



LOS ANGELES COUNTY
DEPARTMENT OF
MENTAL HEALTH
hope. recovery. wellbeing.



EASTERN LOS ANGELES
REGIONAL CENTER

NAVIGATING OUR MENTAL HEALTH SYSTEM FROM A SPECIAL NEEDS PERSPECTIVE FOR THE ELARC COMMUNITY

August 9, 2023

Los Angeles County Department of Mental Health
Countywide Regional Center Liaisons Coordinator and
Service Area 7 Administration

in Partnership with
Eastern Los Angeles Regional Center (ELARC)

Honoring the Native Inhabitants of the Land

The County of Los Angeles recognizes that we occupy land originally and still inhabited and cared for by the Tongva, Tataviam, Serrano, Kizh, and Chumash Peoples. We honor and pay respect to their elders and descendants – past, present, and emerging – as they continue their stewardship of these lands and waters. We acknowledge that settler colonization resulted in land seizure, disease, subjugation, slavery, relocation, broken promises, genocide, and multigenerational trauma. This acknowledgment demonstrates our responsibility and commitment to truth, healing, and reconciliation and to elevating the stories, culture, and community of the original inhabitants of Los Angeles County. We are grateful to have the opportunity to live and work on these ancestral lands. We are dedicated to growing and sustaining relationships with Native peoples and local tribal governments, including (in no particular order) the following:

- Fernandeno Tataviam Band of Mission Indians
- Gabrielino Tongva Indians of California Tribal Council
- Gabrieleno/Tongva San Gabriel Band of Mission Indians
- Gabrieleño Band of Mission Indians - Kizh Nation
- San Manuel Band of Mission Indians
- San Fernando Band of Mission Indians



We will cover:

1. ways to understand behaviors related to mental health and intellectual/developmental disabilities (IDD)
2. ways to understand the differences and similarities of both
3. services available to you
4. strategies to effectively navigate mental health services

The Developmental Disability Situation



1 in 6 children in the US
has a developmental disability

Costello Syndrome Family Conference, 2011

Centers for Disease Control (CDC), 2022: 17% of children and youth ages 3-17



The Mental Health Situation

In a national survey of 1000 adults with children ages 2-24, **more than 1 in 5** said they had a child with mental health or behavioral issues

Most parents with concerns sought treatment

Almost 1/2 waited more than a year, and nearly a 1/4 waited more than 2 years to get help

More than a third said they do not understand their mental health coverage





The Dual Developmental Disability / Mental Health Situation

33% of individuals

receiving services in a state developmental agency

**have co-occurring
developmental disability
and mental illness**

-- National Core Indicators Report

A voluntary effort by public developmental disabilities agencies to track their own performance, 2013



Mental health among those with IDD

- **# of IDD w/MI:** 2 to 3x higher than for the general population - from 13.9% to 75.2% - inconsistent diagnostic definitions, assessment tools, small sample sizes, level of disability, type¹
- **Autism:** nearly 78% have at least one mental health condition, and nearly half had two or more²
- Adults w/disabilities report **frequent mental distress** almost 5x as often as adults without disabilities³

¹ <https://hogg.utexas.edu/project/mental-health-idd#:~:text=It%20has%20been%20estimated%20that,from%2013.9%25%20to%2075.2%25>

² <https://www.autism.org/autism-mental-health/>

³ <https://www.cdc.gov/ncbddd/disabilityandhealth/features/mental-health-for-all.html>



Mental health among those with IDD

- **Effectiveness of mental health services:** “can effectively treat these individuals’ mental health problems and also help them develop and sustain healthy meaningful relations and achieve their personal goals.”¹
- **Also Trauma:** greater risk to exposure, more vulnerable. If left untreated, it can develop into mental illness
 - 90% have experienced trauma²
 - 4-10x more likely to experience sex abuse³

¹ LA County Department of Mental Health Medical Director, 4.18 Parameter, Revised 2019

² National Child Traumatic Stress Network, *Facts on Traumatic Stress and Children with Developmental Disabilities*, 2004

³ Furey, 1998; Sobsey & Doe, 1991; Sullivan & Knutson, 2000



HISTORY of how the mental health system looked at individuals with developmental disabilities (IDD)

Myths:

- Those with IDD are incapable of benefitting from mental health services
- Those with IDD are 'protected' from mental health problems
- Those with IDD behave in ways that can't be understood



Birth to 5 Mental Health

Mental Health for Individuals with IDD

- Looks at the client from a developmental perspective, *not* chronological age
- Receptive and expressive communication are considered for both
- Vulnerability to adverse experiences
- Importance of early identification & intervention
- Therapy also focuses on the dyadic relationship between the caregiver and the individual



Let's Learn Each Other's Lingo!

