COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

PROGRAM SUPPORT BUREAU - QUALITY IMPROVEMENT DIVISION

CULTURAL COMPETENCY UNIT

CULTURAL COMPETENCE PLAN UPDATE – CY 2016

Criterion 3

Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities

December 2016

CRITERION 3: STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES

List of Target Populations with Disparities

Using FY 2012-2013 data, the target populations with mental health disparities are as follows:

- **Medi-Cal population**
  - By ethnicity:
    a) Asian/Pacific Islanders in SAs 3 and 7
    b) Latino in SAs 1, 2, 3, 6, 7, and 8
    c) White in SA 2
  - By language
    a) Arabic, Armenian, Cantonese, Farsi, Korean, Mandarin, or other Chinese, Russian, Spanish, Tagalog, and Vietnamese
  - By age group
    a) Children in SAs 1, 2, 3, 4, 6, 7, and 8
    b) TAY in SAs 1, 2, 3, 4, 5, 6, 7 and 8
    c) Older adults in SAs 1, 2, 3, 4, 5, 6, 7 and 8
  - By gender
    a) Male in SAs 2, 3, 6, and 7
    b) Female in SAs 2, 3, 5, 6, 7 and 8

- **Community Services and Support (CSS) Plan** [same as Medi-Cal listed above because the populations served overlap]
  - By ethnicity:
    a) Asian/Pacific Islanders in SAs 3 and 7
    b) Latino in SAs 1, 2, 3, 6, 7, and 8
    c) White in SA 2
  - By language
    a) Arabic, Armenian, Cantonese, Farsi, Korean, Mandarin, or other Chinese, Russian, Spanish, Tagalog, and Vietnamese
  - By age group
    a) Children in SAs 1, 2, 3, 4, 6, 7, and 8
    b) TAY in SAs 1, 2, 3, 4, 5, 6, 7 and 8
    c) Older adults in SAs 1, 2, 3, 4, 5, 6, 7 and 8
  - By gender
    a) Male in SAs 2, 3, 6, and 7
    b) Female in SAs 2, 3, 5, 6, 7 and 8

- **Workforce, Education, and Training (WET)**
    a) Asian/Pacific Islanders
    b) Latinos
    c) Older adults over the age of 60
    d) Communities that speak the following threshold languages: Arabic, Armenian, Cantonese, Farsi, Korean, Mandarin, Other Chinese, Russian, Spanish, Tagalog, and Vietnamese.

- **PEI Priority Populations with Disparities**
    1. Underserved Cultural Populations
        a. LGBTQ
        b. Deaf/Hard of Hearing
        c. Blind/Visually impaired
        d. American Indian/Alaska Native
    2. Individuals Experiencing Onset of Serious Psychiatric Illness
        a. Young Children
        b. Children
        c. Transition Age Youth (TAY)
        d. Adults
        e. Older Adults
    3. Children/Youth in Stressed Families
        a. Young Children
        b. Children
        c. TAY
    4. Trauma-exposed
        a. Veterans
        b. Young Children
        c. Children
        d. TAY
        e. Adults
        f. Older Adults
    5. Children/Youth at Risk for School Failure
        a. Young Children
        b. Children
        c. TAY
    6. Children/Youth at Risk of or Experiencing Juvenile Justice
        a. Children
        b. TAY

CSS Strategies to Reduce Disparities

1) Full Service Partnerships (FSP) Programs

- Child

  The Child FSP program is comprised of resiliency-focused services created in collaboration with family/caretakers and a multidisciplinary team that develops

and implements an individualized plan. Child FSPs deliver intensive mental health services and supports to children ages 0-15 who are high need, high risk Seriously Emotionally Disturbed (SED) children and their families/caretakers. Focal populations include children 0-5 with a serious emotional disturbance, children with a mental illness involved with Department of Children and Family Services, schools or the probation system.

- Transitional Age Youth (TAY)
  TAY FSP program delivers intensive mental health services and support to high need and high-risk Severely Emotionally Disturbed (SED) and Severe and Persistently Mentally Ill (SPMI) TAY ages 16 -25. TAY FSPs place an emphasis on recovery and wellness while providing an array of community and social integration services to assist individuals with developing skill-sets that support self-sufficiency. The foundation of the TAY FSP program is doing "whatever it takes" to assist individuals with accessing mental health services and supports (e.g. housing, employment, education and integrated treatment for those with co-occurring mental health and substance abuse disorders). Unique to FSP programs are a low staff to consumer ratio, a 24/7 crisis availability and a team approach that is a partnership between mental health staff and consumers.

- Adult
  Serves adults, ages 26 to 59, who have been diagnosed with severe mental illness and would benefit from an intensive service program, were homeless, incarcerated, transitioning from institutional settings, or for whom care is provided solely for the family and would be at risk of the above if it were not for the family's support. Services include a wide array of mental health services, medication support, linkage to community services, housing, employment and money management services and assistance in obtaining needed medical care. Program started clients from all ethnic communities, with a collaborative focusing especially on the Asian Pacific Islander communities.

- Older Adult
  The Older Adult (OA) FSP program provides services and support to clients ages 60 and older. The OA FSP assists individuals with mental health and substance abuse issues and ensures linkage to other needed services, such as benefits establishment, housing, transportation, healthcare and nutrition care. OA FSP program works collaboratively with the OA client, family, caregivers, and other service providers and offers services in homes and the community. OA FSPs place an emphasis on delivering services in ways that are culturally and linguistically appropriate.
  Sixty additional countywide OA FSP slots were added. The FSP Integration Pilot Project began 7/1/2013 with Heritage Clinic. The pilot will integrate the FCCS program into an expanded FSP program. The hope is to create a seamless service continuum with the use of funds for services otherwise limited at an FCCS level. The use of Milestones of Recovery Scale (MORS) scores are used

to determine the level of care. Ten percent of clients going into the pilot program need to fall within FSP criteria.

Focal Population Targeted: Serious mental illness and one or more: homeless or at imminent risk of homelessness; hospitalizations; jail or at risk of going to jail; imminent risk for placement in a skilled nursing facility (SNF) or nursing home or being released from SNF/nursing home; presence of a co-occurring disorder; serious risk of suicide or recurrent history or is at risk of abuse or self-neglect who are typically isolated.

2) Wellness/Client-Run Centers

Wellness Centers are programs staffed by at least 51% consumer staff, who provide an array of mental health and supportive services to clients at higher levels of recovery. Services include medication support, linkage to physical health and substance use services, self-help and a variety of peer-supported services, including crisis and self-management skill development.

3) IMD Step-Down

IMD Step-Down Facility programs are designed to provide supportive on-site mental health services at selected licensed Adult Residential Facilities (ARF), and in some instances, assisted living, congregate housing or other independent living situations. The program also assists clients transitioning from acute inpatient and institutional settings to the community by providing intensive mental health, substance abuse treatment and supportive services.

4) Project 50

Project 50 is a specific demonstration program to identify, engage, house and provide integrated supportive services to the 50 most vulnerable, long-term chronically homeless adults living on the streets of Skid Row. Project 50 involves three phases: 1) Registry of homeless individuals; 2) Outreach Team to assess needs, define services and develop plan for service delivery; and 3) Integrated Supportive Services Team to coordinate interagency collaboration for comprehensive care and services. Project 50 serves the most vulnerable, chronically homeless adults in the Skid Row area of downtown Los Angeles across gender and linguistic diversity.

5) MHSA Housing Program

The Adult Housing Services include 14 Countywide Housing Specialists that, as part of a Service Area team, provide housing placement services primarily to individuals and families that are homeless in their assigned Service Area. The MHSA Housing Program provides funding for permanent, supportive, affordable housing for individuals living with serious mental illness, who are homeless and their families. It is a statewide program that includes a partnership with California Housing Finance Agency. LACDMH provides supportive services including mental health services to tenants living in MHSA funded units.

6) Jail Transition and Linkage Services

Jail Transition and Linkage Services are designed to perform outreach and engage individuals involved in the criminal justice system who are receiving services from jail or jail related services (e.g. court workers, attorneys, etc.). The goal is to successfully link them to community-based services upon their release from jail. The program addresses the needs of individuals in collaboration with the judicial system by providing identification, outreach, support, advocacy, linkage, and interagency collaboration in the courtroom and in the jail. Jail transition and linkage staff work with the MHSA Service Area Navigators as well as service providers to assist incarcerated individuals with accessing appropriate levels of mental health services and support upon their release from jail, including housing, benefits and other services as indicated by individual needs and situations. The goal of these services is to prevent release to the streets, thus alleviating the revolving door of incarceration and unnecessary emergency/acute psychiatric inpatient services.

7) Field Capable Clinical Services

- Child

  Children's Field Capable Clinical Services (FCCS) program provides an array of resiliency-oriented and field-based mental health services to children and families. Children's FCCS programs provide specialized mental health services delivered by a team of professional and para-professional staff. The focus of FCCS is working with community partners to provide a wide range of services that meet individual needs. The program is designed to provide services to individuals who are isolated, unwilling or unable to access traditional mental health outpatient services due to location/distance barriers, physical disabilities, or because of the stigma associated with receiving clinic-based services.

  In response to the Katie A. class action lawsuit, for fiscal year (FY) 2012-2013 LACDMH used $1,850,000 of the Prudent Reserve to enable eligible agencies providing FCCS to expand the services they provide to include Intensive Field Capable Clinical Services (IFCCS) and Intensive Targeted Case Management (ITCM). These services are specifically intended to address the more intensive mental health needs of Katie A. subclass members and ensure that these youth receive medically necessary mental health services. The Katie A. subclass members are defined as children with open DCFS cases, Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) eligibility.

- TAY

  The Transitional Age Youth Field Capable Clinical Services (FCCS) program provides an array of resiliency-oriented, field-based and engagement-focused mental health services to TAY and their families. The TAY FCCS program provides specialized mental health services delivered by a team of professional and paraprofessional staff. The focus of the FCCS program is to work with community partners to provide a wide range of services that meet individual needs. The TAY FCCS program is designed to provide services to individuals who are isolated, unwilling or unable to access traditional mental health

outpatient services due to location/distance barriers, physical disabilities, or because of the stigma associated with receiving clinic-based services.

- Adult
  The Adult Field Capable Clinical Services (FCCS) program provides an array of recovery-oriented, field-based and engagement-focused mental health services to adults. Providers will utilize field-based outreach and engagement strategies to serve the projected number of clients. The goal of Adult FCCS is to build the capacity of LACDMH to serve this significantly underserved population with specifically trained professional and paraprofessional staff working together as part of a multi-disciplinary team. Services provided include: outreach and engagement, bio-psychosocial assessment, individual and family treatment, evidence-based practices, medication support, linkage and case management support, treatment for co-occurring disorders, peer counseling, family education and support, and medication support.

- Older Adult
  An individual must be either 60 years of age and above or be a "transitional age adult (55-59 years) and have a serious and persistent mental illness or have a less severe or persistent Axis I disorder that is resulting in a functional impairment or that places the Older Adult at risk of losing or not attaining a life goal, for example risk of losing safe and stable living arrangement, risk of losing or inability to access services, risk of losing independence. Services provided include: outreach and engagement, bio-psychosocial assessment, individual and family treatment, medication support, linkage and case management support, treatment for co-occurring disorders, peer counseling, family education and support. FCCS will directly respond to and address the needs of unserved/underserved older adults by providing screening, assessment, linkage, medication support, and geropsychiatric consultation.

8) Family Support Services (FSS)

FSS provide access to mental health services such as individual psychotherapy, couples/group therapy, psychiatry/medication support, crisis intervention, case management linkage/brokerage, parenting education, domestic violence and co-occurring disorder services to parents, caregivers, and/or other significant support persons of FSP enrolled children who need services, but who do not meet the criteria to receive their own mental health services. In FY 2012-2013, new services were initiated in an effort to expand FSS under Child FSP Programs, and in response to feedback gathered from parents/caregivers of Child FSP enrolled clients. As a result, LACDMH's Children's Systems of Care Administration (CSOCA) launched the FSS Enhanced Respite Care Pilot Program for Fiscal Years 2013-2014 to provide supportive services to parents and/or caregivers of children with SED. The purpose of the pilot is to provide short-term relief to caregivers that provide in-home care for a Child FSP-enrolled child or youth, between the ages of birth to 15 years. FSS Enhanced Respite Care Services are positive, supportive services intended to help relieve families from the stress and family strain that result from

providing constant care for a child with SED, while at the same time addressing minor behavior issues, implementing existing behavioral support plans, and assisting with daily living needs. Eight (8) Child FSP providers participated in the pilot. Agencies agreed to shift up to 30% of their FSS allocation to manual invoicing, resulting in approximately $238,562 for respite services. The Respite pilot was launched in April, 2013; and as of August 2013 a total of 46 families have received respite services.

9) **Service Extenders**
Service Extenders include peers in recovery, family members and other individuals interested in providing services to older adults as part of the multi-disciplinary FCCS teams. Forty individuals are targeted for providing these services.

10) **Older Adults Training**
The Older Adult Training Program addresses the training needs of existing mental health professionals and community partners by providing the following training topics: field safety, elder abuse, documentation, co-occurring disorders, hoarding, geriatric psychiatry, geropsychiatry fellowship, service extenders and evidence based practices.

11) **TAY Drop-In Centers**
TAY Drop-In Centers are intended as entry points to the mental health system for homeless youth or youth in unstable living situations. Drop-In Centers provide "low demand, high tolerance" environments in which youth can find temporary safety and begin to build trusting relationships with staff members who can, connect them to the services and supports they need. Drop-In Centers also help to meet the youths' basic needs such as meals, hygiene facilities, clothing, mailing address, and a safe inside place to rest. Generally, these centers are operated during regular business hours. MHSA funding allows for expanded hours of operation of Drop-In Centers during evenings and weekends when access to these centers is even more crucial. In addition there are housing related systems development investments for the TAY population. These include:

- Enhanced Emergency Shelter Program (EESP) (previously, Motel Voucher Program) for TAY that are homeless, living on the streets and in dire need of immediate short-term shelter while more permanent housing options are being explored. EESP has exceeded its annual target of 300. EESP served 606 clients in the fiscal year.
- A team of 8 Housing Specialists was formed to develop local resources and help TAY find and move into affordable housing.

12) **TAY Probation Camps**
TAY Probation Camp Services provide services to youth ages 16 to 20 who are residing in Los Angeles County Probation Camps; particularly youth with SED, SPMI, those with co-occurring substance disorders and/or those who have suffered trauma. A multidisciplinary team of parent/peer advocates, clinicians,

probation staff, and health staff provide an array of on-site treatment and support services that include the following: assessments, substance abuse treatment, gender-specific treatment, medication support, aftercare planning and transition services. TAY Probation services fund mental health staff at the following probation camps: Camp Rockey-Paige-Afflerbaugh, Camp Scott-Scudder, Camp Holton-Routh, Camp Gonzales, Challenger Complex and Camp Miller-Kilpatrick.

13) **Alternative Crisis Services (ACS)**
ACS provides a comprehensive range of services and supports for mentally ill individuals that are designed to provide alternatives to emergency room care, acute inpatient hospitalization and institutional care, reduce homelessness, and prevent incarceration. These programs are essential to crisis intervention and stabilization, service integration and linkage to community-based programs, e.g. Full Service Partnerships (FSP) and Assertive Community Treatment Programs (ACT), housing alternatives and treatment for co-occurring substance abuse. ACS provides these services and supports to individuals 18 years of age and older of all genders, race/ethnicities, and languages spoken.

14) **Residential and Bridging Program:**
Involves psychiatric social workers and peer advocates assisting in the coordination of psychiatric services and supports for TAY, adults, and older adults with complicated psychiatric and medical needs. The program ensures linkages to appropriate levels and types of mental health and supportive services through collaboration with Service Area Navigators, Full Service Partnerships, residential providers, self-help groups, and other community providers. Peer advocates provide support to individuals in IMDs, IMD step-down facilities, and intensive residential programs to successfully transition to community living. The County Hospital Adult Linkage Program is part of the Residential and Bridging program and has a mission to assist in the coordination of psychiatric services for Department of Mental Health (LACDMH) clients at Department of Health Services (DHS) County Hospitals in order to ensure linkage of clients being discharged with the appropriate level and type of mental health, residential, substance abuse, or other specialized programs. The County Hospital Adult Linkage Program promotes the expectation that clients must be successfully reintegrated into their communities upon discharge and that all care providers must participate in client transitions.

15) **Service Area Navigators Teams**
Service Area Navigator 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 clients of the mental health system. Such networking creates portals of entry in a variety of settings that would make the Department’s long-standing goal of no wrong door achievable. The Service Area Navigators increase knowledge of and access to mental health services through the following activities:

- Engaging in joint planning efforts with community partners, including community-based organizations, other County Departments, intradepartmental staff, schools, health service programs, faith-based organizations, self-help and advocacy groups, with the goal of increasing access to mental health services and strengthening the network of services available to clients in the mental health system.
- Promoting awareness of mental health issues and the commitment to recovery, wellness and self-help.
- Engaging with people and families to quickly identify currently available services, including supports and services tailored to a client's particular cultural, ethnic, age and gender identity.
- Recruiting community-based organizations and professional service providers to become part of an active locally-based support network for people in the service area, including those most challenged by mental health issues.
- Following up with people with whom they have engaged to ensure that they have received the help they need.

16) Homeless Outreach and Mobile Engagement Team

The Homeless Outreach and Mobile Engagement Team (HOME) provides county-wide, field-based, and dedicated outreach and engagement services to the most un-served and under-served of the homeless mentally ill population. In this capacity its staff function as the 'first link in the chain' to ultimately connect the homeless mentally ill individual to recovery and mental health wellness services through a collaborative effort with other care giving agencies and county entities. HOME serves predominantly adults and TAY by providing intensive case management services, linkage to health services, substance abuse, mental health, benefits establishment services, transportation, assessment for inpatient psychiatric hospitalizations and any other services required in order to assist the chronically homeless and mentally ill across gender, cultural and linguistic diversity.

17) Underserved Cultural Communities (UREP) subcommittees

LACDMH has implemented six UREP subcommittees dedicated to working with the various UREPs in order to address their individual needs. These groups are: African/African-American; American Indian /Alaska Native; Asian Pacific Islander; Eastern European/Middle Eastern, Latino, and LGBTQ. Every fiscal year, each of the UREP subcommittees identifies capacity-building projects that will increase outreach and engagement, service accessibility and penetration rates for UREP communities.

WET Strategies to Reduce Disparities

1) Workforce Education and Training (WET) Coordination

This program provides the funding for the MHSA WET Administrative unit. WET Administration is tasked with implementation and oversight off all WET-funded activities.

2) **WET County of Los Angeles Oversight Committee**
The WET County of Los Angeles Oversight Committee was active throughout the development of the WET plans and will continue to provide recommendations to the LACDMH. The Committee is composed of various subject matter experts, representing many underserved ethnicities in our County.

3) **Licensure Preparation Program (LPP)**
Implemented during FY 11-12, this program funds licensure preparation study materials and workshops for unlicensed Social Workers, Marriage and Family Therapists (MFT), and Psychologists. All accepted participants must be employed in the public mental health system and have completed the required clinical hours to take the mandatory Part I and Part II of the respective licensure board examinations.

The summary of participants for each specific exam of the Licensure Preparation Program (LPP) for FY 14-15 is reported in the table below. The Program continued with no changes for FY 16-17.

Exam	Registered	Threshold Language	Under Represented Ethnic Populations	Pass	Fail
MSW – Part I	83	53	50	35	15
MSW – Part II	42	20	22	22	4
MFT – Part I	65	35	34	27	6
MFT – Part II	42	26	24	22	2
Psych – Part I	15	8	6	6	1
Psych – Part II	6	4	4	3	2
TOTALS	253	146	140	115	30

4) **Health Navigator Skill Development Program**
In preparation for the Health Care Reform, this program trains individuals (peer advocates, community workers and medical case workers) on knowledge and skills needed to assist consumers to navigate and advocate for themselves in both the public health and mental health systems. This 52-hour course uniquely incorporates a seven-hour orientation for participants' supervisors and is intended to support the participants' navigator role. During FY 2014-15, 33 participants completed the training, with 100% identifying with un-or-under-served populations and 54% speaking a threshold language. All 33 participants are certified as Health Navigators.

Health Navigator Skill Development Program – This program continued with no significant changes during FY 16-17.

5) **Recovery Oriented Supervision Trainings**
The goal of the Recovery Oriented Supervision Training and Consultation Program (ROSTCP) is to increase the capacity of the public mental health system in order to deliver best practice recovery-oriented mental health services. The ROSTCP is designed for individuals interested in becoming a supervisor or managers. They will

assume important leadership roles to teach, support, and elevate the recovery and resilience philosophies among direct service staff in the public mental health system. The ROSTCP will train supervisors and managers across all age groups and includes public mental health programs. Two-hundred and forty individuals are trained annually.

During FY 2014-15, 151 supervisors completed the program. 62% of these participants represented individuals from un-or-underserved populations and 43% spoke a second language. The ROSTCP program will cease on June 30, 2016.

6) Intensive Mental Health Recovery Specialist Training Program

Mental Health Recovery Specialist Training Program prepares consumers and family members who possess a Bachelor's degree, advanced degree, or equivalent certification, to work in the field of mental health as psycho-social rehabilitation specialists. This 12-16 week program is delivered in partnership with mental health contractors and the local community colleges. Successful completion of this program ensures that participants are qualified to apply for career opportunities in the public mental health system.

7) Interpreter Training Program

The Interpreter Training Program (ITP) offers trainings for bilingual staff that currently perform or are interested in performing interpreter services for English speaking mental health providers. The use of linguistically and culturally competent interpreters is important to bridging the language and cultural gap in the delivery of services in public mental health. This training opportunity consists of the following: 3-day "Introduction to Interpreting Training"; "Advanced Interpreting Training"; and monolingual English-speaking provider focused training entitled "How to Use Interpreters in a Mental Health Setting".

The outcomes for FY14-15 include:

Training Title	Total
Interpreter Training in Mental Health Setting (21 Hours)	72
Advance Training (7 Hours)	22
Training MH Providers in Working with Interpreters (4 Hours)	25
Improving Spanish MH Clinical Terminology Part I (7 Hours)	52
Improving Spanish MH Clinical Terminology Part II (7 Hours)	30
TOTAL	201

8) Expanded Employment and Professional Advancement Opportunities for Consumers in the Public Mental Health System

This Peer Advocate Training prepares individuals interested in work as mental health peer advocates in the public mental health system. During FY 2012-2013, certificated training included "Core Peer Advocate Training", "Advanced Peer Advocate Training", and "Train-The-Trainer". These trainings were designed to train

no less than 60 individuals. The targeted population for each training component was:

- **Core Peer Advocate Training:** For mental health consumers interested in becoming part of the public mental health workforce as mental health peer advocates.
- **Advanced and Train-The-Trainer training:** For individuals who are currently employed in the mental health system in a peer advocate capacity.

During FY 14-15, a total of 18 individuals completed the peer advocate training. Of these participants, 89% represented individuals from un- or- underserved populations, 28% spoke a threshold language, and 39% have secured employment in the public mental health system. This program ceased on December 31, 2014. Future training is projected to begin FY 15-16.

9) Expanded Employment and Professional Advancement Opportunities for Parent Advocates, Child Advocates and Caregivers in the Public Mental Health System

This training program is designed to provide knowledge and technical skills to Parent Advocates/Parent Partners who are committed to: the work of family support for mental health; supporting the employment of parents and caregivers of children and youth consumers in our public mental health system; and/or promoting resilience and sustained wellness through an emphasis on increasing the availability of a workforce oriented to self-help, personal wellness and resilience techniques that are grounded in parent advocate/parent partner empowerment. This program will be put out for solicitation with training anticipated to begin FY 16-17.

10) Expanded Employment and Professional Advancement Opportunities for Family Members in the Public Mental Health System

These trainings prepare family members of consumers to develop or augment skills related to community outreach, advocacy and leadership and decrease barriers to employment. These trainings include such topics as public speaking, navigating systems, and resource supports for consumers and families. This program is funded with the intent to target/outreach family members about mental health services in the community meeting the objective of the program outline in the MHSA-WET Plan. Priority is given to those family members coming from targeted communities particularly those culturally and linguistically underserved in the County of Los Angeles (i.e. Spanish-speaking, Asian Pacific Islanders, etc.)

Training component	Train-the-trainer participants	New speakers trained	Presentation participants
Adult consumers advocacy speakers		34	144
Family advocacy speakers		10	21
Family support and advocacy training	4	40	714

Family support and advocacy training in Spanish		7	160
Family advocacy lobby outreach program		20	96
Family advocate and recovery training program			500
Family advocate wellness and diversity training program			285
Family advocate wellness and spirituality training program			200
Family advocate and provider training program			100
Parent/caregiver advocates of provider training program			150
Parent/caregiver advocates wellness and recovery training program			491
Child/adolescent consumer advocacy speakers Bureau		40	29
Parent advocacy speakers' Bureau		15	32
Parent support and advocacy training Bureau	3	10	288
Parent support and advocacy training Bureau in Spanish		8	60
Parents and teachers joint advocacy program		32	255
TOTALS	7	216	3,525

11) Mental Health Career Advisors

This program is designed to fund career advisor services in the effort to meet the workforce needs of the public mental health system. Services will include: the provision of ongoing career advice, coordination of financial assistance, job training, mentoring and tutoring and information sharing and advocacy. The Mental Health Career Advisors will essentially function as a one-stop shop for upward career mobility.

During FY 14-15, 135 individuals received an aggregate total of 529 career advisement sessions.

12) High School through University Mental Health Pathway

The County of Los Angeles will promote mental health careers to high school, community college and university students, particularly in communities or areas of the County where ethnically diverse populations reside.

During FY 14-15, the first phase of this pilot program, a curriculum was developed and outreach was completed to two schools in the Antelope Valley/Palmdale area of the County. Implementation of this mental health recovery focused curriculum is projected to be partially implemented during the 16-17 academic year.

13) Partnership with Educational Institutions to Increase the Number of Professionals in the Public Mental Health System (Immersion of Faculty-MFT, MSW, etc.)

The College Faculty Immersion Training Program update college and graduate school faculty on the current best practices and requirements for the human services workforce. This program delivers in class presentations to students on the core tenets of MHSA, consultative services with faculty on recovery oriented curriculum enhancement, and MHSA mini immersion training opportunities where students and faculty learn about the benefits of the MHSA and the recovery process.

14) Recovery Oriented Internship Development (Recovery Oriented and Integrated Care Internship Training Program)

A component of this program includes establishing training that targets supervising field instructors employed in the public mental health system and their student interns. The purpose of this program is to 1) promote recovery oriented and integrated care principles and 2) establish standards for student training critical for the preparation of the future public mental health system workforce. Field instructors will have an opportunity to increase their exposure, knowledge and expertise in recovery oriented and integrated care principles; and augment student interns' classroom instruction through training and supervised direct service experience.

15) Public Mental Health Workforce Financial Incentive Program

The Public Mental Health Workforce Financial Incentive Program represents a consolidation of WET Plans #19 (Tuition Reimbursement Program) and #22 (Loan Forgiveness Program). This program is intended to deliver educational/financial incentives to individuals employed in the public mental health workforce, as well as to serve as a potential recruitment tool.

- **Tuition Reimbursement Program**

  This tuition reimbursement program will provide tuition expenses for those individuals interested in enhancing their skills. It will include peer advocates, consumers, family members, parent advocates and professionals employed in directly operated and contracted agencies. Tuition reimbursement students will be expected to make a commitment to continue working in the public mental health system. Additionally, those candidates who are bilingual/bicultural and/or willing to commit to working with unserved and underserved communities in the County will be given priority.

- **Loan Forgiveness Program**

Striving to meet MHSA expectations of a linguistically and culturally competent workforce, Los Angeles County will explore loan forgiveness programs as a supplement to the loan forgiveness programs developed by the State.

This program is expected to be implemented by FY 16-17.

16) **Stipend Program for Psychologists, MSWs, MFTs, Psychiatric Nurse Practitioners, and Psychiatric Technicians**

LACDMH provides 2nd year students with education stipends in the amount of $18,500 in exchange for a contractual obligation to secure employment in a hard-to-fill area of the county for a minimum of one year. This program targets students who are linguistically and/or culturally able to service the traditionally unserved and underserved populations of the County.

In addition to the stipends, 6 post-doctoral fellows were likewise funded.
No significant change is expected for this program during FY 16-17.

17) **Clinical Scholars Program (West Central Mental Health Clinic)**

Project Summary: Two UCLA Robert Wood Johnson Foundation psychiatrist scholars have engaged with community members, LACDMH administration, and researchers to develop and improve the public mental health workforce via unique projects and direct service to LACDMH consumers.

Status Report: Two scholars began with LACDMH in July 2015. They provide approximately 20 percent of their time to direct service, such as medication evaluations and medication support services, to consumers at West Central Mental Health Clinic. They are currently engaged in countywide projects related to expansion of accessible medications to LACDMH consumers who suffer with co-occurring disorders and Assisted Outpatient Treatment for persons who fall in the gap of persons with frequent psychiatric hospitalizations and lack mental health treatment.

