



WELLNESS • RECOVERY • RESILIENCE

MHSA Two Year Program and Expenditure Plan

Fiscal Years 24-25 through 25-26

Public Hearing

March 28, 2024



LOS ANGELES COUNTY
**DEPARTMENT OF
MENTAL HEALTH**
hope. recovery. wellbeing.

Our mission is to optimize the hope, wellbeing and life trajectory of Los Angeles County's most vulnerable through access to care and resources that promote not only independence and personal recovery, but also connectedness and community reintegration.



PRESENTATION OVERVIEW

1

**Purpose of the Three Year Program
& Expenditure Plan**

2

**Overview of Los Angeles County
Population**

3

Overview of MHPA Components

4

MHPA Services & Outcomes

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Community Planning Process

6

**Community Planning Team Workgroups
& Priority Areas**

7

Proposed Changes

MENTAL HEALTH SERVICES ACT AND THE PURPOSE OF THE THREE YEAR PROGRAM & EXPENDITURE PLAN



In November 2004, California voters supported Proposition 63 and passed the Mental Health Services Act (MHSA) that imposes a 1% income tax on personal income in excess of \$1 million.



The Act provides the significant funding to expand, improve and transform public mental health systems to improve the quality of life for individuals living with a mental illness.



Welfare and Institutions Code (WIC) Section 5847 requires county mental health programs prepare and submit a Three-Year Program and Expenditure Plan followed by Annual Plan Updates for MHSA programs and expenditures.



The Plan provides an opportunity for counties to

- Review its existing MHSA programs and services to evaluate their effectiveness; and
- Propose and incorporate any new programs from what was described in the MHSA Three-Year Program and Expenditure Plan



It is through this Community Planning Process that important feedback is gathered from stakeholders.

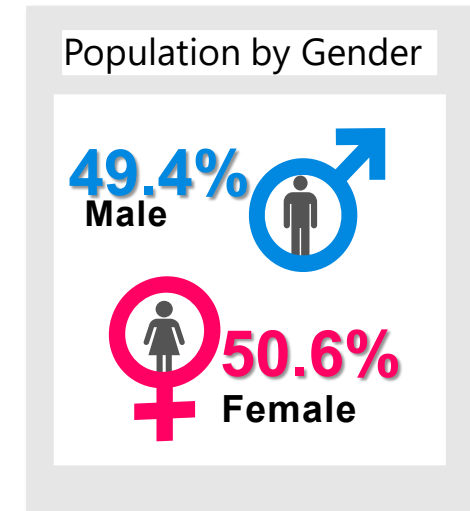
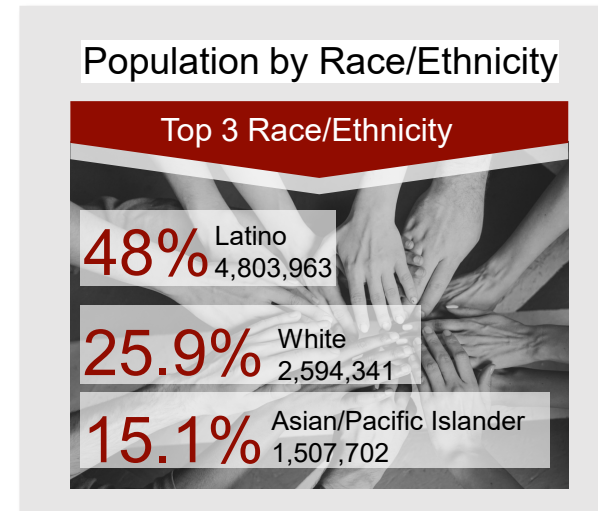
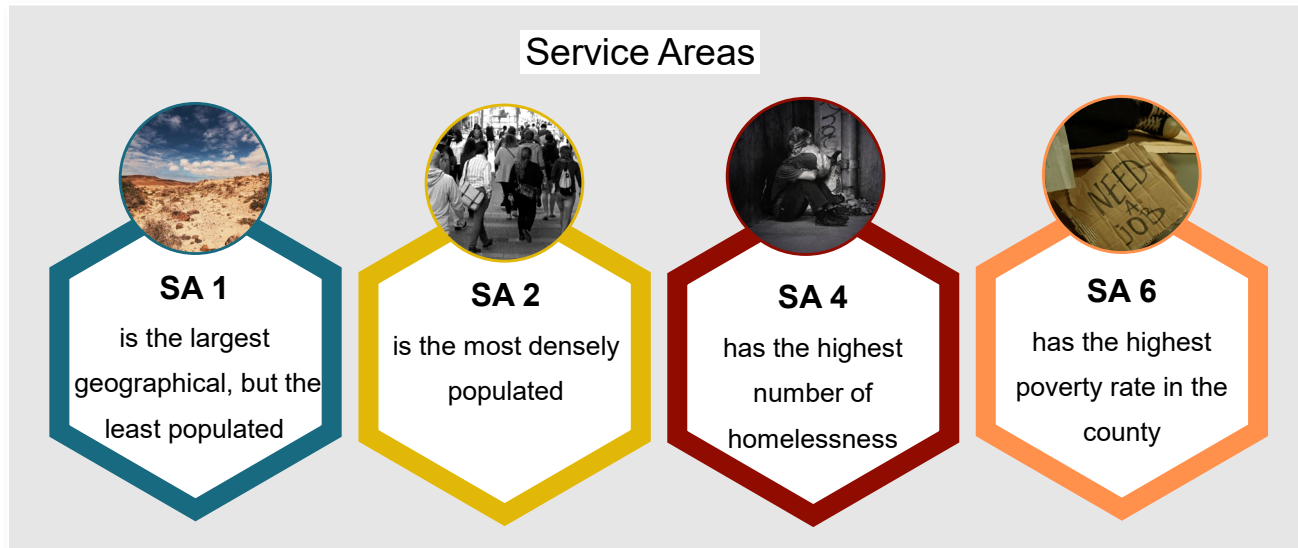
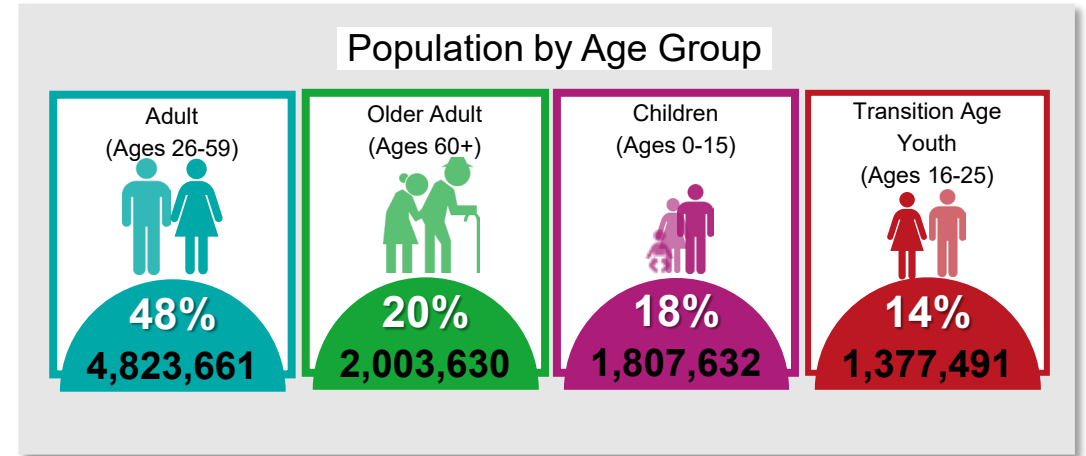


The MHSA Three-Year Plan for Fiscal Years 2021-2024 was adopted by the County Board of Supervisors on June 22, 2021.

