

MENTAL HEALTH SERVICES ACT

School-based Services | Family Education and Support Services | At-risk Family Services | Trauma Recovery Services | Primary Care and Behavioral Health | Early Care and Support for TAY | Juvenile Justice | Early Care and Support for Older Adults | Improving Access for Underserved Populations | American Indian Project

Prevention and Early Intervention Plan for Los Angeles County

Plan Highlights
August 27, 2009





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Prevention and Early Intervention Plan for Los Angeles County

PLAN HIGHLIGHTS

June 30, 2009

Introduction

In 2004, California voters approved Proposition 63, which became state law in January 2005 as the Mental Health Services Act (MHSA). The MHSA is thought by many to be the most significant mental health legislation in California over the last 20-30 years because it aims to support new and innovative mental health services that are evidence-based and adapted to fit a particular community's culture, needs, and stakeholder input.

The California Department of Mental Health has defined five components to the MHSA:

- Community Services and Supports
- Prevention and Early Intervention
- Workforce Education and Training
- Capital Facilities and Technology
- Innovative Programs

The Prevention and Early Intervention (PEI) component of the MHSA covers services which address risk factors prior to developing mental illness and early symptoms of mental illness when it does develop. As such, some PEI programs may focus on preventing disorders while others may seek to inhibit the progression of a disorder as soon as possible. The state guidelines designated priority populations for the PEI component that have been identified as being particularly vulnerable to mental illness and/or at risk of not receiving mental health services due to social, economic, or cultural barriers:

- Underserved Cultural Populations
- Individuals Experiencing Onset of Serious Psychiatric Illness
- Children/Youth in Stressed Families
- Trauma-exposed
- Children/Youth at Risk for School Failure
- Children/Youth at Risk of or Experiencing Juvenile Justice Involvement

Additionally, the state has highlighted five key community mental health needs for the state:

- Disparities in Access to Mental Health Services
- Psycho-social Impact of Trauma
- At-risk Children, Youth, and Young Adult Populations
- Stigma and Discrimination
- Suicide Risk

Following the release of the statewide PEI draft guidelines in August 2007, the Los Angeles County Department of Mental Health (LACDMH) began developing a comprehensive PEI plan for the county’s residents pursuant to the aforementioned guidelines. The state guidelines were updated and revised in August 2008 with no further amendment anticipated at this time.

The present document is a summary of the entire PEI planning process and the resulting PEI Plan for Los Angeles County. The complete version of this document may be downloaded from the DMH MHSAs website: <http://dmh.lacounty.gov/>

Community Planning Process

In order to capture the concerns of local communities, the focus for developing the PEI Plan occurred predominantly at the Service Area (SA) level, which encompasses eight geographic areas within Los Angeles County. Each of the service areas has distinct and varying demography, geography, resources, and other factors that make it critical for PEI services to be specific to regional and community-based needs.

Figure 1.
Los Angeles County Stakeholder Input to the PEI Plan



Further, state PEI guidelines stressed that stakeholders be included in the planning process from a variety of social sectors, age groups and special populations. And, finally, the guidelines suggested that counties base their PEI Plan upon solid data that indicated which areas and PEI priority populations had the greatest needs.

In order to ensure that LACDMH was proceeding in fashion consistent with the PEI Guidelines and in accordance with stakeholder inputs, three advisory groups were formed at various stages during the planning process.