18) **Geropsych Fellowship Services**

Project Summary: UCLA Psychiatry fellows are supervised with the provision of services as members of Older Adults System of Care (OASOC) multidisciplinary teams.
Status Report: The UCLA Geriatric Psychiatry Fellowship at LACDMH consists of two fellows each year for two days a week, 6 months each. The fellows receive formal and informal training in geriatric psychiatry through the LACDMH community mental health program GENESIS. The fellows are integrated into a team approach requiring home visits countywide. They are exposed to the Los Angeles County Elder Abuse Forensic Center and receive training in Field Safety. Fellows provide clinical services for LACDMH clients. They do assessments, as well as conducting ongoing therapy and treatment. They lead and participate in a series of Older Adult Consulting Team trainings; in addition they submit required documentation to obtain CME approval for their trainings.

19) General Psychiatric Residency and Child and Adolescent Psychiatry Fellowship Program (Augustus F. Hawkins Mental Health Clinic (AFH MHC), San Fernando Mental Health Clinic, and Olive View Urgent Care Center (Olive View UCC)

Programmatic support is provided to residents and fellows while they provide clinical care through community based, integrated, multidisciplinary team approach within a complex public health system.

Status Report: UCLA Residents and fellows have successfully been receiving guidance and training to enhance and expand existing clinical services at AFH MHC, San Fernando MHC, and Olive View UCC. Clinical services to children and adolescents have been provided by fellows at AFH MHC and San Fernando MHC. Olive View UCC identifies critical needs of every consumer and to address those needs as quickly as possible, preventing hospitalization and helping to relieve the County's general emergency rooms. Open seven days a week, the Olive View UCC provides consumers with a place to get a brief clinical assessment, immediate case management, medication refills, acute mental health care, and crisis intervention service. This provides a wide variety of clinical experiences for residents. Residents at all sites provide increased clinical access for clients, while the addition of the residency and fellowship program has increased the number of LACDMH training sites and opportunities for workforce development. The integration of the residents and fellows into service delivery has enhanced system-wide collaboration between the Department of Health Services (DHS) and LACDMH.

20) Academic Supervision and Training (LACDMH at Harbor UCLA Medical Center)

Academic supervision and training is provided to psychiatry residents and fellow at LACDMH at Harbor-UCLA Medical Center.

Status Report: Residents and fellows receive training and academic support in mental health assessment, evidenced based practices, medication support services, and crisis intervention relevant to community mental health. Residents and fellows receive specific training in evidence-based practices and academic consultation with the multidisciplinary team, such as psychiatrists, psychologists, and social workers, for the purpose of improving the clinical abilities of staff members. Trainings and academic supervision are provided by existing faculty members of LACDMH at Harbor-UCLA. Harbor-UCLA faculty and post-doctoral psychology fellows have provided trainings in evidence-based practices which promote recovery for LACDMH clients. These trainings have further developed the skills of current LACDMH clinicians and enhanced the quality of care for clients.

21) UCLA Faculty Consultation Services (Edelman Mental Health Clinic)

Specialty consultation is provided to LACDMH program staff and psychiatrists.

Status Report: Specialized faculty consultation is provided by a UCLA Child and Adolescent psychiatrist who specializes in the diagnosis and treatment of psychiatric illness in children and adolescents. The eligible faculty member provides case consultation based on evidenced base practices every week to the program staff and psychiatrists at the clinic.

22) Recovery Oriented Internship Development (Recovery Oriented and Integrated Care Internship Training Program)

This program consists of training targeted to supervising field instructors employed in the public mental health system (PMHS) and their student interns. The purpose of this program is to: 1) promote recovery oriented and integrated care principles and 2) establish standards for student training critical for the preparation of the future PMHS workforce. Field instructors will have an opportunity to increase their exposure, knowledge and expertise in recovery oriented and integrated care principles; and augment student interns' classroom instruction through training and supervised direct service experience.

During FY 14-15, participants included 14 supervisors and 40 interns; of the supervisors, 50% represented an underserved community and 36% spoke a threshold language; of the interns, they self-identified as 45% and 30% respectively.

The following 8 mental health programs participated during FY 14-15:

- Antelope Valley Mental Health Center
- West Valley Mental Health Center
- Northeast Mental Health Center
- Coastal Asian Pacific MHC
- Antelope Valley Enrichment Services
- Exodus Recovery
- Telecare Inc.
- MHALA Village and Wellness Center

23) Training for Community Partners

- Faith Based Roundtable Project

  This project continues to bring together clergy and mental health staff to address the mental health issues of the individuals and communities they mutually serve. It has provided an opportunity for faith-based clergy to understand the essence of mental health services focused on recovery as well as for mental health personnel to understand and integrate spirituality in the recovery process. As of FY 14-15, all eight service areas now participate in these Roundtable sessions. The program continued to fund a consultant in order to assist in facilitating the roundtable discussions, and provide guidance and structure when needed. No significant changes are expected to the program model during FY 16-17.

Prevention Early Intervention (PEI) Strategies to Reduce Disparities

The Prevention, Early Intervention (PEI) Division developed thirteen projects that address the needs, priority populations, special sub-populations, and PEI programs selected by the stakeholders. Each PEI project is comprised of the following components: Outreach and Education; Training and Technical Assistance; and Data Collection, Outcomes, Monitoring and Evaluation.
(EBP-Evidence-Based Practice; PP = Promising Practice; CDE – Community Defined Evidence Practice)

1) **PEI Early Start-Suicide Prevention: ES-1**
   The Early Start Suicide Prevention Program provides suicide prevention services through multiple strategies by strengthening the capacity of existing community resources and creating new collaborative and comprehensive efforts at the individual, family, and community level. These services include: community outreach and education in the identification of the suicide risks and protective factors; linking direct services and improving the quality of care to individuals contemplating, threatening, or attempting suicide; access to evidence based interventions trained suicide prevention hotlines; and building the infrastructure to further develop and enhance suicide prevention programs throughout the county across all age groups and cultures.

   EBP/PP/CDEs Implemented:
   - *24/7 Crisis Hotline*: Didi Hirsch provides 24/7 crisis hotline services in English as well as Spanish; support services to attempters and/or those bereaved by a suicide; and assistance consultation to law enforcement and first responders. It is also building community capacity by offering evidence-based training in the Applied Suicide Intervention Skills Training (ASIST) and safe TALK models. The hotline has responded to 23,114 calls. It also provided 412 Spanish-speaking crisis hotline services; 701 support services to attempters and/or those bereaved by a suicide, 365 assistance and consultation to law enforcement and first responders; and 345 trainings in ASIST and safe TALK to various staff to recognize and respond appropriate to suicide.

   - *Latina Youth Program:* Pacific Clinics provides 24/7 bilingual (Spanish) emergency and information telephone counseling, consultation and education to schools regarding suicide risk factors among teens. It has expanded to include male as well as female youth ages 14-25 years of age, who were identified as being “at risk” for suicide.

   - *Web-based Training for School Personnel on Suicide Prevention:* The Los Angeles County Office of Education (LACOE), Center for Distance and Online Learning (CDOL) was contracted to design, develop, and maintain a website dedicated to provide critical online information and materials on suicide prevention, intervention, and post- intervention for school personnel, parents, and students in all 80 K-12 school districts in Los Angeles County. Launched in January 2011, the website has been widely publicized throughout the County,

State (through the Office of Suicide Prevention), and at national conferences and meetings of various suicide prevention networks/organizations (including a recent Webinar on “Responding after a Suicide: Best Practices for Schools,” sponsored by the Suicide Prevention Resource Center).

- *Partners in Suicide (PSP) Team for Children, Transition Age Youth (TAY), Adults, and Older Adults:* It is designed to increase public awareness of suicide and reduce stigma associated with seeking mental health and substance abuse services. The team includes one Korean-speaking and three Spanish-speaking members. The team offers education, identifies appropriate tools, such as evidence-based practices, and provides linkage and referrals to age appropriate services

  Team members participated in a total of 220 suicide prevention events during, outreaching to more than 5,600 Los Angeles County residents. These events included Countywide educational trainings, participation in suicide prevention community events, and collaboration with various agencies and partners. Highlights included providing 10 Applied Suicide Intervention Skills Training (ASIST); attaining 4 new provisional ASIST trainers for a total of 17 trainers; coordinating the Los Angeles County Suicide Prevention Network which has recruited over 40 members from a wide variety of organizations and has conducted quarterly meetings to increase collaboration and coordination of suicide prevention activities; and providing over 100 Educational Presentations and Trainings to Directly Operated and Contracted Agencies, and conducted the 2nd Annual Suicide Prevention Summit which was attended by nearly 100 participants.

2) PEI Early Start-School Mental Health Initiative: ES-2

The Early Start School Mental Health Initiative Program focuses on school mental health needs to reduce and eliminate stigma and discrimination. The program addresses the high need of students with developmental challenges, emotional stressors, and various mental health risks and reduces violence at educational institutions through collaborative efforts and partnerships with the community. This is a comprehensive prevention and early intervention program to prevent violence in schools and create a safe learning environment. The services include eliminating substance use and abuse; addressing any trauma experiences; development of school-based crisis management teams; and training, early screening and assessment of students of concern; and are provided at the earliest onset of symptoms.

EBP/PP/CDEs Implemented:

- School Threat Assessment and Response Team (START)
- Service Area 6 School Mental Health Demonstration Pilot*

3) PEI Early Start-Anti-Stigma Discrimination: ES-3

The purpose of the Early Start Stigma and Discrimination Project is to reduce and eliminate barriers that prevent people from utilizing mental health services by

prioritizing information and knowledge on early signs and symptoms of mental illness through client-focused, family support and education and community advocacy strategies. Core strategies have been identified to reduce stigma and discrimination, increase access to mental health services, and reduce the need for more intensive mental health services in the future. The services include anti-stigma education specifically targeting underrepresented communities through outreach utilizing culturally sensitive and effective tools; educating and supporting mental health providers; connecting and linking resources to schools, families, and community agencies; and client and family education and empowerment.

EBP/PP/CDEs Implemented:

- Family-focused Strategies to Reduce Mental Health Stigma and Discrimination
- Children's Stigma and Discrimination Reduction Project
- Older Adults Mental Wellness
- Profiles of Hope Project
- Videos

4) School Based Services: PEI-1

The School-Based Services Project is intended to (1) build resiliency and increase protective factors among children, youth and their families; (2) identify as early as possible children and youth who have risk factors for mental illness; and (3) provide on-site services to address non-academic problems that impede successful school progress. These programs provide outreach and education; promote mental wellness through universal and selective prevention strategies; foster a positive school climate; offer early mental health intervention services on school sites; and provide training in mental health evidence-based programs to school personnel and providers working with youth and children.

EBP/PP/CDEs Implemented:

- Aggression Replacement Training
- Cognitive Behavioral Intervention for Trauma in School
- Multidimensional Family Therapy
- Olweus Bullying Prevention Program
- Promoting Alternative Thinking Strategies
- Strengthening Families
- Why Try? Program

5) Family Education & Support Services: PEI-2

The purpose of the Family Education and Support Project is to build competencies, capacity and resiliency in parents, family members and other caregivers by teaching a variety of strategies. The project utilizes universal and selective intervention as well as early intervention approaches for children/youth in stressed families. The programs will address the risk factors and protective factors that promote positive mental health, concentrating on parental skill-building through a variety of training, education, individual, group parent, and family interaction methods.

EBP/PP/CDEs Implemented:

- Caring for Our Families
- Incredible Years
- Managing and Adapting Practice*
- Mindful Parenting*
- Promoting Alternative Thinking Strategies*
- Nurse-Family Partnership
- Nurturing Parenting Program
- Triple P Positive Parenting Program

6) At Risk Family Services: PEI-3

The At Risk Family Services Project provides training and assistance to families whose children are at risk for placement in foster care, group homes, psychiatric hospitals, and other out of home placements. It builds skills for families with difficult, out of control or substance abusing children who may face the juvenile justice involvement and provides support to families whose environment and history renders them vulnerable to forces that lead to destructive behavior and the disintegration of the family.

EBP/PP/CDEs Implemented:

- Brief Strategic Family Therapy
- Child-Parent Psychotherapy
- Families OverComing Under Stress (FOCUS)*
- Group Cognitive Behavioral Therapy for Major Depression
- Incredible Years
- Make Parenting a Pleasure
- Mindful Parenting*
- Parent-Child Interaction Therapy
- Reflective Parenting Program
- Triple P Positive Parenting Program
- UCLA Ties Transition Model

7) Trauma Recovery Services: PEI-4

The Trauma Recovery Services Project (1) provides short-term crisis debriefing, grief, and crisis counseling to clients, family members and staff who have been affected by a traumatic event; and (2) provides more intensive services to trauma-exposed youth, adults, and older adults to decrease the negative impact and behaviors resulting from the traumatic events. The programs include outreach and education, psychosocial assessment, individual short-term crisis counseling, family counseling, youth and parent support groups, case management, and training for staff that are likely to work with trauma victims.

EBP/PP/CDEs Implemented:

- Child-Parent Psychotherapy
- Crisis Oriented Recovery Services
- Dialectal Behavioral Therapy*

- Depression Treatment Quality Improvement*
- Group Cognitive Behavioral Therapy for Major Depression
- Individual Cognitive Behavioral Therapy*
- Parent-Child Interaction Therapy
- Prolonged Exposure Therapy for Posttraumatic Stress Disorder
- Seeking Safety
- System Navigators for Veterans
- Trauma Focused Cognitive Behavioral Therapy

8) **Primary Care & Behavioral Health: PEI-5**

The Primary Care and Behavioral Health Project develops mental health services within primary care clinics in order to increase primary care providers' capacity to offer effective mental health guidance and early intervention through the implementation of screening, assessment, education, consultation, and referral. The goal of the project is to prevent patients at primary care clinics from developing severe behavioral health issues by addressing their mental health issues early on. Behavioral health professionals skilled in consultation and primary care liaison will be integrated within the primary care system. By offering assistance in identifying emotional and behavioral issues at a clinic setting, the stigma associated with seeking out mental health services will be minimized.

EBP/PP/CDEs Implemented:

- Alternatives for Families – Cognitive Behavioral Therapy
- Incredible Years
- Mental Health Integration Program (formerly IMPACT)
- Triple P Positive Parenting Program

9) **Early Care & Support for Transition Age Youth: PEI-6**

The Early Support and Care for Transition-Age Youth Project (1) builds resiliency, increase protective factors, and promote positive social behavior among TAY; (2) addresses depressive disorders among the TAY, especially those from dysfunctional backgrounds; and (3) identifies, supports, treats, and minimizes the impact for youth who may be in the early stages of a serious mental illness. Emancipating, emancipated, and homeless TAY are a special focus of this project.

EBP/PP/CDEs Implemented:

- Aggression Replacement Training
- Center for the Assessment and Prevention of Prodromal States*
- Group Cognitive Behavioral Therapy for Major Depression
- Interpersonal Psychotherapy for Depression
- Multidimensional

10) **Juvenile Justice Services: PEI-7**

The Juvenile Justice Services Project builds resiliency and protective factors among children and youth who are exposed to risk factors that leave them vulnerable to becoming involved in the juvenile justice system; promotes coping

and life skills to youths in the juvenile justice system to minimize recidivism; and identifies mental health issues as early as possible and provide early intervention services to youth involved in the juvenile justice system. Services are to be provided at probation camps throughout the County, residential treatment facilities, health clinics, community settings, and other non-traditional mental health sites.

EBP/PP/CDEs Implemented:

- Aggression Replacement Training
- Cognitive Behavioral Intervention for Trauma in School
- Functional Family Therapy
- Group Cognitive Behavioral Therapy for Major Depression
- Loving Intervention for Family Enrichment
- Multidimensional Family Therapy
- Multisystemic Therapy
- Trauma Focused Cognitive Behavioral Therapy

11) Early Care & Support for Older Adults: PEI-8

The purpose of the Early Care and Support Project for Older Adults is to (1) establish the means to identify and link older adults who need mental health treatment but are reluctant, are hidden or unknown, and/or unaware of their situation; (2) prevent and alleviate depressive disorders among the elderly; and (3) provide brief mental health treatment for individuals. Services are directed at older adults, their family members, caregivers, and others who interact with and provide services to this senior citizen population.

EBP/PP/CDEs Implemented:

- Cognitive Behavioral Therapy for Late Life Depression
- Crisis Oriented Recovery Services
- Interpersonal Psychotherapy for Depression
- Program to Encourage Active Rewarding Lives for Seniors (PEARLS)
- Problem Solving Therapy*

12) Improving Access for Underserved Populations: PEI-9

The Improving Access for Underserved Populations Project is intended to (1) build resiliency and increase protective factors among monolingual and limited English-speaking immigrants and underserved cultural populations, lesbian/gay/bisexual/transgender/ questioning (LGBTQ) individuals, deaf/hard of hearing individuals, blind/visually impaired individuals and their families; (2) identify as early as possible individuals who are a risk for emotional and mental problems; and (3) provide culturally and linguistically appropriate early mental health intervention services. The programs will provide outreach and education as well as promote mental wellness through universal and selective prevention strategies.

EBP/PP/CDEs Implemented:

- Group Cognitive Behavioral Therapy for Major Depression
- Nurse-Family Partnership

- Prolonged Exposure Therapy for Posttraumatic Stress Disorder
- Trauma Focused Cognitive Behavioral Therapy 51

13) American Indian Project: PEI-10

The American Indian Project (1) builds resiliency and increase protective factors among children, youth and their families; (2) addresses stressful forces in children/youth lives, teaching coping skills, and diverting suicide attempts; and (3) identifies as early as possible children and youth who have risk factors for mental illness. The programs will provide outreach and education; promote mental wellness through universal and selective prevention strategies; offer early mental health intervention services at comfortable, non-stigmatizing localities; and involve multi-generations in the American Indian children and youth's lives. An important emphasis is on preventing suicide among American Indian youth, given the high rate among this population.

EBP/PP/CDEs Implemented:

- American Indian Life Skills*
- Trauma Focused Cognitive Behavioral Therapy: Honoring Children, Mending the Circle*

It is anticipated that a significant proportion of the target population served in each strategy will be from underserved or inappropriately served ethnic or cultural communities. In addition, PEI has identified Evidence-Based Practices (EBPs) for PEI populations with identified target age groups, whether these are considered prevention or early intervention and the ethnic/cultural groups these EBPs serve.
As of October 1, 2013, a total of 51 PEI practices have been implemented. These PEI practices target different age groups, cultural groups, family systems, and treatment modalities. Below is a chart that summarizes all of the implemented PEI practices by age group served and focus as prevention and/or early intervention.

	PROGRAM NAME	DESCRIPTION	AGE GROUPS SERVED (AGE LIMITS)	PREVENTION AND/OR EARLY INTERVENTION	PEI PROJECT(S)
1	**Aggression Replacement Training (ART)**	ART is a multimodal psycho-educational intervention designed to alter the behavior of chronically aggressive adolescents and young children. Its goal is to improve social skills, anger control, and moral reasoning. The program incorporates three specific interventions: skill-streaming, anger control training, and training in moral reasoning. Skill-streaming teaches pro-social skills. In anger control training, youths are taught how to respond to their hassles. Training in moral reasoning is designed to enhance youths' sense of fairness and justice regarding the needs and rights of others.	Children (ages 5-12) – Skillstreaming Only Children (ages 12-15) TAY (ages16-17)	Prevention & Early Intervention	4, 9, 10
2	**Alternatives for Families – Cognitive Behavioral Therapy (AF-CBT)**	AF-CBT is designed to improve the relationships between children and parents/ caregivers in families involved in physical force/coercion and chronic conflict/hostility. This practice emphasizes training in both intrapersonal and interpersonal skills designed to enhance self-control, strengthen positive parenting practices, improve family cohesion/communication, enhance child coping skills and social skills, and prevent further instances of coercion and aggression. Primary techniques include affect regulation, behavior management, social skills training, cognitive restructuring, problem solving, and communication.	Children (ages 4-15) TAY (ages 16-17)	Early Intervention	8
3	**American Indian Life Skills Program (AILSP)**	AILSP is designed to build life skills and increase suicide prevention skills for American Indian high school students. It is designed to promote self-esteem, identify emotions and stress, increase communication and problem solving skills, and recognize and eliminate self-destructive behavior (including substance use). AILSP provides American Indian children and TAY information on suicide and suicide intervention training and helps them set personal and community goals. To be implemented early 2014.	Children (ages 14-15) TAY (ages 16-18)	Prevention	13
4	**Brief Strategic Family Therapy (BSFT)**	BSFT is a short-term, problem-oriented, family-based intervention designed for children and adolescents who are displaying or are at risk for developing behavior problems, including substance abuse. The goal of BSFT is to improve a youth's behavior problems by improving family interactions that are presumed to be directly related to the child's symptoms, thus reducing risk factors and strengthening protective factors for adolescent drug abuse and other conduct problems.	Children (ages 10-15) TAY (ages 16-18)	Prevention & Early Intervention	6
5	**Caring for Our Families (CFOF)**	Adapted from the "Family Connections" Model, CFOF includes community outreach, family assessment, and individually tailored treatment programs. The goal is to help families meet the basic needs of their children and reduce the risk of child neglect. The core components include emergency assistance/concrete services; home-based family intervention (e.g., outcome-driven service plans, individual and family counseling); service coordination with referrals targeted toward risk and protective factors; and multi-family supportive recreational activities.	Children (ages 5-11)	Prevention & Early Intervention	5, 6

	PROGRAM NAME	DESCRIPTION	AGE GROUPS SERVED (AGE LIMITS)	PREVENTION AND/OR EARLY INTERVENTION	PEI PROJECT(S)
6	**Center for the Assessment and Prevention of Prodromal States (CAPPS)**	The focus of this CAPPS PEI Demonstration Pilot will be to conduct outreach and engagement specifically to those youth who are experiencing their first-break psychosis and early onset of serious mental illnesses with psychotic features. In order to mitigate mental health challenges and reduce the progression of these challenges into mental health diagnoses, this project will also engage families and significant others of the youth as well as the youth themselves in PEI services. To be implemented in 2014.	TAY	Prevention & Early Intervention	9
7	**Child-Parent Psychotherapy (CPP)**	CPP is a psychotherapy model that integrates psychodynamic, attachment, trauma, cognitive behavioral, and social-learning theories into a dyadic treatment approach. CPP is designed to restore the child-parent relationship and the child's mental health and developmental progression that have been damaged by the experience of domestic violence. CPP is intended as an early intervention for young children that may be at risk for acting-out and experiencing symptoms of depression and trauma.	Young Children (ages 0-6)	Early Intervention	6,7
8	**Cognitive Behavioral Intervention for Trauma in School (CBITS)**	CBITS is an early intervention for children who have experienced or have been exposed to traumatic events and are experiencing difficulty related to symptoms of Posttraumatic Stress Disorder (PTSD), depression, or anxiety. To improve access to mental health care, services are delivered within the school setting by clinical staff as part of multi-disciplinary treatment teams. CBITS intends to reduce the impact of trauma-related symptoms, build resilience, and increase peer and parental support for students at-risk of school failure.	Children (ages 10-15) TAY	Prevention & Early Intervention	4,10
9	**Crisis Oriented Recovery Services (CORS)**	DTQI is a comprehensive approach to managing depression that utilizes quality improvement processes to guide the therapeutic services to adolescents and young adults. The psychoeducation component helps individuals learn about major depression and ways to decrease the likelihood of becoming depressed in the future. The psychotherapy component assists individuals who are currently depressed to gain understanding of factors that have contributed to the onset and maintenance of their depression and learn ways to treat their disorder.	Children TAY Adults Older Adults	Prevention & Early Intervention	7
10	**Depression Treatment Quality Improvement (DTQI)**	DBT serves individuals who have or may be at risk for symptoms related to emotional dysregulation, which can result in the subsequent adoption of impulsive and problematic behaviors, including suicidal ideation. DBT incorporates a wide variety of treatment strategies including chain analysis, validation, dialectical strategies, mindfulness, contingency management, skills training and acquisition (core mindfulness, emotion regulation, interpersonal effectiveness, distress tolerance and self-management), crisis management, and team consultation.	Children (ages 12-15) TAY (ages16-20)	Early Intervention	8,9

	PROGRAM NAME	DESCRIPTION	AGE GROUPS SERVED (AGE LIMITS)	PREVENTION AND/OR EARLY INTERVENTION	PEI PROJECT(S)
11	**Dialectical Behavior Therapy (DBT)**	Didi Hirsch provides 24/7 crisis hotline services in English, Spanish, and Korean. Support services are provided to attempters and/or those bereaved by a suicide, as well as consultation to law enforcement and first responders. This practice builds community capacity by offering evidence- based training in the Applied Suicide Intervention Skills Training (ASIST) and safe TALK models. In FY 2011-12 the Hotline responded to 23,223 calls.	TAY (18-25) Adults Older Adults Directly Operated Clinics only	Prevention & Early Intervention	7
12	**Early Start Suicide Prevention - 24/7 Crisis Hotline**	Didi Hirsch provides 24/7 crisis Hotline services in English, Spanish, and Korean. Support services are provided to attempters and/or those bereaved by a suicide, as well as consultation to law enforcement and first responders. This practice builds community capacity by offering evidence-based training in the Applied Suicide Intervention Skills Training (ASIST) and safe TALK models. In FY 2011-12 the Hotline responded to 23,223 calls.	Children TAY Adults Older Adults	Prevention	1
13	**Early Start Suicide Prevention – Latina Youth Program**	Pacific Clinics provides 24/7 bilingual (Spanish) emergency and information telephone counseling, consultation and education to schools regarding suicide risk factors among teens. It also provides education and support services in the community about warning signs and risk factors for suicide among youth. The program has expanded to include male as well as female youth, 14 to 25 years of age, who are identified as being "at risk" for suicide.	Children TAY Adults Older Adults	Prevention	1
14	**Early Start Suicide Prevention – Web-based Training for School Personnel on Suicide Prevention**	The Los Angeles County Office of Education (LACOE), Center for Distance and Online Learning (CDOL) was contracted to design, develop, and maintain a website dedicated to provide critical online information and materials on suicide prevention, intervention, and postvention for school personnel, parents, and students in all 80 K-12 school districts in Los Angeles County. Launched in January 2011, the website has been widely publicized throughout the County, State (through the Office of Suicide Prevention), and at national conferences and meetings of various suicide prevention networks/organizations (including a recent Webinar on "Responding after a Suicide: Best Practices for Schools," sponsored by the Suicide Prevention Resource Center).	Children TAY Adults Older Adults	Prevention	1
15	**Early Start Suicide Prevention – Partners in Suicide (PSP) Team**	PSP is designed to increase public awareness of suicide and reduce stigma associated with seeking mental health and substance abuse services. The Team offers education, identifies appropriate tools, such as evidence- based practices, and provides linkage and referrals to age-appropriate services. PSP team members participate in suicide prevention events including Countywide educational trainings, suicide prevention community events, and collaboration with various agencies and partners.	Children TAY Adults Older Adults	Prevention	1

	PROGRAM NAME	DESCRIPTION	AGE GROUPS SERVED (AGE LIMITS)	PREVENTION AND/OR EARLY INTERVENTION	PEI PROJECT(S)
16	**Early Start School Mental Health – School Threat Assessment Response Team (START)**	The START program developed 21 teams composed of a law enforcement officer and a LACDMH clinician who partner with educational institutions (K-12 through higher education) school-based mental health programs, substance abuse programs, and other social service providers in the community to prevent school violence. Staff conducts school threat assessments and provides intervention and case management services to those who meet criteria for the START program.	Children TAY Adults Older Adults	Prevention	2
17	**Early Start School Mental Health – Service Area 6 School Mental Health Demonstration Program**	The School Mental Health PEI Demonstration Pilot (SMHPEI Demonstration Pilot) will provide school-based mental health outreach and education, on-site school crisis intervention, a peer support network, and early screening. Proposals to serve the northern and southern parts of SA 6 are currently being evaluated, and it is expected that programs will start in 2014.	Children TAY	Prevention	2
18	**Early Start Stigma and Discrimination – Family-Focused Strategies to Reduce Mental Health Stigma and Discrimination**	The Los Angeles County Alliance for the Mentally Ill is implementing "Family-focused Strategies to Reduce Mental Health Stigma and Discrimination" for consumers' families and parents/caregivers. Services include education about mental illness, treatment, medication, and rehabilitation, as well as teaching communication and coping skills. The program includes a family support bureau training program, parental support services, and consultative services.	Adults Older Adults	Prevention	3
19	**Early Start Stigma and Discrimination – Children's Stigma and Discrimination Reduction Project**	The project provides education to parents and the community through two distinct curricula. A 10-week course developed specifically to reduce stigma includes healing and communication tools to promote mental wellness and creating a world that is empathic to children. A 12-week curriculum, developed by United Advocates for Children and Families on childhood mental illnesses which includes topics such as grief and loss, and navigating the multiple systems, e.g. mental health, juvenile justice, and DCFS.	Adults Older Adults	Prevention	3
20	**Early Start Stigma and Discrimination – Older Adults Mental Wellness**	The Older Adult Anti-Stigma and Discrimination Team (OA ASD) outreaches to residents through countywide educational presentations, community events, and collaboration with various agencies. OA ASD increases awareness on mental well-being for older adults throughout Los Angeles County, particularly among underserved and underrepresented communities. Presentations are available in five different languages: English, Spanish, Korean, Chinese and Farsi.	Older Adults	Prevention	3

