LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
DMH List of Recommendations
MHSA Programming FY 2024/25 to FY 2025/26

PURPOSE

The purpose of this document is to provide Community Planning Team (CPT) members and MHSA stakeholders information and instructions to fill out a survey to close the stakeholder input segment of the MHSA Community Planning Process.

- The first section describes how DMH responded to the key CPT and MHSA stakeholder questions that emerged on February 6, 2024, when DMH presented its List of Recommendations for Funding Consideration.
- The second section displays the percentage of CPT and MHSA stakeholder recommendations that DMH's List of Recommendations addresses. This includes the overall set of CPT Recommendations and the more specific CPT Workgroup consensus recommendations.
- The third section reviews the survey and gives specific instructions on how to fill it out.
- The fourth section contains three tables that respond to the CPT and MHSA stakeholder questions raised on February 6, 2024.

Lastly, as you fill out the survey, please review the document that contain the full list of recommendations from the various Workgroups. This document is attached separately.

SECTION 1: BACKGROUND

On February 6, 2024, after DMH managers presented their list of recommendations for MHSA funding consideration for FY 2024/25 and 2025/26, CPT members and MHSA stakeholders requested additional time to review the materials before completing a survey to close this segment of the MHSA community planning process.

More specifically, CPT members raised two general questions to help them respond to the survey:

1. How are DMH's recommendations for funding consideration aligned with the CPT Workgroup consensus recommendations?
2. What will happen to the CPT Workgroup consensus recommendations that do not appear on DMH's list of recommendations for funding consideration?

A request was made for a table that displays the concrete CPT Workgroup recommendations covered by DMH's list of recommendations.

Over the past week, DMH used these two questions to review the CPT Workgroup consensus recommendations (i.e., the yellow-colored ones) and developed three tables to respond to these questions.

1. Table 1 - Crosswalk Table: This table shows how DMH's recommendations align with the CPT Workgroup consensus recommendations for the Community Supports Continuum (CSC), Homeless Services and Housing Resources (HSHR), Prevention and Early Intervention (PEI), and Workforce Education and Training (WET). The right hand columns display the Workgroup's consensus recommendations. Importantly, DMH recommendations include the Workgroup's recommendation. In other words, the content of the Workgroup recommendation is part of DMH's recommendation.

DMH then analyzed the CPT Workgroup consensus recommendations that do not appear in the Crosswalk Table and distinguished between two types of recommendations:

2. Recommendations that DMH can move forward with because they do not entail funding consideration, or the resources can be obtained either through a partnership or by restructuring current work. See Table 2: Move Forward.

3. Recommendations that DMH does not recommend moving forward with at this time because they entail funding considerations and/or did not meet other evaluation criteria that were presented to the CPT members in January 2024 (e.g., implementable within a two-year period; meets Board priorities; etc.). See Table 3 - Future Funding Considerations.

In summary, DMH recommends that the list of programs, services, and interventions contained in Table 1 and Table 2 at the end of this document, along with all the green-colored recommendations in the attached Total CPT and Workgroup Recommendations document, should move forward into the implementation phase.

SECTION 2: SUMMARY

This final DMH List of Recommendations, compared to the one presented on February 6, 2024, increases the total number and percent of CPT recommendations and those of the CPT Workgroups that can be implemented over the course of the next two fiscal years.

STATISTICS	OVERALL	CSC	HSHR	PEI	WET
Total CPT Recommendations	335	52	97	134	52
Total CPT Recommendations Not Possible	21	4	7	5	5
Total CPT Recommendations Possible	314	48	90	129	47

Total DMH Recommendations for Implementation	247	37	72	102	36
Percent of Recommendations for Implementation	79%	77%	80%	79%	77%

SECTION 3: SURVEY INSTRUCTIONS

Please fill out this survey after reviewing the three tables below and the attached CPT Workgroup Recommendations.

Use this link to access the survey: https://forms.office.com/g/JwPvJmZ0Zp

Surveys are due by 5 PM on Tuesday, February 20, 2024.

If you have any questions about how to fill out this survey, please email us at communitystakeholder@dmh.lacounty.gov.

We will provide you a summary of the results on Friday, February 23, 2024.

This survey has three parts:

1. Participant Background
2. Your Views on the DMH List of Recommendations
3. Your Views on the Overall MHSA Community Planning Meetings

Each question also has a window where you can add your comments.