Language, Terms and Equivalencies Between Systems

DMH Term	RC Term
Symptoms / Behaviors (Assessment)	Behaviors / Deficits (CDER)
Emotional Outbursts, Dysregulation	Tantrums, Aggression
Decompensation/ Deterioration	Regression
Frequency, Duration, Onset	Number of Incidents
Assessment	Report / Evaluation
IBHIS Notes	ID Notes
Multiple State and Federally Funded Programs (i.e. via Medi-Cal, MHSA, etc.)	Regional Center Funded Services VS. Generic Resource
Contracted Agency	Vendor
Clinician/Therapist	Service Coordinator
"Early Start"	"Early Start"



Let's Learn Each Other's Lingo!

Language, Terms and Equivalencies Between Systems

DMH Term	RC Term
Staff: Liaison, Navigator, Community Health Worker, Medical Case Worker, Psychiatric Social Worker, Psychologists and MD	Staff: Intake Coordinator, Service Coordinator, Specialists
Day Rehabilitation	Services Delivered within the Natural Environment (0-3 year olds), Day Program (3+ year olds), Independent Living Skills (ILS), & Supported Living Skills (SLS)
Collateral	Circle of Support
Community Resource	Generic Resource
Service Planning Area (SPA) or Service Area (SA)	Catchment Area
"FUNCTIONAL IMPAIRMENT"	"SUBSTANTIAL DISABILITY"
"Meets diagnostic criteria"	"Qualifying conditions"
"Needs a higher level of care"	"Additional services and support/hours"
Counseling (mental health therapy)	Counseling (guidance/education related to the diagnosis)

Not walking

Repetitive motions

REALLY hard to get her to calm down

Can't tie shoelaces

Not talking

I can't calm him down!

What We See & Hear

Not catching on ... not getting it

Drools

Doesn't make friends

Hits, bites, kicks, pulls hair

Falls apart in new situations

Hates the sun and wind

Cries a lot

Hears voices

Won't pay attention to me

Gets upset over things easily

Has trouble calming down

Runs Away

Breaks stuff

Always fighting



KEEP IN MIND

- What is happening?
 - What do I see?
 - What do I hear?
- Where is it happening?
- When is it happening?

CONSIDER:

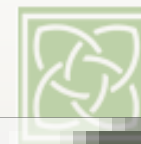
- 
- Family Environment
 - Culture
 - Customs
 - Language
 - Caregiver situation



CONSIDER:

