

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

BHSA Community Planning Team (CPT)

Friday April 25, 2025

PREVENTION & EARLY INTERVENTION

Key themes for unmet needs and service gaps from the BHSA CPT session on 4/25:

1. Prevention & Early Intervention for Youth
2. Prevention & Early Intervention for Specific Populations
3. Community-Based Prevention & Programs
4. Peer Support & Self-Help
5. Linguistics & Cultural Competence
6. Substance Use Services & Dual Diagnosis

THEMES	UNMET NEEDS & SERVICE GAPS
1. Prevention & Early Intervention for Youth	<ol style="list-style-type: none"> a. Prevention: Services offering substance use prevention in schools, community-based support, and addressing mental health concerns amongst youth from ages 12-18. b. Prevention: Teach teachers trauma-informed concepts. c. School-based mental health services across all school districts and campuses (students ages 6-12 population and across all LA County SPAs). d. More mental health therapy groups for children and adolescents. e. Early intervention MH services for foster youth tied with general CWS services. f. Early intervention: Support youth in being Digital Citizens to decrease the likelihood of online bullying/addiction to social media. g. More drop-in centers for TAY (transition age youth) across all SPAs. h. Prevention and early intervention are equally important; focus on substance abuse, housing, and mental health education in schools (K-5).
2. Prevention & Early Intervention for Specific Populations	<ol style="list-style-type: none"> 1. Prevention: Education to families about mental health. 2. Prevention: LGBTQ+ needs to decrease stigma. 3. Stigma in Latino communities can deter people from seeking help; community education campaigns needed. 4. Services for trans People of Color. 5. Early intervention in elder populations dealing with addiction to prescribed medications.
3. Community-Based Prevention & Programs	<ol style="list-style-type: none"> a. Prevention must build and fund local coalitions/peer-led initiatives that empower residents to shape services. b. Community-based, place-based support to address traumatic events (i.e., homicides). c. Community-based support for grief/loss (including overdose-related events). d. Healing circles and community-based support; place-based in high-risk communities.

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THEMES	UNMET NEEDS & SERVICE GAPS
	<ul style="list-style-type: none"> e. Importance of community-based education in addressing addiction within underserved areas. f. Campaigns on the ‘words we use’ when speaking about substance use to change the narrative. g. Health management and the development of a preventive care program for maintaining future health. h. A specific Primary Prevention Services Department to provide substance use and mental health education prevention across community care levels.
<p>4. Peer Support & Self-Help</p>	<ul style="list-style-type: none"> a. Peer support centers in traditionally underserved areas. b. Self-help support groups address both prevention and early intervention across all populations. c. Youth peer support would be a great use of prevention and early intervention. d. Community/peer supports for early pregnancy and parenting. e. Youth peer support would be a great use of prevention and early intervention.
<p>5. Linguistic & Cultural Competence</p>	<ul style="list-style-type: none"> a. Language services and culturally competent services from initial interaction through continuum of services. b. Lack of culturally and linguistically appropriate services. c. More bilingual, bicultural clinicians and outreach workers who reflect the ethnic and cultural background of the community.
<p>6. Substance Use Services & Dual Diagnosis</p>	<ul style="list-style-type: none"> a. More SUD providers! b. Increase salary for SUD Counselors. c. More true dual diagnosis treatment and not biased toward SUD or SMI but for both.

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OUTPATIENT SERVICES & INTENSIVE OUTPATIENT SERVICES

Key themes for unmet needs and service gaps from the BHSA CPT session on 4/25:

1. Care Coordination & Navigation
2. Specific Populations & Specialized Treatment Needs
3. Community and Peer Involvement & Comprehensive Support Services
4. Capacity & Infrastructure
5. Cultural & Linguistic Competence

THEMES	UNMET NEEDS & SERVICE GAPS
<p>1. Care Coordination & Navigation</p>	<ol style="list-style-type: none"> a. A need for clearer access to information about outpatient service providers, including types of services offered, target age groups, and languages available. b. Better coordination from inpatient holds to intensive care for mental health services; therapeutic needs are not addressed timely post-discharge. c. Clients often "fall through the cracks" when transitioning from inpatient to outpatient or from IOP to OP; need stronger care coordination and discharge planning. d. Navigation for outpatient and intensive needs to be whatever it takes, especially for treatment-resistant individuals. e. Must have supportive systems for navigation. f. Navigational assistance on discharge from one level of care to the next. g. Referral pathways must be trauma-informed, non-punitive, and easily accessible outside of traditional clinical settings. h. Limited availability of fully integrated services for mental health and substance use disorders, highlighting the need for better coordination of care.
<p>2. Specific Populations & Specialized Treatment Needs</p>	<ol style="list-style-type: none"> a. More direct referral pathways for <u>folks exiting state custody</u> needing higher-level care MH services (FSP and ERS). b. <u>Jail Diversion Programs</u>: Initiatives redirecting individuals with mental health or substance use disorders to treatment. c. Integration of culturally tailored approaches, particularly for <u>justice-involved/justice-impacted individuals</u> who face barriers to accessing mental health and substance use services. d. Ensure that outpatient intensive services are included in the continuum for <u>youth in extended foster care</u>. e. Unmet need for <u>outpatient treatment tailored to students</u>, including access to Zoom treatment and linking students to appropriate services following 5150 holds.

