LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
Community Planning Process - MHSA Three-Year Plan
Community Planning Team Session

COMMUNITY SUPPORTS CONTINUUM (CSC)

CATEGORIES

Category 1: Emergency Response
Category 2: Psychiatric Beds
Category 3: Full Service Partnerships - Access and Efficacy
Category 4: Access to Quality Care

CSC CATEGORY 1: EMERGENCY RESPONSE

GOAL: Improve Emergency Response

A. PROGRAM, SERVICE, AND/OR INTERVENTION RECOMMENDATIONS

1. Improve and/or Expand Existing Programs, Services, and/or Interventions (Exists Already)

Existing Program	Description	Expand or Improve	CPT Recs
Call Center & Triaging	1. Expand the call center and strengthen the triage process to improve the client experience, based on review key metrics and qualitative data.	Expand & Improve	
PMRT	2. Expand the Psychiatric Mobile Response Team (PMRT) service, provide cultural competence training to all PMRT staff, and focus on hiring individuals who come from underserved communities.	Expand & Improve	1,3,9
LET, MET and SMART	3. Expand Law Enforcement Team (LET), Mental Evaluation Team (MET), and Systemwide Mental Assessment Response Team (SMART) and provide sensitivity training to Law Enforcement partners.	Expand & Improve	2
Therapeutic Transport	4. Strengthen the collaboration within the current Innovations project between the Los Angeles County Fire Department staff, peers, and mental health specialists responding to mental health calls.	Expand	6
Mental Health Training - Law Enforcement	5. Provide sensitivity training to Law Enforcement on working with individuals with mental illness.	Expand	10

	6. Provide trainings that build the capacity of community leaders and community-based organizations to provide support during psychiatric emergencies, e.g., Mental Health First Aid and Suicide Prevention and Grief Training	Expand	
	7. Provide aftercare program/services after law enforcement encounter. [See	Expand	

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

Program or Service Recommendation	**DMH &/or Partner**	**CPT Recs**
1. Develop a media campaign to raise awareness about available crisis services including urgent care and mental health crisis teams; and that integrates more CBOs, community leaders, faith-based organizations within DMH to represent communities they serve (from outside, in). [This recommendation also addresses Outreach, Engagement, Navigation, and Communication recommendations under Access to Quality Care.]	DMH	5

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

Description	**CPT Recs**
1. Create greater accountability for law enforcement in emergency responses.	11
2. Prohibit armed law enforcement in emergency responses.	9
~~3. Prioritize hiring of culturally competent individuals reflective of their communities and provide cultural competence training to existing PMRT. [2]~~ See A.1.2.	2
~~4. Expand use of unarmed teams. [9]~~ See A.1.2.	9
~~5. Incorporate more community-based organizations as part of emergency response. [4,12]~~ See A.1.6.	4, 12

CPT RECOMMENDATIONS (through 10/27/23)

1. Provide sufficient crisis response teams.
2. Mobile response teams culturally competent.
3. Reduce response times to emergency situations (particularly SA 6).
4. Community organizations be able to qualify for RFPs.
    a. Examples: services that provide de-escalation services working with PD
    b. Mental health crisis responses – fund more peer respite.
    c. More community-based orgs providing those resources in the community (specifically de-escalation services) – support comm based orgs be a legal entities.