○ Social Environment

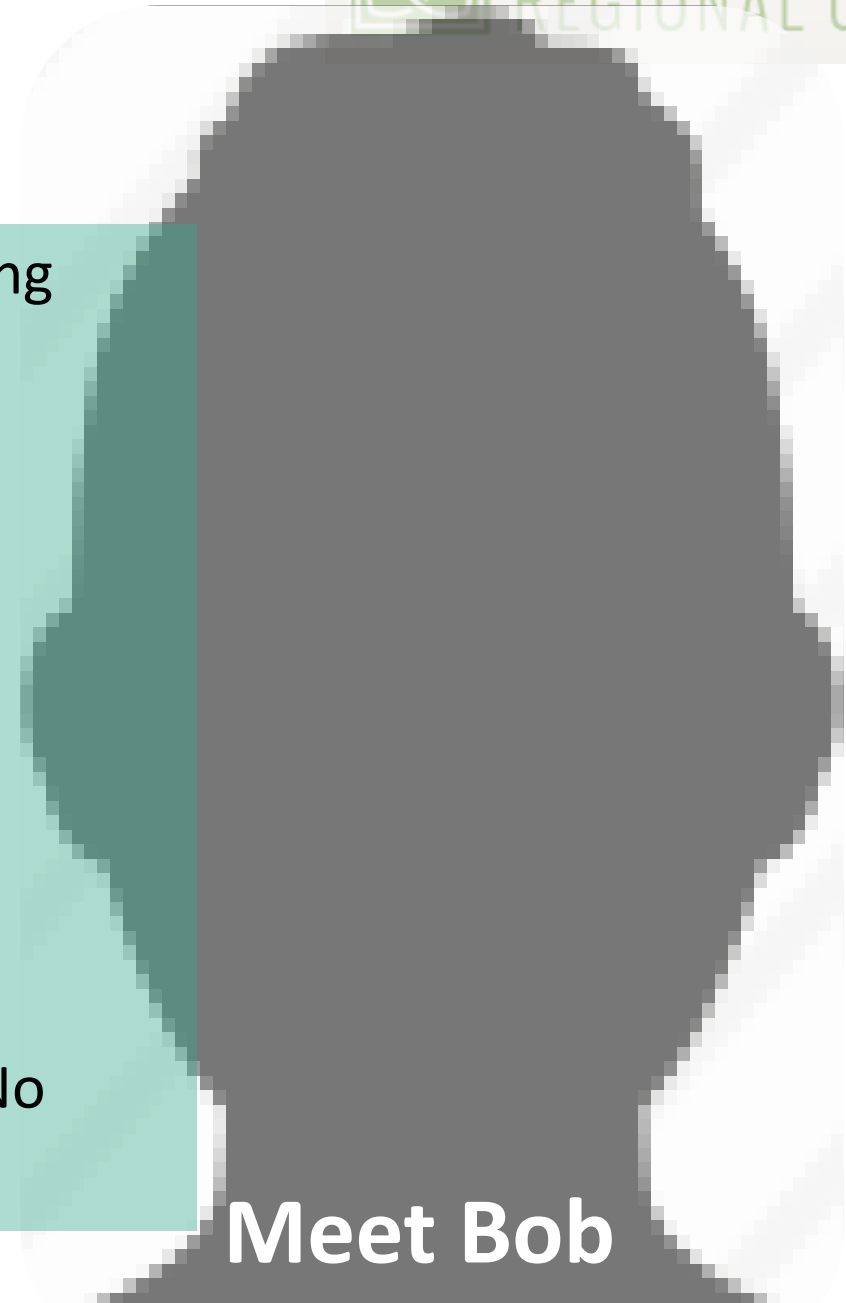
- Peers
- Community / Neighborhood
- School



Let's Try an Example!

A 18 y/o bi-racial male presenting with the following symptoms all day everyday:

- Isolates in Bedroom
- Always on the Computer
- Persistent Negative Thoughts
- Worries about Being Out in the Community
- Avoids People
- Low Mood
- Low Affect/ Flat Affect
- Passive Suicidal Ideation (No Plan, No Intent & No Means)



Meet Bob

Systems Interpret the Same Observations Through Different Lenses – Let's approach from 4 categories:



Age Appropriate Behavior

Disabilities



Developmental Disabilities



Mental Health



Health/Medical

Systems Interpret the Same Observations Through Different Lenses – Let's approach from 4 categories:



Age Appropriate Behavior



Health/Medical



Developmental Disabilities



Mental Health



What Categories Do These Symptoms Go?

- Isolates in Bedroom
- Always on the Computer
- Persistent Negative Thoughts
- Worries about Being Out in the Community
- Avoids People
- Low Mood
- Low Affect/ Flat Affect
- Passive Suicidal Ideation (No Plan, No Intent & No Means)



Age Appropriate
Behavior



Health/Medical



Developmental
Disabilities



Mental Health



“Oh my Goodness...Sounds Like We Should Call!”

