

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH**  
 Community Planning Process - MHA Three-Year Plan  
 PREVENTION AND EARLY INTERVENTION

**PREVENTION AND EARLY INTERVENTION (PEI)**

**CATEGORIES**

Category 1A: Populations – Early Childhood/Birth to 5
Category 1B: Populations – Underserved Communities
Category 2A: Access – School-Based: K-12 Schools, Colleges, Universities, and Trade Schools
Category 2B: Access – Community Engagement (Including TAY Advisory Group)
Category 3A: Effective Practices – Suicide Prevention
Category 3B: Effective Practices – Evidence Based Practices/Treatment

**PEI CATEGORY 3A: Effective Practices – Suicide Prevention**

**GOAL:** Strengthen suicide prevention programs/services

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

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

<b>Existing Program</b>	<b>Description</b>	<b>Expand/Improve</b>	<b>CPT Recs</b>
Mental Health First Aid	1. Teaches participants how to identify, understand and respond to signs of mental illnesses and substance use disorders. The training provides the skills needed to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis.	Expand	1
Know the 5 Signs	2. Training provides a common language to identify when someone is suffering, connecting to help, and how to stay emotionally healthy.	Expand	1, 2
Directing Change	3. Statewide efforts to prevent suicide, reduce stigma and discrimination related to mental illness, and to promote the mental health and wellness of students, through film.	Expand	1
It's Real-Teens and Mental Health	4. Intended for high school classes or community settings with groups of teens, ages from 14 to 18, It's Real: Teens and Mental Health for High School Students is a	Expand	1

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	45-minute program that provides young people with mental health education and resources. The program raises awareness about mental health issues, how to start a conversation about mental health, the importance of self-care, and how to reach out for help.		
988 Services/Tool Kit	5. 988 Suicide & Crisis Lifeline officially launched across the United States on July 16, 2022. Comprised of a national network of local crisis centers, 988 counselors provide free, confidential, 24/7 support and resources to people experiencing or affected by suicidal, mental health, and/or substance use crisis. Callers can access this lifesaving service by simply calling or texting 988, or via online chat on their website.	Expand	1, 5
Korean Hotline	6. Aims to break the stigma of mental illness and enhance the mental health awareness so help the community get support right on time to prevent the mental illness worse even to suicide. We also run K-hot line in Korean via texts, social media posts such as YouTube and phone calls.	Improve	5
Question, Persuade, Refer (QPR)	7. Suicide First Aid for gatekeepers: audience will learn how to Question, Persuade and Refer someone to get help and prevent death by suicide.	Expand	2, 3, 4
NAMI Prevention/Postvention	8. Postvention Training is offered to providers who will respond to a death by suicide and take an active role in coordinating and/ or responding to agency/community in reducing contagion, encouraging safe messaging and media response. Suicide Prevention and Intervention training for service providers includes a review of National Best Practice suicide prevention/intervention policies and procedures specific to social service organizations, interactive case scenarios and discussion on how to integrate key community services for an effective and comprehensive response.	Expand	2, 3

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Assessing & Managing Suicide Risk (AMSR)	9. Knowledge-based training that covers 24 competencies required for effective clinical assessment and management of individuals at risk for suicide.	Expand	2,3
Suicide Loss Groups	10. Adult Group Facilitators are responsible for fostering a community that promotes and encourages a safe and supportive environment where group members can share their grief. Facilitators and co-facilitators are compassionate and caring individuals who can facilitate supportive discussions and maintain appropriate boundaries during the group. Rolled out in 2023 in service areas 1,2,4,8. Will expand to remaining service areas in 2024.	Expand	2, 3
Suicide Prevention Trainings for Parents	11. Talk Saves Lives / Hablar Salva Vidas- A community-based presentation that covers the general scope of suicide, the research on prevention, and what people can do to fight suicide	Expand	2, 4, 5
LASPN Youth Advisory Board	12. An inclusive group of up to 10 youth who advocate for improving mental health and well-being and its related social determinants of health for youth countywide.	Improve	1
Contextual-Conceptual Therapy	13. This is new cutting-edge approach to suicidality, has sought to understand the core <i>experience</i> of being suicidal by exploring the language of suicidal persons during suicidal crises. The model will teach participants: the importance of conceptually understanding the bifurcation of the suicidal context, how the suicidal crisis is, at its core level, a crisis of identity. How the crisis can be turned into a liminal opportunity for transformation towards authentic selfhood.	Expand	1, 3
Striving for Zero- Learning Collaborative for California	14. This builds on the previous collaborative offered by the California Mental Health Services Authority/Each Mind Matters technical assistance team. The Mental Health Services Oversight and Accountability Commission is forming a multi-county collaborative to support the development and implementation of local suicide prevention	Expand	1, 4

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	<p>strategic planning and program delivery. The Commission is inviting all counties to join its Striving for Zero Suicide Prevention Strategic Planning Learning Collaborative. This collaborative will deliver technical assistance and support to participating counties to share lessons learned, help expand each county's capacity to build a system of suicide prevention and align with California's Strategic Plan for Suicide Prevention. The Striving for Zero Learning Collaborative has been a unique opportunity for counties around California to support one another in creating strategic plans and coalitions that address our common goal of striving for zero suicides in our state.</p>		
Olweus Bully Prevention Programming (OBPP)	<p>15. An Evidence Based Practice (EBP) proven to prevent and reduce bullying. OBPP is a systems-change program which intervenes at the school, classroom, individual, and community levels to impact everyone who comes in contact with the students. OBPP aims to restructure the elementary, middle, and high school environment to reduce opportunities and rewards for bullying. OBPP has been more thoroughly evaluated than any other bullying prevention/reduction program so far.</p>	Expand	1
CDPH Youth Suicide Prevention Program Pilot Partnership with DPH and DMH	<p>16. Offers the following activities/interventions:</p> <ul style="list-style-type: none"> <li>a. 1. Surveillance</li> <li>b. Rapid Reporting</li> <li>c. Crisis Response.</li> <li>d. General Suicide Prevention</li> <li>e. Evaluation</li> </ul> <p>Suicide Deaths/Attempts: Both suicide attempts and suicide deaths Target population: Youth (LA County residents under age 25)</p>	Improve	1, 4
i-Prevail	<p>17. Can be accessed through any device connected to the internet. The iPrevail platform offers a one-of-a-kind network of mental health support. From interactive lessons, chats with peer support coaches, to</p>	Expand language	1

