

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

BACKGROUND

This document contains the total set of recommendations from the Community Planning Team and consensus recommendations from the four CPT Workgroups:

- A. Community Supports Continuum (CSC)
- B. Homeless Services and Housing Supports (HSHR)
- C. Prevention and Early Intervention (PEI)
- D. Workforce Education and Training (WET)

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:

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.

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

COMMUNITY SUPPORTS CONTINUUM (CSC)

BACKGROUND

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

CATEGORIES	GOALS
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>

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		

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

CATEGORY	EXISTING PSI	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	EXPAND OR IMPROVE	ADDTL FUNDS	STATUS
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		
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	Expand		

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

CATEGORY	EXISTING PSI	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	EXPAND OR IMPROVE	ADDTL FUNDS	STATUS
		services. DMH is expanding this program to include work in public spaces including libraries.			
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		
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

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

CATEGORY	EXISTING PSI	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	EXPAND OR IMPROVE	ADDTL FUNDS	STATUS
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
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

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

CATEGORY	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	DMH OR PARTNER	ADDTL FUNDS	STATUS
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
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			Q18

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

CATEGORY	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	DMH OR PARTNER	ADDTL FUNDS	STATUS
	life span, including those who are housed or experiencing homelessness who exhibit symptoms of HD that negatively impact the individual and/or community.			
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
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

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

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

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

CSC WORKGROUP – CONSENSUS RECOMMENDATIONS

CPT Recommendations/MHSA Proposals Needing Additional Feedback

QUESTION	DESCRIPTION: RECOMMENDATION OR PROPOSAL	% STRONG 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. Ensure crisis services are in place before launching campaign.	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 to adequate amount, highlighting the role and success stories of peers.	38%	CONSENSUS: Moved to Tier &

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
Community Planning Process – MHPA Three-Year Program and Expenditure Plan, 2024-2026
Total Community Planning Team (CPT) & Workgroup Recommendations

QUESTION	DESCRIPTION: RECOMMENDATION OR PROPOSAL	% STRONG VERY STRONG	ACTIONS
			Language changed
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

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

QUESTION	DESCRIPTION: RECOMMENDATION OR PROPOSAL	% STRONG 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. This should include coordination with other programs for effective use of resources beyond DMH.	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 across all Service Areas.	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, including oversight.	62%	CONSENSUS: Language changed
Q8	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.	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

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

QUESTION	DESCRIPTION: RECOMMENDATION OR PROPOSAL	% STRONG VERY STRONG	ACTIONS
Q7	Increase self-help support groups.	54%	ENDORSED: Adopted Consent Agenda
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

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
 Community Planning Process – MHSa Three-Year Program and Expenditure Plan, 2024-2026
 Total Community Planning Team (CPT) & Workgroup Recommendations

QUESTION	DESCRIPTION: RECOMMENDATION OR PROPOSAL	% STRONG VERY STRONG	ACTIONS
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

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
 Community Planning Process – MHSa Three-Year Program and Expenditure Plan, 2024-2026
 Total Community Planning Team (CPT) & Workgroup Recommendations

HOMELESS SERVICES AND HOUSING RESOURCES (HSHR)

BACKGROUND

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

CATEGORIES	GOALS
1. Eviction Prevention	<i>Strengthen eviction prevention services and supports.</i>
2. Street Outreach	<i>Strengthen street outreach.</i>
3. Service Quality	<i>Improve service quality.</i>
4. Types of Housing Options	<i>Increase types of housing options.</i>
5. Specific Populations	<i>Provide targeted support to specific underserved populations.</i>

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	Preventing Homelessness & Promoting Health	1. Expand the Preventing Homelessness and Promoting Health (PH Square) collaborative program with Department of Health to provide psychiatric, medical, and other social service interventions to prevent imminent eviction.	Expand	YES	Q1
1	Full Service Partnerships	2. Provide flex funds for enrolled clients which can be used for eviction prevention and improve FSP to include life skills training to prevent eviction.	Improve		

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

CATEGORY	EXISTING PSI	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	EXPAND OR IMPROVE	ADDTL FUNDS	STATUS
1	Interim Housing – Outreach Program	3. Provide mental health supports for interim housing sites to reduce exits to the streets (eviction) and increase movement to Permanent Supportive Housing (PSH) through an integrated approach. (This is also a job training opportunity for Peer Specialist positions.)	New Service January 2024		
1	Housing Support Services Program (HSSP)	4. Expand HSSP services in PSH units in collaboration with Department of Health Service’s Intensive Case Management Services providers and Department of Public Health’s Client Engagement and Navigation Services. When new PSH buildings open, services providers are contracted to render these services.	Expand		
1	Housing Services	5. Expand permanent congregate housing with on-site peer supportive services.	Expand	YES	Q2
1	Housing Assistance Program	6. Provide financial assistance to DMH clients of one month of unpaid rent, based on an individualized client plan for self-sufficiency.	Expand		
2	SKID ROW Concierge Program	7. This program provides street-based engagement and support to connect to mental health treatment and housing for individuals experiencing unsheltered homelessness in the skid row area.	Expand		
2	HOME	8. Expand HOME to increase street outreach to individuals with serious and persistent mental illness (SPMI) and to fill the need of new programming (e.g., Interim Housing Outreach Program)	Expand		
2	PMRT	9. PMRT (Psychiatric Mobile Response Team) provides field-based crisis services. Expand PMRT to include contracted Field Intervention Teams that are designated to respond to mental health crises of individuals in various types of housing.	Expand		
2	Community Health Promoters (CHWs)	10. Utilize CHWs to increase awareness about mental health issues and to disseminate resources to reduce mental stigma and improve working relationships within the community in order to deliver mental health services. Expand this program to include work in public spaces including libraries.	Expand	YES	

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
Community Planning Process – MHPA Three-Year Program and Expenditure Plan, 2024-2026
Total Community Planning Team (CPT) & Workgroup Recommendations