PART 1: Participant Background

I am a:

- ☐ Community Planning Team Member
- ☐ MHSA Stakeholder Participant
- ☐ Other [Please specify]

I participated in the following CPT Workgroup(s) [Check all that apply]

- ☐ Community Supports Continuum (CSC)
- ☐ Homeless Services and Housing Resources (HSHR)
- ☐ Prevention and Early Intervention (PEI)
- ☐ Workforce Education and Training (WET)
- ☐ I did not participate in a Workgroup

PART 2: DMH's List of Recommendations

How strongly do you agree or disagree with the following statements regarding DMH's List of Recommendations?

1. DMH's List of Recommendations comprehensively addresses the recommendations from the CPT Workgroup(s) I participated in.

   ☐ Strongly Agree
   ☐ Agree
   ☐ Neutral
   ☐ Disagree
   ☐ Strongly Disagree

Comment:

2. DMH's List of Recommendations comprehensively addresses the overall set of CPT and stakeholder recommendations.

   ☐ Strongly Agree
   ☐ Agree
   ☐ Neutral
   ☐ Disagree
   ☐ Strongly Disagree

Comment:

3. The DMH List of Recommendations is good enough to move forward onto implementation.

   ☐ Strongly Agree
   ☐ Agree
   ☐ Neutral
   ☐ Disagree
   ☐ Strongly Disagree

Comment:

PART 3: Overall MHSA Community Planning Meetings

Please reflect on total set of meetings you participated in from July 2023 through February 2024 and let us know your overall view of the meetings.

How strongly do you agree or disagree with the following statements regarding your experience in the community planning meetings?

1 – The meeting time was used efficiently.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

Comment:

2 – The meetings provided opportunity to express my views and ask questions.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

Comment:

3 – My questions were answered clearly and respectfully.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

Comment:

4 – The meetings provided a safe environment for expressing my views and asking questions.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

Comment:

5 – The meetings had a clear purpose and objectives.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral

- ☐ Disagree
- ☐ Strongly Disagree

Comment:

6 – The meeting materials were relevant to the meeting purpose and objectives.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

7 - The presentations provided helpful information pertaining to the meeting objectives.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

Comment:

8 - Logging in virtually on MS Teams was relatively easy.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ I did not need to participate virtually

Comment:

9 - ASL was clear and accurate.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ I did not need this service

Comment:

10 - Language interpretation was clear and accurate.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ I did not need this service

Comment:

11 - Accessing language interpretation was relatively easy.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ I did not need this service

Comment:

12 - CART services were clear and accurate.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ I did not need this service

Comment:

13 - Accessing CART services was relatively easy.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ I did not need this service

Comment:

14 - Meeting announcements and materials were provided in advance in a timely manner.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ I did not need this service

Comment:

SECTION 3: TABLES

TABLE 1 - CROSSWALK TABLE: DMH LIST OF RECOMMENDATIONS FOR FUNDING CONSIDERATION

This table shows how DMH's recommendations align with the CPT Workgroup consensus recommendations for the Community Supports C
Services and Housing Resources (HSHR), Prevention and Early Intervention (PEI), and Workforce Education and Training (WET). The righ
Workgroup's consensus recommendations. Importantly, DMH recommendations include the Workgroup's recommendation. In other words,
recommendation is part of DMH's recommendation.

PROGRAM	DMH LIST OF RECOMMENDATIONS FOR FUNDING CONSIDERATION	CPT SCORE	CSC
CSC	1. Lower level FSP: Develop and implement a program to meet the varying levels of need for Field Service Partnership graduates who may still need field based and occasional field-based services and prevention for individuals who are at risk for need of higher level of care. – CSC/Q11. Develop and implement a program to meet the varying levels of needs of Full Service Partnership (FSP) graduates who may still need field-based and occasional intensive services.	85% (CSC)	Q11
CSC	2. Develop service teams to provide direct mental health services to deaf, hard of hearing, deafblind, and deaf disabled individuals and families fully accessible in ASL. – CSC/Q15. Provide a one-stop mental health center across all Service Areas that provides direct mental health services to deaf, hard of hearing, deafblind, and deaf-disabled individuals and families fully accessible in American Sign Language (ASL). Services include mental health therapy, anger management counseling, substance abuse counseling, case management, and aftercare support, which are the areas historically lacking accessibility and support across all Service Areas in Los Angeles County.	77% (CSC)	Q15
HSHR	3. Expand Preventing Homelessness, Promoting Housing. (PH2) (Field Based Eviction Prevention Program)	92% (HSHR)	

