



**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU – QUALITY IMPROVEMENT DIVISION
CULTURAL COMPETENCY UNIT**

CULTURAL COMPETENCE PLAN UPDATE – CY 2017

Criterion 3

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

September 2017

Criterion 3: Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities

I. List of Target Populations with Disparities

Using FY 15-16 data, the target populations with mental health disparities by Service Area (SA) are as follows:

Medi-Cal population

By ethnicity

- African American in SAs 1, 2, 6, and 8
- American Indian/Alaska Native (AI/AN) in SAs 1, 2, 3, 5, 6, 7, and 8
- Asian Pacific Islander (API) in SAs 1, 2, 3, 4, 5, 6, 7, and 8
- Latino in SAs 1, 2, 3, 4, 5, 6, 7, and 8
- White in SAs 1, 2, 3, 4, 5, 6, 7, and 8

By language

- Arabic, Countywide disparity
- Armenian in SAs 2, 3, and 4
- Cambodian in SA 8
- Cantonese in SAs 3 and 4
- English in SAs 1, 2, 3, 4, 5, 6, 7, and 8
- Farsi in SAs 2 and 5
- Korean in SAs 2 and 4
- Mandarin in SA 3
- Russian in SAs 2 and 4
- Spanish in SAs 1, 2, 3, 4, 5, 6, 7, and 8
- Tagalog in SAs 2 and 4
- Vietnamese in SA 3

By age group

- Adults in SAs 1, 2, 3, 4, 5, 6, 7, and 8
- Children in SAs 1, 2, 3, 4, 5, 6, 7, and 8
- Older Adults in SAs 1, 2, 3, 4, 5, 6, 7, and 8
- Transition Age Youth (TAY) in SAs 1, 2, 3, 4, 5, 6, 7, and 8

By gender

- Female in SAs 1, 2, 3, 4, 5, 6, and 8
- Male in SAs 1, 2, 3, 6, and 8

Community Services and Support (CSS) Plan

The CSS disparities are the same as Medi-Cal listed above because the populations served overlap.

By ethnicity

- African American in SAs 1, 2, 6, and 8

- AI/AN in SAs 1, 2, 3, 5, 6, 7, and 8
- API in SAs 1, 2, 3, 4, 5, 6, 7, and 8
- Latino in SAs 1, 2, 3, 4, 5, 6, 7, and 8
- White in SAs 1, 2, 3, 4, 5, 6, 7, and 8

By language

- Arabic, Countywide disparity
- Armenian in SAs 2, 3, and 4
- Cambodian in SA 8
- Cantonese in SAs 3 and 4
- English in SAs 1, 2, 3, 4, 5, 6, 7, and 8
- Farsi in SAs 2 and 5
- Korean in SAs 2 and 4
- Mandarin in SA 3
- Russian in SAs 2 and 4
- Spanish in SAs 1, 2, 3, 4, 5, 6, 7, and 8
- Tagalog in SAs 2 and 4
- Vietnamese in SA 3

By age group

- Adults in SAs 1, 2, 3, 4, 5, 6, 7, and 8
- Children in SAs 1, 2, 3, 4, 5, 6, 7, and 8
- Older Adults in SAs 1, 2, 3, 4, 5, 6, 7, and 8
- TAY in SAs 1, 2, 3, 4, 5, 6, 7, and 8

By gender

- Female in SAs 1, 2, 3, 4, 5, 6, and 8
- Male in SAs 1, 2, 3, 6, and 8

Workforce, Education, and Training (WET)

By ethnicity

- API
- Latinos

By age group

- Older Adults over the age of 60

By language

- Arabic, Armenian, Cambodian, Cantonese, Farsi, Korean, Mandarin, Other Chinese, Russian, Spanish, Tagalog, Vietnamese, and American Sign Language

Prevention Early Intervention (PEI) Priority Populations with Disparities

Underserved Cultural Populations

- Lesbian/Gay/Bisexual/Transgender/Questioning/Intersex/2-Spirit (LGBTQI2-S)

- Deaf/Hard of Hearing
- Blind/Visually impaired
- AI/AN

Individuals Experiencing Onset of Serious Psychiatric Illness

- Young Children
- Children
- TAY
- Adults
- Older Adults

Children/Youth in Stressed Families

- Young Children
- Children
- TAY

Trauma-exposed

- Veterans
- Young Children
- Children
- TAY
- Adults
- Older Adults

Children/Youth at Risk for School Failure

- Young Children
- Children
- TAY

Children/Youth at Risk of or Experiencing Juvenile Justice

- Children
- TAY

Note: This criterion contains detailed information on numerous programs and strategies (See ***Attachment 1: Acronyms***).

II. Mental Health Services Act (MHSA) Strategies to Reduce Disparities

CSS Strategies

Full Service Partnerships (FSP) Programs

FSP programs provide services to the established CSS focal populations through a “whatever it takes” commitment to support consumers on their pathway to recovery and wellbeing. 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. Having identified ethnic disparity as a high priority, the stakeholders allocated the first set of investments toward adding

ethnic targets for each age group by SA into these programs. FSPs are organized into four age groups: Child, TAY, Adult, and Older Adult.

Child FSP

The Child FSP program is comprised of resiliency-focused services created in collaboration with family/caregivers and a multidisciplinary team that develops and implements an individualized plan. Child FSP program delivers intensive mental health services and supports to children ages 0-15, along with their families/caregivers, identified as experiencing significant emotional, psychological, and behavioral difficulties. Focal populations include children ages 0-5 with a serious emotional disturbance, or children with a mental illness involved with Department of Children and Family Services (DCFS), special education programs, or the probation system.

TAY FSP

The TAY FSP program delivers intensive mental health services and support to TAY ages 16-25 who have been identified as high-need and high-risk, and Severely Emotionally Disturbed (SED) or Severe and Persistently Mentally Ill (SPMI). TAY FSP programs place an emphasis on recovery and well-being 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).

Adult FSP

The Adult FSP program serves adults ages 26 to 59 diagnosed with a severe mental illness and could benefit from intensive services. Individuals who have a history of or are living with a family member and at risk for homelessness, incarceration, and/or psychiatric hospitalization could benefit from this program. Services include intensive mental health services; medication support; linkage to community services, housing, employment; money management services; and assistance in accessing medical care. This program included consumers from diverse ethnic communities with a collaborative focusing on the API community.

Older Adult (OA) FSP

The OA FSP program provides services and support to adults ages 60 and older, assisting consumers with mental health and substance abuse issues, and linking them to other needed services such as benefits establishment, housing, transportation, healthcare and nutrition care. The OA FSP program works collaboratively with the OA consumer, family members, caretakers, and other service providers, and offers in-home and community-based services. The OA FSP program places an emphasis on delivering services in ways that are culturally and linguistically appropriate.

Focal populations include individuals with a serious mental illness and/or a co-occurring disorder who are experiencing homelessness, at risk for homelessness, transitioning out of the criminal justice system, at risk for incarceration, at-risk for placement in a Skilled Nursing Facility (SNF) or nursing home, being released from an SNF/nursing home, at serious risk for suicide, isolated, and/or at risk for abuse or self-neglect.

Wellness/Client-Run Centers

Wellness Centers are designed to provide culturally competent and recovery-oriented services for adults, age 18 or older, who live in the community. Wellness Center services are delivered by professional and para-professional staff, inclusive of peers. The strengths of the consumers' culture, including their preferred language, are integrated to achieve effective outcomes. Services include medication support, linkages to physical health and substance use, self-help, and peer-supported services, including crisis and self-management skill development.

Institutions for Mental Diseases (IMD) Step-Down Facility Programs

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 placements (ILPs). The program assists consumers transitioning from acute inpatient and institutional settings to the community by providing intensive mental health, substance abuse, and supportive services.

Project 50

Project 50 identifies, engages, houses and provides 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 a plan for service delivery; and 3) an Integrated Supportive Services Team to coordinate interagency collaboration for comprehensive care and services. Project 50 serves the most vulnerable and chronically homeless adults in the Skid Row area of downtown Los Angeles across gender and linguistic diversity.

MHSA Housing Program

The Adult Housing Services include 14 Countywide Housing Specialists that, as part of a SA team, provide housing placement services primarily to individuals and families that are homeless in their assigned SA. The MHSA Housing Program provides funding for permanent, supportive, affordable housing for homeless individuals living with serious mental illness, along with their family members. This is a statewide program that includes a partnership with California Housing Finance Agency (CalFHA). The Los Angeles County Department of Mental Health (LACDMH) provides supportive services including mental health services to tenants living in MHSA funded units.

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 and attorneys). 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 SA Navigators as well as service providers to assist incarcerated individuals access appropriate levels of mental health and supportive services such as linkage to housing and other benefits upon their release from jail. The goal of these services is to prevent release to the streets and unnecessary emergency/acute psychiatric inpatient services, and reduce the risk for re-incarceration.

Field Capable Clinical Services (FCCS) Program

Starting July 1, 2017, MHSA Plan Consolidations took place to improve service continuity, service capacity and administrative oversight. The FCCS Program is now under the Recovery, Resilience and Reintegration Work Plan.

Child FCCS

The Child FCCS program provides an array of resiliency-oriented and field-based mental health services to children and families. These specialized mental health services are delivered by a team of professional and paraprofessional 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 the stigma associated with receiving clinic-based services.

Child FCCS has been expanded 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 and Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) eligibility.

TAY FCCS

The TAY FCCS program provides an array of resiliency-oriented, field-based and engagement-focused mental health services to TAY and their families. These specialized mental health services are 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 the stigma associated with receiving clinic-based services.

Adult FCCS

The Adult FCCS program provides an array of recovery-oriented, field-based and engagement-focused mental health services to adults. Providers utilize field-based outreach and engagement strategies to serve consumers. 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 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 (COD), peer counseling, family education and support, and medication support.

OA FCCS

The OA FCCS program offers an array of field based and engagement-focused mental health services to older adults (ages 60 years and above) and transition age older adults (ages 55 to 59) who have a mental illness contributing to functional impairment and/or placing them at risk of losing or not attaining a life goal (e.g., risk of losing safe and stable living arrangement, risk of losing or not accessing 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 COD, peer counseling, and family education and support. The OA FCCS program directly responds to and addresses the needs of unserved/underserved older adults by providing screening, assessment, linkage, medication support, and geropsychiatric consultation.

Family Support Services (FSS) Program

The FSS program assists and supports parents and/or caregivers access mental health services such as individual psychotherapy, couples/group therapy, psychiatry/medication support, crisis intervention, targeted case management linkage/brokerage, parenting education, domestic violence and COD services. Parent and/or caregivers of children enrolled in the FSP program could receive the aforementioned services even though they might not meet medical necessity criteria to receive their own services.

Service Extenders

Service extenders include peers in recovery, family members, and other individuals interested in providing services to OA as part of the multi-disciplinary FCCS team. Forty individuals are targeted for providing these services.

OA Training Program

The OA Training Program addresses the training needs of existing mental health professionals and community partners by delivering trainings in the following areas of older adult mental health: field safety, elder abuse, documentation, COD, hoarding, geriatric psychiatry, geropsychiatry fellowship, service extenders, and evidence-based practices.

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 facilitate connecting TAY to needed services and supports. 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. Additionally, Housing-related systems development investments for the TAY population include:

- Enhanced Emergency Shelter Program (EESP) meets the needs of TAY that are homeless, living on the streets, or 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 consumers in the fiscal year
- A team of eight Housing Specialists was formed to develop local resources and help TAY find and move into affordable housing

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 severe emotional disturbance, serious and persistent mental illness, those with co-occurring substance disorders and/or those who have experienced 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 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.

Alternative Crisis Services (ACS)

ACS provides a comprehensive range of services and supports for individuals with mental illness that are designed to provide alternatives to emergency room care, acute inpatient hospitalization and institutional care, as means to reduce homelessness and prevent incarceration. These programs are essential to crisis intervention and stabilization, service integration, and linkage to community-based programs, housing alternatives, and treatment for COD. ACS provides

these services and supports to individuals 18 years of age and older of all genders, race/ethnicities, and languages spoken.

Residential and Bridging Program

Psychiatric social workers and peer advocates of the Residential and Bridging Program assist 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 SA Navigators, FSP residential providers, self-help groups, and other community providers. Peer advocates support individuals in IMDs, Step-Down facilities, and intensive residential programs successfully transition to community living. The County Hospital Adult Linkage Program, which is a part of the Residential and Bridging Program, aims to assist in the coordination of psychiatric services for LACDMH consumers in the Department of Health Services (DHS) County Hospitals. This program ensures that upon discharge, consumers are connected to the appropriate level and type of mental health, residential, substance abuse, or other specialized programs. The County Hospital Adult Linkage Program promotes successful reintegration of consumer into their communities upon discharge and all care providers must participate in consumer transitions.

SA Navigators Teams

SA Navigators 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 consumers 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 SA 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 consumers in the mental health system
- Promoting awareness of mental health issues and the commitment to recovery, wellbeing, and self-help
- Engaging with people and families to quickly identify currently available services, including supports and services tailored to a consumer'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 SA, 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

Homeless Outreach and Mobile Engagement (HOME) Team

HOME provides county-wide, field-based, and dedicated outreach and engagement services to the most unserved and underserved 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 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; linkages to health, substance abuse, mental health, and 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.

Underserved Cultural Communities (UsCC) subcommittees

LACDMH has implemented six UsCC subcommittees dedicated to working with the various underserved populations in order to address their mental health needs. These groups are: African/African American (AAA); AI/AN; API; Eastern European/Middle Eastern (EE/ME), Latino; and LGBTQI2-S. Every fiscal year, each of the UsCC subcommittees identifies capacity-building projects that will increase outreach and engagement, service accessibility, and penetration rates for UsCC communities.

WET Strategies

Licensure Preparation Program (LPP)

Implemented during FY 11-12, LPP 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 to take the mandatory Part I and Part II of the respective licensure board examinations. The Program will continue with no changes for FY 16-17.

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. This program will continue with no significant changes during FY 16-17.

Recovery Oriented Supervision Training and Consultation Program (ROSTCP)

The goal of the ROSTCP was to increase the capacity of the public mental health system in order to deliver best practice recovery-oriented mental health services. The program was designed for individuals interested in becoming managers to teach, support, and elevate the recovery and resilience philosophies among

direct service staff. The ROSTCP trained approximately 200 supervisors and managers annually. The ROSTCP program ceased in FY 15-16.

Intensive Mental Health Recovery Specialist Training Program

The Intensive 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. This training was completed by 55 individuals interested in employment in the public mental health system, with 82% of the participants representing un-served and under-served populations.

Interpreter Training Program (ITP)

The ITP offers trainings for bilingual staff who 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 options: a three-day "Introduction to Interpreting Training"; "Advanced Interpreting Training"; and provider-focused training for monolingual English-speaking staff entitled "How to Use Interpreters in a Mental Health Setting".

Parent Advocates/Parent Partners Training Program

This program is designed to enhance knowledge and technical skills to Parent Advocates/Parent Partners who are committed to: 1) working with families with children experiencing mental health issues; 2) supporting the employment of parents and caregivers of children and youth consumers in the public mental health system; and 3) promoting resilience and sustained wellbeing.

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 and outreach family members about mental health services in the community meeting the objective of the program outline in the MHSA-WET Plan.

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 include: the provision of ongoing career advice, coordination of financial assistance, job training, mentoring, tutoring, information sharing, and advocacy. The Mental

Health Career Advisors will essentially function as a one-stop shop for upward career mobility.

Stipend Program for Psychologists, Social Workers, Marriage and Family Therapists, 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, six post-doctoral fellows were likewise funded. No significant change is expected for this program during FY 16-17.

UsCC Graduate Recruitment Program

This program funds master level degrees in social work, marriage and family therapy or professional clinical counseling for individuals from unserved/underserved groups (e.g. AAA, AI/AN, API, EE/ME, and Latino). Payback service commitments are required at an outpatient mental health site providing full-time direct clinical services to the unserved/underserved communities.

Please refer to Criterion 6 for additional details on these and other WET strategies.

PEI Strategies

The PEI Division developed 13 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.

PEI Early Start Suicide Prevention

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 suicide risks and protective factors; linkage to direct services; improvement in 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.

Evidence-Based Practices (EBP)/Promising Practices (PP)/Community-Defined Evidence Practices (CDE) Implemented:

- 24/7 Crisis Hotline
Didi Hirsch provides 24/7 crisis hotline services in English as well as Spanish; supportive services to those who attempt and/or are bereaved by 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 safeTALK models.

- **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 and 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 Prevention (PSP) Team for Children, TAY, Adults, and Older Adults**
PSP Teams are 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, 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 trainings in ASIST; hiring four 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; providing over 100 educational presentations and trainings to Directly Operated and Contracted agencies; and organizing the 2nd Annual Suicide Prevention Summit which was attended by nearly 100 participants.

PEI Early Start School Mental Health Initiative

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 in

educational institutions through collaborative efforts and partnerships with the community. This is a comprehensive program to prevent violence in schools and create a safe learning environment. Services are provided at the earliest onset of symptoms and include: substance abuse counseling, trauma-informed care, crisis management, early screening, and mental health assessment.

EBP/PP/CDEs Implemented:

- School Threat Assessment and Response Team (START)

PEI Early Start-Anti-Stigma Discrimination

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 consumer-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 that utilizes culturally sensitive and effective tools; educating and supporting mental health providers; connecting and linking resources to schools, families, and community agencies; and educating and empowering consumers and their family members.

EBP/PP/CDEs Implemented

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

School Based Services

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 wellbeing 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 (ART)
- Cognitive Behavioral Intervention for Trauma in School (CBITS)
- Multidimensional Family Therapy (MDFT)

- Olweus Bullying Prevention Program (OBPP)
- Promoting Alternative Thinking Strategies (PATHS)
- Strengthening Families (SF)
- Why Try? Program

Family Education and Support Services

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 (CFOF)
- Incredible Years (IY)
- Managing and Adapting Practice (MAP)
- Mindful Parenting Group (MPG)
- PATHS
- Nurse Family Partnership (NFP)
- Positive Parenting Program (Triple P)

At-Risk Family Services

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. It also supports 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 (BSFT)
- Child-Parent Psychotherapy (CPP)
- Families OverComing Under Stress (FOCUS)
- Group Cognitive Behavioral Therapy for Major Depression (Group CBT)
- IY
- Make Parenting a Pleasure (MPAP)
- MP
- Parent-Child Interaction Therapy (PCIT)
- Reflective Parenting Program (RPP)
- Triple P
- University of California Los Angeles (UCLA) Ties Transition Model (TTM)

Trauma Recovery Services

The Trauma Recovery Services Project provides: 1) short-term crisis debriefing, grief, and crisis counseling to consumers, family members and staff who have been affected by a traumatic event; and 2) 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:

- CPP
- Crisis Oriented Recovery Services (CORS)
- Dialectical Behavioral Therapy (DBT)
- Depression Treatment Quality Improvement (DTQI)
- Group CBT
- Individual Cognitive Behavioral Therapy (CBT)
- PCIT
- Prolonged Exposure Therapy for Posttraumatic Stress Disorder (PE-PTSD)
- Seeking Safety (SS)
- System Navigators for Veterans
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Primary Care and Behavioral Health

The Primary Care and Behavioral Health Project develops mental health services within primary care clinics 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 mitigate the development of severe behavioral health symptoms through early identification in primary care clinics. 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 in a clinic setting, the stigma associated with seeking out mental health services could be minimized.

EBP/PP/CDEs Implemented:

- Alternatives for Families-Cognitive Behavioral Therapy (AF-CBT)
- IY
- Mental Health Integration Program (MHIP)
- Triple P

Early Care and Support for TAY

The Early Support and Care for TAY 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. TAY

who are homeless, emancipated, or in the process of emancipating are a special focus of this project.

EBP/PP/CDEs Implemented:

- ART
- Center for the Assessment and Prevention of Prodromal States (CAPPS)
- Group CBT
- Interpersonal Psychotherapy for Depression (IPT)
- MDFT

Juvenile Justice Services

The Juvenile Justice Services Project: 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. 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:

- ART
- CBITS
- Functional Family Therapy (FFT)
- Group CBT
- Loving Intervention for Family Enrichment (LIFE)
- MDFT
- Multisystemic Therapy (MST)
- TF-CBT

Early Care and Support for Older Adults

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
- CORS
- IPT
- Program to Encourage Active Rewarding Lives for Seniors (PEARLS)
- Problem Solving Therapy (PST)

Improving Access for Underserved Populations

The Improving Access for Underserved Populations Project aims to: 1) Build resiliency and increase protective factors among monolingual and limited English-speaking immigrants and underserved cultural populations, LGBTQI2-S individuals, deaf/hard of hearing individuals, and 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 reach out to and educate the community, and promote mental wellbeing through universal and selective prevention strategies.

EBP/PP/CDEs Implemented:

- Group CBT
- NFP
- PE-PTSD
- TF-CBT

American Indian Project

The American Indian Project: 1) builds resiliency and increases 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 wellbeing 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 Program (AILSP)
- TF-CBT: 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 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. The following chart summarizes the PEI practices by age group and implementation type (i.e., prevention and/or early intervention).

PEI Practices

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 in youth. The program incorporates three specific interventions: skill-streaming, anger control training, and training in moral reasoning. Skill-streaming teaches prosocial skills. In anger control training, youths are taught how to respond to their annoyances. 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) – Skill streaming Only Children (ages 12-15) TAY (ages 16-17)	Prevention and 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 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 and 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 and Early Intervention	5, 6

PEI Practices

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 progression of these challenges into mental health diagnoses, this project engages families and significant others of the youth as well as the youth themselves in PEI services.	TAY	Prevention and 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 injured by the experience of domestic violence. CPP is intended as an early intervention for young children who 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 and Early Intervention	4, 10
9	Crisis Oriented Recovery Services (CORS)	CORS is a short-term intervention designed to provide immediate crisis intervention, address identified case management needs, and assures linkage to ongoing services. Its primary objective is to assist individuals resolve and/or cope with psychosocial crises by mitigating additional stress or psychological harm. It promotes the development of coping strategies that individuals can utilize to help restore them to their previous level of functioning prior to the crisis event.	Children TAY Adults Older Adults	Prevention and Early Intervention	7
10	Depression Treatment Quality Improvement (DTQI)	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 (ages 12-15) TAY (ages 16-20)	Early Intervention	8, 9

PEI Practices

PROGRAM NAME		DESCRIPTION	AGE GROUPS SERVED (AGE LIMITS)	PREVENTION AND/OR EARLY INTERVENTION	PEI PROJECT(S)
11	Dialectical Behavioral Therapy (DBT)	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.	TAY (18-25) Adults Older Adults Directly Operated Clinics only	Prevention and 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 persons who attempt suicide 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 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 and 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 LACOE and CDOL were 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 Prevention (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

PEI Practices

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 – SA 6 School Mental Health Demonstration Program	The School Mental Health PEI Demonstration Pilot (SMHPEI Demonstration Pilot) provides 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 wellbeing and creating a world that is empathic to children. A 12-week curriculum, developed by United Advocates for Children and Families (UACF) 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 wellbeing 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

PEI Practices

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, wellbeing and recovery, donated their time and talent to create 10-15 minute ASD 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 OverComing 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 and 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 (ages 16-18)	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 patterns 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 and Early Intervention	6, 7, 9, 10, 11

PEI Practices

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 prosocial behaviors and school readiness.	Young Children (ages 2-5) Children (ages 6-12)	Prevention and Early Intervention	5,6,8
27	Individual Cognitive Behavioral Therapy (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 and 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 in interpersonal relationships. IPT targets the TAY population suffering from non-psychotic, uni-polar depression. It not only targets symptom reduction, but also 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 and 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 is 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, building on family strengths and helping parents develop strong support networks. The curriculum focuses first on the parents' 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

PEI Practices

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 EBPs or can provide detailed recommendations about discrete components of evidence-based treatments relevant to a specific youth's characteristics. MAP has four foci of treatment, namely, anxiety, depression, disruptive behavior, and trauma.	Young Children TAY (ages 16-21)	Prevention and 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 eight-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 five-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 and Early Intervention	8,11
34	Mindful Parenting Groups (MPG)	MPG 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 four to six 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 prosocial influences such as schools, peer groups, and recreational and religious institutions.	Children (ages 12-15) TAY (ages 16-18)	Early Intervention	4,9,10

PEI Practices

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 and friends) and removing barriers (e.g. parental substance abuse and 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 Los Angeles County Department of Public Health.	Young Children (ages 0-2)	Prevention and 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/caregivers 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 and Early Intervention	6,7
40	Problem Solving Therapy (PST)	PST has been the primary strategy in 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 consumers 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

PEI Practices

PROGRAM NAME		DESCRIPTION	AGE GROUPS SERVED (AGE LIMITS)	PREVENTION AND/OR EARLY INTERVENTION	PEI PROJECT(S)
41	Program to Encourage Active Rewarding Lives for Seniors (PEARLS)	PEARLS is a community-based treatment program using methods of PST, social and physical activation and increased pleasant events to reduce depression in physically impaired and socially isolated older adults.	Older Adults	Prevention and Early Intervention	11,12
42	Prolonged Exposure Therapy for Posttraumatic 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 consumers 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-playing activities, and video presentations.	Children (ages 5-12)	Prevention and 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 training intervention 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 and Early Intervention	4

PEI Practices

PROGRAM NAME		DESCRIPTION	AGE GROUPS SERVED (AGE LIMITS)	PREVENTION AND/OR EARLY INTERVENTION	PEI PROJECT(S)
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, and traumatic loss), for children and TAY receiving these services.	Young Children TAY (ages 16-18)	Early Intervention	7,9,10,12
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. AI/AN healing traditions and 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 Contracted agencies.	Young Children (ages 0-5) Children (ages 6-15) TAY (age 16)	Prevention and Early Intervention	5,6,8
50	University of California Los Angeles (UCLA) Ties Transition Model (TTM)	UCLA TTM is a multi-tiered transitional and supportive intervention for adoptive parents of high-risk children. Families participate in three three-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 three, 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, and faith-based organizations with the goal of increasing access to mental health services and strengthening the network of services available to veterans. Provided in conjunction with the Los Angeles County Department of Military and Veterans Affairs.	TAY Adults Older Adults	Prevention	7

Highlights of the impact of MHSA-funded programs in FY 15-16

- The number of unique consumers receiving direct mental health service through the PEI Plan for FY 15-16 is 45,288
- The number of new consumers receiving PEI services Countywide with no previous MHSA service for FY 15-16 is 23,864
- The final Innovation1 model, the Integrated Peer Run Program completed its three-year course on June 30, 2016. On March 10, 2016, the System Leadership Team (SLT) Budget workgroup recommended continued funding of the Peer Run Respite Care Program (PRRCH) through CSS funding.
- Thirteen WET programs were implemented to build the skills and competencies of LACDMH staff

III. LACDMH Strategies to Reduce Mental Health Disparities:

- Outreach and Engagement (O&E)
- Community education to increase mental health awareness and decrease stigma
- Multilingual/multicultural materials
- Collaboration with faith-based and other trusted community entities/groups
- School-based services
- Field-based services
- Programs that target specific ethnic and language groups
- Designating and tracking ethnic targets for FSP
- Flexibility in FSP enrollment such as allowing “those living with family” to qualify as “at-risk of homelessness”
- Countywide FSP Networks to increase linguistic/cultural access
- Integrated Supportive Services
- Co-location with other county departments (e.g., DCFS, Department of Public Social Services (DPSS), and DHS)
- Interagency Collaboration
- Consultation to gatekeepers
- Trainings/case consultation
- Provider communication and support
- Multi-lingual/multi-cultural staff development and support
- EBPs/CDEs for ethnic populations
- Investments in learning (e.g. Innovation Plan)
- Increasing mental health service accessibility to underserved populations
- Physical health, mental health, and substance abuse service integration
- Utilizing community’s knowledge and capacity to identify and prescribe ways of promoting health and wellbeing from within
- Implementation of new departmental policies and procedures that improve the quality and timeliness of delivering mental health services
- Implementation of new technologies to enhance the Department’s service delivery
- Creation of new committees, subcommittees, and taskforces that address cultural and linguistic competent service delivery

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

NAME OF PROGRAM		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	Policies & procedures	Committees & taskforces
ADULTS SYSTEMS OF CARE	1) FCCS – Adult	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	
	2) FSP – Adult	X	X	X	X		X	X	X	X	X	X		X	X	X	X	X	X		X	X	X	X	X	
	3) Wellness Center/Client-Run Centers	X	X	X	X			X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X
CHILDRENS SYSTEM OF CARE	4) FCCS – Child	X				X	X	X	X		X			X		X	X						X		X	
	5) FSP – Child	X				X	X	X	X		X			X		X	X						X		X	
	6) IFCCS	X				X	X	X	X		X			X		X	X						X		X	
	7) Katie A.	X		X	X	X	X					X	X	X	X	X	X	X				X	X	X	X	X
OLDER ADULTS (OA)	8) FCCS – OA	X	X	X			X						X	X	X	X	X	X				X	X		X	X
	9) FSP – OA	X	X	X	X		X	X	X	X	X			X	X	X	X	X			X	X	X	X		X
	10) OA Service Extenders	X	X	X			X	X								X		X			X		X			
SPIRITUALITY	11) Chaplaincy	X	X	X	X		X	X		X	X	X		X	X	X	X	X	X		X		X	X	X	X
	12) Faith-based Advocacy Council	X	X	X	X			X				X		X			X		X	X	X		X	X	X	X
	13) Spirituality – Mental Health / Interfaith Clergy Roundtable	X	X	X	X	X	X	X			X	X		X	X	X	X	X	X	X	X	X	X	X	X	X
	14) Mental Health & Spirituality Conference	X	X		X									X	X	X		X	X		X		X	X		
	15) Mental Health & Spirituality Training	X	X	X	X	X	X	X			X	X		X	X	X	X	X	X	X	X	X		X	X	X
TAY	16) TAY Division	X	X	X	X		X	X	X	X		X	X	X	X	X	X					X	X		X	
	17) FSP – Young Mothers and Babies	X					X	X	X	X		X		X			X	X					X	X		

NAME OF PROGRAM		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	Policies & procedures	Committees & taskforces
VARIOUS PROGRAMS THAT TARGET DISPARITIES	18) CalWORKs	X	X	X	X		X						X	X		X	X	X								
	19) DMH/DHS Collaboration Program	X	X	X									X	X		X	X							X		
	20) IMHT	X					X					X							X				X			
	21) MHA	X	X	X	X			X			X	X		X	X	X	X	X	X		X		X	X	X	X
	22) PEI	X	X	X	X	X		X	X			X	X	X	X	X	X		X	X	X		X	X		
	23) Profiles of Hope	X	X	X				X				X			X	X	X	X		X	X	X	X	X	X	X
	24) Promotores de Salud (Mental Health Promoters)	X	X	X	X	X	X	X				X		X		X		X	X	X	X	X	X	X	X	X
	25) RRR-ISM	X	X	X	X		X					X		X	X	X	X	X		X	X		X	X		
	26) Telemental Health and Consultation	X						X				X	X	X	X	X	X	X	X	X		X	X	X	X	X
	27) UsCC	X	X	X	X		X		X	X	X		X	X	X	X	X	X	X		X	X		X		X
	28) VALOR	X	X	X	X		X		X	X	X		X	X	X	X	X	X	X		X	X		X		X
29) WET Division	X	X	X	X			X								X		X						X	X		

Below is a brief summary of LACDMH programs that reduce mental health disparities.