CATEGORY	EXISTING PSI	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	EXPAND OR IMPROVE	ADDTL FUNDS	STATUS
3	Housing Data Collection Infrastructure	11. Improve infrastructure to support better data collection of homelessness and housing data that can be used to improve programs via Housing and Homelessness Incentive Program (HHIP).	Improve		
3	Mental Health Support	12. Provide mental health support in shared housing and traditional housing.	Expand	YES	
3	Peer Services	13. Use Peer Services for social supports and navigating benefits and paperwork available in Peer Run Centers, MHPA Outpatient, and FSP programs.	Expand	YES	
3	Peer Run Respite Care Homes	14. Provide Peer Run Respite Care to support individuals in crisis to prevent homelessness.	Expand	YES	
4	Interim Housing Beds	15. Create new interim housing beds, enhance staffing/services in existing non-congregate interim housing sites, and provide CARE Court clients with rental assistance resources by accepting Behavioral Health Bridge Housing (BHH) funding from the State. Expand interim housing in high need areas such as Skid Row.	Expand		
4	Interim Housing Families	16. Increase interim housing resources for families.	Expand		
4	Enriched Residential Care (ERC) & Board and Cares (B&Cs)	17. Increase access for Persons Experiencing Homelessness (PEH) to ERC and licensed residential care facilities by accepting funds in Community Care Expansion (CCE) State subsidies to ERC and provide funds for all licensed residential care facilities.	Expand		
4	Hollywood 2.0 - Interim Housing, ERC, & PSH	18. Continue current pilot of community-inclusive programming to support, treat, and house individuals in the Hollywood area.	Expand		
4	Dedicated Hotel/Motel Beds - HOME	19. Expand dedicated hotel/motel beds for Homeless Outreach Mobile Engagement (HOME), which provides street outreach for individuals who may need extensive engagement and support. This includes reentry programs for women and men.	Expand	YES	

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

CATEGORY	EXISTING PSI	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	EXPAND OR IMPROVE	ADDTL FUNDS	STATUS
4	Permanent Supportive Housing	20. Expand Permanent Supportive Housing (PSH) across LA County	Expand		
4	Beds for Very Vulnerable Individuals	21. Provide housing in a home setting for up to 6 young adult males diagnosed with serious mental illness that face housing insecurity and are unable to live independently, grouped by same age range and same diagnosis (schizophrenia) in a supportive home model with 24/7 trained staff in the LEAP method and in-house holistic program that stimulates motivation, engagement and provides improvement in behavioral and physical health through nutrition, music and nature outings, besides job coaching to create purpose in staying well. The supportive housing model creates a social community where they can grow in trust and confidence and forge friendships, and the model also provides a sense of belonging and community, reducing the isolation and stigma that people with serious mental illness face.		YES	Q3
5	Transition Age Youth (TAY)	22. Expand TAY housing and service options including shelters, interim housing, and PSH, focused on youth transitioning from child welfare and probation systems	Expand	YES	
5	Justice Involved - Office of Diversion and Reentry	23. Support the Office of Diversion and Reentry (ODR) to fund Intensive Case Management Services (ICMS), Interim Housing, Enriched Residential Care (ERC) and Permanent Supportive Housing for individuals who are homeless, have a Serious Mental Illness and are incarcerated at LA County Jail. Incentivize psychiatrists, including with loan repayment programs at DMH and DHS to work with this population. Also ensure parity of pay for psychiatrists at DMH, DHS, VA and other County programs.	Expand		
5	Justice Involved - Care First Community Investment	24. Expand the Care First Community Investment (CFCI) model of interim housing for those with justice involvement to other sites.	Expand		
5	Justice Involved - Women's Community Re-entry	25. Expand hotel/motel beds that will serve as interim housing for Women's Community Re-Entry Program clients.	Expand	YES	

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
 Community Planning Process – MHSa Three-Year Program and Expenditure Plan, 2024-2026
 Total Community Planning Team (CPT) & Workgroup Recommendations

CATEGORY	EXISTING PSI	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	EXPAND OR IMPROVE	ADDTL FUNDS	STATUS
5	LGBTQIA & Transgender	26. Expand or create housing settings specific to Transgender communities and provide extended hours to meet needs.	Expand		
5	BAH + UsCC: Utilities Support	27. Ensure funding for support services i.e. utilities for the Black and African Heritage (BAH) and other underserved communities	Expand		
5	Undocumented Clients – Interim Housing	28. At interim housing sites, increase staff capacity to provide culturally and linguistically appropriate services for undocumented clients and mental health support. IHOP will be implemented in 2024.	Improve		
5	Senior older adult population	29. All types of housing and housing that meets their unique needs including related to deteriorating physical and mental health.	Improve		

2. DOES NOT EXIST: Add New PSI

CATEGORY	DESCRIPTION: NEW PROGRAM, SERVICE, OR INTERVENTION	DMH OR PARTNER	ADDTL FUNDS	STATUS
1	1. Develop and implement trainings and materials focused on eviction prevention and available resources to train <u>mental health providers</u> to assist and educate clients at all levels of care. This includes information on community resources, legal services, and first-time homeowner programs.	Partner	YES	
1	2. Develop and implement trainings and materials on working with individuals with mental health needs for <u>landlords, law enforcement, and others</u> involved in the eviction process.	Partner	YES	
1	3. Develop rehabilitation and skill-building groups focused on helping consumers to maintain housing (e.g. budgeting, communication with property owners, being a good neighbor, employment etc.) as part of the service array in DMH clinics and contract agencies.	DMH Partner	YES	

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
Community Planning Process – MHSa Three-Year Program and Expenditure Plan, 2024-2026
Total Community Planning Team (CPT) & Workgroup Recommendations

CATEGORY	DESCRIPTION: NEW PROGRAM, SERVICE, OR INTERVENTION	DMH OR PARTNER	ADDTL FUNDS	STATUS
1	4. Develop a <u>countywide eviction prevention program</u> that has a central phone number for support, provides training for law enforcement and landlords and property managers on working with mental health issues and available resources, helps individuals access eviction prevention funds available through county programs, and provides life skills trainings in the community.	Partner	YES	Q4
1	5. Develop a <u>housing resources landing page</u> on the DMH website that lists information on how to access all available resources for eviction prevention, housing support, and/or services related to housing retention.	DMH	YES	
1	6. Develop and implement a comprehensive <u>communication strategy</u> that informs clients about housing resources. This communication strategy would include Community Health Workers (e.g., <i>Promotoras</i> and Peer Specialists) in delivering this information.	DMH	YES	
2	7. Develop and implement trainings and resource materials focused on <u>finding resources in the community</u> (e.g., sobering centers, <i>SafeParkingLA</i> , mobile showers, housing resources).	Partner	YES	
2	8. Develop and implement trainings and materials for improving <u>coordination of care among service teams</u> and passing out the available resources in the various levels of care including interoperability with public safety. Ensure there is an investment in technology and a centralized system.	DMH	YES	
2	9. Develop <u>PMRT Team</u> dedicated to the <u>skid row area</u> and other areas where PEH are concentrated to improve mental health crisis response time.	DMH	YES	Q5
2	10. Develop and implement programs that assign mental health treatment and peer services staff to places where PEH are located including shopping centers and local libraries to treat and support library patrons experiencing homelessness.	DMH	YES	Q6
2	11. Incorporate mobile showers as part of the services provided by DMH Street Outreach by partnering with existing CBOs including the faith community that manage these resources.	DMH		
2	12. Develop public education about Senate Bill 43 which modernizes the definition of grave disability and probable cause for conservatorship. The bill broadens eligibility to people who are unable to provide for their personal safety or necessary medical care. In addition, Senate Bill 43 encompasses people with a severe substance use disorder, such as chronic alcoholism. Incorporate the new definition in HOME services in Los Angeles County if permissible. This should be done as an anti-stigma campaign to ensure we do not further stigmatize people.	DMH	YES	Q7

