

# LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

## Community Planning Process - MHSA Three-Year Plan

### Community Planning Team Session

#### BACKGROUND

#### FOCUS

- The MHSA Three-Year Plan contains the goals and recommendations to be implemented over the course of two years from July 1, 2024, through June 30, 2026.

#### COMMUNITY PLANNING STEPS

- Members of the Community Planning Team and/or community stakeholder groups identified critical issues from August through October across four areas:
  - Prevention and Early Intervention (PEI)
  - Community Supports Continuum (CSC)
  - Homeless Services and Housing Resources (HSHR)
  - Workforce, Education, and Training (WET)
- Consultants turned all the 'critical issues' into a list of 'recommendations' (i.e., proposals to address the critical issues) and confirmed this list with CPT members on October 3, 2023.
- DMH staff and consultants clustered all the recommendations based on similarities, created categories, and confirmed the categories with Workgroup members on October 27, 2023.
  - DMH staff identify if the program or service already exists or not.
  - If already exists, if its expand and/or improve
- On November 7, CPT members review and confirm recommendations for specific categories.
  - Clarification: The act of listing the services, programs, interventions does not mean they are endorsed. These will need to be ranked later on.
- On November 17, CPT members review and confirm recommendations for remaining categories.
- On December 5, CPT members review all the recommendations from Workgroups and provide initial ranking.
- On December 15, CPT members build consensus on key recommendations.

# LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

Community Planning Process - MHPA Three-Year Plan

Community Planning Team Session

## GLOSSARY

1. Goal: Desired change (what we want)
2. Implementation: Action plan (how)
3. Critical Issues: Refers to unmet needs or service gaps.
4. Recommendations: Refers to proposals for action(s) that address unmet needs and/or service gaps.
5. Services: Refers to specific resources and/or support(s) for individuals and/or groups.
6. Programs: Refers to a set of services.
7. Policies: Refers to rules, protocols, standards, and/or criteria that guide and/or structure the delivery of programs, services, and/or interventions.
8. Practice(s): Refers to the specific ways that services are provided and/or delivered.
9. Advocacy: Refers to action that seeks to produce a change in practice, policies, programs, and/or services.

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH**

Community Planning Process - MHSA Three-Year Plan

Community Planning Team Session

**HOMELESS SERVICES AND HOUSING RESOURCES (HSHR)**

Category 1: Eviction Prevention

Category 2: Street Outreach

Category 3: Service Quality

Category 4: Types of Housing Resources

Category 5: Resources for Specific Populations

**HSHR CATEGORY 1: EVICTION PREVENTION**

**GOAL:** Strengthen eviction prevention services and supports.

**A. PROGRAM, SERVICE, AND/OR INTERVENTION RECOMMENDATIONS**

*1. Improve and/or Expand Existing Programs (Exists Already)*

<b>Existing Program</b>	<b>Description</b>	<b>Expand or Improve</b>	<b>CPT Recs</b>
Preventing Homelessness & Promoting Health	1. A collaborative program with Dept. of Health to provide psychiatric, medical, and other social service interventions to prevent imminent eviction. DMH is expanding this program this year.	Expand	1, 2, 3, 17
Full Service Partnerships	2. Provides flex funds for enrolled clients which can be used for eviction prevention. Can improve FSP to include life skills training to prevent eviction.	Improve	1, 5, 15
Interim Housing Outreach Program	3. Provides mental health supports for interim housing sites to reduce exits to the streets (eviction) and increase movement to permanent supportive housing.	New service Jan 2024	2
Housing Support Services Program (HSSP)	4. DMH provides HSSP services in permanent supportive housing (PSH) in collaboration with Department of Health Service's Intensive Case Management Services providers and Department of Public Health's Client Engagement and Navigation Services. When new PSH buildings open, services providers are contracted with to provide these services.	Expand	1, 2, 3, 4, 5, 17
Housing Services	5. Expand long term housing resources that include on site supportive services similar to board and	Move to section 2	9

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH**

Community Planning Process - MHSA Three-Year Plan

Community Planning Team Session

	cares that are peer run and/or are recovery focused and prioritize cultural competence		
Housing Assistance Program	6. Provides financial assistance to DMH clients of one month of unpaid rent.	Expand?	1, 2, 3, 15