Adult System of Care (ASOC)

Adult FCCS

FCCS are specialty mental health services provided to adults, ages 26 to 59 and above by professionals and paraprofessionals specially trained to recognize and respond to the unique biopsychosocial needs of adults. Fifty percent of all FCCS services are to be provided in field-based settings, including but not limited to consumer's residence, recreational centers, board and care facilities, and primary care settings.

The following mental health and support services are examples of potential services that consumers might receive if participating in FCCS:

- O&E services to communities and individuals who may be in need of services
- Culturally and linguistically compatible services
- Counseling, psychotherapy, and case management
- Bio-psychosocial assessment

- Field-based services
- Medication Support
- Linkage and care coordination, including linkage for medical, dental, vision or other health care needs
- Specialized assessment and treatment interventions for COD, such as mental illness and substance abuse
- Self-help and family support groups
- Employment, linkage, and support services
- Linkage to education
- Assistance in obtaining transportation relating to their goal
- Assistance in finding a safe and affordable place to live, or assistance in remaining in a home
- Benefits establishment for qualified individuals
- Integrated services for consumers with substance abuse and mental health disorders
- EBP models

Consumers served for FY 15-16 by Adult FCCS

Program/ Project/ Activity	Number of Consumers Served by Ethnicity and Gender								
	White	African American	Latino	API	American Indian	Other Ethnicity	Male	Female	Unknown
Adult FCCS	1,699	1,921	2,761	1,004	146	1,108	4,726	3,910	
	Other Ethnicities:								
	Armenian (7)			Iranian (4)			Other White (75)		
	Filipino Other Latino (2)			Middle Eastern (2)			Samoan (9)		
	Filipino-Mexican (1)			Other (13 + 141)					
	Guamanian (1)			Other Black (20)					
	Hawaiian Native (5)			Other Non-White (7)					
	Language of Staff:								
	Amharic			English			Mandarin		
	Arabic			Farsi			Russian		
Armenian			Hebrew			Spanish			
Cambodian			Ibo			Tagalog			
Cantonese			Japanese			Vietnamese			
Edo			Korean						

Adult FSP

FSP provides specialty mental health services provided to adults, ages 26 to 59 and above by professionals and paraprofessionals specially trained to recognize and respond to the unique biopsychosocial needs of adults. FSP provides comprehensive, intensive community field-based mental health services to individuals from identified focal populations who typically have not responded well to traditional outpatient mental health and psychiatric rehabilitation services, or may have avoided utilization of these services while incurring high costs related to acute hospitalization or long term care.

The following mental health and support services are examples of potential services that consumers might receive if participating in FSP:

- O&E services to communities and individuals who may be in need of services
- Culturally and linguistically compatible services
- Counseling, psychotherapy, and case management
- Field-based services
- Linkage to education
- Assistance in obtaining transportation relating to their goal
- Assistance in finding a safe and affordable place to live, or assistance in remaining in a home
- Access to physical health care services
- Benefits establishment for qualified individuals
- Peer and parent support services
- 24/7 Assessment and crisis services
- Medication Support Services
- Self-help and family support groups
- Employment, linkage, and support services
- Representative payee services
- EBP models
- Integrated services for consumers with substance abuse and mental health disorders

Consumers served for FY 15-16 by Adult FSP

Program/ Project/ Activity	Number of Consumers Served by Ethnicity and Gender								
	White	African American	Latino	API	American Indian	Other Ethnicity	Male	Female	Unknown
Adult FSP	1,503	1,842	1,393	329	67	457	3,343*	2,246*	3
	Other Ethnicities:								
	Armenian (8)			Other (10+95)					
	Hawaiian Native (5)			Other Non-White (2)					
	Guamanian (1)			Other White (63)			Unknown / Unreported (58)		
	Middle Eastern (5)			Samoan White (1)			No Entry (6)		
	Multi-Ethnicity (44)			Samoan (10)			Blank (149)		
	Language of Staff:								
	Amharic			English			Mandarin		
	Arabic			Farsi			Russian		
	Armenian			Hebrew			Spanish		
	Cambodian			Ibo			Tagalog		
	Cantonese			Japanese			Vietnamese		
	Edo			Korean					

Wellness/Client-Run Centers

Wellness/Client-Run Centers primarily service adult mental health consumers who are ready to transition to lower levels of care when intensive daily or weekly mental health services are no longer needed. Wellness/Client-Run Centers services are designed to be flexible, voluntary; and self-help oriented. Individualized services are developed to support consumers in achieving their personal wellness and recovery goals and reintegrating into the community of their choice. These centers offer outpatient and peer support services in a culturally congruent and welcoming atmosphere. They are staffed by professionals, paraprofessionals and/or peer service teams who rely on the collaboration of traditional mental health clinicians and trained workers with lived experience. Wellness/Client-Run Centers developed using a holistic approach, focus on assisting individuals in improving their physical, mental, spiritual, and emotional wellbeing. Wellness/Client-Run Centers promote individual consumer action, self-reliance, and active participation in the community with neighbors, friends, and family. They also seek to strengthen the natural support systems of specific communities to which consumers belong by incorporating these supports in the consumers' recovery process.

The following mental health and support services are examples of potential services that consumers might receive if participating in Wellness/Client-Run Centers:

- Psychiatric Services: medication support services and prescription management. Client-Run Centers do not provide psychiatric services or health screenings.
- Case Management: support consumer goals for recovery, as well as plan, and coordinate services
- Health Screenings*: body Mass Index, blood pressure, diabetes, and cholesterol
- Peer led Self-help Groups
- Peer Support Services
- Education Support Services
- Employment Support Services
- Housing Support Services
- Volunteer Services
- Supports for consumers with COD
- Linkages and Referrals
- Outreach, Collaboration, and Connection with the Community

* Consumer-Run Centers do not provide psychiatric services or health screenings

Consumers served for FY 15-16 by Wellness/Client-Run Centers

Program/ Project/ Activity	Number of Consumers Served by Ethnicity and Gender*								
	White	African American	Latino	API	American Indian	Other Ethnicity	Male	Female	Unknown
Wellness/ Client-Run Centers	12,176	16,432	18,071	3,605	454	7,844	31,055	26,970	17
	Other Ethnicities:								
	Armenian (119)			Iranian (99)			Other Black (144)		
	Armenian White (40)			Iranian Other (29)			Other Middle Eastern (81)		
	Eastern European (6)			Laotian (20)			Other Non-White (5)		
	Eastern European Other (3)			Mexican Other White (100)			Other White (11)		
	Hawaiian Native (16)			Other (818+1043)			Other White South American (1)		
	Guamanian (14)			Other Asian (3)			Samoan (28)		
							Unknown (10)		
	Language of Staff:								
Amharic			Edo			Hebrew			
Arabic			English			Russian			
Armenian			Farsi						

*Gender: Adult FSP: 2 Unknown; Adult FCCS: 3 Unknown; Wellness/Client-Run Center: 17 Unknown.

The ASOC, which includes Adult FSP, Adult FCCS, and Wellness/Client-Run Centers projects and activities contribute to LACDMH's provision of culturally and linguistically competent services. The ASOC works closely with the consumers and specialized community organizations to receive feedback and direction, and continues to focus on expanding and delivering effective services to the communities and citizens of Los Angeles County. These field-based services are designed to meet consumer's individual needs. The structure of the FSP program and its Navigation referral system ensure that consumers with specific language and/or culture needs can be matched with a provider who can serve them appropriately.

Referrals can be made from many resources. They can be made by the individuals, the community, family members, institutional settings such as jails and hospitals, and other organizations including homeless shelters and health care.

All consumers have the right to services that are delivered in a timely and sensitive manner. The implementation of the Service Request Tracking System (SRTS) has allowed the referral system to be streamlined and improved consumer access to care. The system is also able to identify cultural and linguistic needs so that consumers are connected to the best fit for intake and programming.

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. Furthermore, 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 consumers 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. DPSS provides child care funding as part of a participant's Welfare-to-Work plan. 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, Punjabi, Russian, Samoan, Spanish, Tagalog, Urdu 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.

CalWORKs projects and activities contribute to LACDMH's provision of culturally and linguistically competent services. CalWORKs Mental Health Supportive Services are available countywide at 53 clinic locations. CalWORKs services at each clinic are required to reflect the specific cultural and linguistic needs of each SA and community in which the clinic is located. CalWORKs Mental Health Supportive Services are currently available in 20 languages countywide, not including English.

CalWORKs providers conduct outreach and education activities within their SA and community to educate CalWORKs, and potential CalWORKs participants, about the availability of mental health services to address their mental health barriers to

employment and self-sufficiency. These outreach activities occur at DPSS offices, community colleges, and other locations where CalWORKs participants receive other services.

Children’s System of Care (CSOC)

Child Field Capable Clinical Services (C-FCCS)

C-FCCS are specialized mental health services delivered by professionals and paraprofessionals who are part of a multi-disciplinary treatment team. Services are delivered in the community but are less intensive in nature in comparison with Full Service Partnership services. C-FCCS programs are innovative and unique compared to traditional outpatient children services. The co-location of team members is another component of C-FCCS that allows service delivery to occur in a variety of settings (e.g. schools, health centers, and community centers).

Consumers served for FY 15-16 by C-FCCS

Program/ Project/ Activity	Number of Consumers Served by Ethnicity and Gender								
	White	African American	Latino	API	American Indian	Other Ethnicity	Male	Female	Unknown
C-FCCS	1,385	2,898	13,643	525	89	1,237	11,630	8,136	11
Other Ethnicities:									
Other African American				Other White					
Other Non-White				Unknown / Not reported					
Language of Staff:									
Arabic			English			Russian			
Armenian			Farsi			Spanish			
Cambodian			Japanese			Tagalog			
Cantonese			Korean			Thai			
Other Chinese			Mandarin			Vietnamese			

Child FSP (C-FSP)

The C-FSP program is a unique intensive in-home mental health service program for children ages 0-15. C-FSP programs provide an array of services and supports to assist children and their families accomplish goals of wellbeing, resiliency, safety, and stability. Services may include, but are not limited, to individual and family counseling, 24/7 assessment/crisis services, supportive services, substance abuse, and domestic violence counseling and assistance.

C-FSP key components include:

- O&E allows FSP staff to outreach to consumers who are “difficult to engage” and to those transitioning from structured community settings (i.e. Probation Camp or Group Home)
- FSP teams provide 24/7 crisis services and develop plans with families within the resources available
- FSP teams are responsive and provide services appropriate to the cultural and linguistic needs of the child and family

- FSP services are provided by a multi-disciplinary team of professionals and paraprofessionals who have received specialized training to prepare them to work effectively with children and their families

Consumers served for FY 15-16 by C-FSP

Program/ Project/ Activity	Number of Consumers Served by Ethnicity and Gender								
	White	African American	Latino	API	American Indian	Other Ethnicity	Male	Female	Unknown
C-FSP	267	600	1,942	240	17	96	1,733	1,307	2
Other Ethnicities:									
Other African American				Other White					
Other Non-White				Unknown / Not reported					
Language of Staff:									
Arabic			English			Russian			
Armenian			Farsi			Spanish			
Cambodian			Japanese			Tagalog			
Cantonese			Korean			Thai			
Other Chinese			Mandarin			Vietnamese			

IFCCS

IFCCS is a field-based program developed in direct response to the State’s expansion of services available to Katie A. Subclass members who have intensive mental health needs that are best met in a home-like setting. The goal of these services is to incorporate a coordinated child and family team approach into service delivery. This is achieved by engaging and assessing children and their families’ strengths and underlying needs to minimize psychiatric hospitalizations, placement disruptions, out-of-home placements and involvement with the juvenile justice system.

The CSOC (C-FSP, C-FCCS, and IFCCS) programs continue to provide culturally and linguistically competent services by ensuring that services are provided in the families’ preferred language. Target populations are met consistently every fiscal year. If there is a decrease in a target population, program administration works with providers and SA Navigation teams to outreach to populations who may need C-FSP, C-FCCS, and IFCCS services, but are not accessing these services. Community partnerships are an integral feature of C-FCCS. Program administration encourages collaboration with other systems, such as schools and health care centers, in order to reach populations that are at times difficult to serve.

The implementation of SRTS with C-FSP providers for referral assignment has helped the Department ensure that linkage to services occurs in a timely manner. C-FSP and C-FCCS exceed field-based targets every fiscal year. By adhering to and exceeding the guidelines for service location, both programs are helping LACDMH make services more accessible. These services are also delivered in community settings such as school and community centers, which allow more families access to services. By providing consumer supportive services and

respite care services to a range of families from different ethnic groups, C-FSP decreased the disparity amongst the families receiving services.

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

DHS Collaboration Program is a MESA PEI-funded program in which LACDMH staff are located on a full-time basis within DHS Comprehensive Care Centers (CHC) and Multi-service Ambulatory Care Centers (MACC). LACDMH staff provides short-term early intervention specialty mental health services within health settings as a means of improving access for individuals who may experience stigma in seeking services in traditional mental health clinics. The program ensures collaboration between the mental health and health care providers in the co-management of individuals referred by primary care providers to LACDMH staff.

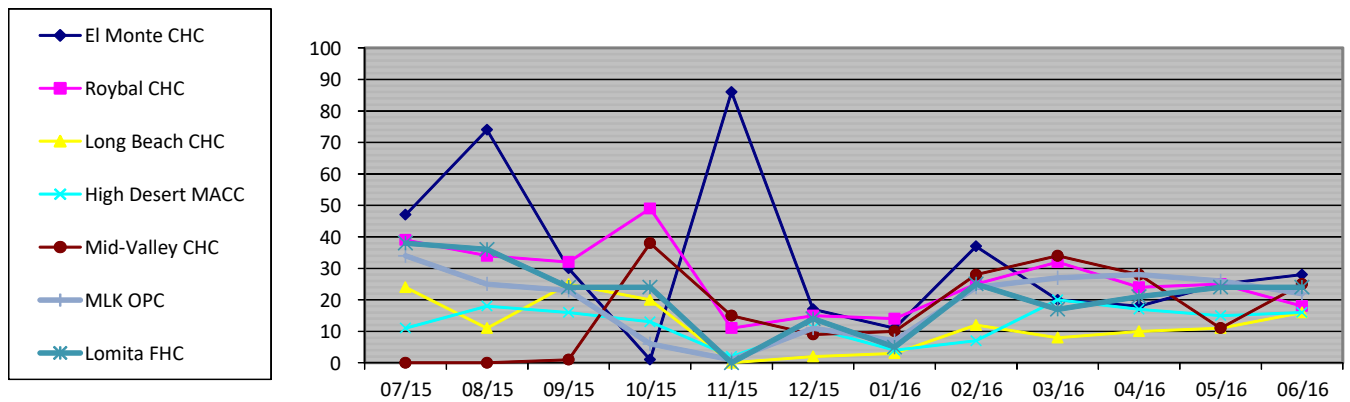
Consumers served for FY 15-16 by DMH/DHS Collaboration Program

Program/ Project/ Activity	Number of Consumers Served by Ethnicity and Gender								
	White	African American	Latino	API	American Indian	Other Ethnicity	Male	Female	Unknown
El Monte	8	3	155	9	0	51	63	163	n/a
	Other Ethnicities:								
	Other (21)				Other White (2)				
	Other Black (1)				Unknown / Not reported (27)				
	Language of Staff:								
	English								
Roybal	15	1	133	0	0	7	54	102	n/a
	Other Ethnicities:								
	Armenian (1)				Unknown / Not reported (6)				
	Language of Staff:								
	English			Mandarin					
	Cantonese			Spanish					
Long Beach CHC	8	6	33	2	0	8	19	38	n/a
	Other Ethnicities:								
	Other (1)				Unknown / Not reported (7)				
	Language of Staff:								
	English			Spanish					

Program/ Project/ Activity	Number of Consumers Served by Ethnicity and Gender								
High Desert MACC	White	African American	Latino	API	American Indian	Other Ethnicity	Male	Female	Unknown
	38	23	22	1	5	27	31	85	n/a
	Other Ethnicities:								
	Other (4) Unknown / Not reported (23)								
	Language of Staff:								
English Spanish									
Mid Valley CHC	White	African American	Latino	API	American Indian	Other Ethnicity	Male	Female	Unknown
	11	4	31	1	2	24	21	52	n/a
	Other Ethnicities:								
	Armenian (1)			Other Non-White (2)			Unknown / Not reported (19)		
	Other (1)			Other White (1)					
Language of Staff:									
English Spanish									
MLK OPC	White	African American	Latino	API	American Indian	Other Ethnicity	Male	Female	Unknown
	4	39	50	0	1	13	40	67	n/a
	Other Ethnicities:								
	Asian Indian (1)			Other Black (2)					
	Central African (1)			Unknown / Not reported (9)					
Language of Staff:									
English Spanish									
Lomita FHC	White	African American	Latino	API	American Indian	Other Ethnicity	Male	Female	Unknown
	16	20	75	3	0	32	37	109	n/a
	Other Ethnicities:								
	Iranian (1)			Other White (3)			Other Asian (1)		
	Other (3)			Unknown / Not reported (9)					
Language of Staff:									
English Spanish									

TABLE 1: Consumers served by DMH/DHS Collaboration Program

Provider Name	Starting Date	Pre-eConsult Referrals				eConsult: Appointments Scheduled							
		07/15	08/15	09/15	10/15	11/15	12/15	01/16	02/16	03/16	04/16	05/16	06/16
El Monte CHC	12-30-10	47	74	30	1	86	17	11	37	20	18	25	28
Roybal CHC	02-01-11	39	34	32	49	11	15	14	25	32	24	25	18
Long Beach CHC	03-16-11	24	11	25	20	0	2	3	12	8	10	11	16
High Desert MACC	07-25-11	11	18	16	13	2	11	4	7	20	17	15	16
Mid-Valley CHC	01-17-12	0	0	1	38	15	9	10	28	34	28	11	25
MLK OPC	01-28-13	34	25	23	6	1	11	7	24	27	28	26	22
Lomita FHC	06-16-14	38	36	24	24	0	14	5	25	17	21	24	24
Total		193	198	151	151	115	79	54	158	158	146	137	149
					693				996				



- * Highlighted cells indicate DHS ORCHID Go-Live date, which typically led to a sharp decline in referrals/intakes.
- * The bold line indicates the November 2015 implementation of a new referral mechanism: eConsult.

The DMH/DHS projects and activities contribute to the Department’s provision of culturally and linguistically competent services. 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, and is especially so for members of a variety of cultures. 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 wellbeing. By delivering services in physical health care settings, the whole person may be treated and care among providers can be better coordinated. Additionally, some individuals do not seek treatment in a traditional mental health clinic and as a result, their symptoms may become debilitating. Accessing mental health services in a health setting is highly desirable to many persons and in fact, many patients prefer to wait to be seen by mental health staff in a familiar DHS location rather than be referred elsewhere for a more timely appointment. The role of the primary care provider in endorsing mental health providers and interventions is essential and can increase compliance with mental health treatment goals.

At all Collaboration Program sites, clinicians regularly make rounds to medical clinics to offer consultation, provide feedback to referring providers, and address questions related to mental health concerns and to the Collaboration Program. This activity increases the visibility of services and consequently, improves potential access to care via provider referrals. Likewise, clinicians at the Martin Luther King Jr. and Roybal sites are integrated into Diabetes treatment groups offered by the DHS providers. They run a mental health module at each group meeting in order to educate the consumers about the interplay between physical and mental health, to destigmatize mental health conditions and treatment, and to outreach potential consumers.

The High Desert, Martin Luther King Jr., El Monte, and Long Beach sites are located inside Health Neighborhoods. In those locations, the Collaboration Program's clinicians or supervisors attend the monthly Health Neighborhood meetings. Their attendance and participation in the Health Neighborhood expands awareness of the services to the larger community and improves access to care provided in a non-stigmatizing environment. When the Collaboration Program sites receive nonviable referrals, involvement in the Health Neighborhood allows the clinicians to link consumers to other providers for mental health treatment, thus improving access to care.

In an effort to increase access and reduce disparities, the High Desert site has expanded beyond the High Desert Regional Health Center and is now accepting referrals via eConsult from the surrounding clinics (e.g., Littlerock and South Valley). In addition, there are plans to launch a part-time site at South Valley Health Center, to meet the community's needs for mental health treatment.

Additionally, a Chinese Wellness workshop implemented at the Roybal site is a non-threatening and non-stigmatizing strategy for reaching out to the local Chinese community to educate them on the importance of mental health and the availability of resources.

Integrated Mobile Health Team (IMHT)

IMHT services are designed to decrease or reduce homelessness, incarcerations and medical and psychiatric emergency visits for individuals with serious mental illness and who are highly vulnerable and have challenges accessing services. Vulnerabilities include but are not limited to age, years of homelessness, and substance use and/or other physical health conditions that require ongoing primary care. IMHT services are provided in the field by a multidisciplinary staff that includes a licensed mental health professional, psychiatrist, physical health physician, certified substance abuse counselor, peer advocate and case managers. The IMHTs use EBPs including housing first, permanent supportive housing, harm reduction and motivational interviewing. LACDMH is committed to the provision of mental health services to the homeless populations and efforts to reduce homelessness. Since the advent of IMHT services, the Department has implemented Senate Bill (SB) 82, the Investment in MHSA of 2013. The larger scope of SB 82 has allowed the expansion of mental health crisis intervention services to reduce unnecessary hospitalizations and inpatient days, recidivism, and mitigate law enforcement expenditures on mental health crises.

Consumers served for FY 15-16 by IMHT

Program/ Project/ Activity	Number of Consumers Served by Ethnicity and Gender								
	White	African American	Latino	API	American Indian	Other Ethnicity	Male	Female	Unknown
IMHT	194	202	60	13	7	33	334	175	n/a
	Other Ethnicities:								
	Mixed Race								
	Several Ethnicities (not specified)								
	Language of Staff:								
English									
Spanish									

The IMHT program contributes to LACDMH's provision of culturally and linguistically competent services by providing services to consumers who are homeless and have a co-occurring mental illness, substance use, and/or physical health conditions. African Americans represent the highest number of consumers served by the IMHTs. African Americans are disproportionately represented amongst homeless persons as they represent 39% of the homeless population but only 9% of the population in Los Angeles County. Also each team hires staff that reflect the demographics of the homeless population and includes staff with lived experience of homelessness and/or mental illness.

The IMHTs increase access to mental health services by providing field-based and effective outreach and engagement to assist individuals who are homeless and living on the streets access mental health, physical health, substance use and housing services. The services are brought to homeless persons, thereby removing many barriers that they experience in accessing clinic-based services.

Recovery, Resilience, and Reintegration (RRR) Community–Designed Integrated Service Management Model (ISM)

RRR-ISM was developed to improve the quality of services for UsCC by addressing the fragmentation inherent in the current public mental health system of care and by building on the strengths of each particular community. The RRR-ISM model 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.

The RRR-ISM model is defined by communities and promotes collaboration and partnerships between formal providers, non-traditional service providers, and community-based organizations to integrate physical health, mental health, substance abuse, and other needed care to support the recovery of consumers. “Formal” providers include mental health, physical health, substance abuse, child welfare, and other similar service providers. “Non-traditional” providers are those that offer community defined services, including cultural healers, yoga instructors, and other wellbeing activities. 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.

The RRR-ISM model differentiates the specific needs and approaches for five distinct UsCC groups including: AAA, AI/AN, API, EE/ME, and Latino.

Consumers served for FY 15-16 by RRR-ISM by Provider and Consumer Ethnicity

RRR-ISM	Ethnicities Served	Number and % Served
Alma Family Services	<ul style="list-style-type: none"> • Latino 	<ul style="list-style-type: none"> • 361 (100%)
Asian Pacific Health Care Venture/Pacific Clinics	<ul style="list-style-type: none"> • Chinese • Vietnamese 	<ul style="list-style-type: none"> • 72 (98.6%) • 1 (1.4%)
Didi Hirsch	<ul style="list-style-type: none"> • Armenian 	<ul style="list-style-type: none"> • 110 (100%)
Korean ISM	<ul style="list-style-type: none"> • Korean • Japanese 	<ul style="list-style-type: none"> • 97 (99%) • 1 (1%)
LA Child Guidance	<ul style="list-style-type: none"> • Latino • Mixed Race/Multiple Ethnicities 	<ul style="list-style-type: none"> • 149 (99.3%) • 1 (0.7%)
Pacific Asian Counseling Services	<ul style="list-style-type: none"> • Cambodian 	<ul style="list-style-type: none"> • 129 (100%)
St. Joseph Center	<ul style="list-style-type: none"> • Latino • Mixed Race/Multiple Ethnicities • Unknown/Not Responded 	<ul style="list-style-type: none"> • 124 (98.4%) • 1 (0.8%) • 1 (0.8%)
Tarzana Treatment Center	<ul style="list-style-type: none"> • Latino • Mixed Race/Multiple Ethnicities 	<ul style="list-style-type: none"> • 271 (99.3%) • 2 (0.7%)
United American Indian Involvement	<ul style="list-style-type: none"> • White • AAA • Latino • AI/AN • Other • Mixed Race/Multiple Ethnicities 	<ul style="list-style-type: none"> • 2 (1.1%) • 1 (0.6%) • 14 (8%) • 155 (88.1%) • 1 (0.6%) • 3 (1.7%)
University Muslim Medical Association/Weber	<ul style="list-style-type: none"> • AAA 	<ul style="list-style-type: none"> • 136 (100%)

**Consumers Served for FY 15-16 by RRR-ISM Program,
Consumer Age, and Gender**

RRR-ISM Program	% Male	% Female	% Age <16	% Age 16-25	% Age 26-36	% Age 37-47	% Age 48-59	% Age 60+
Alma Family Services	29.4	70.6	8.6	8.3	13.2	25	32.3	12.6
Asian Pacific Health Care Venture/Pacific Clinics	52.9	47.1	0.0	13.7	16.7	17.6	29.4	22.5
Didi Hirsch Mental Health Services	32.3	67.7	.5	11.1	17.2	10.1	46.0	15.2
Korean ISM	33.1	66.9	0.0	9.3	23.2	23.2	29.8	14.6
Los Angeles Child Guidance Clinic/ Barbour and Floyd	19.3	80.7	0.0	2.9	9.2	24.2	44.9	18.8
Pacific Asian Counseling Services	34.1	65.9	4.7	8.5	11.4	10.0	29.9	35.5
St. Joseph Center	22.2	77.8	1.9	6.1	23.6	31.1	25.9	11.3
Tarzana Treatment Center	28.6	71.4	1.5	15.3	18.5	21.7	28.1	14.8
United American Indian Involvement	30.8	69.2	3.7	14.9	45.4	22.0	13.1	.9
University Muslim Medical Association/Weber Community Center	26.4	73.6	2.4	7.6	18.4	23.2	33.2	15.2
TOTAL	30.9	69.1	2.3	9.8	19.7	20.8	31.3	16.1

RRR-ISM projects and activities contribute to LACDMH's provision of culturally and linguistically competent services by implementing capacity-building projects that are developed by the UsCC Unit in collaboration with the six UsCC subcommittees. Each UsCC subcommittee provides ethnic-specific background and insights for the development of projects for their own communities.

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.

The LACDMH, in collaboration with DCFS, provides a variety of mental health services associated with the settlement agreement in the Katie A. class action lawsuit (2002). These services are targeted to children and youth in the county's child welfare system that have open DCFS cases, are EPSDT eligible, and meet the medical necessity requirement for full scope Medi-Cal. The program includes the mental health screening of all children and youth with open child welfare cases and the triaging of those who screen positive to LACDMH staff who are co-located in each of the 18 DCFS regional

offices. The cases are then triaged on the basis of acuity to Directly Operated and Contracted children’s mental health providers.

Key program areas include:

- A significant expansion of the County’s Wraparound Program
- IFCCS
- The Treatment Foster Care Program (TFC)
- Multidisciplinary Assessment Team (MAT)

The County continues to implement the Shared Core Practice Model (SCPM) as well as the Intensive Care Coordination (ICC) and Intensive Home Based Services in accordance with the California Department of Health Care Services Medi-Cal Manual.

Outcomes associated with the County’s efforts are monitored via performance on a set of child welfare data indicators, results of the Qualitative Services Review, and successful implementation of the Katie A. Strategic Plan (2008). Oversight for the implementation of these activities is provided by a Court-appointed Advisory Panel, plaintiff attorneys, and the Federal District Court.

Consumers served for FY 15-16 by Katie A.