   d. Lack of community organizations who qualify for RFP to provide needed services/programs.
5. Increase information about emergency services.
6. Improve integration between firefighters, EMS, DMH and other community stakeholders to ensure that frontline staff are able to be more efficient with referrals and get folks into care.
7. When emergency responses end up in hospitalization, individuals end up in hospital beds. Improve coordination of support at this level.
8. Improve emergency response for individuals in interim housing programs and Permanent Supportive Housing programs.
9. Use psychiatric medical response to respond to emergency psychiatric situations, with no armed law enforcement. [Background: Law enforcement is doing welfare checks and that is traumatizing not just to the individual but to families. There are very minimal situations in which armed law enforcement is necessary for the safety of the community. Yet the majority of responses with Blacks and Latinos involves armed law enforcement, with is linked to significant health inequities equities and racial trauma. The law enforcement system used currently criminalizes populations, particularly Latino and Black communities. So, use a model that includes fire department and medical staff to deal with medical emergencies. It is safer, more therapeutic, and beneficial given the significant mental health stigma that law enforcement has. If DMH is collaborating with armed law enforcement, this causes further harm.]
10. Incorporate sensitivity trainings as part of the Los Angeles Police Department and Los Angeles County Sheriff's Department so that they can handle emergency psychiatric situations effectively.
11. Strengthen accountability for LAPD and LA County Sheriff's for their approach to psychiatric emergency situations.
12. Provide opportunities for community-based organizations to apply for Requests for Proposals to obtain resources and build the capacity to be part of this emergency response system.

CSC CATEGORY 2: PSYCHIATRIC BEDS

GOAL: Increase Number of Psychiatric Beds

A. PROGRAM, SERVICE, AND/OR INTERVENTION RECOMMENDATIONS

1. Improve and/or Expand Existing Programs, Services, and/or Interventions (Exists Already)

Existing Program	Description	Expand or Add	CPT Recs
Peer Respite Care Homes	1. DMH contracts for 2 Peer run crisis residential homes offering short term respite.	Expand	5
Crisis Residential Treatment (CRT) Programs	2. CRTP serves individuals experiencing a mental health crisis who need support but not hospitalization. CRTP provides short-term intensive residential services in a home-like environment. DMH is currently expanding CRTP to serve youth.	Expand	4
Enhanced Care Management	3. Inform and educate community-based organizations about potential opportunities to contract with managed care plans to provide a full referral system to community services (including linkage and warm handoffs in real time) to individuals being discharged from hospitals.	Improve	9

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

Description	DMH or Partner	CPT Recs
~~4. Provide funding for qualified organizations that are to provide wraparound supports and warm hand offs for individuals being discharged from hospitals through a full referral system with case notes and coordination in real time of beds available across the system.~~ See A.1.3. above.	~~DMH~~	~~9~~

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

Description	CPT Recs
1. Identify funding resources to increase number of psychiatric beds (locked psychiatric beds cannot be paid for with MHSA funds).	1
2. When funding psychiatric beds, consider need for services for minor to moderate medical issues as well, like basic diabetes, basic hypertension, so that we're not wasting that space and that resource.	3

3. Take steps to make sure the full spectrum of crisis response services from field teams to respite homes, to hospitals are culturally competent.	2, 6
4. Ensure hospital discharge planners are aware of all housing and support options, specifically the availability of Peer Run respite homes.	5, 7

CPT RECOMMENDATIONS (through 10/27/23)

1. Provide sufficient psychiatric beds.
2. Ensure that people utilizing psychiatric beds experience effective supports and avoid being traumatized by their experience being in psychiatric bed.
3. Ensure that the funding for these psychiatric beds does not needlessly narrow the eligibility to only include people with one single psychiatric issue and that we accommodate at least some minor to moderate medical issues as well, like basic diabetes, basic hypertension, so that we're not wasting that space and that resource.
4. Ensure that there is a range of different types of psychiatric beds available, with different options including peer respites.
5. Encourage referrals from hospitals to peer respites, which happens now and can be very effective.
6. Increase the number of respite homes that are accessible across the county (e.g., Chatsworth) and ensure these are culturally and linguistically competent (e.g., Korean, Native American, Latino, etc.), including using a harm reduction model (e.g., substance use disorder). [Background: Many people with mental health issues cannot stay with family and the cost of rents is too high. So, sometimes we just to go for a couple of days and calm down in places with therapeutic beds or cool-down centers—i.e., respite care—to de-escalate situations at home. It's important to avoid individuals with psychiatric emergencies from becoming homeless, because exposure to the streets makes it much more likely for individuals to die.]
7. Improve the discharge process from hospitals when they do discharge the 5150s. [Background: They are being discharged from hospital with drug addictions yet coming back to homes that do not have resources to support them. Some migrants who are coming from other areas who have nowhere to go.
8. Partner with housing developers and property owners and offer an incentives.
9. Provide funding for community-based organizations to provide wraparound supports and warm hand offs for individuals being discharged from hospitals through a full referral system with case notes and coordination in real time of beds available across the system.