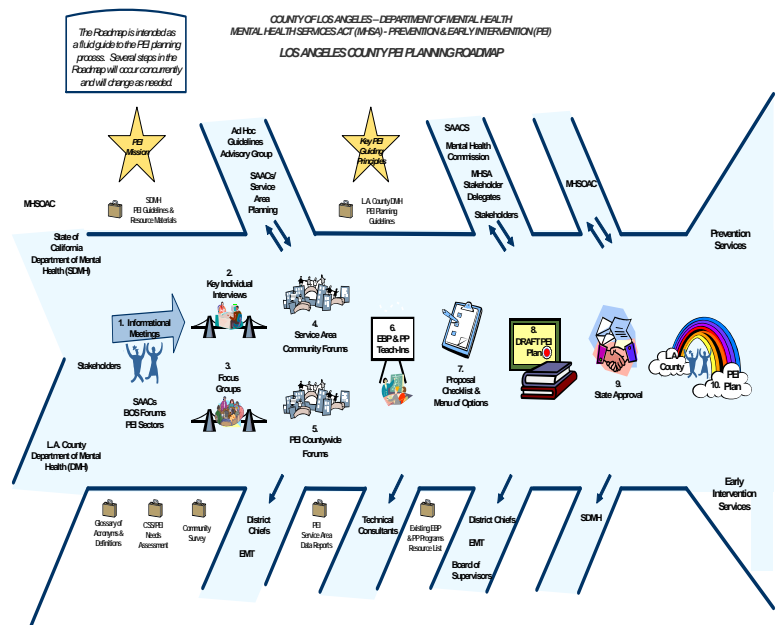
- **Plan-to-Plan Advisory Group**
 Formed to advise the LACDMH regarding strategies for the planning process. The role of the members was to provide the guidance and necessary expertise to represent the required and recommended sectors for PEI planning.
- **Guidelines Advisory Group**
 The Ad Hoc Guidelines Advisory Group developed a set of guidelines on how to develop service area PEI plans in an inclusive, consistent, and effective manner.
- **Plan Development Advisory Group**
 The purpose the Ad Hoc Plan Development Advisory Group was to provide guidance for the countywide community forum targeted at special populations and to review the *Evidence-based Practices and Promising Practices Resource Guide for Los Angeles County (v.1.0, 2009)*.

The following represents the stages in planning that took place over the last two years. The community planning process was undertaken in three phases: (1) Outreach and Education, (2) Needs Assessment, and (3) Plan Development.

PHASE 1: OUTREACH AND EDUCATION

The first phase started in the summer of 2007 with pre-planning activities and continued through winter 2008. Active involvement by community stakeholders – consumers, parents, caregivers, family members, sector members, and other concerned individuals – in the PEI planning process was critical to developing effective, representative, and culturally-appropriate PEI services.

Figure 2. PEI Planning Roadmap



PHASE 2: NEEDS ASSESSMENT

In order to create a plan that was comprehensive, it was essential that LACDMH compile data and generate accurate information from a wide range of sources. To gather this information, the Department employed six different needs assessment strategies: recommendations from CSS planning documents, community surveys, service area data profiles, key individual interviews, focus groups, and community forums countywide. Each of these six strategies built on the knowledge gained through earlier strategies. Through each strategy, the questions being asked and answered became more specific and the depth of knowledge increased. Input gathered at various stages in the planning process was analyzed in order to provide direction on which priority populations and age groups were to be targeted in a given project. Additional input was achieved informally through regular meetings with various stakeholder groups who provided oversight and guidance through the many aspects of project development. Finally, a comprehensive statistical and demographic study of risk factors in Los Angeles County was conducted to complete the community needs assessment for PEI.

Decision-making bodies (such as, the Service Area Advisory Committees, MHSAs Stakeholder Delegates, and LACDMH staff) were asked to examine the gathered information collectively so that there emerged a clearer picture of the county's PEI needs. As each needs assessment strategy was completed, the information was summarized and made available to the public through the MHSAs PEI website.

PHASE 3: PEI PLAN DEVELOPMENT

Plan development procedures were designed to build upon the community needs assessment in a feedback loop to stakeholders. A series of events and meetings were held to achieve this goal and to orient the stakeholders to the responsibilities involved in making their recommendations for Los Angeles County residents. Throughout this, stakeholders were asked to adopt a role consistent with planning for public mental health services and in the absence of conflicts of interests.

