to spend quality time with thier family

Goal | Achieve Cost Savings



"The successes have been that it's not a burnout for our staff, trying to be so much throughout the year, and then PAD suddenly in is like, all hands on deck. So it is not only just the help, but then being able to provide a service that we can't...so, for us to be able to partner with an organization that has the staff...and can provide that service has been a great pleasure for us."
- Key Informant

Estimated costs avoided due to Part I crime reduction in PAD communities since program start (2010-2018)

Homicide	$4,056,905
Assault	$153,700
Robbery	$1,253,846
Burglary	$628,818
Motor-vehicle theft	$213,795
Forcible rape	$171,621
Larceny-theft	$66,829

Estimated costs avoided due to disease risk reduction associated with Summer PAD Activities (2018)

Type 2 Diabetes	$1,029,980
Stroke	$279,062
Heart Disease	$171,234
Colon Cancer	$46,861
Breast Cancer	$25,067

24% of key informants interviewed noted sustainability of funding as a key concern for PAD

21% of key informants interviewed noted sufficient staff as a key funding concern for PAD

Recommendations & Next Steps

Increase access to free recreational programming and health and social services

Results suggest that PAD marketing and outreach efforts could substantially increase program participation by PAD partners and community agencies (e.g., through strategic and timely highlighting of where, when and how they can best reach their communities through PAD), as well as children and families residing in PAD parks communities (e.g., through organic and multi-level public outreach strategies that engage communities in personally relevant events/activities).

Key informants pointed to the effectiveness of programs that are tailored to the community surrounding a PAD park (e.g., supplement economic needs or leverage cultural norms). Future efforts to curate programming that leverages the unique character and needs of the communities surrounding each PAD park may also serve to increase participation and enthusiasm for the program.

Facilitate cross-sector collaboration

While cross-section collaboration was support, PAD programming could further provide DCFS, and similarly other county partners, opportunities to leverage partnerships with government agencies and community-based organizations and conduct community outreach.

PAD partners should identify meaningful opportunities in partnership with youth who are or were previously involved in the juvenile justice system to better integrate these populations into PAD programming, employment, and volunteer opportunities in ways that build upon their unique strengths and address unmet needs.

Decrease community violence and increase perception of safety

Evidence of decreases in crime since PAD began suggests that PAD efforts to provide active park programming at key points in the year have been effective for discouraging violent activity, and expansions of such activities may have commensurate impacts on crime. Particularly the focused Community Safety Programs including Parks Are Safe Zones and the Trauma Prevention Initiative gang intervention pilot, and past partnership with GRYD intervention, show promise for defining parks as non-violent and family-oriented spaces, and outreaching to high risk individuals and families. Such interventions should be further implemented and evaluated in a more focused way.

More deliberate efforts should be made to integrate law enforcement into programming and provide opportunities for law enforcement to have frequent and positive interactions with the communities they serve (e.g., programs/activities that intentionally involve community interactions with law enforcement, and training for officers to successfully participate in such community programs). Such law enforcement involvement appears to have occurred on a more subjective basis thus far, and thus inconsistently across parks, but demonstrated promise. More systematic efforts in this regard should be piloted and evaluated for further expansion.

Recommendations & Next Steps

Increase physical activity and decrease chronic disease risk

Findings suggest PAD participants would benefit from additional exercise and that they intended to do so in part through PAD programming. PAD programming that involves physical exercise should promote or serve as an on-ramp to a healthier lifestyle that involves regular exercise. Programming could focus on introducing participants to new and engaging exercise opportunities or community partners that provide activities or events that extend beyond PAD seasons and throughout the year (e.g., Park Rx, that connects local clinics to structured physical activity at parks and other sites), thus extending the reach and impact of PAD.