Program/ Project/ Activity	Number of Consumers Served by Ethnicity and Gender								
	White	African American	Latino	API	American Indian	Other Ethnicity	Male	Female	Unknown
Katie A.	2,002	5,515	14,219	323	113	2,745	12,551	12,353	13
	Other Ethnicities:								
	Multiple Ethnicity (550)			Unknown Ethnicity (63)					
	Other (2,132)								
	Language of Staff:								
All threshold languages									
Family Preservation	White	African American	Latino	API	American Indian	Other Ethnicity	Male	Female	Unknown
	178	288	1,329	57	3	72			
	Other Ethnicities:								
	Not specified								
	Language of Staff:								
	Armenian			English			Punjabi		
Cambodian			Hmong			Spanish			
Cantonese			Korean						

Katie A. projects and activities continue to contribute to LACDMH’s provision of culturally and linguistically competent services. LACDMH and DCFS developed a SCPM 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.

The implementation of structured screening, assessment, and referral process, including DCFS children’s social workers and co-located LACDMH staff has been present for several years. 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 and youth with open DCFS cases are referred to the co-located LACDMH staff for triage, referral, and linkage.

Older Adults System of Care (OASOC) Bureau

OA FCCS

OA FCCS offers an alternative to traditional mental health services for older adults who may be unable to access services due to impaired mobility, geographic limitations, or stigma associated with receiving services in a traditional mental health clinic. It provides specialty mental health services designed to meet the unique biopsychosocial needs of older adults ages 60 and above and for some in the transition age of 55-59. FCCS is provided in settings that are often preferred by older adults, such as their home, senior housing complexes, senior centers, or primary care settings. Services are provided by a multi-disciplinary team of clinicians, paraprofessionals, and volunteers who have specialized training to work with older adults. Program brochures are available in Spanish, Arabic, Armenian, Chinese, Farsi, Korean, Russian, Tagalog, and Vietnamese.

Consumers served for FY 15-16 by OA FCCS

Program/ Project/ Activity	Number of Consumers Served by Ethnicity and Gender								
	White	African American	Latino	API	American Indian	Other Ethnicity	Male	Female	Unknown
OA FCCS	985	450	844	286	19	72	919	1812	2
Other Ethnicities:									
Unknown / Not reported (77)									
Language of Staff:									
Arabic			German			Samoan			
Armenian			Gujarati			Punjabi			
Armenian Farsi			Hebrew			Romanian			
Bengali			Hindi			Russian			
Cambodian (Khmer)			Ibo/Igbo			Spanish			
Cantonese			Ilocano			Tagalog			
Other Chinese			Japanese			Telugu			
English			Kannada			Toishanese			
Fante			Korean			Urdu			
Farsi			Malayalam			Vietnamese			
			Mandarin			Yoruba			

The OA FCCS projects and activities contribute to LACDMH’s provision of culturally and linguistically competent services. Each of the projects addressed in Section IV above utilize OA Bureau staff to implement and monitor the delivery of culturally and linguistically competent services both administratively, as well as

within Directly Operated and Contracted programs. For example, focusing on language and staff capacity at provider site visits helps ensure that providers are cognizant of the needs of older adult consumers. At the same time, knowledge of what is available for language capacity helps the OA Navigation Team make appropriate referrals. Having brochures in various languages helps consumers feel comfortable and 'seen' when they are determining what services could best support their needs. The OASOC Bureau also focuses on UsCC Justice-Involved consumers, and removes barriers unique to these populations. This ultimately helps to provide a more positive and effective transition to the community.

Providing opportunities for training and consultation informs and educates staff on the existence of disparities, how to recognize bias within oneself, and ideas and resources as to how to address barriers and increase access. In particular the Justice-Involved project helped to eliminate judgments that staff may bring when working with this often hard-to-engage population. Self-awareness is also critical when working with the diverse OA population with mental illness.

The OASOC expanded Telepsychiatry in FY 15-16. This expansion provided another avenue for homebound OAs to receive mental health services. The project improved access to services and reduced the rate for "failure to keep appointment."

OA FSP

OA FSP provides comprehensive and intensive mental health services for OA age 60+ who have been diagnosed with a mental illness and who are from identified focal populations that typically have not responded well to traditional outpatient mental health and psychiatric rehabilitation services, or may have avoided utilization of these services while incurring high costs related to acute hospitalization or long term care. These individuals and their families often have co-existing difficulties, such as substance abuse, homelessness, and involvement with the judicial systems. FSP services provided to OA consumers and their families are based on their individual needs and goals, and can provide an array of services beyond the scope of traditional outpatient services. OA FSP brochures are available in English and in the following nine languages:

- Arabic
- Armenian
- Chinese
- Farsi
- Korean
- Russian
- Spanish
- Tagalog
- Vietnamese

Consumers served for FY 15-16 by OA FSP

Program/ Project/ Activity	Number of Consumers Served by Ethnicity and Gender								
	White	African American	Latino	API	American Indian	Other Ethnicity	Male	Female	Unknown
OA FSP	441	271	209	71	8	17	433	609	1
	Other Ethnicities:								
	Unknown / Not reported (23)								
	Language of Staff:								
	Arabic			Gujarati			Punjabi		
	Armenian			Hebrew			Romanian		
	Armenian Farsi			Hindi			Russian		
	Bengali			Ibo/Igbo			Spanish		
	Cambodian (Khmer)			Ilocano			Tagalog		
	Cantonese			Japanese			Telugu		
	Other Chinese			Kannada			Toishanese		
	English			Korean			Urdu		
Fante			Malayalam			Vietnamese			
Farsi			Mandarin			Yoruba			
German			Samoan						

The OA FSP projects and activities contribute to LACDMH’s provision of culturally and linguistically competent services. Each of the projects addressed utilize OASOC Bureau staff to implement and monitor the delivery of culturally and linguistically competent services both administratively as well as within Directly Operated and Contracted programs. The OA FSP Impact team, which is an administrative team, has made a concerted effort to enable more participation in the Impact meetings by using teleconference. Teleconferencing allows for more clinical presentations to be included among a larger provider network. This provides a venue for culture to be integrated into the discussion of each consumer. Additionally, during FY 15-16, the FSP Impact staff outreached to the Public Guardian and now a representative participates in the bi-monthly Impact meetings. The presence and input of the Public Guardian has helped immeasurably in making appropriate linkages for OA consumers who often have very complicated needs and little resources.

The majority of OA Justice-Involved consumers are referred to FSP providers. Consultation teams, as well as multiple trainings that educate clinicians on the consumer’s unique needs and resources, help provide the consumer with a more positive and effective transition to the community.

Furthermore, providing opportunities for training and consultation informs and educates staff on the existence of disparities, how to recognize bias within oneself, and how to address barriers and increase access to mental health services. In particular, the OA Justice-Involved project helped to curb judgments staff may bring when working with this often hard-to-engage population.

Engagement is also a key issue when working with OA who are chronically homeless, which makes up the majority of OA FSP referrals.

OA Service Extenders

Service Extenders may be peers who are recovering from a mental illness, family members who have experience with an OA loved one with a mental illness, or other qualified individuals wishing to provide services as part of an interdisciplinary team. Service Extenders receive supervision from professional clinical staff. Service Extenders are interested in and committed to providing highly sensitive and culturally appropriate supportive services to OA.

The OA CSS team regularly outreaches to OA Providers to match Service Extenders to specific OA program needs, taking into account their cultural needs. During FY 15-16, the OASOC had 29 Service Extenders representing multiple ethnic backgrounds, cultural groups and language capabilities, including a new Russian-speaking Service Extender for a program site in SA 2. This Service Extender works in conjunction with a Russian-speaking psychiatrist at this site to better facilitate communication with consumers.

Having Service Extenders, who are linguistically compatible and culturally competent and sensitive to consumers' needs, facilitates establishment of rapport, connection, and trust. This in turn enhances access and encourages consumers to remain in the services they need, and to feel supported. The majority of Service Extenders are consumers, and their personal journeys inspire other consumers. They also provide assistance in navigating the mental health system. Service Extenders are a culturally diverse group and include: Latinos, African Americans, Vietnamese, Chinese, and Filipinos. Additionally, the LGBTQI2-S community and OA are represented in the Service Extenders group.

SA-Based O&E

LACDMH considers O&E to be critical activities that embody cultural competence within the framework of LACDMH's vision of hope, wellbeing, and recovery. 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 such as “How to Deal with Holiday Stress” – 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 MHSA. 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.

SA O&E Coordinators engage in the following activities:

- Targeted Outreach Activities
 - Conduct one-on-one outreach focusing on mental health in each SA
 - Attend community meetings in specific SA
 - Attend and conduct outreach at health fairs and/or conferences
- Networking, Collaborating, and Partnering
 - Network with agencies, schools, providers, and community groups to offer presentations to consumers
 - Collaborate with various community organizations
 - Represent the Department at various meetings: Community Organized for Resource Enhancement (CORE), Southeast Cities collaborative, and SAs
- 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
 - Translation of presentation materials into the preferred language of the intended audience
 - Conduct online research to compile resources for parents and community members
 - Develop mental health presentations in response to specific requests received from the community
- 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 the Mexican Consulate
- Specialized Activities
 - SA Navigation duty
 - Resource Libraries
 - Monitor provider agency contracts to assure budget and utilization of contract is in order

The table below provides examples of SA-based O&E activities:

**MULTICULTURAL O&E TEAM ACTIVITIES
FY 15-16**

SA	Activity Description	Number Outreached	Groups Outreached
1	Homeless Outreach Partnership Event (HOPE)	300	AAA, Latino, White
1	Antelope Valley (AV) Community Resource Event	120	AAA, Latino, White
1	AV School Coat Drive	400	AAA, Latino, White
1	AV Rehabilitation Center Re-entry Resource Fair 2016	50	AAA, Latino, White
1	AV College Job Fair	100	AAA, Latino, White
1	Palmdale Disaster Emergency Fair	200	AAA, Latino, White
1	Hoarding Disorder Training – Practical Interventions for your Consumer	75	AAA, Latino, White
1	Training/presentation, “Engaging and Retaining Young Men Who Have Sex with Men in Culturally Responsive Services”	75	AAA, Latino, White
1	Question, Persuade, and Refer (QPR) Training on Suicide Prevention	23	AAA, Latino, White
1	Los Angeles County Sheriff Department – Active Shooter Training	28	AAA, Latino, White
1	AV Health Neighborhood – Network Meetings	35	AAA, Latino, White
SA 1 Total		1,406	
2	Clergy breakfasts and clergy round table planned meeting: O&E networked with clergy and faith, community members, provided information and resources on mental health; provided presentations on different topics of mental health, mental wellbeing, and mental illness	150	AAA, Latino, White
2	Mental Health Academy trainings for clergy and faith organizations, clinicians, parent partners, and community organizations providing mental health services: O&E participated in the meeting, networked, provided SA 2 mental health resources and connected with SA 2 navigators	80	AAA, Latino, White

SA	Activity Description	Number Outreached	Groups Outreached
2	Clergy Health Fair events: The O&E team staffed resource tables at different church health fairs, and provided SA 2 mental health resources, navigators, and literature containing basic information on different types of mental health related issues	1,500	AAA, API, Latino, White, Latino
2	<p>Multiple Community Health Fairs:</p> <ul style="list-style-type: none"> • Back to School • Annual Government Day Fair • Homeless Connect Day • Proyecto del Barrio • San Fernando Recreation Park/Diabetes Health Fair • LGBTQ Health Fair • San Fernando Middle School Health and Resource Fair • Our Lady of Peace Parish Health and Resource Fair • Porter Ranch Gas Leak Local Assistance at Mason Recreation Center • Power of God Church Health and Resource Fair • Angel Guardian Church Health and Resource Fair • Health and Wellness Fair in Santa Clarita • Health Fair at New Hope of the Nazarine in Van Nuys • Health and Resource Fair 2016 at Finbarr Albert Hall • FUMC SF Community Health and Resource Fair • 17th Annual Housing Rights Summit • Topanga Canyon Annual Emergency resource fair at Topanga Elementary school • Homeless Resource Fair 	725	AAA, API, Latino, White, Latino
2	Non-Clinical Mental Health Presentations for multiple elementary/middle and high school parents, churches, and community organizations. Topics included depression, domestic violence, Mental Health 101, mental health services, and resources in Spanish and English	1,440	AAA, API, Latino, Latino American, White

SA	Activity Description	Number Outreached	Groups Outreached
2	Presentations at older adult centers, Best Start LA, Penny Lane, LA Care Family Resource Center, Family Focus Resource Center, El Nido, and LA Clave, and for unserved and underserved parents, foster parents, and caregivers of children with special needs or at-risk of emotional challenges such as depression and anxiety. The goal of the presentations was to provide information and educate parents on mental health and behavioral issues to prevent them from becoming bigger issues	300	AAA, Latino, White
2	Community collaborative meetings at Project SAFE, Best Start LA, and North San Fernando Valley Coalition to promote mental health services and resources	480	Latino
2	Meetings attended to Promote Clergy Breakfast Events Mental Health Services and Non-Clinical Presentations in Spanish w/ Spanish/ English Churches, Providers, Parent Partners, and Clinicians	130	AAA, API, Latino, Middle Eastern, White
2	Service Area Advisory Committee (SAAC) meeting: O&E provided support between the community and LACDMH in SA 2. Contacted and lined up presenters for the SAAC meetings based on the need of information community needed to get on certain mental health related topics/issues	500	Multi-Racial
2	Multiple college collaborative events at Mission College, Glendale College, Pierce College, and College of the Canyons: O&E provided presentations on mental health and SA 2 services available at these meetings. Also connected SA 2 navigators, provided departmental updates, information/invitation to/about upcoming SA 2 LACDMH meetings, and events for further collaborations	381	AAA, Latino, Middle Eastern
2	Didi Hirsch Open House: The O&E team was present at these events to learn about the newly implemented programs to educate the SA 2 community about the resources available in the area	100	AAA, API, Latino, Middle Eastern, White

SA	Activity Description	Number Outreached	Groups Outreached
2	Centro de Amistad: The O&E team was present at these events to learn about the newly implemented programs to educate the SA 2 community about the resources available in the area	20	AAA, API, Latino, Middle Eastern, White
2	LA Family Housing: The O&E team was present at these events to learn about the newly implemented programs to educate the SA 2 community about the resources available in the area	70	AAA, API, Latino, Middle Eastern, White
SA 2 Total		5,876	
3	Mapfest at Citrus College on 8/18/2015: Staffed information table	35	TAY
3	Church of the City Meeting: Announced clergy breakfast	35	Clergy
3	San Gabriel Valley (SGV) Youth Summit on 9/10/2015: Staffed information table	23	API: Children and youth
3	SGV Breakfast Meeting on 9/24/2015: Presented on health neighborhood	16	Faith-Based
3	Consortium on Asian American Mental Health Training on 10/29/2017: Staffed booth to share mental health resources	28	API
3	Japanese American Family Health Fair: Staffed booth to share mental health resources	29	API
3	Almanson Court 20 th Annual Asian American Mental Health Conference: Staffed booth to share mental health resources	33	API
3	Adelante Conference: Staffed booth and shared mental health resources	67	Latino children and youth
3	Mental Health Commission on 12/17/2015: Staffed booth to share mental health resources, and gave community presentation	33	Community at large
3	Brown Memorial Temple on 1/27/2016: Presentation on Mental Health 101	45	Community at large
3	El Monte Resource Fair 3/17/16: Staffed information table	10	Latino community
3	El Monte Community Alliance: Provided resources on mental health	50	Latino adults
3	Alta Med Training 3/14/2016: Presentation on adult and older adult programs	22	Healthcare workers

SA	Activity Description	Number Outreached	Groups Outreached
3	SGV Breakfast Meeting 1/28/16: Presentation on grief and loss	12	Faith-Based
3	Faith-Based Advocacy Council (FBAC): Jaime served on panel discussion	40	Faith-Based
3	Symposium on Death Dying Grief: Staffed booth to share mental health resources	26	Community at large
3	SGV Breakfast Meeting 3/31/16: Presentation on pornography.	35	Faith-Based
3	Metta World Peace: Staffed booth to share mental health resources	50	Community at large
3	15 th Annual Conference on Mental Health and Spirituality: Staffed booth to share mental health resources	32	Faith-Based
3	Viva Open Street Fair: Staffed booth to share mental health resources	33	Latino community
3	Supervisor Solis' Pomona Field Office Grand Opening Celebration: Staffed booth to share mental health resources	32	Latino community
3	Mt SAC Resource Fair: Staffed information table	65	TAY
3	Foothill Unity Center Training: Presentation on Mental Health 101	7	Consumers and Staff
3	SGV Breakfast Meeting 6/30/16: Presentation on homelessness	18	Faith-Based
SA 3 Total		776	
4	English-speaking Clergy breakfast: Educated English-speaking faith leaders of underserved and unserved communities about LACDMH services, and discussed opportunities for collaboration with their faith communities	200	AAA, Armenian, API, Filipino, Latino, White
4	Spanish-speaking Clergy breakfast: Educated Spanish-speaking faith leaders of underserved and unserved communities about LACDMH services, and discussed opportunities for collaboration with their faith communities	59	Latino
4	Korean-speaking Clergy breakfast: Educated Korean-speaking faith leaders of underserved and unserved communities about LACDMH services, and discussed opportunities for collaboration with their faith communities	368	Korean

SA	Activity Description	Number Outreached	Groups Outreached
4	City of LA Diversity Job Fair: Provided resources, education, and information to community members and service providers who attended the conference	18	AAA, Armenian, API, Filipino, Latino, White
4	Outreach to Spanish-speaking and churches: Met with Spanish-speaking clergies individually to promote the Clergy Breakfast and provided LACDMH resource information	5	Latino
4	15 th Annual Conference on Spirituality and Mental Health: Provided resources, education, and information to community members and service providers who attended the conference	46	AAA, Armenian, API, Filipino, Latino, White
4	FBAC: Provided information regarding English/Spanish Clergy Meeting and solicited support in disseminating information regarding future clergy meetings	10	AAA, Armenian, API, Filipino, Latino, White
4	City Church Networking Meeting: Met with City Church Network leaders to promote the LACDMH services available to the faith community	5	AAA, Armenian, API, Filipino, Latino, White
4	Founder's Church Block Party and Resource Fair: Engaged and distributed resources and information to attendees inclusive of community members and service providers, and introduced them to LACDMH services	71	AAA, Armenian, API, Filipino, Latino, White
4	Law Enforcement and LGBTQI-2S Resource Fair: Met with Law Enforcement officers to provide LACDMH resources and information on services available to community members whom they may encounter in their daily operations	5	AAA, Armenian, API, Latino, White
4	Meeting at Wellness Center: Met with leaders and community members at the Wellness Center to discuss collaboration with LACDMH to better serve the Latino community	20	Latino
4	Presentation at Innerscity Struggle: Delivered presentation on LACDMH services and programs with the goal to help the community understand various ways to refer their loved ones to the services	12	Latino

SA	Activity Description	Number Outreached	Groups Outreached
4	Presentation at White Memorial Hospital: Delivered presentation on LACDMH services and program with the goal to help the community understand various ways to refer their loved ones to the services	18	AAA, Armenian, API, Filipino, Latino, White
4	Presentation at Choon Hyun Mission Church: Delivered presentation on LACDMH services and programs to the Korean community with the goal to help the community understand various ways to refer their loved ones to the services	18	Korean
4	Korean Annual Festival: Participated in the Annual Koreatown festival by staffing the LACDMH resource booth, and providing information on LACDMH resources	301	Korean
4	Resource Fair: Conducted outreach and promotion of LACDMH services and clergy meetings; contacted faith leaders, community members to discuss LACDMH resources and services; provided information regarding English/Spanish Clergy Meeting; and solicited support in disseminating information about the clergy meeting	163	AAA, Armenian, API, Latino, White
SA 4 Total		1,319	
5	Annual Community Collaboration Resource Fair	42	Diverse
5	Clergy and Faith Network Breakfast	8	Diverse Faith-Based
5	Westside Coalition Resource Fair	60	Diverse
5	Discover Marina Del Rey	120	Diverse Multi-Racial
5	FBAC	45	Diverse Faith-Based
5	Homeless Initiative Panel	76	Diverse
5	Winter Celebration	49	Diverse Multi-Racial
5	From the Streets to Home	8	Diverse SAAC Committee
5	Mental Health Awareness Fair	47	Diverse Multi-Racial
5	Westside Coalition Rapid Rehousing Resources	32	Diverse
5	Mental Health Spirituality Conference	17	Diverse Faith-Based
5	Garifuna Film Festival	65	Diverse
5	From the Streets to the Home, Summer Celebration	62	Diverse Multi-Racial

SA	Activity Description	Number Outreached	Groups Outreached
5	Hope and Recovery Conference for consumers	96	Diverse
5	National Alliance on Mental Illness (NAMI) Pathways to Wellness Conference for consumer	109	Diverse
5	Westside Children Center Collaborative Meeting for providers	15	Diverse
5	FBAC	47	Diverse Faith-Based
5	SA Advocacy Committee for LACDMH Providers	31	Diverse
5	Westside Mental Health Network	12	Diverse
5	Women, Infants, and Children (WIC) Collaboration	4	Diverse
5	SA 5 Clergy Roundtable	9	Faith-Based
5	Culver City Interfaith Alliance	7	Diverse Faith-Based
5	FBAC	47	Diverse Faith-Based
5	Community Town Hall Meeting	58	Diverse
5	Cultural Competency Committee	60	Diverse
5	Substance Abuse and Mental Health Services Administration (SAMHSA) Voice Awards	250	Diverse Multi-Racial
5	Los Angeles Coalition to End Youth Homelessness (LACEYH) Quarterly Meeting	47	Diverse
5	Making Strides for Breast Cancer meeting	30	Diverse
5	Outreach to Culver City Senior Center	8	Diverse
5	Outreach to Venice Family Clinic	4	Diverse
5	Westside Coalition Resource Fair	50	Diverse
SA 5 Total		1,515	
7	Quarterly Clergy Breakfast	41	AAA, Armenian, API, White, Latino, Middle Eastern Buddhist, Catholic, Muslim
7	Resource booth at Southgate Resource Fair: Engaged community with promotional material, answered questions regarding LACDMH programs, and provided referrals as needed	90	Latino family members

SA	Activity Description	Number Outreached	Groups Outreached
7	Presentation on stress and relaxation for Spanish-speaking audience at Murray Senior Center: Provided handouts, resources, and linkages, to mental health providers; answered questions during the Question and Answer (Q&A) session that followed	32	Latino Older Adults
7	Resource booth at Linda Sanchez Senior Center Senior Fair	53	AAA, Armenian, API, White, Latino, Middle Eastern, Older Adults
7	Collaborative meeting at Caring Connections in Bellflower for parents and teachers	45	Latino Parents and teachers
7	Presentation on stress and relaxation for Spanish-speaking audience at Signal Hill Sr. Center: Provided handouts, resources, and linkages, to mental health providers; answered questions during the Q&A session that followed	17	White, Older Adults
7	Mental health presentation on depression at Cerritos College: Provided handouts, resources, and linkages, to mental health providers; answered questions during the Q&A session that followed	25	Latino students
7	Resource booth at Interfaith Resource Fair: Engaged community with promotional material, answered questions regarding LACDMH programs, and provided referrals as needed	87	Latino, White
7	Resource booth at Cerritos Senior Fair: Engaged community with promotional material, answered questions regarding LACDMH programs, and provided referrals as needed	72	Latino, Older Adults
7	Outreach to clergy at Chinese Buddhist temple	8	Chinese clergy
7	Clergy breakfast	41	AAA, Armenian, API, White, Latino, Middle Eastern Buddhist, Catholic, Muslim
7	Southern California Resource Center for Disabled Individuals meeting	39	Latino, White

SA	Activity Description	Number Outreached	Groups Outreached
7	Mental health presentation on stress and relaxation at Cerritos College: Provided handouts, resources, and linkages, to mental health providers; answered questions during the Q&A session that followed	15	Latino students
7	Resource booth at Montebello High Resource Fair: Engaged community with promotional material, answered questions regarding LACDMH programs, and provided referrals as needed	74	Latino students and parents
7	Resource booth at East LA College Resource Fair: Engaged community with promotional material, answered questions regarding LACDMH programs, and provided referrals as needed	97	Latino students and families
7	Presentation on depression during the holidays for Spanish-speaking audience at Murray Senior Center: Provided handouts, resources, and linkages, to mental health providers; answered questions during the Q&A session that followed	32	Latino, Older Adults
7	Mental health presentation at AltaMed TAY Program	24	Latino, TAY
7	Presentation on depression for Spanish-speaking audience at Signal Hill Senior Center: Provided handouts, resources, and linkages, to mental health providers; answered questions during the Q&A session that followed	17	White, Older Adult
7	Operation Toasty Christmas Planning Meeting	39	Latino, White
7	Resource booth at Centro Maravilla Resource Fair: Engaged community with promotional material, answered questions regarding LACDMH programs, and provided referrals as needed	84	Latino families
7	Resource booth at Operation Toasty Christmas Resource Fair: Engaged community with promotional material, answered questions regarding LACDMH programs, and provided referrals as needed	129	Latino, White
7	Multiple outreach efforts to clergy	39	AAA, Armenian, Latino
7	Proyecto Corazon Community meeting	47	Latino community members

SA	Activity Description	Number Outreached	Groups Outreached
7	Bellflower School Board Collaborative	45	Latino parents and teachers
7	Collaborative planning meeting in Spanish at Un Paso Mas CORE	8	Latino
7	Resource booth and participate at clergy breakfast: Engaged community with promotional material, answered questions regarding LACDMH programs, and provided referrals as needed	42	AAA, Armenian, API, White, Latino, Middle Eastern clergy
7	Resource booth at Telecare Resource Fair: Engaged community with promotional material, answered questions regarding LACDMH programs, and provided referrals as needed	41	Latino community at large
7	SA 7 Monthly Collaborative	29	Latino community
7	Mental health presentation on suicide and teens at Mayfair High School: Provided handouts, resources, and linkages, to mental health providers; answered questions during the Q&A session that followed	28	Latino parents and students
7	Mental health presentation on stress and relaxation at Cerritos College: Provided handouts, resources, and linkages, to mental health providers; answered questions during the Q&A session that followed	21	Latino students
7	Outreach to Faith-based organizations	28	Latino, White
7	School-based collaboration at Maiseland Elementary School: Presentation in Spanish	29	Latino
7	Resource booth at Santa Fe Springs 5K Resource Fair: Engaged community with promotional material, answered questions regarding LACDMH programs, and provided referrals as needed	119	Latino, White
7	Clergy breakfast	53	AAA, Armenian, API, White, Latino, Middle Eastern
7	SA 7 Collaborative Planning Committee	43	Latino, White
7	Bellflower School District collaborative	45	Latino teachers and parents

SA	Activity Description	Number Outreached	Groups Outreached
7	Resource booth at Stepping-In Conference: Engaged community with promotional material, answered questions regarding LACDMH programs, and provided referrals as needed	150	Law enforcement
7	Spirit Children's Collaborative: Engaged community with promotional material, answered questions regarding LACDMH programs, and provided referrals as needed	31	Latino, White
7	Resource booth at Bienestar May is Mental Health Month Fair: Engaged community with promotional material, answered questions regarding LACDMH programs, and provided referrals as needed	89	Latino families
7	Resource booth at AICC May is Mental Health Month Fair: Engaged community with promotional material, answered questions regarding LACDMH programs, and provided referrals as needed	73	AI/AN
7	Resource booth at El Rancho May is Mental Health month Fair: Engaged community with promotional material, answered questions regarding LACDMH programs, and provided referrals as needed	115	Latino
7	Resource booth at Rio Hondo Clinic May is Mental Health Fair: Engaged community with promotional material, answered questions regarding LACDMH programs, and provided referrals as needed	105	Community at large
7	Resource booth at San Antonio May is Mental Health Fair: Engaged community with promotional material, answered questions regarding LACDMH programs, and provided referrals as needed	75	Latino
7	Resource booth at Spirituality Conference: Engaged community with promotional material, answered questions regarding LACDMH programs, and provided referrals as needed	153	AAA, Armenian, API, White, Latino, Middle Eastern
7	Mental Health presentation on depression at Weingart Senior Center. Provided handouts. Answered questions during the Q&A session that followed. Provided resources and linkages to mental health providers	17	Latino, Older adults

SA	Activity Description	Number Outreached	Groups Outreached
7	Mental Health presentation on depression at Montebello Public Library. Provided handouts. Answered questions during the Q&A session that followed. Provided resources and linkages to mental health providers	11	Latino
7	True Lasting Connections (TLC) Resource Center – Education group – participated	32	Latino parents and teachers
7	Mental Health presentation on depression at Norwalk Senior Center. Provided handouts. Answered questions during the Q&A session that followed. Provided resources and linkages to mental health providers	22	Latino Older Adults
7	CORE – Un Paso Mas Planning Meeting in Spanish	2	Latino
7	Resource booth at Hope and Recovery: Engaged community with promotional material, answered questions regarding LACDMH programs, and provided referrals as needed	56	AAA, Armenian, API, White, Latino, Middle Eastern
7	Resource booth at LBGTOI2-S Conference: Engaged community with promotional material, answered questions regarding LACDMH programs, and provided referrals as needed	117	AAA, Armenian, API, White, Latino, Middle Eastern
7	Resource Booth at CORE Resource Fair (Spanish speakers): Engaged community with promotional material, answered questions regarding LACDMH programs, and provided referrals as needed	90	Latino
7	SA 7 Health Fair	200	Latino families with young children, TAY
SA 7 Total		3,016	
8	Conducted outreach at Bellflower Doctor's offices for reduced prices for LACDMH consumers	10	Receptionists and staff English
8	Conducted outreach at Harbor UCLA	5	English, Spanish
8	Conducted outreach at Western Dental for reduced prices and affordable payment plans for LACDMH consumers on SSI and Medi-Cal	5	English, Spanish
8	Conducted outreach at Blesses Hope Nazarene for clergy collaboration	5	Pastor, English, Spanish

SA	Activity Description	Number Outreached	Groups Outreached
8	Conducted outreach at Office of Samoan Affairs for clergy collaboration	5	Pastor, English, Spanish, Pacific Islander
8	Conducted outreach at The Rock Church for clergy collaboration	2	English, AAA
8	Conducted outreach at Branch of Hope Church for clergy collaboration	2	Pastors English
8	Conducted outreach at Torrance City Hall	5	Staff and Supervisors
8	Conducted outreach at branch of Life Foursquare for clergy collaboration	5	Pastor and staff
8	Presentation at Western Ave Dental regarding mental health	5	English, AAA, Latino, White, API
8	Conducted outreach at Bethany Lutheran Church for clergy collaboration	5	English Pastor and members
8	Conducted outreach at Torrance Medical Center	2	English Director
8	Conducted outreach at Burroughs Elementary	5	English, AAA, Latino and API teachers
8	Conducted outreach at Harbor Community Clinic	5	English
8	Conducted outreach at Bethany Baptist Church for clergy collaboration	10	English Pastors, Ushers
8	Conducted outreach at Long Beach Area Coalition for the Homeless	10	English, AAA, Latino, White, API
8	Presentation DPSS Compton office	20	English, AAA, Latino, White, API
8	Presentation at Western Avenue Dental regarding mental health	25	English, AAA, Latino, White, API
8	Conducted outreach at Harbor Community Clinic	3	Staff
8	Conducted outreach at St. Luke Church for clergy collaboration	4	Staff
8	Conducted outreach at Bethel Synagogue for clergy collaboration	5	Rabbi and staff
8	Conducted outreach at Bethel Baptist Church for clergy collaboration	10	Pastor and staff
8	DPSS Roundtable Presentation	15	English, AAA, Latino, White, API
8	Conducted outreach at Long Beach Memorial	20	English, AAA, Latino, White, API

SA	Activity Description	Number Outreached	Groups Outreached
8	Presentation "What is an IEP?" at Star View Community Services	10	English, AAA, Latino, White, API parent partners
8	Presentation at American Martyrs Church	20	English, AAA, Latino, White, API staff
8	Conducted outreach at Options for Recovery LACDMH resources	5	English, AAA, Latino, White, API staff
8	Conducted outreach at Our Place Housing Solutions	1	Staff
8	Information Booth at Children's Clinic Long Beach	50	English, AAA, Latino, White, API participants
8	Conducted outreach at Community Advisor	10	English, AAA, Latino, White, API participants
8	Regional Community Alliance	50	English, AAA, Latino, White, API participants
8	Consortium of Parent Partners, Parent Advocates	20	English, AAA, Latino, White, API participants
SA 8 Total		354	

**O&E TEAM HIGHLIGHTED EVENTS
FY 15-16**

**"Homeless Outreach Partnership Event (HOPE)"
SA 1**

The annual HOPE, that took place on May 20, 2016, delivered a variety of services to the homeless population in the Antelope Valley. Services included vaccinations, dental examinations, application for reduced bus fees, identification cards, information and advocacy in navigating the social security system, Medi-Cal enrollment assistance, haircuts, and provision of tangible goods such as clothing and blankets. Participants were connected to appropriate and necessary service providers associated with Mental Health America, Bartz-Altadonna, Antelope Valley Community Clinic, Antelope Valley Adult School, Lancaster School District Welcome Center, Wells Fargo Bank, Operation Blankets of Love, Department of Motor Vehicles, Sam's Club, San Joaquin College, Living Praise Christian Church, Social Security, Love of Purpose Ministries, Career Care Institute, Love Grace Christian Fellowship Church, People Assisting the Homeless, and Valley Oasis. This event is only made possible through collaborations within the Antelope Valley and the dedication to service the community.

