

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH**  
 Community Planning Process – MHSA Three-Year Program and Expenditure Plan, 2024-2026  
 Community Planning Team – Workgroup Recommendations

**COMMUNITY SUPPORTS CONTINUUM (CSC)**

**BACKGROUND**

This section contains the recommendations of the CSC Workgroup for each of the following categories:

<b>CATEGORIES</b>	<b>GOALS</b>
1. Emergency Response	<i>Improve Emergency Response</i>
2. Psychiatric Beds	<i>Expand and/or Improve Existing Program, Service, or Intervention</i>
3. Full Service Partnerships	<i>Improve access to and efficacy of Full Service Partnerships (FSPs)</i>
4. Access to Quality Care	<i>Increase Access to Quality Care</i>

The recommendations are organized into two types:

- A. Program, Service, or Intervention (PSI) Recommendations:
  - 1. Exists Already: Expand and/or Improve Existing PSI
  - 2. Does Not Exist: Add New PSI
  
- B. Policy, Practice, and/or Advocacy Recommendations

The last column in each table color-codes each recommendation based on its status in the following manner:

<b>COLOR</b>	<b>DESCRIPTON</b>
GREEN	DMH or partner agency is already doing this work, ongoing funds are already appropriated, and/or additional funds can be appropriated.
RED	MHSA regulations prohibit funding this recommendation, the recommendation is outside of the DMH’s authority, or the recommendation was not clear. CPT members can still advocate for these recommendations, but they cannot be funded by MHSA.
YELLOW	DMH needs Workgroup members to provide additional feedback.

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**A. PROGRAM, SERVICE, AND/OR INTERVENTION RECOMMENDATIONS (PSI)**

1. EXISTS ALREADY: Expand and/or Improve Existing PSI

CATEGORY	EXISTING PSI	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	EXPAND OR IMPROVE	ADDTL FUNDS	STATUS
1	Call Center & Triage	1. Expand the call center and strengthen the triage process to improve the client experience, based on review key metrics and qualitative data.	Expand & Improve		
1	PMRT	2. Expand the Psychiatric Mobile Response Team (PMRT) service, provide cultural competence training to all PMRT staff, and prioritize hiring culturally competent individuals reflective of their communities.	Expand & Improve		
1	LET, MET & SMART	3. Expand the Law Enforcement Teams (LET), Mental Evaluation Teams (MET), and Systemwide Mental Assessment Response Teams (SMART) and provide sensitivity training to Law Enforcement partners.	Expand & Improve		
1	Therapeutic Transport	4. Improve the collaboration between the Los Angeles County Fire Department staff, peers, and mental health specialists responding to mental health calls.	Expand		
1	Mental Health Training-Law Enforcement	5. Provide sensitivity training to Law Enforcement on working with individuals with mental illness.	Expand		
1		6. Provide trainings that build the capacity of community leaders and community-based organizations to provide support during psychiatric emergencies, e.g., Mental Health First Aid and Suicide Prevention and Grief Training	Expand		
1		7. Provide aftercare program/services after encounter with law enforcement and fire and medical services (EMS).	Expand		Q1
2	Peer Respite Care Homes	8. DMH contracts for two peer-run residential homes offering short-term respite. Expand to at least two peer-run residential homes per Service Area.	Expand		Q2
2	Crisis Residential Treatment (CRT) Programs	9. CRTP serves individuals experiencing a mental health crisis who need support but not hospitalization. CRTP provides short-term intensive residential services in a home-like environment. DMH is currently expanding CRTP to serve youth.	Expand		

