



COMMUNITY PLANNING PROCESS

Los Angeles County Department of Mental Health

CPT SESSION

March 19, 2024 | 9:30 AM - 12:30 PM

1

PURPOSE

Transition the Community Planning Team towards an implementation monitoring role.

2

OBJECTIVES

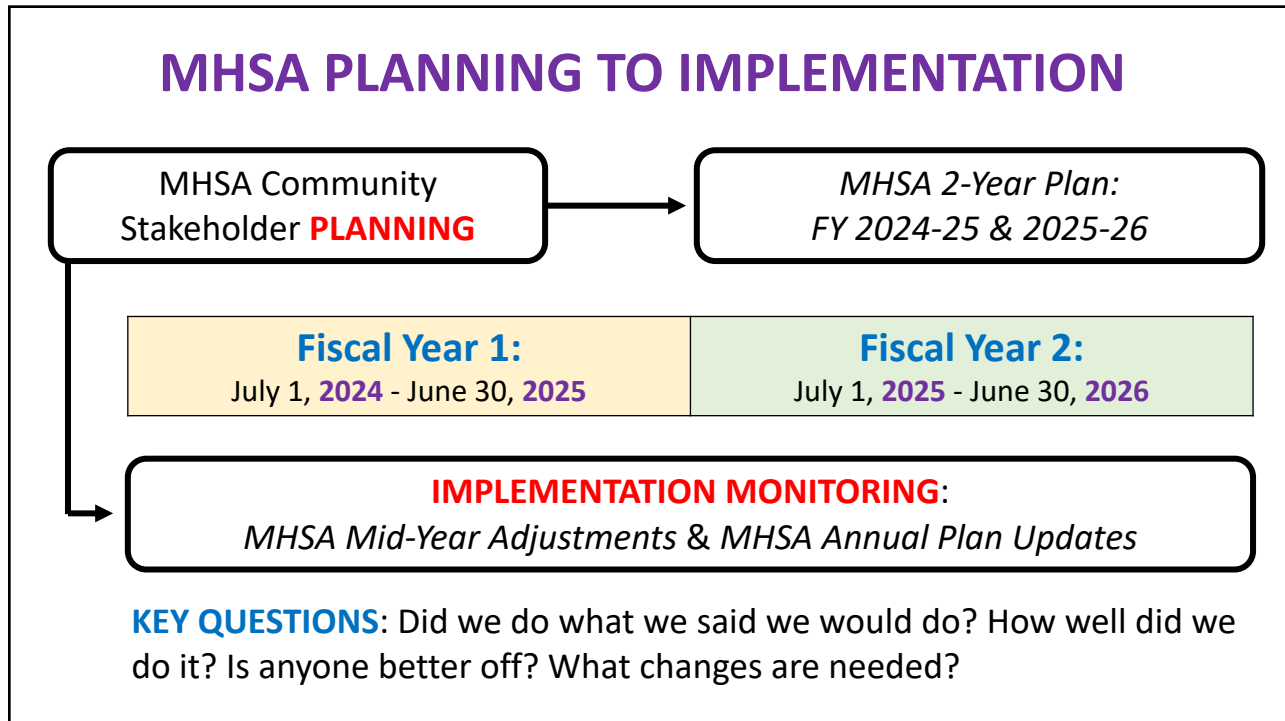
1. Provide an update on Proposition 1: Behavioral Health Services Act.
2. Obtain input on videos to increase participation in community stakeholder groups.
3. Review a proposed approach to transition the CPT into an implementation monitoring role.