**"Offering Hope"
SA 2**

The SA 2 O&E Team provided a non-clinical presentation on domestic violence in Spanish to the parents of a middle school. It was an interactive presentation. At one

point, one of the parents started crying, sharing her family situation and her feelings of hopelessness and powerlessness to change her circumstances. The presenter held the mother's hand while listening to her story. The presenter offered hope and empowered this mother to seek services available to her in the community. At this moment, this mother's readiness to improve her life intersected with the team's ability to meet her immediate needs. Staff provided the mother mental health resources and connected her with the mental health navigators.

"Metta World Peace" SA 3

On Saturday May 21st, 2016, the O&E team partnered with Congresswoman Grace Napolitano, Kaiser Permanente, Sunburst Youth Academy Foundation and LA Laker Metta World Peace to promote mental health awareness month by planning and organizing an outreach event at the El Monte Airport. The event featured special guests, performances, informational booths and free mental health resources. Sergeant Cotton from the Sunburst Youth Academy Foundation welcomed the crowd and introduced Crystal Lewis, who sang the National Anthem as the Color Guard presented flags. Sergeant Cotton introduced LACDMH Chief Deputy Director, Robin Kay, Ph.D., who spoke about the stigma associated with mental health and why it's important to get help early. Dr. Kay then introduced distinguished speakers and local politicians. Congresswoman Grace Napolitano, Co-chair of the Congressional Mental Health Caucus, addressed the importance of raising awareness around the stigma associated with mental health. Metta World Peace, Los Angeles Laker, spoke openly about his journey and struggle with a mental health disorder and took questions from the audience. As founder of Xcel University, he discussed the work being done to encourage kids to further their education and advocacy for mental health awareness and quality mental health services for everyone. "If kids can't (learn to) make their own decisions, someone else will," he said. In response to being asked what message he wanted to impress most as his legacy, he said that kids need to have a healthy body and mind, emphasizing self-care including healthy diet and exercise. Kaiser Permanente's Educational Theatre Department then hosted an interactive activity to highlight skill building techniques from their theatrical production, "It's Stop Time," focusing on conflict management for upper elementary students and their families. The audience learned to use the "Stop" "Breathe" "Choose" method for managing conflict.

"Expansion of Clergy Partnerships" SA 4

The SA 4 O&E Team has continued efforts to increase mental health awareness in the community through education and dissemination of information and resources on various mental health issues. SA 4 has successfully established Clergy Breakfast Meetings for English-, Spanish-, and Korean-speaking faith leaders. Over 100 clergies and their representatives regularly attended these events. Through these partnerships, there has been increased understanding of mental illness, reduction of stigma, and increased accessibility of mental health services.

**“From Streets to Home”
SA 5**

The SA 5 O&E Team participated in the Summer Celebration to honor consumers going “From the Streets to Home.” The five event panelists, ranging from TAY to OA consumers, shared moving stories of their journeys from being homeless to becoming housed or having a home. They aspired to build community-based solutions to end homelessness. SA 5 panel consisted of a representative from a faith-based organization, Los Angeles Councilmember, Director of the Homelessness Initiative, Pacific Palisades community member who assists homeless individuals, and an LACDMH Countywide Housing Representative. The participants included consumers, family members, support staff, City Council Representatives, and program heads of the various mental health agencies. This event demonstrated the hard work of community staff and agencies toward ending homelessness.

**“Presentation to Clergy on Identifying
Victims of Sex Trafficking”
SA 7**

On January 20, 2016, the SA 7 O&E Team presented to over 40 participants at a clergy breakfast, held at Liberty Community Plaza in Whittier, on the topic of Commercial Sexual Exploitation of Children (CSEC) from spiritual and mental health perspectives. Kendra Tankersley, a clinician at Crittenton Services for Children and Families, delivered a presentation to clergy members on how to identify victims of sex trafficking who might otherwise go unnoticed. Ms. Tankersley emphasized the importance of reaching out to the victims with an open and non-judgmental attitude to help save these young victims and end the cycle that keeps them entrapped. The moving presentation generated an interactive Q&A session that followed.

**“Promotores de Salud Mental”
SA 8**

Mental Health Promoters (Promotores de Salud Mental) of SA 8 delivered presentations to the community in Spanish and English on various mental health topics. These topics included Mental Health Stigma, Grief and Loss, Domestic Violence Prevention, Drug and Alcohol Abuse Prevention, Symptoms and Treatment of Depression, Anxiety Disorders, Child Abuse Prevention, Childhood Disorders, and Suicide Prevention. Presentations took place in hospitals, private residences, school, churches, parks, community clinics, and community centers. The program reached 4,133 individuals through 400 presentations.

PEI

The LACDMH PEI Three-Year Plan for FY 17-18 to FY 19-20 was adopted on May 30, 2017. The plan highlights the spectrum of PEI services as follows:

- Universal prevention: targets the general public or a whole population that has not been identified on the basis of individual risks
 - Stigma and Discrimination Reduction
 - Suicide Prevention
- Selective prevention: targets individuals or a subgroup whose risk of developing mental illness is significantly higher than average
 - Community Outreach Services (COS) Expansion Programs
 - Parenting Programs
 - School-based Programs and School Failure Reduction Programs
 - Veteran Programs
 - Housing Supportive Services
 - Community Mental Health Promoters Program
- Early intervention: directed to individuals and families for whom a short duration, relatively low intensity intervention is appropriate
 - EBPs, Promising Practices, and CDE Practices
 - Practices for Anxiety
 - Practices for Trauma
 - Practices for First Break/Early Psychosis
 - Practices for Depression
 - Practice for Emotional Dysregulation Difficulties
 - Practices for Disruptive Behavior Disorders
 - Practices for Parenting and Family Difficulties
 - Practices for Severe Behavior/Conduct Disorders
- Relapse prevention: strategies for treatments applied in advance to prevent the return of mental illness symptoms
 - Peer Support Group Training
 - Peer Support Groups
 - Supported Employment Services
 - TAY Housing Support

Profiles of Hope

The Profiles of Hope project promotes an anti-stigma message for those diagnosed with mental illness. They are the stories of high-profile personalities willing to share their experiences and struggles with mental illness, substance abuse, or any challenge they encountered to their emotional wellbeing. The Profiles of Hope project shows just how common it is for individuals and families to suffer the stigma of a mental illness, and how important it is to outreach to a compassionate community.

The Project informs Spanish-speaking communities of LACDMH programs, services, and resources, while delivering messages of hope and recovery, even for individuals who are severely mentally ill. The Profiles of Hope Campaign promotes anti-stigma message to African American, Transgender, Native American, and Korean American communities through stories of recovery from Apl.de.ap of The Black Eyed Peas, Michelle Enfield, and Suzanne Whang.

Number outreached for FY 15-16 by Profiles of Hope

Program/ Project/ Activity	Number Outreached by Ethnicity and Gender								
	White	African American	Latino	API	American Indian	Other Ethnicity	Male	Female	Unknown
Univisión – Una Vida Una Mente News Stories			Over 12 million						
	Language of Staff: Spanish								
Profiles of Hope Marketing Campaign						58,000 - news			
	Language of Staff: English								

Promotores de Salud Mental (Mental Health Promoters) Program

Promotores de Salud Mental is a program composed of lay workers trained to enhance a community’s understanding of mental health symptoms, syndromes, and available treatments. Promotores de Salud decreases the stigma associated with mental illness and provides targeted outreach to ethnic communities that do not traditionally seek mental health services due to linguistic isolation; cultural beliefs and stigma around mental health/illness; and financial barriers.

Number outreached for FY 15-16 by Promotores de Salud Mental

Program/ Project/ Activity	Number Outreached by Ethnicity and Gender								
	White	African American	Latino	API	American Indian	Other Ethnicity	Male	Female	Unknown
Promotores de Salud	40	3	12,126	15	3	n/a	17	12,170	n/a
	Language of Staff:								
	English Spanish								

The Promotores de Salud Mental projects and activities contribute to LACDMH’s provision of culturally and linguistically competent services by addressing the barriers to accessing mental health services. Barriers such as lack of resources due to poverty, limited knowledge of the English Language, immigration issues, transportation problems, and stigma create major challenges for the community to learn about mental illness and treatment resources.

Promotores are trusted leaders who are embedded in their community and serve as a powerful tool to improve access to care. Promotores’ ability to enhance language capacity and cultural relevance by speaking the same language and often sharing similar cultural and spiritual beliefs with the Latino community helps to lessen these disparities. Through the use of mental health presentations, Promotores serve as connectors between the monolingual community to health services and community resources.

The Promotores can be trained consumers, family members, and local community leaders, who bring their unique skills in reaching Latinos. They are perceived as peers with similar life experiences providing credible information and linkage to resources. During FY 15-16, the Promotores de Salud Mental Program continued to improve access to mental health services and eliminate disparities by increasing the number of Promotores outreaching into the community, and by collaborating with Los Angeles County Department of Public Health to educate the community on public health concerns that also affected their mental wellbeing. Specifically, the two new trained cohorts received two required mental health foundational trainings, Phase I (80 hours) and Phase II (48 hours), as well as specialized training on a public health crisis affecting the community.

Spirituality

Mental Health Academy (MHA)

The LACDMH MHA was implemented in January 2014 to bring faith-based leaders and mental health professionals into a collaborative effort to build faith partnerships for hope, wellbeing and recovery. The goal of the MHA is to build healthier communities by promoting mental health awareness, reducing stigma associated with mental illness, and increasing access to quality mental health services. Through the MHA, faith leaders attend free presentations and trainings on various mental health topics. Faith leaders can customize the MHA training topics according to the needs of their congregations by choosing among 29 training topics in its curriculum. The general areas of training include: Mental Health 101, Psychological First Aid, common mental health conditions (e.g., depression, anxiety, PTSD, and substance use), crisis management, suicidality, effective communication, conflict management, support groups, healthy work environment, grief and loss, and gangs. Some of the courses are available in Spanish and Mandarin.

The MHA projects and activities contribute to LACDMH's provision of culturally and linguistically competent services. The MHA trains the clergy and religious communities where they are located. Mental health staff connect with and learn about the members of the community through their stories of adversity and resiliency. Trainings are provided in English, Spanish, Mandarin, Korean and Tagalog.

At the end of each presentation, the attendees are informed of the 24/7 ACCESS number and they are encouraged to ask for language interpretation if they cannot speak English. One of the MHA topics is "How to Navigate the LACDMH System." This is one of the core topics offered as a three-hour presentation that encourages people to visit our clinics, and programs. Attendees are also encouraged to call the mental health coordinator in case they have difficulty accessing the system.

Chaplaincy Program (Also known as Spiritual Care Program)

This is a pilot project. Some years ago, the former LACDMH Director, Dr. Marvin Southard, envisioned having a Chaplain deployed in each of the 52 Wellness Centers in the Los Angeles County for: 1) spiritual counseling to consumers; 2)

facilitation of spiritual support groups; 3) performing spiritual rituals when needed; and 4) linkage of consumers to the community churches when requested. One requirement for this program is for the Chaplain to be trained in mental health.

Faith-Based Advocacy Council (FBAC)

The LACDMH brings together, on a monthly basis, a wide sample of interfaith Clergy from many corners of Los Angeles County. In the process, FBAC is propelling our mental health and spirituality initiative as members of the Council find a common purpose across languages, ethnicities and races. FBAC has been in operation for ten years, originally called the LACDMH Clergy Advisory Council, infusing the Department with a greater understanding of how to partner with faith communities. At the same time, it has been a consulting body in the preparation of parameters used to train the LACDMH staff on how to address the whole person, their spirituality and culture as tools for recovery from mental illness. In addition to representatives from diverse religious organizations, FBAC is made up of O&E staff from the eight SAs who attend the monthly meetings to make connections with Clergy that foster diverse faith collaborations in their assigned neighborhoods.

FBAC meetings are held the first Thursday of every month with a different meeting agenda focusing on the most pressing issues of the County such as: housing for the homeless, reentry from incarceration and community relations with the Los Angeles Police Department (LAPD), to name a few. A driving force for the selection of issues discussed is the Council Executive Board, which is made up of the following cultural representation: Muslim, Cambodian, Jewish, African American, White, Chinese, and Latino.

Monthly meetings often become an opportunity for cultural immersion when facilities for the gathering are used in places such as St. Sophia's Greek Orthodox Cathedral, the Jewish Wilshire Blvd. Temple, Blessed Sacrament Catholic Jesuit Parish Church and the Holman United Methodist Church as a representative sample. Additionally, there are often presentations at the meetings from religious organizations that are combining spirituality with social services often provided in various languages.

Finally, in addition to the monthly meetings, FBAC representatives serve on the LACDMH SLT, and volunteer for special committees. The Council also conducts workshops for conferences and creates special events, most recently a Town Hall for Clergy with the theme, "Families Facing the Challenge of Mental Illness". Furthermore, FBAC provides a resource table for the LACDMH Mental Health & Spirituality Conference.

FBAC projects and activities contribute to the Department's cultural and linguistic competent services by involving representatives from the major cultures and languages of Los Angeles County. The relationships of these representatives to the Department bring their constituents and congregational members to interface with the services of LACDMH. By involving clergy from underserved communities LACDMH O&E staff and faith representatives, the FBAC becomes a

conduit of knowledge of how to promote access to mental health services and eliminate disparities.

Mental Health/Interfaith Clergy Roundtable Program

Started in 2010 as a pilot project by the LACDMH, the Roundtable Program brings together a small group of interfaith clergy and staff from LACDMH inclusive of contracted providers for the purpose of developing mutually respectful relationships, sharing expertise from their disciplines, and exploring the nexus between the worlds of mental health and spirituality in their daily practice as clergy and clinicians. The Roundtable Program creates an environment of collaboration in supporting individuals and families struggling with mental illness.

The purpose of the Roundtable Program is ultimately to expand a partnership between clergy and the mental health staff of the local community by building these relationships, which will both increase knowledge of LACDMH and faith community resources, and provide great personal growth value for Roundtable members of both professions. The Program also contributes to creating collaborative models between LACDMH and local faith-based institutions, which can expand the knowledge of mental health services within the community while promoting the importance of spirituality and faith-based resources for individuals in mental health recovery.

The Roundtable model is based upon a collaborative partnership among the District Chiefs and the LACDMH Community and Government Relations Division (CGRD), which provides support and technical assistance. It is a flexible model, one that acknowledges the diverse range of relationships between the public mental health system and clergy located within each SA, the needs of each SA as determined by the respective District Chiefs, and the staff resources within each SA. For example, a SA that has already established relationships with clergy through breakfast gatherings, task forces or other related committees will have a baseline of existing contacts within the faith-based community from which to draw; whereas a SA for which this is a new endeavor will use the Roundtable to begin its collaborative outreach to the faith-based community.

Participation in the Roundtable by mental health staff is determined by the District Chiefs, generally working with his or her Roundtable program facilitator. In some instances, participation may be solely drawn from County operated programs; in others, it may include staff from both Directly Operated and Contracted agencies. Diversity of experience/expertise is desirable (e.g., staff working with OA, families, children, and emergency services).

The Mental Health/Interfaith Clergy Roundtable Program projects and activities contribute to LACDMH's provision of culturally and linguistically competent services. The Mental Health/Interfaith Clergy Roundtable Program trains mental health professionals from LACDMH and agencies with the skills and techniques for developing and sustaining Mental Health/Interfaith Clergy Roundtables as immersive training sites that address:

- The understanding of the role of spirituality in delivering culturally sensitive services
- Techniques for engaging and supporting faith leaders in their work with congregants
- The benefits of clergy/mental health collaboration adaptations in working with the community
- Techniques for expanding the capacity of clinical programs to access collaborative resources in the faith community. The Mental Health/Interfaith Clergy Roundtable Program also contributes to the Department's cultural and linguistic competent services by involving faith representatives from the major cultures and languages of Los Angeles County. The relationship of these faith leaders/representatives to the Department bring their constituents and congregational members to interface with the services of LACDMH

By bringing together mental health staff and interfaith clergy from underserved communities, the Clergy Roundtable Program becomes a conduit of knowledge to promote access to mental health services, on how to integrate spirituality into mental health services, and how to eliminate mental health stigma and disparities.

Mental Health and Spirituality Conference

This conference is an annual event hosted for the Clergy, members of religious organizations, and providers of human services on the integration of mental health and spirituality in our system of care. The Mental Health and Spirituality Conference took place on May 3, 2017.

The Mental Health and Spirituality Conference activities contribute to LACDMH's provision of culturally and linguistically competent services. When planning for the Conference the community and CGRD ensures that the topics and presenters are models of diversity in relation to ethnicity, gender, and lifestyle. The Conference showcased religious practices, appealing to attendees of a myriad of inter-faith groups (e.g., Christians, Jews, Muslims, Native Americans, Buddhists, Atheists, and Agnostics).

The Clergy are usually the first responders within their communities. Thus, the overarching goal for the conference is for the Clergy to gain knowledge and skills in identifying when their congregants who need mental health services, thereby preventing the exacerbation of symptoms that could lead to mental illness.

Consumers and family members also attend the conference. The presenters with lived experience feel empowered when they speak. They are eloquent in expressing their thoughts on how the Clergy and the community could trust them with understanding, respect, and compassion.

Mental Health and Spirituality Training Program

“Studies have shown that spirituality can play an important role in mental health recovery and wellbeing. It is often cited as a source of hope, providing purpose and meaning in one’s life, which are considered to be important factors in recovery and wellbeing. In a recent California survey of mental health consumers and family members, 75% of respondents indicated that spirituality is important to their health. Two thirds of respondents agreed or strongly agreed that the public mental health system should do more to support consumers and families in utilizing their spirituality as a wellness and recovery resource.” – California Institute of Mental Health (CiMH).

In keeping with these trends, the LACDMH included in its strategic plan a focus on training mental health staff on integrating spirituality into mental health services and developing partnerships with faith-based organizations to help consumers utilize their spiritual choices in support of their recovery goals. The Mental Health and Spirituality Training Program promotes this departmental focus. The Spirituality Initiative Training Program trains mental health staff and faith leaders to develop an awareness of the importance of considering, integrating and supporting the spiritual interests of persons seeking their services and knowledge of resources in the mental health system and faith communities. The Mental Health and Spirituality Training Program projects and activities contribute to LACDMH’s provision of culturally and linguistically competent services involving faith representatives from the major cultures and languages of Los Angeles County. The relationship of these faith leaders and representatives to the Department allow their congregational members to interface with the services of LACDMH. The Program trains mental health staff and faith leaders on the skills and techniques to understand and address the role and integration of spirituality and culturally competent mental health services. It also teaches techniques for engaging and supporting faith leaders in their work with congregants, and the benefits of clergy/mental health collaboration working with the community. Additionally, this training program provides techniques on expanding the capacity of clinical programs to access collaborative resources in the faith community.

Trained mental health staff and faith leaders acquire the skills and techniques needed to understand and address spirituality and mental health while delivering culturally competent services. They are also equipped to integrate spirituality into mental health services, and eliminate mental health stigma and disparities.

TAY System of Care

The TAY Division provides an array of mental health and supportive services for SED and SPMI youth ages 16-25. The TAY Division has identified several priorities for the TAY populations with a specific emphasis on O&E for unserved and underserved TAY groups. These priority populations are:

- TAY who are homeless or at risk of homelessness
- TAY aging out of the children’s mental health, child welfare, or juvenile justice systems
- TAY leaving long-term institutional care

- TAY experiencing their first episode of major mental illness
- TAY struggling with substance abuse disorders

TAY Programs:

- FSP
- FCCS
- Probation Camp Services
- Drop-in Centers
- EESP
- Permanent Supportive Housing/Project-Based Operating Subsidies for Permanent Housing
- Housing Specialist Services
- TAY System Navigators
- PEI
- PSP Program
- Anti-Stigma and Discrimination (ASD)

Consumers served for FY 15-16 by the TAY Division

Program/Project/Activity	Number of Consumers Served by Ethnicity and Gender								
	White	African American	Latino	API	American Indian	Other (Specify)	M	F	T
FSP	237	381	858	51	3	9	888	650	1
FCCS	434	698	2569	137	19	139	1926	2070	0
Drop-in Centers	243	341	389	27	33	174	692	381	134
EESP	29	97	45	4	1	80	183	50	23
Other Ethnicities across all programs:									
Not specified.									
Languages of Staff across all programs:									
Arabic	Ilocano/Iloko		Swahili						
Armenian	Italian		Tagalog						
Cambodian	Korean		Thai						
Cantonese	Mandarin		Toisan						
English	Portuguese		Vietnamese						
German	Russian		Visayan						
Greek	Spanish		Yiddish						
Hebrew									

The TAY Division projects and activities continue to contribute to LACDMH's provision of culturally and linguistically competent services. The TAY Division publishes TAY brochures in the following languages: English, Spanish, Armenian, Arabic, Korean, Russian, Farsi, Tagalog, Vietnamese and Chinese. The TAY Mobile Library contains resources and information for TAY consumers and is being rotated amongst the EESPs and drop-in centers. TAY Navigators provide and deliver culturally and linguistically appropriate services to consumers in the EESP and those visiting the Drop-in Centers. Currently, there are several FSP providers that adhere to specific cultures/languages of

the community, such as Asian Pacific Counseling Treatment Center and American Indian Counseling Center.

The TAY Division is increasing its outreach and engagement efforts in “non-branded” mental health sites such as sober-living homes, ‘Skid Row,’ train stations, under bridges, parks, health clinics, Drop-in Centers, libraries, recreational centers, and community-based organizations. TAY staff has been working with local and federal law enforcement in addressing TAY victims of sexual exploitation/trafficking in an effort to serve their mental health needs. TAY staff have increased outreach to justice-involved youth by outreaching them in juvenile camps and following up immediately post release to help link them to needed mental health services. TAY staff have been providing employment resources at various TAY locations, i.e. Drop-in Centers and EESP. The TAY Division started to implement self-help support groups to Permanent Supportive Housing (PSH) units. There has been collaboration with SA District Chiefs to permit 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.

Telemental Health and Consultation

Telemental health uses advanced technologies to provide mental health services to individuals at a distance. It allows medically underserved areas greater access to specialty care. In ethnically diverse Los Angeles County, Telemental health allows for non-English speaking individuals to receive mental health services in their preferred language. Using the Internet and a two-way television system, mental health professionals and consumers can communicate in a completely confidential manner. This videoconferencing strategy offers real-time audio and high definition visual resolution.

Collaborative consultation refers to healthcare professionals communicating as a team in order to improve the lives of consumers who are in medical treatment. The Telemental Health and Consultation team of psychiatrists is dedicated to training and educating primary care physicians so they can better manage their consumers who, in addition to the medical problems, are found to have mild to moderate mental health disorders. Consultation services are also delivered either directly or indirectly to clinicians who offer EBPs and supportive services to consumers in primary care settings.

Consumers served for FY 15-16 by Telemental Health and Consultation

Program/ Project/ Activity	Number of Consumers Served by Ethnicity and Gender								
	White	African American	Latino	API	American Indian	Other Ethnicity	Male	Female	Unknown
Tele-mental health and consultation	342	371	368	17	13	46	486	760	n/a
	Other Ethnicities:								
	Not specified								
	Language of Staff:								
	Ahmaric			Spanish					
Farsi									

The Telemental Health and Consultation program is at the forefront of LACDMH's goals of providing culturally and linguistically matched mental health services, by providing much-needed assessment and continuity of care, and medication management services to consumers who speak non-English languages (e.g., Spanish, Farsi and Ethiopian Amharic). A pilot program has been initiated to decentralize the activities of the TeleHub, and increase the non-English speaking psychiatric workforce involved in delivering linguistically-matched care utilizing video-teleconferencing strategies.

The primary endpoints for the Telemental Health and Consultation program are located in SA 1. This part of Los Angeles County has perennially struggled with recruiting and retaining qualified psychiatrists. Services delivered by Telepsychiatrists at the program via video teleconferencing allow consumers to still be seen at the mental health clinic that is closest to their place of residence. Without this program, consumers would have to travel burdensome distances in order to access care – in this region of Los Angeles County that would be the Olive View Urgent Care Center which for many would be greater than 60 miles round-trip. It is difficult to estimate, however, it can be assumed that the program's presence in SA 1 has mitigated consumer decompensation as well as psychiatric hospitalizations.

Medical and non-medical Spanish-speaking staff associated with the Telemental Health and Consultation Program provide services using video teleconferencing strategies to enhance culturally competent, linguistically matched care in SA 1. Moreover, with recent acquisitions of Farsi-speaking psychiatrists and an Ethiopian-speaking nurse this ability to provide linguistically matched care will improve.

Underserved Cultural Communities (UsCC)

AAA

Black Male Mental Health Awareness Campaign

This campaign will build the mental health service capacity and spread learning through community presentations in Los Angeles County. The campaign will outreach to Black males 16 years and older. 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 MHSA.

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 was translated into two different African languages: Amharic and Somali.

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.

Sierra Leone Community Mental Health Training and Education

This project is a joint effort of 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 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. This project 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.

AI/AN

AI/AN Community Spirit Wellness Project

To implement the Community Spirit Healers Wellness Project, five 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.

AI/AN Outreach and Engagement Media Campaign

The AI/AN UsCC 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 Los Angeles County. This media campaign included the development of the TV/radio commercials and broadcasting.

API

API Family Member Mental Health Outreach, Education, and Engagement Program

The purpose of this program was 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 who were 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 entailed: 1) the collection and distribution 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; and 3) the implementation of Outreach, Education, and Engagement (OEE) events countywide targeting API families from specific SAs and API ethnic communities. The OEE events were held in collaboration with consumer and family member support groups that serve the API community.

API Underrepresented Ethnic Populations (UREP) Consumer and Family Member Employment Training Program

For FY 13-14, 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 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 partnered with two Samoan community based agencies to conduct individual and group outreach and engagement activities with the Samoan community in SA 8, which has the largest concentration of Samoans in Los Angeles County.

EE/ME

The Armenian 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 44 LACDMH approved mental health TV talk shows to inform the Armenian community about common mental health issues and how to access services in Los Angeles County. The TV shows included, but were 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.

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 mental health community presentations as well as making these materials available by using technological approaches, such as web-based informational sites.

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 22 new mental health radio shows aired on the local Farsi speaking radio station. The radio talk shows included, but was 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.

Mental Health Awareness Project for Law Enforcement

For FY14-15, the EE/ME UsCC 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.

Latino

Health Neighborhoods Mental Health Awareness Outreach Campaign

The Latino UsCC 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 LAC.

Media Outreach Campaign

The Latino UsCC subcommittee funded a media outreach campaign. This campaign consisted of two LACDMH approved media advertisements (commercials) that aired from December 10, 2015 thru January 3, 2016 on 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.