PROGRAM	DMH LIST OF RECOMMENDATIONS FOR FUNDING CONSIDERATION	CPT SCORE	CSC
	– HSHR/Q1: Expand the Preventing Homelessness and Promoting Health (PH Square) collaborative program with Department of Health to provide psychiatric, medical, and other social service interventions to prevent imminent eviction.		
HSHR	4. Justice Involved Clients – Use MHSA to continue Care First Community Investment (CFCI) funding upon termination June 2024. – HSHR/Q16: Justice-Involved Clients: Continue the operation of Interim Housing beds for those with justice involvement funded with CFCI dollars when the funding source terminates on June 30, 2024.	85% (HSHR)	
HSHR	5. Increase MHSA funds for the Flexible Housing Subsidy Pool which can be used for rent subsidies for individuals who do not meet homeless definition and do not have funds to move into other forms of housing (creating flow). – HSHR/Q21: Low-Income People Not Meeting the Definition of Homeless: Increase MHSA funds for the Flexible Housing Subsidy Pool which can be used for rent subsidies in a variety of housing types, such as licensed care facilities, for individuals who do not meet the definition of homeless but do not have the income to move to other forms of housing such as licensed residential facilities. This Flexible Housing Subsidy Pool can help create more flow for special populations across different housing types.	85% (HSHR)	
HSHR	6. Justice Involved Clients – Dedicated interim housing beds for formerly incarcerated clients served through the men's and women's re-entry program. – HSHR/Q17: Justice-involved Clients: Establish dedicated interim housing beds for formerly incarcerated clients served through the Men's and Women's Community Reentry Program.	77% (HSHR)	

PROGRAM	DMH LIST OF RECOMMENDATIONS FOR FUNDING CONSIDERATION	CPT SCORE	CSC
HSHR	7. Add Peer Support Across Programs (including as part of Measure H Housing Support Programs). Peers are already part of MHSA service programs. – HSHR/Q23: Add peer support across all programs.	77% (HSHR)	
HSHR	8. Enhance staffing and supportive services (such as trauma informed training and employment support) in existing congregate interim housing sites. – HSHR/Q25: Enhance staffing and supportive services (such as, trauma informed training and job/employment support) in existing congregate interim housing sites.	69% (HSHR)	
HSHR	9. Training landlords, housing developers, and security staff on de-escalation. – HSHR/Q24: Improve safety in housing units and ensure housing developers include 24-hour security when underwriting projects. People that are providing security Should be trained on de-escalation and trauma informed responses. – HSHR/Q10: Develop or integrate into an existing program training and support for landlords, property managers and housing developers on working with and addressing the needs of individuals with mental illness (e.g., implicit bias training, cultural awareness concepts and information on supportive programs).	77% (HSHR 24) 62% (HSHR 10)	
HSHR	10. Housing Subsidy Pool program for rental assistance for unhoused who do not qualify for federal housing subsidies due to immigration status or type of felony offence. – HSHR/Q15: Justice-Involved and/or Undocumented Clients: Support the Legacy Flexible Housing Subsidy Pool (FHSP) Program that provides ongoing rental assistance to clients who are homeless and do not qualify for federal housing subsidies due to their documentation status or type of felony offense (e.g., Registered Sex Offenders).	54% (HSHR)	

PROGRAM	DMH LIST OF RECOMMENDATIONS FOR FUNDING CONSIDERATION	CPT SCORE	CSC
HSHR + CSC	11. Expand Peer Respite Programs to each Service Area with a priority on individuals who are at risk of losing or without housing. – HSHR/Q23: Add peer support across all programs. – CSC/Q2: DMH contracts for two peer-run residential homes offering short-term respite. Expand to at least two peer-run residential homes per Service Area, including oversight.	62% (CSC)	Q2
CSC + PEI	12. Expand Service Navigator teams across all age groups to assist families and individuals, and housing resources in each Service Area. Consider central team to track and communicate internal and community resources. – PEI/Q2: Implement a Parent Navigator program familiar with community- based resources, social service agency resources, and DMH Programming – CSC/Q3: Expand 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.	92% (CSC) 93% (PEI)	Q3
PEI	13. Implement a child-and-family teaming process to help children and Transition Age Youth (TAY) maintain a stable placement with family. Partner with DCFS to fund CBOs to provide this service. – PEI/Q4: Implement a child-and-family teaming process to help children and Transition Age Youth (TAY) maintain a stable placement with family.	86% (PEI)	