*2. Add New Programs and/or Interventions (Do Not Exist)*

<b>Program or Service Recommendation</b>	<b>DMH or Partner</b>	<b>CPT Recs</b>
1. Develop and implement trainings and materials focused on eviction prevention and available resources to train MH Providers to assist and educate clients in all levels of care. Include information on community resources including legal resources and first-time homeowner programs.	Partner	1,3,5,7
2. Develop and implement trainings and materials on working with individuals with mental health needs for law enforcement, landlords and others involved in the eviction process.	Partner	4,9
3. Develop or integrate into existing program a countywide eviction prevention program that has a central phone number for support, provides training for law enforcement and landlords and property managers on working with mental health and available resources, and can help individuals access eviction prevention funds available through county programs, and provides life skills trainings in the community.	Partner	13
4. Develop a “Housing Resources” landing page on the DMH website that lists and information on how to access all available resources for eviction prevention, housing support and/or services related to housing retention.	DMH	1,2,7
5. As part of the service array in DMH clinics and contract agencies develop rehabilitation/skills building groups focused on how to maintain housing (e.g. budgeting, communication with property owners, being a good neighbor, employment etc.).	DMH Partner	3,4,5,14

**B. ACTION RECOMMENDATIONS: POLICY, PRACTICE, AND/OR ADVOCACY**

1. Integrate mental health needs/practices into the current eviction practices/protocols. [4]
2. Use tools like the CEO equity tool to identify areas of need specific to regions and underserved populations when implementing and expanding programs. [9]
3. Address the high cost of living. [6]
4. Improve law enforcement response? [11]
5. Restorative housing? [10]
6. Increase homeownership opportunities. [18]

## LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

Community Planning Process - MHSA Three-Year Plan

Community Planning Team Session

### CPT RECOMMENDATIONS (through 10/27)

1. Increase of eviction prevention support
2. Strengthen the focus on Homelessness Prevention Services: How do you identify specific actions?
3. Increase services and supports to prevent housing evictions
  - a. Eviction prevention trainings
  - b. Eviction prevention supports
  - c. Expungement of eviction history
4. Integrate mental health needs/practices into the current eviction practices/protocols.
5. Programs focused on teaching the unhoused to go from tent to tenants and maintain their residency through life skills and be assigned a peer support specialist
6. High cost of living.
7. Increase information and education to prevent houselessness.
  - a. Messaging and education that funding is available and for whom
  - b. Clear application and eligibility criteria
  - c. Affordable housing access for families and individuals
8. Provide inclusive, non-stigmatizing supports:
  - a. Provide support that is inspirational, helpful, makes individuals feel they belong (i.e., that they are not categorized as a 'different' person).
9. Provide culturally safe congregate housing and board and care homes:
  - a. Use an equity approach to target specific populations that have been historically impacted by oppression (racism, homophobia, etc.), such as Black, Latino, Native American, LGBTQ, disabled and other communities, especially in congregate settings and board-and-care homes. These places are not culturally safe, which causes Communities of Color to go back into the streets.
10. Provide restorative housing to prevent houselessness and additional negative outcomes.
  - a. Provide restorative housing to prevent individuals from falling into homelessness, incarceration, and poverty.
11. Improve law enforcement intervention to avoid losing housing:
  - a. The interaction with DMH and law enforcement can cause someone to lose their housing: e.g., a 5150 check can lead neighbors to be afraid of the person.
12. Provide robust specialty mental health services and wraparound supports in permanent supportive housing so that clients maintain their housing:

## LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

### Community Planning Process - MHSA Three-Year Plan

#### Community Planning Team Session

- a. A lot of times we're dealing with people losing their housing because of the things they're exhibiting because of their mental health issues. Having additional teams, not just PH squared, but also thinking about what other additional specialty mental health services can be ramped up specifically for people living in permanent supportive housing and interim housing settings so that they wouldn't lose that housing to begin with. We work so hard to get them in housing in the first place. Let's make sure to provide wrap around services and really robust mental health services for people who would otherwise not be able to stay housed. In other words, expand our capacity to intervene in permanent supportive housing broadly for individuals that may be experiencing some kind of mental health need that's getting in the way of them maintaining housing and to really be able to wrap around services.
- b. We are placing folks in permanent supportive housing, but they are being evicted probably about a similar rate to what we're placing them with FSP teams or PH Squared and ICMS. We're seeing that permanent supportive housing isn't supportive enough for the most acute people and the board and care is not quite serving those folks either. We are seeing a huge gap for the folks that need a little bit higher support around the mental health services, both psychiatry and also advocacy with property management.