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 UsCC subcommittee funded a six-month research project that was implemented in 2015. This research project measured the effectiveness of the Promotores Project Model (PPM) as an outreach and engagement strategy aimed at Latinos within Los Angeles County.

LGBTQI2-S

Clinical Mental Health Trainings for LGBTQ Youth

Four two-day clinical trainings were conducted to educate and improve the therapeutic skills of licensed mental health clinicians who provide mental health services to LGBTQI2-S youth. This training provided a total of 12 Continuing Education Units for mental health clinicians. The training was offered in SAs 2, 4, 6, and 8.

The LGBTQ Survey

The LGBTQI2-S UsCC 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.

Veterans and Loved Ones Recovery (VALOR) Program

The LACDMH began providing specialized services for veterans in 2010. The VALOR program is headquartered at Bob Hope Patriotic Hall, where military veterans, regardless of their military discharge status and eligibility for Veterans Affairs (VA) benefits, are seen. The rapid growth and formal organizational status signifies the importance and high priority given to this population by the County and Department management.

The VALOR program's goal is to bring opportunities for hope, wellbeing, and recovery to Los Angeles County veterans and their families who need mental health services. VALOR staff recognizes they must start by helping veterans fulfill basic needs. Consequently, there is a strong emphasis on reducing homelessness among veterans, increasing housing linkages and mental health services, and building partnerships with veteran's service providers. The VALOR Program provides outreach and engagement for homeless veterans and their families with serious mental illnesses and/or co-occurring issues. Outreach and engagement efforts focus on veterans living in encampments, on the streets, and by underpasses, parks, libraries, emergency rooms, and other locations frequented by homeless persons. Consumers are surveyed to determine if they already have or may be eligible for veteran's benefits, and are linked with programs such as mental health treatment, substance abuse treatment, health care for chronic medical conditions, benefits establishment or others depending on their specific needs. The VALOR program has fostered positive relationships with local veteran's affairs facilities and help consumers gain access to these resources as appropriate.

Staff also works closely with the County's Department of Military and Veterans Affairs (DMVA) to ensure mental health counseling and treatment, veteran benefits and entitlements, and housing options are available to veterans who contact this resource. On January 1, 2016, the VALOR program transitioned into a FSP program serving homeless veterans who may not qualify for VA Healthcare Benefits. Finally, VALOR staff is an integral part of LACDMH's implementation of the Countywide SB-82 Mobile Crisis Response Teams. These teams are deployed by SA.

Consumers served for FY 15-16 by VALOR

Program/ Project/ Activity	Number of Consumers Served by Ethnicity and Gender								
	White	African American	Latino	API	American Indian	Other Ethnicity	Male	Female	Unknown
Outreach and Engagement	36	54	6	3	3	6	97	11	
	Other Ethnicities:								
	Not specified								
	Language of Staff:								
	English Spanish								
FSP	White	African American	Latino	API	American Indian	Other Ethnicity	Male	Female	Unknown
							129	18	
	Other Ethnicities:								
	Not specified								
	Language of Staff:								
English Spanish									

The VALOR projects and activities contribute to LACDMH’s provision of culturally and linguistically competent services. The VALOR program ensures that veterans are involved in a number of ways at LACDMH and as members of the Los Angeles County Mental Health Commission. Consumers who are veterans and family members of veterans provided recommendations that were incorporated into LACDMH's MHSA PEI Plan. The recommendations included: needed assistance in training, education, and outreach to veterans and family members in the areas of life skills, job training, and system navigation. In addition, programs specific to training, education, and outreach for providers on treatment approaches for veterans experiencing PTSD, brain trauma, and other forms of trauma were incorporated into LACDMH’S PEI Plan. Many consumers, some of whom are veterans or have family members who are veterans, are employed in LACDMH Directly Operated programs and participate, through the Department’s Office of Consumer Affairs, with regional client coalition groups and NAMI. These individuals are also actively involved in various Countywide SAACs and in the ongoing collection of consumer-reported outcome measures. Finally, the VALOR program employs four veterans of the US military including two formerly homeless veterans.

The VALOR program provides a full range of services to the homeless veterans that have both a serious mental illness and substance use disorder. VALOR staff receives basic training on the identification and assessment of COD. Such training includes drug recognition, screening and assessment for substance abuse as well as utilizing the stages of change model and motivational interviewing techniques. Appropriate referrals and linkage are also provided to veterans who are homeless and have both a serious mental illness and substance use disorder. The VALOR program actively refers and provides linkage to Federal Veteran’s Affairs programs by identifying veterans not currently receiving services and linking them to the appropriate program for mental

health treatment. The VALOR Program also collaborates with the Los Angeles County DMVA to ensure the provision of mental health counseling and treatment, veteran benefits and entitlements, and housing options are available to veterans. Finally, VALOR program staff use the training and supervision they receive to ensure they are sensitive to the age, gender, and racial/ethnic differences of the veterans served.

WET Division

The WET Division coordinates the majority of Department-wide training offerings both to Directly Operated and Contracted programs. A substantial number of training offerings are led and directly coordinated by the Age Group-based Systems of Care (e.g., Children, TAY, Adult and OA) and other Bureaus. The WET Division is tasked with full responsibility for the implementation of the MHSA–WET Plan in Los Angeles County.

MHSA WET funded trainings are focused on one of the following:

- Culturally responsive and linguistic enhancement of interpreters and the clinicians that utilize them
- Integration of consumers, family members, and parent advocates/parent partners into the public mental health workforce at the peer, paraprofessional, and professional levels
- Retention of current skilled workforce and recruitment of future workforce, with priority afforded to individuals that represent an unserved or underserved population and/or speak a needed language
- Outreach to community partners, such as community colleges and faith-based leaders/organizations, to build collaborations and address stigma often associated with mental illness, while creating partnerships with community based organizations that may create an additional way for consumers to enter the public mental health system
- Training the mental health workforce about the consumer culture and the promotion of hope, wellbeing, and recovery

Young Mothers and Babies FSP

Young Mothers and Babies Full Service Partnership (Mamás y Bebés) Program is an intensive, field/home-based mental health program serving young mothers (ages 16-25) and their babies (0-5). The focus of this program is on helping to foster a healthy relationship and attachment between mother and child, and to address mental health issues in the children and their mothers. Services aim to reduce dysregulation in young children, and promote social and emotional intelligence. A substantial number of consumers have been referred by DCFS, as families are at risk of having children detained due to abuse or neglect. Pre-schools have referred children who have been expelled or are at risk of being expelled due to poor impulse control or mood disorders. Referrals also come from the NFP and from high schools where TAY mothers are struggling to balance parental responsibilities with school requirements. Probation has referred TAY mothers who have been dependents of the court and are often in placement. Many mothers are homeless or in undesirable housing circumstances. Others are involved in domestic violence or economic dependency. Most consumers are of Latino heritage.

Consumers served for FY 15-16 by Youth Mothers and Babies FSP

Program/ Project/ Activity	Number of Consumers Served by Ethnicity and Gender								
	White	African American	Latino	API	American Indian	Other Ethnicity	Male	Female	Unknown
Young Mothers and Babies FSP	2%	2%	96%	n/a	n/a	n/a	25%	75%	n/a
	Language of Staff:								
	English								
Spanish									

Youth Mothers and Babies FSP projects and activities continue to contribute to LACDMH's provision of culturally and linguistically competent services. Services are delivered in the home, and the community, by people who grew up in the community, or similar communities. All full-time FSP staff are bi-lingual Spanish/English Latinas.

Young Mothers and Babies FSP staff go into the community rather than expect the consumers to come to the clinic. Many, if not the majority of consumers and families, have never needed to visit the clinic. FSP staff have been involved across the spectrum of the consumer's life as appropriate, and as indicated by the consumer's goals. Staff accompany consumers to important meetings, advocate with immigration authorities, and help navigate a challenging system to access housing. Staff have assisted and advocated with school enrollment, and helped establish paternity for support. This increases trust and hope, which encourages consumers to address emotional and system barriers. All staff are Latina and understand the challenge of communicating their work in a way that eliminates clinical and technical jargon. Their approach is based on building upon the inherent strengths and coping skills of a community that has survived mostly on its own.

IV. Summary of Strategies to Reduce Mental Health Disparities by Program, FY 15-16

ADULT FSP		
Projects/Activities/Strategies	Status/Progress	Monitoring/Outcomes/Findings
1. 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. The ASOC is in the planning process for the next May is Mental Health Month in Spanish.
2. FSP I/FSP II Program	Implemented.	FSP I Program offers the most intensive and individualized recovery-oriented treatment for adults. Staff to consumer ratio is 1:15. Consumer tenure is two years. FSP II Program has a staff to consumer ratio of 1:45 and length of stay is an additional three years.
3. Forensic FSP	Implemented.	This program provides treatment for all justice-involved consumers. Each provider is responsible for collecting data to demonstrate, track, and document program effectiveness and performance outcomes.
4. Integrated FSP (Combines both FCCS and FSP Programs)	Implemented.	FSP Program offers the most intensive and individualized recovery-oriented treatment for Adults (Ages 18-56). Integrated FSP combines both FCCS and FSP Programs. Each provider is responsible for collecting data to demonstrate, track, and document program effectiveness and performance outcomes.

ADULT FSP		
Projects/Activities/Strategies	Status/Progress	Monitoring/Outcomes/Findings
		The Outcomes Measures Application (OMA) data includes the completion of each consumer's Baseline, Key Event Change (KEC) specific to any major change in his/her life, and the Three-Month Report (3M) which details any changes in finances, such as income and other benefits.
<p>5. COD Court: A specially-designated court program created to rehabilitate criminal defendants experiencing both mental illness and substance abuse disorders. Many of the defendants also experience chronic homelessness. The COD Court Program is offered to non-violent criminal defendants with co-occurring mental substance abuse addiction disorders who voluntarily agree to participate in a 12 to 18 month comprehensive, court-supervised COD treatment program</p>	Implemented.	Each provider is responsible for collecting data to demonstrate, track, and document program effectiveness and performance outcomes. The OMA data includes the completion of consumer Baseline, KEC, and the 3M.
<p>6. Wellness Consumer Satisfaction Surveys (in all threshold languages)</p>	Completed/ Ongoing Project	This is an ongoing survey which is distributed on a semi-annual basis.

CaWORKs		
Projects/Activities/Strategies	Status/Progress	Monitoring/Outcomes/Findings
1. Multi-lingual and multi-cultural case management and clinical staff	<p>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.</p> <p>Languages spoken include:</p> <ul style="list-style-type: none"> • Arabic • Armenian • Cantonese • English • Farsi • Hebrew • Hindi • Japanese • Khmer • Korean • Laotian • Mandarin • Portuguese • Punjabi • Russian • Samoan • Spanish • Tagalog • Urdu • Vietnamese 	<p>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.</p> <p>CaWORKs Program Administration monitors accessibility of culturally competent mental health services for CaWORKs participants.</p>

CSOC (C-FCCS, C-FSP, IFCCS)		
Projects/Activities/Strategies	Status/Progress	Monitoring/Outcomes/Findings
1. O&E	C-FSP provides outreach and engagement services to potential FSP consumers prior to enrollment. O&E services are used to build relationships between FSP programs and potential consumers. This service is particularly important to outreach to consumers who are “difficult to engage” or who are residing in structured community settings at the time of referral.	On average, prior to enrollment, C-FSP consumers receive minimally a month of outreach and engagement activities.
2. Field-based Services	Child field-based services programs (C-FSP, IFCCS and C-FCCS) provide consumers and their family access to services in the location which 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 has far exceeded the expectations.
3. Designating and tracking ethnic targets for FSP	Prior to the implementation of FSP, the Stakeholders Process established target populations. Target populations for C-FSP include: AAA, API, White, and Latino. Program administration tracks ethnic targets monthly.	During FY15-16, FSP served children and families from the following ethnic backgrounds: AAA, White, Latino, API, and AI/AN.
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 CSS funds. C-FSP consumers can access CSS Flex Funding under special circumstances and as a last resort. CSS funds must be tied to the consumer’s treatment and goals.	During FY15-16, C-FSP utilized a total of \$187,609 of CSS/Flex funds for housing support for families. These funds prevented families from eviction and homelessness.

CSOC (C-FCCS, C-FSP, IFCCS)		
Projects/Activities/Strategies	Status/Progress	Monitoring/Outcomes/Findings
5. Interagency Collaboration	The LACDMH, DCFS, and DHS began collaborating closely to assist Children/Youth involved with DCFS, who have multiple placement disruptions, to ensure their mental health and health needs are met. The three entities hold daily telephonic rounds in which cases are identified and discussed. The discussion addresses the child/youth's placement, physical health, and mental health needs.	The collaboration has contributed to a large number of children being linked with IFCCS.
6. Trainings/Case Consultation	CSOC ensures that cultural aspects are incorporated into all trainings. C-FSP and C-FCCS trainings aim to increase cultural competency and cultural humility.	The trainings offered in FY 15-16 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.
7. Increasing mental health access ability to underserved populations	C-FSP and IFCCS outreach and engagement services allow FSP programs to outreach to "difficult to engage" consumers and non-traditional consumers ¹ (underserved populations). C-FCCS co-location of services allow for services to be accessed by non-traditional consumers (underserved populations).	During FY 15-16, C-FSP, IFCCS and C-FCCS provided services to families from a variety of ethnic backgrounds. The children and families were from the following ethnic backgrounds: African American, White, Latino, API, and American Indian were exceeded. During FY 15-16, C-FSP and C-FCCS exceeded the expectations of field-based percentages.

¹ Non-traditional consumers refer to consumers who usually do not seek out mental health services

CSOC (C-FCCS, C-FSP, IFCCS)		
Projects/Activities/Strategies	Status/Progress	Monitoring/Outcomes/Findings
8. Implementation of new Departmental policies and procedures that improve the quality and timeliness of mental health services	CSOC has facilitated trainings for ICC Services, In-Home Behavioral Health Services (IHBS), and Child and Family Team (CFT) meetings for FSP and IFCCS providers.	During FY 15-16, FSP and IFCCS began improving care coordination for children in treatment who are also in the child welfare system. Trainings for ICC, IHBS, and CFTs ensure access to these services within MHSA programs.

DMH/DHS COLLABORATION		
Projects/Activities/Strategies	Status/ Progress	Monitoring/ Outcomes/Findings
A Wellness Education group for the Chinese consumers at the Roybal site was designed by clinicians and Medical Case Workers. Conducted in Mandarin and Cantonese, it offers a non-stigmatizing way to educate community members about overall health and to outreach and identify individuals needing mental health treatment, but who are also facing cultural barriers to seeking it out.	The group was held once during FY 15-16 and was well attended. A DHS provider and the site's DHS health educator contributed to the presentation and attended as collaborators to promote integrated care and normalize the role mental health plays in overall wellbeing.	Feedback from the group members anecdotally was positive. Two consumers were identified. The group will be held on a semi-annual basis going forward.
At the Roybal site, the Collaboration staff promote awareness of mental health resources for the local Chinese community who face significant cultural barriers to accessing mental health treatment.	"LA 18", the Chinese news station in Los Angeles, interviewed one of Roybal's Mandarin-speaking clinicians about mental health issues facing the Chinese population in Los Angeles County, and on treatment resources available to them.	The interview was conducted and aired in May 2016. As part of the interview, the LACDMH ACCESS number (800-854-7771) was shown and the audience was advised to call that number for mental health services.

IMHT

Projects/Activities/Strategies	Status/ Progress	Monitoring/ Outcomes/Findings
<p>The IMHTs’ strategy is to provide field-based outreach and engagement, mental health, physical health, and substance use treatment services to individuals who are homeless. Homelessness is considered a unique culture that requires specialized strategies to address the multiple needs for the population served by the IMHTs.</p>	<p>The IMHT model has been successful.</p>	<p>LACDMH used The Innovation Health Outcomes Management System to monitor the IMHT outcomes.</p> <p>The IMHT consumers showed significant improvements:</p> <ul style="list-style-type: none"> • Increased ability to manage their illness and continue their recovery between 6 to 24 months after enrollment in services • Significant decrease in the use of emergency services from 6 to 12 months after enrollment in services • Significant improvement in projected longevity for consumers based on improvements in their overall health

KATIE A.

Projects/Activities/Strategies	Status/Progress	Monitoring/Outcomes/Findings
<p>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.</p>	<p>LACDMH and DCFS track and report on a monthly basis. In Calendar Year (CY) 2016, approximately 90% of DCFS children who were administered the Mental Health Screening Tool (MHST), screened positive and were referred to LACDMH staff who are co-located in each of the DCFS Regional Offices. These co-located LACDMH staff triage cases to community Mental Health Providers based upon acuity and service needs. LACDMH has contracted with more than 64 legal entity mental health providers to provide mental health services for those children in need.</p>	<p>Triennial 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 conducted 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 on the MHST were later provided with a diagnosis and began mental health services.</p>

KATIE A.		
Projects/Activities/Strategies	Status/Progress	Monitoring/Outcomes/Findings
<p>2. MAT Trainings: SCPM Training: Cultural Humility</p> <p>MAT 101 Training: Culture of Foster Populations, Use of Cultural Humility as an approach to assessment and engagement</p>	<p>Two MAT-specific SCPM trainings were offered to staff in SAs 3 and 7, parallel to the roll-out of immersion in the Belvedere and Pasadena DCFS offices.</p> <p>The MAT 101 training is provided to new MAT assessors across all eight SAs, as needed. The training covers the Katie A. lawsuit and entitlements of children who belong to the Katie A. class and subclass. Additionally, new assessors are trained on the SCPM and the current policies and procedures of the MAT program. Trainings are held within the SAs and are coordinated with the SA LACDMH staff and DCFS MAT staff members when new MAT assessors have been hired by Contracted MAT providers. Typically, such trainings occur eight to ten times per fiscal year.</p>	<p>Quantitative outcomes for the two MAT-specific SCPM training were collected via participant surveys at the completion of each training session. Such outcomes are tracked via the Child Welfare Division Training Coordinator.</p> <p>Qualitative outcomes for the MAT 101 training (e.g., quality and timely completion of MAT assessments) are regularly monitored by SA MAT Psychologists and DCFS MAT Coordinators.</p>
<p>3. Coaching/Trainings: SCPM Trainings address cultural humility and emphasize Engagement and Teaming to target lack of participation and disproportionality between AI/AN and AAA populations in foster care.</p> <p>CFT Trainings, which emphasize the element of the family's voice and choice, and the family being viewed as</p>	<ul style="list-style-type: none"> • Conducted SCPM trainings to LACDMH staff and contract providers at least one time a month or as needed • Delivered SCPM trainings and intensive coaching to mental health providers and Wraparound agencies • Delivered CFT trainings and intensive coaching to mental health providers/Wraparound agencies • Developed CFT Facilitators and CFT Coaches at Wraparound agencies 	<p>Training Evaluations were provided to all participants.</p> <p>The LACDMH Coaches administered CFT Facilitator Surveys to capture the areas for needed learning and improvement by each CFT Facilitator.</p> <p>The LACDMH Coaches administered CFT Surveys. This tool was utilized to obtain feedback from the child and family following</p>

KATIE A.

Projects/Activities/Strategies	Status/Progress	Monitoring/Outcomes/Findings
<p>the expert in the teaming process, and increasing cultural awareness and respect. Additionally, CFT Trainings emphasize the need to accommodate the family’s preference and delivery of services in the family’s language.</p> <p>Coaches are bilingual and able to deliver services in the preferred language of the families.</p> <p>The California Partners for Permanency Practice Model specifies 23 practices or guidelines on how staff can engage children and families in the Child Welfare System. The practices also guide staff on how to conduct assessments and plan interventions. These 23 guidelines were derived from focus groups held with families and community stakeholders, and have been incorporated into the SCPM Trainings.</p>		<p>the CFT meeting. The survey was utilized to collect information as to how the family perceived their culture (language, values, traditions, beliefs, etc.) was embraced and valued by their team during the CFT process.</p> <p>The LACDMH Coaches held CFT Agency Debriefing meetings with each Wraparound agency provider to monitor the outcomes of the CFT training process. These meetings allowed for discussions on the value of learning from the family to better understand the child and family’s culture. The value of listening to the family story and learning from the family’s perspective was discussed as means of enhancing the team approach.</p> <p>Coaching sessions also focused on building a team that is more culturally sensitive and responsive to the child and family’s needs</p>
<p>4. Wraparound: The Wraparound Practice Principles include:</p> <ul style="list-style-type: none"> • Family Voice and Choice • Team-based • Collaboration • Community-based • Culturally Competent • Individualized 	<p>During FY 15-16, Wraparound Providers have serviced 4,226 youth and their families with an emphasis on culturally sensitive methods.</p>	<p>The Wraparound Countywide Plan includes countywide administration monitoring of Wraparound Providers with special attention given to cultural sensitivity and responsiveness.</p> <p>LACDMH field liaisons participate in Plan of Care Reviews. These Plan of Care reviews are focused on 12 life domains, which are</p>

KATIE A.

Projects/Activities/Strategies	Status/Progress	Monitoring/Outcomes/Findings
<ul style="list-style-type: none"> • Strength based • Natural Supports • Persistent • Outcome-based <p>These Principles of the Wraparound Program are reinforced by ongoing training and coaching on the SCPM for LACDMH staff and Contracted providers. Each new Wraparound employee is required to participate in trainings related to the Wraparound Model both initially, and throughout their tenure in the program.</p> <p>This model of service delivery is culturally competent in that every principle is aimed at empowering consumers and families so that they may find solutions within the context of their unique values and beliefs, strengths, preferred supports, and unique communities.</p>		<p>individualized and culturally sensitive. The life domains include safety, family functioning, legal concerns, emotional and behavioral concerns, social relationships, recreational activities, health and medical, work, and, culture/spirituality.</p> <p>Outcome data is collected such as the Wraparound Fidelity Index Short Form (WFI-EZ), which measures provider fidelity to the Wraparound Principles and Phases.</p> <p>Disenrollment data is collected to measure consumer satisfaction with the Wraparound model of service delivery.</p>
<p>5. TFC:</p> <p><i>Pre-Match consultations</i> incorporate culture as one of the elements discussed/considered at the time of matching youth with foster families and planning services.</p> <p><i>Routine announcements to agencies</i> about available trainings on cultural</p>	<ul style="list-style-type: none"> • Agencies are considering ethnicity, language, local community, age, and experience with systems and mental health challenges when matching youth to foster families and treatment staff • Agency staff have attended some of the trainings through this announcement process • Several agencies have recruited foster 	<p>The Intensive Treatment Foster Care (ITFC) Foster Parent Satisfaction Surveys are available in English and Spanish. Program Improvement Reviews (PIR) are conducted annually include evaluation of the integration of culture in the treatment/ services of the youth.</p>

KATIE A.

Projects/Activities/Strategies	Status/Progress	Monitoring/Outcomes/Findings
<p>humility and those that incorporate cultural competency (ex: Culturally Sensitive Practices, CSEC 101, LGBTQI2-S TAY Safe and Welcoming Environment, How Deaf Mental Health is Unique, Emotional CPR in Spanish, and Substance Use/Dual Diagnosis Conferences).</p> <p><i>Provider Roundtable meetings</i> schedule time for agencies to share information with one another about upcoming trainings and information obtained from trainings they attended. They have included topics such as developmental disabilities, CSEC, and LGBTQI2-S populations.</p> <p><i>The Foster Parent Appreciation Event</i> included a foster parent training that incorporated cultural discussions and socio-cultural context for fostering.</p> <p><i>Clinical Consultation</i> is offered as needed and includes discussion and support for the provision of culturally competent engagement and services.</p> <p><i>ITFC Foster Family Agencies outreach</i> to faith-based communities to recruit foster parents for ITFC. Some ITFC agencies train, certify, and support ITFC Foster Parents who are monolingual in</p>	<p>parents that specifically want to work with LGBTQI2-S youth and have matched youth into these homes for services</p> <ul style="list-style-type: none"> • Providers have shared information on topics such as developmental disabilities, CSEC, and LGBTQI2-S populations and trainings available through their agencies or community partners • Clinical consultation has been provided to support improvement with culturally appropriate services (ex: culture of family violence and substance abuse, gang culture) • ITFC agencies continue to recruit and train staff and foster parents to provide care and services to youth in Spanish 	

KATIE A.		
Projects/Activities/Strategies	Status/Progress	Monitoring/Outcomes/Findings
Spanish or bilingual in English and Spanish. Spanish-speaking youth are able to receive services in Spanish.		
6. Family Preservation (FP) Program: SCPM Trainings incorporate cultural humility. SCPM as an approach to use with FP consumers was added to the Memorandum of Understanding (MOU)	<p>The trainings were available to all FP Lead Agencies and MH Providers at numerous times in 2016.</p> <p>SCPM language was added into the MOU to emphasize the elements within Multidisciplinary Case Planning Committee (MCPC) meeting, teaming, and treatment. Ongoing dissemination and implementation of training related to SCPM elements.</p>	<ul style="list-style-type: none"> • Review possible ways to track outcomes related to cultural humility within the FP Program • Continue to develop PIR Tool to measure implementation, cultural humility, and other cultural indicators. • Monitor number of agencies who have completed the training • Develop procedures for ongoing request for trainings on SCPM elements for FP Providers
7. IFCCS: IFCCS is a field-based program developed in direct response to the State's expansion of services available to Katie A. Subclass members who have intensive mental health needs that are best met in a home-like setting. The goal of these services is to incorporate a coordinated child and family team approach into service delivery. This is achieved by engaging and assessing children and their families' strengths and underlying needs to minimize psychiatric hospitalizations, placement disruptions, out-of-home placements and involvement with the juvenile justice system. In April 2016, IFCCS grew from	The IFCCS program continues to provide culturally and linguistically competent services by ensuring that services are provided in the families' preferred language. Target populations are consistently met every fiscal year.	In FY 15-16, IFCCS utilized the PIR process, which is an adaptation of the Quality Service Review (QSR), to ensure quality of service provision and evaluate fidelity to the SCPM. The PIR process focuses on 9 practice performance indicators. Cultural considerations and trauma informed practice are also reviewed. Specifically, the PIR team is looking at the team's considerations of the family's culture, cultural values, how the family identifies themselves, and whether services are rendered in the family's language preference.

KATIE A.		
Projects/Activities/Strategies	Status/Progress	Monitoring/Outcomes/Findings
a 100 slot program to a 780 slot program.		
8. Katie A. QSR	A total of six QSR trainings were completed at various DCFS regional offices during FY 15-16 (San Fernando Valley, Vermont Corridor, El Monte, Metro North, Glendora and Lancaster). LACDMH provided 19 debriefing sessions to mental health provider agencies to continue support of the SCPM implementation (which includes a Cultural Competency component). In addition, LACDMH QSR staff provided the following trainings: 11 SCPM presentations; seven Foundational QSR trainings and one Local Interagency Operations Network (LION) meeting for a total of 19 trainings during FY 15-16.	<p>For the six offices, emotional wellbeing was in the 80% acceptable range. Overall Practice, however, was 51% acceptable and teamwork continued to be the lagging indicator at 21% acceptable. Regarding cultural humility and reducing disparity:</p> <ul style="list-style-type: none"> • 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.” • Interview questions are designed to determine child and family status as well as the County’s practice. Questions pertaining to the protocol and reviewer training emphasizes the need to remain neutral and practice cultural humility when meeting with families.

OA FCCS		
Projects/Activities/Strategies	Status/Progress	Monitoring/Outcomes/Findings
1. FCCS Annual Client Satisfaction Survey for FY 15-16	This survey was distributed in June 2016 and was translated into Spanish, Chinese, and Farsi.	<p>The survey responses included the following highlights:</p> <ul style="list-style-type: none"> • 76% of all who responded to the survey reported feeling either ‘very hopeful’ or

OA FCCS		
Projects/Activities/Strategies	Status/Progress	Monitoring/Outcomes/Findings
		<p>'somewhat hopeful'</p> <ul style="list-style-type: none"> • 48% reported getting one to two times visits per month by the FCCS team, while 33% reported getting three to four times per visits per month by the FCCS team • 74% reported having one or more supportive relationships in their lives • 66% reported having an individualized plan in the event of a crisis and a need for immediate assistance • 56% reported the need to be linked to medical services. Out of those, 75% reported being linked to medical services
2. OA SA Provider Contact Listing	This listing of OA providers, which includes their language capacity, is updated on a quarterly basis to reflect current staffing and language capacity at each of OA provider sites countywide.	This listing is distributed to providers and the public as needed and upon request, and it is also available on the LACDMH Internet.
3. OA FCCS Telepsychiatry Project	Three OA FCCS Directly Operated clinics participated in a telepsychiatry pilot to increase access to medication evaluation and management services by homebound OA.	The project was launched in SAs 1, 2, 5, and for a sixth month period. 118 consumers were seen. This model was especially useful for those in hard to reach areas with limited access to a psychiatrist. This service was beneficial to getting a consumer's medication needs met in a timely manner as well as any follow-up concerns.
4. OA Justice-Involved Consultation Committee	This project focuses on older adults with mental illness who are at risk of incarceration and/or released from jail. The consultation team meets monthly and includes combined	This Committee allows providers to receive extra guidance and additional resources to provide to this under-represented population. The recommendations assist with directing

OA FCCS		
Projects/Activities/Strategies	Status/Progress	Monitoring/Outcomes/Findings
	experts in Geriatric Medicine, Gero-Psychiatry, Case Management/Community Resources, Substance Use, Housing Resources, Psychological Screening/Testing, Treatment Planning/Engagement, Public Guardian and access to Legal Services. Providers present difficult cases and receive feedback and recommendations from the Committee.	treatment plans to provide consumers with additional resources to ensure safety and promote wellbeing.
5. Homeless and Housing Advocacy For Seniors (HHAS) Committee	This Committee meets monthly with representatives from the Housing Authority of the City of Los Angeles (HACLA); the Housing Authority of the County of Los Angeles (HACoLA); OASOC; Countywide Housing, Employment and Education Resource Development (CHEERD); legal entity providers; and presenters from various housing groups in Los Angeles. The group shares current information regarding resources for the older adult homeless population.	This Committee educates providers and OASOC staff on barriers for the OA homeless with mental health concerns and how to address these barriers to improve access to medical and mental health care.
6. Collaboration between Adult Protective Services (APS) and Genesis	This is an ongoing project to quickly link victims of abuse or neglect identified by APS for the Genesis FCCS program.	