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

CATEGORY	DESCRIPTION: NEW PROGRAM, SERVICE, OR INTERVENTION	DMH OR PARTNER	ADDTL FUNDS	STATUS
2	13. Develop safe sleep programs.	DMH	YES	Q8
2	14. Develop stationary hubs (centralized services) so there is a direct pipeline to DMH in the community including transportation with wheelchair access.	Partner	YES	Q9
3	15. Develop a one-stop online site that centralizes information about housing resources.	DMH & Partner	YES	
3	16. Develop or integrate into an existing program training and support for landlords and housing developers on working with and the needs of individuals with mental illness (e.g., implicit bias training).	Partner	YES	Q10
3	17. Implement or partner with services providing supports to adult children with SMI to improve access to support groups such as NAMI, and respite care options.	Partner	YES	Q11
4	18. Develop a damage mitigation pool of funding to repair damage in interim and permanent housing to repair damage by DMH clients.	DMH & Partner	YES	Q12
4	19. Use a community land trust model building upon innovative solutions presented in the Alameda County Supportive Housing Community Land Alliance Project Proposal to bring permanent affordability and community control to help ease Los Angeles County's housing crisis for SMI consumers whose income is 200% of the federal poverty level.		YES	Q13
4	20. Implement independent living centers and supports to increase the ability to live independently.		YES	Q14
5	21. <u>Justice-Involved and/or Undocumented Clients</u> : Support the Legacy Flexible Housing Subsidy Pool (FHSP) Program that provides ongoing rental assistance to clients who are homeless and do not qualify for federal housing subsidies due to their documentation status or type of felony offense (e.g., Registered Sex Offenders).	Partner		Q15
5	22. <u>Justice-Involved Clients</u> : Continue the operation of Interim Housing beds for those with justice involvement funded with CFCI dollars when the funding source terminates on June 30, 2024.	DMH		Q16
5	23. <u>Justice-involved Clients</u> : Establish dedicated interim housing beds for formerly incarcerated clients served through the Men's Community Reentry Program.	DMH		Q17
5	24. <u>Veterans</u> : Implement awareness campaign to improve access to housing resources for veterans.	Partner	YES	Q18
5	25. <u>TAY, LGBTQ, Transgender, Domestic Violence, and Older Adults</u> : Develop or expand existing housing <u>resource guides</u> to identify housing available to specific populations.	Partner	YES	Q19

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
 Community Planning Process – MHPA Three-Year Program and Expenditure Plan, 2024-2026
 Total Community Planning Team (CPT) & Workgroup Recommendations

CATEGORY	DESCRIPTION: NEW PROGRAM, SERVICE, OR INTERVENTION	DMH OR PARTNER	ADDTL FUNDS	STATUS
5	26. <u>LGBTQIA</u> : Invest in housing specific to LGBTQ community.	Partner	YES	Q20
5	27. <u>Low-Income People Not Meeting the Definition of Homeless</u> : Increase MHPA funds for the Flexible Housing Subsidy Pool which can be used for rent subsidies in a variety of housing types, such as licensed care facilities, for individuals who do not meet the definition of homeless but do not have the income to move to other forms of housing such as licensed residential facilities. This Flexible Housing Subsidy Pool can help create more flow for special populations across different housing types.	DMH	YES	Q21
	28. Utilize a comprehensive, community-based approach, leveraging existing strengths to provide housing, a coordinated continuum of culturally competent health services, employment support and other recovery support services tailored to the needs of African immigrants, refugees and underserved populations experiencing homelessness in Los Angeles County, California.		YES	Q22

B. POLICY, PRACTICE, AND/OR ADVOCACY RECOMMENDATIONS

CATEGORY	DESCRIPTION: POLICY, PRACTICE OR ADVOCACY	STATUS
1	1. Integrate mental health needs/practices into the current eviction practices/protocols.	Green
1	2. Use tools like the CEO Equity tool to identify specific geographic areas of need within each Service Area and to target specific underserved populations when implementing and/or expanding programs.	Green
1	3. Address the high cost of living.	Red
1	4. Improve law enforcement response to avoid losing housing.	Red
1	5. Provide restorative housing.	Red
1	6. Increase homeownership opportunities.	Red
2	7. Tap into some of the models in West Hollywood, homeless outreach teams, collaboratives with different organizations including The People Concern/Step Up on Second/Tarzana Treatment Center/etc.	Red
2	8. Involve community leaders and CBOs with funding to outreach and relate to these sites.	Green
2	9. Identify existing community services and advocate for more services, such as safe parking and mobile showers. Collaborate with those in the community that provide these resources.	Green

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
Community Planning Process – MHSa Three-Year Program and Expenditure Plan, 2024-2026
Total Community Planning Team (CPT) & Workgroup Recommendations