3

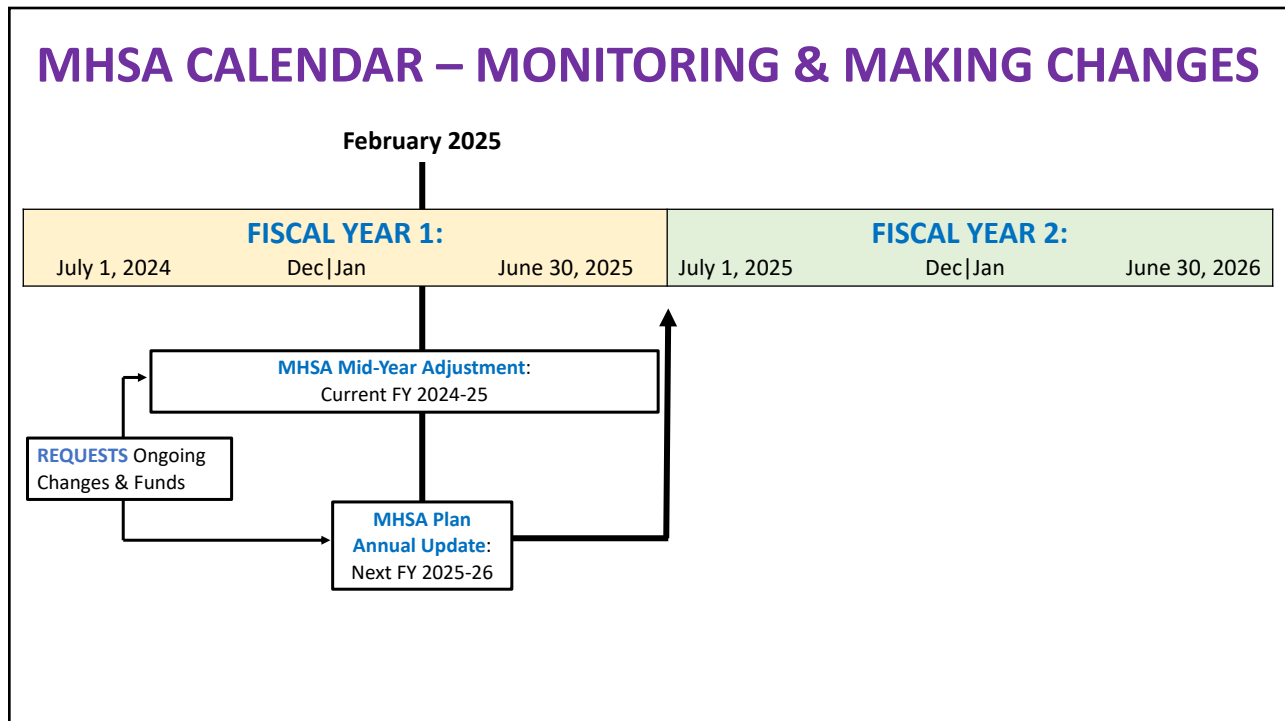
TRANSITIONING

FROM PLANNING TO
IMPLEMENTATION MONITORING

4



5



6

PROGRAM-LEVEL DATA

OUTPUT

How much did we do?

ACCESS

Who accessed services?

OUTCOME

Is anyone better off?

DISAGGREGATED DATA: EQUITY

7

PROGRAM-LEVEL DATA

DISAGGREGATED DATA: EQUITY

	AGGREGATED	DISAGGREGATED	
<p>OUTPUT</p> <p>How much did we do?</p>	ALL	Disability(ies)	<p>UNSERVED</p> <p>Who is unserved?</p>
<p>ACCESS</p> <p>Who accessed services?</p>		Gender(s)	<p>UNDERSERVED</p> <p>Who is underserved?</p>
<p>OUTCOME</p> <p>Is anyone better off?</p>		Language	
		LGBTQIA+	<p>INAPPROPRIATELY SERVED</p> <p>Who is inappropriately served?</p>
		Race/Ethnicity/Tribal Affiliation	
		Region/Geography	
		Age	
	Other: Homeless, Veterans, etc.		

8

EXAMPLE: COMMUNITY SUPPORTS CONTINUUM

KEY CONCERNS	GOALS
1. Emergency Response	<i>Improve Emergency Response</i>
2. Psychiatric Beds	<i>Improve Support for Persons Needing Psychiatric Beds</i>
3. Full Service Partnerships	<i>Improve Access to & Efficacy of Full Service Partnerships (FSPs)</i>
4. Access to Quality Care	<i>Increase Access to Quality Care</i>

9

COMMUNITY SUPPORTS CONTINUUM

GOAL 1
*Improve
Emergency
Response*

GOAL 1: SAMPLE RECOMMENDED MHSA PROGRAMS, SERVICES, INTERVENTIONS

- EXPAND** the Call Center and strengthen the triage process to improve the client experience, based on review key metrics and qualitative data.
- 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** the Law Enforcement Teams (LET), Mental Evaluation Teams (MET), and Systemwide Mental Assessment Response Teams (SMART) and **PROVIDE** sensitivity training to Law Enforcement partners.

CONCERN
*Poor Emergency
Response*

PROGRAM LEVEL DATA

OUTPUT: How much did we do? **ACCESS:** Who accessed services? **OUTCOME:** Is anyone better off?

DISAGGREGATED DATA

- Disability, Gender, Immigration, Language, LGBTQIA+, Race/Ethnicity, Region/Geography, etc.

10

MATRIX – UsCCs & Peer Advisory Councils (PACs)

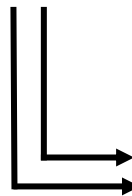
A. PROGRAM, SERVICE, AND/OR INTERVENTION RECOMMENDATIONS (PSI)

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

CATEGORY	EXISTING PSI	DESCRIPTION: PROGRAM, SERVICE, OR INTERVENTION	STAKEHOLDER GROUPS							
			ACCESS	AI/AN	API	BAH	EE/ME	LATINO	LGBTQIA 2-S	PAC
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.								
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.						L.4.C.20		
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.						L.4.C.21		
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.								
1	MH Training-Law Enforcement	5. Provide sensitivity training to Law Enforcement on working with individuals with mental illness.								
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								

11

Pressing the hyperlink takes you to the section where the specific recommendations and/or critical issues are documented.



