

## REVENTION 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 1A: POPULATIONS – EARLY CHILDHOOD/BIRTH TO 5

**GOAL:** Strong and effective prevention and early intervention programs/services for various stages of childhood from prenatal and birth to five.

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

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

Existing Program	Description	Expand or Add	CPT Recs
Intensive Care Coordination	1. Focuses on engagement and support of families and includes Child and Family teaming a practice the puts the child and family in the driver seat. This service is integrated into all outpatient services	Expand	1,2,4, 6,9
Birth to Five Training	2. This year, twelve trainings on core competencies are offered focus on birth to five to expand expertise in the workforce. DMH can look into the next two fiscal years to offer an additional 6-8 trainings in the year. Will utilize DMH/ UCLA PCOE Fellowship. PEI will work with stakeholders to identify the gap in program/services.	Expand	8, 9
Birth to Five Services	3. DMH services for Birth to 5 include (but are not limited to) Incredible Years, Parent Child Interaction Therapy, Triple P, Nurturing Parenting, and Managing and adapting practice. Available trainings are also offered through the DMH/UCLA Public Partnership for Wellbeing.	Expand	8,9,10
Home Visitation	4. DMH offers three models of home visiting services, Deepening Connections and	Expand	12,9, 10

	Enhancing Services in partnership with First 5 LA, Healthy Families America, and Parents as Teachers		
Active Parenting Programs	5. DMH offers programs including Incredible Years, Nurturing Parenting, Triple P, Reflective Parenting, Child Parent Psychotherapy, and Managing and Adapting Practice. Triple P is offered in community settings, including Libraries and offer information directly to Parents	Expand	1,2,4,9,10
Perinatal Services	6. DMH offers specialty consultation for providers treating perinatal women and offers evidenced based practices such as Interpersonal Psychotherapy (IPT) for postpartum depression DMH has offered 2 free online Learning pathway for Perinatal training to all staff, from UCLA Prevention Center of Excellence.	Augment & Expand	6,7,9,10

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

Program or Service Recommendation	DMH &/or Partner	CPT Recs
1. Increase awareness and access to Birth to Five services through: Health Promoters, awareness campaigns, increasing visibility of resources through websites and social media, targeting strategies to reach underserved communities	DMH	Expand
2. Implement a Parent Navigator program familiar with community-based resources, social service agency resources, and DMH Programming	DMH	Expand

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

1. Complete development of a Transition Aged Youth Advisory Group. Expand.
2. Partner with and fund CBOs to deliver new programming and where possible to expand existing programming. Expand.
3. DMH will continue to explore, and offer, programs, services and evidence-based practices that are trauma informed and responsive, for communities which are disproportionately impacted by violence, social and economic injustice, inequality, and structural, institutional and system racism.

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

1. Provide more active parenting classes.
2. Increase parenting classes focused on prevention.

3. Create more effective messaging and deliver services to meet parents' needs.
4. Increase engagement from DMH with parents, children, youth focused on what they need since they are experts and know what they need best.
5. Strengthen parent and youth leadership team to improve ACES and policies.
6. Increase amount of prenatal support.
7. Increase the number of perinatal services and supports for mothers needing mental and emotional help.
8. Implement prenatal to five years old programs in all Directly Operated clinics.
9. Increase PEI focus on early childhood issues.
10. Increase number of mental health services/programs focused on early childhood (0-5 years old).
11. Increase Psych-Education groups that are focused on first time parents (children zero to five years old).
12. Increase the capacity of home visitation programs to conduct more home visits.

**PEI CATEGORY 1B: POPULATIONS – UNDERSERVED COMMUNITIES**

**GOAL:** Improve the cultural and linguistic capacity of prevention and early intervention programs/services to reach hard to reach underserved populations

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

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

<b>Existing Program</b>	<b>Description</b>	<b>Expand or Add</b>	<b>CPT Recs</b>
Transforming Los Angeles	1. Supports CBOs with training and grant supports, expand and include CBO's which focus on underserved cultural communities	Expand	13,14,15
Mental Health Promoters/ Promotores	2. The Promoters program aims to reduce mental health stigma. Particularly in underserved community by increasing awareness about mental health issues and improving access to culturally and linguistically appropriate resources provided by trained community members	Expand	20, 22
Mental Health service sites and programming that target underserved populations	3. DMH offers culturally specific services through both Directly operated and Contracted providers that service the American Indian, API, Black/African Heritage, Latino, and Middle Eastern communities. Transitional Age Youth (TAY) and Older Adults.	Expand and Augment to Other UsCCs	13, 18, 20, 21, 23,