CATEGORY	DESCRIPTION: POLICY, PRACTICE OR ADVOCACY	STATUS
2	10. Help individuals with substance use disorders to accept housing in real time.	
2	11. Provide better support and training for peer specialists who support street outreach work.	
2	12. Provide better assistance to individuals that are homeless to get access to hot food and to find adequate housing.	
2	13. Add peer support across all programs.	Q23
2	14. Strengthen hiring and selection processes and reduce barriers for people with lived experience. Provide opportunities for CHW to meet to collaborate together and identify and advocate for training and supports needed.	
2	15. Implement resource fairs and collaborate with the community.	
2	16. Hire staff that are reflective of the communities served and ensure cultural and linguistic competence and provide training on implicit bias.	
2	17. Implement client satisfaction surveys across programs use that information to improve programs/services.	
2	18. Develop a structured approach to support individuals that have “failed” in many different programs and to coordinate across programs.	
2	19. Collect and analyze 911 usage for PEH issues.	
3	20. Integrate a housing navigator focused on supporting the Fire Department and EMS to avoid unnecessary emergency room visits for clients who qualify for housing supports.	
3	21. Promote awareness and access to benefits establishment services available throughout LA County	
3	22. Establish an oversight committee which is community-based and peer-led to assure and improve accountability for contract providers	
3	23. Remove barriers such as requirement of referrals to programs (allow self-referrals), verifications of identity (in forms of ID’s and/or certificates) for homeless individuals seeking housing services/supports.	
3	24. Improve timely access to temporary and permanent housing, and reduce bureaucratic barriers	
3	25. Improve safety in housing units and ensure housing developers include 24-hour security when underwriting projects. People that are providing security should be trained on de-escalation and trauma informed responses.	Q24
3	26. Enhance staffing/services in existing congregate interim housing sites.	Q25
3	27. Provide training, GED classes and employment opportunities.	
3	28. Implement customer satisfaction surveys	
3	29. Focus on client driven goals.	

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
Community Planning Process – MHPA Three-Year Program and Expenditure Plan, 2024-2026
Total Community Planning Team (CPT) & Workgroup Recommendations

CATEGORY	DESCRIPTION: POLICY, PRACTICE OR ADVOCACY	STATUS
3	30. Increase self-sufficiency and independent living skills especially while in shelters.	
3	31. Collect performance measures and provide incentives for workers that are burned out.	
3	32. Train staff on how to develop quality SSI applications that will be approved.	
4	33. Contain costs per bed at less than \$100K.	Q26
4	34. Eliminate site control to expand types of housing.	Q27
4	35. Provide relentless engagement.	
4	36. Reduce bureaucracy to access housing.	
4	37. Ensure supportive services in PSH are adequate and focused on self-sufficiency.	
4	38. When DMH has resource fairs include housing resources.	
4	39. Ensure there is throughput between different types of housing including pathways out of shared housing settings.	
4	40. Inform PEH about peer support job opportunities.	
5	41. Strengthen communication between DMH's Enhanced Emergency Shelter Program staff and other providers of TAY Interim and Transitional Housing and improve connection to mental health and housing services for the youth in these settings.	
5	42. Establish funding for African American (AA) population to own/lead interventions related to their communities outside of faith-based groups.	Q28
5	43. Strengthen coordination with DCFS and Probation.	
5	44. Increase access for both documented and undocumented clients.	

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

HSR WORKGROUP – CONSENSUS RECOMMENDATIONS

CPT Recommendations/MHSA Proposals Needing Additional Feedback

QUESTION	DESCRIPTION: RECOMMENDATION OR PROPOSAL	% STRONG VERY STRONG	ACTIONS
Q1	Expand the Preventing Homelessness and Promoting Health (PH Square) collaborative program with Department of Health to provide psychiatric, medical, and other social service interventions to prevent imminent eviction.	92%	CONSENSUS: Leave as is
Q3	Provide housing in a home setting for up to 6 young adult males diagnosed with serious mental illness that face housing insecurity and are unable to live independently, grouped by same age range and same diagnosis (schizophrenia) in a supportive home model with 24/7 trained staff in the LEAP method and in-house holistic program that stimulates motivation, engagement and provides improvement in behavioral and physical health through nutrition, music and nature outings, besides job coaching to create purpose in staying well. The supportive housing model creates a social community where they can grow in trust and confidence and forge friendships, and the model also provides a sense of belonging and community, reducing the isolation and stigma that people with serious mental illness face.	92%	ENDORSED: Adopted Consent Agenda
Q2	Expand on congregate housing (such as shared and permanent supportive housing) with on-site peer supportive services. Develop glossary of key terms, such as shared housing; permanent supportive housing; congregate housing;	85%	CONSENSUS: Language change
Q14	Implement independent living centers and supports to increase the ability to live independently.	85%	ENDORSED: Adopted Consent agenda
Q16	Justice-Involved Clients: Continue the operation of Interim Housing beds for those with justice involvement funded with CFCI dollars when the funding source terminates on June 30, 2024.	85%	ENDORSED: Adopted Consent agenda
Q21	Low-Income People Not Meeting the Definition of Homeless: Increase MHSA funds for the Flexible Housing Subsidy Pool which can be used for rent subsidies in a variety of housing types, such as licensed care facilities, for individuals who do not meet the definition of homeless but do not have the income to move to other forms of housing such as licensed residential facilities. This Flexible Housing Subsidy Pool can help create more flow for special populations across different housing types.	85%	CONSENSUS: No change

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
 Community Planning Process – MHSa Three-Year Program and Expenditure Plan, 2024-2026
 Total Community Planning Team (CPT) & Workgroup Recommendations

QUESTION	DESCRIPTION: RECOMMENDATION OR PROPOSAL	% STRONG VERY STRONG	ACTIONS
Q23	Add peer support across all programs.	85%	ENDORSED: Adopted Consent agenda
Q19	TAY, LGBTQ, Transgender, Domestic Violence, and Older Adults: Develop or expand existing housing resource guides to identify housing available to specific populations.	69%	CONSENSUS: Moved to Tier 1
Q17	Justice-involved Clients: Establish dedicated interim housing beds for formerly incarcerated clients served through the Men's and Women's Community Reentry Program.	77%	CONSENSUS: Moved to Tier 1 and language change
Q18	Veterans: Implement awareness campaign targeting veterans and their families to address and target barriers to improve access to housing resources.	77%	CONSENSUS: Moved to Tier 1 and language change
Q24	Improve safety in housing units and ensure housing developers include 24-hour security when underwriting projects. People that are providing security Should be trained on de-escalation and trauma informed responses.	77%	ENDORSED: Adopted Consent agenda
Q4	Develop a countywide eviction prevention program that has a central phone number for support, provides training for law enforcement and landlords and property managers on working with mental health issues and available resources, helps individuals access eviction prevention funds available through county programs, and provides life skills trainings in the community.	77%	ENDORSED: Adopted Consent agenda
Q5	Develop PMRT Team dedicated to the skid row area and other areas where PEH are concentrated to improve mental health crisis response time.	77%	ENDORSED: Adopted Consent agenda
Q28	Establish funding for African American (AA) population to own/lead interventions related to their communities outside of faith-based groups.	54%	CONSENSUS: Leave as is and move to Tier 2.
Q6	Develop and implement programs that assign mental health treatment and peer services staff to places where Person Experiencing Homelessness (PEH) are located including shopping centers and local libraries to treat and support library patrons experiencing homelessness.	69%	ENDORSED: Adopted Consent agenda