PROGRAM	DMH LIST OF RECOMMENDATIONS FOR FUNDING CONSIDERATION	CPT SCORE	CSC
PEI	14. Explore how to increase awareness of existing services in the community through health promoters, awareness campaigns, increasing visibility through websites and social media through increasing support and oversight of Promoters program. – PEI/Q5: Explore how to increase awareness of existing services in the community through health promoters, awareness campaigns, increasing visibility through websites and social media.	86% (PEI)	
PEI	15. Provide a wellness center that offers community support groups for people with mental health and substance use disorders (SUDs), including traditional healing activities, health education on mental health and /or SUDs and wellness classes on meditation, fitness, healthy cooking, etc. Target individuals experiencing homelessness and justice involved. Prioritize high need communities, such as the Antelope Valley. – PEI/Q8: Provide a wellness center that offers community support groups for people with mental health and substance use disorders (SUDs), including traditional healing activities (Talking Circles), health education on mental health and/or SUDs, and wellness classes on meditation, fitness, healthy cooking, relaxation strategies, caregiver support, cultural activities, workforce development, and community wellness events. Targets individuals below 200% of federal poverty level in the Antelope Valley, including individuals experiencing homelessness and justice involved.	71% (PEI)	
PEI	16. Expand service to Transition Age Youth (TAY) who are not enrolling in colleges, universities, or trade schools. This includes youth struggling with transitioning into adulthood and outside of school systems through development of a TAY unit which leverages current work in partnership with local community colleges.	71% (PEI)	

PROGRAM	DMH LIST OF RECOMMENDATIONS FOR FUNDING CONSIDERATION	CPT SCORE	CSC
	– PEI/Q12: Expand service to Transitional Age Youth (TAY) who are not enrolling in colleges, universities, or trade schools. This includes youth struggling with transitioning into adulthood and outside of the school systems.		
PEI	17. Explore options to increase accessibility for training and services for individuals with disabilities so that service delivery staff have skills needed to ensure access and competent services. – PEI/Q35: Explore options to increase accessibility for training and services for individuals with disabilities.	79% (PEI)	
WET	18. Explore developing strategies for DMH to partner with middle and high schools/school districts to increase the opportunities into mental health (outreach, fairs, afterschool programs, etc.) – WET/Q2: Explore developing a pilot program for DMH to partner with middle and high schools/school districts to increase the opportunities into mental health (outreach, fairs, after school programs, etc.). – WET/Q7: Implement innovative efforts to recruit junior and high school students into employment/careers in the public mental health system. This would be a long-term project.	88% (WET)	
WET	19. Explore developing a marketing campaign/program for mental health services and careers, include but do not limit to a focus on high school age youth. – WET/Q3: Explore developing a marketing campaign/program for mental health services and careers.	88% (WET)	
WET	20. Explore developing recruitment opportunities with community colleges to create pathways for potential mental health employees.	88% (WET)	

PROGRAM	DMH LIST OF RECOMMENDATIONS FOR FUNDING CONSIDERATION	CPT SCORE	CSC
	– <u>WET/Q4</u>: Explore developing recruitment opportunities with community colleges to create pathways for potential mental health employees.		
WET	21. Increase financial incentives for specialty public mental health staff including but not limited to Mental Health Loan Repayment program and stipends which will require LA County MHSA WET funding. – <u>WET/Q1</u>: Increase financial incentives for specialty public mental health staff, such as Mental Health Loan Repayment Program, which will require LA County MHSA WET funding.	63% (WET)	
Systems: CBO Contracting	22. Contract with a third party intermediary to facilitate Community-Based Organization (CBO)funding for projects. – <u>PEI/Q34</u>: For new and expanded programs, increase investment in community-based organization (CBO) service and expand the number of providers that work with underserved cultural communities. – <u>PEI/Q36</u>: Reduce the silos and barriers that keep CBOs and systems from working together to engage in cross-sector collaborations/solutions.		
Systems: Promotion/ Awareness & Services	23. Invest in media campaigns to raise awareness regarding available programming in Community Supports Continuum including Veterans, Prevention, Housing Resources, and Recruitment, improve website accessibility. – <u>CSC/Q10</u>. Develop a media campaign to raise awareness about available crisis services including urgent care and mental health crisis teams; and to integrate more CBOs, community leaders, faith-based organizations within DMH to serve their communities. This includes developing and implementing trainings and resource materials focused on increasing the	92% (CSC)	Q10

PROGRAM	DMH LIST OF RECOMMENDATIONS FOR FUNDING CONSIDERATION	CPT SCORE	CSC
	communities' and stakeholders' knowledge of services provided by DMH. Ensure crisis services are in place before launching campaign.		
Systems: Service Access	24. Establish a centralized source of information to access culturally and linguistically appropriate services in a timely manner. – <u>CSC/Q6</u>. Establish a centralized source of information to access culturally and linguistically appropriate services and supports in a timely manner. This includes a dashboard for service providers to know what is available in real time and specific referral pathways. This system entails entering data efficiently, using data to gauge evolving needs and provide services and supports, bringing stakeholders to the table, and developing a guide to navigate services. Improve customer service, a website (multiple languages, drop-down menus, chat box, etc.) that is easy to use with simple language targeting different age groups and audiences, including training and accountability.	85% (CSC)	Q6
Systems: Equity	25. Invest in LA County efforts to track equity metrics, focusing on health, income, education, and access disparities. – <u>PEI/1.B.6</u>: Maintain a racial equity lens in program implementation through use of tools such as the CEO equity explorer. – <u>PEI/1.B.10</u>: Continue to instill in all DMH programming and services to focus on diversity, equity and inclusion (DEI). – <u>CSC/1.B.2</u>: Use tools like the CEO Equity tool to identify specific geographic areas of need within each Service Area and to target specific underserved populations when implementing and/or expanding programs.		1.B.2 2.B. 2.B.1 3.B.2