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	topic-based community support groups, you can see your progress being made & connect with other people going through similar life experiences all in one place.		
Veteran Programming	18. Suicide Prevention Trainings offered to agencies and the Veteran community by Veteran Peer Access Network (VPAN). Los Angeles Veterans Suicide Review Team (VSRT). The VSRT conducts mortality reviews to increase protective factors in the Veteran community to prevent future death by suicides.	Expand	2, 3

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

<b>Program or Service Recommendation</b>	<b>DMH &amp;/or Partner</b>	<b>CPT Recs</b>
1.		

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

1. Ensure that cultural responsiveness is embedded throughout all PEI programs and services.
2. PEI will continue to offer programs and services utilizing trauma informed and responsiveness interventions.

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

1. Increase suicide prevention programs/services for youth.
2. Offer more suicide Intervention is prevention
  - o Education and training for families on how to recognize red flags and prevent.
  - o Even if you save one life, it is worth it
3. Increase suicide prevention programs to address:
  - General suicide education and prevention
  - Families being able to identify the red flags for suicide
  - If no funds allocated for education and prevention suicides will happen.
4. Provide sufficient suicide prevention services for parents.
5. Provide effective suicide prevention hotline.

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**PEI CATEGORY 3B: EVIDENCE BASED PRACTICES/TREATMENT**

**GOAL:** Increase use of evidence-based practices and community defined evidence

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

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

<b>Existing Program</b>	<b>Description</b>	<b>Expand/ Improve</b>	<b>CPT Recs</b>
Mental Health First Aid Training	1. Offered throughout the County with the DO clinics and the Community Providers. DMH also has the Health Neighborhood Faith Based Liaisons. We can expand using the Mental Health Promoters, community providers, and directly operated programming.	Expand	1, 2
EBPs & CDEs	2. DMH currently has 36 EBPs and CDEs. (See document: <i>EI Evidence Based/ Promising Practices/ Community Defined Programs</i> )	Improve	3 – 7, 10, 11
Children and Youth Behavioral Health Initiative	3. Provides grants to CBOs to expand the number of community-defined evidence practices (CDEP)	Expand	4, 5, 6
Evidence-based interventions for parents	4. DMH provides programs including but not limited to: Incredible Years, Nurturing Parenting, Triple P, Make Parenting a Pleasure, Active Parenting, Project Fatherhood, UCLA SEEDS, PCIT, Reflective Parenting, FOCUS, Child Parent Psychotherapy, Functional Family Therapy, Multisystemic Therapy, and Managing and Adapting Practice.	Expand	4, 5, 6, 10, 11
CAL AIM	5. DMH offers trainings through Quality Assurance and Outcomes Division regarding performance measures, clear process and implementation.	Expand	8, 9
EBP: Sexual Abuse & Trauma	6. DMH offers Seeking Safety is a present-focused, coping skills therapy to help people attain safety from trauma and/or substance abuse. Trauma-Focused Cognitive Behavior Therapy (TF-CBT) is an early intervention for children		10

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	<p>who may be at risk for symptoms of depression and psychological trauma, subsequent to any number of traumatic experiences, particularly those individuals who are not currently receiving mental health services.</p> <p>Multi-Systemic Therapy (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.</p> <p>Functional Family Therapy (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 interfamilial and extra-familial 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.</p> <p>Cognitive Behavioral Therapy (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.</p>		
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2. *Add New Programs and/or Interventions (Does Not Exist)*

<b>Program or Service Recommendation</b>	<b>DMH &amp;/or Partner</b>	<b>CPT Recs</b>
1. Explore possibility of utilizing Eye movement desensitization and reprocessing (EMDR) therapy.	Partner	7
2.		

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

1. Ensure that cultural responsiveness is embedded throughout all PEI programs and services.
2. PEI will continue to offer programs and services utilizing trauma informed and responsiveness interventions.

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

1. Train more people using Mental Health First Aid Training.
  - Train clergy and families in suicide prevention
  - Focus on youth aged 13-16 as this is when symptoms appear.
  - NAMI family training (recognize symptoms of mental health)
  - Connect clergy and family members to DMH support services.
2. Increase training for Mental Health First Aid facilitators.
3. Increase the use of evidence-based practices (EBP) and community-defined practices (CDE) focused on promoting safe, stable nurturing relationships (relational health) to heal trauma and prevent toxic stress.
4. Increase the use of community-defined evidence practices reducing mental health disparities among the most underserved, marginalized communities.
5. Increase the amount of evidence-based services for more diverse parents/children/youth that are community based.
6. Implement evidence-based intervention, Parents Anonymous on weekly basis to diverse families.
7. Needs to be timely engagement and culturally relevant evidence-based practices (EMDR)
8. Implement training with clearly defined performance measures, clear process and implementation (such as QA/QI).
9. Unclear about the difference it makes to collect tons of data [QA/QI]
10. Integrate early intervention with clients who have sexual abuse trauma who have resorted to substance abuse.
11. Improve intervention at the early onset.