OA FSP		
Projects/Activities/Strategies	Status/ Progress	Monitoring/ Outcomes/Findings
1. OA FSP Utilization Review	The OASOC Bureau conducted utilization reviews on older adults who participated in the OA FSP program for 24 months or longer.	Approximately 68 active cases were reviewed during FY 15-16. This forum provided an opportunity for clinicians to review their

OA FSP

Projects/Activities/Strategies	Status/ Progress	Monitoring/ Outcomes/Findings
	<p>These reviews were conducted with a multidisciplinary team either by conference call or in a face to face meeting. These reviews were completed to improve clinical care and promote workflow throughout the mental health system.</p>	<p>consumers' cases and consult with other clinicians and other professionals such as the Public Guardian and case workers, to improve direction of treatment. 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.</p>
<p>2. FSP Annual Client Satisfaction Survey</p>	<p>This survey was distributed in June 2016 and was translated into Spanish, Chinese, and Farsi.</p>	<p>Highlights of FY 15-16 OAFSP Survey include the following:</p> <ul style="list-style-type: none"> • 70% of all who responded to the survey reported feeling 'very hopeful' or 'somewhat hopeful' as a result of their services • 70% reported getting three or more visits per month by the FSP team • 72% reported having one or more supportive relationships in their lives • 63% reported having an individualized plan in the event of a crisis and a need for immediate assistance • Of those who reported the need to be linked to medical services, 83% reported being linked to medical services
<p>3. OA SA Provider Contact Listing</p>	<p>This listing of OA FSP 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.</p>	<p>OASOC distributes this information to providers and the public as needed and upon request, and is also available on the LACDMH Internet.</p>

OA FSP

Projects/Activities/Strategies	Status/ Progress	Monitoring/ Outcomes/Findings
4. Teleconference Technology for Impact Meetings	OASOC hosts an Impact Meeting twice a month, which provides a forum where providers bring challenging cases for recommendations. The group consists of OASOC Impact coordinators, liaisons, OASOC Clinical Supervisors, other FSP Providers and the Public Guardian. During these meetings, new referrals are presented to Impact Coordinators for review to: 1) ensure the referrals meet criteria for FSP; and 2) provide recommendations for ancillary services if needed. OASOC now has the capability for providers to join these meetings via phone conference if they are unable to physically be present.	Providers have expressed that being able to join these meetings via phone allows them to be in the field and still participate, which keeps them more productive as well as addresses their consumers' needs. This also allows for more participants.
5. OA Justice-Involved Consultation Committee	This project focuses on older adults with mental illness who are at risk of incarceration and/or have been released from jail. The consultation team meets monthly and includes experts in Geriatric Medicine, Gero-Psychiatry, Case Management/Community Resources, Substance Use, Housing Resources, Psychological Screening/Testing, Treatment Planning/Engagement, Public Guardian and access to Legal Services. Providers present difficult cases and receive feedback and recommendations from the Committee.	This Committee allows Providers to receive additional guidance and resources to provide to this under-represented population. The recommendations assist with directing treatment plans to provide consumers with additional resources to ensure safety and promote wellbeing.
6. HHAS Committee	This Committee meets monthly with representatives from the HACLA, the HACoLA, OASOC, CHEERD, legal entity providers, and presenters from various housing groups in Los Angeles to share	This Committee educates providers and OASOC staff on barriers for homeless older adults with mental health concerns and how to address these barriers to improve access to medical and mental health care.

OA FSP

Projects/Activities/Strategies	Status/ Progress	Monitoring/ Outcomes/Findings
	information regarding resources for the OA homeless population.	

OA SERVICE EXTENDERS

Projects/Activities/Strategies	Status/Progress	Monitoring/Outcomes/Findings
1. Service Extender Training Academy held in August/September 2015	Thirty individuals registered for this four-week class, and twenty completed and received certificates. The curriculum included Mental Health 101, The Role of the Service Extender on the FCCS team, Field Safety, Cultural Diversity, the Interview Process from the Human Resources Perspective, Boundaries, suicide prevention training such as QPR, and Legal and Ethical Considerations.	Twenty individuals completed the Service Extender Training. The OASOC Bureau interfaced with both Directly Operated and Contracted agencies to coordinate interview opportunities for graduates to serve as service extenders. Barriers that precluded placement were due to specific language needs requested by the clinics. Additionally, graduates were connected to SB 82 teams throughout the County for potential stipend opportunities. Lastly, graduates were sent exam announcements for LACDMH Mental Health Advocate and Community Worker employment opportunities.
2. Continual outreach by OA CSS team to identify and place Service Extenders in our older adult providers' FCCS teams or in full-time employed positions	During FY 15-16, the OASOC Administration continued to support existing Service Extenders placed with providers as well as to identify programs that could benefit from the use of a Service Extender.	A Russian-speaking Service Extender was interviewed and hired by an older adult provider in SA 2, and has been providing services including facilitating support groups.
3. Quarterly Service Extender meetings on September 28, 2015; December 14, 2015; March 15, 2016 (training); and June 13,	Discussions of cultural competency are an important part of the quarterly meetings where colleagues share their experiences in working	The quarterly meeting was well-attended and popular among the Service Extenders. The meeting agenda addressed areas of diversity

OA SERVICE EXTENDERS

Projects/Activities/Strategies	Status/Progress	Monitoring/Outcomes/Findings
2016	with consumers of diverse cultural backgrounds. They receive feedback from each other as well as the OASOC facilitator. Topics from FY 15-16 included: Peer-Run Services and Supports and how to access services, Working on SB 82 Teams, and interacting with consumers of diverse cultural backgrounds.	and strengthened supportive service skills in working with older adult consumers.
4. Distribution to Service Extenders of Community Training opportunities	Service Extenders are informed upon manager's receipt of notice of any relevant training opportunity to enhance their knowledge and capacity to promote health, wellbeing, and access to unserved, underserved and inappropriately served populations.	Service Extenders have been invited to participate in opportunities such as Peer Certification Program at Pacific Clinic Training Institute's Peer Certification Program, Emotional CPR, Spirituality for LACDMH Paraprofessionals, and Workforce Integration Support and Education (WISE) Recovery 101 and Peer Support 101.

PEI

Strategies and Activities	Status and Progress	Monitoring/Outcomes/Findings
<p>Suicide Prevention Project</p> <p>1. Latina Youth Program at Pacific Clinics School-Based Services: The goals of this program are to:</p> <ul style="list-style-type: none"> • Decrease substance use and depressive symptoms • Increase youth awareness of high-risk behaviors 	The agency's partnership with schools, private and public agencies, and community-based organizations continues to successfully leverage services and resources to benefit program participants. Important aspects of the collaborative effort include reduction of barriers and improvement of access to mental	For FY 15-16, the program provided services to 193 students. Of the participants, 56% of the participants were female and 46% were male. The program's staff provided crisis and urgent services, and preventive activities such as outreach and education to 1,114 contacts. The program has been consistently successful

PEI

Strategies and Activities	Status and Progress	Monitoring/Outcomes/Findings
<ul style="list-style-type: none"> • Provide immediate assessment and treatment • Improve access to services by decreasing barriers and the stigma of accepting mental health services • Increase family awareness of high-risk behaviors • Educate families on the benefits of prevention and early intervention services and health promotion • Enhance awareness and knowledge regarding substance abuse and depression among school staff and community members 	<p>health services. Access to services were enhanced by placing the program at school sites, offering participants and their families convenient locations and times, providing services at no cost, and delivering services with cultural and linguistic competency.</p> <p>The program identified risk factors targeted for prevention, education, and treatment activities. Widely known risk factors in professional literature were confirmed, and they included substance use or abuse, suicidal ideation, and past suicide attempts. The program tracked other risk factors of suicide such as running away from home, communication problems at home, poor school functioning, difficulty regulating emotions, involvement with the legal system, negative peer relations, issues related to sexual identity, and poverty.</p>	<p>in reducing the severity of suicidal ideation from intake to post-treatment.</p> <p>Over the past 14 years of the program’s operation, there has been one death by suicide (May 2014). On recent evaluations, clinicians reported a higher incidence rate than in previous years of students who experienced suicidal ideation or attempted death by suicide. Despite this trend, the increased availability and accessibility of interventions (including hospitalization) possibly contributed to the reduction of death by suicide.</p>
<p>2. 24/7 Crisis/Suicide Hotline at Didi Hirsch: Services are offered in English, Spanish, Korean, and Vietnamese. Support services are delivered to individuals who have attempted and/or have been bereaved by suicide. Consultative services are provided to law enforcement and first responders.</p>	<p>The program implemented community capacity building strategies by offering training in ASIST and safe TALK models.</p> <p>Outreach events took place in Los Angeles County and Orange County. Types of outreach events included: Adolescent, Adult, Adult Clinical, ASIST, College Clinical, First Responders, and safeTALK presentations.</p>	<p>The 24/7 Crisis/Suicide Hotline responded to a total of 81,728 calls, chats, and texts originating from Los Angeles County, including Spanish crisis hotline services to 7,158 callers. In addition, there were 27 Korean crisis calls and 8 Vietnamese crisis calls.</p> <p>Calls reflected concerns of suicidal intent (51%), depression (39%), relationship/family issues (39%), past suicidal ideation/attempt (35%), and anxiety/stress (30%).</p>

PEI

Strategies and Activities	Status and Progress	Monitoring/Outcomes/Findings
		In Los Angeles County, 5,331 persons were reached through outreach efforts.
<p>3. PSP Team for Children, TAY, Adults, and OAs: PSP is a program designed to increase public awareness of suicide and reduce stigma associated with seeking mental health and substance abuse services.</p>	<p>The PSP team comprised of eight staff, representing each of the four age groups, and included six Spanish-speaking members. The team offered education, identified appropriate evidence-based practice tools, and provided linkages and referrals to age-appropriate services.</p> <p>The PSP team 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 variety of organizations.</p>	<p>PSP Team members participated in a total of 202 suicide prevention events during FY 15-16, reaching out to more than 5,233 Los Angeles County residents. These events included countywide educational trainings, participation in suicide prevention community events, and collaboration with various agencies and partners.</p> <p>Highlights included training 145 participants across five ASIST workshops, and conducting 58 trainings of the QPR program. Twelve staff members became QPR trainers, five of whom were members of the PSP team.</p> <p>Recognizing and Responding to Suicide Risk (RRSR) was provided via two opportunities, training a total of 58 participants.</p> <p>Assessing and Managing Suicide Risk (AMSR) was rolled out during this fiscal year. AMSR focuses on 24 core competencies for clinicians to be successful in their work with suicidal consumers. AMSR aims to build confidence and competence in assessing and managing suicide risk and reducing suicidal behaviors and completed suicides in the at-risk population of individuals who interact with mental health professionals. Four PSP team members trained 110 staff including clinicians, case</p>

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Strategies and Activities	Status and Progress	Monitoring/Outcomes/Findings
		<p>managers, and nurses across six trainings.</p> <p>Two PSP members completed the Train-the-Trainer for Suicide to Hope this fiscal year. The Suicide to Hope: A Recovery and Growth Workshop equips clinicians and professional helpers with tools to facilitate recovery and growth goals for individuals with previous suicide experience. The plan is to roll out this training during FY 16-17.</p>
<p>School Mental Health Project</p> <p>1. START: The main objectives for START are the following:</p> <ul style="list-style-type: none"> • Prevention and reduction of targeted school violence in Los Angeles County • Provision of on-going support and assistance to at-risk students, their families/caregivers, and schools through interventions, trainings, and consultations • Establishment of partnerships with schools, law enforcement, and other involved community organizations 	<p>In FY 14-15, START continued its mission of preventing violence and/or suicide risk presented by students and/or school faculty. The program partnered with law enforcement, schools, and other community organizations to build strong support systems for the consumers and their families. The efficiency of START’s services is evidenced by its ability to provide timely interventions to address indicators of targeted school violence; reduce risk factors over the course of the team’s involvement; and connect individuals of concern to ongoing treatment and monitoring, as deemed clinically appropriate. The START program has received recognition by numerous organizations and individuals. START assesses and/or intervenes at the level of the individual, program, and system.</p>	<p>START has responded to thousands of incidents where law enforcement officials, school authorities and other individuals had concerns about potential violence on elementary school, middle school, high school, and college campuses.</p> <p>In FY 14-15, staff responded to 3,660 service calls to assess individuals (who had a nexus to educational institutions) for homicidal/ suicidal ideation throughout all eight SAs of Los Angeles County. Services included threat assessment, crisis intervention, and linkage to mental health treatment to mitigate the potential for violent and/or suicidal acts. Individuals who met 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 delivered to</p>

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Strategies and Activities	Status and Progress	Monitoring/Outcomes/Findings
		<p>school and community programs and organizations. In FY 14-15, these trainings addressed: Targeted School Violence, Bullying, and Introduction to START Program services. Students, parents, and school faculty members participated in the trainings. 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. Among the 955 attendees, 50% were professionals, 27.8% were college students, and 22.2% were parents.</p>
<p>Stigma and Discrimination Reduction Project</p> <p>1. Family-focused Strategies to Reduce Mental Health Stigma and Discrimination: The Los Angeles County Alliance for the Mentally Ill provides prevention services countywide with a focus on reducing mental health stigma and discrimination experienced by families and caregivers of consumers. Services include education on mental illness, treatment, medication, and rehabilitation. The program includes a family support bureau training program, parental support services, and consultative services.</p>	<p>The Los Angeles County Alliance for the Mentally Ill is implementing the "Family-focused Strategies to Reduce Mental Health Stigma and Discrimination" experienced by families and caregivers of consumers</p>	<p>During FY 15-16, the ASOC's ASD Team participated in 36 events implemented in five SAs while outreaching to 1,107 community members throughout Los Angeles County. These countywide events included educational presentations to faith communities, underserved/underrepresented ethnic populations, and college campuses (e.g., El Camino College, Long Beach City College). The team collaborated with the Department of Public Social Services, San Pedro Mental Health Clinic, Peace Over Violence, Toberman Neighborhood, Lift, and Wellness Outreach Workers Program.</p>

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Strategies and Activities	Status and Progress	Monitoring/Outcomes/Findings
<p>2. The Children’s Stigma and Discrimination Reduction Project: This program provides trainings to increase public awareness, social acceptance, and inclusion of people with mental health challenges.</p>	<p>The Children’s Anti Stigma and Discrimination project also known as A Reason to Care and Connect (ARCC), educated parents and community members through four trainings in English and Spanish:</p> <p><i>It Takes a Community (ITC)</i> is a 10-week course developed by LACDMH in consultation with Ruth Beaglehole to reduce stigma. This course includes healing and communication tools to promote mental wellbeing and empathy toward children.</p> <p><i>Educate, Equip and Support (EES)</i> is a 13-week curriculum developed by United Advocates for Children and Families (UACF). They offer a general overview of childhood mental health disorders, and strategies aimed at improving the lives of children with mental health needs and their families. It also includes coping with grief and loss, and navigating the mental health, juvenile justice, special education, and child welfare systems.</p> <p><i>Youth Mental Health First Aid (YMHFA)</i> created by the National Council for Behavioral Health is an eight-hour training for parents, neighbors, teachers, and the general community to help a youth (ages 12-18) with mental health or addictions challenges. The course introduces</p>	<p>During FY 15-16, 66 trainings on ITC, EES, YMHFA, and Anti-bullying presentations were delivered to parents, children, and community members throughout the Los Angeles County.</p>

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Strategies and Activities	Status and Progress	Monitoring/Outcomes/Findings
	<p>common mental health challenges for youth, reviews typical adolescent development, and teaches a five-step action plan to help young people in crisis and non-crisis situations.</p> <p><i>Anti-bullying presentations</i> were created to raise awareness of the serious problem of bullying within youth, including the importance of the roles played by the bully, the bullied, and the bystander roles play. It also includes helping parents and community members identify the early signs of bullying and implement bullying prevention and intervention strategies.</p>	
<p>3. OA Mental Wellness</p>	<p>The OA ASD Team is comprised of one Community Services Counselor, one Social Work Intern, one Community Worker, one Mental Health Advocate, and one Service Extender. If there were more than one presentation given in a day or interpretation was needed, additional OASOC staff provided assistance. Languages of OA ASD presentations included Chinese, English, Farsi, Korean, Mandarin, and Spanish.</p>	<p>The OA ASD Team participated in a total of 230 events during FY 15-16, reaching out to more than 3,780 Los Angeles County residents. The majority of presentations took place in senior housing and senior centers; the remaining presentations were in community centers, libraries, or civic organizations. Presentation titles included "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." OA ASD provided over 226 presentations for seniors throughout Los Angeles County;</p>

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Strategies and Activities	Status and Progress	Monitoring/Outcomes/Findings
		<p>participated in four Health Fairs throughout Los Angeles County; increased the number of workshops in areas of SAs 2 and 4; developed and added three new presentations “Grief and Loss”, “Late-Life Transitions” and “Isolation” to the Menu of topics for the Mental Wellness Series; outreached to LGBTQI2-S community of older adults.</p>
<p>4. Profiles of Hope: These video presentations consist of 10-minute inspirational stories that spotlight high-profile individuals who candidly shared their experiences of overcoming stigma and obstacles to live successful and productive lives. The Project promotes an anti-stigma message for those diagnosed with a mental illness, and has been broadcasted on local television stations and PSAs.</p>	<p>FY 14-15 did not produce new Profiles of Hope videos; however, the following activities were accomplished:</p> <ul style="list-style-type: none"> • Completed a Request for Services 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 <i>Profiles of Hope</i> series and design a major marketing plan around the series. The contract for the production of new vignettes was finalized and activities started in early July, 2015 • Consulted with LACDMH staff of the Department’s UsCC on the production of PSAs, one in Spanish targeting the Latino population and one reaching out to the Native American population • Continued to coordinate the suicide prevention campaign, “Know the Signs” for Los Angeles County targeting young African American men, young Latinas, and 	

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Strategies and Activities	Status and Progress	Monitoring/Outcomes/Findings
	<p>older White males. Ad campaigns included placement of English and Spanish language posters on billboards, buses and trains, and a 30-second trailer in local movie houses</p> <ul style="list-style-type: none"> • Participated in the Los Angeles City Council acknowledgement of lime green as the unifying color for mental health awareness. City Council directed that City Hall be lighted in lime green • Coordinated suicide prevention outdoor campaign in Los Angeles 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. <p>The following is a media overview and overall performance for 2016:</p> <ul style="list-style-type: none"> • KTLA partnership <ul style="list-style-type: none"> ○ Televised 30-second <i>Profiles of Hope</i> PSAs ○ Co-branded promotional spots of the Live on Green event ○ Showed 10-minute video at an event at the Spirit Pavilion • In-cinema <ul style="list-style-type: none"> ○ Showed 30-second PSAs on screen and in lobbies at select locations 	

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Strategies and Activities	Status and Progress	Monitoring/Outcomes/Findings
	<ul style="list-style-type: none"> • High profile radio stations (Three top-ranking general market radio stations) <ul style="list-style-type: none"> ○ Showed 30-second PSAs and live integrations and 10-minute <i>Profiles of Hope</i> video at signature radio station events in LA county • Outdoor <ul style="list-style-type: none"> ○ Displayed three premium bulletins at key locations in Hollywood. Bulletins ran for one month each between February and March • Print <ul style="list-style-type: none"> ○ Printed three full page four-color ads in LA Weekly and four dedicated email blasts • Social Media <ul style="list-style-type: none"> ○ Promoted the 10-minute and 30-second <i>Profiles of Hope</i> videos on Facebook and YouTube 	
<p>5. MHFA :</p> <p>This is an interactive eight-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. Role-playing and other interactive activities are used to enhance the participants' understanding and skill set in</p>		<p>Through training and education MHFA 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. Eighty percent of MHFA training participants either increased their knowledge of stigma or reported no change because they were already knowledgeable on the subject</p>

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Strategies and Activities	Status and Progress	Monitoring/Outcomes/Findings
<p>assessing, intervening, and providing initial help before making the appropriate linkages to mental health professionals. Participants are provided information about local mental health resources that include treatment, self-help and other important social supports.</p>		<p>matter. Eighty percent of MHFA training participants reported that they would advocate for someone living with mental illness.</p> <p>Prior to the training, 96% of participants' total scores were in either the Positive Attitudes category or Very Positive Attitudes category. This suggests the vast majority of participants had positive beliefs about people with mental illness prior to the MHFA training.</p> <p>Upon completion of training, 100% of participants' total scores were in either the Positive Attitudes category or Very Positive Attitudes category. Participants whose total score was in the Neutral Attitudes category prior to training shifted to the Positive Attitudes category following the training.</p> <p>There were twelve participants with total scores in the Very Positive Attitudes category prior to training.</p> <p>Upon completion of training, the number increased to 19, which is an improvement of 58%. The average total score (42.70) prior to the training fell within the Positive Attitudes range and the average total score (46.31) upon completion of the training fell in the Very Positive Attitudes range.</p>

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Strategies and Activities	Status and Progress	Monitoring/Outcomes/Findings
<p>School-Based Services Project This project aims to: 1) build resiliency and increases protective factors among children, youth and their families; 2) identify, as early as possible, children and youth at risk for mental illness; and 3) provide on-site services to address non-academic problems that impede successful school progress.</p> <p>1. ART is designed for use with all ethnic groups, between the ages of 5 and 17.</p>	<p>Implemented at 21 agencies, and delivered through other PEI strategies: Early Support and Care for Transition Age Youth, and Juvenile Justices Services Project.</p>	<p>63% of the consumers were between the ages of 6 and 15, 72% were male (28% female), and 73% of the consumers served were Latino.</p>
<p>2. CBITS is designed for use with ethnic minorities and immigrants, between the ages of 10 and 14. There is support for the use of CBITS with Latinos, African Americans, and Native Americans.</p>	<p>Implemented at 10 agencies, and delivered through other PEI strategies: Juvenile Justices Services Project.</p>	<p>²*56% of the consumers were between the ages of 6 and 15, 64% were female (36% male), and 46% of the 11 consumers served were Latino.</p>
<p>3. MDFT is designed for use with all ethnic groups, between the ages of 11 and 18.</p>	<p>Implemented at one agency, and delivered through other PEI strategies: Early Support and Care for Transition Age Youth Project, and Juvenile Justices Services Project.</p>	<p>*58% of the consumers were between the ages of 6 and 15, 75% were male (25% female), and 83% of the 12 consumers served were Latino.</p>
<p>4. PATHS is designed for use with all ethnic groups, between the ages of 5 and 12.</p>	<p>Implemented at one agency, and delivered through other PEI strategies: Family Education and Support Project.</p>	<p>*98% of the consumers were between the ages of 6 and 15, 68% were male (22% female), and 77% of the 58 consumers served were Latino.</p>

² For PEI table, from this point forward, asterisk (*) indicates data drawn from Integrated Systems (IS) and Integrated Behavioral Health Integrated System (IBHIS) designated age-group categories: 0-5, 6-15 (Child), 16-25 (TAY), 26-59 (Adult), and 60 and up (Older Adult). Age ranges for Evidence-based Practices (EBPs) fall within the IS/IBHIS age categories.

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Strategies and Activities	Status and Progress	Monitoring/Outcomes/Findings
5. SF is designed for use with all ethnic groups, between the ages of 3 and 16.	Implemented at two agencies.	*62% of the consumers were between the ages of 16 and 25, 74% were male (26% female), and 82% of the 38 consumers served were Latino.
6. Integrated School Health Centers (ISHCs)	LACDMH continued providing services through the ISHCs with the DHS, 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 10 being on high school campuses and five in elementary and/or middle schools. These ISHC sites are located in SAs 1, 2, 4, 6 and 7. John C. Fremont High School, one of the ISHC sites located in SA 6, was chosen as a “pilot” site in consultation with the Los Angeles Unified School District (LAUSD) and the Los Angeles County School Health Policy Roundtable. This site has a large number of students who are served by DCFS and/or are Probation involved youth. This ISHC site has the presence of a school-based Deputy Probation Officer, a functioning Wellness Center with a robust school-linked service provider network, a Wellness Center Coordinating Council, and a full-time Wellness Coordinator.	None reported.

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Strategies and Activities	Status and Progress	Monitoring/Outcomes/Findings
<p>Family Education and Support Project The objective is to build competencies, capacity and resiliency in parents, family members and other caregivers in raising their children by teaching a variety of strategies.</p> <p>1. CFOF is designed for Cambodian and Korean immigrant and refugee families, between the ages of 5 and 11.</p>	<p>Implemented at four agencies.</p>	<p>*76% of the consumers were between the ages of 6 and 15, 51% were female (49% male), and 54% of the 43 consumers served were Latino.</p>
<p>2. IY is designed for use with all ethnic groups, between the ages of 3 and 12.</p>	<p>Implemented at 20 agencies, and delivered through other PEI strategies: At-Risk Family Services Project, Primary Care, and Behavioral Health Project.</p>	<p>*72% of the consumers were between the ages of 6 and 15, 68% were male (32% female), and 77% of the 646 consumers served were Latino.</p>
<p>3. MAP is designed for use with all ethnic groups, between the ages of 2 and 21.</p>	<p>Implemented at 89 agencies, and delivered through other PEI strategies: Risk Family Services Project.</p>	<p>76% of the consumers were between the ages of 6 and 15, 56% were male (44% female), and 73% of the 15,999 consumers served were Latino.</p>
<p>4. MPG is designed for use with all ethnic groups, children ages 0 through 5 years, gay and lesbian families, and biracial couples.</p>	<p>Implemented at one agency, and delivered through other PEI strategies: At-Risk Family Services Project.</p>	<p>100% of the consumers were between the ages of 0 and 5, 75% were female (25% male), and 50% of the 11 consumers served were AAA.</p>
<p>5. NFP is designed for use with all ethnic groups, pregnant women with children 0 to 2 years. There is strong support for its use with African Americans. Consumers recruited and enrolled in this LACDMH-funded program represents special populations including families that are stressed and foster families, as well as</p>	<p>Delivered through other PEI strategies: Improving Access for Underserved Populations Project. There continues to be some difficulty with recruitment of NFP consumers in areas that promote the Welcome Baby program (particularly in SA 6). LACDMH continues to collaborate closely with DPH to support Perinatal Mental Health</p>	<p>None reported.</p>

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Strategies and Activities	Status and Progress	Monitoring/Outcomes/Findings
<p>individuals who are deaf or hard of hearing, homeless, exposed to violence, involved in DCFS, experiencing co-occurring mental health and substance abuse issues, exhibiting signs of severe mental distress or depression, involved in the juvenile justice system (including probation), and involved in the criminal justice system (including probation).</p>	<p>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.</p> <p>This practice has been delivered through another PEI strategy: Improving Access for Underserved Populations Project.</p>	
<p>6. PATHS – See School-Based Services Project (p. 116)</p>	<p>Implemented at one agency. This practice has been delivered through another PEI strategy: School Based Services Project.</p>	<p>See School-Based Services Project (p. 116).</p>
<p>7. Triple P is 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.</p>	<p>Implemented at 43 agencies, and delivered through other PEI strategies: At-Risk Family Services Project, Trauma Recovery Services Project, and Primary Care and Behavioral Health Project.</p>	<p>70% of the consumers were between the ages of 6 and 15, 68% were male (32% female), and 73% of the 32,364 consumers served were Latino.</p>
<p>At-Risk Family Services Project This project: 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 3) provides support to families whose environment and history renders them vulnerable to forces that lead to destructive behavior and the disintegration of</p>		

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Strategies and Activities	Status and Progress	Monitoring/Outcomes/Findings
<p>the family.</p> <p>1. BSFT is designed for use with all ethnic groups, between the ages of 10 and 18, support for use with Latinos.</p>	<p>Implemented at one agency.</p>	<p>70% of the consumers were between the ages of 6 and 15, 59% were female (41% male), and 71% of the 49 consumers served were Latino.</p>
<p>2. CPP is designed for use with all ethnic groups, between the ages of 0 and 7. There is strong support for its use with Latinos.</p>	<p>Implemented at 41 agencies, and delivered through other PEI strategies: Trauma Recovery Services Project.</p>	<p>88% of the consumers were between the ages of 0 and 5, 55% were male (45% female), and 62% of the 1,812 consumers served were Latino.</p>
<p>3. FOCUS is a family resiliency training for military families, couples, and children who experience difficulties with multiple deployments, injuries, PTSD, and combat operational issues.</p>	<p>Implemented at eight agencies.</p>	<p>85% of the consumers were between the ages of 6 and 15, 56% were male (44% female), and 74% of the 128 consumers served were Latino.</p>
<p>4. Group CBT is designed for use with all ethnic groups, ages 18 and older, modified for use with Latinos and African-Americans.</p>	<p>Implemented at 22 agencies, and delivered through other PEI strategies: Trauma Recovery Services Project, Juvenile Justices Services Project, Early Care and Support for Older Adults Project, and Improving Access for Underserved Populations Project.</p>	<p>71% of the consumers were between the ages of 26 and 59, 67% were female (33% male), and 64% of the 92 consumers served were Latino.</p>
<p>5. IY – See Family Education and Support Project (p. 118).</p>	<p>This practice has been delivered through other PEI strategies: Family Education and Support, Primary Care and Behavioral Health Project.</p>	<p>See Family Education and Support Project (p. 118).</p>
<p>6. MAP – See Family Education and Support Project (p. 118).</p>	<p>This practice has been delivered through other PEI strategies: Family Education and Support Project.</p>	<p>See Family Education and Support Project (p. 118).</p>