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

QUESTION	DESCRIPTION: RECOMMENDATION OR PROPOSAL	% STRONG VERY STRONG	ACTIONS
Q9	Develop stationary hubs (centralized services) so there is a direct pipeline to DMH in the community including transportation with wheelchair access.	69%	ENDORSED: Adopted Consent agenda
Q12	Develop a damage mitigation pool of funding to repair damage in interim and permanent housing to repair damage by DMH clients.	69%	ENDORSED: Adopted Consent agenda
Q13	Use a community land trust model building upon innovative solutions presented in the Alameda County Supportive Housing Community Land Alliance Project Proposal to bring permanent affordability and community control to help ease Los Angeles County’s housing crisis for SMI consumers whose income is 200% of the federal poverty level.	69%	CONSENSUS: Leave as is
Q25	Enhance staffing and supportive services (such as, trauma informed training and job/employment support) in existing congregate interim housing sites.	69%	CONSENSUS: Language change
Q7	Develop public education about Senate Bill 43 which modernizes the definition of grave disability and probable cause for conservatorship. The bill broadens eligibility to people who are unable to provide for their personal safety or necessary medical care. In addition, Senate Bill 43 encompasses people with a severe substance use disorder, such as chronic alcoholism. Incorporate the new definition in HOME services in Los Angeles County if permissible. This should be done as an anti-stigma campaign to ensure we do not further stigmatize people.	62%	ENDORSED: Adopted Consent agenda
Q8	Develop safe sleep programs.	62%	ENDORSED: Adopted Consent agenda
Q10	Develop or integrate into an existing program training and support for landlords, property managers and housing developers on working with and addressing the needs of individuals with mental illness (e.g., implicit bias training, cultural awareness concepts and information on supportive programs).	62%	CONSENSUS: Language change
Q11	Implement or partner with services providing supports to adult children with SMI to improve access to support groups such as NAMI, and respite care options.	62%	ENDORSED: Adopted Consent agenda

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
 Community Planning Process – MHSa Three-Year Program and Expenditure Plan, 2024-2026
 Total Community Planning Team (CPT) & Workgroup Recommendations

QUESTION	DESCRIPTION: RECOMMENDATION OR PROPOSAL	% STRONG VERY STRONG	ACTIONS
Q20	LGBTQIA: Invest in housing specific to LGBTQ community.	62%	ENDORSED: Adopted Consent agenda
Q22	Utilize a comprehensive, community-based approach, leveraging existing strengths to provide housing, a coordinated continuum of culturally and linguistic competent health services, employment support and other recovery support services tailored to the needs of, but not limited to, African heritage populations, indigenous immigrants , refugees and other underserved populations experiencing homelessness in Los Angeles County, California.	62%	CONSENSUS: Language change
Q15	Justice-Involved and/or Undocumented Clients: Support the Legacy Flexible Housing Subsidy Pool (FHSP) Program that provides ongoing rental assistance to clients who are homeless and do not qualify for federal housing subsidies due to their documentation status or type of felony offense (e.g., Registered Sex Offenders).	54%	ENDORSED: Adopted Consent agenda
Q27	Eliminate site control to expand types of housing.	31%	NO ACTION: Lack of understanding
Q26	Contain costs per bed at less than \$100K.	38%	CONSENSUS: Remove from recommendations

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
 Community Planning Process – MHSa Three-Year Program and Expenditure Plan, 2024-2026
 Total Community Planning Team (CPT) & Workgroup Recommendations

PREVENTION AND EARLY INTERVENTION

BACKGROUND

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

CATEGORIES		GOALS
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>

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		

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

CATEGORY	EXISTING PSI	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	EXPAND OR IMPROVE	ADDTL FUNDS	STATUS
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 Practice. Triple P is offered in community settings, including Libraries and offer information directly to Parents	Expand		
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		

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
 Community Planning Process – MHSa Three-Year Program and Expenditure Plan, 2024-2026
 Total Community Planning Team (CPT) & Workgroup Recommendations

CATEGORY	EXISTING PSI	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	EXPAND OR IMPROVE	ADDTL FUNDS	STATUS
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. <ul style="list-style-type: none"> • 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). • DMH SBCAP Team, Directly Operated Programs, and Legal Entity Network provide EI services. • LA Suicide Prevention Network has a Youth Advisory Board and provides training resources/information. Also has an annual Suicid Prevention Summit. • Youth Summit – Public health-Office of Violence Prevention • Prevention Programming with other Departments and organizations that work directly with youth at schools: • Dept. of Arts & Culture – Creative Wellbeing – artists in the community and afterschool programs/assemblies 	Expand		

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

CATEGORY	EXISTING PSI	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	EXPAND OR IMPROVE	ADDTL FUNDS	STATUS
		<ul style="list-style-type: none"> • Wolf Connection - Power of the Pack Program, a multi-tiered program is an immersive digital education and empowerment experience for students aged 11-18 • 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. • 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. • Abundant Birth (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 outcomes with a variety of supports for 18 months (i.e. mental health, financial coaching, wellness supports, housing assistance, education, etc.</i> • Credible Messenger - (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> • Medical Legal - (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> • Neurofeedback - <i>a short-term treatment complementary and alternative medicine (CAM), that uses electronic devices to help people with self-regulation and self-control.</i> • Peer, Family Community Supports Toward Stigma and Discrimination Reduction (with NAMI Greater LA and Urban LA) - <i>Provides Countywide</i> 			

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

CATEGORY	EXISTING PSI	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	EXPAND OR IMPROVE	ADDTL FUNDS	STATUS
		<p><i>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></p> <ul style="list-style-type: none"> • Prevention & Aftercare - (with DCFS) <i>Ten leading community agencies proving a variety of services to the community to empower, advocate, educate, and connect with others.</i> • School of Los Angeles (SEED LA) - <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> • Youth Development Network (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> 			
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	Expand		

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

CATEGORY	EXISTING PSI	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	EXPAND OR IMPROVE	ADDTL FUNDS	STATUS
		who may be developing a mental health or substance use problem or experiencing a crisis.			
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		
2A	Community School Initiative	19. Is currently in 15 schools – embedding community within school. The State's California Community Schools Partnership Program (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	Expand	YES	