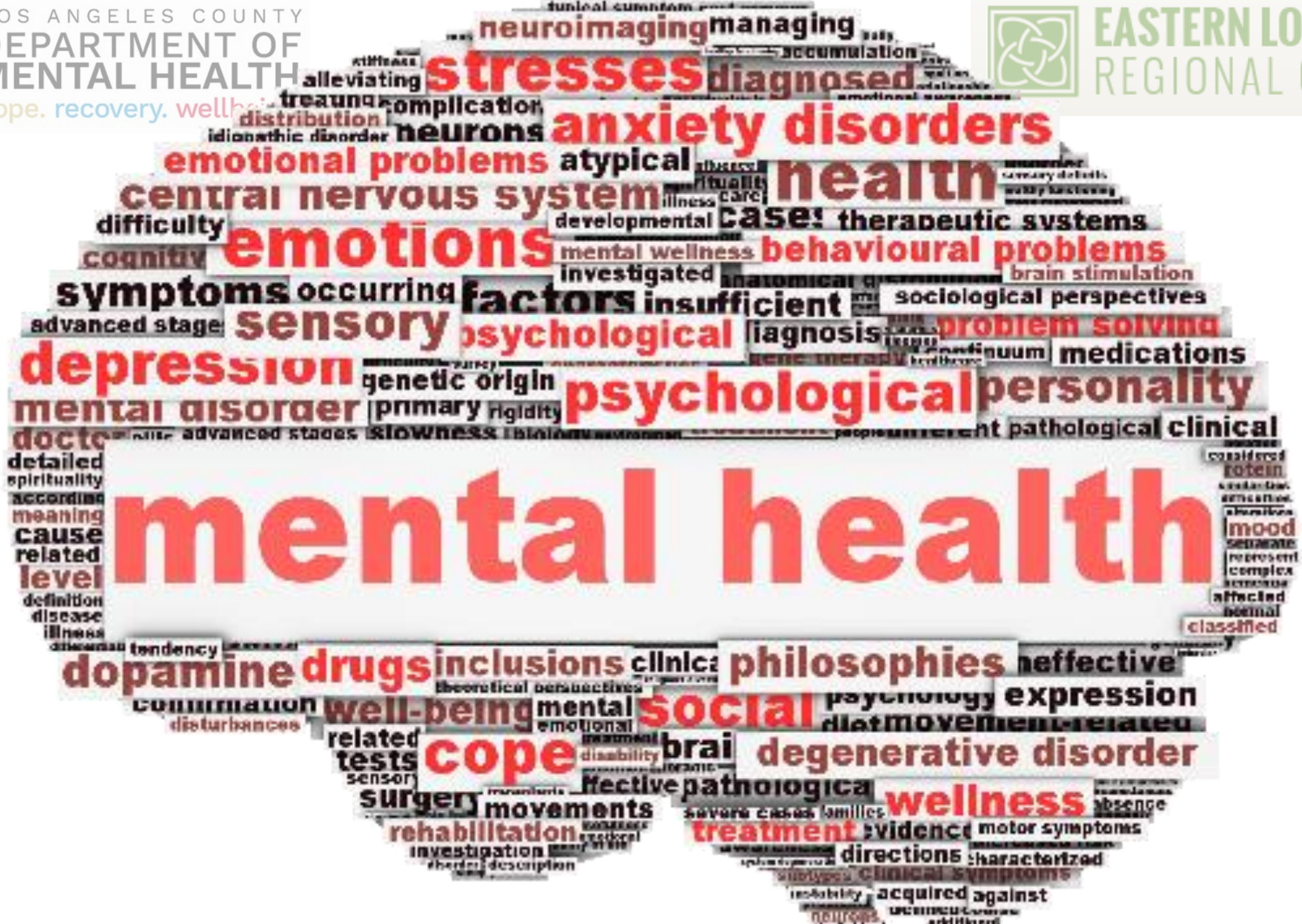
Identify Symptoms and Behaviors (MH)
and Behaviors and Deficits (RC)

- What is the presenting problem?
- What does it look like?
- Where is it happening?
- Was there prior history? What about baseline?

Time to pull out the mental health services SCRIPT

Crisis Response for Regional Center Clients via RCs

Reminder to ask your RC Service Coordinator
BEFORE there is a crisis, to develop a plan!





WHERE TO FIND MENTAL HEALTH RESOURCES

1. Health Plan: SHORT-TERM Mental Health Treatment

1. Private Health Insurance

- Parity law: mental health service \$ spending equal to healthcare services \$ spending
- (Behavioral Health Therapy (BHT, aka “ABA”) *not* ‘duplicative’ of MH svcs)

2. Medi-Cal Managed Care Health Plan (MCP)

- (again, Behavioral Health Therapy (BHT) resource = *not* ‘duplicative’)

2. School Mental Health - ERICS or ERMHS, educationally-based goals

Parent-to-Parent Resources:

1. TASK - <https://taskca.org/>

2. CDE-funded Family Empowerment Centers - <https://www.seedsofpartnership.org/fec/index.cfm>

3. Public Mental Health Plan (MHP) = County Mental Health Programs

-- in Los Angeles County = LAC DMH

- Federal MEDI-CAL (Specialty MH Svcs (SMHS) (was Severe Mental Illness (SMI))
- State MHSA - Mental Health Services Act (MHSA - Millionaire’s Tax)



4. Public Mental Health = County Mental Health

Federal Medicaid funds to California = Medi-Cal – **what's provided in LA County:**

- Specialty Mental Health Services (**SMHS**) - chronic mental illness (MI)
- **EPSDT** for CHILDREN: **SED** (Severe Emotional Disability)
- Crisis intervention
- DMH Walk-in Clinics
- May refer client to Medi-Cal Managed Care **healthcare** mental health services (**MCP**)