PROGRAM	DMH LIST OF RECOMMENDATIONS FOR FUNDING CONSIDERATION	CPT SCORE	CSC
	– HSHR/2.B.17: Implement client satisfaction surveys across programs use that information to improve programs/services. – HSHR/2.B.19: Collect and analyze 911 usage for PEH issues. – HSHR/3.B.28: Implement customer satisfaction surveys.		
Systems: Equity	26. Information Technology (IT) investment to improve data tracking and automation to improve reporting out outcomes, expenditure, and service usage data. – PEI/Q38: Increase investment in service promotion, such as updated booklets, resource guides and leverage technology to promote services. – CSC/1.1: Expand the call center and strengthen the triage process to improve the client experience, based on review key metrics and qualitative data. – HSHR/3.11: Improve infrastructure to support better data collection of homelessness and housing data that can be used to improve programs via Housing and Homelessness Incentive Program (HHIP).		1.1 3.11
Department Obligations	27. Wraparound (WRAP) Aftercare Post Short-Term Residential Treatment Programs (STRTPs) expand WRAP Full Service Partnership capacity to serve children and youth leaving STRTPs.		
Department Obligations	28. Lower level of FSP – provide funding for the Measure H funded mental health services for individuals housed in Measure H funded Permanent Supportive Housing		
Department Obligations	29. Capital Facilities - Children's Community Care Village		

PROGRAM	DMH LIST OF RECOMMENDATIONS FOR FUNDING CONSIDERATION	CPT SCORE	CSC
Department Obligations	30. Investment in capital facilities for services for individuals who are unhoused (Crocker)		
Department Obligations	31. Lower level FSP – to expand and add services to current Veterans Peer Access Network, focus training on services for women (Develop or integrate mental health services into existing programming for women veterans who have experienced Trauma.) – CSC/Q5: Develop or integrate mental services into existing programming for women veterans who have experienced trauma.	77% (CSC)	Q5

TABLE 2: MOVE FORWARD TO IMPLEMENTATION

DMH is committed to moving forward with the following CPT Workgroup recommendations that do not entail funding consideration or where
obtained either through a partnership or by restructuring current work. Importantly, these recommendations increase the number of total CP
recommendations to be implemented over the course of FY 2024/25 and 2025/26.

PROGRAM	QUESTION	RECOMMENDATIONS
CSC	Q4	Develop or integrate mental health services into existing programming for victims of domestic violence, and tr service staff to respond to domestic violence when working with clients. [Partnership with Department of Publi and Enhance Training for Clinicians]
	Q24	Provide transportation to obtain services. [DMH can facilitate access via Managed Care Plans Benefits]
	Q9	Improve customer service, including a website (multiple languages, drop-down menus, chat box, etc.) that is e use with simple language targeting different age groups and audiences, including training and accountability. [with Quality Improvement, Patients Rights, MHSA, ARDI, etc.]
	Q14	Develop quality improvement projects and processes to existing programs and services, e.g. Outpatient Care (OCS), drop-in/wellness center, age specific services, etc. [DMH is already engaged in these annual projects Quality Improvement Plan, which is publicly posted annually]
HSHR	Q18	Veterans: Implement awareness campaign targeting veterans and their families to address and target barriers improve access to housing resources. [Partnership with County Veteran's Affairs.]
	Q4	Develop a countywide eviction prevention program that has a central phone number for support, provides trai law enforcement and landlords and property managers on working with mental health issues and available res helps individuals access eviction prevention funds available through county programs, and provides life skills in the community. [This is part of PH Square. See HSHR/Q1]
PEI	Q30	Identify programs that offer/have focus on older adults.
	Q32	Complete development of a Transition Aged Youth Advisory Group.
	Q29	DMH will explore effective non-traditional programs, services and forms of healing for those suffering from me health issues.
WET	Q10	Explore potential trainings for ASL interpreters on working with individuals with mental health disabilities.

