

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

**PREVENTION AND EARLY INTERVENTION**

**BACKGROUND**

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

<b>CATEGORIES</b>		<b>GOALS</b>
1. Populations	A. Early Childhood/Birth to 5	<i>Strong and effective prevention and early intervention programs/services for various stages of childhood from prenatal and birth to five.</i>
	B. Underserved Communities	<i>Improve the cultural and linguistic capacity of prevention and early intervention programs/services to reach hard to reach underserved populations</i>
2. Access	A. School-Based: K-12 Schools, Colleges, Universities, and Trade Schools	<i>Increase Access for services to youth in School-Based: K-12 Schools, Colleges, Universities, and Trade Schools</i>
	B. Community Engagement (Including TAY Advisory Group)	<i>Increase Access for PEI services leveraging community platforms/partners.</i>
3. Effective Practices	A. Suicide Prevention	<i>Strengthen suicide prevention programs/services</i>
	B. Evidence Based Practices/Treatment	<i>Increase use of evidence-based practices and community defined evidence</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:

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COLOR	DESCRIPTON
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.

**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
1A	Intensive Care Coordination	1. Focuses on engagement and support of families and includes Child and Family teaming a practice the puts the child and family in the driver seat. This service is integrated into all outpatient services	Expand		
1A	Birth to Five Training	2. This year, twelve trainings on core competencies are offered focus on birth to five to expand expertise in the workforce. DMH can look into the next two fiscal years to offer an additional 6-8 trainings in the year. Will utilize DMH/ UCLA PCOE Fellowship. PEI will work with stakeholders to identify the gap in program/services.	Expand		
1A	Birth to Five Services	3. DMH services for Birth to 5 include (but are not limited to) Incredible Years, Parent Child Interaction Therapy, Triple P, Nurturing Parenting, and Managing and adapting practice. Available trainings are also offered through the DMH/UCLA Public Partnership for Wellbeing.	Expand		
1A	Home Visitation	4. DMH offers three models of home visiting services, Deepening Connections and Enhancing Services in partnership with First 5 LA, Healthy Families America, and Parents as Teachers	Expand		
1A	Active Parenting Programs	5. DMH offers programs including Incredible Years, Nurturing Parenting, Triple P, Reflective Parenting, Child Parent Psychotherapy, and Managing and Adapting	Expand		

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		Practice. Triple P is offered in community settings, including Libraries and offer information directly to Parents			
1A	Perinatal Services	6. DMH offers specialty consultation for providers treating perinatal women and offers evidenced based practices such as Interpersonal Psychotherapy (IPT) for postpartum depression. DMH has offered 2 free online Learning Pathway for Perinatal training to all staff, from UCLA Prevention Center of Excellence.	Augment & Expand		
1B	Transforming Los Angeles	7. Supports CBOs with training and grant supports, expand and include CBO's which focus on underserved cultural communities	Expand	YES	
1B	Mental Health Promoters	8. The Mental Health Promoters program aims to reduce mental health stigma. Particularly in underserved community by increasing awareness about mental health issues and improving access to culturally and linguistically appropriate resources provided by trained community members	Expand		
1B	Mental Health service sites and programming that target underserved populations	9. DMH offers culturally specific services through both Directly operated and Contracted providers that service the American Indian, API, Black/African Heritage, Latino, and Middle Eastern communities. Transitional Age Youth (TAY) and Older Adults.	Expand and Augment to Other UsCCs		
2A	School Based Community Access Point (SBCAP)	10. Offers programing to support youth getting connected to services. Including an annual Summit for Districts/Schools to attend. DMH SBCAP team provides Technical Assistance (TA) to school districts. TA supports includes: 1) participating in resource campaigns/fairs and providing student and caregiver workshops to build an understanding of mental health and wellbeing. 2) Coordinated Care in bridging schools and school mental health providers. 3) Crisis Postvention supports that include debrief and planning with schools and mobilizing resources to support in the aftermath of an incident, with a focus on suicide.	Expand		
2A	Partnerships/ Collaborations	11. DMH continues to collaborate with Los Angeles County Office of Education (LACOE), LAUSD and other school districts to expand school services.	Expand		

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		<ul style="list-style-type: none"> <li>• Working with LACOE and Managed Care Plans (MCP) in the implementation of State-wide initiatives: Student Behavioral Health Incentive Program (SBHIP) and Children Youth Behavioral Health Initiative (CYBHI).</li> <li>• DMH SBCAP Team, Directly Operated Programs, and Legal Entity Network provide EI services.</li> <li>• LA Suicide Prevention Network has a Youth Advisory Board and provides training resources/information. Also has an annual Suicid Prevention Summit.</li> <li>• Youth Summit – Public health-Office of Violence Prevention</li> <li>• Prevention Programming with other Departments and organizations that work directly with youth at schools:</li> <li>• Dept. of Arts &amp; Culture – Creative Wellbeing – artists in the community and afterschool programs/assemblies</li> <li>• Wolf Connection - Power of the Pack Program, a multi-tiered program is an immersive digital education and empowerment experience for students aged 11-18</li> <li>• Friends Of The Children (FOTC) - a program that aims at preventing foster care entry and improve family stability and wellbeing for families identified by DCFS. It provides professional 1:1 mentorship to children for 12+ years starting around 4-6 years old.</li> <li>• UCLA Center Of Excellence (COE) Wellbeing for LA Learning Center delivers a personalized and accessible learning environment that is available to learners at home, at work, or in transit. Designed for the workforce across Los Angeles County that supports the mental health and wellbeing of children, families, and adults within systems of care. Trainings designed for school staff, teachers, and school mental health staff.</li> <li>• <b>Abundant Birth</b> (with DPH) - <i>This program is a private-public partnership that seeks to provide support to a minimum of 400 pregnant people in LA County from marginalized populations most likely to experience the worst birth</i></li> </ul>			