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THEMES	UNMET NEEDS & SERVICE GAPS
	<ul style="list-style-type: none"> f. Importance of addressing the needs of <u>pregnant and parenting students</u> managing mental health challenges while pursuing higher education. g. Expand FSP eligibility requirements that are more inclusive of <u>0-5 aged population</u>. h. Specialized treatment for individuals experiencing psychosis, including expanding eligibility criteria to serve the <u>0-5 aged population</u>. i. OP/IOP services for the <u>elder population</u> dealing with addiction to prescribed pain medications. j. Address the need for treatment of “<u>gravely disabled</u>” individuals not resistant to treatment. k. Family therapy models to serve <u>children and caregivers</u> comprehensively as a family unit.
<p>3. Community and Peer Involvement & Comprehensive Support Services</p>	<ul style="list-style-type: none"> a. Unmet need for opportunities for community involvement, including volunteer activities. b. Community-based, peer support centers that are client-run. c. Peer-led outreach services. d. Need for recreational services/activities for youth, including meals, field trips, and transportation. e. Opportunities for positive social activities to encourage new experiences and relationships. f. Supportive guidance for sustainability, including resume building, financial education, and business startups. g. Integration of vocational/employment services to support individuals’ stability and purpose.
<p>4. Capacity & Infrastructure</p>	<ul style="list-style-type: none"> a. Critical need to expand outpatient mental health and substance use disorder treatment sites due to limited access, long wait times, and insufficient provider capacity in underserved communities. b. Outpatient SUD service gaps and unmet needs, including inadequate SUD-specific infrastructure and insufficient support for Medication-Assisted Treatment (MAT) and Opioid Treatment Programs (OTPs). c. Insufficient availability of psychiatric urgent care centers and sobering centers to keep BHSA crises out of emergency rooms. d. Insufficient psychiatric/medication management appointments frequently unavailable for new clients.
<p>5. Cultural & Linguistic Competence</p>	<ul style="list-style-type: none"> a. From initial contact through assessment, there should be language-specific and culturally competent services that emphasize safety and understanding.

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HOUSING INTERVENTION SERVICES

Key themes for unmet needs and service gaps from the BHSA CPT session on 4/25:

1. Intervention & Education
2. Emergency & Short-Term Housing Options
3. Housing Interventions for Specific Populations
4. Comprehensive Support Services, including Social and Recreational Supports
5. Culturally Competent & Inclusive Approaches
6. Access & Accountability

THEMES	UNMET NEEDS & SERVICE GAPS
1. Intervention & Education	<ol style="list-style-type: none"> a. More intervention and education regarding unhoused populations across communities are needed, with town halls to facilitate discussions around mental health and homelessness. b. A study involving individuals with lived experience of homelessness should be conducted to gather insights on effectively combatting homelessness.
2. Emergency & Short-Term Housing Options	<ol style="list-style-type: none"> a. Development of a new coordinated entry system to ensure immediate access to housing options for those in need, allowing for agency in their housing experiences. b. There is an urgent need for a variety of housing options—short-term, transitional, and long-term—that integrate substance use disorder and mental health services. c. Funding for hotel vouchers and inspections of temporary accommodations before placement is necessary to ensure quality and safety. d. More housing options so that individuals can be housed as soon as they are ready.
3. Housing Interventions for Specific Populations	<ol style="list-style-type: none"> a. Appropriate housing intervention services specifically tailored for the <u>LGBTQ+ elder and youth populations</u>. b. Housing options must be <u>available before individuals experience homelessness</u> and should include units suitable for <u>families</u>, not just single-room occupancy settings. c. Concerns about keeping <u>unhoused families</u> together need to be addressed, especially when male children reach age 18. d. Housing interventions should account for the needs of <u>families</u> and provide specialized support for those experiencing homelessness. e. Housing intervention services are critical in reducing <u>recidivism</u> by addressing core stability issues and providing access to healthcare. f. Backup options needed for <u>justice-involved populations</u> where housing does not resemble incarceration settings.

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THEMES	UNMET NEEDS & SERVICE GAPS
<p>4. Comprehensive Support Services, including Social and Recreational Supports</p>	<ul style="list-style-type: none"> a. The need for hot meals. Not enough in funding for hot meals. b. More flex funding for basic needs. c. Peer support services across all housing models and connections to community support and employment are essential. d. Intensive case management guidance to assist with reintegration into the community is crucial. e. Ongoing support for individuals linked to housing, with care managers available on-site, is necessary for maintaining mental health and stability. f. After-hours support services and conflict resolution resources should be readily available to individuals in housing programs. g. People experiencing homelessness need more things to do, normal things like movie tickets. h. More homeless centers that provide locations for homeless to reconnect, get health services, obtain ID, get mail, shower, get clothes, and connect with services, respond on legal notices and reporting required.
<p>5. Culturally Competent & Inclusive Approaches</p>	<ul style="list-style-type: none"> a. There should be no cultural bias in housing services; ongoing training for providers is essential. b. Services must ensure that individuals with disabilities or literacy challenges are accommodated, recognizing that complex paperwork can hinder access. c. Need for a full assembly to address gaps in housing services with empathetic training and accountability for service providers. d. Culturally appropriate social and recreational support to reduce feelings of isolation and depression once housed is vital.
<p>6. Access & Accountability</p>	<ul style="list-style-type: none"> e. Emphasis on real accountability, transparency, and community collaboration in addressing housing needs. f. There is a gap in accountability in mental health descriptions of services and a call for transparency. g. Housing intervention services have a significant gap in follow-up and accountability; innovative shelter life is essential for those experiencing homelessness. h. A one-stop shop for available housing listings should be accessible to everyone, not just housing navigators.