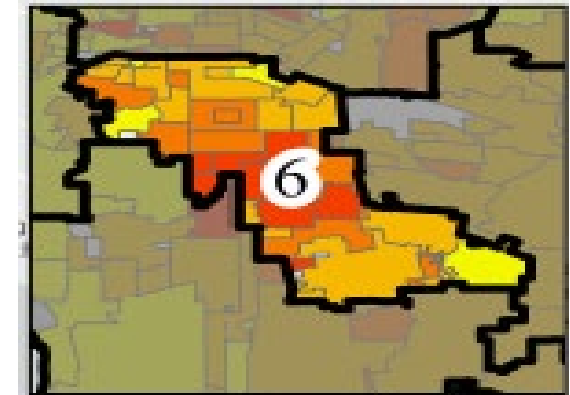
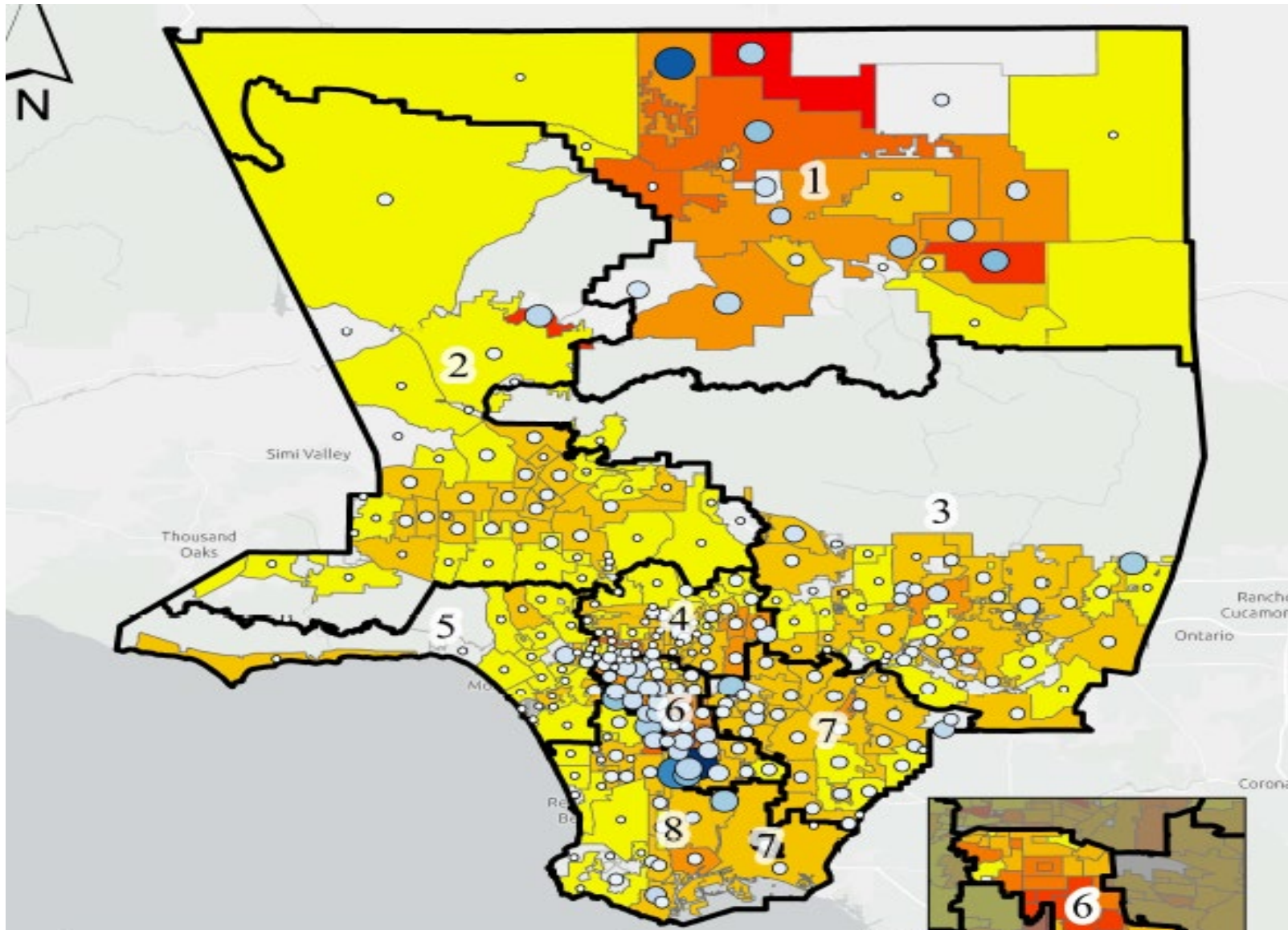
LOS ANGELES COUNTY POPULATION



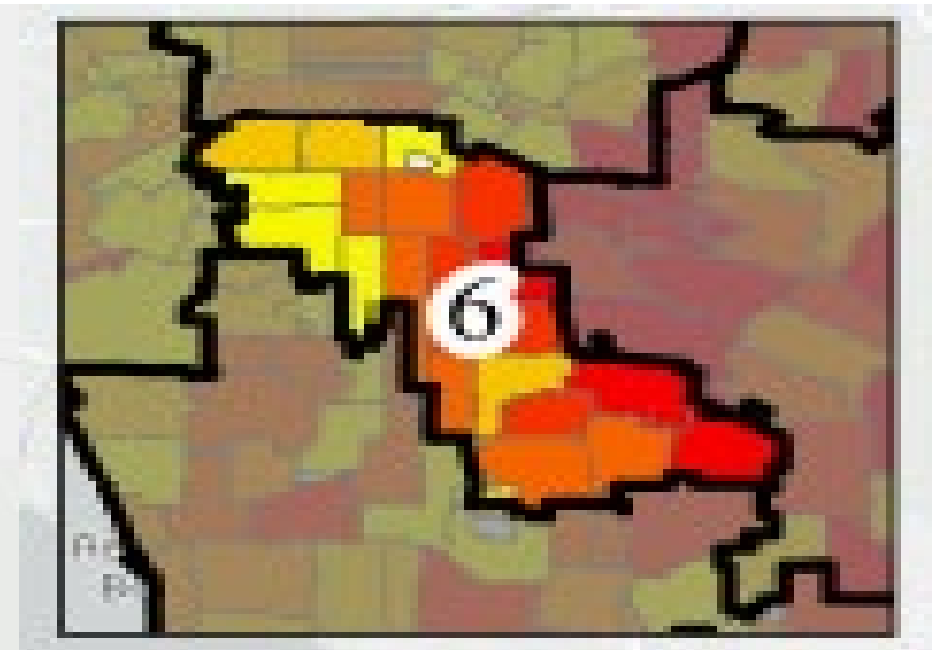
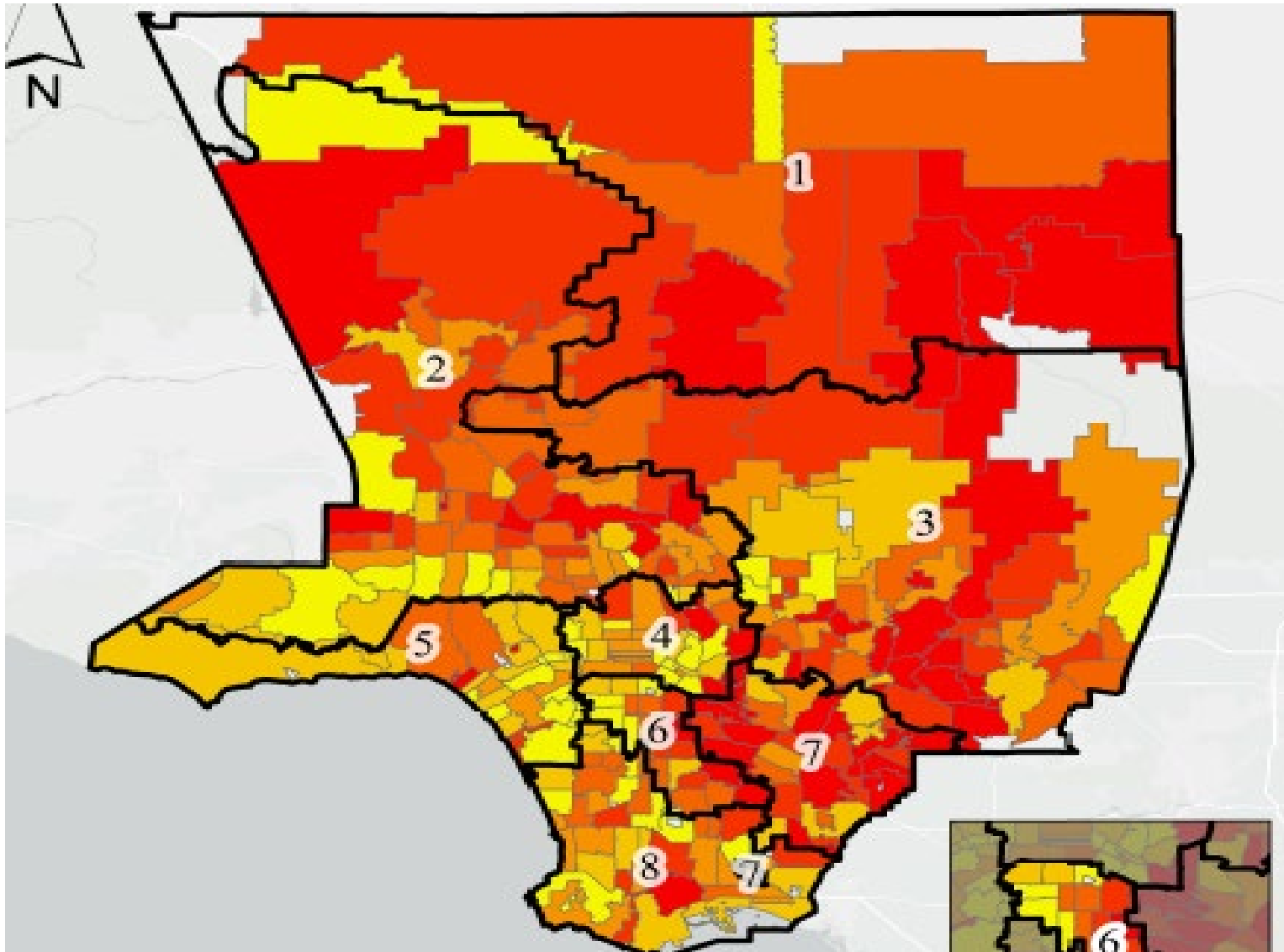
The Los Angeles County (County) Department of Mental Health (LACDMH) is the largest county-operated mental health system in the United States. Serving as the local mental health plan in an area with **over 10 million residents**.