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		<p><i>outcomes with a variety of supports for 18 months (i.e. mental health, financial coaching, wellness supports, housing assistance, education, etc.</i></p> <ul style="list-style-type: none"> <li>• <b>Credible Messenger</b> - (with DYD) <i>This program consists of mentoring youth transitioning out of probation/juvenile justice facilities to increase access to resources and services for young people of color disproportionately negatively impacted by traditional systems and services.</i></li> <li>• <b>Medical Legal</b> - (with DHS) <i>Addresses clients' legal problems and increases awareness of their rights to which lessens undue stress and empowers them with the information.</i></li> <li>• <b>Neurofeedback</b> - <i>a short-term treatment complementary and alternative medicine (CAM), that uses electronic devices to help people with self-regulation and self-control.</i></li> <li>• <b>Peer, Family Community Supports Toward Stigma and Discrimination Reduction</b> (with NAMI Greater LA and Urban LA) - <i>Provides Countywide community based prevention programs and approaches and supports to reduce stigma and discrimination targeting people living with mental illness, their families, friends and communities.</i></li> <li>• <b>Prevention &amp; Aftercare</b> - (with DCFS) <i>Ten leading community agencies proving a variety of services to the community to empower, advocate, educate, and connect with others.</i></li> <li>• <b>School of Los Angeles (SEED LA)</b> - <i>is the county's first public, charter, college-preparatory, tuition-free boarding high school for at-risk youth. The school while provide on-site support, wellness services and socio-emotional counseling for students.</i></li> <li>• <b>Youth Development Network</b> (with DYD) - <i>Based in 5 geographic regions: This program will support youth by providing and/or referring to a range of youth development services based on an assessment of individual strengths, interests, and needs.</i></li> </ul>			

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2A	Olweus Bully Prevention Programming (OBPP)	12. OBPP is an Evidence Based Practice (EBP) proven to prevent and reduce bullying. It is a systems-change program which intervenes at the school, classroom, individual, and community levels to impact everyone who comes in contact with the students. OBPP aims to restructure the elementary, middle, and high school environment to reduce opportunities and rewards for bullying. OBPP has been more thoroughly evaluated than any other bullying prevention/reduction program so far.	Expand		
2A	CALMHSA-Directing Change	13. Statewide efforts to prevent suicide, reduce stigma and discrimination related to mental illness, and to promote the mental health and wellness of students, through film. Programming implemented in school districts from middle-high school.	Expand		
2A	Know the Five Signs	14. Training that provides a common language to identify when someone is suffering, connecting to help, and how to stay emotionally healthy.	Expand		
2A	Mental Health First Aid (MHFA)	15. Course that teaches participants how to identify, understand and respond to signs of mental illnesses and substance use disorders. The training provides the skills needed to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis.	Expand		
2A	Psychological First Aid	16. Provides guidance on responding to disaster, terrorism, or violence events that occur at a school using the Psychological First Aid for Schools intervention.	Expand		
2A	More Than Sad: Suicide Prevention Education for Teachers and Other School Personnel	17. Is an approximately 120-minute program that teaches educators to recognize signs of mental health distress in students and refer them for help.	Expand		
2A	Child Adolescent Suicide Review Team (CASRT)	18. A multidisciplinary team that conducts mortality reviews of any child in L.A. County who has died by suicide. DMH, DPH, DCFS, Medical Examiner's Office, LACOE, Probation participate in a closed door review. Meeting is not open to public due to PHI/HIPAA.	Expand		

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2A	Community School Initiative	19. Is currently in 15 schools – embedding community within school. The State’s <a href="#">California Community Schools Partnership Program</a> (CCSPP) is funding several of the original community schools. DMH can expand into other school sites including some middle schools and elementary schools.	Expand		
2A	College and Universities increase to access to care	20. Both Directly Operated and Legal Entity providers collaborate with Colleges and Universities to increase access to care for students. Services include linkage, case management, and therapy services.	Expand		
2B	Community Family Resource Center (CFRC)	21. The CFRC is designed to create a coordinated, community owned and driven space where families and individuals can easily access the services, they need to enhance their wellbeing. The CFRCs will create partnerships with trusted networks of care, individual community leaders, CBOs, and public and private entities to leverage the strengths and capacities of each to best respond to the needs of individuals and families in the community it serves.	Expand		
2B	IPrevail	22. It is accessible through any device connected to the internet. This platform offers a one-of-a-kind network of mental health support. From interactive lessons, chats with peer support coaches, to topic-based community support groups, you can see your progress being made & connect with other people going through similar life experiences all in one place.	Expand	YES	
2B	United Mental Health Promoters Network	23. The Mental Health Promoters Network project is a community outreach effort, serving to strengthen communities and create career paths for those community members functioning under the umbrella of Mental Health Promoters.	Expand		
2B	Partnerships with the Library	24. New Parent Engagement-Welcome to the Library and the World : Public Libraries and DHS Women’s Health will offer a Welcome to the Library and the World kit which will include information on the library Smart Start Early Literacy programs and services. The program will be offered at 45 locations twice a year, and through a virtual program every quarter. Triple P Parent/Caregiver Engagement. Triple P is an effective evidence based practice that gives parents and caregivers with simple and practical strategies to help them build strong, healthy relationships, confidently manage their children’s behavior and prevent	Expand	YES	

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		problems developing. School Readiness. An early literacy program designed for toddlers and preschoolers to help empower parents and guardians in supporting the education needs of their children. While enjoying books, songs, rhymes and fun, kids build early literacy skills, basic math skills, and social skills, and other essential school readiness competencies.			
2B	Partnerships with Parks and Recreation	<p>25. Our SPOT Teen Program: Social Places and Opportunities for Teens After-School Program: is a comprehensive after-school teen program aimed at engaging and providing community youth with the support, life-skills and positive experiences that will empower them to create bright futures for themselves.</p> <ul style="list-style-type: none"> <li>• We Rise Parks at Sunset – A program which creates access to self-care programming in 58 LA County parks and is offered during mental health awareness month. It provides repeated opportunities to access resources and information on mental health support including free mental well-being workshops.</li> <li>• DPR Safe Passages: Community Engagement and Safe Passages for Youth and Communities: utilizes trained gang interventionists and ambassadors to implement peace maintenance among gang neighborhoods to ensure safety to and from parks, and during park activities and provide crisis intervention services at the parks.</li> <li>• Parks after Dark Parks at Sunset – Designed for families and adults to participate in workshops and classes promoting self-care and healing, three evenings a week over 8-weeks. Activities include sports, fitness, arts and culture, movies and concerts and more.</li> </ul>	Expand and Improve	YES	
2B	Phone number for crisis support	26. 988 Suicide & Crisis Lifeline officially launched across the United States on July 16, 2022. Comprised of a national network of local crisis centers, 988 counselors provide free, confidential, 24/7 support and resources to people experiencing or affected by suicidal, mental health, and/or substance use crisis. Callers can access this lifesaving service by simply calling or texting 988, or via online chat on their website. The Los Angeles County Department of Mental	Expand		

