

Anti-Stigma and Discrimination

The mission of the Countywide DMH Anti-Stigma and Discrimination (ASD) Team was established to increase public awareness, social acceptance and inclusion of people with mental health challenges. The TAY ASD Team was developed to serve the TAY (ages 16-25) population. The four focus areas of the TAY ASD Team include:

- 1) Increasing public awareness with vulnerable populations and developing early intervention strategies.
- 2) Providing education, resources, and presentations to community groups and other stakeholders.
- 3) Identifying and promoting screening tools for early detection and intervention of stigma and discrimination.
- 4) Creating partnerships and alliances within the community.

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For additional information regarding PEI and
TAY PEI programs, please visit the DMH
website at:

<http://dmh.lacounty.gov>



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Department of Mental Health ACCESS Center

For free, confidential mental health information, referrals to service providers, and crisis counseling at any day or time, call our 24/7 ACCESS Center at

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COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH TRANSITION AGE YOUTH DIVISION



Prevention & Early Intervention Programs

Director: Jonathan E. Sherin, M.D., Ph.D.

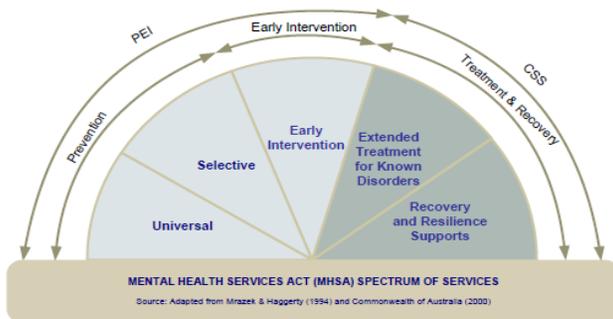
Deputy Director: Terri Boykins, L.C.S.W.

What is PEI?

The Los Angeles County Prevention and Early Intervention (PEI) Plan focuses on evidence-based, promising or community defined evidence practices, education, support, and outreach to help inform and identify those who may be affected by some level of mental health issue.

Prevention in mental health involves reducing risk factors or stressors, building protective factors and skills, and increasing support. Prevention promotes positive cognitive, social and emotional development and encourages a state of well-being. Universal prevention targets the general public or a whole population group that has not been identified on the basis of individual risks. Selective prevention targets individuals or a subgroup whose risk of developing mental illness is significantly higher than average.

Early Intervention is directed toward individuals and families for whom a short (usually less than one year), relatively low-intensity intervention is appropriate to measurably improve mental health problems and avoid the need for more extensive mental health treatment.



Evidence-Based Treatment

Evidence-based treatment models are clearly articulated models that: have a curriculum or phases or strategies; have specific intervention goals; have a defined start and end; and can be replicated. These models emphasize engagement as an early goal of intervention and target specific populations and outcomes. Evidence-based treatment models are also grounded in research-based theory.

The Transition Age Youth (TAY) Division is the Practice Lead for the following Evidence-based treatment models:

- Aggression Replacement Training (ART): multi-modal psychoeducational intervention that is designed to alter the behavior of chronically aggressive adolescents and young children.
- Functional Family Therapy (FFT): family-based, short-term prevention and intervention program for acting out youths involved with or at risk of involvement in the juvenile justice system.
- Seeking Safety (SS): addresses the integration of trauma and substance use treatment for the TAY population.
- Center for the Assessment and Prevention of Prodromal States (CAPPS): provides early intervention strategies aimed at the early identification and treatment of adolescent and young adults who are at high risk for developing psychosis or experiencing their first episode psychotic illness.



The following Evidence-based treatment models are also available for the TAY (ages 16-25) population:

Alternatives for Families - Cognitive Behavioral Therapy (AF-CBT); Brief Strategic Family Therapy (BSFT); Cognitive Behavioral Intervention for Trauma in School (CBITS); Crisis Oriented Recovery Services (CORS); Dialectical Behavior Therapy (DBT); Families Over Coming Under Stress (FOCUS); Group Cognitive Behavioral Therapy for Major Depression (Group CBT); Individual Cognitive Behavioral Therapy (Individual CBT); Interpersonal Psychotherapy for Depression (IPT); Loving Intervention Family Enrichment Program (LIFE); Managing and Adapting Practice (MAP); Multidimensional Family Therapy (MDFT); Multisystemic Therapy (MST); Prolonged Exposure - Post Traumatic Stress Disorder (PE-PTSD); Strengthening Families (SF); Trauma Focused Cognitive Behavior Therapy (TF-CBT).



Partners in Suicide Prevention

Through the Partners in Suicide Prevention (PSP) team, the TAY Division offers training modules to increase awareness and skills in assessing suicide:

- Suicide Prevention Training: addresses information on general risk factors, risk assessment, prevention (strength-based focused), and intervention. The training is available for the community and for service providers.
- Question Persuade Refer (QPR): addresses best practices, trainings on how to ask questions and how to persuade and refer a person at risk.
- Applied Suicide Intervention Skills Training (ASIST): addresses the needs of the person at risk and teaches caregivers tasks utilizing the suicide intervention model. Continuing Education Units are available for this training.
- Mental Health First Aid: addresses key skills to help someone who is developing a mental health problem or experiencing a mental health crisis.