	PROGRAM NAME	DESCRIPTION	AGE GROUPS SERVED (AGE LIMITS)	PREVENTION AND/OR EARLY INTERVENTION	PEI PROJECT(S)
21	**Early Start Stigma and Discrimination – Profiles of Hope Project**	The Profiles of Hope and accompanying Public Service Announcements (PSAs) aim to show that anyone can be subject to the stigma a mental illness has traditionally carried, and change their minds about how they support and view others with a diagnosis of mental illness. "Profiles of Hope," a 60-minute film, promotes an anti-stigma message for those diagnosed with mental illness and has been broadcast on local television stations along with the PSAs.	TAY Adults Older Adults	Prevention	3
22	**Early Start Stigma and Discrimination – Videos**	Six high-profile personalities, experienced and passionate advocates in promoting hope, wellness and recovery, donated their time and talent to create 10-15 minute anti-stigma and discrimination videos that are aired on various television stations, including: Latina boxing champion Mia St. John; CSI-Las Vegas actor and musician Robert David Hall; actress and author Mariette Hartley; psychiatrist in recovery Clayton Chau, M.D., Ph.D.; Veteran General Hospital actor Maurice Bernard; and US Vets CEO Steve Peck, M.S.W.	TAY Adults Older Adults	Prevention	3
23	**Families Over Coming Under Stress (FOCUS)**	Family resiliency training for Military families, couples, and children who experience difficulties with multiple deployments, injuries, PTSD, and combat operational issues. FOCUS believes that poor communication skills and combat operational stress leads to distortions in thinking and family detachment. Treatment is delivered to couples and/or the family as a whole by building upon existing strengths and positive coping strategies as well as increasing communication and decreasing stress.	Children TAY Adults	Prevention & Early Intervention	3
24	**Functional Family Therapy (FFT)**	FFT is a family-based, short-term prevention and intervention program for acting-out youth. It focuses on risk and protective factors that impact the adolescent, specifically intra familial 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.	Children (ages 11-15) TAY (ages16-18)	Early Intervention	7,12
25	**Group Cognitive Behavioral Therapy for Major Depression (Group CBT)**	Group CBT focuses on changing an individual's thoughts (cognitive patterns) in order to change his or her behavior and emotional state. Treatment is provided in a group format and assumes maladaptive, or faulty, thinking patters cause maladaptive behaviors and negative emotions. The group format is particularly helpful in challenging distorted perceptions and bringing thoughts more in-line with reality. Cultural tailoring of treatment and case management shows increased effectiveness for low-income Latino and African-American adults.	TAY (ages 18-25) Adults Older Adults	Prevention & Early Intervention	6,7,9,10,11

	PROGRAM NAME	DESCRIPTION	AGE GROUPS SERVED (AGE LIMITS)	PREVENTION AND/OR EARLY INTERVENTION	PEI PROJECT(S)
26	**Incredible Years (IY)**	IY is based on developmental theories of the role of multiple interacting risk and protective factors in the development of conduct problems. Parent training intervention focuses on strengthening parenting competency and parent involvement in a child's activities to reduce delinquent behavior. Child training curriculum strengthens children's social/emotional competencies. Teacher training intervention focuses on teachers' classroom management strategies, promoting pro-social behaviors and school readiness.	Young Children (ages 2-5) Children (ages 6-12)	Prevention & Early Intervention	5,6,8
27	**Individual Cognitive Behavioral Therapy (Ind. CBT)**	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. CBT incorporates a wide variety of treatment strategies including psychoeducation, skills acquisition, contingency management, Socratic questioning, behavioral activation, exposure, cognitive modification, acceptance and mindfulness strategies and behavioral rehearsal.	TAY (18-25) Adults Older Adults Directly Operated Clinics only	Prevention & Early Intervention	6,7,8,9,10
28	**Interpersonal Psychotherapy for Depression (IPT)**	IPT is a short-term therapy (8-20 weeks) that is based on an attachment model, in which distress is tied to difficulty ininterpersonalrelationships. IPT targets the TAY Population suffering from non-psychotic, uni-polar depression. It targets not only symptoms, but improvement in interpersonal functioning, relationships, and social support. Therapy focuses on one or more interpersonal problem areas, including interpersonal disputes, role transitions, and grief and loss issues.	Children (ages 9-15) TAY Adults Older Adults	Prevention & Early Intervention	9,11
29	**Loving Intervention Family Enrichment Program (LIFE)**	An adaptation of Parent Project, LIFE is a 22-week skills-based curriculum implemented with parenting classes/support groups, youth mental health groups, and multi-family groups for parents with children at risk of or involved with the juvenile justice system. The program was designed for low-income Latino families with monolingual (Spanish) parents of children at high-risk of delinquency and/or school failure.	Children (ages 10-18)	Early Intervention	10
30	**Make Parenting a Pleasure (MPAP)**	MPAP is a group-based parent training program designed for parents and caregivers of children from birth to eight years of age. The program addresses the stress, isolation, and lack of adequate parenting information and social support that many parents experience. MPAP begins by recognizing the importance of parents as individuals, and builds on family strengths and helps parents develop strong support networks. The curriculum focuses first on the need for self-care and personal empowerment, and then moves from an adult focus to a parent/child/family emphasis.	Children (ages 0-8) TAY Adults Older Adults	Prevention	5,6,9

	PROGRAM NAME	DESCRIPTION	AGE GROUPS SERVED (AGE LIMITS)	PREVENTION AND/OR EARLY INTERVENTION	PEI PROJECT(S)
31	**Managing and Adapting Practice (MAP)**	MAP is designed to improve the quality, efficiency, and outcomes of children's mental health services by giving administrators and practitioner's easy access to the most current scientific information and by providing user-friendly monitoring tools and clinical protocols. Using an online database, the system can suggest formal evidence-based programs or can provide detailed recommendations about discrete components of evidence-based treatments relevant to a specific youth's characteristics. MAP as implemented in L.A County has four foci of treatment, namely, anxiety, depression, disruptive behavior, and trauma.	Young Children TAY (ages 16-21)	Prevention & Early Intervention	4,5,6,7
32	**Mental Health First Aid (MHFA)**	MHFA is a public education program that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders. An interactive 8-hour course, MHFA presents an overview of mental illness and substance use disorders and introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact, and overviews common treatments. Participants learn a 5-step action plan encompassing the skills, resources and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care.	TAY Adults Older Adults	Prevention	5,12
33	**Mental Health Integration Program (MHIP) formerly known as IMPACT**	MHIP delivers specialty mental health services to Tier 2 PEI and Low-Income Health Plan (LIHP)/Healthy Way LA enrollees with less intense mental health needs who are appropriately served through focused, time-limited early intervention strategies. An integrated behavioral health intervention program is provided within a primary care facility or in collaboration with a medical provider. MHIP is used to treat depressive disorders, anxiety disorders or PTSD, and to prevent a relapse in symptoms.	Adults	Prevention & Early Intervention	8,11
34	**Mindful Parenting Groups (MP)**	MP is a 12-week parenting program for parents and caregivers of infant, toddler and preschool children at risk for mental health problems and disrupted adoptions. Parents/caregivers and children are grouped in tight developmental cohorts with no more than 4-6 months difference in age for the children.	Young Children (ages 0-3)	Early Intervention	6
35	**Multidimensional Family Therapy (MDFT)**	MDFT is a family-based treatment and substance-abuse prevention program to help adolescents to reduce or eliminate substance abuse and behavior/conduct problems, and improve overall family functioning through multiple components, assessments, and interventions in several core areas of life. There are also two intermediate intervention goals for every family: 1) helping the adolescent achieve an interdependent attachment/bond to parents/family; and 2) helping the adolescent forge durable connections with pro-social influences such as schools, peer groups, and recreational and religious institutions.	Children (ages 12-15) TAY (ages 16-18)	Early Intervention	4,9,10

	PROGRAM NAME	DESCRIPTION	AGE GROUPS SERVED (AGE LIMITS)	PREVENTION AND/OR EARLY INTERVENTION	PEI PROJECT(S)
36	**Multisystemic Therapy (MST)**	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. Therapists concentrate on empowering parents and improving their effectiveness by identifying strengths and developing natural support systems (e.g. extended family, friends) and removing barriers (e.g. parental substance abuse, high stress).	Children (ages 12-15) TAY (ages 16-17)	Early Intervention	10
37	**Nurse Family Partnership (NFP)**	Registered nurses conduct home visits to first-time, low-income mothers, beginning during pregnancy and continuing through the child's second birthday. Nurses begin 60-90 minute visits with pregnant mothers early in their pregnancy (about 16 weeks gestation). Registered nurses visit weekly for the first month after enrollment and then every other week until the baby is born. Visits may continue until the baby is two years old. Provided in conjunction with the L.A. County Department of Public Health.	Young Children (ages 0-2)	Prevention & Early Intervention	5,12
38	**Olweus Bullying Prevention Program (OBPP)**	OBPP is designed to promote the reduction and prevention of bullying behavior and victimization problems for children. The program is based on an ecological model, intervening with a child's environment on many levels: the individual children who are bullying and being bullied, the families, the teachers, and students with the classroom, the school as a whole, and the community. School staff has the primary responsibility for introducing and implementing the program.	Children (ages 6-15)	Prevention	4
39	**Parent-Child Interaction Therapy (PCIT)**	PCIT provides highly specified, step-by-step, live- coaching sessions with both the parent/caregiver and the child. Parents learn skills through didactic sessions to help manage behavioral problems in their children. Using a transmitter and receiver system, the parent/caregiver is coached in specific skills as he or she interacts in specific play with the child. The emphasis is on changing negative parent/caregiver-child patterns.	Young Children (ages 2-7)	Prevention & Early Intervention	6,7
40	**Problem Solving Therapy (PST)**	PST has been a primary strategy in IMPACT/MHIP and PEARLS. While PST has generally focused on the treatment of depression, this strategy can be adapted to a wide range of problems and populations. PST is intended for those clients who are experiencing short-term challenges that may be temporarily impacting their ability to function normally. This intervention model is particularly designed for older adults who have diagnoses of dysthymia or mild depression who are experiencing early signs of mental illness.	Older Adults	Early Intervention	11
41	**Program to Encourage Active Rewarding Lives for Seniors (PEARLS)**	PEARLS is a community-based treatment program using methods of problem solving treatment (PST), social and physical activation and increased pleasant events to reduce depression in physically impaired and socially isolated older adults.	Older Adults	Prevention & Early Intervention	11,12

	PROGRAM NAME	DESCRIPTION	AGE GROUPS SERVED (AGE LIMITS)	PREVENTION AND/OR EARLY INTERVENTION	PEI PROJECT(S)
42	**Prolonged Exposure-Post Traumatic Stress Disorder (PE-PTSD)**	PE-PTSD is an early intervention, cognitive behavioral treatment for individuals experiencing symptoms indicative of early signs of mental health complications due to experiencing one or more traumatic events. Individual therapy is designed to help clients process traumatic events and reduce their PTSD symptoms as well as depression, anger, and general anxiety.	TAY (ages 18-25) Adults Older Adults Directly Operated Clinics Only	Early Intervention	7,10,12
43	**Promoting Alternative Thinking Strategies (PATHS)**	PATHS is a school-based preventive intervention for children in elementary school. The intervention is designed to enhance areas of social-emotional development such as self-control, self-esteem, emotional awareness, social skills, friendships, and interpersonal problem-solving skills while reducing aggression and other behavior problems. Skills concepts are presented through direct instruction, discussion, modeling, storytelling, role-playingactivities, and video presentations.	Children (ages 5-12)	Prevention & Early Intervention	4
44	**Reflective Parenting Program (RPP)**	RPP consists of a 10-week workshop that includes instruction, discussions and exercises to involve parents in topics such as temperament, responding to children's distress, separation, play, discipline, and anger as they relate to issues in their own families. The workshops help parents /caregivers enhance their reflective functioning and build strong, healthy bonds with their children.	Young Children (ages 2-5) Children (ages 6-12)	Early Intervention	6
45	**Seeking Safety (SS)**	SS is a present-focused therapy that helps people attain safety from trauma or PTSD and substance abuse. It consists of 25 topics that focus on the development of safe coping skills while utilizing a self-empowerment approach. The treatment is designed for flexible use and is conducted in group or individual format, in a variety of settings, and for culturally diverse populations.	Children (ages 13-15) TAY Adults Older Adults	Early Intervention	7,9
46	**Strengthening Families (SF)**	SF is a family-skills trainingintervention designed to enhance school success and reduce substance use and aggression among youth. Sessions provide instruction for parents on understanding the risk factors for substance use, enhancing parent-child bonding, monitoring compliance with parental guidelines, and imposing appropriate consequences, managing anger and family conflict, and fostering positive child involvement in family tasks. Children receive instruction on resisting peer influences.	Children (ages 3-15) TAY (ages 16-18)	Prevention & Early Intervention	4
47	**Trauma Focused Cognitive Behavioral Therapy (TF-CBT)**	An early intervention for children 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. Services are specialized mental health services delivered by clinical staff, as part of multi-disciplinary treatment teams. Program is intended to reduce symptoms of depression and psychological trauma, which may be the result of any number of traumatic experiences (e.g., child sexual abuse, domestic violence, traumatic loss, etc.), for children and TAY receiving these services.	Young Children TAY (ages16-18)	Early Intervention	7,9,10,12

	PROGRAM NAME	DESCRIPTION	AGE GROUPS SERVED (AGE LIMITS)	PREVENTION AND/OR EARLY INTERVENTION	PEI PROJECT(S)
48	**Trauma Focused CBT (TF-CBT): "Honoring Children, Mending the Circle"**	This practice for Native American child trauma victims is based on TF-CBT. Treatment goals are to improve spiritual, mental, physical, emotional, and relational wellbeing. Traditional aspects of healing with American Indians and Alaskan natives from their world view are included.	Children	Early Intervention	13
49	**Triple P Positive Parenting Program (Triple P)**	Triple P is intended for the prevention and early intervention of social, emotional and behavioral problems in childhood, the prevention of child maltreatment, and the strengthening of parenting and parental confidence. Levels Two and Three, which focus on preventive mental health activities, are being implemented through community-based organizations. Levels Four and Five, which are early interventions parenting and teen modules, are being implemented by LACDMH directly operated and contract agencies.	Young Children (ages 0-5) Children (ages 6-15) TAY (age 16)	Prevention & Early Intervention	5,6,8
50	**UCLA Ties Transition Model (UCLATTM)**	UCLA TTM is a multi-tiered transitional and supportive intervention for adoptive parents of high-risk children. Families participate in three 3-hour psycho-educational groups. Additional service and support options are available to families, including older children, for up to one year (e.g., monthly support sessions, adoption-specific counseling, home visiting if child is less than age 3, interdisciplinary educational and pediatric consultation).	Young Children (0-5) Children (ages 6-12)	Early Intervention	6
51	**Veterans System Navigators**	Military veterans engage veterans and their families in order to identify and link them to support and services tailored to the particular cultural, ethnic, age and gender identity of those seeking assistance. Navigators also engage in joint planning efforts with community partners, including veterans groups, veterans administration, community-based organizations, other County Departments, schools, faith-based organizations, etc. with the goal of increasing access to mental health services and strengthening the network of services available to veterans. Provided in conjunction with the L.A. County Department of Military and Veterans Affairs.	TAY Adults Older Adults	Prevention	7

Highlights of the impact of MHSA-funded programs in FY 2012-2013

- 97,270 unique clients received a direct mental health service from a CSS program
- 73,140 unique clients received a direct mental health service from a PEI program
- Full Service Partnership programs continue to reduce homelessness, psychiatric hospitalizations and incarcerations:
    - Adults achieved a 68% increase in days living independently and a 57% increase in the number of clients living independently
    - Adults achieved a 71% reduction in days homeless and a 31% decrease in the number of clients homeless
    - Adults achieved a 50% reduction in the number of days incarcerated
    - TAY achieved a 39% increase in the number of days in the number of clients living independently
    - TAY achieved a 59% reduction in days spent in Juvenile Hall and a 60% reduction in the number of clients residing in Juvenile Hall
    - Children achieved a 40% reduction in the number of days psychiatric a hospitalized and a 35% reduction in the number of clients psychiatrically hospitalized
- PEI practices have resulted in an overall improvement when comparing symptoms prior to treatment to those reported at the conclusion of treatment.
- Innovation Integrated Care Models are reducing impairment associated with mental health and physical illnesses, increasing levels of recovery and clients are experiencing less stigma related to mental illness.
- WET projects in fewest new skills and competencies into the public mental health workforce as well as enhanced the breath of the workforce.

LACDMH Strategies to Reduce Mental Health Disparities:

1. Outreach and Engagement
2. Community education to increase mental health awareness and decrease stigma
3. Multi-lingual/multicultural materials
4. Collaboration with faith-based and other trusted community entities/groups
5. School-based services
6. Field-based services
7. Programs that target specific ethnic and language groups
8. Designating and tracking ethnic targets for FSP
9. Flexibility in FSP enrollment such as allowing “those living with family” to qualify as “at-risk of homelessness”
10. Countywide FSP Networks to increase linguistic/cultural access
11. Integrated Supportive Services
12. Co-location with other county departments (DCFS, DPSS, DHS)
13. Interagency Collaboration
14. Consultation to gatekeepers
15. Trainings/ case consultation
16. Provider communication and support

17. Multi-lingual/multi-cultural staff development and support
18. EBPs/CDEs for ethnic populations
19. Investments in learning (e.g. Innovation
20. Increasing mental health service accessibility to underserved populations
21. Physical health, mental health and substance abuse service integration
22. Utilizing community's knowledge and capacity to identify and prescribe ways of promoting health and well-being from within
23. Implementation of new departmental policies and procedures that improve the quality and timeliness of mental health services
24. Implementation of new technologies to enhance the Department's service delivery
25. Creation of new committees, subcommittees and taskforces that address cultural and linguistic competent service delivery.

The table below provides a snapshot of the 25 Cultural Competence Plan Strategies by LACDMH Programs:

M	Outreach and Engagement	Community Education	Multi-lingual materials	Faith-based collaboration	School-based services	Field-based services	Specific ethnic/language group	FSP-ethnic targets	FSP-enrollment flexibility	FSP-countywide networks	Integrated Supportive Services	Co-location of services	Interagency collaboration	Consultation to gatekeepers	Trainings/case consultation	Provider communication/support	Multi-cultural staff development	EBP's/CDE's for ethnic populations	Learning investments	Community partnerships	New technologies	Service accessibility	Integration of services
SERVICE P (FSP)	X	X	X	X		X	X	X	X	X	X		X	X	X	X	X	X		X	X	X	X
AL CAPABLE CCS)	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X
LIENT RUN C/CRC)	X	X	X	X			X	X	X	X	X		X	X	X	X	X	X		X	X	X	X
	X	X	X	X		X						X	X		X	X	X						
SERVICE P (C-FSP) AND CAPABLE RVICES (C-	X					X		X		X			X		X							X	
LLABORATION	X	X										X	X			X							X
CARE CP) - DESIGNED SERVICE IT MODEL (ISM)	X	X	X	X		X	X				X		X	X	X	X			X	X		X	X
	X		X	X	X	X					X	X	X	X	X	X	X				X		
T FIELD INICAL CCS)	X	X	X			X							X			X	X						
T FULL RTNERSHIP	X	X	X	X		X	X	X	X	X			X	X	X	X	X			X	X	X	
T SERVICES	X	X				X	X								X		X					X	
AND EARLY ON (PEI)	X	X	X	X			X	X			X		X		X	X		X	X	X		X	X

M	Outreach and Engagement	Community Education	Multi-lingual materials	Faith-based collaboration	School-based services	Field-based services	Specific ethnic/language group	FSP-ethnic targets	FSP-enrollment flexibility	FSP-countywide networks	Integrated Supportive Services	Co-location of services	Interagency collaboration	Consultation to gatekeepers	Trainings/case consultation	Provider communication/support	Multi-cultural staff development	EBP's/CDE's for ethnic populations	Learning investments	Community partnerships	New technologies	Service accessibility	Integration of services
AL AGE YOUTH ON	X	X	X	X		X	X	X	X		X	X	X	X	X	X					X	X	
ED CULTURAL S (UREP)	X	X	X	X			X						X			X	X			X			
E, EDUCATION G DIVISION	X	X	X	X			X								X		X					X	X
HERS AND SERVICE P	X					X	X	X	X		X					X	X		X		X	X	

LACDMH Programs that target disparities

Full Service Partnerships (FSPs)

FSPs provide services to the established CSS focal populations through a "whatever it takes" commitment to support the individual receiving services to make progress on their particular pathway to recovery and wellness. Because the Stakeholders identified ethnic parity as a high priority, they have chosen the allocations for Full Service Partnerships as the first set of investments for which they will set targets by ethnicity, age group and service area. LA County is the only county to have added ethnic targets for each age group by service area in these programs. Our FSPs are organized by four age groups: Child, Transition Age Youth (TAY), Adult and Older Adult.

Child FSP

This is a program for children ages 0-15 and their families who would benefit from an intensive in-home program designed to address the total needs of the child. The family is also a focus for services when experiencing significant, emotional, psychological, and behavioral problems that are interfering with the child's well-being.

Child FSP programs continue to provide culturally and linguistically competent services by ensuring families receive services in their preferred language. A total of 2,323 ethnically diverse children/families were enrolled in CHILD FSP during FY 13-14. Target populations are consistently met every fiscal year. If there is a decrease in a target population, program administration works with providers and Service Area Navigation teams to outreach to populations who may need Child FSP services but are not accessing these services. For example, the **Young Mothers and Babies FSP** services are delivered in the home and in the community, by staff who grew up in the same or similar communities. All FSP staff are bi-cultural, bi-lingual Spanish-English speaking Latinas, with the exception of one part-time psychiatrist. Staff who work with young mothers and babies go into the community rather than having the community come to the clinic. FSP staff have been involved across the spectrum of the consumers life affairs as appropriate – accompanying them to important meetings, advocating for

them before the immigration authorities, helping them access housing, assisting in school enrollment, and helping establish paternity for support. This increases trust, and the experience of hope encourages consumers to tackle emotional barriers to improving their sense of mastery and efficacy.

All staff are Latina and understand the challenge of communicating in a manner that avoids using jargon and technical terms. Their approach is based on building upon the inherent strengths and effective coping skills of their community. The current staff consists of a mental health clinical supervisor, a part-time psychiatrist, a registered nurse, a psychologist, two social workers, a senior community worker and parent advocate/community worker. All, except for one psychiatrist, are Latina/o and bilingual Spanish/English speaking. This reflects the current demographics of the local community of East Los Angeles in which most TAY mothers are Spanish monolingual with bilingual Spanish/English children.

Child FSP and Child FCCS projects/activities increase access to mental health services and eliminating disparities. Both programs exceed field-based targets every fiscal year. The Countywide Child FSP FCCS percentage for FY 13-14 was 82% (program criterion is 65%). The Countywide Child FCCS percentage for FY 13-14 was 71% (program criterion is 35%). By adhering to and exceeding the guidelines for service location, both programs are helping LACDMH make services more accessible.

Consumers served for FY 14-15 by Child FSP

Program/Project /Activity	# Consumers Served by Ethnicity and Gender								Languages of Staff
	White	African American	Latino	API	American Indian	Other (Specify)	M	F	
Child FSP (total 2241)	196	412	1451	86	12	84 Includes: Other-African American,	1286	955	Arabic, Armenian, Cambodian, Cantonese, Other Chinese, English,

						Other-Non-White; Other-White and unknown/ not reported			Farsi, Japanese, Korean, Mandarin, Russian, Spanish, Tagalog, Thai, Vietnamese
Child FCCS (total 8631)	609	1320	6057	210	18	417 Includes: Other-African American, Other-Non-White; Other-White and unknown/ not reported	5056	3575	Arabic, Armenian, Cambodian, Cantonese, Other Chinese, English, Farsi, Japanese, Korean, Mandarin, Russian, Spanish, Tagalog, Thai, Vietnamese

Consumers served for FY 14-15 by Youth Mothers and Babies FSP

Program/ Project/ Activity	# Consumers Served by Ethnicity and Gender								Languages of Staff
	White	African American	Latino	API	American Indian	Other (Specify)	M	F	
FSP Young Mothers and Babies	2%	2%	96%				25%	75%	Spanish/ English

Transition Age Youth (TAY) FSP – These programs are designed for TAY aged 16-25 who need intensive services with 24/7 staff availability to help individuals address emotional, housing, physical health, transportation, and other needs to function independently in the community. The TAY FSP program projects/activities contribute to LACDMH's provision of culturally and linguistically competent services. Specifically:

- The TAY Mobile Library, which contains resources and information for TAY consumers, is located in and being rotated amongst the Enhanced Emergency Shelters and will eventually be placed at the Drop-in Centers as well.
- TAY Navigators provide and deliver culturally and linguistically appropriate services to consumers visiting the Drop-in Centers and/or to youth being placed at Enhanced Emergency Shelters.
- The TAY Division publishes TAY Brochures in the following languages: English, Spanish, Armenian, Arabic, Korean, Russian, Farsi, Tagalog, Vietnamese and Chinese.

The TAY FSP program projects/activities increase access to mental health services and eliminating disparities. Specifically:

- There has been a collaboration with service area District Chiefs to permit FSP providers to go over 10% of their allocated slots, and, in some cases, add more slots, for the purpose of ensuring that consumers with the highest need are being served.
- The TAY Division is expanding capacity for the Enhanced Emergency Shelter Program, with an added domestic violence shelter.
- TAY staff has been providing trainings in Anti-Stigma and Discrimination (ASD) to foster parent groups, grandparent/relative caregiver groups, and community colleges.
- The TAY Division is increasing outreach and engagement efforts in "non-branded" mental health sites such as Drop-in Centers, libraries, community based organizations, and health clinics.
- The TAY Suicide Prevention team had provided a number of trainings at community colleges, faith-based organizations, rehabilitation centers, and mental health centers. Some of these trainings were geared towards specific cultural groups, i.e. trainings were offered at the Cambodian Mental Health Center and the Asian American Substance Abuse program.
- On May 8, 2014 the Commercial Sexual Exploitation of Children (CSEC) Symposium, hosted by and in collaboration with the LA County Board of Supervisors (Supervisorial Districts 2 and 4) and LACDMH kicked-off a series of trainings. To date, LACDMH has trained over 500 individual clinicians on "CSEC Awareness/CSEC 101" and will continue to train the LACDMH provider community on clinical strategies and interventions useful in working with CSEC consumers.

Consumers served for FY 14-15 by Transitional Age Youth (TAY) Division

Program/ Project/ Activity	# Consumers Served by Ethnicity							Gender			Languages of Staff
	White	African American	Latino	API	American Indian	Other (Specify) Multi-racial	Unknown / Not reported	M	F	T	
Enhanced Emergency Shelter Program	51	108	63	5	0	8	12	192	46	9	Arabic Armenian Cambodian Cantonese

Drop-in Centers	179	288	384	28	22	131	0	614	313	105	English German Greek Hebrew Ilocano/ Iloko Italian Korean Mandarin Portuguese Russian Spanish Swahili Tagalog Thai Toisan Vietnamese Visayan Yiddish
FSP	246	461	940	76	8	22	19	1045	725	2	
FCCS	312	535	1679	116	5	61	58	1321	1444	1	

Adult FSP – These programs are designed for adults ages 26-59 who have been diagnosed with a severe mental illness and would benefit from an intensive service program. Unique to FSP programs are a low staff to client ratio, a 24/7 crisis availability and a team approach that is a partnership between mental health staff and consumers. Below are data regarding the number of adult consumers served by ethnic target and focal population:

Consumers served for FY 14-15 by Adult FSP-FCCS-WC/CRC

Program/ Project/ Activity	# Consumers Served by Ethnicity and Gender								Languages of Staff
	White	African American	Latino	API	American Indian	Other (Specify)	M	F	

Program/ Project/ Activity	# Consumers Served by Ethnicity and Gender								Languages of Staff
	White	African American	Latino	API	American Indian	Other (Specify)	M	F	
ADULT FSP	1,401	1,671	1,517	359	54	273 (33 Other Non-White; 6 Samoan; 18 Asian Indian; 3 Hawaiian Native; 15 Other Black; 80 Other White; 48 Other, 49 Unknown/ Unreported; 21 Unknown.)	3,411	2,359	English, Spanish, Mandarin, Cantonese, Vietmanese, Cambodian, Korean, Japanese, Tagalog, Ibo, Edo, Amharak, Armenian, Arabic, Russian, Farsi, Hebrew
ADULT FCCS	2,078	2,240	3,197	1,175	98	453 (63 Other Non-White; 6 Samoan, 17 Asian Indian; 3 Hawaiian Native; 20 Other Black; 95 Other White; 92 Other; 107 Unknown/ Unreported; 50 Unknown.)	4,754	5,635	English, Spanish, Mandarin, Cantonese, Vietmanese, Cambodian, Korean, Japanese, Tagalog, Ibo, Edo, Amharak, Armenian, Arabic, Russian, Farsi, Hebrew
ADULT Wellness/ CRC	11,760	16,813	18,443	3,120	317	3,722 (432 Other Non-White; 38 Samoan; 73 Asian Indian; 14 Hawaiian Native; 108 Other Black; 641 Other White; 661 Other; 1,081 Unknown/ Not Reported; 674 Unknown.)	29,292	33,360	English, Spanish, Mandarin, Cantonese, Vietmanese, Cambodian, Korean, Japanese, Tagalog, Ibo, Edo, Amharak, Armenian, Arabic, Russian, Farsi, Hebrew

* API includes: Chinese; Japanese; Filipino; Korean; Indochinese; Amerasian; Cambodian; Samoan; Asian Indian; Hawaiian Native; Guamanian; Laotian; Vietnamese; Other Asian; and Other Pacific Islander

** Other includes: Other Non-White; Other Black; Other White; Other; Unknown/ Not Reported; and Unknown
Source of data: MHSA Unique Client by Language and Ethnicity FY 2013-2014 Report in Cognos as of 02/23/2015.