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		Health (LACDMH) supports the wellbeing of our County residents and communities. LACDMH's Help Line is available 24/7 to provide mental health support, resources and referrals at (800) 854-7771.			
2B	Youth Services	27. DMH is developing a Youth Advisory Group to help lift up these services. For PEI, the majority of existing services are for youth and TAY populations. DMH is currently in partnership with LACOE to implement the Community School Initiative (CSI) in High Schools. With CSI, DMH is able to provide an array of services, including navigation support.	Expand		
2B	Peer services, supports and training	28. DMH currently has Mental Health Promoters, Parent Partner Training Academy and Peer Training Certifications that increase the use and capacity of peers within the department. We will increase partnership with new DMH Chief of Peers to offer more peer support and increased roles.	Expand		
2B	Senior services and centers	29. DMH currently has specialized programming through Generaciones en Accion (Laugh Therapy & Gratitude & Older Latino Adults and Caregivers)	Expand	YES	
2B	Support Group Referrals	30. Strengthen the referral support for groups suffering from: trauma, lived experiences, family members and children. Current: Seeking Safety, Survivors of Suicide Loss for adults/youth, Triple P, IY, MAP, CBT, IPT, Clinician and LE specific programming.	Improve	YES	
2B	Domestic violence support	31. DMH has funded wellbeing services with community providers in the past but does not have specific programs currently. Directly operated and Legal Entities provide mental health services in the service areas. The Department is actively exploring how we can expand these services through partnerships with CBOs.	Expand & Improve	YES	
2B	Partnerships with faith-based organizations	32. DMH has expanded partnership with faith-based organizations, provided trainings to clergy, leaders, and staff. <ul style="list-style-type: none"> <li>DMH currently has the Health Neighborhood Liaison, Faith Based Meetings. Faith based centers request and receive training and identify resources needed in the communities represented/served.</li> </ul>	Expand		

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		<ul style="list-style-type: none"> <li>DMH’s Faith Based Advisory Council (FBAC) can help coordinate and expand this work.</li> <li>DMH will engage with the FBAC to engage in activities around capacity building.</li> </ul>			
3A	Mental Health First Aid	33. Teaches participants how to identify, understand and respond to signs of mental illnesses and substance use disorders. The training provides the skills needed to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis.	Expand		
3A	Know the 5 Signs	34. Training provides a common language to identify when someone is suffering, connecting to help, and how to stay emotionally healthy (offered in junior and high school).	Expand		
3A	Directing Change	35. Statewide efforts to prevent suicide, reduce stigma and discrimination related to mental illness, and to promote the mental health and wellness of students, through film.	Expand	YES	
3A	It’s Real-Teens and Mental Health	36. Intended for high school classes or community settings with groups of teens, ages from 14 to 18, It’s Real: Teens and Mental Health for High School Students is a 45-minute program that provides young people with mental health education and resources. The program raises awareness about mental health issues, how to start a conversation about mental health, the importance of self-care, and how to reach out for help.	Expand		
3A	988 Services/Tool Kit	37. 988 Suicide & Crisis Lifeline officially launched across the United States on July 16, 2022. Comprised of a national network of local crisis centers, 988 counselors provide free, confidential, 24/7 support and resources to people experiencing or affected by suicidal, mental health, and/or substance use crisis. Callers can access this lifesaving service by simply calling or texting 988, or via online chat on their website.	Expand		
3A	Korean Hotline	38. Aims to break the stigma of mental illness and enhance the mental health awareness so help the community get support right on time to prevent the	Improve		

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		mental illness worse even to suicide. We also run K-hot line in Korean via texts, social media posts such as YouTube and phone calls.			
3A	Question, Persuade, Refer (QPR)	39. Suicide First Aid for gatekeepers: audience will learn how to Question, Persuade and Refer someone to get help and prevent death by suicide.	Expand		
3A	NAMI Prevention/Postvention	40. Postvention Training is offered to providers who will respond to a death by suicide and take an active role in coordinating and/ or responding to agency/community in reducing contagion, encouraging safe messaging and media response. <ul style="list-style-type: none"> <li>• Suicide Prevention and Intervention training for service providers includes a review of National Best Practice suicide prevention/intervention policies and procedures specific to social service organizations, interactive case scenarios and discussion on how to integrate key community services for an effective and comprehensive response.</li> <li>• In addition, NAMI is also providing: Ending the Silence programming and also has NAMI campus clubs.</li> </ul>	Expand & Improve		
3A	Assessing & Managing Suicide Risk (AMSR)	41. Knowledge-based training that covers 24 competencies required for effective clinical assessment and management of individuals at risk for suicide.	Expand		
3A	Suicide Loss Groups	42. Adult Group Facilitators are responsible for fostering a community that promotes and encourages a safe and supportive environment where group members can share their grief. Facilitators and co-facilitators are compassionate and caring individuals who can facilitate supportive discussions and maintain appropriate boundaries during the group. Rolled out in 2023 in service areas 1,2,4,8. Will expand to remaining service areas in 2024.	Expand		
3A	Suicide Prevention Trainings for Parents	43. Talk Saves Lives / Hablar Salva Vidas- A community-based presentation that covers the general scope of suicide, the research on prevention, and what people can do to fight suicide	Expand		
3A	Los Angeles County Suicide Prevention	44. An inclusive group of up to 10 youth (16-24 years old) who advocate for improving mental health and well-being and its related social determinants of health for youth countywide.	Improve		

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	Network (LASPN) Youth Advisory Board				
3A	Contextual- Conceptual Therapy	45. This is new cutting-edge approach to suicidality, has sought to understand the core experience of being suicidal by exploring the language of suicidal persons during suicidal crises. The model will teach participants: the importance of conceptually understanding the bifurcation of the suicidal context, how the suicidal crisis is, at its core level, a crisis of identity. How the crisis can be turned into a liminal opportunity for transformation towards authentic selfhood.	Expand		
3A	Striving for Zero- Learning Collaborative for California	46. This builds on the previous collaborative offered by the California Mental Health Services Authority/Each Mind Matters technical assistance team. The Mental Health Services Oversight and Accountability Commission is forming a multi-county collaborative to support the development and implementation of local suicide prevention strategic planning and program delivery. The Commission is inviting all counties to join its Striving for Zero Suicide Prevention Strategic Planning Learning Collaborative. This collaborative will deliver technical assistance and support to participating counties to share lessons learned, help expand each county's capacity to build a system of suicide prevention and align with California's Strategic Plan for Suicide Prevention. The Striving for Zero Learning Collaborative has been a unique opportunity for counties around California to support one another in creating strategic plans and coalitions that address our common goal of striving for zero suicides in our state.	Expand		
3A	Olweus Bully Prevention Programming (OBPP)	47. An Evidence Based Practice (EBP) proven to prevent and reduce bullying. OBPP is a systems-change program which intervenes at the school, classroom, individual, and community levels to impact everyone who comes in contact with the students. OBPP aims to restructure the elementary, middle, and high school environment to reduce opportunities and rewards for bullying. OBPP has been more thoroughly evaluated than any other bullying prevention/reduction program so far. DMH trains up to 35 schools per year.	Expand		