TABLE 3: DMH LIST OF RECOMMENDATIONS FOR FUTURE FUNDING CONSIDERATIONS

PROGRAM	QUESTION	RECOMMENDATIONS
CSC	Q23	Increase peer support to adequate amount, highlighting the role and success stories of peers.
	Q13	Develop and implement trainings and materials to improve coordination of care among DMH Programs and ot Departments and contract providers, e.g., individuals with developmental delays.
	Q12	Provide comprehensive, culturally and linguistically competent, and person-centered services that aim to enha well-being of African immigrants, underserved communities, and other vulnerable immigrant adults facing sign mental health needs by (1) building a collaborative network to ensure connections to services that increase the accessibility of outpatient mental health and coordination of psychiatric rehabilitation supportive services, (2) u several Evidence-based Practices (EBPs) to reduce behavioral health challenges for targeted populations, (3) opportunities for mentoring, clinical support, outpatient mental health care, and psychiatric support rehabilitatio services, and substance use or abuse rehabilitation, and (4) tackling co-existing conditions such as substance homelessness, and involvement with judicial and/or child welfare services.
	Q17	Provide quality early intervention services to children ages two to five years old in Foster and Post Adoptive Ca have experienced early childhood trauma to help them learn new skills and change behavior to help them be s in home, public, and school settings. Program addresses the social, emotional, and behavioral issues of at-risk in Foster and Post Adoptive Care under the guidance of therapeutic professionals and trained staff through a t learning center day treatment program. This should include coordination with other programs for effective use resources beyond DMH.
	Q19	A mobile health outreach intervention that partners with youth serving community-based organizations in Sout Angeles to provide mental health care for Transitional Aged Youth, ages 18-25 by focusing on primary, second tertiary levels of prevention and appropriate interventions. Targets unstably housed or unsheltered youth and y adults (ages 18-25 years old) in the SPA6 community of South Los Angeles.
	Q21	Address the mental health of veterans from a family perspective, as recognized by the US military and Depart Veterans Affairs. Innovations and extensions of couple and family interventions have the potential to increase t and impact of treatments for service members and veterans, as well as to ultimately improve the quality of thei relationships (NIH, 2023). The proposed program fills in family-based treatment gaps and other barriers to vete connecting with mental health support. Targets all ages seeking help, veterans, and family members, with a se camp for teens.

	Q16	A mental health summer camp for trans/gender-diverse youth and youth affected by HIV/AIDS (aged 6-17) tha provide an emotionally safe, supportive, and enriching environment for these vulnerable populations. Designe address the unique mental health and wellness needs of trans/gender-diverse youth and those affected by HI offering a holistic approach to support, combining therapeutic interventions, education, and recreational activit create a well-rounded experience that improves each camper's mental health.
	Q1	Provide aftercare program/services after encounter with law enforcement and fire and emergency medical ser (EMS).
	Q22	Ensure hospital discharge planners are aware of all housing and support options and other programs within D including the availability and oversight of Peer Run respite homes and other services across all Service Areas.
HSHR	Q3	Provide housing in a home setting for up to 6 young adult males diagnosed with serious mental illness that fac insecurity and are unable to live independently, grouped by same age range and same diagnosis (schizophren supportive home model with 24/7 trained staff in the LEAP method and in-house holistic program that stimulat motivation, engagement and provides improvement in behavioral and physical health through nutrition, music outings, besides job coaching to create purpose in staying well. The supportive housing model creates a socia community where they can grow in trust and confidence and forge friendships, and the model also provides a belonging and community, reducing the isolation and stigma that people with serious mental illness face.
	Q2	Expand on congregate housing (such as shared and permanent supportive housing) with on-site peer support services. Develop glossary of key terms, such as shared housing; permanent supportive housing; congregate
	Q14	Implement independent living centers and supports to increase the ability to live independently.
	Q28	Establish funding for African American (AA) population to own/lead interventions related to their communities c faith-based groups.
	Q6	Develop and implement programs that assign mental health treatment and peer services staff to places where Experiencing Homelessness (PEH) are located including shopping centers and local libraries to treat and sup patrons experiencing homelessness.
	Q9	Develop stationary hubs (centralized services) so there is a direct pipeline to DMH in the community including transportation with wheelchair access.
	Q12	Develop a damage mitigation pool of funding to repair damage in interim and permanent housing to repair dar DMH clients.
	Q13	Use a community land trust model building upon innovative solutions presented in the Alameda County Suppo Housing Community Land Alliance Project Proposal to bring permanent affordability and community control to Los Angeles County's housing crisis for SMI consumers whose income is 200% of the federal poverty level.