FULL SERVICE PARTNERSHIPS (FSPs)

GOAL: Improve access to and efficacy of FSPs.

A. PROGRAM, SERVICE, AND/OR INTERVENTION RECOMMENDATIONS

1. Improve and/or Expand Existing Programs, Services, and/or Interventions (Exists Already)

Existing Program	Description	Expand or Add	CPT Recs
FSP	1. Expand FSP teams countywide to provide additional support and services in the field.	Expand	3

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

Description	DMH or Partner	CPT Recs
1. Develop and implement a program to meet the varying levels of needs of FSP graduates who may still need field-based and occasional intensive services.	DMH	3

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

Description	CPT Recs
1. Review contract language, policies, procedures and trainings related to field-based service to ensure clarity of expectations and follow up actions when those expectations are not met.	1, 2
2. Expand ongoing reviews and provide technical assistance, focus on areas such as outreach and engagement, and delivery of FSP services at the frequency needed.	1, 2

CPT RECOMMENDATIONS (through 10/27/23)
1. Improve accountability for FSP services.
2. Improve accountability for FSPs, contract providers and/or directly operated.
3. Increase field support teams.

ACCESS TO QUALITY CARE

GOAL: Increase Access to Quality Care

A. PROGRAM, SERVICE, AND/OR INTERVENTION RECOMMENDATIONS

1. Improve and/or Expand Existing Programs, Services, and/or Interventions (Exists Already)

Existing Program	Description	Expand or Improve	CPT Recs
PMRT/ HOME/ FSP	1. PMRT/HOME/FSP is expanding their programs to increase street outreach to individuals with Serious and Persistent Mental Illness (SPMI) which will hopefully increase access to services. [See HSHR Street Outreach.]	Expand	B1, B3, B4, B8, B12, C5
Promotoras	2. *Promotoras* and Community Health Workers (CHWs) work to increase awareness about mental health issues and disseminate resources to reduce mental health stigma and to improve working relationships within the community in order to deliver mental health services. DMH is expanding this program to include work in public spaces including libraries.	Expand	A1,A2, A5, A8
Service Area Navigation Teams	3. Service Area Navigator Teams work across age groups and 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 mental health system clients.	Expand	A6,A7, B17
WET – Recruitment & Training (Cultural Competency)	4. DMH already provides a program, service, and support to strengthen outreach and recruitment efforts to meet the specific needs of our diverse multicultural communities by recruiting multidisciplinary staff with diverse cultural backgrounds, linguistic expertise, and who may have lived experience.	Expand	A3,B16, B21,C1, C2,C6
TAY Drop In Centers	5. Drop In Centers for TAY Youth funded by DMH are available throughout Los Angeles County.	Expand	B14, B15
Peer Services	6. Increase peer supports.	Expand	C4
Transportation	7. Provide transportation to obtain services.	Expand	B11

	8. Develop or integrate into existing programming MH services for victims of DV, train direct service staff to respond to DV when working with clients.		B20
	9. Develop or integrate services into existing programming MH services for women veterans who have experienced trauma.		B19