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3A	CDPH Youth Suicide Prevention Program Pilot Partnership with DPH and DMH	48. Offer the following activities/interventions: <ul style="list-style-type: none"> <li>• Surveillance</li> <li>• Rapid Reporting</li> <li>• Crisis Response.</li> <li>• General Suicide Prevention</li> <li>• Evaluation</li> <li>• Suicide Deaths/Attempts: Both suicide attempts and suicide deaths. Target population: Youth (LA County residents under age 25)</li> </ul>	Improve		
3A	i-Prevail	49. Can be accessed through any device connected to the internet. The iPrevail platform offers a one-of-a-kind network of mental health support. From interactive lessons, chats with peer support coaches, to topic-based community support groups, you can see your progress being made & connect with other people going through similar life experiences all in one place.	Expand language	YES	
3A	Veteran Programming	50. Suicide Prevention Trainings offered to agencies and the Veteran community by Veteran Peer Access Network (VPAN). Los Angeles Veterans Suicide Review Team (VSRT). The VSRT conducts mortality reviews to increase protective factors in the Veteran community to prevent future death by suicides.	Expand		
3B	Mental Health First Aid Training	51. Offered throughout the County with the DO clinics and the Community Providers. DMH also has the Health Neighborhood Faith Based Liaisons. We can expand using the Mental Health Promoters, community providers, and directly operated programming.	Expand		
3B	EBPs & CDEs	52. DMH currently has 36 EBPs and CDEs. (See document: EI Evidence Based/ Promising Practices/ Community Defined Programs)	Improve		
3B	Children and Youth Behavioral Health Initiative	53. Provides grants to CBOs to expand the number of community-defined evidence practices (CDEP)	Expand	YES	
3B	Evidence-based interventions for parents	54. DMH provides programs including but not limited to: Incredible Years, Nurturing Parenting, Triple P, Make Parenting a Pleasure, Active Parenting, Project Fatherhood, UCLA SEEDS, PCIT, Reflective Parenting, FOCUS, Child Parent	Expand		

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		Psychotherapy, Functional Family Therapy, Multisystemic Therapy, and Managing and Adapting Practice.			
3B	CAL AIM	55. DMH offers trainings through Quality Assurance and Outcomes Division regarding performance measures, clear process and implementation.	Expand		
3B	EBP: Sexual Abuse & Trauma	56. DMH offers Seeking Safety is a present-focused, coping skills therapy to help people attain safety from trauma and/or substance abuse. <ul style="list-style-type: none"> <li>• Trauma-Focused Cognitive Behavior Therapy (TF-CBT) is an early intervention for children (ages 3-18) who may be at risk for symptoms of depression and psychological trauma, subsequent to any number of traumatic experiences, particularly those individuals who are not currently receiving mental health services.</li> <li>• Multi-Systemic Therapy (MST) targets youth with criminal behavior, substance abuse and emotional disturbance, as well as juvenile probation youth. MST typically uses a home-based approach to reduce barriers that keep families from accessing services.</li> <li>• Functional Family Therapy (FFT) is a family-based, short-term prevention and intervention program for acting-out youth. It focuses on risk and protective factors that impact the adolescent, specifically interfamilial and extra-familial factors, and how they present and influence the therapeutic process. Major goals are to improve family communication and supportiveness while decreasing intense negativity these families experience.</li> <li>• Cognitive Behavioral Therapy (CBT) is intended as an early intervention for individuals who either have or may be at risk for symptoms related to the early onset of anxiety, depression, and the effects of trauma that impact various domains of daily living.</li> </ul>			

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2. DOES NOT EXIST: Add New PSI

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1A	1. Increase awareness and access to Birth to Five services through: Health Promoters, awareness campaigns, increasing visibility of resources through websites and social media, targeting strategies to reach underserved communities	DMH	YES	Q1
1A	2. Implement a Parent Navigator program familiar with community- based resources, social service agency resources, and DMH Programming	DMH	YES	Q2
1A	3. A peer support program for birthing people in Los Angeles County affected by perinatal mental health disorders to reduce stigma, relieve symptoms, and navigate the perinatal mental health care system so that they can care for themselves as well as their children. Objectives include: (1) hire and train a team of individuals with firsthand experience with perinatal mental health disorders to be certified perinatal peer supporters; (2) provide peer support and systems navigation services to 900 prenatal and postpartum people across Los Angeles County per year; (3) facilitate weekly peer support groups for 1,050 pregnant and postpartum persons across Los Angeles County per year.	Partner		Q3
1B	4. Implement a child-and-family teaming process to help children and Transition Age Youth (TAY) maintain a stable placement with family.	Partner		Q4
1B	5. Explore culturally relevant, non-traditional programs in partnership with CBOs.	DMH		
1B	6. Explore how to increase awareness of existing services in the community through health promoters, awareness campaigns, increasing visibility through websites and social media	Partner	YES	Q5
1B	7. Explore programs to educate CBOs regarding LGBTQIA-S+ community needs and creating welcoming environments. Focus on schools and religious institutions.	DMH	YES	Q6
1B	8. Explore new programs and services focused on the Deaf and Hard of Hearing community.		YES	Q7
1B	9. Provide a wellness center that offers community support groups for people with mental health and substance use disorders (SUDs), including traditional healing activities (Talking Circles), health education on mental health and/or SUDs, and wellness classes on meditation, fitness, healthy cooking, relaxation strategies, caregiver support, cultural activities, workforce development, and community wellness events. Targets individuals below 200% of federal poverty level in the Antelope Valley, including individuals experiencing homelessness and justice involved.	Partner		Q8