The Adult FSP projects/activities contribute to LACDMH's provision of culturally and linguistically competent services. Access to the FSP Program is regionally centralized and the regional "Service Area Navigator" can ensure each consumer is connected with appropriate services. FSP programs are available in each LACDMH Service Area and are easily accessible to eligible individuals across Los Angeles County. Services are field-based and designed to meet the individual needs of each consumer. The structure of the FSP Program and its navigation referral system ensures that consumers with specific language and other cultural needs are limited to a qualified mental health provider who can serve them appropriately.

In addition, there are several FSP providers in Los Angeles County who provide services to specific cultural ethnic groups. For example, the Asian Pacific Islander (API) Alliance is a network of Asian Pacific Providers with a variety of API language resources. Additionally, API referrals are centrally triaged and matched with a linguistic and culturally competent provider. Similarly, in the Adult System of Care, there are providers who specialize in services, to the Latino and Eastern European communities.

Referrals to Adult FSP Services can be made by individuals, family members, the community, institutional settings such as jails and hospitals, and other organizations including homeless shelters and primary health care providers. Referrals are made to a regionally centralized Service Area Navigator who can match consumers to the services they need. FSP providers have field work capabilities, thereby, increasing access to services and linkage to the appropriate level of care and service provider.

Older adult (60 and older) – Older Adult Full Service Partnerships (OA FSPs) are comprehensive, intensive services for persons aged sixty and above who have been diagnosed with a mental illness and are interested in participating in a program designed to address their emotional, physical and living situation needs. FSP Programs are capable of providing an array of services beyond the scope of traditional outpatient services.

OA FSP programs place an emphasis on providing services that are primarily field–based and which are culturally and linguistically appropriate. More than 50% of clients served in OA FSPs are members of UREP groups. Continuing efforts will focus on increasing the number of bi-lingual staff providing service to these consumers. Primary languages of OA FSP consumers include English, Spanish, Vietnamese, Cantonese, Mandarin, Tagalog, Cambodian, Russian, Farsi, Arabic and others.

Consumers served for FY 14-15 by Older Adult FSP

Project/ Activity	Ethnicities Served						Gender		Languages of Staff
	White	African American	Latino	API	American Indian	Other (Specify)	M	F	
Older Adult FSP	368	231	177	56	8	Unknown- not reported – 22 Other white- 16 Other- 10 Other non- white- 5 Other Black- 2 Central African- 1	362	533 Unknown- 1	Spanish, Farsi, Mandarin, Cantonese, Tagalog, Korean, Armenian, Armenian Farsi, Hindi, Senegalese, Russian, Italian, Hebrew, German, Vietnamese, French, Japanese, Cambodian (Khmer), Ilocano, South Asian (Bengali, Gujarati, Punjabi, Urdu), Thai, Samoan, Malayalam, Kannada, Telugu, Yoruba and Fante.

OA FSP projects/activities contribute to LACDMH's provision of culturally and linguistically competent services. Our Older Adult FSP services are committed to increasing access and meeting the needs of the under-served populations. The continuous efforts in outreach and engagement, field-based services, trainings, and the increased communication among providers and the OA Administration Bureau have proven to be effective in contributing to the success of LACDMH's access to and provision of culturally and linguistically competent services.

In FY 13-14, there were 172 more individuals within the UREP (with a breakdown of 63 African Americans, 89 Latinos and 20 APIs) who received FSP services. Additionally, the results of our FSP Client Satisfaction Survey showed 97% of consumers reporting that FSP services were provided in their preferred language, a 3% increase from FY 12-

13. We identified language translation assistance within our staff, which has contributed to our culturally competent services, e.g. translation of our FSP client satisfaction surveys and FSP brochures, as well as providing Anti-Stigma presentations in Spanish, Farsi, Korean, and Chinese (Cantonese). We also began updating our FSP brochures in all threshold languages

Consumers served for FY 14-15 by Older Adult FCCS

Project/ Activity	Ethnicities Served						Gender		Languages of Staff
	White	African American	Latino	API	American Indian	Other (Specify)	M	F	
Older Adult FCCS	854	477	767	256	17	Unknown- not reported- 87 Other White- 52 Other non-White- 36 Other- 26 Central African- 5 Other -Black- 2 Other Middle Eastern- 1 Eastern European- 1	843	1,737 Unknown- 1	Spanish, Farsi, Mandarin, Cantonese, Tagalog, Korean, Armenian, Armenian Farsi, Hindi, Senegalese, Russian, Italian, Hebrew, German, Vietnamese, French, Japanese, Cambodian (Khmer), Ilocano, South Asian (Bengali, Gujarati, Punjabi, Urdu), Thai, Samoan, Malayalam, Kannada, Telugu, Yoruba, Arabic and Fante.

The development of positive and effective work relationships with the service providers through consultations and support have played a role in a facilitating access as well as increasing culturally competent service delivery to our target populations. In FY 13-14, Anti-Stigma presentations were available in Chinese (Cantonese) in addition to Spanish, Farsi and Korean language.

The “FSP/FCCS Integration Project” started on 7/1/2013 with Heritage Clinic and merged a traditional FCCS and a FSP program. This merge allowed more consumers to benefit from mental health services. By broadening the eligibility criteria, more consumers have received a level of care for which they would not otherwise qualify.

The Older Adult Service Extenders projects/activities contribute to LACDMH’s provision of culturally and linguistically competent services. Our OA CSS team regularly outreaches to our Older Adult providers to match Service Extenders to a specific Older Adult program’s needs. The OASOC brought in a Spanish-speaking Service Extender during FY 13-14 to assist with Anti-Stigma & Discrimination (ASD) public-speaking presentations in the community in Spanish. Her work has expanded the capacity of our ASD Team. Additionally, W. Valley MHC was able to bring in a Spanish-speaking Service Extender to work in their OA FCCS program. During FY 13/14, OASOC overall had 34 Service Extenders representing multiple ethnic backgrounds, cultural groups and language capabilities.

The Older Adult Service Extenders projects/activities increase access to mental health services and eliminating disparities. For example, having Service Extenders who speak the language, and are culturally competent and sensitive to our consumers’ needs helps to build rapport, connection and trust. This not only enhances access but encourages consumers to remain in the services they need and to feel supported. The majority of our Service Extenders are consumers, and their personal journeys inspire other consumers. They also provide assistance in navigating the system. Service Extenders are a culturally diverse group and include Latinos, African Americans, Vietnamese, Chinese, and Filipinos. Additionally, the LGBTQ and Older Adults are represented in the Service Extenders group.

Department of Mental Health/ Department of Health Services (DMH/DHS) Collaboration Program

The DMH/DHS Collaboration Program was specifically designed to bring early intervention mental health services into primary care settings. Seeking treatment in a traditional mental health clinic is often stigmatizing. Due to fear of stigmatization, individuals in need of services may not seek them in a timely manner, or may wait until their symptoms are debilitating, thereby requiring a more intensive approach. Delays in treatment may also have an adverse impact on a person’s overall health and wellness.

By delivering services in physical health care settings, the whole person may be treated and care among providers can be better coordinated.

TABLE 1: REFERRAL DATA & TRENDS

Provider Name	Starting Date	07/14	08/14	09/14	10/14	11/14	12/14	01/15	02/15	03/15	04/15	05/15	06/15	Total
El Monte CHC	12-30-10	72	87	65	70	70	93	74	96	102	51	51	34	865
Roybal CHC	02-01-11	37	27	45	33	27	28	24	37	38	36	36	12	380
Long Beach CHC	03-16-11	19	25	29	21	8	10	19	14	20	19	22	25	231
High Desert MACC	07-25-11	45	26	43	21	26	27	25	20	13	17	9	13	285
Mid-Valley CHC	01-17-12	39	29	37	35	44	33	22	28	44	29	26	1	367
MLK OPC	01-28-13	36	22	35	38	39	41	30	16	20	29	30	30	366
Lomita FHC	06-16-14	41	51	46	36	19	18	30	26	41	23	44	27	402
Total		289	267	300	254	233	250	224	237	278	204	218	142	2,896

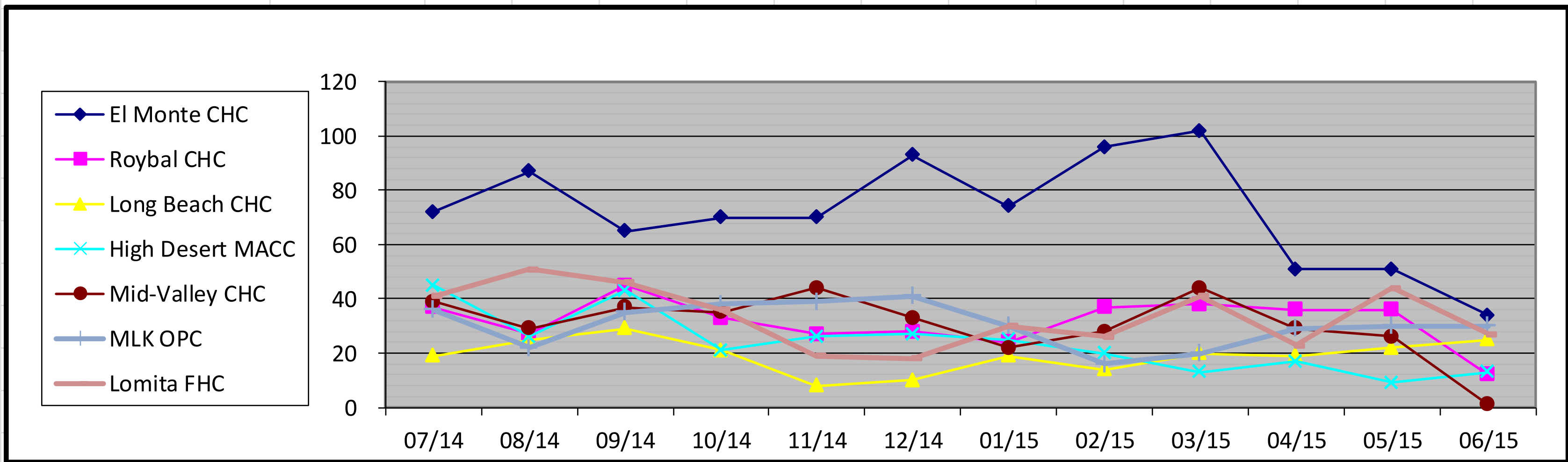

TABLE 2: TOTAL NUMBER OF CONSUMERS SERVED FOR FY 2014-15

Program / Project / Activity	# Consumers Served by Ethnicity and Gender								Languages of Staff
	White	African American	Latino	API	American Indian	Other (Specify)	M	F	
DMH DHS Collaboration El Monte CHC - P# 7801	13	8	153	8	1	Other - 4, Other Black - 1, Other Non-White - 2, Other White - 1, Unknown/Not Reported - 3	50	144	English, Spanish
DMH DHS Collaboration Roybal CHC - P# 7803	11	3	172	4	1	Other - 1, Other White - 2, Unknown/Not Reported - 6	74	126	English, Spanish, Mandarin
DMH DHS Collaboration Long Beach CHC - P# 7804	13	8	28	2	0	Unknown/Not Reported - 3	16	38	English, Spanish, Japanese
DMH DHS Collaboration High Desert MACC - P# 7807	57	25	19	1	1	Asian Indian - 1, Other - 1, Unknown/Not Reported - 1	30	76	English, Spanish
DMH DHS Collaboration Mid Valley CHC - P# 7818	24	7	92	7	0	Laotian - 1, Other - 1, Other Non White - 1, Other White - 3. Unknown/Not Reported - 3	27	112	English, Spanish
DMH DHS Collaboration MLK OPC - P# 7841	2	53	35	1	0	Other - 1, Unknown/Not Reported - 1	32	61	English, Spanish, French
DMH DHS Collaboration Lomita FHC - P# 7892	15	17	70	1	1	Other - 2, Other Black - 1, Other Non-White - 1	22	86	English, Spanish
DMH DHS Collaboration - Total	135	121	569	24	4	Asian Indian - 1, Laotian - 1, Other - 10, Other Black - 2, Other Non-White - 4, Other White - 6, Unknown/Not Reported - 17	251	643	English, Spanish, Mandarin, Japanese, French

Outreach and Engagement (O&E)

LACDMH considers Outreach and Engagement as critical activities that help us achieve our vision of hope, wellness and recovery in a culturally competent manner. Education is the primary purpose of these activities – in particular, educating the community about mental health issues in a manner that meets the audience where they are. For example, going into a community to talk about suicide may not be successful given the stigma associated with the topic, especially in certain ethnic communities. However, when our O&E Team goes into the community, they may approach the topic as "how to deal with the stress of the holidays" – a more accessible and less stigmatizing approach – and from this can build stronger relationships and ties within the community, which can open the doors later for deeper and focused interventions if needed.

Our aim is for the O&E work to create an infrastructure that supports the commitment to forming partnerships with historically disenfranchised communities, faith-based organizations, schools, community-based organizations, and other County Departments to achieve the promise of the Mental Health Services Act. As stated in the CSS Plan, strong emphasis is placed on outreach and engagement to underserved, unserved, inappropriately served, and hard-to-reach ethnic populations.

O&E Coordinators engage in the following activities:

- Targeted Outreach Activities
  - Conduct one-on-one outreach focusing on mental health in Service Area
  - Attend community meetings in specific Service Area
  - Attend and conduct outreach at health fairs and/or conferences
- Networking, Collaborating and Partnering
  - Network with agencies, schools, providers, and community groups to possibly do presentations for consumers
  - Collaborate with various community organizations
  - Represent the Department at various meetings: CORE, Southeast Cities collaborative, SPA.
- Presenting Information and Educating Community
  - Conduct presentations to community members regarding community mental health resources and mental health education
  - Coordinate logistics for presentations and conduct follow-ups with agencies/organizations
  - Prepare presentation information about mental health services and/or topics requested by the host.
  - Develop handouts to distribute at presentations or events for community members
  - Educate community members on how to access resources for all groups in English and Spanish on mental health issues
  - Conduct online research to compile resources for parents and community members
- Providing and/or Linking to Resources
  - Provide guidance and support on mental health issues

- Link consumers to mental health, health, transportation, and legal resources on as needed basis
  - Link community groups to the LACDMH Suicide Prevention and Anti-Stigma Teams
  - Act as liaisons between other government agencies DCFS, DPSS, Probation, DHS and Mexican Consulate.
- Specialized Activities
  - Service Area Navigation duty
  - Resource Libraries
  - Monitor provider agency contracts to assure budget and utilization of contract is in order

The table below provides examples of O&E activities in each of the Service Areas

MULTICULTURAL O&E TEAM ACTIVITIES
FY 14-15

SA	Activity Description	Number Outreach	Group Outreached
1	First Ladies Breakfast (faith based)	50	African American, Latino, White
1	Health Event	700	African American, White, Latino, Korean
2	Glendale college presentation to staff: on mental health services	8	Latino, Armenian
2	Leeza's Place – Care connections – Presentation to Spanish speaking caregivers of people with Alzheimer's	12	Latino
2	Salute to Kids Health Fair – Participated in a Health Fair in conjunction with the LAPD and City Attorney's office. Distributed information about mental health issues and services for children and adults.	80	African American, Latino, Armenian, API, White, and Filipino
2	Re-Entry Resource Fair – For men re-entering the community from prison. Short presentation about the importance of seeking help and distribution of information on Mental Health Services.	30	Latino, White, African American
2	Chrysalis presentation – on Mental Health services, stigma, and the importance to seek help	12	Homeless and Low Income
2	Clergy Breakfast –In-service on how to recognize child abuse and what to do when confronted with the problem		Faith-based organization and affiliated? personnel
2	New Horizon's presentation to on depression and anxiety.	60	Developmentally disabled adults
3	Tzu Chi Foundation School Threat Assessment Training	15	API, Latino, White
3	Arboretum Arcadia Mental Health First Aid Training	15	Latino, API, White
3	LA County Fair	65	Latino, API, White, African-American
3	Older Adult Training	35	Latino, API, White
3	Almansor Court 19th Annual Asian American Mental Health	35	API

SA	Activity Description	Number Outreach	Group Outreached
	Conference		
3	Chinese Grace Baptist Church Question Persuade Refer Training	15	API, Latino, white
3	Pasadena City College 3rd Adelante Youth Alliance	80	Latino TAY
3	Police Department El Monte Met with Pastor Steve	11	Latino, API, White
3	SPIRITT Family Services San Gabriel Valley Multi-Faith Collaborative Meeting	20	Latino, API, White
3	Baldwin Park Senior Center Health Fair	40	Latino, API, White
3	Tzu Chi Foundation Consult Clergy Academy training	12	Latino, API, White
3	Life Church TAY Suicide Prevention Training	10	Latino, API, White Latino, API, White
3	Queen of the Valley Hospital Mental Health 101 Training	40	Latino, API, White
3	Covina Park Bienvenidos Día De Los Niños Event	75	Latino
3	Evergreen Baptist Church of San Gabriel Valley The Third Annual Asian American Christian Counseling Symposium	42	API
3	Pasadena City College 20th Annual Adelante Mujer Latina	85	Latino TAY
3	Community Partner's Program Recover Meeting T.R.E.A.T.	7	Latino, API, White
3	Televised Phone Bank to Latino Community At-Large	45	Latino
3	Law Enforcement Training	40	API, Latino, Black, White
4	Clergy Academy	170	White, African American, Latino, Korean
4	Korean Clergy Meeting	619	Korean
4	Presentation Korean-American Women's Association	31	Korean
4	Presentation at Green Pastors' Association	16	Korean
4	Presentation at Western ADHC	25	Korean
4	Presentation at Korean Pastors Association	112	Korean
4	Presentation at Korean Ministers Association	19	Korean
4	Presentation at Fuller Theological Seminary	29	Korean
4	Presentation at Shepard University	19	Korean
4	13th Annual Conference Resource Fair	125	White, Korean, African American, API, Latino
4	Valor Resource Fair	7	White, Latino, API
4	ENLA meeting	35	
4	Presentation at Young Nak Church	227	Korean
4	Presentation at Society of St. Vincent De Paul	5	Korean
4	Presentation at Bic Mission	35	Korean
4	Presentation at Koreatown Senior & Community Center	25	Korean
4	Spanish Clergy Meeting	27	Latino
4	Presentation at Korea Resource Center	55	Korean
4	Presentation at Koreatown Senior & Community Center	31	White, African American, API, Latino
4	Presentation at Frank D Regional Center	26	Korean
4	Presentation at Koreatown Senior & Community Center	33	Korean
4	Korean Festival	355	Korean, African American, API, Latino
4	Presentation at Together Community Church	105	Korean

SA	Activity Description	Number Outreach	Group Outreached
4	Outreach event at 20th Annual Asian American Mental Health Conference	99	White, African American, API, Latino
4	Family Violence Awareness Day Event-Kaiser	79	White, African American, API, Latino
4	Outreach Event at Mental health commission	51	White, African American, API, Latino
4	Presentation at Legacy LA	11	Latino
4	LBHI Conference outreach event	126	White, African American, API, Latino
4	SA 4 Presentation at Latino Coalition	25	Latino
5	Olympus Community-Based Adult Services. Three separate presentations for the Farsi speaking and two for the Spanish speaking groups.	68	Farsi, Latino
5	Westside Churches (17 field-outreach efforts with Catholic, Protestant & other Churches to recruit for attendance to LACDMH's Spirituality and Mental Health Conference, and SA 5's Clergy Networking Group)	20	Faith-based, Latino, White
5	Service Area 5 Monthly Clergy and Faith Network	26	Ethiopian, Latino, White
5	Garifuna Film Festival	55	African American, Garifuna, White, Adults, Older Adults
5	Santa Monica Community College-Health Fair	65	TAY, Older Adults, Latino, African American, API, Persian
7	Padres Unidos Community Outreach	25	Multi-Racial
7	Commerce Senior Center-Mental Health Presentation	12	Senior Citizens, Multi-Racial-City of Commerce
7	Adobe Communities-Mental Health Presentation	5	Senior Citizens, Multi-Racial-City of Downey
7	Proyecto Pastoral-Mental Health Presentation	8	Latino
7	Pacific Clinics-Mental Health meeting	2	Pacific Clinic consumers
7	Health Net-Mental Health presentation	20	Latino
7	Plaza Head Start-Mental Health presentation	15	Multi-racial parents
7	ELA Senior Center-Mental Health presentation	18	Senior Citizens, Multi-racial
7	Huntington Park Community Center-Mental Health meeting	5	Asian and Mexican-American
7	Westside Center-Mental Health presentation	10	Latino Parents
7	Ascencion Church-Mental Health presentation	12	Latino
7	Iglesia de Dios-Mental Health Presentation	20	Multi-racial
7	Mexican American Opportunity Foundation Mental Health Presentation	15	Mulit-racial
7	Iglesia Eternidad-Mental Health Presentation	18	Latino
7	LBHI Conference	125	Multi-racial
7	SPA 7 Community Mixer	23	Multi-racial
7	ELA College Resource Fair	150	Mulit-racial

SA	Activity Description	Number Outreach	Group Outreached
7	La Causa Youth-Mental Health presentation	18	Latino TAY
7	CHMACY-LACDMH/SPA 7 Promotores de Salud Mental presentation	200	Multi-racial
7	Eastmont Center-Mental Health presentation	5	Latino
7	Guadalupe Church-Mental Health Presentation	20	Latino
7	Enki Health and Research-Mental Health presentation	10	Multi-Racial
7	18th Annual Parent Academy- Promotores de Salud Mental workshops and resource table	100	Multi-racial parents, students, teachers, grandparents, advisor, community representatives
7	Volunteers of America Mental Health presentation	15	Veterans-multi-racial
7	Maywood Resource Fair	50	Multi-racial
7	Office of Samoan Affairs Mental Health meeting	8	Samoan Community
7	Symposium	47	American Indian and LGBTQ population
7	Training on Serving LGBTQ Youth	78	LGBTQ providers, community members, from several Service Areas
7	AICC- "May is Mental Health month". Outreach to community and Providers working with the American Indian population.	60	Native Americans and Providers services the American Indian population
7	0-5 collaborative meetings: Information on 0-5 multi-cultural service approach	420	Providers serving Latinos and other ethnicities in the community
7	SA7 Children's Planning Council: • Manning of resource tables ○ East LA College Family Resource Fair ○ El Rancho Unified School District Health Fair ○ Interfaith Food Bank Grand Opening ○ Alma's Cinco de Mayo Family Resource Fair ○ Assisted Centro de Maravilla Health Fair ○ Assisted East LA Sheriff's Cold Weather Blanket and Food Fair ○ South LA Sheriff's anti-bullying and anti-violence Fair ○ Laurel Community Resource Center Health & Employment Fair ○ Whittier Community Center Disability Fair	1,127	Latino parents and children, multi-cultural/multi-racial students
7	Latino Behavioral Health Institute booth: • Promotores Presentations on Mental Health topics in Spanish • Latino Under Represented Ethnic Populations research	295	Latino community and Providers
7	CORE collaborative-participation in workshops: • "Sexual talk" presented by Bienvenidos and Un Paso Mas • Autism: Awareness, speakers and fair for Latino parents and families of children w/Autism	345	LGBTQ, TAY and Parents of children with Autism and other disabilities in the Latino community

SA	Activity Description	Number Outreach	Group Outreached
7	Presentations on various mental health topics and resource fairs in community centers, Senior centers, parks, schools, churches, and colleges.	1,916	TAY, Adult and Older Adult populations, both Spanish and English speaking multi-cultural
8	Presented to Narbonne High School students on general mental health topics and self-esteem. Population included students between the ages of 15-18.	200	Youth between ages of 15-18, African American and Latino
8	Development and participation in the annual Live Your Life event on campus at California State University Long Beach: • Manned a resource table with resources – general mental health info and clinic information • Interactive game designed to break down stigma and promote recovery	200	Youth and Adults
8	Participation in health fair targeting Latino communities in Wilmington and Gardena. Provided mental health information in Spanish along with linkage to local directly operated clinics	150	Latino families in Wilmington and Gardena

O & E TEAM HIGHLIGHTED EVENTS
FY 14-15

"FIRST LADIES BREAKFAST (FAITH BASED)"
Service Area 1

In June of 2014, Sonia Hicks hosted a First Ladies Breakfast. This event was geared to the wives of pastors and it was also open to anyone who wished to attend. The purpose of the breakfast was to discuss the needs in the community and the services provided by LACDMH. The event was attended by approximately 50 individuals, mostly African American, Latino and White pastors wives. Representation from the organization Genesis, which specializes in serving the older adult population provided information on their services. DPSS representatives were also present and shared information about their services. The attendees also received information on the LACDMH Clergy Academy.

"COMMUNITY COLLEGES & MENTAL HEALTH PROVIDERS MEETINGS"
Service 2

Jim Randall helped organize a series of meetings between the local community colleges and mental health service providers. The goal of the meetings was to better coordinate care and support for the populations served by both spheres. These populations mainly consist of Transitional Age Youth and Adults, since many individuals participate in continuing education. The end product of these meetings was the formulation of a clear referral protocol between the colleges and the mental health providers, a referral form, and a forging of personal connections that could help bridge the two systems.

"FIRST ANNUAL UNIVISION TELEVISED PHONE BANK"
Service Area 3

On February 2014, Jaime Renteria, SA 3 Outreach & Engagement, initiated a collaborative effort with Julio Cesar Ortiz, news reporter, from the Latino Television Station - Univision. This resulted in a series of interviews with mental health consumers and mental health professionals. The series ended with a Spanish Speaking Phone Bank televised in channel 34 – univision. The Phone Bank was conducted by 50 mental health volunteers, who assisted 1,000 callers from the entire County of Los Angeles. The Phone Bank staff triaged and provided information on mental health resources and services to the Spanish Speaking Latino community. This event was a total success!

"KOREAN CLERGY PARTNERSHIP"
SERVICE AREA 4

In 2013, Department of Mental Health received a request for assistance from some pastors in the Korean community due to a rash of suicides in the community. SA 4 hired Ms. Jung Ahn, LCSW to work with the community and build connections. Ms. Ahn worked to outreach to the community and develop the SA 4 Korean Clergy Meeting to increase the mental health awareness on the community and provide information on mental health topics, such as depression and anxiety, and so forth. The goals of these collaborations with the Korean community, its clergy and its mental health providers was to reduce mental health stigma and develop community linkages for mental health services, especially for the unserved and underserved members of the Korean community. Through these outreach efforts in the last two years, Service Area 4 has formed a partnership with Korean clergy and their congregations, which has resulted in regular attendance to the SA 4 Korean Clergy Meetings by 100 clergy and lay church representatives. Additionally, the Korean community's understanding of mental illness and mental health has increased, stigma has been reduced and the community is making greater use of the LACDMH services.

"CLERGY & FAITH NETWORK"
Service Area 5

Mariam Nahapetyan concentrated heavily on Faith-based outreach during this fiscal year, doing direct outreach to local Churches, attending the Culver City Interfaith Alliance and the LACDMH Clergy Advisory Committee on a regular basis, and growing the Service Area's *Clergy and Faith Network Meeting (CFNM)*. She facilitated monthly gatherings of the *CFNM* and alternated between offering trainings, such as the Mental Health First Aid, to inviting guest speakers to present on mental health or spirituality topics, all of which cultivated increased attendance and collaboration. Through these faith community connections, she created an opportunity to present at the 2014 Garifuna Film Festival on Youth Suicide, as well as the added stressors for immigrants who are in the process of adjustment and acculturation. She was presented with a City

of Los Angeles Certificate of Appreciation for her *"tremendous contribution to the preservation of indigenous culture and humanity."*

"18th ANNUAL PARENT ACADEMY"
Service Area 7

The Annual Parent Academy Conference holds workshops and provides helpful resources to raise awareness of parent involvement opportunities in child education. The SPA 7 Promoters of Mental Health were invited to present on three mental health topics: Domestic Violence, Grief and Loss, and Drugs and Alcohol use while SPA 7 Administration staff hosted a resource table. The following School Districts collaborated in this monumental event:

- Bassett Unified School District
- El Monte City School District
- Los Angeles County Office of Education Head Start-State Preschool Division
- Montebello Unified School District
- Rowland Unified School district
- University of Southern California - Head Start

Strategies to enhance existing outreach and engagement services include:

a) Identifying specific outreach and engagement strategies to engage TAY into services, including the use of social media and technology.
b) Outreach and engage TAY who are victims of commercial/sexual exploitation.
c) Focus TAY outreach efforts in high schools, alternative schools, community colleges, universities and trade/vocational schools.
d) Focus outreach and engagement efforts at unserved and under-served ethnic communities, using the UREP recommendations.
e) Outreach and engage the TAY LBGTQ community with early signs of mental illness.
f) Incorporate learning from the Integrated Services Management Model Innovation programs to the outreach and engagement process, including the utilization of effective non-traditional approaches.