#### 13. Establish an eviction-protection entity:

- a. Establish an entity that when people are about to be evicted that they could come in and do some type of protection. It is frustrating to see how our Latino communities or People of Color are still losing their apartments, their homes and wind up homeless.

#### 14. Provide support to and build capacity of property management.

- a. What we're finding is that property management is in no way prepared to be serving a population that's as acute and the amount of property damage and the amount of violations that we're seeing they are really falling out of housing just as fast as we can put them in there.

#### 15. Make funds available to prevent evictions.

- a. As somebody who previously worked for it with the contract agency, I know that we often learned from housing rights groups and used legal aid groups to assist clients when they are having trouble with evictions. Funds were available through rapid rehousing, which they had to be evicted first before they could use that. Has that changed?
- b. Are there resources to pay for back rent if somebody has not paid.
- c. Increase awareness of these resources.

#### 16. Encourage self-sufficiency:

- a. What is the approach to self-sufficiency and being responsible for paying their rent? Isn't this part of permanent supportive housing? We're talking about subsidies that are also included, which means that it's a portion of an individual's current income. It's really important that we are positioned to be become responsible and understand the responsibility of paying our rent.

## LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

### Community Planning Process - MHSA Three-Year Plan

#### Community Planning Team Session

- b. Strategies to get people to self-sufficiency, even if people are on subsidies and the goal needs to be self-sufficiency in people paying rent wherever possible and happening immediately, and to that point when people are paying rent and they're not on a subsidy and they have a crisis where they're going to miss a rent payment, having flexibility so that individuals and providers and housing owners and operators are able to maintain that person's housing are critical so that the rent gets paid when there's a crisis, even if that person's not paying through a subsidy, we've got to have an ability to keep people housed.
- c. Link to self-help programs. What self-help programs are available to assist, one to learn or just be supported?

#### 17. Strengthen coordination among providers to prevent evictions.

- a. How do we work with someone who is at risk of becoming homeless? I was working with someone who is at high risk of becoming homeless, calling everywhere I could find. They said, 'Oh well, she's not homeless yet. You know, once she lands on the sidewalk, we'll be able to do something.'
- b. People being tossed from one provider to another provider. FSP is supposed to be providing you housing, but they're not doing that. FSP wasn't able to engage with them properly. They were referred to AOT, but AOT said, Oh well, we can't provide that because they're in an FSP, but they aren't getting FSP. Quit playing hot potato with people.
- c. I live with neighbors that are severely mentally ill, are incapable of living on their own. She keeps being in her apartment, leaving the water on because she's not mentally there and it's coming into my apartment. Can there be some kind of assisted living or monitored care because some individuals are clearly not capable of sustaining on their own.

#### 18. Increase homeownership opportunities.

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH**

Community Planning Process - MHSa Three-Year Plan

Community Planning Team Session

**HSHR CATEGORY 2: STREET OUTREACH**

**GOAL:** Strengthen street outreach.

**A. PROGRAM, SERVICE, AND/OR INTERVENTION RECOMMENDATIONS**

*1. Improve and/or Expand Existing Programs (Exists Already)*

<b>Existing Program</b>	<b>Description</b>	<b>Expand or Improve</b>	<b>CPT Recs</b>
HOME	1. HOME is expanding their program to increase street outreach to individuals with SPMI and to fill the need of new programming (e.g., Interim Housing Outreach Program)	Expand	1, 4
<i>Promotoras</i>	2. Promotoras and Health promoters work to increase awareness about mental health issues and disseminating resources to reduce MH stigma and improve working relationships within the community in order to deliver MHS. DMH is expanding this program to include work in public spaces including libraries	Expand	2, 9
PMRT	3. PMRT provides field-based crisis services. DMH is expanding service to include contracted Field Intervention teams,	Expand	
Skid Row Concierge Program	4. Provides street-based engagement and support to connect to mental health treatment and housing for individuals experiencing unsheltered homelessness in the skid row area.	Expand	1, 14

*2. Add New Programs and/or Interventions (Do Not Exist)*

<b>Program or Service Recommendation</b>	<b>DMH or Partner</b>	<b>CPT Recs</b>
1. Develop and implement trainings and resource materials focused on finding resources in the community (e.g., sobering centers, SafeParkingLA, mobile showers, housing resources).	Partner	3,7,9
2. Develop and implement trainings and materials for improving coordination of care among service teams and passing out the available resources in the various levels of care.	DMH	6, 10
3. Develop PMRT team dedicated to the skid row area to increase mental health crisis response time.	DMH	