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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>
1B	10. With over five years of rigorous longitudinal evaluation, this community defined evidence-based program reduces violence, PTSD symptoms, recidivism, trauma symptoms, and depression, and increasing resilience. The program consists of 80 hours of intensive intervention activities (5 workshops, 8 two-hour sessions over an 8-week period) that focus on developing and enhancing protective factors, healing trauma, financial literacy, and emotional intelligence. This program focuses on youth (18 and under), adults (18 and older), and African American male youth (ages 15 – 29) who are on probation, parole, foster and former foster care, and lack a support system.	Partner		Q9
1B	11. Facilitate the Two-Spirit Storytelling as Medicine Project for American Indian/Alaska Native Transition Age Youth (TAY), Adults, and Elders through different forms of storytelling (oral storytelling, folk stories, film) along with art therapy, painting, poetry, and a final showcase to highlight the work throughout the project.	Partner		Q10
1B	12. Biofeedback therapies are a non-invasive treatment that encourages the brain to develop healthier activity patterns to assist children and Transition Age Youth (TAY) with improved self-regulation to address trauma and stressors with the ultimate treatment goal of achieving optimal functioning. Biofeedback can be used as a complement to talk therapy or without talk therapy. Project aims to increase community access to biofeedback therapy, using state-of-the-art technology tools for sensory treatment through a current site in Santa Monica, CA, Service Planning Area 5, while also implementing field-based services and partnering with other community-based organizations, community colleges, juvenile halls, and directly operated programs throughout Los Angeles County to increase access to this preventive service. Biofeedback therapies have been available for many decades, but those who can pay out-of-pocket or have top-of-the-line insurance pay for these interventions, making it out of reach for individuals receiving mental health services within the public sector. The program will impact access across ethnic, racial, and other diverse communities that have traditionally been under- or un-served.	Partner		Q11
2A	13. Expand service to Transitional Age Youth (TAY) who are not enrolling in colleges, universities, or trade schools. Youth struggling with transitioning into adulthood.	DMH/ Partners	YES	Q12
2A	14. Explore conducting an annual youth summit with DMH and medical doctors.	DMH/ Partners	YES	Q13
2A	15. Include kindergarten and preschoolers, youth and parent component to curriculum.	Partner		
2A	16. Explore expanding Safe Passages program.		YES	Q14

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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>
2A	17. Provide a coordinated, eight-tier Prevention and Early Intervention program to engage and instill Adverse Childhood Experiences (ACE) buffers in young children (zero to eight years of age), their families, neighborhoods, support systems, caregivers, schools, and communities in Los Angeles County.	Partner		Q15
2A	18. Provide camping trips and retreats with activities for children experiencing foster care/children ages 7 through 17, to help create a sense of belonging, connectivity, and promotes youth participation in recreational and extracurricular activities as an intervention in fostering positive behaviors, relationships, and teamwork.	Partner		Q16
2A	19. Provide a 6-week program in the Antelope Valley to provide small group equine-based therapy sessions for foster TAY that integrates experiential learning, mindfulness instruction, and collaboration with identified community resources available for foster care TAY (ages 16 to 24). Program will provide small group Equine-Assisted Psychotherapy (EAP) sessions focused on understanding personal choices and implications of them through experiences with therapy herd to identify potential risk factors. Participating youth will learn how to utilize appropriate resources as they build their support network, and be provided tools to develop a sense of self, identifying and fostering protective factors with healthy independent living skills.	Partner		Q17
2A	20. MakerMobile (MākMō) vehicles are a mobile delivery system to support makerspaces and promote Science, Technology, Engineering, Arts, and Math (STEAM) programs for children and teens. MakMo programs develop social and emotional skills including teamwork, problem solving, working with others, dealing with conflict, resilience, and creativity. MakMo vehicles, staffed by MakMo Librarians and Library Assistants, travel throughout LA County bringing creative programming to libraries, parks, and local community and outreach events. MakMo staff use high- and low-tech equipment to spark an interest in STEAM while building skills necessary to thrive in a 21st Century workforce. Technology includes circuits, 3D modeling and printing, robotics, microscopes, and tools, and with participants of all ages working in diverse teams.	Partner		Q18
2A	21. This prevention program offers several in-person and virtual training academies for youth throughout Los Angeles County, focusing on understanding their position within the social determinants of health and how to reduce the stigmas related to gaining access to resources to support their development in each of these areas and as a means of preventing unhealthy behaviors and life trajectories. Workshops are trauma and culturally informed, focusing on social-emotional resilience, mentoring, peer support,	Partner		Q19

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	education, and behavioral health career preparation. The target population for outreach and engagement is youth from 16-25, serving approximately 6,000 youth annually.			
2B	22. Strengthen the referral support for groups suffering from: trauma, lived experiences, family members and children	DMH		
2B	23. Increase programming for older adults. Identify programs that offer/have focus on older adults. Develop and launch a documentary as an educational storytelling tool to promote mental and physical health among Latino immigrant elderly women (60+ years) and emphasize the importance of maintaining friendships and strong support systems. The documentary aims to improve health in California by spotlighting the mental resilience and inspirational stories of elderly immigrant women who have faced adversity in California.	DMH and Partners	YES	Q20, Q25, Q30
2B	24. An interactive theatrical performance in Spanish to engage intergenerational Latino families to teach them to identify eight emotions (anger, happiness, love, fear, sadness, etc.), based on scientific evidence that supports how the use of culture and laugh therapy can heal depressive and anxiety-like symptoms. Theater is used as a tool to stay entertained and learn faster, while using family-friendly activities that unite generations with people you love.	Partner		Q21
2B	25. Organize a community concert event targeting young adults/college students in Inglewood, Hawthorne, and South Los Angeles to provide mental health education, resources, and support through a culturally relevant and engaging event. Conducted in collaboration with mental health professionals, local organizations, and artists to promote early intervention, increase mental health awareness, reduce stigma, and provide resources to access mental health services. Serves as a platform to promote the importance of community support for mental health and encourage peers and family members to support individuals struggling with mental health.			Q22
2B	26. This program focuses on four mechanisms of support intended to change perceptions, decrease stigma, and improve community mental health for families in the Boyle Heights community. The four mechanisms are (1) substance abuse prevention, (2) physical wellness and nutrition, (3) self-esteem and mindfulness, and (4) digital mental health and safety.			Q23
2B	27. Augment the reach of Reading & Rhythm and Life Skills Drumming to more children, TAY, adults and older adults in Los Angeles County.	Partner		Q24