- **PEI Roundtable.** On October 2, 2008, the Department held the Los Angeles County PEI Roundtable. The purpose of the Roundtable was (1) to provide an introduction to the MHSAs and PEI Plan, (2) to summarize “What We’ve Learned So Far” through results from the needs assessments activities to date; and (3) to enable different sector groups to exchange information about PEI and their priority populations.
- **Teach-Ins.** From November to December 2008, the Department co-sponsored, together with the SAACs, a “PEI teach-in” in each service area to provide an introductory training for interested stakeholders regarding EBPs, PPs, emerging practices, and CDEs.
- **Ad Hoc Steering Committee Deliberations.** The Service Area PEI Ad Hoc Steering Committees were formed in fall 2008 and began meeting as early as November 2008 through the end of March 2009. A ninth steering committee for the special countywide populations was also formed in early 2009. In order to proceed with project-building, all of the community assessment information was made available to a group of ad hoc steering committees who further refined population, age, and program selections.

PEI Projects

Once the nine Ad Hoc PEI Steering Committees finalized their recommendations, programs were grouped into PEI Projects. Each PEI project is designed to address one or more key community mental health needs and one or more priority populations. The projects are consistent with PEI principles to meet specific PEI individual, family, program, and system outcomes. In line with SDMH requirements, the projects were structured according to two options:

1. *Priority Population-based* – Activities, programs and approaches directed at multiple priority populations are placed into one priority population PEI population based on most salient of the risk factors. (Example – *Early Care and Support for Transition-age Youth, Early Care and Support for Older Adults, Trauma Recovery Services, Juvenile Justice Services , Improving Access for Underserved Populations, and the American Indian Project.*)
2. *Program-based* – Two or more priority populations are placed into one PEI project because all the programs are relevant to those priority populations. (Example – *School-based Services, At-risk Family Services, and Primary Care and Behavioral Health.*)

Based on community input from stakeholders, LACDMH developed ten projects that address the needs, priority populations, special sub-populations, and PEI programs selected by the stakeholders.

- School-based Services
- Family Education and Support Services
- At-risk Family Services
- Trauma Recovery Services
- Primary Care and Behavioral Health
- Early Care and Support for Transition-age Youth
- Juvenile Justice Services
- Early Care and Support for Older Adults
- Improving Access for Underserved Populations
- American Indian Project

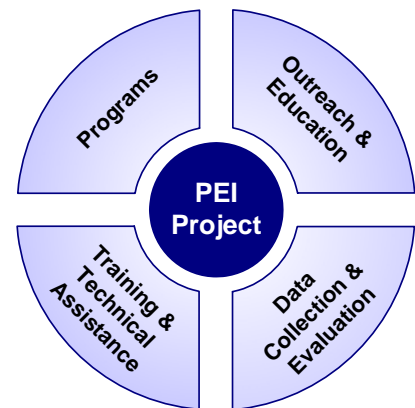
Each PEI project is comprised of the following components:

- Outreach and Education
- Training and Technical Assistance
- Data Collection, Outcomes, Monitoring and Evaluation
- PEI Programs

PEI Programs

Overall, the PEI projects are composed of 36 EBPs and PPs (71%), 13 CDE practices (25%), and 2 pilot programs (4%), a total of 51 programs that include both prevention and intervention techniques and strategies.

Figure 3. Core Components of PEI Projects



SOLICITATION OF COMMUNITY-DEFINED EVIDENCE PRACTICES

In December 2008, LACDMH solicited applications for CDEs for review and possible inclusion in LACDMH’s final PEI plan. CDE practices are a set of practices that communities have been shown to yield positive results as determined by community consensus over time, and which may or may not have been measured empirically, but have reached a level of acceptance by the community. Only CDE models that targeted PEI priority populations and outcomes were included in the list of PEI practices. To be included on the Department’s list of possible PEI interventions, services had to be sufficiently well-articulated to be delivered in a consistent manner and replicated by others, and have some level of demonstrated effectiveness.

→ A total of 320 applications were received, many proposing services not yet in existence or for programs already found in the *Evidence-based Practices and Promising Practices Resource Guide for Los Angeles County (2009)*.

→ A total of 18 practices met the criteria for CDE status. Thirteen CDEs were selected for inclusion in a PEI plan on the basis of stakeholder input and whether or not the practice was non-duplicative in terms of its intended outcomes.