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Strategies and Activities	Status and Progress	Monitoring/Outcomes/Findings
7. MPAP is designed for parent educators of parents and/or caregivers of children ages 0 to 8.	Currently being implemented by community-based organizations.	None reported.
8. MPG – See Family Education and Support Project (p. 118).	This practice has been delivered through other PEI strategies: Family Education and Support Project.	See Family Education and Support Project (p. 118).
9. PCIT is designed for use with all ethnic groups, between the ages of 3 and 6. Adapted for use with Latinos.	Implemented at 45 agencies, and delivered through other PEI strategies: Trauma Recovery Services Project.	*77% of the consumers were between the ages of 0 and 5, 66% were male (34% female), and 68% of the 1,286 consumers served were Latino.
10. RPP is designed for use with all ethnic groups, between the ages of 2 and 12.	Implemented at eight agencies.	*53% of the consumers were between the ages of 0 and 5, and another 47% were between the ages of 6 and 15; 53% were male (47% female), and 68% of the 68 consumers served were Latino.
11. Triple P – See Family Education and Support (p.119).	Implemented at 43 agencies, and delivered through other PEI strategies: Family Education and Support Project, Trauma Recovery Services Project, and Primary Care and Behavioral Health Project.	See Family Education and Support (p.119).
12. UCLA TTM is designed for use with all ethnic groups, between the ages of 0 and 8.	Implemented at three agencies.	56% of the consumers were between the ages of 0 and 5; 56% were male (44% female), and 59% of the 77 consumers served were Latino
Trauma Recovery Services Project This project provides: 1) short-term crisis debriefing, grief, and crisis counseling to consumers, family members and staff who		

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Strategies and Activities	Status and Progress	Monitoring/Outcomes/Findings
<p>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.</p> <p>1. CORS is designed for use with all ethnic groups, ages 3 years and older.</p>	<p>Implemented at 79 agencies.</p>	<p>67% of the consumers were between the ages of 6 and 15, 53% were male (47% female), and 60% of the 1,236 consumers served were Latino.</p>
<p>2. CPP – See At-Risk Family Services Project (p.120).</p>	<p>Implemented at 41 agencies, and delivered through other PEI strategies: At-Risk Family Services Project.</p>	<p>See At-Risk Family Services Project (p.120).</p>
<p>3. DBT is designed for use with all ethnic groups, ages 18 years and older.</p>	<p>Implemented at seven agencies.</p>	<p>71% of the consumers were between the ages of 26 and 59, 76% were female (24% male), and 42% of the 38 consumers served were Latino.</p>
<p>4. DTQI is designed for use with all ethnic groups, between the ages of 12 and 20.</p>	<p>Implemented at three agencies.</p>	<p>66% of the consumers were between the ages of 6 and 15, 63% were female (37% male), and 82% of the 191 consumers served were Latino.</p>
<p>5. Group CBT – See At-Risk Family Services Project (p.120).</p>	<p>This practice has been delivered through other PEI strategies: At-Risk Family Services Project, Juvenile Justices Services Project, Early Care and Support for Older Adults Project, and Improving Access for Underserved Populations Project.</p>	<p>See At-Risk Family Services Project (p.120).</p>
<p>6. Individual CBT is designed for use with all ethnic groups, ages 16 years and older.</p>	<p>Implemented at 81 agencies.</p>	<p>54% of the consumers were between the ages of 26 and 59, 66% were female (34% male),</p>

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Strategies and Activities	Status and Progress	Monitoring/Outcomes/Findings
		and 58% of the 3,220 consumers served were Latino.
7. PCIT – See At-Risk Family Services Project (p.121).	Implemented at 45 agencies, and delivered through other PEI strategies: At-Risk Family Services Project.	See At-Risk Family Services Project (p.121).
8. PE-PTSD is designed for use with all ethnic groups, ages 18 years and older.	Implemented at 81 agencies, and delivered through other PEI strategies: Improving Access for Underserved Populations Project.	75% of the consumers were between the ages of 26 and 59, 64% were female (36% male), and 42% of the 12 consumers served were Latino.
9. SS is designed for use with all ethnic groups, ages 13 years and older.	Implemented at 115 agencies, and delivered through other PEI strategies: Early Support and Care for Transition Age Youth.	47% of the consumers were between the ages of 16 and 25, 56% were male (44% female), and 64% of the 4,697 consumers served were Latino.
10. System Navigators for Veterans, provided through an MOU with the DMVA, designed for veterans and their families of all ethnic groups, ages 16 years and older.		For FY 13-14, DMVA submitted 5,884 claims for veterans, and their Veterans Outreach program had 1000 contacts with homeless veterans.
11. TF-CBT is intended to reduce symptoms of depression and psychological trauma, which may be the result of any number of traumatic experiences, ages 3-18.	This practice has been delivered through other PEI strategies: Improving Access for Underserved Populations Project and Juvenile Justices Service Project.	None reported.
<p>Primary Care and Behavioral Health Project</p> <p>This 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</p>		

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Strategies and Activities	Status and Progress	Monitoring/Outcomes/Findings
<p>intervention through the implementation of screening, assessment, education, consultation, and referral.</p> <p>1. AF-CBT is designed for use with all ethnic groups, between the ages of 6 and 12, strong support for use with African Americans.</p>	<p>Implemented at four agencies.</p>	<p>*87% of the consumers were between the ages of 6 and 15, 56% were male (44% were female), and 82% of the 288 consumers served were Latino.</p>
<p>2. IY – See Family Education and Support Project (p.118).</p>	<p>Implemented at 20 agencies, and delivered through other PEI strategies: Family Education and Support Project, and At-Risk Family Services Project.</p>	<p>See Family Education and Support Project (p. 118).</p>
<p>3. MHIP is designed for use with all ethnic groups, ages 18 years and older.</p>	<p>Implemented at 37 agencies.</p>	<p>68% of the consumers were between the ages of 26 and 59, 65% were female (35% male), and 54% of the 756 consumers served were Latino.</p>
<p>4. Triple P – See Family Education and Support Project (p. 119).</p>	<p>Implemented at 43 agencies, and delivered through other PEI strategies: Family Education and Support Project, At-Risk Family Services Project, and Trauma Recovery Services Project.</p>	<p>See Family Education and Support Project (p. 119).</p>
<p>Early Support and Care for Transition Age Youth Project This project aims to: 1) build resiliency, increase protective factors, and promote positive social behavior among TAY; 2) address depressive disorders among TAY, especially those from dysfunctional backgrounds; and 3) identify, support, treat,</p>		

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Strategies and Activities	Status and Progress	Monitoring/Outcomes/Findings
<p>and minimize the impact for youth who may be in the early stages of a serious mental illness</p> <p>1. ART – See School-Based Services Project (p. 116).</p>	<p>Implemented at 21 agencies, and delivered through other PEI strategies: School-based Services Project, and Juvenile Justices Services Project.</p>	<p>See School-Based Services Project (p. 116).</p>
<p>2. IPT for Depression is designed for use with all ethnic groups, ages 12 years and older.</p>	<p>Implemented at 45 agencies, and delivered through other PEI strategies: Early Care and Support for Older Adults Project.</p>	<p>28% of the consumers were between the ages of 16 and 25, 71% were female (29% male), and 64% of the 1,415 consumers served were Latino.</p>
<p>3. MDFT – See School-based Services Project (p. 116).</p>	<p>Implemented at one agency, and delivered through other PEI strategies: School-based Services Project, and Juvenile Justices Services Project.</p>	<p>See School-based Services Project (p. 116).</p>
<p>4. SS – See Trauma Recovery Services Project (p. 123).</p>	<p>Implemented at 115 agencies, and delivered through other PEI strategies: Trauma Recovery Services Project.</p>	<p>See Trauma Recovery Services Project (p. 123).</p>
<p>5. LACDMH provides integrated treatment services of mental health PEI programs through the COD project at the County’s DPH Substance Abuse Prevention and Control (SAPC) Antelope Valley Rehabilitation Center in Action in SA 1. The program serves TAY women with CODs who are mothers of children at high risk of emotional or behavioral problems. The program utilizes Group CBT and SS.</p>	<p>LACDMH funded five community-based organizations to provide outreach and referral, assessment, anger management and conflict resolution workshops, case management, education, and employment workshops for youth and their caregivers. TAY included those at risk of substance abuse, on probation, at risk of juvenile justice involvement, and at risk for school failure.</p>	

PEI

Strategies and Activities	Status and Progress	Monitoring/Outcomes/Findings
<p>Juvenile Justice Services Project This project aims to: 1) build resiliency and protective factors among children and youth who are vulnerable to risk factors associated with involvement in the juvenile justice system; 2) promote coping and life skills to youths in the juvenile justice system to minimize recidivism; and 3) identify mental health issues, as early as possible, and provide early intervention services to youth involved in the juvenile justice system.</p> <p>1. ART – See School-based Services Project (p. 116).</p>	<p>Implemented at 21 agencies, and delivered through other PEI strategies: School-based Services Project and Early Care and Support for Transitional Age Youth Project.</p>	<p>See School-based Services Project (p. 116).</p>
<p>2. CBITS is designed for use with ethnic minorities and immigrants, between the ages of 10 and 14. There is support for the use of CBITS with Latinos, African Americans, and Native Americans.</p>	<p>Implemented at 10 agencies, and delivered through other PEI strategies: School-based Services Project.</p>	<p>*56% of the consumers were between the ages of 6 and 15, 64% were female (36% male), and 46% of the 11 consumers served were Latino.</p>
<p>3. FFT is designed for use with all ethnic groups, between the ages of 11 and 18.</p>	<p>Implemented at 11 agencies.</p>	<p>57% of the consumers were between the ages of 6 and 15, 63% were male (37% female), and 70% of the 364 consumers served were Latino.</p>
<p>4. Group CBT – See At-Risk Family Services Project (p. 120).</p>	<p>Implemented at 22 agencies, and delivered through other PEI strategies: At-Risk Family Services Project, Trauma Recovery Services Project, Early Care and Support for Older Adults Project, Improving Access for Underserved Populations Project.</p>	<p>See At-Risk Family Services Project (p. 120).</p>

PEI

Strategies and Activities	Status and Progress	Monitoring/Outcomes/Findings
5. LIFE is designed for Latino families with monolingual (Spanish) parents, between the ages of 10 and 17.	Implemented at two agencies.	89% of the consumers were between the ages of 6 and 15, 53% were male (47% female), and 84% of the 90 consumers served were Latino.
6. MDFT – See School-Based Services Project (p. 116).	Implemented at one agency, and delivered through other PEI strategies: School-based Services Project, and Juvenile Justices Services Project.	See School-Based Services Project (p. 116).
7. MST is designed for use with all ethnic groups, between the ages of 11 and 18.	Implemented at four agencies.	54% of the consumers were between the ages of 16 and 25, 74% were male (26% female), and 69% of the 74 consumers served were Latino.
8. TF-CBT – See Trauma Recovery Services Project (p.123).	This practice has been delivered through other PEI strategies: Trauma Recovery Services Project, and Improving Access for Underserved Populations Project.	See Trauma Recovery Services Project (p.123).
<p>Early Care and Support for Older Adults Project</p> <p>This project intends 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</p>		

PEI

Strategies and Activities	Status and Progress	Monitoring/Outcomes/Findings
senior citizen population 1. CORS – See Trauma and Recovery Services Project (p.122).	Implemented at 79 agencies, and delivered through other PEI strategies: Trauma Recovery Services Project.	See Trauma and Recovery Services Project (p.122).
2. Group CBT – See At-Risk Family Services Project (p.122).	Implemented at 22 agencies, and delivered through other PEI strategies: At-Risk Family Services Project, Trauma Recovery Services Project, Juvenile Justices Services Project, and Improving Access for Underserved Populations Project.	See At-Risk Family Services Project (p.122).
3. IPT for Depression – See Early Support and Care for Transition-Age Youth Project (p.125).	Implemented at 45 agencies, and delivered through other PEI strategies: Early Support and Care for Transition-Age Youth Project.	See Early Support and Care for Transition-Age Youth Project (p.125).
4. PEARLS is designed for use with all ethnic groups, ages 60 years and older, support for use with African Americans.	Implemented at 12 agencies.	69% of the consumers were 60 years and older, 70% were female (28% male), and 62% of the 110 consumers served were Latino.
5. PST is designed for use with all ethnic groups, ages 18 years and older.	Implemented at 12 agencies.	69% of the consumers were 60+, 70% were female (28% male), and 62% of the 110 consumers served were Latino.
Improving Access for Underserved Populations Project This strategy intends to: 1) build resiliency and increase protective factors among monolingual and limited English-speaking immigrants and underserved cultural populations, LGBTQI2-S individuals, deaf/hard of hearing individuals, blind/visually	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, Latinos, Samoans, Tongans, and	

PEI

Strategies and Activities	Status and Progress	Monitoring/Outcomes/Findings
<p>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 wellbeing through universal and selective prevention strategies.</p> <p>1. Group CBT – See At-Risk Family Services Project (p.120).</p>	<p>Vietnamese. LGBTQI2-S youth, veterans, and recent immigrants are being served at these programs also. All services are provided in a wide variety of community settings.</p> <p>Implemented at 22 agencies, and delivered through other PEI strategies: At-Risk Family Services Project, Trauma Recovery Services Project, Juvenile Justices Services Project, and Early Care and Support for Older Adults Project.</p>	<p>See At-Risk Family Services Project (p.120).</p>
<p>2. NFP – See Family Education and Support Project (p.118).</p>	<p>This practice has been delivered through other PEI strategies: Family Education and Support Project.</p>	<p>See Family Education and Support Project (p.118).</p>
<p>3. PE-PTSD – See Trauma Recovery Services Project (p.123).</p>	<p>Implemented at 15 agencies, and delivered through other PEI strategies: Trauma Recovery Services Project.</p>	<p>See Trauma Recovery Services Project (p.123).</p>
<p>4. TF-CBT – See Trauma Recovery Services Project (p. 123).</p>	<p>This practice has been delivered through other PEI strategies: Trauma Recovery Services Project and Juvenile Justices Services Project.</p>	<p>See Trauma Recovery Services Project (p. 123).</p>
<p>5. VALOR program for adults provides benefit establishment, employment and education, assistance, peer support,</p>	<p>LACDMH funded 10 community-based organizations to provide services to underserved populations. Populations served</p>	<p>None reported.</p>

PEI

Strategies and Activities	Status and Progress	Monitoring/Outcomes/Findings
collaboration with other veteran service organizations, referral for children and family support, and housing for the homeless.	under this program include African Americans, Cambodians, Chinese, Filipinos, Japanese, Koreans, Latinos, Samoans, Tongans, and Vietnamese. LGBTQ youth, veterans, and recent immigrants are being served at these programs also. All services are provided in a variety of community settings.	
<p>American Indian Project This project aims to: 1) build resiliency and increase protective factors among children, youth and their families; 2) address stressful forces in children/youth lives, teaching coping skills, and divert suicide attempts; and 3) identify as early as possible children and youth at risk for mental illness.</p>	<p>Implemented TF-CBT with an adaption for the American Indian population. After a solicitation was released for the AILS program, an organization serving primarily American Indians was awarded the contract for this program which addresses suicide prevention among American-Indian youth.</p>	<p>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 measures and the Integrated System (IS).</p>

PROFILES OF HOPE BROADCAST TELEVISION SERIES AND MARKETING

Projects/Activities/Strategies	Status/ Progress	Monitoring/ Outcomes/Findings
1. Profiles of Hope Website	Education and awareness of anti-discrimination and stigma efforts via the LACDMH website holding multiple testimonial videos, resources and LACDMH programs.	This is an ongoing project.
2. Profiles of Hope Smart Phone App	County staff, consumers, family members and community members are using this App, which is free to the public and has multiple LACDMH resources, including a provider locator and emergency and hotlines/helplines.	Growing use in LACDMH and in communities. Over 250 staff and providers have been trained on using App.

PROFILES OF HOPE BROADCAST TELEVISION SERIES AND MARKETING

Projects/Activities/Strategies	Status/ Progress	Monitoring/ Outcomes/Findings
3. Profiles of Hope Marketing Campaign	The campaign will run from January to June, 2016 and include printed materials, billboards, radio and television.	The campaign has garnered over 58,000,000 “impressions” or views in Los Angeles County.
4. Univisión Partnership – “Una Vida Una Mente”	News stories of successful consumer journeys with LACDMH programs that address anti-stigma efforts. Ongoing three-minute news stories broadcast on KMEX, Channel 34, one-to-two times per month.	Univision broadcast network reaches over 2,000,000 viewers per broadcast, thereby garnering a greater audience and means to educate the Spanish-speaking community on mental health issues and resources. “Una Vida Una Mente” also addresses the stigma associated with mental health services.

PROMOTORES DE SALUD MENTAL (MENTAL HEALTH PROMOTERS)

Projects/Activities/Strategies	Status/ Progress	Monitoring/ Outcomes/Findings
<p>1. Educational Presentations: Promotores provided educational presentations to reach unserved and underserved Latino Spanish-speaking communities, to educate and empower them, decrease stigma and fear of mental health issues, and promote self-care.</p>	<p>Promotores continue to conduct outreach and schedule mental health presentations throughout their communities</p>	<p>Presentation and participant data is monitored by Promotores and LACDMH staff. Sign-in sheets are collected for each presentation and participants counted.</p> <p>Promotores de Salud Mental completed a total of 1,212 presentations between SAs 7 and 8:</p> <ul style="list-style-type: none"> • SA 7 - 883 • SA 8 – 339 <p>Approximate number of people served between SA 7 and SA 8:</p> <ul style="list-style-type: none"> • SA 7 - 8,830 • SA 8 - 3,357

PROMOTORES DE SALUD MENTAL (MENTAL HEALTH PROMOTERS)

Projects/Activities/Strategies	Status/ Progress	Monitoring/ Outcomes/Findings
<p>2. Mental Health Resources: Promotores have provided mental health resources through a range of activities including outreach, community education, informal counseling and social supports, and initiated linkages and referrals to improve timely access to mental health treatment and/or self-help groups.</p>	<p>Promotores refer workshop participants to mental health clinics and other social service agencies.</p> <ul style="list-style-type: none"> • 43 were referred to mental health clinics • 23 were referred to other social service agencies: <ul style="list-style-type: none"> ○ East Los Angeles Women’s Center ○ Support Groups ○ Housing ○ Legal Services 	<p>Overall, workshop participants showed an increase in their understanding of mental health disorders as evidenced by a 20% increase in knowledge ranging from 3% to 33% from pre to post tests.</p> <p>Attitude change questionnaires demonstrated a positive change in participants’ view of mental health problems and services ranging from 15% to 78% depending on the subject matter.</p>
<p>3. Collaboration with the DPH: Promotores participated in a DPH-led collaborative to address the City of Vernon Exide soil contamination crisis and assist the community that continues to be impacted by this toxic spill.</p> <ul style="list-style-type: none"> • Expanded program into two additional service areas (4 & 6) to include training staff and additional 40 community members to be Promotores • Improved access by offering the program in an ever growing variety of settings 	<p>30 Promotores from both SAs 7 and 8 received nine hours of training by DPH on Exide and lead contamination.</p>	<p>Promotores conducted door-to-door outreach, knocked on 4,058, spoke to 1,277 residents and were successful in providing Exide information packets to the affected Latino communities.</p>

PROMOTORES DE SALUD MENTAL (MENTAL HEALTH PROMOTERS)		
Projects/Activities/Strategies	Status/ Progress	Monitoring/ Outcomes/Findings
<ul style="list-style-type: none"> Secured subject matter trainer for the new Service Areas to maintain countywide program consistency 		

RRR-ISM		
Strategies/ Activities	Status/ Progress	Monitoring/ Outcomes/ Findings
<p>RRR-ISM services enhance 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, RRR-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 inter-provider communication.</p>	<p>After the development of culturally-defined promising practices for outreach and engagement, RRR-ISM providers have been successful at eliminating the stigma-related barriers to services within their respective underserved and underrepresented communities.</p> <p>On July 1, 2016 a new CSS workplan called Integrated Care Program will be implemented to allow for the continuation of the ISM programs. Prior to July 1, 2015, the ISM program was under LACDMH's Innovation #1 Program.</p> <p>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.</p>	<p>The December 2015 Annual MHSA Innovation Program Report for the Los Angeles County reveals the consumers served:</p> <ul style="list-style-type: none"> 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 or African American <p>RRR-ISM learning outcomes:</p> <ul style="list-style-type: none"> Themes that emerged across the RRR-ISM programs and highlight PPs for outreach, enrollment, engagement, and the delivery of culturally competent services include the following: 1) Use multiple strategies to reduce 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

RRR-ISM

Strategies/ Activities	Status/ Progress	Monitoring/ Outcomes/ Findings
		knowledge of and practice cultural/social norms of the target populations they serve, and; 5) build community through group-based activities <ul style="list-style-type: none"> • RRR-ISM providers have learned how to best engage their underserved and underrepresented communities by implementing multiple types of non-traditional services

SPIRITUALITY: CHAPLAINCY PROGRAM

Projects/Activities/Strategies	Status/ Progress	Monitoring/ Outcomes/Findings
1. Mental health literacy to chaplains based on the Clinical Pastoral Education (CPE) Program.	Conducted weekly trainings from April 2016 through June 2016.	Trained five CPE residents on the basics of Mental Health to be utilized when working at the Wellness Centers.

SPIRITUALITY: MHA

Projects/Activities/Strategies	Status/ Progress	Monitoring/ Outcomes/Findings
1. MHA trainings for SA 1 at City of Hope DCFS Lancaster	Conducted seven courses from October 2015 to April 2016.	Training totals: <ul style="list-style-type: none"> • 16 DCFS workers on depression and anxiety • 21 on suicidality • 19 on bullying and harassment • 27 on sexual abuse • 23 on gangs • 20 on grief and loss

SPIRITUALITY: MHA

Projects/Activities/Strategies	Status/ Progress	Monitoring/ Outcomes/Findings
2. MHA trainings for SA 2 at Clergy Breakfast in Van Nuys	Conducted one course in September 2016.	Training totals: <ul style="list-style-type: none"> • 25 Faith-based community leaders on 12-step spirituality.
3. MHA trainings for SA 3 SAAC Breakfast in Arcadia	Conducted five courses from September 2015 to June 2016.	Training totals: <ul style="list-style-type: none"> • 29 mental health staff and Faith leaders on pornography addiction • 11 mental health staff and Faith leaders on Psychological First Aid • 22 mental health staff and Faith leaders on grief and loss • 15 on homelessness
4. MHA trainings for SA 4 at Iglesia Del Nazareno in East Los Angeles	Conducted 10 courses from September 2015 to July 2016. Upon completion of classes, all participants received a certificate of attendance.	Training totals: <ul style="list-style-type: none"> • 45 Faith-based community leaders on life transitions • 12 on homelessness • 24 on pornography addiction • 26 on gangs • 45 on moral injury • 12 on sexual abuse • 16 on parenting skills • 12 on substance abuse • 23 on bullying and harassment • 20 on grief and loss classes
5. MHA trainings for SA 7 at different locations	Conducted six courses from October 2015 to June 2016.	Training totals: <ul style="list-style-type: none"> • 15 parent partners on counseling 101 • 15 parent partners on self-care • 12 parent partners on mindfulness • 20 parent partners on Psychological First Aid

SPIRITUALITY: MHA

Projects/Activities/Strategies	Status/ Progress	Monitoring/ Outcomes/Findings
		<ul style="list-style-type: none"> • 12 on conflict resolution
6. MHA training for SA 8 at St. Joseph Youth in Hawthorne	Conducted courses in Spanish from July 2015 to November 2015.	Training totals: <ul style="list-style-type: none"> • 29 Faith-based community leaders on a conflict resolution class • 31 on self-care • 25 on complimenting humanitarian congregations
7. MHA training for SA 7 at St. Bruno in Whittier	Conducted one course in February 2016.	Training totals: <ul style="list-style-type: none"> • 12 Faith leaders on domestic violence
8. MHA training for SA 3 in different locations	Conducted courses from October 2015 to June 2016.	Training totals: <ul style="list-style-type: none"> • Nine mental health staff and parent partners on domestic violence • 20 mental health staff and parent partners on substance use/abuse • 14 mental health staff and parent partners on Psychological First Aid • 15 mental health staff and parent partners on life transitions • 24 mental health staff and parent partners on homelessness • 23 mental health staff and parent partners on mindfulness • 14 mental health staff and parent partners on gangs • 15 mental health staff and parent partners on parenting skills

SPIRITUALITY: MHA

Projects/Activities/Strategies	Status/ Progress	Monitoring/ Outcomes/Findings
<p>9. MHA training for SA 2 at Our Lady of Lourdes in Northridge</p>	<p>Conducted courses from October 2015 to June 2016. Upon completion of classes, all participants received certificates of attendance.</p>	<p>Training totals:</p> <ul style="list-style-type: none"> • A combination of 15 mental health staff and Faith leaders on conflict resolution • Eight Faith leaders on mindfulness • 12 mental health staff and Faith leaders on emotional sobriety • Seven mental health staff and Faith leaders homelessness • Six Faith leaders on bullying and harassment • Four Faith leaders on Navigating the LACDMH System • Nine Faith leaders on Mental Health 101
<p>10. MHA training for SA 1 at Chimbole Cultural Center in Palmdale</p>	<p>Conducted courses from September 2015 to December 2015. Upon completion of classes, all participants received certificates of attendance.</p>	<p>Training totals:</p> <ul style="list-style-type: none"> • 11 faith community leaders on conflict resolution • Four on Navigating the LACDMH System • Seven on gangs and suicidality • Five on emotional sobriety, life transitions, moral injury, bullying and harassment • Three on self-care
<p>11. MHA training for SA 1 Little Rock in Palmdale</p>	<p>Conducted courses from September 2015 to October 2015.</p>	<p>Training totals:</p> <ul style="list-style-type: none"> • 10 Faith community leaders on self-care • Eight on bullying and harassment, and gangs • 10 on grief and loss

SPIRITUALITY: MHA

Projects/Activities/Strategies	Status/ Progress	Monitoring/ Outcomes/Findings
12. MHA training for SA 5 in West LA	Conducted courses from July 2015 to December 2015. Upon completion of classes, all participants received a certificate of attendance.	Training totals: <ul style="list-style-type: none"> • Seven Faith Leaders on crisis management, and four on suicidality
13. MHA training for SA 7 Council of Catholic Women in Artesia	Conducted one course in April 2016.	Training totals: <ul style="list-style-type: none"> • 120 Faith-based community leaders on Mental Health101
14. MHA training for SA 8 South Coast Interfaith Council in Long Beach	Conducted courses from January 2016 to June 2016.	Training totals: <ul style="list-style-type: none"> • 40 mental health staff and community faith leaders on Mental Health 101 • 34 on counseling 101 • Six on Navigating the LACDMH System

SPIRITUALITY: FBAC

Projects/Activities/Strategies	Status/ Progress	Monitoring/ Outcomes/Findings
1. Monthly meetings of approximately 40 members from the major diverse faiths and cultures of Los Angeles County	Continuing uninterrupted for ten years.	The outcome is a diverse cultural and inter-faith group that has formed lasting connections and become allied with LACDMH.
2. Executive Board meetings with a culturally diverse group providing leadership for FBAC	The Executive Board has been meeting for over two years and currently meets every other month on the third Wednesday.	Each Board member promotes access to LACDMH and as a group advocates for diverse representation.
3. Resource tables at conferences and workshop development	These activities are on-going throughout the year in preparation for the annual conference.	Outcomes include the trainings at conferences on mental health issues

		pertinent to particular cultures and gender.
4. Involvement in important committees such as the Chief Executive Officer (CEO) offices on Housing the Homeless, and LACDMH District Chief's focus	This aspect of the program continues to expand with time.	Ongoing dissemination of importance of spirituality in mental health services is enhanced.

SPIRITUALITY: MENTAL HEALTH – INTERFAITH CLERGY ROUNDTABLE		
Projects/Activities/Strategies	Status/ Progress	Monitoring/ Outcomes/Findings
1. Monthly Mental Health/Interfaith Clergy Roundtables throughout the County	A total of eight Mental Health/Interfaith Clergy Roundtables (one per SA), are conducted for two hours once a month.	Mental Health/Interfaith Clergy Roundtable members take the information, skills, techniques, and resources back to their mental health consumers and their congregations.
2. Mental Health/Interfaith Clergy Roundtable Facilitators meetings every other month	Every other month all Mental Health/Interfaith Clergy Roundtable Facilitators meet for training and networking.	Mental Health/Interfaith Clergy Roundtable Facilitators take the information, skills, techniques, and resources back to their monthly Roundtables.
3. Quarterly Mental Health/Interfaith Clergy Roundtable District Chief meetings	Once a quarter all Mental Health/Interfaith Clergy Roundtable District Chiefs meet with the CGRD for training and strategizing - purposes.	Mental Health/Interfaith Clergy Roundtable District Chiefs take the information, skills, techniques, resources, strategies, and plans back to their SAs.

SPIRITUALITY: MENTAL HEALTH AND SPIRITUALITY CONFERENCE		
Projects/Activities/Strategies	Status/ Progress	Monitoring/ Outcomes/Findings
1. The conference is held annually. A total of 16 conferences have been offered.	In 2016, the Conference was attended by 331 participants, out of which 39 were	Conference evaluations indicate that 90% of attendees have benefited from attending the

SPIRITUALITY: MENTAL HEALTH AND SPIRITUALITY CONFERENCE		
Projects/Activities/Strategies	Status/ Progress	Monitoring/ Outcomes/Findings
Preparations included: <ul style="list-style-type: none"> • Three Keynote Speakers • Six Workshops • Resource Information • Education on the importance of Spirituality in Mental Health Services • Education on the importance of understanding mental health as Clergy are often the first responders for their communities 	consumers.	conference and would recommend it to their peers.