UREP Capacity-Building Strategies

Latino

Promotoras de Salud Research Project:

As an expansion from the previous capacity building project that funded the recruitment, training, and integration of Promotoras de Salud Project Model (Health Promoters) within the Latino Community, for FY 2013-2014 Latino UREP subcommittee proposes to fund a research project that will measure the effectiveness of the Promotoras de Salud Project Model as an outreach and engagement strategy aimed at Latinos within the County of Los Angeles.

Native American/Alaska Native (NA/AN) Projects:

1) The American Indian/Alaska Native (AI/AN) Mental Health Conference:

It served as one of the capacity-building projects for the AI/AN UREP Subcommittee in FY 2013-2014. The theme of the conference was "Integrating Services to Heal Our Generations". This year's conference highlighted how the integration of mental health services, substances abuse services, and physical health services and traditional spiritual & cultural practices improve mental health outcomes for the American Indian/Alaska Native community. American Indian/Alaska Native researchers, clinicians, tribal chiefs, community leaders, veterans and youth representing local and national tribes presented an array of information related to these topics.

2) American Indian/Alaska Native Community Spirit Wellness Project:
A consultant will be hired to recruit and train AI/AN community members (called Community Spirit Healers) to outreach, engage, and educate the AI/AN Community, as well as facilitate linkage to mental health services, through community trainings and forums.

African/African American (AAA)

1) Resource Mapping Project:
The focus of this project is to reduce stigma by funding agencies to provide outreach, engagement, training, education, non-traditional wellness activities, and using technology as approaches to address mental illness. Each agency will target a unique, subpopulation within the AAA community.

2) Culturally Relevant Brochures:
Pamphlets will be used to outreach and engage underserved, inappropriately served and hard to reach ethnic communities. The purpose is to reduce stigma by identifying common mental health conditions experienced in the AAA community. Further, the pamphlets will be used to educate and inform these ethnically diverse communities of the benefits of utilizing mental health services, and to provide referrals and contact information. The MHSA brochure will be translated into 5 different African languages including Amharic, Swahili, Ibo, Yoruba and Somali.

Eastern-European/Middle-Eastern (EE/ME)

1) Development of Promotional Materials:
The EE/ME UREP Sub-Committee developed a project that produced culturally relevant promotional materials that were used to outreach and engage underserved and hard-to-reach families within the Armenian, Russian, Persian, and Arabic communities.

   The purpose is to educate and inform these ethnically diverse communities about mental health services and how to access these services.

   - A brochure on mental health has been created and translated into 4 threshold languages (Armenian Russian, Farsi, and Arabic).
   - The project includes promotional items such as pens, totes, magnets and posters.
   - All brochures and promotional items include the 24/7 Toll Free ACCESS number for mental health services.

2) Media Campaigns:
   For FY 2013-2014, the Eastern European and Middle Eastern Sub-Committee is currently working on launching a Media Campaign for the Armenian and Russian communities. These multi-lingual and multi-media outreach campaigns will include 30 seconds Public Service Announcements (PSA's) utilizing traditional media venues and will be televised for the Russian and Armenian communities in Los Angeles County. These campaigns will inform these communities about common mental health issues, substance abuse, and domestic violence. This project will increase awareness about mental health by providing information and assistance to consumers who are (1) In need of help, but may be unaware of mental health services, or (2) Shun away due to the stigma attached to mental health services with these underserved ethnic groups.

   For the Persian community, a radio campaign will be developed for similar purposes and outcomes.

   For the Arabic community in Los Angeles County, community education on mental health will be provided. This outreach and engagement model will connect faith-based organizations and schools to promote mental health services.

Asian Pacific-Islander

1) The API Consumer Leadership Council:
   Consists of adult API consumer leaders, completed the following tasks:
   - Community outreach
   - Development of an API Speaker's Bureau
   - Development of outreach and engagement media, including a Council website and newsletter.

2) API UREP Consumer Employment Training Program:
   For 2013-2014 the API UREP is proposing to hire a consultant to launch the API UREP Consumer Employment Training Program. The purpose of this program is to increase the number of culturally competent API Peer/Family Advocates and Health Navigators at mental health agencies that serve the API community. Further, this program will train API consumers and family members to become culturally competent Peer/Family Advocates and Health Navigators. Once trained, the consultant will facilitate employment of trainees into mental health agencies that serve the API community. The approval of this project is in process.

   The UREP program projects/activities contribute to LACDMH's provision of culturally and linguistically competent services by informing and educating the underserved ethnic communities about culturally and linguistically congruent and sensitive mental health services available for them. Further, the UREP projects are geared toward decreasing the stigma attached to mental health services. All the capacity building projects for FY 2014-2015 are culturally and community defined. These projects will be used to outreach and engage the underserved communities within our system.

Furthermore, the UREP capacity building projects are increasing access to services by funding outreach and engagement projects that are culturally defined. Informational and promotional materials have also been distributed throughout the County in various different languages to promote mental health services. Additionally, the 2013-2014 UREP capacity building projects have incorporated the engagement of community leaders and peers to increase access to LACDMH services.

Katie A.

In 2002, a group of public interest law firms filed a class action lawsuit, (Katie A. v. Bonta) against Los Angeles County and the State of California. The suit alleged that the State and County had failed to provide adequate access to mental health services for children in the child welfare system and that, as a result, children were having poor outcomes. The following year, Los Angeles County entered into a settlement agreement in this matter, while the State case remains unresolved.

LACDMH and the Department of Children and Family Services (DCFS), along with the support of the Chief Executive Office (CEO), have since engaged in a substantial planning process and systems reform effort with the plaintiff attorneys and Katie A. Advisory Panel to improve systems integration and enhance the identification of children in need of mental health services and provide for an improved quality of mental health services for those children once they are identified.

Consumers served for FY 14-15 by Katie A.

Program/ Project/ Activity	Consumers Served by Ethnicity and Gender								Languages of Staff
	White	African American	Latino	API	American Indian	Other (Specify)	M	F	
Katie A.	2,142	5,160	14,931	331	128	Other Ethnicity:1,079 Unknown:1,523	12,736	12,549	All of the threshold languages represented in the Los Angeles community.

Katie A. projects/activities continue to contribute to LACDMH's provision of culturally and linguistically competent services. LACDMH and DCFS developed a shared Core Practice Model by which both departments agreed to a common vision and set of practice principles. Featured in this practice model is an agreement to provide culturally and linguistically competent services. Adherence to the model is evaluated using a Qualitative Service Review process.

For several years now we have implemented a structured screening, assessment, and referral process, including DCFS CSWs and co-located LACDMH staff. Through this process, children and youth who may be in need of mental health services are quickly identified and linked to services. Currently, over 85% of children/youth with open DCFS cases are referred to the co-located LACDMH staff for triage, referral, and linkage.

CalWORKs Program
CalWORKs recipients are eligible to receive Supportive Services as part of their Welfare-to-Work plan in order to remove barriers to employment. Supportive Services include domestic violence services, substance abuse counseling, and mental health treatment. All CalWORKs participants are also Medi-Cal recipients and the vast majority are women. However, Medi-Cal is not billed for mental health services for CalWORKs participants who are receiving services as part of their Welfare-to-Work plan. Further, they are not required to meet medical necessity to receive mental health services funded by CalWORKs.

Mental health services available to CalWORKs recipients include:

- Crisis Intervention
- Individual and family assessment and treatment
- Individual, group, and collateral visits
- Specialized vocational assessments
- Life skills support groups
- Parenting effectiveness
- Medication management
- Case management, brokerage, linkage and advocacy
- Rehabilitation, support, vocational rehabilitation and employment services
- Home visits
- Community outreach

Outreach and education presentations are conducted in local DPSS offices where potential CalWorks clients may be present. In addition, outreach is conducted at community-based agencies such as churches, community centers, and other local social service agencies to provide education on CalWORKs mental health services available to the local communities. Also, DPSS provides child care funding as part of a participant's Welfare-to-Work plan. Additionally, some LACDMH directly-operated and contracted clinics provide child watch services or children's socialization groups while their parents are participating in their own treatment services.

In order to reduce disparities, there are multi-lingual and multi-cultural case management and clinical staff throughout the CalWORKs program. Languages spoken include: Arabic, Armenian, Cantonese, Chiu Chow, English, Farsi, French, Haitian Creole, Hebrew, Hindi, Indonesian, Japanese, Khmer, Korean, Laotian, Mandarin, Portuguese, Russian, Samoan, Spanish, Tagalog, Thai, Tongan, and Vietnamese. DPSS staff who make referrals to LACDMH directly-operated and contracted clinics have continuously updated listings of all clinics and their language capabilities to ensure that participants are appropriately referred if a specific language need is identified. This

data is inclusive of participants referred for all supportive services – mental health, substance abuse, and domestic violence.

Consumers served for FY 14-15

Project/ Activity	Ethnicities Served						Gender		Languages of Staff
	White	African American	Latino	API	American Indian	Other (Specify)	M	F	
CalWORKs	1581	4432	7907	1041	52		1505	13,508	English Spanish Other

* This data includes participants referred for all supportive services – mental health, substance abuse, and domestic violence. All participants referred for supportive services have been identified as adults.

Innovation Plan

LACDMH's Innovation Plan was designed to study four different ways to successfully integrate health, mental health and substance abuse services and heal the system fragmentation that is a major impediment to service quality and good outcomes. The other priorities of the Innovation Plan – to increase access to underserved groups, promote interagency collaboration and increase access to services – are also woven into the four models we proposed. All four models target underserved and inappropriately served UREP populations with priority for non Medi-Cal populations who are up to 200% of poverty. Nevertheless, one of the models stands out in particular with regard to cultural competency.

The Innovation Plan's *Community-Designed Integrated Service Management Model* (ISM) envisions a holistic model of care whose components are defined by the community itself and also promotes collaboration and partnerships between regulated entities, contract providers, and community-based organizations to integrate health, mental health, substance abuse, and other needed care to support the recovery of consumers with particular attention to under-represented ethnic populations. This model will target uninsured populations from five UREP communities (i.e. African/African-American, American Indian/Alaska Native, Asian Pacific Islander, Eastern-European/Middle Eastern, and Latino). The estimated number from each group is listed in the table below:

UREP Group	Geographic Target	FY 11-12 Est. # of Families	FY12-13 Est. # of Families	FY13-14 Est. # of Families	Total # of Families
African/African-American	Service Area 6	232*	232	232	696
American Indian	Countywide	176	176	176	528
Asian/Pacific Islander	Countywide	320	320	320	960
Eastern European/Middle Eastern	Service Area 2 or 4	120	120	120	360
Latino	3 Service Areas with largest concentration of Latinos and lowest penetration rates	552	552	552	1656
Total		1400	1400	1400	4200

* These numbers include Outreach and Engagement individuals. 50% of the Outreach and Engagement clients will go on to be enrolled in the ISM.

Programs/Projects/ Activities	Ethnicities Served						Age Group		Language Capability of Staff
	White	African American	Latino	API	American Indian	Other (Specify)	M	F	
ISM		31.1%	35%	12%	4.8%	EE/ME – 16.5% Mixed Race – 0.5% Other – 0.2%			In addition to English, • Amharic • Armenian • Chinese • Farsi • Khmer • Korean • Samoan • Tagalog • Vietnamese

Consumers served by Age groups since inception in 2011

Years of Age	16-25	26-36	37-47	48-59	60+
Percentage Served	13.7%	20.4%	24.6%	31.6%	9.6%

Types of non-traditional services offered by ISM Providers - Outreach and Engagement (O&E) and After Enrollment (AE), FY 14-15

Services	% of Providers O&E	% of Providers AE
Traditional	71.4%	64.3%
Body	71.4%	100.0%
Diet and Herbs	21.4%	64.3%
Mind	35.7%	85.7%
Senses	71.4%	92.9%
Social	42.9%	71.4%

The ISM projects/activities contribute to LACDMH's provision of culturally and linguistically competent services by enhancing the resources of the formal network of regulatory providers (e.g. mental health, physical health, substance abuse, child welfare, and other formal service providers) with culturally-effective services, principles and values. The culturally-effective services are grounded in ethnic communities with a strong foundation on community-based services, non-traditional healing practices, and natural support systems such as faith-based organizations, homeopathic healers, voluntary associations, recreational providers, and any other community-defined providers such as music studios and community club houses. ISM providers incorporate these non-traditional healing practices as part of the treatment in response to the cultural needs of the various underserved and underrepresented groups that they serve. Further, Outreach and Engagement strategies are provided by community leaders, and community peers as a way to promote mental health services in a culturally relevant manner. In addition, the staffing patterns of all the ISM providers reflect the linguistic and cultural needs of the communities that they serve. These culturally defined and culturally relevant approaches to services have proven to be effective and are slowly contributing to eliminate the stigma related to the use of mental health services by the underserved and underrepresented communities of the County of Los Angeles.

The ISM Model is increasing access, to mental health services by providing Outreach and Engagement activities that are culturally relevant in the consumer's natural environment. For example, the ISM services are at minimum 70% field-based. Services are conveniently provided in the consumers' homes and in their communities. Additionally, the ISM Model targets to serve the following underserved and inappropriately served populations:

1. Families/individuals who have a history of dropping out of physical health, mental health, and substance abuse services.
2. Linguistically-isolated individuals and families.
3. Families or individuals that have not had access physical health, mental health, and substance abuse services due to stigma and other acculturation issues.
4. The ISM program target to serve indigent consumers (undocumented immigrants) or the uninsured (no medical benefits).

The ISM model consists of discrete teams of specially-trained and culturally competent "service integrators" that help clients use the resources of both "formal" (i.e., mental health, health, substance abuse, child welfare, and other formal service providers) and "nontraditional" (i. e., community-defined healers) networks of providers, and who use culturally-effective principles and values. The ISM Model services are grounded in ethnic communities with a strong foundation of community-based, non-traditional, and natural support systems such as faith-based organizations, voluntary associations, and other service groups. In this model, ISM teams will integrate formal and informal provider and community-based resources through the following: 1) community-specific outreach and education; 2) community-specific enhanced engagement practices; 3) enhanced linkage and advocacy; and 4) harmonious intertwining of formal and non-traditional services and supports through facilitation of inter-provider clinical communication. ISM teams will work with each client to ensure service access, coordination, understanding, follow-up, and inter-provider clinical communication. The teams will consist of both service professionals and specially-trained peers who will meet regularly with clients and provide information, transportation, motivation, encouragement, and help with provider communication.

LACDMH is hopeful that the ISM model will help us learn effective approaches and identify effective mechanisms for integrating health, mental health and substance abuse services for the UREP population. This will point the way to creating new care models especially for the uninsured UREP population that may greatly improve outcomes, reduce disparities for UREP populations, enhance service efficiency, increase consumer satisfaction, and carry the recovery-oriented skills and values of the public mental health system into the dimensions of physical health and substance abuse services.

Summary of Strategies to Reduce Mental Health Disparities, FY 14-15

CHILD FULL SERVICE PARTNERSHIP (C-FSP)		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
1) Outreach & Engagement	C-FSP provides outreach and engagement services, which are provided to potential FSP clients and their families prior to enrollment. These services are used to build relationships between FSP programs and potential clients. This service is particularly important to reach out to "difficult to engage" clients or clients residing in structured community settings at the time of referral.	C-FSP clients receive outreach and engagement prior to enrollment: • There is about a 2-month O&E period for Child FSP clients prior to enrollment. • On average, it takes 18 days after O&E is complete for services to be claimed.
2) Field-Based Services	C-FSP and C-FCCS Programs provide consumers and their families access to services in the location that is most convenient for them.	Program administration monitors the field-based percentages of the programs on an ongoing basis. For the last several years, the percentage of field-based services have far exceeded the expectations. The C-FSP percentage was 82% (program criterion is 65%). The Countywide C-FCCS percentage was 71% (program criterion is 35%).
3) Designating and tracking ethnic targets for Full Service Partnerships (FSP)	Prior to the implementation of FSP, the Stakeholders Process established target populations. Target populations for C-FSP include: African American, Asian/Pacific Islander (API), Caucasian and Hispanic. Program administration tracks ethnic targets monthly.	During FY 14-15, ethnic targets for African American, Caucasian, Hispanic, API and American Indian were exceeded. Please refer to table below.
4) Countywide FSP Networks to increase linguistic/cultural access	Consumers of all ages, ethnicities, cultures and conditions who meet MHSA C-FSP focal population criteria are eligible to receive Community Services and Supports (CSS) funds. C-FSP consumers can access CSS Flex	During FY 14-15, C-FSP utilized a total of $547,591 of CSS/Flex funds. These funds assisted families with groceries, rent, and other essential child/family needs linked to treatment and recovery goals.

CHILD FULL SERVICE PARTNERSHIP (C-FSP)		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
	Funding *under special circumstances and as a last resort.* CSS funds must be tied to the consumer's treatment and recovery goals.	Only a few C-FCCS programs have CSS/Flex funds. During FY 14-15, a total of $24,890 was used for groceries and rent.
5) Interagency Collaboration	A respite care program was piloted in C-FSP with selected providers who either subcontracted with an existing respite care agency or hired internal staff to provide respite services. The services were time-limited and aimed to provide caregivers with a break in caring for a child with Serious Emotional Disturbance (SED). Collaboration between C-FSP, the FSP agencies, and the respite care providers were essential in providing comprehensive services to meet the family's identified needs.	Program administration conducted post-survey of respite services recipients in order to ensure consumer satisfaction and inform program development. The participating agencies utilized 71% of funds allocated for the program. There were 64 clients enrolled during FY 14-15 that received respite services: • 70% spoke English, • 29% spoke Spanish, • 1% spoke other languages, • 73% reported that respite services allowed them more time to focus on personal needs, and • 69% reported significant stress reduction
6) Trainings/Case Consultation	Children's System of Care Administration (CSOC) ensures that cultural aspects are incorporated into all trainings. C-FSP and C-FCCS trainings aim to increase cultural competency.	The trainings offered in FY 14-15 continued to focus on cultural sensitivity/ awareness and staff development. During the previous years, C-FSP staff requested trainings that focused on trauma and 0-5 population. These topics were also incorporated in the trainings offered to C-FSP staff. See section VII for more detail on trainings provided during FY 14-15.
7) Increasing mental health access ability to underserved populations	C-FSP outreach & engagement services allow for FSP programs to reach out to "difficult to engage" clients and non-traditional clients[i] (underserved populations). C-FCCS co-location of services allow for services to be accessed by non-traditional	During FY 14-15, C-FSP and C-FCCS ethnic targets for African American, Caucasian, Hispanic, API and American Indian were exceeded. During FY 14-15, C-FSP and C-FCCS exceeded

CHILD FULL SERVICE PARTNERSHIP (C-FSP)		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
	clients (underserved populations).	the expectations of field-based percentages.
8) Implementation of new departmental policies and procedures that improve the quality and timeliness of mental health services	On July 2014, A QA Bulletin on Service Request Tracking System (SRTS) was released indicating that California Code of Regulations, Title 9 §1810.405(f) required that all initial requests for Specialty Mental Health Services (SMHS) be maintained on a written log and contain: the date of referral request, the name of the individual for which services are being sought, and the initial disposition of the request.	During FY 14-15, Child FSP programs began utilizing SRTS to assign and communicate about FSP referrals, by August 2015; all Child FSP providers were utilizing SRTS to initiate FSP referrals.

KATIE A.		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
1) Coordinated Services Action Team (CSAT): Mental health screenings of all children with open DCFS cases and referrals of those screening positive to LACDMH co-located staff for assessment and triage to our contracted children's mental health providers	LACDMH and DCFS track and report on a monthly basis. Currently, approximately 84% of those screened are deemed appropriate for referral for a more formal assessment. LACDMH has contracted with more than 64 mental health providers to provide mental health services for those children in need.	Tri-Annual reports are prepared for the Board of Supervisors. The screening process has resulted in a significant improvement of the penetration rate for mental health services provided to DCFS involved children. Working in collaboration with the USC School of Social Work, LACDMH was able to conduct a study of service access following screening, including an analysis of race/ethnicity variables and diagnosis. The study concluded that approximately 85% of those who screened positive were later provided with a diagnosis and began mental health services.
2) MAT(Multidisciplinary Assessment Team): A) Shared Core Practice Model Training: Cultural Humility Component. B) MAT 101 Training – Culture of Foster Populations, Use of Cultural Humility as an	A) Made available to all MAT providers at numerous times in 2015. B) Provided to 6 of 8 Service Areas on an as-needed basis.	A) and B): Review of Summary of Findings (SOF) documents / Mental Health Assessments for use of cultural lens in understanding client needs by Service Area MAT Psychologists and DCFS MAT Coordinators during SOF Meetings.

KATIE A.		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
approach to assessment and engagement.		
3) Coaching/Training: • Implemented Shared Core Practice Model (SCPM) trainings incorporating the element of Cultural Humility. • SCPM Trainings emphasize Engagement and Teaming as a means of addressing lack of participation and disproportionality. • Implemented Child and Family Teaming (CFT) Trainings, which emphasize the element of the family's voice and choice, and the family being viewed as the expert in the teaming process, increasing cultural awareness and respect. • CFT Trainings emphasize accommodating the family's preference and delivering services in the family's language. • Coaches are bilingual and able to deliver services in the language of the families. • Incorporated CAPP (California Partners for Permanency) 23 practice behaviors into the SCPM Trainings which list best practices articulated by families and community stakeholders.	• Conducted SCPM trainings to LACDMH staff and contract providers at least one time a month or as needed. • Delivered SCPM trainings to mental health providers in 10 Group Homes • Delivered CFT trainings to mental health providers in 10 Group Homes. • Developed 2 CFT Facilitators in each of the trained Group Homes.	• Training Evaluations were provided to all participants. • The LACDMH Coaches administered CFT Facilitator Surveys to capture the areas for needed learning and improvement by each CFT Facilitator. • The LACDMH Coaches administered Child and Family Team Surveys. This tool was utilized to obtain feedback from the child and family following the CFT meeting. The survey served to collect information as to how the family felt their culture (language, values, traditions, beliefs, etc.) was embraced and valued by their team during the CFT process. • The LACDMH Coaches held a CFT Exit/Debriefing meeting with each provider agency and all staff involved in the CFT process, along with LACDMH coaches and administrators to discuss the successes and challenges experienced during the CFT process. Through this method the coaches captured how the providers were better able to understand the child and family's culture after listening to the family story and understanding where the families are coming from. This method enhances the team's ability to identify and use approaches that are culturally sensitive and responsive to the child and family's needs and that include the child and family's natural circles of support.
4) Wraparound: Wraparound adheres to 10 Practice Principles, which ensure that the focus of the intervention is developed and guided by sensitivity and the	Ongoing implementation of related trainings and adherence to the 10 WRAP principles.	Monitoring of cultural sensitivity and responsiveness occurs during Annual Technical review of Wraparound providers conducted by Child Welfare Division Staff. Results are presented during Exit Review meetings where

KATIE A.		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
incorporation of the client's cultural values, beliefs, attitudes, customs, preferences, norms, and goals. The Wraparound Practice Principles include: Family voice and Choice, Team–based, Collaborative and integrative, Community-based, Culturally Competent, Individualized, Strength based, Natural Supports, Persistent and Outcome-based. Ongoing training and coaching of the Shared Core Practice Model (SCPM) for LACDMH staff and contracted providers.		recommendations and results are discussed. The Plan Of Care Reviews are done weekly with the providers to assess for the 10 principles of WRAP that support Cultural Responsiveness, progress toward achieving permanency, family re-unification, and the development of social supports to help the family become self-sufficient in their community. Outcome measures (OMA) (WIFI) capture cultural indicators such as language, education and demographic information.
5) IFCCS: IFCCS Program Expansion In April 2015, IFCCS grew from a 60 slot program to a 100 slot program. The expansion was geared to provide services to the Commercially Sexually Exploited Children (CSEC) population and children from 0 to 5 years of age. IFCCS providers have been attending trainings and seek clinical consultation on a regular basis in order to increase their knowledge of these special populations. Several providers have worked with FBI Liaisons and specialized CSEC units within DCFS to engage CSEC youth, identify resources and gain their trust in order to begin to address the trauma that has been experienced by these youth.	The providers have served approximately fifteen (15) CSEC youth and eleven (11) 0 to 5 children. During FY 2014-2015, the IFCCS program served a total of 206 subclass members with intensive mental health needs throughout the County of Los Angeles.	IFCCS utilizes the Program Improvement Review (PIR) process, which is an adaptation of the Quality Service Review (QSR), to ensure quality of service provision and evaluate fidelity to the Shared Core Practice Model. The second round of reviews was completed in August 2015. Strengths were noted in the areas of Engagement, Intervening, Supports and Services, Assessment and Understanding, and Voice and Choice. The PIR process focuses on nine practice performance indicators. Cultural considerations and trauma-informed practice are also reviewed. Specifically, the PIR team looks at the team's considerations of the family's culture, and services are rendered in the family's language preference.
6) Treatment Foster Care (TFC): Pre-Match consultations incorporate culture as one of the elements discussed/ considered when matching youth with foster families and planning services. Program Improvement Reviews (PIR) evaluate the integration of	Agencies are training their staff and beginning to implement an understanding of culture in service planning and delivery.	Agencies continue to need improvement in training staff and integrating culture into service planning and delivery.

KATIE A.		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
culture in the treatment/ services of the youth. Agencies are informed of available trainings on cultural humility.		
7) Family Preservation(Family Pres): Shared Core Practice Model Training: Cultural Humility Component	Provided via DCFS and LACDMH trainers to FP Lead Agencies (DCFS Contracted) as well as FP Mental Health Service Providers (LACDMH Contracted)	A review of possible ways to track outcomes related to Cultural Humility within the Family Preservation Program will be discussed at future FP Management Team meetings.
8) Katie A. Quality Services Review	A total of 7 Quality Service Reviews were completed at different DCFS regional offices during FY 14-15 (Torrance, West LA, South County, Palmdale, Belvedere, Pomona and Compton). LACDMH provided 19 debriefing sessions to mental health provider agencies in order to support Core Practice Model implementation (which includes a Cultural Competency component). In addition, LACDMH provided the following trainings: 2 QSR Presentations at LIONS Meetings, 9 QSR Foundational Trainings, and 1 Indicator Specific training, for a total of 12 trainings during FY 14-15.	1) Unfortunately, the County continues to struggle with Teaming and this is discussed and strategized at every Grand Rounds and Sum Up sessions. 2) Cultural Humility and reducing Disparity: • The QSR Protocol outlines the need for children and youth to be in settings where they can be connected to their preferred language and culture, community, faith, extended family, tribe, social activities, and peer groups." • Interviewers are encouraged to follow the protocol as they develop questions for the families, providers, DCFS, etc. utilizing cultural humility when assessing for safety, well-being, and understanding of underlying needs.