	Q7	Develop public education about Senate Bill 43 which modernizes the definition of grave disability and probable conservatorship. The bill broadens eligibility to people who are unable to provide for their personal safety or ne medical care. In addition, Senate Bill 43 encompasses people with a severe substance use disorder, such as c alcoholism. Incorporate the new definition in HOME services in Los Angeles County if permissible. This shoulc as an anti-stigma campaign to ensure we do not further stigmatize people.
	Q11	Implement or partner with services providing supports to adult children with SMI to improve access to support such as NAMI, and respite care options.
	Q20	LGBTQIA: Invest in housing specific to LGBTQ community.
	Q22	Utilize a comprehensive, community-based approach, leveraging existing strengths to provide housing, a coor continuum of culturally and linguistic competent health services, employment support and other recovery supp services tailored to the needs of, but not limited to, African heritage populations, indigenous immigrants, refuge other underserved populations experiencing homelessness in Los Angeles County, California.
	Q27	Eliminate site control to expand types of housing.
	Q26	Contain costs per bed at less than $100K.
	Q19	TAY, LGBTQ, Transgender, Domestic Violence, and Older Adults: Develop or expand existing housing resourc to identify housing available to specific populations.
	Q5	Develop PMRT Team dedicated to the skid row area and other areas where PEH are concentrated to improve health crisis response time.
	Q8	Develop safe sleep programs.
PEI	Q3	A peer support program for birthing people in Los Angeles County affected by perinatal mental health disorders reduce stigma, relieve symptoms, and navigate the perinatal mental health care system so that they can care t themselves as well as their children. Objectives include: (1) hire and train a team of individuals with firsthand e with perinatal mental health disorders to be certified perinatal peer supporters; (2) provide peer support and sy navigation services to 900 prenatal and postpartum people across Los Angeles County per year; (3) facilitate v peer support groups for 1,050 pregnant and postpartum persons across Los Angeles County per year.
	Q9	With over five years of rigorous longitudinal evaluation, this community defined evidence-based program reduc violence, PTSD symptoms, recidivism, trauma symptoms, and depression, and increasing resilience. The prog consists of 80 hours of intensive intervention activities (5 workshops, 8 two-hour sessions over an 8-week peri focus on developing and enhancing protective factors, healing trauma, financial literacy, and emotional intellige program focuses on youth (18 and under), adults (18 and older), and African American male youth (ages 15 – are on probation, parole, foster and former foster care, and lack a support system.

PEI	Q19	This prevention program offers several in-person and virtual training academies for youth throughout Los Ange County, focusing on understanding their position within the social determinants of health and how to reduce th related to gaining access to resources to support their development in each of these areas and as a means of preventing unhealthy behaviors and life trajectories. Workshops are trauma and culturally informed, focusing c emotional resilience, mentoring, peer support, education, and behavioral health career preparation. The target population for outreach and engagement is youth from 16-25, serving approximately 6,000 youth annually. Bro focus to all youth in LA County, not just Latinx.
	Q20	• Q20: Increase programming for older adults. • Q25: Identify and increase available programs that are focused on older adults. Q30: Develop and launch a documentary as an educational storytelling tool to promote mental and physical he among Latino immigrant elderly women (60+ years) and emphasize the importance of maintaining friendships strong support systems. The documentary aims to improve health in California by spotlighting the mental resili inspirational stories of elderly immigrant women who have faced adversity in California.
	Q16	Provide camping trips and retreats with activities for children experiencing foster care/children ages 7 through create a sense of belonging, connectivity, and promotes youth participation in recreational and extracurricular as an intervention in fostering positive behaviors, relationships, and teamwork.
	Q22	Organize a community concert event targeting young adults/college students in Inglewood, Hawthorne, and So Angeles to provide mental health education, resources, and support through a culturally relevant and engaging Conducted in collaboration with mental health professionals, local organizations, and artists to promote early intervention, increase mental health awareness, reduce stigma, and provide resources to access mental healt Serves as a platform to promote the importance of community support for mental health and encourage peers members to support individuals struggling with mental health.
	Q24	Augment the reach of Reading & Rhythm and Life Skills Drumming to more children, TAY, adults and older adu Angeles County.
	Q1	Increase awareness and access to Birth to Five services through: Health Promoters, awareness campaigns, ir visibility of resources through websites and social media, targeting strategies to reach underserved communiti
	Q15	Provide a coordinated, eight-tier Prevention and Early Intervention program to engage and instill Adverse Chilc Experiences (ACE) buffers in young children (zero to eight years of age), their families, neighborhoods, suppo caregivers, schools, and communities in Los Angeles County.
	Q17	Provide a 6-week program in the Antelope Valley to provide small group equine-based therapy sessions for fo that integrates experiential learning, mindfulness instruction, and collaboration with identified community resou available for foster care TAY (ages 16 to 24). Program provides small group Equine-Assisted Psychotherapy (I