C. CULTURAL COMPETENCY	
CPT	1. Increase/improve linguistic access (API populations).
CPT	2. Provide culturally competent services.
BAH	3. 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.
CPT	4. Increase peer supports.
CPT	5. Increase 24/7 emergency services staffed by peers/professionals.
CPT	6. Increase hiring peers to address staff shortages.
CPT	7. Increase peer support (7% of budget)
CPT	8. Reduce systemic bias in order to access services.
CPT	9. Integrate more CBOs, community leaders, faith-based organizations within DMH to represent community they serve (from outside, in).
LATINO	10. Lack of sufficient crisis services in Spanish and that are culturally responsive.
API	11. During a crisis intervention, use culturally sensitive strategies; need to train PMRT people on more culturally specific strategies when dealing with underserved communities.
EE/ME	12. Increase the number of clinicians who are bilingual and bi-cultural; increase language interpreters.
EE/ME	13. It will be effective to have more Middle Eastern therapists/psychologists/psychiatrists who have cultural and linguistic knowledge.
API	14. Use a peer to peer model to engage API community members into mental health services
EE/ME	15. DMH should be more proactive and create a bridge between itself and the Armenian Community. If DMH wants to serve the community, they must know the community structure. Also, DMH staff must be knowledgeable and know how to reach out to the EE/ME Communities for Mental Health.
EE/ME	16. The Armenian Community lacks the capacity to better serve underserved groups.
API	17. Continue to fund the innovation projects in all the ethnic communities under CSS including the ISM.
API	18. Increase staffing patterns proficient in all API languages.
LATINO	19. A culturally responsive review panel for Latino related CARE Court cases, so the people in these cases are not being taken advantage of by the process.
LATINO	20. All CSC services, including PMRT should be linguistically and culturally responsive (Spanish and Indigenous languages).
LATINO	21. For LET, build upon LAPD's & CIELO's work on training LET on responding to crisis calls of people who speak Latin American Indigenous languages.
API	22. Have an access line for each of the 13 threshold languages.
LATINO	23. Develop framework/plan to provide mental health services for undocumented immigrants, including and particularly, around FSP. This should include undocumented LAC residents involved in immigration proceedings especially those with SMI and SUD dual diagnosis.

12

CROSSWALK TABLE – UsCCs & PACs

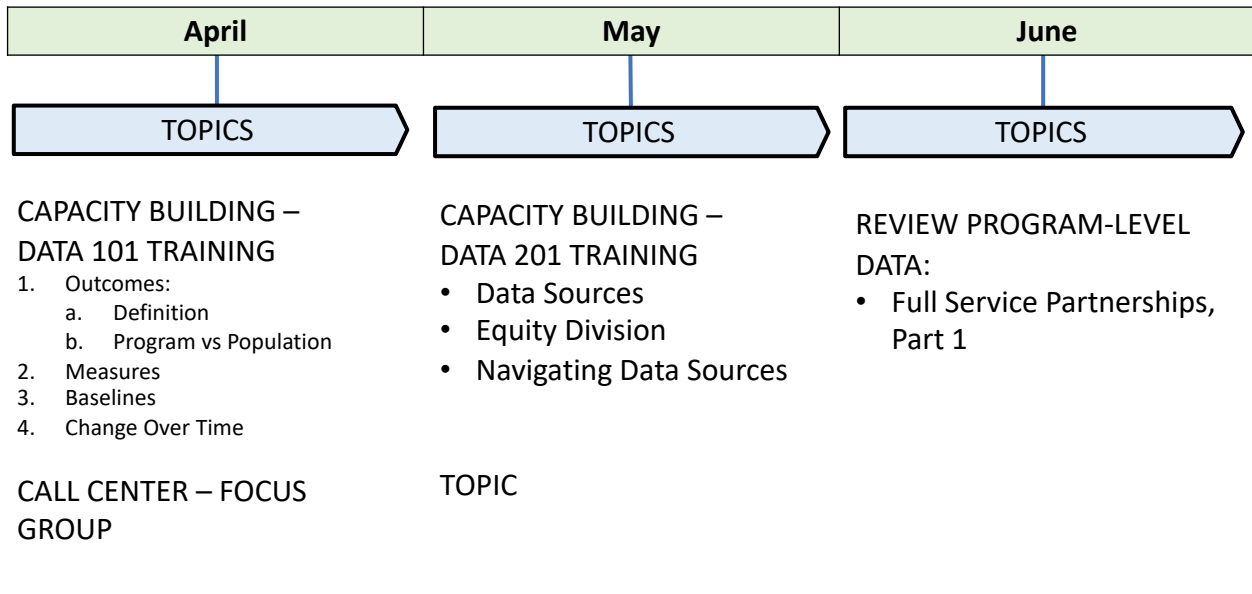
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13

IMPLEMENTATION MONITORING: 2024



14

CLOSING

15

UPCOMING CPT MEETINGS

DATE
Tuesday , April 2 (In-Person)
Friday , April 26 (Online)
Tuesday , May 7 (In-Person)
Friday , May 24 (Online)
Tuesday , June 4 (In Person)
Friday , June 28 (Online)

NOTE:
TUESDAYS: IN-PERSON
FRIDAYS: ONLINE

16

MEETING EVALUATION

ENGLISH



SPANISH