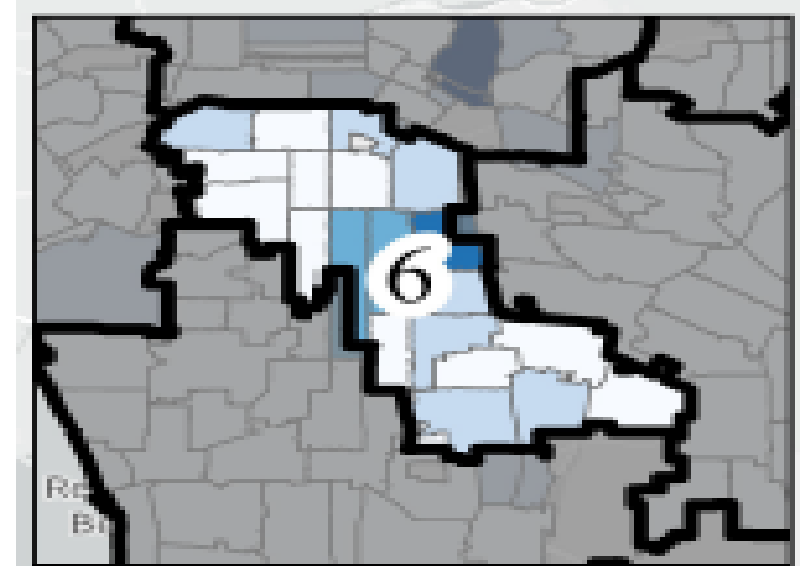
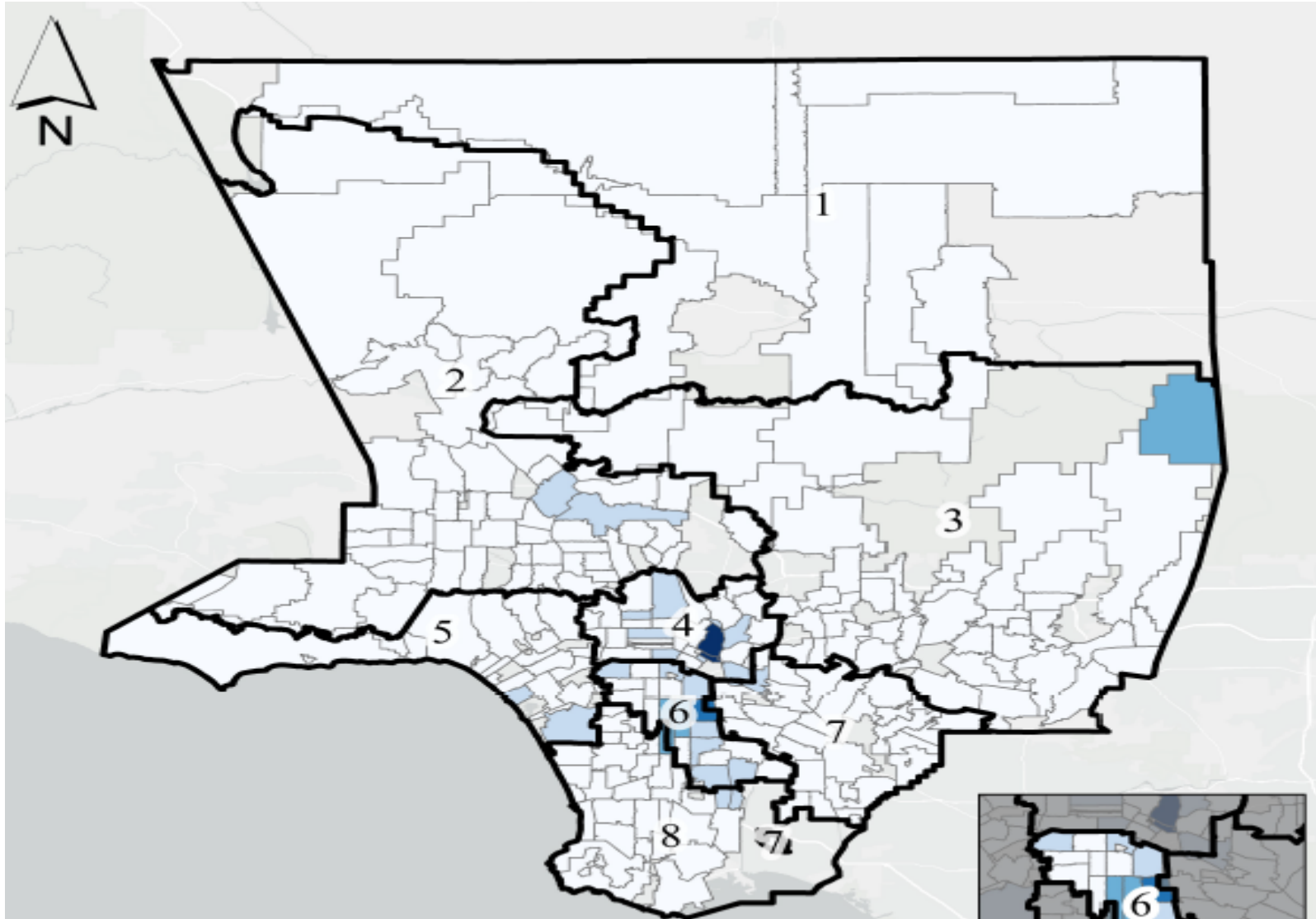
LOS ANGELES COUNTY FOSTER YOUTH PLACEMENT AND REMOVAL RATE 2021



LOS ANGELES COUNTY JUSTICE EQUITY NEED RANK 2022



LOS ANGELES COUNTY ADULT/YOUTH SHELTERED/UNSHELTERED HOMELESS RANK 2022



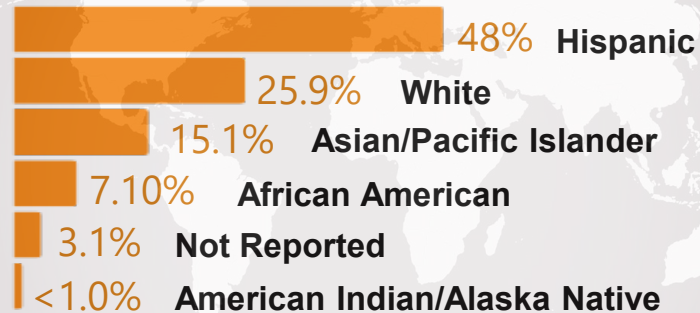
POPULATION ENROLLED IN MEDI-CAL

This section summarizes the Medi-Cal population and client utilization data by race/ethnicity, language, and age.



Approximately **40%** of the Los Angeles County population makes up the Medi-Cal Eligible population.

Race/Ethnicity Distribution among Los Angeles County's Medi-Cal Eligibles



Top 3 Primary Languages

57.65%

English
2,358,716

33.61%

Spanish
1,375,105

1.94%

Armenian
79,238

Age Group Distribution among Medi-Cal Eligibles



Ages 0-18
1,318,031
32%



Ages 19-44
1,481,100
36%



Ages 45-64
845,292
21%



Ages 65+
452,398
11%

LOS ANGELES HOMELESS SERVICES AUTHORITY

2020 GREATER LOS ANGELES HOMELESS COUNTS

The following information is taken from the Quality Assessment and Performance Improvement Evaluation Report 2021 and Work Plan 2022:

The Los Angeles Homeless Services Authority's (LAHSA) results of the 2020* Greater Los Angeles Homeless Count showed

66,436 individuals

in Los Angeles County were experiencing homelessness.

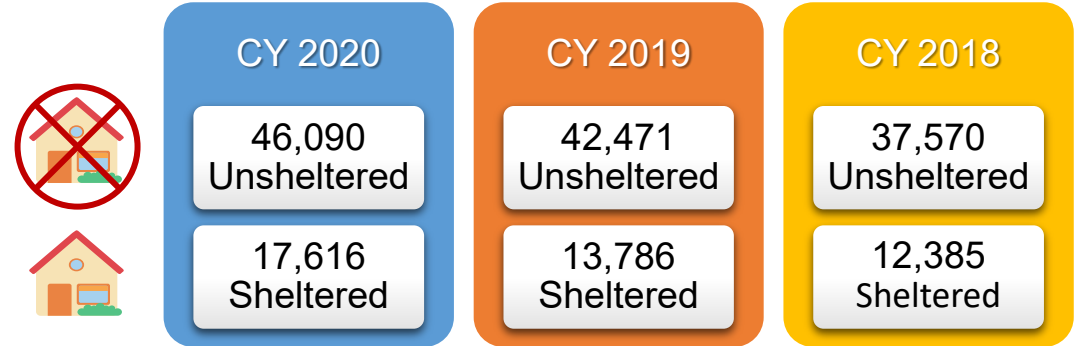
The 2020 Homeless Counts were conducted in January 2020, before the impacts of the COVID-19 pandemic.

Highest Service Area with Individuals Experiencing Homelessness CY 2020

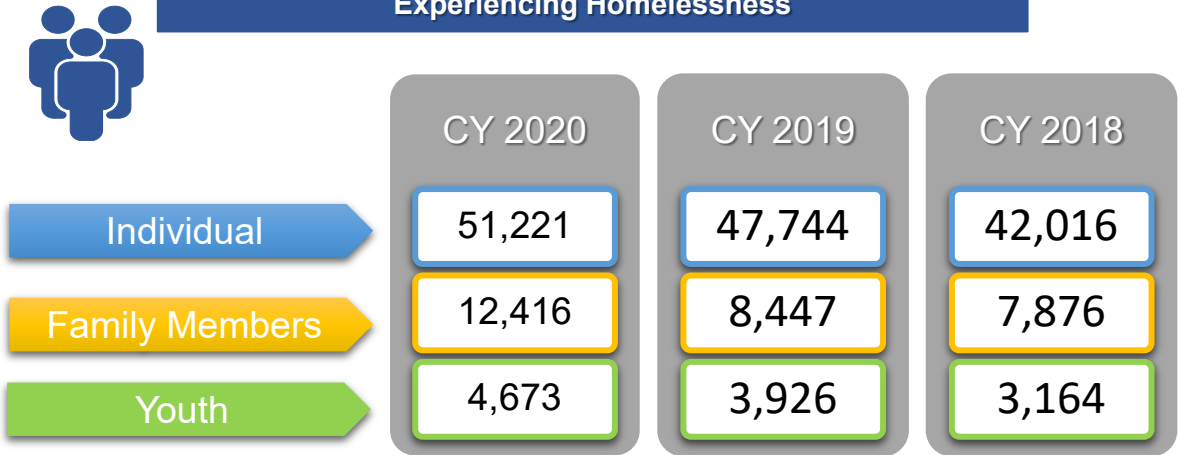
SPA 4	SPA 6
had greater than 17,000 individuals experiencing homelessness, the highest of all SPAs.	had greater than 5,000 individuals experiencing homelessness who are sheltered.