Programs by Service Area

The PEI services will be delivered at various sites throughout Los Angeles County at the Service Area and countywide level. Service Areas are the County’s method of organizing cities and services within specific geographic boundaries. While the previous section described the programs by project, here they are listed by Service Area:

SERVICE AREAS

- Service Area 1 – Antelope Valley
- Service Area 2 – San Fernando Valley
- Service Area 3 – San Gabriel Valley
- Service Area 4 – Downtown
- Service Area 5 – West
- Service Area 6 – South
- Service Area 7 – East
- Service Area 8 – South Bay/Long Beach

Figure 4. Service Area Map



Color Key for Charts	
	Pink = Young Children 0-5 (YC)
	Yellow = Children 6-15 (C)
	Purple = TAY (T)
	Blue = Adults (A)
	Green = Older Adults (OA)
	Orange = Multiple Age Groups

PEI Programs by Service Area

Service Area 1

- Nurse-Family Partnership
- Triple P Positive Parenting Program
- Families & Schools Together
- Olweus Bullying Prevention Program
- Psychological First Aid
- IMPACT
- Group CBT for Major Depression (T, A)
- Crisis Oriented Recovery Services (A, OA)
- Prolonged Exposure Therapy for Posttraumatic Stress Disorder (T, A, OA)

Service Area 2

- Child-Parent Psychotherapy
- Incredible Years
- Making Parenting a Pleasure
- UCLA Ties Transition Model
- Brief Strategic Family Therapy
- Families & Schools Together
- Multidimensional Family Therapy
- Trauma Focused CBT
- CAPPS
- CBT for Depression with Antidepressant Medication
- Group CBT for Major Depression
- CBT for Late Life Depression
- Live Well, Live Long, Steps to Mental Wellness
- Parent-Child Interaction Therapy (YC, C)
- Aggression Replacement Training (C, T)
- Crisis Oriented Recovery Services (A, OA)

Service Area 3

- Triple P Positive Parenting Program
- Early Risers Skills for Success
- Interpersonal Psychotherapy for Depression
- Asian American Family Enrichment Network Program
- Group CBT for Major Depression
- Maternal Wellness Center
- CBT for Late Life Depression
- PEARLS
- Incredible Years (YC, C)
- Trauma Focused CBT (YC, C, T)
- Crisis Oriented Recovery Services (A, OA)
- Prolonged Exposure Therapy for Posttraumatic Stress Disorder (T, A)

Service Area 4

- Child-Parent Psychotherapy
- Parent-Child Interaction Therapy
- CBITS
- Multidimensional Family Therapy
- Triple P Positive Parenting Program
- Caring for Our Families
- EDIPP
- Prolonged Exposure Therapy for Posttraumatic Stress Disorder
- Group CBT for Major Depression
- Maternal Wellness
- Gatekeeper Case-finding Model
- Live Well, Live Long, Steps to Mental Wellness
- Incredible Years (YC, C)
- Crisis Oriented Recovery Services (A, OA)
- Seeking Safety (T, A)
- LIFE Program (C, T)
- Nurse-Family Partnership (YC, T)

Service Area 5

- Child-Parent Psychotherapy
- Reflective Parenting Program
- CBITS
- Families & Schools Together
- Incredible Years
- Interpersonal Psychotherapy for Depression
- CAPPS
- Group CBT for Major Depression
- Gatekeeper Case-finding Model
- Live Well, Live Long, Steps to Mental Wellness
- Crisis Oriented Recovery Services (A, OA)

Service Area 6

- Child-Parent Psychotherapy
- Nurse-Family Partnership
- Reflective Parenting Program
- CBITS
- Families & Schools Together
- Psychological First Aid
- Why Try? Program
- CAPPS
- LIFE Program
- Multidimensional Family Therapy
- Seeking Safety
- Strengthening Families
- Family Coping Skills Program
- Group CBT for Major Depression
- Prevention and Early Treatment of Depression in Primary Care
- PATCH
- PEARLS
- Crisis Oriented Recovery Services (A, OA)
- Triple P (YC,C)
- Trauma Focused CBT (YC,C)
- Positive Directions (C, T)