TRANSITIONAL AGE YOUTH (TAY)		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
1) Outreach and Engagement and Field-based services	The Navigation Team conducts outreach and engagement to and screenings of clients that are referred through various agencies such as schools, hospitals, and community-based	TAY Navigators had been committed to addressing and resolving a variety of TAY concerns and inquiries. TAY were provided with

TRANSITIONAL AGE YOUTH (TAY)		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
	organizations. The team also provides linkages to mental health, substance abuse, and case management services at Drop-in Centers, Transition Resource Centers (TRC), emergency shelters, and a variety of other community settings. The TAY 'Housing Ambassador' continues to provide assistance to homeless youth in their effort to find permanent housing. The MHSA Permanent Supportive Housing Program has been providing a wealth of services and supports to its TAY participants in helping them achieve and maintain housing stability while making progress on their paths to recovery.	emergency housing in various shelters and linked to an array of resources in support of self-sufficiency. The TAY Ambassador works collaboratively with the MHSA Housing Unit and the TAY Navigation Team to ensure the timely and proper completion of certification and application for permanent housing. The MHSA survey findings on tenants' satisfaction with the housing program attest to the strides that the TAY population had made in terms of their achieving independence and enhancing the quality of their lives. As the survey results indicate, the Permanent Supportive Housing Program has been significantly contributing to the prevention of homelessness, and the fostering of hope and positivity among the vulnerable, mentally ill TAY population.
2) Community Education/Stigma	The mission of the Anti-Stigma and Discrimination (ASD) Project remains to increase public awareness, social acceptance, and inclusion of people with mental health challenges within diverse communities. A staff member for PEI Anti-Stigma and Discrimination presents information and educates the community by facilitating groups for TAY, their families, community based organizations, and the community at large to reduce the stigma that is associated with participating in mental health treatment or related services.	The TAY Mobile Library continues to be a source of influence and education for TAY and the community about TAY mental health services and access to those services. Information is communicated through educational materials, handouts, flyers, and brochures. Additionally, there is an ongoing demand for expansion of resources for PEI Anti-Stigma and Discrimination in order to help overcome barriers that prevent clients from accessing services.
3) Multi-lingual/multicultural materials	FSP Brochure is available on the LACDMH Website-TAY Division in 10 languages.	The brochures remain easily accessible to the public and are widely utilized.
4) Collaboration with faith-based and other trusted community	TAY Division continues to provide trainings, consultation calls, and materials to support implementation of Seeking Safety (Evidence Based Practice) for treatment of trauma and	Seeking Safety has been well received by Directly Operated Clinics and Legal Entities countywide. Outcome measures and self-reports indicate

TRANSITIONAL AGE YOUTH (TAY)		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
entities/groups	substance abuse. This will enhance clinicians' skill sets to treat trauma. The Sexually Exploited Children (CSEC) Team collaborated with community agencies (Dept. of Probation, DCFS, and law enforcement) to address resources for youth involved in CSEC.	significant reduction in trauma symptoms and improvement in overall functioning. Ongoing efforts are made to address resources for youth involved in CSEC. Statewide CSEC Steering Committee was developed. The Victim Witness Protocol was created to indicate the procedures for when youth involved in CSEC choose to testify against their trafficker. The protocol ensures that the youth is safe and has access to MH care during this time period.
5) Trainings/case consultation	CSEC 101 Trainings brought awareness to community agencies in all service areas on this population of youth and the impact on the African American community. The TAY Division Partners in Suicide Prevention (PSP) Team outreaches to minority communities, including the African American, Asian American and the Hispanic populations. The PSP team engages and collaborates with African American churches, such as West Angeles, churches with mostly or all Hispanic attendees (i.e. Santa Martha Catholic Church), and churches that have mostly or all Asian attendees (i.e. Christ Central Church and the Hugashi Honganji Buddhist Temple).	In Spring 2015, six (6) CSEC 101 trainings were completed. Approximately 300 staff trained on CSEC Awareness and Interventions. Participants in PSP trainings are asked to complete evaluations to assist the team with determining the effectiveness of the trainings and information that needs to be included to better service the faith based community. During collaborations with churches and faith based programs, feedback is solicited regarding the training and outreach methods to improve strategies, and to increase the number of agencies and churches engaged in training services.
6) Programs that target specific ethnic and language groups	There are a number of agencies, including American-Indian Counseling Center, Asian Pacific Counseling Treatment Center, and Pacific Clinics, that are prepared to provide culturally based services in specific languages. With Spanish being the primary language for many TAY at home, most programs are equipped with Spanish-speaking staff to carry out services.	There is an ongoing need to improve access to interpreters and increase linguistic services at agencies. Primary language and ethnicity are tracked for FSP TAY within a database.

TRANSITIONAL AGE YOUTH (TAY)		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
7) Designating and tracking ethnic target for FSP	There is concerted effort among providers to link mono-lingual clients with agencies that have particular language capacity. At IMPACT meetings, conducted monthly and bi-monthly by TAY staff in SA 1 through 8, the providers gain insight of specialty language clinics.	
8) Flexibility in FSP enrollment such as allowing "those living with family" to qualify as "at-risk of homelessness"	As some parents/caregivers of youth with significant emotional, behavioral and co-occurring disorders (COD) admit to be inadequate in caring for their loved ones, FSP extends these individuals qualification to enroll under "at risk for homelessness".	Allow flexibility of FSP slot allocations to meet the unique needs of TAY clients. Identify and reach out to those young adults who can benefit from Permanent Supportive Housing.
9) Integrated Supportive Services	TAY Division continues to work with Los Angeles County's Substance Abuse Prevention and Control (SAPC) Division to promote and develop training and tools to better assess and treat impacted clients. TAY providers are also utilizing Seeking Safety (Evidence-Based Practice) for treatment of trauma and substance abuse. Implemented the third MHSA funded TAY Drop-In Center in Santa Monica – Daniel's Place (Step-Up on Second Street, Inc.) Drop-in Center consumers gained opportunities to be linked with mental health services, substance treatment centers, and connected with employment opportunities thru job fairs. A new shelter was implemented, called WomenShelter of Long Beach, a domestic violence shelter serving men, women and transgender individuals. Enhanced Emergency Shelter Program (EESP) enhanced the quality of services to TAY by increasing the frequency of the life skills counseling and healthy living groups.	There is an ongoing need to improve staff training and competence with screening, assessing, and treatment interventions for COD TAY population. Seeking Safety has been well received by Substance Abuse Counselors and Clinicians for COD treatment. TAY Division plans to have drop-in centers countywide increasing the number of unique clients being served. LACDMH plans to implement additional EESP shelters to more service areas to meet the growing need of the homeless TAY population struggling with mental illness.
10) Co-location with other county	The TAY Navigation staff are co-located in DCFS and Probation offices to screen, assess, and triage/link homeless	There is an ongoing need to increase capacity of co-located staff in serving high-risk youth.

TRANSITIONAL AGE YOUTH (TAY)		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
departments (DCFS, Probation Department)	youth to mental health services. Additionally, they coordinate with county providers to offer access to emergency shelters, Independent Living Programs and Permanent Housing Programs.	
11) Interagency Collaboration Provider Communication and Support	TAY Division maintains open communication with a wide variety of county agencies. Ongoing collaboration takes place with direct service providers, non-branded providers, contract providers, court systems, probation camps, jail linkage, and school systems.	In an effort to reduce disparities and improve quality of services, collaboration continues to be vital between county agencies. TAY Division will consult on an on-going basis with providers to help bring them into compliance with regards to Outcome Measure Application error reports.
12) Consultation to gatekeepers	The EESP gatekeeper plays a vital role with screening and admitting of clients to emergency shelters.	The EESP Gatekeeper continues to monitor and track calls daily. Approved referrals are assigned to a TAY Navigation clinician, case manager, and substance abuse counselor for assessment and linkage.
13) Increasing mental health service accessibility to unserved, underserved and inappropriately served populations	Expanded capacity to provide FSP services to TAY in Independent Living Program (ILP). Developed and maintained tracking logs of clients in the three ILPs to monitor the demand/need for services and gain feedback of program's effectiveness. The TAY Division finalized the analysis of the Telephonic Client Satisfaction Survey of TAY FSP clients. Expanding slot capacity in SA 1 TAY FSP/FCCS, allowing for opportunity to meet the dire need for intensive level of services in this highly impacted Service Area.	The ILP-FSP program had proven to be successful in meeting the youth's need for higher level of care. The results of Telephonic Client Satisfaction Survey of TAY FSP clients had highlighted methods that contribute to effective service delivery and had shed light on areas in need of improvement. Overall, the overwhelming majority of TAY surveyed had indicated being satisfied with FSP services. As the number of TAY clients receiving FCCS/FSP services is expected to grow significantly, TAY Administration will consult on an on-going basis with providers to help bring them into compliance with regards to Outcome

TRANSITIONAL AGE YOUTH (TAY)		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
		Measure Application error reports.
14A) Implementation of new policies and procedures that improve the quality, timeliness, and cultural and linguistic competency of mental health services 14 B) Implementation of new technologies to enhance the Department's service delivery	Started implementation of the Service Request Tracking System (SRTS), which allows for the monitoring/tracking of the time it takes for the referral to be processed at each step of the FSP authorization.	SRTS gives an indication of the timeliness of the FSP referral process. It also tracks all the demographic and clinical data of each case, allowing for enhanced information collection and greater monitoring of mental health services. SRTS is in the process of updating the technology in order to provide more reliable reports that can be used on a regular basis.

FULL SERVICE PARTNERSHIP YOUNG MOTHERS AND BABIES		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
1) Field-based services	Staff spends 70 percent of its time in the field, meeting in client's homes, parks, schools, service agencies, or any place that is vital to the client's life. Program has fleet of two cars and one van.	Recorded mileage and progress notes testify to the amount of time spent out of office.
2) Programs that target specific ethnic and language groups	Young Mothers and Babies focuses on the traditionally underserved and underrepresented Hispanic population, although we do not discriminate against referrals of other ethnicities. Some 95% of the clientele is Hispanic, as is the surrounding community. Services are directed at the needs as identified by the clients themselves. All members of the family, including the mother, grandparents and all children, as well as any available fathers involved. The community by team that is 100% Hispanic and bilingual.	Hispanics have strong reasons to be wary of government-provided services, that indicate goals and values of an uncomprehending other culture. By meeting with the Hispanic community, in their homes and neighborhoods, pursuing goals that come from their cultural values, and speaking the Spanish language, the FSP program has seen families achieve a greater sense of power over their own lives. The increase in mastery in one area then opens awareness of previous unidentified needs still requiring focus.
3) Multi-lingual/multi-cultural staff development and support.	The entire Roybal FSP staff is Latina, and Spanish/English bilingual. The majority or immigrants themselves, or first generation, who grew up in circumstances their clients would	The difference between being able to speak Spanish and deeply understand the culture behind it, has been evident in how effectively FSP teams have engaged clients in the field. Staff continues,

FULL SERVICE PARTNERSHIP YOUNG MOTHERS AND BABIES		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
	recognize. This is also a multi-disciplinary team: a mental health clinical supervisor, two social workers, a psychologist, a registered nurse (who trained in Columbia), a senior community worker and a parent advocate/community worker.	whenever possible, hired those with extensive experience in the cultural and geographic communities served. Cultural issues are always considered in all trainings and staff consultations.
4) Flexibility in FSP enrollment for Consumers living with family to quality as "at risk for homelessness."	Transitional aged youth are particularly challenged in accessing predictable safe and adequate housing. Some have had to endure abusive and violent situations. Many live at the whim of friends who allow them to stay for a few days (couch surfing). Many are homeless. The FSP team has been required to be eminently creative and quick acting to find the flexibility to find safe and reliable housing for these mothers and their children.	Finding safe and permanent housing is high priority for FSP clients. Service Area 7's first housing program for homeless youth has operated successfully for more than a year, and two new programs are in development. Five TAY moms and their children are now housed in this present new program. FSP staff work individually and in groups at the project, in which TAYs learn cooking skills, budgeting, hygiene and utility arrangement. They learn skills in community living that may not have been modelled before. The FSP team has enrolled two other TAY moms in the Violence Against Women Act programs that will lead to legal residency, and therefor eligibility for housing. Much advocacy still needs to be done to create more flexibility in programs to match the real-life situations of Latina Hispanic Transitional Age Youth.

ADULT FULL SERVICE PARTNERSHIP (FSP)		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
1) Wellness Consumer Satisfaction Surveys (in all threshold languages	Completed/Ongoing	This is an ongoing survey which is distributed on a semi-annual basis.

ADULT FULL SERVICE PARTNERSHIP (FSP)		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
2) Justice Involved Training Series	Implemented/Ongoing Project	ASOC developed a training series to work with Justice system involved clients, through input from a countywide workgroup. Many trainings have been implemented, and this project will continue.
3) May is Mental Health Month Celebration/Spanish Speaking Support Groups	Implemented/Ongoing Projects	The programs continue to reach more consumers and family members each year, thereby improving understanding of mental health matters in the Latino community.
4) Countywide Veteran FSP I/FSP II Program	Implemented	A program was developed and some transformation occurred, in order to implement a needed FSP program which solely specializes and focuses on Veterans. FSP OMA's will be collected, along will newly-developed measures. 461 Veterans were outreached to in FY 14-15.

CalWORKs		
Strategies/ Activities	**Status/ Progress**	**Monitoring/ Outcomes/ Findings**
1) Multi-lingual and multi-cultural case management and clinical staff throughout the CalWORKs program.	DPSS staff who make referrals to LACDMH directly-operated and contracted clinics have continuously updated listings of all clinics and their language capabilities to ensure that participants are appropriately referred if a specific language need is identified. Languages spoken include: • Arabic • Armenian • Cantonese	DPSS provides child care funding as part of a participant's Welfare-to-Work plan. Additionally, some LACDMH directly-operated and contracted clinics provide child watch services or children's socialization groups while their parents are participating in their own mental health services. CalWORKs Program Administration monitors accessibility of culturally competent mental health services for CalWORKs participants.

CalWORKs		
Strategies/ Activities	**Status/ Progress**	**Monitoring/ Outcomes/ Findings**
	• English • Farsi • French • Hindi • Japanese • Khmer • Korean • Laotian • Mandarin • Portuguese • Punjabi • Russian • Samoan • Spanish • Tagalog • Urdu • Vietnamese	

OLDER ADULT FULL SERVICE PARTNERSHIP (FSP)		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
1) Older Adult FSP Utilization Review	During FY 14/15, the OASOC Bureau conducted utilization reviews on Older Adults that participated in the OA FSP program for at least 24 months. These reviews were conducted with a multidisciplinary team either by conference call or in a face to face meeting. During this FY, 89 cases were reviewed from eight Legal Entity Providers. This project helped to improve clinical care as well as to promote flow throughout the mental health system.	Through this case review process at least 89 active cases were reviewed. This forum provided an opportunity for clinicians to receive consultation and improve the treatment plan. Cultural and linguistic considerations were part of the case review. Clinicians commented that the case review process was helpful and assisted in the process of determining current needs and level of care.

OLDER ADULT FULL SERVICE PARTNERSHIP (FSP)		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
2) FSP Annual Client Satisfaction Survey	This survey was distributed in February 2015 and was translated into Spanish, Chinese and Farsi.	Highlights of FY 14-15 OA FSP Survey include the following: 1) 99% of clients agreed that services were provided in the language they are most comfortable speaking. 2) 91% were satisfied with the overall FSP services they received. 3) 94% reported they were provided FSP services on a timely basis 4) 92% reported that their FSP team provided them with a number to call if they were in crisis.
3) Trainings within the Older Adult System of Care (OASOC)	During FY 14/15, OASOC offered clinical trainings on the following: 1. Creating Safe Spaces for Lesbian, Gay, Bisexual and Transgender Seniors 2. Working With African-American Older Adults from a Strengths-Based Perspective 3. Outreach and Engagement 4. OACT/OACT MD Trainings: • Substance Abuse in Older Adults (Part II) • Use of Natural Products in Late-Life Mood and Cognitive Disorder • Catatonia in Older Adults • Psychotherapy in Older Adults • Neuropsychology: Methods and Application to Older Populations • An Overview of Geriatric Addictions and Substance Use • Advanced Geriatric Psychiatry Fellow, UCLA Presenting on the DSM-5 Neurocognitive Disorder • Comorbidities – Making Treatment Recommendations or Co-management Work through Familiarity with the Underlying Illness	Each of the trainings offered were well attended. Participants completed course evaluations after each training and the results are positive. These trainings have helped to strengthen the workforces' ability to provide culturally competent services to older adults throughout the County of Los Angeles. Furthermore, the trainings were a valuable tool in equipping clinicians of all levels, to work effectively with this underserved population.

OLDER ADULT FULL SERVICE PARTNERSHIP (FSP)		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
	• Older Adult Behavior Manifestation • Neuropsychological Testing (Part II) • A Primer: Making Sense of Methods and Biostatistics • Executive Functioning: Functional Abilities and Assessment of Communities Dwelling Elders 5. Hoarding Forum • Buried in Treasure: Cognitive-Behavioral Therapy for Hoarding • Harm Reduction: A Pragmatic Approach to Severe Hoarding • Hoarding and Capacity	
4) Older Adult Service Area Provider Contact Listing	This listing of our OA Providers including their language capacity is updated at least quarterly to reflect current staffing and language capacity at each of our OA provider sites countywide.	OASOC distributes this information to providers and the public as needed and upon request, and is also available on the LACDMH Internet.

OLDER ADULT FIELD CAPABLE CLINICAL SERVICES (FCCS)		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
1) Trainings within the Older Adult System of Care (OASOC)	During FY 14/15, the OASOC Bureau offered the following trainings: 1. Creating Safe Spaces for Lesbian, Gay, Bisexual and Transgender Seniors; 2. Working With African-American Older Adults from a Strengths-Based Perspective 3. Outreach and Engagement 4. Hoarding Forum • Buried in Treasure: Cognitive-Behavioral Therapy for Hoarding • Harm Reduction: A	Each of the trainings that were offered this fiscal year, were well attended. Participants completed course evaluations after each training and the results are positive. These trainings have helped to strengthen the workforces' ability to provide culturally competent services to older adults throughout Los Angeles County. Furthermore, the trainings were a valuable tool in equipping clinicians of all levels, to work effectively with this underserved population.

OLDER ADULT FIELD CAPABLE CLINICAL SERVICES (FCCS)		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
	Pragmatic Approach to Severe Hoarding • Hoarding and Capacity 5. OACT MD series and OACT HQ Management. • Substance Abuse in Older Adults (Part II) • Use of Natural Products in Late-Life Mood and Cognitive Disorder • Catatonia in Older Adults • Psychotherapy in Older Adults • Neuropsychology: Methods and Application to Older Populations • An Overview of Geriatric Addictions and Substance Use • Advanced Geriatric Psychiatry Fellow, UCLA Presenting on the DSM-5 Neurocognitive Disorder • Comorbidities – Making Treatment Recommendations or Co-management Work through Familiarity with the Underlying Illness • Older Adult Behavior Manifestation • Neuropsychological Testing (Part II) • A Primer: Making Sense of Methods and Biostatistics • Executive Functioning: Functional Abilities and Assessment of Communities Dwelling Elders	
2) FCCS Annual Client Satisfaction Survey	This survey was distributed in February 2015 and was translated into Spanish, Chinese and Farsi.	The survey responses included the following highlights: 1) 96% of clients agreed that services were provided in the language they are most comfortable speaking. 2) Clients responded that 91% were hopeful about the future. 3) 91% reported progress towards their treatment/recovery goals. 4) 94% of clients surveyed reported

OLDER ADULT FIELD CAPABLE CLINICAL SERVICES (FCCS)		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
		that their calls or requests for assistance were responded to in a timely manner.
3) Older Adult FCCS Utilization Review	During FY 14/15, the OASOC Bureau conducted utilization reviews on Older Adults that participated in the OA FCCS program for at least 24 months. These reviews were conducted with a multidisciplinary team either by conference call or in a face to face meeting. 139 cases were reviewed from 25 program sites. This project helped to improve clinical care as well as to promote flow throughout the mental health system.	This strategy provided an opportunity of clinicians to receive consultation and improve the treatment plan. Cultural and linguistic considerations were part of the case review. Clinicians commented that the case review process was helpful and assisted in the process of determining current needs and level of care.
4) Older Adult Service Area Provider Contact Listing	This listing of our OA Providers, which includes their language capacity is updated on a quarterly basis to reflect current staffing and language capacity at each of our OA provider sites countywide.	This listing is distributed to providers and the public as needed and upon request, and is also available on the LACDMH Internet.

OLDER ADULT SERVICE EXTENDERS		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
1) Continual outreach by our OA Community Services and Supports (CSS) team to identify and place Service Extenders in our OA providers' FCCS teams or in full-time employed positions.	During FY 14-15, OASOC Administration continued to support existing Service Extenders placed with our providers. Two of our African-American Service Extenders were hired within LACDMH to serve as Mental Health Advocates within SB82.	Continuing support of Service Extenders for placement including full-time employment. This includes resume assistance and help with interview concerns.
2) Quarterly Service Extender meetings	Discussions of cultural competency are an important part of the quarterly meetings, where colleagues share their experiences in working with consumers of diverse cultural backgrounds and get feedback from each other as well as the OASOC facilitator. Topics covered include: boundaries, working with consumers of diverse	The quarterly meeting is well-attended and popular among the Service Extenders. The meeting agenda continues to address areas of diversity as well as strengthen supportive service skills in working with OA consumers.

	cultural backgrounds, and assisting consumers in accessing public transportation.	

DMH/DHS COLLABORATION		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
1) Integration of care between DHS Care Connections Community Health Workers (CHW) and Collaboration staff.	A protocol and workflow have been designed between the CHWs and our staff to identify common patients and then provide a team approach to support and integrated care. CHWs and Collaboration staff will identify clients who would be appropriate for cross referral and facilitate that linkage.	Planning is complete. Meetings are being scheduled at Roybal, MLK, and El Monte to train Collaboration staff and CHWs on the procedures. Implementation is imminent.
2) Mental Health First Aid (MHFA) offered to DHS staff to assist them in dealing with individuals with mental health problems or crises.	Training was offered to Care Connections CHWs, El Monte CHC staff, and DHS Homeless Outreach program staff.	CHWs attended a training that also included some of the Collaboration clerical staff with whom they will be working on the initiative above.

UREP		
Strategies and Activities	**Status and Progress**	**Monitoring/Outcomes/Findings**
African/African American (AAA) 1) Resource Mapping Project: The focus of this project was to reduce stigma by funding agencies to provide outreach, engagement, training, education, non-traditional wellness activities, and using technology as approaches to address mental illness. Each agency will target a unique, subpopulation within the AAA community.	 This project was successfully completed on March 1, 2015.	 Three community-based agencies were funded to provide mental health outreach, engagement, training, education, and non-traditional wellness activities, which targeted the LGBTQ community, Somali immigrants, and the Pan-African community. Each of the agencies completed 5 to 10 different community events with the sole purpose of reducing the stigma associated with mental health services and informing the community of services available for them.

UREP		
Strategies and Activities	**Status and Progress**	**Monitoring/Outcomes/Findings**
2) Culturally Relevant Brochures: Brochures will be used to outreach and engage underserved, inappropriately served and hard-to-reach ethnic communities. The purpose is to reduce stigma by identifying common mental health conditions experienced in the AAA community. The brochures will be used to educate and inform these ethnically diverse communities of the benefits of utilizing mental health services, and to provide referrals and contact information. The informational brochure will be translated into two (2) different African languages: Amharic and Somali.	This project is in the last phase of the implementation process.	The brochure's content has been completed, and translations and graphics are in the process of being completed. This phase and the printing phase are expected to be completed by the end of the second quarter of 2016.
3) Black Male Mental Health Awareness Campaign: This campaign will build mental health service capacity and spread learning through community presentations in the County of Los Angeles. The campaign will outreach to Black males 16 years and older, particularly targeting athletes in the Transitional Age Youth (TAY) age group. It will target those who are not currently involved in the public mental health system, but who stand to benefit from existing program developments of the Mental Health Services Act.	This project has been approved and is currently in the solicitation process.	Local young, Black males will be outreached to and educated on culturally relevant, basic mental health awareness, integration of mental health, physical health, substance abuse programs and services, and stigma reduction projects.
4) Sierra Leone Community Mental Health Training and Education: This project is a joint effort of the Los Angeles County Department of Mental Health (LACDMH) and the African Communities Public Health Coalition (ACPHC) to reduce the stigma of mental illness, specifically in the Sierra Leone community. The purpose is to set a precedent of using culturally appropriate mental health education when working with ethnic communities, and to increase access to culturally appropriate	This Project was implemented on October 1, 2015 and is scheduled to be completed by July 30, 2016.	Lay Sierra Leone community members (advocates) will be educated in the areas of mental health, trauma, and community mental health services that are available through the public mental health system and through grassroots organizations. The advocates will be trained to facilitate community mental health awareness presentations to the larger community, and will be trained to provide assistance to community members in mental crisis.

UREP		
Strategies and Activities	**Status and Progress**	**Monitoring/Outcomes/Findings**
mental health services for people of Sierra Leone descent (especially during a mental health crisis). This nine-month project will provide training to trusted and selected volunteer community members, referred to as Sierra Leone Community Advocates (SLCAs), for them to become 'lay-experts' of mental health issues, crisis intervention, and appropriate mental health resources. is designed to increase the Sierra Leone community's knowledge of mental health, mental illness, and trauma; reduce the social stigma of mental illness; familiarize them with the public mental health system; and equip them with Afro-centric, culturally-based practices to help them cope with their losses and concerns related to the Ebola outbreak.		
American Indian/Alaska Native (AI/AN)		
1) American Indian/Alaska Native Community Spirit Wellness Project: To implement the Community Spirit Healers Wellness Project, five (5) community members were recruited and trained as Community Spirit Healers. The Community Spirit Healers were trained to conduct community trainings and forums, which focused on mental health awareness and education.	The Community Spirit Healers Wellness Project was launched on August 1, 2014 and was completed on July 31, 2015.	There were a total of 329 community members who participated in the trainings and forums. Overall this project was a success as community members were provided with a venue where they engaged in discussions pertaining to wellness issues and healing.
2) American Indian/Alaska Native Outreach and Engagement Media Campaign: The AI/AN UREP subcommittee funded the development of a media advertisement (commercials) campaign that aired from December 7, 2015 thru January 3, 2016 on the local radio and television channels in the County of Los Angeles. This media campaign included the development of the TV/radio commercials and	This project was successful and the final outcome report was submitted on February 2016.	This media campaign outreached to the AI/AN community as well as increased mental health awareness throughout the County of Los Angeles. The ads aired on KABC-TV on television and KNX 10.70 on the radio. The KABC-TV report shows an achieved rating of 29.1, which means 29.1% of adults over the age of 18 in the Los Angeles market, was reached. The KNX-AM report shows a

UREP		
Strategies and Activities	**Status and Progress**	**Monitoring/Outcomes/Findings**
broadcasting.		Gross Rating Point (GRP) of 14.4, which means the radio spots reached approximately 14.4% of adults over the age of 18 in the Los Angeles market.
Asian Pacific-Islander		
1) API UREP Consumer and Family Member Employment Training Program: For FY 2013-2014 the API UREP hired a consultant to launch the API UREP Consumer and Family Member Employment Training Program. The purpose of this program was to increase the number of culturally competent API Peer/Family Advocates and Health Navigators at mental health agencies that serve the API community. Further, this program trained API consumers and family members to become culturally competent Peer/Family Advocates and Health Navigators. Once trained, the consultant facilitated employment of trainees into mental health agencies that serve the API community.	The API Consumer and Family Member Training and Employment Program was completed on June 30, 2015.	The goal of this project was to train API consumers and family members to become culturally competent Peer/Family Advocates. Of the 12 API consumers and family members who graduated from the program, 8 were employed as Peer/Family Advocates at mental health agencies that serve the API community in Los Angeles County. The Peer/Family Advocates are assisting API consumers, especially those with limited English-speaking skills, to navigate the public mental health system and access mental health services.
2) Asian Pacific Islander Family Member Mental Health Outreach, Education, and Engagement Program: The purpose of this program is to increase awareness of mental illness signs and symptoms for API families so that they know when and how to connect family members to mental health services. The ethnic communities being targeted include the following: Chinese community (Cantonese and Mandarin speaking); Vietnamese community; Korean community; South Asian (Indian/Hindi speaking) community; Cambodian community; and the Samoan community. The program entails: 1) The collection and distribution	The API Family Member Mental Health Outreach, Education and Engagement Program was implemented on August 17, 2015 and is scheduled to be completed by July 30, 2016.	Through this Program, API families will receive important information on mental illness, treatment and resources. Participation in this program will increase the knowledge of signs and symptoms of mental illness and encourage early access of services by API families, resulting in an increase in penetration rates in the targeted API communities. API families who are isolated due to language barriers, shame and stigma will know when and how to connect family members to mental health services as a direct result of the Asian Pacific Islander Family Member Mental Health Outreach,

UREP		
Strategies and Activities	**Status and Progress**	**Monitoring/Outcomes/Findings**
of linguistically and culturally appropriate mental health education and resource materials, 2) The development of an API Family Mental Health Resource List of mental health services and supports for API families in LA County, 3) The implementation of Outreach, Education and Engagement (OEE) events countywide targeting API families from specific Service Areas and API ethnic communities. The OEE events will be held in collaboration with consumer and family member support groups that serve the API community.		Education, and Engagement Program.
3) The Samoan Outreach and Engagement Program. This program was implemented to increase awareness of mental illness, knowledge of mental health resources and decrease stigma related to mental health in the Samoan community. LACDMH contracted with Special Services for Groups (SSG) who partners with two Samoan community based agencies to conduct individual and group outreach and engagement activities with the Samoan community in Service Area 8, which has the largest concentration of Samoans in LA County.	This program was implemented on July 1, 2015 in order to increase awareness of mental illness, knowledge of mental health resources and decrease stigma related to mental health in the Samoan community.	As of November 2015, 142 mental health education workshops have been conducted that have reached 729 individuals. Workshop topics were related to mental health and included mental health & nutrition, stress management, substance abuse, teen stress, depression, peer pressure and culture and mental health. Workshops were held at various community locations including Samoan churches (43% of activities), community member homes (32%), high schools, middle schools and at community centers. The workshop attendees were mostly adults (71%), females (61%) and Samoans (99%) who spoke English (93%). By participating in the activity, the majority of attendees (59%) stated that they had improved their emotional well-being, increased understanding of mental health, increased self-awareness and/or received information on how to improve relationships. Most attendees stated that the first person they would contact to help them or someone they know with mental health issues was Pastor/Clergy (34%), Friend (28%) and/or Samoan mental health provider (14%).