Increase social cohesion and community wellbeing

Evidence indicates that PAD could work to make programs and services introduced to participants during PAD more routine or permanent throughout the year. Key informants remarked about the benefits of providing opportunities for neighbors to have more frequent and routine face-to-face interactions, and substantial research supports the real physical and mental health benefits of community connections. Partnerships with local community organizations, leaders, and community coalitions could help PAD further cement PAD as a hub to promote community wellbeing.

Achieve Cost Savings

Evidence suggests longer-term funding streams should be secured. Inefficiencies of the program appear due to the year-to-year nature of planning and implementation. It may be beneficial to seek one or a few funding agencies that can make longer-term financial commitments. The ability to plan and build the program into the future could have myriad benefits. Specifically, more staff could be dedicated to the program and increase the capacity of PAD to learn and grow within each Park community, rather than limiting planning for the next Summer. Community employment and volunteer programs could be sustained through partnerships with several agencies who could provide valuable experience to participants while increasing the capacity of the program to connect with and support the community.

Evaluation Brief 2018 - 2019

PARKS AFTER DARK
COUNTY OF LOS ANGELES DEPARTMENT OF PARKS & RECREATION

Parks After Dark Partners

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
hope. recovery. wellbeing.

COUNTY OF LOS ANGELES Public Health

Los Angeles County Department of Children and Family Services

WORKFORCE DEVELOPMENT AGING & COMMUNITY SERVICES

COUNTY OF LOS ANGELES CALIFORNIA

How can I learn more?

For more information about Parks After Dark, please contact:

Catherine Dingman
Parks After Dark (PAD) Coordinator
County of Los Angeles | Department of Parks and Recreation
cdingman@parks.lacounty.gov | www.parks.lacounty.gov

Download this brief @ bit.ly/PAD1819

Contact the Agile Visual Analytics Lab @
p: 310-825-0852
e: aval@luskin.ucla.edu
eval.socialwelfare.ucla.edu

APPENDIX D
MHSA IT Annual Project Status Reports

Project Name:	***Consumer/Family Access to Computing Resources Expansion***		
Project Status:	☐ Not Started ☐ Ahead of Schedule ☒ On Schedule ☐ Behind Schedule	**Project Start Date:**	07/01/2017
Project End Date:	06/30/2022		
Project Objectives:	Improve Beneficiary Progress/Outcomes In collaboration with the Los Angeles County Public Library (LAC-Library), LACDMH aims to empower consumers and their families to use computer technology to access and manage health information so they can improve communication with their providers, make more-informed decisions, and promote recovery, wellbeing, resiliency, and autonomy.		
Project Phase:	Maintenance and Operations: With the MOU between the departments extended through FY 2021-22, the LACDMH and the LAC-Library continue to add new locations, expand existing locations and update technology to improve use by consumers and families. Ongoing, LACDMH staff members provide computer skills training and LAC-Library IT technicians provide hardware and software installation, maintenance and technical support. The computers are imaged with standard LAC-Library software, enabling consumers and their families to easily use computers available at any of the LAC-Library locations.		
Major Accomplishments	In FY 2018-19, LACDMH and LAC-Library upgraded the hardware and software in all 27 existing consumer/family labs in service settings at LACDMH clinics and wellness centers, replacing 100 PCs, 100 monitors with built in privacy screens, and 30 printers. Also, devices were added to the Peer Resource Center at the LACDMH Headquarters Building.		

Project Name:	***Digital Workplace: Mobility, Collaboration and Productivity Tools, Part 1: WiFi Access at LACDMH Clinics and Admin Sites***		
Project Status:	☐ Not Started ☐ Ahead of Schedule ☒ On Schedule ☐ Behind Schedule	**Project Start Date:**	07/01/2018
Project End Date:	06/30/2019		
Project Objectives:	Improve Operational Efficiency This project implements employee and guest wireless access (Wi-Fi) at LACDMH clinics to provide ease of system access to County and Internet resources for LACDMH staff and other department providers. For example, co-located Los Angeles County Department of Health Services (LAC-DHS) clinicians will have ease of secure access to DHS and LACDMH systems. Wi-Fi supports a mobile work style so work can happen anywhere with a more continuous experience across devices, platforms and locations. Workers who span multiple clinical environments can be more productive in whatever space they set up to get work done and serve the clients efficiently.		
Project Phase:	Project was completed on schedule.		
Major Accomplishments	In FY 2018-19, Wi-Fi was added to 40 more LACDMH sites, bringing the total LACDMH sites with Wi-Fi capability to 51.		