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CATEGORY	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	DMH OR PARTNER	ADDTL FUNDS	STATUS
3A	28. Explore partnerships to expand the suicide support groups available within DMH, including but not limited to general loss and grief; LGBTQIA2-S support groups; culturally responsive support groups; and faith/spiritual support groups.	Partner	YES	Q26
3A	29. Explore utilizing the MY3 mental health app to further reach and connect with individuals who are at-risk for suicide or experiencing thoughts of suicide with a responsive support network.	Partner		
3A	30. Explore programs and services for individuals who have/are suffering as a result of human sex trafficking trauma.	Partner		
3A	31. Explore programs that provide evidence-based practices for the LGBTQIA2-S population related to suicide prevention.	Partner	YES	Q27
3A	32. Explore suicide prevention programs that address and provide services for young black males (ages 18-25).	Partner	YES	Q28
3A	33. Explore effective non-traditional programs, services and forms of healing for those suffering from mental health issues.	Partner	YES	Q29
3B	34. Explore possibility of utilizing Eye movement desensitization and reprocessing (EMDR) therapy.	Partner	YES	Q31
3B	35. Explore partnership with Parents Anonymous to provide culturally responsive support to families, parents, children and youth.	Partner		
3B	36. Explore possibility of utilizing/offering Foster All Wisdom Program for foster adoptive parents, along with neurofeedback therapy.	Partner		
3B	37. Explore strengthening and increasing number of self-help support groups, including but not limited: Self-Help Clearing House	Partner		
3B	38. Explore integrating the evidence-based practice: Shared Recovery Housing for early intervention for youth.	Partner		
3B	39. Explore offering non-traditional, culturally responsive EBPs: Positive Indian Parenting and Honoring Children.	Partner		
3B	40. DMH will explore effective non-traditional programs, services, and forms of healing for those suffering from mental health issues, specifically underserved populations including, but not limited to: LGBTQIA2-S, deaf and hard of hearing.	Partner		
3B	41. Explore program/service offering electroencephalographic biofeedback (EGG) neurofeedback for children 0-5.	Partner		

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CATEGORY	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	DMH OR PARTNER	ADDTL FUNDS	STATUS
3B	42. Explore partnership with Drumming for Life to offer: Life Skills Drumming program; Reading and Rhythm.	Partner	YES	
3B	43. Review the culturally responsive evidence-based practices from the Underserved Cultural Communities (UsCC) to be offered county-wide.	Partner		
3B	44. Explore programs/services that can take mental health support to the unhoused population where they are.	Partner		
3B	45. Explore a partnership with law enforcement departments to offer/support suicide prevention programs/services. [23]	Partner		
3B	46. Explore developing a centralized phone number dedicated to crisis support without having to contact law enforcement that can provide care on the streets and resources for experts.	Partner		

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

CATEGORY	DESCRIPTION: POLICY, PRACTICE OR ADVOCACY	STATUS
1A	1. Complete development of a Transition Aged Youth Advisory Group.	Q32
1A	2. Partner with and fund CBOs to deliver new programming and where possible to expand existing programming. Expand.	
1A	3. DMH will continue to explore, and offer, programs, services and evidence-based practices that are trauma informed and responsive, for communities which are disproportionately impacted by violence, social and economic injustice, inequality, and structural, institutional and system racism.	
1B	4. DMH will continue to increase workforce capacity to serve monolingual populations and underserved populations through more focused recruitment efforts (hiring fairs in local community), increase promoting awareness of job opportunities in local communities and schools.	
1B	5. Increase workforce capacity to serve monolingual populations and underserved populations through more education and training opportunities, including a focus on youth to promote interested in mental health.	
1B	6. Maintain a racial equity lens in program implementation through use of tools such as the CEO equity explorer.	
1B	7. New and expanded program to focus on underserved communities, API, BAH, American Indian, LGBTQIAS+, Individuals with Disabilities, and Middle Eastern Communities.	Q33
1B	8. For new and expanded programs, increase investment in CBO service and expand the number of providers that work with underserved cultural communities.	Q34
1B	9. Conduct an impact analysis of the effects of a possible reduction of PEI funding on underserved communities.	

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1B	10. Continue to instill in all DMH programming and services to focus on diversity, equity and inclusion (DEI).	
1B	11. Explore options to increase accessibility for training and services for individuals with disabilities.	Q35
2B	12. Increase DMH efforts to decriminalize mental illness, especially for those with mental illness in public spaces.	
2B	13. Reduce the silos and barriers that keep CBOs and systems from working together to engage in cross-sector collaborations/solutions.	Q36
2B	14. Increase legal support for community organizations to apply for master agreement. Streamline the RFP process for community organizations.	
2B	15. Increase Stakeholder Participation in meetings and planning workgroups.	
2B	16. Increase marketing/publicity of existing resources that address social determinates of health online (website and social media).	Q37
2B	17. Increase support for navigating services to address the technological divide.	
2B	18. Increase investment in service promotion, such as updated booklets, resource guides and leverage technology to promote services.	Q38
2B	19. Increase the level of cultural humility within the department.	
2B	20. Strengthen DMHs linguistic competency.	
2B	21. Increase the amount of Peer and Family/Caregiver support for groups and classes.	Q39
3A	22. Ensure that cultural responsiveness and accessibility is embedded throughout all DMH programs and services.	
3A	23. DMH will continue to offer programs and services utilizing trauma informed and responsiveness interventions. [11]	
3A	24. DMH will work with stakeholders to brainstorm and implement strategies to best communication and sharing the suite of mental health programs and services currently being offered by the department. [10]	
3A	25. DMH will continue to strengthen and improve a system-wide warm handoff for clients who seek and/or need other services to prevent drop off or not following through with need mental health supports.	
3A	26. Continue to strengthen referral support for families and children suffering from: trauma lived experiences. [7, 8]	
3B	27. Ensure that cultural responsiveness and accessibility is embedded throughout all DMH programs and services. [21, 22, 23]	
3B	28. DMH will continue to offer programs and services utilizing trauma informed and responsiveness interventions.	
3B	29. DMH will work with stakeholders to brainstorm and implement strategies to best communication and sharing the suite of mental health programs and services currently being offered by the department.	
3B	30. DMH will continue to review community defined evidence/practices to determine which qualify as evidence-based practices (ongoing internal process). [23]	
3B	31. DMH will continue to explore and implement strategies (within regulations) to limit the loss of clinicians/staff being trained and leaving before training is complete.	