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CATEGORY	EXISTING PSI	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	EXPAND OR IMPROVE	ADDTL FUNDS	STATUS
2	Enhanced Care Management	10. Inform and educate community-based organizations about potential opportunities to contract with managed care plans to provide a full referral system to community services (including linkage and warm handoffs in real time) to individuals being discharged from hospitals.	Improve		
2		11. Establish a Korean-speaking, culturally responsive team within DMH to ensure effective linkage and follow up.			
3	FSP	12. Expand FSP teams and providers countywide to provide additional support and services in the field, in culturally responsive and linguistically appropriate manner.	Expand		
4	PMRT/ HOME/ FSP	13. PMRT/HOME/FSP is expanding their programs to increase street outreach to individuals with Serious and Persistent Mental Illness (SPMI) with the aim of increasing access to services.	Expand		
4	Community Health Promoters	14. Community Health Workers Promoters work to increase awareness about mental health issues and disseminate resources to reduce mental health stigma and to improve working relationships within the community in order to deliver mental health services. DMH is expanding this program to include work in public spaces including libraries.	Expand		
4	Service Area Navigation Teams	15. 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.	Expand		Q3
4	WET – Recruitment & Training (Cultural Competency)	16. DMH already provides a program, service, and support to strengthen outreach and recruitment efforts to meet the specific needs of our diverse multicultural communities by recruiting multidisciplinary staff with diverse cultural backgrounds, linguistic expertise, and who may have lived experience.	Expand		
4	TAY Drop In Centers	17. Drop In Centers for TAY Youth funded by DMH are available throughout Los Angeles County.	Expand		
4	Peer Services	18. Increase peer supports.	Expand		

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CATEGORY	EXISTING PSI	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	EXPAND OR IMPROVE	ADDTL FUNDS	STATUS
4		19. Develop or integrate into existing programming MH services for victims of domestic violence, and train direct service staff to respond to domestic violence when working with clients.			Q4
4		20. Develop or integrate mental health services into existing programming for women veterans who have experienced trauma.			Q5
4		21. Establish a centralized source of information to access culturally and linguistically appropriate services and supports in a timely manner. This can take the form of a dashboard for service providers to know what is available in real time and specific referral pathways. This system entails entering data efficiently and using data to gauge evolving needs and provide services and supports. 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.	Expand & Improve		Q6, Q9
4		22. Increase self-help support groups.	Expand		Q7
4		23. Expand services in Peer-Run Centers, including space, time available, oversight, collaboration with community organizations, cultural competency, and availability to family members and across all Service Areas.			Q8
4		24. Timely access to services for people with substance use and mental health issues.			

2. DOES NOT EXIST: Add New PSI

CATEGORY	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	DMH OR PARTNER	ADDTL FUNDS	STATUS
1	1. 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 communities' and stakeholders' knowledge of services provided by DMH.	DMH		Q10

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<b>CATEGORY</b>	<b>DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION</b>	<b>DMH OR PARTNER</b>	<b>ADDTL FUNDS</b>	<b>STATUS</b>
3	2. Develop and implement a program to meet the varying levels of needs of FSP graduates who may still need field-based and occasional intensive services.	DMH		Q11
3	3. Provide comprehensive, culturally competent, and person-centered services that aim to enhance the well-being of African immigrants, underserved communities, and other vulnerable immigrant adults facing significant 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) utilizing several Evidence-based Practices (EBPs) to reduce behavioral health challenges for targeted populations, (3) providing opportunities for mentoring, clinical support, outpatient mental health care, and psychiatric support rehabilitation services, and substance use or abuse rehabilitation, and (4) tackling co-existing conditions such as substance abuse, homelessness, and involvement with judicial and/or child welfare services.			Q12
4	4. Develop and implement trainings and materials to improve coordination of care among DMH Programs and other County Departments and contract providers, e.g., individuals with developmental delays.	BOTH		Q13
4	5. Develop quality improvement projects and processes to existing programs and services (e.g. OCS, drop-in/wellness center, age specific services, etc.)	BOTH		Q14
4	6. Provide a one-stop mental health center 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 within Los Angeles County.			Q15
4	7. A mental health summer camp for trans/gender-diverse youth and youth affected by HIV/AIDS (aged 6-17) that aims to provide an emotionally safe, supportive, and enriching environment for these vulnerable populations. Designed to address the unique mental health and wellness needs of trans/gender-diverse youth and those affected by HIV/AIDS, offering a holistic approach to support, combining therapeutic interventions, education, and recreational activities to create a well-rounded experience that improves each camper's mental health.			Q16