State-funded – what's provided:

- Undocumented Individuals
- MHSA - Mental Health Services Act

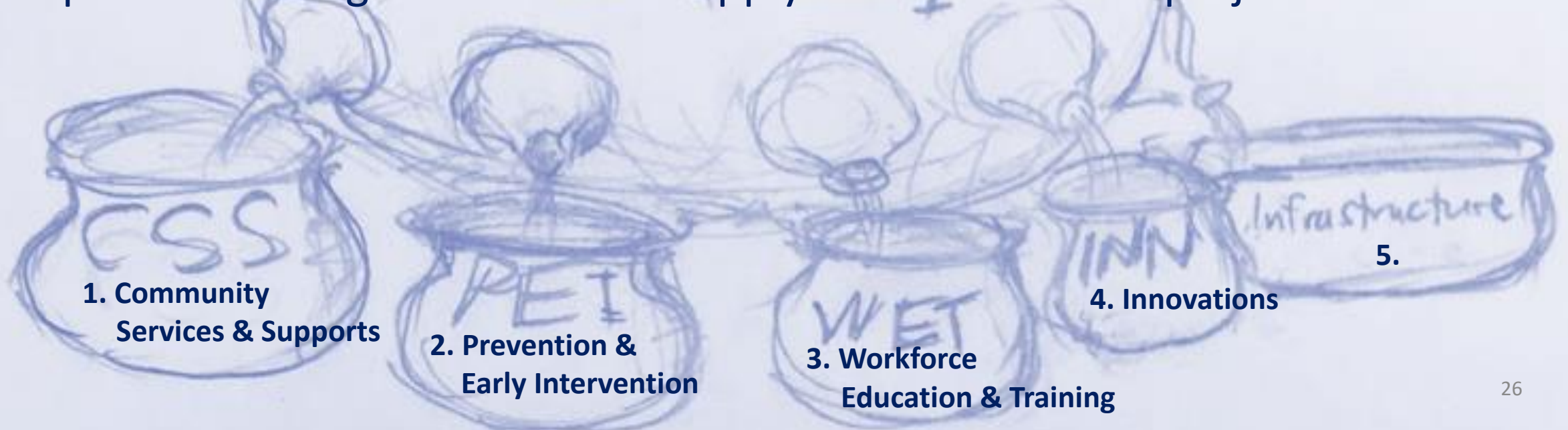


WELLNESS • RECOVERY • RESILIENCE

CA 1% TAX

STATE-FUNDED Mental Health Services Act (MHSA) “Millionaire’s Tax”

5 pots of funding for Counties to apply to the State with projects in mind:





LOS ANGELES COUNTY
DEPARTMENT OF
MENTAL HEALTH
hope. recovery. wellbeing.



WELLNESS · RECOVERY · RESILIENCE



- Service Planning Areas**
- 1 - Antelope Valley
 - 2 - San Fernando
 - 3 - San Gabriel
 - 4 - Metro
 - 5 - West
 - 6 - South
 - 7 - East
 - 8 - South Bay/Harbor



August 2002
Los Angeles County
Children's Planning Council
Data Partnership (213) 823-0421

Note: City names are shown in **BLACK**.
Communities are shown in **GRAY Italics**.

Map used by permission.

DMH Levels of Care



California Department of State Hospitals

Hospitals / Facility-based Care
(Developmental Centers, State Hospitals, IMD/Sub-Acute Facilities, Inpatient & Behavioral Health Units; Crisis Residential Treatment Programs (CRTPs))

Day Treatment Intensive (**DTI**); Day Rehabilitation (**DR**); Full Service Partnership (**FSP**); Intensive Field Capable Services (**IFCCS**)

Emergency Outreach & Triage Division (ACCESS, PMRT, START, SMART, HOME, FAST, AOT, CAMP, etc.)

Outpatient

Client-Run Services, Peer Resource Centers, Drop-in Centers, Wellness Centers



“Make Medi-Cal a more consistent and seamless system for enrollees to navigate by reducing complexity and increasing flexibility.”