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

CATEGORY	EXISTING PSI	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	EXPAND OR IMPROVE	ADDTL FUNDS	STATUS
		groups, you can see your progress being made & connect with other people going through similar life experiences all in one place.			
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 though 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 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.	Expand	YES	
2B	Partnerships with Parks and Recreation	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. <ul style="list-style-type: none"> 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. DPR Safe Passages: Community Engagement and Safe Passages for Youth and Communities: utilizes trained gang interventionists and ambassadors to 	Expand and Improve	YES	

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
 Community Planning Process – MHSa Three-Year Program and Expenditure Plan, 2024-2026
 Total Community Planning Team (CPT) & Workgroup Recommendations

CATEGORY	EXISTING PSI	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	EXPAND OR IMPROVE	ADDTL FUNDS	STATUS
		<p>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.</p> <ul style="list-style-type: none"> • 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. 			
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 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.	Expand		
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 Promotors, 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	

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

CATEGORY	EXISTING PSI	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	EXPAND OR IMPROVE	ADDTL FUNDS	STATUS
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"> 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. DMH’s Faith Based Advisory Council (FBAC) can help coordinate and expand this work. DMH will engage with the FBAC to engage in activities around capacity building. 	Expand		
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	Expand		

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

CATEGORY	EXISTING PSI	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	EXPAND OR IMPROVE	ADDTL FUNDS	STATUS
		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.			
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 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.	Improve		
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"> • 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. • In addition, NAMI is also providing: Ending the Silence programming and also has NAMI campus clubs. 	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		

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

CATEGORY	EXISTING PSI	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	EXPAND OR IMPROVE	ADDTL FUNDS	STATUS
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 Network (LASPN) Youth Advisory Board	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		
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	Expand		

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

CATEGORY	EXISTING PSI	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	EXPAND OR IMPROVE	ADDTL FUNDS	STATUS
		California to support one another in creating strategic plans and coalitions that address our common goal of striving for zero suicides in our state.			
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		
3A	CDPH Youth Suicide Prevention Program Pilot Partnership with DPH and DMH	48. Offer the following activities/interventions: <ul style="list-style-type: none"> • Surveillance • Rapid Reporting • Crisis Response. • General Suicide Prevention • Evaluation • Suicide Deaths/Attempts: Both suicide attempts and suicide deaths. Target population: Youth (LA County residents under age 25) 	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	Expand		

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

CATEGORY	EXISTING PSI	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	EXPAND OR IMPROVE	ADDTL FUNDS	STATUS
		can expand using the Mental Health Promoters, community providers, and directly operated programming.			
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 Psychotherapy, Functional Family Therapy, Multisystemic Therapy, and Managing and Adapting Practice.	Expand		
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"> • 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. • 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. • Functional Family Therapy (FFT) is a family-based, short-term prevention and intervention program for acting-out youth. It focuses on risk and 			

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

CATEGORY	EXISTING PSI	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	EXPAND OR IMPROVE	ADDTL FUNDS	STATUS
		<p>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.</p> <ul style="list-style-type: none"> 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. 			

2. DOES NOT EXIST: Add New PSI

CATEGORY	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	DMH OR PARTNER	ADDTL FUNDS	STATUS
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

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

CATEGORY	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	DMH OR PARTNER	ADDTL FUNDS	STATUS
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
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	Partner		Q11

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
 Community Planning Process – MHSa Three-Year Program and Expenditure Plan, 2024-2026
 Total Community Planning Team (CPT) & Workgroup Recommendations

CATEGORY	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	DMH OR PARTNER	ADDTL FUNDS	STATUS
	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.			
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
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,	Partner		Q18

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

CATEGORY	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	DMH OR PARTNER	ADDTL FUNDS	STATUS
	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.			
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, education, and behavioral health career preparation. The target population for outreach and engagement is youth from 16-25, serving approximately 6,000 youth annually.	Partner		Q19
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			Q22

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

CATEGORY	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	DMH OR PARTNER	ADDTL FUNDS	STATUS
	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.			
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
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		

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

CATEGORY	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	DMH OR PARTNER	ADDTL FUNDS	STATUS
3B	37. Explore strengthening and increasing number of self-help support groups, including but not limited to: 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		
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.	

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

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.	
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]	

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
 Community Planning Process – MHPA Three-Year Program and Expenditure Plan, 2024-2026
 Total Community Planning Team (CPT) & Workgroup Recommendations

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.	

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

PEI WORKGROUP – CONSENSUS RECOMMENDATIONS

CPT Recommendations/MHSA Proposals Needing Additional Feedback

QUESTION	DESCRIPTION: RECOMMENDATION OR PROPOSAL	% STRONG 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 engagement	79%	CONSENSUS: Moved to Tier 1 & Language change

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

QUESTION	DESCRIPTION: RECOMMENDATION OR PROPOSAL	% STRONG VERY STRONG	ACTIONS
	is youth from 16-25, serving approximately 6,000 youth annually. Broaden focus to all youth in LA County, not just Latinx.		
Q20	<ul style="list-style-type: none"> Q20: Increase programming for older adults. Q25: Identify and increase available programs that are focused on older adults. 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. 	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. This includes youth struggling with transitioning into adulthood and outside of the school systems.	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	DMH will explore 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 &

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

QUESTION	DESCRIPTION: RECOMMENDATION OR PROPOSAL	% STRONG 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 determinants 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

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

QUESTION	DESCRIPTION: RECOMMENDATION OR PROPOSAL	% STRONG VERY STRONG	ACTIONS
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 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 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.	71%	ENDORSED: Adopted Consent Agenda
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

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

QUESTION	DESCRIPTION: RECOMMENDATION OR PROPOSAL	% STRONG VERY STRONG	ACTIONS
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 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.	71%	ENDORSED: Adopted Consent Agenda
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

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
Community Planning Process – MHSa Three-Year Program and Expenditure Plan, 2024-2026
Total Community Planning Team (CPT) & Workgroup Recommendations

QUESTION	DESCRIPTION: RECOMMENDATION OR PROPOSAL	% STRONG VERY STRONG	ACTIONS
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
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

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
 Community Planning Process – MHSa Three-Year Program and Expenditure Plan, 2024-2026
 Total Community Planning Team (CPT) & Workgroup Recommendations

WORKFORCE EDUCATION AND TRAINING (WET)