Project Name:	***Digital Workplace: Mobility, Collaboration and Productivity Tools, Part 2: Video Conferencing and Webcasting Expansion***		
Project Status:	☐ Not Started ☐ Ahead of Schedule ☒ On Schedule ☐ Behind Schedule	**Project Start Date:**	07/01/2018
Project End Date:	06/30/2020		
Project Objectives:	Improve Operational Efficiency The 4,751 square miles of Los Angeles County present extreme challenges to staff seeking to collaborate on everything from case conferences and care planning to stakeholder meetings and required trainings. LACDMH seeks to bring its staff, peers, and workers from other County departments together through the use of specialized video and web conferencing devices (Microsoft Surface Hubs using Skype for Business) to share audio, video and project documents no matter staff locations to improve communication and collaboration, to save on travel time and increase productivity.		
Project Phase:	Execution: First generation Hubs were received in July 2018 and rolled out to 16 sites. With Hubs 1.0 no longer available, purchase of additional Hubs was put on hold until May 2019 when Microsoft announced availability of the new generation Hubs 2.0. Two Hubs 2.0 were received recently and are being configured and tested. Following, additional devices will be ordered for other LACDMH sites.		
Major Accomplishments	First generation Hubs were successfully configured on the network; delivered to 20 LACDMH locations, including the Peer Resource Center and other clinic and administrative locations; and are in active use. Two Hubs 2.0 were recently received and are being configured and tested. Following, additional devices will be ordered for other LACDMH sites.		

Project Name:	***Digital Workplace: Mobility, Collaboration and Productivity Tools, Part 3: Workforce Augmentation-Language Translation Provider Directory***		
Project Status:	☐ Not Started ☐ Ahead of Schedule ☒ On Schedule ☐ Behind Schedule	**Project Start Date**:	10/02/2019
Project End Date:	11/13/2019		
Project Objectives:	Improve Access to Care (service access and availability) LACDMH serves a population of diverse cultures that speak a wide array of languages other than English. Translating text files creates a significant demand on workers with such specialized skills, reducing the time they can dedicate to tasks that would otherwise benefit the Department and County's constituents. This project creates a translation service for the Provider Directory, a cloud-based searchable listing of locations that provide mental health services in and around Los Angeles County. In the Provider Directory, constituents can find what types of mental health services are available at the different service locations, associated practitioner information, site address, phone number, hours of operation, appointment availability, etc. Translation of the information into the nine (9) languages mandated for the County will be available: Spanish, Cantonese, Vietnamese, Korean, Mandarin, Tagalog, Farsi, Russian, and Arabic.		
Project Phase:	Project has completed Initial Kick-Off and Discovery Phase and is currently in Sprint 1. Sprint 1 covers the demonstration of the chosen process and the two-way communication of data files.		
Major Accomplishments	- Creation of the cloud environment is in process. - Translation service prototype is under development. - Project is on target for the planned delivery timeline.		