**Public Mental Health =
Medi-Cal Managed Care Plans (MCPs) and Mental Health Plan (MHP, = DMH in LA County)**
“Potential mental health disorders not yet diagnosed”

Enrollee can start to receive mental health services with one or more of:

- **“reasonable probability”**
- **“suspected”** mental health problem - (not yet diagnosed)
- **significant trauma**

CalAIM

(California Advancing and Innovating Medi-Cal)



Public Mental Health = Medi-Cal

Types of Medi-Cal:

- **Medi-Cal Managed Care (MCMC)** = call Medi-Cal Managed Care Mental Health phone number on the back of the insurance card to get to the provider – and use the script
- **Medi-Cal Fee for Service (FFS)** = use DMH Provider Search page to find clinics to call - and use the script

Note: Severe Mental Illness = a mental health provider will determine this



New Phrase for Medi-Cal **M**anaged **C**are **HEALTH P**lan (MCP) mental health services

“May I have a list of **five**
available providers who are
open to taking new clients?”





The Clinic's Financial Screening

- ***Fee-for-Service (FFS) Medi-Cal*** – **Client** finds their own provider, including mental health: “Do you take Fee-for-Service Medi-Cal?”
- ***“Sliding Scale”*** – some clinics may have a sliding scale policy. **Client** can ask: “I will be paying out of pocket. Do you have a Sliding Scale?”
- ***“Indigent Funding”*** – smallest budget if they have it, fastest annual funds to be spent. A possibility for undocumented clients.



Fee-for Service Medi-Cal or “Sliding Scale” or “Indigent” Mental Health

<https://dmh.lacounty.gov/pd/>



ABOUT DMH ▾ OUR SERVICES ▾ FOR PROVIDERS ▾ EVENT CALENDAR

GET HELP NOW!

health needs. You can use the filters below to refine your search.

If you think you or someone you know is experiencing a mental health crisis, please call our [24/7 Help Line](#) at **(800) 854-7771**.

What services are available? Click [here](#) to access the Mental Health Plan Beneficiary Handbook.

Potential clients,
family members,
and non-mental
health providers
can click here



Provider Directory

I am looking for mental
health services

I am a DMH provider



- What not to say

- What to say

- When to say it



Training Resource: Access to Mental Health Services – for Someone with Intellectual/Developmental Disabilities
Script for Mental Health Triage/Screening



COLLECT THE FOLLOWING before you make the call:

Mental Health

Clinic name, address: _____
 Contact name, phone, email address: _____

SIGNED "Authorization for Personal Health Information (PHI) Disclosure"

REGIONAL CENTER Name: _____

Psychological Evaluation

IPP

CDER

SIGNED "Consent form(s) to Obtain or Release Information"

If IEP, **SCHOOL** Name: _____ Last IEP Date: _____
 School Contact Name, phone number, email address: _____

WHAT TO SAY:

<p>1. "I have an individual who is requesting mental health services..." →</p>	<p>Choose any/all that apply</p> <p><input type="checkbox"/> Therapy</p> <p><input type="checkbox"/> Medication management</p> <p><input type="checkbox"/> Case management</p>
<p>... "due to [decompensation / deterioration] from typical baseline in the following areas:" →</p> <p>OR</p> <p>... "with new concerning [symptoms / behaviors] in the following areas:" →</p>	<p>Choose any/all that apply</p> <p><input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Community</p> <p><input type="checkbox"/> Interpersonal relationships</p> <p><input type="checkbox"/> Religious/spiritual settings</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Other: _____</p>
<p>... "starting around..." →</p> <p>OR</p> <p>"for..." [how many weeks? months? How many times?] →</p>	<p>date: _____</p> <p>period of time: _____</p>
<p>2. "The Presenting Problem includes:"</p> <p>What are the issues? What is going on? Why do you think they need mental health services? Biggest concerns? No prior history?</p> <p>Examples:</p> <ul style="list-style-type: none"> • Grief due to death or loss of caregiver • Family is concerned he may be depressed • Calling Regional Center's Crisis Response Project (CRP)/Crisis Support Services (CSS) due to hitting self in face and shouting • Client reports "hearing voices" • Client experienced or saw someone get violent in the group home 	<p>(write presenting problems here)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>3. "The symptoms are:"</p> <p>(use mental health-language symptoms) Examples:</p> <p><u>Anxiety</u>: Persistent worry, restlessness, difficulty concentrating, mind going blank, irritability, muscle tension, sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep)</p> <p><u>Depression</u>: isolation (not with friends anymore), crying, persistent sadness, weight loss/weight gain, outbursts, irregular sleep patterns, diminished interest or no pleasure, inability to concentrate, suicidal ideation, etc.</p>	<p>(write symptoms here)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>4. "Please make note that the individual has an intellectual/developmental disability (IDD) which would be a secondary diagnosis. The IDD is not the primary focus of Clinical Attention"</p>	
<p>5. "Can we schedule an appointment?"</p> <p>Appointment Date, Address: _____</p>	