BACKGROUND

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

CATEGORIES	GOALS
1. Mental Health Career Pathways	Strong partnerships and mental health career pathways with local colleges/universities to increase the availability and diversity of the potential workforce pool.
2. Residency and Internship	Increase the department’s residency and internship opportunities.
3. Financial Incentives	Strengthen the available financial incentives for recruiting new and retaining current DMH staff.
4. Training and Technical Assistance	Highly trained DMH workforce with the skills and capacity to deliver quality services

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	Work with Universities	1. Continue Affiliation Agreements with local universities to deliver intern placement and training services.	Expand and Improve		
1	Post-Doctorate Programs	2. Continue and potentially expand post-doctoral program already in place at Harbor-UCLA.	Expand		
1	Peer Training	3. Under the direction of the Chief of Peer Services, the Department is committed to securing specialty training to peers interested in employment in the public mental health system. Efforts also include training for securing Medi-Cal certification and overall enhancement of skillset of those already employed in specialty mental health services programs.	Expand	YES	
1	Parent Advocate Training	4. Potentially expand training program targeted to promote knowledge and skills relevant to individuals interested in working as Parent Advocates/Parent Partners in the public mental health system servicing families and children.	Expand	YES	

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

CATEGORY	EXISTING PSI	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	EXPAND OR IMPROVE	ADDTL FUNDS	STATUS
1	The Stipend Program for MSWs, MFTs, Psychiatric Nurses, Psychologists and Psychiatric Technicians.	5. DMH can explore the viability of offering Stipends to other future workforce front line staff beyond those already identified.	Expand	YES	
1	Nurse pathways	6. Follow up with Chief of Nursing to discuss relationships with nursing schools. DMH already has affiliation agreements with select schools for nursing practicum placement.	Expand		
1	Open Position Outreach	7. DMH holds regular job fairs that are only available to DMH/mental health employees. The Department also utilizes internal job announcements and advertisings to all current staff.	Improve		
2	Master's Level Interns	8. The Department currently has a robust Student Intern training program with Master's level students placed throughout the county as part of their degree training requirements. In addition, intern placements have increased through a Board Motion. (Potentially expand # of interns and potential internship sites)	Expand		
2	Increase intern opportunities for Staff of color	9. The Department's Internship program provides opportunities for students of color to practice and be exposed to the specialty public mental health system. (Potentially expand # of interns and potential internship sites)	Expand		
2	Residency Programs	10. Residency opportunities are available in the public mental health system thru various agreements with educational institutions, some examples include UCLA, Charles Drew, Harbor, etc. Priority is given to those representing or serving un- or under-served communities. (Potentially expand # residents/cohort)	Expand	YES	

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

CATEGORY	EXISTING PSI	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	EXPAND OR IMPROVE	ADDTL FUNDS	STATUS
2	Post-Doctoral Program	11. At Harbor-UCLA, the Department operates an APA approved Post-Doctoral Program. (Potentially expand # of post-doctoral slots) Funds itself.	Expand		
2	Psychiatrist Financial Incentive Programs	12. Mental Health Psychiatrist Student Loan Repayment Incentive <ul style="list-style-type: none"> DMH offers a financial incentive towards the outstanding balance of student loans for full-time Mental Health Psychiatrists and Supervising Mental Health Psychiatrists who have completed one-year of continuous service at DMH and have active, unpaid, graduate, or medical, student loans. MH Psychiatrist Recruitment Incentive Program – This program targets recruitment of potential Mental Health Psychiatrists for employment in the public mental health system. MH Psychiatrist Relocation Expense Reimbursement Available to full-time, newly hired Mental Health Psychiatrists or Supervising Mental Health Psychiatrists who have been recruited by DMH. This program is expected to increase awards during the following Fiscal Years. 	Expand	YES	
3	Stipend Program	13. DMH’s Stipend Program provides graduating MSW, MFT, Psychology, Psych Tech and Psychiatric Nurse Practitioner (PNP) students with a stipend in exchange for one year service commitment. (Improve outreach and advertisement/awareness)	Improve and Expand	YES	
3	Nurse Recruitment	14. The Department’s Chief of Nursing coordinates nurse recruitment efforts. (Targeted hiring fairs are ongoing)	Improve		
3	Increase financial incentives for specialty public mental health staff	15. Increase financial incentives for specialty public mental health staff, such as Mental Health Loan Repayment Program, which will require LA County MHSA WET funding.	Expand	YES	Q1

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
Community Planning Process – MHSa Three-Year Program and Expenditure Plan, 2024-2026
Total Community Planning Team (CPT) & Workgroup Recommendations

CATEGORY	EXISTING PSI	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	EXPAND OR IMPROVE	ADDTL FUNDS	STATUS
3	Hiring Bilingual Staff	16. The Department already utilizes candidate lists of pre-tested bilingual individuals to ensure priority during hiring process in those areas where the need exist. (Targeted Hiring Fairs)	Move to HR	NOT WET – HR	
4	Digital and Technology skill development	17. DMH currently provides online training for its entire workforce through Udemy and other offerings (for technical skill development).	Improve		
4	Workforce Training on Cultural Competence and Culturally Competent Practices	18. DMH's Training Unit coordinates and delivers training covering these topics, many with consultation from the UsCCs. All staff also have an annual cultural competency requirement.	Expand	YES	
4	Trainings to retain workforce	19. DMH provides training on how to manage high levels of stress to avoid burnout and compassion fatigue. Additional resources through UCLA Wellbeing site that offers accessible trainings.	Improve		
	Interpreter Training Program	20. DMH has an existing interpreter training program for all mental health interpreters.	Improve		
4	Workforce Training on Cultural Competence and Culturally Competent Practices	21. Trainings for staff regarding mental health issues impacting the LGBTQIA2-S and can be expanded to include a culturally diverse focus (including, but not limited to: specific Latinx LGBTQIA2-S)	Expand	YES	
4	Intake Trainings	22. The department provides trainings on the clinical intake process. Can look into expanding and improving regarding immigration.	Improve & Expand		

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
 Community Planning Process – MHSa Three-Year Program and Expenditure Plan, 2024-2026
 Total Community Planning Team (CPT) & Workgroup Recommendations