Project Name:	***Digital Workplace: Mobility, Collaboration and Productivity Tools, Phone System Modernization***		
Project Status:	☐ Not Started ☐ Ahead of Schedule ☒ On Schedule ☐ Behind Schedule	**Project Start Date**:	07/25/2018
Project End Date:	06/30/2021		
Project Objectives:	Improve Operational Efficiency As Mental Health workers become increasingly mobile, providing the ability to be connected and reachable is critical in supporting the constituents under the care of LACDMH. This project Implements a modern Unified Communication and Collaboration (UCC) system to replace the legacy phones that are tethered to desks and enable workers to be reachable on their PC or mobile device from any location. Workers who span multiple clinical environments can be fully productive in whatever space they set up to get work done. Phone messages will also move with workers as attachments to emails in their inbox.		
Project Phase:	Completed Initiation and Planning. Started Execution.		
Major Accomplishments	- Developed roll out strategy, budget, and planning documents. - Identified and procured hardware; upgraded infrastructure. - Performed security evaluation, configuration, and testing. - Started deployment for Pilot 1 at Pasadena clinical site. - Started planning for deployment at IT support site.		

Project Name:	***EHR Enhancements: Continuous Process Improvement***		
Project Status:	☐ Not Started ☐ Ahead of Schedule ☒ On Schedule ☐ Behind Schedule	**Project Start Date**:	12/1/2017
Project End Date:	06/30/2020		
Project Objectives:	Improve Quality of Care The Integrated Behavioral Health Information System (IBHIS) provides integrated clinical, administrative and financial functionality to LACDMH in its role as a provider of mental health services and its role as the Local Plan Administrator. The implementation of IBHIS is one of the most significant and costly digital transformations that LACDMH undertook.		
Project Phase:	IBHIS project is in its sixth year of operation and maintenance of a 10-year commitment with the vendor Netsmart.		
Major Accomplishments	In FY 2018-19, LACDMH: - Acquired the OrderConnect e-Prescribing of Controlled Substances (EPCS) module to give all directly operated psychiatrists the ability to electronically prescribe controlled substances, and allow permitted pharmacies to receive, dispense and archive these electronic prescriptions. Distributed two-factor authentication security tokens to comply with the Drug Enforcement Administration (DEA) Interim Final Rule Regulating EPCS. By June 30, 2019, 66% of psychiatrists (186 out of 284) were securely prescribing controlled substances electronically. - Acquired 250 additional InterSystems Cache Enterprise licenses to meet the LACDMH's organic growth needs, increasing the IBHIS licensing from 1500 concurrent users to 1750. - Added client overwrite controls through development of LACDMH custom modifications to reduce duplication of new client admissions through electronic data interchange or direct data entry. - Enhanced claim adjudication rules for approving, pending, and denying claims submitted to LACDMH for processing. - Implemented CareConnect direct secure messaging inbox functionality to allow providers to exchange patient health information between Meaningful Use Certified EHRs to improve care coordination and treatment.		

Project Name:	***Healthcare Enterprise Analytics: Technology Framework***		
Project Status:	☐ Not Started ☐ Ahead of Schedule ☒ On Schedule ☐ Behind Schedule	**Project Start Date**:	07/1/2017
Project End Date:	12/31/2020		
Project Objectives:	Improve Quality of Care; Improve Beneficiary Progress/Outcomes Payers and providers seek to achieve the triple aim of providing better care for patients and better health for populations at a lower cost. They seek to provide value-based care through pervasive analytical insight. In support, LACDMH is creating a new analytics technology framework based on the next generation of enterprise analytics cloud based architecture. The new framework will support the integration of the vast amounts and variety of health data, enable data science, and function in real time - deploying insights directly back into the operational and clinical workflows. A first step in this project is to redesign the previous LACDMH data warehouse so that along with the data collected in LACDMH's electronic health record (IBHIS), it can handle additional new clinical, administrative, and financial data that MHSA programs (PEI, WET, and INN) bring in as well as establish appropriate resources for warehousing legacy data. The project will then leverage new cloud-based architecture and tools to develop the data warehouse into a fully functional product, allowing for thorough data analysis, reporting, and dashboarding.		
Project Phase:	Execution: Completing Data Warehouse redesign.		
Major Accomplishments	- Established initial cloud-based platform. - Completing Data Warehouse redesign. - Planning to start development of Data Warehouse into fully functional product that allows for thorough data analysis, reporting and dashboarding on 12/01/2019.		