*2022 Homeless Counts: 65,111 individuals, 45,878 unsheltered, 19,233 sheltered

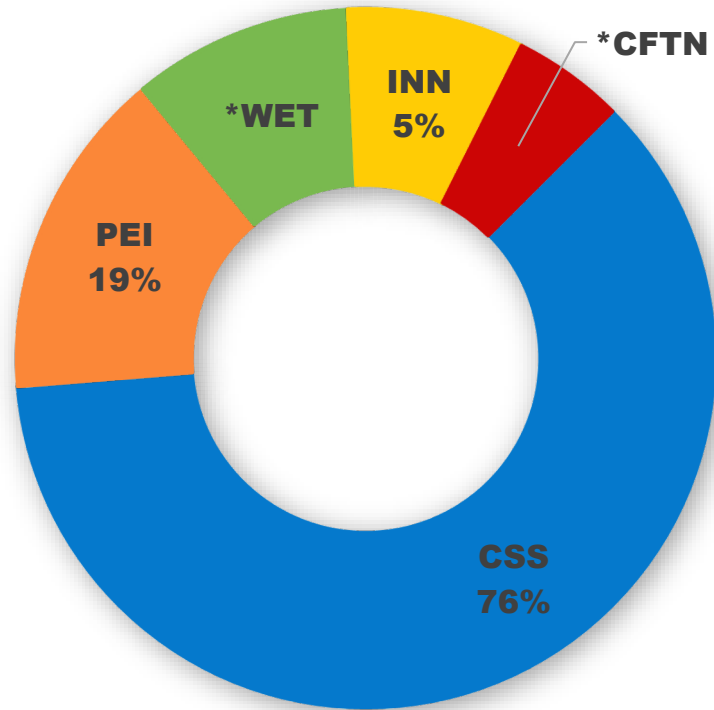
Three-Year Trend for Sheltered versus Unsheltered Individuals Experiencing Homelessness



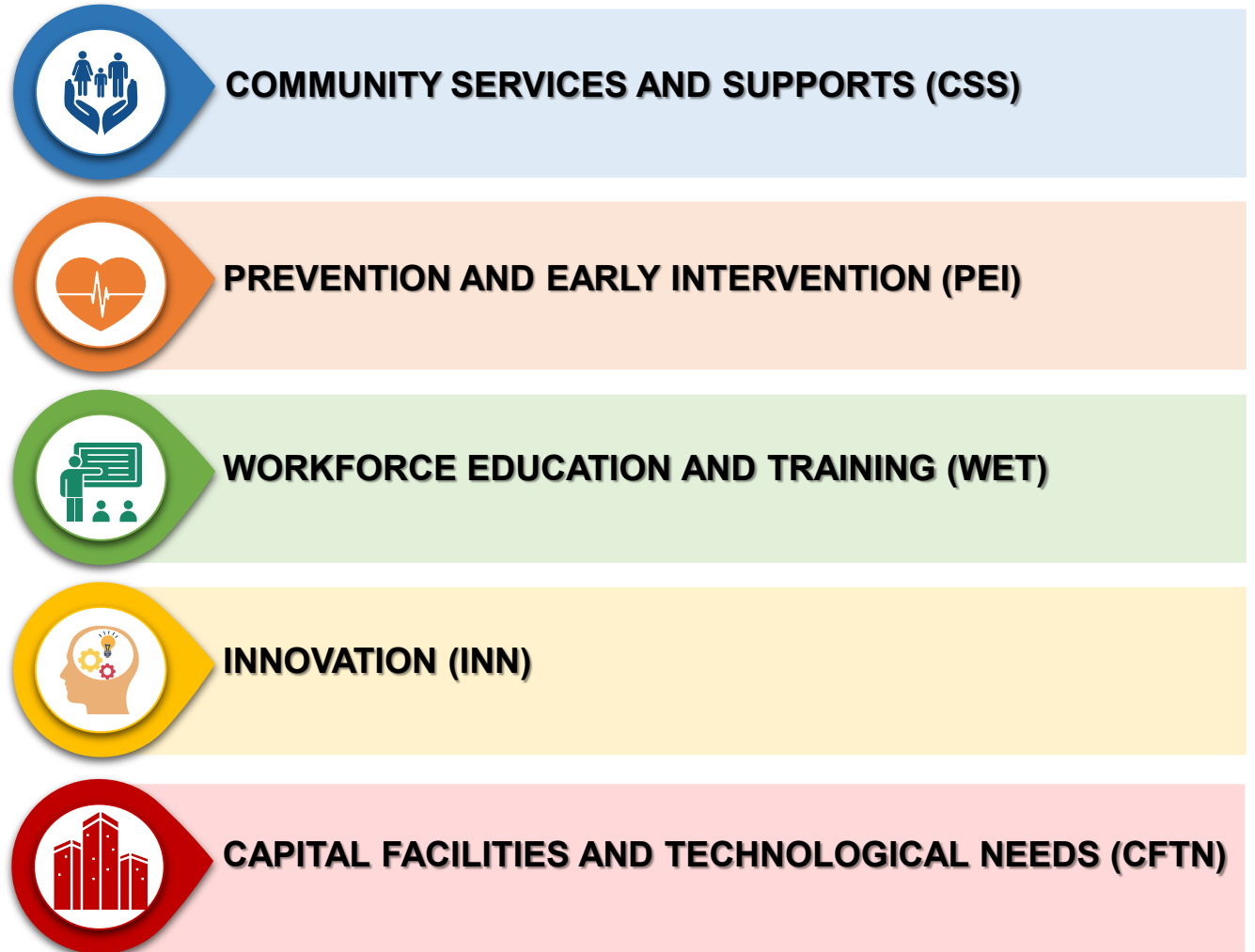
Three-Year Trends for Individuals, Youth, and Families Experiencing Homelessness



MHSA OVERVIEW BY COMPONENTS



- CSS, PEI and INN percent of total annual MHSA allocations shown below
- *WET and CFTN allocations are funded by transfers from CSS



MHSA CLIENT COUNTS FISCAL YEAR 2022-23

Community Service and Supports (CSS)

About CSS

- Largest MHSA component with **76%** of the total MHSA allocation
- For clients diagnosed with a serious mental illness

CSS PROGRAMS:

- Full Service Partnership
- Outpatient Care Services
- Alternative Services Crisis
- Housing
- Linkage
- Planning, Outreach and Engagement

*UNIQUE CLIENTS SERVED

178,083 unique clients received a direct service.

Ethnicity

- 38% Hispanic
- 17% African American
- 15% White
- 5% Asian/Pacific Islander
- 1% Native American

Primary Language

- 80% English
- 13% Spanish

*NEW CLIENTS WITH NO PREVIOUS MHSA SERVICE

50,764 new clients were served with no previous MHSA service.

Ethnicity

- 37% Hispanic
- 15% African American
- 15% White
- 3% Asian/Pacific Islander
- 0.42% Native American

Primary Language

- 77% English
- 12% Spanish

CLIENT DATA BY SERVICE AREA

Service Area	Number of Clients Served	*Number of New Clients
SA1 – Antelope Valley	13,718	3,380
SA2 – San Fernando Valley	28,536	7,712
SA3 – San Gabriel Valley	27,516	8,162
SA4 – Metro	35,058	9,675
SA5 – West	10,122	2,563
SA6 – South	26,453	6,741
SA7 – East	19,353	4,132
SA8 – South Bay	33,097	8,399

*New Clients is a subset of Unique Clients Served

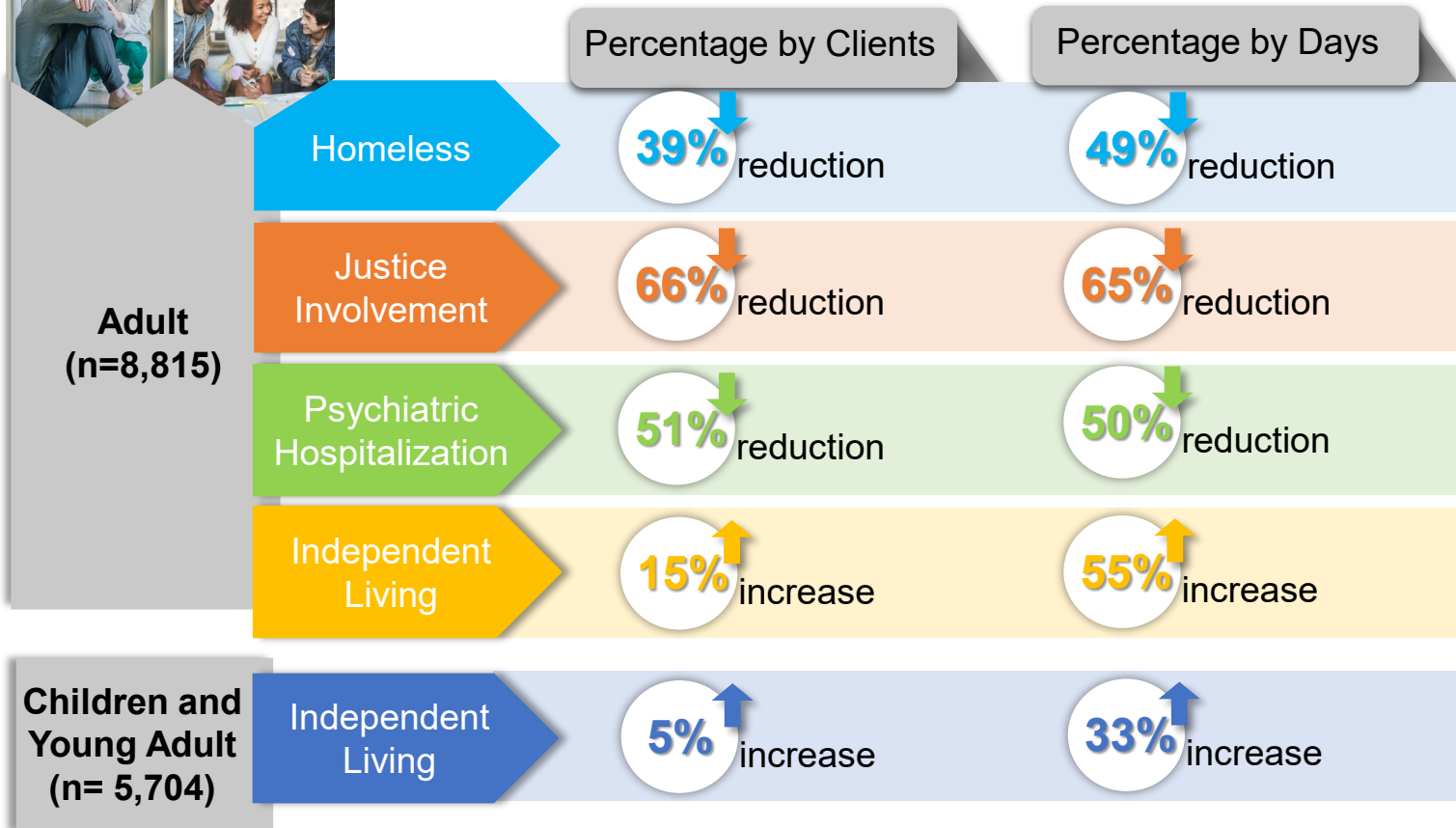
COMMUNITY SERVICE AND SUPPORTS (CSS)