PEI		sessions focused on understanding personal choices and implications of them through experiences with thera identify potential risk factors. Participating youth with learn how to utilize appropriate resources as they build th support network and be provided tools to develop a sense of self, identifying and fostering protective factors w independent living skills.
	Q18	MakerMobile (MākMō) vehicles are a mobile delivery system to support makerspaces and promote Science, T Engineering, Arts, and Math (STEAM) programs for children and teens. MakMo programs develop social and e skills including teamwork, problem solving, working with others, dealing with conflict, resilience, and creativity. vehicles, staffed by MakMo Librarians and Library Assistants, travel throughout LA County bringing creative programming to libraries, parks, and local community and outreach events. MakMo staff use high- and low-tec equipment to spark an interest in STEAM while building skills necessary to thrive in a 21st Century workforce. Technology includes circuits, 3D modeling and printing, robotics, microscopes, and tools, and with participants ages working in diverse teams.
	Q11	Biofeedback therapies are a non-invasive treatment that encourages the brain to develop healthier activity pat assist children and Transition Age Youth (TAY) with improved self-regulation to address trauma and stressors v ultimate treatment goal of achieving optimal functioning. Biofeedback can be used as a complement to talk the without talk therapy. Project aims to increase community access to biofeedback therapy, using state-of-the-art technology tools for sensory treatment through a current site in Santa Monica, CA, Service Planning Area 5, w implementing field-based services and partnering with other community-based organizations, community colle juvenile halls, and directly operated programs throughout Los Angeles County to increase access to this preve service. Biofeedback therapies have been available for many decades, but those who can pay out-of-pocket o of-the-line insurance pay for these interventions, making it out of reach for individuals receiving mental health s within the public sector. The program will impact access across ethnic, racial, and other diverse communities t traditionally been under- or un-served.
	Q10	Facilitate the Two-Spirit Storytelling as Medicine Project for American Indian/Alaska Native Transition Age You Adults, and Elders through different forms of storytelling (oral storytelling, folk stories, film) along with art thera painting, poetry, and a final showcase to highlight the work throughout the project.
	Q23	This program focuses on four mechanisms of support intended to change perceptions, decrease stigma, and i community mental health for families in the Boyle Heights community. The four mechanisms are (1) substance prevention, (2) physical wellness and nutrition, (3) self-esteem and mindfulness, and (4) digital mental health a
	Q33	New and expanded program to focus on underserved communities, API, BAH, American Indian, LGBTQIAS+, Individuals with Disabilities, and Middle Eastern Communities.

PEI	Q21	An interactive theatrical performance in Spanish to engage intergenerational Latino families to teach them to i eight emotions (anger, happiness, love, fear, sadness, etc.), based on scientific evidence that supports how th culture and laugh therapy can heal depressive and anxiety-like symptoms. Theater is used as a tool to stay en and learn faster, while using family-friendly activities that unite generations with people you love.
	Q25	Develop and launch a documentary as an educational storytelling tool to promote mental and physical health a Latino immigrant elderly women (60+ years) and emphasize the importance of maintaining friendships and str support systems. The documentary aims to improve health in California by spotlighting the mental resilience a inspirational stories of elderly immigrant women who have faced adversity in California.
	Q31	Explore possibility of utilizing Eye movement desensitization and reprocessing (EMDR) therapy.
	Q14	Explore expanding Safe Passages program.
	Q7	Explore new programs and services focused on the Deaf and Hard of Hearing community.
	Q6	Explore programs to educate CBOs regarding LGBTQIA-S+ community needs and creating welcoming enviro Focus on schools and religious institutions.
	Q13	Explore conducting an annual youth summit with DMH and medical doctors.
	Q26	Explore partnerships to expand the suicide support groups available within DMH, including but not limited to g and grief; LGBTQIA2-S support groups; culturally responsive support groups; and faith/spiritual support group
	Q28	Explore suicide prevention programs that address and provide services for young black males (ages 18-25).
	Q27	Explore programs that provide evidence-based practices for the LGBTQIA2-S population related to suicide pre
WET	Q5	Develop pilot project/mentorship program to mentor individuals from diverse backgrounds interested in future positions.
	Q8	Funding opportunities post high school (i.e., certification, AA, and BA) for people from under-served populatio desire a career in public specialty mental health.
	Q11	Increase partnerships with universities to find staff who have similar culturally relevant backgrounds to clients
	Q6	Explore developing a program to build capacity among DMH staff to utilize American Sign Language (ASL).
	Q9	Explore offering retention bonuses to current DMH staff, to be determined later which staff category(ies) speci