Project Name:	***Integration Modernization: Migration to iPaaS***		
Project Status:	☐ Not Started ☐ Ahead of Schedule ☒ On Schedule ☐ Behind Schedule	**Project Start Date**:	07/1/2017
Project End Date:	06/30/2022		
Project Objectives:	Improve Care Coordination This project modernizes LACDMH's integration strategy and infrastructure by adopting a comprehensive cloud based integration platform as a service (iPaaS) solution that unifies both LACDMH's integration (data exchange) and information management (healthcare analytics) needs, easily expands to meet the growing volume of data exchange transactions, and readily adapts to new collaborative care data sharing needs. The new integration environment will be embedded in the organization's digital culture and business-aligned. It will serve as the new conduit for Contract Providers to submit claims to LACDMH (and share client data).		
Project Phase:	Execution: Migrating to new iPaaS environment.		
Major Accomplishments	- Competed migration of current development, test, QA and production integration environments to newest version (interim step). - Deployed a proof of concept solution to the new iPaaS development environment.		

Project Name:	***Integration Modernization: LACDMH/DPH Interoperability Collaboration***		
Project Status:	☐ Not Started ☐ Ahead of Schedule ☒ On Schedule ☐ Behind Schedule	**Project Start Date**:	01/30/2019
Project End Date:	12/31/2021		
Project Objectives:	Improve Care Coordination; Improve Operational Efficiencies LACDMH and the Los Angeles County Department of Public Health (DPH) share Contracted Health Providers, many of whom must implement systems that integrate with both Mental Health and Public Health Requirements. In order to streamline and improve data collection and interoperability, LACDMH and DPH will partner in the implementation of the Health Agency IPaaS. The IPaaS will provide prevailing technology that will minimize administration and maximize productivity. Utilizing an IPaaS will eliminate unnecessary operating system administration and provide solutions development teams the ability to focus on developing solutions, with agility, all while providing a highly available redundant platform.		
Project Phase:	Execution		
Major Accomplishments	Defined and documented the Health Agency interoperability architecture and major functionality.		

Project Name:	***IT Asset Management Modernization***		
Project Status:	☐ Not Started ☐ Ahead of Schedule ☐ On Schedule ☒ Behind Schedule	**Project Start Date**:	07/01/2017
Project End Date:	106/30/2022		
Project Objectives:	Improve Operational Efficiency Like other government and for-profit organizations, LACDMH expects to be substantially transformed by its strategic use of digital technologies. All IT assets must be properly tracked and managed, else business driven digital sourcing decisions become an increasingly inadequately managed mix of older and newer technology, which hampers the delivery of care. LACDMH will implement an enterprise level Asset Life Cycle Management solution for IT (ITAM) and other assets. Operational support teams will more easily track items from receipt of equipment, through deployment, through transfer to other workers/sites, to end of life. The solution will provide an accurate account of life cycle costs and risks to maximize the business value of technology strategy, architecture, funding, contractual and sourcing decisions. With the ITAM, LACDMH will reduce costs, reduce risk and improve the availability of technologies used by workers in the delivery of care. Maintaining an accurate, current inventory of assets is also required under the County Fiscal Manual.		
Project Phase:	Execution: The project is behind schedule due to delays in release of vendor product. ITAM is being completed in three stages as described below. Stage 1 - Implement core ITAM configurations and import hardware assets Stage 2 - Import software assets Stage 3 - Implement core license optimizer solution		
Major Accomplishments	Stage 1: All core and custom ITAM features were configured. The gathering and formatting of hardware inventory data by sites was begun.		