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CATEGORY	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	DMH OR PARTNER	ADDTL FUNDS	STATUS
4	8. Provide quality early intervention services to children ages two to five years old in Foster and Post Adoptive Care who have experienced early childhood trauma to help them learn new skills and change behavior to help them be successful in home, public, and school settings. Program addresses the social, emotional, and behavioral issues of at-risk children in Foster and Post Adoptive Care under the guidance of therapeutic professionals and trained staff through a therapeutic learning center day treatment program.			Q17
4	9. Develop and implement a field-based program in eight (8) geographical service areas throughout Los Angeles County to identify housed and unhoused individuals exhibiting symptoms of hoarding disorder (HD) and provide a range of field-based services including assessment, intervention, intensive case management, medication management, peer support, co-occurring disorder identification and treatment, and advocacy. Teams conduct intensive outreach and receive referrals from public agencies and community organizations; possess specialized training to build trust and partner with individuals who exhibit symptoms of HD; and, along with individual CBT, utilize the peer-run Buried in Treasures support group model to achieve positive change. The National Study Group on Chronic Disorganization's (NSGCD) Clutter Hoarding Scale will be used to monitor individuals' progress. Adults age 18+ across the life span, including those who are housed or experiencing homelessness who exhibit symptoms of HD that negatively impact the individual and/or community.			Q18
4	10. A mobile health outreach intervention that partners with youth serving community-based organizations in South Los Angeles to provide mental health care for Transitional Aged Youth, ages 18-25 by focusing on primary, secondary and tertiary levels of prevention and appropriate interventions. Targets unstably housed or unsheltered youth and young adults (ages 18-25 years old) in the SPA6 community of South Los Angeles.			Q19
4	11. Implement Freespira Digital Therapeutic (Freespira) as a treatment for Post-Traumatic Stress Disorder (PTSD) and panic disorder. Freespira is a first-in-class FDA-cleared, medication-free digital therapeutic indicated for treatment of PTSD and panic disorder. Freespira is the subject of multiple published clinical trials that measured clinical and economic outcomes as well as rigorous review and clearance by the FDA. Targets clients 13+ years old identified with a diagnosis or suspected diagnosis of PTSD and/or panic disorder.			Q20

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CATEGORY	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	DMH OR PARTNER	ADDTL FUNDS	STATUS
4	12. Address the mental health of veterans from a family perspective, as recognized by the US military and Department of Veterans Affairs. Innovations and extensions of couple and family interventions have the potential to increase the reach and impact of treatments for service members and veterans, as well as to ultimately improve the quality of their family relationships (NIH, 2023). The proposed Wilderness Family Therapy program fills in family-based treatment gaps and other barriers to veterans connecting with mental health support. Targets all ages seeking help, veterans, and family members, with a separate camp for teens.			Q21