CATEGORY	EXISTING PSI	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	EXPAND OR IMPROVE	ADDTL FUNDS	STATUS
4	UsCC Related Trainings	23. DMH currently has ongoing training related to all UsCCs yearly. Can expand to include other topics related to: immigration, Eastern European/Middle Eastern population)	Improve & Expand	YES	
4	Peer Certification	24. The Certified Peer Specialist program exists to certify peers to work in clinical settings.	Improve & Expand	YES	
4	Peer Training	25. Internal program to provide peers training/practicum opportunities to build their capacity.	Expand	YES	
4	Customer Service Training	26. Ongoing DMH trainings to all staff on how to provide appropriate customer service.	Improve & Expand	YES	
4	Training Unit	27. Currently offering training that covers 5150 and 5250 in partnership with LPS authorization, Patient's Rights Office and Public Guardian.	Improve & Expand		
	Incubation Academy	28. Increase the number of partnerships with community organizations to better serve communities.	Expand	Not WET	
	Career Pathways for New Staff	29. DMH can improve the pathway/access for new interested applicants through MHLA Intensive MH Rehab Specialist program 2023-2024.		Not WET	

2. DOES NOT EXIST: Add New PSI

CATEGORY	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	DMH OR PARTNER	ADDTL FUNDS	STATUS
1	1. Explore a way to embed youth employment opportunities in the mental health system.	DMH		
1	2. Explore developing a pilot program for DMH to partner with middle and high schools/school districts to increase the opportunities into mental health. (outreach, fairs, after school programs, etc.)	DMH		Q2
1	3. Explore developing a marketing campaign/program for mental health services and careers.	DMH		Q3

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

CATEGORY	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	DMH OR PARTNER	ADDTL FUNDS	STATUS
1	4. Explore developing recruitment opportunities with community colleges to create pathways for potential mental health employees.	DMH		Q4
1	5. Explore develop pilot project/mentorship program to mentor individuals from diverse backgrounds interested in future leadership positions.	DMH		Q5
1	6. Explore developing a program to build capacity among DMH staff to utilize American Sign Language (ASL).	Partner		Q6
1	7. Explore innovative efforts to recruit junior and high school students into employment/careers in the public mental health system. This would be a long-term project. <i>(Moved from Category 3)</i>	Both		Q7
1	8. Funding opportunities post high school (i.e., certification, AA, and BA) for people from under-served populations who desire a career in public specialty mental health.			Q8
1	9. Explore a new program with leadership from Chief of Peer Services to offer peers paid internship (yearly stipend), or yearlong apprenticeship, leading to potential employment in public mental health. (Launching 2024)	Both	YES	
3	10. Explore offering retention bonuses to current DMH staff (TBD which staff category(s) specifically).			Q9
4	11. Explore potential trainings for ASL interpreters on working with individuals with mental health disabilities.	DMH		Q10

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
 Community Planning Process – MHPA Three-Year Program and Expenditure Plan, 2024-2026
 Total Community Planning Team (CPT) & Workgroup Recommendations

B. POLICY, PRACTICE, AND/OR ADVOCACY RECOMMENDATIONS

CATEGORY	DESCRIPTION: POLICY, PRACTICE OR ADVOCACY	
1	1. Increase partnerships with universities to find staff who have similar culturally relevant backgrounds to clients served.	Q11
1	2. Continue using inclusive criteria for all pathways to ensure a diverse mental health workforce. (System: Human Resources)	
1	3. DMH is prioritizing hiring diverse staff to be reflective of the County population. (System: Human Resources)	
1	4. Advocate systemwide to increase the value given to peers within the Department. (System: Peer Services Chief)	
2	5. Implement ARDI committee’s recommendations to create a diverse workforce. (System: ARDI)	
2	6. Ensure relevant and targeted trainings for DMH staff have a trauma informed approach. (No new funding needed)	
2	7. DMH will continue to seek viable solutions to increase accessibility for DMH staff members with disabilities and/or accessibility challenges. (System: Human Resources)	
4	8. Assess accessibility to Human Resources for individuals from underserved communities. Use findings to create a more welcoming environment and improve access. (System: Human Resources)	
4	9. Advocate for HR to review internally delivered customer services training for own staff. (System: Human Resources)	
4	10. Develop system to identify and notify DMH staff of third party trainings that meet requirements/criteria and fill a gap/need within the system.	
4	11. DMH is working with Human Resources (HR) and County Civil Service to improve clarity in job descriptions/titles. (System: Human Resources)	
4	12. DMH has a priority to hire staff and contract providers that have cultural/linguistic capacity to reach underserved populations. (System: Human Resources)	

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

WET WORKGROUP – CONSENSUS

CPT Recommendations/MHSA Proposals Needing Additional Feedback

QUESTION	DESCRIPTION: RECOMMENDATION OR PROPOSAL	% STRONG VERY STRONG	ACTIONS
Q2	Explore developing a pilot program for DMH to partner with middle and high schools/school districts to increase the opportunities into mental health (outreach, fairs, after school programs, etc.).	88%	ENDORSED: Adopted Consent Agenda
Q3	Explore developing a marketing campaign/program for mental health services and careers.	88%	ENDORSED: Adopted Consent Agenda
Q4	Explore developing recruitment opportunities with community colleges to create pathways for potential mental health employees.	88%	ENDORSED: Adopted Consent Agenda
Q1	Increase financial incentives for specialty public mental health staff, such as Mental Health Loan Repayment Program, which will require LA County MHSA WET funding.	63%	CONSENSUS: Moved to Tier 1
Q10	Explore potential trainings for ASL interpreters on working with individuals with mental health disabilities.	75%	CONSENSUS: Moved to Tier 1
Q5	Develop pilot project/mentorship program to mentor individuals from diverse backgrounds interested in future leadership positions.	63%	CONSENSUS: Moved to Tier 1
Q7	Implement innovative efforts to recruit junior and high school students into employment/careers in the public mental health system. This would be a long-term project.	63%	CONSENSUS: Moved to Tier 1
Q6	Explore developing a program to build capacity among DMH staff to utilize American Sign Language (ASL).	75%	ENDORSED: Adopted Consent Agenda
Q8	Funding opportunities post high school (i.e., certification, AA, and BA) for people from under-served populations who desire a career in public specialty mental health.	75%	ENDORSED: Adopted Consent Agenda

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
 Community Planning Process – MHSa Three-Year Program and Expenditure Plan, 2024-2026
 Total Community Planning Team (CPT) & Workgroup Recommendations

QUESTION	DESCRIPTION: RECOMMENDATION OR PROPOSAL	% STRONG VERY STRONG	ACTIONS
Q11	Increase partnerships with universities to find staff who have similar culturally relevant backgrounds to clients served	75%	ENDORSED: Adopted Consent Agenda
Q9	Explore offering retention bonuses to current DMH staff, to be determined later which staff category(ies) specifically.	50%	ENDORSED: Adopted Consent Agenda