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH**

Community Planning Process - MHSa Three-Year Plan

Community Planning Team Session

4. Develop and implement programs that assign mental health treatment and peer services staff to local libraries to treat and support library patrons experiencing homelessness.	DMH	8
5. Develop public education about Senate Bill 43 which modernizes the definition of grave disability and probable cause for conservatorship. The bill broadens eligibility to people who are unable to provide for their personal safety or necessary medical care. In addition, Senate Bill 43 encompasses people with a severe substance use disorder, such as chronic alcoholism. Incorporate the new definition in HOME services in Los Angeles County if permissible.	DMH	1
6. Incorporate mobile showers as part of the services provided by DMH Street Outreach.	DMH	3
7. Develop a "Housing Resources" landing page on the DMH website that lists information on how to access all available resources for eviction prevention, housing support and/or services related to housing retention.	DMH	9

**B. ACTION RECOMMENDATIONS: POLICY, PRACTICE, AND/OR ADVOCACY**

1. Tap into some of the models in West Hollywood, homeless outreach teams, collaboratives with different organizations including The People Concern/Step Up on Second/Tarzana Treatment Center/etc. [5]
2. Involve the community leaders and CBOs with funding to outreach and relate to these sites. [7]
3. Identify existing and advocate for more community services such as safe parking and mobile showers. [3,10]

**REVIEW/SORT**

1. Help individuals with substance use disorders to accept housing in real time. [12]
2. Provide better support for peer specialists who support street outreach work. [13]
3. Provide better assistance to individuals to find adequate housing. [14]
4. In Fiscal Year (FY) 2024-25 DMH aims to augment current street outreach by expanding our capacity to provide dedicated case management staff for street-based services for clients served by the Homeless Outreach & Mobile Engagement (HOME) team.
5. In FY 2023-24, DMH increased program capacity by 107 full-time positions in HOME increasing the number of multi-disciplinary teams from 9 to 16 teams across the county.

## LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

### Community Planning Process - MHSA Three-Year Plan

#### Community Planning Team Session

#### CPT RECOMMENDATIONS (through 10/27)

1. Strengthen mental health outreach work.
  - Increase mental health street teams and resources.
  - Amplify the HOME criteria of Gravely Disabled because it excludes too many PEH encountered by the Outreach Team.
2. Expand *promotoras* program to provide mental health street teams and housing resources.
3. Mobile showers
4. Increase response/funding for mental health in communities exacerbated by COVID-19.
5. Tap into some of the models in West Hollywood, homeless outreach teams, collaboratives with different organizations including The People Concern/Step Up on Second/Tarzana Treatment Center/etc.
6. Provide a list of organizations with housing resources in order to connect with community leaders, particularly faith community leaders.
7. Involve the community leaders and CBOs with funding to outreach and relate to these sites.
8. Providing services and partnering with libraries, more central locations
9. Strengthen ability of DMH to publicly show what is available for housing in the various levels of care.
10. Safe parking overnight for folks living in cars.
11. Improve PMRT response time in Skid Row.
  - a. At least in the community of Skid Row, our team and a lot of teams are struggling to respond to the number of psychiatric crises on the streets. PMRT takes about 7 hours to arrive and so we're doing holds internally as much as we can. I would definitely recommend if there's any possibility in the future to have some more psychiatric emergency response, like a PMRT be more available to this community.
12. Help individuals with substance use disorders to accept housing in real time.
  - a. How do we work with individuals with a substance use disorder that are willing to accept housing, that there is a place in which you can place us in immediately.
13. Provide better support for peer specialists who support street outreach work.
  - a. Working with peer specialists: it's critically important that when we're utilizing people with lived experience that we are remaining open to whatever their needs are. For instance, we talk a lot about trauma, but trauma can be transferred once again based on an experience that they may have or endure as a result of supporting or helping someone else.
  - b. Peer specialists who are trained in specific outreach approaches with people experiencing homelessness are part of DMH outreach, and that the outreach teams themselves understand the role of peers so that the team can work effectively together and category one.
14. Provide better assistance to individuals to find adequate housing.
  - a. We've been able to secure you a match and a voucher and now you need to go out and find housing on your own because that's not my job. That's not helpful because so many of our people that are unhoused need a helping hand. They need someone to assist them to be able to find adequate housing, even if they have been given a voucher and so that the continuum of care is very important as well.