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**PEI WORKGROUP – CONSENSUS**

CPT Recommendations/MHSA Proposals Needing Additional Feedback

QUESTION	DESCRIPTION: RECOMMENDATION OR PROPOSAL	% STRONG OR VERY STRONG	ACTIONS
Q2	Implement a Parent Navigator program familiar with community- based resources, social service agency resources, and DMH Programming	93%	ENDORSED: Adopted Consent Agenda
Q4	Implement a child-and-family teaming process to help children and Transition Age Youth (TAY) maintain a stable placement with family.	86%	ENDORSED: Adopted Consent Agenda
Q5	Explore how to increase awareness of existing services in the community through health promoters, awareness campaigns, increasing visibility through websites and social media	86%	ENDORSED: Adopted Consent Agenda
Q3	A peer support program for birthing people in Los Angeles County affected by perinatal mental health disorders to reduce stigma, relieve symptoms, and navigate the perinatal mental health care system so that they can care for themselves as well as their children. Objectives include: (1) hire and train a team of individuals with firsthand experience with perinatal mental health disorders to be certified perinatal peer supporters; (2) provide peer support and systems navigation services to 900 prenatal and postpartum people across Los Angeles County per year; (3) facilitate weekly peer support groups for 1,050 pregnant and postpartum persons across Los Angeles County per year.	79%	CONSENSUS: Moved to Tier 1
Q9	With over five years of rigorous longitudinal evaluation, this community defined evidence-based program reduces violence, PTSD symptoms, recidivism, trauma symptoms, and depression, and increasing resilience. The program consists of 80 hours of intensive intervention activities (5 workshops, 8 two-hour sessions over an 8-week period) that focus on developing and enhancing protective factors, healing trauma, financial literacy, and emotional intelligence. This program focuses on youth (18 and under), adults (18 and older), and African American male youth (ages 15 – 29) who are on probation, parole, foster and former foster care, and lack a support system.	79%	CONSENSUS: Moved to Tier 1
Q19	This prevention program offers several in-person and virtual training academies for youth throughout Los Angeles County, focusing on understanding their position within the social determinants of health and how to reduce the stigmas related to gaining access to resources to support their development in each of these areas and as a means of preventing unhealthy behaviors and life trajectories. Workshops are trauma and culturally informed, focusing on social-emotional resilience, mentoring, peer support, education, and behavioral health career preparation. The target population for outreach and	79%	CONSENSUS: Moved to Tier 1 & Language change

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QUESTION	DESCRIPTION: RECOMMENDATION OR PROPOSAL	% STRONG OR VERY STRONG	ACTIONS
	engagement is youth from 16-25, serving approximately 6,000 youth annually. <b>Broaden focus to all youth in LA County, not just Latinx.</b>		
Q20	<ul style="list-style-type: none"> <li>Q20: Increase programming for older adults.</li> <li>Q25: Identify and increase available programs that are focused on older adults.</li> <li>Q30: Develop and launch a documentary as an educational storytelling tool to promote mental and physical health among Latino immigrant elderly women (60+ years) and emphasize the importance of maintaining friendships and strong support systems. The documentary aims to improve health in California by spotlighting the mental resilience and inspirational stories of elderly immigrant women who have faced adversity in California.</li> </ul>	79%	CONSENSUS: Added Q30 & Q25 to Q20 & Moved to Tier 1
Q36	Reduce the silos and barriers that keep CBOs and systems from working together to engage in cross-sector collaborations/solutions.	79%	CONSENSUS Moved to Tier 1
Q8	Provide a wellness center that offers community support groups for people with mental health and substance use disorders (SUDs), including traditional healing activities (Talking Circles), health education on mental health and/or SUDs, and wellness classes on meditation, fitness, healthy cooking, relaxation strategies, caregiver support, cultural activities, workforce development, and community wellness events. Targets individuals below 200% of federal poverty level in the Antelope Valley, including individuals experiencing homelessness and justice involved.	71%	CONSENSUS Moved to Tier 1
Q12	Expand service to Transitional Age Youth (TAY) who are not enrolling in colleges, universities, or trade schools. <b>This includes youth struggling with transitioning into adulthood and outside of the school systems.</b>	71%	CONSENSUS Moved to Tier 1 & Language change
Q16	Provide camping trips and retreats with activities for children experiencing foster care/children ages 7 through 17, to help create a sense of belonging, connectivity, and promotes youth participation in recreational and extracurricular activities as an intervention in fostering positive behaviors, relationships, and teamwork.	71%	CONSENSUS Moved to Tier 1
Q29	<b>DMH will explore</b> effective non-traditional programs, services and forms of healing for those suffering from mental health issues.	71%	CONSENSUS Moved to Tier 1 & Language change
Q30	Identify programs that offer/have focus on older adults.	64%	CONSENSUS Add Q30 to Q20 &

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QUESTION	DESCRIPTION: RECOMMENDATION OR PROPOSAL	% STRONG OR VERY STRONG	ACTIONS
			CONSENSUS Moved to Tier 1
Q14	Explore expanding Safe Passages program.	57%	CONSENSUS Moved to Tier 1
Q22	Organize a community concert event targeting young adults/college students in Inglewood, Hawthorne, and South Los Angeles to provide mental health education, resources, and support through a culturally relevant and engaging event. Conducted in collaboration with mental health professionals, local organizations, and artists to promote early intervention, increase mental health awareness, reduce stigma, and provide resources to access mental health services. Serves as a platform to promote the importance of community support for mental health and encourage peers and family members to support individuals struggling with mental health.	27%	CONSENSUS Moved to Tier 1
Q24	Augment the reach of Reading & Rhythm and Life Skills Drumming to more children, TAY, adults and older adults in Los Angeles County.	57%	CONSENSUS Moved to Tier 1
Q1	Increase awareness and access to Birth to Five services through: Health Promoters, awareness campaigns, increasing visibility of resources through websites and social media, targeting strategies to reach underserved communities	79%	ENDORSED: Adopted Consent Agenda
Q15	Provide a coordinated, eight-tier Prevention and Early Intervention program to engage and instill Adverse Childhood Experiences (ACE) buffers in young children (zero to eight years of age), their families, neighborhoods, support systems, caregivers, schools, and communities in Los Angeles County.	79%	ENDORSED: Adopted Consent Agenda
Q35	Explore options to increase accessibility for training and services for individuals with disabilities.	79%	ENDORSED: Adopted Consent Agenda
Q37	Increase marketing/publicity of existing resources that address social determinates of health online (website and social media).	79%	ENDORSED: Adopted Consent Agenda
Q39	Increase the amount of Peer and Family/Caregiver support for groups and classes.	79%	ENDORSED: Adopted Consent Agenda
Q7	Explore new programs and services focused on the Deaf and Hard of Hearing community.	71%	ENDORSED: Adopted Consent Agenda
Q17	Provide a 6-week program in the Antelope Valley to provide small group equine-based therapy sessions for foster TAY that integrates experiential learning, mindfulness instruction, and collaboration with	71%	ENDORSED: Adopted Consent Agenda