SPIRITUALITY: MENTAL HEALTH AND SPIRITUALITY TRAINING PROGRAM		
Projects/Activities/Strategies	Status/ Progress	Monitoring/ Outcomes/Findings
1. Trainings <ul style="list-style-type: none"> • Introduction to Mental Health and Spirituality Trainings • Advance Training on Mental Health & Spirituality for Professionals • Parameters for Spiritual Support Trainings for Mental Health Staff • Spiritual Self-Care Manual and Toolkit Training for Wellness and Client-Run Center staff • Spiritual Self-Care Manual and Toolkit Training for Community Faith Leaders 	<ul style="list-style-type: none"> • Conducted two one-day trainings for mental health staff • Conducted two one-day trainings for mental health professional staff • Conducted 24 two-hour trainings for mental health staff at their sites • Conducted one one-day training for Wellness and Client-Run Center staff • Conducted two two-day trainings for community faith leaders 	<ul style="list-style-type: none"> • Participants took the acquired skills, techniques, and resources back and implemented these at their sites • Participants took the acquired skills, techniques, and resources back and implemented these in group settings at their sites • Participants took the information, skills, techniques, and resources back and implemented these in group settings at their faith organizations
2. Webinars <ul style="list-style-type: none"> • Advance Training on Mental Health and 	<ul style="list-style-type: none"> • Conducted two webinar trainings for 	<ul style="list-style-type: none"> • Mental Health staff, clinical providers and

SPIRITUALITY: MENTAL HEALTH AND SPIRITUALITY TRAINING PROGRAM

Projects/Activities/Strategies	Status/ Progress	Monitoring/ Outcomes/Findings
<p>Spirituality for Professionals</p> <ul style="list-style-type: none"> • Training Preparation for Advanced Mental Health and Spirituality Training for Clinical Providers 	<p>mental health staff supervisors</p> <ul style="list-style-type: none"> • Conducted one webinar training for clinical providers 	<p>supervisors took the information, skills, techniques, and resources back and implemented these at their clinical settings and with their mental health supervisees.</p>
<p>3. Post-training and technical assistance</p> <ul style="list-style-type: none"> • Spiritual Self-Care Manual and Toolkit Post-Training Technical Assistance for Wellness and Client-Run Center staff 	<ul style="list-style-type: none"> • Conducted nine monthly two-hour post-training technical assistance conference calls for Wellness and Client-Run Center staff who took the Spiritual Self-Care Manual and Toolkit Training. 	<ul style="list-style-type: none"> • Wellness and Client-Run Center staff participants took the information, skills, techniques, and resources back and implemented these in group settings at their mental health locations.

TAY DIVISION

Projects/Activities/Strategies	Status/ Progress	Monitoring/ Outcomes/Findings
<p>1. O&E and field-based services</p>	<p>The TAY Navigation team focuses on outreach and engagement of youth that are referred by multiple sources including self, family, schools, community partners/ providers, hospitals, etc. Through the course of outreach, the team strives to provide linkages to needed mental health, substance abuse, medical and case management services. Services are often provided in the community at Drop-In Centers, emergency shelters, family homes, and various community settings.</p> <p>The TAY 'Housing Ambassador' continues to provide support and assistance to</p>	<p>The TAY navigation team continues to address and resolve a variety of TAY concerns. They were provided with emergency housing at TAY specific shelters and linked to needed resources in order to support their path to self-sufficiency. The TAY Housing Ambassador collaborated with the PSH units and the TAY navigation team to advocate for youth to achieve and maintain permanent housing.</p> <p>Participants in the PSP trainings completed evaluations and took a pre-test and post-test to obtain more information about their knowledge of mental health and suicide prevention/ intervention before and after trainings.</p>

TAY DIVISION		
Projects/Activities/Strategies	Status/ Progress	Monitoring/ Outcomes/Findings
	<p>homeless youth in their efforts to find permanent housing.</p> <p>The PSH 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. The TAY Division's PSP team outreaches to minority communities and provides culturally relevant information and education on intervention strategies. The PSP team collaborates with various faith-based organizations accommodating cultural and ethnic minorities such as African Americans, Latino, and Asian Americans.</p>	<p>Information gathered from evaluations was sent to the organization that created the training to provide updates and improvements to training materials.</p>
2. Community Education and Stigma Reduction	<p>The mission of the ASD Project is to increase public awareness, social acceptance, and inclusion of people with mental health challenges within diverse communities. A staff member for PEI ASD presents information and educates the community by facilitating groups for TAY, their families, community based organizations, and the community at large to reduce stigma related to mental health issues and treatment services.</p>	<p>The ASD Project will continue to respond to the demand for resources for PEI ASD in order to help overcome barriers that prevent consumers from accessing services.</p> <p>The TAY Mobile Library continues to be rotated among the TAY shelters and drop-in centers. Resources include the use of educational materials, handouts, flyers, and brochures that provide education for TAY and the community about TAY mental health and access to those services.</p>
3. Multi-lingual/multicultural materials	<p>The FSP brochure is available on the LACDMH Website – TAY Division in 10</p>	<p>The brochures remain easily accessible to the public and are also distributed during outreach</p>

TAY DIVISION		
Projects/Activities/Strategies	Status/ Progress	Monitoring/ Outcomes/Findings
	languages.	and engagement.
4. Trainings/case consultation and collaboration with faith-based and other trusted community entities/groups	<p>The TAY Division continues to provide trainings, consultation and materials to support implementation of evidence based practice such as SS for the treatment of trauma and substance abuse. Additionally, the SS Champion training qualified participants to monitor internal agency staffs' adherence to SS sessions as well as train new staff to the SS Model.</p> <p>The CSEC Team collaborated with community agencies such as the Department of Probation, DCFS, and law enforcement to address resources for youth involved in CSEC. CSEC 101 Trainings brought awareness to community agencies in all SAs on this population of youth and the impact on the African American Community.</p> <p>The TAY Division PSP team outreaches to minority communities, including African American, Asian American, and Latino Faith-based organizations such as West Angeles Church, Santa Martha Catholic Church, Christ Central Church and the Hugashi Honganji Buddhist Temple.</p>	<p>SS continues to be well received by Directly Operated Clinics and LE countywide. During FY 15-16, a SS initial training was completed and 135 staff were trained. There was also one two-day SS Champion training which was attended by 19 staff.</p> <p>Efforts continue to be made to address resources for youth involved in CSEC. During FY 15-16, eight CSEC 101 Trainings were completed and 455 staff were trained. There was one CSEC Clinical Approaches Training and 26 staff were trained. Additionally, 85 staff were trained on CSEC focusing on Boys, Young Men, and Transgender Youth.</p> <p>Participants in PSP trainings are asked to complete evaluations to assist in determining the effectiveness of such trainings and determine information that needs to be improved to better service the Faith-based community.</p>
5. Programs that target specific ethnic and language groups and designating and	Numerous agencies such as the American-Indian Counseling Center, Asian Pacific	There is an ongoing need to enhance access to interpreters and increase linguistic services at

TAY DIVISION		
Projects/Activities/Strategies	Status/ Progress	Monitoring/ Outcomes/Findings
tracking ethnic targets for FSP	<p>Counseling Treatment Center, and Pacific Clinics are prepared to provide culturally based services in specific languages. Since Spanish is one of the largest spoken languages for many TAY, most programs have Spanish-speaking staff who can deliver services in the consumer's preferred language.</p> <p>There is an effort among providers to link mono-lingual consumers with agencies that have particular language capacity. Monthly Impact meetings in SAs 1 through 8 are used to gain insight of specialty language clinics.</p>	<p>agencies.</p> <p>Primary language and ethnicity continue to be tracked for FSP TAY within a database.</p>
6. 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 COD feel unequipped to care for their loved ones, FSP continues to extend these individuals' qualification to enroll under "at risk for homelessness."	FSP allows flexibility of slot allocations to meet the unique needs of TAY consumers. Additionally, FSP programs often identify and reach out to youth that could benefit from PSH.
7. Integrated Supportive Services	<p>TAY Division continues to work with Los Angeles County's SAPC Division to promote and develop training and tools to better assess and treat impacted consumers. TAY providers are also utilizing the evidence based practice of SS for treatment of trauma and substance abuse.</p> <p>As a result of a solicitation, Drop-in Centers are now present in all SAs.</p>	<p>The TAY Division continues to encourage staff training and competence with screening, assessing, and treatment interventions for COD TAY population. SS has been well received by Substance Abuse Counselors and Clinicians for COD treatment.</p> <p>The TAY Division plans to have Drop-in Centers Countywide increasing the number of unique consumers being served.</p>

TAY DIVISION		
Projects/Activities/Strategies	Status/ Progress	Monitoring/ Outcomes/Findings
	The TAY Division is working with Covenant House to get them contracted as an EESP.	There are plans to have Covenant House contracted in the next fiscal year as well as implement additional EESP shelters to more SAs to meet the growing need of SED/SPMI homeless TAY.
8. Co-location with other county departments (DCFS, Probation Department)	TAY Navigation staff are co-located in DCFS and Probation offices to screen, triage/assess, and link homeless youth to mental health services. They also collaborate with County providers to offer access to emergency shelters, ILPs, and PSH Programs.	There is an ongoing need to increase capacity of co-located staff in serving high-risk youth.
9. Interagency Collaboration and Provider Communication and Support	The TAY Division maintains open communication with various county agencies. Ongoing collaboration takes place with direct service providers, non-branded providers, contract providers, court systems, probation camps, jail linkage, school systems, libraries and the DCFS.	In an effort to reduce disparities and improve access to services, collaboration continues to be vital between county agencies. During this fiscal year, the PSP team conducted eight trainings for DCFS, seven for Los Angeles County libraries and five Colleges.
10. Consultation to gatekeepers	The EESP gatekeeper plays a key role with screening and admitting of consumers to emergency shelters. Additionally, the gatekeeper is often the point of entry to initiate any referrals for youth in need of mental health services.	The EESP Gatekeeper monitors and tracks calls daily. Approved referrals are assigned to a TAY Navigation team for assessment and linkage to needed services.
11. Increasing mental health service accessibility to unserved, underserved and	The TAY Division continued to expand capacity to provide FSP services to TAY in	Developed and maintained tracking logs of consumers in the three ILPs to monitor the

TAY DIVISION		
Projects/Activities/Strategies	Status/ Progress	Monitoring/ Outcomes/Findings
inappropriately served populations	ILPs. Self-help support groups were implemented in PSH.	demand/need for services and gain feedback of program's effectiveness. The ILP-FSP program continues to help fill the need for higher level of care services for TAY. The support groups were well received by residents.
12. Implementation of new departmental policies and procedures that improve the quality and timeliness of mental health services and implementation of new technologies to enhance the Department's service delivery	Continued use of the 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.

TELEMENTAL HEALTH AND CONSULTATION

Projects/Activities/Strategies	Status/ Progress	Monitoring/ Outcomes/Findings
<p>1. Cultural Competency Initiative: Three psychiatrists who speak Mandarin, Armenian, and Russian will add a webcam, Jabber software, microphone, and a second monitor to their computer systems. This will facilitate their communication with consumers in other clinics who prefer an evaluation with a psychiatrist in one of those three languages.</p>	<p>Program Managers at three clinics have agreed to have their psychiatrists add the additional items to their computers. This will allow the psychiatrist to engage in a conversation/assessment with consumers at other LACDMH clinics whose primary language is Mandarin, Armenian, or Russian. Chief Information Offices Bureau (CIOB) is preparing the necessary equipment for these sites</p>	<p>Process and flow protocols have been written and are ready for distribution. Future plans include working with more psychiatrists who speak other highly requested languages.</p> <ul style="list-style-type: none"> • Languages represented by LACDMH psychiatrists: <ul style="list-style-type: none"> ○ 16 psychiatrists speak Russian ○ Six psychiatrists speak Armenian ○ Nine psychiatrists speak Mandarin.

UsCC		
Strategies and Activities	Status and Progress	Monitoring/ Outcomes/Findings
<p>AAA</p> <p>1. Black Male Mental Health Awareness Campaign: This campaign will build mental health service capacity and spread learning through community presentations in Los Angeles County. The campaign will outreach to Black males 16 years and older, particularly targeting athletes in the 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 MHSA.</p>	<p>This project has been approved and is currently in the solicitation process.</p>	<p>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.</p>
<p>2. Culturally Relevant Brochures:</p>	<p>This project is in the last phase of the</p>	<p>The brochure's content has been completed,</p>

UsCC

Strategies and Activities	Status and Progress	Monitoring/ Outcomes/Findings
<p>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 was translated into two different African languages: Amharic and Somali.</p>	<p>implementation process.</p>	<p>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.</p>
<p>3. 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.</p>	<p>This project was successfully completed on March 1, 2015.</p>	<p>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</p>
<p>4. Sierra Leone Community Mental Health Training and Education: This project is a joint effort of the LACDMH and the ACPHC to reduce</p>	<p>This Project was implemented on October 1, 2015 and is scheduled to be completed by July 30, 2016.</p>	<p>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</p>

UsCC

Strategies and Activities	Status and Progress	Monitoring/ Outcomes/Findings
<p>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 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 SLCAs, for them to become 'lay-experts' of mental health issues, crisis intervention, and appropriate mental health resources. This project 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.</p>		<p>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.</p>
<p>AI/AN</p>		

UsCC

Strategies and Activities	Status and Progress	Monitoring/ Outcomes/Findings
<p>1. AI/AN Community Spirit Wellness Project: To implement the Community Spirit Healers Wellness Project, five 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</p>	<p>The Community Spirit Healers Wellness Project was launched on August 1, 2014 and was completed on July 31, 2015.</p>	<p>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</p>
<p>2. AI/AN Outreach and Engagement Media Campaign: The AI/AN UsCC 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 Los Angeles County. This media campaign included the development of the TV/radio commercials and broadcasting.</p>	<p>This project was successful and the final outcome report was submitted on February 2016.</p>	<p>This media campaign outreached to the AI/AN community as well as increased mental health awareness throughout Los Angeles County. 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 Gross Rating Point of 14.4, which means the radio spots reached approximately 14.4% of adults over the age of 18 in the Los Angeles market.</p>
<p>API</p> <p>1. API Family Member Mental Health Outreach, Education, and Engagement Program: The purpose of this program is to</p>	<p>The API Family Member Mental Health Outreach, Education and Engagement Program was implemented on August 17, 2015 and is scheduled to be completed by</p>	<p>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</p>

UsCC

Strategies and Activities	Status and Progress	Monitoring/ Outcomes/Findings
<p>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 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 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.</p>	<p>July 30, 2016.</p>	<p>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, Education, and Engagement Program.</p>
<p>2. 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</p>	<p>The API Consumer and Family Member Training and Employment Program was completed on June 30, 2015.</p>	<p>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, eight were</p>

UsCC

Strategies and Activities	Status and Progress	Monitoring/ Outcomes/Findings
<p>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.</p>		<p>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.</p>
<p>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 SSG who partners with two Samoan community based agencies to conduct individual and group outreach and engagement activities with the Samoan community in SA 8, which has the largest concentration of Samoans in Los Angeles County.</p>	<p>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.</p>	<p>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 and 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</p>

UsCC

Strategies and Activities	Status and Progress	Monitoring/ Outcomes/Findings
		<p>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%).</p>
<p>EE/ME</p> <p>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 44 LACDMH approved mental health TV talk shows to inform the Armenian community about common mental health issues and how to access services in Los Angeles County. The TV shows included, but were 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.</p>	<p>The shows began to air on June 7, 2015 and continued to air for 22 consecutive weeks on the local Armenian television station in Los Angeles County. The last recording aired on March 13, 2016.</p>	<p>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.</p>
<p>2. Community Mental Health Education</p>	<p>This project was implemented on December 1,</p>	<p>A total of 28 different community presentations</p>

UsCC

Strategies and Activities	Status and Progress	Monitoring/ Outcomes/Findings
<p>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 mental health community presentations as well as making these materials available by using technological approaches such as web-based informational sites.</p>	<p>2014 and is scheduled to be completed by April 1, 2016.</p>	<p>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 difficult to engage and the level of stigma associated with mental health illness is extremely high. Approximately, 90% of the deliverables will be completed.</p>
<p>3. 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 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.</p>	<p>This project was completed on November 1, 2015.</p>	<p>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.</p>
<p>4. Mental Health Awareness Project for Law</p>	<p>This project was implemented on December 1,</p>	<p>The Mental Health Awareness Project for Law</p>

UsCC

Strategies and Activities	Status and Progress	Monitoring/ Outcomes/Findings
<p>Enforcement: FY 14-15, the EE/ME UsCC 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.</p>	<p>2016 and is scheduled to be completed by September 30, 2016.</p>	<p>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.</p>
<p>Latino</p> <p>1. Health Neighborhoods Mental Health Awareness Outreach Campaign: The Latino UsCC 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 Los Angeles County.</p>	<p>The promotional materials were printed and they are being disseminated Countywide.</p>	<p>Expected outcomes - Increased access and utilization rates among Latino community members.</p>
<p>2. Media Outreach Campaign: The Latino UsCC subcommittee funded a media outreach campaign. The media outreach campaign consisted of two LACDMH approved media advertisements (commercials)</p>	<p>This project was successfully completed by January 3, 2016.</p>	<p>The KMEX report shows that the original estimated number 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</p>

UsCC

Strategies and Activities	Status and Progress	Monitoring/ Outcomes/Findings
<p>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.</p>		<p>adults over the age of 18 in the Los Angeles market were reached.</p>
<p>3. 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 UsCC subcommittee funded a six-month research project that was implemented in 2015. This research project measured the effectiveness of the PPM as an outreach and engagement strategy aimed at Latinos within Los Angeles County.</p>	<p>The project was completed on August 2015.</p>	<p>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 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 people to mental health resources.</p>
<p>LGBTQI2-S</p>		

UsCC

Strategies and Activities	Status and Progress	Monitoring/ Outcomes/Findings
<p>1. Clinical Mental Health Trainings for LGBTQI2-S Youth: The LGBTQI2-S UsCC subcommittee funded the 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 12 Continuing Education Units for mental health clinicians and there will be one training in SAs 2, 4, 6, and 8.</p>	<p>This project was implemented on October 1, 2015 and is scheduled to be completed by April 1, 2016.</p>	<p>It is estimated that a total of 120-160 mental health clinicians will be successfully trained by the end of this project. Thus far, the training curriculum was approved and all the trainings were conducted.</p>
<p>2. The LGBTQ Survey: The LGBTQI2-S UsCC 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.</p>	<p>This survey has been approved and it will be launched by April 1, 2016.</p>	<p>The findings of this survey will be used to educate the LGBTQI2-S UsCC subcommittee to better identify future capacity building projects targeted for the LGBTQ community.</p>

VALOR

Projects/Activities/Strategies	Status/ Progress	Monitoring/ Outcomes/Findings
1. FSP Program	FSP staff responsibilities include the following: <ul style="list-style-type: none"> • Provide 24/7 afterhours on-call and field visits when needed • Field based services, including Psychiatry; as clinically indicated • Focus upon: obtaining and maintaining housing, decreased incarceration and/or psychiatric hospitalization, obtaining and maintaining sobriety, employment readiness, benefit establishment and connection to health services and supports 	The program participates in LACDMH's OMA system for FSP.

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 the 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 are expected to acquire an understanding of the recovery oriented approach and to also incorporate such concepts into practice in their work in the public mental health system.	Completed.	During FY 15-16, 111 individual staff members of the public mental health workforce attended this training. With the implementation of Health Care Reform, this program was enhanced to include integrated healthcare.

WET

Projects/Activities/Strategies	Status/ Progress	Monitoring/ Outcomes/Findings																																																						
<p>2. 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.</p>	<p>Program continues through FY 16-17.</p>	<table border="1"> <thead> <tr> <th colspan="6">FISCAL YEAR 2015-2016</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> </thead> <tbody> <tr> <td>MSW - Part I</td> <td>86</td> <td>33</td> <td>67</td> <td>48</td> <td>6</td> </tr> <tr> <td>MSW - Part II</td> <td>41</td> <td>23</td> <td>29</td> <td>11</td> <td>1</td> </tr> <tr> <td>MFT - Part I</td> <td>64</td> <td>16</td> <td>39</td> <td>19</td> <td>0</td> </tr> <tr> <td>MFT - Part II</td> <td>13</td> <td>12</td> <td>6</td> <td>3</td> <td>3</td> </tr> <tr> <td>Psych - Part I</td> <td>30</td> <td>5</td> <td>18</td> <td>9</td> <td>1</td> </tr> <tr> <td>Psych - Part II</td> <td>11</td> <td>3</td> <td>8</td> <td>4</td> <td>0</td> </tr> <tr> <td>TOTALS</td> <td>245</td> <td>92</td> <td>167</td> <td>94</td> <td>11</td> </tr> </tbody> </table>	FISCAL YEAR 2015-2016						EXAM	REGISTERED	THRESHOLD LANGUAGE (NOT ENGLISH)	UREP	PASS	FAIL	MSW - Part I	86	33	67	48	6	MSW - Part II	41	23	29	11	1	MFT - Part I	64	16	39	19	0	MFT - Part II	13	12	6	3	3	Psych - Part I	30	5	18	9	1	Psych - Part II	11	3	8	4	0	TOTALS	245	92	167	94	11
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<p>3. Health Navigator Skill Development Program: This program trains individuals (Peer Advocates, Community Workers and Medical Case Workers) on knowledge and skills needed to assist consumers navigate, and advocate for themselves in both the public health care and mental health systems. This 52-hour training uniquely incorporates a seven-hour orientation for participants' supervisors and supervised one-to-one health navigation services providers.</p>	<p>Program continues through FY 16-17.</p>	<p>This training was completed by 33 participants.</p>																																																						
<p>4. ROSTCP: The goal of the ROSTCP is to increase the capacity of the public mental health</p>	<p>Completed.</p>	<p>During FY 15-16, the program trained 202 participants throughout the eight SAs of the County.</p>																																																						

WET

Projects/Activities/Strategies	Status/ Progress	Monitoring/ Outcomes/Findings												
<p>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 equipped to assume leadership roles to teach, support and elevate the recovery and resilience tenets of MHSA.</p>														
<p>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.</p>	<p>Program continues through FY 16-17.</p>	<p>Summary of the total participants in each of the ITP components:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="background-color: #00b0f0; color: white;">Training Title</th> <th style="background-color: #00b0f0; color: white;">Total</th> </tr> </thead> <tbody> <tr> <td>Interpreter Training in Mental Health Setting (21 Hours)</td> <td style="text-align: center;">58</td> </tr> <tr> <td>Advance Training (7 hours)</td> <td style="text-align: center;">16</td> </tr> <tr> <td>Training MH Providers in Working with Interpreters (4 Hours)</td> <td style="text-align: center;">9</td> </tr> <tr> <td>Increasing Spanish MH Clinical Terminology (7 Hours)</td> <td style="text-align: center;">102</td> </tr> <tr> <td style="background-color: #00b0f0; color: white;">Total</td> <td style="background-color: #00b0f0; color: white;">185</td> </tr> </tbody> </table>	Training Title	Total	Interpreter Training in Mental Health Setting (21 Hours)	58	Advance Training (7 hours)	16	Training MH Providers in Working with Interpreters (4 Hours)	9	Increasing Spanish MH Clinical Terminology (7 Hours)	102	Total	185
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<p>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. This Roundtable Project has provided an opportunity for</p>	<p>Program continues through FY 16-17.</p>	<p>All SAs continue to operate their own Clergy/Mental Health Staff Roundtable. Feedback received from both clergy/faith leaders and public mental health personnel continues to be positive. As of FY 15-16, all eight SAs now participate in these Roundtable sessions. The program continued to fund a consultant to assist in</p>												

WET

Projects/Activities/Strategies	Status/ Progress	Monitoring/ Outcomes/Findings
<p>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.</p>		<p>facilitating the roundtable discussions, and provide guidance and structure when needed.</p>
<p>7. Mental Health Rehabilitation Specialist Training: This program prepares persons with a minimum of 24 hours of college credit, inclusive of consumers 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.</p>	<p>Program continues through FY 16-17.</p>	<p>This training was completed by 55 individuals interested in employment in the public mental health system.</p>
<p>8. Peer Advocate Training: During FY 15-16, this certificated advanced peer advocate training enhanced the skills of peer advocates already working in the mental health system.</p>	<p>Program continues through FY 16-17.</p>	<p>During FY 15-16, 19 individuals completed this training.</p>
<p>9. Parent Advocates/Parent Partners Training Program:</p>	<p>CSOC is currently developing a solicitation for the purpose of securing a vendor to deliver</p>	<p>Implementation is projected for FY 16-17.</p>

WET

Projects/Activities/Strategies	Status/ Progress	Monitoring/ Outcomes/Findings
<p>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 the public mental health system; and 3) promote resilience and sustained wellbeing.</p>	<p>this training program.</p>	
<p>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 and outreach family members about mental health services in the community meeting the objective of the program outline in the MHSA-WET Plan.</p>	<p>Program continues through FY 16-17.</p>	<p>Number of participants in each training component:</p> <ul style="list-style-type: none"> • Adult Consumers Advocacy Speakers: Out of 170 participants, 32 new speakers were trained • Family Advocacy Speakers: Out of 23 participants, 10 new speakers were trained • Family Support and Advocacy Training: Out of 831 participants, 43 new speakers were trained, and 2 participated in the train-the-trainer program • Family Support and Advocacy Training in Spanish: Out of 160 participants, 20 new speakers were trained • Family Advocacy Lobby Outreach Program: Out of 164 participants, 20 new speakers were trained • Family Advocate and Recovery Training Program: 500 total participants • Family Advocate Wellness and Diversity

WET

Projects/Activities/Strategies	Status/ Progress	Monitoring/ Outcomes/Findings
		<p>Training Program: 300 total participants</p> <ul style="list-style-type: none"> • Family Advocate Wellness and Spirituality Training Program: 200 total participants • Family Advocate and Provider Training Program: 150 total participants • Parent/Caregiver Advocate Provider Training Program: 100 total participants • Parent/Caregiver Advocate Wellness and Recovery Training Program: 500 total participants • Child/Adolescent Speakers' Bureau: Out of 48 participants, 16 new speakers were trained • Parent Advocacy Speakers' Bureau: Out of 39 participants, 20 new speakers were trained • Parent Support and Advocacy Training Bureau: Out of 184 participants, 10 new speakers were trained, and 3 participated in the train-the-trainer program • Parent Support and Advocacy Training Bureau in Spanish: Out of 60 participants, 11 new speakers were trained • Parent and Teachers Joint Advocacy Program: Out of 289 participants, 19 new speakers were trained
<p>11. Mental Health Career Advisors: This program is designed to fund career advisor services for public mental health staff. These services include: the provision of ongoing career</p>	<p>Program continues during FY 16-17.</p>	<p>During FY 15-16, 69 individuals received an aggregate total of 171 career advisement sessions.</p>

WET

Projects/Activities/Strategies	Status/ Progress	Monitoring/ Outcomes/Findings
<p>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.</p>		
<p>12. 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.</p>	<p>Program continues through FY 16-17.</p>	<p>The program provided stipends to 52 MFT and 52 MSW students committed to the public mental health system. While four Nurse Practitioner Stipends were available, none were awarded.</p> <p>In addition to the stipends, six post-doctoral fellows were funded and provide additional educational opportunities that support evidence-based models and the under- and un-served communities.</p>

YOUNG MOTHERS AND BABIES FSP

Projects/Activities/Strategies	Status/ Progress	Monitoring/ Outcomes/Findings
1. Field-based services	Staff continues to spend 70 percent of its time in the field, meeting in consumers' homes, parks, schools, at service agencies, or any place vital to the consumer's life. This program has a fleet of two cars and one van.	Recorded mileage on cars, and progress notes in electronic records, confirm the amount of time spent in the field.
2. Programs that target specific ethnic and language groups	The Young Mothers and Babies FSP focuses on the traditionally underserved and underrepresented Latino population, although the program does not discriminate against referrals of other ethnicities. 95% of the consumers are Latino, as is the surrounding community. Services are directed at the needs identified by the consumers themselves. All members of the family, including the mother, grandparents, children, and available fathers, are involved. The treating team is 100% bilingual, Spanish/English-speaking, Latinos.	Latinos have historically had strong reasons to be wary of government-provided services that indicate goals and values of an uncomprehending other culture. Many consumers have had problematic experiences with DCFS. Some mothers grew up in foster care. By meeting with the Latino community, in their homes and neighborhoods, by pursuing goals that come from their cultural values, speaking their language, the FSP program has seen families achieve a greater sense of power over their own lives. This increase in mastery in one area can lead to confidence that consumers and families are capable of managing other challenges.
3. Multilingual/multicultural staff	The entire Roybal FSP team is Latina, and Spanish/English bilingual. The majority are immigrants themselves or first generation, who grew up in circumstances their consumers would recognize. This is also a multidisciplinary team; a mental health clinical supervisor, two licensed clinical social workers, a psychologist, a registered nurse (who trained in Columbia), a senior community worker and a parent advocate/community worker.	Experience has shown the difference between being able to speak Spanish and to deeply understand the culture behind it. Roybal continues to make it a priority to hire those with personal and professional experience in the cultural and geographical communities it serves. Cultural issues are always considered in all trainings and staff consultations.

YOUNG MOTHERS AND BABIES FSP		
Projects/Activities/Strategies	Status/ Progress	Monitoring/ Outcomes/Findings
4. Efforts to reduce homelessness	TAY are particularly challenged in accessing predictable safe and adequate housing. Some have endured abusive and violent situations. Many live at the whim of friends who allow them for a few days to sleep on a couch (i.e., couch surfing). Many are homeless. The FSP team has been required to be eminently creative and quick acting to find safe and reliable housing for these mothers and children, in a community with only a 2% rental vacancy rate, and in the face of restrictive federal homeless definitions.	This year, Roybal developed a clinic homeless task force comprised of staff with the most experience and skills in finding and accessing housing. Tasks are divided and assigned. In addition, SA 7's first housing program for homeless youth is now two years old. Six TAY moms and their children are presently housed; others have graduated to other housing. The FSP team meets weekly with the residents using both group and individual formats. An arts and process group has been especially popular with consumers who had previously shunned mental health services. Two more housing projects are being developed. The FSP team has also enrolled non-documented moms in the Violence Against Women Act programs that will lead to legal residency, and therefor eligibility for housing.

Criterion 3 Appendix

Attachment 1: Acronyms



Acronyms CR 3.docx