Full Service Partnership (FSP) Outcomes



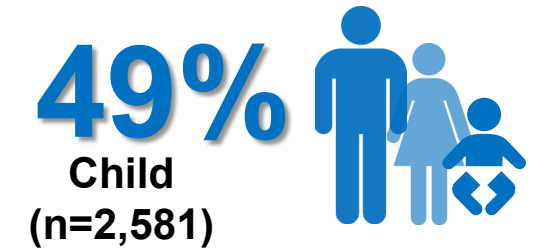
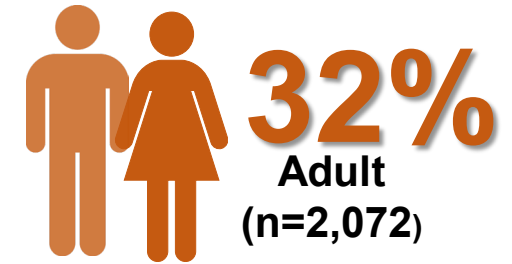
Impact of FSP on Post-Partnership Residential Outcomes

12 months of residential status while receiving FSP services



FSP Disenrollment Reason:

Successfully Met Goals



Outcome data for clients with open outcomes in FY 2022-23 with a data cut off of 6/30/2023. Clients had a baseline sometime before 6/30/2023 and no disenrollment Key Event Change before 7/1/22 unless they also had a reestablishment that was active during FY 2022-23. Figures represents cumulative changes, inclusive of all clients through June 30, 2023

COMMUNITY SERVICE AND SUPPORTS (CSS)

Alternative Crisis Services Outcomes – FY 2022-23

Psychiatric Urgent Care Centers (UCC)



8%

of clients had a psychiatric emergency assessment within 30 days of a UCC admission



8%

of clients returned to UCC within 30 days of prior UCC visit



20%

of clients were homeless upon admission to UCCs

Law Enforcement Teams (LET)



DMH MH staff assist patrol officers when responding to 911 calls involving persons with a mental illness.

11,312 incidents

56.3% required Hospitalizations



25%.7 Involved homeless individuals



6% resulted in arrests



COMMUNITY SERVICE AND SUPPORTS (CSS)

Housing Outcomes – FY 2022-23

Capital Investments Program

75 of the 152 Permanent Support Housing (PSH) developments finished construction, resulting in **1,680** units available for occupancy.



Individuals Housed

- **1,764** adult clients and adult family members
- **160** minor children

90% housing retention rate for the Capital Investments Program

Housing for Mental Health (HFMH)

424 DMH clients were in permanent housing at some point during FY 2022-23.



- Of the 424, **335** were referred by DMH contracted providers and **89** were referred by DHS Office of Diversion and Reentry (ODR).
- **77** individuals were newly referred to the program
- **41** individuals newly moved into housing

93% housing retention rate for the HFMH clients

Federal Housing Subsidies Unit

DMH Housing Authority contracts supported **2,753** tenant-based Permanent Supportive Housing (PSH) units.



3,018 Individuals Housed

- **2,361** adults
- **657** minor children

96% housing retention rate for DMH clients residing in these units, with the average length of stay totaling 5 years

Enriched Residential Care Program (ERC)

As of June 30, 2023, the ERC program was serving a total of **1,238** clients.



- **361** clients were referred to the program and
- **358** clients moved into an Adult Residential Facility (ARF) or Residential Care Facility for the Elderly (RCFE) with ERC financial support

81% housing retention rate for the ERC program

COMMUNITY SERVICE AND SUPPORTS (CSS)

Housing and Linkage Outcomes- FY 2022-23

Interim Housing Program (IHP) – Adults

MHSA funds enabled DMH to contract for 618 IHP beds across 21 sites.

- **555** beds for individuals
- **63** family units

IHP served **1,419** individuals and **75** families throughout the fiscal year.

Interim Housing



Enhanced Emergency Shelter Program (EESP) – TAY

2 additional shelters were opened, expanding the total EESP capacity to **110** beds.

1. Male shelter comprised of **14 beds** in Service Area 2, (first EESP shelter to be located in North County)
2. Female shelter comprised of **12 beds** in Service Area 6

EESP served **592** Transitional Age Youth (TAY) during the fiscal year.

Homeless Outreach and Mobile Engagement (HOME)

The Homeless Outreach & Mobile Engagement (HOME) program provides field-based outreach, engagement, support, and treatment to individuals with severe and persistent mental illness who are experiencing unsheltered homelessness.



FY 2022-23

The HOME program increased their capacity by adding **67 new positions**.

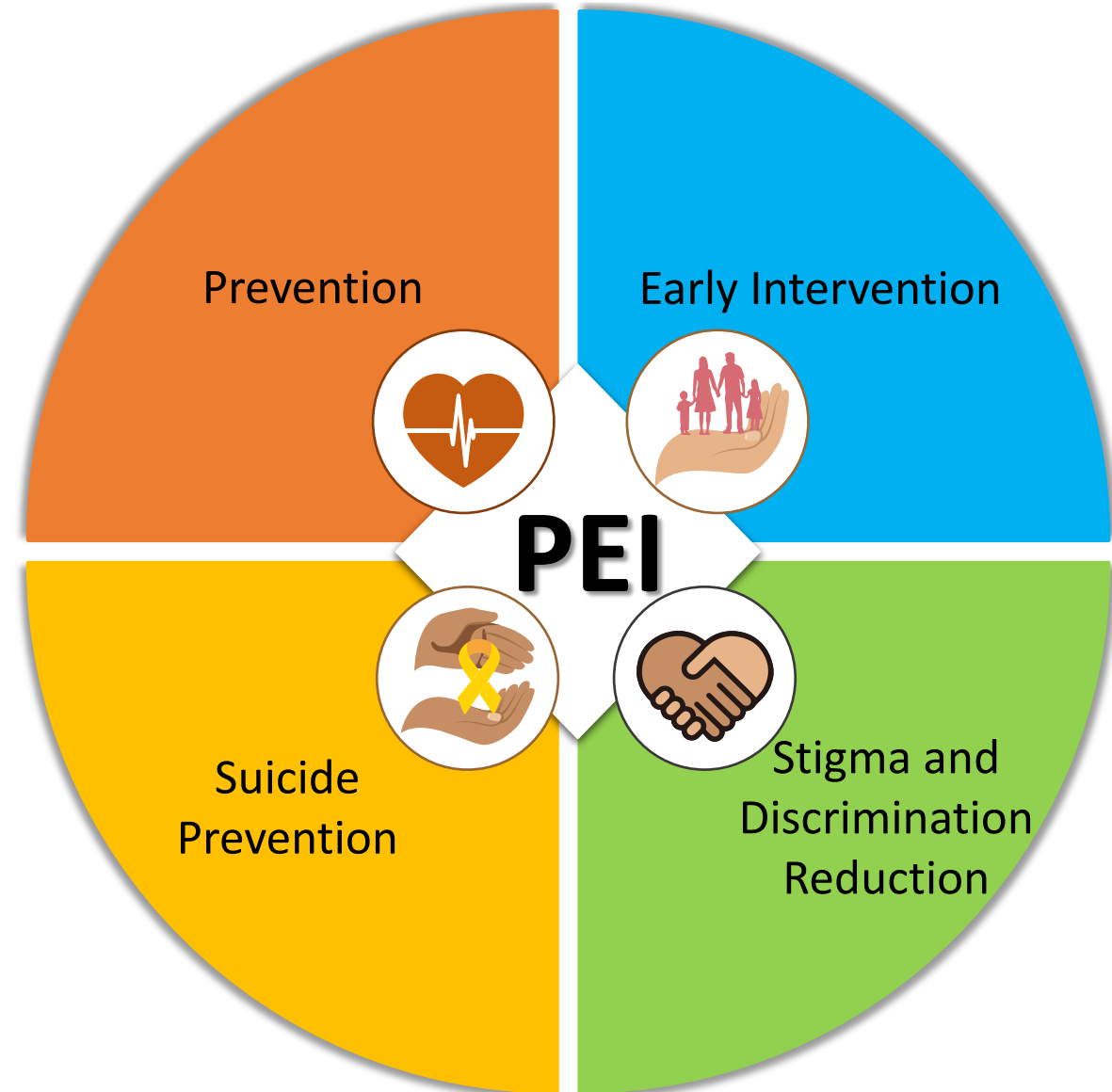
- Rightsized existing teams to align the team staffing pattern across service areas;
- Expanded the number of HOME teams from **10 to 16 teams**;
- Expanded the administrative infrastructure to support the program expansion;
- Expanded psychiatry services by adding Nurse Practitioners and Psychiatrists in each service area
- Created a HOME Operations and Navigation Team
- Involved in Inside Safe and Pathway Home

PREVENTION AND EARLY INTERVENTION (PEI)

Components

About PEI

- Second largest MHSA component with **19%** of the total MHSA allocation
- Focus on providing preventative and early intervention strategies, education, support and outreach to those at risk of developing mental illness or experiencing early symptoms.
- PEI includes the following services:
 - Prevention
 - Early Intervention
 - Stigma and Discrimination Reduction
 - Suicide Prevention



PREVENTION AND EARLY INTERVENTION PROGRAMS

Prevention Services – FY 2022-23

Program Description

Prevention activities and services are geared toward addressing the risk factors associated with the onset of mental health illness or emotional disturbance including a focus on enhancing protective factors such as social connectedness and support.