UREP		
Strategies and Activities	**Status and Progress**	**Monitoring/Outcomes/Findings**
Eastern-European/Middle-Eastern (EE/ME)		
1) Armenian Mental Health Talk Show: For the Armenian community, a televised mental health talk show was funded to increase mental health awareness, access, reduce stigma, and increase penetration rates. This project consisted of forty-four (44) LACDMH approved mental health TV talk shows to inform the Armenian community about common mental health issues and how to access services in the County of Los Angeles. The TV shows included, but not limited to the following mental health topics: Introduction to mental health, immigration and acculturation, loss and grief, divorce and its effects on children, bullying, depression, and parenting.	The shows began to air on June 7th, 2015 and continued to air for 22 consecutive weeks in the local Armenian television station in the County of Los Angeles. The last recording aired on Monday, March 13, 2016.	There was positive feedback from the community pertaining to these shows as they increased awareness and knowledge of mental illness signs and symptoms among the Armenian community. It was reported by one LACDMH legal entities that specialize in serving the Armenian Speaking community that they are experiencing an increase in calls from Armenian speaking community members seeking mental health services since the talk shows started to air.
2) Farsi-Speaking Mental Health Radio Talk Shows: For the Farsi-speaking community, the second phase of the mental health radio talk shows was implemented. A total of twenty two (22) new mental health radio shows aired on the local Farsi speaking radio station. The radio talk shows included, but not limited to the following mental health topics: Definition of psychology, mental health issues related to aging, the psychological effects of violence, and healthy relationships.	This project was completed on November 1, 2015.	The radio station reported that they received positive feedback from their listeners and that this project educated the community about common mental health issue and how to access services.
3) Community Mental Health Education Project: For the Arabic-speaking community of Los Angeles County, the Community Mental Health Education Project was funded to increase mental health awareness. This project will provide outreach and engagement services by partnering with faith-based organizations and schools to facilitate	This project was implemented on December 1, 2014 and is scheduled to be completed by April 1, 2016.	A total of 28 different community presentations have been completed for the sole purpose of reducing the stigma associated with mental health services and informing the Arabic-speaking community of services available for them. There were many barriers in the implementation of this project as the Arabic-speaking community is

UREP		
Strategies and Activities	**Status and Progress**	**Monitoring/Outcomes/Findings**
mental health community presentations as well as making these materials available by using technological approaches such as web-based informational sites.		difficult to engage and the level stigma associated with mental health illness is extremely high. Approximately, 90% of the deliverables will be completed.
4) Mental Health Awareness Project for Law Enforcement: FY 2014-2015, the EE/ME UREP subcommittee funded a project that will train law enforcement personnel on relevant mental health issues pertaining to the Arabic-speaking community. A Licensed Mental Health Consultant was hired to coordinate and facilitate community presentations.	This project was implemented on December 1, 2016 and is scheduled to be completed by September 30, 2016.	The Mental Health Awareness Project for Law Enforcement expects to increase mental health awareness and knowledge by educating law enforcement personnel of the existing mental health needs and issues pertaining to the Arabic speaking community.
Latino		
1) Promotoras de Salud Research Project: As an expansion of a previous capacity building project that funded the recruitment, training, and integration of Promotoras de Salud Project Model (Health Promoters) within the Latino Community, the Latino UREP subcommittee funded a six month research project that was implemented in 2015. This research project measured the effectiveness of the Promotoras Project Model as an outreach and engagement strategy aimed at Latinos within the County of Los Angeles.	The project was completed on August 2015.	The research findings provided LACDMH with recommendations that focused on the mental health disparities that are significantly impacting the Latino Community. The results of this study showed that the Promotores de Salud Mental Model is capable of lowering many of the primary barriers Latina women face in accessing mental health services. Women who participated in a Promotores Project Model (PPM) were more likely to seek mental health services, and had fewer stigmatizing beliefs about mental disorders than women who did not attend a PPM. Furthermore, almost all PPM respondents who wanted mental health services were linked to a provider. These results suggest the PPM helped to reduce the negative outcomes associated with mental disorders. It does so by improving access to mental health services, reducing stigma associated with mental disorders and linking

UREP		
Strategies and Activities	**Status and Progress**	**Monitoring/Outcomes/Findings**
		people to mental health resources.
2) Health Neighborhoods Mental Health Awareness Outreach Campaign: The Latino UREP subcommittee funded the printing of mental health promotional materials that will be disseminated to increase awareness and promote mental health services targeting all age groups who are monolingual Spanish speakers. These promotional materials will include mental health information and resources to unserved Latino communities within the County of Los Angeles.	The promotional materials were printed and they are being disseminated Countywide	Expected outcomes - Increased access and utilization rates among Latino community members.
3) Media Outreach Campaign: the Latino UREP subcommittee funded a media outreach campaign. The media outreach campaign consisted of two LACDMH approved media advertisements (commercials) that aired from December 10, 2015 thru January 3, 2016 in the local Spanish-speaking television and radio stations. The Ads aired on KMEX on television and KLVE-FM on the radio.	This project was successfully completed by January 3, 2016.	The KMEX report shows that the original estimated numbered of Spanish-speaking adults over the age of 18 in the Los Angeles market to be reached was 14.4% and the final number reached was 17.9%. The KLVE-FM report shows 36.4% of Spanish-speaking adults over the age of 18 in the Los Angeles market were reached.
LGBTQ		
1) The LGBTQ Survey: The LGBTQI2-S UREP subcommittee will be launching a LGBTQI2-S survey, which aims to gather data pertaining to mental health clinician's level of awareness and sensitivity when providing services for the LGBTQI2-S population.	This survey has been approved and it will be launched by April 1, 2016.	The findings of this survey will be used to educate the LGBTQI2-S UREP subcommittee to better identify future capacity building projects targeted for the LGBTQ community.
2) Clinical Mental Health Trainings for LGBTQ Youth: The LGBTQI2-S UREP subcommittee funded the	This project was implemented on October 1, 2015 and is scheduled to be completed by April	It is estimated that a total of 120-160 mental health

UREP		
Strategies and Activities	**Status and Progress**	**Monitoring/Outcomes/Findings**
LGBTQI2-S Clinical Mental Health Training Project, which focuses on providing mental health clinicians with the unprecedented opportunity to become trained in identifying and treating the unique mental health needs and challenges faced by the LGBTQI2-S youth population. This will be a two-day clinical training with a total of twelve (12) Continuing Education Units for mental health clinicians and there will be one training in Service Areas 2, 4, 6, and 8.	1, 2016.	clinicians will be successfully trained by the end of this project. Thus far, the training curriculum was approved and all the trainings were conducted.

INTEGRATED CARE PROGRAM (ICP) – INTEGRATED SERVICE MANAGEMENT MODEL (ISM)		
Strategies/ Activities	**Status/ Progress**	**Monitoring/ Outcomes/ Findings**
ICP-ISM Services The ICP-ISM enhances the resources of the formal network of regulatory providers (e.g. mental health, health, substance abuse, child welfare, and other formal service providers) with culturally-effective principles and values. Services are grounded in ethnic communities with a strong foundation of community-based, non-traditional, and natural support systems such as faith-based organizations, voluntary associations, and other service groups. In this model, ICP-ISM teams are integrated through: 1) Community designed peer-based outreach and education; 2) Community-designed peer-based enhanced engagement practices; 3) Community-designed peer-based enhanced linkage and advocacy; and 4) Harmonious intertwining of regulatory and non-traditional services and supports through facilitation of	After the development of culturally-defined best practices for outreach and engagement, ICP-ISM providers have been successful at eliminating the stigma-related barriers to services within their respective underserved and underrepresented communities. On July 1, 2016 a new CSS Workplan called Integrated Care Program (ICP) was implemented, which allowed for the continuation of the ISM programs. Prior to July 1, 2015, the ISM program was under LACDMH's Innovation #1 Program.	The December 2015 Annual MHSA Innovation Program Report for the County of Los Angeles indicates that in terms of consumers served: • 1,828 consumers have enrolled in the ISM programs. • Current ISM consumers are most likely to be females between the ages of 37 and 59. • Enrolled consumers are most likely to be Latino/a or African/African American. ICP-ISM learning Outcomes: • Themes that emerged across the ICP-ISM programs and highlight promising practices for outreach, enrollment, engagement, and the delivery of culturally competent services include the following: (1) Use multiple strategies to reduce

INTEGRATED CARE PROGRAM (ICP) – INTEGRATED SERVICE MANAGEMENT MODEL (ISM)		
Strategies/ Activities	**Status/ Progress**	**Monitoring/ Outcomes/ Findings**
inter-provider communication.		stigma, (2) partner with faith communities and include religious/spiritual practices, (3) ensure staff use the native language of their consumers, (4) ensure staff have knowledge of, and practice cultural/social norms of the target populations they serve, and (5) build community through group-based activities. • ICP-ISM providers have learned how to best engage their underserved and underrepresented communities by implementing multiple types of non-traditional services. • These culturally-defined and culturally-relevant approaches have proven to be effective, as enrollment increased and many consumers are now being referred via word-of-mouth.

WORKFORCE, EDUCATION AND TRAINING (WET)		
Projects/ Activities/ Strategies	**Status/ Progress**	**Monitoring/ Outcomes/ Findings**
1) Public Mental Health Workforce Immersion into MHSA **–** This program has availed public mental health staff (i.e., clerical, clinical staff to program administrators) to attend a three day immersion program that focuses on the tenets of MHSA. Training participants are provided a first-hand experience of the MHSA tenets as consumers share their personal recovery journey during this training. Upon completion, staff is expected to acquire an understanding of the recovery oriented approach and to also incorporate such concepts	Program continues through FY 15-16.	During FY 14-15, 75 individual staff members of the public me With the implementation of Health Care Reform, this program

<table>
<tr><th colspan="3">WORKFORCE, EDUCATION AND TRAINING (WET)</th></tr>
<tr><th>Projects/ Activities/ Strategies</th><th>Status/ Progress</th><th>Monitoring/ Outcomes/ Findings</th></tr>
<tr><td>into practice in their work in the public mental health system.</td><td></td><td></td></tr>
<tr><td>2) Licensure Preparation Program (LPP) – This program funds licensure preparation study materials and workshops for unlicensed social workers, marriage and family therapists, and psychologists. All accepted participants must be employed in the public mental health system and have completed the required clinical hours for taking the mandatory Part I, and thereafter Part II of the respective licensure board examinations.</td><td>Program continues through FY 15-16.</td><td>For FY 14-15, the number of participants for each specific ex
<table>
<tr><th colspan="6">FISCAL YEAR 2014-15</th></tr>
<tr><th>EXAM</th><th>REGISTERED</th><th>THRESHOLD LANGUAGE (NOT ENGLISH)</th><th>UREP</th><th>PASS</th><th>FAIL</th></tr>
<tr><td>MSW - Part I</td><td>83</td><td>53</td><td>50</td><td>35</td><td>15</td></tr>
<tr><td>MSW - Part II</td><td>42</td><td>20</td><td>22</td><td>22</td><td>4</td></tr>
<tr><td>MFT - Part I</td><td>65</td><td>35</td><td>34</td><td>27</td><td>6</td></tr>
<tr><td>MFT - Part II</td><td>42</td><td>26</td><td>24</td><td>22</td><td>2</td></tr>
<tr><td>Psych - Part I</td><td>15</td><td>8</td><td>6</td><td>6</td><td>1</td></tr>
<tr><td>Psych - Part II</td><td>6</td><td>4</td><td>4</td><td>3</td><td>2</td></tr>
<tr><td>TOTALS</td><td>253</td><td>146</td><td>140</td><td>115</td><td>30</td></tr>
</table></td></tr>
<tr><td>3) Health Navigator Skill Development Program
In preparation for Health Care Reform, this program trains individuals (Peer Advocates, Community Workers and Medical Case Workers) on knowledge and skills needed to assist consumers navigate, and likewise advocate for themselves in both the public health care and mental health systems. This 52-hour course uniquely incorporates a seven hour orientation for participants' supervisors and is intended to support the participants' navigator role.</td><td>Program continues through FY 15-16.</td><td>This training was completed by 33 individuals interested in sk
advocating for themselves in both the public health care and</td></tr>
<tr><td>4) Recovery Oriented Supervision Training and Consultation Services - The goal of the ROSTCP is to increase the capacity of the public mental health system to deliver best practice recovery-oriented mental health services. The ROSTCP trains supervisors and managers across all age groups inclusive of all public mental health programs. Participants who completed this training are better</td><td>Program continues through FY 15-16.</td><td>During FY 14-15, the program trains 151 participants through</td></tr>
</table>

WORKFORCE, EDUCATION AND TRAINING (WET)		
Projects/ Activities/ Strategies	**Status/ Progress**	**Monitoring/ Outcomes/ Findings**
equipped to assume leadership roles to teach, support and elevate the recovery and resilience tenets of MHSA.		
5) Interpreter Training Program – These trainings were offered to bilingual staff that currently perform or are interested in performing language interpretation services and to monolingual English-speaking mental health providers on the proper usage of language interpreters in the public mental health system.	Program continues through FY 15-16.	Summary of the total participants in each of the Interpreter Tr
6) Clergy/Mental Health Staff Roundtable Pilot Project – This project continues to bring together clergy and mental health staff to address the mental health issues of the individuals and communities they mutually serve. It has provided an opportunity for faith-based clergy to understand the essence of mental health services focused on recovery as well as for mental health personnel to understand and integrate spirituality in the recovery process. As of FY 14-15, all eight service areas now participate in these Roundtable sessions. The program continued to fund a consultant in order to assist in facilitating the roundtable discussions, and provide guidance and structure when needed.	Program continues through FY 15-16.	Two additional Service Areas where integrated into the Faith- Areas now operating their own Clergy/Mental Health Staff Ro clergy/faith leaders and public mental health personnel contir
7) Mental Health Rehabilitation Specialist Training - This program prepares persons with Bachelor's degrees, advanced degrees, equivalent certification, or experience, including consumers	Program continues through FY 15-16.	This training was completed by 70 individuals interested in er

Training Title	Total
Interpreter Training in Mental Health Setting (21 Hours)	72
Advance Training (7 hours)	22
Training MH Providers in Working with Interpreters (4 Hours)	25
Improving Spanish MH Clinical Terminology Part I (7 hours)	52
Improving Spanish MH Clinical Terminology Part II (7 hours)	30
Total	**201**

WORKFORCE, EDUCATION AND TRAINING (WET)		
Projects/ Activities/ Strategies	**Status/ Progress**	**Monitoring/ Outcomes/ Findings**
and family members, to work in the field of mental health as psycho-social rehabilitation specialists. This 12 week program is delivered in partnership with mental health contractors and the local community colleges. Successful completion of this program ensures that participants are qualified to apply for career opportunities in the public mental health system as peer advocates.		
8) Peer Advocate Training – Peer Advocate Training prepares individuals interested in work as mental health peer advocates in the public mental health system. During FY 14-15, certificated training consisted of the core peer advocate training.	Program continues through FY 15-16.	During FY 14-15, 18 individuals completed this training.
9) Parent Advocates/Parent Partners Training Program – This program is being designed to provide knowledge and technical skills to Parent Advocates/Parent Partners who are committed to: 1) Work with families with children experiencing mental health issues; 2) Support the employment of parents and caregivers of children and youth consumers in our public mental health system; and 3) Promote resilience and sustained wellness.	Children's System of Care (CSOC) is currently developing a solicitation for the purpose of securing a vendor to deliver this training program.	No training was delivered during FY 14-15.
10) Expanded Employment and Professional Advancement Opportunities for Family Members in the Public Mental Health System - These trainings prepare family members of consumers to develop or augment skills related to community outreach, advocacy and leadership and decrease barriers to employment. These trainings include such topics as public speaking, navigating systems, and resource supports for consumers and families. This program is funded with the intent to target/outreach family members about mental health services in the	Program continues through FY 15-16.	During FY 14-15, the tallies of each training component are a

WORKFORCE, EDUCATION AND TRAINING (WET)

Projects/ Activities/ Strategies	Status/ Progress	Monitoring/ Outcomes/ Findings
community meeting the objective of the program outline in the MHSA-WET Plan.		

Training Component	Train-The-Trainer Participants	New Speakers Trained	Presentation Participants
Adult Consumers Advocacy Speakes		34	144
Family Advocacy Speakers		10	21
Family Support and Advocacy Training	4	40	714
Family Support and Advocacy Training In Spanish		7	160
Family Advocacy Lobby Outreach Program		20	96
Family Advocate and Recovery Training Program			500
Family Advocate Wellness and Diversity Training Program			285
Family Advocate Wellness and Spirituality Training Program			200
Family Advocate and Provider Training Program			100
Parent/Caregiver Advocate Provider Training Program			150
Parent/Caregiver Advocate Wellness and Recovery Training Program			491
Child/Adolescent Consumer Advocacy Speakers Bureau		40	29
Parent Advocacy Speakers' Bureau		15	32
Parent Support and Advocacy Training Bureau	3	10	288
Parent Support and Advocacy Training Bureau in Spanish		8	60
Parent and Teachers Joint Advocacy Program		32	255
TOTALs	**7**	**216**	**3,525**

Projects/ Activities/ Strategies	Status/ Progress	Monitoring/ Outcomes/ Findings
11) <u>Mental Health Career Advisors</u> This program is designed to fund career advisor services for public mental health staff. These services include: the provision of ongoing career advisement, coordination and development of career goals, linkage to job training resources, mentoring, and information sharing and advocacy. The Mental Health Career Advisors function as a one-stop shop for upward career mobility. A pilot program began services September 2014.	Program continues through FY 15-16.	During FY 14-15, 135 individuals received an aggregate total
12) <u>High School Through University Mental Health Pathway</u> The County of Los Angeles is working on promoting mental health career pathways to high and junior high school students. These outreach efforts are currently delivered in a hard-to-fill/retain area of the County. Students will be encouraged to	Program continues through FY 15-16.	During FY 14-15, the first phase of this pilot program, a curric completed to two schools in the Antelope Valley/Palmdale are health recovery focused curriculum is projected to be partially year.

WORKFORCE, EDUCATION AND TRAINING (WET)		
Projects/ Activities/ Strategies	**Status/ Progress**	**Monitoring/ Outcomes/ Findings**
pursuit careers in the public mental health system.		
College Faculty Immersion to Mental Health Services Act – This Immersion training updates college and graduate school faculty on the current best practices and requirements for the human services workforce in real-world jobs. This also delivered in class presentations to students on the core tenets of MHSA. Consultant work with faculty, guiding ways to incorporate mental health issues into their curriculum. Participants are also offered an MHSA mini-immersion training session to witness first-hand the benefits of MHSA.	Program ceased delivering services in FY 14-15.	A total of 428 faculty and students participated in this training
Recovery Oriented Internship Development (Recovery Oriented and Integrated Care Internship Training Program) - This program consist of training targeted to supervising field instructors employed in the public mental health system (PMHS) and their student interns. The purpose of this program is to 1) promote recovery oriented and integrated care principles and 2) establish standards for student training critical for the preparation of the future PMHS workforce. Field instructors will have an opportunity to increase their exposure, knowledge and expertise in recovery oriented and integrated care principles; and augment student interns' classroom instruction through training and supervised direct service experience.	Program continues through FY 15-16.	During FY 14-15, participants included 14 supervisors and 40
Stipend Program for MSW and MFT Students – This program provides 2nd year students with an educational stipend totaling $18,500 in exchange for a contractual obligation to secure employment in a hard-to-fill area of the County for a minimum of one year. It prioritizes students who are linguistically and/or culturally able to service the traditionally un-served and under- served populations of the County.	Program continues through FY 15-16.	The program provided stipends to 52 MFT and 52 MSW stud system. While four Nurse Practitioner Stipends were availab In addition to the stipends, 6 post-doctoral fellows are funded that support evidence-based models and the under- and un-s

PREVENTION AND EARLY EDUCATION (PEI)		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
1. <u>Suicide Prevention Project:</u> Provides (1) A program targeting at-risk Latina youth and their families; (2) A suicide hotline transformation and expansion of suicide prevention services; (3) Information and education through web-based training of school personnel; (4) Suicide prevention specialized teams; and (5) An integrated care model to bring mental health services to primary care agencies.	**Latina Youth Program.** The primary goals of Pacific Clinics' School Based Services for the Latina Special Program are to promote prevention and early intervention for youth to decrease substance use and depressive symptoms which are major risk factors for suicide; increase youth awareness of high-risk behaviors and provide immediate assessment and treatment services; increase access to services while decreasing barriers and stigma among youth in accepting mental health services; increase family awareness about high-risk behaviors and empower families through education about the benefits of prevention and early intervention and health promotion; enhance awareness and education among school staff and community members regarding substance abuse and depression. The agency's coordination of collaborative relationships with schools, private and public agencies, as well as other community-based organizations continue to allow it to successfully leverage many services and resources for the benefit of program participants. One of the most important aspects of the collaborative effort continues to be the reduction of barriers and increase in access to mental health services by the community in general and children and adolescents in particular. One way in which this has been achieved is by locating the program at school sites, and providing services at locations and times convenient to the program participants and their families. The fact that the services are provided at no cost to the	**Latina Youth Program.** For FY 14-15, the program provided services to 214 students who had open cases. With regard to gender, 56% were female, and 46% were male. During intake, 11% indicated a past suicide attempt as an issue they confronted within the past six months before participating in the LYP, and 33% indicated suicidal ideation. Additionally, the program's staff provided crisis and urgent services as well as preventive activities such as outreach and education to 2,114 contacts, for a total of 1,830 contact hours. A number of risk factors have been associated with higher risk for suicidality in adolescents. The program identified a number of risk factors, which were targeted for prevention, education and treatment activities, in addition to treatment of diagnosed mental health illnesses. The risk factors include: Presence of substance use or abuse, suicidal ideation and past suicide attempts. These risk factors have been perceived in the professional literature as most predictive of suicidal ideation. In addition, in past years, the program has also tracked other risk factors such as, running away from home, communication problems at home, poor school functioning, difficulty regulating emotions, involvement with the legal system, negative peer relations and issues related to sexual identity and poverty. As stated previously, the Latina Youth Program was implemented to address the rising incidence of suicidality in Latina youth. Risk factors associated in the literature with research on suicide, were targeted for prevention and intervention. The program has been consistently

PREVENTION AND EARLY EDUCATION (PEI)		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
	participants and that they are provided by staff that are both culturally and linguistically competent, further enhances the participants' accessibility to treatment.	successful at preventing suicide in the participants. As supported by the program experience over its fourteen years of operation, participants who endorsed suicide ideation as a significant problem at intake decreased in severity after participating in treatment, based on participant and parent report. This points to a decrease in thinking about committing suicide and in developing or carrying out a plan for suicide. During these 14 years we had one completed suicide on May 2014 despite the fact that the program targets those at higher risk for suicidality. A trend has been noted during recent evaluation periods, clinicians reported dealing with students who thought about or attempted suicide at a higher incidence rate than in previous years. Thus, although more students may be attempting suicide, the availability of easily accessible intervention, including hospitalization is helping keep most severe of cases safe.
	24/7 Crisis/Suicide Hotline. Didi Hirsch provides 24/7 crisis Hotline services in English as well as Spanish; support services to attempters and/or those bereaved by a suicide; and assistance consultation to law enforcement and first responders. It is also building community capacity by offering evidence-based training in the Applied Suicide Intervention Skills Training (ASIST) and safe TALK models.	The 24/7 Suicide Prevention Crisis Line responded to a total of 66,231 calls, chats, and texts originating from Los Angeles County, including Spanish-language crisis hotline services to 3,744 callers. Korean and Vietnamese language services are also available on the Crisis Hotline. The majority of calls (49%) were concerning suicidal intent, with the remaining concerns being depression (37%) relationship/family issues (37%), past suicidal ideation/attempt (30%), and anxiety/stress (26%). Additionally, various outreach events were conducted in LA and Orange County. Types of outreach events include Adolescent, Adult, Adult Clinical, ASIST, Clinical College, College Clinical, First Responders, lecture, medical, and safeTALK

PREVENTION AND EARLY EDUCATION (PEI)		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
		presentations. In Los Angeles County, 3,852 persons were reached through these outreach efforts.
	Partners in Suicide (PSP) Team for Children, Transition Age Youth (TAY), Adults, and Older Adults is designed to increase public awareness of suicide and reduce stigma associated with seeking mental health and substance abuse services. The team is comprised of eight staff representing each of the four age groups, and includes six Spanish-speaking members. The team offers education, identifies appropriate tools, such as evidence-based practices, and provides linkage and referrals to age appropriate services.	PSP Team members participated in a total of 193 suicide prevention events during Fiscal Year 2014-2015, outreaching to more than 5,600 Los Angeles County residents. These events included countywide educational trainings, participation in suicide prevention community events, and collaboration with various agencies and partners. Highlights included the provision of 14 Applied Suicide Intervention Skills Trainings (ASIST) to 368 participants, and attaining five new provisional ASIST trainers, with a total of 18 trainers (including adjunct trainers). PSP provided 82 Question, Persuade and Refer (QPR) Trainings throughout the county. 12 staff members are qualified as QPR trainers, five of whom are members of the PSP team. Spanish-speaking QPR trainers trained 165 participants this fiscal year. Recognizing and Responding to Suicide Risk (RRSR) was provided via six trainings this fiscal year, training a total of 223 participants. Four core PSP members completed the Train-the-Trainer program for Assessing and Managing Suicide Risk (AMSR). This training focuses on 24 core competencies required for clinicians to be successful in their work with suicidal clients. AMSR aims to build confidence and competence in assessing and managing suicide risk and reduce suicidal behaviors and completed suicides in the at-risk population of individuals who interact with mental health professionals. AMSR differs from RRSR in that the training is completed in one day. We are aiming to roll out AMSR trainings during FY 15/16.

PREVENTION AND EARLY EDUCATION (PEI)		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
		The PSP team also continues to coordinate and host the Los Angeles County Suicide Prevention Network which consists of quarterly meetings to increase collaboration and coordination of suicide prevention activities and includes over forty members from a wide variety of organizations. LACDMH in conjunction with Didi Hirsch launched the Fourth Annual Suicide Prevention Summit "Emerging Best Practices in Suicide Prevention" on September 9, 2014, which coincided with National Suicide Prevention Week. The PSP team collaborated with various agencies who presented a variety of best practice models. The models presented included Support Groups for Attempt Survivors, Older Adult Depression Screening, Suicide Prevention for Law Enforcement, Suicide Firearm Safety, Survivor Outreach team and Community Gatekeeper for LGBT Older Adults.
2. <u>School Mental Health Project:</u> Focuses on school mental health needs to reduce and eliminate stigma and discrimination. The program addresses the high need of students with developmental challenges, emotional stressors, and various mental health risks and reduces violence at educational institutions through collaborative efforts and partnerships with the community. This is a comprehensive prevention and early intervention program to prevent violence in schools and create a safe learning environment. The services include eliminating substance use and abuse; addressing any trauma experiences; development of school-based crisis management teams; and training. Early screening and assessment of students of concern are provided at the earliest onset of symptoms.	**School Threat Assessment and Response Team (START).** The three main objectives for START are the following: Prevention and Reduction of targeted school violence in Los Angeles County, Provision of on-going support and assistance to students at risk, their families/caregivers and schools through interventions, trainings, and consultations and Establishment of partnerships with schools, law enforcement, and other involved community organizations. In FY 14-15, START continued its mission of preventing violent and/or suicidal risk presented by students and/or school faculty. The Program partnered with law enforcement, schools, and other community organizations to build strong	Demographic information on the individuals served is collected. Outcomes have been identified to determine the effectiveness impact of the program. START has responded to thousands of incidents where law enforcement officials, school authorities and other individuals had concerns about potential violence on elementary school, middles school, high school, and college campuses. In FY 14-15, staff responded to 3660 service calls to assess individuals (who had a nexus to educational institutions) for homicidal/ suicidal ideation throughout all eight service areas of Los Angeles County. Services Included: Threat assessment, crisis intervention, and linkage to mental health treatment to mitigate the potential

PREVENTION AND EARLY EDUCATION (PEI)		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
	support systems for the clients and families. The efficiency of START's services is evidenced by their ability to provide timely interventions to address indicators of targeted school violence; demonstrate a reduction in risk factors over the course of the team's involvement; and connect individuals of concern to ongoing treatment and monitoring as deemed clinically appropriate. In so doing, the START program has received recognition by numerous organizations (public and private), and individuals. START assesses and/or intervenes in three areas in service to target school violence prevention: individual, programmatic, and systems.	for violent and/or suicidal acts. Individuals who were determined to meet the standard of moderate to high risk for targeted violence were referred to the START program for further assessment and follow-up. START increases public awareness of school violence and threat management through on-going trainings and presentations rendered to school and community programs/ organizations. In FY 14-15, these trainings addressed: Targeted School Violence, Bullying, and a general introduction to START Program services. Trainings were provided to various audiences including students, parents, and school faculty members. Through the START program's involvement in community education concerning threat management in institutional settings, START enhances family and school systems' readiness to prevent school violence. A total of 30 trainings were conducted. Fifty percent (50.0%) of the attendees 955 were identified as professionals, 27.8% college students, and 22.2% parents.