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**B. POLICY, PRACTICE, AND/OR ADVOCACY RECOMMENDATIONS**

CATEGORY	DESCRIPTION: POLICY, PRACTICE OR ADVOCACY	STATUS
1	1. Prohibit armed law enforcement in emergency responses.	
1	2. Create greater accountability for law enforcement in emergency responses.	
2	3. Identify funding resources to increase number of psychiatric beds (locked psychiatric beds cannot be paid for with MHSA funds).	
2	4. When funding psychiatric beds, consider need for services for minor to moderate medical issues as well, like basic diabetes, basic hypertension, so that we're not wasting that space and that resource.	
2	5. Take steps to make sure the full spectrum of crisis response services from field teams to respite homes, to hospitals are culturally competent.	
2	6. Ensure hospital discharge planners are aware of all housing and support options and other programs within DMH, specifically the availability of Peer Run respite homes.	Q22
3	7. Review contract language, policies, procedures and trainings related to field-based service to ensure clarity of expectations and follow up actions when those expectations are not met.	
3	8. Expand ongoing reviews and provide technical assistance, focus on areas such as outreach and engagement, and delivery of FSP services at the frequency needed.	
4	9. Reduce systemic bias in order to access services.	
4	10. Provide affordable services	
4	11. Improve pre-diagnosis or under-diagnosis for Black and Brown men	
4	12. Provide safe and respectful space.	
4	13. Increase peer support to adequate amount, highlighting the role and success stories of peers.	Q23
4	14. Provide a BAH review panel for BAH related care court cases, so the people in these cases are not being taken advantage of by the process. This will be addressed through Care Court.	
4	15. Provide transportation to obtain services.	Q24



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**CSC WORKGROUP – CONSENSUS**  
CPT Recommendations/MHSa Proposals Needing Additional Feedback

QUESTION	DESCRIPTION: RECOMMENDATION OR PROPOSAL	% STRONG OR VERY STRONG	ACTIONS
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%	ENDORSED: Adopted Consent Agenda
Q10	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 communities' and stakeholders' knowledge of services provided by DMH. <b>Ensure crisis services are in place before launching campaign.</b>	92%	CONSENSUS: Language changed
Q6	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%	CONSENSUS: Added Q9 to Q6
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%	ENDORSED: Adopted Consent Agenda
Q4	Develop or integrate mental health services into existing programming for victims of domestic violence, and train direct service staff to respond to domestic violence when working with clients.	85%	ENDORSED: Adopted Consent Agenda
Q24	Provide transportation to obtain services.	54%	CONSENSUS: Moved to Tier 1
Q23	Increase peer support <b>to adequate amount, highlighting the role and success stories of peers.</b>	38%	CONSENSUS: Moved to Tier & Language changed

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QUESTION	DESCRIPTION: RECOMMENDATION OR PROPOSAL	% STRONG OR VERY STRONG	ACTIONS
Q1	Provide aftercare program/services after encounter with law enforcement and fire and emergency medical services (EMS).	77%	CONSENSUS: Language changed
Q9	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.	77%	CONSENSUS: Combined with Q6 Language changed
Q5	Develop or integrate mental services into existing programming for women veterans who have experienced trauma.	77%	ENDORSED: Adopted Consent Agenda
Q13	Develop and implement trainings and materials to improve coordination of care among DMH Programs and other County Departments and contract providers, e.g., individuals with developmental delays.	77%	ENDORSED: Adopted Consent Agenda
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%	CONSENSUS: Language changed
Q12	Provide comprehensive, culturally and linguistically competent, and person-centered services that aim to enhance the well-being of African immigrants, underserved communities, and other vulnerable immigrant adults facing significant 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) utilizing several Evidence-based Practices (EBPs) to reduce behavioral health challenges for targeted populations, (3) providing opportunities for mentoring, clinical support, outpatient mental health care, and psychiatric support rehabilitation services, and substance use or abuse rehabilitation, and (4) tackling co-existing conditions such as substance abuse, homelessness, and involvement with judicial and/or child welfare services.	62%	CONSENSUS: Moved to Tier 2