FISCAL YEAR 2022-23 PREVENTION SERVICES:

Community Partnership Programs	Number of Clients Surveyed
Active Parenting Program	90
Antelope Valley Community Family Resource Centers (AV-CFRC)	943
Community School Initiative (CSI)	9,523
Friends of the Children LA (FOTC-LA)	48
Incubation Academy – Transforming Los Angeles	4,163
Community Ambassador Network (CAN)	4,669
Los Angeles Unified School District (LAUSD)	1,101,329
Medical-Legal Community Partnership	959
My Health LA Behavioral Health Expansion Program	27,267
Prevention and Aftercare	787
Prevent Homelessness Promote Health (PH ²)	132
Strategies for Enhancing Early Developmental Success (SEEDS) Trauma-Informed Care for Infants & Toddlers	379
Los Angeles Unified School District Trauma and Resilience Informed Early Enrichment (TRiEE)	4,615
Veterans Peer Access Network (VPAN)	13,642
Youth-Community Ambassador Network (CAN-Youth)	48

PREVENTION AND EARLY INTERVENTION PROGRAMS

Prevention Services – FY 2022-23

Community Ambassador Network (CAN) (Formerly Innovation 2 Project)

4,669 participants received a total of **27,192** referrals or linkages for services and supports.

For participants new to CANs, there were significant increases in average scores between baseline and their most recent follow up assessments on both:

- Brief Universal Prevention Program Survey (BUPPS) Protective Factors score increased from **23.0 to 23.6**
- WHO Well Being Subscale increased from **16.5 to 17.4**

This suggests that new participants had improved well-being since enrolling in CANs.

My Health LA Behavioral Health Expansion Program

27,267 unique MHLA patients received at least one mental health prevention services and/or activities (MHPS) for the period of July 1, 2022 through June 30, 2023.

Among those who were assessed at both the beginning of the program and end of the program, the scores increased:

- BUPPS Protective Factors score increased from **19.4 to 22.6**
- WHO Well Being Subscale increased from **14.7 to 18.2**

This indicates there was an overall increase in protective factors and wellbeing through the course of programming.

Prevention & Aftercare (P&A)

787 Protective Factors Surveys were administered at baseline and after completion of multi-session P&A case navigation services. There was a general increase in protective factors for families from baseline to end of services.

- **Parent/caregiver resilience**: score increased from **2.6 to 3.1**
- **Social connections**: score increased from **2.6 to 3.0**
- **Knowledge of parenting and child development**: score decreased from **3.0 to 2.9**
- **Social and emotional competence of adults**: score increased from **3.8 to 4.1**

37,565 people attended P&A single events

3,437 surveys collected from events

(only one person per family completing a survey)

Families report the following:

- **85.2%** Connected with others
- **81.6%** Discovered something new about themselves or their family
- **87.3%** Learned about community programs and resources that are useful to themselves and/or their family
- **83.1%** Learned something different to do with family
- **86.9%** Learned tips/tools that can strengthen themselves and/or their family's wellbeing

PREVENTION AND EARLY INTERVENTION PROGRAMS

Early Intervention Services – FY 2022-23

Program Description

Directed toward individuals and families for whom a short (usually less than one year), relatively low-intensity intervention is appropriate to measurably improve mental health problems and avoid the need for more extensive mental health treatment.

*UNIQUE CLIENTS SERVED

36,206 unique clients received a direct service.

Ethnicity

- 49% Hispanic
- 9% African American
- 10% White
- 3% Asian/Pacific Islander
- 3% Multiple Races
- 0.25% Native American

Primary Language

- 76% English
- 21% Spanish

*NEW CLIENTS WITH NO PREVIOUS MHSA SERVICE

15,016 new clients were served with no previous MHSA service

Ethnicity

- 44% Hispanic
- 9% African American
- 7% White
- 3% Multiple Races
- 1% Native American

Primary Language

- 75% English
- 21% Spanish

CLIENT DATA BY SERVICE AREA

Service Area	Number of Clients Served	Number of New Clients
SA1 – Antelope Valley	3,602	1,401
SA2 – San Fernando Valley	5,284	2,128
SA3 – San Gabriel Valley	6,236	2,710
SA4 – Metro	5,169	2,164
SA5 – West	1,439	596
SA6 – South	3,436	1,772
SA7 – East	5,661	2,238
SA8 – South Bay	5,818	2,142

*New Clients is a subset of Unique Clients Served

EARLY INTERVENTION OUTCOMES

(Evidence Based Outcomes since 2009 through June 2023)

Seeking Safety (SS)

Children (13-15)
TAY, Adults, Older Adults
(n=21,508)

51%

Reduction in
trauma related
symptoms
(Adults)

44%

Reduction in
trauma related
symptoms
(Children)

Managing and Adapting Practice (MAP)

Young Children, Children
TAY (ages 16-21)
(n=71,063)

55%

Reduction in
symptoms related
to depression

48%

Reduction in
trauma related
symptoms

44%

Reduction in
symptoms related
to anxiety

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Honoring Children, Mending the Circle
Children (ages 3-8)
(n=27,691)

51%

Reduction in
trauma related
symptoms

Mental Health Integration Program (MHIP) Formerly Known as IMPACT

Adults
(n=10,801)

57%

Reduction in
symptoms related
to depression

54%

Reduction in
symptoms related
to anxiety



PREVENTION AND EARLY INTERVENTION PROGRAMS

Stigma and Discrimination Reduction (SDR)

Program Description

The purpose of SDR is to reduce and eliminate barriers that prevent people from utilizing mental health services by prioritizing information and knowledge on early signs and symptoms of mental illness through client-focused, family support and education and community advocacy strategies. Los Angeles County's Department of Mental Health has implemented Stigma Discrimination Reduction (SDR) programs in the form of training and education.

FISCAL YEAR 2022-23 SDR DATA AND OUTCOMES:



16,218
surveys were collected

93%

of participants agreed or strongly agreed with the statement: "As a direct result of this training, I am more willing to seek support from a mental health professional if I thought I needed it."

87%

of participants agreed or strongly agreed with the statement: "As a direct result of attending this training, I am more likely to believe anyone can have a mental health condition."

97%

of participants agreed or strongly agreed with the statement: "The presenters demonstrated knowledge of the subject matter."

97%

of participants agreed or strongly agreed with the statement: "The presenters were respectful of my culture (i.e., race, ethnicity, gender, religion, etc.)."

PREVENTION AND EARLY INTERVENTION PROGRAMS

Suicide Prevention

Program Description

The Suicide Prevention program provides services through multiple strategies by strengthening the capacity of existing community resources and creating new collaborative and comprehensive efforts at the individual, family, and community level.

FISCAL YEAR 2022-23 SUICIDE PREVENTION DATA AND OUTCOMES:

Suicide Prevention Programs

- 752** surveys received for suicide prevention trainings
- **95%** of participants agreed or strongly agreed the SP programs were quite successful in meeting their program goals.
 - **98%** of participants agreed or strongly agreed with the statement: *“as a direct result of this program I am more knowledgeable about professional and peer resources that are available to help people who are at risk of suicide.”*
 - **99%** of participants agreed or strongly agreed with the statement: *“The presenters demonstrated knowledge of the subject matter.”*



School Threat Assessment Response Team (START)

- 93** presentations were conducted
- 991** referrals were served
- **87%** received screenings and/or threat assessments
 - **13%** received consultations
 - Primary focus of **interventions** centered on:
 - **34%** Initial Screening/Threat Assessment
 - **27%** Outreach & Engagement
 - **21%** Crisis Intervention

COMMUNITY PLANNING PROCESS

Three Phases

PHASE 1: INPUT	PHASE 2: RECOMMENDATIONS	PHASE 3: CPP CLOSING
July August September	October November December	January February March
FOCUS: Understand needs, review data, generate suggestions.	FOCUS: Analyze needs, assess options, develop recommendations	FOCUS: Final stakeholder feedback and plan approval.