Project Name:	***Resource Search/Performance Dashboards: IT Finance & Operations***		
Project Status:	☐ Not Started ☐ Ahead of Schedule ☒ On Schedule ☐ Behind Schedule	**Project Start Date**:	10/01/2018
Project End Date:	7/30/2020		
Project Objectives:	Improve Operational Efficiency Develop a centralized budgeting and expense tracking system for the Chief Information Office Bureau's (CIOB) procurement and budgeting needs.		
Project Phase:	Execution: Implementing Proof of Concept (POC) for Use Case, #1 project budgeting and expense tracking. Planning: Developing requirements for Use Case #2, overall CIOB Budgeting and Expense Tracking.		
Major Accomplishments	Completed POC for Use Case #1 – Configured, tested, put into production system for IBHIS project budgeting and expense tracking. Planning/developing requirements for Use Case #2 - overall CIOB Budgeting and Expense Tracking, including view with expenses by IT service provided.		

Project Name:	Resource Search/Performance Dashboards: Network Adequacy Certification Tool (NACT) State Submission		
Project Status:	☐ Not Started ☐ Ahead of Schedule ☒ On Schedule ☐ Behind Schedule	**Project Start Date**:	02/28/2018
Project End Date:	03/07/2019		
Project Objectives:	Improve Access to Care (service access and availability) To fulfill the requirements of the Final Rule detailed in the State Department of Health Care Services (DHCS) Information Notice 18-011: Federal Network Adequacy Standards for Mental Health Plans (MHPs), a new process was developed to extract the required data from the Network Adequacy Certification Tool (NACT) system which is used by all Outpatient and Fee-For- Service providers to report Organization, Site, and Practitioner details. The Notice sets forth the network adequacy requirements and network certification requirements to which each county Mental Health Plan (MHP) must comply. In order for DHCS to assure adequate capacity and services within MHPs, it is requiring each MHP to submit certification documentation that demonstrates that it complies with the following requirements: - Offers an appropriate range of services for the anticipated number of beneficiaries; - Maintains a network of providers, operating within the scope of practice under State law, that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of beneficiaries. This project automated the extraction of data from NACT and supplemented with necessary IBHIS and IS claiming data to create files that document all practitioners in our network and their associated sites. It also provided details on the types of providers and their associated client totals, as well as the types of services being provided to LACDMH beneficiaries.		
Project Phase:	Project was completed on schedule. The system is now in Maintenance and Operations status.		
Major Accomplishments	This project was completed. LACDMH is in compliance with state requirements for Quarterly Submission of Network Adequacy Certification. The system creates six data extracts detailing the Mental Health Provider Network for the County. The data is analyzed by the DHCS to determine LACDMH's ability to provide adequate mental health services to the County population.		

Project Name:	***Resource Search/Performance Dashboards: Mental Health Resource Locator & Navigator (MHRLN)***		
Project Status:	☐ Not Started ☐ Ahead of Schedule ☒ On Schedule ☐ Behind Schedule	**Project Start Date**:	5/10/2018
Project End Date:	12/20/2019		
Project Objectives:	Improve Access to Care (capacity management) MHRLN is a cross platform application that will track the availability of beds at 24-hour mental health treatment facilities within LACDMH's network of care, such as psychiatric acute inpatient hospitals, sub-acute hospitals, and residential treatment facilities. It will allow users to look up bed availability based on filtering criteria and geo location.		
Project Phase:	Execution		
Major Accomplishments	- Initial requirements documented. - Developed Proof Concept. - Presented demo to Board of Supervisor deputy and received approval to proceed with full application build.		

Project Name:	***Resource Search/Performance Dashboards: Patients Complaints and Grievance Portal***		
Project Status:	☐ Not Started ☐ Ahead of Schedule ☒ On Schedule ☐ Behind Schedule	**Project Start Date**:	04/20/2018
Project End Date:	12/15/2019		
Project Objectives:	Improve Quality of Care This project creates an online portal application that will allow the general public, including clients and family members, to report grievances and appeals online. LACDMH Patients' Rights Office staff will receive, track and triage the grievances and appeals to ensure they are properly assigned and resolved in a timely manner.		
Project Phase:	Execution: Phase I - Develops a public facing site for external users to have the ability to submit Grievances/Appeals to LACDMH's Patient's Rights Office. Phase II – Develops a cloud based application for internal staff to process patient grievances.		
Major Accomplishments	- Completed development for Phase I. The Patients Complaints and Grievance portal is online and accessible to the public as of 01/30/2019. - Started development of Phase II and expect to complete by 12/15/2019.		