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QUESTION	DESCRIPTION: RECOMMENDATION OR PROPOSAL	% STRONG OR VERY STRONG	ACTIONS
Q17	Provide quality early intervention services to children ages two to five years old in Foster and Post Adoptive Care who have experienced early childhood trauma to help them learn new skills and change behavior to help them be successful in home, public, and school settings. Program addresses the social, emotional, and behavioral issues of at-risk children in Foster and Post Adoptive Care under the guidance of therapeutic professionals and trained staff through a therapeutic learning center day treatment program. <b>This should include coordination with other programs for effective use of resources beyond DMH.</b>	69%	CONSENSUS: Language changed
Q22	Ensure hospital discharge planners are aware of all housing and support options and other programs within DMH, including the availability and oversight of Peer Run respite homes and other services <b>across all Service Areas.</b>	69%	CONSENSUS: Language changed
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, <b>including oversight.</b>	62%	CONSENSUS: Language changed
Q8	Expand services in Peer-Run Centers, including space, time available, <b>oversight, collaboration with community organizations, cultural competency, and availability to family members and across all Service Areas.</b>	62%	CONSENSUS: Language changed
Q19	A mobile health outreach intervention that partners with youth serving community-based organizations in South Los Angeles to provide mental health care for Transitional Aged Youth, ages 18-25 by focusing on primary, secondary and tertiary levels of prevention and appropriate interventions. Targets unstably housed or unsheltered youth and young adults (ages 18-25 years old) in the SPA6 community of South Los Angeles.	62%	ENDORSED: Adopted Consent Agenda
Q21	Address the mental health of veterans from a family perspective, as recognized by the US military and Department of Veterans Affairs. Innovations and extensions of couple and family interventions have the potential to increase the reach and impact of treatments for service members and veterans, as well as to ultimately improve the quality of their family relationships (NIH, 2023). The proposed program fills in family-based treatment gaps and other barriers to veterans connecting with mental health support. Targets all ages seeking help, veterans, and family members, with a separate camp for teens.	62%	ENDORSED: Adopted Consent Agenda
Q7	Increase self-help support groups.	54%	ENDORSED: Adopted Consent Agenda

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QUESTION	DESCRIPTION: RECOMMENDATION OR PROPOSAL	% STRONG OR VERY STRONG	ACTIONS
Q14	Develop quality improvement projects and processes to existing programs and services, e.g. Outpatient Care Services (OCS), drop-in/wellness center, age specific services, etc.	54%	ENDORSED: Adopted Consent Agenda
Q16	A mental health summer camp for trans/gender-diverse youth and youth affected by HIV/AIDS (aged 6-17) that aims to provide an emotionally safe, supportive, and enriching environment for these vulnerable populations. Designed to address the unique mental health and wellness needs of trans/gender-diverse youth and those affected by HIV/AIDS, offering a holistic approach to support, combining therapeutic interventions, education, and recreational activities to create a well-rounded experience that improves each camper’s mental health.	54%	ENDORSED: Adopted Consent Agenda
Q18	Develop and implement a field-based program in eight (8) geographical service areas throughout Los Angeles County to identify housed and unhoused individuals exhibiting symptoms of hoarding disorder and provide a range of field-based services including assessment, intervention, intensive case management, medication management, peer support, co-occurring disorder identification and treatment, and advocacy. Teams conduct intensive outreach and receive referrals from public agencies and community organizations; possess specialized training to build trust and partner with individuals who exhibit symptoms of hoarding disorder; and, along with individual CBT, utilize a peer-run Buried in Treasures support group model to achieve positive change. The National Study Group on Chronic Disorganization’s (NSGCD) Clutter Hoarding Scale will be used to monitor individuals’ progress. Adults age 18+ across the life span, including those who are housed or experiencing homelessness who exhibit symptoms of hoarding disorder that negatively impact the individual and/or community.	54%	ENDORSED: Adopted Consent Agenda
Q20	Implement Freespira Digital Therapeutic (Freespira) as a treatment for Post-Traumatic Stress Disorder (PTSD) and panic disorder. Freespira is a first-in-class FDA-cleared, medication-free digital therapeutic indicated for treatment of PTSD and panic disorder. Freespira is the subject of multiple published clinical trials that measured clinical and economic outcomes as well as rigorous review and clearance by the FDA. Targets clients 13+ years old identified with a diagnosis or suspected diagnosis of PTSD and/or panic disorder.	46%	ENDORSED: Adopted Consent Agenda