COMMUNITY PLANNING PROCESS

From Input to 713 Recommendations

133

CSC

4 CATEGORIES
52 RECS

1. Emergency Response
2. Psychiatric Beds
3. FSPs
4. Access to Quality Care

118

HSHR

5 CATEGORIES
97 RECS

1. Eviction Prevention
2. Street Outreach
3. Housing Options
4. Service Quality
5. Specific Populations

288

PEI

3 CATEGORIES
136 RECS

1. Populations
 - a. Early Childhood & Birth-5
 - b. Underserved Communities
2. Access
 - a. School-Based
 - b. Community Engagement
3. Effective Practices
 - a. Suicide Prevention
 - b. Evidence Based Practices/ Treatment

174

WET

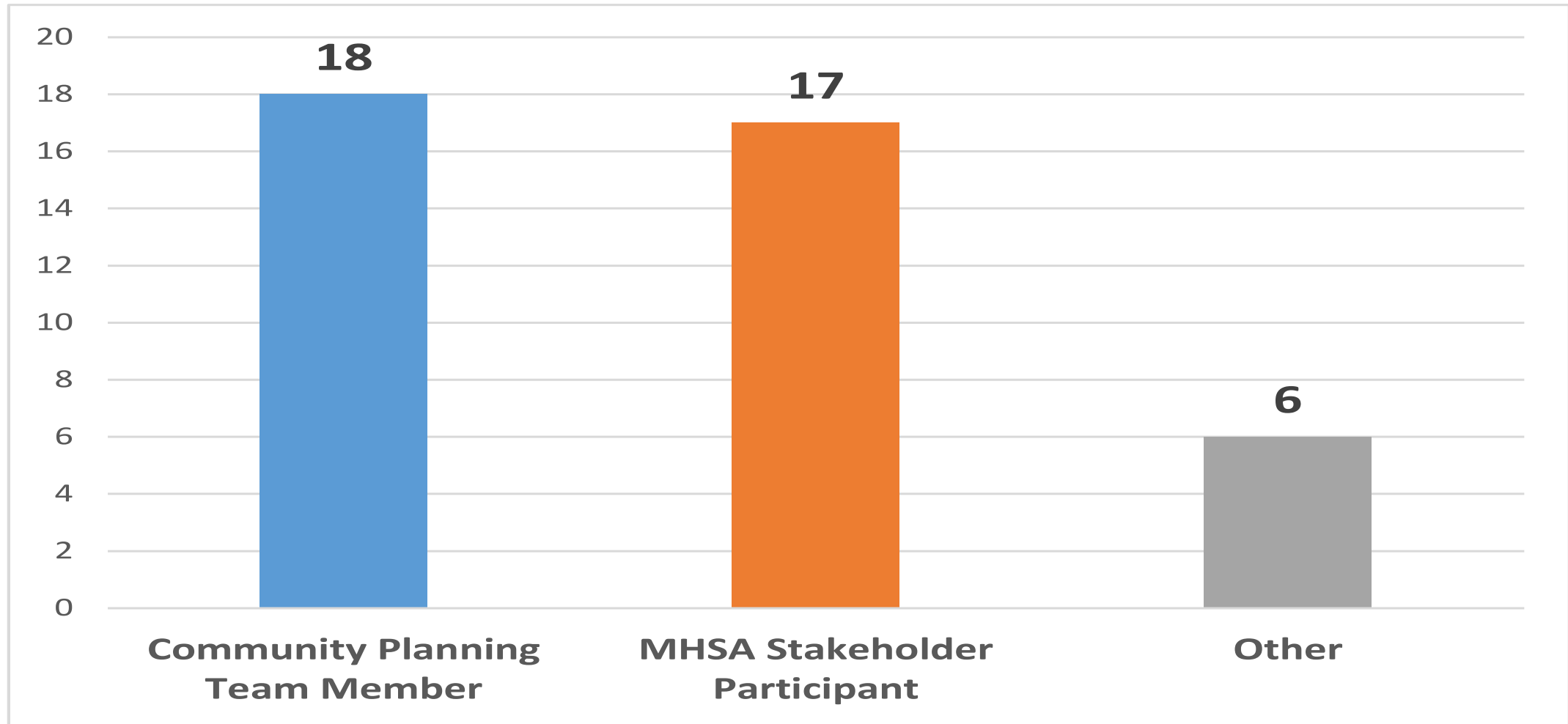
4 CATEGORIES
52 RECS

1. Mental Health Career Pathways
2. Residency and Internships
3. Financial Incentives
4. Training and Technical Assistance