Service Area 7

- Child-Parent Psychotherapy
- Psychological First Aid
- Reflective Parenting Program
- Early Risers Skills for Success
- Nurturing Parenting Program
- Why Try? Program
- Functional Family Therapy
- Interpersonal Psychotherapy for Depression
- Mamas y Bebés
- CAPPS
- Group CBT for Major Depression
- Prevention and Early Treatment of Depression in Primary Care
- CBT for Late Life Depression
- IMPACT
- Promotores de Salud
- Crisis Oriented Recovery Services (A, OA)
- Incredible Years (YC, C)
- LIFE Program (C, T)

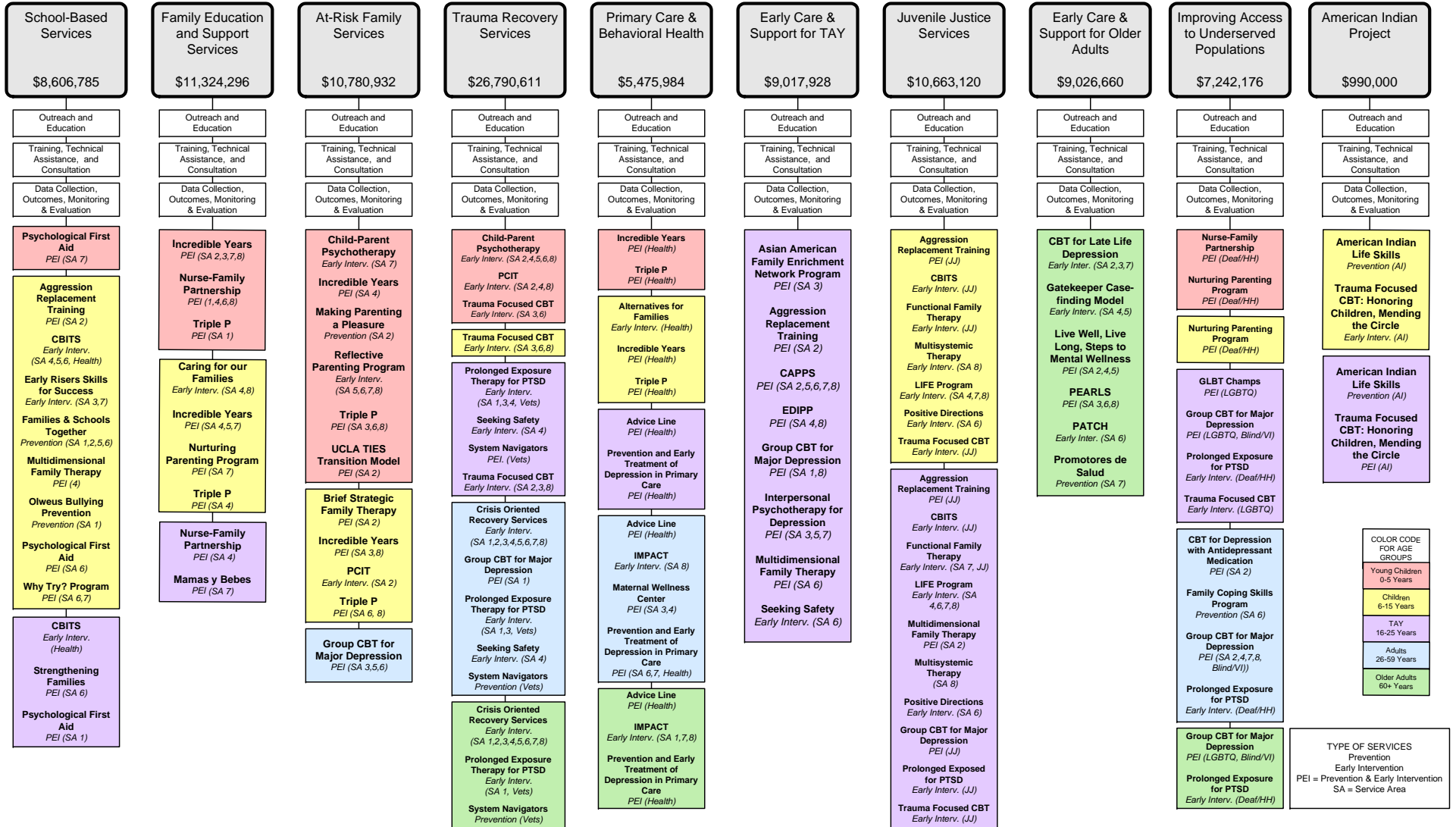
Service Area 8

- Nurse-Family Partnership
- Reflective Parenting Program
- Parent-Child Interaction Therapy
- Child-Parent Psychotherapy
- Caring for Our Families
- EDIPP
- CAPPS
- PEARLS
- Group CBT for Major Depression (T, A)
- IMPACT (A, OA)
- Crisis Oriented Recovery Services (A, OA)
- Incredible Years (YC, C)
- Triple P Positive Parenting Program (YC, C)
- Trauma Focused CBT (C, T)
- LIFE Program (C, T)
- Multisystemic Therapy (C, T)

Countywide Populations

- Nurse-Family Partnership
- Alternatives for Families
- GLBT Champs
- Trauma Focused CBT (C, T)
- Prolonged Exposure Therapy for Posttraumatic Stress Disorder (T, A, OA)
- Prevention and Early Treatment of Depression in Primary Care (T, A, OA)
- Advice Line (T, A, OA)
- CBITS (C, T)
- Group CBT for Major Depression (T, A, OA)
- System Navigators (T, A, OA)
- Trauma Focused CBT: Honoring Children, Mending the Circle (C, T)
- American Indian Life Skills (C, T)
- Incredible Years (YC, C)
- Triple P Positive Parenting Program (YC, C)
- Nurturing Parenting Program (YC, C)