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	identified community resources available for foster care TAY (ages 16 to 24). Program provides small group Equine-Assisted Psychotherapy (EAP) sessions focused on understanding personal choices and implications of them through experiences with therapy herd to identify potential risk factors. Participating youth with learn how to utilize appropriate resources as they build their support network and be provided tools to develop a sense of self, identifying and fostering protective factors with healthy independent living skills.		
Q18	MakerMobile (MākMō) vehicles are a mobile delivery system to support makerspaces and promote Science, Technology, Engineering, Arts, and Math (STEAM) programs for children and teens. MakMo programs develop social and emotional skills including teamwork, problem solving, working with others, dealing with conflict, resilience, and creativity. MakMo vehicles, staffed by MakMo Librarians and Library Assistants, travel throughout LA County bringing creative programming to libraries, parks, and local community and outreach events. MakMo staff use high- and low-tech equipment to spark an interest in STEAM while building skills necessary to thrive in a 21st Century workforce. Technology includes circuits, 3D modeling and printing, robotics, microscopes, and tools, and with participants of all ages working in diverse teams.	71%	ENDORSED: Adopted Consent Agenda
Q34	For new and expanded programs, increase investment in community-based organization (CBO) service and expand the number of providers that work with underserved cultural communities.	71%	ENDORSED: Adopted Consent Agenda
Q6	Explore programs to educate CBOs regarding LGBTQIA-S+ community needs and creating welcoming environments. Focus on schools and religious institutions.	71%	ENDORSED: Adopted Consent Agenda
Q11	Biofeedback therapies are a non-invasive treatment that encourages the brain to develop healthier activity patterns to assist children and Transition Age Youth (TAY) with improved self-regulation to address trauma and stressors with the ultimate treatment goal of achieving optimal functioning. Biofeedback can be used as a complement to talk therapy or without talk therapy. Project aims to increase community access to biofeedback therapy, using state-of-the-art technology tools for sensory treatment through a current site in Santa Monica, CA, Service Planning Area 5, while also implementing field-based services and partnering with other community-based organizations, community colleges, juvenile halls, and directly operated programs throughout Los Angeles County to increase access to this preventive service. Biofeedback therapies have been available for many decades, but those who can pay out-of-pocket or have top-of-the-line insurance pay for these interventions, making it out of reach for	71%	ENDORSED: Adopted Consent Agenda

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<b>QUESTION</b>	<b>DESCRIPTION: RECOMMENDATION OR PROPOSAL</b>	<b>% STRONG OR VERY STRONG</b>	<b>ACTIONS</b>
	individuals receiving mental health services within the public sector. The program will impact access across ethnic, racial, and other diverse communities that have traditionally been under- or un-served.		
Q32	Complete development of a Transition Aged Youth Advisory Group.	71%	ENDORSED: Adopted Consent Agenda
Q10	Facilitate the Two-Spirit Storytelling as Medicine Project for American Indian/Alaska Native Transition Age Youth (TAY), Adults, and Elders through different forms of storytelling (oral storytelling, folk stories, film) along with art therapy, painting, poetry, and a final showcase to highlight the work throughout the project.	64%	ENDORSED: Adopted Consent Agenda
Q13	Explore conducting an annual youth summit with DMH and medical doctors.	64%	ENDORSED: Adopted Consent Agenda
Q23	This program focuses on four mechanisms of support intended to change perceptions, decrease stigma, and improve community mental health for families in the Boyle Heights community. The four mechanisms are (1) substance abuse prevention, (2) physical wellness and nutrition, (3) self-esteem and mindfulness, and (4) digital mental health and safety.	64%	ENDORSED: Adopted Consent Agenda
Q26	Explore partnerships to expand the suicide support groups available within DMH, including but not limited to general loss and grief; LGBTQIA2-S support groups; culturally responsive support groups; and faith/spiritual support groups.	64%	ENDORSED: Adopted Consent Agenda
Q28	Explore suicide prevention programs that address and provide services for young black males (ages 18-25).	64%	ENDORSED: Adopted Consent Agenda
Q33	New and expanded program to focus on underserved communities, API, BAH, American Indian, LGBTQIAS+, Individuals with Disabilities, and Middle Eastern Communities.	64%	ENDORSED: Adopted Consent Agenda
Q38	Increase investment in service promotion, such as updated booklets, resource guides and leverage technology to promote services.	64%	ENDORSED: Adopted Consent Agenda
Q21	An interactive theatrical performance in Spanish to engage intergenerational Latino families to teach them to identify eight emotions (anger, happiness, love, fear, sadness, etc.), based on scientific evidence that supports how the use of culture and laugh therapy can heal depressive and anxiety-like symptoms. Theater is used as a tool to stay entertained and learn faster, while using family-friendly activities that unite generations with people you love.	57%	ENDORSED: Adopted Consent Agenda

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QUESTION	DESCRIPTION: RECOMMENDATION OR PROPOSAL	% STRONG OR VERY STRONG	ACTIONS
Q25	Develop and launch a documentary as an educational storytelling tool to promote mental and physical health among Latino immigrant elderly women (60+ years) and emphasize the importance of maintaining friendships and strong support systems. The documentary aims to improve health in California by spotlighting the mental resilience and inspirational stories of elderly immigrant women who have faced adversity in California.	57%	CONSENSUS Integrate with Q20 and Q30
Q27	Explore programs that provide evidence-based practices for the LGBTQIA2-S population related to suicide prevention.	50%	ENDORSED: Adopted Consent Agenda
Q31	Explore possibility of utilizing Eye movement desensitization and reprocessing (EMDR) therapy.	29%	ENDORSED: Adopted Consent Agenda