Training Resource: **Access to Mental Health Services – for Someone with Intellectual/Developmental Disabilities**
Script for Mental Health Triage/Screening

COLLECT THE FOLLOWING before you make the call:

<input type="checkbox"/>	Mental Health
<input type="checkbox"/>	Clinic name, address: _____ <input type="checkbox"/> Contact name, phone, email address: _____
<input type="checkbox"/>	SIGNED "Authorization for Personal Health Information (PHI) Disclosure"
<input type="checkbox"/>	REGIONAL CENTER Name: _____
<input type="checkbox"/>	Psychological Evaluation
<input type="checkbox"/>	IPP
<input type="checkbox"/>	CDER
<input type="checkbox"/>	SIGNED "Consent form(s) to Obtain or Release Information"
<input type="checkbox"/>	If IEP, SCHOOL Name: _____ Last IEP Date: _____
	School Contact Name, phone number, email address: _____



WHAT TO SAY:

<p>1. "I have an individual who is requesting mental health services..." →</p>	<p>Choose any/all that apply</p> <p><input type="checkbox"/> Therapy</p> <p><input type="checkbox"/> Medication management</p> <p><input type="checkbox"/> Case management</p>
<p>..."due to [decompensation / deterioration] from typical baseline in the following areas:" →</p> <p>OR</p> <p>..."with new concerning [symptoms / behaviors] in the following areas:" →</p>	<p>Choose any/all that apply</p> <p><input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Community</p> <p><input type="checkbox"/> Interpersonal relationships</p> <p><input type="checkbox"/> Religious/spiritual settings</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Other: _____</p>
<p>..."starting around..." →</p> <p>OR</p> <p>"for..." [how many weeks? months? How many times?] →</p>	<p>date: _____</p> <p>period of time: _____</p>



2. "The Presenting Problem includes:"

What are the issues?

What is going on?

Why do you think they need mental health services?

Biggest concerns?

No prior history?

Examples:

- Grief due to death or loss of caregiver
- Family is concerned he may be depressed
- Calling Regional Center's Crisis Response Project (CRP)/Crisis Support Services (CSS) due to hitting self in face and shouting
- Client reports "hearing voices"
- Client experienced or saw someone get violent in the group home

(write presenting problems here)



3. "The symptoms are:"

(use mental health-language symptoms) Examples:

Anxiety: Persistent worry, restlessness, difficulty concentrating, mind going blank, irritability, muscle tension, sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep)

Depression: isolation (not with friends anymore), crying, persistent sadness, weight loss/weight gain, outbursts, irregular sleep patterns, diminished interest or no pleasure, inability to concentrate, suicidal ideation, etc.

(write symptoms here)



4. "Please make note that the individual has an intellectual/developmental disability (IDD) which would be a secondary diagnosis.
The IDD is not the primary focus of Clinical Attention"

5. "Can we schedule an appointment?"

Appointment Date, Address: _____





Triage/Screening

Emergent Need

10 Business Days for clinical

15 Business Days for MD,
if appropriate

Assessments

- Financial
- Clinical
- MD

Treatment

<https://www.dmhc.ca.gov/HealthCareinCalifornia/YourHealthCareRights/TimelyAccessToCare.aspx>



DMH Patient's Rights

(213) 738-4888 or (800) 700-9996

Guide to Medi-Cal Mental Health Services and Grievance Appeal Forms - multiple languages
<https://dmh.lacounty.gov/our-services/patients-rights/>

Grievance:

- You may file a GRIEVANCE at any time.
- You may authorize another person to act on your behalf.
- You have the right to file an APPEAL with the Patients' Rights Office or to request a STATE FAIR HEARING when the Local Mental Health Plan:
 - Denies or limits authorization of a requested service;
 - Reduces, suspends, or terminates a previously authorized service;
 - Denies, in whole or in part, payment for a service;
 - Changes services or fails to provide them in a timely manner;
 - Fails to act within the timeframes for disposition of standard grievances, the resolution of standard appeals or the resolution of expedited appeals. *Only clients who are Medi-Cal recipients and who have completed the MHP's Appeal process may request a State Fair Hearing.*



<https://dmh.lacounty.gov/our-services/developmental-disabilities/>

Developmental Disabilities
Resources

Developmental Disability Resources
Homepage

County Policy

MHSA Funding for DD

Regional Centers

Interagency Networking

Mental Health Strategies for DD

DD/MH Resources

DEVELOPMENTAL DISABILITIES RESOURCES

A A A

Mental Health Resources for Individuals with Developmental Disabilities

This website provides information to assist providers and families of individuals with a **developmental disability** and mental health needs.