PREVENTION AND EARLY EDUCATION (PEI)		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
3. <u>Stigma and Discrimination Reduction Project:</u> The purpose of the Early Start Stigma and Discrimination Project is to reduce and eliminate barriers that prevent people from utilizing mental health services by prioritizing information and knowledge on early signs and symptoms of mental illness through client-focused, family support and education and community advocacy strategies. Core strategies have been identified to reduce stigma and discrimination, increase access to mental health services, and reduce the need for more intensive mental health services in the future. The services include: anti-stigma	**Family-focused Strategies to Reduce Mental Health Stigma and Discrimination.** The Los Angeles County Alliance for the Mentally Ill is implementing the "Family-focused Strategies to Reduce Mental Health Stigma and Discrimination" experienced by consumers' families and parents/ caregivers	The Los Angeles County Alliance for the Mentally Ill provides prevention services countywide with a focus on reducing mental health stigma seen among, and discrimination experienced by consumers' families and parents/caregivers. Services include education about mental illness, treatment, medication, and rehabilitation as well as teach communication and coping skills. The program includes a family support bureau training program, parental support services, and consultative services. The Adult System of Care Anti-Stigma and Discrimination Team participated in 37 events during FY 14-15 and
education specifically targeting underrepresented communities through outreach utilizing culturally sensitive and effective tools; educating and supporting mental health providers; connecting and linking resources to schools, families, and community agencies; and client and family education and empowerment.		outreached to 959 Los Angeles County community members. These Countywide events provided educational presentations to the faith community and PEI UREP populations. Community events were also held on college campuses (Cal State Long Beach, Cal State LA, Cal State Northridge, Long Beach City College). There was also collaboration with various agencies including the jails and the Los Angeles County Sheriff Department.

PREVENTION AND EARLY EDUCATION (PEI)		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
	The Children's Stigma and Discrimination Reduction Project provides trainings to increase public awareness, social acceptance, and inclusion of people with mental health challenges. The Children's Anti Stigma and Discrimination project also known as A Reason to Care and Connect (ARCC), provides education to parents and to the general community through four trainings in both English and Spanish:	During FY 14-15, sixty six (66) trainings on ITC, EES, YMHFA, and Bullying were provided to parents, children and community members Countywide. It Takes a Community (ITC) is a 10-week course, developed by LA County LACDMH in consultation with Ruth Beaglehole specifically to reduce stigma, which includes healing and communication tools to promote mental wellness and create a world that is empathic to children. Educate, Equip and Support (EES) is a 13-week curriculum, developed by United Advocates for Children and Families (UACF), which is a general overview of childhood mental health disorders and strategies aimed at improving the lives of

PREVENTION AND EARLY EDUCATION (PEI)		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
		children with mental health needs and their families. It also includes grief and loss, and how to navigate the mental health, juvenile justice, special education and the child welfare systems. Youth Mental Health First Aid (YMHFA), created by the National Council for Behavioral Health is an 8-hour training for parents, neighbors, teachers, and the general community to help a youth (ages 12-18) who is experiencing a mental health or addictions challenge. The course introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations. Anti-bullying presentations created to raise awareness of the serious problem of bullying within our youth, which includes the importance that the bully, the bullied and the bystander roles play. It also includes identifying early signs and helpful prevention and intervention strategies on dealing with the three different roles as parents, and as a community member.

PREVENTION AND EARLY EDUCATION (PEI)		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
	Older Adults Mental Wellness. For the majority of FY 14-15, the Older Adult Anti-Stigma and Discrimination Team (OA ASD) was comprised of one Community Services Counselor and two Service Extenders. One of these promoted to Mental Health Advocate in April 2015 but still provides ASD assistance as needed. Occasionally, other Older Adult Systems of Care staff provide assistance, particularly if there is more than one presentation on a given day, or if there is a need for a specific language. Other than English, languages available for ASD presentations include Spanish, Farsi, Korean, Mandarin and Chinese.	The OA ASD Team participated in a total of 183 events during fiscal year 2014-2015, outreaching to more than 2,954 Los Angeles County residents. The majority of presentations take place in senior housing and senior centers; the remaining are in community centers, libraries, or civic organizations. The current menu of presentations includes "Depression and Anxiety," "Good Sleep," "Health, Wellness and Wholeness," "Hoarding," "Holiday Blues," "Substance Use," "Preserving your Memory through Brain Exercise," "Managing your Medication," "Psychological Resilience," "Senior Bullying," and "Life Transitions." OAASD's provided over 180 presentations for seniors throughout the county; participated in 3 Health Fairs throughout the county; increased number of workshops in areas of SA 3, 5, 7; identified locations for Visually Impaired seniors; added presentations for Chinese seniors in Mandarin and Cantonese; and added a Service Extender to provide assistance with presentations who was then promoted to Mental Health Advocate

PREVENTION AND EARLY EDUCATION (PEI)		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
	Profiles of Hope Project Profiles of Hope are a set of 10-minute inspirational stories that spotlights high-profile individuals who candidly share how they overcame stigma and various obstacles to live successful and productive lives. The Project promotes an anti-stigma message for those diagnosed with mental illness and has been broadcasted on local television stations as well as the PSAs.	Fiscal year 2014-15 did not produce new Profiles of Hope videos, however, the following was accomplished: • Completed a Request for Services (RFS) process, assisted in obtaining • Board approval for and finalizing an agreement with a professional marketing firm. The purpose of this contract is for the vendor to assist LACDMH in production of new vignettes for the *Profiles of Hope* series and design a major marketing plan around the series. The contract was finalized and activities started in early July, 2015. • Consulted with LACDMH staff to the Department's under-represented ethnic populations committees on production of a Public Service Announcement (PSA) in Spanish targeting the Latino population and one that is aimed at gaining attention of the Native American population. • Continued to coordinate the Suicide Prevention campaign, "Know the Signs" for Los Angeles County targeting young African

PREVENTION AND EARLY EDUCATION (PEI)		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
		• American men, young Latinas and older Caucasian males. Managed ad campaign that placed English and Spanish language posters on billboards, busses and trains, and 30 second trailer in local movie houses. • Participated in the Los Angeles City Council acknowledgement of lime green as the unifying color for mental health awareness. City Council also directed that City Hall be lighted in lime green. Coordinated suicide prevention outdoor campaign in LA County, The message encourages consumers to know the signs that lead to suicide, to find the words to talk about it, and to reach out to those who need help. • Continued to monitor the growing number of "views" of PEI / anti- • stigma videos on LACDMH's YouTube Channel.
	Mental Health First Aid (MHFA) is an interactive 8-hour evidence based training that provides knowledge about the signs and symptoms of mental illness, safe de-escalation of crisis situations and timely referral to mental health services. The use of role-playing and other interactive activities enhance the participants' understanding and skill set to assess, intervene and provide initial help pending referral/linkage to a mental health professional. Participants are also provided information about local mental health resources that include treatment, self-help and other important social supports.	Through training and education the Department has been able to show positive results in reducing stigma and discrimination related to mental illness. Surveys were administered at the beginning and at the end of the training to measure changes in attitudes, knowledge, and/or behavior related to stigma and discrimination. 80% of MHFA training participants either increased their knowledge of stigma or reported no change because they were already knowledgeable on the subject matter. 80% of MHFA training participants also reported that they would advocate for someone living with mental illness. Prior to the training, 96% of participants' total scores were in either the Positive Attitudes

PREVENTION AND EARLY EDUCATION (PEI)		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
		category (12) or Very Positive Attitudes category (12). This suggests the vast majority of participants had positive beliefs about people with mental illness prior to being trained. At "post," every participant (i.e., 100%) was in either the Positive Attitudes category or Very Positive Attitudes category. Participants whose total score (32) was in the Neutral Attitudes category at "pre" shifted to the Positive Attitudes category at "post," with a score of (39). There were twelve (12) participants with total scores in the Very Positive Attitudes category at "pre" treatment. At post, the number increased to nineteen (19) which is an improvement of 58%. The average total "pre" score (42.70) fell within the Positive Attitudes range and the average total "post" score (46.31) fell in the Very Positive Attitudes range.
4. <u>School-based Services Project:</u> (1) Builds resiliency and increases protective factors among children, youth and their families; (2) identifies as early as possible children and youth who have risk factors for mental illness; and (3) provides on-site services to address non-academic problems that impede successful school progress.	To date, five practices have been implemented:	The demographics (including ethnicity, age and languages spoken) of each participant and improvements in their mental health are tracked and reported through the outcome measures and the IS. ** Indicates this practice has also been implemented in other LACDMH PEI Strategies.*
	1. **ART – Aggression Replacement Training**, designed for use with all ethnic groups, between the ages of 5 and 17.	*ART – Twenty-two (22) agencies: 64% of the clients were between the ages of 6 and 15, 69% were male (31% female), and 69% of the 981 clients served were Hispanic.
	2. **CBITS – Cognitive Behavioral Intervention for Trauma in Schools**, designed for use with ethnic minorities and immigrants, between the ages of 10-14; support for use with Latinos, African-Americans, and Native	*CBITS – Eleven (11) agencies: 89% of the clients were between the ages of 6 and 15, 53% were male (47% female), and 88% of the 19 clients served were Hispanic.

PREVENTION AND EARLY EDUCATION (PEI)		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
	Americans.	
	3. **MDFT – Multidimensional Family Therapy**, designed for use with all ethnic groups, between the ages of 11 and 18.	MDFT – One (1) agency: 50% of the clients were between the ages of 6 and 15, 68% were male (32% female), and 67% of the 22 clients served were Hispanic.
	4. **PATHS – Promoting Alternative Thinking Strategies**, designed for use with all ethnic groups, between the ages of 5 and 12.	*PATHS – One (1) agency: 84% of the clients were between the ages of 6 and 15, 68% were male (22% female), and 74% of the 788 clients served were Hispanic.
	5. **SF – Strengthening Families**, designed for use with all ethnic groups, between the ages of 3 and 16.	SF – Two (2) agencies: 77% of the clients were between the ages of 16 and 25, 69% were male (31% female), and 80% of the 153 clients served were Hispanic.
	Integrated School Health Centers (ISHCs) - LACDMH continued providing services through the ISHCs with the Department of Health Services, school districts, community-based organizations, and mental health providers in strategic areas with high percentages of medically underserved residents. A total of 16 ISHCs have been established, with ten being on high school campuses and five at elementary and/or middle schools. These ISHC sites are located in Service Areas 1, 2, 4, 6 and 7. John C. Fremont High School, one of the ISHC sites located in Service Area 6, was chosen as a "pilot" site in consultation with LAUSD and the Los Angeles County School Health Policy Roundtable. A focus of this pilot is the significantly large number of students on campus who are served by DCFS and/or are Probation involved youth. This ISHC site has	

PREVENTION AND EARLY EDUCATION (PEI)		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
	the presence of a school-based Deputy Probation Officer, a functioning Wellness Center (WC) with a robust school-linked service provider network, a Wellness Center Coordinating Council, and a full-time Wellness Coordinator.	
5. <u>Family Education and Support Project</u> : Builds competencies, capacity and resiliency in parents, family members and other caregivers in raising their children by teaching a variety of strategies.	To date, seven practices have been implemented:	The demographics (including ethnicity, age and languages spoken) of each participant and improvements in their mental health are tracked and reported through the outcome measures and the IS. ** Indicates this practice has also been implemented in other LACDMH PEI Strategies.*
	1. **CFOF – Caring for Our Families**, designed for Cambodian and Korean immigrant and refugee families, between the ages of 5 and 11.	CFOF – Three (3) agencies: 73% of the clients were between the ages of 6 and 15, 55% were male (49% female), and 61% of the 344 clients served were Hispanic.
	2. **IY – Incredible Years**, designed for use with all ethnic groups, between the ages of 3 and 12.	*IY – Twenty-one (21) agencies: 78% of the clients were between the ages of 6 and 15, 67% were male (33% female), and 76% of the 810 clients served were Hispanic.
	3. **MAP – Managing and Adapting Practice**, designed for use with all ethnic groups, between the ages of 2 and 21.	*MAP – Ninety-two (92) agencies: 76% of the clients were between the ages of 6 and 15, 67% were male (33% female), and 76% of the 15,537 clients served were Hispanic.
	4. **MP – Mindful Parenting Groups,** designed for use with all ethnic groups, children ages 0-5 years, and for use with gay and lesbian families and biracial couples.	MP – One (1) agency: 82% of the clients were between the ages of 0 and 5, 75% were male (25% female), and 45% of the 11 clients served were African/African American.
	5. **NFP – Nurse Family Partnership,** designed for use with all ethnic groups, pregnant women with children 0-2 years, and a strong support for African-Americans.	Clients recruited and enrolled in this LACDMH-funded program represents special populations: stressed families; exposed to violence; foster families; DCFS involved; co-occurring mental health and substance abuse issues; signs of severe mental distress or depression; juvenile

PREVENTION AND EARLY EDUCATION (PEI)		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
		justice involved (including probation); and criminal justice involved adults (including probation), deaf or hard of hearing, or homeless. There continues to be some difficulty with recruitment of NFP clients in areas that promote the Welcome Baby program (particularly in Service Area 6). LACDMH continues to collaborate closely with DPH to support Perinatal Mental Health resource development and workforce capacity building in LA County through involvement in various Perinatal Mental Health Task Force (PMHTF) workgroups and home visitation program networks.
	6. **PATHS** – see Strategy 4.	*PATHS – see Strategy 4.
	7. **Triple P – Positive Parenting Program**, designed for use with all ethnic groups, between the ages of 0 and 18. Triple P Levels two and three (prevention) are being implemented by four community-based organizations through PEI funding.	*Triple P – Forty-four (44) agencies: 70% of the clients were between the ages of 6 and 15, 68% were male (32% female), and 73% of the 32,364 clients served were Hispanic.
	LACDMH funded 12 community-based organizations to provide parenting education and support groups utilizing the **Make Parenting a Pleasure** practice and **Triple P (Levels 2 & 3 prevention)** for parents, family members, and caregivers.	

PREVENTION AND EARLY EDUCATION (PEI)		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
6. <u>At-Risk Family Services Project :</u> 1) provides training and assistance to families whose children are at risk for placement in foster care, group homes, psychiatric hospitals, and other out of home placements; (2) builds skills for families with difficult, out of control or substance abusing children who may face the juvenile justice involvement; and	To date, twelve practices had been implemented:	The demographics (including ethnicity, age and languages spoken) of each participant and improvements in their mental health are tracked and reported through the outcome measures and the IS. ** Indicates this practice has also been implemented in other LACDMH PEI Strategies.*
(3) provides support to families whose environment and history renders them vulnerable to forces that lead to destructive behavior and the disintegration of the family.	1. **BSFT – Brief Strategic Family Therapy**, designed for use with all ethnic groups, between the ages of 10 and 18, support for use with Latinos.	BSFT – One (1) agency: 56% of the clients were between the ages of 6 and 15, 56% were male (44% female), and 75% of the 16 clients served were Hispanic.
	2. **CPP – Child Parent Psychotherapy**, designed for use with all ethnic groups, between the ages of 0 and 7, strong support for use with Latinos.	*CPP – Forty-one (41) agencies: 86% of the clients were between the ages of 0 and 5, 55% were male (45% female), and 61% of the 2,029 clients served were Hispanic.
	3. **FOCUS – Families OverComing Under Stress**, a family resiliency training for military families, couples, and children who experience difficulties with multiple deployments, injuries, PTSD, and combat operational issues.	FOCUS – Ten (10) agencies: 82% of the clients were between the ages of 6 and 15, 54% were female (46% male), and 63% of the 102 clients served were Hispanic.
	4. **Group CBT – Group Cognitive Behavioral Therapy for Major Depression**, designed for use with all ethnic groups, ages 18 and older, modified for use with Latinos and African-Americans.	*Group CBT – Twenty-one (21) agencies: 72% of the clients were between the ages of 26 and 59, 69% were female (30% male), and 53% of the 202 clients served were Asian/Pacific Islander.
	5. **IY** – see Strategy 5.	*IY – see Strategy 5.
	6. **MAP** – see Strategy 5.	*MAP – see Strategy 5.
	7. **MPAP – Make Parenting A Pleasure**, designed for parent educators of parents and/or caregivers of children ages 0 to 8.	MPAP – is being implemented by community-based organizations through PEI funding.
	8. **MPG** – see Strategy 5.	MP – see Strategy 5.

PREVENTION AND EARLY EDUCATION (PEI)		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
	9. **PCIT – Parent Child Interaction Therapy**, designed for use with all ethnic groups, between the ages of 3 and 6. Adapted for use with Latinos.	*PCIT – Thirty-eight (38) agencies: 69% of the clients were between the ages of 0 and 5, 65% were male (35% female), and 69% of the 979 clients served were Hispanic.
	10. **RPP – Reflective Parenting Group**, designed for use with all ethnic groups, between the ages of 2 and 12.	RPP – Eight (8) agencies: 48% of the clients were between the ages of 0 and 5, and another 48% were between the ages of 6 and 15; 67% were male (33% female), and 67% of the 33 clients served were Hispanic.
	11. **Triple P** – see Strategy 5.	*Triple P – see Strategy 5.
	12. **UCLA TTM – Ties Transition Model**, designed for use with all ethnic groups, between the ages of 0 and 8.	UCLA TTM – Three (3) agencies: 48% of the clients were between the ages of 0 and 5; 67% were male (33% female), and 67% of the 33 clients served were Hispanic.
7. <u>Trauma Recovery Services Project:</u> Provides (1) short-term crisis debriefing, grief, and crisis counseling to clients, family members and staff who have been affected by a traumatic event; and (2) more intensive services to trauma-exposed youth, adults, and older adults to decrease the negative impact and behaviors resulting from the traumatic events.	To date, ten practices have been implemented:	The demographics (including ethnicity, age and languages spoken) of each participant and improvements in their mental health are tracked and reported through the outcome measures and the IS. ** Indicates this practice has also been implemented in other LACDMH PEI Strategies.*
	1. **CORS – Crisis Oriented Recovery Services**, designed for use with all ethnic groups, ages 3 years and older.	*CORS – Sixty-seven (67) agencies: 57% of the clients were between the ages of 6 and 15, 51% were female (49% male), and 56% of the 1819 clients served were Hispanic.
	2. **CPP** – see Strategy 6.	*CPP – see Strategy 6.
	3. **DBT – Dialectical Behavioral Therapy**, designed for use with all ethnic groups, ages 18 years and older.	DBT – Five (5) agencies: 81% of the clients were between the ages of 26 and 59, 78% were female (22% male), and 50% of the 158 clients served were White.
	4. **DTQI – Depression Treatment Quality Improvement**, designed for use with all ethnic groups, between the ages of 12 and 20.	DTQI – Three (3) agencies: 63% of the clients were between the ages of 6 and 15, 54% were female (46% male), and 75% of the 232 clients served were Hispanic.

PREVENTION AND EARLY EDUCATION (PEI)		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
	5. **Group CBT** – see Strategy 6.	*Group CBT – see Strategy 6.
	6. **Ind CBT – Individual Cognitive Behavioral Therapy**, designed for use with all ethnic groups, ages 16 years and older.	Ind CBT – Fifty-four (54) agencies: 66% of the clients were between the ages of 26 and 59, 68% were female (32% male), and 52% of the 2.766 clients served were Hispanic.
	7. **PCIT** – see Strategy 6.	*PCIT – see Strategy 6.
	8. **PE-PTSD – Prolonged Exposure for Post-Traumatic Stress Disorder**, designed for use with all ethnic groups, ages 18 years and older.	*PE-PTSD – Sixteen (16) agencies: 83% of the clients were between the ages of 26 and 59, 71% were female (29% male), and 40% of the 35 clients served were Hispanic.
	9. **SS – Seeking Safety**, designed for use with all ethnic groups, ages 13 years and older.	*SS – One hundred and eight (108) agencies: 48% of the clients were between the ages of 16 and 25, 52% were female (48% male), and 62% of the 7,279 clients served were Hispanic.
	10. **System Navigators for Veterans**, provided through an MOU with the Department of Military and Veterans Affairs, designed for veterans and their families of all ethnic groups, ages 16 years and older.	System Navigators for Veterans – For FY 2013-14, DMVA submitted 5,884 claims for veterans, and their Veterans Outreach program had 1000 contacts with homeless veterans.
8. Primary Care and Behavioral Health Project: Provides mental health services within primary care clinics in order to increase primary care providers' capacity to offer effective mental health guidance and early intervention through the implementation of screening, assessment, education, consultation, and referral.	To date, four practices has been implemented:	The demographics (including ethnicity, age and languages spoken) of each participant and improvements in their mental health are tracked and reported through the outcome measures and the IS. ** Indicates this practice has also been implemented in other LACDMH PEI Strategies.*
	1. **AF-CBT – Abuse Focused Cognitive Behavioral Therapy**, designed for use with all ethnic groups, between the ages of 6 and 12, strong support for use with African-Americans.	AF-CBT – Five (5) agencies: 83% of the clients were between the ages of 6 and 15, 56% were male (44% were female), and 86% of the 269 clients served were Hispanic.
	2. **IY** – see Strategy 5.	*IY – see Strategy 5.

PREVENTION AND EARLY EDUCATION (PEI)		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
	3. **MHIP – Mental Health Integration Program**, designed for use with all ethnic groups, ages 18 years and older.	MHIP – Thirty-seven (37) agencies: 73% of the clients were between the ages of 26 and 59, 67% were female (33% male), and 61% of the 1,105 clients served were Hispanic.
	4. **Triple P** – see Strategy 5.	*Triple P – see Strategy 5.
9. <u>Early Support and Care for Transition-Age Youth Project</u>: Is intended to (1) build resiliency, increase protective factors, and promote positive social behavior among TAY; (2) address depressive disorders among the TAY, especially those from dysfunctional backgrounds; and (3) identify, support, treat, and minimize the impact for youth who may be in the early stages of a serious mental illness.	To date, four practices have been implemented:	The demographics (including ethnicity, age and languages spoken) of each participant and improvements in their mental health are tracked and reported through the outcome measures and the IS. ** Indicates this practice has also been implemented in other LACDMH PEI Strategies.*
	1. **ART** – see Strategy 4.	*ART – see Strategy 4.
	2. **IPT – Interpersonal Psychotherapy for Depression**, designed for use with all ethnic groups, ages 12 years and older.	*IPT – Forty-one (41) agencies: 31% of the clients were between the ages of 26 and 59, 69% were female (31% male), and 61% of the 1,854 clients served were Hispanic.
	3. **MDFT** – see Strategy 4.	*MDFT – see Strategy 4.
	4. **SS** – see Strategy 7.	*SS – see Strategy 7.
	LACDMH also provides integrated treatment services of mental health PEI programs through the Co-Occurring Disorders (COD) project at the County's Department of Public Health (DPH) Substance Abuse Prevention and Control (SAPC) Antelope Valley Rehabilitation Center in Action in Service Area 1. The program serves TAY women with co-occurring disorders who are mothers of children at high-risk of emotional or behavioral problems. The program utilizes Group CBT and Seeking Safety. LACDMH funded 5 community-based organizations to provide outreach and referral, assessment, anger management and conflict resolution workshops, case management, education, and employment workshops for	

PREVENTION AND EARLY EDUCATION (PEI)		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
	youth and their caregivers. TAY included those at-risk of substance abuse, on probation or at-risk of juvenile justice involvement and at-risk for school failure.	
10. <u>Juvenile Justice Services Project</u>: (1) builds resiliency and protective factors among children and youth who are exposed to risk factors that leave them vulnerable to becoming involved in the juvenile justice system; (2) promotes coping and life skills to youths in the juvenile justice system to minimize recidivism; and (3) identifies mental health issues as early as possible and provide early intervention services to youth involved in the juvenile justice system.	To date, eight practices have been implemented:	The demographics (including ethnicity, age and languages spoken) of each participant and improvements in their mental health are tracked and reported through the outcome measures and the IS. ** Indicates this practice has also been implemented in other LACDMH PEI Strategies.*
	1. **ART** – see Strategy 4.	*ART – see Strategy 4.
	2. **CBITS** – see Strategy 4.	*CBITS – see Strategy 4.
	3. **FFT – Functional Family Therapy**, designed for use with all ethnic groups, between the ages of 11 and 18.	*FFT – Thirteen (13) agencies: 55% of the clients were between the ages of 6 and 15, 59% were male (41% female), and 69% of the 555 clients served were Hispanic.
	4. **Group CBT** – see Strategy 6.	*Group CBT – see Strategy 6.
	5. **LIFE – Loving Intervention for Family Enrichment**, designed for Latino families with monolingual (Spanish) parents, between the ages of 10 and 17.	*LIFE – Two (2) agencies: 74% of the clients were between the ages of 6 and 15, 57% were male (43% female), and 84% of the 92 clients served were Hispanic.
	6. **MDFT** – see Strategy 4.	*MDFT – see Strategy 4.
	7. **MST – Multisystemic Therapy**, designed for use with all ethnic groups, between the ages of 11 and 18.	MST – Four (4) agencies: 54% of the clients were between the ages of 16 and 25, 74% were male (26% female), and 69% of the 74 clients served were Hispanic.
	8. **TF-CBT** – see Strategy 7.	*TF-CBT – see Strategy 7.

PREVENTION AND EARLY EDUCATION (PEI)		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
11. Early Care and Support for Older Adults Project: Is intended to (1) establish the means to identify and link older adults who need mental health treatment but are reluctant, are hidden or unknown, and/or unaware of their situation; (2) prevent and alleviate depressive disorders among the elderly; and (3) provide brief mental health treatment for individuals. Services are directed at older adults, their family members, caregivers, and others who interact with and provide services to this senior citizen population.	To date, five practices have been implemented for older adults:	The demographics (including ethnicity, age and languages spoken) of each participant and improvements in their mental health are tracked and reported through the outcome measures and the IS. ** Indicates this practice has also been implemented in other LACDMH PEI Strategies.*
	1. **CORS** – see Strategy 7.	*CORS – see Strategy 7.
	2. **Group CBT** – see Strategy 6.	*Group CBT – see Strategy 6.
	3. **IPT** – see Strategy 9.	*IPT – see Strategy 9.
	4. **PEARLS – Program to Encourage Active, Rewarding Lives for Seniors**, designed for use with all ethnic groups, ages 60 years and older, support for use with African-Americans.	PEARLS – Ten (10) agencies: 79% of the clients were 60+, 70% were female (30% male), and 27% of the 83 clients served were White.
	5. **PST – Problem Solving Therapy**, designed for use with all ethnic groups, ages 18 years and older.	PST – Thirteen (13) agencies: 63% of the clients were 60+, 72% were female (28% male), and 42% of the 171 clients served were Hispanic.
12. Improving Access for Underserved Populations Project Is intended to (1) build resiliency and increase protective factors among monolingual and limited	To date, four practices have been implemented for underserved populations.	The demographics (including ethnicity, age and languages spoken) of each participant and improvements in their mental health are tracked and reported through the outcome measures and the IS.

PREVENTION AND EARLY EDUCATION (PEI)		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
English-speaking immigrants and underserved cultural populations, lesbian/ gay/ bisexual/ transgender/ questioning (LGBTQ) individuals, deaf/hard of hearing individuals, blind/visually impaired individuals and their families; (2) identify as early as possible individuals who are a risk for emotional and mental problems; and (3) provide culturally and linguistically appropriate early mental health intervention services. The programs provide outreach and education as well as promote mental wellness through universal and selective prevention strategies.		** Indicates this practice has also been implemented in other LACDMH PEI Strategies.*
	1. **Group CBT** – see Strategy 6.	*Group CBT – see Strategy 6.
	2. **NFP** – see Strategy 5.	*NFP – see Strategy 5.
	3. **PE-PTSD** – see Strategy	*PE-PTSD – see Strategy 7 .
	4. **TF-CBT** – see Strategy 7.	TF-CBT – see Strategy 7.
	The Veterans' and Loved Ones Recovery (VALOR) program for adults provides benefit establishment, employment and education, assistance, peer support, collaboration with other veteran service organizations, referral for children and family support, and housing for the homeless.	
	LACDMH funded 10 community-based organizations to provide services to underserved populations. Populations served under this program include African Americans, Cambodians, Chinese, Filipinos, Japanese, Koreans, Hispanics/Latinos, Samoans, Tongans, and Vietnamese. Lesbian/ Gay/ Bisexual/ Transgender youth, veterans, and recent immigrants are being served at these programs also. All services are provided in a wide variety of community settings.	
13. <u>American Indian Project</u> (1) Will build resiliency and increase protective factors among children, youth and their families; (2) address	LACDMH implemented TF-CBT, with an adaption for the American Indian population.	The demographics (including ethnicity, age and languages spoken) of each participant and improvements in their mental health will be tracked and reported through the outcome

PREVENTION AND EARLY EDUCATION (PEI)		
Projects/Activities/Strategies	**Status/ Progress**	**Monitoring/ Outcomes/Findings**
stressful forces in children/youth lives, teaching coping skills, and divert suicide attempts; and (3) identify as early as possible children and youth who have risk factors for mental illness.		measures and the IS.
	After a solicitation was released for the American Indian Life Skills (AILS) program, an organization serving primarily American Indians was awarded the contract for this program which is aimed at preventing suicide among American Indian youth.	

A. Identify county technical assistance needs.

The following are the technical assistance needs we have identified:

- Need guidance on how to implement evidence-based practices that are difficult to implement with populations that may not take well to certain components. Need more staff in order to meet the challenges of delivering culturally and linguistically competent services. In addition, outreach is a time-intensive activity.
- Need guidance in how to measure cultural competency and the impacts and value of outreach and engagement.
- Online training is desirable in order to accommodate people's time more efficiently, especially given the size of Los Angeles County.
- Need more resources to translate documents into the multitude of languages spoken in Los Angeles County