COMMUNITY PLANNING TEAM

Survey Results

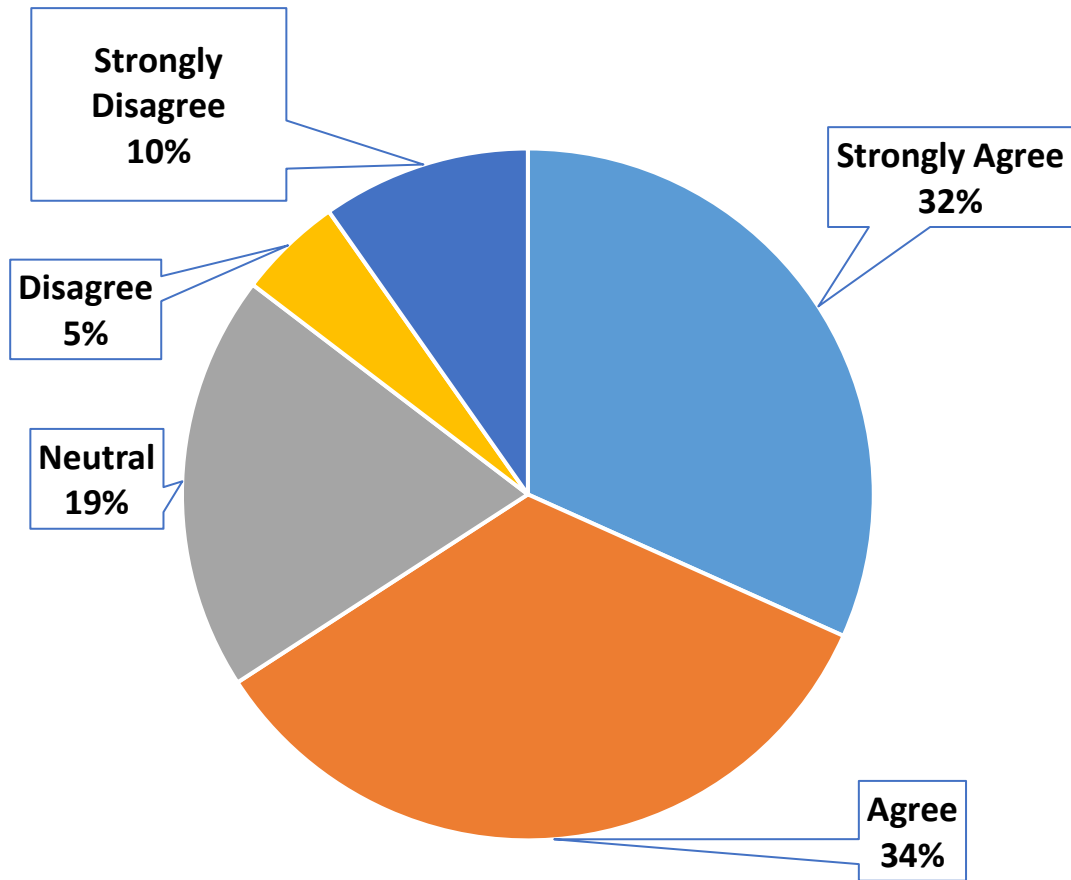
Who Completed The Survey N=41



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

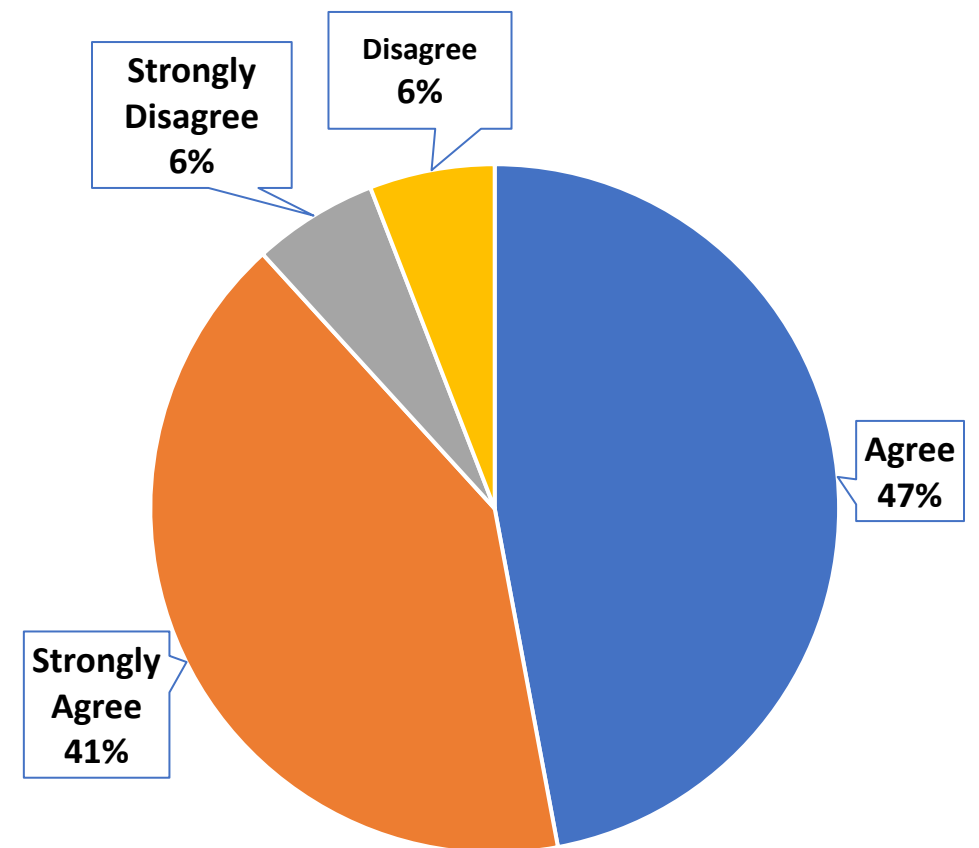
ALL 41 Surveyed

Strongly Agree & Agree: **66%**



CPT 18 Surveyed

Strongly Agree & Agree: **88%**

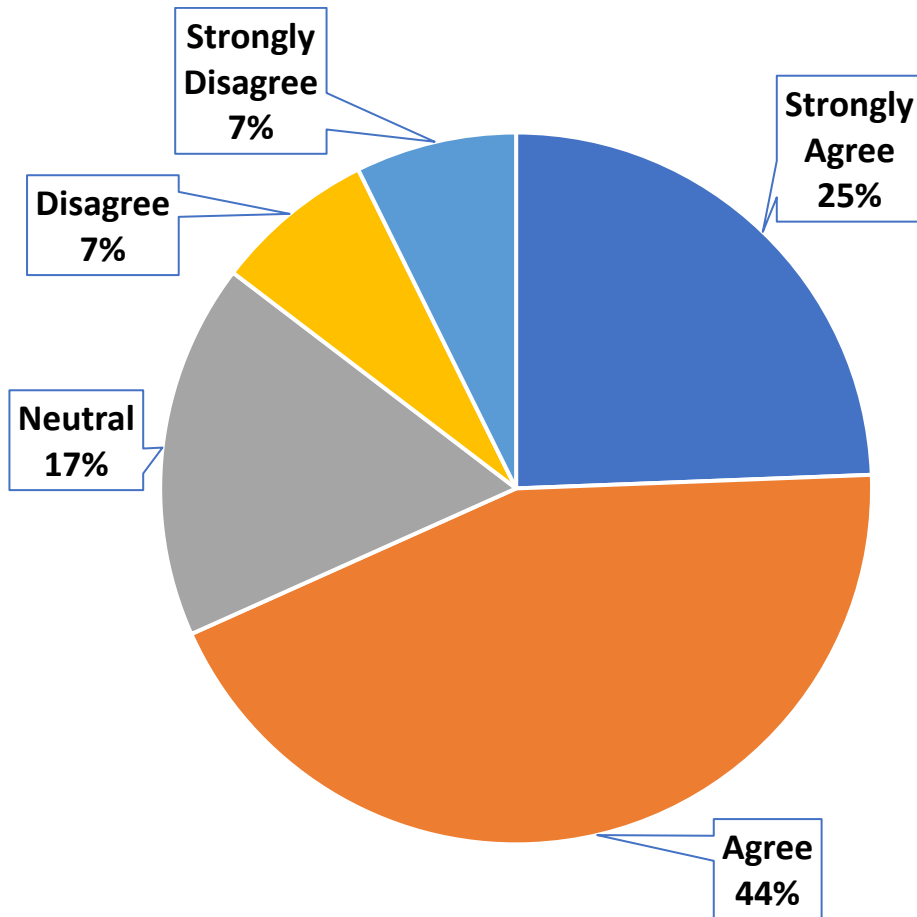


**Neutral = 0% responses*

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

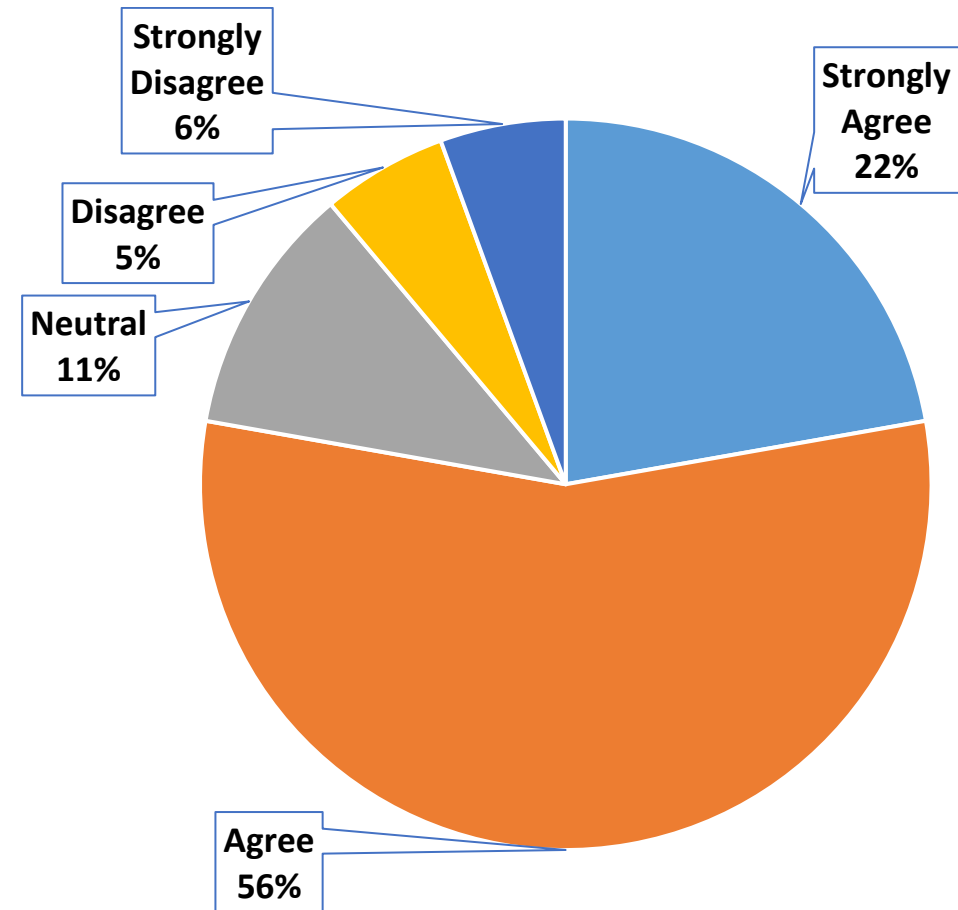
ALL 41 Surveyed

Strongly Agree & Agree: **69%**



CPT 18 Surveyed

Strongly Agree & Agree: **78%**



CPT Workgroups and Priority Areas

Prevention

1 Populations

Early Childhood/Birth to 5 - *Strong and effective prevention and early intervention programs/services for various stages of childhood from prenatal and birth to five.*

Underserved Communities - *Improve the cultural and linguistic capacity of prevention and early intervention programs/services to reach hard to reach underserved populations*

2 Access

School Based: K-12 Schools, Colleges, Universities, and Trade Schools - *Increase Access for services to youth in School-Based: K-12 Schools, Colleges, Universities, and Trade Schools*

Community Engagement - *Increase Access for PEI services leveraging community platforms/partners*



3 Effective Practices

Suicide Prevention - *Strengthen suicide prevention programs/services*

Evidence Based Practices/Treatment - *Increase use of evidence-based practices and community defined evidence*

CPT Workgroups and Priority Areas

Workforce Education and Training

1

Mental Health Career Pathways –

Strong partnerships and mental health career pathways with local colleges/universities to increase the availability and diversity of the potential workforce pool.



Residency and Internship –

Increase the department's residency and internship opportunities.

2

3

Financial Incentives –

Strengthen the available financial incentives for recruiting new and retaining current DMH staff.




Training and Technical Assistance –

Highly trained DMH workforce with the skills and capacity to deliver quality services

4

CPT Workgroups and Priority Areas

Housing Services and Housing Resources

- 
- 1 Eviction Prevention -**
Strengthen eviction prevention services and supports.
 - 2 Street Outreach -**
Strengthen street outreach.
 - 3 Service Quality -**
Improve service quality.
 - 4 Types of Housing Options -**
Increase types of housing options.
 - 5 Specific Populations –**
Provide targeted support to specific underserved populations.

CPT Workgroups and Priority Areas

Continuum of Care

1

Emergency Response

*Improve Emergency
Response*

2

Psychiatric Beds

*Expand and/or Improve
Services to Meet the
Needs of Individuals
Coming out of Inpatient
Care*

3

Full Service Partnerships

*Improve access to and
efficacy of Full Service
Partnerships (FSPs)*

4

Access to Quality Care

*Increase Access to
Quality Care*

Key Recommendations and Themes

Equity

Serving the unique needs of cultural groups, not just staff that can serve them, but services that are tailored to them and settings that are welcoming

Getting the right resources to where they are needed the most

Access

Ensuring awareness of available services

Timely response when seeking services

Access for Non-English Speakers

Accountability

Quality Outcome Metrics, report on outcomes, not just outputs

Data that is disaggregated to reflect how the needs of underserved communities are met

PROPOSED CHANGES

Projects/concepts below were proposed by Stakeholders and other County Departments during the Stakeholder process from July 2023 through February 2024. LACDMH is committed to working with proposers to finalize project details, budget, and the ability to implement the program.



1 Community Supports Continuum (CSC)

- 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.
- WRAPAROUND Full Service Partnership (FSP)
- Lower level of FSP – provide funding for the Measure H funded mental health services for individuals housed in Measure H funded Permanent Supportive Housing.
- Expand Preventing Homelessness, Promoting Housing. (PH²)
- Add Peer Support Across Programs (operationalize as add to Measure H Program).
- Lower level FSP – to expand and add services to current Veterans Peer Access Network (Develop or integrate mental health services into existing programming for women veterans who have experienced Trauma.)
- Establish a centralized source of information to access culturally and linguistically appropriate services in a timely manner.
- Invest in LA County efforts to track equity metrics, focusing on health, income, education and access disparities.

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2 Community Supports Continuum / Housing/Prevention

- 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.
- Invest in media campaigns to raise awareness regarding available programming in CSC including Veterans, Prevention, Housing Resources, and Recruitment, improve website accessibility.

4 Housing

Increase MSHA funds for Flexible Housing Subsidy Pool which can be used for rent subsidies for individuals who do not meet homeless definition but do not have funds to move into other forms of housing (creating flow).

3 Capital Facilities Technological Needs

- Children's Community Care Village
- Investment in capital facilities for services for individuals who are unhoused (Crocker).
- IT investment to improve data tracking and automation to improve reporting out outcomes, expenditure, and service usage data.

5 Housing/ Community Supports Continuum

Expand Peer Respite Programs to each Service Area with a priority on individuals who are at risk of losing or without housing.

PROPOSED CHANGES (continued)

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6 Prevention

- Contract with a third party intermediary to facilitate CBO funding for Prevention projects.
- 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.
- 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.
- 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.
- 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.
- 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.

7 Workforce Education Training (WET)

- 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.)
- Explore developing a marketing campaign/program for mental health services and careers, include but don't limit to a focus on high school age youth.
- Explore developing recruitment opportunities with Community colleges to create pathways for potential mental health employees.
- Increase financial incentives for specialty public mental health staff including but not limited to Mental Health Loan Repayment program and stipends for all direct service levels.



Thank you



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**DEPARTMENT OF
MENTAL HEALTH**
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