- Aggression Replacement Training (C, T)
- Functional Family Therapy (C, T)

Los Angeles County Department of Mental Health - Mental Health Services Act Prevention and Early Intervention Plan PEI PROJECTS



COLOR CODE FOR AGE GROUPS

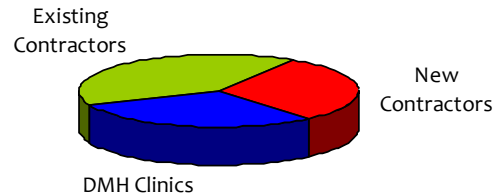
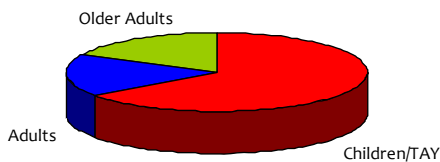
- Young Children 0-5 Years
- Children 6-15 Years
- TAY 16-25 Years
- Adults 26-59 Years
- Older Adults 60+ Years

Budget (All totals below are budget estimates.)

Funding Guidelines

65% for Children and Youth 0-25
and Their Families
17.5% for Adults 26-59
17.5% of Older Adults 60+

30% DMH Directly-operated Clinics
40% for Existing Contractors
30% for New Contractors



Planning & Administrative Costs

FYs 07-09

FY 09-10

**Community Planning
Administrative**

\$14,149,000

\$10,681,925

Program Allocation

FY 09-10

**Countywide Populations
Total for Service Areas**

**\$9,991,949
\$89,927,543**

Service Area 1*
Service Area 2*
Service Area 3*
Service Area 4*
Service Area 5*
Service Area 6*
Service Area 7*
Service Area 8*

\$3,296,534
\$17,682,711
\$12,790,312
\$13,389,534
\$4,376,783
\$12,800,129
\$12,048,099
\$13,543,441

10% Operational Reserve

\$11,060,142

Program Allocation Total

\$110,979,634

Total Amount Requested

\$121,661,559

* 10% Operational Reserve was subtracted from the Service Area allocations to be used in fiscal years with decreased tax revenue.

Important Dates

Stakeholder Delegates Presentation
30-day Public Comment Period
Public Hearing

May 22, 2009 - 9:00am - St. Anne's
May 26-June 24, 2009
June 25, 2009, 11:30-2:45
Wilshire Plaza Hotel
3515 Wilshire Blvd., Los Angeles, CA 90010