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

<b>Program or Service Recommendation</b>	<b>DMH or Partner</b>	<b>CPT Recs</b>
1. Explore culturally relevant, non-traditional programs in partnership with CBOs.	DMH	14
2. Explore how to increase awareness of existing services in the community through health promoters, awareness campaigns, increasing visibility through websites and social media		18,20,22
3. Explore programs to educate CBOs regarding LGBTQIA-S+ community needs and creating welcoming environments. Focus on schools and religious institutions.	DMH	15
4. Explore new programs and services focused on the Deaf and Hard of Hearing community.		

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

1. DMH will continue to increase workforce capacity to serve monolingual populations and underserved populations through more focused recruitment efforts (hiring fairs in local community), increase promoting awareness of job opportunities in local communities and schools.
2. Increase workforce capacity to serve monolingual populations and underserved populations through more education and training opportunities, including a focus on youth to promote interested in mental health.
3. Maintain a racial equity lens in program implementation through use of tools such as the CEO equity explorer.
4. New and expanded program to focus on underserved communities, API, BAH, American Indian, LGBTQIAS+, Individuals with Disabilities, and Middle Eastern Communities.
5. For new and expanded programs, increase investment in CBO service and expand the number of providers that work with underserved cultural communities.
6. Conduct an impact analysis of the effects of a possible reduction of PEI funding on underserved communities.
7. Continue to instill in all DMH programming and services to focus on diversity, equity and inclusion (DEI).
8. Explore options to increase accessibility for training and services for individuals with disabilities.

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

(Numbering continues from PEI Category 1A)

13. Develop and implement culturally relevant non-traditional PEI programming such as: therapeutic models, increased partnership with cultural CBOs and Transgender Gender Expansive (TGX) communities.
14. PEI programming to recommend nontraditional programming, community based therapeutic models, increased partnership with our cultural CBOs.
15. Educate existing CBOs regarding LGBTQIA2-S+ community and needs, as well as schools, religious institutions – how to create a supportive and welcoming environment where clients feel respected/affirmed/etc.
16. Hire more therapists that come from the community to increase accessibility and remove barriers for getting services.
17. Plan an effect outreach and inform BAH of the PEI programs that a Plan an effect outreach and inform BAH of the PEI programs that are available re available.
18. Increase the funding amount of PEI to meet the needs of the BAH community.
19. Transforming Families (organization) – working w/ whole family systems around providing services for family, TGX, multiple groups, family integrated model, increase continued support for those youth, how do you apply it and ensure being done in an intersectional way, expand across County.
20. Increase the amount or reach of services into the Spanish speaking communities.

21. Increase the capacity to translate (and interpret) into different dialects to facilitate obtaining services.
  22. Increase accessibility via culturally and linguistically access to mental health services for Asian Pacific Islander (API) and African communities.
  23. Increase the amount of culturally relevant services for the American Indian/Alaska Native (AI/AN) and African American populations.
  24. Integrate a racial equity lens to address the culturally responsive emphasis needed.
  25. Inappropriate use of Western, monolithic concepts of healing are monolithic targeting communities of color.
  26. Prevalence of racism, classism, sexism that exists in systems and impacts services, supports, and outcomes.
  27. Many policies harm and exclude communities of color.
  28. Conduct an impact analysis of the affect the decrease in PEI funding from the state on African American programs.
- Facilitate the process to file taxes, benefits, public benefits, difficult to access, meet w/ financial providers to educate regarding how to support LGBTQ+ in navigating systems.
29. New Pilot with DCFS to expand placement stabilization for TAY and minimize placement disruptions.
  30. Expand TAY services in an intentional manner – high needs areas, culturally congruent services, linguistically appropriate, services that meet the needs of the youth requesting services.
  31. Add and expand mental health programming for older adults to improve social determinants of health and increase protective factors.