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

Description	DMH &/or Partner	CPT Recs
1. Develop and implement trainings and resource materials focused on increasing the communities' and stakeholders' knowledge of services provided by DMH. (Incorporate this item into the Media Campaign under CSC Category 1: Emergency Response, A.2.1.)	DMH	A4
2. Develop and implement trainings and materials to improve coordination of care among DMH Programs and other County Departments and contract providers, e.g., individuals with developmental delays.	Both	B9, B22
3. Develop quality improvement projects and processes to existing programs and services (e.g. OCS, drop-in/wellness center, age specific services, etc.)	Both	B6, B13, B7, B15
4. ~~Develop or integrate into existing programming MH services for victims of DV, train direct service staff to respond to DV when working with clients.~~ See A.1.8. Existing Program.	Both	B20
5. ~~Develop or integrate services into existing programming MH services for women veterans who have experienced trauma.~~ See A.1.9. Existing Program.	Both	B19

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

Description	CPT Recs
1. Reduce systemic bias in order to access services.	C8
2. Provide affordable services	B5
3. Improve pre-diagnosis or under-diagnosis for Black and Brown men	B2
4. Provide safe and respectful space.	B10
5. Increase peer support (7% of budget)	B11
6. Provide a BAH review panel for BAH related care court cases, so the people in these cases are not being taken advantage of by the process. This will be addressed through Care Court.	C3

7. ~~Increase peer supports.~~ See A.1.6.	C4
8. ~~Provide transportation to obtain services.~~ See A.1.7	B11
9. ~~Provide aftercare program/services after law enforcement encounter.~~ (Moved to CSC Category 1, Emergency Response, See A.1.7)	B18
10. ~~Integrate more CBOs, community leaders, faith-based organizations within DMH to represent community they serve (from outside, in).~~ (Incorporate this item into the Media Campaign under CSC Category 1: Emergency Response, A.2.1.)	C9

CPT RECOMMENDATIONS (through 10/27/23)

A. Outreach, Engagement, Navigation, Communication

1. Increase **knowledge** of services offered by DMH.
2. Strengthen collaboration with DMH to **increase reach**, depth of community outreach.
3. Increase/strengthen DMH's **outreach and recruitment** services.
4. Provide clear, relatable presentation/**information** by DMH.
5. Increase **awareness** of services provided under CSC.
6. Increase inroads to **communicate** information to clients.
7. Improve utilization of Service Area **Navigators** to enter system to find resources.
8. Develop system for **collaborating** with schools and library to allow access and services available to the public.

B. Screening, Diagnosis, Responsiveness, Availability, Linkage

1. Increase/improve **screening and diagnosis** to access resources.
2. Improve **pre-diagnosis or under-diagnosis** for Black and Brown men.
3. Reduce **waitlist**/lack of **timely services**.
4. Reduce **wait times** to obtain services.
5. Provide **affordable services.**
6. Increase/improve outpatient care services.
7. Improve **response** to parents/caregivers whose children (regardless of age) are missing.
8. Increase **availability** of services
9. Improve **warm handoffs**.
10. Provide **safe and respectful space**.
11. Provide **transportation** to obtain services.
12. Increase access to **telehealth** services.
13. Increase/improve **wellness/drop-in centers**.
14. Provide **TAY Drop-In Center**.
15. Improve **services for TAY.**
16. Need to have someone who has a **substance abuse and mental health** (both backgrounds) to support people with both problems.
17. Increase/improve **linkage to support groups** for family, consumers, and veterans.
18. Provide **aftercare program/services** (after law encounter).
19. Provide mental health services focused on **women veterans with trauma symptoms** from active duty.

20. Increase/improve services to individual **survivors of Domestic Violence**.
21. A succinct follow up and training approach to services within the **BAH participants** in the communities.
22. Improve coordination with individuals with **developmental delays**.

C. Cultural Competency

1. Increase/improve linguistic access (API populations).
2. Provide culturally competent services.
3. A BAH review panel for BAH related care court cases, so the people in these cases are not being taken advantage of by the process.
4. Increase peer supports.
5. Increase 24/7 emergency services staffed by peers/professionals.
6. Increase hiring peers to address staff shortages.
7. Increase peer support (7% of budget)
8. Reduce systemic bias in order to access services.
9. Integrate more CBOs, community leaders, faith-based organizations within DMH to represent community they serve (from outside, in).