Los Angeles County DMH Parameter on providing mental health services, from the Office of the Medical Director (source: [REVISED parameter no. 4.18](#)):

- "State of California Department of Developmental Services (DDS) states that developmental disabilities "include intellectual disability, cerebral palsy, epilepsy, autism and related conditions."
- "These disabilities typically have a high rate of co-occurring mental health issues, some of which require specialty mental health services."
- "Mental health services for individuals with co-occurring developmental disabilities can effectively treat these individuals' mental health problems and also help them develop and sustain healthy meaningful relations and achieve their personal goals. In order to achieve this outcome, mental health services should be sufficiently funded to appropriately assess and treat individuals with developmental disabilities."



Tools to Support Continuity of Care

- **Provide Appropriate Consents!**
(DMH: Authorization for PHI Disclosure and RC: Consent Form to Obtain/Release Information), school, health)
- **Build Your Team**
(MH provider, Regional Center: SC, Crisis prevention, Mental Health Specialist, TASK (for School), **JFSLA!**)
- **Language** (Refer to Cheat Sheets of Terms, Scripts, etc.)
- **Advocate Across Systems**
- **Acknowledge Limitations and Ask for Help**
 - **Plan of Action** (i.e. go to IEP w/RC Educational Support Specialist; FRC Support Group/TASK Workshops)
 - **Team and Collaborative Approach**
- **(Early Start - IDEA Part C) Family Resource Centers:** <https://frcnca.org/>
- **Family Empowerment Centers:** <https://www.seedsofpartnership.org/familyEmpowerment.html>



ACCESS: (800) 854-7771

ACCESS Center

for mental health referrals, crisis services and general information – available 24 hours a day, 7 days a week



Emotional Support

for callers experiencing increased challenges and stressors due to COVID-19 – available 9am-9pm, 7 days a week



Veteran and Military Family Members

for support and assistance connecting to resources – available 9 am-9 pm, 7 days a week





Useful Resources

Developmental Disabilities/Regional Center

- **CDC** (Centers for Disease Control and Prevention) *“Learn the signs. Act Early.”* – a resource for early childhood milestones
- (Early Start) **FRCNLAC** (statewide: FRCNCA.org)

Mental Health:

- **CalAIM**
- **Los Angeles County DMH** website
- **Mental Health Advocacy Services (MHAS)**
- **NAMI**

Developmental Disabilities & Mental Health:

- **LAC DMH Developmental Disability Resources** webpage
- **DRCA** (Disability Rights California)
- **NADD** (National Association for the Dually Diagnosed, for IDD and mental illness)
- **DDS SafetyNet** for families and individuals with ID

Developmental Disabilities, Mental Health & Schools:

- **Alliance for Client’s Rights (ACR)** (Los Angeles County only)
- **Disability Rights Legal Center (DRLC)**
- **Public Counsel**
- **TASK / Family Empowerment Centers (FECs)**

Thank you! Gracias!

Liz Rodgers, MS CRC

Autism Specialist

Eastern Los Angeles Regional Center

lrodgers@elarc.org

Lisa Schoyer, MFA

Medical Case Worker II

Countywide Regional Center Liaisons Coordinator

Countywide Regional Center Liaison for Children and Youth Ages 0-21

(213) 305-3553

LSchoyer@dmh.lacounty.gov

Brigida (Bridget) Salinas, LCSW

Psychiatric Social Worker II

Los Angeles County Department of Mental Health

Bsalinas@dmh.lacounty.gov



and

thank you

Cesar Garcia

Director Client Services - Early Start Services
Westside Regional Center

Rocio Ortiz Luevano, LCSW

Mental Health Clinical Supervisor
DMH-Roybal Family Mental Health Clinic
Young Mothers and Babies FSP

Denise Godfrey-Pinn, PhD, IFEC-MHS

Mental Health Liaison
Harbor Regional Center

Jeanna-Marie Pollard, MA, LMFT

Mental Health Clinician II
DMH Clinical Operations
Intensive Care Division

PLEASE SHARE YOUR FEEDBACK!



2023 ELARC Mental Health Training Survey