

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
PROPOSED ONE-TIME MHSA PROGRAMMING FY 24/25 TO FY 25/26

PROGRAM	NEW PROGRAMS, SERVICES, INTERVENTIONS FOR FUNDING CONSIDERATION	CPT SUPPORT
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.	85% (CSC)
CSC	2. Develop service teams provide direct mental health services to deaf, hard of hearing, deafblind, and deaf disabled individuals and families fully accessible in ASL	77% (CSC)
HSHR	3. Expand Preventing Homelessness, Promoting Housing. (PH2) (Field Based Eviction Prevention Program)	92% (HSHR)
HSHR	4. Justice Involved Clients – Use MHSA to continue CFCI funding upon termination June 2024	85% (HSHR)
HSHR	5. Increase MHSA 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)	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	77% (HSHR)
HSHR	7. Add Peer Support Across Programs (operationalize as add to Measure H Program)	77% (HSHR)
HSHR	8. Enhance staffing and supportive services (such as trauma informed training and employment support) in existing congregate interim housing sites	69% (HSHR)
HSHR	9. Training Landlords and Housing Developers and train Security on de-escalation	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.	54%(HSHR)
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.	62% (CSC)

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HSHR + 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	92% (CSC) 93% (PEI)
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.	86% (PEI)
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.	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 AV.	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)
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.	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.)	88% (WET)
WET	19. 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	88% (WET)

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WET	20. Explore developing recruitment opportunities with Community colleges to create pathways for potential mental health employees	88% (WET)
WET	21. Increase financial incentives for specialty public mental health staff including but not limited to Mental Health Loan Repayment program, stipends which will require LA County MHSA WET funding	63% (WET)
Systems: CBO Contracting	22. Contract with a third party intermediary to facilitate CBO funding for projects	
Systems: Promotion/ Awareness & Services	23. Invest in media campaigns to raise awareness regarding available programming in CSC including Veterans, Prevention, Housing Resources, and Recruitment, improve website accessibility	92% (CSC)
Systems: Service Access	24. Establish a centralized source of information to access culturally and linguistically appropriate services in a timely manner.	85% (CSC)
Systems: Equity	25. Invest in LA County efforts to track equity metrics, focusing on health, income, education, and access disparities.	
Systems: Equity	26. Information Technology (IT) investment to improve data tracking and automation to improve reporting out outcomes, expenditure, and service usage data.	
Department Obligations	27. Wrap Aftercare--post STRTPs expand WRAP FSP 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	
Department Obligations	30. Investment in capital facilities for services for individuals who are unhoused (Crocker)	

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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.)	77% (CSC)