Project Name:	Resource Search/Performance Dashboards: Patients' Rights Change of Provider		
Project Status:	☐ Not Started ☐ Ahead of Schedule ☒ On Schedule ☐ Behind Schedule	**Project Start Date**:	12/20/2017
Project End Date:	12/28/2018		
Project Objectives:	Improve Quality of Care This project empowers LACDMH clients by automating the process by which they can request any change in provider services they are receiving from LACDMH directly operated centers or contracted Legal Entities. Clients can use the system to request a change in provider (location) or rendering provider (clinician). The automated process also eliminates providers' manual updating of spreadsheets and emailing reports to the state. This application meets reporting requirements for the California Centers for Medicare and Medicaid Services (CMS), Medi-Cal Specialty Mental Health Consolidation Waiver program.		
Project Phase:	Project completed. System now in Maintenance and Operations.		
Major Accomplishments	- Moved system to Production environment; project successfully completed. - Each LACDMH location can see requests on-line and act within State mandated time line.		

	- Provides Patients' Rights Office online ad-hoc reporting capability. Expedites reporting.

Project Name:	Resource Search/Performance Dashboards: Provider Directory		
Project Status:	☐ Not Started ☐ Ahead of Schedule ☒ On Schedule ☐ Behind Schedule	**Project Start Date**:	02/28/2018
Project End Date:	05/01/2019		
Project Objectives:	Improve Access to Care (service access and availability) As a result of the Final Rule put forth by Medicaid regulations, all Mental Health Plan (MHPs) must make the comprehensive Provider Directory available to beneficiaries in both electronic and print formats (upon request). This is for both county-owned and operated, as well as contracted providers, groups, and individuals. The directory must include all licensed, waivered, or registered mental health providers. In support of the Final Rule, this project will create a both a public facing and internal LACDMH Provider Directory.		
Project Phase:	Project is closed. The application is in Maintenance and Operations.		
Major Accomplishments	- The Provider Directory went live on schedule. - The interactive solution has ability to display locations on GIS maps and print as PDF. - The printable directory meets all ADA requirements for sight-impaired beneficiaries and is machine readable.		

Project Name:	Virtual Care: Telepsychiatry Expansion		
Project Status:	☐ Not Started ☐ Ahead of Schedule ☒ On Schedule ☐ Behind Schedule	**Project Start Date**:	7/01/2018
Project End Date:	06/30/2020		
Project Objectives:	Improve access to care LACDMH encompasses 4,000+ square miles with some areas sparsely populated and remote from major medical centers and mental health service delivery resources. The initial project reduced the inconvenience to clients as the result of a lack of local qualified clinicians, particularly psychiatrists to perform medication reviews; improved linguistically matched care to non-English speaking consumers; improved service for mobility challenged older adults during home visits. The expansion project provides funding to modernize the now aged telepsychiatry video conferencing equipment, expand the telepsychiatry program to additional clinical sites, and add use cases, including providing mobile equipment for use at psychiatrists' homes.		
Project Phase:	Execution: Rolling out equipment to additional sites.		
Major Accomplishments	- Moved lesser-used existing equipment to provide telepsychiatry services at six (6) LACDMH / DHS co-located Comprehensive Health Center sites - El Monte, Lomita, Long Beach, Mid Valley, Martin Luther King, and Roybal. - Upgraded and/or added equipment at three (3) LACDMH Mental Health Centers: Antelope Valley, El Monte and East San Gabriel Valley. - Completed Proof of Concept for Telepsychiatry Equipment Home Use by Psychiatrists. By June 2019, eight (8) psychiatrists were providing services from home.		